

Shared Services Partnership Committee - Part A

Thu 22 May 2025, 10:00 - 11:45

Microsoft Teams



Agenda

10:00 - 10:05 **1. Standard Business** 5 min

1.1. Welcome and Introductions

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.2. Apologies for Absence

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.3. Declaration of Interests

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.4. Draft Minutes of the Meeting Held on 25 March 2025

Decision Professor Tracy Myhill OBE, NWSSP Chair

For approval

 1.4 Draft SSPC Minutes Part A Public 25 March 2025.pdf (12 pages)

1.5. Action Log

Information James Quance, Assistant Director of Corporate Services

 1.5 SSPC Action Log May 2025.pdf (1 pages)

10:05 - 10:20 **2. Chair and Managing Director's Reports** 15 min

2.1. Chair's Report

Verbal Professor Tracy Myhill OBE, NWSSP Chair

2.2. Chairs Action - All Wales e-Rostering Contract Renewal

Ratification Professor Tracy Myhill OBE, NWSSP Chair

 2.2 Chair's Urgent Action Renewal of All Wales e-Rostering Contract May 2025.pdf (6 pages)

2.3. Managing Director's Report

Information Neil Frow OBE, Managing Director

 2.3 Managing Director Report May 2025.pdf (9 pages)

10:20 - 11:00 **3. Items for Noting** 40 min

3.1. RadioPharmacy and Transforming Access to Medicine Services Update


Noting *Colin Powell, Director of Pharmacy Technical Services*

 3.1 RadioPharmacy and TrAMS Update.pdf (13 pages)

3.2. NWSSP Duty of Quality Annual Report 2024-25

Noting *Dr Ruth Alcolado, Medical Director*

 3.2 NWSSP Duty of Quality Annual Report 2024-25 Cover Paper.pdf (3 pages)

 3.2 Appendix 1 - NWSSP Duty of Quality Annual Report 2024-25.pdf (26 pages)

11:00 - 11:30 4. Governance, Performance and Assurance

30 min

4.1. Finance Report

Noting *Alison Ramsey, Director of Finance and Corporate Services*

 4.1 Finance Report May 2025.pdf (7 pages)

4.2. People and Organisational Development Report

Noting *Samantha Wright, Deputy Director of People and Organisational Development*

 4.2 People and Organisational Development Report May 2025.pdf (15 pages)

4.3. Performance Information Report

Noting *Rebecca Nelson, Director of Planning, Performance and Informatics*

 4.3 Performance Information Report May 2025.pdf (16 pages)


4.4. Outcome Measures Performance Report

Noting *Rebecca Nelson, Director of Planning, Performance and Informatics*

 4.4 Outcome Measures Performance Report May 25.pdf (10 pages)

4.5. Transformation Management Office Update Report

Noting *Rebecca Nelson, Director of Planning, Performance and Informatics*

 4.5 Transformation Management Office Update Report May 2025.pdf (30 pages)

4.6. Integrated Medium-Term Plan Update Report Quarter 4 of 2024/25


Noting *Rebecca Nelson, Director of Planning, Performance and Informatics*

 4.6 Integrated Medium Term Plan Update Report Quarter 4 of 2024-25.pdf (23 pages)

4.7. NWSSP Corporate Risk Register

Noting *James Quance, Assistant Director of Corporate Services*


 4.7 NWSSP Corporate Risk Register May 2025 SSPC Cover Paper.pdf (5 pages)

 4.7 Appendix 1 NWSSP Corporate Risk Register May 2025 SSPC.pdf (10 pages)

4.8. Draft Annual Governance Statement 2024-25

Noting *James Quance, Assistant Director of Corporate Services*

 4.8 DRAFT Annual Governance Statement 2024 - 25 Cover Paper.pdf (4 pages)

 4.8 Appendix 1 - DRAFT Annual Governance Statement 2024-25.pdf (39 pages)

11:30 - 11:30
0 min

5. Items for Information

5.1. Finance Monitoring Returns (Month 12 of 2024-2025 and Month 1 of 2025-2026)

Information Alison Ramsey, Director of Finance and Corporate Services

- 📄 5.1a. Monitoring Return Commentary Month 12 NWSSP 2024-25.pdf (7 pages)
- 📄 5.1b. 2024-25 NWSSP MMR Month 12 - Table A Movement.pdf (1 pages)
- 📄 5.1c. 2024-25 NWSSP MMR Month 12 - Table C C1 C2.pdf (2 pages)
- 📄 5.1d. 2024-25 NWSSP MMR Month 12 - Table C3.pdf (1 pages)
- 📄 5.1a. Monitoring Return Commentary Month 1 NWSSP 2025-26.pdf (6 pages)
- 📄 5.1b. NWSSP MMRs 2025-26 Month 1 - Table A - Movement.pdf (1 pages)
- 📄 5.1c. NWSSP MMRs 2025-26 Month 1 - Table C C1 C2.pdf (2 pages)
- 📄 5.1d. NWSSP MMRs 2025-26 Month 1 - Table C3.pdf (1 pages)

5.2. Personal Protective Equipment (PPE) Report - March and April 2025

Information Alison Ramsey, Director of Finance and Corporate Services

- 📄 5.2a NWSSP PPE Dashboard 24-03-25.pdf (1 pages)
- 📄 5.2b NWSSP PPE Dashboard 22-04-25.pdf (1 pages)

5.3. Audit Wales Audit Assurance Arrangements 2025-26

Information Alison Ramsey, Director of Finance and Corporate Services

- 📄 5.3 2024-25 Audit Assurance Arrangements - NHS Wales Shared Services Partnership.pdf (10 pages)

5.4. NWSSP Counter Fraud Annual Plan 2025-26

Information Alison Ramsey, Director of Finance and Corporate Services

- 📄 5.4 NWSSP Counter Fraud Annual Plan 202526.pdf (22 pages)

5.5. NWSSP Internal Audit Plan 2025-26

Information Alison Ramsey, Director of Finance and Corporate Services

- 📄 5.5 NWSSP Internal Audit Plan 25-26.pdf (3 pages)

5.6. SSPC Forward Plan 2025-26

Information James Quance, Assistant Director of Corporate Services

- 📄 5.6 SSPC Forward Plan of Business 2025-26.pdf (6 pages)

11:30 - 11:35
5 min

6. Any Other Business (AOB)

Discussion Professor Tracy Myhill OBE, NWSSP Chair

1. **Proposed Autumn Committee Development Day:** Friday, 10 October 2025
2. **HFMA Conference Date:** 18 September 2025

11:35 - 11:35
0 min

7. Date of Next Meeting: Thursday, 17 July 2025 from 10:00 to 12:00pm, via Microsoft Teams

Information Professor Tracy Myhill OBE, NWSSP Chair

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON TUESDAY 25 MARCH 2025

10:00AM – 12:00PM

MEETING HELD ON MICROSOFT TEAMS

PART A - PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS) <i>-in attendance post Deep Dive</i>	Executive Director of Workforce & Organisational Development	ABUHB
Sally May (SM)	Executive Director of Finance	CTMUHB
Claire Osmundsen-Little (COL) <i>-in attendance post item 5.2</i>	Executive Director of Finance and Business Assurance	DHCW
Glyn Jones (GJ) <i>-in attendance post Deep Dive</i>	Director of Finance, Planning & Performance / Deputy Chief Executive	HEIW
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
Chris Turley (CT)	Executive Director of Finance and Corporate Resources	WAST
OTHER ATTENDEES:		
Denise Roberts (DR)	Head of Capital, Governance and BI <i>-Deputising for Russell Caldicott</i>	BCUHB
Rob Mahoney (RM)	Deputy Director of Finance <i>-Deputising for Catherine Phillips</i>	CAVUHB
Rhiannon Beckett (RB) <i>-in attendance for Deep Dive</i>	Deputy Director of Finance <i>-Deputising for Glyn Jones</i>	HEIW
Lisa Gostling (LG)	Director of Workforce & Organisational Development / Deputy Chief Executive Officer <i>-Deputising for Huw Thomas</i>	HDUHB
Hywel Pullen (HP)	Deputy Director Finance <i>-Deputising for Pete Hopgood</i>	PTHB
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Tanya Bull (TB)	Head of Health (<i>Union Representative</i>)	Unison Cymru
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & Organisational Development and Employment Services	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Nicola Phillips (NP)	Director of Primary Care Services and Medical Examiner Service	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Roxann Davies (RD)	Corporate Services Manager (<i>Secretariat</i>)	NWSSP

Item		Action
1.	Standard Business	
1.1	<p>Welcome and Opening Remarks</p> <p>TM welcomed members to the March 2025 meeting of the Shared Services Partnership Committee (SSPC) and invited attendees to introduce themselves.</p> <p>TM extended a warm welcome to Sally May, Executive Director of Finance in Cwm Taf Morgannwg University Health Board (CTMUHB), who would be the Health Board’s nominated representative, going forward. A number of deputy representatives were in attendance, as follows:</p> <ul style="list-style-type: none"> • Denise Roberts, Head of Capital, Governance and BI (BCUHB); • Rob Mahoney, Deputy Director of Finance (CAVUHB); • Lisa Gostling, Director of Workforce & Organisational Development / Deputy Chief Executive Officer (HDUHB); • Rhiannon Beckett, Deputy Director of Finance (HEIW); and • Hywel Pullen, Deputy Director Finance (PTHB). <p>TM confirmed a change to the running order of the agenda. The Deep Dive of the Medical Examiner Service (item 3.1) would be discussed first to accommodate diary commitments of Members, allowing them to attend the remainder of the Committee agenda (<i>items 1.4 onwards</i>).</p>	
1.2	<p>Apologies Received</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Russell Caldicott, Executive Director of Finance (BCUHB); • Catherine Phillips, Executive Director of Finance (CAVUHB); • Huw Thomas, Director of Finance (HDUHB); • Pete Hopgood, Executive Director of Finance, Capital & Support Services (PTHB); and • Sarah Jenkins, Interim Director of Workforce & Organisational Development (SBUHB). <p>David Donegan, Chief Executive (VUNHST) was not in attendance at the meeting, and no nominated deputy was present to represent VUNHST.</p>	
1.3	<p>Declarations of Interest</p> <p>No declarations of interest were received.</p>	
1.4	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on 3 February 2025 were APPROVED as a true and accurate record of the meeting.</p>	
1.5	<p>Action Log</p> <p>The Committee received the Action Log and confirmed that all four actions listed had been completed, as follows:</p>	

	<ul style="list-style-type: none"> • People and Organisational Development Report: Complete – the latest update for the Workforce Race Equality Standard has been included at agenda item 5.3. • Managing Director’s Report: Complete – the draft report was discussed at Welsh Risk Pool Committee on 19 March 2025 and shared with Directors of Finance and Deputy Directors of Finance for further development. • NWSSP Integrated Medium Term Plan 2025-2028: Complete – follow-up discussions with BCUHB and HEIW have taken place and there were no amendments required to be made as a consequence. The Committee acknowledged the support from the majority of Health Organisations for submitting the Plan, with the exception of Velindre University NHS Trust. It was confirmed that NWSSP would proceed with the submission as planned. • Medical Examiner Pay Scale: Complete – queries raised initially by Committee members were resolved satisfactorily. It was confirmed that Medical Examiners would be covered under the Medical and Dental Terms and Conditions, going forward. <p>The Committee NOTED the update of the Action Log.</p>	
2.	Chair/Managing Directors Update	
2.1	<p>Chair’s Report</p> <p>TM provided a verbal update regarding recent activities, including:</p> <ul style="list-style-type: none"> • completion of the Chair’s appraisal and review process on 11 February 2025, for which an outcome report has been prepared for noting, at agenda item 5.2; • attendance at the Health and Social Care Climate Focus Leadership event on 21 February 2025, where contributions were made from across Wales; • chairing of the Welsh Risk Pool Committee meeting on 19 March 2025; • NWSSP’s Annual Staff Recognition Awards took place on 13 February 2025 and was an uplifting recognition and celebration event for staff across all Services in NWSSP; • attendance at the Chair’s Peer Group meeting on 25 February 2025; • attendance at NWSSP’s Formal Senior Leadership Group meeting on 27 February 2025; and • meeting with Donna Mead, Chair of Velindre University NHS Trust on 27 February 2025. <p>The Committee NOTED the Chair’s Report.</p>	
2.3	<p>Managing Director Report</p> <p>NF presented the Managing Director’s Report and took the opportunity to address agenda item 5.1, All Wales Pharmacy Update, highlighting the following:</p> <ul style="list-style-type: none"> • Pharmacy Update: NF took the paper at 5.1 as read and provided context around the latest progress, including: <ul style="list-style-type: none"> ◦ collaboration and significant progress made with Finance colleagues in agreeing options and revenue processes. Extensive 	

background work has led to an agreed option and way forward, which will support the Business Justification Case (BJC). Ongoing discussions with the Welsh Government and the South East Unit aim to expedite this process, addressing the approach and dependencies. The project is currently out to tender for isolators to inform detailed design and unit requirements, and an IT system is being developed to support ordering and manufacturing processes;

- planning permission has been granted for the entire site, covering the RadioPharmacy and the Transforming Access to Medicines (TrAMS) Hub;
 - the initial tranche of enabling works are nearing completion and we have been awaiting final purchase order sign-off from Velindre University NHS Trust for clean room works, since 11 March 2025. Any delays in sign-off could lead to increased costs and potential complications in staying aligned with contracts for delivering build work. Overall, progress is being made, despite some delays in the system and further assurances;
 - NWSSP will continue to work with Committee Members on governance processes required for the approval of the South East Hub Business Case. This engagement is crucial to ensure appropriate time for internal discussions to take place. This co-ordinated approach will help keep everything on track, as far as is reasonably possible, and ensure no internal governance steps are missed.
- **Welsh Risk Pool Committee:** the Committee met on 19 March 2025. £32 million would be reimbursed as an outcome from the meeting. Positive discussions were had regarding removing the need for penalties and supporting the claims process by further working with BCUHB colleagues.
 - **Incident at Taith Newydd:** Collaboration remains ongoing with Welsh Government colleagues as regards this special case. In relation to costs, the Risk Pool process would cover the capital cost. Resolutions have been communicated to Swansea Bay University Health Board as part of the outcome from the last meeting.
 - **Governance Arrangements:** There have been initial discussions between the Chair and MD of NWSSP and the Chair / CEO of Velindre to clarify the role of Velindre University NHS Trust in hosting NWSSP.
 - **Cash Distribution:** We are pleased to confirm that NWSSP will be returning £3.6 million as part of cash distribution, totalling approximately £30 million which has been distributed back to our partners, over the last 12 years.
 - **Laundry Projects:** Significant work is being undertaken with the use of year-end capital, of which there are 33 schemes in progress. The Greenvale site would be temporarily closed for a large equipment installation and where there have been occasional breakdowns with stock supply, these have been well-managed, with no significant disruption.
 - **Personal Protective Equipment (PPE) and the UK COVID-19 Public Inquiry:** NWSSP Director of Procurement, Supply Chain, Logistics and Laundry Services would be providing evidence to the Inquiry on 25 March 2025. There have been ongoing positive discussions with Welsh Government on PPE terms and product clarifications.

	<ul style="list-style-type: none"> • Decarbonisation: Positive progress has been made with installations of solar panels, electric vehicle charging points and case studies on solar farms at IP5 and Matrix House, generating power for the respective sites. • Staff Recognition Awards: Following the online event held for staff on 13 February 2025, the NWSSP Senior Leadership Team have been visiting regional sites and holding in-person celebration events, acknowledging efforts and contributions of NWSSP staff in going the extra mile to support Health Boards, Trusts and Special Authorities. • Infected Blood Compensation Authority (IBCA): The Chief Executive of IBCA reached out to NF to express gratitude for the support and collaboration since IBCA’s establishment as a statutory body. NWSSP and Velindre workforce teams are currently working with them on transitional arrangements and potential TUPE (Transfer of Undertakings Protection of Employment) implications as they move forward with making payments. <p>The Committee NOTED the Managing Director’s Report and the All Wales Pharmacy Update.</p>	
<p>3.</p>	<p>Deep Dive</p>	
<p>3.1</p>	<p>Deep Dive of Medical Examiner Service <i>*This item was moved ahead of Standard Business (items 1.4 onwards), presented from approximately 10.05am to 10.45am.*</i></p> <p>RA presented the comprehensive Deep Dive into Medical Examiner Service to the Committee.</p> <p>The Medical Examiner Service (MES) became a statutory service in September 2024, driven by the need for independent scrutiny of deaths, influenced by cases like Shipman and Mid Staffordshire NHS Trust. Approximately 45% of Medical Certificates of Cause of Death (MCCDs) do not meet minimum standards, impacting policy development. The MES was introduced as part of a Law and Justice Bill, a non-devolved responsibility enacted through the Health Service. The statutory phase began in September 2024, with all Medical Examiners employed via NWSSP to provide arms-length scrutiny of deaths in Wales. The MES is funded by the Department of Health and Social Care at the UK level, working with Welsh Government, for expenditure and funding requirements.</p> <p>Duties of Medical Examiners include scrutinising medical notes, engaging with families, and notifying Health Boards of governance or patient safety issues. The Medical Examiner is not engaged if a death is reported to the coroner. The process involves multiple stages and stakeholders, leading to potential delays in registration and body release.</p> <p>There are challenges including timely access to medical notes and the new MCCD form. Data shows variability in death registration times and the need for improvement. There is significant variability between health boards and settings in terms of death registration times. Many GPs were unprepared for the new processes, leading to delays and challenges in death certification.</p>	

	<p>Demand and capacity planning needed for winter, with a session planned for April.</p> <p>Public engagement and understanding of MES responsibilities are ongoing challenges. Efforts continue in order to improve public understanding of MES responsibilities, working with Welsh Government to disseminate information.</p> <p>AR clarified that the MES is funded by the Department of Health and Social Care at the UK level, working with MDJ's team in Welsh Government, for expenditure and funding requirements. GH clarified the inclusion of Medical Examiners in the Medical and Dental Terms and Conditions, as part of the pay award update.</p> <p>TM thanked RA for the update and emphasised the importance of the MES, noting the complexity of the process and the need for collective effort to improve it and raise its profile within Health Boards and Trusts. Further she enquired as to any particular learning arising from other Health Boards. RA noted that different Health Boards have adopted various processes, with issues often arising in outlying hospitals. She highlighted the need to address body storage capacity and the unnecessary use of the green form.</p> <p>NP emphasised the need to reflect on the past six months and improve processes in community care settings, working closely with the British Medical Association (BMA) and the General Practitioner's Committee (GPC) Wales.</p> <p>TM thanked RA and NP for their work and confirmed that the slides would be shared with Committee Members in due course.</p> <p>The Committee NOTED the Deep Dive of the Medical Examiner Service.</p>	RA/RD
4.	Items for Approval	
4.1	<p>2025/26 Service Level Agreements</p> <p>JQ presented NWSSP's Service Level Agreements for 2025/26 for the Committee's approval.</p> <p>The purpose of this was to review SLA agreements with the organisations NWSSP provides services to. The consultation period was extended and involved wider engagement, including communication with Chief Executives, peer groups and Directors of Corporate Governance. The review aimed to improve supporting schedules and create more alignment, incorporating feedback received during the consultation process.</p> <p>SM commented on the procurement process, highlighting the need for a clear variation process within the SLA to address any substantive changes from year to year, apart from dates. She emphasised the importance of following the standard variation process to avoid gaps and noted the challenge of rapidly increasing procurement staff. AR acknowledged the feedback would follow up with the Director of Procurement, Supply Chain Logistics and Transport and Laundry Services to incorporate these considerations into onward arrangements. The review of feedback and experiences with inter-NHS agreements will take place early in 2026.</p>	

	The Committee resolved to APPROVE the Service Level Agreements for 2025/26.	
5.	Items for Noting/Discussion	
5.1	All Wales Pharmacy Update The Committee NOTED the All Wales Pharmacy Update paper which was covered in the Managing Director's update.	
5.2	Chair's Appraisal GH presented an update on the process of the Chair's Appraisal, detailing the framework and outcomes. The appraisal process, agreed in September 2022, aimed to objectively assess the Chair's impact. Feedback from seven Committee Members was positive, highlighting effective meeting management and successful development sessions. Suggested improvements included better communication and partner involvement, and regular reviews of engagement arrangements. The Chair will use this feedback to enhance her contributions and promote NWSSP's impact on NHS Wales and thanked Committee Members for their participation, welcoming ongoing feedback. The Committee NOTED the Chair's Appraisal took place in line with the agreed framework.	
5.3	Workforce Race Equality Standard GH presented the progress made against actions outlined in the 2024 Welsh Government Workforce Race Equality Standard (RES) Report. The final Report was released in August 2024 and identified a need for follow-up meetings with colleagues in the Welsh Government due to nuances around the Single Lead Employer (SLE) model. Four key areas for improvement were set out in the Action Plan. These included the lack of ethnic representation in Board and Senior Leadership Group (SLG) membership, a continued focus on ethnicity and improving engagement levels with the Staff Survey. Positive actions and training were highlighted, although it was noted that it would take time to show the impact of the corrective actions. There were poor levels of ethnicity declaration, which need to be pushed to improve data, particularly in the absence of data in the SLE area. GH acknowledged lower engagement levels with the staff survey within SLE, with only four trainees completing the survey itself. However, it was identified that trainees had been completing the survey in their host organisations rather than with NWSSP, whilst on placement. The timing of the survey was difficult as trainees were onboarding or rotating during that period. In addition, the survey followed closely after the previous year's questionnaire, impacting the traction of inputs. TM appreciated the work done on this and emphasised the importance of Board membership standards within the RES and noted that as NWSSP is a non-statutory hosted organisation without a Board, the principle of this action more	

	<p>likely impacts the Committee. Efforts are being made to improve the diversity of the NWSSP Senior Leadership Team, with gender balance having improved in recent years.</p> <p>Committee Members acknowledge that the organisation’s feedback was similar to other NHS Wales organisations. Discussions will continue to support collective actions in addressing shared issues, which is encouraging. TM noted that there is work for all to do, and it is good to see the Directors of Workforce and Organisational Development (DWOs) considering these issues as a collective.</p> <p>NF stated that any learning that could be shared from the wider NHS Wales landscape would be appreciated. TM highlighted that gender balance has seen a significant improvement in recent years and the Committee would look forward to a future update on progress.</p> <p>The Committee NOTED the progress made on the Workforce Race Equality Standard.</p>	
6.	Governance, Performance & Assurance	
6.1	<p>Finance Report</p> <p>AR presented to the financial position, as at February 2025. This was reported as a year-to-date surplus of £4.302m at Month 11, with a surplus of £3.577m within our core operational budgets and £0.725m against our recurrent covid allocation. Underspend would be utilised to provide our 2024/25 distribution of £3.600m to NHS Wales and Welsh Government, as relayed to Directors of Finance (DoFs) and Deputy DoFs. We incurred £5.148m capital expenditure to date against the 2024/25 final £9.365m Capital Expenditure Limit (CEL). Departmental Expenditure Limit (DEL) expenditure to month 11 is £106.747m, compared to £87.254m at this point last year.</p> <p>The Cabinet Secretary for Health and Social Care had approved the new Stockholding Policy for Personal Protective Equipment (PPE), with finer details being agreed with Welsh Government colleagues. There is an urgency to ensure stock provisions for the current year are confirmed appropriately. Audit Wales were in attendance at the stocktake taking place at the Storage and Distribution Warehouse at IP5 in Newport. It was noted that this was the 264th week of PPE reporting to Welsh Government, which marks a significant milestone in the continuous efforts of NWSSP in tracking the distribution and availability of PPE during the COVID-19 pandemic.</p> <p>NWSSP relies heavily on central capital funding and benefited from additional allocations at the start of Quarter 4. This requires careful management and collaboration with procurement to ensure timely delivery. This year, a Capital Prioritisation Group was introduced and has been effective, in addition to meeting regularly with Procurement, Finance, Project Management Office, and divisions.</p> <p>Going forward into 2025/26, NWSSP successfully secured £1.5 million from the Targeted Improvement in the Estates Funds (TEF) bids to the Welsh Government. Business Cases and plans are in place to ensure this funding is used effectively. Following early discussions with the Welsh Government, the</p>	

	<p>Risk Sharing Agreement was triggered, resulting in a £36 million risk share through the Welsh Risk Pool. We remain on track to manage the Welsh Risk Pool expenditure at approximately £140 million for the year.</p> <p>Committee Members acknowledged the efforts made and commended the initiatives to utilise slippage effectively and enquired about risks associated with the delivery of goods and services as the financial year-end approaches. AR expressed confidence in meeting targets by year-end despite inherent risks, acknowledging the reliance on slippage and the diligent efforts of Procurement and Finance teams. DJM appreciated the confidence in capital spend and the ability to manage slippage across the system.</p> <p>LP reported that the new vehicles referred to in the report were due to be delivered today and announced unveiling of Valar EVs and hybrid vehicles, aligned to the Decarbonisation Strategy. AR noted the installation project for solar panels at Matrix House.</p> <p>TM highlighted the importance of being prepared for slippage, especially with significant capital expenditures and appreciated the readiness to utilise available funds effectively.</p> <p>The Committee NOTED the Finance Report.</p>	
<p>6.2</p>	<p>People & Organisational Development Report</p> <p>GH presented the People & Organisational Development Report, in its new format as developed by the Workforce Information Team, which included data to February 2025.</p> <p>GH stated that good progress had been made with the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:</p> <ul style="list-style-type: none"> • sickness absence had decreased to 3.24%, compared to 3.46% for the same period last year, this was slightly under the NHS target of 3.30%. Improvements were noted in divisions with previously high sickness rates; • turnover was reported at 21.89%, which had slightly decreased by 0.66%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 8.61%, which showed a decrease of 3.30%, year to date; • statutory and mandatory e-learning compliance remained very high at 92.8%, excluding the SLE Division. Significant improvements within Medical Workforce and Laundry Services had been made; • Personal Appraisal and Developmental Review (PADR) compliance remained very high at 85.9%, with NWSSP reporting the second highest figures across NHS Wales; • agency spend decreased to £9,320 in February; • continued achievement of the Time to Hire target at 55.8 days, against the 71 day target, where the NHS Wales average is currently 66.7 days; and • employee experience initiatives during the period included Staff Recognition Awards, Staff Survey and employee engagement events. 	

	<p>Committee Members praised the Report's comprehensiveness and readability, noting the reduction in agency use and 100% compliance on Counter Fraud awareness training. The statutory and mandatory compliance was highlighted as very positive and a fundamental part of staff development. Feedback was welcomed from Committee Members on the Report content and format.</p> <p>The Committee NOTED the People & Organisational Development Report.</p>	
<p>6.3</p>	<p>Performance Information Report</p> <p>RN presented the Performance Information Report to provide the Committee with an update on Key Performance Indicators (KPIs) from November 2024 to February 2025.</p> <p>As part of the performance management system, individual meetings with Health Organisations were completed for Quarter 3, with additional meetings scheduled for Quarter 4, at the end of April. The meetings provide a valuable opportunity to present data back to partners, listen to feedback, and address any concerns or compliments.</p> <p>Professional influence benefits generated by NWSSP amounted to £317m, as at the end of February 2025.</p> <p>There were no significant areas of concern to be brought to the Committee's attention and the Report indicated a stable and positive position with 37 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Of the three indicators that did not achieve the target:</p> <ul style="list-style-type: none"> • one amber indicator for Audit and Assurance Services relating to management response turnaround time to draft report (at 15 days), at 63% against a target of 80%, which is in large part the responsibility of partners; • one amber indicator for Audit and Assurance Services relating to audits delivered for each Audit Committee, at 76% against a target of 80%, which was due to a combination of internal and external processes; and • one amber indicator for Laundry Services relating to staff shortages in Greenvale, whereby we delivered 89% against a target of 91%. Improvements are starting to be seen in this area. <p>Committee Members highlighted the importance of sharing Key Performance Indicators (KPIs) at the time reports are distributed to assist in meeting turnaround targets, especially for team members new to the audit process. RN acknowledged this and agreed to the suggestion of the sharing of KPIs, accordingly.</p> <p>The Committee NOTED the update on the Performance Information Report.</p>	
<p>6.4</p>	<p>Outcome Measures Performance Report</p> <p>RN presented the Outcome Measures Performance Report which detailed outcomes aligned to NWSSP's Strategic Objectives of our services, people, and value.</p>	

	<p>Key points included increased engagement on the website for vacancies, Student Awards, and Primary Care, improved core handling targets, and enhanced Digital Workforce Solutions. Customer satisfaction and compliance with the Customer Service Excellence accreditation were also noted.</p> <p>The Report highlighted positive improvements in staff pride and well-being arising from the staff survey, despite a decrease in internal award nominations received. Turnover decreased to 9%.</p> <p>In terms of value, the foundational economy work maintained a 43% Welsh spend, with a significant total spend of £1.057 billion. There is a focus on illustrative reporting and storytelling to engage for outcomes and the case studies from Procurement and Legal and Risk were discussed. Benchmarking work was commissioned to compare against similar organisations, with results expected by 31 March 2025.</p> <p>Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.</p> <p>Committee Members praised the meaningful development of the outcome measures.</p> <p>The Committee NOTED the Outcome Measures Performance Report.</p>	
<p>6.5</p>	<p>Project Management Office (PMO) & Service Improvement (SI) Update Report</p> <p>RN presented the latest position which reflected the status of the 24 current projects and the controls in place to ensure effective monitoring.</p> <p>There have been no changes in the RAG ratings since the last report and the position remains stable. A verbal update on the Primary Care Workforce Intelligence System (PCWIS) was provided, noting a three-month extension to complete user acceptance testing and data crossover, supported by NWSSP’s Senior Leadership Group. The Committee acknowledged the progress and the rationale for the extension.</p> <p>RN informed the Committee of recent changes to the PMO and SI Team, effective from 1 April, with the team being rebranded as the Transformation Management Office to emphasise their role in helping and transforming services. The integration aims to enhance collaboration between project management and improvement efforts.</p> <p>The Committee NOTED the PMO and SI Update Report.</p>	
<p>6.6</p>	<p>Corporate Risk Register</p> <p>JQ presented the Corporate Risk Register to the Committee and summarised the latest position.</p> <p>There are 15 risks identified for action, of which there are six red and nine amber risks. Overall, the position remains stable, with no new risks or</p>	

	<p>increased ratings, and is subject to review at each Formal Senior Leadership Group meeting.</p> <p>The progress of the Transforming Access to Medicines (TrAMS) programme was discussed, emphasising the need to achieve internal governance approvals during Q1 of 2025-26 to be processed at pace with approval at SSPC in July and following submission to Welsh Government in Q2. The Primary Care Workforce Intelligence System (PCWIS) red-rated risk was reviewed, with updates and framing adjustments to be addressed in the next cycle.</p> <p>There are five risks which remain for monitoring, of which there are 2 amber and 3 red risks. The remainder of the Corporate Risk Register position remains stable.</p> <p>TM acknowledged the importance of continuous review and expressed satisfaction with the progress against the risks.</p> <p>The Committee NOTED the Corporate Risk Register.</p>	
7.	Items for Information	
7.1-4	<p>The Committee received the following items, for information only:</p> <ul style="list-style-type: none"> • 7.1. Finance Monitoring Returns (Month 10 and 11 2024-25) • 7.2. Personal Protective Equipment (PPE) Report - February 2025 • 7.3. NWSSP Audit Committee Assurance Report – February 2025 • 7.4. SSPC Forward Plan 2025-26 <p>AR stated that it would be prudent to consider a date in our Forward Plan for the Committee Development Day to take place in the Autumn of 2025 and welcomed any suggestions for items to be explored. Feedback received from the 2024 event was overwhelmingly positive.</p>	
8.	Any Other Business (AOB)	
8.1	<p>NF encouraged Committee Members to raise any suggestions for potential topics to be covered during future deep dive sessions.</p> <p>Employment Services have been working in close collaboration with HEIW on the student nurse streamlining process, which is currently live. Despite challenges with the current number of jobs for students, ongoing discussions with CAVUHB and CTMUHB are exploring new roles. TM highlighted the importance of this collaboration and SS thanked the team for their support with student streamlining on TRAC.</p> <p>No further matters were raised.</p>	
9.	Date of Next Meeting	
9.1	The next meeting is scheduled to take place on Thursday 22 May 2025 from 10.00AM to 12.00PM, held via Microsoft Teams.	

Item 1.5

ACTION LOG
SHARED SERVICES PARTNERSHIP COMMITTEE
UPDATE FOR MAY 2025 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status March 2025
1.	2025/03/01	March 2025	Deep Dive of Medical Examiner Service The Committee requested the presentation on the deep dive of the Medical Examiner Service be shared with Committee Members, following the meeting.	RA/RD	March 2025	Complete – RD <i>circulated Deep Dive presentation to Committee Members following the meeting.</i>



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22 May 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report:

**Ratification of Chair's Urgent Action
Renewal of All Wales e-Rostering Solution**

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	Roxann Davies Corporate Services Manager
SWYDDOG ADRODD: REPORTING OFFICER:	James Quance Assistant Director of Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	James.Quance@wales.nhs.uk

Pwrpas yr Adroddiad / Purpose of the Report:

To request that the Committee **RATIFIES** Chairs Action taken since the previous meeting of the Committee on 25 March 2025, relating to the renewal of the All Wales e-Rostering Solution.

Llywodraethu/Governance:

**Amcanion/
Objectives:** To ensure that commitments entered into outside of the schedule of Committee meetings via Chairs Action are ratified by the Committee in accordance with the Scheme of Delegation.

**Tystiolaeth/
Supporting evidence:** The continuation of an all-Wales E-Rostering solution ensures the continued intelligent efficient and safe rostering of staff. This supports the harmonisation of rostering principles for our substantive and temporary workforce that work under Agenda for Change contracts, as well as aligning to the Nurse Staffing Levels (Wales) Act 2016 and supporting the recording of The Welsh Levels of Care (WLOC) consisting of 5 levels of acuity.

Ymgynghoriad/Consultation:

Discussion with Committee members involved in endorsing the Chairs Action, and moreover to include:

- Welsh Rostering Regional User Group – Rostering Leads
- All Wales Temporary Staffing Group
- All Wales Nurse Staffing Leads
- All Wales Subject Matter Expert.

<ul style="list-style-type: none"> • Welsh Language (C&V and NWSSP) • Information Governance Manager (NWSSP) • Head of Cyber Security (Powys and NWSSP) • Nursing Leads (Velindre) • Payroll (All-Wales) • Workforce (All-Wales) • Clinical Informatics (DHCW) 						
Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ RATIFY	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE
Argymhelliad/ Recommendation:		The Committee is requested to RATIFY the award relating to the renewal of the All Wales e-Rostering Solution, pursuant to the Chair’s Action taken on 8 May 2025.				

Crynodeb Dadansoddiad Effaith/ Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The E-Rostering solution and workstreams support the harmonisation of rostering principles, reducing variations in practice to proactively address issues of professional equity.
Cyfreithiol: Legal:	To ensure that commitments are made in accordance with Standing Orders. The continuation of an all-Wales E-Rostering solution ensures the continued intelligent, efficient and safe scheduling of staff. This supports the harmonisation of rostering principles for our substantive and temporary workforce that work under “Agenda for Change” contracts, as well as aligning to the Nurse Staffing Levels (Wales) Act 2016 and supporting the recording of The Welsh Levels of Care (WLOC) consisting of 5 levels of acuity.
Iechyd Poblogaeth: Population Health:	System provides organisational ability to allocate and monitor staffing levels across Health Boards/Trusts including acuity levels and ensuring people’s needs are met in a timely way.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Delivering quality, safety and effective patient care is at the heart of programme. The system aims to strengthen short- and long-term workforce and planning ensuring clinical and non-clinical areas appropriately staffed and ensuring working time regulations are adhered to.

Ariannol: Financial:	<p>Commitments and approvals are in accordance with the Scheme of Delegation.</p> <p>Individual financial approval has been received from Directors of Finance from each Health Board / Trust (April 2025). Deputy Directors of Finance (DDoFs) are engaged and a forecast of costs for the duration of the proposed contract commencing in 25/26 has been shared to support IMTP planning assumptions.</p>
Risg a Aswiriant: Risk and Assurance:	<p>Assurance to the Committee that the correct process has been followed.</p> <p>The failure to provide adequate staffing levels poses a critical risk to the ability of Health Boards/Trusts to deliver safe and effective patient care. E-Rostering, as part of the data driven service provides assurance around capacity to meet clinical care and non-clinical requirements.</p>
Safonau Ansawdd Iechyd a Gofal: Health & Care Quality Standards:	<p>Assists NHS organisations to rostering effective, well-organised NHS services. Harmonisation improves services across a variety of disciplines ensuring we meet the population's health needs.</p>
Gweithlu: Workforce:	<p>E-Rostering is a critical component to ensuring competent, professional and fully resourced teams in line with workforce plans and strategies, whilst supporting also employees work life balance.</p>
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	<p>Open.</p>

**Ratification of Chairs Action taken Since the Previous Meeting of
the Shared Services Partnership Committee in March 2025
Renewal of All Wales e-Rostering Solution**

1. GOVERNANCE

There may, occasionally, be circumstances where decisions which would normally be made by the Shared Services Partnership Committee (SSPC) need to be taken between scheduled meetings, and it is not practicable to call a meeting of the SSPC.

In these circumstances, the SSPC Chair and the Managing Director of NWSSP may deal with the matter on behalf of the SSPC - after first

consulting with at least one other Health Board, Trust, or Special Health Authority Chief Executive (or their representative). Any such action is formally recorded and reported to the next meeting of the SSPC for consideration and ratification.

The action that the SSPC Chair and Managing Director have taken on behalf of the SSPC since the last meeting is set out below. The SSPC is requested to ratify this decision in accordance with the Standing Orders.

2. CHAIR'S URGENT ACTION REQUEST

The request relates to the renewal of the All-Wales E-Rostering contract.

The reason for this request being dealt with by Chair's Urgent Action outside of the Committee meeting is to enable approval to be evidenced prior to the paper deadline for the Velindre Trust Board, on 22 May 2025, to ensure that the contract can be awarded promptly.

The contract is administered through NWSSP, who will make payment of the invoices and then recharge the costs to the relevant organisations based on their agreed licence requirements. This is in line with the current arrangement which has operated effectively since 2021.

Each organisation has received and signed off their individual costing schedule and the overarching costs are included in the attached briefing paper to show that it is awarded in in line with current terms and conditions of the current contract.

Financial commitment as outlined in the Procurements Services Contract Briefing Ratification Document, is summarised as follows:

Contract period (dates):

- 31/01/2026 – 30/01/2030 (with the option to extend for two further 24-month periods)

Value of current contract (5-year agreement):

- £8,134,431.00 (Exc. VAT)
- £9,761,317.20 (Inc. VAT)

Proposed value of new contract (4-year agreement with option to extend for a further 2 x 24 months – 8 years total):

- Core licensing offering (initial 4-year term)
 - £7,837,644.77 (Exc. VAT)
 - £9,405,173.72 (Inc. VAT)
- Inc. Cloudstaff option (initial 4-year term)
 - £8,459,959.00 (Exc. VAT)
 - £10,151,950.00 (Inc VAT)

- Core Licensing offering (inc. extension options and annual uplift costs)
 - £16,658,983.00 (Exc. VAT)
 - £19,990,779.00 (Inc. VAT)
- Inc. Cloudstaff option (inc. extension options and annual uplift costs)
 - £17,981,718 (Exc. VAT)
 - £21,578,061.60 (Inc. VAT)

The recommendation was for approval of the award for the tendered all Wales contract relating to the continuation of the e-Rostering System.

Approved Date and SSPC Member Support

- Professor Tracy Myhill OBE, NWSSP Chair, approved on 8 May to 5.01pm
- Huw Thomas, Vice Chair of SSPC, approved on 9 May at 08.28am
- Neil Frow OBE, NWSSP Managing Director, approved on 9 May at 08.30am

3. PROCUREMENT PROCESS

An E-Rostering solution was procured at varying times by different Health Boards and Trusts in Wales (with differing contract tenures and costing profiles), and therefore, there was not a synchronised, consistent approach to E-Rostering at a national level. Following a robust procurement process and subsidised funding from Welsh Government in 2020, an all-Wales E-Rostering contract commenced on 31st January 2021, which is due to expire 30th January 2026.

With the impending expiry of the all-Wales contract, Health Boards/Trusts took the opportunity to review the market space in this area. Engagement days were held with other suppliers with five bidders expressing an interest and who were invited to submit a final tender submission. Following evaluation, 3 suppliers were immediately discounted for failing to meet all the statutory and mandatory requirements of the technical specification.

An assessment of the remaining two applications was undertaken by the E-Rostering Project Group who concluded that the current supplier, RL Datix was the most suitable and cost-effective option, and the award would also sustain the developments undertaken within the rostering solution to incorporate the Welsh Levels of Care.

Within the current contract, access to rostering data has been limited and a significant cause of frustration for organisations. However, negotiations for the new contract, have resulted in Health Boards/Trusts having full access to their data at no additional cost and therefore realising an

opportunity cost saving circa £30k per annum, per organisation. This agreement provides access to raw data sets from HealthRoster and therefore should enable organisations to implement enhanced reporting capabilities utilising platforms such as Power BI etc.

Rostering data is fundamental and informs a variety of forums such as workforce planning, financial management, nurse staffing levels and the agency reduction programme.

A summary report and full contract ratification paper drafted by NWSSP procurement has been issued to Directors of Workforce, for noting and to Directors of Finance. The ratification paper is appended for information.

It is anticipated that the contract award will be confirmed in June 2025. The contract will then seamlessly commence on 31st January 2026.

4. RECOMMENDATION

The Committee is asked to **RATIFY** the Chairs Action undertaken.



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22 May 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Managing Director's Report

ARWEINYDD: LEAD:	Neil Frow, Managing Director
AWDUR: AUTHOR:	Roxann Davies, Corporate Services Manager James Quance, Assistant Director of Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Neil Frow, Managing Director
MANYLION CYSWLLT: CONTACT DETAILS:	Neil.Frow@wales.nhs.uk

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

To provide the Committee with an update on NWSSP activities and issues since the last meeting in March 2025.

Llywodraethu/Governance

Amcanion: Objectives:	To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.
Tystiolaeth: Supporting evidence:	Not applicable

Ymgynghoriad/Consultation:

Shared Services Partnership Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	✓	NODI/ NOTE	✓
Argymhelliad/ Recommendation:		The Committee is to NOTE and DISCUSS the report.			

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
Safonnau Ansawdd Iechyd a Gofal: Health & Care Quality Standards:	Health and Care Quality Standards
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

Introduction

This paper provides an update into the key issues that have impacted upon, and the activities undertaken by, NWSSP since the date of the last meeting in March 2025.

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 19 March 2025. There were 23 attendees, 272 cases ratified and the value of reimbursement was £27.16m. There were 53 instances where penalties were authorised. The main areas of business were:

Financial Report Update

The Committee reviewed the Month 11 Departmental Expenditure Limit (DEL) forecast and final Risk Share charges for 2024/25, alongside the forecast for 2025/26. Preliminary analysis of the WRP Creditor/Debtor budget identified approximately £53m in potential reimbursements, yet to be submitted. Organisations will be contacted to encourage interim reimbursement requests.

Former Health Authority and Delegated Cases

The Committee reviewed legacy claims management for Former Health Authorities and GP Trainees. In 2024/25, 18 Former Health Authority claims and 11 GP Trainee cases were managed. Lessons learned are informing improved case handling.

Property Indemnity via Risk Pooling

With increasing estate complexity, the Committee endorsed ongoing work to define principles for property indemnity. Further proposals will be presented in September 2025.

Fire Incident – Taith Newydd

Three heads of loss were reviewed:

1. Property Damage – Estimated at around £3.2 million and to be treated as capital allocation. The WRP will remain responsible for the oversight of learning in the case.
2. Loss of Commissioning Income – Estimated at circa £3 million, which is outside of the scope of WRP, as this is classified as business interruption indemnity.
3. Additional Staffing Costs – Approved for reimbursement of £65,000 in short-term staffing costs related to patient relocations, as a Special Claim Item, with no excess applied.

Learning from Events (LFER):

70 LFERs were deferred due to inadequate responses. New documentation has been introduced to improve evidence quality and governance scrutiny.

Training and integration of learning into performance frameworks are underway. The Committee will monitor progress and revisit later in 2025.

WRP Assessments Programme

The 2025/26 assessment plan was approved, aligning with updated Putting Things Right Regulations. Fieldwork is scheduled for December 2025 to February 2026, with draft reports due March to April 2026.

Intrapartum Fetal Surveillance (IFS) Wales Evaluation:

The evaluation, using the Kirkpatrick model, showed strong outcomes. The Committee acknowledged the national team's efforts.

Organisational Learning & Case Management

An update was provided on Health Bodies' performance, including deferred cases and late submissions. Penalties were applied where deadlines were missed, reinforcing the importance of timely learning and reporting.

Governance

In line with the strategic direction set out in A Healthier Wales (2018), which aims to simplify and strengthen national governance across NHS Wales, an independent review has been commissioned by Judith Paget Director General / NHS Wales CEO to assess the accountability, governance and hosting arrangements of NWSSP.

IMTP

Welsh Government have confirmed receipt of our IMTP which we submitted at the end of March 2025. The IMTP will now be considered by Welsh Government in line with the normal review and approval process.

Finance

The latest financial position is included within the Finance Report in the Committee papers.

At Month 12, NWSSP reported a small year-end surplus of £0.015m, subject to audit of the annual accounts during May and June 2025. The planned distribution of £3.600m for 2024/25, the largest since NWSSP's inception, was successfully returned to NHS Wales and Welsh Government. In-year non-recurrent savings of £0.750m against the Covid-19 allocation were also returned.

The Welsh Risk Pool outturn for 2024/25 was £145.011m, exceeding the forecast due to a single high-value case, with additional funding secured from Welsh Government. £30.478m of this was funded through risk share contributions.

NWSSP met its Capital Expenditure Limit of £11.572m, comprising discretionary, additional, and IFRS16 funding. Public Sector Payment Policy (PSPP) targets were achieved for both NHS (95.64%) and non-NHS (97.89%) payments, though further improvement is being pursued. Risks remain around confirmation of recurrent 2024/25 pay award funding, and clarity is awaited on Personal Protective Equipment (PPE) stockholding.

Significant progress was made on decarbonisation schemes, with further investment planned for laundry services. Agency costs were reduced by 77% year-on-year, exceeding the Integrated Medium-Term Plan target, with a review of variable pay underway, including development of an Overtime Procedure. A reduction in bank usage has also been achieved, with overtime now under review. Emphasis was placed on strengthening compliance with procurement policy, with Finance Business Partners supporting improvement through service-level engagement.

All Wales Pharmacy Developments

South East Radiopharmacy

Enabling works started on 3 February 2025 and are due to be completed by 22 May 2025. The Cleanroom contractor is due on-site on 3 June 2025 and it is anticipated that the physical build and equipping will be completed by the end of September 2025. Contractor validation is due for completion by December 2025. NHS Validation, Regulatory inspection, and approvals mean that the go-live date of the service is now scheduled for March 2026.

South East Hub

The Outline Business Case (OBC) has been completed and circulated to the Health Boards and Trust on 13 May 2025, for review and approval through their internal governance process. The OBC will be reviewed at the South East Wales Project Board before review at the Transforming Access to Medicines (TrAMS) Programme Board. The aim is for the OBC to be brought to the July 2025 Committee meeting for the SSPC to approve.

South West Hub

We are actively looking for a suitable site within the two preferred localities (previously agreed by stakeholders from Hywel Dda and Swansea Bay) of Swansea North and Cross Hands. A preliminary site scoring workshop, which was arranged for 2 April 2025, had to be postponed as several of the sites on the list subsequently became unavailable. A new site search to find additional and new sites has been instigated.

Following discussions at Audit Committee and the Velindre University NHS Trust Quality, Safety and Performance Committee, assurance has been

requested over certain aspects of the programme which we are responding to.

Laundry Service

The 33 All-Wales Laundry Capital programme schemes have been completed, with the exception of the following projects, where these schemes are planned for completion by August 2025:

1. Programmable Logic Controllers (PLCs) controlling full sorting and washing processes at Church Village;
2. bulk detergent tanks at Swansea;
3. monorail and sorting system at Swansea;
4. main Low Voltage distribution panel at North Wales; and
5. three Continuous Batch Wash dryers at North Wales.

One of the schemes completed was the replacement of the six Continuous Batch Wash dryers in Swansea. One of the benefits from this installation is the improved drying times and as a consequence the increased capacity of the Swansea plant. The Service is now going to take advantage of this increased capacity by reversing the 'Shift East' of Morristown and Neath Port Talbot Hospitals, from Church Village back to Swansea. This action will not only save money but will reduce the carbon footprint through reduced mileage associated with the distribution of linen.

The Service has also been successful in being awarded monies under the Transforming the Estate Fund (TEF) funding scheme over the next 3 years, which will see the installation of waste water heat recovery systems installed in North Wales, Greenvale and Church Village following on from the successful installation and proof of concept in Swansea Laundry. TEF funding has also been awarded for the installation of a ventilation replacement in North Wales Laundry Production Units (LPU).

Medical Examiner Service

A deep dive planning session was recently held to reflect on lessons learned from the first six months of the statutory service and to assess the impact of winter pressure workloads. The session, facilitated by NWSSP's newly appointed Head of Emergency Planning and Response, was well received and generated a set of findings and proposed next steps, as outlined in the attached document. A follow-up meeting with service leads is scheduled for next week to review these outputs and shape a prioritised action plan. While many of the recommendations are already underway, this process will ensure alignment and readiness ahead of Quarter 3 and the upcoming winter period.

A comprehensive action plan has been developed to support continuous improvement across the service, identifying key opportunities across

stakeholder engagement, process optimisation, digital systems, operational efficiency, training, and system integration. Priorities include enhancing pan-Wales communication, streamlining death certification processes, improving data management through automation and live reporting, and strengthening workforce planning and training. The plan also emphasises collaboration with partners, including Health Boards, Welsh Government, and NWSSP Transformation resources, to ensure a consistent, high-quality service. The proposed actions are subject to review and agreement by the Director of Primary Care and Medical Examiner Service, with several initiatives already underway.

Accommodation Update

The sustainable remodelling of NWSSP's HQ at Charnwood Court and Companies House in Cardiff has been successfully completed. A key feature was the full reuse of donated furniture from Companies House, supporting both the refurbishment and environmental responsibility. The project aligns with the sustainable development principle and the five ways of working. It forms part of a wider estate strategy to implement a hub and spoke model, encouraging agile, collaborative working and shared space across Wales. The team also worked with NHS Wales organisations to sustainably manage surplus furniture.

Personal Protective Equipment (PPE)

The latest PPE stock position is included in the meeting papers for information. We continue to work closely with Welsh Government colleagues to ensure that NWSSP holds the level of stock requested by Welsh Government. More recently, Welsh Government and NWSSP have agreed on the stockholding position for Personal Protective Equipment (PPE). A project group and respective sub-groups will be established to review and monitor the position, and the information will be communicated to all NHS Wales organisations accordingly. NWSSP explored the potential to co-locate PPE storage and the Medicines Unit, and the suggestion was endorsed by Welsh Government.

In respect of Module 5 of the UK Covid-19 Public Inquiry, during the week commencing 25 March 2025, the Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services for NWSSP, provided evidence to the Inquiry. We await the Module 5 Outcome Report to be published by the Inquiry Team.

Decarbonising the NWSSP Estate

Since the last meeting, we have completed the following projects:

- **Roof mounted PV installation to Matrix House:** This has been commissioned and with the fine weather, is meeting a high proportion

of our on-site needs, and at times, we are actually feeding the grid. The total capacity potential is 137kW.

- **EV Chargers & Battery Installation at IP5:** Using end of year slippage funds from Welsh Government, we were able to introduce 12 dual EV chargers giving 348kW of charging capacity, together with a 100kWh storage battery to operate in conjunction with the previously installed PV array.

At the end of March 2025, we were delighted to learn that all of our bids submitted through the Transforming the Estate Fund (TEF) for 2025/6-2026/7 were successful. They comprised:

- expanded EV charger installation at Matrix;
- roof mounted PV solar array at Denbeigh stores;
- waste heat reclamation installations Green Vale, Church Village and Glan Clwyd; and
- Boiler House upgrade at Church Village.

Work is now progressing, at pace, to implement these schemes.

Senior Leadership Events

Since composing the last Managing Director's Report for the Committee, I have attended the following events:

- Welsh Risk Pool Committee on 19 March 2025, with the next meeting planned for 21 May 2025;
- NHS Wales Leadership Board met on 25 March and 24 April 2025;
- NHS Wales Value and Sustainability Board on 19 March and 24 April 2025;
- Bevan Commission Summit on 26 March 2025;
- Life Sciences Hub Wales on 26 March 2025;
- Cabinet Secretary Priorities Conference at Village Hotel, Coryton on 7 April 2025, where I was accompanied by the NWSSP Director of Finance & Corporate Services;
- Publication of the Ministerial Advisory Group Report on NHS Wales Performance and Productivity on 29 April 2025;
- Ministerial Advisory Group on Community Assets on 14 May 2025;
- National Service of Thanksgiving on 7 May 2025;
- Digital Summit on 8 May 2025;
- Annual Staff Awards In-Person Recognition Ceremonies at Denbigh Stores, St Asaph in North Wales and IP5 Storage and Distribution Warehouse in Newport; and
- Regional site visits included Alder Court, St Asaph in North Wales, IP5 Storage and Distribution Warehouse in Newport, Matrix Regional Office in Swansea, and our Swansea and North Wales Laundry Hubs.

Staff Recognition Awards

Following on from NWSSP's Annual Staff Recognition Awards on 13 February 2025, celebrating the outstanding contributions of Our People, we have hosted a number of in-person ceremonies across regional sites to personally thank our winners for their outstanding contributions. I had the pleasure of attending events at Denbigh Stores, St Asaph in North Wales and IP5 Storage and Distribution Warehouse in Newport.

Awards Nominations

NWSSP has been shortlisted in a number of categories for the [NHS Wales Sustainability Conference and Awards 2025](#), showcasing best practice in projects delivered, with the Ceremony being held on 20 June 2025:

- **Acting as one Team** - Sustainable Procurement Team.
- **Capital Project of the Year** - IP5 Solar PV Project.
- **The CNO Sustainability in Nursing and Midwifery Award** – Value Based Health Care Continence Project (Joint nomination with BCUHB, C&VUHB, HDUHB, NWSSP and Essity).
- **Improvement and Innovation** - Providing non patient transport services to Health Boards in NHS Wales.
- **Service of the Year** - Specialist Estates Service, Imaging & Diagnostics Team – Operational Life extending imaging upgrades and the benefits of sustainability.
- **Social Value and Foundational Economy** - Procurement Provisions – Meat & Poultry Social Value Approach and Outcome.
- **Sustainability Network or Community** - Welsh Health Environment Forum.

Upcoming opportunities where we are currently collating nominations to showcase Our Services, Our Value and Our People, which may be of interest to Committee Members, include:

- [NHS Wales Awards](#) (closing Friday 6 June 2025) - A prestigious platform to spotlight contributions to quality improvement across NHS Wales, reinforcing commitment to excellence in healthcare support.
- [Ystadau Cymru Awards](#) – (closing Friday 5 September 2025) - A chance to celebrate collaborative asset management, showcasing value and sustainability across the Welsh public estate.
- [St David Awards](#) – As Wales' national awards, these honour exceptional public service and innovation, recognising people and projects that go above and beyond.

Neil Frow OBE
Managing Director, NWSSP
May 2025

Transforming Access to Medicines – Update to SSPC

Colin Powell
22 May 2025



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Sicrhau Gwerth, Arloesi a Rhagoriaeth drwy Bartneriaeth
Delivering Value, Innovation and Excellence through Partnership

Presentation Outline

1. Background – what is TrAMs
2. SE Radio Pharmacy
3. SE Hub
4. SW Hub
5. Operating Model & Ordering schedules



1. What is TRAMs?

Transforming Access to Medicines (TrAMs) programme is an NHS Wales initiative to establish a shared Pharmacy Technical Service for Wales – manufacturing and supply of medicines.

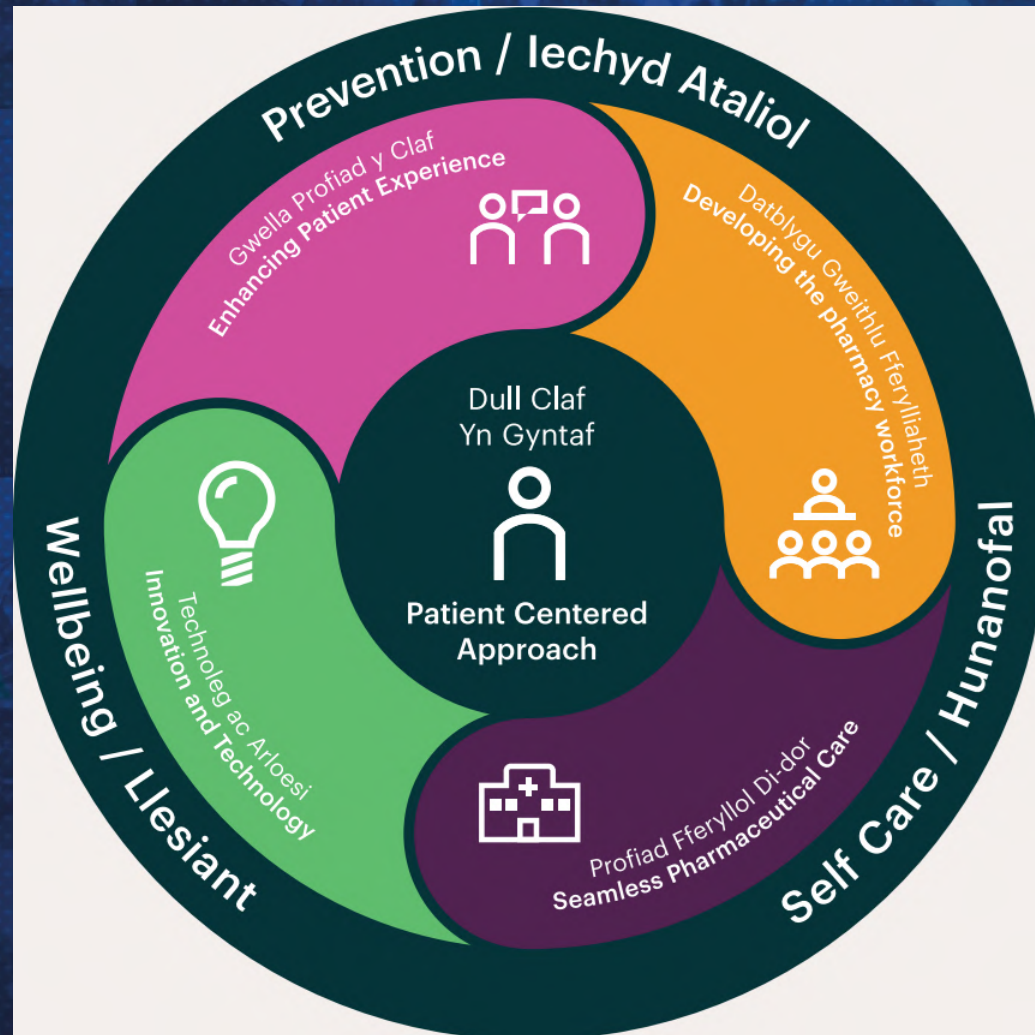
In summary, TRAMS aims to revolutionize access to critical medicines, improve patient outcomes, and enhance pharmaceutical care across Wales.

Why do we need TrAMs ?



- Poor patient experience
- Resource inefficiency and waste
- Inequity of access to care
- Longer wait times for treatment
- Inability to implement new therapies
- Increasing regulatory standards and lack of investment

TrAMs and Pharmacy Delivering a Healthier Wales



TrAMs is not just about

- Facilities
- Technology
- Automation
- Digital

Its also about

- Different ways of working
- Developing the Workforce
- Our patients

2. SE Radio Pharmacy – update

- **Planning Permission**

- Submitted 13th July 2024 granted February 13th 2025

- **Detailed Design**

- **Complete to Riba Stage 4 – Autumn 2024** now completed
- Design Qualification completed
- Technical review completed by project team including paid advisors in validation and radiation protection
- Final Scrutiny by NWSSP SES on behalf of WG
- Funding Letter received 20th February 2025

- **Isolators Ordered**

- Delivery expected May 2025

- **Enabling Works**

- Progressing well – work on over cladding the roof, upgrading the fire wall, upgrade to staff rest areas and toilets. Due for completion May 23rd 2025

- **Cleanroom contractor**

- Due on site 3rd June 2025

SE Radio Pharmacy – update 2

- **Project Plan**

- Practical completion of clean room build – end September 2025
- Contractor validation and handover – end December 2025
- NHS validations and Regulatory Inspections complete – end March 2026
- Service Go-live April 2026

- **Dependencies**

- Microbiological laboratory - due for regulatory inspection July 2025
- Workforce - TUPE of staff from C&V
- Workforce – Recruitment of additional staff
- Workforce – training and validation of staff

- **Sustainability Risk**

- Current provision of support from SBU is under pressure and cannot be sustained long term. There are already capacity issues in the system with some scans being delayed.

3. South East Hub – update(1)



- **Concept Design** is complete to Riba Stage 2 April 2024
 - Designed to complement the Radio Pharmacy design
 - Fit within building confirmed
 - Power supply assessed as sufficient
 - Planning permission approved as part of the radio Pharmacy submission
- **Preferred Revenue Funding Model**
 - costing discussed with Health Boards and Trusts agreed in principle but not formally.
- **Business case model**
 - An OBC has been developed and has been issued to partner organisations to seek approval through local governance processes and to NWSSP SES to conduct on behalf of Welsh Government Scoping on the design deliverables and proposed capital costing, to give confidence to the investor that the design, estates, and costing aspects remain on track. Target date 13 May 2025 – Complete
 - Full FBC to be developed once all design work is complete. This is now forecast to be in Q4 of 2025/6.

3. South East Hub – update(2)



- FBC development
 - Development of staffing structures based on capacity model in OBC
 - Development of the model for supplying Clinical Trials and supporting R&D
 - Isolator design and tender
 - Digital System tender and evaluation

4. South West Hub – update

- Locality selection for the South West Hub, with a representative workshop of stakeholders scoring the options, and ranking 6 localities across the South West Region. The ranking of localities was ratified by Programme Board.
- Site search within the top ranked localities commenced in Autumn 2024, with a long list of 7 sites identified with the assistance of NWSSP SES Property Surveyors. A small budget was allocated in Dec 2024 for the initial site surveys to baseline the costs to acquire and renovate each site to a comparable condition of a 'bare warehouse' ready for cleanroom build. Surveys were completed on 6 sites (1 having been previously sold).
- A scoring workshop for provisional site selection was organised for 2 April 2025, but in the meantime 2 further sites were sold, and a decision was taken by the Programme Director to postpone the workshop while a search for further sites was carried out.
- It is planned to reconvene the workshop in May 2025, to proceed with scoring the available sites.

5. TrAMs Operating Model

- Previous Service Model agreed in 2021, reviewed and updated
- Hybrid approach of items ordered from stock or patient specific
- Hospital sites are still required to dispense items to patients
- Introduction of patient data into Hub/Hospital interface is inefficient and introduces risk
- Increases time required to handle products at hospital sites
- Agreed by Chief Pharmacists

Ordering Schedules

- Current outsourcing arrangements, in HB\T make up around 70% of all patient doses have a 14 day turnaround time. These are supplied by commercially providers.
- Version 1 of Service Level Agreement applies a blanket 48-hour ordering lead time for TrAMs products
- Role of clinical sub-groups will be to identify “clinically urgent” indications and products for separation into schedules for:
 - 48hr lead time
 - 24hr lead time
 - Immediate need
- These have been drafted and agreed by clinical pharmacists and will be presented to more widely for agreement.

Thank you for listening

Questions and discussion

Contact: colin.powell2@wales.nhs.uk or

Trams@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

22 May 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Duty of Quality Report Update

ARWEINYDD: LEAD:	Dr Ruth Alcolado – Medical Director
AWDUR: AUTHOR:	Dr Ruth Alcolado – Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Ruth Alcolado – Medical Director
MANYLION CYSWLLT: CONTACT DETAILS:	Ruth.alcolado3@wales.nhs.uk

Pwrpas yr Adroddiad / Purpose of the Report

The purpose of this paper is to update the Committee on the progress made to develop the second Annual Duty of Quality Report. The report has been approved by both Informal Senior Leadership Group and Formal Senior Leadership Group. Updates may be made if needed after this meeting.

Llywodraethu /Governance:

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

**Tystiolaeth:
Supporting evidence:** Draft Report attached

Ymgynghoriad/Consultation:

- Informal Senior Leadership Group on 10 April 2025
- Formal Senior Leadership Group on 24 April 2025

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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Argymhelliad/ Recommendation:	The Committee is asked to note the update on the development of the Duty of Quality Report and to provide feedback by 26 May 2025.
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Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Not directly applicable.
Cyfreithiol: Legal:	Not directly applicable.
Iechyd Poblogaeth: Population Health:	The quality of services provided by NWSSP and reflected in the attached report directly and indirectly affects population health.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This update and report affects quality, safety and user experience.
Ariannol: Financial:	Not directly applicable.
Risg a Aswiriant: Risk and Assurance:	This update and report are designed to provide assurance to the Committee of the progress made in developing the first Duty of Quality Report.
Dyletswydd Ansawdd / Duty of Quality:	This report directly relates to the Duty of Quality.
Gweithlu: Workforce:	The Duty of Quality is applicable to all staff within NWSSP.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

The Duty of Quality came into force on 1 April 2023 and places a duty on NHS bodies to ensure continuous quality improvements in both clinical and non-clinical services.

The Duty requires that an annual public facing report is produced outlining each organisations progress on becoming a quality driven organisation.

This update and report provides information which will be submitted to Velindre University NHS Trust for inclusion as a chapter in the Trust Duty of Quality Annual Report and will be used as our public facing document.

2. RECOMMENDATION

The Committee is asked to **NOTE** the update and provide any feedback by 26 March 2025.

NHS WALES SHARED SERVICES PARTNERSHIP

Duty of Quality Annual Review 2024-2025





Introduction from Chair and Managing Director of NWSSP

We take great pride in presenting the second annual report on the implementation of the Duty of Quality within NWSSP.

Since the Duty of Quality came into force on 1st April 2023 it has been embraced within NWSSP, not only to give us the ability to demonstrate how we implement the high standards of service provision which we aspire to deliver to the population of Wales, but also to enable our staff to show how they deliver within their divisions and departments and to show the pride that they take in the quality of their work. This is demonstrated in the live links within the Quality Wheel **page 12**, where you can listen to our staff discussing how they work, and reflect on the importance of the Duty of Quality.

NWSSP provides an ever-expanding portfolio of services across the NHS in Wales, and includes services ranging from Legal to Laundry, from Procurement to Pharmacy, from Accounts Payable to Audit, from Payroll to Primary Care Services, Specialist Estates and Surgical Materials Testing Laboratories and so many more.

We have taken the opportunity given to us by the implementation of the Duty of Quality to connect this with our core values and strategic objectives, ensuring an overarching principle of quality in everything we do. We hope that this report, which will be available to the public, will showcase the role of NWSSP within the NHS in Wales and the services we provide which enhance and enable patient care.

We hope that it will provide you with the assurance that we have quality at the heart of what we do and that we are consistently focussed on improving the quality of the services we provide.



Tracy Myhill OBE,
Chair



Neil Frow OBE,
Managing Director

Medical Directors Report

Last year I quoted Aristotle, 'Quality is not an action, it is a habit' and I hope you will agree that this 2024/25 report shows that, for NWSSP, the philosophy and practice of quality really is a habit.

As I reflect on the progress we have made since the production of our first annual report, it is evident that the staff in NWSSP have truly embraced using the 12 health and care quality domains and enablers as a way of ensuring progress in the monitoring, assurance, improvement and planning of the services we deliver to NHS Wales.

Our first annual report aimed to showcase as many of our divisions as we could, demonstrating the breadth of services delivered by NWSSP and the impact of our non-clinical services on the NHS in Wales. The aim of the report was to provide 'bite-sized' pieces of information, utilising short videos and associated text to demonstrate how we use the Duty of Quality to inform our planning and decision making. This approach is now being picked up by other NHS organisations as an accessible means of delivering complex information.

In the past year our internal quality steering group has expanded with new members joining as the divisions see the value of demonstrating how we continuously improve the quality of the services we deliver.

We have received positive comments from staff on our approach to implementing Duty of Quality, including:

- Focuses our thoughts.
- Gives us a refresh in our approach.
- Using videos in both the always on reporting and annual report gives a real insight into the meaning of quality in the work of NWSSP.
- The use of short videos makes your approach to quality understandable and accessible.

This year's report demonstrates again how our services aim to be the best that they can be:

- We have retained our customer service excellence award and maintained or achieved higher levels of compliance in all domains.
- We have achieved and retained a number of prestigious external accreditations and awards, including ISO accreditations for environmental management systems in our Surgical Materials and Testing Laboratory Division.
- Procurement Services have maintained their Medicines and Healthcare Regulatory Agency licence based on Good Distribution Practice (GDP).
- We have again embedded the Duty of Quality principles into our IMTP development and use our quarterly review process to ensure achievement of our quality initiatives and provide assurance to the Partnership Board.
- We have, this year, begun the process of self-assessment for each division against the health and care quality standards, this will continue into 2025 forming our baseline for continual improvement, again linking with each division's IMTP (See Appendix A) and ensuring the sustainability of always on reporting.
- We have continued to upload divisional reports to our SharePoint site so that the divisions can learn from each other.

I hope that you find our second annual report encouraging and that you will be able to understand what quality means to our largely non-clinical services, and how we plan, deliver, assure and continuously improve quality.

Our Values



Listening & Learning

To continually reflect upon and improve the quality and effectiveness of all we do.



Taking Responsibility

For brave and compassionate decisions and making the right things happen.



Working Together

Inclusively with colleagues, customers, and suppliers.



Innovating

To be courageous and creative through continuous improvement.

Our Services



Audit and Assurance Services



Laundry Services



Finance and Corporate Services



Accounts Payable



Lead Employer for medical, dental & pharmacy trainees



Planning, Performance and Informatics



Counter Fraud Wales



Legal and Risk Services



People and Organisational Development



Central E Business Team



Medical Examiner



Surgical Materials Testing Laboratory



Digital Workforce Solutions



Primary Care Services



Salary Sacrifice



Employment Services



Procurement and Supply Chain Services



Student Awards Services



e-Enablement



Pharmacy Services



Welsh Risk Pool



Finance Academy (hosted)



Specialist Estates Services



Wales Infected Blood Support Scheme



Health Courier Service

Key Achievements 2024-2025

We were pleased to submit our first annual Duty of Quality report on time and to note that it was received very well by both other Health Boards and Trusts in Wales and by Welsh Government.

Our innovative use of videos and vlogs in our first year was particularly noted and has continued to influence the production of this year's report with our focus on accessibility for the public. This was recognised by the Welsh Government review on last years reports.

- We have continued to deliver both formal and informal sessions to our staff, extending this from board to divisions and teams.
- We have used workshops to encourage staff to demonstrate their commitment to quality by producing their own blogs and vlogs, sharing these on SharePoint to enable best practice.
- We have maintained our organisational and legal commitment to the Welsh Language by ensuring that the report and all other external communications are available in the medium of Welsh.
- The Duty of Quality implementation team has continued to meet and the champions and leads in each division are cascading their knowledge of the Duty of Quality throughout their areas of expertise.

Quality Planning and Decision Making

The IMTP and the Duty of Quality report continue to be integrated into our working practices this year. There are ongoing challenges in terms of service improvement and financial constraints, however, we have ensured that, by using the Duty of Quality and the quality wheel to guide decision making, the quality of the services we provide has been maintained and driven forward to ensure service improvement.

2025

2024

2022

2023

Quality Management Systems

Each of our divisions have their own Quality Management System (QMS) tailored to the very different needs of each division, ranging from a clinically based QMS for our Pharmacy Services and Surgical Materials Testing Laboratory to the largely non-clinical Procurement and Workforce Divisions. The diversity of the divisions within NWSSP requires a flexibility of implementation to ensure that service provision is maintained and enhanced across NHS Wales. Sharing of best practice across divisions is a key element of our ongoing quality improvement strategy. This is done through senior leadership meetings, at local divisional meetings and through the Duty of Quality Implementation team meetings. More locally this will be embedded through both face to face and online learning.

Quality Driven Reporting

One of the main principles which we have applied as part of our Duty of Quality reporting is in using always on reporting which we have in many of our divisions already and is well established. This supports the quality management systems which are in place and, with the IMTP, provide assurance and evidence that projects and initiatives are on track to be achieved in a timely fashion. The video submissions for this year are [available here](#) in both English and Welsh, and our Digital and Workforce Productivity Solutions Division video demonstrates very effectively the way in which they approach their Quality Driven Reporting process, with specific reference to the Duty of Quality.

Quality Driven reporting into Health Boards and Trusts

NWSSP has a unique position within the NHS in Wales. We are hosted by Velindre University NHS Trust (VUNHST) and report through their Quality, Safety and Performance Committee to the Welsh Government for the annual Duty of Quality Report. Our divisional structure enables the provision of a variety of services across the whole of NHS Wales. Examples include:

- The Specialist Estates Services team has an all-Wales lead role in buildings, transport, Infrastructure, Estates planning and land use, providing advice and support to improve health care environments. The team work closely with Health Boards and Trusts to develop and support premises assurance for an estate of over 2 million square metres.
- Our laundry services span the entirety of NHS Wales. They provide collection, linen treatment and delivery to clinical centres including major hospitals and community sites. They have undertaken significant work in reducing waste and reusing heat from wastewater and further information on this can be found on our YouTube channel and linked to the Quality Wheel (see below).
- Decarbonisation – As NWSSP is responsible for Specialist Estates Services and procurement within the NHS in Wales, it has a major influence on areas such as transport, travel and buildings. This is outlined in more detail in the [2024-2026 Decarbonisation Action Plan](#).



Quality Control and using data for quality improvement

We continue to undertake divisional quarterly reviews which provide compliance assurance. During this process, divisions are held to account for Key Performance Indicators (KPIs), which are based on the safe, timely, effective, efficient, equitable and person-centred quality domains. This is an ongoing mechanism which NWSSP uses to ensure that quality is central to our service delivery.

The KPIs inform quality improvement projects which feed into improved quality measures and inform the Integrated Medium-Term plan (IMTP). This gives the senior leadership team and the partnership board assurance. The IMTP, submitted to the Welsh Government yearly, supports the principles of delivering value, innovation and excellence through partnership and is also underpinned by the approach taken by NWSSP to the Duty of Quality. This shows the further integration of the principles of the Duty of Quality into the daily business of NWSSP.

The diverse nature of NWSSP means that each division is held accountable for a unique set of measures, which include such elements as sickness absence, analytics for improvement, Wales wide service improvements and compliance with internal and external standards. Each division uses their own data sets to identify performance and assure quality improvement.

Below we outline 3 projects within NWSSP which demonstrate how we collect and use data to inform quality and service improvements, both within NWSSP and across the NHS in Wales.

Digital and Workforce Productivity Solutions

The national services provided by the Digital and Workforce Productivity Solutions team are fundamental to enabling health care services across Wales. The team use a Quality Improvement Action Log (QIAL) which uses Microsoft Lists as a tool to enable automatic notifications to be used to ensure that Quality Improvements are driven forward in a timely manner. They embedded the DoQ into their service delivery model as part of the drive for continuous service improvement. Feedback from service users ensures that the internal audits undertaken are externally verified. 60% of the service improvements identified have been implemented to date. These include developing a Quality management site which allows visibility of progress and sharing of best practice and translating the e-rostering intranet page and systems notifications to ensure that the system is bi-lingual and fully compliant with the Welsh Language Standards (2016). Future developments planned for 2025-2026 will include developing ways to automate transactional tasks, launching an all-Wales portfolio pathway for International Doctors and facilitating the reduction of agency spend across Wales. This forms part of the Digital and Workforce Productivity Solutions teams plan for continuous improvement, using data and keeping quality at the heart of their work.





Medical Examiner Service and Mortality Review Teams (Primary Care Services)

This is an example of collaborative working between the Medical Examiner Service (MES) which reviews all deaths in Wales (with the exception of those investigated by His Majesty's Coroner), and Mortality Review teams across Wales – a true once for Wales solution which will standardise the interface between the MES and Mortality Review teams, using the Duty of Quality as the cohesive framework. This supports the categories and analysis used for learning from deaths across all care providers in Wales. Using the Duty of Quality to support this ensures a uniform and consistent approach to enable thematic analysis. The six domains of quality (safe, timely, effective, efficient, equitable and person centred) are used to categorise feedback provided from the MES to the service provider. Following review of this information the care provider can use the six enablers (leadership, workforce, culture, information, learning, improvement and research and whole systems approach) to support further structured mortality review. This enables categorised and thematic learning, using the data provided to improve patient care and treatment, in primary and secondary care. This ensures a whole system approach to learning from events and a focus on quality throughout.



Procurement Services

The Procurement Services Team use data as an integral part of their Quality Management System to deliver a quality and professional service to customers and ultimately to patients, based on the principle of **Right First Time**.

The Quality Management System uses data and analytics to identify opportunities for improvement and to demonstrate benefits delivered as part of the planning process. Quality Assurance is ensured through a performance management framework and a risk management framework, whilst quality control is supported by the use of dashboards and workflow reports. Quality improvement is measured through a variety of measures including ongoing review, updating staff skills and ensuring PADRs are undertaken, creating a learning environment for staff.

A 3 yearly cycle of Quality planning is in place, supported by a published plan which meets the requirements of ISO 9001 (external award) for management review. This then supports the production of the IMTP. Third party audit and internal audit are used to assure service quality.



External Quality Reviews, accreditations and awards

Customer Service Excellence Accreditation (CSE)

We strive to ensure that our customers and partners are at the heart of everything we do. To ensure that we are able to demonstrate this we sought, in 2023, external validation of this customer centred approach. The entire organisation was able to gain Customer Service Excellence Accreditation. We have maintained the inherent linkage between CSE and the Duty of Quality over this time period and have again been awarded CSE accreditation for the entirety of the organisation.

Our internal SharePoint site links CSE and the Duty of Quality, emphasising the interdependence between the two. It also reinforces to internal stakeholders the way in which we can use the work done for CSE as examples for the Duty of Quality and vice versa.

The feedback from CSE assessors will continue to be used as feedback to improve our processes and we will continue to use our always on reporting systems to inform this. The CSE report also demonstrates the linkage and collaboration between the various divisions in NWSSP.

Below are more examples of the Internal and External Quality Reviews, accreditations and awards received by divisions and staff in NWSSP over the last year. These demonstrate the quality of services which we provide in NWSSP.

Achievement	Division	Quality Domains	Quality Enablers
Decision to seek, and achievement of, NWSSP wide customer service excellence accreditation (CSE)	NWSSP wide	<ul style="list-style-type: none"> Equitable Person centred 	<ul style="list-style-type: none"> Leadership Culture Information
Development of a water and energy recovery system for Laundry Services BS14065:2016 for biocontamination control systems	SES	<ul style="list-style-type: none"> Effective Efficient Safe 	<ul style="list-style-type: none"> Information Whole system Learning, improvement and research
Maintaining Divisional accreditations – these act as a visible assurance of quality	NWSSP wide	<ul style="list-style-type: none"> Person Centred Safe Effective 	<ul style="list-style-type: none"> Learning, improvement and research Leadership Culture Whole System
Speaking up safely	People and Organisational Development	<ul style="list-style-type: none"> Safe Equitable 	<ul style="list-style-type: none"> Leadership Workforce Culture

Achievement	Division	Quality Domains	Quality Enablers
<p>SMTL have achieved ISO/IEC 17025:2017 Testing and calibration and environmental management systems.</p> <p>A UKAS audit showed zero noncompliance with one minor recommendation (this level of compliance for an organisation is rare)</p>	Surgical Materials and Testing Laboratory	<ul style="list-style-type: none"> • Safe • Timely • Efficient • Effective 	<ul style="list-style-type: none"> • Information • Whole system • Learning, Improvement and research
Monitoring and managing quality across business and identifying areas for improvement ISO 9001	Primary Care Services	<ul style="list-style-type: none"> • Efficient • Effective • Equitable • Safe • Timely 	<ul style="list-style-type: none"> • Information • Leadership • Culture
<p>Procurement Services hold multiple ISO and other standards including ISO 9001 Quality Management ISO 45001 Occupational Health and Safety STS Food Safety Standard</p> <p>MHRA licence based on Good Distribution Practice and are compliant with the Carriage of Dangerous Goods Act.</p>	Procurement Services	<ul style="list-style-type: none"> • Safe • Timely • Efficient • Effective • Equitable • Person Centred 	<ul style="list-style-type: none"> • Information • Leadership • Culture • Learning, Improvement and Research • Workforce • Whole System
ISO2000-1 standard and BACS certification, covering information technology - service management system requirements and gained 100% customer satisfaction in a survey for its BACS bureau performance	Central Team E-Business Services	<ul style="list-style-type: none"> • Effective • Efficient • Safe • Timely 	<ul style="list-style-type: none"> • Information • Whole system • Leadership • Workforce
Maintained Law Society Lexcel service excellence accreditation (Lexcel)	Legal & Risk Services	<ul style="list-style-type: none"> • Timely • Effective • Efficient • Equitable • Person centred 	<ul style="list-style-type: none"> • Leadership • Workforce • Culture • Information • Learning, improvement and research • Whole system approach

As an example of the robust nature of these external assessments, our Legal and Risk team, which provides a service across NHS Wales, were assessed over a 3-day period. This is a yearly assessment which supplements the 5-day assessment which is held every 3 years. The assessor interviews staff members from all levels, selects a random group of legal cases for review and also assesses the policies and procedures in place, ensuring a full and objective assessment process.

Whilst these are formal, internal and external, these and other divisions within NWSSP also undertake other forms of internal quality assurance. This includes the work undertaken by the People and Organisational Development team who, quantitatively and qualitatively, measure responses to surveys and evaluations including the People and OD survey, the NHS Wales Staff survey, experiential and impact evaluations of courses, action point response times and the quality of external speakers. These assessments provide feedback for the organisation, course and survey participants and staff, allowing for improved service delivery.

Staff Voices

The 12 health and care standards which comprise the 6 measures of quality and the 6 key enablers laid out in the Duty of Quality are shown in the inner ring and outer ring respectively on the wheel below.

The **6 measures** of quality are:

- **Safe** - This focuses on avoiding preventable harm, getting processes and care right, and learning from incidents and concerns to prevent repetition.
- **Timely** – This is described as providing high quality care in the right timeframe.
- **Effective** – This reflects utilisation of evidence-based practice including prevention as well as treatment.
- **Efficient** – a values-based approach to improve outcomes for people.
- **Equitable** – providing equality of opportunity and human rights.
- **Person Centred** – meeting people’s needs.

The **6 enablers** are:

- **Workforce** – Ensuring that the workforce is skilled and available to provide care and support to those providing care.
- **Leadership** – clear vision with governance and accountability embedded in the organisation.
- **Culture** – Quality systems and safety in a supportive way enabling sharing new ideas and learning from mistakes.
- **Information** – Using data and knowledge to inform service quality and development.
- **Learning and Improvement** – Quality improvement to deliver quality services and outcomes.
- **Whole system approach** – Improving quality across the health care system to improve population outcomes.

These can be further explored by clicking on the following link:

[!\[\]\(b4a87d2e2744f7ff98016d465faed7fc_img.jpg\) The Duty of Quality Statutory Guidance 2023](#)



Explore the wheel below (by clicking on each section) to hear staff in NWSSP explaining how quality is key to their work on behalf of NHS Wales and what it means to them, or to see links explaining how quality is demonstrated in NWSSP.



Leadership

This segment demonstrates the impact of the learning and development strategy, which supports compassionate and effective leadership and facilitates the development of staff throughout the organisation to enable our objectives to be met in a meaningful and sustainable way.

Workforce

This demonstrates a clear link between the Duty of Care and service improvement. It defines the links between the internal and external audit cycle and quality and enhancement of services.

Culture

Demonstrating the value to the organisation of compliance with the Welsh Language Measures 2011 and associated Standards and Strategies to promote the use of the Welsh Language within the organisation and for the benefit of service users and patients of the NHS in Wales.

Information

The importance of these aspects are demonstrated in this short video, presented in both English and Welsh, about our Central E Business team. Members of the team present how they work with the Duty of Quality in mind and how the Duty is embedded in the work they do.

Whole systems approach

This shows the work of the Welsh Translation Unit in supporting and enabling the use of the Welsh Language across the NHS in Wales, both through Service Level Agreements with other Health Bodies and internally in developing the skills of our workforce to be able to communicate bilingually.



Learning, improvement and research

This information demonstrates how learning taken from audit has led to improvements in service delivery both for internal and external stakeholders. It also supports compliance with Welsh Language Standards. There is also an explanation of how the current audit cycle has led to forward planning as part of the continuous improvement process and Quality Management System which is in place.

Safe

The Legal and Risk team facilitated training for medical staff to promote a safe and consistent approach to informed consent. As part of this they clarified information on informed consent and material risk and the need for appropriate language to be used to give information to patients. This provided expert training for our medical practitioners to promote safe and best practice.

Please note that this presentation was done using external specialist legal speakers and is not available in Welsh. We have committed to addressing this for the future.

Timely Effective Efficient

This short video, presented by members of our Laundry Services Team, demonstrates very effectively the timely, effective and efficient aspects of the Duty. The video shows the breadth of the impact of laundry services across NHS Wales and the ways in which they are improving the efficiency of the service in order to enhance sustainability and reduce cost to the NHS.

Equitable

Our People and Organisational Development Team work to ensure that we understand the demographic of the workforce in NWSSP, which enables us to ensure that services are delivered equitably to all staff, fairly and in a non-discriminatory way, helping the organisation to be a person-centred employer.

Person Centred

This discusses the evolution of the Performance Appraisal Development Review (PADR) within NWSSP, which is designed to ensure a person-centred approach, effective conversations between managers and staff, and aligning goals to the priorities of NWSSP.



The Future

Following on from last year's Duty of Quality report, we have continued our quality journey and hope that this report will demonstrate the commitment of NWSSP and its staff to providing a quality service to our partners and patients across NHS Wales.

Muhammed Yunus, Nobel Laureate, stated that "Truly affordable but high-quality health care tools and services are the only means by which quality health care can be provided to all." NWSSP, in its ongoing aspirational approach to ensure a sustainable quality approach to NHS services in Wales, models this principle.

We have shown in this report that ensuring quality within NWSSP, covers the four major processes:

- **Quality Planning (QP):** through our IMTP, demonstrating the way we have continued to embed quality into our organisational culture.
- **Quality Assurance (QA):** from our always on reporting model, to our internal and external accreditations.
- **Quality Control (QC):** Ensuring that our KPIs are regularly reviewed with quality measures in mind and that our regular rhythm of review for divisions has quality at its heart.
- **Quality Improvement (QI):** being central to our discussions in quarterly reviews, Senior Leadership Group and Partnership Board.

Looking forward to our next reporting period we will be reviewing how we can ensure that our quality reporting can be made more effective through data (QC), in developing dashboards to reflect our quality journey (QA) and to ensure measurability which will drive further improvement (QI). This approach will align with our quarterly divisional reporting process which aligned with the IMTP and KPIs.

Our previous report was well received, and we look forward to further developing future reports in line with the feedback given. We have discussed approaching Llais with a view to engaging with them to ensure citizen driven reporting and would anticipate that this will strengthen citizen understanding and engagement with NWSSP.

In line with our colleagues across Wales we will be looking to refine our self-assessments against the quality maturity matrix and to continue our cross divisional learning. The refined self-assessments will provide each division a focus for their next year's quality agendas.

In short, this is a snapshot report showing the quality approach of some of our divisions in NWSSP. Our diversity precludes a single approach to quality, with services ranging from direct to indirect patient and community impact, but it is clear that the same high standards and the culture of continual quality improvement holds across the organisation.



Appendix A

IMTP Duty of Quality Appendix 2025-28





This appendix demonstrates further alignment to our commitment to the Duty of Quality within NWSSP. We have been able to map the relevant health and care standards logos throughout the IMTP to identify associated work streams.



Digital Workforce Solutions Develop and digitise learning platforms which will support the continued professional development of the current and future Health and Social Care Workforce. This aims, among other benefits, to enable the transferability of learning records.

Digital Workforce Solutions The Digital Workforce and Productivity Solutions (DWPS) Quality Management System continues to develop. This will support implementation of a framework to monitor, assess and continuously enhance the service, thereby improving healthcare services across NHS Wales and ensuring fulfilment of the Divisional responsibilities under the Duty of Quality.

Specialist Estates Services SES are focussing on providing additional resilience in the Engineering Team Decontamination section. This not only allows for developing our current and future staff but is aimed at producing the capacity of the service which supports patient outcomes across Wales.

Accounts Payable Increasing staff benefit services across NHS Wales and assess the feasibility of creating a portal as part of the digital gateway process.

Accounts Payable The team plan to ensure that all staff within the division will receive relevant and robust "purchase to pay" training. This has involved creating training frameworks and reviewing and refreshing induction training.

All Wales Laundry Service Investigate options to support succession planning for the current laundry management team.

Digital Workforce Solutions Support the re-procurement and implementation of a Health Roster Solution on an All-Wales basis – a once for Wales solution.



Pharmacy Services Work continues to support management of the supply chain throughout Wales which will quantify volumes and enable resilience for the complex issue of medicine shortages. This will require robust data consolidation and data integrity.

All Wales Laundry Service

Investigation and data collection on strategic linen stock holdings to create resilience across the service.

Central team eBusiness Services

Extend robotics support to Health Organisation's Financial Management (FMS) processes, including service desk support and implementation and design of new finance and procurement processes in the Microsoft Power platform.

Procurement and Central Team eBusiness Services

It is planned to increase the number of invoices processed via e-trading by 10%, which will ensure seamless delivery whilst freeing up resource and improving data analysis and decision making.

All Wales Laundry Service IT support for the service will be migrated from Local Health Board support to NWSSP and Digital Health Care Wales (DCHW) support. This will enable customers to contact one single number for Wales and requests can be supported in an efficient and timely manner.

Digital Workforce Solutions Roll out of Health Rostering across NWSSP and Public Health Wales, providing a consistent central support model for all rostering queries.

Digital Workforce Solutions Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution.



Digital Workforce Solutions Working with Welsh Government to extend the All-Wales International Recruitment Programme. This will support workforce sustainability across NHS Wales.

People and Organisational Development Developing and implementing Speaking up Safely for all medical and dental trainees in Wales, ensuring that staff managed under the Single Lead Employer model are supported and treated fairly.

All Wales Laundry Service Develop the engineering team by investigating the implementation of part time engineering degrees alongside work, creating a learning culture and opportunities.

Accounts Payable Increasing staff benefit services across NHS Wales and assess the feasibility of creating a portal as part of the digital gateway process.

Employment Services Employment Services has renewed a Law Contract via procurement exercise is now in place to support complex area of Right to Work for non-UK staff.

Procurement Procurement will support any procure 2 Pay (P2P) initiatives that emerge from the various governance groups.



Central Team eBusiness Support Co-ordinate development and service desk support for Scan for Safety Continuous Service improvement (SCI) and review server requirements.

Surgical Materials Testing Laboratory SMTL are leading a group looking at the procurement of reusable gowns for NHS Wales. This supports the decarbonisation targets and the climate change emergency work.

Digital Workforce Solutions Lead the development of the Workforce Transformation Solution Programme, moving from planning to mobilisation stage.

Employment Services Develop a recruitment continuous service improvement programme that advances our service efficiencies through innovation and digital automation of legacy and new systems to better support a shared service model.

Accounts Payable It is planned to continue to increase the proportion of Electric/Hybrid vehicles that are on the Salary Sacrifice fleet to 90% during 2025-2026.

Procurement and HCS Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Digital Workforce Solutions Support the re-procurement and implementation of a Health Roster Solution on an All-Wales basis – a once for Wales solution.

NHS Counter Fraud Services Explore the provision of specialist financial investigation services to other public sector services in Wales.



Primary Care Services PCS are introducing and embedding research and development within primary care services for the four contractor groups. The aim of this is to take opportunities to use resources more effectively and to ensure sustainability of service delivery.

Surgical Materials Testing Laboratory SMTL are leading a group looking at the procurement of reusable gowns for NHS Wales. This supports the decarbonisation targets and the climate change emergency work.

Pharmacy Services The Pharmacy Services Medicines Unit continues to develop new products with a current portfolio of 4 drugs and 7 product lines ongoing. This sets a standard for best practice in partnership with the Health Boards and helps to bring forward new products which will benefit patients across Wales.

Procurement and Central Team eBusiness Services A training framework is being developed to enhance the current training provision for all Procurement and Accounts Payable staff relating to purchase-to-pay to improve the customer experience resulting in a reduction in service desk calls.

Digital Workforce Solutions Continue to work in partnership with all Universities, mapping national NHS Wales e-learning requirements, ensuring compliance prior to placement and transferability of compliance.



Digital Workforce Solutions Lead the development of the Workforce Transformation Solution Programme, moving from planning to mobilisation stage.

Accounts Payable It is planned to continue to increase the proportion of Electric/Hybrid vehicles that are on the Salary Sacrifice fleet to 90% during 2025-2026.

Audit and Assurance Training and upskilling of all staff to add value to audit provision through increased efficiency enabling key risk areas to be targeted.

Central Team eBusiness Lead a review of the team structure to reflect changes to service delivery and support to ensure that it continues to meet customer demands.

People and Organisational Development Create a community of practice to support NHS organisations in the implementation of establishment reporting, addressing the skills and knowledge gap to initiate this. This will enable safe assessment of vacancy data at local and national levels and support strategic workforce plans.

Pharmacy Services Set up a national microbiological monitoring service for pharmacy services to analyse and report on samples generated from manufacturing/preparation units. This is essential to support and maintain the new radio pharmacy unit.

Pharmacy Services Lead on the development of a national medicines stockpile to ensure medicines resilience to ensure that stocks are effectively managed in times of crisis.





Diogel
Safe

Pharmacy Services Pharmacy Services will continue to work to maintain the required regulatory and professional licences and registrations (including the Medicine and Healthcare Products Regulatory Agency (MHRA), home Office licencing and General Pharmaceutical Council Pharmacy registration). This will assure service users that our pharmacy services are maintaining a standard of quality evidenced from external review.

Procurement and HCS There are plans in place to develop improved communication methods to ensure that information for customers and staff is managed, clear and accessible. This will improve information flow and ensure that both staff and customers are given consistent messages. This will also reduce frustration and increase well being.

People and Organisational Development Create a community of practice to support NHS organisations in the implementation of establishment reporting, addressing the skills and knowledge gap to initiate this. This will enable safe assessment of vacancy data at local and national levels and support strategic workforce plans.

Procurement and HCS Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

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Procurement and Central Team eBusiness Services It is planned to increase the number of invoices processed via e-trading by 10%, which will ensure seamless delivery whilst freeing up resource and improving data analysis and decision making.

All Wales Laundry Service Real time monitoring systems will be developed for tracking energy usage across utilities and major consumers. This will allow sharing of energy usage with customers and demonstrate that the service is playing an active role in reducing its carbon footprint across Wales.

All Wales Laundry Service Establishment of base line strategic linen stock holdings to create service resilience. This will prevent patient care being disrupted if there is breakdown at a laundry site.

Digital Workforce Solutions Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution.

Legal and Risk Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR). This will support the fair, effective and efficient management of cases.

Primary Care Services Identify solutions to drive automation and support embedding the Wales Ophthalmic contract to ensure the timely and effective submission and payment of claims.

Procurement The team plan to increase the value of rebates earned by 10% by March 2026, with a baseline determined at the end of March 2025.

Procurement and Central Team eBusiness Services It is planned to increase the number of invoices processed via e-trading by 10%, which will ensure seamless delivery whilst freeing up resource and improving data analysis and decision making.

Procurement and Central Team eBusiness Services A training framework is being developed to enhance the current training provision for all Procurement and Accounts Payable staff relating to purchase-to-pay to improve the customer experience resulting in a reduction in service desk calls.

All Wales Laundry Service IT support for the service will be migrated from Local Health Board support to NWSSP and Digital Health Care Wales (DCHW) support. This will enable customers to contact one single number for Wales and requests can be supported in an efficient and timely manner.

Digital Workforce Solutions Support the re-procurement and implementation of a Health Roster Solution on an All-Wales basis – a once for Wales solution.

Employment Services Carry out a feasibility study into the ability of the current payroll system to undertake an all-Wales weekly pay for Nurse Bank employees, releasing wages earlier and promoting a reduction in agency spend.



Accounts Payable It is planned to increase the number of suppliers using new statement reconciliation software to improve efficiency within the service.

Accounts Payable Plans are in place to re-procure the duplicate payment and statement matching software to provide an improved and more efficient Procure to Pay process.

All Wales Laundry Service IT support for the service will be migrated from Local Health Board support to NWSSP and Digital Health Care Wales (DCHW) support. This will enable customers to contact one single number for Wales and requests can be supported in an efficient and timely manner.

All Wales Laundry Service Real time monitoring systems will be developed for tracking energy usage across utilities and major consumers. This will allow sharing of energy usage with customers and demonstrate that the service is playing an active role in reducing its carbon footprint across Wales.

Audit and Assurance Training and upskilling of all staff to add value to audit provision through increased efficiency enabling key risk areas to be targeted.

Procurement and HCS Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Legal and Risk Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR). This will support the fair, effective and efficient management of cases.





Procurement and HCS There are plans in place to develop improved communication methods to ensure that information for customers and staff is managed, clear and accessible. This will improve information flow and ensure that both staff and customers are given consistent messages. This will also reduce frustration and increase well being.

All Wales Laundry Service Linen segregation awareness training will be introduced to all customers, ensuring that they are all equally aware of the need to segregate linen effectively and to prevent linen being inappropriately sent to landfill. This will help to reduce the carbon footprint of the service.

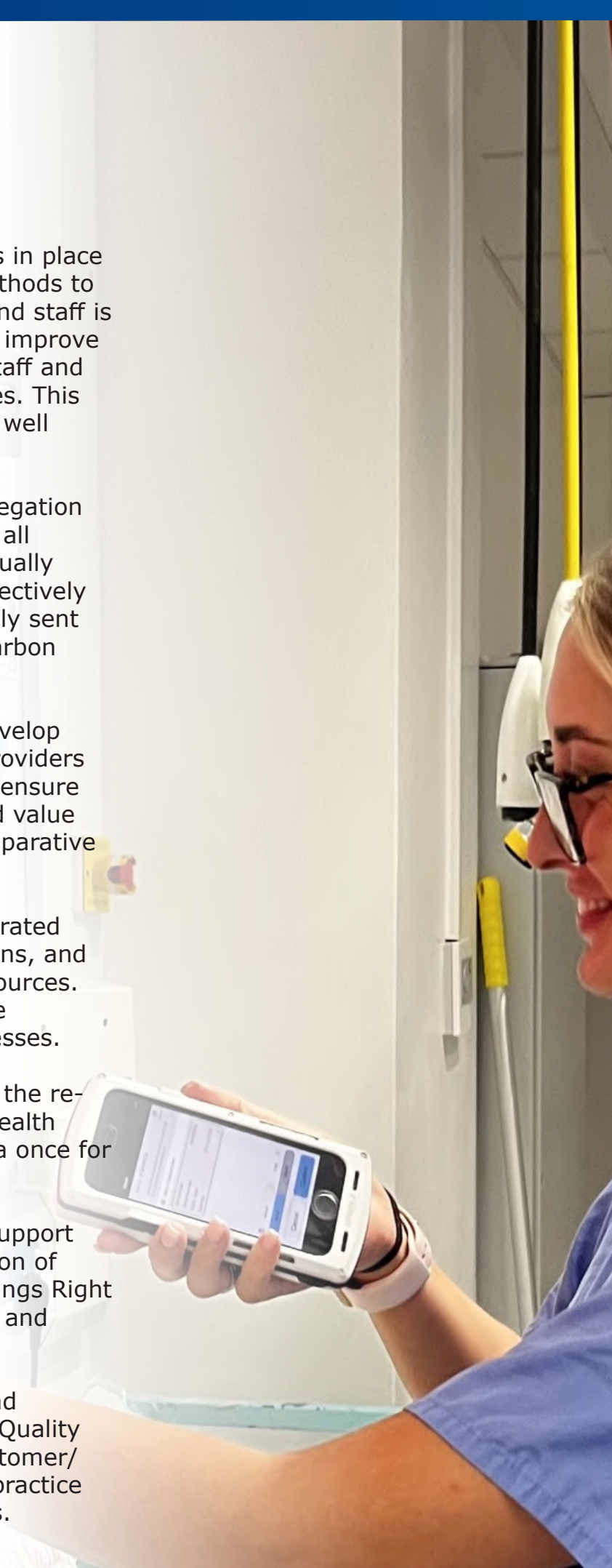
Audit and Assurance The team will develop relationships with other internal audit providers for the identification of best practice, to ensure that the department can continue to add value with the service it provides through comparative benchmarking.

Audit and Assurance Supporting integrated assurance across NHS Wales organisations, and bringing together a suite of assurance sources. This will help to embed robust assurance arrangements and reduce variable processes.

Digital Workforce Solutions Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution.

Legal and Risk Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR. This will support the fair, effective and efficient management of cases.

Medical Examiners Service Review and align all output reporting to the Duty of Quality domains and ensure that this meets customer/stakeholder requirements, driving best practice and ensuring broader learning outcomes.





Accounts Payable Increasing staff benefit services across NHS Wales and assess the feasibility of creating a portal as part of the digital gateway process.

Procurement and Central Team eBusiness Services A training framework is being developed to enhance the current training provision for all Procurement and Accounts Payable staff relating to purchase-to-pay to improve the customer experience resulting in a reduction in service desk calls.

All Wales Laundry Service A shift pattern review will be undertaken to ensure operating hours match demand and capacity, with a planned and thoughtful rota which should allow for working hours to be undertaken within normal operating hours. This will allow room for overtime if needed while supporting a healthy work life balance.

Audit and Assurance Training and upskilling of all staff to add value to audit provision through increased efficiency enabling key risk areas to be targeted.

Digital Workforce Solutions Lead the development of the Workforce Transformation Solution Programme, moving from planning to mobilisation stage.

Procurement and HCS Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Medical Examiners Service Review and align all output reporting to the Duty of Quality domains and ensure that this meets customer/stakeholder requirements, driving best practice and ensuring broader learning outcomes.

Primary Care Services Develop intelligence services to underpin and support delivery of the Primary Care strategic workforce plan, supporting sustainability.



We hope that this report has been informative and has given an insight into our drive to continually demonstrate, assure, and improve quality in the services provided by NWSSP.

For any questions on the content of this review, please contact:

Shelley Jones
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NHS Wales Shared Services Partnership



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NWSSP Finance Report

May 2025

Reporting on the period to 31st March 2025

*Delivering Value, Innovation and
Excellence through Partnership*



The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 31st March 2025

Any detailed queries please contact:
lindsay.payne@wales.nhs.uk

Revenue

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD Variance £000
Income	-893,886	-893,886	-891,988	1,898
Pay	436,984	436,984	431,103	-5,881
Non-Pay	249,387	249,387	249,754	367
WRP – DEL	145,011	145,011	145,011	0
WRP - AME	62,505	62,505	62,505	0
Distribution	0	0	3,600	3,600
	0	0	-15	-15

Our 2024/25 financial outturn was reported with a small surplus of £0.015m. It should be noted that this is the provisional outturn position subject to the audit of the Velindre University NHS Trust annual accounts which will be completed during May and June 2025, following the submission of the accounts on 2nd May 2025.

The surplus position of £0.015m is reported after returning £0.750m of in year savings against our COVID-19 allocation to Welsh Government and providing a £3.600m savings distribution to NHS Wales and Welsh Government.

On 6th March we received confirmation of Cabinet Secretary approval for the new PPE stockholding policy. Following further meetings and discussions we now have additional clarity on the specification and volumes of PPE that will be included in the stockpile. This has enabled us to calculate a number of provisions in the 2024/25 annual accounts for obsolete and/or surplus PPE which Welsh Government have funded. This will also enable work to commence to assess future warehousing and operational requirements and associated costs to support the stockpile.

We are continuing to support increased activity levels above pre-COVID-19 volumes that we are funded for in our Accounts Payable and Recruitment teams – total additional funding of £0.238m was provided in 2024/25.

We continue to await an update on the recurrent 2024/25 pay award funding allocation from Welsh Government which remains a risk to our 2025/26 financial plan.

The apportionment of the increased **£3.600m** distribution to NHS Wales & Welsh Government is detailed in the table below.

Health Board /Trust	%	2024/25 Distribution £
Aneurin Bevan	9.85	354,600
Swansea Bay	8.80	316,800
Betsi Cadwaladr	11.98	431,280
Cardiff and Vale	10.49	377,640
Cwm Taf Morgannwg	10.60	381,600
Hywel Dda	7.77	279,720
Powys	1.95	70,200
Velindre	1.17	41,940
Welsh Ambulance	1.28	46,080
Public Health Wales	0.87	31,320
Welsh Government	35.25	1,268,820
Total	100.00	3,600,000



Financial Position and Key Targets

KPI	Target	2023/24			2024/25										Trend	
		March	April	May	June	July	August	September	October	November	December	January	February	March		
Financial Position – Forecast Outturn	Break even Monthly	-£12k	-£524k	-£524k	-£524k	-£524k	-£524k	-£524k	-£524k	-£524k	-£542k	Breakeven	Breakeven	Breakeven	-£15k	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Achieved	
Distribution	0 Annually	£3m	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	£2m	£2m	£2.5m	£3.6m	£3.6m	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	98.10%	97.43%	97.58%	97.28%	98.26%	97.66%	99.03%	98.35%	98.47%	97.86%	96.24%	98.45%	97.95%		
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.60%	97.43%	97.51%	97.43%	97.64%	97.64%	97.86%	97.94%	98.00%	97.99%	97.83%	97.88%	97.89%		
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	96.75%	97.27%	91.03%	94.35%	93.81%	97.25%	93.27%	96.96%	95.31%	96.69%	93.78%	94.63%	98.10%		
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	94.74%	97.27%	95.40%	95.06%	94.78%	95.22%	94.94%	95.43%	95.42%	95.55%	95.30%	95.30%	95.64%		
Retrospective Purchase Orders	0 Monthly	72	77	81	52	65	62	47	58	63	57	54	88	61		

Corporate

KPI	Target	2023/24			2024/25										Trend
		March	April	May	June	July	August	September	October	November	December	January	February	March	
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	1	4	5	2	6	9	2	7	9	6	7	9	2	
Variable Pay – Overtime	<£100k Monthly	£137k	£112k	£87k	£108k	£117k	£107k	£133k	£88k	£118k	£88k	£105k	£140k	£142k	
Agency % to date	<0.8% Cumulative	0.31%	0.19%	0.19%	0.17%	0.16%	0.13%	0.11%	0.09%	0.08%	0.08%	-0.04%	0.03%	0.01%	
Agency % Adjusted to exclude SLE	<1% Cumulative	1.06%	0.69%	0.65%	0.60%	0.55%	0.47%	0.43%	0.38%	0.34%	0.31%	-0.16%	0.11%	0.05%	

Capital



Scheme	Allocation	24/ 25 Spend	Variance
	£000	£000	£000
Discretionary Allocation	600	600	0
Additional Capital Funding	6,226	6,226	0
IFRS16 Funding	4,435	4,435	0
TOTAL 2024/ 25 CAPITAL FUNDING	11,261	11,261	0

We met our 2024/25 Capital Expenditure Limit (CEL) of **£11.261m** across our discretionary, additional capital and IFRS16 funding allocations.

Scheme	Allocation	24/ 25 Spend	Variance
	£000	£000	£000
Primary Care Workforce Intelligence System	162	162	0
DPIF - Improvements to NHS Wales Cyber Security	11	11	0
Matrix House EVCP	36	36	0
Dupont 1 lighting	182	182	0
Dock levellers - Lakeside stores	11	11	0
IT discretionary	55	55	0
Mobile elevating work platform (MEWP)	9	9	0
Matrix House adaptations	113	113	0
IT screens	21	21	0
Discretionary Capital Total	600	600	0

Our CEL includes funding of **£4.435m** to capitalise the Right of Use assets that we lease and are within the scope of International Financial Reporting Standard 16. The largest leases within this total are for the new DuPont warehouse (£2.580m) and the new lease of supply chain vehicles (£1.802m) during the financial year.

Scheme	Allocation	24/ 25 Spend	Variance
	£000	£000	£000
IP5 Discretionary	250	249	-1
Laundry Discretionary	200	200	0
All-Wales Laundry Programme	637	862	225
Radiopharmacy Facility at Imperial Park 5	400	400	0
Radiopharmacy Isolators, Enabling works and associated fees at Imperial Park 5	1,025	1,202	177
IP5 PV scheme	290	258	-32
Roof repairs Denbigh	165	163	-2
Racking protection - Dupont	31	30	-1
Dupont 1 racking and IT infrastructure	0	34	34
Letter inserter	64	69	5
Electrical distribution panel - Glan Clwyd	87	72	-15
Ventilation - Glan Clwyd	176	0	-176
Laminar flow unit	22	0	-22
IHP gassing decontamination units x 3	162	0	-162
Digital equipment	400	398	-2
Matrix House solar panels	218	191	-27
Vehicle Replacement 24/25	1,000	1,054	54
Bridgend Stores - replace mezzanine with racking	150	125	-25
Denbigh Stores - replace vestibule	18	17	-1
Laundry decarbonisation agenda	86	61	-25
Fire Exit Pathway Bridgend Stores	18	22	4
Damaged paving Bridgend Stores	18	17	-1
Door access system Bridgend stores	0	23	23
IP5 battery installation	58	58	0
Laptops	475	525	50
Case management system - L&RS	276	196	-80
Additional Capital Total	6,226	6,226	0

We achieved our CEL with some planned over and underspends against schemes to fully utilise the capital funding provided which were agreed with WG.

Welsh Risk Pool

Expenditure type	Position as at	Position as at M12
	M12 2023/24	2024/25
	£m	£m
Claims reimbursed & WRP Managed Expenditure	88.721	94.720
Periodical Payments made to date	21.073	24.597
Redress Reimbursements	1.477	1.469
EIDO – Patient consent	0.086	0.092
Clinical Negligence Salary Subsidy	0.550	0.702
WRP Transfers, Consent, Prompt, CTG	0.362	0.589
Movement on Claims Creditor	23.515	22.842
Year to date expenditure	135.784	145.011

The long-term AME WRP provisions increased by **£62.504m** in 2024/25 and totalled **£1.712bn** at 31st March 2025.

The final 2024/25 DEL expenditure subject to the annual audit review is **£145.011m** compared to £135.784m in 2023/24. The outturn is in excess of the forecast of £139.913m, primarily due to the need to accrue one large case into the 2024/25 position that wasn't originally in the forecast. Welsh Government agreed additional funding of £5.098m at the end of March to cover this revised outturn.

£30.478m was funded by Organisations under the Risk Sharing Agreement as detailed in the table below:

	2024/25	
	RSA %	RSA £m
Aneurin Bevan	16.78%	5.115
Swansea Bay	15.25%	4.649
Betsi Cadwaladr	19.22%	5.857
Cardiff & Vale	15.86%	4.835
Cwm Taf Morgannwg	14.76%	4.499
Hywel Dda	9.70%	2.955
Powys	4.13%	1.257
Public Health Wales	1.14%	0.348
Velindre	1.15%	0.352
Welsh Ambulance	2.01%	0.612
DHCW	0.00%	-
HEIW	0.00%	-
TOTAL	100%	30.478

Contact details

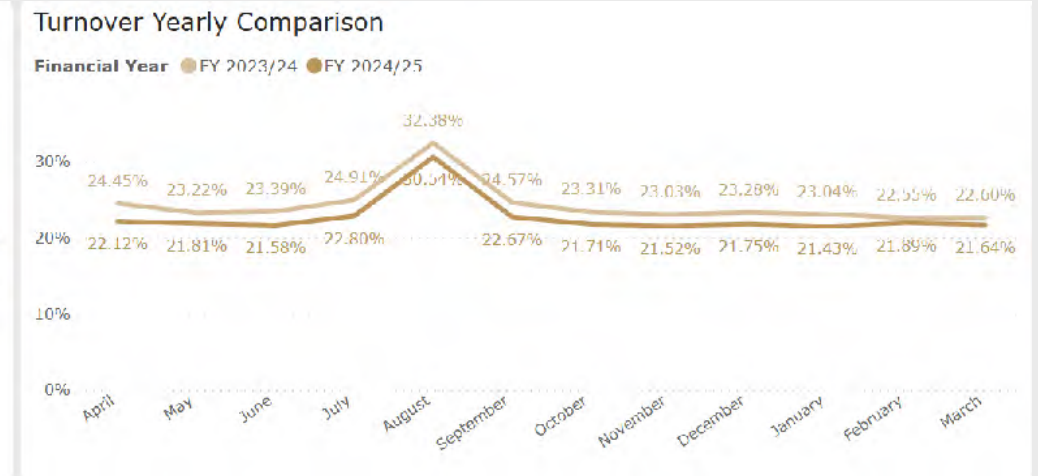
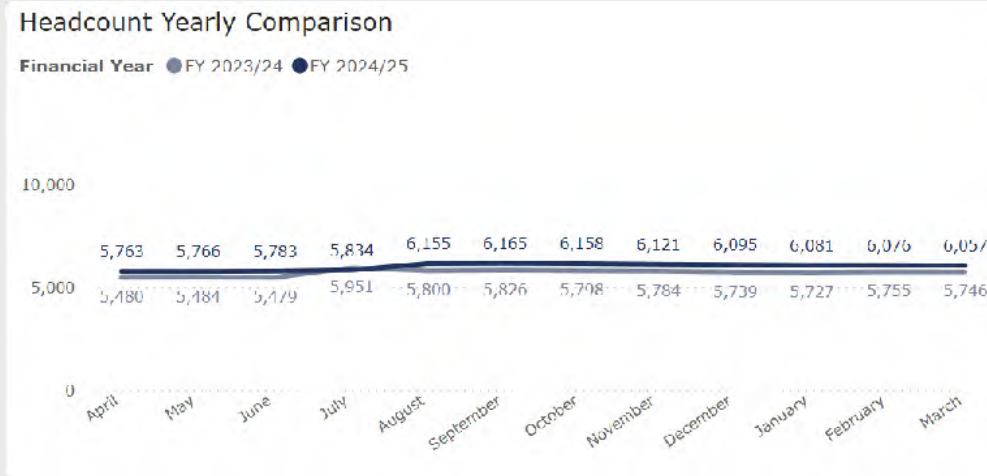
NHS Wales Shared Services Partnership
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Parc Nantgarw
Cardiff
CF15 7QZ

website: nwssp.nhs.wales

NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE
 People and Organisational Development (OD) Report

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	12 th May 2025
REPORT AUTHOR	Samantha Wright, Interim Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31st March 2025. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity.</p> <p>The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.</p>

Including SLE



Headcount

The March headcount including SLE (**6,057**) has decreased from February (**6,076**). The headcount has increased since March 2024 by **5.41%** from **5,746**.

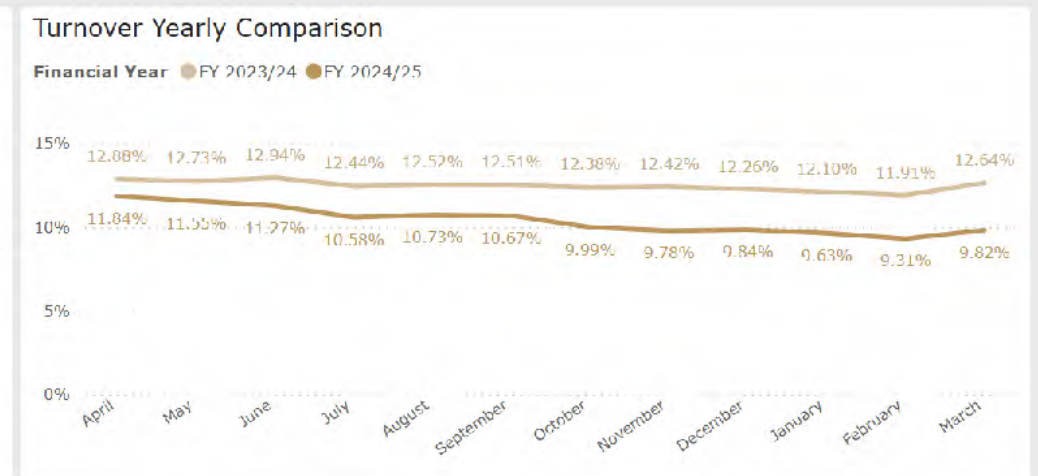
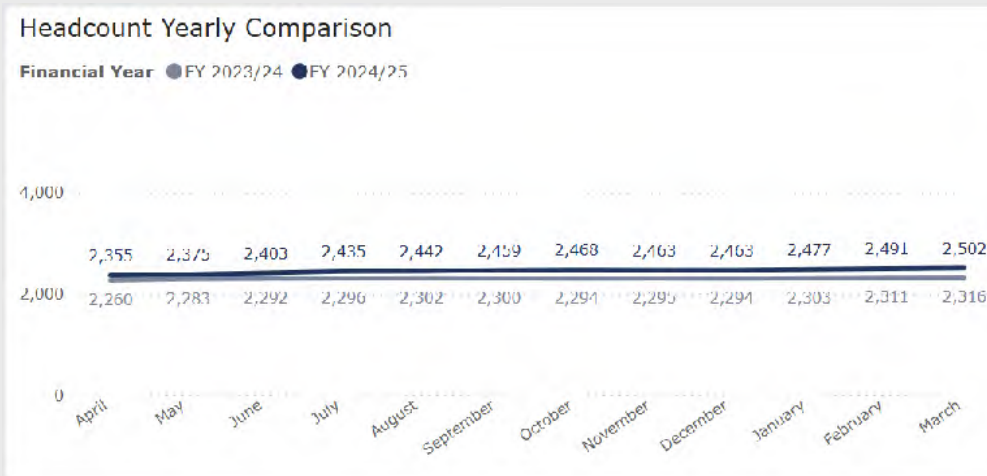
Excluding SLE, the headcount is **2,502** which has increased since February (**2,491**) and has increased since March 2024 by **8.03%** from **2,316**.

Turnover

Including SLE, the March turnover is **21.64%**. This has decreased by **0.96%** from March 2024 (**22.60%**).

Excluding SLE, the March turnover is **9.82%**. This is down by **2.82%** from March 2024 (**12.64%**).

Excluding SLE



NWSSP Monthly Workforce Report Sickness



Date: Mar 25 | Division: All | Department: All

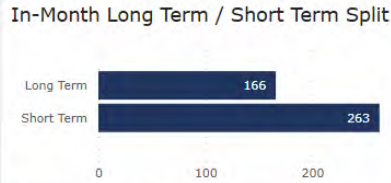
Absence Occurrences Exclude SLE

FTE Days Lost

In-Month Sickness

2.89%

Previous Year: 3.26% (-0.38%)



Average FTE Days Lost

Long Term: **93.90**

Short Term: **4.97**

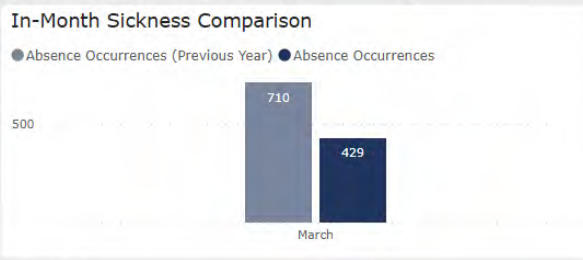
Absence Reason

Absence Reason	Absence Occurrences	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	89	1,773.19
S13 Cold, Cough, Flu - Influenza	87	491.11
S12 Other musculoskeletal problems	21	366.80
S28 Injury, fracture	19	309.40
S25 Gastrointestinal problems	62	308.15
S26 Genitourinary & gynaecological disorders	15	304.34
S17 Benign and malignant tumours, cancers	13	291.73
S11 Back Problems	16	228.11
S21 Ear, nose, throat (ENT)	20	155.02
S16 Headache / migraine	17	120.20
S99 Unknown causes / Not specified	16	107.60
S15 Chest & respiratory problems	13	104.25
S30 Pregnancy related disorders	7	83.00
S19 Heart, cardiac & circulatory problems	6	71.84
S98 Other known causes - not elsewhere classified	5	68.10
S29 Nervous system disorders	5	65.00
S23 Eye problems	8	44.80
S22 Dental and oral problems	3	36.00
S27 Infectious diseases	2	35.00
S31 Skin disorders	3	32.00
S24 Endocrine / glandular problems	1	31.00
S14 Asthma	1	1.00

12-Month Rolling Sickness

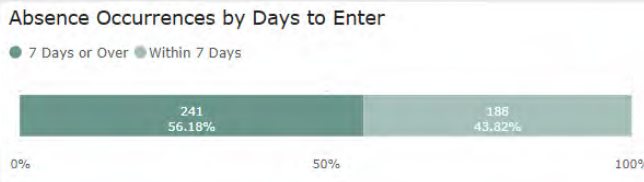
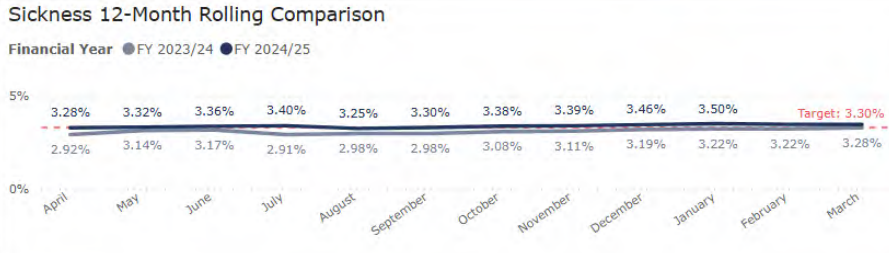
3.46%

Previous Year: 3.28% (+0.18%)



Open Sickness

148



Division	Sickness %	Target
Laundry Division	9.18%	5.55%
Procurement Division	5.76%	4.15%
Employment Division	5.72%	4.03%
Primary Care Division	5.72%	4.15%
Medical Examiner Division	5.61%	4.15%
Digital Workforce Division	5.16%	2.00%
Accounts Payable Division	4.96%	4.15%
Medical Workforce Division	3.91%	2.00%
E-Business Central Team Division	3.71%	2.00%
Legal & Risk Division	3.61%	2.00%
People & OD Division	3.14%	2.00%
Audit & Assurance Division	2.93%	2.00%
Single Lead Employer Division	2.29%	2.00%
Planning, Performance and Informatics Division	2.21%	1.60%
Corporate Division	1.59%	2.00%
Pharmacy Technical Services Division	1.52%	2.00%
Finance Division	1.41%	2.00%
Specialist Estates Division	1.07%	2.00%
Surgical Materials Testing (SMTL) Division	1.04%	2.00%
Counter Fraud Division	0.51%	2.00%
Hosted Services Division	0.42%	2.00%
Welsh Employers Unit Division	0.16%	2.00%

12-Month Rolling Sickness

The March 12-month rolling sickness, including SLE (**3.46%**) has decreased from February (**3.47%**). The sickness rate has increased since March 2024 by **0.18%** from **3.28%**.

Excluding SLE, the 12-month rolling sickness is **5.19%** which has increased since March 2024 by **0.25%** from **4.94%**.

Long Term / Short Term

Including SLE, long term sickness has decreased since March 2024 from **176** occurrences to **166** occurrences.

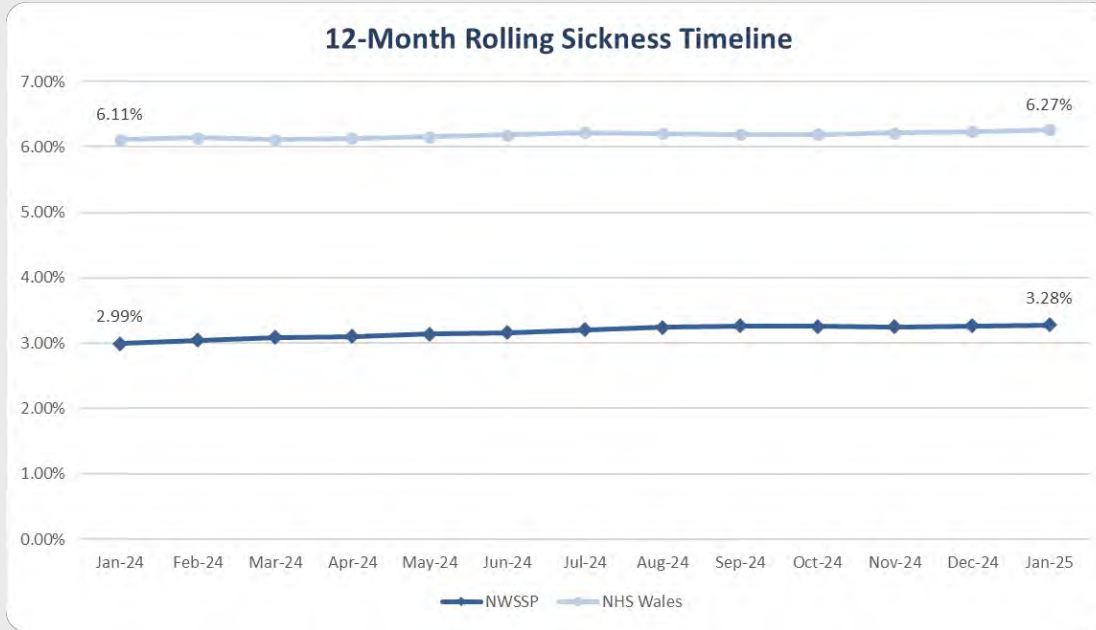
The average days lost to long term sickness is **93.90** FTE days.

The average days lost to short term sickness is **4.97** FTE days.

The top reasons for long term sickness remains **Anxiety/stress/depression/other psychiatric illnesses** which accounts for **40.36%** of all long term sickness.

- Top 5 Sickness Reasons**
1. Anxiety/stress/depression/other psychiatric illnesses
 2. Cold, Cough, Flu – Influenza
 3. Other musculoskeletal problems
 4. Injury, fracture
 5. Gastrointestinal problems

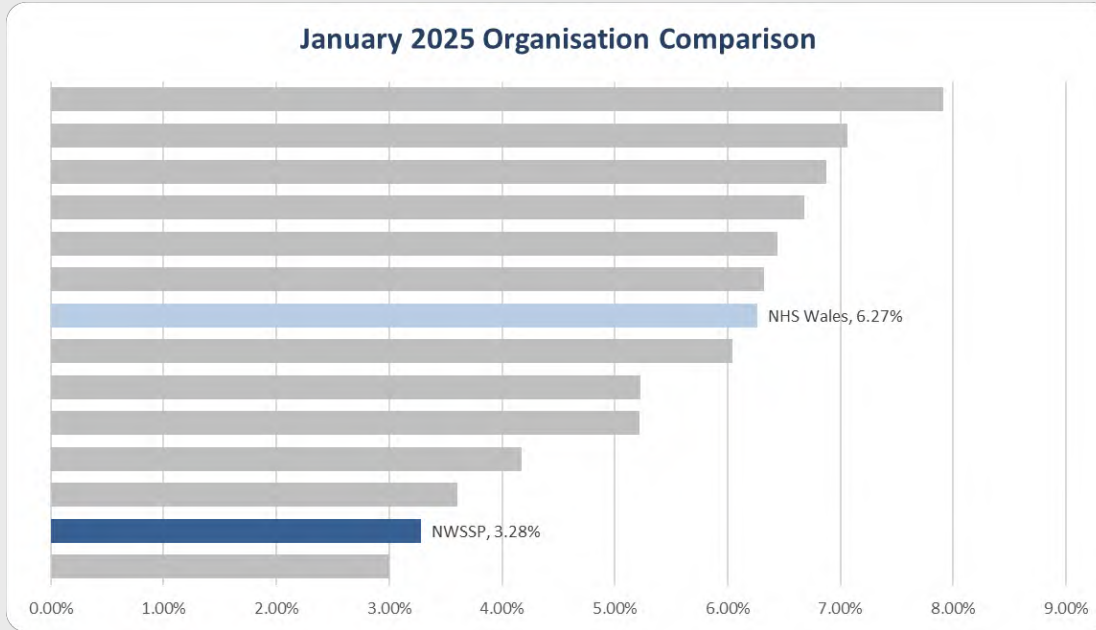
NWSSP Comparison to NHS Wales



12-Month Rolling Sickness

NWSSP sickness has remained consistently below the NHS Wales overall sickness rate for **1st January 2024 – 31st January 2025**.

NWSSP sickness has remained relatively consistent since **October 2024**.

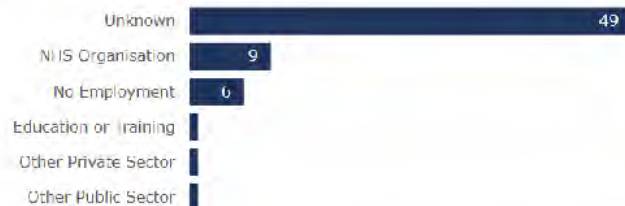


Sickness % (FTE) – January 2025

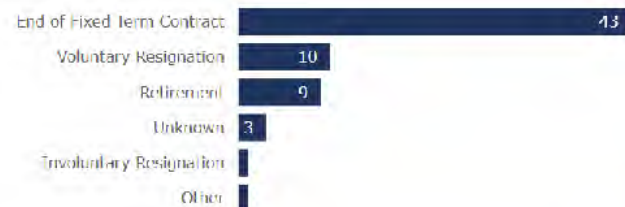
In January 2025, NWSSP had the second lowest sickness absence rate of all NHS Wales organisations (**3.26%**).

Including SLE

Destination on Leaving



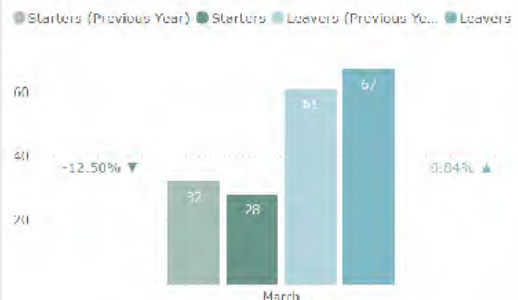
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



Starters

Including SLE, there were **28** starters in March 2025. This is down by **12.50%** from **34** starters in March 2024.

Excluding SLE, there were **20** starters in March 2025. This is up by **11.18%** from **18** starters in March 2024.

Excluding SLE, **30.00%** of starters were recruited from **other NHS organisations**. This is down from **46.15%** in February 2024.

12-Month Rolling Turnover

21.64%
Previous Year: 22.60%
(-0.96%)

Turnover

Including SLE, the March turnover is **21.64%**. This has decreased by **0.96%** from March 2024 (**22.60%**).

Excluding SLE, the March turnover is **9.82%**. This is down by **2.82%** from March 2024 (**12.64%**).

Reasons for Leaving

Including SLE, **64.18%** of leavers were due to **end of fixed term contract**. SLE accounts for **86.05%** of end of fixed term contract leavers.

Excluding SLE, **35.71%** of leavers were due to **voluntary resignation**. This is down from **62.86%** in March 2024.

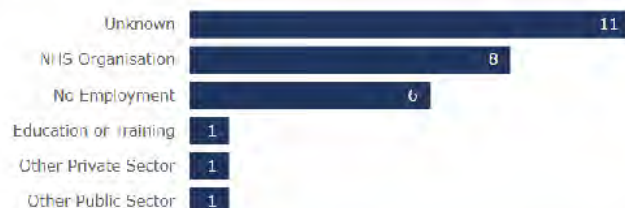
Of the voluntary resignations, **50.00%** of staff were employed by NWSSP for **1 or more years**.

Of the voluntary resignations, **50.00%** of staff left to join **another NHS organisation**. This is up from **27.27%** in March 2024.

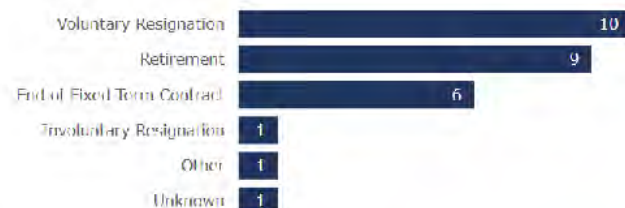
In March 2025 there was a large percentage of leavers due to **retirement (32.14%)**. This is up from February (**13.33%**).

Excluding SLE

Destination on Leaving



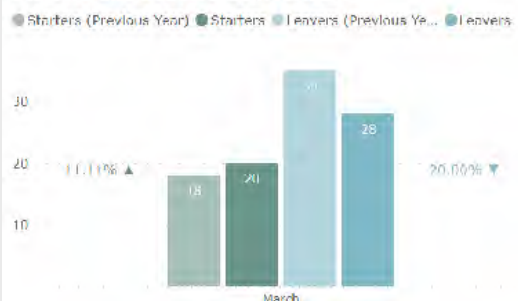
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



12-Month Rolling Turnover

9.82%
Previous Year: 12.64%
(-2.82%)

Recommendation to improve voluntary resignation rates:

- **Promotion of staff benefits**
- **Retention Program** – invest in employee development and further promotion of flexible working and work-life balance
- **Succession Planning** – prepare for transitions in employee lifecycles

NWSSP Stat & Mand Percentage - 31 March 2025

Division	Assignment Count	Required	Achieved	Compliance %
Accounts Payable Division	152	1520	1448	95.26%
Audit & Assurance Division	54	540	483	89.44%
Corporate Division	27	270	243	90.00%
Counter Fraud Division	7	70	70	100.00%
Digital Workforce Division	26	260	257	98.85%
E-Business Central Team Division	18	180	175	97.22%
Employment Division	347	3470	3396	97.87%
Finance Division	28	280	270	96.43%
Hosted Services Division	9	90	85	94.44%
Laundry Division	188	1880	1397	74.31%
Legal & Risk Division	191	1910	1791	93.77%
Medical Examiner Division	95	950	798	84.00%
Medical Workforce Division	19	190	170	89.47%
People & OD Division	49	490	467	95.31%
Pharmacy Technical Services Division	32	320	267	83.44%
Planning, Performance and Informatics Division	45	450	418	92.89%
Primary Care Division	305	3050	3023	99.11%
Procurement Division	814	8140	7514	92.31%
Specialist Estates Division	54	540	513	95.00%
Surgical Materials Testing (SMTL) Division	26	260	258	99.23%
Welsh Employers Unit Division	6	60	52	86.67%
Grand Total	2492	24920	23095	92.62%

Source: ESR

Note: compliance excludes Single Lead Employer Division

E-LEARNING COMPLIANCE

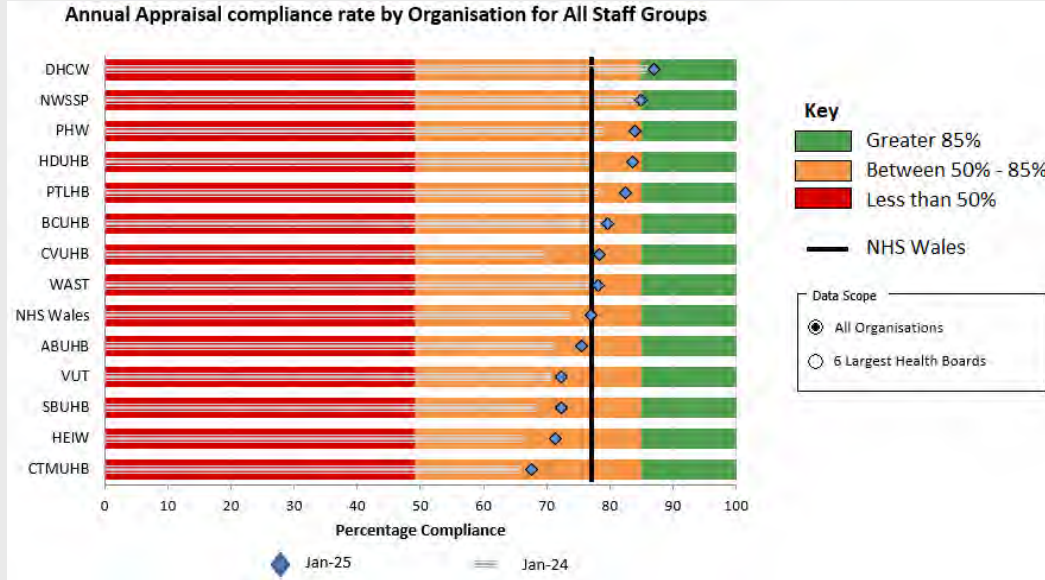
NWSSP Stat & Mand Competencies Summary - 31 March 2025

Division	NHS CSTF Equality, Diversity and Human Rights - 3 Years	NHS CSTF Fire Safety - 2 Years	NHS CSTF Health, Safety and Welfare - 3 Years	NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	NHS CSTF Information Governance (Wales) - 2 Years	NHS CSTF Moving and Handling - Level 1 - 2 Years	NHS CSTF Resuscitation - Level 1 - 3 Years	NHS CSTF Safeguarding Adults - Level 1 - 3 Years	NHS CSTF Safeguarding Children - Level 1 - 3 Years	NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal
Accounts Payable Division	95.39%	93.42%	98.03%	94.74%	91.45%	88.82%	96.71%	97.37%	97.37%	99.34%
Audit & Assurance Division	92.59%	85.19%	94.44%	88.89%	85.19%	90.74%	79.63%	90.74%	90.74%	96.30%
Corporate Division	85.19%	92.59%	88.89%	88.89%	92.59%	92.59%	81.48%	88.89%	88.89%	100.00%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	100.00%	100.00%	100.00%	96.15%	96.15%	100.00%	96.15%	100.00%	100.00%	100.00%
E-Business Central Team Division	100.00%	100.00%	100.00%	94.44%	100.00%	100.00%	88.89%	94.44%	94.44%	100.00%
Employment Division	98.85%	97.69%	98.56%	97.69%	96.54%	96.54%	98.27%	97.41%	97.41%	99.71%
Finance Division	100.00%	100.00%	100.00%	92.86%	89.29%	92.86%	100.00%	96.43%	96.43%	96.43%
Hosted Services Division	100.00%	88.89%	100.00%	100.00%	100.00%	88.89%	100.00%	88.89%	77.78%	100.00%
Laundry Division	78.19%	74.47%	81.91%	72.87%	53.72%	85.11%	83.51%	70.21%	68.09%	75.00%
Legal & Risk Division	95.29%	92.67%	95.81%	93.72%	91.62%	92.67%	92.15%	93.19%	93.19%	97.38%
Medical Examiner Division	91.58%	78.95%	93.68%	74.74%	78.95%	81.05%	87.37%	80.00%	80.00%	93.68%
Medical Workforce Division	94.74%	89.47%	94.74%	89.47%	78.95%	84.21%	100.00%	84.21%	84.21%	94.74%
People & OD Division	97.96%	93.88%	97.96%	93.88%	91.84%	93.88%	95.92%	95.92%	95.92%	95.92%
Pharmacy Technical Services Division	87.50%	75.00%	93.75%	78.13%	71.88%	78.13%	87.50%	84.38%	87.50%	90.63%
Planning, Performance and Informatics Division	95.56%	95.56%	95.56%	91.11%	88.89%	91.11%	97.78%	88.89%	88.89%	95.56%
Primary Care Division	99.34%	99.34%	99.34%	99.02%	98.03%	98.36%	98.36%	100.00%	99.67%	99.67%
Procurement Division	93.98%	90.29%	95.09%	92.63%	87.35%	94.35%	94.47%	91.03%	90.91%	93.00%
Specialist Estates Division	98.15%	96.30%	94.44%	96.30%	92.59%	96.30%	90.74%	94.44%	90.74%	100.00%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%	96.15%	100.00%
Welsh Employers Unit Division	83.33%	100.00%	83.33%	83.33%	66.67%	83.33%	100.00%	83.33%	83.33%	100.00%
NHS Wales Shared Services Partnership	94.65%	92.56%	95.50%	91.37%	88.18%	91.85%	93.76%	91.23%	90.56%	96.54%

Source: ESR

Note: compliance excludes Single Lead Employer Division

NWSSP Comparison to NHS Wales



Appraisal Review Compliance

In **January 2025** NWSSP had the second highest appraisal review compliance (**84.9%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**77.1%**).



Statutory and Mandatory Training Compliance

In **January 2025** NWSSP had the second highest statutory and mandatory training compliance (**93.3%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**83.3%**).

EMPLOYEE VALUE PROPOSITION

What we mean by Employee Value Proposition:

“An Employee Value Proposition (EVP) is our core benefits that make up our wider employer brand. It is a promise between us as an employer and a potential applicant; what can NWSSP and our culture offer them, in exchange for their talent, skills, and experience.”

In this section we look at key developments and activities in relation to attraction, resourcing and onboarding, including our internal Bank service.

Recruitment, Attraction & Retention

The Recruitment and Retention Group has reviewed and agreed the Agile working wording to be added to all applicable Adverts:

We currently operate from bases across Wales. We have implemented agile working and will ask you to attend your contractual base sometimes. Dependant on your role you may need to commit to travel throughout Wales and to making best use of our technological solutions in order to develop, lead and support the service.

The Recruiting Managers Guide and Recruitment Training will be updated to reflect this in line with NWSSPs Agile approach to work.

Widening Access

Career Events:

Whilst no career events were attended by NWSSP representatives during March, members of the People and OD team attended a widening access event hosted by The Department for Work and Pensions. The purpose of the event was to give organisations the opportunity to build awareness around being a disability-confident employer whilst thinking of new ways of developing opportunities for individuals with disabilities to secure work and develop with the right tools and support. Internal conversations are now underway around how we can feed our learning into our Inclusive Culture Action Plan and Diversity and Inclusion Action Plan.

Network 75:

A development day for the students in the Network 75 (N75) programme was held at the end of March, focusing on courageous conversations in the workplace. The session particularly emphasised the importance of a healthy working relationship with colleagues and how this is built through active listening and trust. The session was very interactive and was attended by 8 students in total.

Registrations of interests opened for the 2025 intake of N75 students. All managers within NWSSP were provided with access to an MS form to confirm how many students they wished to recruit. Unfortunately, due to a low uptake of the Law degree in recent years, the university has made the decision to remove the Law option for 2025. We are continuing conversations with our Legal and Risk Service, as well as the university to look at future plans and alternative arrangements. One of the options currently being explored is a bi-annual offering of the course. Our Career Development Officer is currently working with services who have registered an interest in recruiting students and will confirm with the university in April.

Work Placements completed during March:

Work Placement	Directorate	Start Date	End Date
1	Primary Care Services	1 st February	31 st March

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control		March 2025		
Row Labels	Vacancy	Business Case	Grand Total	
Approved	20	5	25	
Approved on the basis that no other bank workers would feel aggrieved		4	4	
Grand Total	20	9	29	

2024/2025	Approved	Declined	Total	Further Info
April	37	3	40	0
May	43	2	53	8
June	49	0	57	8
July	32	1	40	7
August	50	1	52	1
September	32	3	37	2
October	56	0	59	3
November	37	0	49	12
December	33	0	36	3
January	33	0	33	3
February	24	3	31	4
March	29	0	29	0
Total	455	13	129	51

Vacancy Control Process

March saw 20 of the 20 TRAC adverts approved.

In addition to this, 9 business cases were approved, 4 based on assurance from the service that no other Bank Workers would be aggrieved.

Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days			
		Target	Mar-25	Feb-25	Jan-25
T0a	Notice Date to Authorisation Start Date	5	22.4	13.4	17.5
T1a	Time to Approve Vacancy Request	10	6.9	7.3	11.6
T4	Time to Shortlist	3	4.5	34.4	9.7
T5b	Time to Update Interview Outcomes	3	3.8	3.0	5.0
T9b	Time to Approve References	2	12.0	12.0	5.0
T13	Vacancy Creation to Conditional Offer	44	47.2	37.0	43.2
T14	Vacancy Creation to Unconditional Offer	71	61.2	55.8	61.4
T23	Conditional Offer to Ready for Start date notification	27	18.5	17.1	15.8

Time to Hire

NWSSP sit at **61.2 days** against a KPI of 71 (up from 55.8 in last month) We are now achieving 3 of the 7 core KPI's, down from 5 last month.

T1a Time to approve – has reduced again from 7.3 days to 6.9 month on month and has been a key focus for the People and OD team in the last month.

T4 Time to Shortlist – This has reduced significantly from 34.4 days in February, to 4.5 in March. (This was due to a historical Nursing SSP record that has been closed after 818 days, significantly impacting our KPI's in February)

T9b –This has remained on 12 days against a target of 2 days. (This is due to a historical Supply Chain Operative record that was not closed for 234 days)

RESOURCE BANK AND AGENCY

General Bank – Monthly Use

Total spend of £316,580 in March, the main reason for the increase this month is the national pension adjustment which totals £134,552 on Corporate reserves, £175,992 excluding Collaborative Bank and the national pension adjustment which compares to £160,120 in February (excluding Collaborative Bank).

Agency Use

Agency spend for February decreased to £8200 (Down from - £9,320 in February)

1x staff engaged via Agency in February at a cost of £8,318 in Procurement Services

(This sat outside of Resourcing Control Framework process for Agency requests)

Division	Period P10-25		P11-25		P12-25	
	Sum of Cur Month Actual	Sum of WTE Actual	Sum of Cur Month Actual	Sum of WTE Actual	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & E-Enablement	1,362	0.43	1,278	0.47	622	0.29
Audit & Assurance Services	805	0.17	2,107	0.53	-785	-0.05
Central Team eBusiness Services	0	0	0	0	0	0
Collaborative Bank Partnership	34,868	6.47	10,653	1.06	6,035	1.99
Corporate Reserves					135,908	0
Digital Workforce Solutions	4,043	1.5	-43	-0.06	0	0
Employment Services	11,729	3.5	4,966	1.65	19,862	4.64
Finance and Corporate Services	9,946	1.7	10,152	1.32	28,476	3.33
Health Courier Services	30,595	12	24,858	8.45	21,044	7.8
Laundry Services	48,453	16.9	43,806	14.14	42,437	15.5
Legal & Risk Services	1,292	0.47	2,916	1.08	5,081	1.74
Medical Examiner Service	4,723	1.79	12,365	4.02	9,763	3.9
People & Organisational Development	3,633	0.94	3,114	1.04	4,426	1.22
Planning, Performance & Informatics	0	0	0	0	0	0
Primary Care Services	4,109	1.09	-41	-0.07	0	0
Procurement services	48,188	17.83	36,900	12.29	43,596	17.55
Surgical Materials Testing Laboratory	1,744	0.16	4,584	0.36	0	0
Welsh Employers Unit	2,545	0.21	470	0	1,346	0.1
Welsh Risk Pool	1,582	1.55	12,688	2.1	-1,230	0.64
Grand Total	209,616	66.71	170,773	48.38	316,580	58.65

Division	P10-25		P11-25		P12-25	
	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual
Audit & Assurance Services	0	0	0	0	0	0
Central Team eBusiness Services	0	0	0	0	0	0
Health Courier Services	-22,332	0	0	0	-118	0
Laundry Services	0	0	-384	0	0	0
Procurement services	8,283	1	9,703	1	8,318	1
Grand Total	6,371	1	9,320	1	8,200	1

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

People Development

Training Needs Analysis (TNA)

Meetings commenced with NWSSP services in March to share their Training Needs Analysis, based on the training plans submitted to People and OD in January. People and OD will be attending local SMTs between March and May to share the analysis. Additionally, meetings will take place with those who have not submitted a training plan so that conversations can be had about the value of this activity and to find out about the support services need to complete this activity going forward.

Leaders of the Future ... For NWSSP’s Rising Stars

In March, informal conversations took place with individuals shortlisted by each hosting service partaking in the programme. All 5 participating services successfully selected one individual to undertake an objective within their area. This programme aims to support the development of those who do not yet have an opportunity to lead and will benefit from a wider exposure to other services across NWSSP. Importantly, two individuals indicated that they are in an underrepresented group which supports the aims of the organisation's Diversity and Inclusion Action Plan.

Corporate Induction Compliance

Since January 2024, NWSSP has welcomed 214 new starters to the organisation. Of those 214 individuals, 49 have returned Welcome Toolkits to People and OD and 177 have attended our Welcome Session (Induction Training).

People and OD continue to engage with new starters and their managers to request the completion of all mandatory documentation and training aligned to Corporate Induction. **New starters attendance at the Welcome Session, and their return of Welcome Toolkit are both required to ensure compliance.**

NWSSP’s current Induction Compliance as of March 2025 is 22.89%.

Leaders of the Future Successful Candidates				
Objective	Service	Successful Individual	Substantive Service	Mentor
1	Pharmacy	Lewis Munro	People and OD	Colin Powell
2	People and OD: Resourcing	AaKash Sonny	Procurement	Gareth Hardacre
3	People and OD: OD	Megan Gorry	Legal and Risk	Gareth Hardacre
4	Corporate and Finance	Libby Dawkins	Primary Care	James Quance
5	Planning, Performance and Informatics	Olubanke Ajayi-Olaoye	Audit and Assurance	Rebecca Nelson

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

People Development – People and OD Training Attendance for March 2025

	Coffee and Conversations - Compassionate Leadership	Coffee and Conversations - Leading the Values	LEI Module 7 - Leading Change (Essential)	LEI Module 7 - Leading Change (Strategic)	Inclusive Recruitment	Respect and Resolution: Policies in Practice	Stress Awareness	Welcome to NHS Wales Shared Services Partnership	Total
Audit & Assurance	1		1	2					4
Corporate and Finance	1		1		1				3
Employment Services	3	3	1	3	2	5	3		20
Hosted Services	1						1		2
Laundry						2			2
Legal & Risk	2		3		1	1	3	1	11
Medical Examiner								2	2
Medical Workforce						1	1		2
People & OD		1						2	3
Pharmacy Technical Services			1	1					2
Planning, Performance and Informatics	1			1				1	3
Primary Care Services	1		2	1	1				5
Procurement	3		6	3	4	3	1	9	29
Specialist Estates				1				1	2
Total	13	4	15	12	9	12	9	16	90

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

Culture and Engagement

Speaking Up Safely

In March, a reporting platform was procured to enable colleagues to raise concerns either openly or anonymously in line with the Speaking Up Safely Framework. The platform called *Work in Confidence* will be set up for use within the coming months and in the interim colleagues can use the existing MS Form to raise concerns either openly or anonymously. The new platform will allow two-way communication even when reporting is anonymous which will help to gain valuable information and move towards more suitable outcomes. Training will be provided for staff in how to use the system.

Training is commencing in April for the organisation's champions and ambassadors in relation to helping them to understand more about the Speaking Up Safely Framework and how to advise colleagues who may speak up to them. Initial training will be offered to Diversity and Inclusion Ambassadors, Culture Change Champions, Mental Health First Aiders, Health and Well-being Champions and Menopause Buddies.

Diversity, Inclusion and Well-being

Safe Inclusivity Campaign

The Safe Inclusivity Campaign was launched in March outlining to colleagues the ways in which they can engage in safe and open conversations to learn more about equality, diversity and inclusion. Drop-in sessions will commence in April and continue throughout Spring and Summer. In addition, colleagues can ask questions anonymously via an MS Form. The answers to questions will feed into NWSSP's FAQs on Equality, Diversity and Inclusion which will be shared with all staff.

Diversity and Inclusion Training

Diversity and Inclusion training took place in Denbigh Stores site in March. Training in this area has been limited to as hoc sessions and to the integration within our Leading for Excellence and Innovation Programme. Over the coming months, additional open session will be made available for all staff to be able to attend. These will be delivered via MS Teams and in-person sessions will continue to be offered where required.

Menopause Event – Male Allyship

The Health and Well-being team have planned a Menopause in the Workplace event focussing on male allyship event. The event scheduled on 2nd April has been developed with support from Darron Dupre who has championed this topic on a national level and is passionate on supporting those who are experiencing the symptoms of menopause and educating others in ways to support our colleagues.

Stress Awareness Month

April is Stress Awareness Month and People and OD will be facilitating an informal coffee morning where colleagues can attend to watch a stress awareness podcast together and discuss with a trained Mental Health Furst Aider. This will be an online event on April 15th.

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.

Culture and Engagement

Supporting You Roadshows

To drive engagement and support colleagues across NWSSP, NWSSP will be launching ongoing 'Supporting You' Roadshows, where OD colleagues will visit at least one NWSSP site per month, to share information on Health and Well-Being, People Development, Widening Access, Culture and Engagement, Speaking up Safely and EDI.

The first 3 roadshows will be tied in with Staff Awards Regional events in March, April and May. Subsequent visits are to be arranged and will be communicated with the organisation shortly.

Staff Recognition Awards

On March 18th, our first Regional Winners' Event was held at the Denbigh Stores site. The second Regional Winners event took place on April 9th at Matrix House, and planning will continue throughout April for the final event, which will take place in May at IP5.

Staff Survey

In March, we shared the corporate results and key themes from the 2024 Staff Survey with key stakeholders. HEIW released the free text comments to the Staff Survey Leads. Business Partners have access to these comments for discussion with services.

NWSSP received 172 free comments across various services.

Not all comments can be attributed to services due to data suppression which protects anonymity of those who have commented from within a service with a lower level of participation in the comments section.

During April, the following actions will be undertaken:

- Further analysis of free text to identify key themes.
- Communication of the organisation-wide high-level results and key themes through a "You Said, Together We Did" poster.
- Distribution of a short pulse survey to staff to understand barriers to survey completion for improved engagement in the 2025 Staff Survey. Results will be fed back to HEIW.

HEIW will be holding lessons-learned sessions on April 22nd and 24th, where the People and OD team will provide feedback for future improvements.

Number of comments	Services entered on the Staff Survey form
25	Legal and Risk Services
26	Procurement Services
38	Employment Services
18	Primary Care Services
13	Other
120	All or some of the following areas: Finance and Corporate Services, People and Organisational Development, Audit and Assurance, Specialist Estate Services, Medical Examiners, Supply Chain, Laundry, Planning, Performance and Informatics, Single Lead Employer, Pharmacy, Surgical Materials Testing Laboratory.

NWSSP Performance Information Report

May 2025

*Delivering Value, Innovation
and Excellence through
Partnership*

Purpose

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for December – March 2025.

Health Organisations received their individual performance reports for Quarter 4 at the end of April 2025 and will receive the quarter one reports at the end of July 2025.

Organisational 1:1 performance meetings are being held currently to discuss performance.

Key Messages

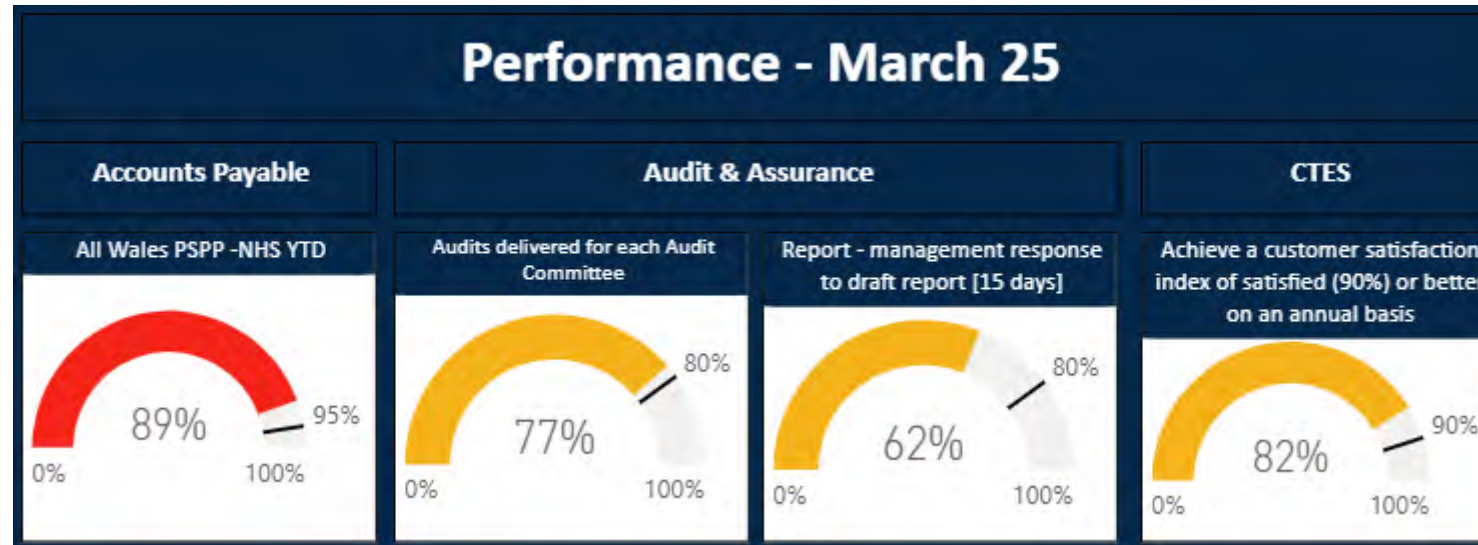
The in-month March performance was generally good with 40 KPIs achieving the target against the total of 44 KPIs reported.

Time to Hire target within Recruitment has been achieved the last twelve months.

However, 2 KPI relating to Audit & Assurance, 1 relating to Central Team eBusiness Services and 1 relating to Accounts Payable did not achieve the target. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £338M at end of March. This is further broken down on Page 13 of this report.

Summary Position by exception – 4 KPIs off Target



Of the 4 KPI that did not achieve the targets for March

- 1 is solely the responsibility of the health organisations.
- 2 is a combination of both External/Internal processes.
- 1 is the responsibility of NWSSP.

Summary of KPIS

KFA	KPIs	Target		December	January	February	March	Trend
Audit & Assurance								
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	76%	75%	76%	77%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	98%	98%	97%	99%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	63%	62%	64%	62%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	98%	98%	99%	98%	
Procurement Services								
Our Value	Procurement savings *Current Year	£26m	Cumulative	£34,240,946	£32,111,136	£32,763,432	£34,807,848	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£1,112,349	£1,479,166	£680,796	£2,848,907	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	97%	Reported Quarterly	Reported Quarterly	97%	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	88%	Reported Quarterly	Reported Quarterly	89%	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	98.90%	98.60%	98.00%	98.60%	
Employment Services Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.79%	99.78%	99.81%	99.82%	
Our Services	Payroll % Calls Handled	95%	Monthly	97.67%	98.47%	99.05%	98.67%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	70.6%	67.2%	67.3%	64.7%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	59.30	62.50	66.70	62.20	
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	100%	100%	100%	100%	
Our Services	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	98.3%	99.6%	99.8%	99.9%	
Our Services	Recruitment % Calls Handled	95%	Monthly	98.7%	98.7%	98.9%	98.6%	

Summary of KPIS

				24/25				
KFA	KPIs	Target		December	January	February	March	Trend
Student Awards								
Our Services	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	97.71%	97.98%	97.00%	98.92%	
Primary Care								
Our Services	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
Our Services	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.77%	99.77%	99.84%	99.84%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
Legal & Risk								
Our Value	Savings and Successes	£65m annual target	Monthly	£1,200,902	£18,046,059	£2,385,811	£12,745,117	
Our Services	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	98%	100%	100%	100%	
Our Services	Timeliness of advice response - within 3 days or agreed timescale	95%	Monthly	98%	100%	100%	100%	
Welsh Risk Pool								
Our Services	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Our Services	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
Specialist Estates Services								
Our Value	Professional Influence	£16m annual	Monthly	£363,721	£668,975	£192,242	£283,803	
Our Value	Building for Wales/Designed for Life Savings		Quarterly	£1,459,977	Reported Quarterly	Reported Quarterly	Not Available	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
Our Services	Issues and Complaints	0	Monthly	0	0	0	0	
CTES								
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	100%	100%	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	100%	100%	
Our Services	Achieve a customer satisfaction index of satisfied (90%) or better on an annual basis	90%	Annual				82%	

Summary of KPIS

				24/25				
KFA	KPIs	Target		December	January	February	March	Trend
Digital Workforce								
Our Services	DWS % Calls Handled	85%	Monthly	90.82%	92.81%	96.39%	96.47%	
Our Services	Customer Satisfaction	90%	Monthly	93.80%	94.20%	93.30%	92.00%	
SMTL								
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	90%		100%	Not Applicable	100%	100%	
Our Services	% delivery of audited reports on time (Commercial)	87%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	100%	100%	100%	
Our Services	% delivery of Technical assurance evaluations on time	87%	Monthly	100%	100%	100%	100%	
Pharmacy Services								
Our Services	Complaints			0	1	0	0	
Medical Examiners Service								
Our Services	Number of cases referred into MES	100%	Monthly	100%	100%	100%	100%	
Our Services	Never Events	0	Monthly	0	0	0	0	
All Wales Laundry								
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	95%	96%	89%	94%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	1	0	0	0	
Our Services	Microbiological contact failure points	90%	Monthly	97%	97%	97%	97%	

Accounts Payable

Division	KPIs	Target	23/24 Performance	24/25												Trend	Lead KPI
				April	May	June	July	August	September	October	November	December	January	February	March		
Our Services																	
Accounts Payable	All Wales PSPP - Non-NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	96.30%	Reported Quarterly	Reported Quarterly	96.60%	Reported Quarterly	Reported Quarterly	97.10%	Reported Quarterly	Reported Quarterly	96.60%		K
Accounts Payable	All Wales PSPP -NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	89.00%	Reported Quarterly	Reported Quarterly	89.20%	Reported Quarterly	Reported Quarterly	88.40%	Reported Quarterly	Reported Quarterly	88.80%		

What is happening?

The Year to date figure for NHS Wales was 88.8% of NHS invoices paid within 30 days against the target of 95% with 10 organisations missing the target and are highlighted in the table.

What are we doing about it and when is performance expected to improve?

This KPI is reported directly from Welsh Government using the organisations Monthly Monitoring Returns (MMR) and is for information. Accounts Payable continues to work with health organisations to improve the performance.

Organisation	Percentage Compliance - NHS Creditors	
	YTD 30 Day	
Swansea Bay	●	83.4%
Aneurin Bevan	●	91.9%
Betsi Cadwaladr	●	88.5%
Cardiff & Vale	●	89.2%
Cwm Taf Morgannwg	●	81.7%
Hywel Dda	●	86.6%
Powys	●	75.5%
HEIW	●	90.9%
DHCW	●	96.7%
Public Health Wales	●	92.3%
Velindre	●	91.3%
WAST	●	97.9%
Target		95.0%

Division	KPIs	Target	23/24 Performance	April	May	June	July	August	September	October	November	December	January	February	March	Trend	Lead KPI
Our Services																	
Audit & Assurance	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	→	K
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative								78%	76%	75%	76%	77%	↑	K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	89%	89%	100%	100%	100%	97%	99%	99%	98%	98%	97%	99%	↑	
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	68%	68%	Not Applicable	67%	55%	70%	70%	65%	63%	62%	64%	62%	↓	

What is happening?

As at March audits delivered to each Audit Committee performance was reported as 77% (148 of 192) against a target of 80% with 5 of the 13 health organisations achieving the target (The 8 organisations missing the target are highlighted in the table). The reasons highlighted for the target to be missed were either fully or partly down to delays in carrying out field work due to resource issues, more testing requested, and fieldwork taken longer than envisaged.

Report turnaround management response to draft report (15 days) - Management Response to draft reporting turnaround times was missed in March. The target for the 15-day turnaround is 80%, 62% of reports were completed within that time frame (60 missing the target). **This KPI is the responsibility of the health organisation and dependent on client engagement.**

What are we doing about it and when is performance expected to improve?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

Audit & Assurance	
Org	Performance
AB	95%
BCU	85%
CV	60%
CTM	76%
HD	74%
HEIW	67%
DHCW	92%
NWSSP	86%
PTHB	71%
PHW	44%
SBU	88%
VEL	64%
WAST	76%

Division	KPIs	Target	23/24 Performance	24/25 March	Lead KPI
Our Services					
CTeS	Achieve a customer satisfaction index of satisfied (90%) or better on an annual basis	90%	Annual	82.3%	↓

What is happening?

Achieve a customer satisfaction index of satisfied (90%) or better on an annual basis failed to meet the target during March reporting 82% against the target of 90% with 6 organisations scoring less than 9. The individual health organisations scores are highlighted in the table.

What are we doing about it and when is performance expected to improve?

The scores and feedback will be discussed during upcoming site visits with each of the organisations to see how we can improve.

Organisation	How satisfied are you with CTeS support overall? (Poor:1 and Excellent:10)
WAST	9
PHW	8
POW	9
AB	9
BCU	7
VEL	9
DHCW	7
CTT	9
HEIW	7
SB	7
NWSSP	8
HDT	9
CVT	9

Areas of continued success



*Delivering Value, Innovation
and Excellence through
Partnership*

10/16



102/293


Employment Services – Recruitment

Division	KPIs	Target	23/24 Performance	April	May	June	July	August	September	24/25	October	November	December	January	February	March	Trend	Lead KPI
Our Services																		
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC		71.1%	69.5%	73.1%	69.6%	67.5%	67.9%	65.7%	64.7%	70.6%	67.2%	67.3%	64.7%	↓		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	73	59.4	61.0	57.7	59.2	63.5	62.5	62.4	60.1	59.3	62.5	66.7	62.2	↑		K

What is happening?

The average time to hire (TTH) across NHS Wales for March 2025 is 62.2 days and the target is 71 days which is an improvement on the previous month however, 5 organisations missed the target which can be seen on pages 10 and 11. During March activity volumes increased, posts advertised (1,378 to 1,522) the number of conditional offers sent increased slightly (1,379 to 1,399) compared to February. WTE advertised (1,841 to 2,025) also increased during March 2025.

The chart below highlights the Number of Conditional Offers sent over the last 12 months with a further breakdown of activity on Page 11.

Division	Activity	April	May	June	July	August	September	October	November	December	January	February	Trend
ES - Recruitment	Number of Conditional Offers Sent	1,798	1,840	2,247	2,444	1,959	1,842	1,899	1,933	1,699	1,423	1,379	

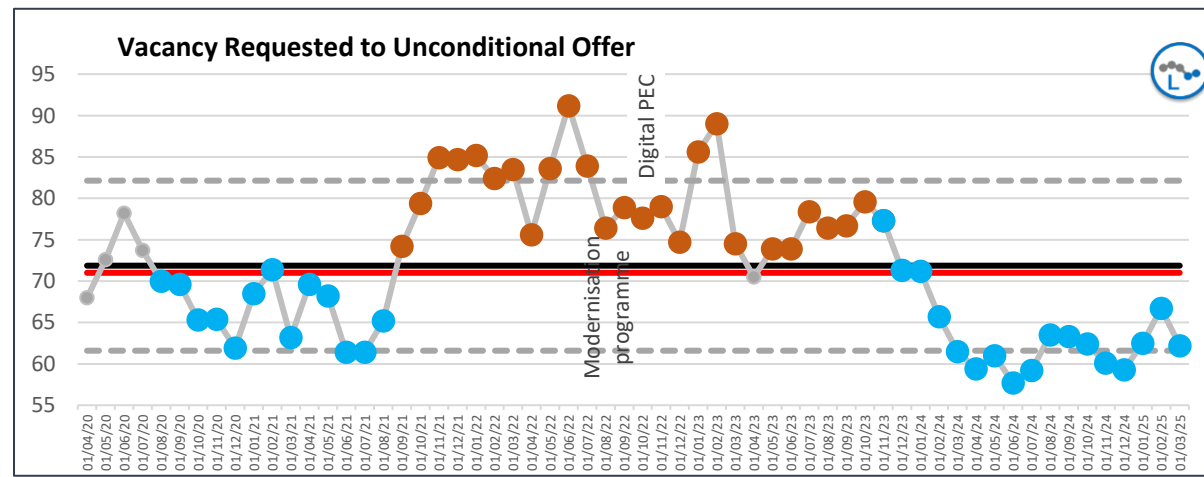
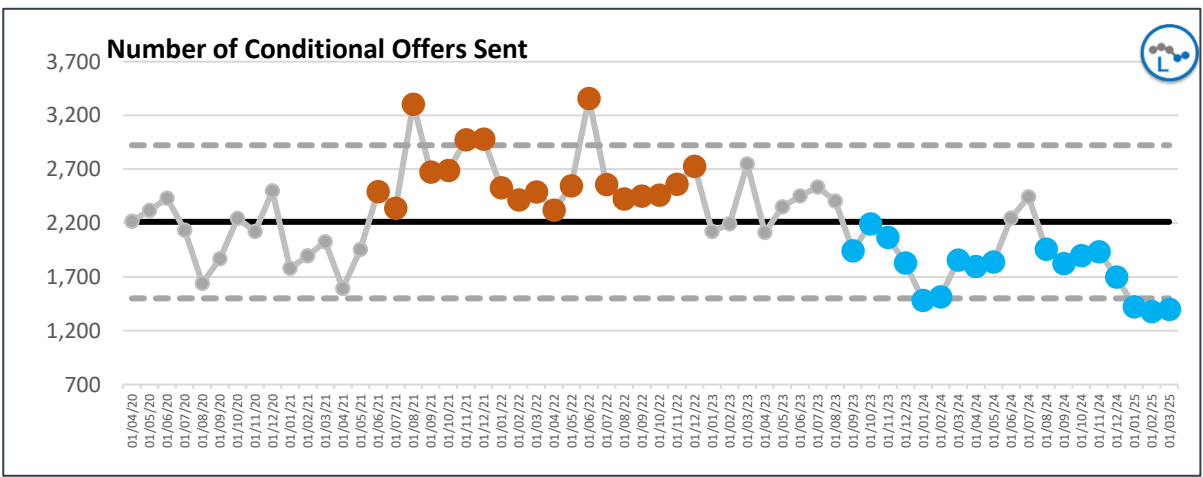
What we continue to do?

There were 1,537 applicants who completed checks in March 2025. Whilst good progress has been made on the older records in the system, 10% of applicants across Wales have outstanding completion of the mandatory employment checks for more than 91 days. To assist with this, an escalation report is shared monthly with health organisations to identify and review these records.

For organisations where there is a form of vacancy freeze in place, it has been advised not to hold vacancies in Trac until they can be approved as this will potentially add many months onto the Time to Hire in the future. The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

Employment Services – Recruitment

Org	Vacancy Creation to Unconditional Offer														Trend
	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
AB	71	70	68	69	72	67	69	67	76	68	70	64	64	↔	
BCU	71	63	68	65	69	71	66	66	61	57	58	58	56	↕	
CV	71	87	84	76	78	82	85	87	82	75	81	88	95	↕	
CTM	71	67	64	66	70	74	71	72	72	75	74	76	74	↕	
HD	71	51	49	50	51	52	55	52	55	50	56	48	51	↕	
HEIW	71	55	51	52	50	51	55	62	53	44	61	66	47	↕	
DHCW	71	48	57	37	45	34	43	46	39	45	57	53	32	↕	
NWSSP	71	46	55	56	56	62	63	60	49	50	61	56	61	↕	
PTHB	71	68	66	59	59	78	71	72	70	70	76	70	81	↕	
PHW	71	55	54	47	48	54	55	58	52	55	52	59	63	↕	
SBU	71	61	57	57	58	62	60	65	65	63	68	71	72	↕	
VEL	71	49	49	56	56	65	58	51	50	55	49	67	54	↕	
WAST	71	73	94	65	65	71	70	76	79	72	77	76	76	↕	
All Wales	71	59	61	58	59	64	63	62	60	59	63	67	62	↕	



Employment Services – Recruitment



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations October – March 25.



Vacancy Creation to unconditional offer

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.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management, cost avoidance etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits across NHS Wales arising in the period April – March 2025 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	13.1
Specialist Estates Services - Build for Wales	5.9
Procurement Services	18.2
Procurement Services – Pharmacy	16.5
Procurement Services - Cost Avoidance	19.3
Legal & Risk Services	248.8
Accounts Payable*	14.4
Oxygen Finance – PSP*	0.5
Counter Fraud Services	0.9
Total	337

The Shared Services Partnership Committee is requested to **NOTE:**

- The significant level of professional influence benefits generated by NWSSP to 31st March 2025.
- The performance against the high-level key performance indicators to 31st March 2025.
- The continued achievement of the recruitment Time to Hire target in recent months.



Delivering Value, Innovation and Excellence through Partnership

NWSSP Outcome Measures Performance Report

May 2025

*Delivering Value, Innovation
and Excellence through
Partnership*



Purpose of the Report

The purpose of this report is to provide the Senior Leadership Group with an update on the agreed Outcome Measures for March 2025 or the most recent annual information.

With a bigger focus on Outcomes in the IMTP 24-27 we need to highlight and report the impact and importance of what we do which the Outcome measures aim to demonstrate.

Key Messages

NWSSP demonstrates strong performance across key areas, customer satisfaction, positive trajectory in employee satisfaction, professional influence benefits and a positive contribution towards the decarbonisation and foundational economy.

There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Our Services

Driving the pace of innovation and consistently providing high quality services

Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Services

Our People

Our Value

RPA Processes

Division

- Central Te... 57
- Employment... 14
- Accounts ... 9
- Other 9
- Primary C... 5



Legal & Risk Services

Case Closure Client Satisf...



DWS

Customer Satisfaction



Primary Care Services

Customer Satisfaction re...



Central Team

Annual Customer Satisfa...



Specialist Estates

Annual Customer Satisfa...



Website Bounce Rate

34%

Website Users

11K

Website Page Views

32K

Website Pages - March 25 (Top 3)

1. Current Vacancies - 3,663
2. Student Award Services - 3,025
3. How do I apply for a bursary - 2,245

Customer Service Excellence

CSE Compliance Met

45

CSE Compliance P...

12

NWSSP Assurance Overview - YTD



Calls Answered



Customer Satisfaction

- Most divisions met or exceeded their customer satisfaction targets however, Central Team received 82% against the target of 90% for their recent annual survey. Site visits are in the process of being undertaken where specific issues will be discussed.

Robotic Processes

- NWSSP currently has 37 processes undertaken by Robotic Process Automation (RPA). The majority of these relate to Employment Services & Accounts Payable.
- A further 57 RPA processes are registered with Central Team (CTeS) in relation to the FMS Service.

Audit & Assurance

- Nine NWSSP audits have been completed so far this year: Three with substantial assurance, five with reasonable assurance and one with limited assurance. 89% of Audits carried out within NWSSP have substantial/reasonable assurance compared with 78% for all Wales.

Call Handling

- Call Handling achieved the target in March for all reported areas which now includes calls handled for Health Courier Services.

Website Analytics

- Website users decreased and page views decreased in March (11k and 32k) compared to February (12k and 40k). The top 3 page views were current vacancies, Student awards and How to apply for a Bursary.

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Sickness



● Sum of Actual ● Sum of Target

NHS Wales Staff Survey



● NWSSP ● All Wales

Staff Award Submissions



2023: 176
2024: 116

Top 3 Sickness Reasons

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Cold, Cough, Flu - Influenza
3. Other Musculoskeletal problems

Response Rate - 2024



Sum of Actual

Division

Response Rate 2024 excluding SLE

38%

Annual Turnover (Excluding SLE)

10%

Engagement Score - 2024

77%

March 24 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. End of Fixed Term Contract

NWSSP Internal Promotion excl SLE (October 23 - September 24)

179

Staff Survey

- NWSSP shows a positive trajectory with improved feelings of pride, recognition, valued work, opportunities for knowledge and skill development, and improved health and wellbeing. NWSSP consistently outperformed when compared to the all-Wales average, demonstrating strong employee engagement and positive workplace experiences. Specifically, there's a reduction in reported work-related stress and musculoskeletal problems within NWSSP.

Staff Awards

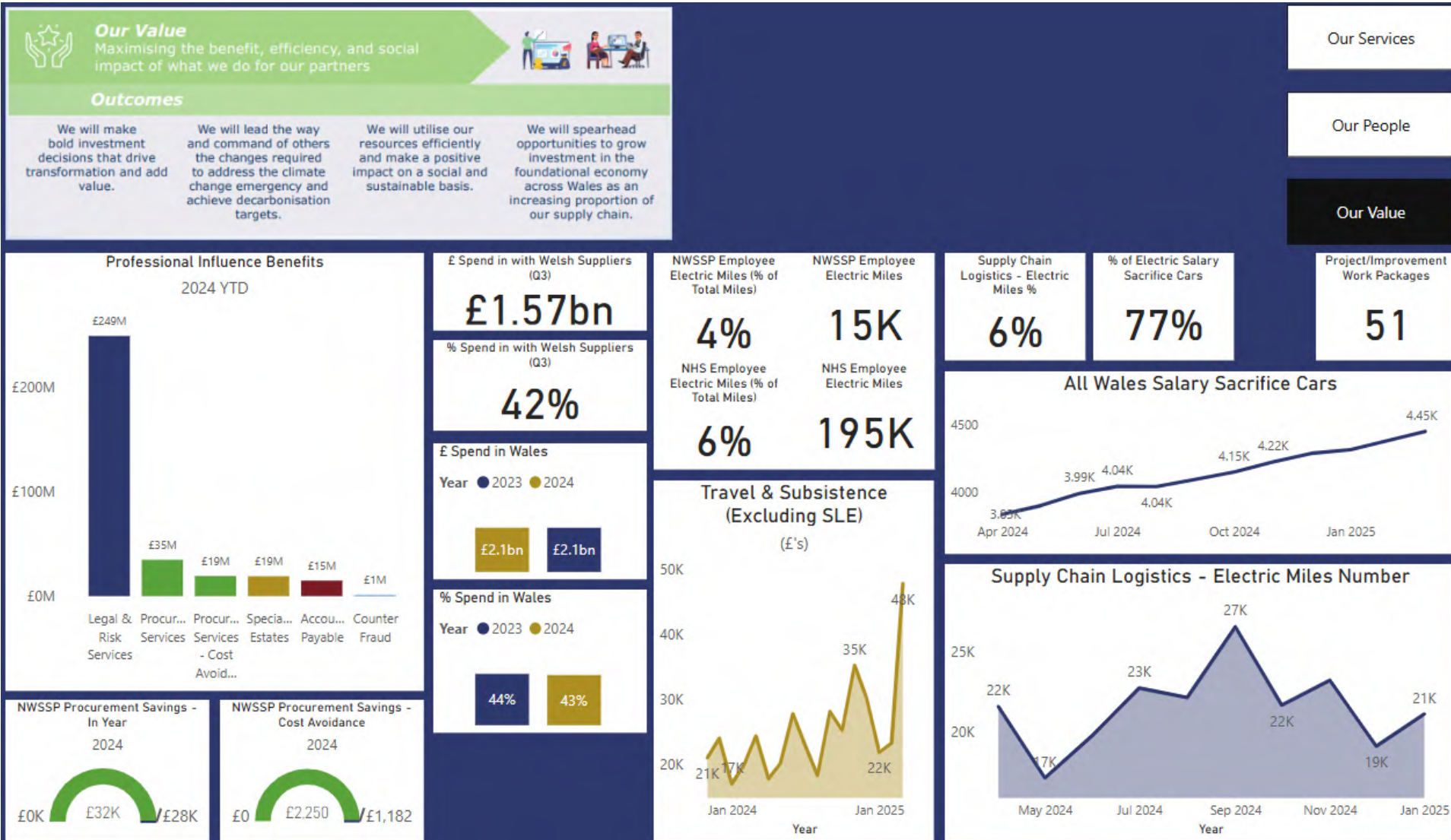
- Staff Award Submissions decreased from 176 in 2023 to 116 in 2024. To better understand the decrease, it would be helpful to gather more information on divisions and categories to identify possible reasons.

Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9.8%) which is a considerable improvement on the previous 12 months (12.6%). Turnover does not include internal churn.
- There have been 179 Internal promotion occurrences captured in the last 12 months to September.
- 36% of leavers excluding SLE were voluntary with a further 32% due to retirement.

Sickness

- Staff sickness rate (2.9%) achieved the overall target (3.3%) for March however, 14 of the 22 divisions missing their target. Further detail is available in the People & OD report.
- Top 3 absence reasons are, anxiety, stress, depression, colds and Coughs or other musculoskeletal problems.



Professional Influence Benefits

- Professional Influence for April – March 25 shows significant benefits (£338m) specifically from Legal & Risk Services (£249m). Four detailed case studies have been developed to help explain how these savings are derived.
- Procurement Savings – in year (£35m) with a further £19m identified as cost avoidance.

Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for 24/25 for both in year and full year at the end of March for all organisations apart from CTMU.
- NWSSP has achieved the £28k in-year procurement savings target achieving £32k.

Travel & Subsistence (T&S) Expenditure (Excluding SLE)

- During March £48k (Excluding SLE) of T&S was claimed which is an increase on the February position (£23k), which was due to the need to accrue unapproved mileage due to year end.
- In March NHS Wales employees claimed for 195k electric miles which is 6% of the total miles claimed.
- NWSSP employees claimed 15k miles which is 4% of the total miles claimed.

Salary Sacrifice

- As of March, there are 4,448 salary sacrifice cars in use across All NHS Wales organisations where NWSSP manage the scheme, of these 77% are electric.
- For NWSSP as of March there were 202 cars in use with 77% classed as electric.

Transformation Management Office (TMO)

- The TMO is supporting 51 Project/Improvement work packages at various stages.

Planned Improvements

Planned improvements for future months (medium/longer term)

- Benchmarking

Recommendations

The Shared Services Partnership Committee is requested to **NOTE:**

- The Outcome measures in the report.
- That Outcome Reporting is a work in progress which we are actively developing and refining our approach to provide more comprehensive information in the future.
- Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.



*Delivering
Value, Innovation and
Excellence through
Partnership*

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Transformation Management Office Update Report

ARWEINYDD: LEAD:	Rebecca Nelson, Director of Planning, Performance & Informatics
AWDUR: AUTHOR:	Sarah Ferrier, Assistant Head of Project Management Office
SWYDDOG ADRODD: REPORTING OFFICER:	Ian Rose, Assistant Director Transformation
MANYLION CYSWLLT: CONTACT DETAILS:	Ian.rose@wales.nhs.uk

Pwrpas yr Adroddiad/Purpose of the Report:

To provide the Shared Services Partnership Committee with an update on progress with key projects and initiatives undertaken by NWSSP.

Llywodraethu/Governance:

Amcanion: Objectives:	<p>Our value - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p>Our services - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation, and the use of technology.</p> <p>Our people - To have an appropriately skilled, productive, engaged, and healthy workforce.</p>
Tystiolaeth: Supporting evidence:	NWSSP IMTP 2025-28 approved in principle Feb-25

Ymgynghoriad/Consultation:

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	NODI/ NOTE	✓
Argymhelliad/ Recommendation:		The Committee is asked to NOTE the progress with key projects and programmes undertaken by NWSSP.		

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/Equality and Diversity:	No direct impact
Cyfreithiol/Legal:	Compliance with procurement regulations where applicable
Iechyd Poblogaeth/Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf/Quality, Safety & Patient Experience:	No direct impact
Ariannol/Financial:	Compliance with financial instructions and processes where applicable

TMO Dashboard Report

Risg a Aswariant/Risk and Assurance:	Assessed, monitored, and managed within each project
Safonau Iechyd a Gofal/Dyletswydd Ansawdd / Duty of Quality:	Duty of Quality assessed within each project
Gweithlu/Workforce:	Capacity constraints are highlighted against each project where applicable
Deddf Rhyddid Gwybodaeth/Freedom of Information:	Open

NWSSP TMO Update - 06 May 2025

Prepared by Sarah Ferrier

Summary

The TMO is currently supporting 'number of projects' of varying size, complexity, and providing a range of support from different points within the project lifecycle.

Projects	19
Programmes	1
SI Initiatives	4

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

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

- **48% (12 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
- **52% (12 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

A number of initiatives are in the pipeline for onboarding which will increase the number of ongoing supported activities.

There are specific Programme Board or Steering Group arrangements in for TRAMs that involve PMs from the TMO, but performance is reported separately.

SSPC Recommendation

SSPC are requested to note the contents of the report.

Key Trend information and Initiative Overview

Initiatives – 20

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Demographic Transformation	Ceri Evans	Green	Green	Large	21/06/2021	31/07/2023	31/05/2025	84%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Red	Red	Large	13/04/2021	29/03/2024	31/12/2025	45%
Workforce Intelligence Service	Nicola Phillips	Amber	Amber	Medium	08/07/2024	28/03/2025	N/A	16%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Amber	Amber	Large	01/10/2022	31/03/2025	30/05/2025	94%
Optimising Workforce Transactions (OWT)	Rebecca Jarvis	Green	Green	Large	01/03/2024	31/03/2025	15/09/2025	3%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	25/08/2025	40%
Implementation of NWSSP Microbiology Monitoring Service	Laura-Jayne Keating	Green	Green	Medium	10/12/2024	31/07/2025	N/A	25%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	N/A	43%
Medicines Homecare Service	Colin Powell	Amber	Amber	Large	03/06/2024	31/03/2026	N/A	38%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	31/03/2026	N/A	11%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Green	Green	Medium	05/11/2024	31/03/2026	N/A	29%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Amber	Amber	Large	16/08/2021	31/08/2023	31/05/2025	97%
Employee Investigations	Michelle Thomas	Green	Green	Medium	13/11/2023	31/12/2024	30/06/2025	95%
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	31/03/2026	50%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	31/03/2025	30/05/2025	99%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	31/03/2025	30/05/2025	90%
Nantgarw HQ and Companies House refurbishment	Alison Ramsey	Green	Green	Small	01/01/2025	30/04/2025	N/A	100%
Leaders of the Future for NWSSP rising Stars	Julia Denyer	Green	Green	Medium	02/10/2023	02/06/2025	N/A	69%
Data Management	Scott Lavender	Amber	Amber	Large	04/04/2022	30/09/2025	30/09/2025	51%

Service Improvement Key Trend information and Initiative Overview

Initiatives – 4

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Amber	Amber	Improve	06/12/2023	30/05/2025	06/06/2025
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/05/2025	N/A
Greenvale Laundry		Green	Green	Improve	16/09/2024	02/06/2025	N/A
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	N/A

Key Individual Project/Programme Updates

Project Name	Project Manager	Project Exec/SRO
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Bethan Rees, Lisa Williams	Nicola Phillips

Monthly Update (key/issues (blockages)/risks)

Status Red (Overall) Red (Time) Red (Cost) Red (Quality)

Recent Gateway Review? No

Objective

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

Progress Update

Phase One (Workforce Reporting)

Argyle Extension

The three-month contract extension request to the end of Jun-2025 was approved by Project Board on 18 March 2025. The contract extension will provide service continuity and access to the Argyle databases for an extra three months which will support the data migration activity. The extension will also provide additional time to develop the training package for the phased roll out to end users.

Training

Support from Digital & Workforce Team has been successfully secured at short notice and will enable the end user training to be developed and delivered in line with the Workforce phased roll out plan. Development of the training has made excellent progress and should be available within by 23 May 2025.

User Acceptance Testing

Extensive User Acceptance Testing has been ongoing for eight weeks. However, testing has finally been signed off in principle this week, subject to clarity on aspects within the commercial agreement.

Go Live

Go live is now scheduled for end of June 2025, with early feedback from a pilot scheme for end users anticipated end of May 2025.

Main Issues, Risks & Blockers

Risks Over Threshold

- 1) Project timescales for solution build and data migration are extremely tight & there is a risk to project delivery if this activity is not completed on time - Monitor throughout & liaise with Finance for payment milestones.
- 2) Risk of disruption to service continuity due to contract extension expiring in March 2025. - Review options & assess impact to service & customers
- 3) Risk of increase in project costs due to number of items raised & categorised as pot two / three by supplier. For example the wizard. - Ensure all Project Board & Team members adhere to project governance to prevent any potential scope creep / additional cost.

Issues

Due to the change in contract in Dec-24, there is no commercial cover for project from 14th April. Therefore, the implication of no contract cover is that there will be no technical resources from Credera to support the go live dates in May & June. The Project Team are drafting the go live plan to support the current system cessation as at 30 June 2025, including mitigations for this issue.

Impact on Existing Service/Arrangements

Minimal

Project Name	Project Manager	Project Exec/SRO
TRAMS Programme	Peter Elliott	Neil Frow

Monthly Update (key/issues (blockages)/risks)

Status Red (Overall) Red (Time) Amber (Cost) Green (Quality)

Recent Gateway Review? No

Objective

To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.

Progress Update

- Concept design work has verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.
- Planning application has been approved covering both the South East Radio pharmacy and the South East Hub.
- Detailed design of the Radio pharmacy has concluded and scrutiny has been completed.
- The tender for the enabling works has been awarded. The contractor started on site on 03 Feb 25 for a 16 week scope of work.
- Now that Planning Permission letter has been received, there are no remaining dependencies to receive the final tranche of funding from Welsh Government for the cleanroom build, validation, and commissioning.
- Outline Business Case (OBC) for the remainder of the hub is being prepared. The capital costings are stable. Work is currently focussed on agreeing with Health Boards and Trusts the Revenue Baseline, Preferred Option, Benefits profile, and revenue funding model. We are still aiming for OBC Approval in Mar-25. Programme Board has approved tendering for the isolators which are the only remaining major item not under contract. This isolator tender has been published and closes on 14 March 2025. If there are any further delays in OBC compilation we may explore whether Welsh Government will accept a single stage approval (straight to FBC) for the case to recover lost time.
- The South West Hub project is also active. A longlist of 7 sites has been compiled and a surveyor engaged to estimate the costs to bring each of them to a comparable condition. An initial site selection workshop is being planned for Apr-25. We will seek a scoping meeting with Government to seek funds for OBC development once an emergent preferred site is identified.
- The programme continued to interface with BCUHB to understand their plans for clinical transformation of their Nuclear Medicine service, and to understand the implications for the future North Medicines Hub.
- Laboratory space in IP5 is being brought into use as staffing and funds permit. Staffing for the Micro Monitoring Lab has been identified within the NWSSP 25/26 budget. This facility will be key in bringing the new Radiopharmacy into use.
- The TRAMS Digital Project is preparing tender documents. Programme Board has authorised a tender to be offered, and this is expected to be published in Feb-25. We are still aiming to have a Minimum Viable Product live for Jan-26. Engagement is ongoing with DHCW to ensure they are fully sighted on the wider implications for medicines software and data flows and are prepared to support integration where required. Central Team eBusiness Services are also sighted on the likely need for Oracle integration. The NWSSP Chief Digital Officer is sighted. Project costs are included within South East Hub Business Case.
- Validation of the proposed product catalogue with clinical groups is ongoing. A pack describing the proposed Service Model v1.0 was issued to Chief Pharmacists at the end of May-24. The model was updated following discussion to v1.1 in Aug-24. This model underpins the revenue costings and benefits to be used in the Hub OBC Preferred Option.
- Planning of Organisational Change Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in Mar-24 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts are currently being finalised.
- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.
- Finance Sub group of Health Board and Trust representatives is meeting monthly to work on detailed identification of the revenue budgets that support the existing services and validating capital cost option estimates.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

Main Issues, Risks & Blockers

- **Time taken** to deliver production capacity to the service remains a major concern for the Programme.
 - We must have new aseptic cleanroom capacity for Cancer Therapies open before the new Velindre Cancer Centre opens, and their legacy aseptic unit closes.
 - Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least four Health Boards in this position.
 - The Swansea Radio pharmacy currently represents a single point of failure for twelve major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested.
- Current **staffing pressures** throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. The proposed level of staffing to operate the TRAMS service model is also being actively reviewed to ensure the project as a whole remains affordable.
- We are exploring with the IP5 Programme how the **power resilience of IP5** can be improved. The new TRAMS facilities will be Grade 1 in accordance with WHTM 06-01 4.30. If capital investments are needed to improve power resilience these will be included in the Hub Business Case, but the engineering design of the power resilience solution must also be suitable for the needs of all building users.
- Based on current position, the programme is rated **"Red"**.

Impact on Existing Service/Arrangements

Successful rapid delivery of the programme is necessary to avoid significant adverse impacts on medicine supply to patients, particularly those with cancer indications.

Data Management	Alison Lewis	Scott Lavender
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Monthly Update (key/issues (blockages)/risks)

Status Amber (Overall) Amber (Time) Green (Cost) Green (Quality)

Recent Gateway Review? No

Objective

The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.

This will be achieved by the following project objectives in the discovery phase which will inform the next phases of the project.

To catalogue: -

- Existing delivery mechanisms and solutions.
- Current arrangements for the supply of regular reports.

To review: -

- Data request / response processes including IG review processes
- Existing technical infrastructure

To identify: -

- Opportunities to streamline request / response processes including IG review processes.
- Duplication / inconsistency in the provision of regular reporting.
- Opportunities to drive Statistical Process Control and performance management using existing data sets.
- Opportunities to add value to data provision through the application of domain knowledge.
- Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes.
- Stakeholder groups that have requirements beyond existing information provision
- Inconsistencies in existing data models.
- Potential "quick wins"

Progress Update

The amendments of NWSSP Ophthalmic dashboard are complete for the first iteration and was signed off in April 25 Project Board meeting.

The Deputy Director of PCS demonstrated the Ophthalmic Dashboard to Welsh Government on 31-Mar-25 and was very well received.

The next workstream General Medical Service will commence in April 2025, with aim of first iteration being completed by end of Jul-25.

Standard suite of reports has been developed for Ophthalmic to ensure consistency and standardisation across the service is being implemented.

Main Issues, Risks & Blockers

Issue raised in Project Board around Welsh Government sharing the links to the Ophthalmic Dashboard with users who do not have access. Process agreed on who can request access will be controlled by the Head of Professional & Clinical Services.

Impact on Existing Service/Arrangements

No impact to existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
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Patient Medical Records and (Scanning) Service Accommodation Review	Rachel Pember	Scott Lavender
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Monthly Update (key/issues (blockages)/risks)

Status Amber (Overall) Amber (Time) Green (Cost) Green (Quality)

Recent Gateway Review? No

Objective

The responsibility of the Medical Records Accommodation review Group is to find suitable alternative accommodation for all staff, equipment and medical records currently residing in Brecon House. The scope has been expanded to include the relocation of the Document Scanning Team and equipment based in Companies House.

Background

An initial business case sought funding to secure additional space to expand the Patient Medical Record (PMR) Service to GP Practices

across NHS Wales. The business case was submitted and approved by NWSSP Senior Leadership Group in Aug-22 and subsequently Velindre Trust Board. As the investment was to purchase a capital asset, the business case was submitted to Welsh Government for ratification. Welsh Government responded requesting additional information on the fire suppression requirement for the new building. Whilst a report was obtained, a critical issue arose.

The business case was prepared on the basis that Primary Care Services (PCS) would be able to extend the lease of Brecon House, Mamhilad Park Estate. Since then, it was discovered that the building contains Reinforced Autoclaved Aerated Concrete (RAAC) Panels in the roofing Structure. The landlord initiated a monitoring and remedial works program for the RAAC panels but failed to provide a plan, risk assessment or work schedule. Some interventions, such as steel fixings and nettings, have been implemented but only cover a small portion of the necessary actions. As a result, the requirement for an exit strategy and plan to remove items from the affected areas of Brecon House is now crucial and a refresh version of the Business Case was submitted in Apr-23.

In addition, the PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, relocation to the CP2 building is not a suitable option for the Document Scanning service and it is prudent to consider merging the Document Scanning team onto one, although options are being explored.

Progress Update

Medical records from Brecon House to DuPont, Mamhilad (new accommodation)

The lease for the new premises, Dupont, commenced from 06 August 2024.

All works have now been completed and keys handed back to Landlord Mar-25. Staff are now working wholly within Dupont.

Due to works now nearing a close, there is now one sub office group for the move which will cover off all elements Office, Fire, Facilities, H&S, Procurement, IT and Finance to ensure progress/completion of identified tasks. This was been agreed with Project Board to close at the end of Mar-25.

The project is now in closure, with return to BAU anticipated by 31 May 2025.

Medical Records Culling of Notes relating to Infected Blood Inquiry

In response to the setting up of the new Infected Blood Compensation Authority, Welsh Government has recently clarified in February 2025 that the culling of records can only take place if there is a digital copy of the medical record. There is no resource in the current process to do so and therefore we are not in a position to cull any records. We have explored with Welsh Government and DHCW colleagues the premise that notes from a primary care setting would be less likely than a secondary care setting to have evidence of the use of a blood product and we have asked for further clarification. We are therefore awaiting notice from Welsh Government on formal procedure to be taken for primary care records.

Main Issues, Risks & Blockers

Medical Records Culling of notes for the Infected Blood Inquiry

Early risks have been identified relating to time constraints, costs, staffing resources, health and safety which will be fleshed out as the workstream progresses.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
NWSSP Electronic Prescription Service-EPS	Daniel Sinderby	Nicola Phillips

Monthly Update (key/issues (blockages)/risks)

Status Amber (Overall) Green (Time) Amber (Cost) Green (Quality)

Recent Gateway Review? No

Objective

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by Mar-23, this was delayed on 3 separate occasions by the Programme before being realised in Nov-23.

Progress Update

For note; the percentage completion is based on an average of both Reimbursement and Smartcards workstreams: 91% Reimbursement, 96% Smartcards. Overall project completion is 94%.

The focus of plan remains on completing new and residual tasks to enable rollout to GP and Pharmacy System suppliers.

Apotec timescales are still unknown and to be confirmed regarding onboarding with EPS.

The Programme will now focus on rollout to Dispensing Appliance Contractors (DACs), Dispensing Doctors, Urgent & Emergency Care (Out Of Hours) and EPS Anywhere.

The latest update on INPS (Cegedim GP) is that there is indication of a new buyer however it is still to be confirmed the impact this has on the clinical migration.

Progress Update

The following progress can be reported against the deliverables of the project plan:

Integration/Development of Internal Applications: Changes have been made to the EPS dashboard and the team are currently working with DHCW to publish it to live. Ad hoc changes formal request process has been agreed and the change log will be maintained between NWSSP and DHCW. The focus is now on completing the testing of the Quality Control development and the Reg app changes for EPS.

Assurance: Live in Live for Dispensing Appliance Contractors (DACs) site, Salts Healthcare, is planned to start on the 19 May 2025. Urgent & Emergency Care (Out of Hours) scoping has been completed for NWSSP and DHCW are currently defining the approach to assurance to be agreed by the end of April 2025. For Dispensing Drs, First of Type (FOT) sites have been approved by EPS Programme Board and the next task is for the Invatech site to migrate to EMIS GP.

Service Management: The amendments to the Service Level Agreement (SLA) between PCS and Health Boards to include EPS has been approved. There are two elements outstanding (EPS data and EPS service support) as discussions are underway to include those in DHCW's Corporate SLA. Standard Operating Procedures (SOPs) and Working Instructions will be created for these and will be implemented into BAU. PCS are currently reviewing the Consolidation process for Change of Ownership following the live instances. Clarity regarding notifying NHSBSA of new ODS and golden prescription is being investigated. Monthly Service Review meetings between NWSSP and DHCW have been arranged to review service data.

Communication Approach: It has been agreed that DHCW will host EPS communications. DHCW are currently developing information web pages. NWSSP web pages have been updated with e-forms for Registration Authority (RA) Agents nominations, Locum Smartcard applications and Single Lead Employer (SLE) Smartcard applications, with accompanying information.

Funding: The BAU Investment Case was submitted to Welsh Government following the 16 January 2025 Programme Board. Approval was not agreed. DHCW have submitted a funding request to DHCW governance pending agreement. Following the submission of a formal Change Control Notice (CCN) the recharge of funding for staff time during the financial year 24/25 was approved by DHCW governance following. The invoice has now been raised by NWSSP Finance.

Smart Cards:

- The application process for Single Lead Employer has been created with an electronic application form and accompanying information on the NWSSP website. Communication of this process to pre-registration pharmacists is being discussed with NWSSP P&OD, whilst communication to pre-registration Doctors is being communicated through DHCW Clinical avenues.
- A formal evaluation of the new Role Based Access Control (RBAC) positions for GP Practices is underway.
- Investigation into the validating the Superintendent Pharmacist when nominating RA Agents process is ongoing.
- Local RA Policy review is on hold until priority tasks are completed.

Main Issues, Risks & Blockers

Risks

The introduction of ePrescribing could have an impact on the workforce due to the anticipated processing efficiencies. A draft implementation plan has been received from DHCW with proposed timescales. Ongoing, regular communication with DHCW is reducing this risk. In addition, the project team is working with the Business Change Team within DHCW as well as continually assessing the impact that EPS is having on current business practices. A Business Impact Assessment is being completed to support this.

INPS (Cegedim GP supplier) has now gone into administration which affects the planned GP system migration to EMIS GP leading into 2027. NWSSP were initially notified that if a new buyer was not in place by the end of Jan-25, then this would accelerate the migration resulting in significant negative impact on the NWSSP resources required to deliver the Smartcard service with the current capacity. There is currently no confirmation of a new buyer and there has been no agreement on the approach to the migration. This is being closely monitored by NWSSP and DHCW, with the Programme team aware of the risk this poses to NWSSP.

Issues

Business as usual funding (post Apr-25) has not yet been agreed. Discussions have commenced with DHCW to ensure inclusion of

TMO Dashboard Report

costs for NWSSP to be included in any funding bids to Welsh Government. DHCW Programme team have procured consultancy to aid with the development of the BAU investment case which NWSSP are feeding into.

Temporary contract staff have resigned impacting resource within PCS working on the EPS Programme. PCS to pursue bank staff as an option along with utilisation of overtime where possible. PCS are currently reviewing capacity as overtime may be required which would need prior agreement with Programme. Programme have escalated this as a risk in relation to BAU funding.

Impact on Existing Service/Arrangements

No impact to existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Laundry Memorandum of Terms of Occupancy (MOTO)	Paul Thomas	Stuart Douglas

Monthly Update (key/issues (blockages)/risks)

Status Amber (Overall) Amber (Time) Amber (Cost) Amber (Overall)

Recent Gateway Review? No

Objective

On 01 April 2021 NWSSP took over the responsibility for delivery of Laundry Services to NHS Wales operating from the following locations:

- Ysbyty Glan Clwyd (Betsi Cadwaladr University Health Board - BCUHB)
- Llansamlet (Swansea Bay University Health Board - SBUHB)
- Green Vale (Aneurin Bevan University Health Board - ABUHB)
- Church Village (Cwm Taf Morgannwg University Health Board - CTMUHB)
- Glangwili (Hywel Dda University Health Board - HDUHB)

At that point services from Church Village and Glangwili were part of the All-Wales Laundry Service, but staff were managed by the respective Health Boards.

The 'Shift East' NWSSP Project was then initiated in 2023 to deliver the following changes:

1. Transfer of staff from CTMUHB (Church Village) to NWSSP (delivered Apr-24)
2. Transfer some Laundry staff from HDUHB (Glangwili) to NWSSP to deliver a hub base service model (delivered Apr-24)
3. Conversion of the Glangwili Laundry to provide a hub for NWSSP services (in progress)

As a result of the changes in service profile, it has been necessary to create workstreams to formalise the basis of NWSSP's occupation at Church Village and Glangwili through a suitable form of agreement.

Progress Update

Work Stream 1 (Church Village)

In Dec-23, whilst initiating tasks to put the MOTO in place, CTMUHB expressed a preference to transfer the Building to NWSSP. Two surveys were commissioned (Building and Mechanical & Electrical Service (M&E)) and undertaken with the output shared with NWSSP and CTMUHB stakeholders on 08 May 2024. These surveys indicate a combined maintenance backlog of £1.4m exc VAT and fees etc.

Given that NWSSP has no funds to address the backlog, nor resource to manage it, this is not a viable proposition.

This position has been recently reviewed by NWSSP's Managing Director and the Director of Specialist Estates Services, as ideally occupation will be formally recorded, nevertheless, given that NWSSP are unable to afford to take on the property and CTMUHB want NWSSP to take this on, it was concluded, there was no basis for discussion.

NWSSP H&S are supporting the Laundry service in engaging with CTMUHB to ensure that minimum standards of safety are being maintained for safe operation of the facility.

Work Stream 2 (Glangwili)

HDUHB has worked constructively with NWSSP to plan and implement a suitable agreement to formalise NWSSP's occupation of the site.

Research completed by NWSSP Specialist Estates Services, acting on behalf of both sides indicated that adoption of a more informal format of agreement (in unsigned form) would reduce the risk of creating obligations which may otherwise be deemed to apply under the Minimum Energy Efficiency Standard (MEES).

An 'Agreement' document has been developed between NWSSP and HDUHB, setting out roles and responsibilities around occupation of the hub site by NWSSP and confirming that the arrangement runs for the period 08 January 2025 to 31 March 2030.

Main Issues, Risks & Blockers

Issues

No issues

Risks

Workstream 1 - If CTMUHB and NWSSP cannot reach agreement on Tenure arrangements working relationships could become strained and increased risk of destabilising the revised operating model.

Workstream 1 - The condition of the building and site will generally deteriorate and may fall beneath a safe or viable operating standard.

If Health Boards do not buy-in to the process, there is a risk of failure to secure a signed MOTO. Communication has begun between all parties to mitigate any risk.

Impact on Existing Service/Arrangements

No impact to existing service/arrangements

Project Name	Project Manager	Project Exec/SRO
Workforce Intelligence Service	Bethan Rees	Nicola Phillips

Monthly Update (key/issues (blockages)/risks)

Status Amber (Overall) Amber (Time) Amber (Cost) Green (Quality)

Recent Gateway Review? No

Objective

Key Deliverables:

The key deliverables are:-

- Review and expand staff benefits that are currently not available to primary care staff and to explore potential to expand access. For example, Salary Sacrifice Scheme.
- Develop understanding of why people stay or leave their roles in Primary Care.
- Undertake Feasibility Study to facilitate temporary staffing solutions in Primary Care.
- Co-ordinate guidance and expertise from NWSSP to contribute to delivery of key objective access to benefits.
- Develop NWSSP project in line with programme line.
- Monitor any risks & issues to delivery of plan.

Progress Update

NWSSP are supporting delivery of the Strategic Workforce Plan for Primary Care in collaboration with HEIW. Progress has been made on the objective 'An equitable offer for Primary Care in terms of access to benefits, health and well-being, support and development opportunities' with the following updates.

NWSSP and HEIW are collaborating to provide baseline data on the number of leavers in Primary Care. The baseline data will be compared against the Performers List with the objective of establishing if people have actually left Primary Care or if they are 'not active' for maternity reasons etc. NWSSP are exploring with the Single Lead Employer Team the possibility of introducing leaver surveys to help capture the data required.

- Discussions have taken place with members of Professional Bodies, such as Optometry Wales & Community Pharmacy Wales in the last month to update on the Strategic Workforce Programme and gain their views on the objectives. The Professional Bodies will update their respective Boards and will feedback to NWSSP. Further discussion with the remaining Professional Bodies are planned for the new few weeks.

Main Issues, Risks & Blockers

Risks Above Threshold

- There are no risks or issues identified above the threshold.

Impact on Existing Service/Arrangements

There is no impact on existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
Demographic Transformation	Abbie Shackson	Ceri Evans

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall) Green (Time) Amber (Cost) Green (Quality)

Recent Gateway Review? No

Objective

The existing National Health Application and Infrastructure Services (NHAIS) system is a business-critical system used across NHS England and Wales to manage patients' registrations for primary care, contractor payments including General Medical Services (GMS) practitioners and to deliver screening services. The existing NHAIS and Open Exeter non-core functionality will need to be replaced.

Implementation of replacement functionality such as:

- Use of Welsh Demographic Service provided by Digital Health & Care Wales (DHCW) – **complete**
- Implement replacement NHAIS local hardware hosting (legacy infrastructure) to ensure continuity of service up to and during transition - **complete**
- Implementation of alternative data extract provided by DHCW - **complete**
- Implementation of in-house application known as MRTransfer, previously known as 'Notify', that monitors the movement of medical records - **complete**
- Implementation of Primary Care Registration Management System (PCRM) provided by NHS England (previously NHS Digital) - **complete**
- De-commission NHAIS local boxes – **complete**

Progress Update

The Project has moved into closure with a focus on confirming benefits and dis-benefits to inform workforce planning along with lessons learnt. Two workshops have been held to confirm the benefits and dis-benefits. The project team is in the process of gathering measurement data to understand the impact of change. Business Change Manager allocated to support this work.

Key outstanding activity:

NHSE have completed the development of a data feed obtained directly from Personal Demographic Service (PDS) to inform global sum (GSum) calculations to enable payment to General Practitioners based on practice list sizes. The data feed has been made available to PCS who are in the process of undertaking a comparison to provide quality assurance of data.

It has been highlighted by the Q&A team that list reconciliation figures have become inflated since transition. To mitigate this problem NHSE have changed the titles to help reduce the volume of overall mismatches by 20%. NHSE are also midway through analysis of the name matching and have indicated that there are early signs of rules that may be impactful, with an update due imminently.

Main Issues, Risks & Blockers

Risks:

All risks closed down.

Issues:

Data Feeds:

Confirmed costs not available for the management of PCRM.

Following a proposal by NHS England, DHCW are considering whether the Provision of Services Agreement (POSA) is the appropriate mechanism to include PCRM costs. The POSA is an agreement to access what is known as the NHS Spine Services between NHS England and DHCW (as proxy for NHS Wales). It covers, the main, demographic services and identity management. Negotiations are ongoing with NHSE and DHCW to confirm these costs.

A new group *NHS England Strategic Engagement* has been established (TOR yet to be finalised) with representation from NHSE and DHCW to look at the relationship with NHSE. DHCW to confirm products/services in the Provision of Services Agreement (POSA) in the operations area to facilitate further discussions.

No impact on stakeholders as PCRM is operational.

Impact on Existing Service/Arrangements

As the project has moved to closure, there is no impact on existing service nor arrangements.

Project Name	Project Manager	Project Exec/SRO		
L&R Case Management System implementation phase	Daniel Sinderby	Mark Harris		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective				

TMO Dashboard Report

The objective of the project was to procure and implement a case management system.

Progress Update

On 07 April 2025, Legal and Risk Services (L&RS) have deployed the iCasework Legal Case and Document Management System across the division.

Go Live Support sessions with Civica have concluded and the Project Team are now working with Civica towards handover to BAU. Once this is confirmed the Project Board will agree whether to move to formal project closure.

During this reporting period the following actions have been undertaken;

- End User Training for all teams within L&RS was completed.
- All system administration training has been undertaken.
- Specialist training was completed prior to Go Live.
- All legacy data has been migrated into iCasework.
- Critical IT internal changes have been completed with DHCW (Centre of Excellence and Client services) and formal handover documentation is being developed.
- Financial/billing functionality configuration within iCasework is being finalised.
- Financial reports are currently being developed.
- Client Portal has been developed and released.
- Arrangements are being finalised regarding an ongoing Service Management Board.
- Formal Change Request process is being developed alongside Civica's Customer Support model.
- Outstanding configuration requests are being clarified with Civica in order for L&RS to keep the post-live changes backlog up to date.
- All invoices have been raised and paid.

Main Issues, Risks & Blockers

None

Impact on Existing Service/Arrangements

Project on track with new timescales, no impact to existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Leaders of the Future for NWSSP rising Stars	Rachel Pember	Julia Denyer

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

The purpose of the project is to create and manage a Leadership development programme for Leaders of the Future For NWSSP' Rising Stars. The aim is to develop and grow staff within NWSSP, giving them the opportunity to step outside their current roles and take on new initiative to develop their leadership skills.

Progress Update

NWSSP People and Organisational Development Senior Leadership Team have agreed for the project to progress at pace with a view to bringing forward the launch to within 24/25.

Project team members are working to complete tasks within the project plan, tasks dates have been extended due to the extension date for applications Mar-25.

Twenty two applications submitted for the Leaders of the Future programme, these have been reviewed by the People and OD team (POD) in conjunction with the relevant divisional leads. After the review, five candidates were successful and commenced on the programme on 07 April 2025.

The Leaders of the Future Programme now implemented and deployed, the next stage is to review Lessons Learnt log and complete the Project Closure Document with the Programme transferring to the People and OD Team as business as usual.

Main Issues, Risks & Blockers

TMO Dashboard Report

Risk identified -

- Additional workload capacity to POD Team/Dept to set up LoTF programme.

Issue identified -

- Any financial costs to divisions for upgrading / obtain licences for any specific IT packages/applications for candidates to undertake work on the LoTF programme.
- Extension timeframe for divisions to submit objectives to LoTF team in order for candidates to apply. This means that programme could not progress until objectives have been received. This was due to the Leaders of the Future submission date being out of line with the IMTP/financial year submission for 25/26 plan.

Impact on Existing Service/Arrangements

No impact to existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
Employee Investigations	Myra Jones	Michelle Thomas

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review?

Objective

Implementing a revised approach to ensure employees are supported during investigations, essentially ensuring that there is minimal harm caused.

Progress Update

Two launch events were held on 13 September 2024 and 18 September 2024, in North and South Wales respectively.

Work is underway with the Project Manager, Project Executive and the Task and Finish Group. The project team are continuing to finalise on the internal project plan which now includes recommendations from delegates at the two launch events.

The project team will also work with the National Team to capitalise on the fantastic engagement at the launch events and send further communications to the attendees to promote the cascading of the online training sessions and drafting a news story from the events.

Further Task and Finish groups and project team meetings have been scheduled in the diaries to progress this work. Actions of multiple workstreams are ongoing, and the project is progressing in line with the Project Plan.

Main Issues, Risks & Blockers

None over the threshold identified

Impact on Existing Service/Arrangements

This project is on target, therefore there is no impact on existing service/arrangements.

Project Name	Project Manager	Project Exec/SRO
Optimising Workforce Transactions (OWT)	Rhiann Iles	Rebecca Jarvis

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review?

No

Objective

The objectives and scope of this project have been subject to a recent review to address current and future business needs within the People, Organisational Development and Employment Services Division. These are identified below:

Current Needs

- To address pre- identified gaps in workforce data within ESR. The known data gaps are:
 - Change (of post) Reason
 - Nationality
 - Emergency Contact

Conflict of Interest data has also been identified; however this is not presenting as an immediate issue. There is an expectation placed on NWSSP by Health boards to fulfil data requirements;

1. To have high quality, accurate data available in the current ESR solutions, to migrate to the Future Workforce Solution circa 2027.
2. To digitally prepare users/customers in readiness for the implementation of FWS. The new system will be a completely different

experience for users.

Future Needs

1. There is a future business need to identify a solution to address gaps within other areas such as Single Lead Employer and general workforce data gaps under the remit of People and Organisational Development. The scope of the project remains unchanged:

Scope

- To support a full digital experience for optimising workforce transactions in preparation for the new workforce solution by 2027.

Furthermore, agreement has been reached that any proposed development /solution must not to impact the stability of the SMA Application, the primary functionality being the renumeration of staff making further developments at this time, out of project scope.

The revised and ratified objectives will be documented for the forthcoming reporting cycle.

Progress Update

As detailed, a meeting took place on 16 April 2025 where it was agreed that a solution is needed to meet the above business needs.

Various options to address the data gaps were discussed:

- Utilisation of Power BI to establish an effective method to fulfil missing data to populate the Electronic Staff Record (ESR) .
- If the above is not feasible, explore the potential of developing an application to address gaps with an opportunity to expand the capacity of the application to enable development into other areas within the Employment Services and People and Organisational Development division as trends/data collection requirements emerge.
- Use of a landing page for ease of access to record data
- Use of campaigns focussing on different data gaps each month
- Use of MS Forms

It was agreed that the following factors must be considered:

- The identification of data collection source i.e. on-boarding process
- Amalgamation of existing data into the identified solution and storage of data following collection.
- The identified solution will need to be able to feed directly into ESR/Future Workforce Solution (FWS) to avoid duplication of effort.
- A singular point of access for users that is representative of NWSSP.

Data collection methods and development will be explored internally, then with the Centre of Excellence (CoE), to assess the feasibility of creating an Office 365-based application.

Main Issues, Risks & Blockers

At this stage of the project, the risks and issues are unknown. However, it is vital that complete and quality data is available in advance of the implementation of the Future Workforce Solution in 2027.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO		
Influenza Vaccine programme 2025	Rachel Pember	Jonathan Irvine		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective				
NWSSP to provide a centralised Flu Programme 2025. To centrally procure, store and distribute the Influenza vaccine for the vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes going forward, to all General Practice, Community, and Local Health Boards (LHBs) Trusts.				
Progress Update				
Following Welsh Government approval of the NWSSP proposal, Project Team members have commenced tasks within the project plan				

for the project to remain on target.

The pharmacy lead has engaged with People and Organisational Development to create and fill new posts for the picking and packing of the Influenza Vaccines. Appointment of staff to be completed end of Mar-25.

Following a tender exercise, Procurement Services appointed the suppliers of the Influenza Vaccine in Dec-24. Delivery dates to be confirmed upon completion of refrigeration installation.

A Procurement tender exercise has commenced to appoint a supplier for the lease of refrigerators. An appointed supplier to be awarded est. early Apr-25, with anticipated installation Jun-25.

Main Issues, Risks & Blockers

No risks over the reporting threshold.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Lease Management Solution	Daniel Sinderby	Clive Ball

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Amber** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

Procure and implement an alternative system to Electronic Property Information Mapping Service (ePIMS) that meets the requirements of the Specialist Estates Services (SES) Property Team

Background:

The project has been established to support the purchase of an alternative system for the SES Property Team to manage leases across NHS Wales. The UK Cabinet Office has been working with stakeholders to develop a new system for property management as the previous system, Electronic Property Information Mapping Service (ePIMS), was phased out in Mar-25. SES colleagues who have participated in this process, were informed that the new software would not be a replacement of ePIMS as this would not satisfy SES's needs as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.

Progress Update

The NHS Wales Estates Database (NWED) did not launch to Health Boards and Trust as planned on the 01 April 2025. This was due to an issue with missing lease data that was to be included in the final extract from EPIMS and that the supplier's developer has been working at capacity with implementing the replacement system. It has been confirmed that the data will not be removed from EPIMS but will be accessible read only.

The final data set was provided on 30 April 2025 and NWSSP Informatics are now working on the import of the data into NWED. The Project Team will then test the NWED application prior to releasing the reporting dashboard and notifications to the Health Boards and Trusts. A revised release date is to be confirmed.

From now until the revised release date, the focus will be on resolving any outstanding remedial issues from testing, upload of archive data, upload of documentation relating to each record, NWED branding, user training and development of training guides.

Main Issues, Risks & Blockers

Risks

The previous supplier, CDS, is currently working on the EPIMS replacement project with the UK Cabinet Office, which requires a lot of resource. There is a low risk that communications between NWSSP and CDS may be impacted when requesting the archive data which could cause delays. This is a low risk as the end of year finance reporting is complete and the project team have communicated with CDS early regarding this requirement.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Medicines Homecare Service	Rachel Pember	Colin Powell

Monthly Update (key/issues (blockages)/risks)

TMO Dashboard Report

Status Amber (Overall) Amber (Time) Amber (Cost) Amber (Quality)

Recent Gateway Review? No

Objective

Create a new service to purchase, store, dispense and deliver selected medicines to patients at home.

Progress Update

The project team were tasked with submitting a Proof of Concept business case proposal to the Senior Leadership Team (SLT) outlining how NWSSP could support the purchase, store, dispensing and delivery of selected Medicines to patients at home.

Project Team members have submitted a high level Proof of Concept Business Case Feb-25 to informal SLT. Due to funding availability the project has been paused, this will also allow for further business case scrutiny.

Main Issues, Risks & Blockers

Initial risks have been captured but need to be formally assessed and documented.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Digitisation of Patient Medical Records	Bethan Rees, Alison Lewis	Nicola Phillips

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall) Green (Time) Green (Cost) Green (Quality)

Recent Gateway Review? No

Objective

IMTP 2024/25

Cease printing Electronic Patient Record (EPR) where GP2GP has been successful. GP2GP allows healthcare workers to transfer patients' electronic health records securely, and quickly between their old and new practices when they change GPs.

1. Review training material.
2. Identify training requirements within General Practice.
3. Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, ie babies.
4. Remove need to routinely print the Electronic Patient Record (EPR) when a patient becomes deceased, or their record is held in suspense (where a patient is deregistered from a practice but does not register with another).
5. Benchmark medical records digitisation with Health Boards in NHS Wales.

Progress Update

Work to fully scope the objectives are now complete.

Next steps is to agree Governance and project team is to be established.

Two workshops have been held, to continue to document the current as-is process, which aims to identify the options to remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, i.e. babies.

Main Issues, Risks & Blockers

There are currently no risks or issues to report above the threshold of risk rating 15.

Impact on Existing Service/Arrangements

There is no impact to existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Abbie Shackson	Nicola Phillips

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall) Green (Time) Green (Cost) Green (Quality)

Recent Gateway Review? No

Objective

NWSSP is supporting the implementation of the new Wales General Ophthalmic Services contract. This includes offering the provision of a service to manage the removal of clinical waste generated by Optician practices across Wales. To note, this Service is not mandatory but an opportunity for third party Contractors, Opticians, to reduce cost and improve the quality of service.

The objective of the project is to finalise the procurement pathway before the end of Mar-25 whilst establishing and implementing an internal process to manage Clinical Waste arrangements for the Welsh General Ophthalmic Service.

Progress Update

Change Control Note and Contract Implementation

The change control note was signed and submitted by both Stericycle and NWSSP by 31.03.2025, with the contract going live on 01 April 2025.

Due to the Project Team now taking a phased approach to implementation, practices are not set to move onto the new contract until their current contract expires. Therefore, practices did not move across to the new contract on 01 April 2025 when the contract went live.

Phase 1 - will include moving all practices already with Stericycle over to the new contract.

Phase 2 - Will include all practices who are currently out of contract.

Phase 3 - Will include all practices whose contracts expire in the later months of 2025.

Phase 4 - Will include all practices from 2026 onwards.

Internal Process

The WGOS Clinical Waste internal process has now been signed off and is ready to go live in the coming weeks. The Project Team are working closely with Stericycle to agree a go live date for phase 1.

Optometry Wales

The Project Team have been working closely with Optometry Wales on providing communication to practices regarding updates on the new phased implementation plan.

Timescales

Due to the phased implementation of the contract, the revised end date for the project is now August 2025. This will allow time for the Project Team to implement Phase 1 and Phase 2 whilst also allowing time to review the internal process. The percentage completion has also dropped due to the new phased implementation, as additional tasks have been added to the project plan.

Main Issues, Risks & Blockers

Risks

There is a risk that of inadequate resource within the NWSSP Primary Care Services team to manage the new process for WGOS Clinical Waste. To mitigate this risk the Project Team will work closely with PCS colleagues to ensure adequate resource is available.

Impact on Existing Service/Arrangements

Project on target therefore no impact to stakeholders.

Project Name	Project Manager	Project Exec/SRO
Implementation of NWSSP Microbiology Monitoring Service	Myra Jones	Laura-Jayne Keating

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall) Green (Time) Green (Cost) Green (Quality)

Recent Gateway Review? No

Objective

Creation of a new service, based at IP5, to provide sterility assurance for the injectable medicines that are produced within its Aseptic Units. To be a licensed and fully functioning microbiology monitoring service and operational by Jun-25.

Progress Update

The project team developed a SBAR (Situation, Background, Assessment, Recommendation) to enable an informed decision on whether the MALDI-TOF equipment is moved prior to the new service becoming operational or whether it remains in situ until a later date. The decision outcome of this was for the MALDI-TOF equipment to remain at PHW until the IP5 microbiological facility itself is validated, inspected and the service is fully operational. Recommended Phase 2 of the project plan to include the movement of the

MALDI-TOF and the microbial identification service, liaising with PHW to gain support in implementing the service at IP5. Simultaneous to this, the project team will also be liaising with our colleagues in other Health Boards/Trusts, as users of the current service, so they are fully informed. Processes are now being developed to reflect this decision.

A Project Plan has been developed with multiple workstreams. To support these streams, weekly catchups, twice monthly Project Team meetings and monthly Project Boards are all scheduled up until the end of Jun-25.

All of the equipment has been ordered, with the exception of sterile tips and plate holders, and the development of Standard Operating Procedures (SOPs) began in Apr-25.

A SharePoint folder has been set up for the sharing of documents between SMTL and Pharmacy. SMTL are reviewing as and when documents become available.

This project continues to progress in line with the agreed dates within the Project Plan.

Main Issues, Risks & Blockers

To be identified.

Impact on Existing Service/Arrangements

Project is currently on target, therefore no impact on existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP	Rhiann Iles	Nicola Phillips

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

The objectives of the project are:

- To align, streamline and enhance operational practices within NWSSP Primary Care Services with change established by contract reform within the Wales General Ophthalmic Service (WGOS) to maintain robust and efficient service delivery.
- With particular focus on the NWSSP led IT, Data and Digital workstream, explore and identify opportunities and options for digital enhancement and development to meet workstream objectives. This includes:
- Exploration of an alternative provision to replace the existing National Form Contract, in support of a transition to a Value-Based contract and a paperless system in advance of the end of the current contract on 30th June 2028. (NHS Wales is a named beneficiary of the contract held between NHSBSA and Xerox UK Ltd).

Progress Update

Upon the conclusion of the implementation phase of WGOS, responsibility for decision making was handed to the Eye Care Wales Committee. Three workstreams were retained from the implementation project, as detailed below:

- IT, Data and Digital - Chaired by NWSSP
- Clinical Requirements of Contract Reform - Chaired by three national clinical leads
- Commissioning of services within Health Boards - Chaired by HDUHB

The IT, Data and Digital workstream led by NWSSP, has a wide remit and multiple operational pieces of work falling within this workstream, including:

- Creation of a new payment pathway
- Producing a new claim form
- Developing a new process
- Reviewing data sharing and collection arrangements

To streamline activities and provide a structured programme of work, the project purpose is to align operational tasks with set IT, Data and Digital workstream objectives.

Since the last reporting period, the following activities have been undertaken:

- The completion of multiple Standard Operating Procedures (SOP's) in support of operational practices and processes implemented through contract reform.
- An operational review of WGO3 Clinical Manual for imminent publication.
- Continuation of work with DHCW to address queries identified within the MO365 implementation for all optometry contractors and practices.
- Ongoing communication with NWSSP informatics to develop a solution for accepting consumables claims, possible replacement for

MS forms currently used for WGOS4 and WGOS5. It was previously reported that Family Practitioner Payment Service (FPPS) was being considered as an option and a discussion around the utilisation of Open Eyes (electronic patient record (EPR) application for ophthalmology) has gained recent traction. These options are both to be included in an options appraisal developed by NWSSP informatics.

Over the coming months the team will focus on the implementation of Signed Orders, development of a process for consumables claims and review the process for quality payments. The team will also be exploring an alternative provision for the existing National Form Contract by reviewing the current provision. The current contract is in place until 30th June 2028.

Main Issues, Risks & Blockers

There are no risks and issues scoring over the agreed threshold.

Impact on Existing Service/Arrangements

The resources needed to undertake developments required as part of the project may have a potential impact on operational (business as usual) activities.

Project Name	Project Manager	Project Exec/SRO
Nantgarw HQ and Companies House refurbishment	Abbie Shackson	Alison Ramsey
Monthly Update (key/issues (blockages)/risks)		
Status	Green (Overall)	
Recent Gateway Review?	No	
Objective	To refurbish the desk layout, introduce agile spaces where practical across Charnwood Court and Companies Houses and deploy a new desk booking app.	
Progress Update	Both sites have been refurbished using predominantly recycled furniture in line with the scope of the project. The proposed desk layout has been deployed in both locations with both sites fully operational. Agile spaces have been created where practical and the desk booking system deployed and in full use in both locations. This has resulted in approximately 220 desk positions across both locations accessible through the desk booking system and a range of agile, quiet and privacy spaces for use to support a more modern workspace. Project closure tasks are being completed throughout May with a planned handover to Corporate Services where necessary.	
Main Issues, Risks & Blockers	None	
Impact on Existing Service/Arrangements	None	

Service Improvement Initiatives

Project Name	Project Manager	Project Exec/SRO
SMA RPA		Stephen Withers

Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Green (Time)	None (Cost)	Green (Quality)
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Recent Gateway Review?
No

Objective

To review the workstreams that feed into the Starters Movers and Advice App and automate processes where possible.

Progress Update

Final data obtained from Payroll on 02 May 2025 – benefit realisation report can now be completed and published as Payroll no longer require TMO support and will proceed by themselves using Power Automate Desktop (PAD).

NWSSP Payroll are currently concentrating on rolling-out the SMA App to all remaining NHS organisations that have agreed to implement the app. The aim was to complete this by January 2025 and then commence the back-end automation of payroll tasks driven by the output from the SMA App. This is still on-going and will take several months to complete.

NWSSP Payroll have decided to change direction on the use of Blue Prism RPA software and licenses and instead are going to purchase Microsoft Power Automated Desktop (PAD) licenses and complete the remaining automation of processes through PAD. The cost benefit equates to five PAD licenses to the price of one Blue Prism license. This has meant that the General New Hires development and other scheduled development will be on-hold until all remaining HHS organisations are using the SMA App and the PAD licenses is in place.

In the meantime, NWSSP Service Improvement Team are supporting Payroll with the benefit realisation and BI dashboard reporting, ensuring that we map all reporting measures for building the BI dashboards to report benefits and provide operational monitoring and control.

Terminations RPA:

The Terminations RPA is fully live for all NHS organisations using the SMA App. NWSSP Payroll have also fully automated the download of the RPA input data from the app using Power apps, sending it to the RPA Team, then extracting the RPA output and loading it back into the app. This has eliminated the need for Payroll staff to complete this daily manual task, which demonstrates the end-to-end RPA process can be fully automated adding additional benefits to NWSSP Payroll.

Benefits:

Conservative benefits forecasts indicate a 9-minute reduction to the handling time of 9000 (2023-2024 data) yearly items that go through the SMA and are currently handled by the relevant Payroll teams, equating to 0.76 WTE or £25,000 using a Band 3 salary costing.

As of the end of April 2025, the RPA has processed **1577** terminations, completing **1120**, with the remaining **457** marked as exceptions by the RPA for Payroll to complete manually. This equates to **236** hours saved by Payroll, in cost savings this equates to **£3,715** based on a Band 3 salary.

Since the SMA App went live the live, **4576** terminations have been processed, **3456** by Payroll staff and **1120** by the RPA.*

*The RPA was incrementally introduced from July 2024 after the SMA was implemented, and we would expect the RPA completed to outstrip the Payroll completed data over time.

SLE Hires RPA:

In conjunction with the Termination RPA, the Single Lead Employer (SLE) New Starters RPA development was completed, tested and implemented into the live RPA environment in July 2024.

Benefits:

The RPA completed over **900** of the expected **1200** (circa) hires, which saved the Payroll team **330 hours** of manual input for the August and September 2024 SLE intake.

The yearly benefits forecast indicates a **22 minute** reduction to the handling time of **1323 hires** (2023-2024 SLE Hires data) that are currently handled by NWSSP Payroll. This equates to a potential **485 hours** of work, costed as **£7,440** using a Band 3 salary.

Work package closed following communication from Employment Services, benefits to be published in a benefits realisation report.

Main Issues, Risks & Blockers

Issues:

1. Delays in implementing the automation plan as the Payroll Service is now changing course to use Microsoft Power Automated Desktop (PAD), and will only commence once all remaining NHS organisations are on the SMA App.
2. Terminations completed by Payroll staff still high, need to reduce the manual workload.

Risks:

1. Loss of benefits through delaying the RPA development
2. Microsoft Power Automated Desktop (PAD) development delays due to Payroll capacity and capability
3. By pursuing the Microsoft Power Automated Desktop (PAD) development through Payroll and not the RPA Team, there is a risk that the appropriate framework documents, governance and oversight (Corporately) is not in place or has not involved to Services pursuing this internally.
4. Payroll delays with data, support, collective Payroll management decision making
5. Payroll not investing in updating their business continuity planning and disaster recovery
6. Payroll not developing a comprehensive RPA admin SWI/SOP for post implementation RPA management
7. Competing interests with the ESR Management Self Service roll-out
8. Reliance on SLE New Starters process and data management. SLE Service initiating the sending of the SMA App starter forms to the appointees on completion of their pre-employment checks, plus the successful interface of appointee data from the HEIW Intrepid system to ESR. Plus, there is still a risk that changes in process related data is not also communicated or updated in the SLE tri-partite arrangement.

Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
L&R Matters Invoicing Process	Niall Quilton, Tim Knight, Rebecca Bowen	Stefan Dakovic, Sue Saunders

Monthly Update (key/issues (blockages)/risks)

Status Amber (Overall)

Objective

We aim to apply an RPA/M365 Power Apps solution to parts of the NWSSP Finance Legal & Risk Matters approval process to reduce resource time spent on obtaining, sorting, reporting data, and then both emailing and chasing approvers.

Outcomes to be achieved:

- Timely automated process
- Increase in matters approved
- Improved chasing outcomes, including no matters for payment being written off
- Resource freed for query resolution and relevant value-added tasks
- Improved escalation process
- BI reporting dashboard and output

Other indirect benefits

- Continuous improvement opportunities identified within the wider process and in other work that NWSSP Finance complete.
- Issues with stakeholders identified, monitored and reported using Business Intelligence, which will support problem resolution and escalation.

Progress Update

The original Go Live date was scheduled in for 01 November 2024 but has had to be rescheduled a number of times, most recently to after receiving an email from NWSSP Digital on 13 February 2025 proposing that the implementation of this solution was paused until the implementation of the new NWSSP Legal & Risk iCaseworker system, which went live 07 April 2025.

NWSSP Legal & Risk and NWSP Digital concluded that Quarter Billing System (QBS) and the processes (one of which is the data for Finance) that are place around it will be impacted by the go live of the iCasework Solution, and that the technical landscape will change either in the immediate or medium term significantly enough to cause an impact the design and work being done for our Finance power apps solution.

It was proposed that Legal & Risk will pull together a roadmap of changes to their apps after the iCasework implementation. We have scheduled a meeting for 08 May 2025 to discuss the next steps and plan for the implementation of the power apps solution.

NWSSP Digital have also offered to organise a meeting to discuss the changes and consequences, which we welcomed because we need to understand the impact and changes to plan our delivery and workplan. We are waiting for a response.

Benefits:

The improvement is expected to deliver tangible non-cash releasing benefits through the reduction of processing time and the increased availability of resource. The benefits assessment demonstrates a **saving equating to 8 days per month** across both Bands 3 and 4.

These non-cash releasing benefits will be released through the following:

- Automating the initial email chasers for 297 QBS matters will save an average of 14.86 hours of time, based on the timing of the process taking 3 minutes for creating the email, attaching the invoice etc. This equates to an initial saving of approx. 2 days.
- Automating the saving of each individual PDF from the remote desktop to SharePoint will save 3 days.
- Automating the QBS day 1 process will save 3.7 hours which equates to 0.5 days
- Setting up an automated reminder system should see an average saving of 2.6 days per month.

In parallel, the improvement group are currently working to identify and improve the data coming from the system to make it suitable for automation, which need to happen before testing the developed process following submission.

Main Issues, Risks & Blockers

Issues

Implementation of the Legal & Risk (L&R) iCaseworker system and subsequent review and development of associated apps that impact on the L&R Matters invoice files and data required by Finance.

- If deemed required following the above, the RPA Team need to secure Power App gateway permissions and governance sign-off to move files from the on-premises location to the cloud. This is required to complete the Power App build, test the development and secure a go-live date.
- Finance Team knowledge in using the new process and the manual interventions required on MS Lists. A training session has been delivered by the RPA Team, but further on-going support we be required to embed the changes.
- Preparing the data in the current Finance spreadsheet format to load into the MS List. This requires adjustments, testing and validation.
- Initial staff training was delivered to the Finance team by the RPA team in early January 2025, with on-going support scheduled before and proceeding Go-live. We will revisit training refreshers closer to Go-live once this is known.

Risks:

- Benefits to be realised by Finance being lost due to continuing delays and reliance on inter-dependant projects.
- Implementation of the Legal & Risk (L&R) iCaseworker system does not produce the required outputs for Finance and the power apps solution.
- Power BI dashboard not producing the required reporting and monitoring output – requires live data to fully test between the current Excel summary dashboard and the new Power BI dashboard.
- Corruption or errors found in the transfer of data from the current spreadsheet data to the new MS List format.
- The output from changes to the Legal & Risk Quarterly Billing System (QBS) and case management system causing issues to the new Matters approval process.
- Capacity of RPA/M365 Power Apps Team to develop, test and implement within timescales set.
- Functionality of the M365 Power Apps to complete the ask without manual interventions.

Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
IOH Review	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall)

Objective

The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

Some of the indirect benefits of this project will come from an improved reputation that encourages other businesses to compete for our business, increased staff availability/capacity, reduced cost to serve and improved supplier (process customer) and customer HB/Trust satisfaction.

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

Progress Update

The Invoice On Hold over 30 Day position has increased by nearly 2.9% through March and April, from 28501 to 29340. Through the same period last year we saw an increase of 3.7%.

The trend indicates that May's performance will be crucially important to demonstrating the overall impact of this initiative, in that we are expecting a further increase of 7% through this month, which is in line with last year's performance and as the invoices submitted through the end of year push hit the over 30 day threshold. The increase is expected to plateau somewhere around 31,116 (compared to 36,058 seen on 03/06/2024), replicating the 10% increase seen through the same period last year (March, April, May) but having started from a better overall position.

Should the forecast prove correct, then this will demonstrate a 14% reduction year on year and an update will be provided in July's report.

The NWSSP IOH steering group, consisting of Heads of Service from Finance, Accounts Payable, and Procurement, are not currently meeting, as we look to review capacity and navigate the financial year end. These meetings will recommence again at some point through June.

All Wales Procure to Pay Governance Group (AWP2PGG) -

The Steering Group have reinstated the All Wales P2P Governance Group which meets every month to review progress against key objectives and actions, to include Receipting, No Purchase Order No Pay and Tolerance thresholds relating to the Invoices on Hold report.

The group also offers an opportunity for wider scrutiny of improvements from partners and are always aiming to deliver all Wales adoption of improvements and processes where possible.

No Purchase Order No Pay -

Resource has been provided by both Procurement and Planning Performance & Informatics to focus on the reduction of invoices that sit under No Purchase Order No Pay (NPNP) holds, looking to work with suppliers to identify invoices that have been submitted without a purchase order number but where one exists in the system. Through this work, the improvement group have reduced the No PO No Pay numbers by 51% since commencement on the 20 May 2024, taking the figure from 8187 down to 4093.

Additional work has been done in this area to refresh and recirculate the NPNP Policy and send letters to both internal and external stakeholders, including suppliers, to remind them of their responsibilities when making requisitions and submitting invoices.

Temporary resource managed by Procurement has now finished and the position will be monitored closely to understand how this impacts the overall NPNP position. The resource from NWSSP TMO and eEnablement remain in place.

Max Ship Holds -

As capacity allows, the Service Improvement Team and Accounts Payable e-Enablement Team have begun to look at max ship holds, trying to emulate the success of the work completed in NPNP whilst maintaining any improvements in both spaces. Work has begun in this area with an increasing focus over recent months.

Quantity Received Holds - Receipting Reminder Automation -

To improve consistency with the reminder process and ensure all Wales coverage, the pre-existing reminder process has been automated and improved. Requisitioners and Approvers will now receive an email that includes an attachment which advises of all goods that need to be receipted within Oracle that come under their responsibility, and they are invited to go to Oracle to approve. This process went live on the 13 January 2025 (phase 1).

Phase 2, is to build in an escalation point for invoices that remain "unreceipted" within Oracle following 20 days. The process has been mapped, though the point of escalation has not been confirmed and we will be working to establish this over the coming months. As the escalation will represent a new process to Health Boards, we will seek confirmation and approval through the All Wales P2P Governance Group, the members of which are aware of this Improvement and have been providing feedback as it develops.

Medtronic -

An initial meeting has taken place with our fifth largest supplier, Medtronic, in terms of IOH, and we are looking to work collaboratively to explore opportunities for both organisations to improve their processes in order to improve the number of invoices that are submitted and are processed without human intervention (increasing out straight through processing metric). Maxship and Quantity Received holds form more than 70% of the Invoices that are on hold for Medtronic.

Transformation Management Office Support -

A review of the support offered by the Transformation Management Office is due to take place in the coming weeks, to see which of the processes implemented can be handed back to BAU within the relevant services and which should remain with us.

Main Issues, Risks & Blockers

The continued availability of resource is essential to the successful delivery of improvements.

TMO Dashboard Report

Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Variable Pay Initiative	Tim Knight	Neil Frow

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall)

Objective

The NWSSP Service Improvement Team were asked to lead an initiative looking into variable pay spend across NWSSP and excluding laundry services. The primary goals of this initiative were to:

- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes.

Progress Update

Through our findings it was determined that 89% of variable pay is worked across bands 2,3 and 4 and the use of bank staff offered the most cost effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime. Additionally, there was a 75% correlation identified between the use of variable pay and the number of hours lost between special leave, and sickness absence.

Following the principles of pareto analysis, we then worked to identify the root causes, identifying 18 improvements that can be made in this area across different levels of the Organisation. These improvements are managed centrally through a task and finish group that has been put in place to work through them in sequence, and is formed of service leads from Finance, People & Organisational Development, Performance and Service Improvement.

Some of the improvements being explored and managed by the relevant service areas are as follows, and these will act as enablers to further improvements around the centralisation of data and scale and spread of live reporting:

Overtime Request Form - We have launched the pilot of an overtime request form within certain services, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process. This pilot has now started within the Laundry Service, helping relevant stakeholders to understand when overtime is being requested, in what section, and for what reason, which is all to be pulled together in a live dashboard. This offers improved visibility to strategic and operational leads helping to support data led decision making and resource capacity planning.

The Pilot currently has 35% Organisational coverage and is to be extended in the coming weeks to different services areas within SC & LT, and then into other areas within procurement.

In parallel, we are creating a procedure document to formalise our approach as an organisation pending the successful pilot, this procedure is being co-created with partners from People and Organisational Development, Information Governance, Finance, and Union representatives.

Productivity Pilot - We are going to commence the pilot of a productivity measure within one of our highly transaction services, Accounts Payable, which is designed to help safeguard colleagues from any risk of overburden whilst supporting data-led decision making and enabling the effective forecasting of future clearance, allowing for improved workforce capacity planning and the effective right sizing of teams.

This pilot was due to start on the 28 April 2025, but has been delayed due to data and resource availability.

The Task and Finish Group regularly meet to update each other on the initiatives which are currently in flight, with the Assistant Director of Transformation reporting progress into the Director of Finance on a bi-monthly basis.

Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Greenvale Laundry	Kim Eley, Tim Knight, Harvey Simmonds	

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall)

Objective

To review the existing process within Greenvale Laundry to see where improvements can be implemented to improve the capacity of the process, assisting in the more efficient delivery of services against Service Level Agreements within Operational Hours whilst

safeguarding quality.

Progress Update

The Service Improvement Initiative has now moved to the improvement stage. The first improvement session was held Mar-25. The Service Improvement team presented the 54 improvement opportunities that have been identified throughout the scheduled improvement sessions, however the first improvement workshop focused on a significant stage within the process which has been highlighted as the "bottleneck". The further improvement sessions will focus on developing ideas on how to remove sources of variation in the process and identify which opportunities offer the most effective countermeasures to identified problems whilst offering the most potential to improve service delivery.

Site visits have also been conducted with linen rooms within relevant hospitals, enabling us to capture the voice of the customer directly, and from which additional improvement opportunities have since been identified.

Main Issues, Risks & Blockers

Access to relevant data and availability of resource.

Impact on Existing Service/Arrangements

To improve process flow offering a consistent throughput and an increase to potential capacity.

NON TMO Managed Initiatives

Key Individual Project/Programme Updates

Project Name	Project Manager	Project Exec/SRO
TRAMS - Radio Pharmacy	Peter Elliott	Neil Frow

Monthly Update (key/issues (blockages)/risks)

Status **Amber** (Overall) **Amber** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

To provide a new Radiopharmacy facility serving the South East region of Wales

Progress Update

The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options, and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in July 2024.

Planning Permission was approved on 13 Feb 2025.

Funding letter for the balance of funds to complete the project was received on 20 Feb 2025.

A Project Surveyor and other key advisors and internal resources have been appointed.

Designs and specifications for enabling works has been tendered, covering:

- Removal of racking from the work area
- Rectification of the dividing wall for fire compartmentation
- Refurbishment of staff toilet and locker room facilities
- Connection of new drains for the production area
- Over cladding the roof above the pharmacy production area

This tender has now been awarded and work started on site on 3 Feb 2025 for 16 weeks, ending in May 2025

A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed. A contract change notice is now being progressed, to capture changes resulting from the design cycle, and provide a clean baseline for the build phase. Cleanroom build is planned to start on site by 1 June 2025. In order to achieve this the build Purchase Order needs to be issued by 17 March 2025, to enable the contractor to order materials, otherwise the timeline will slip. The cleanroom build is planned to be physically complete by the end of Sept 2025. Contractor validation activity is planned to be completed by the end of December 2025. NHS Validation and regulatory inspection and approval by MHRA is scheduled for Jan and Feb 2026.

Funding for isolators was awarded in May 2024. Although the suppliers initially selected by the tender process withdraw, an alternative supplier has been identified and an order placed, recovering the project timeline. The new solution is actually better value than the one initially selected. The funding saved on isolators has now be re-allocated to progress the enabling works. Isolators are due for delivery on site in May 2025.

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital

systems. We are engaging directly with Nuclear Medicine departments and Chief Pharmacists to ensure that the future model for ordering, delivering, and receipting product is both compliant with the Medicines Act and financially transparent and robust.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. They will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.
2. The identification of an interim stand alone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radio pharmacy with other supporting capabilities

CAVUHB has been notified on 20 Feb 2025 of the final investment decision in order that they can begin consultation on the TUPE transfer.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2, with around 84% of costs now contracted for.

Proceeding at this pace requires acceptance of certain risks, as set out in the following section. These are considered to be justified by urgent patient need, and will be carefully managed and reported on.

Project is rated Amber overall due to the time constraint, and the impact of this on risk management.

Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- **Issue of the Cleanroom Purchase Order** - A Change Control process is currently being carried out to capture agreed changes from detailed design phase and baseline the cleanroom contract for the build phase. Unless this process is completed and the Purchase Order issued by 17 March 2025, the project will incur time slippage on the build, because the contractor needs to order materials.
- **IP5 Power** - assessments are that the available power margin **will be sufficient** to support the entire SE Hub Scope. This risk will continue to be monitored and reported on. We continue to engage actively with the IP5 Programme about power resilience for the site as a whole, and this will be deconflicted with power resilience proposals in the Hub Case.
 - A specialist contractor is being engaged to design options to improve the power resilience of the site.
- **Staffing** is likely the biggest risk to the project. We have now notified CAVUHB to begin the TUPE consultation process with the staff impacted by the new service. This process will need to be completed before we can recruit to the vacant roles not filled by transferring staff. We need the whole staffing establishment to be filled with capable staff by the end of Sept 2025 in order to support validation and entry into service. This timeline will remain at risk until TUPE consultation is concluded.
- **MHRA Inspection** - While the MHRA regulator has indicated informally that our design is likely to be acceptable, they have also warned about the timescale for inspections. They require 2 months' notice of an inspection, and these can only be booked once everything is ready including all staff in post and fully trained. There is currently only 1 inspector in the UK who does radio pharmacy inspections. There will then be a further 6-8 weeks after the inspection for defect rectification and final approval to make medicine for patients. Therefore, there is an overall 4 month period from being "inspection ready" to being "service ready". This has two principal risks (1) of delay to patients in going live and (2) financial risk, if all the capital funding for staff doing validation has been consumed, and yet no income is being generated because no patient doses have yet been supplied. NWSSP will be vigilant on this risk and report any unfunded deficit to SSPC in a timely way.

Impact on Existing Service/Arrangements

Currently 12 major hospitals and cancer centres in South and West Wales are being supplied with diagnostic Tc99m injections, used on all patients needing a Gamma Camera scan, from a single isolator in a single cleanroom in Swansea. Any interruption to this service will result in us being unable to carry out Gamma Scans in these hospitals. Building this new facility provides capacity and resilience and will contribute to cut waiting lists as well as reducing the risk of not being able to scan patients at all.

Project Name	Project Manager	Project Exec/SRO
ESR Transformation Programme	Rebecca Jarvis	Gareth Hardacre

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales

Progress Update

The ESR Transformation Programme led by the NHS Business Service Authority [NHSBSA} continues through its procurement stage against the following timeline:

- Invite to Submit Final Tender (ISFT) submissions were received on 14 February 2025
- Evaluation and moderation has now commenced and will run until end of March
- Development of the Full Business Case (FBC) is being refined

TMO Dashboard Report

The Organisational Readiness Survey (ORS) were all completed for Wales with a 100% return. The data is currently being analysed with feedback anticipated in May.

All Optimisation Levels of Attainment and Standards follow up meetings almost complete. Functionalities that need further development and promotion have been included on local action plans. A Wales regional action plan has been developed to drive some of the pieces of work which will be implemented into the optimisation programme.

The Task & Finish Groups of the Career Development Framework have been meeting and workshops are soon to be published for March, April and May.

Within Wales work continues on the optimisation of ESR. A defined programme of work for Data Quality was presented to the Future Workforce Solution Steering Group in January. Exploration for use of HTML for web portlets and personalised templates. Content using HTML commenced. The All Wales Establishment control Project group will be reconstituted as a Community of Practice. The repurposed group will provide a forum for operational leads to share best practice and lessons learnt from prior implementation activity, supporting those organisations who have not yet commenced the process. Initial scoping work is being undertaken to ensure the ongoing alignment between implementation of Establishment Control and the wider Data Quality agenda. A review of the standardisation programme is being undertaken to explore the potential of assimilating this work-stream more fully into the wider optimisation programme.

Main Issues, Risks & Blockers

Significant culture and process change

Consideration to existing processes including payroll to ensure no disruption to service

No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Impact on Existing Service/Arrangements

On track - no impact to customers

Project Name	Project Manager	Project Exec/SRO
Scan 4 Safety	Andrew Smallwood	Andy Smallwood

Monthly Update (key/issues (blockages)/risks)

Status **Green** (Overall) **Green** (Time) **Green** (Cost) **Green** (Quality)

Recent Gateway Review? No

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

Progress Update

The stand-out headline to report during the last quarter is that in December 2024 Scan for Safety Wales scanned and linked products to its 10,000th patient! The data capture has run since April 2024 and as at the end of December 2024 had linked 77,323 products to 10,012 patients

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly patient safety wise.

Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW in respect of developing a Welsh Health Circular to be issued. A series of workshops are underway and draft documents are currently being reviewed.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. This is being worked around with each organisation based on local pressure, but impacting the speed of rollout.

Health Board calculation and reporting of benefits remains a challenge with significant variation of approaches. This is a key area of focus for Q4 24/25 to ensure the full benefits of the Programme are recognised.

Impact on Existing Service/Arrangements

No detrimental impact

Project Name	Project Manager	Project Exec/SRO
Health Roster Implementation	Vicki Harris	Rebecca Jarvis

Monthly Update (key/issues (blockages)/risks)

Status Green (Overall) Green (Time) Green (Cost) Green (Quality)

Recent Gateway Review? No

Objective

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

Progress Update

NWSSP Roll Out:

- 34 units are currently live to payroll.
- Further 4 planned for Q1/Q2
- Testing suitability for a further unit.

Other updates:

- Variable pay report is being reviewed to assess future areas to implement in 25/26.
- Training provided to POD representatives to enable them to collect real time data from Health Roster.
- Working in collaboration with finance to ensure the provision of more accurate financial information.
- Honouring enhancements when changing shifts has been configured in the system and signed off by Director of Procurement.
- NWSSP currently fund 1,100 licenses. As of the March 2025, via Health roster and Bank we are utilising 831 licenses. Consideration will need to be given to the potential increase in licence costs if rolled out further across NWSSP

Resource Bank Team

Work is ongoing to review processes and onboarding information ahead of the Employment Rights Bill reforms which we expect to come in in 2025

PHW Roll out

- 34 units currently live to payroll.
- 3 units have received training with the aim to go live during Q2
- Engagement to commence with a further 4 units

Other updates:

- An additional 200 licences will required for the remaining planned units on the 24/25 implementation plan. Licence request form has been issued to completion.
- PHW funding for Rostering Resource ends in Jun-25. Costing and Resource requirements have been provided and are currently under consideration by PHW Project Board.
- 25/26 Implementation Plan on hold pending decision on the existing SLA
-

Main Issues, Risks & Blockers

If PHW funding ends on 30th June 2025, we will lose the Band 5 resource, leaving only one Band 6 to manage the full NWSSP Rostering service

Impact on Existing Service/Arrangements

On track – no impact to customers

NWSSP IMTP 2024-27

2024-25 Quarter 4 Report

Georgia Keegan

April 2025

*Delivering Value, Innovation
and Excellence through
Partnership*



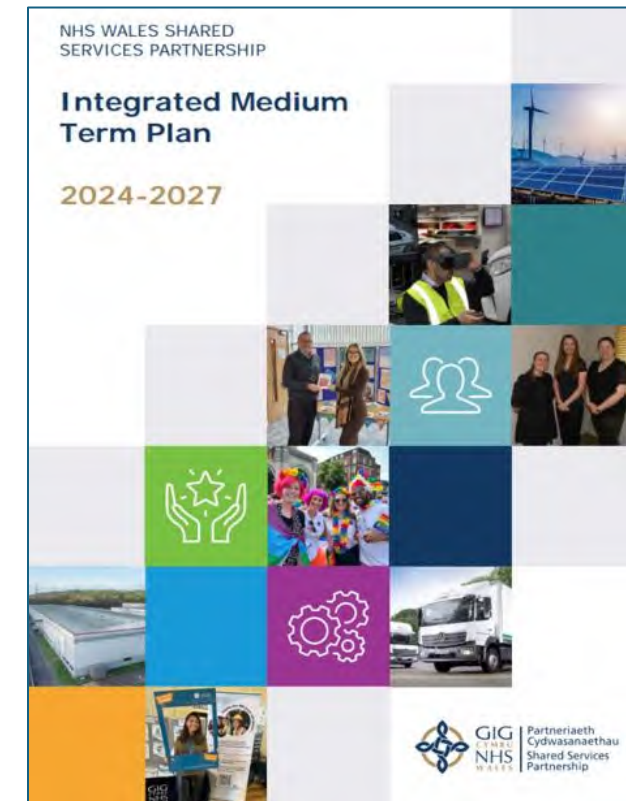
The purpose of this report is to provide the Partnership Committee with the year-end Q4 progress for the IMTP objectives for 2024-25.

The report will cover:

- Quarterly overview for Quarter 4
- Divisional progress and areas of challenge
- Areas of focus
- What this means to our customers
- Recommendations

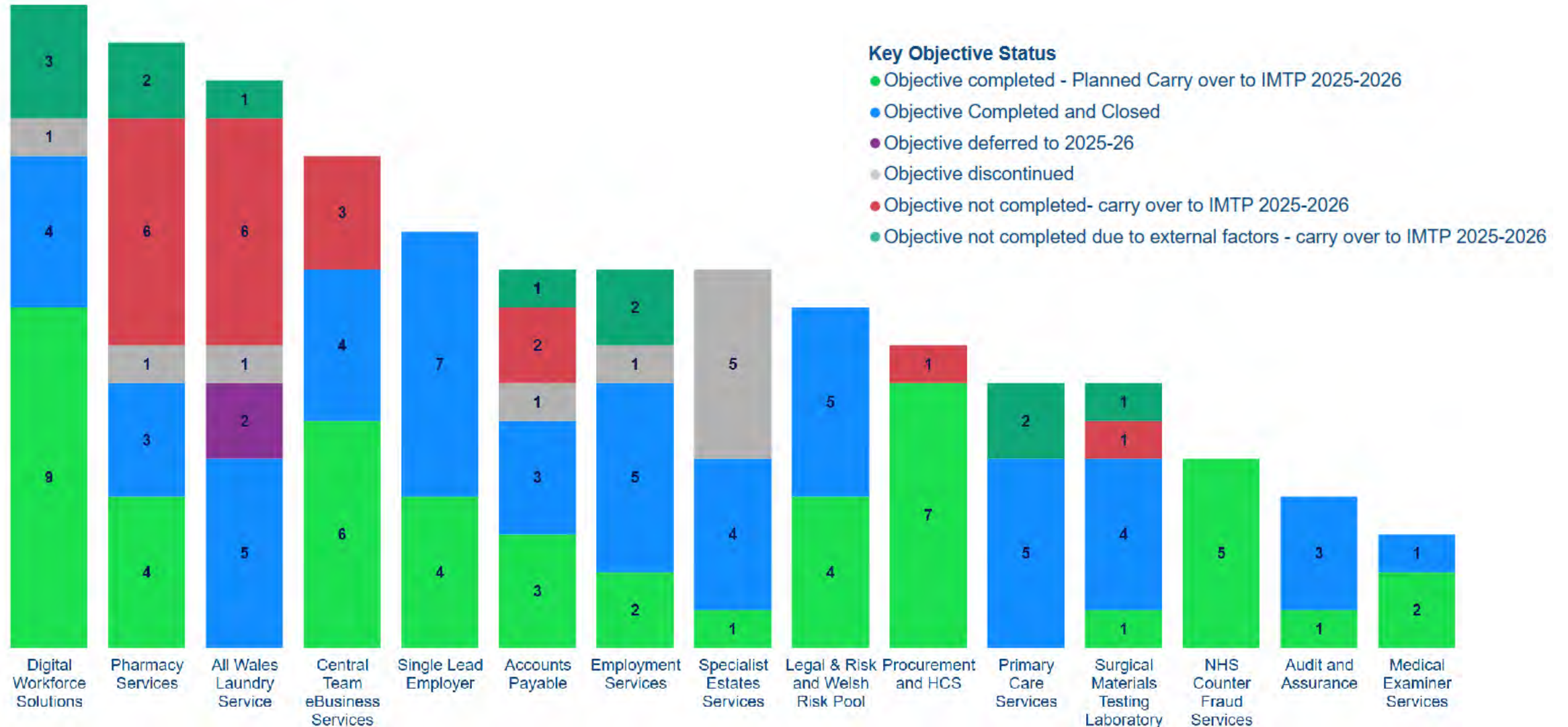
As highlighted in our IMTP our overarching principles for 2024-25 were:

- Doing the basics well
- Financial Sustainability
- Duty of Quality
- Staff Wellbeing



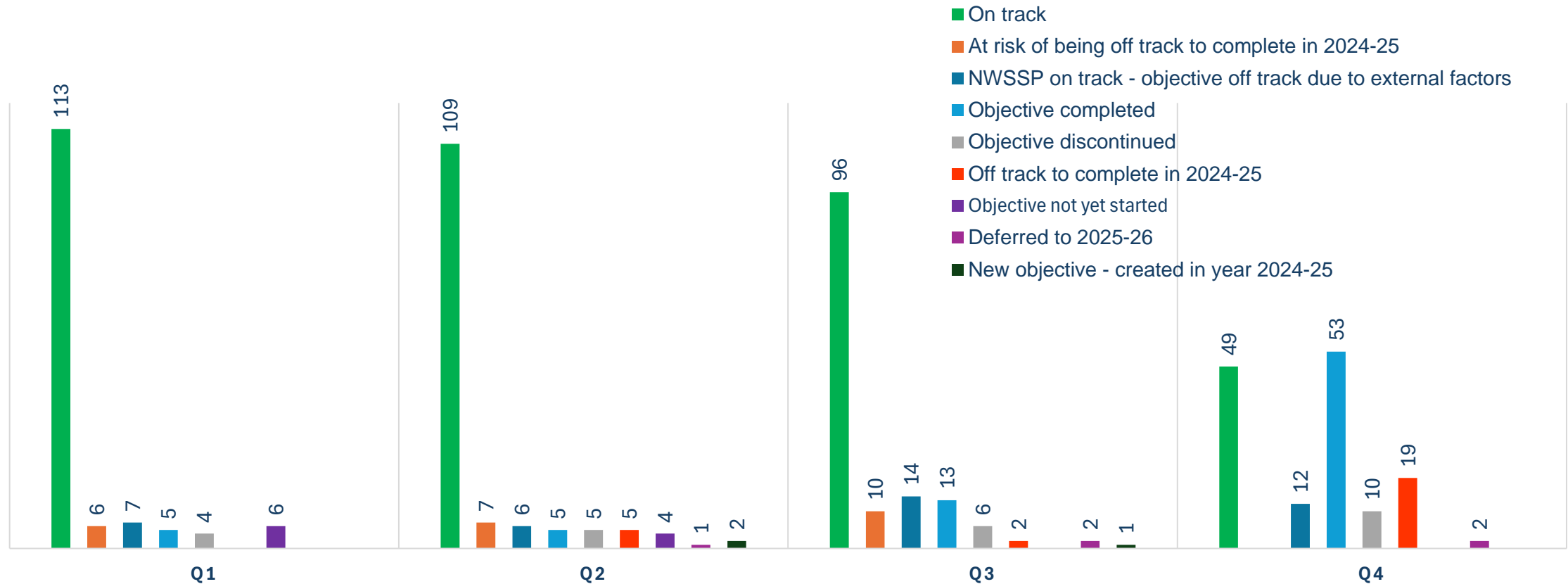
Divisional Progress

- This bar chart illustrates the distribution of objective statuses across the divisions.



- The graph below shows the status of objectives across 2024-25, highlighting progress across objectives throughout the year.
- In Quarter 4, a total of **102** of our objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in the year across our divisions.

KEY OBJECTIVE STATUS



Divisional challenge areas

- 19 objectives are **not completed – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Accounts Payable	Implement a Portal in the Staff Benefits team for staff to utilise.	The prototype development of the portal was delayed but is expected early May and a trial of the Portal is planned within NWSSP during Q1 2025-26.
Accounts Payable	Implement the Statement Reconciliation software for our top 400 suppliers and deliver £800k from recovering credits.	We have continued to use the in-house Robotics process. As yet, we are unable to go-live with the Fiscal Tec software. A technical meeting is taking place w/c 21st April, and if no progress is made, this will be escalated.
All Wales Laundry Service	Review and optimise shift patterns and operating hours for existing service.	Organisational Change Policy (OCP) is scheduled to conclude by the end of April 2025, with a view to new working arrangements to commence from June 2025. Some slippage occurred during the OCP approval process, preventing the Green Vale OCP from being completed by year-end. All other sites will be assisted in turn based on the capital programme requirement for new equipment. The target completion date is September 2025.
All Wales Laundry Service	Further develop our multi lingual training for all our production staff to ensure it can be made available in required languages.	Due to operational demand/change, no further progress has been made. In 2025-26, we plan to progress with POD translated training documentation and roll out within All Wales Laundry Service. The target completion date is September 2025.
All Wales Laundry Service	Roll out of laundry staff forums across all laundries. This will include all staff from production, maintenance and management and will allow staff the ability to feed back and provide suggestions on production management and maintenance management.	The format of Staff Forums at Church Village has been implemented, followed by a period of review and refinement. Engagement with stakeholders and the need to review and refine has elongated the process, delaying the rollout to other sites. The final format will be rolled out to other laundry sites in 2025-26. The target completion date is September 2025.

Divisional challenge areas

- 19 objectives are **not completed – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
All Wales Laundry Service	Installation of new equipment across the laundries.	Swansea dryers have been installed. Due to the elongated lead time for the procurement, build and delivery of the dryers (from Germany) it was not possible to complete the full installation by year end. Next step is to plan the installation of new dryers in North Wales along with replacing the electrical distribution panel. The target completion date is July 2025.
All Wales Laundry Service	We will use our dispatch system bundle to share detailed information on what products have been dispatched exactly to each of their sites across the Health Boards.	Whilst this objective has been achieved in part (manual dissemination), changes to staff roles prevented it from being achieved in full. In 2025-26, we need to explore options to automate the dissemination of reports. The target completion date is August 2025.
All Wales Laundry Service	Investigate options to help strengthen the Laundry Senior Management Team.	We were unable to recruit as planned in 2024/25. Further review to take place in 2025/26 for recruitment options/requirements. The target completion date is September 2025.
Central Team eBusiness Services	Refine the Business Intelligence (BI) consortium usage-based recharge model to reflect the changing cost basis of the new tool.	At the March 27th meeting, STRAD confirmed that refining the BI consortium usage-based recharge model will be part of the Task Finish Group's review of FMS Services' future direction in 2025. This will be included in the broader review and monitored over the next six months after the BI Group refines the usage data.
Central Team eBusiness Services	Develop a new Financial Management System (FMS) Service Recharge Model.	Members have shown little interest in reviewing outside the Task Finish Group's options for the future of Oracle/tender exercise. At the March 27th STRAD meeting, an agreement was reached to consider options for the future direction of systems and its importance in retaining focus on key decisions.
Central Team eBusiness Services	Review and report on the long-term strategic options for Financial Management System (FMS) services.	Produced an outline business case for the group advising on Oracle's future direction. This group will provide recommendations to STRAD for wider consideration.

Divisional challenge areas

- 19 objectives are **not completed – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Pharmacy Services	Maintenance of regulatory and professional licences and registrations including Medicines and Healthcare Products Regulatory (MHRA) Specials, Wholesale Dealing, Home Office Licence and General Pharmaceutical Council Pharmacy registration status.	The application has not been necessary until inspection ready, so it will move into 2025/26. CCTV has been ordered for the outside of the laminar flow cabinets. The Microbiology project will require license variation, to be submitted in 2025/26 as part of the microbiology objective. In 2025-26, we will install CCTV for Annex 1 compliance and the new LFC to be installed in line with this.
Pharmacy Services	Development and pilot roll-out of electronic Pharmaceutical Quality System.	Priorities for module completion have changed due to the micro project. The workplan has been updated to reflect this. The objective is being carried over as the changeover of personnel working on the ePQS project has introduced delays. In 2025-26 we will complete all modules and validate that the system is ready for micro and radiopharmacy inspections.
Pharmacy Services	Ongoing All Wales assessment and management of unlicensed medicines.	<p>Compounded Aseptics: Some service issues with Baxter during January - March, which have mainly affected Velindre, but these have been addressed quickly and now appear to have been resolved. We have also been working with all health boards to add additional call-off awards to increase outsourcing volumes to free up internal capacity.</p> <p>Imports & Specials: The tender was published in February 2025 and closed on 6th March 2025. We received bids from a total of 20 suppliers and are currently completing the tender evaluations. This will be with a view to confirming the final awards by the end of June, ready for a 1st October 2025 contract start date. There have been delays due to a lack of staffing, this will hopefully be addressed by the submission of the low value low risk (LVLR) case to Welsh Government.</p>

Divisional challenge areas

- 19 objectives are **not completed – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Pharmacy Services	Build radiopharmacy unit within IP5 and add to existing medicines unit medicines licence.	Enabling works started in January as planned and are nearly finished. Change control notice (CCN) raised for cleanroom contractor, which we are awaiting approval from Velindre Cancer Trust. Cleanroom contractor to start 1st June, if the CCN purchase order is approved. This objective is co-dependent with the micro project and will be monitored via the risk log.
Pharmacy Services	Development of new products from the NWSSP Medicines Unit.	Due to staffing changes and the focus, as well as staffing required for radiopharmacy, a hold has been placed on any new product development. Recruitment is required for the Head of Production and Head of Quality. Some issues with particles have been observed. Investigations are being worked through to ensure they are resolved.
Pharmacy Services	Supply PreP packs to community pharmacy 'hubs' to support service specification developed in conjunction with department of sexual health Cardiff/Welsh Government.	We are still awaiting confirmation of the pilot sites from Welsh Government, so we can then progress and purchase the stock to distribute to the confirmed pilot sites.
Procurement and HCS	Develop workforce capability and capacity to meet the changing needs of the organisation, including recruitment, retention, succession, training and development.	The Knowledge Skills Framework has been paused as a requirement for the Workforce Plan has superseded this activity. The workforce plan is now submitted, and work will continue in refining and implementing the plan.
Surgical Materials Testing Laboratory	Implement a new Laboratory Information Management System (LIMS) to modernise the system.	Final ELN OQ completed. Equipment and Training Modules are ready for use. Document Management System is being utilised and Production Electronic Laboratory Notebook and Qualis LIMS have been deployed, with training conducted. The remaining worksheets have been created but still require final review. Report templates are outstanding due to further development required by the service provider.

Divisional challenge areas

- 12 objectives are **not completed due to external factors – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Accounts Payable	Increase the number of invoices processed via e-trading by 10%.	<p>The 2024-25 eInvoice stats are to be confirmed end of April 2025. We are awaiting feedback from Basware on their eInvoice smart PDF development (PO to INV line level matching), which was promised by Q4 2024/25, but no update has been given and little engagement. This has been escalated to Welsh Government (WG). However, WG still extended the current public sector contract to another year (Sep 2026).</p> <p>In addition, in the last 12 months, NHS Wales has been trying to adopt 3 suppliers to trade via Basware using their EDI option, but no full end-to-end testing has been completed due to 4 key reasons:</p> <ol style="list-style-type: none"> 1. Suppliers must sign an NDA before Basware will begin support of integration. This can take some time for suppliers' legal teams to review. 2. Basware had some issues with availability of support resources last year. 3. Availability of Oracle testing environments - We usually set a two week window for testing when we know Oracle TEST, Basware Pre-prod and the supplier test environment are aligned. 4. Supplier engagement - varies by supplier. <p>There is some progress in terms of the GHX PEPPOL project, although the last test failed, testing is progressing, and we now seem to have the right people involved from each party.</p>
All Wales Laundry Service	Removal of single use plastic from within the production process.	There have been delays in seeking Health Board buy-in/representation has prevented this objective from being achieved by year end. Health Board project support engaged with a view to the removal of single use plastics at Ystrad Aneurin Bevan as proof of concept before rolling out to other ABUHB sites. The target completion date is December 2025.

Divisional challenge areas

- 12 objectives are **not completed due to external factors – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Digital Workforce Solutions	Support the continued implementation and deployment of Establishment Control across NHS Wales organisations.	<p>Engagement from organisations continues to be a challenge for delivery. Discussions have been ongoing around the revised strategy for Establishment Control including the establishment of the Community of Practice.</p> <p>Agreement has been reached on a programme re-launch scheduled to take place during Q1 2025-2026. This will involve a multi-tiered approach aimed at facilitating engagement at both operational and strategic levels.</p>
Digital Workforce Solutions	Working in partnership with all Universities - mapping national NHS Wales e-learning requirements.	Training has been provided to current university leads to access admin functions and run reports following an upgrade of the sites. Progress for mapping the last 2 universities has been put on hold pending the upgrade, as there will be additional functions available that will enhance the student experience. Engagement with the universities will commence prior to this to map the use of functionality.
Employment Services	Evaluation of the Payroll Modernisation Programme to identify further streamlining opportunities. Co-development of a roll-out plan migrating all Health Boards from NWSSP Staff Movement Advice on to Electronic Staff Record Manager Self-Service.	Both Swansea Bay (SB) and Hywel Dda (HD) have signed off on their IG DPIA to access the files. Requests for access to ESR have been sent. As soon as this is received, data cleansing will commence. Roll out can only be processed once the Health Boards have completed their Cleansing. Due to SB and HD not having signed up to the deployment of the SMA and being unable to access SB GO files from ESR, it has hindered progress to the full rollout of the payroll modernisation programme. Once sign off is completed by SB and HD, the full roll out will be completed.
Employment Services	A workforce system that supports the Primary Care Model for Wales.	UAT can be completed subject to the three priorities areas being resolved prior to go live. The Project Team are drafting the go live plan to support the current system cessation as at 30.06.25. Development of the training has made excellent progress and should be available within the next week.

Divisional challenge areas

- **12 objectives are not completed due to external factors – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Digital Workforce Solutions	Scope out improvements to the Electronic Staff Record (ESR) and Learning Support to align with other digital workforce systems.	<p>Initial discussions have indicated there will be further considerable challenges in securing agreement for a consistent All-Wales approach, with little consensus on the format of an All-Wales solution. As such, it will not be possible to progress to an All-Wales solution and approach in time for the 2025/2026 financial year. From the challenges encountered in progressing the standardisation programme, it is now clear that a more fundamental review of the Helpdesk's operation is required.</p> <p>A full paper is to be presented to Directors of Workforce in 2025-26 outlining the ongoing challenges associated with engaging operational ESR leads and the impact of this in terms of Helpdesk operations and the efficiency with which self service transactions are being processed across local organisations. This paper will include a number of recommendations that will enable us to progress a more fundamental reform programme as part of a wider modernisation of the Helpdesk's operating model.</p>
Pharmacy Services	Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.	Awaiting an update on the business case from the Value and Sustainability forum. A band 6 QA data analyst role is required to progress this forward; if not funded, we will review whether this objective needs to be discontinued.
Pharmacy Services	Review homecare arrangements across Wales and establish an All Wales approach to homecare.	Proof of Concept (POC) business case has been drafted and is available for comments from the senior leadership team. Additional work has been tendered regarding wholly owned subsidiary and awaits implementation and clarity on hub and spoke medicines legislation, which may affect the offering of POC business case before proceeding. We will continue the development of the business case and the development of the wholly owned subsidiary workstream.

Divisional challenge areas

- **12 objectives are not completed due to external factors – carry over to IMTP 2025-26** at Quarter 4.

Division	Desired Objectives	Targeted Action for 2025-26
Primary Care Services	Implement the NHS Wales Shared Services Partnership (NWSSP) components of the national e-Prescribing Programme with Digital Health and Care Wales (DHCW).	Smartcard rollout is progressing and over 200 pharmacies are now EPS enabled. The EPS impact from GP rollout is only around 15% of GP practices and the expected benefits are minimal. The programme is being driven by WG funding and DHCW, for which we are waiting for funds to be agreed in order to continue the rollout in 2025-26. This is part of a longer-term project, and some inter-year slippage has happened, but it doesn't delay the project overall.
Primary Care Services	Offer paperlite/paperless solutions to support the long term ambition of the digitisation of paper medical records in Wales.	. Printing of successful GP2GP transfer no ceased. Introducing efficiencies and sustainable working practices within PC. We are waiting for changes in legislation and an agreement with Welsh Government and GP Forum. In 2025-26, we will focus on two key objectives identified, including Deceased patient records and New registration labels. This is part of a longer-term project, and some inter-year slippage has happened, but it doesn't delay the project overall.
Surgical Materials Testing Laboratory	Development/revision of All Wales Medical Device Adverse Incident reporting system.	We continue to engage with WRP and Hywel Dda UHB on the pilot project. Unfortunately, due to external stakeholder issues (family health issues and staff shortages in team) this project has not progressed as quickly as expected. We have kept Welsh Government informed on progression, which will continue into 2025/26. It is still unclear if the ability to pull data from Datix into SMTL systems is achievable. This will be the first focus point addressed in 2025/26.

Divisional challenge areas

- **10** objectives were **discontinued** during 2024-25.
 - **4** of the objectives, which are highlighted below, have been discontinued during Q4 due to finance, lack of engagement and awaiting further details to emerge.

Division	Desired Objective
All Wales Laundry Services	Continue to look at how we deliver our service, increase efficiency and reliability from the existing equipment. Plan for possible future investments, if capital monies becomes available.
Employment Services	Implement a pre employment check process for Non Executive Directors for non NHS organisations on behalf of Welsh Government.
Specialist Estates Services	Review and update the national Fire Safety Audit System.
Specialist Estates Services	Promote a mentoring service to Health Boards and Trusts to support the development of estates professionals.

- **2** objectives have been **deferred to 2025-26** during 2024-25 due to operational demand and the inability to recruit.

Division	Desired Objective
All Wales Laundry Services	Intake of 3 new Laundry Engineering apprentices for August 2024.
All Wales Laundry Services	Look to further develop our engineering team by investigating part time engineering degrees alongside work.

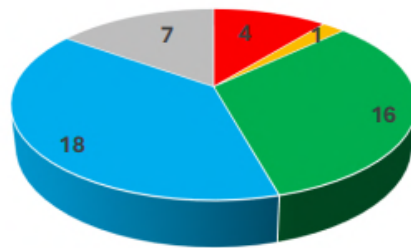
Decarbonisation - Performance summary Quarter 3 & Quarter 4

Overall RAG Status overall of the NWSSP Decarbonisation Programme is Amber.

Breakdown per workstream:

- Carbon Management - Green
- Buildings, Estates Land use and Planning (BELP) – Amber
- Transport - Red
- Procurement - Amber
- Approach to Healthcare – Green
- Adaptation - Green

- Transport remains on Red since Quarter 4 2023 due to funding.
- The Adaptation Toolkit has been published and NWSSP has held its first cross divisional Workshop in March 2025.



■ Red ■ Amber ■ Green ■ Complete ■ Exempt
Q3 & Q4 24/25 NWSSP Progress RAG Status

Targeted Activity for Q1 and Q2 - 2025-26

- Finalise NWSSP Adaptation Risk register and develop an associated Adaptation delivery plan.
- Review and re-alignment of Internal Supply Chain distribution to closer Operating Bases / Distribution centres to reduce carbon output.
- Increase our Electric Vehicle fleet and infrastructure – Finalise a Strategic Outline Case for capital funding, with view of a 10-year capital investment plan for vehicle replacement to move towards Net Zero.
- Complete Feasibility studies for the upgrade of energy and heat provision in buildings owned and controlled by NWSSP – Funding dependent.
- Undertake an activity to determine air / shipping / land transport miles for services / products over a set value.
- Target specific activities that are deemed suitable to champion the local supply chain. Challenge the local supply chain to produce sustainable products to encourage and develop the local circular economy. Score a reduction in transport mileage as a way of reducing carbon.

Foundational Economy

Quarter 3 of the 24-25 financial year, has seen a continuing focus on enhancing the data quality and assurance associated with NHS Wales supply chain expenditure. This has included both Foundational Economy and the Carbon Footprint of our Supply Chain spend. Quarter 3 also saw analysis of the synergy and trade-offs within the environmental and foundational economy reporting structures.

Quarter 3 saw continuing engagement on the Social Partnership and Public Procurement Act and the proposed Well Being Impacts metrics, with specific engagement on the scope, breadth and depth of the metrics. Furthermore Quarter 3 saw the collation of locally headquartered life science companies, that NHS Wales currently use and don't use. This has enabled CTMUHB colleagues to conduct an industry mapping event, which NWSSP will be contributing to in Quarter 4.

Quarter 3 saw ongoing engagement with national procurement colleagues on targeted contracts, with discussions on honing the procurement tools and techniques that could be used to promote Foundational Economy and decarbonisation outcomes.

We will continue to commit to the principles of the Foundational Economy and as such our agenda continues to focus on;

- Increasing spend within Wales.
- Shortening supply chains.
- Increasing supply chain resilience.
- Nurturing individuals from our communities to meet our future workforce needs.

Foundational Economy Continued

Quarter 3 – 2024 / 2025 - Expenditure

	Overall Spend	Welsh Spend	Percentage
Quarter 1	£1,241,937,332.81	£546,178,460.33	43.98%
Quarter 2	£1,211,136,706.85	£510,384,767.34	42.14%
Quarter 3	£1,283,533,445.66	£585,320,206.39	45.60%

NB: Data excludes intra NHS, inland revenue and spend with Welsh Gov, data also excludes intra Health Board spend such as those under losses petty cash one off pensions authority and legal fees from insourced providers.

Data includes spend with Local Authorities and other Public Sector organisations such as universities.

Objectives for 25-26 will include:

Collation of Procurement Well Being Objectives in social partnership with Health Boards and Trusts. Collation of the Well Being Impact Metrics for future reporting for individual Health Boards and Trusts.

NWSSP are committed to supporting suppliers globally and locally on their foundational economy journey and will influence NHS Wales' procurement activities to support:

- Increasing spend locally.
- Shortening supply chains.
- Increasing supply chain resilience.
- Nurturing individuals from our communities to meet both the NHS and our supplier future workforce needs

People and Organisational Development – *To ensure that our people can be the best they can be*

Diversity, inclusion and foundational economy

- Our NWSSP Armed forces community formally launched in February 2025, with 14 people across the organisation joining. The next steps involve a review of the organisational commitments and steps to date, with a formal submission for our silver award due in April 2025.
- Positions were ringfenced for colleagues within under-represented groups for the Leaders of the Future Programme, with two colleagues who identified with an under-represented group being selected for the programme.
- Conversations commenced with organisations that support care experienced young people to explore early career opportunities within NWSSP.
- The Career Development Officer researched organisations/charities/schools that support those living with a disability in Wales to understand if there are any events we can support.
- Diversity and Inclusion Ambassadors have been introduced to the organisation and can be contacted via telephone or email by anyone wishing to receive their support. They are also championing Diversity and Inclusion events and will support ongoing work highlighted in the Diversity and Inclusion Action Plan
- The Safe Inclusivity Campaign has been launched, which will enable colleagues to learn and ask questions about various aspects of equality, diversity and inclusion in a safe and non-judgmental space. This is being supported by the Diversity and Inclusion Ambassadors.

People and Organisational Development – *Continued*

Speaking up safely

- A Speaking Up Safely mailbox has been established, as well as a mechanism for anonymous reporting via a Microsoft Form, so colleagues can raise concerns anonymously. Additionally, an anonymous reporting platform has now been procured and is expected to be set up during Q1 of 2025-26.
- Training sessions have been advertised to all NWSSP Diversity and Inclusion Ambassadors, Culture Change Champions, Health and Well-being Champions, Menopause Buddies and Mental Health First Aiders so that they can be fully aware of the Speaking Up Safely Framework, as they will be likely to be in a position to be contacted by those who want to raise concerns.

Staff survey

- The Staff Survey 2024 data has been received, analysed and included in the Inclusive Culture Action Plan. Plans are in place for a subgroup to meet to discuss sharing the plan with the organisation. This has been developed in conjunction with Culture Change Champions and Trade Union colleagues and will be published in Q1 of 25-26 following approval by the Local Partnership Forum and Senior Leadership Group.

People and Organisational Development – *Continued*

Staff Wellbeing

- The Health and Well-being conference took place in January, which had a successful attendance by NWSSP staff.
- The review of the Health and Well-being framework has taken place with input from the Health and Well-being Champions. A working group has been established and areas for update have been identified. A refreshed version of the framework will be published in Q1 2025-26.



In 2025-26, we will further our support of a healthy and engaged workforce, ensuring our people have a voice and that we listen to that voice. In conjunction with other activities within the 'This is Our NWSSP' and Inclusive Culture Action Plan, we will provide a working environment that enables our people to thrive.

International Recruitment – *delivering an ethical, sustainable supply of healthcare professional into the NHS Wales Workforce*

- We have secured a renewed funding settlement with a Welsh Government allocation of £4m to support international recruitment activity in 2025-2026.
- 49 requests have been received for consultant-level appointments across NHS Wales and we will scope opportunities to develop a commercial recruitment framework during Q1 2025-2026 to mirror existing contractual arrangements.
- International Medical Graduate recruitment continues to gain momentum with NWSSP commissioned to recruit a minimum of 54 posts during 2025-2026 across all medical specialties and grades.

National Ophthalmic Contract for Wales – *Enhanced eye care services available within the Primary Care setting*

- Payments for new pathways are in place.
- Reporting via the Eye Committee is in place quarterly.
- In 2025-26, we will continue to embed and automate new pathways and claiming processes to support WGO's arrangements.

Electronic prescribing services – *supporting sustainable service delivery within community pharmacies*

- Smartcard rollout is progressing, and over 200 pharmacies are now EPS enabled.
- Programme is being driven by WG funding and DHCW, for which we are waiting for funds to be agreed.
- In 2025-26, we will continue the rollout of smartcard provision to all contractors and introduce new EPS rules to increase automation and reduce the manual keying of items.

Digital – *Maximising the return on investment in digital systems and applications*

- 6 of our digital objectives have been completed/closed by year-end.
- 2 objectives have been carried over to 2025-26 due to operational demand and resource availability.

In 2025-26 we will empower our customers through self-service capabilities and improve operational excellence by working with stakeholders to develop efficient, streamlined, and cost-effective systems and services.

What does our 2024-25 activity mean for our customers?

 <p>Our People Working together to be the best that we can be</p>	 <p>Our Services Driving the pace of innovation and consistently providing high quality services</p>	 <p>Our Value Maximising the benefit, efficiency, and social impact of what we do for our partners</p>
<ul style="list-style-type: none"> • We continue to support our staff's learning across NWSSP by embedding a training strategy within the audit and assurance team and offering customer care training opportunities to the Single Lead Employer team. • We are developing staff pipelines and resilience within our teams to improve service capacity and maintain the quality and efficiency of our services for the future. • We have continued to create a positive culture across NWSSP and provide a working environment, which enables NWSSP employees to thrive as a healthy, engaged and motivated workforce. 	<ul style="list-style-type: none"> • We have continued to use digital opportunities across the organisation through dashboards and automated technology, improving our reporting and enhancing operational efficiency. • Strengthened our partnerships with Health Boards by supporting the Nursing Workforce Plan and supporting the development of an All Wales Occupational Health Service across Wales. • We continue to modernise and improve our services, ensuring we deliver and provide quality services and outcomes. 	<ul style="list-style-type: none"> • The NWSSP Customer Service Excellence Accreditation highlights our commitment to delivering high-quality services and underscores the importance we place on customer satisfaction. • We continue to embed and implement the 12 Health and Care Quality standards across NWSSP by sharing best practices through presentations on how they integrate quality across their services. • We have established a robust service model for the delivery of seasonal vaccination programmes, ensuring a "Once for Wales" mechanism for ordering, distribution and receipt of seasonal vaccination programmes and associated medicines.

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GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Date of Meeting:

22 May 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Register Update – May 2025

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	Sharon Edwards Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services
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**Pwrpas yr Adroddiad:
Purpose of the Report:**

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

Llywodraethu/Governance

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

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 Pylori/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Committee is asked to NOTE the report.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonau Ansawdd Iechyd a Gofal: Health & Care Quality Standards:	Health and Care Quality Standards
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE May 2025

1. INTRODUCTION

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

2. RISKS FOR ACTION

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

Current Risk Rating	May 2025
Red Risk	6
Amber Risk	9
Yellow Risk	1
Green Risk	0
Total	16

2.1 Red-rated Risks

The Corporate Risk Register is updated for and discussed at each meeting of the Senior Leadership Group.

In April 2025, the Informal Senior Leadership Group conducted a detailed review of the Corporate Risk Register, with each line of the document carefully examined. Every risk was discussed in detail with the risk lead and other attendees at the meeting. This provided an opportunity for discussions to assess the adequacy of current scoring, mitigating actions, and deadlines.

Consequently, target dates for four risks were revised, and some mitigation measures resulted in lower risk scores while others led to an increase in score. Additionally, one risk moved from monitoring to active status for closer scrutiny.

The following red risks remain on the register as follows:

- the risk to the delivery of NWSSP's own Decarbonisation Action Plan (A5b);
- the threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations (A10) and,

- the Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty (A13).

As a result of SLG discussions, the following risks have increased in score, classifying them now as high-risk:

- the threat of a successful cyber-attack leading to potential loss of systems and /or sensitive data which could have an impact of service delivery (A1); and
- the risk that there may be disruption to the supply of pharmaceuticals caused by external factors resulting in significant restrictions to provision (A4b).

The following risk was previously being monitored, but has now been escalated within the active risk register for closer scrutiny and more thorough review:

- The financial and staffing changes having an adverse impact on the planned development of the TRAMs Pharmacy Service.

The following risks were previously rated as high but have been reassessed and reduced to medium risks:

- the risk in respect of the impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry (A6); and
- the risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities (A12).

RISKS FOR MONITORING

There are four risks which are retained on the Register to be monitored and are rated as follows:

Current Risk Rating	May 2025
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
Total	4

In addition to these, we have identified three further risks that are not currently on the risk register but will be closely monitored.

These relate to:

- public concerns regarding the perceived impact of the Medical Examiners service introduction on death certification timescales;
- delays encountered by HEIW in rolling out their new CODI system to replace the former Intrepid system. This could cause potential disruption to Single Lead Employer services, including onboarding new trainees and the accurate and timely recharging payroll costs to Health Boards; and
- recent challenges in the relationship with our host Velindre University NHS Trust, which we anticipate being addressed through the Welsh Government review of accountability and governance arrangements announced in April, which is set to commence in May. The Welsh Government has clarified that current arrangements will remain in place until the review is completed.

3. RECOMMENDATION

The Committee is asked to:

- **NOTE** the update to the Corporate Risk Register as at May 2025.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
4	Risks for Action												
5	A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. This could impact on service delivery within other NHS organisations dependent on our services and support as well as reputational damage.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learning monitored through Quarterly Reviews Internal Audit review BCP Action Cards Annual Cyber Assurance Framework (CAF) completed Continuing CAF compliance measured via KPIs through a continuous improvement plan; reported to SLG quarterly. Regular 'Exercise in a box' exercises with SLG and targeted service areas. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team to 4 WTE. Ongoing monitoring of existing controls is in place.	3	5	15	More disaster recovery and scenario testing is required across all Divisions linked to work on Business Continuity Planning. NWSSP needs assurance on DHCW scenario testing regime of the national infrastructure and systems they run on which NWSSP is dependent.	The volume of cyber attacks globally and those targeting public sector infrastructure and systems is increasing. This is triggered by political instability and rise in state sponsored terrorism. So the likelihood of an attack is increasing in spite of controls in place. Advice ongoing to divisions to assist in completion of their Divisional Business Impact Assessments. Head of EPPR attending SLG in June to provide an update on progress. Rolling program to implement Security Information and Event Monitoring to local and cloud services being led by DHCW. CAF remediation actions all cleared and reported to the Cyber Resilience Unit. Next CAF audit is due in Q3.	↑	31/03/2026
6	Strategic Objective - Service Development												Risk Lead: Director of Planning, Performance & Informatics
7	A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part.	3	5	15	Regular reporting to SLG and SSPC through POD report looking at recruitment and retention data. Changes made to use of social media to target interest in NWSSP roles.	2	3	6	Workforce planning strategy for NWSSP roles has been approved and templates being rolled out to support Divisional workforce planning. A programme of learning and development opportunities to nurture NWSSP talent pipeline and retain staff has been put in place.	NWSSP continues to develop it's own programme via "This is our NWSSP" action plan – and we are having success in attracting new recruits in most areas. There are 2 hard to fill areas in Procurement and Audit that we are continuing to focus on, and would reflect a higher risk profile in their Divisional registers. This will be monitored through Quarterly Review process. Time to hire activity now shows NWSSP sitting at 55.8 days against a KPI of 71. We are now green of 5 of the 7 core KPI's (February 2025). Alongside the ongoing efforts on recruiting innovatively, through our employee value proposition work programme and our Agency scrutiny and subsequent reduction, we have seen improvements in all areas. However, while our turnover data shows a decrease of circa 35 we must now focus on a number of our professional roles/divisions where we still experience difficulty attracting high calibre applicants.	↓	At target
8	Strategic Objective - Staff												Risk Lead: Director People & OD

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3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
9	A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services.	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned from the COVID Inquiry in October 2024 and awaiting WG consolidated learning. Head of Emergency Preparedness commenced in post w/c 13 January 2025.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. Further action may be required in response to the COVID Inquiry. Further clarity required from Welsh Government on the links into UK response modelling.	➔	At target
10													
11	A4a	There is a risk that disruption in the PPE supply chain caused by external factors or supplier failure results in significant restriction in service provision.	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from COVID pandemic and any subsequent disruption incidents has been implemented wherever possible.	3	3	9	The Welsh Government Director of Public Health wrote to the Managing Director on 25 March to confirm that the Cabinet Secretary for Health and Social Care agreed that stockpiles of all PPE products should have at least 12 weeks of supply.-NWSSP currently working through with Welsh Government on interim stockholding levels, and there is now greater clarity.	A PPE project will be put in place to work through the next steps and include the procurement, future warehousing arrangements and in partnership with PHW fit testing arrangements.	⬇	31/03/2026
12													
13	A4b	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular monitoring of stock levels is in place. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales.	5	4	20	No new actions planned at this time other than heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments.	✳	31/03/2026
14													

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
15	A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Regular reporting of the risk through to the National Programme Board through the NWSSP TMO team. Promotion of success through case studies. Additional capital funding has been made available to NHS Wales for 2025-2027 through the Targeted Estates Fund which should help to enable some objectives within local DAPs.	Whilst the availability of finance is the principal risk, there is also a requirement to change custom and practice which requires behavioural change. This too is difficult to influence and change. The need to recoup investment over relatively short financial planning cycles makes this more difficult to achieve. NWSSP will continue to raise risks and opportunities through the National Programme Board.	↓	30/06/2025
16	Strategic Objective - Service Development										Risk Lead: Director, Specialist Estates Services		
17	A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	NWSSP Decarbonisation Programme Board in place Project Execution Plan and PMO Support in place. NWSSP DAP published and submitted to Welsh Government. Regular monitoring of progress against objectives is in place. Internal audit review was limited assurance but recommendations have been implemented.	4	4	16	Work is being done by the NWSSP Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources. During 2024-25 a number of capital bids were approved by Welsh Government that related to decarbonisation objectives including EV charges, Matrix Roof mounted PV installation, new vehicles, which included 11 full EV, 6 Hybrid and two specialist converted refrigerated vehicles. All new fleet is fitted with the TRAILAR solar panel system, which will further reduce emissions and carbon footprint.	8 TEF bids to Welsh Government and all have been approved. These included a number related to decarbonisation objectives.	↓	31/03/2027
18	Strategic Objective - Service Development										Risk Lead: Director, Specialist Estates Services		

NWSSP Corporate Risk Register

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		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. We will also monitor the Senedd Committee which may require submissions or evidence in the future if it deems that there are gaps in the coverage of Module 5 or the rest of the Inquiry. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. NWSSP will need to reassess the risk arising from the Senedd Committee hearing once the COVID Inquiry publishes its recommendations and the likely scope of any additional scrutiny is known.	↓	At target
Strategic Objective - Services											Risk Lead: Director, Finance & Corporate Services	
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2024/27-IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Report to SSPC and to Audit Committee through Managing Directors update Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. These have helped informed 2025-2028 plans. Vacancy Control Arrangements implemented	3	4	12	80% of savings plans relating to 2025-26 are in place at the start of the financial year and classed as Green with the remainder on Amber including business cases submitted but awaiting approval by Welsh Government.	Touchpoint meetings with Welsh Government including the Finance and Performance unit have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. Discussions with one organisation are ongoing, but the majority of partners supported the decision to approve and submit the plan. A clearer overview of residual risk expected by the end of Q1 2025-26. At that stage, we will be in a stronger position to assess our ability to manage remaining risks or determine whether our assumptions need to be revisited.	→	31/03/2026
Strategic Objective - Services											Risk Lead: Director, Finance & Corporate Services	
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	3	4	12	Map of all regulatory requirements being developed. Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Procurement Division is on track with preparedness arrangements for the new regulations in terms of services it delivers to others including NWSSP.	Procurement Services to run an awareness session to be presented to Informal SLG meeting to ensure compliance requirements are understood by Heads of Service. Internal audit programme to consider governance reviews of new or more recent areas of business on a cyclical basis.	→	At target
Strategic Objective - Services											Risk Lead: Responsible Directors	

NWSSP Corporate Risk Register

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		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice Regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning.	➔	At target
Strategic Objective: Services											Risk Lead: Director, Finance & Corporate Services	
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations.	5	5	25	TRAMs Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TRAMs unit. The Radiopharmacy BJC was approved by partners through the SSPC in July 2024. Some further delays incurred in achieving sign offs through our hosting arrangements, and it is essential there are no further delays to internal approval processes. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board.	The format and timeframes for the TRAMs OBC are currently being finalised through the Programme Board and with Welsh Government finance and CPO office. NWSSP has been asked to consider how time can be recovered due to the pressures faced by the unit is Swansea and consequent impact on patient care. There is also an impact on the opening of the NnVCC that we are aware of. Good progress was made on the Outline Business Case (OBC) in Q4 of 2024-25 and broad agreement on the revenue model methodology by the finance sub group. We are targeting the July SSPC meeting for approval of the next business case stage to allow partners to take the proposals through their local governance arrangements. This target deadline is tight and is being monitored weekly. Concerns have been raised by our host about the Quality and Patient Safety reporting arrangements, whilst these continue to be discussed, lack of support for the OBC by Velindre risks further delay to the OBC timeframes.	⬆	30/06/2025
Strategic Objective - Services											Service Director Pharmacy Services	
A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services.	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App All departments are now required to carryout a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity	2	5	10	Implemented recommendations from Internal Audit Report (30 Jun 24) Business Impact assessment workshops have been delivered to Business Continuity Champions. Training and organisational development is now aimed at alignment to the principles and requirements of ISO 22301. Further work to embed this in the organisation will enhance preparedness and response to Business Continuity events.	A series of courses have been published to provide Business Continuity Impact Assessment and Business Continuity Plan development guidance and courses to prepare managers for the management of business continuity and major incident event management. A desk top exercise is planned with the SLG for later in Q1, in readiness for a planned national exercise likely later this year. We need to conduct scenario testing to validate our assumptions.	➔	At target
Strategic Objective: Services											Risk Lead: Director Planning, Performance & Informatics	

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1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
31	A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement can commence early in the financial year. Head of Facilities and Estates starts on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.	NWSSP Capital Priority Group will continue to refine the internal arrangements. A Capital Financial Control Procedure has been drafted and submitted to Audit Committee for approval to support larger capital schemes. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. With increased funding available for 2025-2027, the responsibility falls on NWSSP to deliver effectively	↓	31/03/2026
32	Strategic Objective - Service Development										Risk Lead: Director Finance and Corporate Services		
33	A13	The risk that the delayed implementation of the Primary Care Workforce Information System will lead to increased cost and time.	5	3	15	Project Board in Place Legacy system contract extended to 30.06.25 Build assessment plan implemented Parallel running being implemented, to ensure we can migrate users and data from the current solution in a safe and controlled manner.	4	4	16	There have been significant contractual and subcontractor issues that have affected the progress of this project through its life cycle that have meant delays to anticipated completion. The Project Board has overseen the management of these issues and implemented mitigating measures, including providing more internal resources to support the build. The contract with the previous supplier was extended by 3 months to ensure there was some reporting functionality for Q1.	There continues to be challenges in managing the contractor and sub contractor relationship. The deadline for User Acceptance Testing has needed to be pushed back to 1 May 2025. Progress on agreement of outstanding costs has been time consuming and whilst some progress has been made in recent days, there remains some areas of dispute to be worked through. Monitoring arrangements are still operating on a weekly basis.	↑	30/06/2025
34	Escalated Divisional Risk										Risk Lead: Director of Primary Care		
35	A14	There is a risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff and a corresponding fall in quality and responsiveness of the services impacted.	4	4	16	Lease extended by 1 year for HQ. Agreement in principle to extend lease arrangements in CoHo for up to 3 years. Project Team scope of work was adjusted to focus on refurbishment of arrangements within HQ and CoHo in Q4 of 2024-25.	3	4	12	Discussions with HQ landlord progressing to extend the existing lease to a medium term arrangement. Head of Facilities and Estates starting in post on 1 May to oversees future plans.	The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. Discussions with Government Property Agency are slow but progressing positively and revised costings have informed 2025-26 IMTP. This provides a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo.	→	At target
36	Escalated Divisional/Programme Risk										Risk Lead: Director, Finance & Corporate Services		

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1	NWSSP Corporate Risk Register												
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3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
37	A15	The planned development of the TRAMs Pharmacy Service is adversely impacted due to financial and staffing challenges.	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	Good progress has been made by the Finance Sub Group and the Outline Business Case (OBC) is targeted to be completed for submission to stakeholders by May 2025. Regular updates on progress are discussed at NWSSP Capital meetings with Welsh Government in terms of the timing and approval of capital funding cashflows.	SSPC will consider the South East Hub Outline Business Case (OBC) for approval in July 2025; this will be dependent on support from partner organisations. There OBC will then be submitted to Welsh Government for consideration. The next stage then will be the FBC document. There will be an Organisational Change Process put in place to engage with affected staff and support them through any transitional arrangements. Our host Velindre has raised some queries about this which we are discussing further.	↑	31/03/2026
38	Escalated Divisional Risk		Risk Lead: Director of Pharmacy Services										

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3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
39	Risks for Monitoring												
40	M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation to DoF Group is planned for June. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource.	→	
41		Strategic Objective - Value For Money										Risk Lead: Director of Finance & Corporate Services	
42	M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities will be picking up longer term storage solution for records currently in the CoHo. A project Group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused whilst discussions are ongoing with Welsh Government in relation to potential future IBCA claims. This has resulted in a backlog of boxes which will need to be moved from IP5 to accommodate the TRAMs SE Hub enabling works. There is also additional racking in IP5 that will need to be moved for the SE Hub, but this could form part of the PPE warehousing plan or Bridgend Stores. Actions in hand to reduce this risk before the end of the Operational year.	↑	
43		Strategic Objective - Service Development										Risk Lead: Director of Finance & Corporate Services	
44	M3	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.				Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee				Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards.	→	
45		5	5	25		2	3	6					
46												Risk Lead: Director of Finance & Corporate Services	
47													

NWSSP 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				
M4	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	Internal Audit review Laundry 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 and additional H&S resources appointed to support changes required on the sites. Glangwilli site closed in March 2024 and a new stock holding hub established on the site instead.	2	3	6	The additional H&S resource is supporting staff on sites, actions are reported monthly in a All Wales Laundry Service (AWLS) H&S meeting and quarterly via the All Wales Health and Safety meeting. H&S manager also attends Laundry Managers meeting on a regular basis to support delivery of agreed actions. Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks.	Laundry stock has been converted from the existing laundry site into a hub (completed 31st Mar'25) with the provision of 2 days stock held (this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.	→	
Strategic Objective - Service Development										Risk Lead: Director of Procurement Services		

	A	B	C	D	E	F	G	H	I	J	K	L	M		
1	NWSSP Corporate Risk Register														
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations			Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score				Likelihood	Impact	Total Score				

50
51
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Key to Impact and Likelihood Scores						
		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5
	Critical	Urgent action by senior management to reduce risk				
	Significant	Management action within 6 months				
	Moderate	Monitoring of risks with reduction within 12 months				
	Low	No action required.				

	New Risk
	Escalated Risk
	Downgraded Risk
	No Trend Change



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

22 May 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report:

Draft NWSSP Annual Governance Statement 2024-25

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	Roxann Davies Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	James Quance Assistant Director of Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	James.Quance@wales.nhs.uk

Pwrpas yr Adroddiad / Purpose of the Report:

To provide the Shared Services Partnership Committee with the draft version of NHS Wales Shared Services Partnership's (NWSSP) Annual Governance Statement for 2024-25.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
----------------------------------	--

Tystiolaeth/ Supporting evidence:	-
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Ymgynghoriad/Consultation:

The purpose of this report is for the Committee to receive the draft of the 2024-25 Annual Governance Statement (AGS) for the NHS Wales Shared Services Partnership (NWSSP) for comment.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	NODI/ NOTE	✓
Argymhelliad/ Recommendation:		The Committee is asked to NOTE the Statement and provide any comments ahead of formal approval by the Audit Committee on 8 July 2025.		

Crynodeb Dadansoddiad Effaith/ Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Included within Appendix 1.
Cyfreithiol: Legal:	Included within Appendix 1.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Included within Appendix 1.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
Safonau Ansawdd Iechyd a Gofal: Health & Care Quality Standards:	Health and Care Quality Standards - Included within Appendix 1.
Gweithlu: Workforce:	Included within Appendix 1.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

DRAFT NWSSP ANNUAL GOVERNANCE STATEMENT 2024-25 May 2025

1. BACKGROUND

The Shared Services Partnership Committee (SSPC) was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 No. 1261(W.156) and the functions of managing and providing shared services (professional, technical and administrative services) to the health service in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

NWSSP does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to partners and, in particular, to the Trust, as its host

organisation, in relation to its governance and accountability arrangements. It provides assurance that NWSSP has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides details of any significant internal control issues.

The Statement is signed off by the Managing Director as the Accountable Officer, endorsed by the SSPC and approved by the Audit Committee.

As a hosted organisation, NWSSP's Annual Governance Statement supports the Trust Chief Executive in signing the Velindre University NHS Trust Annual Governance Statement. In addition, the Managing Director provides an Annual Compliance Statement to the Trust Chief Executive which was completed and returned in respect of 2024-25 on 11 April 2025.

The Head of Internal Audit provides an annual opinion to the NWSSP Accountable Officer and the Velindre University NHS Trust Audit Committee for NWSSP on the adequacy and effectiveness of the risk management, control, and governance processes to support the Statement.

The **Draft Annual Governance Statement for 2024-25** is presented at **Appendix 1**. The Committee will note that there are two sections which remain in to be finalised, relating to the Head of Internal Audit Opinion and Decarbonisation Performance Information.

2. TIMELINE

The timeline for approving the Annual Governance Statement is as follows:

- Velindre Trust Board Effectiveness Review on 8 May 2025 – *draft for inclusion in evidence pack*
- Shared Services Partnership Committee on 22 May 2025 – *draft for noting and comments*
- Formal Senior Leadership Group on 29 May 2025 - *draft for noting and comments*
- Formal Senior Leadership Group on 26 June 2025 - *final for endorsement*
- Audit Committee on 8 July 2025 – *final for approval*

3. GOVERNANCE & RISK

The Managing Director of NWSSP, as head of the Senior Leadership Group, reports to the SSPC and Chair in relation to those functions delegated to him by the SSPC and is responsible for the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for NWSSP.

4. RECOMMENDATION

The Committee is asked to **NOTE** the DRAFT NWSSP Annual Governance Statement for 2024-25 and provide any comments ahead of formal approval by the Audit Committee on 8 July 2025.

Annual Governance Statement 2024/25

NHS Wales Shared Services Partnership

DRAFT

1	SSPC 22 May 2025 <i>Draft for comment</i>
2	Formal Senior Leadership Group 29 May 2025 <i>Draft for Endorsement</i>
3	Formal Senior Leadership Group 26 June 2025 <i>Final for Endorsement</i>
4	Audit Committee 8 July 2025 <i>Final For Approval</i>
5	SSPC 17 July 2025 <i>Final for Information</i>

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ANNUAL GOVERNANCE STATEMENT 2024-2025

1. SCOPE OF RESPONSIBILITY

This Annual Governance Statement details the arrangements in place during 2024-25 to discharge my responsibilities as the Managing Director of the NHS Wales Shared Services Partnership (NWSSP) and to manage and control its resources in my capacity as Accountable Officer within the governance and accountability framework in place throughout the year and through a hosting arrangement with Velindre University NHS Trust (the Trust).

NWSSP does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to partners and, in particular, to the Trust, as its host organisation, in relation to its governance and accountability arrangements.

As Accountable Officer, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned to me by the Accountable Officer of NHS Wales.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NWSSP's services. This is achieved through a combination of "hard" systems and processes including Standing Orders, policies, protocols, and processes; and "soft" characteristics of effective leadership and high standards of behaviour (driven by the Nolan principles).

In addition to my responsibilities as Accountable Officer I am accountable for my performance and that of NWSSP to the Shared Services Partnership Committee (SSPC) and its Chair in relation to those functions delegated to it.

I also have responsibility with the Chief Executive of Velindre University NHS Trust (the Trust) to co-operate together to ensure the success of the hosting arrangement in the interest both of the NHS in Wales generally and the local interests of the Trust as host. In practice this means that I have a responsibility to provide information to the Chief Executive of the Trust where he has a legitimate interest as Accountable Officer of the Trust, whilst ensuring that he does not intervene in the activity of shared services.

The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the

Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP.

Myself (as the Accountable Officer for NWSSP) and the Chief Executive of the Trust (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of our roles, as set out in our respective Accountable Officer Memoranda. Both Accountable Officers co-operate with each other to ensure that full accountability for the activities of NWSSP and the Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

2. GOVERNANCE FRAMEWORK

NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, as set out below, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

Model Standing Orders are issued by Welsh Ministers to Local Health Boards and Welsh NHS Trusts using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006.

Velindre University NHS Trust (the Trust) must agree Standing Orders for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC Standing Orders form an Annex to the Trust's own Standing Orders and have effect as if incorporated within them.

They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261 (W.156)) and the Trust's Standing Order 3 into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and the two Special Health Authorities (have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in

accordance with the policy and strategy set out above, determined by the SSPC.

A Hosting Agreement dated June 2012 between the Partners provides for the terms on which Velindre University NHS Trust will host NWSSP and an Interface Agreement between the Chief Executive of the Trust (as the Accountable Officer for the organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated June 2012 defines the respective roles of the two Accountable Officers.

These documents together form the basis upon which the SSPC governance and accountability framework has developed. Together with the adoption of the Trust's Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

2.1 Forthcoming Independent Review of NHS Wales Shared Services Accountability & Governance Arrangements

On 9 April 2024 the Director General Health, Social Care & Early Years Group/NHS Wales Chief Executive wrote to the Chief Executive of the Trust and Managing Director of NWSSP to announce the intention to commission an independent review of NHS Wales Shared Services accountability and governance arrangements.

It was recognised in *A Healthier Wales* (2018) that the landscape of NHS Wales had become complex over time. An action was therefore included to:

"Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability".

Such reviews have been undertaken across other parts of the NHS in Wales in recent years and it is now considered timely to review NWSSP governance and accountability arrangements. This is welcome and recognises that NWSSP has grown significantly in terms of scale and complexity since the governance arrangements were established and it is important to see whether the existing arrangements require strengthening or amendment to ensure that they are fit for purpose going forward.

It is important to stress that pending this review, NWSSP has and continues to operate within the requirements of the existing arrangements.

2.2 Shared Services Partnership Committee (SSPC)

Whilst the SSPC acts on behalf of all NHS organisations in undertaking its functions, the responsibility for the exercise of NWSSP functions is a shared responsibility of all NHS bodies in Wales.

The purpose of the SSPC is set out below:

- to set the policy and strategy for NWSSP within the legal framework the Trust, as host, operates under;
- to monitor the delivery of shared services through the Managing Director of NWSSP;
- to seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for NHS Wales and Welsh Government;
- to ensure the efficient and effective leadership, direction, and control of NWSSP; and
- to ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The SSPC monitors performance against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. Deep Dive sessions are often on the agenda to learn more about the opportunities, risks and issues of services within NWSSP.

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

The composition of the SSPC includes an Independent Chair, the Managing Director of Shared Services, and the Chief Executive of each partner organisation. There is provision in the SSPC Standing Orders for Chief Executives to nominate a deputy to act on their behalf which has been exercised by most organisations. Nominated deputies for Chief Executives should be an Executive Director of the same organisation and formally contribute to the quorum and have delegated voting rights.

The membership of the SSPC during the year ended 31 March 2025 is outlined in Figure 3 below.

Figure 3: Membership of the NHS Wales Shared Services Partnership Committee during 2024-25

Name	Position	Organisation	Full/Part Year
Professor Tracy Myhill OBE, Chair of SSPC	SSPC Chair	NHS Wales Shared Services Partnership	Full Year
Huw Thomas (Vice Chair)	Director of Finance	Hywel Dda University Health Board	Full Year
Neil Frow OBE	Managing Director and NWSSP Accountable Officer	NHS Wales Shared Services Partnership	Full Year

Name	Position	Organisation	Full/Part Year
Sarah Simmonds	Executive Director of Workforce and Organisational Development	Aneurin Bevan University Health Board	Full Year
Russell Caldicott	Executive Director of Finance	Betsi Cadwaladr University Health Board	Full Year
Catherine Phillips	Executive Director of Finance	Cardiff and Vale University Health Board	Full Year
Hywel Daniel	Executive Director for People	Cwm Taf Morgannwg University Health Board	Part Year
Sally May	Executive Director of Finance	Cwm Taf Morgannwg University Health Board	Part Year
Claire Osmundsen-Little	Director of Finance	Digital Health and Care Wales	Full Year
Glyn Jones	Director of Finance, Planning and Performance	Health Education and Improvement Wales	Full Year
Pete Hopgood	Executive Director of Finance and Business Assurance	Powys Teaching Health Board	Full Year
Paul Veysey*	Board Secretary and Head of the Board Business Unit	Public Health Wales	Full Year
Sarah Jenkins	Interim Director of Workforce and OD	Swansea Bay University Health Board	Full Year
Steve Ham	Chief Executive	Velindre University NHS Trust	Part Year
Carl James	Interim Chief Executive	Velindre University NHS Trust	Part Year
David Donegan	Chief Executive	Velindre University NHS Trust	Part Year
Chris Turley	Executive Director of Finance and Corporate Resources	Welsh Ambulance Services NHS Trust	Full Year

**Not an Executive Director*

The Committee meets bi-monthly and Welsh Government and Trade Union representatives, whilst not members of the Committee, have a standing invitation and are in regular attendance.

The Committee also requires the attendance of the following NWSSP officers: the Director of Finance and Corporate Services; the Director of People, Organisational Development and Employment Services; the Medical Director; the Director of Planning, Performance and Informatics; and the Assistant Director of Corporate Services.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2024-2025

Organisation	16/05/2024	18/07/2024	19/09/2024	21/11/2024	03/02/2025	25/03/2025
SSPC Chair	✓	✓	✓	✓	✓	✓
NWSSP Managing Director and Accountable Officer	✓	✓	✓	✓	✓	✓
Aneurin Bevan University Health Board	✓	✓	✓	✓*	✓	✓
Betsi Cadwaladr University Health Board	X	X	✓**	✓**	✓	✓**
Cardiff and Vale University Health Board	✓**	✓**	✓**	✓**	✓**	✓**
Cwm Taf Morgannwg University Health Board	✓**	✓	✓	✓	X	✓
Digital Health & Care Wales	✓**	✓	✓	✓**	✓	✓
Health Education & Improvement Wales	✓	✓	✓	✓**	✓	✓
Hywel Dda University Health Board	✓	✓	X	✓	✓**	✓**
Powys Teaching Health Board	X	✓	✓	✓	✓	✓**
Public Health Wales	X	X	X	✓**	✓**	✓**
Swansea Bay University Health Board	✓**	✓	✓	✓	✓	X
Velindre University NHS Trust	X	✓*	✓	X	✓	X
Welsh Ambulance Service Trust	✓	X	✓	X	✓	✓
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	X	X	X	X	✓	✓

- ✓ Denotes the nominated member was present
- ✓* Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf
- ✓** Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Member of their Board.
- X Denotes Health Body not represented

All meetings of the SSPC during the 2024-25 met the quoracy requirements of the SSPC Standing Orders. Following each meeting the SSPC Chair provides an assurance report to partner organisation boards.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the SSPC is required to meet in public. Arrangements are made for the public to attend should a request be received. We did not receive any requests from the public to attend the SSPC in 2024-25 but to ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- the dates of all meetings are published on the NWSSP website prior to the start of the financial year;
- the agenda is published at least seven days prior to the meeting; and
- all papers are published in English on the website, and minutes and agendas are also provided in Welsh, shortly after the meeting has taken place.

2.3 SSPC Performance

At the start of 2024-2025, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
 - Finance, Workforce and Outcome Measures and Performance information;
 - Quarterly Integrated Medium-Term Plan progress reports;
 - Corporate Risk Register;
 - Welsh Risk Pool; and
 - Programme Management Office updates.
- Annual review and/or approval of:
 - Integrated Medium-Term Plan;
 - Annual Governance Statement;
 - Audit Wales Management Letter;
 - Annual Review;
 - Standing Orders; and
 - Service Level Agreements.
- Deep Dives (nominated and suggested topics from SSPC members as events dictate)
 - Recruitment Modernisation Programme;
 - Developments in Audit and Assurance Services;
 - Single Lead Employer Model;
 - Integrated Medium-Term Plan; and
 - Medical Examiner Service.
- Autumn SSPC Development Day.

There are a number of sources of feedback and assurance over the operation of the SSPC which were in place during the year:

- the annual Chair's Appraisal reported to the March 2025 SSPC meeting;
- a session on SSPC operation at the Autumn Development Day;
- Assurance Reports from each SSPC meeting to each partner organisation;
- regular liaison with SSPC members by the Chair, Managing Director and members of the Senior Leadership Team; and

- review of agendas and papers by external and internal audit for the purposes of their audits.

The Chair of SSPC and Managing Director are committed to continuous improvement and where identified changes are made to improve the operation of the Committee. In general terms, feedback received from members continues to be positive and members are content that the SSPC covers the areas expected, meetings are chaired well and contributions and discussion are appropriate.

2.4 SSPC Sub-Committees

The SSPC has established a Sub-Committee structure that meets its own advisory and assurance needs and utilises the Trust's committee arrangements to assist it in discharging its governance responsibilities. The arrangements in place ensure that the SSPC Sub-Committee structure meets the needs of the Trust, as the host organisation, and also the needs of its Partners.

As a minimum, the SSPC Standing Orders require an Audit Committee to be in place. In addition, the SSPC has established the Welsh Risk Pool Committee as a formal Sub-Committee.

2.4.1 Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services Partnership (the Audit Committee) is to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This is set out in the Audit Committee Terms of Reference, which were reapproved in July 2024 to ensure these key functions were embedded within the SSPC Standing Orders and governance arrangements.

The Audit Committee reviews the effective local operation of internal and external audit, as well as Local Counter Fraud Services. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resources are effectively used.

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

After each meeting of the Committee, the Chair provides an Assurance Report to the SSPC and the Chair of the Committee reports to each meeting of the Trust Board.

The Audit Committee attendees during 2024-25 comprised of two Independent Members of the Trust (the members of the Committee), with representatives of both Internal and External Audit and Senior Officers of NWSSP and the Trust in attendance. The Audit Committee met formally on four occasions as planned during the year.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2024-2025

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Members					
Gareth Jones, Chair & Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit and Assurance Services					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	x	✓	✓	✓	3/4
NWSSP					
Professor Tracy Myhill OBE, Chair of SSPC	✓	✓	✓	x	3/4*
Neil Frow OBE, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services (until 30 April 2024)	✓	-	-	-	1/1
Alison Ramsey, Director of Finance & Corporate Services (from 1 May 2024, previously Director of Planning, Performance and Informatics)	✓	✓	✓	✓	4/4
Lindsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development (until 30 April 2024)	✓	-	-	-	1/1
James Quance, Assistant Director of Corporate Services (from 1 May 2024)	✓	✓	✓	✓	4/4
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce, Executive Director of Finance Services	✓	x	x	✓	2/4
Lauren Fear, Director of Corporate Governance and Chief of Staff	✓	-	-	-	1/4
Carl James, Interim Chief Executive Officer	-	✓	✓	-	2/4
Non Gwilym, Assistant Director of Communications	-	✓	-	-	1/4

*Unable to attend due to the February meeting being re-arranged to ensure quoracy

The Terms of Reference of the Committee provide for there to be three members who are Independent Members of the Trust. However, for 2024-25 there were two dedicated Independent Members, both of whom attended every meeting of the Committee ensuring that each meeting was quorate.

2.4.2 Reviewing Effectiveness of Audit Committee

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey reported to the October 2024 Committee had a 60% response rate (9 responses received) and identified the following:

- very positive feedback on the chairing of the Committee; members feel it is well chaired, efficient, and effective;
- meetings have a conducive atmosphere for open and productive debate; behaviour is courteous and professional;
- the Chair has a clear understanding of main issues and key risks the Committee could encounter;
- Audit Plans are developed from clear processes based on risk assessment, with links to the system of assurance;
- sufficient time is allocated for planned matters, questions, and discussions;
- the blended approach of virtual and at least one face-to-face meeting per year works well; and
- the Committee is generally provided with sufficient authority and resources to perform its role effectively, but some members suggest that Velindre University NHS Trust should recruit a third independent member to comply with the Terms of Reference and avoid potential quoracy issues.

2.4.3 The Welsh Risk Pool Committee

On 1 April 2019, the National Health Service Clinical Negligence Scheme Wales Regulations 2019 came into force. The Regulations created a Scheme for Clinical Negligence Claims in Wales and were brought into force among other things for the management of clinical negligence claims in Wales, operating under sections 41, 42 and 50 of the National Health Service Wales Act 2006.

The scheme is operated by NWSSP through Legal and Risk Services with the support of the Welsh Risk Pool using its powers as a shared service

function under the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012.

NWSSP has responsibility for the administration of the Welsh Risk Pool Service including the management of the Welsh Risk Pool Budget. The Welsh Risk Pool is funded through the NWSSP financial allocation from Welsh Government supplemented by a Risk Sharing Agreement with Health Boards and Trusts.

The Welsh Risk Pool Committee comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services and the Welsh Government. The Terms of Reference of the Committee explain the primary role of the Welsh Risk Pool Committee:

- to reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
- to provide oversight of the GP Indemnity Scheme;
- to oversee the work and expenditure of the Welsh Risk Pool; and
- to help to promote best clinical practice and lessons learnt from clinical incidents.

Reporting from the Welsh Risk Pool to the SSPC has been standardised during the year and recognising that this can be a complex area a detailed deep dive session was held for SSPC members at the Autumn SSPC Development Day in October 2024.

2.5 SSPC Advisory Groups

The SSPC is supported by two advisory groups:

- **Local Partnership Forum (LPF)**

The LPF is a formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions as set out in the SSPC Standing Orders. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

- **Welsh Energy Group (WEG)**

The WEG is a Task and Finish Advisory Group as set out in the Shared Services Partnership Committee (SSPC) Standing Orders. Its role is to:

- to ensure a consistent approach to the procurement / sourcing of Gas and Electricity throughout all aspects of the NHS in Wales;
- to input into the development of a strategic procurement model for Gas and Electricity contracts within NHS Wales;
- to provide a platform for the framework provider to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales;
- to develop, agree and manage the Purchasing Strategy for the All-Wales Gas and Electricity contracts having received market

intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice);

- to monitor contract performance with the Welsh Energy Operating Group (WEOG) representative/s providing an update of performance of the Gas and Electricity contracts;
- to monitor NHS Wales Gas and Electricity forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations; and
- to nominate NHS Wales member(s) as required for participation in the suppliers External Risk Management (ERM) group.

In addition to the above, NWSSP report regularly to the Velindre Quality and Safety Committee. Quarterly reports are presented on our performance and compliance with the requirements of the Duty of Quality.

In May 2024, we established the new All Wales Purchase to Pay (P2P) Governance Forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance operating through the Shared Services Partnership Committee.

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

In addition to the above, NWSSP reports regularly to the Velindre Quality and Safety Committee. Bi-annual reports are presented on our performance and compliance with the requirements of the Duty of Quality. Annual reports are also provided to the Committee on the work of the Welsh Infected Blood Support Scheme (WIBSS) by the lead Trust Director and Medical Examiner Service. The Committee during the year increasingly requested assurance on All Wales Pharmacy developments which will continue into 2025-26.

2.7 All Wales Purchase to Pay (P2P) Governance

In May 2024, we established the new All Wales P2P Governance Forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance operating through the Shared Services Partnership Committee during 2024-25.

2.8 Senior Leadership Group

The Managing Director reports to the Chair of the SSPC and is responsible for the overall performance of NWSSP and is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing

Director determines and leads a Senior Leadership Group to deliver the SSPC’s annual Business Plan as set out in the Integrated Medium Term Plan approved by SSPC. The Managing Director is the designated Accountable Officer for NWSSP and is accountable, through the leadership of the Senior Leadership Group, for:

- the performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium-Term Plan (IMTP) based on the policies and strategy set by the SSPC and the preparation of Service Improvement plans;
- leading the SLG to deliver the IMTP and Service Improvement Plans;
- establishing an appropriate Scheme of Delegation for the SLG; and
- ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

The SLG during 2024-25 comprised:

Figure 7 – Composition of the Senior Leadership Group during 2024-25

Name	Designation
Neil Frow, OBE	Managing Director
Andy Butler	Director of Finance and Corporate Services <i>(to 30 April 2024)</i>
Alison Ramsey	Director of Planning, Performance and Informatics <i>(to 30 April 2024)</i> Director of Finance and Corporate Services <i>(from 1 May 2024)</i>
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Rebecca Nelson	Director of Planning, Performance and Informatics <i>(from 5 August 2024)</i>
Jonathan Irvine	Director of Procurement, Supply Chain Logistics and Transport and Laundry Services
Simon Cookson	Director of Audit and Assurance Services
Mark Harris	Director of Legal and Risk Services and Welsh Risk Pool
Nicola Phillips	Director of Primary Care Services and Medical Examiner Services
Stuart Douglas	Director of Specialist Estates Services
Dr Ruth Alcolado	Medical Director
Dr Gavin Hughes	Director of Surgical Materials Testing Laboratory
Colin Powell	Director of Pharmacy Technical Services
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

The Terms of Reference of the SLG were reviewed and updated in December 2024 in order to ensure that they are fit for purpose.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2025 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2024-25 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2023-24; and
- Assurance Arrangements 2024-25.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to internal NWSSP issues, the Audit Committee has been kept apprised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

NWSSP's Internal Audit service is provided by the Audit & Assurance Division of NWSSP, as it is for all NHS Wales organisations. The Audit Committee review and consider the work and findings of the Internal Audit team at each meeting and progress against the approved Internal Audit Plan. The Director of Audit and Assurance and the Head of Internal Audit attend Audit Committee meetings to discuss their work and present their findings. The Audit Committee is satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received in July 2016.

During 2024-25, two internal audit reports were rated as limited, as detailed below and there were zero internal audit reports with no assurance.

- Decarbonisation
- Procurement Services – Capital Equipping Team

For both internal and external audit, the Audit Committee has ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans require Audit Committee approval. A report on the position with implementation of audit recommendations is monitored at each monthly meeting of the SLG and each meeting of the Audit Committee.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, the internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales.

The required five-yearly external quality assessment of Internal Audit was most recently undertaken by the Chartered Institute of Public Finance & Accountancy during the 2023/24 period against the Public Sector Internal Audit Standards (the Standards) and resulted in the highest possible rating being awarded to the Service. There were no areas of either partial or non-compliance noted with the Standards.

The Director of Audit & Assurance reports annually to the Audit Committee with the results of an internal quality review, the most recent of which was reported to the Committee in October 2024 providing an update on the two external quality assessment advisory findings and a quality review of 16 audit files covering all NHS Wales organisations. Overall, the results were positive and demonstrated a high level of quality consistent with recent years. In a small number of instances, discussions were needed with the Head of Internal Audit to confirm findings and minor exceptions were noted. Based on the reviews undertaken, there were no specific matters that needed to be reported in the Annual Head of Internal Audit opinion in terms of compliance with the Standards.

3.3 Counter Fraud

The work of the Local Counter Fraud Service (LCFS) is undertaken to help reduce and maintain the incidence of fraud and/or corruption within NWSSP to an absolute minimum. Counter Fraud activity in NWSSP is primarily undertaken by its own dedicated Local Counter Fraud Manager with links to the wider network of counter fraud professionals in NHS Wales and the National Counter Fraud Service.

Regular reports were received by the Audit Committee to monitor progress and demand against the agreed Counter Fraud Plan, including the following:

- Annual Report 2023-24;
- Progress Update at each meeting; and
- Counter Fraud Work Plan 2024-25.

As part of his work, the Local Counter Fraud Manager has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work Plan which is approved by the Director of Finance and Corporate Services and Audit Committee annually. The balance of the plan is weighted towards proactive and preventative activity, education and awareness.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to whom fraud can be reported are outlined. During 2024-25, these sessions have been provided both in face-to-face sessions and virtually. In total during 2024-25 there were 1,557 fraud awareness interactions with staff (937 in 2023-24).

In addition to this, and to continue to promote an Anti-Fraud Culture within NWSSP, a quarterly newsletter is produced which is available to all staff on the intranet and all successful prosecutions are publicised in order to obtain the maximum deterrent effect. The SLG targeted staff groups to complete the e-learning module on Counter Fraud, with over 1,000 staff having completed the module at the end of March 2025.

3.4 Integrated Governance

The Audit Committee maintains oversight of the maintenance and effectiveness of the system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- Quality Assurance and Improvement Plan arising from the 2023-24 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2024-25, the Audit Committee reported any areas of concern to the SSPC and Trust Board and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality Assurance

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the Duty of Quality which came into effect from the 1 April 2023. The new Duty applies to clinical and non-clinical NHS Services, and

therefore the services and functions of NWSSP will be captured by this legislation. There is a requirement to produce an Annual Report.

Under the requirements of the Act, primary responsibility rests with the Managing Director as the Accountable Officer, and the Medical Director is the lead for strategic direction and oversight. Oversight is through the SSPC. The responsibility to report is two-fold – both internally in respect of our own quality measures but also externally in terms of providing information for Health Boards and Trusts to report their own performance. In addition, the Trust as our host has a legitimate interest in our quality arrangements.

The SSPC gives attention to assuring the quality of services by including a section on “Quality, Safety and Patient Experience” as one of the core considerations on the committee report template when drafting reports for SSPC meetings.

The Velindre Quality, Safety and Performance Committee gives over part of its meetings to NWSSP matters and particularly those relating to All Wales Pharmacy developments.



In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors. With the introduction of the Duty of Quality, this has become a more prominent feature, and bi-annual presentations on this subject have been made to the Shared Services Partnership Committee.

In addition to corporate governance arrangements for risk management and control, Procurement Services maintains compliance and certification with a number of national and international standards as appropriate to the provision of its services. They include ISO 9001 Quality Management Standard, BS ISO 45001 Occupational Health and Safety and Customer Service Excellence. Our regional warehouses and national distribution centre at Newport are also accredited to the STS Food Safety Standard for the storage and distribution of food products. The receipt, storage and distribution of pharmaceuticals and controlled drugs at designated warehouses are compliant with Good Distribution Practice and Medicines and Healthcare products Regulatory Agency (MHRA) licence conditions. Compliance with these standards and their associated audit by external bodies is supported and assured by a robust internal audit plan that highlights any areas of non-compliance and improvement opportunities. Our Quality Plan includes improvement objectives that are reviewed each year to ensure that they are aligned and continue to support strategic objectives for the Division.

3.6 Certifications

The organisation holds a number of certifications corporately that support the delivery and continual improvement of quality services, including attainment of organisational accreditations to the Cabinet Office accredited Customer Service Excellence (CSE) Standard and International Organisation for Standardisation (ISO) 14001:2015 Environmental Management Standards.

Many Services within NWSSP also hold independently verified certifications and standards, including ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management, ISO14065 Risk Analysis and Biocontamination Control (RABC) in Laundries and ISO17025 Testing and Calibration of Laboratories Standards. External audit reviews included Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS) and NWSSP is also an accredited Mental Health First Aid Trainer organisation.

Key organisational achievements for embedding the Duty of Quality in 2024/25 included continued raising of awareness with dedicated sessions held with the Shared Services Partnership, Senior Leadership Group and divisions, staff coffee mornings, Quality Champions Network for sharing best practice, creation of video submissions by Services detailing their quality measures, quality driven reporting and consideration of our 'always on' performance measures, quality control and using data for quality improvement and external quality reviews, certifications and awards as a source of assurance and opportunity for further improvement.

3.7 Customer Service Excellence

In October 2023, NWSSP was accredited with an organisational level Customer Service Excellence (CSE) Award, making it the first organisation within NHS Wales to achieve the highly valued government standard.

The CSE accreditation assesses organisations and measures customer focused areas that research has identified as a priority to customers with a particular focus on:

- Customer Insight;
- Culture of the Organisation;
- Information and Access;
- Delivery and Timeliness; and
- Quality of Service.

Within this framework, CSE also prioritises three distinct areas, as a driver of continuous improvement, as a skills development tool and, as an independent validation of achievement.

The first annual reassessment took place in September 2024, the activity was conducted remotely for all Divisions. An assessment plan for 5 days of

evidence gathering activity was agreed for two Assessors with representation from each Division (managers, staff, and customers).

As part of the reassessment process, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required. NWSSP also achieved 45 Compliances, where in each instance the standard required was met, with zero Partial Compliances to consider as areas of improvement.

3.8 Looking Ahead

As a result of its work during the year the Audit Committee is satisfied that NWSSP has appropriate and robust internal controls in place and that the systems of governance incorporated in the Standing Orders are fully embedded within NWSSP.

Looking forward to 2025-26, the Audit Committee will continue to explore the financial, management, governance and quality assurances that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP and also by its major providers;
- Work closely with the Chairs of Audit Committee group on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors on issues arising from both the current and future agenda for NWSSP;
- Ensure the SSPC is kept aware of its work including both positive and adverse developments; and
- Request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

4. CAPACITY TO HANDLE RISK

The Corporate Risk Register is reviewed at each meeting of the Formal SLG, SSPC and Audit Committee to ensure that the key risks are aligned to delivery and are appropriately considered and scrutinised. The register is divided into two sections as follows:

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

risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

As at 31 March 2025, there were six red rated risks on the Corporate Risk Register, as set out below:

- The threat to patient services if funding is not made available to develop the Transforming Access to Medicine Services programme in South-East Wales;
- Insufficient capital funding to support development of services and delivery of the Integrated Medium-Term Plan and Ministerial priorities;
- The Primary Care Workforce Information System supplier dispute causing a delayed go-live date and build specification uncertainty;
- The impact on staff time and resources as a requirement of responding to the COVID-19 UK Public Inquiry;
- Resource restraints preventing the ability of NWSSP to meet expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan; and
- The lack of capital funding available to support the delivery of key initiatives, including decarbonisation.

The SSPC has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The Lead Director for risk is the Director of Finance and Corporate Services who is responsible for establishing systems and processes needed for the management of risks within the organisation.

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

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

It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as red within individual directorate registers trigger a referral for review, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register for oversight by the SLG, SSPC and Audit Committee.

Assurance maps are in place for each of the directorates to provide a view on how the key operational, or business-as-usual risks are being mitigated. The Audit Committee review all assurance maps periodically and they are due to be reviewed and reported in the summer of 2026.

The SSPC also has a documented Risk Appetite Statement for NWSSP. A detailed review took place during the year both within NWSSP and also at the Shared Services Partnership Committee (SSPC) Development Day held in Autumn 2024. SSPC members continue to challenge NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the November 2024 meeting of the SSPC and is due to be reviewed by the Audit Committee. The SLG continues to undertake informal deep dive sessions, reviewing its approach to managing risk and the Corporate Risk Register.

NWSSP's approach to risk management therefore ensures that:

- leadership is given to the risk management process;
- staff receive training on how to identify and manage risk;
- risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the Corporate Risk Register;
- the effectiveness of key controls is regularly assured; and
- there is full compliance with the Orange Book on Management of Risk.

5. THE CONTROL FRAMEWORK

NWSSP's commitment to the principle that risk is managed effectively means a continued focus to ensure that:

- there is compliance with legislative requirements where non-compliance would pose a serious risk;
- all sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;
- damage and injuries are minimised, and staff health and wellbeing is optimised; and
- lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

The detailed procedures for the management of corporate risk have been outlined above. Generally, to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- the SSPC and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- the effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- the front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Well-being of Future Generations, Health and Care Quality Standards (Duty of Quality) and workforce;
- the Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's Services to them and are reviewed on an annual basis; and
- the responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

NWSSP follows the policies and procedures of the Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal Intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. The Trust ensures that NWSSP has access to all the Trust's policies and procedures and that any amendments to the policies are made known as they are agreed. NWSSP participates in the development and revision of workforce policies and has established procedures for staff consultation.

The SSPC will, where appropriate, develop its own protocols or amend policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the Trust Scheme of Delegation.

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report, and specific Records Management Principles. The General Data Protection Regulations increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP. NWSSP has an Information Governance Manager who has the objective of facilitating the effective use of controls and mechanisms to ensure that staff comply with Information Governance fundamental principles and procedures. This work includes awareness by delivery of an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups, developing, and reviewing policies and protocols to safeguard information, and advising on and investigating Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point for any requests for advice, training, or work.

NWSSP has an Information Governance Steering Group (IGSG) that comprises representatives from each directorate who undertake the role of Information Asset Administrators for NWSSP. The IGSG discusses quarterly issues such as GDPR and Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, training compliance, new guidance documentation and training materials, areas of concern and latest new information and law.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols, and general guidance for staff. There is also a documented Privacy Impact Assessment (or "Privacy by Design") process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or work streams proposing to use identifiable information in some form.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender, and religion) on the various types of Information Governance protocols.

The Information Governance Manager works closely with the Trust Data Protection Officer as the Head of Information Governance within the Trust, and attends various meetings including the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by Digital Health and Care Wales (DHCW) which is attended by all NHS Wales Health Bodies.

5.4 Health and Safety

NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with

the provision of the highest quality services to staff and visitors where health hazards to staff and visitors and others are minimised, so far as is reasonably practical.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. This is achieved through effective leadership by senior managers, participation of all staff and open and responsive communication channels.

NWSSP has a well-established network of Health and Safety champions in each division who meet with the Health and Safety Manager on a quarterly basis. In addition, the all-Wales Health and Safety group is an internal group of senior managers from all divisions, chaired by the Director of Finance and Corporate Services which also meets on a quarterly basis.

A comprehensive report of all incidents and activity is provided to the SLG at the end of each quarter and an annual report is reported to the SLG and SSPC. There were 72 health and safety incidents reported for 2024-25 (72 in 2023-24).

During the period, a schedule of health and safety internal audits was undertaken by the Health and Safety Manager and Health and Safety Support Officer using the Health and Safety Management System Framework (HSG65). Compliance reported at the end of March on average was 94%.

The Health and Safety manager is a member of the Trust Health and Safety Group and liaises closely with the Trust Health and Safety Manager in order to ensure that the Trust is aware of health and safety risks in NWSSP.

5.5 Internal Audit

The NWSSP hosting agreement provides that the SSPC will establish an effective internal audit service as a key source of its internal assurance arrangements, in accordance with the Public Sector Internal Auditing Standards.

Accordingly, for NWSSP, an internal audit plan has been approved by the Audit Committee which provides coverage across NWSSP functions and processes sufficient to assure the Managing Director of NWSSP and in turn the SSPC and the Trust as host organisation on the framework of internal control operating within NWSSP.

The delivery of the internal audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of assurance for the Managing Director when reporting to the SSPC and partner organisations.

5.6 Duty of Quality

During the year, work around embedding the Duty of Quality (DoQ) continued across NWSSP. We have focussed on ensuring that quality assurance is integrated into existing mechanisms, such as the IMTP for 2025-28, and as per the measures detailed in the Quality Assurance section above. NWSSP's second Annual Report on Duty of Quality for the 2024-25 period sets out the key achievements against the Health and Care Quality Standards, including:

- Quality planning and decision making;
- Quality management systems;
- Quality driven reporting;
- Quality driven reporting into Health Boards and Trusts;
- Quality control and using data for quality improvement;
- External quality reviews, accreditations and awards; and
- Staff voices.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan (the Plan) is approved by the SSPC and performance against the plan is monitored throughout the year. The 2024-27 plan was submitted to Welsh Government in accordance with required timescales, and the submission of the current 2025-28 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2024-25 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan quarterly and also through Joint Executive Team (JET) meetings.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis.

The IMTP was submitted to the NHS Wales Chief Executive and Welsh Government before 31 March 2025 and there were no significant amendments to the Plan following the approval of the Committee earlier at its February 2025 meeting and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit prior to submitting the Plan.

7. DISCLOSURE STATEMENTS

7.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the

contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion.

NWSSP is a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver, and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment. We host a range of staff networks, and we continue to develop our inclusion offering for our workforce.

In the spirit of continuous improvement, NWSSP are members of the Employers Network for Equality and Inclusion (ENEI), which supports organisations in their equality and inclusion journey. Based on the Anti-Racist Wales Action Plan, NWSSP has developed a specific plan to address the actions that tie into the NWSSP Diversity and Inclusion Action Plan. Part of this work is informed by the Welsh Workforce Race Equality Standard (WRES), which was discussed at SSPC in March 2025. NWSSP's LGBTQ+ Wales Action Plan also links directly to the organisation's Diversity and Inclusion Action Plan. We have also introduced dedicated Diversity and Inclusion Ambassadors to support the creation of a positive and equitable working environment.

The development of the Equality, Diversity and Inclusion Group (EDI Group) was a result of the 'This is Our NWSSP' culture programme, where staff recognised the need for the organisation to prioritise the equality agenda and support employees. The EDI Group is currently developing an Equality, Diversity and Inclusion Strategy to support and drive change within the organisation.

The process for undertaking Equality Integrated Impact Assessments (EQIIA) has matured, and considers the needs of the protected characteristics identified under the Equality Act 2010, the Public Sector Equality Duty in Wales and the Human Rights Act 1998, whilst recognising the potential impacts from key enablers such as Well-being of Future Generations (Wales) Act 2015, incorporating Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety.

With effect from 31 March 2021, the Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes ethnicity; nationality, country of birth, religious belief, sexual orientation, and Welsh language competencies. All-Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a statutory and mandatory induction programme for its workforce, including the NHS Wales “Treat Me Fairly” e-learning module, which forms part of a national training package and the statistical data captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, and the Managing Conflict module includes an awareness session on Dignity at Work. Further, to support the Anti-Racist Wales Action Plan (ArWAP), Welsh Government mandated the completion of the accompanying training module for all NHS staff, including those who do not directly interact with patients or service users (WHC 2024/044).

7.2 Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development and works closely with all divisions and services across NWSSP.

A Welsh Language Unit has been established to support our divisions and services with translation and interpretation services as well as providing advice and guidance on how best to plan service provision through the medium of Welsh.

We have established a self-assessment process to assess our compliance status with the Welsh Language Standards and Code of Practice. Local improvement plans are agreed and implemented in the following year based on the assessment and evidence provided to support the assessment. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2025 was as follows:

Standards	Level of compliance
Service Delivery Standards	Medium to High level of compliance
Policy Making Standards	Medium level of compliance

Operational Standards	Medium to High level of compliance
Record Keeping Standards	High level of compliance

Following a seminar with the Welsh Language Commissioner’s Office in November 2023 and a further workshop in April 2025, we reviewed the Welsh Language Impact Assessment tool we previously had and incorporated it fully into our Organisational Change Policy work, including providing key statistics on population demographics and highlighting key documents that should be consulted by authors when completing a Welsh Language Impact Assessment including, but not limited to, the following:

- Census data from 2021
- Welsh Language Measure 2011
- Welsh Language Standards Compliance Notice for VUNHST
- The Code of Practice for the Welsh Language Standards
- Cymraeg 2050 Strategy
- The More Than Just Words Strategy’ and
- Well-being of Future Generations (Wales) Act 2015
- We also consider the demographic profile of our staff across Wales

We reviewed the overarching process, whereby any proposed Organisational Change Policy work must be sighted by the Head of Welsh Language Services and Compliance, for guidance and advice prior to consultation.

7.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its partners. The NWSSP Concerns and Complaints Management Protocol is reviewed annually. The Protocol aligns with the Velindre University NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance.

During 2024-25, 55 concerns were raised with NWSSP, of which:

- 35 were Formal Complaints received, whereby 100% of complaints were responded to within 30 working days; and
- 20 were Early Resolution Concerns received, where matters were able to be resolved within 48 hours, to the complainant’s satisfaction.

The total number of formal complaints received represents a significant and continuing decrease on the total for previous years (100 in 2021-22; 68 in 2022-23, 46 in 2023-24).

7.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector,

especially for those who are accountable for decisions made on behalf of patients and service users.

There were 138 requests received within NWSSP during 2024/25, 98% of which were responded to within the 20-day deadline for compliance.

7.5 Data Security and Governance

In 2024-25 there were 33 (compared to 42 in 2023-24) information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

All breaches are recorded in the Datix risk management software and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the General Data Protection Regulation (GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported. The Information Governance Manager also provides quarterly reports to the Trust Data Protection Officer for assurance and provides performance information which forms part of the performance reporting to the Quality, Safety and Performance Committee.

There was one Information Governance breach referred to the Information Commissioner's Office (ICO) for further investigation, but the ICO was content to close the case with no further action being taken.

7.6 Carbon Footprint

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and

demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment.

We successfully achieved recertification to the Standard through UKAS accredited certification body, Simply Certification Ltd and completed the year one surveillance audit in March 2025.

[To be updated once Q4 data finalised]

During 2024/25, we have **achieved** an overall reduction of **11.1%** our carbon footprint across sites.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. This investment in environmentally friendlier technologies such as LED lighting and electric vehicle charging infrastructure have been a significant contributor to the organisation's reduction in CO₂ emissions. The Environmental Champions and the Green Team continue to identify areas for emissions and waste savings and helping to improve data gathering. The increase in adoption of agile working arrangements, has resulted in a reduction in staff headcount on sites, and this combined with increased education and awareness of NWSSP carbon footprint aims and targets and the difference staff can make no matter how small, has made a welcome contribution to the reduction.

Electricity usage has decreased overall by 14%, due to projects such as agile working, LED lighting installation and motion sensor technology across a number of our sites. Of which, 18.8% is Electric Vehicle Charging Units (EVCUs) across our estate. REGO (Renewable Energy Guarantees of Origin) 'green' electricity procured is carbon neutral and across 8 of our sites. Feasibility studies have been completed for the installation of Solar Photovoltaics (PVs) at a number of sites including IP5 and Matrix House.

Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 8.1% overall (5,810kg of CO₂e avoided). The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier Fleet having priority as "the wheels of the NHS in Wales". In terms of increased demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality the environment and the reduction of the carbon footprint for the commute of NWSSP staff. This contributes to a Healthier and Globally Responsible Wales as there are CO₂e reductions from charging electric vehicles, compared with burning fuel from petrol and diesel engines.

Gas usage increased by 0.7% (2,621 kg of CO₂e), largely due to an anomaly which was identified at Companies House with the biomass boiler which had a major fault resulting in reliance on gas which equated to a 137.7% increase in CO₂e, when apportioned for NWSSP's footprint on the site of 18.7%.

Kerosene oil used to heat Westpoint Industrial Estate usage reduced by 31% (3,917 kg of CO₂e) during the year. This is the only site that uses oil

to heat the building and they have achieved the reduction by active temperature adjustment, measurement of usage and behavioural change.

Water increased by 14.3% (222kg of CO₂e), due to a culmination of better sources of data, increase validity, reduction of estimates used and introduction of invoices to support usage data. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.

The total waste generated across all of our sites has reduced by 39.6% (27,046kg of Co₂e). During 2023-24 we created a new baseline due to the introduction of new Waste Regulations and better segregation of waste streams, improved data collation and have benefitted from the continued reduction in staff headcount on sites, due to agile working.

Confidential waste reduced overall by 48.4% (10,860kg of Co₂e) and during the period we completed a rationalisation exercise to reduce the frequency of collections and quantity of bins on sites. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations.

We saw a decrease in pool vehicle usage across the organisation by 69.1% (1,073kg of Co₂e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are eco-friendly vehicles (electric, hybrid, etc).

Business mileage travelled decreased by 3.43% during the period. This figure is low compared to figures reported prior to March 2020, given continued agile working arrangements.

7.7 Decarbonisation Action Plan

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each of which has been assessed for the potential to help facilitate or directly reduce carbon emissions. NWSSP led the development and publication of the Strategic Plan which sets out the NHS Wales response to the 2030 net zero ambitions. The organisation has an All-Wales lead role in Buildings, Transport, Procurement, Estates Planning and Land Use but also has responsibilities across other activity streams at both a national and local level due to our significant direct influence on key aspects of the Plan.

NWSSP has also developed its own action plan which was summarised in the IMTP for 2022-25 and progress reporting integrated into the IMTP monitoring process. The plan sets out how the organisation is decarbonising

our own activities. Key actions include reducing the impact of our buildings, fleet, and new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

NWSSP produced a second iteration of its Decarbonisation Action Plan for the period 2024-2026. The Decarbonisation Delivery Group (DDG) meets bi-monthly to coordinate decarbonisation activities for NWSSP and those facilitated across NHS Wales. The Decarbonisation Coordination Reporting (DCR) Team, established in early 2023, plays a crucial role in driving the focused implementation of all initiatives through its coordination and reporting role. This team serves as the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales, providing leadership, oversight, coordination, monitoring, and reporting of the Strategic Plan's delivery on an NHS Wales-wide basis.

7.8 Business Continuity Planning and Emergency Preparedness

NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. NWSSP recognise its contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders.

As a hosted organisation, NWSSP is required to take note of the Trust's Business Continuity Management Policy, supported by local guidance, in order to ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
 - Premises – denial of access to normal places of work;
 - Information Management and Technology and communications/ICT equipment issues; and
 - Suppliers internal and external to the organisation.
- In addition, all Divisions have now been required to extend their Business Impact Assessments to identify department specific business continuity risk, and to plan and mitigate for them.

NWSSP has a network of Business Continuity Planning (BCP) Champions who meet bi-monthly with representatives from all Divisions. The Group is chaired by the Director of Planning, Performance, and Informatics.

NWSSP complete the Welsh Government Health Emergency Planning Report annually, on a calendar year basis. This provides assurance that measures are in place within NWSSP to manage and respond to major disruptive incidents and reaffirms the robust arrangements in place within

the Supply Chain, Logistics and Transport Division, who are well versed in this area.

Previous reporting highlighted the need to ensure that all Divisions and relevant individuals within NWSSP were appropriately trained, communicated with, and engaged with key external stakeholders, where appropriate. A full training programme is in place to provide the following courses, which are delivered by the newly appointed Head of Emergency Planning Resilience and Response (EPRR):

- Business Continuity Planning for Managers;
- Major Incident Management;
- Major Incident and Business Continuity Loggist course; and
- Departmental Exercises.

Full engagement with external stakeholders is achieved by the Head of EPRR and other designated staff attending a variety of Welsh Emergency Planning Forums and Groups, including NHS Executive Emergency Planning Advisory Group, Welsh Resilience Partnership, the 4 Local Resilience Forums in Wales and Health, Social Care and Early Years System Resilience Group. Attendance at the groups ensures NWSSP is fully integrated into the Welsh Resilience Frameworks.

A previously implemented BCP application, aimed at promoting effective communication has been under review to improve functionality. Lessons learned reports are completed after every incident and are routinely reported to both the Business Continuity Champions and the SLG.

The previous Internal Audit Report achieved Reasonable Assurance and contained helpful recommendations for updating departmental action cards and updating aspects of business continuity documentation, as well as suggesting consideration of investment in dedicated resource which will be taken forward in 2025-26.

Commencement of actions to address these recommendations has resulted in the following developments:

- the appointment of the Head of EPRR;
- new guidance on departmental Business Impact Assessment and Business Continuity Plan development;
- work has commenced on developing/implementing a document management system capable of reporting and monitoring BCP documentation reviews, BCP Plan exercises and Audits; and
- further work to evaluate the full resource requirements to enable enhance levels of compliance with legislative, regulatory requirements and Welsh Government expectations.

Staff continue to work flexibly where possible and have been provided with appropriate IT equipment to enable them to do so effectively. For staff who were required, or preferred to attend NWSSP sites, safe systems of working were implemented and enhanced to keep them as safe as possible, and in compliance with national guidance.

7.9 Cyber Security

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service and to respond to the recommendations of the NWSSP's Cyber Assessment Framework report.

An ongoing plan has been constructed covering the areas of Identify, Protect, Detect, Respond and Recover. Each task in the plan is aligned to the Cyber Assessment Framework and to industry standard indicators of good practice. A key performance indicator with linked progress targets has been attached to each indicator and progress against targets is reported to the SLG on a quarterly basis.

The tasks in the plan cover Cyber Security of the supply chain, policy, process and procedure development, business impact assessment and continuous monitoring of assets to find anomalies, indicators of compromise, and other potentially adverse events through implementation of the national Security Incident and Event Management product. NWSSP has a robust virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems. This infrastructure has recently been migrated to the two national data centres to improve availability and geographic resilience.

During the year training has been provided at a number of levels, including a desktop exercises with the SLG and phishing exercise campaigns continue to run. In response to heightened concerns over cyber security, regular communications are sent to staff reminding them of best practice when dealing with IT systems and responding to e-mails and other forms of electronic communication. NWSSP is also represented on the all-Wales Cyber Security Network.

7.10 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. NWSSP is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code.

7.11 NHS Pension Scheme

As NWSSP administers the payroll function for NHS Wales, there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Additionally, I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP. Each Committee develops an annual report of its business and the areas that it has covered during the last year, and these are reported in public to the Trusts, Health Boards and Special Health Authorities.

8.1 Internal Audit Opinion

Internal Audit provide me and the SSPC through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

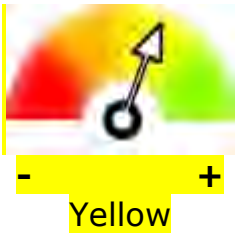
The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

[To be updated upon receipt of HOIA Opinion but Reasonable Assurance is expected]

The Head of Internal Audit opinion for 2024-2025 was that the Partnership Committee can take **Reasonable Assurance** that arrangements to secure

governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

RATING	INDICATOR	DEFINITION
Reasonable assurance		<p>The Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there were two internal audit reports issued with a rating of limited (Decarbonisation and Procurement Services Capital Equipping Team). There were zero reports with no assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

The challenges to deliver the Decarbonisation agenda within limited resources, as noted in the Risk Management section, has been recognised in the limited assurance Internal Audit review. Internal Audit highlight the root cause of the rating is the impact of financial restraints on the ability of NWSSP to both deliver its own Decarbonisation Action Plan and to support the wider delivery in NHS Wales should be recognised. The Internal Audit review did not highlight significant weaknesses in internal control.

8.2 Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer, I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the SSPC.

8.2.1 NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- Governance Procedures** – As a hosted organisation, NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating

procedures covering the whole of the Trust and also local procedures specific to NWSSP.

- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.
- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers and other NHS organisations. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored, and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

9. CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2024-25 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

I confirm that I am aware of my ongoing responsibilities and accountabilities to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2024-25.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 12 – MARCH 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for March 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 12.

Thank you for your letter of 26th March 2025 responding to the Month 11 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial outturn for 2024-25 is reported with a small surplus of £0.015m.

This 2024-25 position was reported after the distribution of £3.600m non-recurring savings to NHS Wales and Welsh Government as detailed in the table below, and the return of £0.750m in year savings against our covid allocation to Welsh Government.

Health Board /Trust	%	2024/25 DISTRIBUTION
Aneurin Bevan	9.85	354,600
Swansea Bay	8.80	316,800
Betsi Cadwaladr	11.98	431,280
Cardiff and Vale	10.49	377,640
Cwm Taf Morgannwg	10.60	381,600
Hywel Dda	7.77	279,720
Powys	1.95	70,200
Velindre	1.17	41,940
Welsh Ambulance	1.28	46,080
Public Health Wales	0.87	31,320
Welsh Government	35.25	1,268,820
Total	100.00	3,600,000

1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)

The top section of Table A continues to be populated with the profiled elements of our 2024-27 IMTP submission which detailed our break-even financial plan for 2024-25.

The lower section of the table has been populated with the full year Covid expenditure which reconciles to the final £0.750m surplus as reported in our

previous returns. Adjustments were made to our final allocation invoices for 2024/25 to return this funding to Welsh Government.

Additional year to date non-recurrent savings of £3.600m are reported which were utilised to make the 2024-25 savings distribution to NHS Wales and Welsh Government.

The key points to note within the final 2024-25 outturn position are:

- The full year income for 2024/25 (excluding WRP AME) totalled £829.483m. This is an increase on previous forecasts primarily due to the inclusion of the notional pension adjustment in Month 12, the increased WRP DEL and stores provisions funding agreed and an increase in pharmacy rebate income.
- The final 2024-25 SLE pay and non-pay expenditure totalled £338.156m which is greater than previously forecast due to the inclusion of the notional pension adjustment in Month 12. The final expenditure profile is detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	20.293	19.275	20.125	20.496	21.655	45.433	23.046	36.888	24.546	24.659	24.353	40.296	321.066
NON-PAY	0.990	1.537	1.332	1.221	1.368	1.393	1.971	1.220	1.244	1.241	2.136	1.439	17.090
TOTAL	21.284	20.812	21.457	21.718	23.023	46.826	25.017	38.108	25.790	25.900	26.488	41.735	338.156

- Applications to the WIBSS compensation scheme closed on 31st March 2025. We received some additional applications to the scheme during the last week of March which have been accrued into the 2024/25 position. Any applications to the WIBSS compensation scheme for the Alliance House applications (legacy schemes) which were received on or before 31st March 2025 have also been accrued in 2024-25. We have agreed with Welsh Government that the provision for this scheme will be accounted for within the Welsh Government accounts in line with the existing treatment of the other WIBSS provisions which will cover any applications received after 1st April 2025.
- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Month 12 increase is larger due to two quarters being included as part of the year end accruals and is the key reasons for the increase in the non-pay expenditure forecast.
- Final non-cash charges total £6.288m which reconcile back to the final non-cash submission made on 7th March 2025.

- £145.011m income and expenditure is included for 2024-25 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The final outturn is in excess of the original forecast of £139.913m due to the need to accrue one large case that had progressed more quickly than was originally anticipated in our forecast.
- Our final 2024/25 energy costs total £3.857m which is broadly in line with the original £3.878m forecast.
- We commenced purchasing medicines for the buffer stockpile in December 2024 and at 31st March 2025 we had purchased stock with a value of £0.101m. The final stockpile will total £1.200m and purchases are being made gradually to not destabilise supplies within the market. As agreed with Welsh Government we have invoiced for this £0.101m in 2024-25 and set up a credit note accrual for the same value to reflect that we need the cash support and not the resource funding for these stock items.

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh NHS Local Health Boards & Trusts income – the increase is primarily due to the notional pension adjustment for SLE
- Welsh Government income – the increase is due to the NWSSP notional pension adjustment, increased WRP DEL funding, funding of stores provisions and increased WIBSS applications
- Other income – the increase is due to increased pharmacy rebates above the value previously forecast.
- Provider Services – Pay – the increase is primarily due to the notional pension adjustment
- Provider Services – Non-Pay – the in-month increase is primarily due to the increased pharmacy rebate repatriations, stores provisions and increased WIBSS applications.
- Welsh Risk Pool – the increase is due to the final WRP outturn and was higher than forecast.

Table B3 details the final Covid19 expenditure and evidences the £0.750m surplus which was recovered by Welsh Government.

We have attended a number of meetings with Welsh Government policy colleagues throughout 2024/25 regarding PPE stockholding levels. On 6th March 2025 we received confirmation of Cabinet Secretary approval for the new policy on PPE stockpiling in Wales. On 25th March 2025 we received a follow up letter containing further details of specifications and volumes which we have since sought to further clarify. Based on the

position at 31st March 2025 we have been able to review stock levels to inform stock provision requirements. We have engaged with Welsh Government finance team members regarding funding for these which we have accounted for in 2024-25.

The provision of PPE to Primary & Social Care ceased on 31st March 2024. Table B3 includes credits totalling £0.030m due to the return of some PPE items in April, September and November.

At the end of 2024-25, our overall stockholding value has not materially changed from the level we held at 31st March 2024. We therefore continue to accrue the credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the ongoing increased stock balance we hold. We will review this cash requirement further in 2025-26 when we can assess the impact of the new PPE stockpiling requirements.

2. Underlying Position (Table A1)

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We initially mitigated this pressure in 2024/25 through planned recharges to UHBs/Trusts, however following a review of our forecast position we have generated sufficient non-recurring savings to fund this pressure internally within NWSSP during 2024/25. We have now also identified recurrent savings so that this is no longer a pressure for our 2025-28 IMTP and Table A1 has been updated to reflect this (**Action Point 11.1**)

3. Risk Management (Table A2)

Not required for completion in Month 12

4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring-fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)

Agency expenditure totalled £0.008m in March, with a total expenditure for 2024-25 of £0.240m. This is a reduction of 77% (£0.824m) from the 2023-24 expenditure on agency and reflects the successful outcome of a number of measures and controls implemented during the financial year.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)

We are reporting variable pay expenditure of £0.458m for March. This is greater than previously forecast due to the notional pension adjustment for bank staff that is included within this total that is included in Month 12.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)

Our final 2024-25 position reports a non-recurrent overachievement of savings of £3.600m against our planned vacancy factor. This is primarily due to the prudent approach we took to vacancy management whilst we awaited confirmation of recurrent pay award funding and also due to slippage on certain projects due to external factors. These savings were utilised to make our 2024-25 savings distribution to NHS Wales and Welsh Government.

8. Income Assumptions (Tables D, E & E1)

The table has been populated with our final income streams for 2024-25.

9. Health Care Agreements and Major Contracts

No further updates to report.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 31st March 2025 there were two credit notes outstanding over 17 weeks which Organisations did not process before the end of the financial year but agreed as part of the agreement of balances process (**Action Point 10.7**).

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

Our final Capital Expenditure Limit was £11.261m. Tables I & J have been populated with the 2024-25 expenditure against our different allocations issued which identifies that we met our CEL target.

There are some variances reported against the schemes, and Welsh Government capital colleagues have been updated on the reasons for these.

14. IFRS 16 & CAME (Table Q)

This table reflects the final 2024/25 return that we made on 7th March 2025. There is a validation error on this table due to Table E no longer reporting a return of funds for the IFRS16 recovery as this has now been finalised for 2024-25.

15. Other Issues

It is pleasing to report the final financial outturn position for 2024-25 with a small surplus following the provision of our savings distribution of £3.600m to NHS Wales and Welsh Government. The financial information provided in this return is an accurate assessment of the NWSSP financial position and it aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 12 monitoring return submissions at the next meeting on 22nd May 2025.

16. Authorisation of Return



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP

29th April 2025



.....
ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

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 YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring						
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000				
1	Budget/Plan	232	239	239	239	237	237	237	237	232	232	232	232	2,825	2,825		0	0								
2	Pay	Actual/F'cast	515	436	604	588	456	524	436	1,066	505	785	437	282	6,634	6,634	100.00%	6,634	0	4,972	1,663	0				
3		Variance	282	198	365	349	219	287	199	829	273	553	205	50	3,809	3,809	134.80%	6,634	0			0				
4	Budget/Plan	58	58	58	129	130	130	87	87	87	87	87	87	1,088	1,088		1,088	0								
5	Non-Pay	Actual/F'cast	58	58	58	129	130	130	87	(75)	81	81	80	899	899	100.00%	899	0	1	898	0					
6		Variance	0	0	0	0	0	0	0	(162)	(7)	(7)	(6)	(189)	(189)	(17.37%)	-189	0				0				
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
8	Primary Care - Drugs & Appliances	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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
11	Secondary Care Drugs	Actual/F'cast	0	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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
14	CHC/FNC	Actual/F'cast	0	0	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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
17	Primary Care Contractor	Actual/F'cast	0	0	0	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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								0
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
23	Non-healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
26	Other Private & Voluntary Sector	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								0
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								
29	Joint Financing & Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0								0
34	Budget/Plan	290	297	297	368	367	367	325	325	320	320	319	319	3,913	3,913		1,088	0								
35	Total	Actual/F'cast	573	494	662	717	586	654	524	992	586	866	517	362	7,533	7,533		7,533	0	4,973	2,560	0	0	0	0	
36		Variance	282	198	365	349	219	287	199	667	266	546	198	44	3,620	3,620		6,445	0							0
37	Variance in month		97.29%	66.52%	122.94%	94.72%	59.61%	78.11%	61.32%	205.53%	83.29%	170.92%	62.11%	13.67%	92.50%											
38	In month achievement against FY forecast		7.60%	6.56%	8.79%	9.52%	7.78%	8.69%	6.95%	13.16%	7.78%	11.49%	6.87%	4.81%												

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	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	Budget/Plan	229	235	235	235	233	233	233	233	228	228	228	228	2,780	2,780	0	0			
2	Pay - General & Substantive	511	433	600	584	452	520	432	1,062	501	781	433	278	6,589	6,589	6,589	0	4,967	1,622	2,047
3	Variance	282	198	365	349	219	287	199	829	273	553	205	50	3,809	3,809	6,588.79	0			
4	Budget/Plan	4	4	4	4	4	4	4	4	4	4	4	4	45	45	0	0			
5	Pay - Variable	4	4	4	4	4	4	4	4	4	4	4	4	45	45	45	0	4	41	41
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45	0			
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Pay - Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Budget/Plan	232	239	239	239	237	237	237	237	232	232	232	232	2,825	2,825	0	0			
11	Total	515	436	604	588	456	524	436	1,066	505	785	437	282	6,634	6,634	6,634	0	4,972	1,663	2,088
12	Variance	282	198	365	349	219	287	199	829	273	553	205	50	3,809	3,809	6,634	0			

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		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	Budget/Plan	232	239	239	239	237	237	237	237	232	232	232	232	2,825	2,825
2	Workforce	515	436	604	588	456	524	436	1,066	505	785	437	282	6,634	6,634
3	Variance	282	198	365	349	219	287	199	829	273	553	205	50	3,809	3,809
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Medicines Management	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
7	Budget/Plan	58	58	58	129	130	130	87	87	87	87	87	87	1,088	1,088
8	Procurement & Non-pay	58	58	58	129	130	130	87	(75)	81	81	81	80	899	899
9	Variance	0	0	0	0	0	0	0	(162)	(7)	(7)	(7)	(6)	(189)	(189)
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC	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
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Pathway	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
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Other - Commissioning	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
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Other - Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Budget/Plan	290	297	297	368	367	367	325	325	320	320	319	319	3,913	3,913
23	Total	573	494	662	717	586	654	524	992	586	866	517	362	7,533	7,533
24	Variance	282	198	365	349	219	287	199	667	266	546	198	44	3,620	3,620

This table is currently being revised

Code	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year Total	Full Year Forecast	Net Revenue	Revenue	FTE Adjustment	Future FTEs
001	2024	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	1000	1000	1000	1000	0	1000

Category of Payment Month	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	1st to 15th	16th to 31st	
Revenue	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

ID	Organisation	Supplier / Organisation Title	Product	Business Unit	Supplier Reference Number	Revenue (1st 15th Period)	Revenue (16th 31st Period)	Revenue (Total)	Contract Year	Forecast 1st	Forecast 2nd	Risk of Cash Delivery (Date, Amount)	1st 15th Period (Date, Amount)	16th 31st Period (Date, Amount)	Forecast FTE (Forecast Period)	Supplier Name	Contract Start Date	Contract End Date	Contract Status	Supplier Type	1st 15th Period (Date, Amount)	16th 31st Period (Date, Amount)	Forecast FTE (Forecast Period)	Supplier Name	Contract Start Date	Contract End Date	Contract Status	Supplier Type
1	NHS Wales Shared Services Partnership	Contract Force	IT Support	IT Support	0000101	100	100	200	2024	100	100		01-Apr-24	15-Apr-24	100	IT Support	01-Apr-24	31-Mar-25	Active	IT Support	01-Apr-24	15-Apr-24	100	IT Support	01-Apr-24	31-Mar-25	Active	IT Support

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 1 – APRIL 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for April 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 1.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 1 reported at break-even in line with our IMTP forecast.

Our balanced financial plan continues to be based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. In particular the outstanding confirmation of the recurrent 2024/25 pay award funding allocation (£5.974m) and funding for the 2025/26 increase in employer national insurance contributions (£2.423m) remain key risks to the delivery of our financial plan.

Per Welsh Health Circular (WHC/2025/013) guidance, this is a reduced Month 1 monitoring return, with only the specified tables and associated commentary provided.

1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

Our IMTP included one saving scheme to be identified with a value of £0.104m. This has now been amended in Month 1 to reflect additional savings of £0.135m achieved on our desktop support SLA with DHCW which were not previously included in our financial plan.

Additional in month non-recurrent savings of £0.583m are reported due to ongoing high vacancies across our services. These savings are offset in Table A by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales.

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

- The full year income forecast for 2025/26 is £780.975m. This is a reduction from the £791.000m included in our IMTP due to (i) a reduction in the estimated value of payments due to eligible beneficiaries for the WIBSS estates compensation payments, which are made on behalf of IBCA (£11.6m), (ii) a reduction in forecast radiopharmacy income due to the service commencement date now moving to 2026/27 (£0.7m) and (iii) an increase in funding for employer national insurance contributions (£2.4m) which were not included in our IMTP. There are also changes in the forecast income for Single Lead Employer, depreciation and pharmacy rebates which offset each other.
- The SLE pay and non pay forecast totals £307.756m as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	24.325	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	291.962
NON PAY	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	15.793
TOTAL	25.641	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	307.756

This is £2.3m less than the forecast in our IMTP which assumed full establishment to all trainee cohorts. The revised forecast is based on the current staff in post. The forecast will vary as we progress through the financial year with the August and February rotations and intakes, and also with the variable locum shifts paid to SLE trainees each month. We will review and update the forecast as we progress through the financial year.

- Anticipated funding of £5.974m for the 2024/25 pay awards and £2.423m for the 2025/26 Employers National Insurance insurance has been incorporated into our forecast and the income has been anticipated in Table E1.
- Welsh Government income increases in Month 4 as we anticipate we will invoice for the £10.5m influenza vaccines in July per the agreed SLA.
- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
- Forecast non-cash charges of £6.480m have been included based on an updated projection for 2025/26 and excludes any unapproved capital schemes. These will be reviewed in detail for the June non-cash submission.
- £0.505m income and expenditure is included for Month 1 in relation to the WRP DEL budget. This relates solely to Periodic Payment Orders as DEL

returns are not submitted by Organisations in Month 1. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to the £145.491m as included in our IMTP and is phased on a straight-line basis over remaining months. This continues to assume that the WRP risk share agreement will be invoked for £36.056m.

- At Month 1 we are reporting a break-even full year forecast against our Covid allocation. There are a number of variables that will influence this forecast including the type of influenza/covid vaccine to be utilised this year, the distribution model of this and the ongoing revenue costs of the revised PPE policy which we are working through. We will update the forecast when we have more information available.

At the end of 2024/25 we continued to accrue a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will review this further when the cash and stock implications of the new PPE stockholding policy can be identified.

2. Underlying Position (Table A1)

Table A1 has been completed to reflect the recurrent overachievement of savings due to new savings being identified in year over and above the savings that were noted as 'to be identified' in our IMTP.

3. Risk Management (Table A2)

This table has been populated with the risks and opportunities per our IMTP, with the addition of a risk of £2.423m in respect of funding required for the 2025/26 increase in Employers National Insurance contributions as this funding has not yet been confirmed.

At this early stage in the financial year we are unable to amend the risk values further. We note the request in the WHC to only include unmanageable material risks within the table. Whilst there may be scope to manage some of the resulting cost pressures from these risks, we would be unable to do this if several impacted us.

4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure in Month 1 in line with our IMTP forecast. This has been achieved following the increased controls and plan to eliminate agency expenditure that we implemented during 2024/25.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)

The variable pay table has been populated with actual Month 1 data and forecast data per our IMTP. We are reporting £0.224m in April against the £0.310m forecast which was based on 2024/25 average expenditure. We continue to strengthen our controls on variable pay expenditure across NWSSP and are in the process of introducing an overtime principles procedure and control process to enhance this further. We will review the forecast again at the end of quarter 1 to identify if we can reduce the forecast further.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The savings tracker has been populated per our IMTP with the removal of the one amber scheme, which has now been replaced with a new scheme that has been achieved for £0.135m in respect of DHCW SLA desktop support savings.

In month 1 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor of £0.583m due to the number of vacancies we are in the process of recruiting to.

8. Income Assumptions (Tables D, E & 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 agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-25 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP.

The values for depreciation have been updated per our initial review in Month 1 and will be reviewed in more detail as part of the June non-cash submission.

The IFRS16 revenue recovery value has not been completed whilst we review and update the 2025/26 submission and will update in the Month 3 return when we complete the IFRS16 Table Q.

9. Health Care Agreements and Major Contracts

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25th March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 30th April 2025 there were two invoices and two credit notes outstanding over 17 weeks. Both invoices have now been paid and one credit note taken. The remaining credit note was agreed as part of the Agreement of Balances process and we are continuing to urgently chase for this to be taken before 23rd May deadline.

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

Tables not required for completion until Month 2.

14. IFRS 16 & CAME (Table Q)

Table not required for completion until Month 3

15. 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 Group reports.

The Shared Services Partnership Committee will receive the Month 1 Financial Monitoring Return, along with the return for Month 12 2024/25 at the May Committee meeting.

16. Authorisation of Return

The governance arrangements have been agreed for when the Director of Finance and Corporate Services and/or the Managing Director are not available to sign the monitoring returns. Rebecca Nelson, our Director of Planning Performance and Informatics and Linsay Payne, Deputy Director of Finance & Corporate Services are both permitted to authorise the returns in the absence of either the Director of Finance and/or Managing Director.



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NEIL FROW
MANAGING DIRECTOR
NWSSP
NWSSP

14th May 2025



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ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES

NHS Wales Shared Services Partnership

Period : Apr 25

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
 Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4 Other Income Uplift / (Reduction)	0	0	0	0
5 RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6 Planned (Finalised) Green and Amber Savings Plan	3,019	308	2,712	2,608
7 Planned (Finalised) Net Income Generation	1,863	362	1,501	1,501
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
10	0	0	0	0
11 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
12 Opening IMTP / Annual Operating Plan	0	0	0	-104
13 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
15 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-43	92	-135	0
17 Additional In Year Identified Savings - Forecast	626	491	135	135
18 Variance to Planned RRL	0	0	0	0
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0	0	0
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	0	0	0	0
22 Unplanned Cost Pressures	0	0	0	0
23 Planned Mitigations Yet To Be Finalised	0	0	0	0
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	0	0	0	0
26 NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	-583	-583	0	0
27	0	0	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35 Forecast Outturn (- Deficit / + Surplus)	0	0	0	31

	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	0	0	0	0	0	0	0	0	0	0	0	0
2	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-12,528
3	637	637	637	637	637	637	637	637	637	637	637	637	637	7,646
4														0
5													0	0
6	252	252	252	252	252	252	252	252	252	252	252	252	252	3,019
7	155	155	155	155	155	155	155	155	155	155	155	155	155	1,863
8														0
9														0
10														0
11														0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	-104
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14														0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	81	-11	-11	-11	-11	-11	-11	-11	-11	-11	-11	-11	81	-43
17	502	11	11	11	11	11	11	11	11	11	11	11	502	626
18														0
19														0
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	-583												-583	-583
27														0
28														0
29														0
30														0
31														0
32														0
33														0
34														0
35	0	0	0	0	0	0	0	0	0	0	0	0	0	31

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 YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £000		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000	
1	Budget/Plan	190	190	190	190	190	190	190	190	190	190	190	190	190	2,277		0	0					
2	Pay	Actual/F'cast	672	181	181	181	181	181	181	181	181	181	181	181	672	2,665	25.23%	2,665	0	592	2,073	0	2,073
3		Variance	482	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	482	387	254.18%	2,665	0				
4	Budget/Plan	62	62	62	62	62	62	62	62	62	62	62	62	62	742		742	0					
5	Non-Pay	Actual/F'cast	163	71	71	71	71	71	71	71	71	71	71	163	938	17.32%	938	0	299	639	0	670	
6		Variance	101	9	9	9	9	9	9	9	9	9	9	101	196	162.77%	196	0					
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
8	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
11	Secondary Care Drugs	Actual/F'cast	0	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	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
14	CHC/FNC	Actual/F'cast	0	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	0	0	0	0
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
17	Primary Care Contractor	Actual/F'cast	0	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	0	0	0	0
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
23	Non-healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
26	Other Private & Voluntary Sector	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
29	Joint Financing & Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
34	Budget/Plan	252	252	252	252	252	252	252	252	252	252	252	252	252	3,019		742	0					
35	Total	Actual/F'cast	835	252	252	252	252	252	252	252	252	252	252	835	3,603		3,603	0	891	2,712	0	2,743	
36		Variance	583	0	0	0	0	0	0	0	0	0	0	583	583		2,861	0					

37	Variance in month	231.71%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	231.71%
38	In month achievement against FY forecast	23.17%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	6.98%	

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	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	Budget/Plan	190	190	190	190	190	190	190	190	190	190	190	190	190	2,277	0	0	0	0	
2	Pay - General & Substantive	672	181	181	181	181	181	181	181	181	181	181	181	672	2,665	2,665	0	592	2,073	2,073
3	Variance	482	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	482	387	2664.515134	0			
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Pay - Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Pay - Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Total	190	190	190	190	190	190	190	190	190	190	190	190	190	2,277	0	0	0	0	
12	Variance	672	181	181	181	181	181	181	181	181	181	181	181	672	2,665	2,665	0	592	2,073	2,073
		482	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	482	387	2,665	0			

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		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	Workforce	190	190	190	190	190	190	190	190	190	190	190	190	190	2,277
2	Medicines Management	672	181	181	181	181	181	181	181	181	181	181	181	672	2,665
3	Procurement & Non-pay	482	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	482	387
4	CHC	62	62	62	62	62	62	62	62	62	62	62	62	62	742
5	Pathway	163	71	71	71	71	71	71	71	71	71	71	71	163	938
6	Other - Commissioning	101	9	9	9	9	9	9	9	9	9	9	9	101	196
7	Other - Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Total	252	252	252	252	252	252	252	252	252	252	252	252	252	3,019
9	Variance	835	252	252	252	252	252	252	252	252	252	252	252	835	3,603
10		583	0	0	0	0	0	0	0	0	0	0	0	583	583

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 23/03/2025 (Updated 24/03/2025)

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand (Weeks)	Social Care Units Issued since 09/03/2020 - 31/03/2024	Stock on Hand (Weeks) based on 2nd Wave Issues	Average 2nd Wave Weekly Issue Rate
Aprons	270,345,975	275,925	21,149,250	147,000	276,806	76	116,194,800	9	2,282,290
Body Bags	17,048	8	9,549	0	19	516	5,799	56	170
Eye Protector	1,646,572	0	566,600	0	0	-	748,100	554	1,023
Type I & Type II Masks	2,404,830	0	25,640	0	615	42	332,800	2	15,653
Type IIR Masks	288,310,927	64,700	2,223,975	2,002,000	134,338	17	132,050,037	1	2,617,384
FFP2 Masks	127,144	0	201,120	0	0	-	8,360	272	739
FFP3 Masks (3M)	5,000,309	335	2,435,390	0	583	4,179	98,760	39	62,518
FFP3 Masks (Other)	191,100	0	0	0	0	-	0	-	0
Face Visors	7,564,429	1,135	267,253	0	386	692	3,134,316	2	131,750
Fit Test Kits & Spares	6,694	0	382	0	0	-	0	13	30
Gloves	1,461,511,930	2,806,700	181,866,450	103,517,800	2,993,075	61	539,926,830	22	8,446,226
Gloves Cuff	2,202,750	7,200	358,950	0	4,900	73	4,150	36	9,970
Gowns (Fluid-Resistant)	5,219,620	4,464	619,267	0	2,438	254	113,650	14	44,911
Gowns (Other)	1,311,673	1,670	38,615	0	1,530	25	0	3	13,975
Hand Sanitizer	1,216,265	2,631	166,267	5,040	2,757	60	57,358	22	7,638
Wipes (Universal)	235,844,400	1,336,000	11,541,200	1,629,600	1,460,950	8	38,000	6	2,035,123
Wipes (Other)	138,823,814	223,004	1,224,000	307,600	216,632	6	16,000	2	540,982
Respirator Hoods	157	0	432	2,400	0	-	0	-	0
Respirator Filters	35,273	0	42,600	0	0	-	0	-	0
Total	2,421,780,910	4,723,772	222,736,940	107,611,440	5,095,028		792,728,960		16,210,382

Key Notes & Assumptions

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
 - Gloves where a unit is reported based on the unit size of a pack (single or pair)
 - Hand sanitiser where a unit is a bottle regardless of the size
- e) The dashboard output is a snapshot at a point in time of a dynamic position
- f) Issue rate reflects the average number of issues made in the last 4 weeks
- g) Stock on hand (Weeks) reflects the number of weeks stock in hand based on the average issues made in the last 4 weeks, without considering orders to be received.
- h) RAG Rating is currently based on 16 Weeks

≥16 Weeks
7 - 15 Weeks
≤ 1 Week
-

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 21/04/2025 (Updated 22/04/2025)

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)
Aprons	271,512,150	206,050	20,366,250	2,297,000
Body Bags	17,076	0	9,493	0
Eye Protector	1,646,572	0	566,600	0
Type I & Type II Masks	2,407,830	900	18,260	0
Type IIR Masks	288,606,802	65,200	4,015,650	800
FFP2 Masks	127,144	0	201,120	0
FFP3 Masks (3M)	5,004,010	740	2,431,139	0
FFP3 Masks (Other)	191,100	0	0	0
Face Visors	7,564,923	211	266,745	0
Fit Test Kits & Spares	6,694	0	382	0
Gloves	1,473,738,880	2,730,600	208,845,350	41,153,650
Gloves Cuff	2,221,850	3,350	348,700	24,000
Gowns (Fluid-Resistant)	5,225,605	404	592,868	0
Gowns (Other)	1,320,339	2,244	30,641	0
Hand Sanitizer	1,226,121	2,246	166,203	1,440
Wipes (Universal)	241,816,400	1,347,000	12,050,000	7,200
Wipes (Other)	139,750,073	214,750	1,528,300	240,200
Respirator Hoods	157	0	442	0
Respirator Filters	35,273	0	42,600	0
Total	2,442,418,999	4,573,695	251,480,743	43,724,290

Key Notes & Assumptions

- The reported stock holding does not include stock physically held within the receiving organisations.
- The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- The reporting of stock is based on individual units, except for:
 - Gloves where a unit is reported based on the unit size of a pack (single or pair)
 - Hand sanitiser where a unit is a bottle regardless of the size
- The dashboard output is a snapshot at a point in time of a dynamic position

2025 Audit Assurance Arrangements NHS Wales Shared Services Partnership

Audit year: 2024-25

Date issued: April 2025

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Summary

Introduction

- 1 This paper provides a summary of the planned audit work that will be undertaken to support the provision of audit assurances to the external auditors of NHS Wales bodies upon the services provided by the NHS Wales Shared Services Partnership (NWSSP). We set out the proposed work, when it will occur and who will undertake it.
- 2 The paper does not refer to any other audit work that we will be undertaking at NWSSP to directly support our audit of Velindre University NHS Trust's 2024-25 financial statements.

External audit assurance arrangements

- 3 The Velindre University NHS Trust's external audit team and the Audit Wales IT auditors are responsible for co-ordinating and completing the audit work to provide the assurances required by the local audit teams of each of the various NHS bodies across Wales. Local audit teams decide the areas of work required on the services provided by NWSSP, relevant to their responsibilities for providing an opinion on the health bodies financial statements.
- 4 Some changes to our programme of assurance work were made in 2024 and it has been agreed, with NHS audit teams, that the scope of this work will remain mostly unchanged for 2025.
- 5 Our planned work programme for 2024-25 is set out in [Exhibit 1](#). Local audit teams may determine that additional assurances are required, from other service areas of the NWSSP. If such work arises, we will discuss this with the NWSSP management and update the NWSSP Audit Committee accordingly.

Exhibit 1: audit assurance arrangements

The table below sets out the content of the audit assurance work programme for 2024-25:

NWSSP managed service	Audit assurance requirements
General As NWSSP is a service organisation to other NHS Wales bodies, NHS auditors will require high level assurances, per ISA 402, on NWSSP.	We will complete and provide documentation to NHS auditors to enable them to meet the requirements of ISA 402.

NWSSP managed service	Audit assurance requirements
<p>Primary Care Services NWSSP process transactions in respect of Primary Care Services (PCS) for all Local Health Boards (LHBs) in Wales. The key areas that LHB auditors have identified as being of most significance are General Medical Services (GMS) and General Pharmaceutical Services (GPS).</p>	<p>The work that I will undertake on these two areas is as follows:</p> <ul style="list-style-type: none"> • document and walkthrough the specific key controls in PCS for processing GMS payments; • agreement of the prescribed patient rate, which is key for the Global sum calculation; • undertake controls testing on the specific key controls in regard to GMS, with a focus on the controls in place concerning GP patient records; and • document and walkthrough the specific key controls in PCS for processing drugs costs paid to both Pharmacies and Dispensing Doctors.
<p>Employment Services / Payroll NWSSP process payroll transactions for all LHBs and NHS Trusts in Wales. Payroll teams are located at Companies House, Cardiff except for those that process the transactions of Swansea Bay, Powys, Hywel Dda, BCU and WAST.</p>	<p>There are three key aspects of our assurance work that we will undertake for NHS audit teams:</p> <ul style="list-style-type: none"> • For those health bodies where payroll transactions are processed in Companies House, we will update our understanding of the payroll system and will document the controls within the payroll system; and • as there are material recharges from NWSSP to the various NHS Wales bodies as a result of the Single Lead Employer (SLE) arrangement we will document the controls and walk through the key controls in place. We will also perform controls testing to verify that the supporting payroll information reconciles to the invoices issued to health bodies by NWSSP.
<p>Legal and Risk Services NWSSP - Legal and Risk Services (L&RS) provide expert opinion on claims made against NHS bodies. Health Body auditors have requested that work is undertaken centrally to assess the suitability of L&RS as a management expert in accordance with ISA 500.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Document and update our understanding of the services provided; • Evaluate the competence, capability and objectivity of the service provider; and • Evaluate the appropriateness of the work (as relevant to the work of the local audit teams).

NWSSP managed service	Audit assurance requirements
<p>Procurement Services NWSSP - Procurement Services (PS) process accounts payable transactions for all LHBs and NHS Trusts in Wales. Health Body auditors have confirmed that they wish to obtain an understanding of the accounts payable system operated within NWSSP.</p>	<p>We will:</p> <ul style="list-style-type: none"> • document the controls operated within the accounts payable system; and • provide audit teams with invoice statistics on processed invoice values and PPSP performance.
<p>Contracts Requiring WG Approval LHB contracts exceeding £1 million are required to be approved by Welsh Government. LHB auditors have requested that work is undertaken centrally to confirm that all contracts requiring such approval have been appropriately approved.</p>	<p>We will compare the list of contracts exceeding £1million on the central database of contracts awarded by the Procurement Unit in NWSSP to the list of contracts approved by the Welsh Government.</p>

IT Audit Assurance Arrangements

- 6 The NWSSP manage a number of national NHS IT applications that are used by other NHS organisations in Wales. Audit Wales IT auditors will review the IT infrastructure and application controls that are applied to the following IT systems for the purposes of providing assurances for NHS audit opinions to local audit teams:
- Prescription Pricing System which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments;
 - The Family Practitioner Payment System (FPPS), used for calculating primary care General Medical Services (GMS) contractor payments from NHS demographics. The FPPS 'payments processing engine' received patient demographic information from the National Health Application and Infrastructure Services (NHAIS) or Exeter system for this information processing. NHAIS was used for communicating NHS patient demographics information to FPPS until July 2024 when it was replaced by the Welsh Demographic System (WDS);
 - Oracle Financial Management System (FMS), including Optical Character Recognition (OCR) invoice scanning and e-invoicing systems, used by all of NHS Wales as the main accounting system ledgers for managing and producing the NHS accounts. The Oracle FMS system used by NHS Wales was moved to the Oracle Cloud Infrastructure (OCI) based in Slough in October 2024; and

- System administration functions and user access for the payroll elements of the Electronic Staff Record (ESR) payroll system.
- 7 IT auditors will undertake a programme of work to identify, understand and assess risks arising in the IT environment and the IT controls, including evaluating the design of IT controls and determining whether they are implemented. In addition to the above IT systems, this programme will also include work undertaken centrally at Digital Health and Care Wales (DHCW) on the IT applications and infrastructure provided which are also used by other NHS organisations in Wales.

Fee, audit team and timetable

Fee

- 8 This work is being undertaken in order to provide the auditors of the various NHS bodies across Wales with assurances relevant to their responsibilities. There is therefore no associated audit fee for NWSSP as the proportionate cost of this work will be included in the individual audit fees to the Welsh NHS bodies.

Audit team

- 9 The main members of the audit team, together with their contact details, are summarised in [Exhibit 2](#).

Exhibit 2: NWSSP audit team

The table below provides details of the audit team:

Name	Role	Contact number	E-mail address
Richard Harries	Engagement Lead – Financial Audit	02920 320640	richard.harries@audit.wales
Steve Wyndham	Financial Audit Manager	02920 320664	steve.wyndham@audit.wales
David Burridge	Financial Audit Lead	02922 677839	david.burridge@audit.wales
Andrew Strong	Information Technology Audit Manager	02920 320587	andrew.strong@audit.wales

Timetable

- 10 Following the completion of the above work, the following reports will be issued:

- **Assurance report to NHS audit teams** – our findings will be communicated to external auditors to support their work to inform their opinion on the financial statements of the various NHS bodies; and
- **NWSSP Management Letter** - a summary of the work undertaken, our conclusions and any recommendations will be reported to NWSSP. This report will also include any issues relating to NWSSP identified by other NHS auditors.

11 The key reporting deadlines are set out in [Exhibit 3](#).

Exhibit 3: timetable

The table below sets out the key milestones for delivering the proposed areas of work:

Planned output	Work undertaken	Report finalised
Assurance report to audit teams	March - May 2025	May 2025
Nationally Hosted NHS IT systems	February – May 2025	May 2025
Management letter	February - July 2025	Sept 2025



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



NHS WALES

Shared Services Partnership

COUNTER FRAUD ANNUAL PLAN
2025/2026

Mark Weston
Counter Fraud Manager
NHS Wales Shared Service Partnership

This document is prepared by Mark Weston Counter Fraud Manager, NHS Wales Shared Service Partnership in order to comply with Government Functional Standards and the recommendations of the NHS Counter Fraud Authority for NHS Bodies (Wales) and has been approved by the Director of Finance as below.

Workplan prepared by:

Counter Fraud Manager – Mark Weston

Workplan agreed by:

Alison Ramsey - Director of Finance and Corporate Services

NWSSP Audit Committee

Date: 28th March 2025

WORKPLAN 2025-2026

Background

The NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud in 2021**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services (those receiving partial or full NHS funding). The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The implementation of the Government Functional Standard GovS 013: Counter Fraud was agreed by All NHS Wales DoF's on 19th February 2021.

The NHSCFA is responsible for leading and influencing the improvement of counter fraud standards across the NHS and will be responsible for ensuring the effective implementation of the NHS Counter Fraud Requirements. The requirements have superseded our own fraud, bribery and corruption standards for providers, commissioners and NHS bodies in England and Wales. The NHSCFA is required to provide assurance to the Cabinet Office of NHS compliance with the Functional Standard. This will be accomplished by the receipt and validation by the NHSCFA of the Counter Fraud Functional Standard Return submitted by organisations providing any NHS funded services. Deadline for submission of this document in relation to this plan is 31/05/2025. The NHSCFA Quality Assurance Programme will enable the analysis of performance of the Counter Fraud team against each requirement. They will provide a grading of compliance in relation to all areas of the functional standards. (Green, Amber or Red)

NHS Wales Shared Services Partnership (NWSSP) has its own dedicated full time and professionally accredited Local Counter Fraud Specialist (LCFS) to manage and deliver the local counter fraud service for NWSSP. NWSSP LCFS Manager Attends Counter Fraud Liaison Group and works closely with other LCFS'S across NHS Wales. This will ensure that NWSSP follows the Welsh Government Directions on Countering Fraud, Bribery and Corruption within the NHS in Wales and the standards set by the NHSCFA are achieved. An Annual Work-Plan is compiled by the Counter Fraud Manager that is agreed by NWSSP Director of Finance and Corporate Services and submitted to the Audit Committee for approval at the commencement of each financial year. The Workplan provided below formulates Local Counter Fraud arrangements for NWSSP for 2025-2026. The tasks outlined will be considered and reviewed dynamically throughout the year as the need arises. The effectiveness of the plan will be reported in the end of year Annual Report to Audit Committee and in the NHSCFA Functional Return as referred to above.

This organisation's Work-Plan will directly mirror GovS:13 Standard (Counter Fraud) in order to bring the organisations provision into line with the NHSCFA Counter Fraud Bribery and Corruption Strategy. This in turn supports the objectives set by the Welsh Government.

Taking a risk-based approach to planning local counter fraud work

Locally investigators are in the best position to identify and understand the counter fraud requirements for their organisation. Successful implementation of counter fraud policy relies on the work of the Local Counter fraud Specialist (LCFS).

The counter fraud work-plan should be tailor-made and specific to the NHS organisation, for example, carrying out local proactive exercises identified in the course of investigations, or analysis of referrals may show the need for more work on preventing fraud or highlight that awareness is needed in a particular department or staff group.

Meeting key personnel in the organisation and using the information from staff surveys are important methods for forming action plans. The responses may also reveal areas of risk highlighting a need for pro-active prevention or detection work. Any risks which are identified by the LCFS will be recorded in line with local procedures adopted for such by the organisation, shared with the Internal Audit department and reported to the DoF and Audit Committee. This aims to provide another level of assurance that the risk will be **owned** and managed. While every effort will be made to identify local risks, it is important that information from outside the organisation is also considered; for example, NHS CFA fraud alerts, and fraud prevention notices. Information received from external sources will be assessed and any risks locally identified will be targeted as a result.

To help organisations take a risk-based approach to counter fraud work and planning, the NHSCFA has issued up to date risk assessment advice and training. This helps the LCFS when assessing the counter fraud arrangements at their own organisation. This provides direction in risk assessment work and provides a basis of measuring local risks using a dedicating risk matrix scoring system and template. Results of all local risk work carried out by the Counter Fraud Team will be reported through the quality assurance process to NHS CFA, managed on the CLUE case management system and will be locally reported to the Audit Committee

Outcomes/Results

Accurate records of counter fraud work are essential. They inform upon the effectiveness of work undertaken, assist in the planning of future work and help to identify strengths and weaknesses within the organisation. Accurate records of all work undertaken by the

Counter Fraud Manager for this upcoming year will be kept and updated. These results will be reflected in the quarterly progress reports and end of year annual report.

The Counter Fraud team are aware of the importance of liaison with External Auditors when planning Local Counter Fraud work in order to prevent duplication of effort. There are some elements of the Counter-Fraud Work-Plan which External Auditors may review on a risk basis as part of their own reviews of Governance Arrangements, e.g., Whistle-Blowing arrangements, Declaration of Interests, Gifts and Hospitality. External Auditors will certainly be seeking to gain assurance that Counter Fraud arrangements are robust and the Counter Fraud team, will maintain a close working relationship with Audit Wales as required.

Resource Provision

Resource Provision for NHSWSSP	Days Planned 25 / 26
NHSWSSP Counter Fraud Manager	210
Total	210

Resource by Activity

Activity	Days Planned 25 / 26
Proactive	140
Reactive	70
Total	210

With the move to the GovS:13 taking place and the previous 4 standards of Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account are now obsolete, the methodology to be adopted in breaking down resource time spent by activity area is simplified into Proactive and Reactive areas. Generally Proactive work will involve activities such as fraud awareness, eg presentations, newsletters and other engagement etc and also National CFA Proactive exercises, Local Proactive Exercises, and Risk Assessments. Reactive work will involve activities such as, investigation into referrals received, carrying out system weakness analysis as a result of investigation findings.

NHSCFA states that Proactive work should not be absorbed by Reactive activity or *vice versa* and to this end NHSCFA strongly encourages Proactive work to be 'ring-fenced'. However due to the dynamic nature of the Counter Fraud environment the plan is intended to be flexible to the needs of the service, so may be subject to review and change where service priorities and risk require. If this occurs then careful consideration will be given to any changes made and this will be reported in progress reports to the DoF and the Audit Committee. Any changes to the overall days provided or in regard to the areas planned for will be reported in the end of year report.

Work Plan Objectives

A work plan with matching tasks/objectives is set out below for each NHS requirement area. Each task/objective relates to a specific standard of compliance or fraud risk area; the work plan has been formulated to support the mitigation of the risk of fraud to the organisation and to ensure compliance with the NHSCFA/Gov requirements.

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>1: Accountable individual</p> <p>NHS Requirement 1A:</p> <p>A member of the executive board or equivalent body is accountable for provision of strategic management of all counter fraud, bribery and corruption work within the organisation. The accountable board member is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness</p>	<p>Counter Fraud Manager (CFM) to hold regular scheduled meetings with NWSSP Director of Finance and Corporate Services (DoF) - objectives to be reviewed and work to date evaluated. During these meetings ongoing work involving investigations, the promotion of fraud awareness, fraud proofing and risk assessments, policy considerations and Counter Fraud communication strategy to be discussed. The DoF to act as the link between the Audit Committee (AAC) and Senior Leadership Group to allow key risks to be identified, managed, and mitigated.</p>	<p>Ongoing throughout the Year</p>	<p>15</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>of all counter fraud bribery and corruption work undertaken.</p> <p>The accountable board member is responsible for ensuring that nominations to the NHSCFA for the accountable board member, audit committee chair and counter fraud champion are accurate and that any changes are notified to the NHSCFA at the earliest opportunity and in accordance with the nominations process.</p> <p>N.B. 'Equivalent body' may include, but is not limited to, the board of directors, the board of trustees or the governing body. Oversight of counter fraud, bribery and corruption work should not be delegated to an individual below this level of seniority in the organisation</p> <p>NHS Requirement 1B:</p> <p>The organisation's non-executive directors, counter fraud champion or lay members and board/governing body level senior management are</p>	<p>CFM to produce the SSP Counter Fraud Annual Workplan which is to be agreed with the DoF and ratified by the AAC.</p> <p>CFM to produce the NWSSP Counter Fraud Annual Report.</p> <p>CFM to provide quarterly progress reports to Dof and AAC and to present these quarterly at AAC.</p> <p>Checks to be carried out by CFM that nominations to NHSCFA are correct, up to date and in order.</p> <p>Where necessary and appropriate Counter Fraud Manager (CFM) will seek to hold regular one to one meetings with the Audit Committee Chair, Counter Fraud Champion. In addition to this CFM to attend pre-audit committee</p>	<p>Q4</p> <p>Q1</p> <p>Qtly</p> <p>Q1 and As required</p> <p>Qtly</p>	<p>15</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation.</p> <p>The Counter Fraud Champion understands the threat posed and promotes awareness of fraud, bribery and corruption within the organisation.</p> <p>Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented. Where recommendations have been made by NHSCFA following an engagement, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation.</p> <p>The organisation reports annually on how it has met the standards set by NHSCFA in relation to counter fraud, bribery and corruption work, and details corrective action where standards have not been met.</p>	<p>meetings with Independent Members of the Audit Committee.</p> <p>Counter Fraud to remain a standing agenda item at AAC. Counter Fraud Manager to provide written and oral reports to this forum, annually and progressively throughout the year.</p> <p>CFM to report to DoF and AAC any matters arising from NHSCFA in relation to thematic assessment exercises, matters arising out of Fraud Prevention Notices and national exercises.</p> <p>CFM to liaise regularly with internal partners, such as Internal Audit, Communications, Information Governance Workforce and Organisational Development, to develop and maintain fit for purpose infrastructure providing a firm foundation for the Counter Fraud provision.</p> <p>CFM and Counter Fraud Champion to meet fortnightly with Dof to attend monthly to discuss all aspects of Counter Fraud work.</p>	<p>Qtlly</p> <p>Qtlly and Throughout the year</p> <p>Throughout the year</p> <p>Fortnightly/Monthly</p>	

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	CFM to carry out annual reporting to NHSCFA in the form of the NHS CFA Functional Standard return and to subsequently address any issues rising from the results of this assessment.	Annually Q1	
<p>2: Counter fraud bribery and corruption strategy</p> <p>NHS Requirement 2:</p> <p>The organisation aligns counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy. This is documented in the organisational counter fraud, bribery and corruption policy, and is submitted upon request. The counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks.</p> <p>(The organisation may have its own counter fraud, bribery and corruption strategy, however, this must be aligned to and referenced to the NHSCFA counter fraud, bribery and corruption strategy)</p>	<p>CFM to review organisational Counter Fraud Bribery and Corruption Policy to ensure it is properly aligned to the current NHS CFA Strategy. CFM to Liaise with other LCFS to ensure a once for Wales approach.</p> <p>CFM to ensure that work planned for in the Annual Counter Fraud Plan and that work carried out is aligned to the NHS CFA strategy and that the objectives are being met.</p> <p>CFM to provide assurance that counter fraud provision is resourced by way of qualified, nominated and accredited Counter Fraud Specialists and to ensure that this is maintained.</p>	<p>Q1 & Q2</p> <p>Qtly and throughout the year</p> <p>Continual Monitoring</p>	3

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>3: Fraud bribery and corruption risk assessment</p> <p>NHS Requirement 3:</p> <p>The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology and is recorded and managed in line with the organisation's risk management policy and included on the appropriate risk registers, and the risk assessment is submitted upon request. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).</p> <p>For NHS organisations the fraud risk assessments should also consider the</p>	<p>CFM to review NWSSP fraud risk register and NHS CFA risk descriptors to prioritise areas for risk assessment appropriate to NWSSP.</p> <p>CF manager to discuss with DoF, Counter Fraud Champion and Corporate Governance the preferred method of reporting and recording risk, including the maintenance of a register for review to compliment the recording upon CLUE. Where resource implications are present priority to be given to those areas identified as higher risk.</p> <p>CFM to meet with CFS Wales and other Lead LCFS to discuss and agree management of fraud risks and risk analysis and report to DoF.</p> <p>CFM to carry out risk analysis in line with the Government Counter Fraud Profession (GCFP) fraud risk methodology. Locally identified risk to be recorded in line with the organisations Risk Management Policy and entered on to the appropriate risk registers. All risks identified to be assessed and remedial action identified and reported to key stakeholders. All matters arising to be</p>	<p>Q1/Q2</p> <p>Q1 / Q2</p> <p>Q1</p> <p>Ongoing throughout the Year</p>	<p>30</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>fraud risks within any associated sub company of the NHS organisation.</p>	<p>reported to DoF and AAC by way of counter fraud progress reporting.</p> <p>CFM to develop a fraud risk profile upon the CLUE case management system in order to effectively evaluate, evidence and measure the effectiveness of counter fraud risk assessment work with a view to reducing fraud to an absolute minimum.</p> <p>Further Local Proactive exercises to be undertaken by CFM as the need arises throughout the year as a result of local identification or if informed by CFA Fraud Prevention Notices and national exercises. All risk analysis work to be subject to timed ongoing review to assess if recommendations acted upon.</p>	<p>Q1& Q2</p> <p>Throughout the year</p>	
<p>4: Policy and response plan</p> <p>NHS Requirement 4:</p> <p>The organisation has a counter fraud, bribery and corruption policy and response plan (the policy and plan) that follows NHSCFA's strategic guidance</p>	<p>CF Manager to review existing counter fraud bribery and corruption policy, update and amend as appropriate.</p> <p>Counter Fraud team to promote awareness of the policy at presentations and through newsletters.</p>	<p>Q1 & Q2</p> <p>Throughout the Year</p>	<p>5</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>and has been approved by the executive body or senior management team.</p> <p>The plan is reviewed, evaluated and updated as required, and levels of staff awareness are measured.</p>	<p>CF team to utilise staff surveys to evaluate if staff are aware of the policy and how and where to locate it. Also establish that they are aware of the correct procedures associated with reporting fraud, bribery and corruption.</p>	<p>Q2 / Q3</p>	
<p>5: Annual action plan</p> <p>NHS Requirement 5:</p> <p>The organisation maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessment identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the audit committee (or equivalent body).</p>	<p>CF Manager to complete annual CF fraud workplan detailing planned actions for the coming year. Where possible actions to be given a proposed action time period.</p> <p>CF Manager to ensure the plan is agreed by DoF, ratified by AAC and is informed by national and local risk and is aligned to organisational objectives and CFA Strategy.</p> <p>CF Manager to ensure that the provision of the CF function is written into the overall organisation plan.</p> <p>CF manager to provide quarterly reports to AAC. CF manager to provide quarterly statistics to Counter Fraud Service Wales.</p> <p>CF manager to provide annual report measuring the effectiveness of the plan.</p>	<p>Q1</p> <p>Q1</p> <p>Throughout the Year</p> <p>Throughout the Year</p> <p>Q1yr end</p>	<p>4</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>6: Outcome-based metrics</p> <p>NHS Requirement 6:</p> <p>The organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance. This should be informed by national and local risk assessment, national benchmarking and other comparable data. Proactive and reactive outcomes and progress are recorded on the approved NHS fraud case management system.</p> <p>Metrics should include all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.</p>	<p>All fraud referrals and cases to be recorded on CLUE case management system. All outcomes to recorded on Clue Accordingly. This includes all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.</p> <p>All Local Proactive exercises and outcomes recorded on CLUE and reported quarterly.</p> <p>Locally and nationally informed risk assessments will be recorded according to local policy and using the CLUE case management system and will and a suitable review date added to check upon progress of recommended remedial action. These items will also be shared automatically with the Internal audit department and reported to the AAC.</p> <p>Data will be collected in relation to the amount of fraud awareness work is carried out. Feedback is sought from each session. Monitoring and reporting on metrics received from Interactive feedback forms are reported quarterly to DoF and AAC. This measures the</p>	<p>Throughout the year</p> <p>Reported Qtly</p> <p>Reported Qtly</p> <p>Data collection throughout the year</p> <p>Data Reported</p>	<p>8</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	<p>effectiveness of the service supplied by the LCFS throughout the year.</p> <p>CFM to collect metrics from referral sources to measure effectiveness of each awareness method/session.</p> <p>All data and metrics collected from referrals, investigations, outcomes, sanctions, LPE's, Risk Measurement Exercises and Fraud awareness engagement is reported upon quarterly to NHS CFS Wales who provide a consolidated report to Welsh Government and CFSG to provide benchmarking. All activity is also reported to DoF and AAC quarterly.</p>	<p>Qtly</p> <p>Data collection throughout the year</p> <p>Reported Qtly</p>	
<p>7: Reporting routes for staff, contractors and members of the public</p> <p>NHS Requirement 7:</p> <p>The organisation has well established and documented reporting routes for staff, contractors and members of the</p>	<p>CFM to continue to assess the infrastructure in place for the reporting of concerns and making of general enquiries from all groups.</p> <p>CFM continue to promote reporting routes for staff, contractors and members of the public to report incidents of fraud, bribery and corruption via:</p>	<p>Q1 & Q2</p> <p>Throughout the year</p>	<p>10</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>public to report incidents of fraud, bribery and corruption. Reporting routes should include NHSCFA's Fraud and Corruption Reporting Line and online reporting tool. All incidents of fraud, bribery and corruption are recorded on the approved NHS fraud case management system.</p> <p>The incident reporting routes are publicised, reviewed, evaluated and updated as required, and levels of staff awareness are measured.</p>	<p>Intranet/ Internet sites Sways Newsletters Surveys Fraud Awareness Presentations Induction Training Wall Posters Counter Fraud App Social Media</p> <p>CFM continue to liaise with the Communications Team in order to update, evaluate and ensure that all reporting routes are promoted in the most effective way with up to date relevant information in order to continue to ensure the LCFS Service have a brand identity and presence.</p> <p>CFM to liaise with Communications to team to further update, promote and review effectiveness the new NHS Wales Counter Fraud App.</p> <p>CFM to liaise with Communications team to design and produce manual posters for distribution to all NWSSP sites, particularly those with staff with limited access to computers, email and intranet.</p>	<p>Q1/Q2</p> <p>And Throughout the year</p> <p>Q1/Q2</p> <p>Q1</p> <p>Q1</p>	

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	<p>CFM to capture feedback from fraud awareness sessions and act upon suggestions to continually improve engagement.</p> <p>Continuance of promotion of the National Fraud Reporting Line and the National Fraud Reporting tool as managed by the NHSCFA.</p>	<p>Throughout the Year</p> <p>Throughout the Year</p>	
<p>8: Report identified loss</p> <p>NHS Requirement 8:</p> <p>The organisation uses the approved NHS fraud case management system to record all incidents of reported suspect fraud, bribery and corruption, to inform national intelligence and NHS counter fraud functional standard return submission by the NHSCFA. The case management system is used to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises</p>	<p>CFM to make full use of the CLUE case management system for recording and managing Investigations, System Weakness reporting, and Local Proactive exercise reporting.</p> <p>CFM to ensure access to CLUE case management system is restricted to those suitably trained and qualified.</p> <p>CFM to supervise the reporting of cases on CLUE ensuring that all referrals are suitably recorded and investigated</p> <p>CFM to investigate and oversee live investigations on CLUE.</p>	<p>Ongoing throughout the Year</p>	<p>25</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	<p>CFM to supervise the recording of all proactive work carried by way of Local Proactive exercise/System Weakness reporting on CLUE.</p> <p>CFM to ensure that all outcomes by way of sanction, recovery and loss are suitably recorded and reported to DoF and AAC at progress updates and at year end in Annual report.</p>	Ongoing throughout the Year	
<p>9: Access to trained investigators</p> <p>NHS Requirement 9:</p> <p>The organisation employs or contracts in an accredited, person (or persons) nominated to the NHSCFA to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account. The organisation will ensure that any changes to nominations are notified to the NHSCFA at the earliest opportunity and in</p>	<p>NWSSP now has its own dedicated full time and fully accredited Counter Fraud Manager (CFM). The CFM is responsible for all management of Counter Fraud Work.</p> <p>CFM to ensure skills and training in criminal investigation and fully up to date with their knowledge of relevant legislation such as PACE, CPIA, DPA, HRA, GDPR, offence legislation and keep abreast of changes and updates to legislation and undertake training as necessary.</p> <p>Continue to develop professionally, attending appropriate training sessions provided by NHSCFA to enhance their knowledge and skills as well as attending regional forums and national conferences, hosted by NHSCFA and NHS CFS Wales. CF team will undertake</p>	<p>Ongoing throughout The year</p> <p>Where available</p>	30

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>accordance with the nominations process.</p> <p>The accredited nominated person (or persons) must demonstrate continuous professional competencies and capabilities on an annual basis by examples of practical application of skills and associated training to include (but is not limited to), obtaining witness statements, conducting interviews under caution and maintaining up to date knowledge of legal and procedural requirements.</p>	<p>continuing professional development opportunities associated with role throughout the year as they become available.</p> <p>CFM to maintain full compliance with mandatory training/e learning as measured on the ESR system.</p> <p>CF team to maintain the appropriate standards of confidentiality and security as well as having access to the tools and resources necessary to professionally carry out their role (inclusive of secure access to relevant IT systems, data systems and access to NHS Wales)</p> <p>All training and development to be recorded on ESR and referenced during annual staff appraisals.</p>	<p>And</p> <p>Ongoing Throughout the Year</p> <p>Throughout the year in accordance with ESR timings</p> <p>Ongoing Throughout the Year</p> <p>Ongoing Throughout the year</p>	
<p>10: Undertake detection activity</p> <p>NHS Requirement 10:</p> <p>The organisation undertakes proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of</p>	<p>CFM to undertake national / local proactive exercise work as it is published by NHS CFA throughout the year.</p>	<p>Q1/Q2</p>	<p>30</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>fraud, bribery and corruption and takes the appropriate action, including local exercises and participation or response to national exercises. Results of this work are evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption.</p> <p>Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and NHSCFA led loss measurement exercises. The findings are acted upon promptly.</p>	<p>CFM to undertake review of NFI data relevant to NWSSP and action as appropriate.</p> <p>CFM to react appropriately to the issue of Fraud Prevention Notices (FPN's) and Intelligence Bulletins (iBURN's) from NHS CFA.</p> <p>A streamlined approach has now been adopted to avoid duplication to conduct checks on an all Wales basis to ensure efficiency and avoid duplication.</p> <p>CFM to identify Local Proactive Exercises as new risks are identified to detect and prevent fraud. All work to be recorded on Clue and reported to DoF and Audit Committee.</p>	<p>Throughout the year</p> <p>Throughout the year</p> <p>as required</p> <p>Monthly Throughout the Year</p>	
<p>11: Access to and completion of training</p> <p>NHS Requirement 11:</p> <p>The organisation has an ongoing programme of work to raise awareness</p>	<p>CFM has now established Fraud Awareness content in corporate inductions (now referred to as "Welcome Session") to new employees and will ensure that information is reviewed and kept up to date.</p>	<p>Q1 and Q3</p>	<p>30</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>of fraud, bribery and corruption and to create a counter fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover the role of the NHSCFA, LCFS and the requirements and national implications of Government Counter Fraud Functional Standard providing a standardised approach to counter fraud work.</p> <p>Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of the NHSCFA's fraud awareness toolkit as appropriate. The effectiveness of the awareness programme is measured.</p>	<p>CFM now obtains details of all new starters and coordinates and delivers Fraud Awareness Training via TEAMS and maintains a list of attendees.</p> <p>The new e-learning module is closely monitored on an all Wales basis. NWSSP staff participation has improved greatly during 24/25. Whilst not mandatory key staff are encouraged to complete it and it is now monitored via The Senior Leadership Group (SLG). Obtain accurate metrics on this to report to Audit Committee.</p> <p>CFM to develop fraud awareness further through all available avenues. To include but not limited to</p> <ul style="list-style-type: none"> • Digital banners on organisation intranet site • Regular publishing of Counter Fraud news items via intranet and emailed Counter Fraud Newsletter using SWAYS which collects metrics on user engagement. • Regular messaging across available social media systems. • All staff email bulletins to advise of fraud alerts 	<p>Monthly</p> <p>Q1/Q2</p> <p>Q1</p> <p>And throughout the year</p>	

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>12: Policies and registers for gifts and hospitality and COI.</p> <p>NHS Requirement 12:</p> <p>The organisation has a managing conflicts of interest policy and registers that include gifts and hospitality with reference to fraud, bribery and corruption, and the requirements of the Bribery Act 2010. The effectiveness of the implementation of the process and staff awareness of the requirements of the policy are regularly tested</p>	<p>CFM to discuss with CFC and conduct a LPE as per recent guidance from NHS CFA. Review of the COI Register and ensure conflicts of interest/business conduct policy is in place and is up to date, processes and forms are adequate and in line with NHS CFA recommendations. Reports on NFI acts as a test for this.</p> <p>CFM to raise awareness of the registers and policies by way of fraud awareness sessions and news bulletins/letters.</p>	<p>Q1 & Q2</p> <p>Throughout the Year</p> <p>As required</p>	<p>5</p>
TOTAL (Days)			210

NWSSP Internal Audit Plan 2025/26

Planned output, Outline scope, Review reference	Strategic Priority (SP)/BAF Risk / [Corporate Risk Register (CRR)] / Rationale	Executive Lead/Responsible Director	Planned start
All Wales Services			
Accounts Payable - Provide assurance over the adequacy system and controls operating within NWSSP for the delivery of Accounts Payable Services across NHS Wales.	All Wales Service	Finance & Corporate Services	Q2
Employment Services – Payroll Services - Provide assurance over the adequacy system and controls operating within NWSSP for the delivery of Payroll Services across NHS Wales.	All Wales Service	People, Organisation Development and Employment Services	Q2-4
Primary Care Contractor Services -To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments in a sampled service area.	All Wales Service	Primary Care	Q2/3
Procurement Services – Thematic Review covering control arrangements for Single Tender Actions and Declaration of Interests.	All Wales Service	Procurement & Health Courier Services	Q3/4
Procurement Services – Health Courier Services – To review arrangements in place for aspect of Vehicle Management.	All Wales Service	Procurement & Health Courier Services	Q3
NWSSP Service Provision			

NWSSP Internal Audit Plan 2025/26

Planned output, Outline scope, Review reference	Strategic Priority (SP)/BAF Risk / [Corporate Risk Register (CRR)] / Rationale	Executive Lead/Responsible Director	Planned start
Single Lead Employer – (Assurance) - To test compliance with a range of policies and procedures, key aspects of risk and governance within the Service.	All Wales Service	People, Organisation Development and Employment Services	Q4
Medical Examiner Service - (Assurance) - To test compliance with a range system controls along with key aspects of risk management and governance within the Service.	All Wales Service	Medical Director/ Director of Primary Care	Q2/3
Targeted Estates Funding (TEF) (Assurance) - To obtain assurance on the systems and processes applied to the invitation, receipt, assessment and recommendation of TEF bids. Ensuring appropriate risk assessments and prioritisation of bids was applied.	A12	Specialist Estates Services	Q2
NWSSP Corporate/Organisation Wide			
Risk Management- (Assurance) Review the robustness of risk management arrangements across the organisation.		Finance & Corporate Services	Q2
Budget Setting (Assurance) - To review how NWSSP allocates resources to meet its agreed budget.	A7	Finance & Corporate Services	Q2
NWSSP Recruitment & Retention - (Assurance) - Provide assurance over the adequacy of arrangements within NWSSP for staff recruitment and retention.	A2	People, Organisation Development and Employment Services	Q3

NWSSP Internal Audit Plan 2025/26

Planned output, Outline scope, Review reference	Strategic Priority (SP)/BAF Risk / [Corporate Risk Register (CRR)] / Rationale	Executive Lead/Responsible Director	Planned start
Regulatory Compliance – (Assurance) - Provide assurance over the adequacy of arrangements operating within NWSSP for the identification, monitoring and maintaining compliance with regulatory requirements.	A8	Finance & Corporate Services	Q3/4
IT /Digital – Cyber – (Assurance) – To provide assurance over the adequacy arrangement for Cyber Security	A1	Planning, Performance & Informatics	Q3/4
IT/ Digital – Digital Strategy -To review progress with the Implementation of the strategy.		Planning, Performance & Informatics	Q3/4
IT/Digital – TRAMS Project – Digital – Provide assurance over the Digital elements of the project.	A10	Planning, Performance & Informatics	Q2/3
Radio Pharmacy/Trams Project - Integrated Audit & Assurance Plan	A10		IAAP
Agreed Action Follow Up - To review progress with the implementation of a sample of agreed actions from previous audit reviews.			Q2-4



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Shared Services Partnership Committee

Forward Plan of Business

2025-26

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
17 July 2025	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Dashboard</p>	<p>Deep Dive Session on Decarbonisation</p>	<p>Corporate Risk Register</p> <p>Declarations of Interest</p> <p>Approve Annual Update of Audit Committee Terms of Reference</p> <p>Annual Governance Statement</p> <p>Audit Committee Assurance Report</p>	<p>Health and Safety Annual Report</p> <p>Annual Governance Statement</p> <p>Annual Review</p> <p>Audit Committee Annual Report</p> <p>Annual Report on Complaints</p> <p>Annual Report on Gifts and Hospitality</p> <p>Annual Report on Welsh Language</p> <p>Welsh Infected Blood Support Scheme Annual Report</p> <p>Counter Fraud Service Annual Report</p>
18 September 2025	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p>	<p>Deep Dive Session</p> <p>Integrated Medium-Term Plan Update Report Quarter 1</p>	<p>Corporate Risk Register</p> <p>Audit Committee Assurance Report</p>	

	<p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Outcome Measures Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Dashboard</p>			
October 2025	Autumn Development Workshop - <i>Provisional date of Friday 10 October 2025</i>			
20 November 2025	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p>	<p>Deep Dive Session</p> <p>Decarbonisation Update</p> <p>Duty of Quality Update</p> <p>Integrated Medium-Term Plan Update Report Quarter 2</p>	<p>Corporate Risk Register</p> <p>Audit Committee Assurance Report</p>	<p>Audit Wales Management Letter</p>

	<p>Performance Update Report</p> <p>Outcome Measures Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Dashboard</p>			
<p>21 January 2026</p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Outcome Measures Report</p>	<p>Deep Dive Session</p> <p>Integrated Medium-Term Plan Update Report Quarter 3</p>	<p>Corporate Risk Register</p>	<p>IMTP – Approval</p>

	<p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Dashboard</p>			
<p>19 March 2026</p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Outcome Measures Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p>	<p>Deep Dive Session</p>	<p>Corporate Risk Register</p> <p>Audit Committee Assurance Report</p>	

	<p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Dashboard</p>			
<p>May 2026 <i>Date TBC</i></p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Outcome Measures Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Dashboard</p>	<p>Deep Dive Session</p> <p>Decarbonisation Update</p> <p>Duty of Quality Update</p> <p>Review of Service Level Agreements (SLAs)</p> <p>Integrated Medium-Term Plan Update Report Quarter 4</p>	<p>Corporate Risk Register</p> <p>Audit Committee Assurance Report</p>	<p>Internal Audit Plan</p> <p>Audit Wales Plan</p> <p>Duty of Quality Annual Report</p>