

Shared Services Partnership Committee (SSPC) Part A

Thu 14 May 2026, 10:00 - 11:50

Microsoft Teams



Meeting Chaired by Huw Thomas, Vice Chair of Shared Services Partnership Committee

Agenda

10:00 - 10:10 **1. Standard Business**

10 min

Verbal *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

1.1. Welcome and Introductions

Verbal *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

1.2. Apologies for Absence

Verbal *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

1.3. Declarations of Interest

Verbal *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

- *No declarations have been raised in advance of the meeting*

1.4. Draft Minutes of Last Meeting Held on 19 March 2026

Decision *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

 Draft SSPC Minutes Part A Public 19 March 2026.pdf (17 pages)

1.5. Action Log

Information *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

 SSPC Action Log May 2026.pdf (2 pages)

10:10 - 10:20 **2. Managing Director's Report**

10 min

Discussion

2.1. Managing Director's Report

Noting/Discussion *Neil Frow OBE, NWSSP Managing Director*

 NWSSP Managing Director Report SSPC May 2026.pdf (10 pages)

2.1.1. Senior Appointments

Verbal/Noting *Neil Frow OBE, NWSSP Managing Director*

10:20 - 11:05 **3. Deep Dive Presentations**


45 min

Presentation

3.1. Implementation of the Resident Doctor Contract Reform

Presentation Gareth Hardacre, Director of People, Organisational Development and Employment Services

- This presentation will be circulated post-meeting to ensure the most timely update is able to be delivered to the Committee.

 Wales Resident Doctor Contract 2026 – Implementation Briefing.pdf (16 pages)

3.2. Radiopharmacy at IP5 Update

Presentation Laura-Jayne Keating, Director of Pharmacy Technical Services

 Radiopharmacy at IP5 SSPC May 2026.pdf (18 pages)

11:05 - 11:15 4. Items for Approval


10 min

Decision

4.1. NWSSP Performance Management Framework

Decision Rebecca Nelson, Director of Planning, Performance and Informatics


 NWSSP Performance Management Arrangements.pdf (4 pages)


 Appendix A Performance Management Arrangements - NWSSP.pdf (3 pages)


4.2. NWSSP Duty of Quality Annual Report 2025-26

Decision Dr Martin Edwards, Medical Director

 NWSSP Duty of Quality Annual Report 2025-2026 SSPC CP May 2026.pdf (3 pages)

 Appendix 1 - NWSSP Duty of Quality Annual Report 2025-26.pdf (20 pages)

 Appendix 2 - IMTP 2026-29 Duty of Quality Extract.pdf (11 pages)

 Appendix 3 – Links to Duty of Quality Videos for NWSSP Duty of Quality Annual Report 2025-2026.pdf (2 pages)

11:15 - 11:20 5. Items for Noting and/or Endorsement

5 min

Noting/Discussion

5.1. Chair's Appointment

Verbal Gareth Hardacre, Director of People, Organisational Development and Employment Services

11:20 - 11:45 6. Governance, Performance and Assurance

25 min

Noting/Discussion

6.1. Finance Report

Noting/Discussion Linsay Payne, Deputy Director of Finance and Corporate Services

 SSPC Finance Report May 2026.pdf (8 pages)


6.2. People and Organisational Development Report

Noting/Discussion Gareth Hardacre, Director of People, Organisational Development and Employment Services

 SSPC People and Organisational Development Report May 2026.pdf (20 pages)

6.3. Performance Information Report

Noting/Discussion Rebecca Nelson, Director of Planning, Performance and Informatics

 SSPC Performance Information Report May 2026.pdf (18 pages)

6.4. Outcomes Measure Performance Report

Noting/Discussion

Rebecca Nelson, Director of Planning, Performance and Informatics

SSPC Outcome Measures Performance Report May 2026.pdf (16 pages)

6.5. Transformation Management Office Update Report

Noting/Discussion

Rebecca Nelson, Director of Planning, Performance and Informatics

SSPC Transformation Management Office Update Report May 2026.pdf (33 pages)

6.6. Draft NWSSP Annual Governance Statement 2025-26

Noting/Discussion

James Quance, Assistant Director of Corporate Services

Draft NWSSP Annual Governance Statement 2025-26 SSPC CP.pdf (3 pages)

Appendix 1 - Draft NWSSP Annual Governance Statement 2025-26 SSPC May 2026.pdf (42 pages)

6.7. NWSSP Corporate Risk Register

Noting/Discussion

James Quance, Assistant Director of Corporate Services

SSPC NWSSP Corporate Risk Register May 2026 CP.pdf (8 pages)

Appendix 1 - NWSSP Corporate Risk Register - May SSPC.pdf (7 pages)

11:45 - 11:45

0 min

7. Items for Information

Information

7.1. Finance Monitoring Returns - Month 12 of 2025-26

Information

a. Monitoring Return Commentary Month 12 NWSSP 2025-26 FINAL.pdf (6 pages)

b. Table A Movement MMR Month 12.pdf (1 pages)

c. Table C, C1 and C2 Savings Schemes MMR Month 12.pdf (1 pages)

d. Table C3 Tracker MMR Month 12.pdf (1 pages)

7.2. Personal Protective Equipment (PPE) Dashboard Report

Information

PPE Dashboard 20 April 2026.pdf (1 pages)

7.3. Audit Wales Audit Assurance Arrangements for NWSSP 2025-26

Information

2025-26 External Audit Assurance Arrangements - NHS Wales Shared Services Partnership.pdf (10 pages)

7.4. NWSSP Internal Audit Plan, Mandate and Charter 2026-27

Information

A&A NWSSP Internal Audit Plan, Mandate & Charter 2026-27.pdf (24 pages)

7.5. NWSSP Counter Fraud Plan 2026-27

Information

NWSSP Counter Fraud Annual Plan 2026-27.pdf (22 pages)

7.6. SSPC Forward Plan 2026-27

Information

SSPC Forward Plan of Business 2026-27.pdf (6 pages)

11:45 - 11:49 **8. Any Other Business**

4 min

Verbal *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

- *Potential change of date for SSPC September meeting in light of HFMA Conference*

11:49 - 11:50 **9. Date and Time of Next Meeting - Thursday, 16 July 2026 at 10.00am to 12.00pm, held via Microsoft Teams**

1 min

Information *Huw Thomas, Vice Chair of Shared Services Partnership Committee*

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 19 MARCH 2026

10:00AM – 11:40AM

MEETING HELD ON MICROSOFT TEAMS

PART A – PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Huw Thomas (HT)	Executive Director of Finance (Vice Chair)	HDUHB
Russell Caldicott (RC)	Executive Director of Finance	BCUHB
Hywel Daniel (HD)	Executive Director for People	CTMUHB
Glyn Jones (GJ)	Executive Director of Finance, Planning and Performance	HEIW
Pete Hoppood (PH) <i>(Present to item 6.2)</i>	Executive Director of Finance, Capital & Support Services	PTHB
Claire Osmundsen-Little (COL)	Interim Executive Director of Finance	SBUHB
Carl James (CJ) <i>(Present to item 6.2)</i>	Chief Executive Officer	VUNHST
Chris Moreton (CM)	Deputy Director of Finance and Business Assurance <i>- Interim Acting Director of Finance</i>	DHCW
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
OTHER ATTENDEES:		
Rob Mahoney (RM)	Deputy Director of Finance <i>-Deputising for Catherine Phillips</i>	CAVUHB
Edward Roberts (ER)	Deputy Director of Finance <i>-Deputising for Chris Turley</i>	WAST
Sharon Vickery (SV)	Assistant Director of Workforce and Organisational Development <i>-Deputising for Tina Ricketts</i>	SBUHB
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & Organisation Development and Employment Services	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Ruth Alcolado (RA)	Medical Director	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
Laura-Jayne Keating (<i>Present to item 6.2</i>)	Director of Pharmacy Technical Services	NWSSP
Anthony Hayward (<i>Presenting item 3.5</i>)	Assistant Director of Laundry Services and Operations	NWSSP
Peter White (<i>Present to observe item 3.5</i>)	Laundry Operations Manager	NWSSP
Grace Packham-Davies (<i>Observing the meeting</i>)	Graduate Management Trainee	HEIW

Item		Action
1.	STANDARD BUSINESS	
1.1	<p>Welcome and Opening Remarks</p> <p>TM welcomed members to the March 2026 meeting of the Shared Services Partnership Committee (SSPC).</p> <p>TM extended a warm welcome to attendees and to those invited from NWSSP to present agenda items. A number of deputy representatives were in attendance, as follows:</p> <ul style="list-style-type: none"> • Rob Mahoney, Deputy Director of Finance (CAVUHB); • Sharon Vickery, Assistant Director of Workforce and Organisational Development (SBUHB); and • Edward Roberts, Interim Assistant Director of Finance (WAST). <p>TM welcomed CM to his first meeting as Interim Director of Finance at DHCW acknowledging COL was now Interim Director of Finance at SBUHB.</p> <p>TM noted that this was her final meeting as Chair of the Committee and expressed her sincere thanks to Committee Members for their kind messages and support. She reflected that it had been a privilege to chair the Committee and to work alongside dedicated colleagues across NWSSP. In addition, she noted that this was RA's final meeting and thanked her for her significant and longstanding contribution to NWSSP, in her capacity as Medical Director.</p>	
1.2	<p>Apologies Received</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Sarah Simmonds, Executive Director of Workforce & Organisational Development (ABUHB); • Catherine Phillips, Executive Director of Finance (CAVUHB); • Sally May, Executive Director of Finance (CTMUHB); • Tina Ricketts, Director of Workforce and Organisational Development (SBUHB); • Chris Turley, Executive Director of Finance and Corporate Resource (WAST); and • Tanya Bull, Trade Union Representative, Unison Cymru. 	

1.3	<p>Declarations of Interest TM invited Members to declare any interests and specify the relevant agenda item to which they related. No further declarations of interest were received from Committee Members.</p>	
1.4	<p>Minutes of Meeting Held on 22 January 2026 The minutes of the meeting held on 22 January 2026 were reviewed and APPROVED as a true and accurate record of the meeting.</p>	
1.5	<p>Action Log The Committee received the Action Log which reported four matters arising. Of which, three are completed and one is not yet due. The actions are summarised as follows:</p> <ul style="list-style-type: none"> • Wales Energy Group / Wales Energy Operational Group – Terms of Reference - The agreed review of meeting frequency and structure has been completed. An agenda item on Oversight Arrangements for NHS Wales Energy Procurement and Contract Management is included on today’s agenda. • Welsh Government Independent Review of NWSSP Accountability and Governance - The agreed update has been completed, with a substantive agenda item included for this meeting following progress in establishing the implementation group arrangements. • NWSSP Integrated Medium Term Plan (IMTP) 2026–2029 - Committee Member comments have been received and incorporated following the revised deadline, and the IMTP is on track for Welsh Government submission by 31 March 2026. • People and Organisational Development – Resident Doctor Contract Reform - This action is not yet due. A comprehensive update on Single Lead Employer arrangements is scheduled for the May 2026 Committee, with a further deep dive planned for July 2026. <p>The Committee NOTED the update of the Action Log.</p>	
2.	<p>CHAIR AND MANAGING DIRECTOR’S UPDATES</p>	
2.1	<p>Chair’s Report TM provided an update on her activities since the last Committee meeting held on 22 January 2026.</p> <p>TM reported in-person attendance at Chairs’ meetings on 27 January and 24 February, noting that NF and Mark Harris, Director of Legal & Risk Services and Welsh Risk Pool, had attended the February meeting and that a detailed discussion had taken place on the Welsh Risk Pool, particularly the associated financial challenges. She had met with Sara Moseley, NF and CJ to progress the Governance and Accountability Review and had attended meetings of the Welsh Risk Pool on 28 January and 18 March. She also reported involvement in discussions with Welsh Government and the Chair of Chairs on the development of a procedure for the performance management, removal and suspension of non-officer members across NHS Wales, to which she had contributed, drawing on her human resources background.</p> <p>Additional activity included attendance at the NWSSP Audit Committee with Velindre University NHS Trust (Velindre) on 10 February, participation in</p>	

	<p>meetings with Welsh Government, Velindre and NWSSP regarding the Review Implementation Group, and one-to-one meetings with Jacqueline Totterdell. She highlighted her participation in the NWSSP Health and Wellbeing Conference, where she spoke on resilience and noted the progress being made in supporting staff health and wellbeing.</p> <p>Looking ahead, TM outlined forthcoming commitments, including further Chairs’ meetings, meetings with Velindre and governance leads, a session with Chairs, Chief Executives and the Director General on 21 April, and a Chairs’ meeting on 28 April.</p> <p><u>Reflections</u></p> <p>In reflecting on her 4.5-year tenure as Chair, TM expressed gratitude for the support and constructive challenge provided by the Committee, thanked NF and the NWSSP Senior Leadership Group, and acknowledged the Committee’s ambition for NWSSP. She highlighted key achievements during her tenure, including procurement savings from the flu vaccination programme, developments within Pharmacy Services and the Transforming Access to Medicines Programme, the implementation of the Single Lead Employer model for resident doctors, expansion of Laundry Services, workforce initiatives, decarbonisation and social value activity, and the critical role played by NWSSP during and beyond the COVID-19 pandemic. She concluded by confirming that while she would be stepping away from the Chair role, she would continue to work alongside NHS Wales in a different capacity and expressed confidence in NWSSP’s continued growth and contribution.</p> <p>Committee Members formally recorded their thanks to TM for her leadership and contribution as Chair. HT reflected on the organisation’s achievements during her tenure, noting that she had been the right Chair at the right time to guide NWSSP through challenging periods, and described NWSSP as a “jewel in the crown” of NHS Wales. He emphasised the unique partnership nature of the Committee and thanked TM for ensuring that every voice was heard. HD echoed these comments, highlighting the strength of relationships between NWSSP and Health Boards. He thanked TM for her calm, open and constructive approach, as well as for her willingness to listen to challenge and critique. CJ, speaking as host on behalf of Velindre, reiterated TM’s significant contribution both to the Committee and to the wider NHS, noting the importance of partnership, collaboration and maintaining constructive working relationships through recent challenges. He expressed confidence that the Committee was in a strong position going forward.</p> <p>The Committee NOTED the Chair’s Report.</p>	
<p>2.2</p>	<p>Chair’s Action – Ratification of All Wales e-Rostering Solution</p> <p>JQ presented the paper seeking formal ratification of Chair’s Urgent Action taken between meetings to approve the expansion of the All-Wales e-Rostering contract to include Cardiff and Vale University Health Board medical and dental staff. The action was taken in accordance with the Scheme of Delegation, that all requisite approvals had been secured, and that appropriate assurance was provided that the correct governance process had been followed.</p> <p>For the Committee’s assurance, it was further noted that Velindre Trust Board approval had also been sought, with the necessary approvals confirmed and that this would be ratified under Chair’s Action at the Trust Board meeting on</p>	

	<p>26 March 2026. He advised that a related paper, at agenda item 3.2, would address the on-boarding of additional Health Boards to the contract.</p> <p>The Committee RATTIFIED the Chair’s Action taken in relation to the All Wales e-Rostering Solution.</p>	
<p>2.3</p>	<p>Managing Director’s Report</p> <p>NF presented the Managing Director’s Report, highlighting key developments across NWSSP since the last meeting, as follows:</p> <ul style="list-style-type: none"> • NWSSP Governance and Accountability Review – An update was provided in respect of the Implementation Group, noting that the Group has met twice, with a further meeting scheduled. It was reported that the review confirmed the existing governance framework is fundamentally sound, with a number of recommendations being progressed to strengthen assurance and accountability. A comprehensive update was scheduled for later in the agenda. • Welsh Risk Pool – It was noted that the £49m Welsh Government support for 2025–26 is non-recurrent, and that work is underway to ensure the forecast position is robust. Planned activity includes stress-testing the current forecast, refining forecasting methodologies, and incorporating learning from other UK nations. Further work will focus on in-year mitigation, longer-term preventive actions, and strengthening links between clinical governance, patient safety and risk learning. <p>RM emphasised the importance of noting that the Welsh Government funding is non-recurrent and highlighted that this creates a double pressure for 2026–27, as both the uplift and the current year pressure fall into future plans. He also raised the matter of data transparency, particularly the inability to analyse liabilities by residency as well as provider, noting that reliance on anecdotal perceptions undermines informed governance.</p> <p>HT requested greater clarity on a clear response plan, including roles, responsibilities and timescales, highlighting a gap between transactional data and high-level reporting, reinforcing the need for better intermediate-level intelligence to support scrutiny at Board and Committee level, to focus on actions that can genuinely change outcomes rather than solely improving measurement.</p> <p>In response, AR outlined work already underway to improve data quality, analytics and presentation, including development of a more user-friendly dashboard approach, enhanced stress-testing and closer collaboration across the finance community to support decision-making for both short-term pressures and longer-term sustainability.</p> <p>RA emphasised that while forecasting and finance are important, the root cause of risk lies in patient harm, and highlighted the need for stronger and more consistent learning from clinical negligence cases across organisations. She suggested further work involving Executive Directors of Nursing and Medical Directors for Quality and Safety, to strengthen prevention and system learning.</p> <p>TM reinforced that prevention and learning are critical to reducing future risk exposure and noted the importance of improving data transparency, particularly for tertiary providers managing cross-border patient flows.</p>	

- **Resident Doctor Contract Implementation** - NF advised that implementation of the new contract involves significant complexity and risk, and that a detailed progress update will be brought to a future meeting. It was clarified that, for summer 2026, implementation primarily affects foundation doctors and unbanded posts, reducing immediate scope and risk.

SV queried the timescales and readiness for the August implementation date and highlighted the significant volume of work and remaining uncertainty across NHS Wales. **A comprehensive update on Resident Doctor contract implementation will be presented to the May 2026 Committee meeting for noting, following which a deep-dive session, including consideration of risks, readiness and mitigations, will be scheduled for a subsequent meeting.**

GH

- **Workforce Streamlining and Supply** - NF highlighted challenges in the streamlining process, noting that vacancy data from organisations remains incomplete, particularly for midwifery, which is limiting progress. HT suggested a more creative, system-wide approach to deploying potential surplus staff into alternative roles.

SV and GJ confirmed that a Workforce Supply Oversight Group is in place and actively exploring creative solutions, though funding constraints and workforce pressures remain significant. GH advised that NWSSP is working with HEIW and the Strategic Oversight Group, noting that vacancy constraints may result in fewer available posts than graduating students, particularly in midwifery. It was requested that Health Boards to submit outstanding vacancy data to support workforce streamlining, with NWSSP and HEIW to continue co-ordinated oversight and report progress back to the Committee.

- **Recent Appointments** - The Committee was advised of the recent successful appointments to the NWSSP Senior Leadership Group insofar as Laura-Jayne Keating as Director of Pharmacy Technical Services and Martin Edwards, as Medical Director.
- **NHS Employers** - Work is underway in relation to a proposal to potentially transfer the NHS Employers hosted function to the NHS Confederation, which would involve the transfer of a small team, and that a paper will be brought to a future Committee meeting, for consideration.
- **Accommodation** - An update was provided in relation to estate requirements linked to the TrAMS programme, advising that NWSSP continues to seek a suitable property in South West Wales, following a prolonged period of unsuccessful attempts to secure premises. Discussions have taken place regarding a more agile approach to securing property, and that a proposal has been submitted to Welsh Government to acquire property in the Llansamlet area of Swansea. A decision from Welsh Government is anticipated within the coming weeks.

- The overarching report provided the Committee with updates across a range of service areas, including Transforming Access to Medicines (TrAMs), Radiopharmacy and the Hub Programme; the NHS Wales Influenza Vaccination Programme; a Procurement Services overview

	<p>(including the potential impact of the Middle Eastern conflict and issues relating to Hi-Fatigue G bone cement); Primary Care Services and the Medical Examiner Service (including the Workforce Intelligence System and misdirected mail); Laundry Services; decarbonisation and adaptation activity; engagement and leadership activity; and awards and recognition.</p> <p>The Committee DISCUSSED and NOTED the Managing Director's Report.</p>	
3.	ITEMS FOR APPROVAL	
3.1	<p>Chair's Recruitment</p> <p>The Committee considered the item on the recruitment arrangements for the appointment of the next NWSSP Chair. The report set out a number of options for the composition of the appointment panel, informed by the findings of the NWSSP Governance and Accountability Review (the Review) and discussions with Welsh Government and Velindre as host, seeking the Committee's decision on the preferred approach in order to progress the recruitment process. It was noted that the recruitment documentation, including the advertisement, was ready to proceed once a decision had been reached.</p> <p>Committee Members were advised by JQ that, while the paper originally concluded with a recommendation for Option 4, further discussions with Welsh Government had taken place up to the point of the meeting. As a result, it was proposed that Option 3 be recommended instead, as this more closely aligns with a public appointments process and reflects the findings of the Review, whilst remaining deliverable within the required timescales. It was confirmed that consultation had taken place with Velindre colleagues, including the Interim Chief Executive and Chair, to support this option and that implementation would require a minor amendment to the Standing Orders, which would be progressed jointly.</p> <p>Option 3 was outlined as comprising an independent assessor, a representative of the Committee, the Velindre Chair and a Welsh Government representative, with the panel making a recommendation to the Committee. It was emphasised that this remains a Committee appointment under existing arrangements. Committee Members were also advised that a stakeholder panel would be established to enable wider Committee involvement in influencing the appointment.</p> <p>The Committee discussed proportionality and governance clarity. It was noted that Option 3 was considered more proportionate than Option 4, which would involve a larger panel than is typical across NHS Wales. Clarification was sought from GJ regarding the role of the SSPC Vice Chair, and it was confirmed that this role would be undertaken as a representative of the Committee, rather than in a Vice Chair capacity. It was agreed that this clarification be reflected explicitly in the overarching report, prior to publication. The importance of maintaining appropriate rotation and continuity within the Vice Chair role was also noted, with a separate discussion on the role and title of Vice Chair identified, for future consideration.</p> <p>Committee Members reflected on the balance between governance arrangements as they currently operate and the anticipated future direction, acknowledging the constraints of timing and the need to proceed pragmatically. While an alternative approach was suggested, there was recognition that the proposed option struck a reasonable balance between</p>	<p>RD</p> <p>JQ</p>

	<p>current arrangements, the Review recommendations and Welsh Government advice. It was also confirmed that the recommendation of the appointment panel would return to the full Committee, for decision.</p> <p>In relation to tenure, it was proposed that the appointment be for up to four years in line with Standing Orders and Regulations, with an expectation that the initial appointment would likely be for two years, with the option to extend for a further two years, reflecting potential future national considerations.</p> <p>The Committee APPROVED Option 3, including the proposed composition of the appointment panel, the establishment of a stakeholder panel, and the progression of the necessary amendment to the Standing Orders with approval through the Velindre Trust Board at its meeting on 26 March, and endorsed proceeding with the recruitment process on this basis.</p>	
<p>3.2</p>	<p>All Wales e-Rostering System</p> <p>GH presented the proposal to expand the existing All Wales e-Rostering contract to include Medical and Dental staff for Betsi Cadwaladr (BCUHB), Cwm Taf Morgannwg (CTMUHB), Hywel Dda (HDUHB) and Swansea Bay (SBUHB) University Health Boards.</p> <p>It was noted that this expansion builds on the current All Wales contract and represents an important step in standardising Medical and Dental rostering arrangements, aligning with the implementation of the new Resident Doctor contract from August 2026. Assurance was provided that the expansion was anticipated within the original procurement, complies with contractual regulations, has been subject to appropriate consultation and governance, and presents no financial risk to NWSSP or Velindre. The paper noted that other NHS organisations may yet join the arrangements at a future point in time requiring a Change Control Notice. A corresponding paper would be submitted to the Velindre Trust Board for its meeting on 26 March 2026, for approval.</p> <p>The Committee APPROVED the award relating to the expansion of the all-Wales e-Rostering contract to include Medical and Dental staff for a value of £5,183,463.27 and to novate current local Medical and Dental contracts for BCUHB, CTMUHB, HDUHB and SBUHB, making the total contract value award £21,842,446.27 (excluding VAT).</p>	
<p>3.3</p>	<p>Oversight Arrangements for NHS Wales Energy Procurement and Contract Management Arrangements</p> <p>AR presented the oversight arrangements for NHS Wales energy procurement and contract management, seeking the Committee’s approval of the revised Terms of Reference for the Wales Energy Group (WEG) and the Wales Energy Operational Group (WEOG).</p> <p>Committee Members were reminded that, following a request from the Committee in November 2025, a review had been undertaken to ensure proportionate and effective oversight, and that the revised and streamlined governance arrangements had been considered by the Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) in February 2026. The revisions reflect that current procurement and contract management arrangements are now well established, streamline meeting frequency while maintaining assurance over energy supply, pricing and risk, and have been endorsed by both groups.</p>	

	<p>It was noted that the paper had been drafted prior to recent geopolitical developments and the subsequent declaration of increased risk in relation to energy prices. It was confirmed that energy procurement is undertaken through Crown Commercial Services, limiting the ability to directly influence pricing, but that NHS Wales retains representation on the Risk and Governance Group overseeing purchasing strategy. Committee Members were advised that updates on energy-related risks had been provided separately to WEG and WEOG and would continue to be updated in light of the current threats.</p> <p>Committee Members noted that the revised Terms of Reference include flexibility to convene additional meetings should market or supply risks emerge, which was considered appropriate given the current volatility in energy markets. Assurance was provided that the proposed streamlined arrangements had been supported by Directors of Finance, as members of the WEG, and that no changes were required as a result of the current situation.</p> <p>The Committee APPROVED the revised Terms of Reference for the Wales Energy Group (WEG) and the Wales Energy Operational Group (WEOG).</p>	
<p>3.4</p>	<p>Overarching Service Level Agreements (SLA) for 2026-27</p> <p>JQ presented the annual update to the overarching Service Level Agreements (SLAs) for Committee approval. The overarching SLA and a summary of amendments made for the forthcoming financial year had been set out in the overarching report, for clarity. It was confirmed that the overarching SLA had been reviewed by NWSSP Legal and Risk Services colleagues to ensure it remains fully up to date, and that no fundamental changes were proposed, with amendments focused on clarification and incremental improvements.</p> <p>It was noted that the SLA has been uplifted by 1.11% in line with the unequivocal pass-through expectation set by Welsh Government, and other changes in the SLA appendices reflected ongoing engagement with Service Leads throughout the year, alongside end-of-year clarification.</p> <p>The Committee APPROVED the NWSSP Overarching Service Level Agreement for 2026-27.</p>	
<p>3.5</p>	<p>All Wales Laundry Services Service Level Agreement for 2026-27</p> <p>AH presented the revised All Wales Laundry Services Service Level Agreement (SLA) for approval, outlining that the All-Wales Laundry Service was established on 1 April 2021 and that the previous SLA had been approved by the Committee to operate from July 2021. The SLA provides the operational framework for the Service and sets out the key service metrics against which performance is monitored.</p> <p>The revised document had been developed following consultation with all stakeholders and reflects their feedback. It remains broadly consistent with the previous version, with a number of targeted amendments, including the removal of individual customer service schedules and their replacement with a single consolidated table at Appendix A, the management of customer-specific schedules separately based on agreed volumes, removal of the comments and responses log, and the inclusion of an updated linen bag specification aligned to WHTM 01-04.</p> <p>PW provided further assurance that customers had been closely engaged during the revision process and that feedback had been positive.</p>	

	<p>The Committee APPROVED the All-Wales Laundry Services Service Level Agreement for 2026-27.</p>	
3.6	<p>Provision of Radiopharmaceutical Products Service Level Agreement for 2026-29</p> <p>LJK presented a new Service Level Agreement (SLA) for the provision of radiopharmaceutical products from NWSSP's Pharmacy, seeking the Committee's approval.</p> <p>The SLA had been developed following extensive engagement with key stakeholders, including Directors of Pharmacy, Finance leads, Radiologists and Radiographers across Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, Cardiff & Vale University Health Board and Velindre University NHS Trust. Development had been supported through operational and peer group review, and a number of refinements had been made during the process, in response to stakeholder feedback. The term of the SLA is proposed for a three-year period from 2026 to 2029, aligned with plans for the service to go-live in summer 2026.</p> <p>The core element of the SLA sets out service specification, scope of services, delivery schedules, quality and compliance standards, performance metrics and escalation arrangements. It was further noted that the pricing mechanism, including vial costs for radiopharmaceutical products, is clearly defined within the appendices.</p> <p>LJK informed Committee Members that close working had taken place with Swansea Bay University Health Board to support the off-boarding of existing provision and the onboarding of the new Radiopharmacy Service, ensuring continuity and readiness for implementation. Committee Members noted the comprehensive engagement and multi-stage endorsement process provided assurance.</p> <p>The Committee APPROVED the Radiopharmacy Service Level Agreement for 2026-29.</p>	
4.	ITEMS FOR NOTING/DISCUSSION	
4.1	<p>NWSSP Integrated Medium-Term Plan (IMTP) 2026-2029 – Financial Position Update</p> <p>AR provided an update on NWSSP's IMTP for 2026-2029, specifically in relation to the underlying financial position for NWSSP. Committee Members were advised that, following the recent IMTP touch-point meeting with Welsh Government and NHS Performance and Improvement teams, a key area of challenge had related to the underlying deficit of £0.744m, arising from unfunded employer national insurance contributions.</p> <p>It was noted that, recognising the early timing of IMTP submission to Committee in January 2026, further work on savings profiles had continued with individual divisions. Consequently, AR advised that recurrent savings totalling £0.744m had now been identified, fully offsetting the underlying deficit, and that the IMTP had been updated accordingly to reflect a balanced position.</p>	

	<p>Committee Members were further advised that discussion had also taken place regarding the opportunities pipeline, both within NWSSP and more broadly, in terms of how NWSSP could further support NHS Wales. It was proposed that this be developed through a programme of work, to be brought back to the Committee as part of the 2026–2027 work plan, alongside broader engagement with Chief Executives to align with medium and longer-term organisational priorities.</p> <p>Committee Members were assured that, aside from the adjustment to address the underlying deficit, there were no further changes to the IMTP from those discussed and agreed at the January meeting. Assurance was provided that the IMTP remains on track for submission in line with the planning framework deadlines.</p> <p>The Committee NOTED the amendments and continued to ENDORSE its submission of the IMTP to Welsh Government.</p>	
<p>4.2</p>	<p>Future NHS Workforce Solution Board Briefing</p> <p>GH presented the update on the Future Workforce Solution, outlining the current position and progress to date. Committee Members were advised that challenges remain in relation to the availability and quality of information from the NHS Business Services Authority (NHSBSA), which are being progressed through NWSSP internal governance mechanisms. It was anticipated that a more detailed report, including further clarity on the system specification, would be brought back to the Committee in July 2026.</p> <p>Early adopter organisations have now been confirmed by NHSBSA, comprising NWSSP, Digital Health and Care Wales (DHCW) and Hywel Dda University Health Board (HDUHB), with inclusion of Health Education and Improvement Wales (HEIW). It was reported that early adopter selection was intended to ensure appropriate Welsh influence over system design, and that subsequent implementation across Wales is expected to be delivered in two further waves, supported by NWSSP to enable learning and consistency.</p> <p>GJ explained he has sought assurance regarding the extent to which the solution design would be driven centrally by NHSBSA versus shaped to meet NHS Wales requirements, emphasising the importance of Welsh influence over the final model. The approach was specifically designed to allow Wales to influence system design, noting that the selected organisations reflect both scale and national connectivity requirements. NWSSP had been clear that the savings assumptions within the NHS England business case would not fully translate to Wales, given the maturity of an existing shared services in NHS Wales.</p> <p>HT welcomed early adopter status but highlighted the potential financial and delivery risks associated with being part of the pilot phase, noting that this represents one of the most significant system changes since the original ESR implementation. He emphasised the importance of ensuring adequate resourcing and transparency around emerging risks, and that these risks should be clearly recognised, including in discussions with Welsh Government.</p> <p>NF advised that NWSSP teams have already participated in over 30 design workshops, identifying a number of functional gaps requiring development to improve on existing ESR limitations and deliver future efficiencies. He further noted that NWSSP is working collaboratively with the Royal Free Hospital in</p>	

	<p>London, another well-established shared services organisation, to strengthen collective influence over system build and design.</p> <p>TM reflected that while the opportunity presented by the Future Workforce Solution is significant, the risk profile remains emerging and potentially open-ended at this stage, and sought assurance that appropriate checkpoints, reporting and escalation mechanisms would be in place to identify and manage risks should delivery or costs deviate from expectations. GH confirmed that progress and risks will be monitored through a national oversight steering group, with regular reporting to the Committee and representation from all organisations.</p> <p>The Committee NOTED the progress made and ENDORSED the early adopter status for NWSSP.</p>	
<p>4.3</p>	<p>Transforming Access to Medicine Services (TrAMS) Programme and Service Management Board Update</p> <p>LJK presented an update on the TrAMS Programme, specifically in relation to the review of the Programme Board Terms of Reference. Committee Members were reminded that the revised Terms of Reference had been approved in November 2025, with an agreement that they would be reviewed and brought back to the Committee after six months.</p> <p>The Committee noted that the key change arising from the review related to representation on the Programme Board, and that, as of 16 March 2026, full representative membership from across NHS Wales had now been achieved. No further changes to the Terms of Reference are planned at this stage, with the next review scheduled to coincide with the phased opening of the South-East Radiopharmacy, in summer 2026, at which point the Service Management Board will be established to ensure effective oversight of service delivery and performance.</p> <p>The Committee NOTED the Transforming Access to Medicine Services (TrAMS) Programme and Service Management Board Update.</p>	
<p>5.</p>	<p>GOVERNANCE, PERFORMANCE AND ASSURANCE</p>	
<p>5.1</p>	<p>Update on Implementation of Recommendations arising from the Welsh Government Review of NWSSP Accountability and Governance Arrangements</p> <p>JQ presented an update on the Independent Review of NWSSP Accountability and Governance Arrangements (the Review), building on earlier comments made during the meeting and providing further detail on progress to date.</p> <p>At present, work is ongoing to develop and implement the agreed recommendations, with the next formal meeting scheduled for the end of March 2026, and that focus is being placed on identifying areas where Committee Member involvement will be most critical. The Group has met formally to approve its Terms of Reference, and that current membership includes TM, NF, JQ, CJ and PV in his capacity as an independent advisor.</p> <p>Updates will continue to be brought to the Committee. Any matters requiring formal approval or the views of the Committee will be progressed through established governance routes, including Velindre as host organisation own governance arrangements, where relevant.</p>	

	<p>The Committee discussed delivery timescales, noting the ambition to progress implementation at pace alongside day-to-day responsibilities, and acknowledged the associated capacity risks. Assurance was provided that there remains a strong commitment from NWSSP, Velindre and Welsh Government to embed the revised arrangements swiftly and move into business-as-usual assurance processes.</p> <p>CJ highlighted the ongoing resource challenges associated with delivering the work but confirmed support for progressing the arrangements and agreed that the update had adequately covered the position.</p> <p>The Committee NOTED the progress made through the Implementation Group and the next steps, including input from the Committee.</p>	
<p>5.1</p>	<p>Finance Report</p> <p>LP presented the Finance Report, highlighting that revenue performance remained at break-even at the end of February 2026, and that the full-year forecast continues to be break-even, following the £6m non-recurrent distribution and the offsetting of the national insurance savings.</p> <p>In relation to capital, the allocation stood at just under £11.4m, with remaining expenditure to be incurred in March and schemes being closely monitored. It was reported that minor in-year amendments to capital allocations had been made and agreed with Welsh Government to reflect revised expenditure profiles for the Radiopharmacy and TrAMS schemes. Approval had been secured for power resilience works at the IP5 site, with a small element of spend anticipated in the current financial year and confirmation of funding into the next year.</p> <p>An update was also provided in relation to the Welsh Risk Pool insofar as the forecast position remained at £194.5m, requiring the full £49m funding allocation. It was noted that, while a potential range of £48m–£52m additional funding had been identified at the end of February 2026, the risks underpinning the upper end of the forecast had not so far materialised. Confirmation had been received that certain cases expected to generate additional costs would not do so, enabling the forecast to return to the £194.5m position. The focus is now on closing the position for the current year and progressing a detailed review of the Risk Pool for the next financial year.</p> <p>The Committee NOTED the Finance Report.</p>	
<p>5.2</p>	<p>People & Organisational Development Report</p> <p>GH presented the People & Organisational Development Report, with the overarching report highlighting trends in headcount, turnover, sickness and learning compliance, alongside progress on workforce wellbeing, inclusion, leadership development and employee experience initiatives, providing assurance on organisational capacity and people-related risks.</p> <p>GH reported that staff turnover remains slightly above the NHS Wales average, with further analysis underway and a small number of hotspots identified. It was noted that around 50% of leavers move to other NHS organisations, reflecting internal workforce movement and development, while sickness absence remains low and stable at just over 3%. TM observed that movement into the wider NHS can be positive for development and career progression,</p>	

	<p>provided volumes and timing are managed effectively. HT highlighted the importance of distinguishing between positive, developmental turnover and more concerning attrition, and sought an update on the Staff Survey. GH confirmed that survey data is currently being analysed, will be considered by the Senior Leadership Group in April 2026, and reported back to the Committee at the May meeting.</p> <p>HD queried the interface between NWSSP workforce data and Health Board intelligence, particularly in relation to sickness absence, turnover and staff experience within the Single Lead Employer model, noting that this information is not routinely discussed and that this represents a gap in shared understanding. RA clarified that trainee satisfaction data is primarily drawn from the mandated General Medical Council (GMC) survey, with limited insight available from local surveys, due to low response rates among newly rotated trainees. HD reiterated that the gap extended beyond experience data to the broader workforce metrics contained within the report and emphasised the value of more regular joint discussion of this intelligence. NF supported this view, highlighting the importance of sharing learning more consistently across Wales and proposed that outcomes from engagement with Health Boards be summarised and brought back to the Committee.</p> <p>The Committee NOTED the People and Organisational Development Report.</p>	GH
<p>5.3</p>	<p>Performance Information Report</p> <p>RN presented the Performance Information Report, which provides an update on key performance indicators (KPIs) across NWSSP services for the period October 2025 to January 2026.</p> <p>The overarching report demonstrates generally strong performance against agreed KPIs, with only two indicators below target. These related to Digital Workforce Solution customer satisfaction, reflecting a stretch target increase from 90% to 95%, and audit report turnaround times, with the 15-day target currently being achieved in approximately 66% of cases. Explanations were provided and discussions are ongoing with individual organisations to support improvement. Committee Members further noted continued delivery of professional influence benefits and recruitment time-to-hire performance, with enhanced reporting following the inclusion of legal and risk data.</p> <p>HT and HD commented, primarily related to the Performance Information Report and associated Outcome Measures and TMO reporting, questioning whether current targets and delivery timescales remain sufficiently ambitious given the consistently positive performance position.</p> <p>TM acknowledged the strength of the overall performance position while recognising the validity of the challenge regarding the ongoing ambition of performance measures, and proposed that this be considered further, with any outcomes reported back to the Committee. RN confirmed she would take the feedback away to reflect with colleagues and consider whether targets and delivery timescales should be refined, while providing assurance where performance is already appropriately stretching.</p> <p>The Committee NOTED the Performance Information Report.</p>	RN

<p>5.4</p>	<p>Outcome Measures Report RN presented the Outcome Measures report, which updates the Committee on the impact and value delivered by NWSSP services. Positive performance was noted across customer satisfaction, workforce engagement, professional influence and decarbonisation.</p> <p>The overarching report includes additional visual infographics and enhanced information on overpayments. Feedback from customers requesting greater benchmarking will be incorporated into future reports. It was confirmed that outcome reporting will continue to evolve as additional measures and trend analysis are developed, including updated staff survey outcomes in the next reporting cycle.</p> <p>The Committee NOTED the Outcome Measures Report.</p>	
<p>5.5</p>	<p>Transformation Management Office (TMO) Update Report RN presented the TMO Update Report, which supports NWSSP’s portfolio of programmes, projects and service improvement initiatives.</p> <p>The overarching report details that the TMO is currently supporting 20 live initiatives, with delivery status, key risks and mitigations reported across major programmes, including TrAMS, digital transformation and service improvement activity. The ophthalmic contract project RAG status had improved from amber to green, and that a new project relating to the South-East resident doctors’ contract has been added to the portfolio.</p> <p>HT reflected upon his earlier comments, specifically whether timescales and delivery pace within the TMO are sufficiently challenging, given the consistently positive RAG status. RN confirmed she would take the feedback away to reflect with colleagues and consider whether targets and delivery timescales should be refined.</p> <p>The Committee NOTED the TMO Update Report.</p>	<p>RN</p>
<p>5.6</p>	<p>Integrated Medium-Term Plan (IMTP) Quarter 3 of 2025-2026 Update RN presented the IMTP Q3 update, which provides assurance on delivery of the 2025–26 IMTP and the effectiveness of quarterly performance monitoring arrangements.</p> <p>The overarching report highlights key achievements to date, areas of focus for Quarter 4, and confirms continued alignment to financial sustainability, quality, equality and workforce wellbeing priorities. The majority of IMTP objectives remain on track, with a small number of areas at risk or off-track, due to capacity or external factors. It was noted that this report is submitted to Welsh Government as evidence of robust IMTP oversight.</p> <p>HT advised that greater pace is required in relation to Scan4Safety, advising that system replacement could be required before full rollout is achieved. AR agreed to feed this back to Andy Smallwood, Lead for Scan4Safety and an update would be provided to the Committee. RN advised that further work is underway on benchmarking, including costing activity, to provide comparative data and inform future planning.</p> <p>The Committee NOTED the IMTP Quarter 3 of 2025-2026 Update.</p>	<p>AR</p>

<p>5.7</p>	<p>NWSSP Corporate Risk Register</p> <p>JQ presented the NWSSP Corporate Risk Register and noted of the 20 risks currently identified for action, 6 are rated red, 11 amber and 3 yellow. The six red-rated risks relate to the ongoing threat of a cyber-attack, disruption to pharmaceutical supply, risks to patient services should the Radiopharmacy and TrAMs developments not progress as planned, financial and workforce pressures impacting the TrAMs Pharmacy Service, challenges in scaling support for the Future Workforce Solution (replacement of ESR), and risks associated with the accuracy of Welsh Risk Pool forecasting.</p> <p>Committee Members further noted that one additional risk has been newly escalated since the previous meeting, relating to the implementation of new Resident Doctor terms and conditions, currently assessed as amber. It was reported that eight risks are now at target, that several target deadlines have been revised since the January 2026 meeting, and that five risks are being monitored, the majority of which remain stable, with one reducing in score as winter pressures have eased.</p> <p>HT requested a deep-dive discussion on cyber resilience be considered for a future Committee meeting, emphasising the importance of assurance beyond disaster recovery, including the robustness of business continuity arrangements. AR confirmed that the focus is not solely on disaster recovery, but that business continuity arrangements are also in place and form part of the overall resilience framework.</p> <p>The Committee NOTED the NWSSP Corporate Risk Register.</p>	<p>RN</p>
<p>6.</p>	<p>ITEMS FOR INFORMATION</p>	
<p>6.1-4</p>	<p>The Committee received the following items for information:</p> <ul style="list-style-type: none"> • 7.1 Finance Monitoring Returns (Months 9, 10 and 11) • 7.2 Personal Protective Equipment (PPE) Report • 7.3 NWSSP Audit Committee Assurance Report from 10 February 2026 • 7.4 SSPC Forward Plan 2026-27 	
<p>7.</p>	<p>ANY OTHER BUSINESS (AOB)</p>	
<p>7.1</p>	<p>TM requested that her thanks be formally recorded in recognition of RA's contribution to NWSSP over the past four years, noting that the organisation has been extremely fortunate to benefit from the support of a Medical Director of such calibre, experience and expertise. Committee Members wished RA well in the next chapter of her career.</p> <p>NF provided a brief verbal update on current international developments and potential supply chain impacts. Discussions with UK four-nations resilience teams had confirmed no immediate concerns regarding medical technology supply, noting that minimal freight routes pass through the Strait of Hormuz. It was reported that the Department of Health continues to monitor oil supply risks, with potential longer-term implications for fuel prices.</p> <p>NF also advised of emerging risks relating to global helium supply, particularly linked to production uncertainty in Qatar, which may have wider downstream impacts on manufacturers and suppliers, with heightened level of uncertainty and the potential for longer-term disruption. An update was also provided on cyber security risks, with confirmation that the Department of Health is</p>	

	treating recent supplier cyber incidents as national security-related and is reinforcing expectations that suppliers maintain robust business continuity and cyber resilience arrangements.	
8.	DATE OF NEXT MEETING	
8.1	TM thanked Committee Members for their contributions and confirmed that the next meeting is scheduled to take place on Thursday 14 May 2026 from 10.00AM to 12.00PM, held via Microsoft Teams.	

SHARED SERVICES PARTNERSHIP COMMITTEE ACTION LOG UPDATE FOR MAY 2026 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status
Part A - Public						
1.	2025/11/14-a Item 6.2	November 2025	People and Organisational Development Report An update would be provided at a future SSPC meeting on in relation to the forthcoming Resident Doctor contract reform regarding Single Lead Employer (SLE) arrangements.	GH	May 2026	Complete – This item has been scheduled for discussion within the May 2026 Committee agenda.
2.	2026/03/19-a Item 3.1	March 2026	Chair’s Recruitment Amendments to be made to the overarching report to reflect Option 3 as the recommended proposal, prior to publication.	RD	May 2026	Complete – This item was updated prior to Committee papers being published on the website. An update on the process will be provided in the May 2026 Committee meeting.
3.	2026/03/19-a Item 5.3 and 5.5	March 2026	Performance Information Report To reflect upon whether targets and delivery timescales should be refined, whilst providing assurance where performance is already appropriately stretching.	RN	July 2026	Not Yet Due – The report will be refined to capture the new financial year, therefore this will be implemented from the July 2026 SSPC meeting onwards.
4.	2026/03/19-a Item 5.6	March 2026	Integrated Medium-Term Plan Quarter 3 of 2025-2026 Update AR to update Andy Smallwood on the need to accelerate delivery and the risk of system replacement prior to full roll-out of Scan4Safety, and report back to the Committee.	AR/AS	July 2026	Not Yet Due – An update on Scan4Safety scheduled for SSPC meeting in July 2026.
5.	2026/03/19-a	March	NWSSP Corporate Risk Register	RN	July 2026	Not Yet Due – Deep dive

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status
Part A - Public						
	Item 5.7	2026	Deep-dive discussion on cyber resilience. beyond disaster recovery, and the robustness of business continuity arrangements to be held.			scheduled for SSPC meeting in September 2026.
6.	2026/03/19-a Item 3.1	March 2026	Chair's Recruitment Consideration to be given at a future meeting in respect of rotation and continuity arrangements for the role of Committee Vice Chair.	JQ	September 2026	Not Yet Due – An update will be provided at a future Committee meeting, post Chair's recruitment.
7.	2026/03/19-a Item 5.2	March 2026	People and Organisational Development Report Outcomes from engagement and shared learning with Health Boards in respect of Single Lead Employer model data to be reflected upon and brought back to a future Committee meeting, for consideration.	GH	November 2026	Not Yet Due - Deep dive scheduled for SSPC meeting in November 2026.
Part B - Private						
8.	2026/03/19-b Item 2.2	March 2026	Linen Products AR to follow up with Jonathan Irvine, Director of Procurement, on the foundational economy and SME considerations within the wider procurement strategy, and a discussion on procurement strategy and the foundational economy to be held at a future Committee meeting, using this and other contracts as examples.	AR/JI	July 2026	Not Yet Due – Deep dive scheduled for SSPC meeting in July 2026.



GIG
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Partneriaeth
Cydwasaethau
Shared Services
Partnership

14 May 2026

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
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**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 2026.

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 DISCUSS and NOTE 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.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Health and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com) . These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

NWSSP Managing Director's Report May 2026

Introduction

This paper provides an update on the key matters impacting NWSSP, and the activities undertaken, since the last meeting on 19 March 2026.

Governance and Accountability Arrangements

The Welsh Government (WG)-commissioned independent review of NWSSP's governance and accountability arrangements has now concluded, with the report published in December 2025. The review confirmed that the existing governance framework is fundamentally sound, while identifying recommendations aimed at strengthening clarity, assurance and accountability.

In response, a WG-led Review Implementation Group has been established to oversee, co-ordinate and support delivery of the accepted recommendations. Approvals will continue to be sought through existing governance routes, including the SSPC. The Implementation Group brings together senior representation from WG, NWSSP and Velindre University NHS Trust (as host organisation), with governance and legal advisers attending as appropriate.

NWSSP is fully engaged in the work of the Implementation Group and welcomes the opportunity to contribute constructively to the next phase, ensuring that governance, assurance and accountability arrangements remain robust, proportionate and fit for purpose. The latest position update is included as a separate agenda item for today's Committee meeting.

Celebrating 15 Years of NWSSP

NWSSP marked 15 years since its establishment on 1 April, celebrating its role in driving value, innovation and partnership across NHS Wales. Over this period, the organisation has grown significantly. The anniversary year will highlight colleague stories and organisational milestones, alongside the 30-year anniversary of Legal & Risk Services, reflecting pride in achievements to date and ambition for the future.

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 18 March 2026. A total of 265 cases were ratified, with reimbursements totalling £19.1m. Nine instances of penalties were authorised. The main areas of business were as follows:

Accountable Officer (AO) Update

I provided an update on the financial position of the WRP, outlining significant current pressures, the scale of future liabilities and the need for a more co-ordinated, system-wide approach. A proposal has been approved by the NHS Wales Leadership Board to manage the WRP through a single, unified programme, with strengthened governance arrangements, clearer oversight and defined milestones. Work is continuing across three key areas of short-term forecasting, 2026/27 cost pressure mitigation, and long-term prevention.

and agreed in terms of developing a unified programme of work covering three key areas of short-term forecasting, 2026/27 cost pressure mitigation, and long-term prevention. Future updates will be provided to the Partnership Committee as the work develops.

Financial Position

The Committee noted the financial position and the ongoing work to strengthen forecasting and manage increasing financial risk. The Committee received an update on the Month 11 financial position which took account of the additional £49M funding made available by Welsh Government. The adjusted forecast DEL position remained within the range consistently reported since September 2025.

Provisions continue to increase sharply as the caseload matures and a growing number of high-value claims, including periodical payment orders, move from contingent liability to provisioned status. Forecasting methodologies have been updated to reflect changes in settlement patterns and case complexity, with further refinement and detailed case review work ongoing.

Consent Forms (1 & 2)

Revisions to Consent Forms 1 and 2 were noted and ratified, reflecting enhancements approved by the All-Wales Group.

VTE (Venous Thromboembolism) Wales Model Policy

The All-Wales VTE Model Policy was ratified, which has been approved by the VTE Wales Board and is supported by the Deputy Chief Medical Officer (DCMO).

Hand and Wrist Trauma Implants – Risk Update

Research, expert consensus and the DCMO letter relating to the sterilisation and use of implants for hand and wrist trauma surgery were considered and noted. The WRP Operations Team will seek confirmation from all NHS Wales health bodies on current practice and any applied derogations regarding pre-packaged implants.

Terms of Reference (ToR)

The updated ToR were approved as part of the scheduled review, noting that further refinement may occur and that these would be submitted to SSPC for ratification.

WRP Procedures and All-Wales Policies

The 2026 WRP Procedures and a 12-month extension to the All-Wales Policy on Indemnity and Insurance and associated documentation were approved. Approval was also given to collate property locations subject to third-party licences and leases to support improved management of contractual arrangements.

Path to Safer Beginnings – Relevance to WRP Programmes

Preliminary analysis confirming strong alignment between existing national learning programmes and recommendations from the Path to Safer Beginnings in Wales review was noted. PROMPT Wales and national training programmes were highlighted as areas of strength, with the WRP identified as a key stakeholder in proposed national oversight arrangements.

Intrapartum Fetal Surveillance (IFS) Wales Annual Review 2024/25

The first Annual Review of the IFS Wales Programme was noted demonstrating strong early engagement, with 89.6% attendance across approximately 2,000 staff

and one Health Board exceeding the 95% target. Health Boards are required to submit assurance plans to improve and sustain compliance, with the programme recognised as an example of effective national implementation.

PROMPT Wales – Annual Assurance Update 2024/25

Continued strong performance of PROMPT Wales was noted, with 93% attendance nationally. Action and improvement plans have been requested where standards were not fully met, and the national team remains assured of Health Board engagement and commitment.

Supreme Court Judgement – “Lost Years”

The WRP Committee noted the Supreme Court judgement relating to “lost years”, arising from claims involving CCC and Sheffield NHS Trust, and the anticipated adverse financial impact resulting from the inclusion of lost earnings beyond life expectancy.

Finance

NWSSP’s draft unaudited revenue outturn for 2025/26 reported a small surplus of £0.009m. This position was achieved after delivering the £6.000m savings distribution to NHS Wales and Welsh Government, as confirmed to the Committee in January 2026, and after absorbing a £0.744m Employers’ National Insurance funding shortfall, resulting in a break-even outturn position. Recurrent savings required for 2026/27 were identified during 2025/26 and have been reflected within the submitted Committee approved IMTP financial plan. The final 2025/26 Capital Expenditure Limit (CEL) was £11.661m and was utilised in full. The overarching Finance Report details an overspend against the additional capital funding provided by Welsh Government, which was fully offset by an underspend against NWSSP’s discretionary capital allocation, including the use of £0.080m of discretionary capital to offset £0.080m of forecast overspends on additional capital-funded schemes.

The 2025/26 Capital Expenditure Limit (CEL) of £11.661m was fully utilised, with in-year capital pressures successfully managed to deliver a balanced outturn. An overspend of £0.080m on schemes funded through additional Welsh Government capital was offset by an equivalent underspend on discretionary capital, resulting in an overall balanced capital outturn. Investment supported key infrastructure, digital, estates, decarbonisation and service resilience priorities, including developments across Imperial Park, Matrix House, Green Vale, Church Village and Glan Clwyd, alongside IT refresh and specialist equipment programmes.

WRP Departmental Expenditure Limit (DEL) outturn expenditure for 2025/26 totalled £192.067m, substantially exceeding original planning assumptions. In response, Welsh Government provided additional funding of up to £49m, of which £46.576m was utilised in 2025/26 following the application of organisational risk-share contributions. This fell within the range agreed with and reported to Welsh Government during quarter 4. Further work continues with Welsh Government and system partners to strengthen forecasting, assurance and longer-term system responses. AME (Annually Managed Expenditure) provisions increased by £245.732m during the year, with total provisions reaching £1.957bn as at 31 March 2026.

Looking ahead, the 2026/27 financial context remains challenging, particularly in relation to non-recurrent funding and continued WRP volatility. As part of IMTP delivery, grip and control arrangements will be refreshed across all divisions, supported by finance business partners, to sustain financial discipline and resilience.

Transforming Access to Medicines (TrAMS) – Radiopharmacy and Hub Programme Update

Progress continues across the TrAMs Programme, with an emphasis upon South East Hub, to fulfil the Full Business Case (FBC) development, scheduled in conjunction with Archus, for late May 2026. The programme remains focused on maintaining delivery momentum while actively managing key risks, including dependencies associated with hub site selection, pharmacy workforce restrictions and business case progression.

South East Radiopharmacy

Construction work on the facility has now been successfully completed, and all equipment has been fully installed. Qualification activities and NWSSP's commissioning period for the unit are currently underway. Service Level Agreements (SLAs) have now been agreed by all participating Health Boards and have also been approved by the Shared Services Partnership Committee (SSPC).

There is continued progress in preparing our Radiopharmacy workforce for service delivery. Staff are currently focusing on manufacturing techniques that apply good radiation protection practices, supported through accredited courses, practical sessions at established sites, and ongoing radiation safety training. In addition, work is ongoing to finalise operational procedures and ensure that robust quality systems are in place ahead of service commencement. Teams are also developing and testing business continuity measures to support service resilience and ensure continuity during the implementation of the service

South East Hub

The project remains on track to complete the overall design stage to support production of the FBC at the end of May 2026. The South East Hub detailed design (stage 4) documentation was submitted and reviewed by the TrAMS Project Team and other key stakeholders from Informatics and Specialist Estates Services. The documentation included packages covering architectural, mechanical and electrical, of which over 90% have been fully approved, awaiting two minor amendments for complete approval.

The cost review period has begun, with clarification on the presentation of costings to support an efficient review. The final cost review was due on 28 April, with the final costs submission from Angstrom due on 1 May. Final isolator designs are required for the Estates Annex for FBC submission; these have now been submitted by Sychem & Ortnier and approved by the South East Project Team. Workforce and South East Hub projects continue to align. Detailed staffing schematics were presented and endorsed at the South East Hub Project Board on 16 April 2026.

South West Hub

Project scope continues to focus upon site selection and due diligence activity for the South West Hub. A Business case and follow up supporting information for the preferred site was submitted to Welsh Government for consideration in March 2026

and further information has now been provided on the initial Welsh Government feedback.

North Hub

The North Hub project continues to mobilise, with continued stakeholder engagement underway to ensure service models are informed by local clinical and operational requirements. The first Project Board meeting was held on 27 April, to include approval for key documents, including initial risks and stakeholder mapping. Work continues in establishing a performance baseline and mapping of the service 'as-is' work in collaboration with Betsi Cadwaladr University Health Board (BCUHB) and the wider project team.

Digital

The TrAMS digital project is now rated green, with scope, costs and a 12-month delivery timeline confirmed through the version 1 discovery phase. Readiness arrangements have been put in place to enable mobilisation, subject to funding approval.

NHS Wales Influenza Vaccination Programme

Building on the experience from the 2025-26 programme, preparatory work is underway in relation to the NHS Wales Influenza Vaccination Programme for 2026/27, with planning activity progressing to support timely and effective delivery.

Implementation of the New Resident Doctors Contract in Wales

A comprehensive deep-dive update on the most recent position regarding the implementation of the new Resident Doctors' contract in NHS Wales will be provided as part of today's Committee meeting.

Future Workforce Solution

Progress continues across the overall programme, although final clarification on the build functionality is still required. A number of key NWSSP colleagues have been involved in workshops over recent months to influence the minimum viable product scope. The next significant milestone is to begin structured engagement with the Early Adopter organisations to complete foundational readiness activities and templates, alongside establishing and recruiting a central NHS Wales implementation team to support deployment.

Progress to date includes the award of the contract to Infosys (October 2025) and the development of a Board Briefing pack for NHS CEOs, Directors of Workforce and Executive teams (December 2025). A series of detailed design workshops has been completed to gather insight from subject matter experts, with 15% of contributors from Wales, and NHS Wales programme governance is now established. The benefits workstream has also launched, with an initial outline of key benefit categories in place to support development of the benefits register and framework. In parallel, discussions continue with Infosys and BCG regarding the inclusion of Welsh language requirements within the solution.

Four Welsh user organisations have been identified and agreed in principle to participate in the Early Adopter wave (DHCW, Hywel Dda, Llais and NWSSP) and

have received introductory engagement sessions. Foundational Readiness Guidance has been developed for Early Adopters, with NHSBSA delivering introductory and technical sessions to support the guidance and the Early Adopter Programme Scoping Document. Funding discussions are ongoing with NHSBSA to enable a central implementation team to deploy the solution across NHS Wales, while Welsh Government continues to finalise the Section 83 Agreement with NHSBSA and DHSC.

Next-step priorities are to establish weekly touchpoint meetings with Early Adopter representatives to initiate foundational readiness activities, while also developing readiness activities for future-wave organisations and commencing engagement to prepare them for subsequent waves. The programme will design and build learning and upskilling materials (including in-app guidance and formal training) and will provide Early Adopters with early previews of the solution through 'show and tell' demonstrations and in-depth walkthroughs. Work will also progress to launch programme branding (timescales to be confirmed by NHSBSA), establish NHS Wales operational project groups including a Technical Readiness Group, and engage HEIW to incorporate national reporting requirements. In addition, critical data documentation will be progressed through the Wales Information Governance Management Advisory Group, and the programme will seek approval of resource funding from NHSBSA to begin recruitment for the central implementation team.

Single Lead Employer Model

During the NWSSP Audit Committee meeting on 28 April 2026, Members considered the Internal Audit report on the Single Lead Employer (SLE) model. While controls over staff processing and cost recharging were noted to be operating effectively, the overall assurance conclusion of reasonable assurance was driven by findings in relation to sickness absence management. The discussion highlighted that sickness absence management within the SLE model is inherently more complex, as responsibilities are shared between NWSSP and host Health Boards, and the audit identified gaps in evidence of compliance with the All-Wales *Managing Attendance at Work* policy, including the completion of return-to-work interviews and operation of sickness review prompts.

Importantly, it was emphasised that addressing these matters does not sit solely with NWSSP; meaningful and sustained improvement is dependent on host Health Boards actively fulfilling their responsibilities and owning compliance at local level. This was identified as the key assurance point for the Committee, with clear expectation that partnership governance and performance routes are used to reinforce collective accountability and drive improvement across the system.

Primary Care Services

Primary Care Services has progressed a number of nationally significant developments, including quality accreditation, digital enablement and urgent operational responses. Supporting evidence includes a successful ISO 9001 Quality Management System audit, providing external assurance of service quality and process consistency. In support of General Medical Services (GMS) contract requirements, work is underway to incorporate new workforce payments, facilitated through the Primary Care Workforce Intelligence System (PCWIS), alongside the introduction of a payment pathway to support the Meningitis B Canterbury outbreak

response. A 'GSUM' calculator has also been developed to support the independent review of the Global Sum formula, and regulatory changes are being progressed to enable digital medical consultations.

Laundry Service

The Laundry Service capital programme is progressing well, with all three waste heat recovery systems now installed and commissioned. The replacement of the Swansea site sorting system and monorail track has also been installed and commissioned and is fully operational.

As previously reported, the Service experienced an unprecedented number of full site failures in February; all affected plant is now fully restored, with the exception of the continuous batch washer at the Church Village Laundry Production Unit, where delivery of the press basket is awaited. Any supply disruption has been managed jointly with the service and customers, and all issues have been resolved.

Decarbonisation and Adaptation

Our project at Matrix House to provide an upgraded electrical supply and additional electric vehicle (EV) charging was completed in March 2026, along with our project at Denbigh Stores to provide roof mounted solar panels and to replace the gas heating system with electrically supplied infra-red heaters.

Following approval by Welsh Government of the business case for investment in the roof overlay at IP5 in mid-December 2025, work commenced on site in February and remains on track to complete in early July 2026. Following completion, NWSSP will explore the feasibility of a phased provision of roof mounted solar PV (photovoltaic) to supplement the ground mounted provision already in place.

Work continues at pace on progression of the tasks set out within the updated Strategic Delivery Plan for Decarbonisation (November 2025). Two tasks of national importance will be delivered shortly insofar as Specialist Estates Services' development of guidance for net zero estate development projects under the value of £20m, which is in final draft form and should be issued in the coming weeks; and publication of the All-Wales Waste Strategy, which should follow in early June 2026.

Senior Appointments

Recruitment to appoint a successor to Professor Tracy Myhill OBE is underway, with applications closing on 30 April 2026. Tracy has kindly agreed to stay a little longer in post until the end of May 2026 in order to provide continuity.

In addition, Dr Ruth Alcolado has retired, and Dr Martin Edwards has been appointed as Medical Director, having held the role as NWSSP's Deputy Medical Director, providing continuity of senior clinical leadership. The recruitment process for the Deputy Medical Director post is underway.

Engagement and Leadership Activity

Since the last Committee update, I have continued to maintain an active programme of leadership engagement across national, organisational and internal

forums. This included attendance at the NHS Wales Leadership Board meetings held at Woodland House and Cathays Park, alongside participation in the NHS Wales Value and Sustainability Board, supporting continued system alignment on strategic and sustainability priorities.

During this period, I also undertook a series of organisational and programme-focused engagements. This included an NWSSP IP5 visit with NHS Wales Chief Executive Officer, Jacqueline Totterdell, providing an opportunity to showcase delivery and engage directly on service priorities, as well as attendance at the NWSSP Governance Review Implementation Group meeting. In addition, I participated in an in-person Chief Executive Management Team meeting hosted at DHCW, reinforcing collaborative working at executive level.

Programme governance and oversight activity continued through attendance at the NWSSP Decarbonisation and Adaptation Programme Board and the TrAMS Programme Board, supporting delivery and assurance across transformation and sustainability agendas. I also presented at the Audit Conference, contributing to wider learning and assurance discussions.

Alongside external and system engagement, I remained closely involved in internal organisational activity, including attending the first regional in-person Staff Recognition Awards celebratory event, held on 16 April 2026 at IP5 (Newport). The event recognised colleagues' achievements and contribution aligned to NWSSP values, and reinforced organisational culture and engagement. Further in-person celebratory events are scheduled to take place during May at Matrix House (Swansea) and Alder House (North Wales).

Collectively, these engagements have supported effective leadership oversight, strengthened relationships across the NHS Wales system and within NWSSP, and provided continued assurance across strategic, transformation, sustainability and organisational priorities.

Neil Frow OBE
Managing Director, NWSSP
May 2026

Wales Resident Doctor Contract 2026 – Implementation Briefing

Purpose: Summarise background, outstanding work, governance, workstreams and key decisions for SSPC May 2026

Name of authors Gareth Hardacre, Hilary Sharp

Date May 2026

*Delivering Value, Innovation and
Excellence through Partnership*



“Implementation of the Wales Resident Doctor Contract 2026 is progressing, but the programme is now operating within a heightened risk environment, primarily driven by the timescale to the national e-rota Resident Doctor Rota creation and monitoring system and the associated operational, financial, and compliance implications.”

E-Rota Current Position



Live release has been pushed back: revised go-live 22 June 2026.

Quote from briefing: “The e-rota system development timelines have been pushed back due to the requirement for extensive regression testing across approximately 180 organisations, the revised go-live date is now confirmed as 22 June 2026.” Mitigation: Pre-production available end of May but not fully end-to-end tested.

Pre-Production Characteristics:

- Full functionality present but not fully tested; allows rota input, salary calc, report export.
 - Interim Assurance
- Excel salary calculator being developed to validate pay during interim.
 - Operational constraint: Any work in pre-prod must be duplicated in the 2016 test environment to ensure transfer to live.

Contract status:

- 2026 contract terms largely agreed with BMA
 - Final legal review
 - Publication expected early June 2026
 - Policy items nearing completion
- Offer letters approved and translated
 - Statements of particulars near final completion.
- Study leave policy near finalisation
 - Health boards/trusts raised financial impact concerns
 - Working group established for standardised data collection.

Progress across Health Boards:

- Some organisations have substantially reduced non-compliance; others remain behind
 - Workforce implications
- Several organisations report need for additional WTEs
 - Risk of conflating existing deficits with contract driven additionality
- Offer letters being issued to Foundation doctors
- Significant dependency on receiving timely information from HEIW to ensure employer and host organisations meet their contractual obligations with future intakes of Resident doctors
 - Further cohorts pending HEIW data (mid-May / mid-June)

Key exposures:

- Reduced working hours potential insufficient capacity, increased locum use, cost pressure, patient flow impact. Funding scope
- Funding covers pay, pay protection, and Guardian roles; does not cover LED additionality. Mitigations noted
- Scrutiny of workforce requests; shared rota models; monitoring fill rates.

Workstreams to track separately

- Payroll & Pay Protection (system updates; pay protection processes).
 - Contract Administration (job plan templates; exception reporting comms).
 - Study Leave & Expenses (funding uplift, mileage mapping, dental trainee clarification).
 - Guardian of Safe Working (job descriptions; national admin support; lead Guardian recruitment).
- Outstanding tasks
- Complete legal sign-off and publish contract; finalise statements of particulars; confirm study leave financial modelling; complete pre-prod risk assessment session.
 - E-Rota delivery & testing (regression testing, pre-prod validation, duplication to 2016).

Rota Planning System details

Beena 210426-1 with On-call

Rota Summary

Contract: 2016
Tier: Junior trainee
Rota type: On-call

Total slots: 4
Avg. hours: 41:30
Start day: Monday

Slot 1 Summary

Specialty: Clinical immunology & allergy
Grade: FY1 (2016)

2016 Contract	Result	Target
Average hours (with allowance for leave)	41:45	48:00
Average hours	41:30	48:00
Max consecutive shifts	PASS	7
Max consecutive long shifts	PASS	4
Max consecutive night shifts	PASS	4
Max consecutive late shifts	PASS	4
Max consecutive on-call shifts in midweek	PASS	1
Min period off (after long shifts)	PASS	48:00
Min period off (after 1 night)	PASS	46:00
Min period off (after 2 consecutive nights)	PASS	46:00
Min period off (after 3 consecutive nights)	PASS	46:00
Min period off (after 4 consecutive nights)	PASS	46:00
Min period off (after consecutive days)	PASS	48:00
Max weekend frequency	PASS	3
Max on-call frequency	PASS	3 in 7 days
Max shift length after on-call	PASS	10:00
Max shift length	PASS	13:00
Max on-call length	PASS	25:00
Min period off (after 4 consecutive lates)	PASS	48:00
Max weekly hours	PASS	72:00
Average hours with leave allowance before LTFT time correction	PASS	48:00

EWTD	Result	Target
AWWT	41:42	48:00
Weekly rest	PASS	24:00
Daily rest	PASS	11:00
PAY		Result
Basic salary	£36,616.00	
Total additional rostered hours	01:45 / £1,601.95	
Weekend allowance	0%/(1:9:00) £0.00	
Night premium (with allowance for leave)	10:30 / £3,556.33	
Availability allowance	8% / £2,929.28	
Total salary	£44,703.56	

Working arrangement

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	9:00 - 21:00		9:00 - 17:00	9:00 - 17:00	9:00 - 17:00		
2	9:00 - 21:00	9:00 - 21:00	9:00 - 21:00	9:00 - 21:00		21:00 - 24:00	00:00 - 9:00
3		9:00 - 17:00	9:00 - 21:00		9:00 - 21:00		
4	21:00 - 24:00	00:00 - 9:00		9:00 - 21:00	9:00 - 21:00		
5	9:00 - 17:00	21:00 - 24:00	00:00 - 9:00		9:00 - 21:00		
6	9:00 - 17:00	9:00 - 21:00	21:00 - 24:00	00:00 - 9:00			
7	9:00 - 21:00	9:00 - 21:00	9:00 - 21:00	21:00 - 24:00	00:00 - 9:00		
8	9:00 - 21:00	9:00 - 21:00	9:00 - 21:00	9:00 - 17:00	21:00 - 24:00	00:00 - 9:00	
9	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00		9:00 - 24:00	00:00 - 9:00	

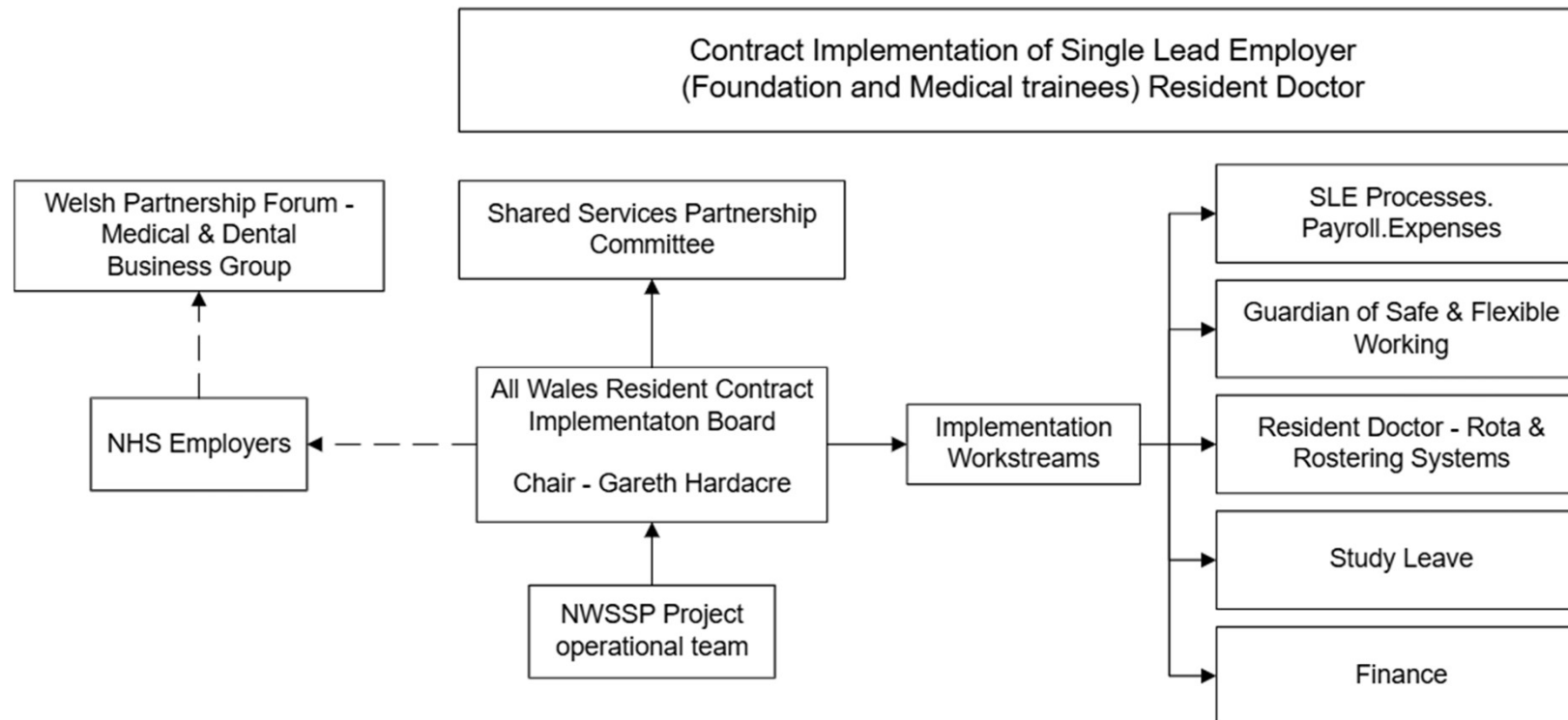
Duty details

Duty	Name	Type	Start	Finish	Days	Duration	NR Start	NR Finish	NR Days	Estimated call-out
A	A	Shift	9:00	17:00	1	8:00				
B	Long	Shift	9:00	21:00	1	12:00				
C	Night	Shift	21:00	9:00	2	12:00				
D	Oncall	On-call	9:00	9:00	2	24:00	21:00	8:00	2	3:00

Governance:

Active risk register; clear escalation routes; prioritisation of major risks. **Immediate decisions required**

1. **Endorse approach** to managing e-rota timescale and confirm readiness to use pre-prod with enhanced validation.
2. **Support workforce planning discipline** — require evidence for additionality requests.
3. **Reinforce local delivery capacity** — prioritise rota review work.
4. **Approve coordinated communications** for new starters once T&Cs finalised.
5. **Risk rating:** E-rota likelihood updated to **almost certain**; impact under review.



Health Boards/Trusts Rota review update @ April/May 2026



Organisation	Rota Reviews	Additional activity/notes
ABuHB	5 outstanding	Steering Group meeting bi-weekly 30 additional FTE staff identified
BCuHB	Just commenced	Target to complete within 2 weeks
CTMuHB	Rota reviews progressing well	Not anticipating additional resource
CVuHB	One third of rota's compliant	20 additional FTE staff – early indication
HDuHB	55% non-compliant	Services to hold discussions
SBuHB	22% of rota reviews outstanding	Additional resource for A&E identified
VuT	All full shift rota reviews completed	Progressing to LTFT (3 rotas) and 2 personal pattern rotas with one trainee on each rota
PHW	Mid way through rota changes	

Project Plan summary for key workstreams

Implementation of Resident Doctor Contract Reform

Task	Start Date	End Date	% completion	Status	Comments
Overall completion based upon deliverables within each Workstream	01/03/2026	31/08/2026	21%		
SLE processes.Payroll.Expenses					
Key Changes to documents	01/03/2026	20/07/2026	30%	Behind	
On Boarding 03/08/2026	01/03/2026	03/08/2026	19%	On target	
Pay Protection	13/04/2026	02/08/2026	17%	On target	
On Boarding 02/09/2026	19/05/2026	31/08/2026	0%	Not started	
Expenses: Stage 1	01/04/2026	31/05/2026	13%	On target	Tasks are back ended loaded
Expenses: Stage 2	01/06/2026	30/06/2026	0%	Not started	
Expenses: Stage 3	01/06/2026	31/07/2026	0%	Not started	
GOSFW					
Lead GOSFW	01/03/2026	29/06/2026	60%	On target	
Admin post for GOSFW	01/03/2026	30/04/2026	15%	On target	
Rota & Rostering Systems					
e-Rota Developments	04/11/2025	22/06/2026	68%	Behind	
e-Rostering changes	13/11/2025	08/07/2026	23%	On target	
Configure e-Rota system to facilitate exception reporting	26/03/2026	22/07/2026	9%	On Target	

Information correct as of 07 May 2026

Next Steps and Actions (6-to-8-week focus)



Priority actions:

- Hold Pre-Production Environment Risk Assessment session.
- Agree Job Plan and Rota Template definitions before supplier engagement.
- Develop All Wales Locally Employed Doctor documentation and take Resident Doctor/Locally Employed Doctors documents through Medical & Dental Business Group for ratification.
- Finalise New Starter Communications for release in June 2026.
- Consolidate Rota Consultation responses from Medical Workforce Managers for BMA. Deliverable timeline: Focused oversight and weekly checkpoints to 22 June 2026 go-live and immediate post-go-live validation

Any questions?

Contact details

Hilary.Sharp2@wales.nhs.uk

website: nwssp.nhs.wales

Radiopharmacy at IP5

Sarah Crawford & Rhys Hamer

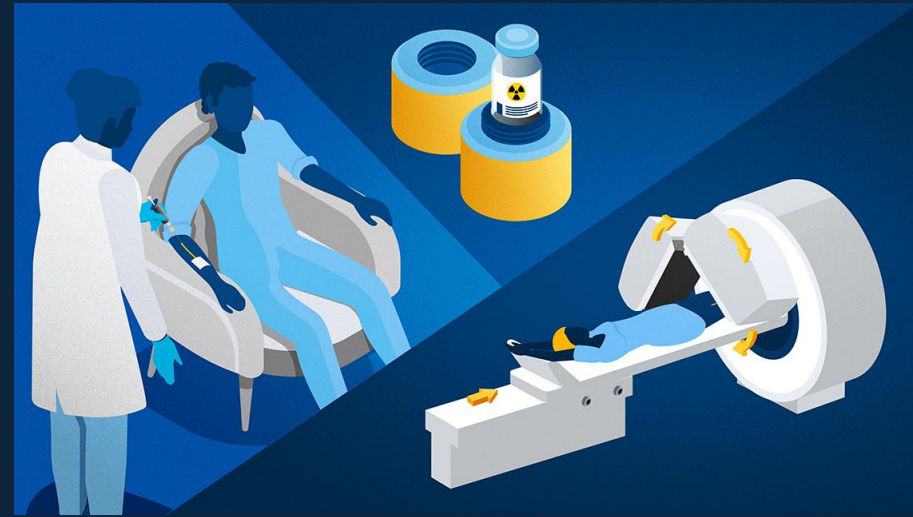




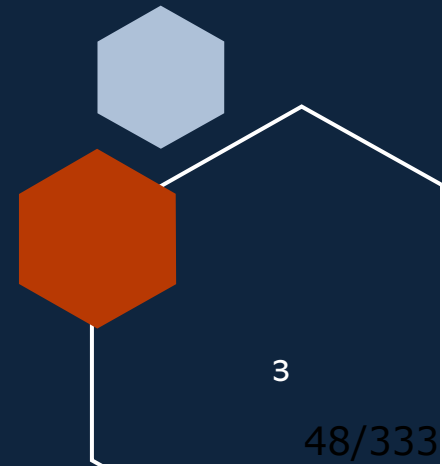
What is Radiopharmacy?

This is always the first question we get!

RADIOPHARMACY 101



- Making and handling medicines (“radiopharmaceuticals”) that contain small amounts of radioactive material.
- Radiopharmaceuticals are mainly used in medical imaging and sometimes in treatment.
- When a patient is given a radiopharmaceutical, it travels to a specific organ or tissue (like the heart, bones, or a tumour).
- The radioactive part of the medicine gives off signals that can be detected by a scanner, allowing doctors to see how the body is working, not just what it looks like.



So...

How do we make radiopharmaceuticals?



Image: Oncology Nursing Society

Background



- Radiopharmaceuticals are usually given by injection.
- To make them safely, we need:
 - A specialised clean environment
 - Highly skilled staff
 - Protection from radioactivity
- They also have a very short shelf life – around 8 hours from the time that they are made
- Together, this means we need a system where radiopharmaceuticals can be made safely, checked and sent out to hospitals all in the space of a few hours!



The Project

- CAVUHB radiopharmacy closed in 2024.
- Since then, SBUHB radiopharmacy have been supplying all hospitals in South Wales.
- This situation is unsustainable for a number of reasons, and so the radiopharmacy component of the TrAMS project was brought forwards.

The Build

- Since summer 2025 we have been building a brand new radiopharmacy in IP5
- This is a photo of the main manufacturing room in the actual build!



Floor Plan





**Also included a
brand-new air
handling plant
and a
mezzanine
deck to put it
on**



Complexities

- Building a brand new radiopharmacy is not easy!
- Lots of regulations and legislation to take into account at every stage.
- Specialist contractors and external advisors used to make sure we get everything right.

Natural Resources Wales (NRW)

Health and Safety Executive (HSE)

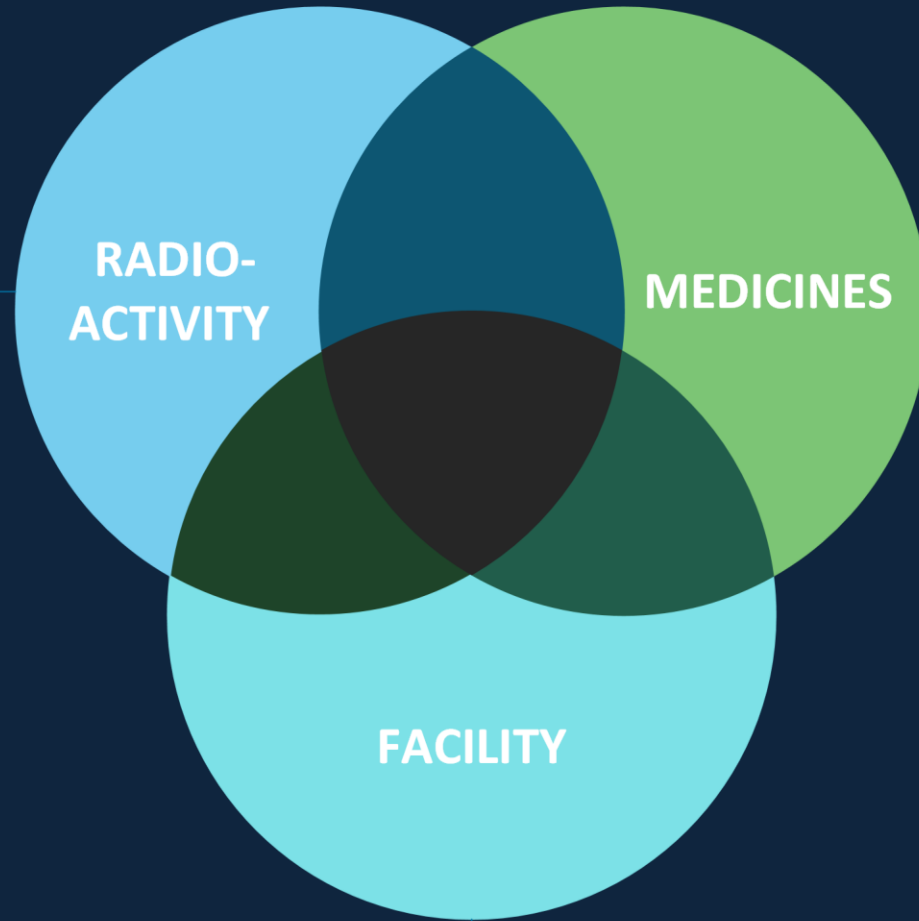
Office for Nuclear Regulation (ONR)

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

Ionising Radiations Regulations (IRR17)

The Carriage of Dangerous Goods Regulations (CDG)

UK Environmental Permitting Regulations (EPR)



Medicines and Healthcare products Regulatory Agency (MHRA)

Human Medicines Act

Good Manufacturing Practice

Medicines and Healthcare products Regulatory Agency (MHRA)

Welsh Health Technical Memoranda (WHTM)

Good Manufacturing Practice

Radiopharmacy is a highly regulated area!



It's a balancing act...

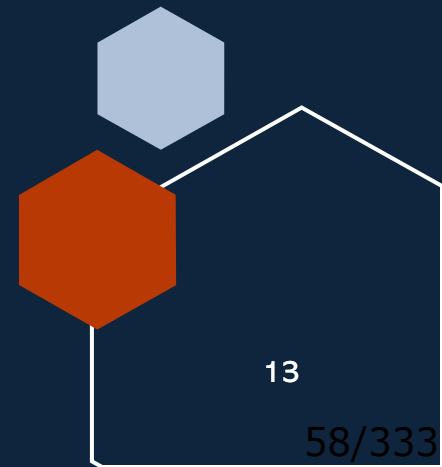
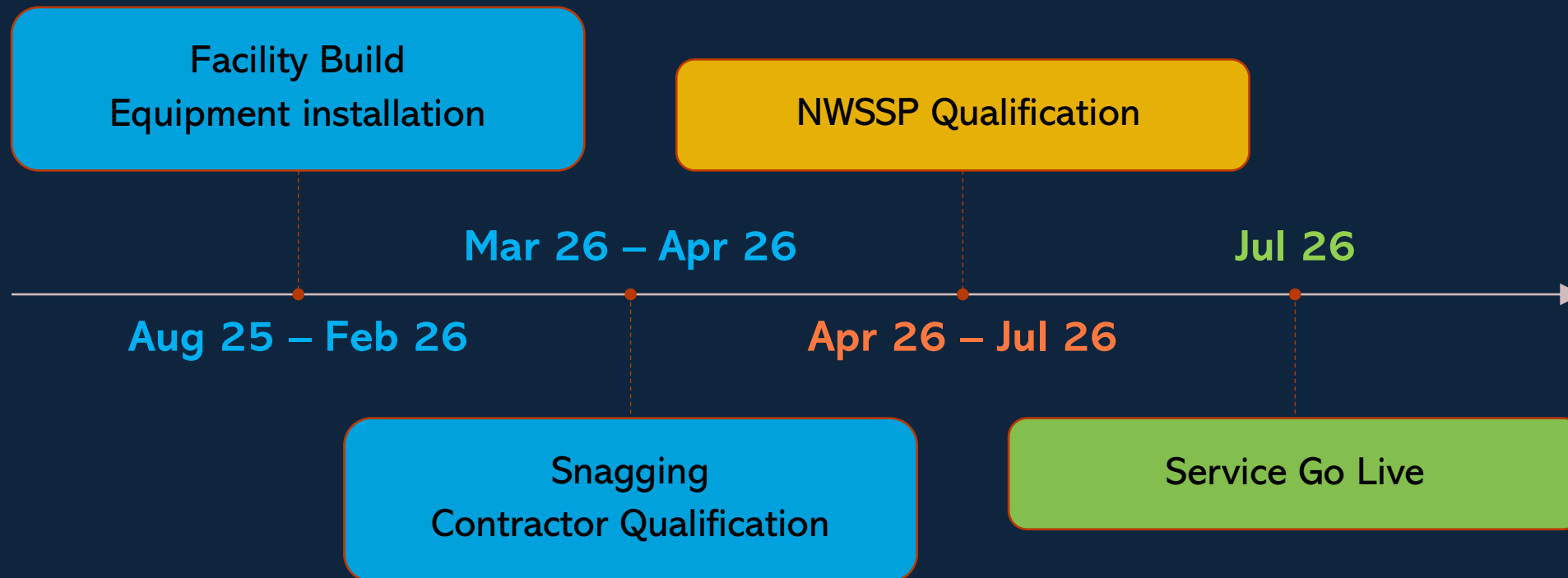


- Regulations and Legislation cover:
 - Patient safety
 - Medicines quality
 - Transport assurance
 - Staff protection
 - Environmental considerations

...some of which have competing requirements, making decisions complex and difficult

Where are we now?

- Build, snagging and contractor testing now complete
- Internal qualification is underway
- Go live planned for Summer 2026



NWSSP Qualification

Does it work how it's supposed to when no-one is in it?
Can it cope when lots of people are working in it?



Are all of our staff trained and competent to complete all of the tasks we need them to do?
Are we keeping them safe?

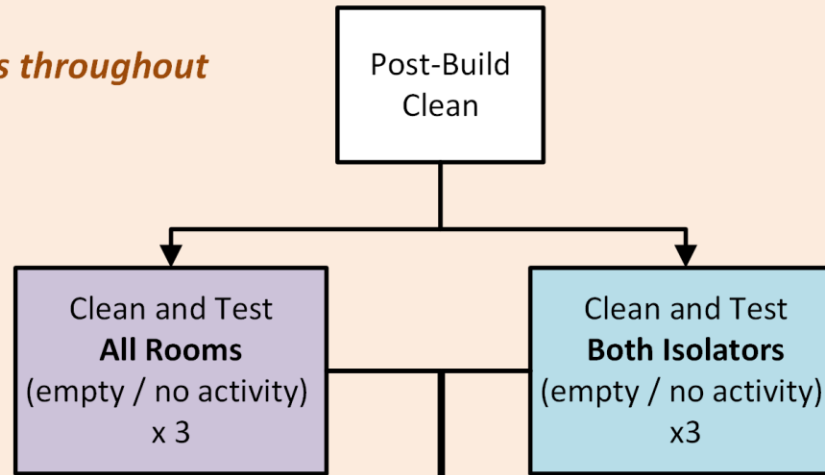
Does it do what it's supposed to do?
Is it robust and reliable?
Can staff use it safely?

Can we keep the facility and equipment clean so we don't contaminate the radiopharmaceuticals?

Testing processes for manufacture, testing, approval and transportation of radiopharmaceuticals

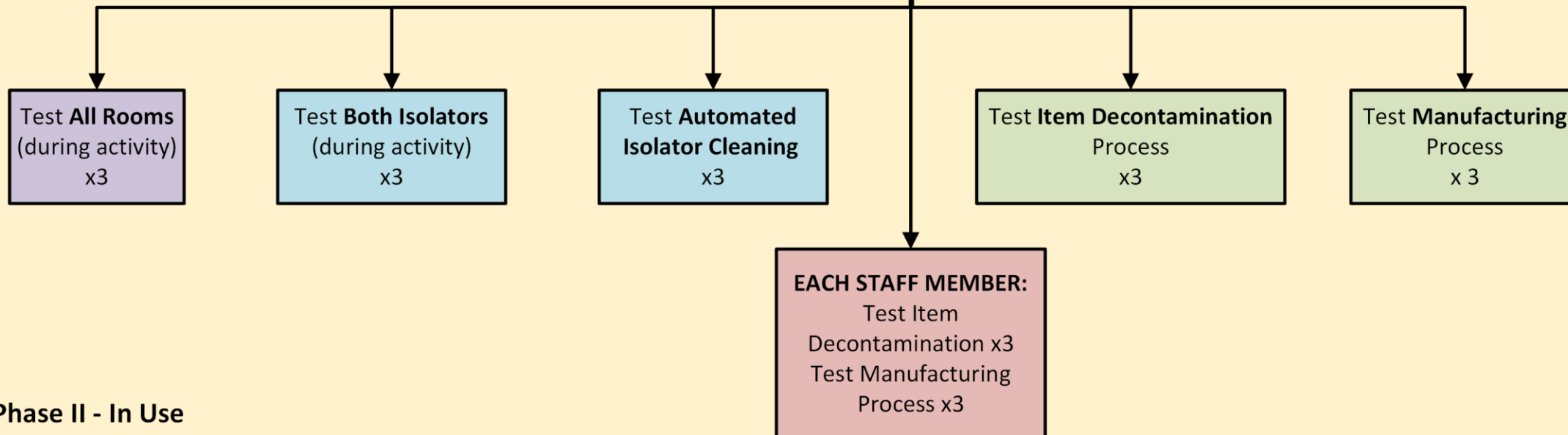
Phase I - Unoccupied

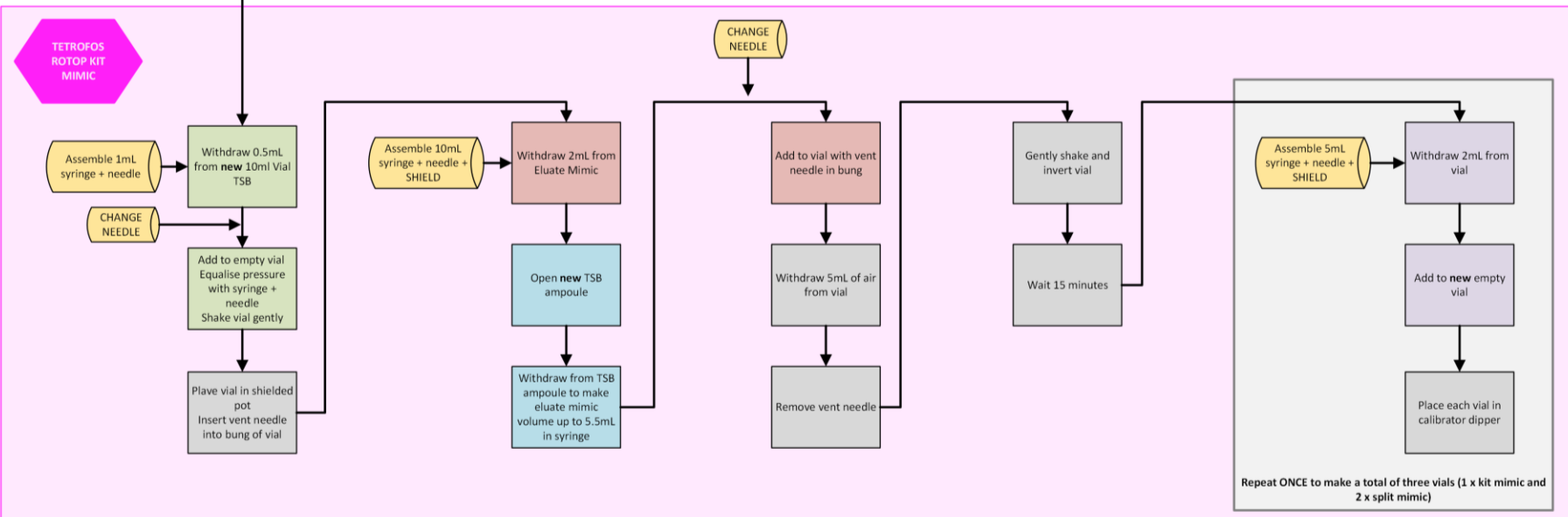
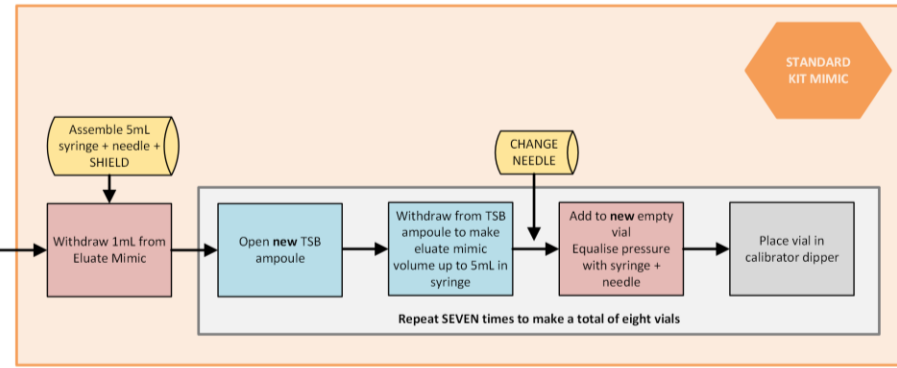
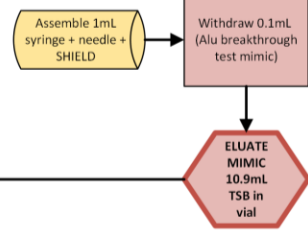
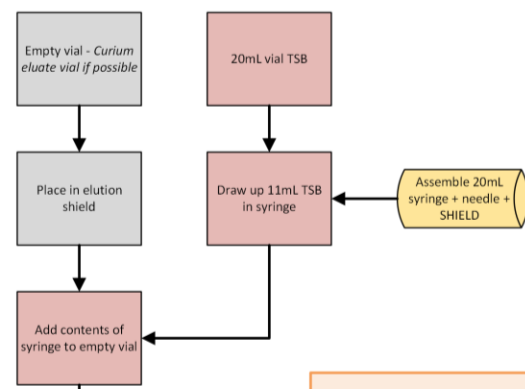
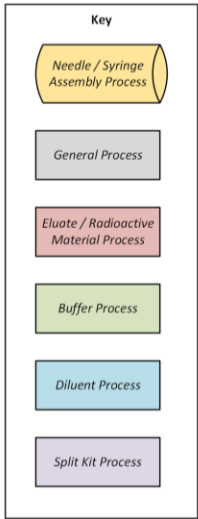
+ Maintain Daily Cleans of all rooms and isolators throughout



Phase II - In Use

+ Maintain Daily Cleans of all rooms and isolators throughout







Service Go Live

- Start with ABUHB only – safe and controlled introduction of service
- After 3 months – expand to other HBs in the SE Wales region
- Work closely with SBUHB to manage this safely

A decorative graphic on the left side of the slide consists of a cluster of hexagons in various shades of blue, orange, and white, arranged in a roughly triangular shape pointing downwards. The hexagons are outlined in white or dark blue, and some are filled with solid colors while others are empty.

Thank you!

23089 - NHS Wales - TRAMS - Radiopharmacy Build



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

14 May 2026

The report is not Exempt

Teitl yr Adroddiad/Title of Report:

Performance Management Arrangements for NHS Wales Shared Services Partnership (NWSSP)

**ARWEINYDD:
LEAD:**

Rebecca Nelson, Director of Planning,
Performance and Informatics

**AWDUR:
AUTHOR:**

James Quance, Assistant Director of 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 assurance and seek Committee approval for the continued application of the NWSSP Performance Management Arrangements.

Llywodraethu/Governance:

**Amcanion/
Objectives:**

Excellence to develop an organisation that delivers process excellence through continuous service improvement.

**Tystiolaeth/
Supporting
evidence:**

The Performance Management Arrangements (Appendix 1) and the suite of reports presented to the Committee, including performance, finance, workforce and IMTP delivery reporting.

Ymgynghoriad/Consultation:

This report has been prepared by Planning, Performance and Informatics, in liaison with Corporate Services, for consideration by the Shared Services Partnership Committee.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

**DERBYN/
APPROVE**

✓

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

✓

**NODI/
NOTE**

**Argymhelliad/
Recommendation:**

The Committee is asked to **DISCUSS** and **APPROVE** the NWSSP Performance Management Arrangements.

Crynodeb Dadansoddiad Effaith/ Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Workforce Performance Metrics are routinely reported through the Framework.
Cyfreithiol: Legal:	Certain Performance Metrics are linked to legal compliance.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Quality Performance Metrics are routinely reported through the Framework.
Ariannol: Financial:	Financial Performance Metrics are routinely reported through the Framework.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP performance risks are being identified and managed effectively.
Dyletswydd Ansawdd/Duty of Quality:	The Performance Management Framework supports continuous improvement and assurance arrangements aligned to Duty of Quality domains and enablers.
Gweithlu: Workforce:	Workforce Performance Metrics are routinely reported through the Framework.
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open.

NWSSP PERFORMANCE MANAGEMENT ARRANGEMENTS May 2026

1. BACKGROUND

The Shared Services Partnership Committee (SSPC) Standing Orders require the Committee to approve performance reporting arrangements, receive assurance from NWSSP Directors on delivery against the SSPC's strategic aims, objectives and priorities, and agree any required action, including improvement plans.

The Welsh Government's Review of Accountability and Governance in NWSSP recommended that the SSPC and constituent organisations satisfy themselves that performance reporting is operating as intended and that appropriate assurance is provided to each NHS Board.

The Committee is therefore asked to review the Performance Management Arrangements set out at Appendix 1 and confirm that it remains content with their continued application.

2. SUMMARY OF ARRANGEMENTS

The NWSSP Performance Management Arrangements have matured over time and the current arrangements are outlined in Appendix 1. Performance reporting is aligned to the IMTP and organisational objectives. The regular reporting is undertaken through a structured reporting framework provided to partner organisations. At each SSPC meeting performance reporting is undertaken through a structured reporting framework incorporating:

- Key Performance Indicators (KPIs)
- Financial performance
- Workforce metrics
- Programme delivery
- Risk and assurance reporting
- Service improvement metrics
- Customer and stakeholder feedback
- Compliance and regulatory indicators
- Deep Dives in Service areas

Following each meeting, an overarching assurance report is issued to all member organisations for inclusion as part of the individual partner organisations governance arrangements, capturing the key issues considered, assurance provided, decisions taken and any agreed actions.

3. GOVERNANCE & RISK

The Managing Director of NWSSP (as head of the Senior Leadership Group) is accountable to the SSPC and Chair for functions delegated by the Committee and for overall organisational performance. Detailed performance reporting is reviewed and challenged through the Senior Leadership Group, with issues escalated where required.

The current arrangements are based upon the following principles:

- Clear oversight & accountability to the SSPC
- The SSPC Approves the Integrated Medium-Term Plan (IMTP)
- Transparency of regular performance reporting information, together with bespoke individual reporting to organisations as requested.
- Alignment to NHS Wales priorities, objectives and Welsh Government planning framework.
- Focus on delivery outcomes and value
- Timely escalation and management of risks/issues
- Continuous improvement and organisational learning

As Accountable Officer for NWSSP, the Managing Director is also held to account by the Director General for Health, Social Care and Early Years / NHS Chief Executive through the Accountable Officer Memorandum together with formal Joint Executive Team (JET) meetings with Welsh Government. NHS Wales accountability

arrangements are currently under review and the current JET process for NWSSP may be updated in line with wider changes to wider accountability arrangements.

4. RECOMMENDATION

The Committee is asked to:

- **DISCUSS** and **APPROVE** the continued application of the NWSSP Performance Management Arrangements (Appendix 1), noting that the section referring to Joint Executive Team (JET) accountability meetings may be updated once the revised NHS Wales accountability arrangements are confirmed.

APPENDIX 1

Performance Management Arrangements for NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

This paper outlines the performance management arrangements and engagement in place for NWSSP, encompassing a multi-layered approach to monitoring and improving performance. Performance management is underpinned by the organisational performance framework, which provides the overarching structure and guiding principles to how we manage performance.

We use a combination of regular reporting mechanisms, internal reviews, and collaborative meetings to ensure transparency, accountability, and continuous improvement across all service areas. Performance measures within Service Level Agreements (SLAs) are integrated into both reporting and ongoing review processes.

SSPC members inform, develop and approve the IMTP for NWSSP and annually approve the objective setting and strategic planning refresh. A dedicated development session is held each year to ensure that partners have the opportunity to provide strategic direction and review the opportunities for NWSSP going forward.

We have also been developing outcome-based reporting with the Shared Services Partnership Committee (SSPC), with the first report provided in May 2024.

Furthermore, NWSSP participates in the Welsh Government-chaired Heads of Performance group, which includes representatives from all health organisations.

Key Performance Reporting Mechanisms (External)

- i. **Shared Services Partnership Committee Performance Report (Bi-monthly):** This comprehensive report provides key performance information on the services provided by NWSSP. It offers a high-level overview of performance against agreed targets and across multiple areas, allowing for strategic oversight and identification of areas requiring further attention. In addition, to the key performance information a comprehensive financial performance report is provided to SSPC.
- ii. **Health Organisation Specific Performance Report:** Distributed quarterly to all health organisations, this report highlights key performance indicators (KPIs) relevant to the health organisation. It allows each health organisation to benchmark its performance against other organisations and identification of areas requiring attention.
- iii. **Monthly Monitoring Returns (MMR):** Financial performance for NWSSP is reported monthly to WG via the monthly monitoring returns. Copies of our Monthly Monitoring Returns are also shared with the SSPC.
- iv. **Quarterly reporting against IMTP objectives:** A quarterly report is presented to the SSPC on the progress being made against the agreed IMTP objectives. This allows opportunity to scrutinise any areas that are at risk of going off track and to ensure alignment with the plans of other health organisations.
- v. **Bi-Annual Health Organisation Meetings:** Bi-annual meetings are held with each health organisation and attendees include the Executive Directors of Finance and Workforce and the Director of Finance & Corporate Services, Director of People & OD and Director of Planning, Performance and Informatics from NWSSP to discuss the most recent health quarterly performance report. The purpose of these meetings is to

discuss the most recent performance data, identify key issues impacting performance, explore opportunities for improvement, foster collaboration and promote shared learning.

- vi. **Joint Executive Team (JET) Meeting:** Bi annual meetings held with Welsh Government (WG) to discuss NWSSP performance reflecting on key areas such as performance measures, financial performance and risk and governance.
- vii. **Attendance at Board Committees:** NWSSP attend committees as required in order to discuss areas of concern or opportunity for organisations.
- viii. **Monthly Operational Performance Reports:** Service areas within NWSSP provide monthly operational performance reports directly to key stakeholders within health organisations. These reports offer a more operational view of performance. As an example, these include Accounts Payable, Recruitment and Laundry.
 - **Operational Performance Dashboards:** In addition to the operational reports distributed, health organisations utilise operational performance dashboards. These dashboards provide real-time or regularly updated information on key performance information, allowing stakeholders to monitor performance trends, identify potential issues, and make data-driven decisions. Access to these dashboards is provided to key stakeholders. Such examples exist in relation to Procurement information and the Payroll Overpayments dashboard.
 - **Regular Relationship Meetings:** In addition, to operational dashboards and reporting mechanisms, regular relationship meetings are conducted to review and discuss the performance of services provided. These meetings complement SLA reviews and are part of the ongoing dialogue about performance and service delivery. Legal & Risk Services and Primary Care Services are examples of service areas where this happens.
 - **Information Sharing through Committees and Boards:** In addition, Performance information is regularly shared and discussed through various already established committees and boards. For example, Audit Committee, Workforce & OD group, FMS Strategy and Development Board (STRAD). In addition, ad hoc attendance at the request of health organisations boards and committees as required.
- ix. **Annual reports:** NWSSP produce a suite of annual reports placed in the public domain for partners to obtain assurance on performance during the year and plans for improvement for the year ahead.

Key Performance Reporting Mechanisms (Internal)

- **Senior Leadership Team Performance Report (Monthly):** This comprehensive report provides key performance information on the services provided by the Shared Services Partnership. It offers a high-level overview of performance across multiple areas, allowing for strategic oversight and identification of areas requiring further attention. In addition, to the key performance information a comprehensive financial performance report is provided to SLG.
- **Quarterly Divisional Reviews:** NWSSP undertakes internal quarterly reviews with each division. These reviews provide an opportunity for detailed scrutiny of current performance, specifically focusing on KPIs, financial performance, progress in delivering IMTP objectives, and workforce matters.

- **Internal Routine Monitoring:** NWSSP services routinely monitor their performance against established measures.
- **Performance & Outcomes Group (POG):** NWSSP's Performance & Outcomes Group (POG) facilitates internal performance reviews by providing a forum for services to share performance data, best practices, and evaluate existing measures.

Performance Measures Review

As a vital part of the IMTP (Integrated Medium-Term Plan) cycle, NWSSP undertakes a comprehensive review and refresh of performance measures for all services. This process ensures that targets remain ambitious yet achievable, and that they are fit for purpose as services and processes develop. This regular review allows us to adapt to changing needs, incorporate best practices, and maintain a focus on continuous improvement.

Overall Performance Management Approach

This multi-layered approach to performance reporting, coupled with the regular review of performance measures, internal divisional reviews, and collaborative meetings with health organisations, allows NWSSP and stakeholders to:

- **Monitor Performance at Different Levels:** From high-level strategic overviews to detailed operational metrics, the various reports, dashboards, and review processes provide a comprehensive view of performance across the organisation.
- **Identify Areas for Improvement:** By tracking performance against targets and benchmarks, through the regular review of those targets, and through internal and external scrutiny, areas where performance can be improved are readily identified.
- **Promote Accountability:** The regular reporting mechanisms, transparent review processes, and collaborative meetings ensure accountability for performance at all levels of the organisation.
- **Facilitate Data-Driven Decision Making:** The availability of timely and accurate performance data, combined with a robust process for reviewing performance measures and engaging in collaborative discussions, supports informed decision-making and continuous improvement.



The report is not exempt

Teitl yr Adroddiad/Title of Report:

NWSSP Duty of Quality Annual Report 2025-2026

**Arwwinydd/
Lead:**

Dr Martin Edwards, Medical Director

**Awdur/
Author:**

Dr Martin Edwards, Medical Director

**Swyddog Adrodd/
Reporting Officer:**

Dr Martin Edwards, Medical Director

Pwrpas yr Adroddiad/Purpose of the Report:

To provide assurance to the SSPC that the Annual Duty of Quality Report has been prepared and is progressing towards submission, through Velindre University NHS Trust (VUNHST) Quality, Safety and Performance Committee, to Welsh Government.

Llywodraethu/Governance:

**Amcanion/
Objectives:**

Compliance with statutory reporting obligations under the Duty of Quality.

**Tystiolaeth/
Supporting
evidence:**

Annual Report and supporting appendices:

- Appendix 1 - NWSSP Duty of Quality Annual Report 2025-2026
- Appendix 2 - IMTP 2026-29 Duty of Quality Extract
- Appendix 3 - Links to Duty of Quality Videos for NWSSP Duty of Quality Annual Report 2025-2026

Ymgynghoriad/Consultation:

NWSSP Senior Leadership Group on 23rd April 2026.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

**DERBYN/
APPROVE**

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

✓

**Argymhelliad/
Recommendation:**

That the committee **APPROVE** the NWSSP Annual Duty of Quality Report 2025-2026.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

**Cydraddoldeb ac
amrywiaeth/ Equality
and diversity:**

Equality and diversity is explicit and implicit throughout the Report with specific reference to the domains and enablers.

Cyfreithiol/Legal:

This report meets the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

**Iechyd Poblogaeth/
Population Health:**

The report outlines aspects of the work of NWSSP which, whilst not directly clinical, supports the

	delivery of clinical services throughout the Welsh NHS.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Whilst NWSSP provide clinical adjacent services, there is no direct patient care aspect. However, this report demonstrates the commitment of NWSSP divisions to enable high quality, safe and sustainable healthcare across Wales.
Ariannol/Financial:	There is no direct financial impact as a result of this Report.
Risg a Aswiriant/ Risk and Assurance:	The Report has been reviewed and commented upon by the Senior Leadership Group, and will be presented to the VUNHST Quality, Safety and Performance Committee.
Dyletswydd Ansawdd/Duty of Quality:	This is the purpose of this Report.
Gweithlu/ Workforce:	Workforce is explicit and implicit throughout the Report with specific reference to the domains and enablers.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

1. INTRODUCTION

This is the third NWSSP Annual Duty of Quality Report. 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 report provides information which will be submitted to VUNHST for inclusion, as a chapter in the VUNHST Duty of Quality Annual Report and will be used as our public facing document.

2. SUMMARY

All NHS bodies, clinical and non-clinical are expected to submit an annual report detailing compliance with and progress on, meeting the requirements of the Duty of Quality.

At present the video snips links are attached to this report but will be connected to the wheel, when the report is produced for QSP.

The body of the Report, as presented here, represents a selection of the work submitted to the Medical Director's Office and demonstrates current achievements of compliance and plans forward for future reports.

3. GOVERNANCE AND RISK ISSUES

There are no governance and risk issues identified as a result of the development of this Report.

There are no financial implications identified as a result of the development of this Report.

4. CONCLUSION

The third Annual Duty of Quality Report has been produced as attached to this document. It will be presented to the VUNHST Quality, Safety and Performance Committee in July 2026, in bilingual format as in previous years, and from there will be published on the NWSSP website.

NWSSP can provide confidence to its host body, partners and Welsh Government that quality is consistently prioritised, governed and improving, with clear plans in place to further embed a whole-system approach in 2026–27.

5. RECOMMENDATION

The Committee are asked to **APPROVE** the NWSSP Duty of Quality Annual Report 2025-2026.

6. APPENDICES

- *Appendix 1 - NWSSP Duty of Quality Annual Report 2025-2026*
- *Appendix 2 - IMTP 2026-29 Duty of Quality Extract*
- *Appendix 3 – Links to Duty of Quality Videos for NWSSP Duty of Quality Annual Report 2025-2026*

Duty of Quality Annual Report 2025-2026

Introduction from Chair and Managing Director of NWSSP

We are pleased to present the third NHS Wales Shared Services Partnership's Duty of Quality Report, prepared in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. Although NWSSP does not directly provide frontline clinical care, the services we deliver nationally have an indirect impact on patient safety and the effective running of NHS Wales. From Laundry, Pharmacy Technical Services, Workforce support to Procurement & Supply Chain and Primary Care Administration services, our role is to enable high-quality, safe and sustainable healthcare across Wales. For NWSSP, quality means more than compliance. It means ensuring that our systems, advice and services consistently support better patient outcomes, strong governance and value for public money. Over the past year, we have continued to strengthen our quality and assurance arrangements, embed learning and improvement across our directorates, and maintain a clear focus on safety and regulatory standards. As a national shared service operating within a partnership model, we recognise the importance of collaboration, transparency and accountability. We work closely with Health Boards, Trusts, Special Health Authorities and Welsh Government to ensure that our services support improvement across the wider NHS in Wales. This report outlines the progress we have made, the challenges we continue to address, and provides a deeper insight into the work we do and how we continue to embed quality every day. We would like to thank colleagues across NWSSP for their continued professionalism and commitment to delivering high-quality services for the people of Wales.

Medical Directors Introduction

This year we have set ourselves the challenge of considering what a high-quality Shared Service organisation looks like in the context of each division.

Armed with this vision we have reconsidered:

- Do our KPI's and other reporting metrics tell the story of quality?
- Does our 'always-on' reporting demonstrate the quality story in an accessible manner?
- How do we demonstrate that we have quality at the core of our planning and decision-making processes?
- How do we link this into an overarching quality management system?
- How do we capture, report and share quality improvement across divisions?
- How do we draw together our organisation wide quality management system?
- How do we work together with other non-clinical organisations to share learning?

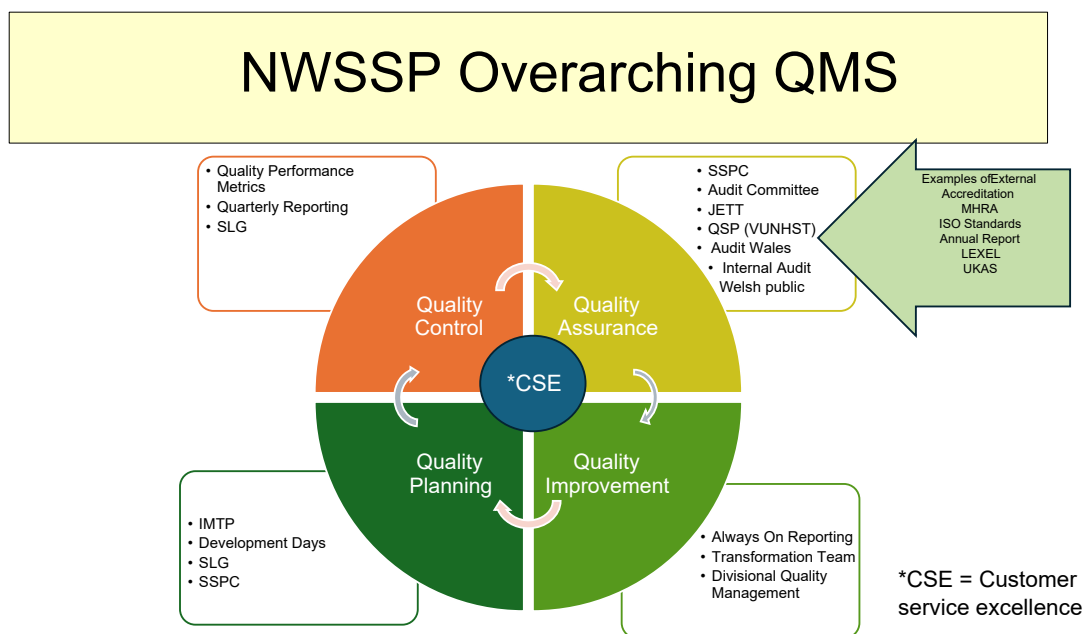
We agreed, as a Senior Leadership Group, that we would ensure that the 12 Health and Care Quality Standards would be more visible in the quarterly divisional holding to account meetings. This ensures that quality is demonstrably considered alongside performance and finance in our regular reporting rhythms which encompass quality control and quality assurance.

Our always on Vlogs and Blogs continue to be used, and feedback from the Quality, Safety and Performance meetings where they are linked into our assurance reports are positive.

Quality Impact Assessments are now embedded into our strategic papers for reporting and considering proposals.

We continue to meet as a cross divisional quality team to share good practice and highlight areas of mutual learning. An example of this is the use of Quality Impact Assessment Logs which were introduced last year.

We have drafted an overarching Quality Management System which will continue to develop and evolve over the next year. It demonstrates our commitment to quality with examples of our many external accreditations which provide quality assurance, and we will touch on this later in this report.



The progress we have made have assured me that, as I step down from my role as Medical Director for NWSSP, that quality has always been at the heart of this organisation and that the Duty of Quality and its associated reporting systems has shone a light on this. It has been a useful vehicle for demonstrating this to ourselves, across divisions and externally.

I hope you will be able to appreciate this as you review our third annual report.

Key Achievements 2025-2026

Our second annual duty of quality report was submitted in July 2025 and was received positively by partner organisations in Wales through approval by the Shared Services Partnership Committee. We have also, following this, engaged with other non-clinical organisations within the NHS to further develop our approach and look at how best to support evidencing compliance. We remain cognisant of the fact that we are measured in terms of compliance in exactly the same way as our clinically focussed colleagues.

Quality Planning and Decision Making

The IMTP and the Duty continue to be integrated into our working practices. 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.

This is evidenced by the use of the domains and enablers in the quarterly review process which measures the progress of each division against their IMTP objectives. We have explained this in more detail later in this report.

Quality Management Systems

In 2021, Welsh Government published a Quality and Safety Framework: Learning and Improving. This, taken together with the Duty of Quality, states that "organisations at every level should function as a quality management system to ensure that care meets the six domains of quality". Recent work done by Improvement Cymru has reinforced this through the Safe Care Partnership, to support the adoption of Quality Management Systems within NHS organisations in Wales. Within NWSSP it would be challenging to operate a single QMS given the wide range of services which we provide. However, we have proposed the development of an overarching QMS which will be underpinned by the current systems in place.

This will have our Customer Service Excellence framework at the centre, with the four components of the Quality Management System, Quality Assurance, Quality Improvement, Quality Planning and Quality Control building around this. This is demonstrated in the diagram above.

Each of our divisions have their own Quality Management System (QMS) tailored to the very different needs of each division, ranging from a more clinically based QMS which needs to meet the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) for our Pharmacy Services and UKAS for our 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.

We have also begun working on an overarching Quality Management System for NWSSP, which is designed to support the existing Quality Management Systems within areas such as Pharmacy Technical Services and the Surgical Materials Testing Laboratory, both of which are heavily externally regulated and have existing robust Quality Management Systems.

This overarching Quality Management System is in accordance with the Welsh Government focus on the Quality Management process and we are working closely with partner organisations at national level to ensure our ongoing compliance.

Quality Driven Reporting

We continue to use always on reporting through our quarterly reporting programme, which is being developed to include quality as an equal part with finance and performance. As an organisation we acknowledge that we need to ensure that quality is used as an objective measure of our services and we are using the Health and Care Quality Standards Self-assessment to enable our divisions to demonstrate where they meet the standards and where they are able to identify where additional work is needed.

The use of Equality Impact Assessment and Quality Impact Assessment documentation further underpins the integration of quality into the work of NWSSP. These demonstrate, attached to papers for proposals and services developments, that the Duty and quality management are incorporated throughout the organisation and forms part of our always on reporting approach.

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:

- Development of a water and energy recover system for Laundry Services supported by external accreditation.
- Legal and Risk Services have maintained the Law Society service excellence accreditation, which enables them to provide assurance across the NHS in Wales that the advice and support they give is of a high standard

- 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. (nwssp.nhs.wales/ourservices/specialist-estates-services/specialist-estates-services-documents/ses-miscellaneous-documents/nwssp-decarbonisation-action-plan-24-26pdf/)

How do we approve the Annual Duty of Quality Report?

NWSSP was established in 2011 to deliver centralised functions on behalf of Health Boards and Trusts in Wales. In 2012, the then Welsh Government established Velindre University NHS Trust (VUNHST) as the host for NWSSP.

NWSSP is part of the Shared Services Partnership Committee (SSPC) which is attended by Senior Executives from all Trusts and Health Boards and sets policy and strategy and the management of shared services to across NHS Wales. The Duty of Quality annual report is submitted to SSPC following ratification by the internal Formal Senior Leadership Group within NWSSP. This ensures that this report is approved by senior leadership across the NHS in Wales.

As part of the reporting process this report is submitted annually, usually in July, to the Quality, Safety and Performance Committee for VUNHST, to assure our host body that NWSSP are meeting their statutory obligations. The report is then submitted to Welsh Government as a chapter attached to the VUNHST annual quality report.

This provides both NWSSP and VUNHST with an established assurance and governance process with evidence that NWSSP is meeting its quality obligations under legislation and aligns with the QMS as described in the Medical Director's introduction above.

NWSSP Customer Charter

We felt that it was important to highlight the relaunch of our Customer Charter in 2025. The charter confirms and reinforces the commitment of NWSSP to providing quality services to all of our customers and colleagues. The charter can be found here nwssp.nhs.wales/corporate-documents/corporate-general-documents/customer-charter/?ts=1770385753129

Quality Control and using data for quality improvement

As mentioned above we continue to undertake divisional quarterly reviews. These continue to rely on and use the data we collect to provide assurance to our senior leadership team and thence to the Shared Services Partnership Committee. During these reviews, 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. KPIs are regularly reviewed with quality measures in mind. With the further addition of Quality as a measure of assurance, the reviews will be enhanced.

We continue to develop performance dashboards to enable real time data driven decision making.

The examples below show how some of our Divisions are using data to impact both performance and quality to improve the services we provide.

Central Team eBusiness Service (CTeS)

NHS Wales Shared Services Partnership (NWSSP) is responsible and accountable for ensuring the NHS Wales Procurement, Supply Chain, and financial systems meet both current and future demands of NHS organisations across Wales. These systems are mission critical—they enable all Health Boards, Trusts, NWSSP, and Special Health Authorities to order, pay for, and report on essential goods and services that directly support patient care. They also underpin statutory financial reporting obligations to the Welsh Government.

Systems were hosted on legacy infrastructure located within the Cardiff and Vale UHB Data Centres. The hardware supporting the platform was rapidly approaching the end of its warranty lifespan, while performance and storage capacity were nearing their limits. This created a significant risk of system failure and degraded service quality, putting our ability to meet agreed Service Level Agreements (SLAs) under pressure.

- **Quantitative feedback** showed that system backups and batch processing were exceeding agreed Recovery point targets. Infrastructure usage reports confirmed that both computer and storage utilisation had reached 90%+ capacity, with no ability to scale further. Hardware support costs were rising year on year, while vendor support availability was declining.
- **Qualitative feedback** further highlighted growing operational concerns. NHS Wales finance teams reported sluggish system performance during peak periods (e.g. month-end close and year-end reporting). Procurement teams experienced intermittent issues with interface stability and data refreshes, affecting ordering and supply visibility. Stakeholders expressed concerns about system reliability and resilience, particularly given increasing reliance on digital services and analytics.

The system was deemed mission critical, maintaining its resilience and future-readiness became a priority. A joint NHS Wales project was initiated well ahead of critical deadlines, enabling structured analysis, stakeholder engagement, and evidence-based decision-making. The CTeS team assessed options including like-for-like hardware refresh, private cloud hosting, and a full cloud migration—ultimately choosing Oracle Cloud Infrastructure (OCI) to align with NHS Wales' Cloud First strategy and deliver scalable, secure, and modern hosting.

Using the available data evidenced the need to protect NHS Wales operational resilience, compliance, and digital ambitions—and it was proactively delivered through evidence-based planning and robust governance.

The work was fully aligned with the Duty of Quality

- **Safe:** Addressing hardware failure risk and improving DR capability.
- **Timely:** Reducing downtime risk and improving incident response.
- **Effective:** Enabling consistent, high-performing service for all users.
- **Efficient:** Lowering long-term costs by avoiding on-premises investment.
- **Equitable:** Ensuring all 16k users have stable, secure access.
- **Person-centred:** Indirectly supporting clinical services by safeguarding supply chain and financial operations.

Using leadership skills and data to practice, the CTeS team were able to work with colleagues to move the NHS Wales Financial Management Solution (FMS) from on-premises data centres to Oracle Cloud Infrastructure (OCI). This transformation not only modernised national financial services but also set a standard for leadership in digital change, resilience planning, and structured testing.

Medical Examiner Service (MES)

The Medical Examiner Service has developed a set of national dashboards that bring together information from every case and present it in a clear and meaningful way. These dashboards show key details such as the number of cases reviewed, the place of death, the care provider involved, the number of referrals made to His Majesty's Coroner, and the time taken between a person's death and the Medical Certificate of Cause of Death (MCCD) being sent to the Registrar.

By looking at this information across different parts of the system, the care provider, the MES and Welsh Government can see how well each sector is performing, compare patterns across Wales, and identify any areas where delays or pressure points are emerging. This allows the service and its partners to make timely improvements and ensure the process works smoothly for families, clinicians and registrars.

Using data in this way supports the Duty of Quality, turning information into meaningful action that improves the service. It also reflects the national focus on delivering care that is timely, by reducing delays at every stage of the process; efficient, by ensuring information moves smoothly between teams and avoiding unnecessary steps; effective, by using accurate data to support better decisions and drive learning across services; and equitable, by providing the same high standard of review and support for every family across Wales. This approach also demonstrates strong leadership, as the Medical Examiner Service uses clear, transparent data to guide improvement, monitor performance, and support good governance. Finally, it strengthens a whole-system approach, helping hospitals, community teams, coroners, registrars and Health Boards work together so the process is consistent, joined-up and

centred around the needs of families. Over the most recent winter period, this approach has helped the MES monitor pressures, maintained performance, and clearly demonstrated progress to partners across Wales.

Procurement Services

Our Procurement team works across NHS Wales to deliver cost effective and efficient services to the NHS and the people of Wales.

Under the newly established Provider Selection Regime, which was introduced in February 2025, NWSSP Procurement Services successfully delivered a wide scale national procurement to deliver 164000 first outpatient appointments across 18 specialities and patient pathways. A common national specification for outpatient services for Wales was developed which allowed delivery at prices below the usual national tariff. This involved extensive engagement with framework contractors and clinicians across multiple specialities and necessitated the use of data to identify needs and benefits.

Appointments were provided in key specialities and were scheduled during evenings and weekends to avoid disruption to routine health board activity and to maximise use of existing NHS Wales infrastructure, including estates and equipment.

This initiative helped to reduce referral bottlenecks, reduced the risk of harm, and accelerated treatment, leading to improved health outcomes for patients across Wales. Next steps will include see and treat appointments for some patients, meaning that they are seen and treated on the first appointment, preventing the need for further appointments and ensuring that the patients are not delayed or placed on waiting lists unnecessarily.

Primary Care Services

Audit Wales engaged with NWSSP and its Primary Care Services Division to undertake a pilot data matching exercise to look at duplicate patient registrations and where deceased individuals were not removed from active patient lists.

The reasons for the exercise were to identify any errors in the system and to look at how NHS Wales could improve its processes in relation to GP lists.

A report was then published (accessible here [Checking the patients: Results from a pilot data matching exercise on GP patient lists](#)).

Funding for GP services is in part dependent on patient numbers, and it is therefore important and financially responsible to ensure that payment is paid on the basis of accurate patient lists.

Findings revealed a small number of errors, and a small number of deceased patients who had not been removed from the lists. Audit Wales acknowledged that NWSSP had already begun to review its approach in terms of checking lists. NWSSP was complimented by the Auditor General for Wales for taking forward learning in relation to data matching and data analysis.

Using Artificial Intelligence in Radiology in Wales – Specialist Estates Services (SES)

Artificial intelligence (AI) is transforming numerous fields and Radiology is no exception. Radiology, a branch of medicine that uses imaging technology to diagnose and treat diseases, has always been at the forefront of technological advancement.

However, the integration of AI marks a new era, where machine learning algorithms and advanced data processing capabilities are poised to take Radiology to unprecedented levels of precision and efficiency. AI algorithms, particularly those based on deep learning, have shown remarkable competence in analysing medical images. These systems can detect abnormalities such as tumours, fractures, bleeds, and lesions with a high degree of accuracy. For instance, AI solutions can assist Radiologists by highlighting areas of concern on scans, facilitating earlier detection of cancers and other conditions. AI systems can gather and analyse vast amounts of data from diverse sources, enabling them to recognise patterns that might be missed by the human eye. This capability significantly enhances diagnostic accuracy. Studies have demonstrated that AI can match the performance of Radiologists in identifying certain conditions, helping to lead to more timely diagnoses.

NWSSP Specialist Estates Services had the idea to create a Welsh AI group, and the 'AI in Radiology Implementation Group' was established to provide a collective understanding for the assessment and impact of AI on NHS Wales organisations. It was important to create a once for Wales solution, with multi-organisation collaboration.

One of the roles of the SES imaging team is to give expert advice and guidance to all health boards and to facilitate their imaging needs. The team have already created a joined-up approach by implementing a successful national diagnostic programme. As a team, they can enable projects to be rolled out more efficiently, leveraging buying power by using positive relationships that have already been forged with suppliers, utilising national frameworks, and influencing what can be achieved in the longer term in a more controlled way. This SES project really champions the values of NWSSP in delivering value for money across NHS Wales, creating efficiencies and potential cost savings; innovation through investigating new advances in technology; and excellence through partnership, working with groups such as Public Health Wales, Imaging Executive, NIAW, Life Sciences Hub Wales, and Welsh Government. This contributes towards every aspect of the patient journey through Radiology. At the very start, it can be utilised to speed up scan times. The team have recently successfully secured Welsh Government funding for purchasing AI software upgrades on scanners across Wales. This can help shorten scan times by up to 73%, directly improving patient care and experience, as well as increasing clinical productivity.

This aims to increase throughput by 20% once the AI solutions are fully commissioned, significantly increasing capacity. Using existing mobile MRI units, patient numbers can be increased by around eight per day, which over the course of a year could mean 2,800 more patients could be scanned. It also means that Radiographers have more time per patient, which is invaluable for improving patient care, which is particularly important for claustrophobic, additional needs or paediatric patients and makes the whole imaging journey more comfortable. There is also a saving of energy consumption per patient, accumulating to significant overall energy savings per year. The AI group has successfully evaluated different bone age AI solutions using Welsh data. If there are concerns over a child's growth, then a bone age study is performed,

which helps evaluate how fast or slowly a child's skeleton is maturing and indicates their level of biological and structural maturity better than the chronological age. Specialised paediatric Radiologists report an X-Ray of the hand & wrist. But with the decline in the number of these specialists, inevitably there have been reporting delays. They often take 15-20 minutes each to report, and there can be inconsistencies and subjectivity with the reporting. The team have evaluated bone age AI solutions that can aid the bone age diagnosis. So far, the results have been extremely successful, 100% accurate agreeing with the original Radiologist report, and all taking 10 seconds to return a report.

This project aligns wholly with the aims of the Duty. It is evidence-based and designed to support and enhance the patient journey whilst showing savings on time and cost in the long run. It is safe, timely, efficient, equitable, effective and person centred and demonstrates how the Duty works in practice and partnership, across Health Boards and professional boundaries to benefit patients.

Digital and Workforce Productivity

The team have undertaken two key pieces of work this year which demonstrate not only data to practice but also the way in which this can be used to support staff in the workplace.

The team have implemented an Agency Digital Onboarding Platform. The Digital Learning Team has been collaborating with Health Boards to enhance recruitment processes for agency workers through the all-Wales Temporary Staffing Group. They have developed a digital platform to streamline the onboarding of agency workers, moving away from the current manual process, which relies on forms and emails. Built within Learning at Wales, the platform captures 'declarations' from both the Agency Worker and Agencies regarding ID checks, digital ID photos, and competencies. Additionally, 70% of the learning materials required by agency workers are stored in the system, allowing them to address any training gaps immediately. The platform also has appropriate restrictions in place to ensure organizations and agencies can only view their own workers' information. Reporting capabilities are included to support both agencies and organizations in monitoring compliance, conducting audits, and assessing counter-fraud measures as needed.

A pilot with PTHB and two agencies began in June 2025, and following a positive evaluation, NWSSP has engaged with two more Health Boards to initiate implementation. This maps clearly to Workforce, Learning, Improvement and Research and Culture with the domains of Safe, Effective, Timely and Efficient.

The second piece of work is the development of an International Recruitment Pastoral Application.

As detailed within a Welsh Health Circular Standardised Information Provision for Internationally Educated Nurses (IENs) (WHC/2024/021), NWSSP led the project and collaborated with an external provider to develop a Pastoral application. This app aims

to support international recruits during their initial employment, ensuring their well-being, smooth transition, and retention. Initially crafted for nurse recruitment in 2025, NWSSP (Digital Workforce) received the green light to adapt it for broader healthcare professional international recruitment. We've included key information for medics, such as GMC requirements, and have further enhanced it to support international dental recruitment.

The app serves as a comprehensive resource for individuals relocating to the UK through our international recruitment programs. Each health board has developed a tab to showcase information about their local area, featuring practical guidance on registering with a GP or dentist, local shops and amenities, religious buildings, and other useful details. Additionally, the app contains several testimonials from NHS Wales recruits, offering valuable insights and encouragement to new recruits.

This shows leadership in partnership with benefits for Workforce, Information, Learning, Improvement and Research, and uses all the enablers to achieve this.

Primary Care Services

Primary Care Services use data to support data driven decision making.

The Primary Care Services dashboards provide a vital information resource for key stakeholders, including Welsh Government, HEIW, Optometry Wales and others. These dashboards enable evidence-based, informed decisions relating to service delivery, workforce planning, digital transformation and quality improvement across primary care. By ensuring that accurate, standardised and meaningful data is readily accessible, the dashboards actively support the Duty of Quality by enhancing transparency, strengthening governance and enabling targeted actions that improve patient experience, safety and outcomes.

External Quality Reviews, accreditations and awards

Customer Service Excellence Accreditation (CSE)

As part of the ongoing drive for excellence within NWSSP, we again sought Customer Service Accreditation for the whole organisation. We are very pleased to have earned this accreditation for the second year and are very proud of all the colleagues who have made this possible.

We continue to ensure the ongoing interdependency between CSE and the Duty of Quality, and you can see examples of this in the attached vlogs linked to the Quality Wheel below.

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.

Audit Wales Finance Assurance

Audit Wales undertakes assurance processes with each NHS body as part of their statutory functions. Following this stringent external audit of NWSSP accounts, it was concluded that there were no issues identified concerning the services provided by NWSSP. Audit Wales were able to provide positive assurances to NHS external audit teams on the activities of NWSSP for accounts opinion purposes, with no recommendations arising from their work for the year. This aligns with the Safe, Timely, Effective, and Efficient domains of the Duty of Quality wheel.

Achievement	Division	Quality Domains	Quality Enablers
CSE	Organisation wide	<ul style="list-style-type: none"> Equitable Person centred 	<ul style="list-style-type: none"> Leadership Culture Information
ISO/IEC 17025:2017 UKAS audit showed exceptional levels of compliance	Surgical and Materials Testing Laboratory	<ul style="list-style-type: none"> Safe Timely Effective Efficient 	<ul style="list-style-type: none"> Information Whole System Learning, Improvement and Research
ISO 9001	Across divisions	<ul style="list-style-type: none"> Safe Timely Efficient Effective Equitable Person centred 	<ul style="list-style-type: none"> Information Leadership Culture
Law Society Lexcel Accreditation	Legal and 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
ISO2000-1 standard and BACS certification, covering information technology, service management and system requirements	Central Team E-Business Services	<ul style="list-style-type: none"> Timely Effective Efficient Equitable Person-centred 	<ul style="list-style-type: none"> Leadership Workforce Culture Information Whole system approach
ISO 9001 ISO 45001 STS Food Safety	Procurement Services	<ul style="list-style-type: none"> Efficient Effective 	<ul style="list-style-type: none"> Safe Culture Workforce Whole System approach.

ISO standard 9001 relates to quality management systems and is held by multiple areas across NWSSP, this links in with the work we are currently undertaking around a whole systems approach to an organisational QMS.

Legal and Risk

Our Legal and Risk team, which provides a service across NHS Wales, were again assessed for Lexcel 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 randomised group of legal cases for review and assesses the policies and procedures in place, ensuring a full and objective assessment process.

Whilst these are formal external assessments, 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

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

<https://www.gov.wales/sites/default/files/consultations/2022-10/the-duty-of-quality-statutory-guidance-2023-and-quality-standards-2023.pdf>

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

The importance of the Armed Forces covenant cannot be overemphasised. It is a cultural engagement which shows a two-way commitment to engagement and support which is invaluable to both veterans and NWSSP. It prioritises inclusivity and mentorship. It demonstrates and values leadership and problem solving.

Workforce

We have used the Customer Service Excellence Award presentation for this as it demonstrates a workforce wide commitment to the quality of services we provide in NWSSP.

Culture, Efficient, Equitable

We have grouped these domains and enabler together to demonstrate across a series of video snips, the work that the Wales General Ophthalmic Scheme (WGOS) is doing across Wales to improve eye care for our population. It aligns with the Welsh Government's report "A Healthier Wales" which was published in 2018 and aims to make sure that health services work better together. The WGOS team, led by clinical leads and supported by NWSSP Primary Care Services, have redesigned eye care to focus on the patient. It aims to standardise services, no matter where in Wales the patient lives and accesses health care and change the culture of ophthalmic service delivery to ensure that all parts of the system, optometrists, GP and hospital-based services work together with seamless pathways so that patients are seen by the right person at the right time.

Information

Information governance relates to the safe handling of identifiable and commercially sensitive information. It means ensuring that we protect identifiable information and only use it for the reason why it was collected. This is a legal obligation, and the team ensures that the Duty of Quality is considered when handling data.

Learning, Improvement and Research

NWSSP was the first organisation in NHS Wales to achieve the Customer Service Excellence Award, a prestigious government standard. This segment looks at the impact which holding and working for this award has across the organisation and how the continuous improvement cycle leads to learning and improvement.

Whole Systems Approach

The Counter Fraud Specialist (CFS) in NWSSP works across multiple systems including Health Bodies in Wales, Welsh Government, Audit Wales, the Crown Prosecution Service and the NHS Counter Fraud Authority to ensure that economic crime in the NHS is dealt with appropriately. The CFS provides specialist training to staff at all levels

to ensure that money in the NHS is used for the purpose it is meant for – the care of patients.

Safe

Our Health and Safety team have used a variety of methods to support, inform and educate staff across NWSSP including attendance at meetings, newsletters and coffee mornings. This ensures that all staff have an opportunity to learn and understand the importance of Health and Safety across the wide variety of workplaces in NWSSP, including laundry units, laboratories and office settings.

Timely

The finance team within NWSSP support both internal and external customers by providing financial information. The stakeholders include the Shared Services Partnership Committee, the Welsh Risk Pool Committee, Welsh government and other Health Boards and Trusts. The financial information must be provided in a timely manner to enable accurate and efficient decision making to maximise value for money. Budget holders have dashboards to enable access to their financial information and the four seasons of the financial year are explained and how this impacts on financial management.

Effective

The NWSSP finance team operate in accordance with professional standards. Their team has a responsibility to comply with the International financial reporting standards which sets a quality expectation on finance professionals with the focus on global comparability and transparency. They are compliant with the UK financial reporting council framework which ensures that their work is effective and accurate. 44% of the team have a professional accountancy qualification.

Person centred

The NWSSP Armed Forces community is continuing to develop and is strongly person centred, focussing on the value that the armed forces community and their families can bring to the organisation and the wider community. NWSSP works with partner organisations such as Career Transition Partnership and Forces Families Jobs to provide and promote flexible support and employment opportunities.

Medical Director Summary – Our next steps

Dr Martin Edwards has summarised the progress of NWSSP and identified the way forward in continuing to embed Quality into the diverse divisions within NWSSP.

As I step into the role of Medical Director for NWSSP on 1 April, I am joining an organisation that has already demonstrated a strong and mature commitment to the Duty of Quality. The work undertaken over the past three years has created a firm foundation: clear governance arrangements, increasingly data-driven reporting, strengthened divisional quality systems, and a growing culture of collaboration and learning across our diverse services.

My role now is to build on this progress and help shape the next phase of our organisational approach to quality. NWSSP occupies a unique space in NHS Wales—one where the quality of our services may not always be visible to the public, yet has a profound impact on the safety, timeliness and effectiveness of care across the entire system. Ensuring that our contribution is recognised, understood and continuously improved will be a central focus of my tenure.

In reviewing this Duty of Quality report, it is evident that our divisions are increasingly embedding quality principles into planning, performance, assurance and everyday decision-making. Our externally accredited services provide strong assurance; our use of real-time data and dashboards is accelerating; and the growing maturity of our internal quality networks is helping to spread learning at pace. These strengths position us well to meet the evolving expectations of NHS Wales, regulators and our partner organisations.

At the same time, it is important that we continue to challenge ourselves. The scale, diversity and complexity of NWSSP demand a coherent quality narrative—one that not only reflects the excellent work taking place locally but also demonstrates how our collective effort and systems thinking enhance the health and wellbeing of the population we serve. As the new Medical Director, I see real opportunity in developing this narrative further, ensuring that quality is consistently central to our strategy, our transformation programmes and our future operating model.

Our Next Steps

Over the coming year, our priorities will be to deepen and strengthen NWSSP's quality approach through the following actions:

1. Finalise and implement the overarching Quality Management System (QMS)

We will complete and embed our organisational QMS, ensuring it is meaningful, proportionate and aligned with existing divisional systems. This will allow us to present

a coherent “once for NWSSP” framework while respecting the specialist requirements of our more regulated services.

2. Strengthen strategic quality planning

Quality considerations must shape our strategic choices—not simply follow them. I will work with colleagues to ensure that Quality Impact Assessments are used not only as assurance tools but as mechanisms to support strategic decision-making, prioritisation, and early risk identification.

3. Enhance our quality-driven performance and reporting

Building on our existing quarterly review arrangements and always-on reporting, we will further strengthen how quality is evidenced alongside finance and performance. Our aim is to ensure that every division can clearly articulate its quality story, supported by robust, real-time data and transparent metrics.

4. Broaden shared learning and collaboration

As a non-clinical organisation operating across the NHS, NWSSP is uniquely positioned to drive system-wide improvement. Over the next year, I will prioritise strengthening our cross-divisional quality network, enhancing external collaborations, and developing more structured mechanisms for sharing learning across NHS Wales.

5. Develop our quality narrative

To fulfil our statutory responsibilities—and to ensure our contribution is fully recognised—we need to articulate clearly how our work supports safe, effective and equitable care. I will lead the development of a strengthened NWSSP quality narrative, ensuring that our data, accreditations and success stories are consistently and confidently presented.

6. Continue to support a culture of quality and curiosity

A strong culture is the backbone of high-quality services. I will work closely with colleagues to ensure that staff feel supported, able to innovate, and confident in raising concerns or learning from experience. Quality improvement capability, strong leadership behaviours and open communication will remain key enablers.

Conclusion

I am proud to join an organisation with such a clear commitment to quality. The progress made to date reflects the dedication of colleagues across all divisions, and I look forward to working with you to build on this momentum. By strengthening our systems, clarifying our narrative and embedding a strategic approach to quality, we will continue to demonstrate the essential contribution NWSSP makes to safe, sustainable and high-quality healthcare across Wales.

Appendix A – IMTP Duty of Quality Appendix 2026-2029



Appendix H - Duty of Quality



Workforce

Accounts Payable	We will continue to ensure that all staff receive clear and effective “purchase to pay” training. This will include creating robust training frameworks and regularly reviewing and updating induction programs.
All Wales Laundry Service	We plan to support the development of future laundry engineers by offering student work placements through local colleges.
Audit and Assurance	We plan to complete a review of our divisional structure and make necessary changes to optimise resources. This will help improve service delivery through better staff utilisation and a stronger talent pipeline.
Pharmacy Services	We plan to develop a workforce plan to strengthen recruitment, retention, and succession planning.
Procurement and Health Courier Services (HCS)	We plan to conduct a training needs analysis to identify HEIW-funded and commissioned courses for Wales Pharmacy Technical Service. This will ensure staff have access to accredited education and training.
Specialist Estates Services	We plan to build workforce capability and capacity to meet changing organisational needs through improved recruitment, retention, succession planning, and training.
Surgical Materials Testing Laboratory	We plan to ensure continuity by creating a costed recruitment and induction plan to manage senior retirements.



Culture

Accounts Payable	We will improve staff benefits across NHS Wales by launching a dedicated staff benefits portal.
Digital Workforce Solutions	We continue to lead the delivery of the All-Wales International Recruitment Programme to support workforce sustainability across NHS Wales.
People & OD	We will embed the inclusive culture action plan to create a workplace that is safe, anti-racist, inclusive, and compassionate.
Single Lead Employer	We will support attendance management for Resident Doctors, Dentists, and trainees by providing reasonable adjustments. This will ensure trainees who need specific support can focus on training and delivering patient care.
Single Lead Employer	We will embed speaking up safely within NWSSP to promote openness, effective monitoring, and organisational wellbeing.



Information

All Wales Laundry Service	We will future-proof laundry operations by introducing automated production dashboards, replacing manual processes, and ensuring a resilient, high-quality service.
Central Team eBusiness Services	We will support the TRAMS project by implementing a new computer based manufacturing system based on Oracle applications, enabling better insights and informed decision making.
Digital Workforce Solutions	We will use Health Roster to support Nurse Workforce Planning across NHS Wales, ensuring workforce plans include temporary staffing and demand forecasting.
Medical Examiner Services	We will improve data quality and accessibility by developing an MES reporting tool with ICD11 coding. This will allow real-time analysis of morality patterns to support public health planning and decision-making.
Pharmacy Services	We will continue to manage the supply chain across Wales, quantifying volumes and building resilience to address medicines shortages. This will require robust data consolidation and analysis.
Primary Care Services	We will continue to support the Primary Care Strategic Workforce Plan by delivering the Primary Care Workforce Intelligence system and supporting services. Shared data sets will help inform workforce planning across Wales.



Learning, Improvement and Research

Accounts Payable	We will explore options to replace OCR software with AI automation, which will deliver a more efficient Accounts Payable service.
All Wales Laundry Service	We will explore options to benchmark Laundry Services against commercial and NHS providers to further improve service delivery and key performance indicators.
Employment Services	We will evaluate workforce sustainability options to create a clear approach for locum management across primary and community care, aligned with national workforce goals. This will improve workforce planning and help maintain service continuity while responding to changing demands.
Legal and Risk & Welsh Risk Pool	We will work with other nations to share knowledge and good practice about the management of clinical negligence claims.
Primary Care Services	We will introduce and embed research and development within Primary Care Services to ensure we remain at the forefront of delivering evidence-based care to patients in Wales, while offering learning opportunities to other regions in the UK.
Surgical Materials Testing Laboratory	We will complete literature searching and synthesis training within the Research & Development team to strengthen evidence-based practices.
Surgical Materials Testing Laboratory	We will review new post-market surveillance rules from the Medicines and Healthcare products Regulatory Agency (MHRA) and changes to UK Medical Devices Regulations (MDR) to ensure colleagues are supported with interpretation and compliance.



Whole System Approach

Central Team eBusiness Services	We will expand the use of robotics to support health organisations Financial Management System (FMS) processes, including service desk support and the design of new finance and procurement processes using the Microsoft Power Platform.
Digital Workforce Solutions	We will lead the development of the People Portal Transformation Programme - a flexible, agile workforce system designed to meet NHS Wales' evolving needs, with seamless integration to other NHS Wales e-systems.
Employment Services	We will actively contribute to the Director's Workforce Workplan by providing subject matter expertise, promoting business efficiency, and improving the customer's journey to ensure safe and effective change.
Legal and Risk & Welsh Risk Pool	We will provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR), to be renamed Listening to People (LTP)
Pharmacy Services	We will deliver the seasonal vaccination programme through a national model for vaccine delivery.
Pharmacy Services	We will develop three transforming Access to Medicines (TRAMS) Hubs across Wales, increasing NHS Wales' capacity to prepare essential medicines and enabling the use of advanced technology and automation to improve patient safety and free up nurses time for patient care.
Primary Care	We will deliver a consistent, efficient, and equitable national process for providing Gluten-Free Subsidy Cards to eligible patients across Wales, ensuring a centralised and reliable service.



Leadership

Audit and Assurance	We will develop a strategy to establish a commercial arm for Audit & Assurance services to provide support to organisations outside NHS Wales.
Digital Workforce Solutions	We will lead the development of the People Portal Transformation Programme, moving from procurement to planning and mobilisation. This will provide a structured, coordinated, and standardised approach throughout the migration process.
Digital Workforce solutions	We will lead the delivery of the NHS Wales International Recruitment Programme, reducing gaps in the clinical workforce and providing a viable and cost effective method for filling hard to fill vacancies through targeted international recruitment.
Legal and Risk & Welsh Risk Pool	We will introduce Digital Decision Making and Consent across NHS Wales, giving clients access to a platform that digitises the consent process.
Pharmacy Services	We will transform Access to Medicines (TRAMS) by developing an operational model for the Radiopharmacy unit. This will build capacity and contingency to ensure patients receive timely, high-quality services.
Procurement and Health Courier Services (HCS)	We will continue work on the Scan4Safety as part of the Wales modernisation programme (a five-year initiative)
Single Lead Employer	We will expand services and specialities under the Single Lead Employer model, giving trainees a streamlined employment relationship so they can focus on training and patient care.
Specialist Estates Services	We will deliver enhanced services to Welsh Government and NHS organisations to support decarbonisation.



Timely

All Wales Laundry Services	We will implement strategic linen stock holdings to create resilience across the service and ensure sufficient stock to maintain supply if production at a site is disrupted
All Wales Laundry Services	We will examine distribution options for the remaining four laundries based on geographical boundaries to maximise capacity at each site and better meet customer demand.
All Wales Laundry Service	We will develop customer self-service functionality for managing rented stock orders, reducing delays and empowering users.
Central Team eBusiness Services	We will utilise available resources to extend robotics support to health organisations Financial Management System (FMS) processes, including service desk support and the design of new finance and procurement processes using the Microsoft Power Platform. This will free up time for organisations to focus on value-added activities.
Pharmacy Services	We will conduct an All-Wales assessment and management of unlicensed medicines, which will release staff time back to local services.
Pharmacy Services	We will deliver the Transformation Access to Medicines Hubs across Wales to provide sufficient capacity and contingency, ensuring a timely supply of high-quality aseptic products. This will help meet patient treatment demands and reduce waiting times.



Safe

Central Team eBusiness Services	We will coordinate the annual Financial Management System (FMS) Disaster Recovery (DR) test to ensure readiness in the event of a disaster, providing continuity of service.
Legal and Risk & Welsh Risk Pool	We will advance the design, implementation and evaluation of Safety & Learning programmes, focusing on maternity and neonatal services to mitigate litigation risk by addressing underlying clinical safety issues.
Pharmacy Services	We will maintain the required regulatory and professional licences and registrations (including those from the Medicines and Healthcare Products Regulatory Agency, Home Office licensing, and the General Pharmaceutical Council). This will assure service users that our pharmacy services meet a high standard of quality, evidenced through external review.
Pharmacy Services	We will transform Access to Medicines (TRAMS) by developing an operational model for the Radiopharmacy unit, ensuring patients receive high-quality, timely services.
Pharmacy Services	We will review progress on the strategic implementation of gas testing training and recruitment plans for 2025/26. This will enable pharmacy services across Wales to support gas systems testing and deliver medical gases to patients at their point of need within all Health Boards and Trusts.
Procurement and Health courier Services (HCS)	We will continue implementing Scan4Safety as part of the Wales modernisation programme (a five-year initiative), which will help prevent patient harm.
Surgical Materials Testing Laboratory	We will explore the ability to measure background levels of hydrogen peroxide within decontamination areas, enabling more accurate measurement using gas detector tubes.



Effective

Audit and Assurance	We will review our audit approach to ensure it remains in line with NHS Wales Requirements and the Global IIA Standards in readiness for External Quality Assessment. This will ensure Audit and Assurance provides a high-quality and effective service.
Legal and Risk & Welsh Risk Pool	We will 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.
Pharmacy Services	We will implement biosimilars with maximum efficiency for NHS Wales, delivering timely savings and ensuring high-quality, cost-effective care.
Pharmacy Services	We will pilot and roll out an electronic Pharmaceutical Quality System to enhance compliance and streamline processes.
Primary Care Services	We will deliver solutions to drive automation and support embedding the Wales Ophthalmic contract to ensure the timely and effective submission and payment of claims.
Surgical Materials Testing Laboratory	We will review the structure of the Surgical Materials Testing Laboratory to ensure effective service delivery and strengthen resilience through a staffing review.



Efficient

All Wales Laundry Services	We will work closely with our Health Courier Service colleagues to plan the most efficient and carbon-friendly routes for all laundry deliveries across Wales.
All Wales Laundry Services	We will centralise Laundry Services administrative functions to ensure work is distributed efficiently, improving capacity and meeting customer demand.
Audit and Assurance	We will further develop our digital approach to audit delivery and innovation, ensuring a high-quality, cost-effective service.
Central Team eBusiness Services	We will extend robotics support to Financial Management Systems (FMS) processes and leverage the Microsoft Power Platform for automation, reducing manual effort and boosting productivity.
Medical Examiners Service	We will continue digital development to replace paper-based Medical Certificate of Cause of Death (MCCD) processes, promoting direct referrals via a QR code portal and implementing an improved notification system.
Primary Care Services	We will review solutions to support the digital paper medical record in Wales and reduce physical storage requirements across the NWSSP estate.
Primary Care Services	We will deliver a consistent, efficient, and equitable national process for providing Gluten-Free Subsidy Cards to eligible patients across Wales, creating a simplified and more convenient process.
Procurement and Health Courier Services (HCS)	We will investigate opportunities for AI services to support current transactional activity, reducing errors and creating a more efficient service.



Equitable

Digital Workforce Solutions	We will lead the development of the People Portal Transformation Programme, moving from procurement to planning and mobilisation. This will provide structure, coordination, and a standardised approach throughout the migration process, resulting in consistent work data across NHS Wales organisations.
People & OD	We will strengthen our Employee Relations (ER) processes and foster a culture of fairness and accountability by establishing a substantive Investigating Officer role. This role will provide specialist, impartial, and high-quality investigations into complex ER cases, ensuring consistent application of policies and procedures, timely progression and closure of cases, reduced risk or procedural error or employee harm, and greater confidence among staff in the fairness of internal investigations.
Pharmacy Services	We will develop a standardised product portfolio for 2026/27, allowing medicines to be manufactured at scale to move medicines closer to patients, improve equity of access, and drive positive service outcomes and patient experiences.
Procurement and Health Courier Services (HCS)	We will support the Foundational Economy workplan by promoting local supplier engagement and fair economic growth.
Procurement and Health Courier Services (HCS)	We will meet the required planning and delivery phases for Pharmacy Logistics, including Year 2 of the Influenza Programme (and other vaccine campaigns), Radio Pharmacy, Home Care Medicines, TrAMS, and other Pharmacy Modernisation Programme. This will ensure a single logistics model that is consistent across all health boards in Wales.
Single Lead Employer	We will support the management of attendance for Resident Doctors, Dentists, and trainees through reasonable adjustments, ensuring those with additional needs receive the support required to focus on their training.



Person Centred

Accounts Payable	We will launch the staff benefits portal across NHS Wales, ensuring improved access to benefits for all staff.
All Wales Laundry Service	We will develop a self-service order management solution for All Wales Laundry Services, empowering customers to manage their own rented stock orders.
All Wales Laundry Service	We will support the development of future laundry service engineers by securing student work experience placements through local colleges.
Digital Workforce Solutions	We will drive the People Portal Transformation Programme from procurement to planning and mobilisation, enhancing user experience and self-service culture.
Pharmacy Services	We will deliver Access to Medicines (TRAMS) hub development across Wales to enable more capacity and contingency, ensuring high-quality, timely service to patients.
Single Lead Employer	We will embed the Speaking up Safely (SUS) arrangements within NWSSP and ensure concerns are managed in accordance with the agreed policy. We will also ensure effective monitoring arrangements to track actions and outcomes under the Speaking up Safely framework.

Appendix 3 – Links to Duty of Quality Videos for NWSSP Duty of Quality Annual Report 2025-2026

CSE Duty of Quality

English - <https://youtu.be/zgSuVUfHfY>

Welsh - <https://youtu.be/nSOvcTHLgDg>

Culture

English - <https://youtu.be/TBhms0a8PAk>

Welsh - <https://youtu.be/wzN5IPshp8A>

Counter fraud

English – <https://youtu.be/OZWwVGpnzFs>

Welsh - <https://youtu.be/a24Dx-v4Tn8>

Health & Safety

English – <https://youtu.be/IZCl-wqpSCU>

Welsh - <https://youtu.be/cQMaOqhM9GA>

Information Governance

English – <https://youtu.be/f860FQJcCC0>

Welsh - <https://youtu.be/gvGTmhyuiu0>

Efficient

English – <https://youtu.be/5FvlzY0Tgww>

Welsh - <https://youtu.be/bgG8FU47yLk>

Equitable WGOS

English - <https://youtu.be/hqyXsg1gONQ>

Welsh - <https://youtu.be/jcwFZWvQabl>

Appendix 3 – Links to Duty of Quality Videos for NWSSP Duty of Quality Annual Report 2025-2026

Finance effective

English - <https://youtu.be/iUkCLeR-pQE>

Welsh - <https://youtu.be/3lqCcgmAyB8>

Finance timely

English – <https://youtu.be/x3XM5K0CP-k>

Welsh - https://youtu.be/_-2vwAbDct4

Leadership - Armed Forces

English - https://youtu.be/_GidX7G_TTE

Welsh - https://youtu.be/_aUaRMOICN0

Person centred

English – <https://youtu.be/OOyOSfEsL3A>

Welsh - https://youtu.be/77Et7uY_ICA

NWSSP Finance Report May 2026

Reporting on the period to 31st March 2026

*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 2026

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





2025/26 Revenue Financial Position

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£000	£000	£000	£000
Income	-1,156,449	-1,156,449	-1,155,121	1,328
Pay	458,154	458,154	451,658	-6,496
Non Pay	260,497	260,497	259,656	-840
WRP – DEL	192,067	192,067	192,067	0
WRP - AME	245,732	245,732	245,732	0
Distribution	0	0	6,000	6,000
	0	0	-9	-9








Our draft unaudited 2025/26 financial position was reported with a small surplus of **£0.009m**. This was achieved after making the **£6.000m** savings distribution to NHS Wales and Welsh Government which was confirmed to the Shared Services Partnership Committee in January 2026.

Our break-even outturn position is reported after covering the **£0.744m** Employers National Insurance funding shortfall. Recurrent savings for 2026/27 were identified in 2025/26 which were reflected in our IMTP financial plan.

Financial Position and Key Targets

KPI	Target	March	April	May	June	July	August	September	October	November	December	January	February	March	Trend	
Financial Position – Forecast Outturn	Break even Monthly	-£15k	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	-£9k	
Capital financial position	Within CEL Monthly	Achieved	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	£3.6m	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	£6m	£6m	£6m	£6m	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	97.95%	98.35%	99.43%	99.40%	97.95%	97.85%	97.91%	98.33%	98.30%	98.37%	98.25%	98.91%	95.48%		
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.89%	98.35%	98.94%	99.08%	98.73%	98.57%	98.46%	98.44%	98.43%	98.42%	98.40%	98.44%	98.18%		
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	98.10%	97.85%	94.74%	92.94%	94.38%	92.22%	90.74%	89.94%	94.21%	94.21%	71.43%	89.42%	96.83%		
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.64%	97.85%	96.36%	95.26%	95.05%	94.72%	94.04%	93.41%	93.49%	93.56%	91.48%	91.22%	91.61%		

Corporate

KPI	Target	2025/26												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	2	4	2	1	0	2	0	0	5	1	0	5	0	
Variable Pay – Overtime	<£100k Monthly	£142k	£94k	£80k	£83k	£93k	£71k	£70k	£66k	£75k	£141k	£62k	£65k	£103k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	0.88%	1.07%	0.88%	0.93%	1.03%	0.68%	0.76%	0.72%	0.80%	1.49%	0.67%	0.69%	0.60%	
Agency % to date	<0.8% Cumulative	0.01%	0.00%	0.00%	0.00%	0.03%	0.02%	0.02%	0.02%	0.00%	0.00%	0.01%	0.01%	0.01%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.05%	0.00%	0.00%	0.00%	0.10%	0.08%	0.07%	0.05%	0.04%	0.04%	0.05%	0.04%	0.03%	
Invoices on hold			633	411	680	509	462	346	581	617	625	628	622	506	
Invoices awaiting authorisation			146	92	99	97	83	83	65	40	82	78	59	97	

Capital

	Allocation £000	25/26 Spend £000	25/26 Variance £000
Discretionary Capital	409	329	-80
Additional Capital	10,485	10,565	80
IFRS16 Capital	767	767	0
TOTAL CAPITAL ALLOCATION	11,661	11,661	0

Our final 2025/26 Capital Expenditure Limit (CEL) was **£11.661m** which was utilised in full.

£0.080m discretionary capital funding was utilised to offset forecast overspends of **£0.080m** on the additional capital funded schemes

Scheme	Allocation £000	25/26 Spend £000	25/26 Variance £000
Occupeye equipment	2	2	0
Matrix House adaptations 25/26	22	24	2
Laminar flow unit	22	22	0
Pharma Database	0	0	0
Transearch scanner	3	3	0
Datalogger & associated software	5	5	0
SMTL steriliser	27	0	-27
Avocor & surface hub replacement - MR1 HQ - test	4	4	0
Fire doors Alder House	30	28	-2
Fire doors Matrix House	0	0	0
Shorelines Matrix House	17	16	-1
Fire doors Cwmbran House	10	0	-10
Denbigh replace pest control fluorescent tubes	15	11	-4
Switches and Yealink screens	10	18	8
Laptops	194	194	0
Sheet picker machines Church Village	51	0	-51
Greenvale cabling	4	9	5
VAT recoveries 24/25 projects	-7	-7	0
Unallocated	0	0	0
Discretionary Capital Total	409	329	-80

Scheme	Allocation £000	25/26 Spend £000	25/26 Variance £000
IFRS16 4-5 Charnwood Court	426	426	0
IFRS16 Quadient Franking Machine	16	16	0
IFRS16 Quadient Franking Machine	19	19	0
IFRS16 Quadient DS64i Station Folder Inserter	15	15	0
IFRS16 - Companies House	359	359	0
IFRS16 - Working Platforms	93	93	0
IFRS16 - Franking Machine #225	-4	-4	0
IFRS16 - Franking Machine #226	-3	-3	0
Transfer of lease of Unit 25, Samlet Road to WAST	-154	-154	0
IFRS16 Capital	767	767	0
TOTAL CAPITAL ALLOCATION	11,661	11,661	0

Capital

Scheme	Allocation	25/26 Spend	25/26 Variance
	£000	£000	£000
IP5 Discretionary	250	254	4
Laundry Discretionary	200	205	5
Radiopharmacy Facility at Imperial Park 5	4,527	4,404	-123
TrAMS SE Hub advance funding	264	268	4
South East Wales TrAMS Programme - incl fees	402	466	64
Waste water heat reclamation system Green Vale	258	258	0
Denbigh stores roof mounted PV	265	254	-11
Matrix House EV charging points & associated infrastructure	217	217	0
Glan Clwyd Ventilation	385	470	85
Macron stand alone dryers Greenvale	142	143	1
Washer extractors Greenvale	137	134	-3
Waste water heat reclamation system Church Village	275	275	0
Waste water heat reclamation system Glan Clwyd	232	232	0
End of Year Digital Funding 2025-26 - Pharma Database	134	142	8
End of Year Digital Funding 2025-26 - laptops	116	116	0
Roof overlay works IP5	1,500	1,511	11
TrAMS Digital Solution discovery	121	121	0
Primary Care Servers	108	124	16
IT refresh - laptops	52	52	0
Primary Care Scanner	11	10	-1
Tablets x 33	51	45	-6
Pushback racking Bridgend	119	101	-18
Sheet picker machines Church Village	120	184	64
2 roll ironer & feeder Glan Clwyd	300	292	-8
Stores Health & Safety Equipment	59	70	11
Floor sweeper & scrubbing equipment	30	29	-1
Climatic chamber equipment SMTL	33	17	-16
SMTL HATRA hosiery tester replacement measuring head	6	5	-1
CCTV upgrade Picketston	6	4	-2
CCTV installation Dupont	6	4	-2
Scan for Safety scanning equipment	30	30	0
Avocor & Surface Hub replacement	25	24	-1
Power Resilience at Imperial Park 5, Newport	104	104	0
Additional Capital Total	10,485	10,565	80

The table details the overspend against the additional capital funding provided by Welsh Government, which was offset by an underspend on our discretionary capital allocation.



Welsh Risk Pool

Expenditure type	Position as at M11 2024/25 £m	Position as at M11 2025/26 £m
Claims reimbursed & WRP Managed Exper	94.720	151.168
Periodical Payments made to date	24.597	25.661
Redress Reimbursements	1.469	2.075
EIDO – Patient consent	0.092	0.098
Clinical Negligence Salary Subsidy	0.702	0.313
WRP Transfers, Consent, Prompt, CTG	0.589	0.575
Movement on Claims Creditor	22.842	12.177
Year to date expenditure	145.077	192.067

WRP DEL expenditure for 2025/26 is **£192.067m** compared to £145.077m in 2024/25.

Our IMTP included a 2025/26 forecast of **£145.491m** which was based on the high-level analysis of previous year trends and by reference to planned cashflows for settlements in the year. This required **£36.056m** to be funded under the risk share agreement.

A detailed review of individual cases for settlement in 2025/26 identified a significant increase in the funding requirement compared to the IMTP planning assumptions.

In December 2025, Welsh Government confirmed additional funding of up to **£49m** had been secured to cover the additional risk share costs in 2025/26. Allocation adjustments for the original risk share requirement of £36.056m were actioned in January 2026.

The outturn position has utilised **£46.576m** of the available £49m additional funding from Welsh Government.

AME provisions have increased by **£245.732m** in 2025/26 and now total **£1.957bn** at 31st March 2026.

Contact details

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website: nwssp.nhs.wales

People and OD SSPC Report April 2026 Meeting

*Delivering Value, Innovation
and Excellence through
Partnership*

NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE

People and Organisational Development (OD) Report

MEETING	Shared Services Partnership Committee (SSPC)
REPORT AUTHOR	Samantha Wright, 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 2026. 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>	

People and OD

SSPC to note that SLG were asked to review:

1. **Sickness** – Overall sickness levels remain stable and on a downward trajectory, with NWSSP sickness consistently below the NHS Wales average. New NWSSP sickness targets updated (SLG agreement, Jan 2026) to reflect three-year divisional sickness trends, with a 10% reduction target.
2. **Turnover** - NWSSP turnover remains slightly above NHS Wales overall, but close to the median for similar sized organisations, with a small downward trend emerging.
3. **PADR Compliance** - PADR compliance reached 85.62% in March 2026, the highest level since April 2025, showing improvement and is at target (excluding SLE).
4. **People and OD Report** - Following recent feedback the People and OD report has been streamlined, and some sections will be removed in the future. The plan is to move some information to the NWSSP Senior Management Team Divisional reports and replace other sections with dedicated reports less often to enable effective benchmarking.

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Partnership*

People and OD

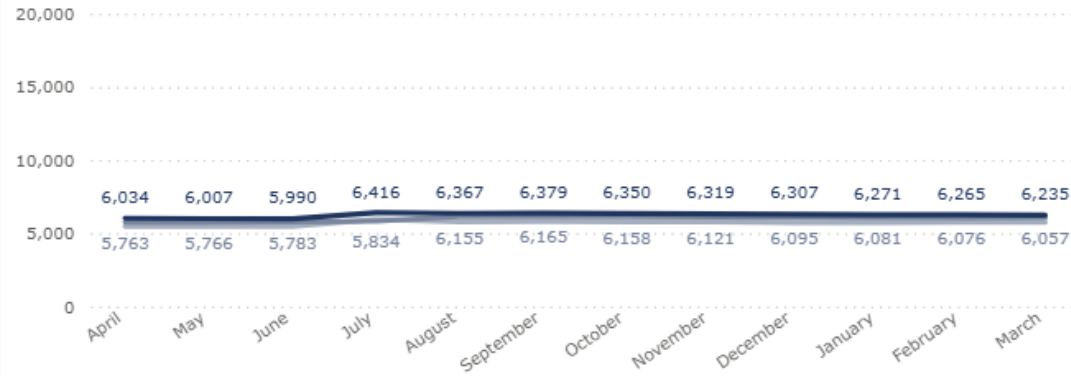
SSPC to note that SLG were asked to act on:

1. **Time To Hire** – SLG were asked to review and address delays in Time to Shortlist (T4) and interview outcome updates, where several divisions stay outside KPI which can directly affect organisational retention.
2. **Increase engagement with non-mandatory learning** - SLG should actively promote and prioritise non-mandatory learning within their services where it supports culture, wellbeing, behavioural standards and organisational risk (e.g. Speaking Up Safely, Sexual Misconduct awareness).
3. **Corporate Induction** - SLG were asked to review local induction arrangements, particularly completion of Welcome Sessions and toolkit declarations, as corporate induction compliance stays low and presents a risk to early engagement and retention.
4. **Workforce Planning** – As part of the planning cycle, phase 2 of Corporate Workforce Planning launches in April. Divisions must review the SMT pack and implement actions ahead of the July 2026 SLG review.

Including SLE

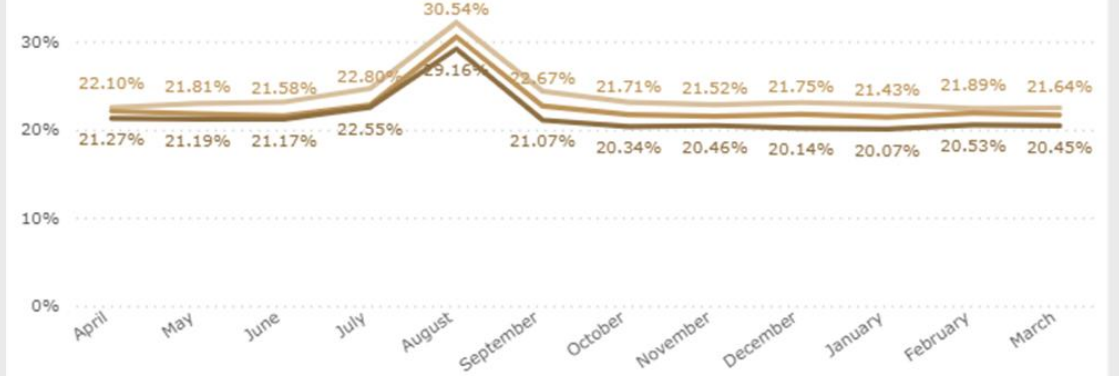
Headcount Yearly Comparison

Financial Year ● FY 2023/24 ● FY 2024/25 ● FY 2025/26



12-Month Rolling Turnover Yearly Comparison

Financial Year ● FY 2023/24 ● FY 2024/25 ● FY 2025/26



Headcount

The March headcount including SLE (6,235) has slightly decreased from February (6,265).

Excluding SLE, the headcount is 2,573 which has slightly decreased since February (2,578) and has increased since March 2025 by 2.84% from 2,502.

Turnover

Including SLE, the March turnover is 20.45%. This has slightly decreased from March 2025 (21.64%).

Excluding SLE, the March turnover is 9.12%. This is down from March 2025 (9.82%).

Excluding SLE

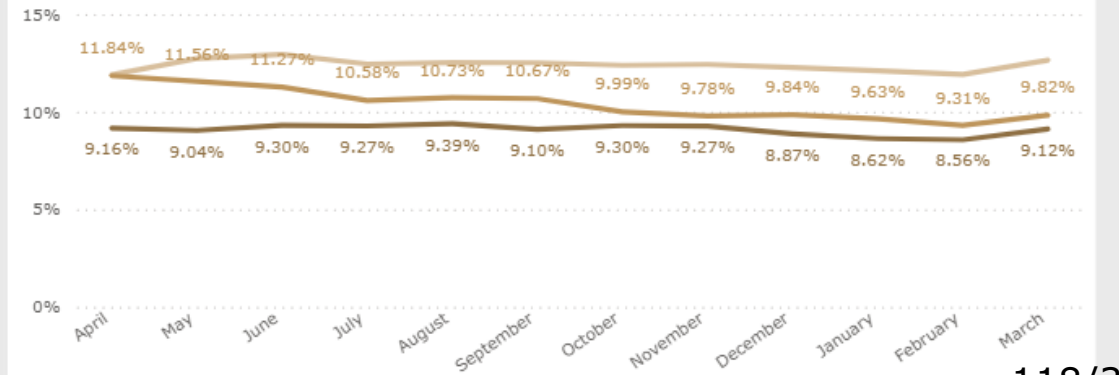
Headcount Yearly Comparison

Financial Year ● FY 2023/24 ● FY 2024/25 ● FY 2025/26



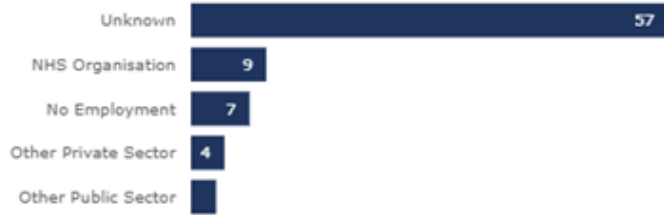
12-Month Rolling Turnover Yearly Comparison

Financial Year ● FY 2023/24 ● FY 2024/25 ● FY 2025/26



Including SLE

Destination on Leaving



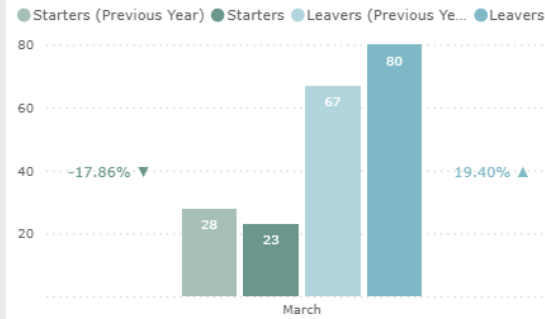
Reason for Leaving



Leavers by Length of Service

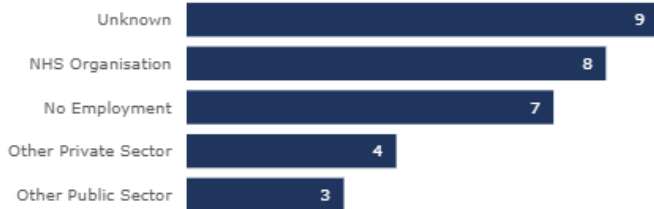


Starters and Leavers Comparison

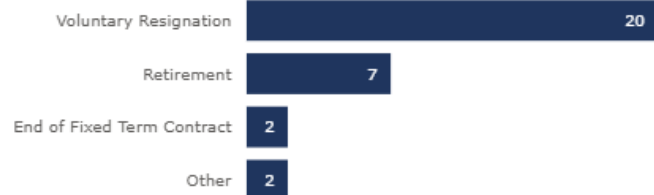


Excluding SLE

Destination on Leaving



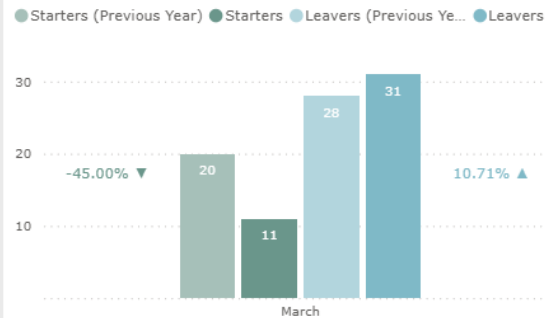
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



Starters

Including SLE, there were **22** starters in March 2026. Excluding SLE, there were **11** starters in March 2026. This is **down by 45.00%** from **20** starters in March 2025.

Excluding SLE, the main recruitment source was the **private sector** which accounted for **45.45%** of starters.

Reasons for Leaving

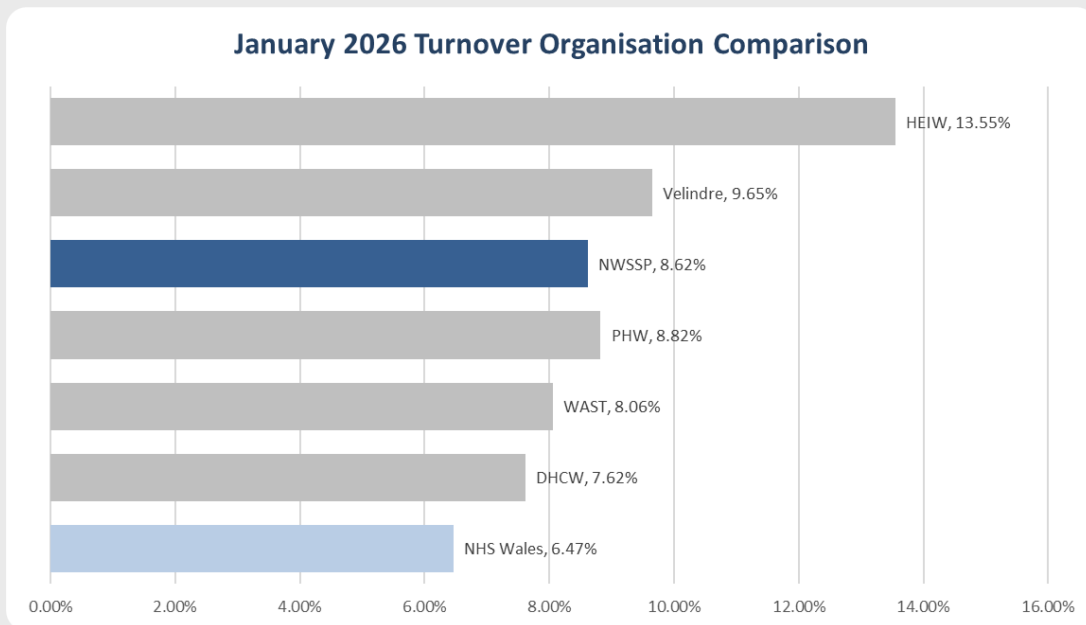
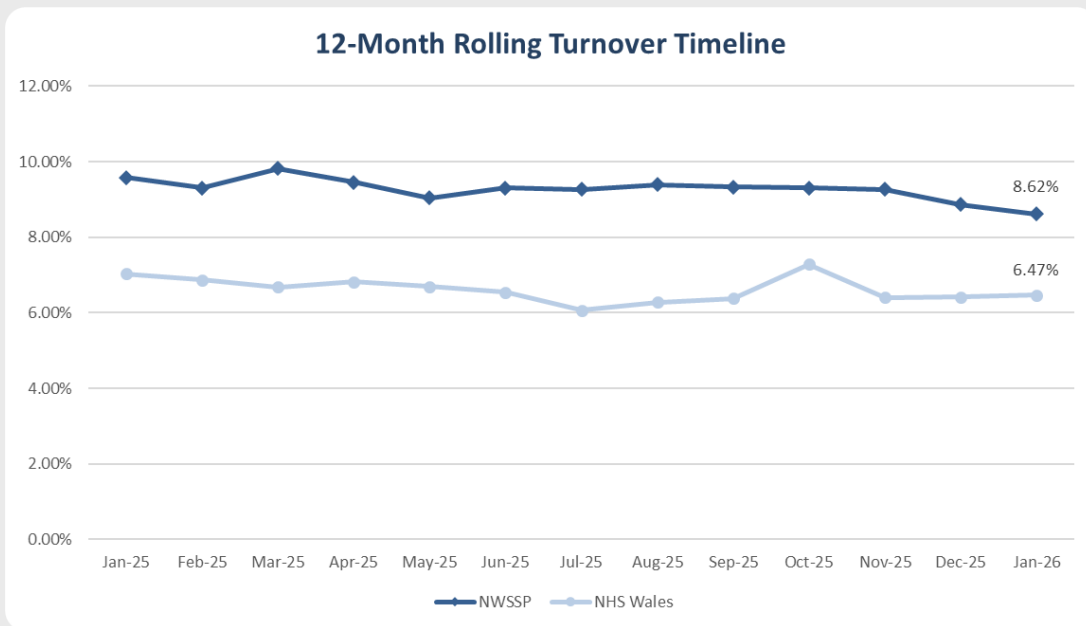
Excluding SLE, **64.52%** of leavers were due to **voluntary resignation**. This is **significantly higher** than March 2025 (**35.71%**) but remains **consistent** with the past three months.

Of the voluntary resignations, **35.48%** of staff had 3+ years of service with NWSSP – this is the majority service length. Since March 2025, **49.34%** of voluntary resignations had 3+ years of service. This shows a significant loss of long-term staff, however **29.33%** of those went to another NHS organisation. Comparisons with other organisations would be beneficial to see whether this is positive (e.g. leaving for promotions within NHS) or negative (e.g. due to NWSSP workplace culture). However, a significant portion of voluntary resignations have an unknown destination, so conclusions are limited.

Since March 2025, for all service lengths, the top destinations are NHS organisation (**26.69%**) and no employment (**19.12%**). However, **39.84%** of voluntary resignations had **unknown** destinations on leaving. This has a large impact on the ability to understand our retention of all staff. Managers may need reminding about the importance of this field, and they should be encouraged to fill this out. Recommendations have been shared with SLG about this field and **Directors are reminded to discuss with their senior teams**.

Since March 2025, **20.39%** of voluntary leavers have been with NWSSP for **less than 1 year** (excluding SLE). This further suggests a significant difficulty in retention over the past year.

NWSSP Turnover Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

Please note there is a 2-month delay on the dashboard, meaning the dates do not align with the rest of this report.

** The NWSSP turnover submission does not include SLE.*

12-Month Rolling Turnover

NWSSP turnover is **2.15% higher** than the overall NHS Wales turnover rate for **1st February 2025 – 31st January 2026**.

NWSSP turnover has been **consistently higher** than NHS Wales overall.

NHS Wales turnover has a **consistent trend** since 1st July 2024, with October showing a slight **increase**.

NWSSP turnover has **remained consistent** since 1st April 2025. There is currently a small downward trend.

12-Month Rolling Turnover – January 2026

In January 2026, NWSSP had the **third highest** turnover rate in comparison to similar size NHS Wales organisations.

However, NWSSP turnover is consistently close to the median turnover value, which suggests it is in the expected range for these organisations.

NWSSP Monthly Workforce Report Sickness



Date: Mar 26

Division: All

Service, Area, Department: All

Absence Occurrences
 FTE Days Lost

Exclude SLE

In-Month Sickness

3.02%

Previous Year: 2.89% (+0.13%)

12-Month Rolling Sickness

3.06%

Previous Year: 3.46% (-0.41%)

Open Sickness

158

In-Month Long Term / Short Term Split

Long Term: 169
Short Term: 444

Average FTE Days Lost

Long Term: 100.24
Short Term: 4.18

In-Month Sickness Comparison

March: 429 (Previous Year), 613 (Current)

Absence Reason

Absence Reason	Absence Occurrences	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	122	2,044.90
S13 Cold, Cough, Flu - Influenza	117	427.61
S12 Other musculoskeletal problems	30	402.77
S25 Gastrointestinal problems	104	381.63
S28 Injury, fracture	23	357.03
S26 Genitourinary & gynaecological disorders	21	271.98
S11 Back Problems	20	211.92
S16 Headache / migraine	44	205.79
S98 Other known causes - not elsewhere classified	15	185.15
S99 Unknown causes / Not specified	15	151.10
S30 Pregnancy related disorders	22	124.64
S21 Ear, nose, throat (ENT)	19	106.94
S17 Benign and malignant tumours, cancers	5	95.45
S31 Skin disorders	6	91.67
S23 Eye problems	10	85.40
S19 Heart, cardiac & circulatory problems	7	76.91
S27 Infectious diseases	6	51.10
S15 Chest & respiratory problems	15	49.52
S18 Blood disorders	2	20.00
S24 Endocrine / glandular problems	2	17.00
S22 Dental and oral problems	6	14.80
S32 Substance abuse	1	5.00
S29 Nervous system disorders	1	1.07

Sickness 12-Month Rolling Comparison

Target: 3.30%

Absence Occurrences by Days to Enter

7 Days or Over: 245 (39.97%)
Within 7 Days: 368 (60.03%)

Division	Sickness %	Target
Laundry Division	10.13%	7.50%
Medical Workforce Division	8.97%	4.00%
Employment Division	6.21%	5.00%
Procurement Division	6.09%	5.50%
Medical Examiner Division	5.39%	4.50%
Surgical Materials Testing (SMTL) Division	5.35%	2.00%
Primary Care Division	4.63%	4.50%
Finance Academy Division	3.53%	2.00%
Planning, Performance and Informatics Division	3.20%	2.00%
Corporate Division	3.09%	2.00%
Legal & Risk Division	3.01%	2.50%
Audit & Assurance Division	2.86%	2.50%
Finance Division	2.03%	2.00%
Accounts Payable Division	3.48%	3.50%
E-Business Central Team Division	2.88%	3.00%
Digital Workforce Division	2.58%	3.00%
People & OD Division	2.38%	3.00%
Specialist Estates Division	1.81%	2.00%
Single Lead Employer Division	1.57%	2.00%
Welsh Employers Unit Division	1.11%	3.50%
Pharmacy Technical Services Division	0.84%	2.00%
Counter Fraud Division	0.16%	2.00%

Note: Targets updated (SLG agreement, Jan 2026) to reflect three-year divisional sickness trends, with a 10% reduction target.

Top 5 Sickness Reasons

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

The number of S99 reasons has been increasing since December 2025. Use of this reason should be discouraged as no meaningful information can be gained from this.

12-Month Rolling Sickness

The March 12-month rolling sickness, including SLE (**3.06%**) has **remained consistent** since July 2025. Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 2.92% and 3.46%. Sickness remains around the target of **3.30%** and is on a downward trajectory.

Excluding SLE, the 12-month rolling sickness is **5.22%** which remains consistent with February. Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 4.80% and 5.42%. March 2026 continues the decrease in the rising trend since February 2024.

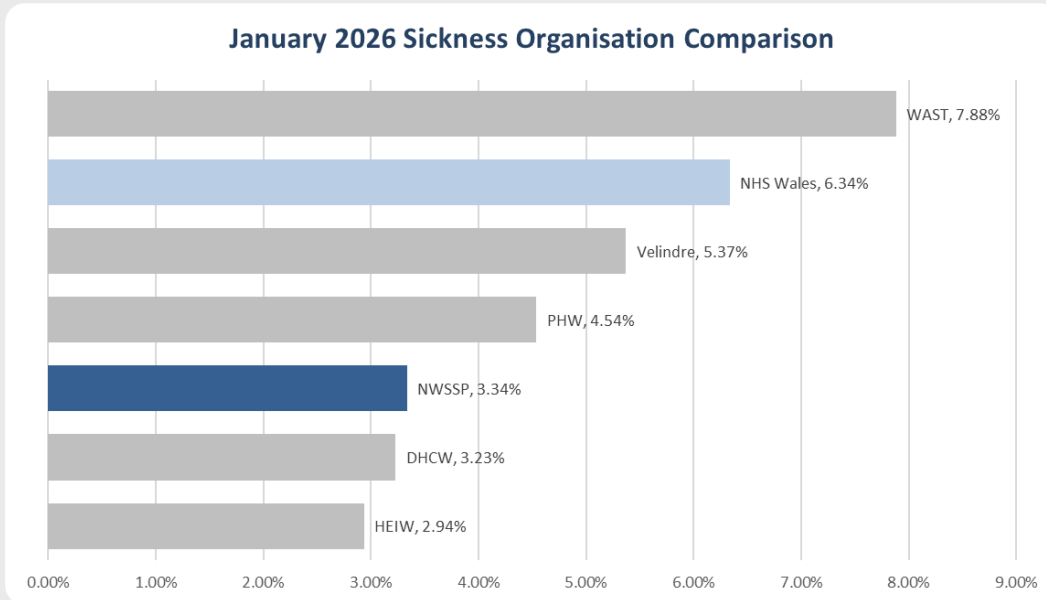
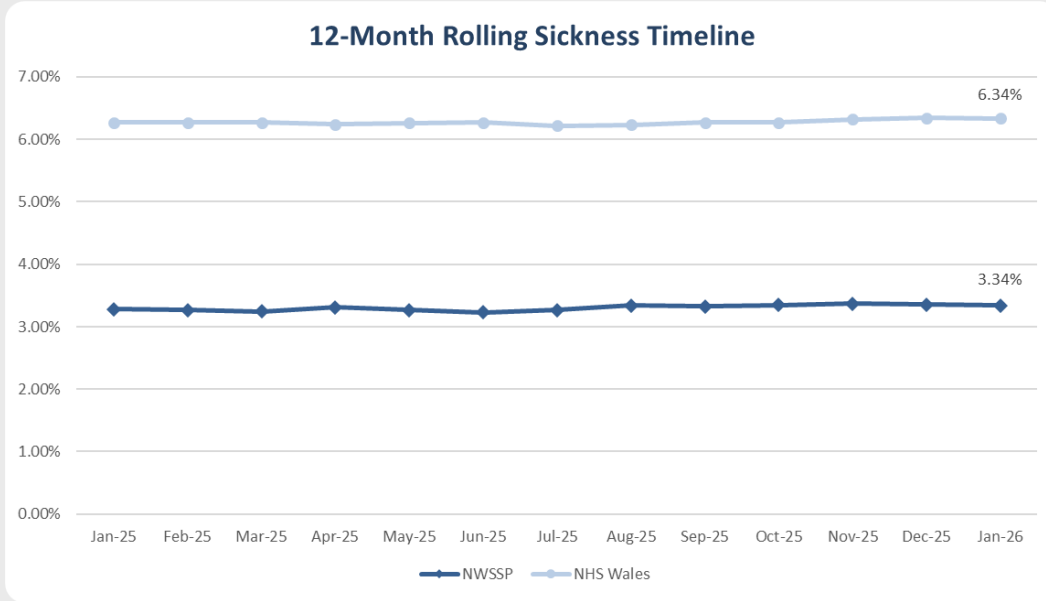
Long Term / Short Term

Including SLE, long term sickness remains **consistent** with March 2025 from **166** occurrences to **169** occurrences.

The average days lost to long term sickness is **100.24** FTE days. The average days lost to short term sickness is **4.18** FTE days. Excluding SLE, short term sickness occurrences have **increased** from **188** in March 2025 to **220** in March 2026.

In the CIPD *Health and Wellbeing at Work 2025* report, they state that **public sector** workers had an average of **13.3 working days** sickness per year (short and long term). The current **NWSSP** average is **9.47 working days**, significantly lower than the public sector average.

NWSSP Sickness Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

Please note there is a 2-month delay on the dashboard, meaning the dates do not align with the rest of this report.

* The NWSSP sickness submission includes SLE.

12-Month Rolling Sickness

NWSSP sickness has remained **consistently below** the NHS Wales overall sickness rate for **1st February 2025 – 31st January 2026**.

NWSSP sickness has remained consistent since **July 2024**.

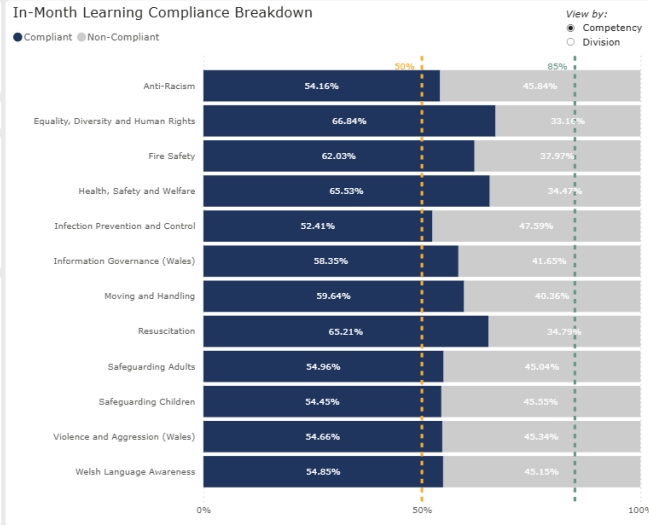
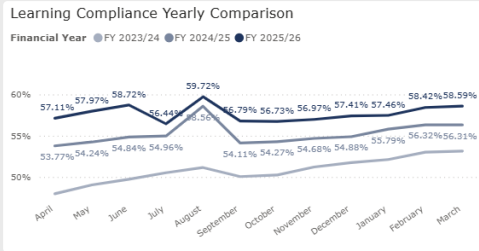
Sickness % (FTE) – January 2026

In January 2026, NWSSP had the **third lowest** sickness absence rate in comparison to similar size NHS Wales organisations.

Including SLE

NWSSP Monthly Workforce Report Learning Compliance

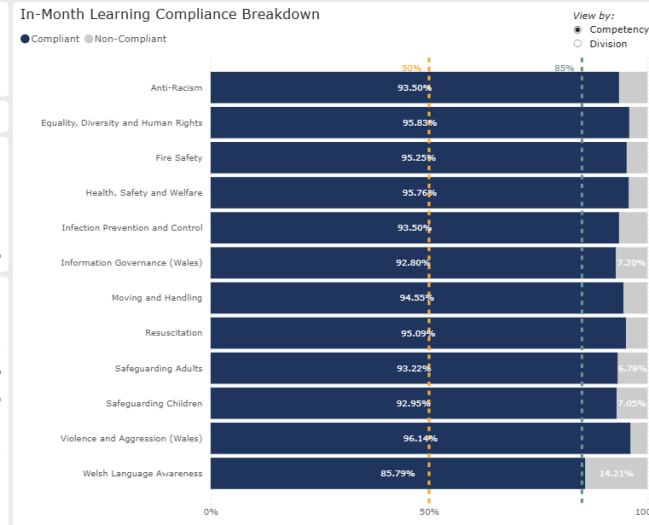
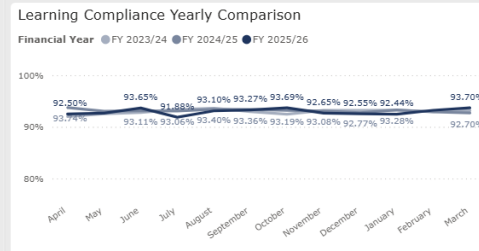
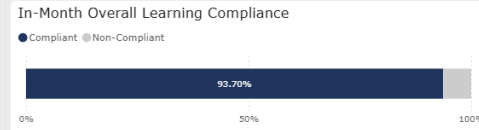
Date: Mar 26 | Division: All | Service, Area, Department: All | Exclude SLE



Excluding SLE

NWSSP Monthly Workforce Report Learning Compliance

Date: Mar 26 | Division: All | Service, Area, Department: All | Exclude SLE



Division	Anti-Racism	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Prevention and Control	Information Governance (Wales)	Moving and Handling	Resuscitation	Safeguarding Adults	Safeguarding Children	Violence and Aggression (Wales)	Welsh Language Awareness
Accounts Payable Division	98.69%	96.73%	96.73%	94.77%	98.04%	94.77%	94.77%	96.73%	96.73%	96.08%	99.35%	81.70%
Audit & Assurance Division	92.98%	96.49%	96.49%	94.74%	92.98%	94.74%	98.25%	89.47%	89.47%	91.23%	100.00%	85.96%
Corporate Division	92.86%	92.86%	89.29%	92.86%	96.43%	89.29%	92.86%	92.86%	92.86%	92.86%	100.00%	78.57%
Counter Fraud Division	100.00%	100.00%	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%	96.30%	96.30%	100.00%	100.00%	92.59%	100.00%	100.00%	96.30%	96.30%	100.00%	88.89%
E-Business Central Team Division	100.00%	100.00%	94.44%	100.00%	94.44%	94.44%	94.44%	100.00%	94.44%	94.44%	94.44%	77.78%
Employment Division	98.24%	98.82%	97.65%	98.53%	97.35%	97.65%	98.24%	97.94%	97.94%	99.71%	99.71%	94.71%
Finance Academy Division	87.50%	100.00%	87.50%	100.00%	87.50%	87.50%	87.50%	87.50%	100.00%	100.00%	100.00%	87.50%
Finance Division	100.00%	96.67%	93.33%	100.00%	100.00%	86.67%	96.67%	100.00%	100.00%	100.00%	96.67%	66.67%
Laundry Division	66.34%	90.59%	90.10%	94.06%	88.12%	82.18%	86.14%	92.57%	82.67%	81.19%	81.68%	71.29%
Legal & Risk Division	96.92%	96.92%	94.36%	96.92%	93.33%	91.79%	93.85%	95.38%	96.41%	94.87%	98.46%	84.62%
Medical Examiner Division	90.63%	96.88%	91.67%	98.96%	92.71%	90.63%	89.58%	92.71%	90.63%	88.54%	92.71%	86.46%
Medical Workforce Division	95.24%	85.71%	85.71%	76.19%	71.43%	76.19%	85.71%	80.95%	66.67%	66.67%	85.71%	71.43%
People & OD Division	93.88%	89.80%	95.92%	87.76%	85.71%	93.88%	95.92%	89.80%	91.84%	91.84%	97.96%	83.67%
Pharmacy Technical Services Division	91.23%	85.96%	89.47%	80.70%	82.46%	84.21%	80.70%	85.96%	80.70%	78.95%	92.98%	75.44%
Planning, Performance and Informatics Division	95.92%	97.96%	97.96%	97.96%	93.88%	97.96%	97.96%	97.96%	93.88%	93.88%	95.92%	93.88%
Primary Care Division	98.71%	99.68%	98.38%	99.03%	97.41%	98.38%	99.03%	99.03%	97.73%	97.73%	99.35%	97.41%
Procurement Division	94.00%	94.72%	95.20%	94.84%	92.09%	92.69%	94.24%	93.65%	92.09%	92.33%	95.80%	83.33%
Single Lead Employer Division	26.63%	46.55%	38.78%	44.37%	23.66%	34.23%	35.21%	44.29%	28.18%	27.50%	25.62%	33.20%
Specialist Estates Division	98.15%	96.30%	98.15%	98.15%	96.30%	94.44%	100.00%	100.00%	100.00%	100.00%	100.00%	94.44%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	92.31%	100.00%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%
Welsh Employers Unit Division	62.50%	100.00%	100.00%	75.00%	87.50%	50.00%	100.00%	87.50%	62.50%	62.50%	87.50%	50.00%

Learning Compliance

Excluding SLE, the March learning compliance (**93.70%**) is consistent with February (**93.22%**).

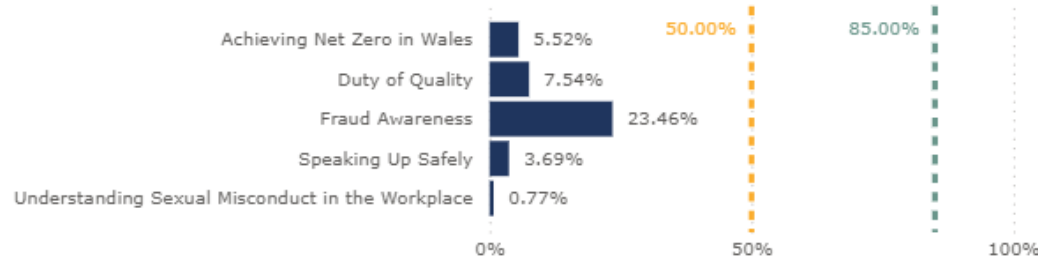
All competencies are over the 85% target including Welsh Language Awareness, despite a known issue of this module updating which could account for the smaller figures.

There are still some divisions with compliance below target, and Business Partners have been asked to work with the relevant management teams.

Non-Mandatory Learning

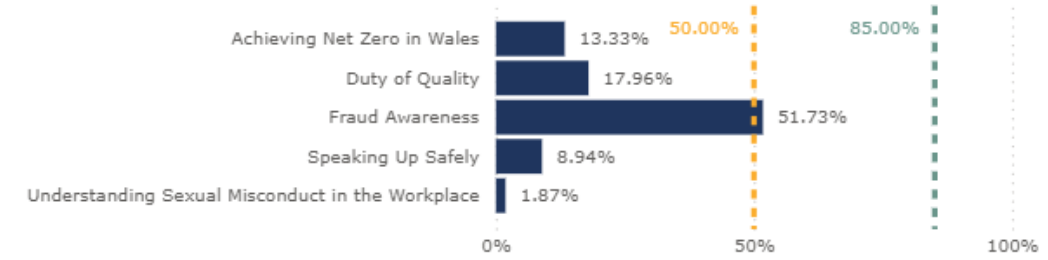
Including SLE

In-Month Additional Learning



Excluding SLE

In-Month Additional Learning



Division	Achieving Net Zero in Wales	Duty of Quality	Fraud Awareness	Speaking Up Safely	Understanding Sexual Misconduct in the Workplace
Accounts Payable Division	55.48%	72.90%	94.19%	78.06%	6.45%
Audit & Assurance Division	1.75%	38.60%	68.42%	3.51%	0.00%
Corporate Division	32.14%	25.00%	82.14%	7.14%	0.00%
Counter Fraud Division	100.00%	100.00%	100.00%	0.00%	71.43%
Digital Workforce Division	70.37%	96.30%	88.89%	0.00%	0.00%
E-Business Central Team Division	88.89%	100.00%	94.44%	0.00%	22.22%
Employment Division	1.48%	1.19%	91.69%	5.93%	0.59%
Finance Academy Division	0.00%	0.00%	0.00%	0.00%	0.00%
Finance Division	40.00%	20.00%	80.00%	20.00%	0.00%
Laundry Division	0.00%	0.49%	2.96%	0.99%	0.00%
Legal & Risk Division	3.59%	7.69%	16.92%	2.05%	0.00%
Medical Examiner Division	0.00%	11.46%	14.58%	1.04%	0.00%
Medical Workforce Division	0.00%	4.76%	4.76%	0.00%	0.00%
People & OD Division	34.69%	40.82%	40.82%	26.53%	26.53%
Pharmacy Technical Services Division	0.00%	26.32%	19.30%	0.00%	0.00%
Planning, Performance and Informatics Division	16.33%	12.24%	55.10%	63.27%	0.00%
Primary Care Division	23.95%	57.93%	64.40%	6.15%	4.53%
Procurement Division	2.50%	0.48%	47.86%	0.83%	0.00%
Single Lead Employer Division	0.03%	0.22%	3.60%	0.00%	0.00%
Specialist Estates Division	94.55%	1.82%	7.27%	0.00%	0.00%
Surgical Materials Testing (SMTL) Division	34.62%	23.08%	92.31%	3.85%	0.00%
Welsh Employers Unit Division	0.00%	0.00%	14.29%	14.29%	0.00%

Non-Mandatory Learning

Additional learning courses are not mandatory, however given the importance of understanding required in these areas, NWSSP staff are encouraged to complete the following courses:

- Achieving Net Zero in Wales (e-learning)
- Duty of Quality (e-learning)
- Fraud Awareness (e-learning)
- Speaking Up Safely (OD delivered course)
- Understanding Sexual Misconduct (e-learning)

Recently, a new course of Understanding Sexual Misconduct in the Workplace was added. Given this course was introduced in mid-December, it is currently a low completion rate.

The course with the highest completions is Fraud Awareness, with **51.73% of staff** completing (excluding SLE).

Overall, most divisions have low completion rates for all courses, with the average division completion rate being **19.51%** (excluding SLE).

Completion rates of Speaking Up Safely are lower than the others, this is expected given the frequency of courses and that places are limited per course. While P&OD have limited resource to deliver this course, where this topic is delivered at Development Days etc., delegate lists are being manually input into ESR. The remaining courses are all e-learning, making them more accessible.

Including SLE

NWSSP Monthly Workforce Report PADR



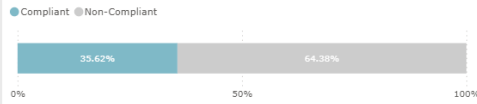
Date: Mar 26 | Division: All | Service, Area, Department: All | Exclude SLE

In-Month Overall Compliance

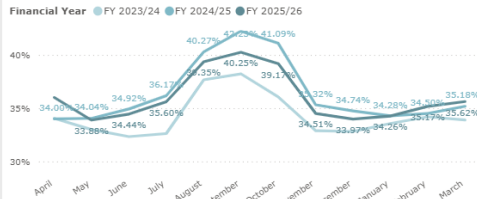
35.62%
Previous Year: 35.18% (+0.44%)

Red: Below 50% Amber: 50% to 85% Green: 85% and above

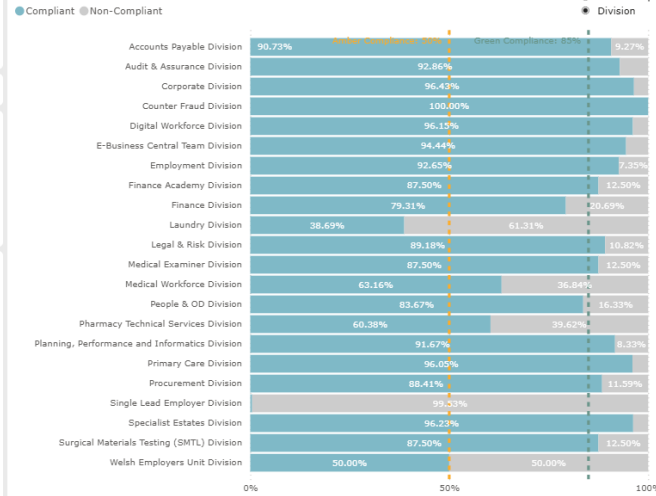
In-Month Overall Compliance



Compliance Yearly Comparison



In-Month Compliance Breakdown



Excluding SLE

NWSSP Monthly Workforce Report PADR



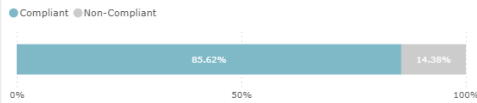
Date: Mar 26 | Division: All | Service, Area, Department: All | Exclude SLE

In-Month Overall Compliance

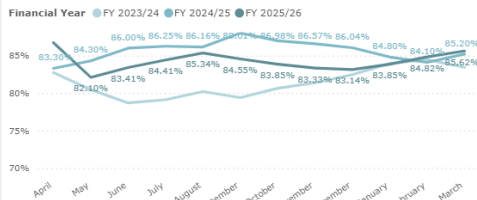
85.62%
Previous Year: 85.20% (+0.42%)

Red: Below 50% Amber: 50% to 85% Green: 85% and above

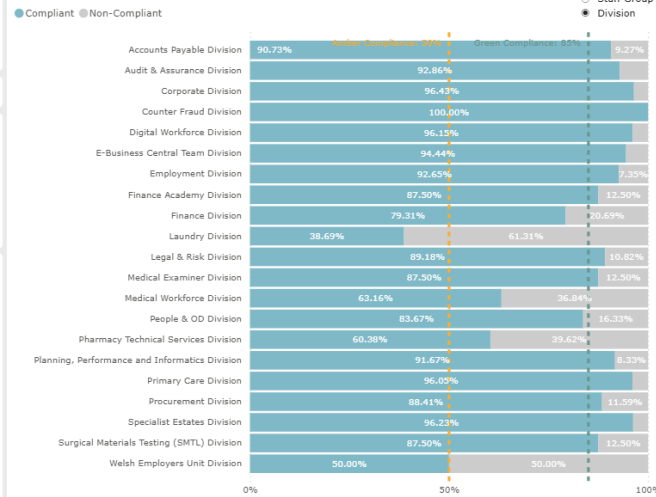
In-Month Overall Compliance



Compliance Yearly Comparison



In-Month Compliance Breakdown



PADR Compliance

The March PADR compliance including SLE (**35.62%**) has **slightly increased** from February (**35.17%**).

The compliance has **remained consistent** with March 2025 (**35.18%**).

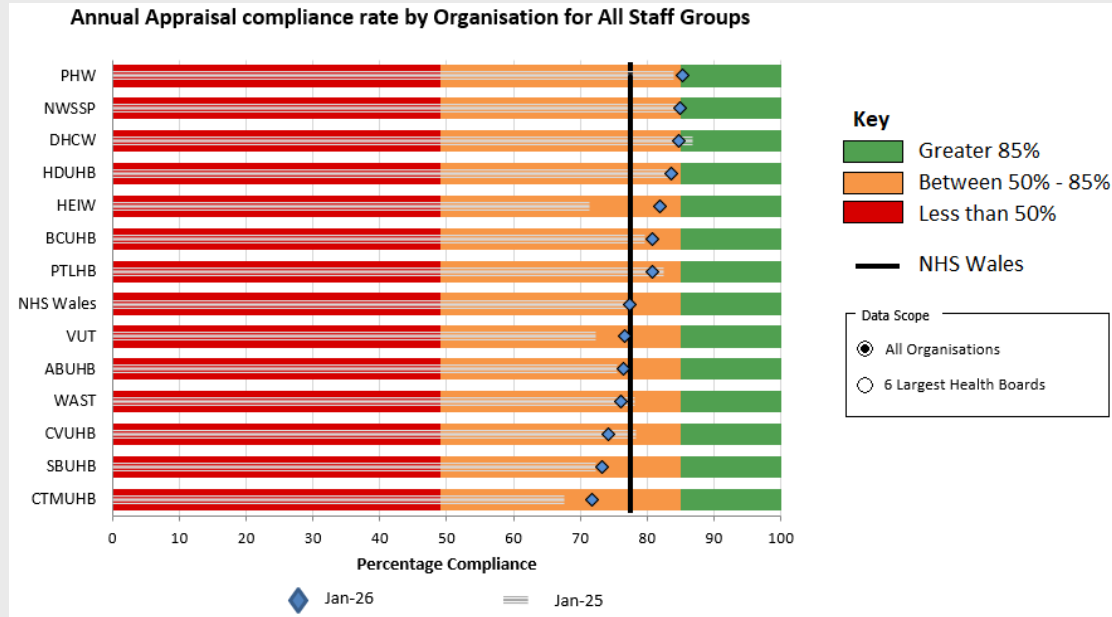
PADR Compliance

Excluding SLE, the March PADR compliance (**85.62%**) is **at target**.

The compliance has **increased** since March 2025 by **0.42%** from **85.20%**.

The PADR compliance rate has **large variation** over the past 3 years, ranging from **78.70%** to **88.01%** at the peak. This month improves the downward trend from August.

NWSSP Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

Please note there is a 2-month delay on the dashboard, meaning the dates do not align with the rest of this report.

*The NWSSP PADR and Stat & Mand submissions do not include SLE.

Appraisal Review Compliance

In **January 2026** NWSSP had the **third highest** appraisal review compliance (**85.0%**) in comparison to other NHS Wales organisations. This is below PHW and Hywel Dda. This remains higher than the NHS Wales overall figure (**77.5%**).

Statutory and Mandatory Training Compliance

In **January 2026** NWSSP had the **highest** statutory and mandatory training compliance (**94.1%**) in comparison to other NHS Wales organisations. NWSSP remains higher than the NHS Wales overall figure (**88.0%**).

PEOPLE – EMPLOYEE RELATIONS TRACKING

Following the review of data from the Avoidable Employee Harm Programme, which highlighted positive progress in how the organisation manages disciplinary processes, particularly a marked reduction in the duration of investigations, it has been agreed that this data will be reviewed annually to ensure continued improvement.

In support of this, bespoke training will be rolled out in key areas identified as benefiting from further development around avoidable employee harm. Additionally, a project group has been established to review and relaunch the Investigation Officer Training Programme.

Legislation Update – Employment Rights Act 2025
 The Employment Rights Act 2025 received Royal Assent on 18 December 2025 and introduces the most significant reform to unfair dismissal law in decades.

While most provisions are not yet in force, changes relating to unfair dismissal will fundamentally alter employer risk, particularly in relation to early-stage employment decisions.

People and OD will provide a future session in partnership with the Legal and Risk Employment Team to update Directors on specific issues.

Capability			
Division	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Legal & Risk Division	301	1	301
Employment Division	6	1	6
Grand Total	307	2	154

Disciplinary			
Division	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Procurement Division	1284	9	143
Laundry Division	64	1	64
Finance & Corporate	395	3	132
Grand Total	1743	13	134

UPSW			
Division	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Single Lead Employer	ongoing	5	ongoing
Grand Total	ongoing	5	ongoing

Respect & Resolution			
Division	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Legal & Risk Division	65	1	65
Procurement Division	348	2	174
Finance Division	265	1	265
Grand Total	678	4	170

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.”

Attraction & Retention

NWSSP Talent Pool

- As part of our ongoing work to strengthen attraction, retention and internal career progression across the organisation, the NWSSP talent pool is in its final stages ready to launch.
- The Talent Pool will provide a fair and transparent way for strong ‘near-miss’ candidates to be considered for future, approved vacancies, helping us reduce time-to-hire while continuing to uphold open competition, redeployment arrangements and NHS Wales recruitment principles.
- Being in a Talent Pool does not guarantee a role. Instead, it means candidates may be invited to interview for suitable opportunities, supporting career development, internal mobility and better use of skills across NWSSP. All activity continues to be governed through TRAC, Vacancy Control and data protection requirements.

Widening Access

Career Events: Below outlines the career events that were attended by the Early Careers Network during the month of March.

Event	Location	Target Audience	Attended by
Ysgol Caer Elen Career Carousel	Haverfordwest	Secondary school	People and OD
Best Practice in Inclusive Recruitment event (with focus on all avenues into an organisation including work experience, apprenticeships, graduate schemes)	Bangor	Students who face a range of barriers to work experience, including financial hardship, disability, a learning difference, mental health and caring responsibilities	Employment Services
USW Built Environment Career Event	RCT	Post 16 school/college students	Hosted and attended by Specialist Estates Services

Network75

- The University of South Wales (USW) are actively recruiting for new students who will start placements with hosting organisations in September 2026. Students needed to apply before 31st of March, with interviews with employers beginning between May and June.
- At the end of March, the USW advised NWSSP that from 2026, they will be reintroducing the Law Degree, and some courses will be offered at 4 years opposed to 5 years. Whilst NWSSP current bursary arrangements for those completing a 5 year programme will remain unchanged, we will be introducing an alternative financial agreement for those on a 4 year programme, as advised by the USW. **This will not impact current students enrolled onto the programme working within NWSSP.**
- People and OD will be sharing a paper in April with SLG to outline the changes to the bursary for the new academic year (Sept 2026). If approved, we will be asking for our services if and how many student they intend to take on for 2026.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

2025	Approved	Declined	Total	Further Info
April	33	1	34	0
May	29	0	30	1
June	30	0	33	3
July	41	1	45	3
August	31	2	34	1
September	36	1	37	0
October	38	1	42	3
November	40	1	46	5
December	26	0	26	0
January	34	0	34	0
February	26	0	27	1
March	31	0	32	1
Total	395	7	420	18

Vacancy Control		March 2026	
Row Labels	Vacancy	Business Case	Grand Total
Approved	27	4	31
Further Info Required	1		1
Grand Total	28	4	32

Vacancy Control Process

March saw 31 of the 31 TRAC adverts approved, additional information was requested for 4 vacancies prior to getting approved to panel.

In addition to this, 4 business cases were approved

Job Evaluation

41 Job Descriptions have been submitted for evaluation in 2026 for Job Evaluation Processes in total, including:

- 4 x New Job Descriptions (1 in March)
- 5 x Re-evaluation (0 in March)
- 31 x Refinement (minor changes/modernisation) (20 in March)
- 2 x reviews

Of these 41, 38 have been processed and released, 1 has been withdrawn and 2 remain in the process.

		Average Time in Working Days						
Trac Report Code	Trac Recruitment Health Check	Target	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25
T0a	Notice Date to Authorisation Start Date	5	48.0	61.6	24.3	31.8	34.7	45.2
T1a	Time to Approve Vacancy Request	10	10.2	10.2	8.5	5.1	7.9	6.2
T4	Time to Shortlist	3	6.2	4.7	7.4	7.7	4.4	7.5
T5b	Time to Update Interview Outcomes	3	2.4	4.3	3.0	5.6	4.6	3.2
T9b	Time to Approve References	2	3.1	1.9	2.3	1.1	2.5	2.5
T13	Vacancy Creation to Conditional Offer	44	44.7	44.8	39.9	34.4	42.2	36.7
T14	Vacancy Creation to Unconditional Offer	71	55.7	54.3	55.1	50.7	47.5	53.8
T23	Conditional Offer to Ready for Start date notification	27	13.4	13.6	16.0	13.3	12.0	13.0

Time to Hire

NWSSP sit at **55.7 days** against a KPI of 71 (up from 54.3 in last month) We are now achieving 4 of the 7 core KPI's, down from 5 last month.

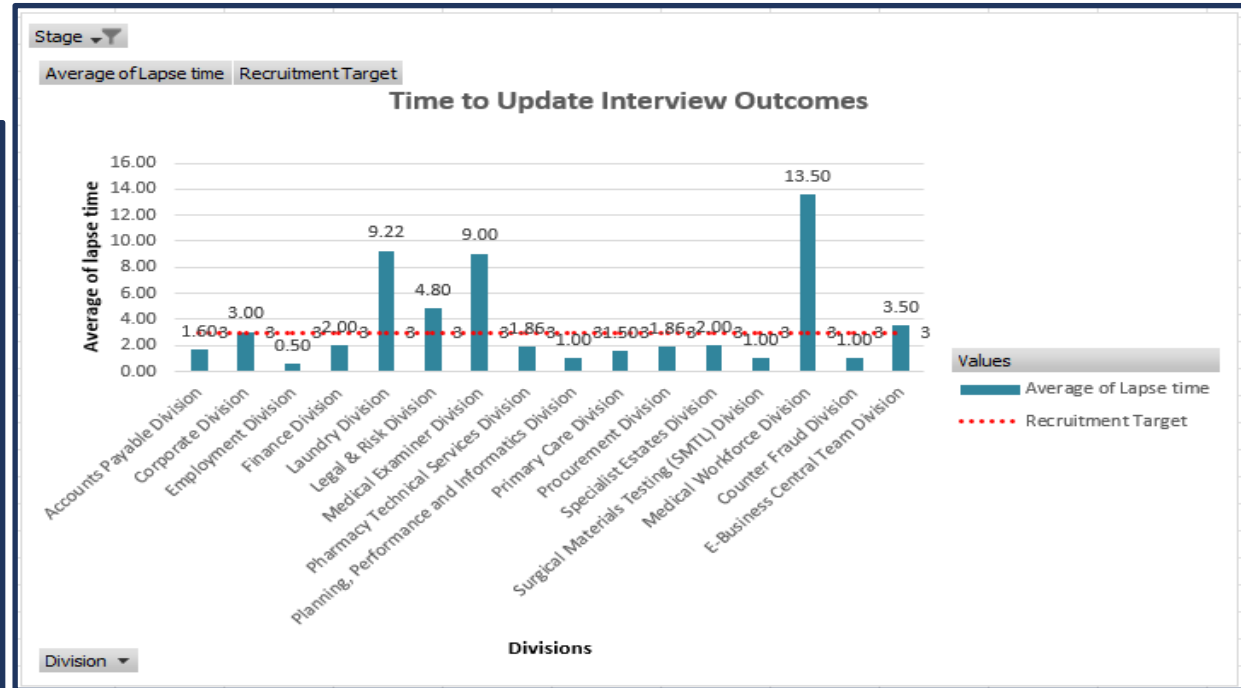
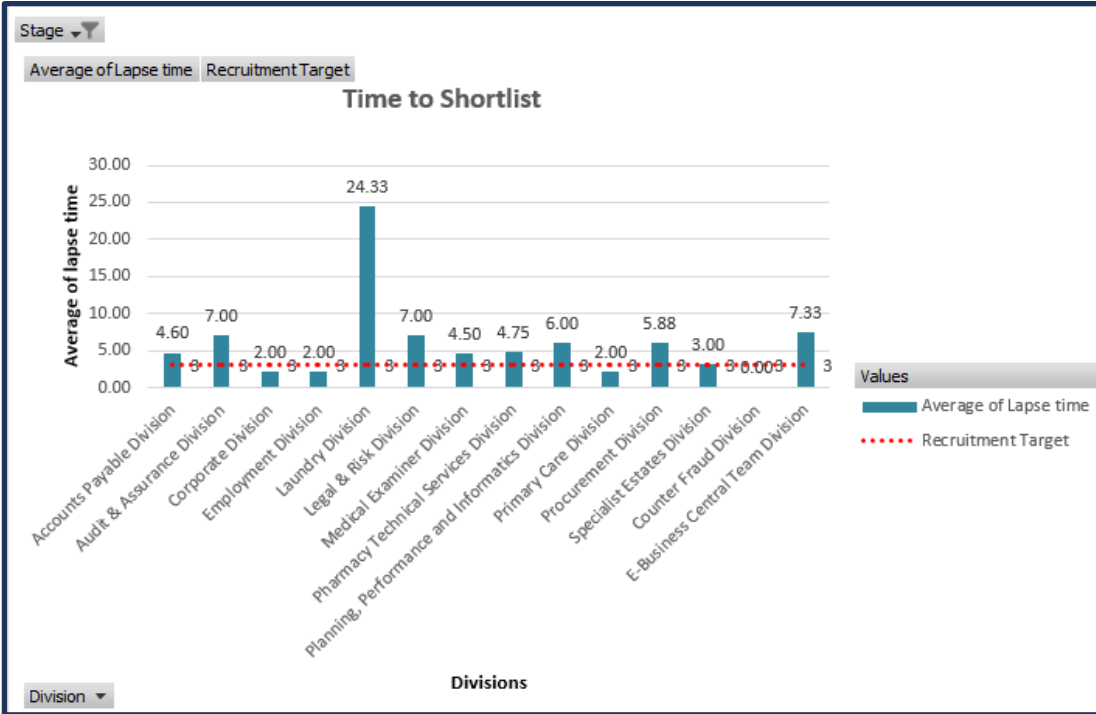
T1a Time to approve – has remained at 10.2 days and continues to be a key focus for the People and OD team.

T4 Time to Shortlist – This has increased from 4.7 days in February, to 6.2 days in March.

T5b Time up Update Interview Outcomes – has reduced to 2.4 days, which is the lowest it has been in 6 months.

T9b – This has increased to 3.1 days against a target of 2 days.

NEW DIVISIONAL - TIME TO HIRE



Divisional Data

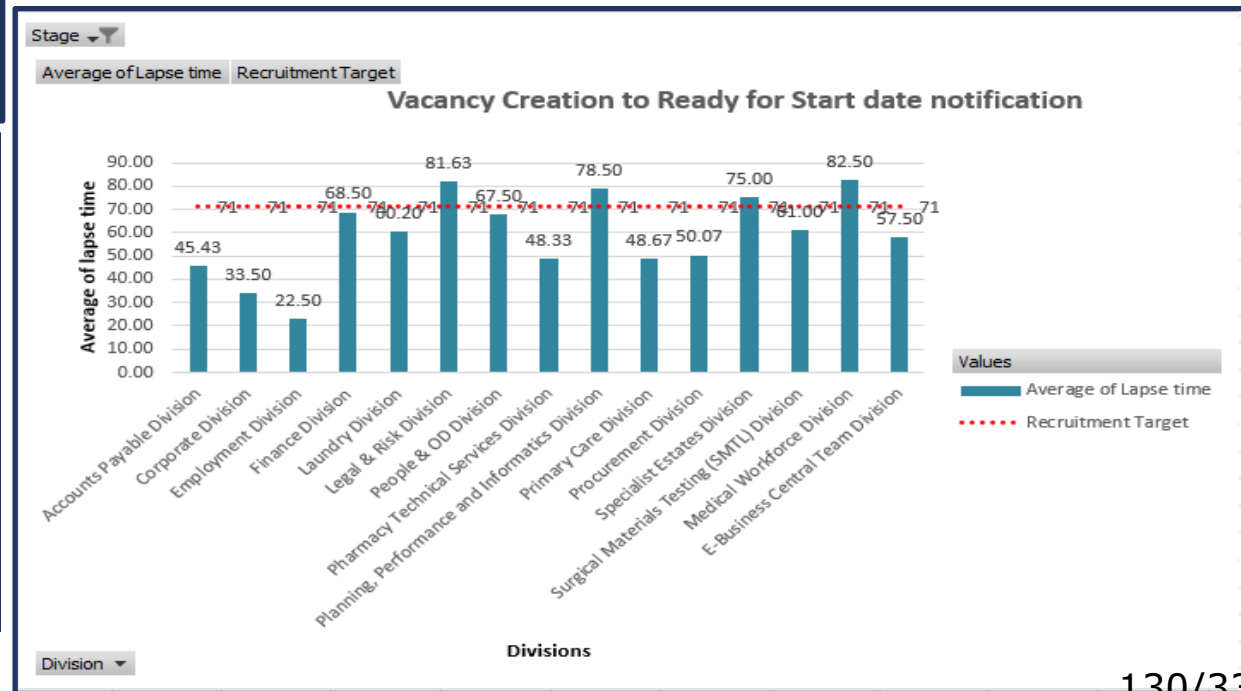
The charts illustrate Q4 performance for three of the core time-to-hire targets and include all divisions that posted an advert during this reporting period.

T4 - Time to Shortlist

9 out of 14 divisions are over the 3 day target for shortlisting vacancies. The highest being Laundry with an average of at 24.33 days.

T5b - Time to Update Interview Outcome

5 of 16 divisions are over the 3 day target for updating interview outcomes. The highest being Medical Workforce with an average of 13.5 days



RESOURCE BANK AND AGENCY

General Bank

Since 1st April 2025 we have received 279 Expressions of Interest (EOIs) for 364 Bank Workers, with the highest users being Procurement, Supply Chain and Laundry.

March saw 16 requests for 20 workers (16 were extension requests) and total spend of £133,409 (when removing Corporate Reserves and Collab Bank) in which shows a slight reduction from £138,520 in February.

Number of Bank EOI Requests Made by Division		Total	Number of Bank Workers Requested by Division		Total
Audit & Assurance	3	3	Audit & Assurance	3	3
Corporate & Finance	34	34	Corporate & Finance	34	34
Digital Workforce Solutions	2	2	Digital Workforce Solutions	2	2
Laundry	78	78	Laundry	104	104
Legal & Risk/ WRP	4	4	Legal & Risk/ WRP	5	5
Medical Examiner	6	6	Medical Examiner	9	9
PCS	7	7	PCS	15	15
People & OD	12	12	People & OD	28	28
Pharmacy Technical Services	1	1	Pharmacy Technical Services	1	1
Pharmacy Technical Services	1	1	Pharmacy Technical Services	1	1
Procurement Services	1	1	Procurement Services	1	1
Procurement/ HCS & Supply Chain	125	125	Procurement/ HCS & Supply Chain	155	155
SMTL	2	2	SMTL	2	2
TRAMS	3	3	TRAMS	4	4
Grand Total	279	279	Grand Total	364	364

Directorate	P10-26		P11-26		P12-26	
	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual
Accounts Payable & e-Enablement	2,875	1.18	2,926	1.09	4,411	1.64
Audit & Assurance Services	0	0	0	0	0	0
Central Team eBusiness Services	2,894	0.97	899	0.27	-43	-0.03
Collaborative Bank Partnership	0	0	0	0	2954	0
Corporate Reserves	0	0	0	0	94111	0
Digital Workforce Solutions	0	0	0	0	944	0
Employment Services	0	0	0	0	9642	0
Finance and Corporate Services	2,275	0.7	4,400	1.47	7,062	1.27
Health Courier Services	27,097	9.55	39,827	14.32	36,601	12.5
Laundry Services	45,950	15.22	42,955	13.15	39,226	13.04
Legal & Risk Services	-97	-0.02	5,033	2	2,300	1
Medical Examiner Service	2,577	0.92	5,254	1.88	5,390	1.91
People & Organisational Development	6,551	1.71	4,862	1.38	8,025	3.23
Pharmacy Technical Services	1,638	0.22	2,737	0.36	1,502	0.25
Primary Care Services	5,708	2	2,202	0.83	2,636	0.97
Procurement Services	32,830	11.38	18,628	6	33,470	12
Surgical Materials Testing Laboratory	9,084	0.71	57	0	1121	0.09
Wales Infected Blood Support Scheme	0	0	0	0	0	0
Welsh Employers Unit	1,789	0.12	-54	0	3200	0.22
Welsh Risk Pool	5,688	1.28	8,794	1.66	-22,077	-2.56
Grand Total	146,858	45.94	138,520	44.13	230,474	45.2

Bank Expenditure



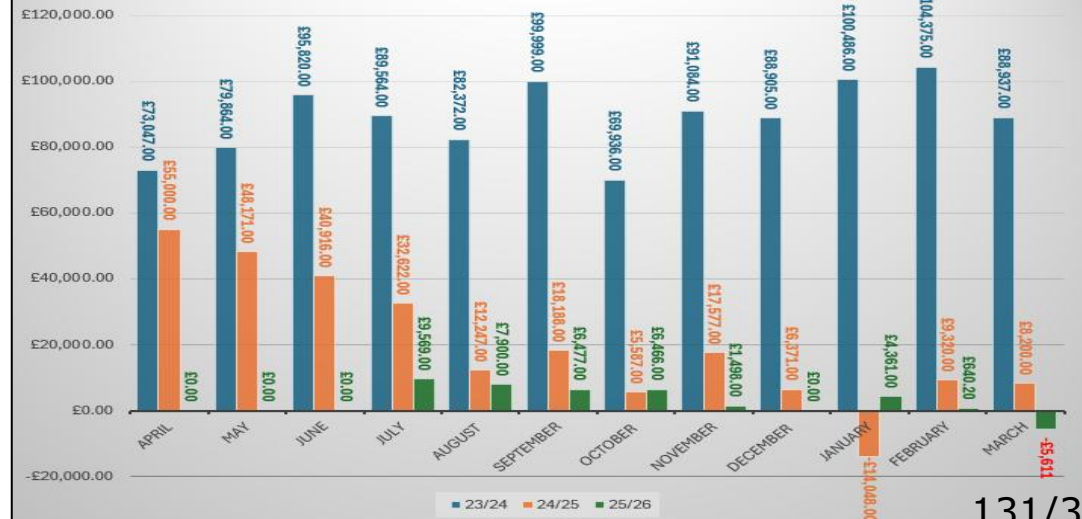
Agency Use

No additional agency spend occurred during March 2026.

The negative balance of (£1,411) in HCS is due to a journal adjustment made in February and has netted off over the financial year.

The negative balance of (£4,100) in Planning Performance and Informatics relates to an accrual that was written back in March and has netted off over the financial year.

Agency Control Framework - Expenditure



OVERPAYMENTS

NWSSP

This month we have been asked to separate Single Lead Employer (SLE) from the rest of NWSSP's data.

This leaves NWSSP with a total of just 3 errors for March totalling £2959.76 (as shown in tables 1 and 2).

SLE Data

Table 3 in Green, is specifically designed for the SLE with a total of 16 errors totalling £66,753.20

Number of Errors	Date		2026			2026 Total	Grand Total
	+ 2025	- 2026	+ Jan	+ Feb	+ Mar		
Row Labels							
043 Accounts Payable Division	4						4
043 Admin & Clerical Bank Division	1						1
043 Employment Division	2				1	1	3
043 Laundry Division	12						12
043 Legal & Risk Division	5			2	1	3	8
043 Medical Examiner Division	1						1
043 Medical Workforce Division	1						1
043 People & OD Division	3						3
043 Pharmacy Technical Services Division	1						1
043 Primary Care Division	1			1		1	2
043 Procurement Division	21		6		1	7	28
Grand Total	52		6	3	3	12	64

Sum of GrossAmount	Date		2026			2026 Total	Grand Total
	+ 2025	- 2026	+ Jan	+ Feb	+ Mar		
Row Labels							
043 Accounts Payable Division	£3,362.18						£3,362.18
043 Admin & Clerical Bank Division	£444.82						£444.82
043 Employment Division	£510.97				£1,245.00	£1,245.00	£1,755.97
043 Laundry Division	£7,868.47						£7,868.47
043 Legal & Risk Division	£14,783.99			£3,836.36	£1,555.20	£5,391.56	£20,175.55
043 Medical Examiner Division	£1,311.59						£1,311.59
043 Medical Workforce Division	£40.81						£40.81
043 People & OD Division	£2,166.01						£2,166.01
043 Pharmacy Technical Services Division	£1,381.62						£1,381.62
043 Primary Care Division	£2,786.03			£274.00		£274.00	£3,060.03
043 Procurement Division	£25,999.77		£2,952.19		£159.56	£3,111.75	£29,111.52
Grand Total	£60,656.26		£2,952.19	£4,110.36	£2,959.76	£10,022.31	£70,678.57

043 Single Lead Employer Division	2025 Total	2026 Jan	2026 Feb	2026 Mar	2026 Total	Grand Total
Number of Errors	203	13	12	16	41	244
Gross Overpayments	£928,663.24	£62,471.12	£42,716.48	£66,753.20	£171,940.80	£1,100,604.04

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

Training Classes: Below is a breakdown of People and OD training attendance for March 2026.

- 6 in house workshops delivered with 83 staff attending.
- 2 workshops were cancelled due to low numbers enrolled.
- 22 staff did not attend despite enrolling onto the workshop.
- 6 staff withdrew before the start date of the workshop.

Leading for Excellence and Innovation Programme & Leaders of the Future ... For NWSSP's Rising Stars: Our 2025 cohorts for Leadership Development Programmes are completing in March and April. The two programmes will be coming together in mid-April to celebrate their achievements and plan for their future Leadership Development.

Culture and Engagement

Speaking up Safely

We now have a total of 74 accounts on the Work in Confidence platform, with 14 concerns raised and 11 closed to date. We are continuing to advertise the platform and liaise with Medical Education centres across NHS Wales to attend events with Resident Doctors. We have started the roll out of Speaking up Safely Training to colleagues in NWSSP and are in the process of arranging in person training with our sites.

Diversity, Inclusion and Well-being

ADHD and Autism Education Workshops

Signs4Life delivered training on ADHD and Autism in the workplace, the training was advertised directly with services who have employees and managers that need additional support in this area.

Strategic Equality Plan (SEP) Engagement

Engagement sessions have started across NWSSP to gauge people's views on the work ongoing in the organisation around equality, diversity, and inclusion. These sessions also explore what we could improve on going forward, and insights from these sessions will be included in NWSSP's Strategic Equality Plan that has been requested by Welsh Government. These sessions will continue for the next few weeks and then analysis will take place prior to presenting to SLG.

EMPLOYEE EXPERIENCE

People Development

Corporate Induction Compliance: New starters attendance at the Welcome Session, and their return of the Welcome Induction Toolkit Declaration Form are both required to ensure compliance. NWSSP's Corporate Induction is currently at 42.49%. As of March 2026, two of our divisions (highlighted below) are fully compliant.

Division	No of New Starters Since 1 January 2024	Attendance at Welcome Induction Workshop	Returned Completed Welcome Induction Toolkit Declaration Forms
Accounts Payable	13	12	4
Audit & Assurance	6	6	5
Corporate	5	5	4
Digital Workforce	3	3	2
E-Business Central Team	1	1	1
Employment	19	17	8
Finance	6	6	3
Laundry	28	2	0
Legal & Risk	42	36	23
Medical Examiner	25	20	18
Medical Workforce	2	2	0
People & OD	12	12	6
Pharmacy Technical Services	32	27	12
Planning, Performance and Informatics	8	7	5
Primary Care	36	33	19
Procurement	178	113	63
Specialist Estates	3	3	3
Surgical Materials Testing	4	3	4
Welsh Employers Unit	3	3	1
Total	426	311	181
		73.00%	42.49%

NWSSP Performance Information Report

May 2026

*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 2026.

Health Organisations received their individual performance reports for Quarter 4 at the end of April 2026 and will receive the Quarter 1 reports at the end of July 2026.

Organisational 1:1 performance meetings are routinely being held to discuss performance and capture feedback.

Key Messages

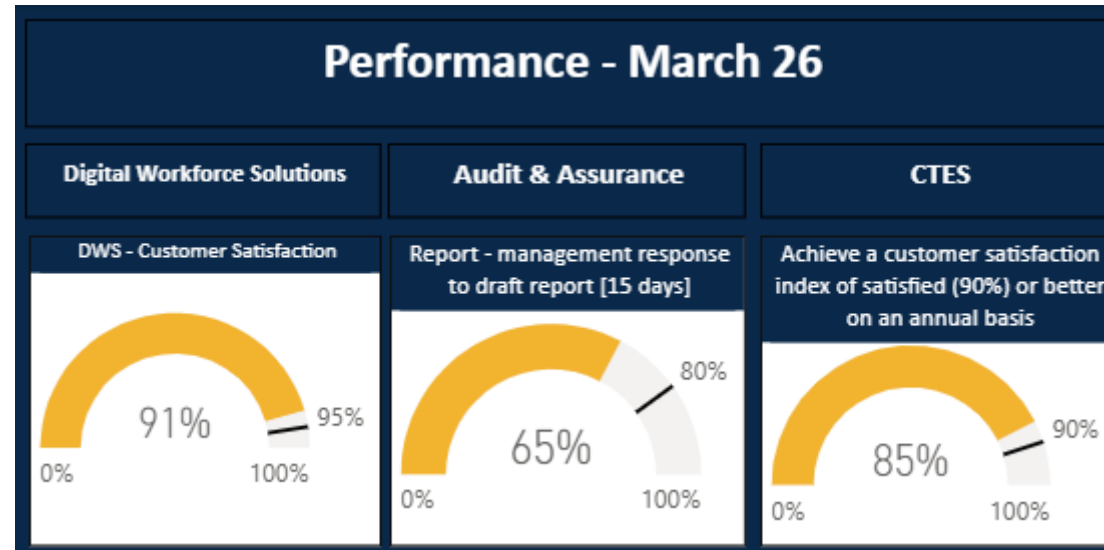
The in-month March performance was good with most reported KPIs achieving the target.

All Wales Time to Hire target in Recruitment has been consistently met for over twelve months with some variation in Health organisations.

However, 3 KPIs did not achieve the target. One within Audit and Assurance, one within Digital Workforce Solutions and the annual satisfaction survey for Central Team e-business Service (CTeS). For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £333M at end of March. This is further broken down on Page 15 of this report.













Summary Position by exception – 3 KPIs off Target





















Of the 3 KPIs that did not achieve the targets for March 26

- 2 are the responsibility of NWSSP.
- 1 is the responsibility of the health organisation.







Summary of KPIS

				25/26				
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	89%	85%	87%	87%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	68%	66%	66%	65%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	99%	100%	100%	100%	
Procurement Services								
Our Value	Procurement savings *Current Year	£27m	Cumulative	£43,016,056	£45,568,888	£46,455,326	£50,422,477	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£1,407,000	£46,191	£3,070,280	£1,749,749	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	97%	Reported Quarterly	Reported Quarterly	Not Available	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	89%	Reported Quarterly	Reported Quarterly	Not Available	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	99%	98%	99%	99%	
Employment Services Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.81%	99.86%	99.89%	99.84%	
Our Services	Payroll % Calls Handled	95%	Monthly	98.37%	98.62%	98.90%	99.01%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	68.4%	61.9%	58.6%	64.4%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.30	64.70	64.50	62.30	
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	99.6%	99.6%	100.0%	100.0%	
Our Services	Recruitment % Calls Handled	95%	Monthly	99.1%	99.1%	99.0%	99.1%	

Summary of KPIS

				25/26				
KFA	KPIs	Target		December	January	February	March	Trend
Student Awards								
Our Services	% of NHS Bursary Applications processed within 20 days	100%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	99.26%	97.38%	98.08%	99.25%	
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	99.23%	99.85%	99.82%	99.70%	
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		Monthly	£87,046,112	£72,525,558	£30,710,574	£34,246,581	
Our Services	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	100%	100%	100%	100%	
Our Services	Timeliness of advice response - within 3 days or agreed timescale	95%	Monthly	98%	98%	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		Monthly	£150,667	£195,713	£213,006	£290,510	
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	Not Applicable	Not Applicable	Not Applicable	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%	Monthly				85%	

Summary of KPIS

				25/26				
KFA	KPIs	Target		December	January	February	March	Trend
Digital Workforce								
Our Services	DWS % Calls Handled	85%	Monthly	96.12%	95.95%	92.07%	91.28%	
Our Services	Customer Satisfaction	95%	Monthly	93%	94%	93%	91%	
SMTL								
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	91%		100%	Not Applicable	Not Applicable	100%	
Our Services	% delivery of audited reports on time (Commercial)	92%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	92%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of Technical assurance evaluations on time	90%	Monthly	100%	100%	100%	100%	
Pharmacy Services								
Our Services	Complaints			0	0	0	0	
Medical Examiners Service								
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	One Month Reporting Lag	
Our Services	Never Events	0	Monthly	0	0	0	One Month Reporting Lag	
All Wales Laundry								
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	98%	99%	86%	94%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	Not Available	0	0	
Our Services	Microbiological contact failure points	90%	Monthly	95%	95%	98%	97%	

Division	KPIs	Target		April	May	June	July	August	25-26 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%	Monthly	77%	75%	100%	100%	100%	92%	92%	91%	89%	85%	87%	87%	→	K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	→	
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	64%	66%	Not Applicable	88%	80%	79%	70%	69%	68%	66%	66%	65%	↓	
Audit & Assurance	Report turnaround draft response to final reporting [10 days]	95%	Monthly	98%	98%	Not Applicable	100%	100%	100%	100%	100%	99%	100%	100%	100%	→	

What is happening?

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%, 65% of reports were completed within that time frame (58 missing the target to date). **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 continue to discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

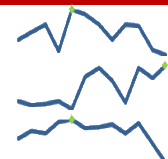


Audit & Assurance performance at end of March 26.

Client	Total Reviews Planned	Audits Reported (Draft / Final)	Audits in Progress	On Track/ Achieved Proposed Audit Committee	Report turnaround fieldwork to draft reporting [10 days]	Report turnaround management response to draft report [15 days]	Report turnaround draft response to final reporting [10 days]
Aneurin Bevan	25	64.0%	28.0%	86.96%	100.0%	38.5%	100.0%
Betsi Cadwaladr	35	74.3%	25.7%	85.00%	100.0%	61.9%	100.0%
Cardiff & Vale	33	72.7%	27.3%	64.71%	100.0%	76.5%	100.0%
Cwm Taf Morgannwg	29	62.1%	34.5%	60.87%	100.0%	27.3%	100.0%
DHCW	12	91.7%	8.3%	91.67%	100.0%	70.0%	100.0%
HEIW	11	100.0%	0%	81.82%	100.0%	80.0%	100.0%
Hywel Dda	29	69.0%	20.7%	76.19%	100.0%	66.7%	100.0%
Joint Commissioning Committee	3	33.3%	33.3%	66.67%	100.0%	100.0%	100.0%
NHS Wales Performance & Improvement	4	75.0%	25.0%	100.00%	100.0%	66.7%	100.0%
NWSSP	18	55.6%	16.7%	66.67%	100.0%	55.6%	100.0%
PHW	12	66.7%	33.3%	91.67%	100.0%	87.5%	100.0%
Powys THB	21	71.4%	19.0%	78.57%	100.0%	84.6%	100.0%
Swansea Bay	26	61.5%	38.5%	88.46%	100.0%	61.5%	100.0%
Velindre	17	70.6%	29.4%	68.75%	100.0%	50.0%	100.0%
WAST	20	75.0%	25.0%	75.00%	100.0%	90.0%	100.0%
Total	295	69.8%	25.4%	78.35%	100.0%	65.3%	100.0%

% of audits on track/achieved proposed audit committee excluding where there is an external reason

87.44%

Target 80% (72%-79.9% = amber)

Division	KPIs	Target		April	May	June	July	August	25-26 September	October	November	December	January	February	March	Trend	Lead KPI	
Our Services																		
DWS	DWS % Calls Handled	85%	Monthly	94%	95%	96%	92%	99%	98%	96%	94%	96%	96%	92%	91%	↓		K
DWS	DWS Volume Total Calls		Monthly	2,303	2,131	2,178	2,306	2,027	3,133	3,474	2,997	2,218	3,460	3,090	3,558			K
DWS	Customer Satisfaction	95%	Monthly	93%	94%	93%	94%	95%	94%	94%	94%	93%	94%	93%	91%	↓		K

What is happening?

Customer satisfaction missed the target for March achieving 91% against the target of 95%. The target was reviewed for 25-26 and was raised from 90% to 95%

What steps are we taking?





The performance has been reviewed, and it is considered that the responses affecting the overall score are more closely linked to system-related satisfaction rather than the quality of the service provided.

A further contributing factor has been issues with user accounts not migrating correctly from the previous L@W platform to the new system, which has also had a minor impact on overall performance.

Additionally, first-time resolution rates have declined, primarily due to reduced staff availability. Periods of annual leave and instances of long-term sickness within the team have affected response capacity during this time.

It is important to highlight, however, that no satisfaction ratings were recorded as negative; all responses were neutral rather than dissatisfied.

CTeS- Customer Satisfaction

Division	KPIs	Target	24/25 March	April	May	June	July	August	25-26 September	October	November	December	January	February	March	Trend	Lead KPI		
Our Services																			
CTeS	Achieve a customer satisfaction index of satisfied (90%) or better on an annual basis	90%	Monthly	82.3%	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	Reported March 26	85%			
CTeS	BACS Service Point tickets received before 14.00 will be processed the same working day	95%	Monthly	100%	100%	100%	99%	100%	99%	99%	99%	99%	100%	100%	100%	100%	100%		

What is happening?

For 25-26, customer satisfaction achieved 85%, missing the 90% target but demonstrating an improvement on last year's performance.

What actions are we implementing?

A thorough analysis of the findings will be conducted and reviewed during meetings with each health organisation. These visits are planned for the upcoming months.

Areas of success

*Delivering Value, Innovation
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11/18



145/333

Employment Services – Recruitment

Division	KPIs	Target	April	May	June	July	August	25-26 September	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	72.0%	70.4%	67.9%	67.3%	66.6%	67.7%	63.4%	68.1%	68.4%	61.9%	58.6%	64.4%	↑	
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	61.5	61.8	62.4	61.0	63.8	63.7	64.0	63.4	62.3	64.7	64.5	62.3	↑	K

What is happening?

The average time to hire (TTH) across NHS Wales for March 2026 is 62.3 days and the target is 71 days which is a broadly consistent with the previous months however, 4 organisations missed the target which can be seen on pages 11 and 12. During March activity volumes decreased for posts advertised (1,151 to 1,143), WTE advertised decreased (1,440 to 1,320) and the number of conditional offers sent Increased (1,241 to 1,372) compared to February 2026.

The chart below highlights the Number of Conditional Offers sent over the last 12 months with a further breakdown of activity on Page 13.

Division	Activity	April	May	June	July	August	September	October	November	December	January	February	March	Trend
ES - Recruitment	Number of Conditional Offers Sent	1,452	1,517	1,699	2,549	1,758	1,738	1,822	1,432	1,677	1,455	1,241	1,372	

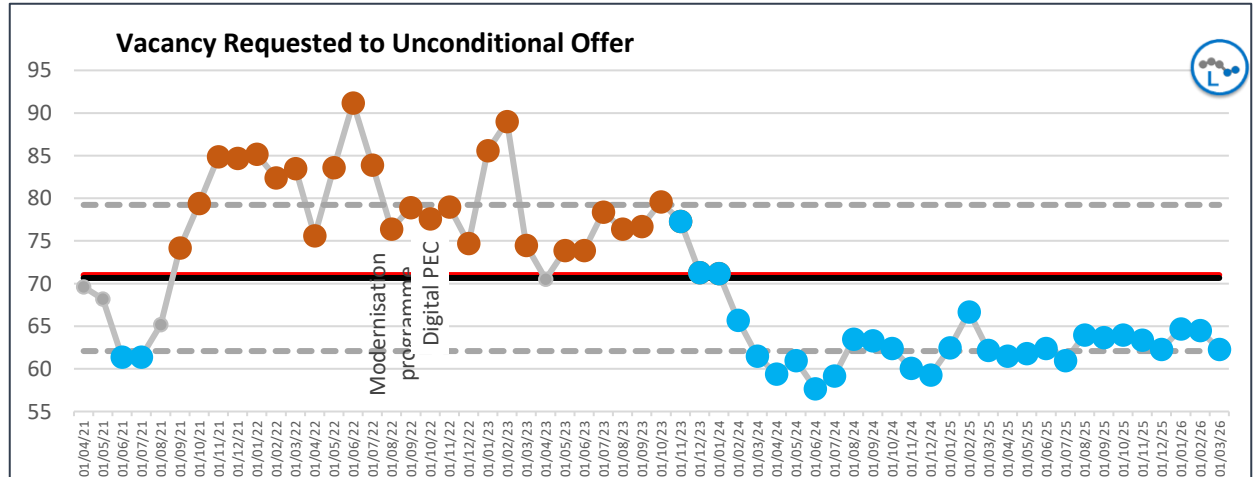
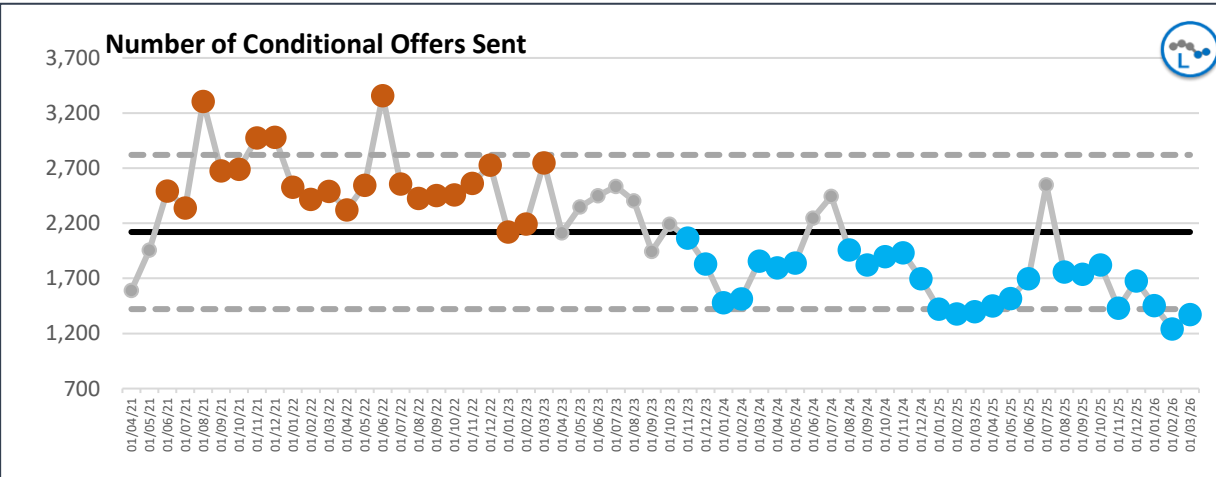
What we continue to do?

There were 1439 applicants who completed checks in March 2026. Whilst good progress has been made on the older records in the system, 5.4% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter. Although this has reduced significantly from around 25% in Summer 2023. To assist with this work an Escalation Report is shared monthly to identify and review these records.

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.

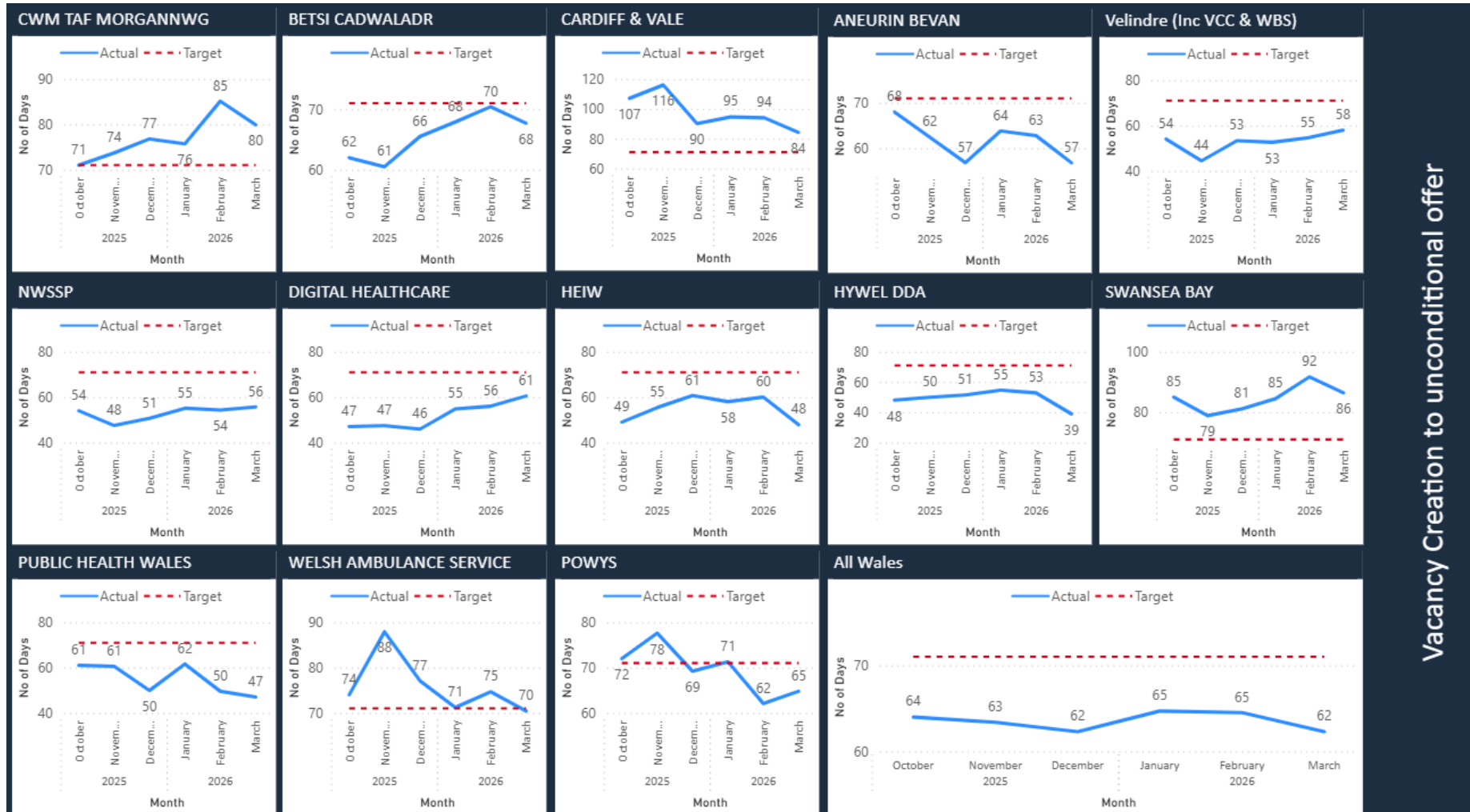
Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer														
Org	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Trend	
AB	71	64	58	59	61	58	62	60	68	63	57	64	63	57		
BCU	71	56	60	58	63	68	64	65	62	62	66	68	70	68		
CV	71	95	88	86	94	102	104	98	107	116	90	95	94	84		
CTM	71	74	70	68	70	71	70	69	71	74	77	76	85	80		
HD	71	51	48	49	50	49	55	52	48	50	51	55	59	50		
HEIW	71	47	60	48	58	63	55	49	49	55	61	58	60	48		
DHCW	71	32	34	58	46	48	59	57	47	47	46	55	56	61		
NWSSP	71	61	58	54	58	42	52	57	54	48	51	55	54	56		
PTHB	71	81	65	68	71	58	68	64	72	78	69	71	62	65		
PHW	71	63	55	59	58	59	55	53	61	61	50	62	50	47		
SBU	71	72	76	73	70	70	80	73	85	79	81	85	92	86		
VEL	71	54	55	50	54	50	57	63	54	44	53	53	55	58		
WAST	71	76	84	96	76	78	63	72	74	88	77	71	75	70		
All Wales	71	62	62	62	62	61	64	64	64	63	62	65	65	62		



Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations October – March 26.



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.

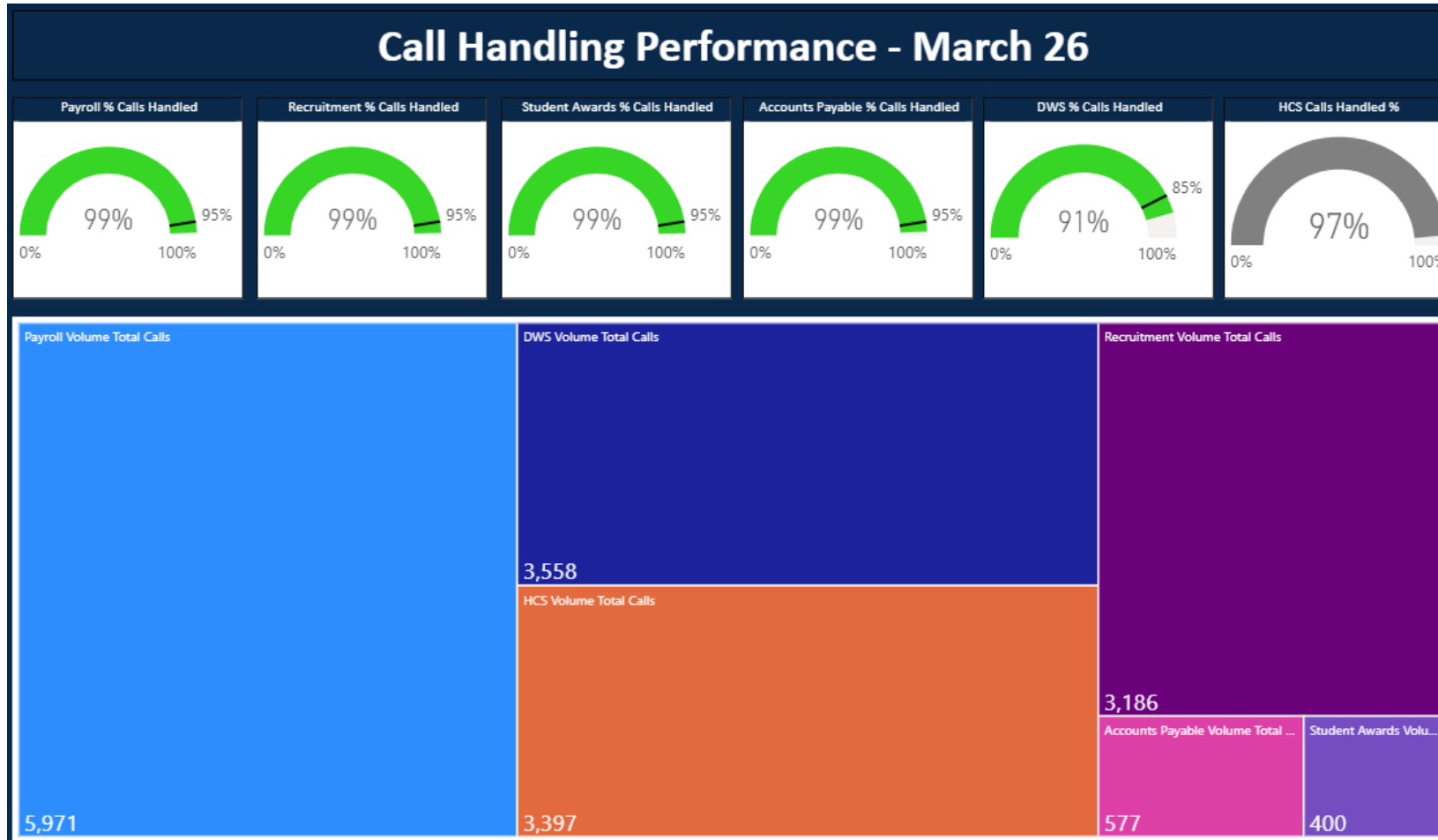
- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management, cost avoidance etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions 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 2026 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	4.2
Specialist Estates Services - Build for Wales**	1.2
Procurement Services	16.9
Procurement Services – Pharmacy	33.4
Procurement Services - Cost Avoidance	18.3
Legal & Risk Services	244.7
Accounts Payable	12.4
Oxygen Finance – PSP***	0.6
Counter Fraud Services*	0.7
Total	333

- ** This relates to Q4 24/25 Build for Wales
- * April - December

To provide an overview of the current call handling performance, the following dashboard highlights both the number of calls handled and the call volumes across the services for which data is currently available in this report.



Other points to note

- Reporting on **Legal & Risk** savings is now reported with £244.7m savings reported for April – March 26.
- **Accounts Payable** - Information on public sector payment policy was not available at the time of writing because of year-end priorities.

Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 31st March 2026.
- The performance against the high-level key performance indicators to 31st March 2026.
- The continued achievement of the Employment Services recruitment Time to Hire target.



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NWSSP Outcome Measures Performance Report

May 2026

*Delivering Value, Innovation
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Purpose of the Report

The purpose of this report is to provide the SSPC with an update on the agreed Outcome Measures for March 2026 or the most recent annual information.

Building on the focus on Outcomes in the IMTP we need to highlight and report the impact and importance of what we do which the Outcome measures aim to demonstrate.

Appendix A captures recent Voice of the Customer insights from performance meetings, included in the report to keep our customer perspectives front of mind and provide an explanation on what we have done or doing. Issues raised by customers that have been resolved have been removed from the report.

Key Messages

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

Additional performance measures are currently in development and will be incorporated into future reporting, alongside trend analysis as the year progresses. In response to voice of the customer feedback, data is now being reported at an organisational level where possible to enhance transparency and relevance.

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
- Employm... 14
- Accounts ... 9
- Other 9
- Primary C... 5

Legal & Risk Services

Case Closure Client Satisf...

100% → 95.0%

DWS

Customer Satisfaction

91% → 95.0%

Primary Care Services

Customer Satisfaction re...

87% → 75.0%

Central Team

Annual Customer Satisf...

85% → 90.0%

Specialist Estates

Annual Customer Satisf...

95% → 95.0%

Website Bounce Rate

36%

Website Users

12K

Website Page Views

36K

Website Pages - March 26 (Top 3)

1. Current Vacancies - 5,707
2. Student Award Services - 2,148
3. How do I apply for a bursary - 1,554

Customer Service Excellence

CSE Compliance Met	45
CSE Compliance Plus	12
CSE Partial Compliance	0

NWSSP Assurance Overview - 25/26

NWSSP Audits - Reasona...	5
NWSSP Audits - Substant...	3
NWSSP Audits - Limited	0

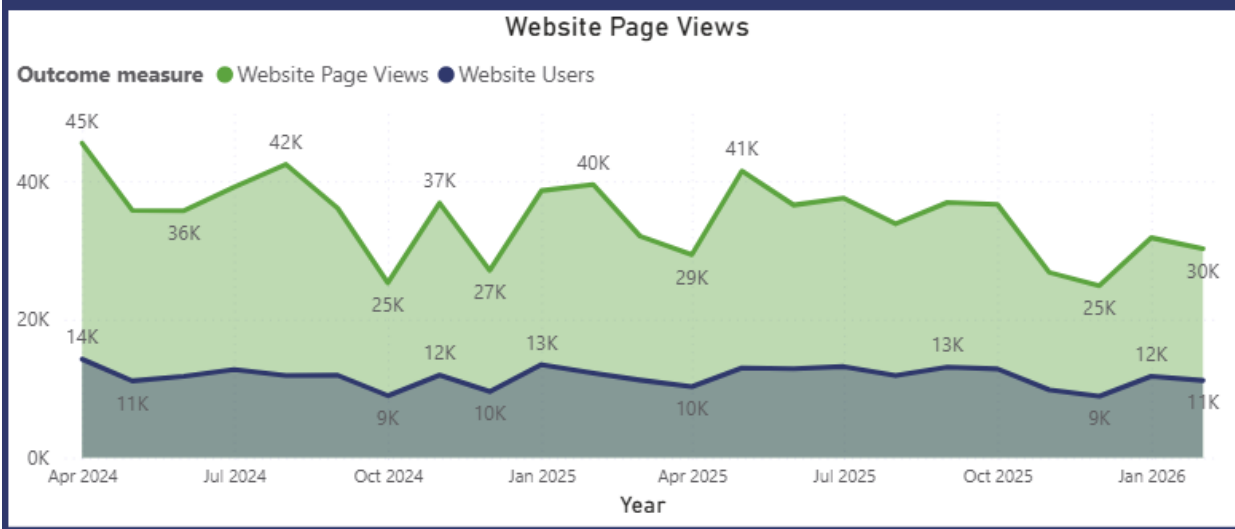
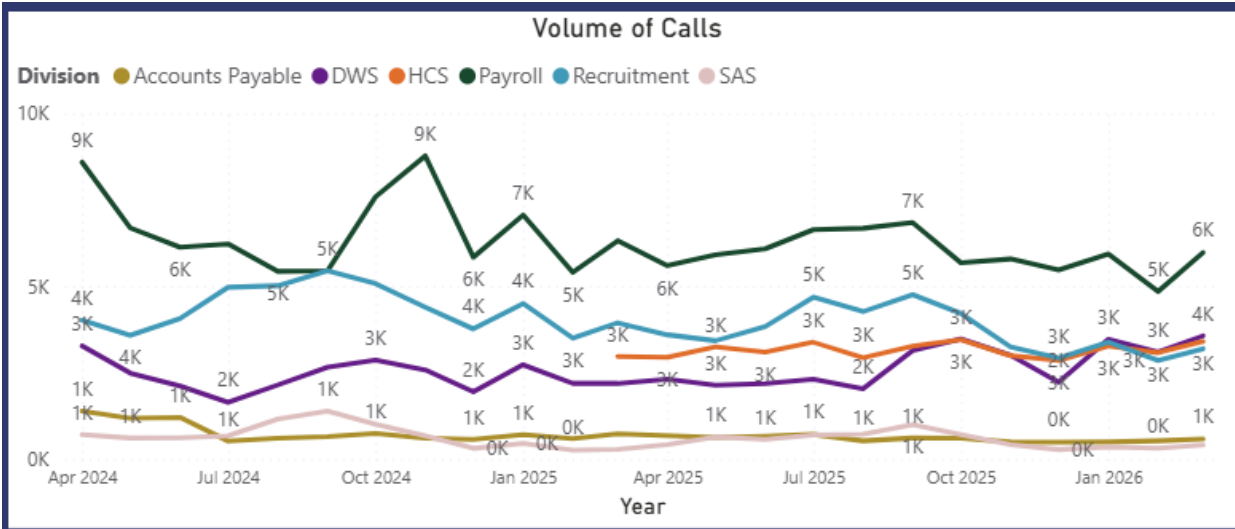
Volume of Calls

Payroll	6.0K
DWS	3.6K
HCS	3.4K
Recruitment	3.2K
Accounts Payable	0.6K
SAS	0.4K

Calls Answered

SAS	99%
Recruitment	99%
Payroll	99%
Accounts Payable	97%
HCS	97%
DWS	91%

Our Services



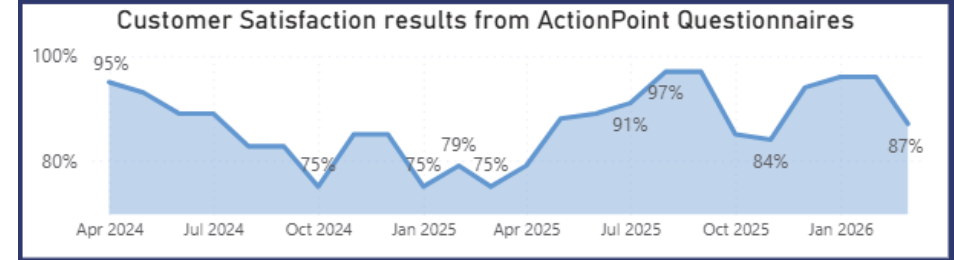
Legal & Risk Services



Digital Workforce Solutions



Primary Care Services

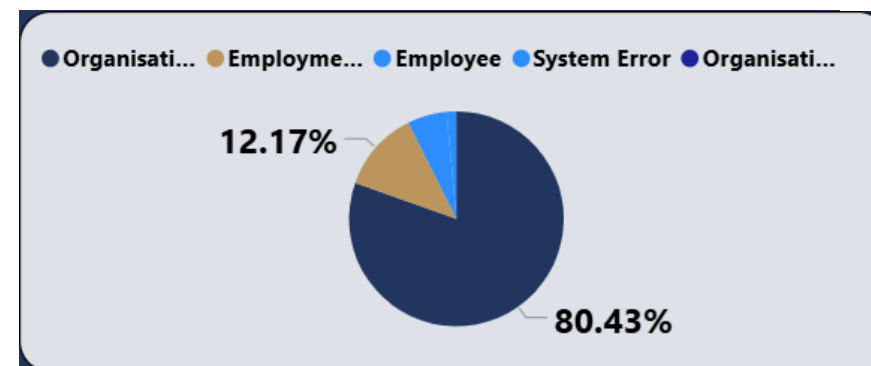
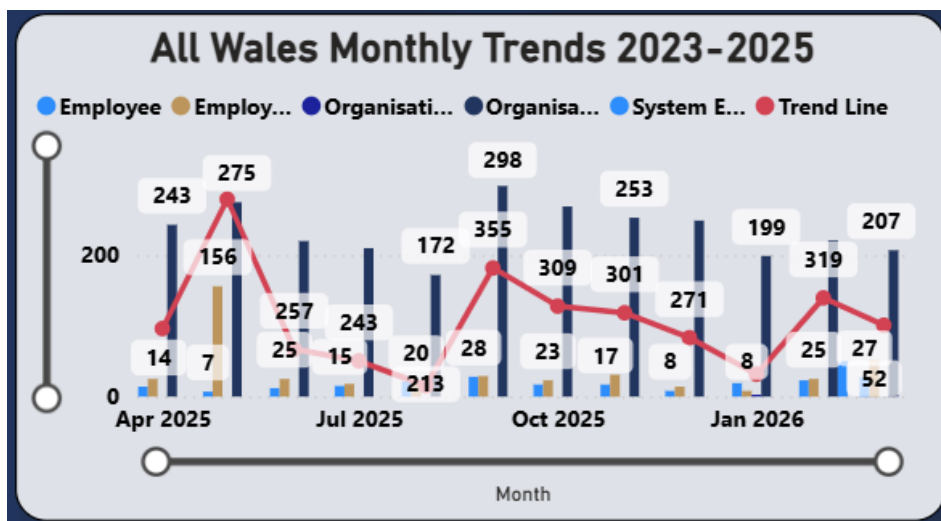


All Wales Payroll Overpayments

The charts summarises All Wales payroll overpayment volumes by responsibility based on dashboard data.

Overpayment by Responsibility trend April – March 26

Overpayment by Responsibility split April – March 26



Most overpayments associated with the organisation/manager result from delayed terminations and late changes.

Examples of Reasons by responsibility

- Organisation – Late Terminations & Changes
- Payroll – Incorrect action taken
- Employee – Late Notification of Absence

Customer Satisfaction

- Most divisions met their customer satisfaction targets.
 - Digital Workforce Solutions slightly missed the stretched target in March.
 - Specialist Estates achieved their annual satisfaction target whilst also showing an increased participation rate.
 - CTeS missed their annual satisfaction survey target for 25-26.

Website Analytics

- Website Users and page views increased in March (12k and 36k) compared to February (11k and 30k). The top 3 page views were current vacancies, contact us and Student awards.

Call Handling

- Call Handling achieved the target in March for all reported areas. A total of 17k calls were received across the reported areas which is an increase of 2k calls on last month.

Customer Service Excellence

- NWSSP successfully achieved CSE accreditation for the 3rd Year.

Audit & Assurance

- In 24/25, 13 NWSSP audits were reported: three with substantial assurance, five with reasonable assurance, one with limited assurance and four were of an advisory type.
- In 25/26 there are 18 audits reviews planned with eight completed: five with reasonable assurance and three with substantial assurance.

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.

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



Top 3 Sickness Reasons

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

NHS Wales Staff Survey



Staff Award Submissions



March 26 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. End of fixed term contract

Annual Turnover (Excluding SLE)

9%

Response Rate - 2025

NWSSP exc SLE



Response Rate 2025 excluding SLE

46%

Engagement Score - 2025



Engagement Score

76%

Staff Survey

- NWSSP shows a consistent and sustained improvement in the 2025 survey, with performance exceeding the all-Wales average in all areas. Staff sentiment towards pride in the organisation, feeling valued, recognition for good work, and opportunities for skill development all show a positive upward trajectory.
- Engagement scores remain stable and strong, with NWSSP performance consistently above the all-Wales average.
- Survey response rates across organisations remain variable, but NWSSP's own response rate rose from **15% in 2024 to 19% in 2025 (38% in 2024 to 46% in 2025 excluding SLE)**, indicating strengthening participation.

Staff Awards

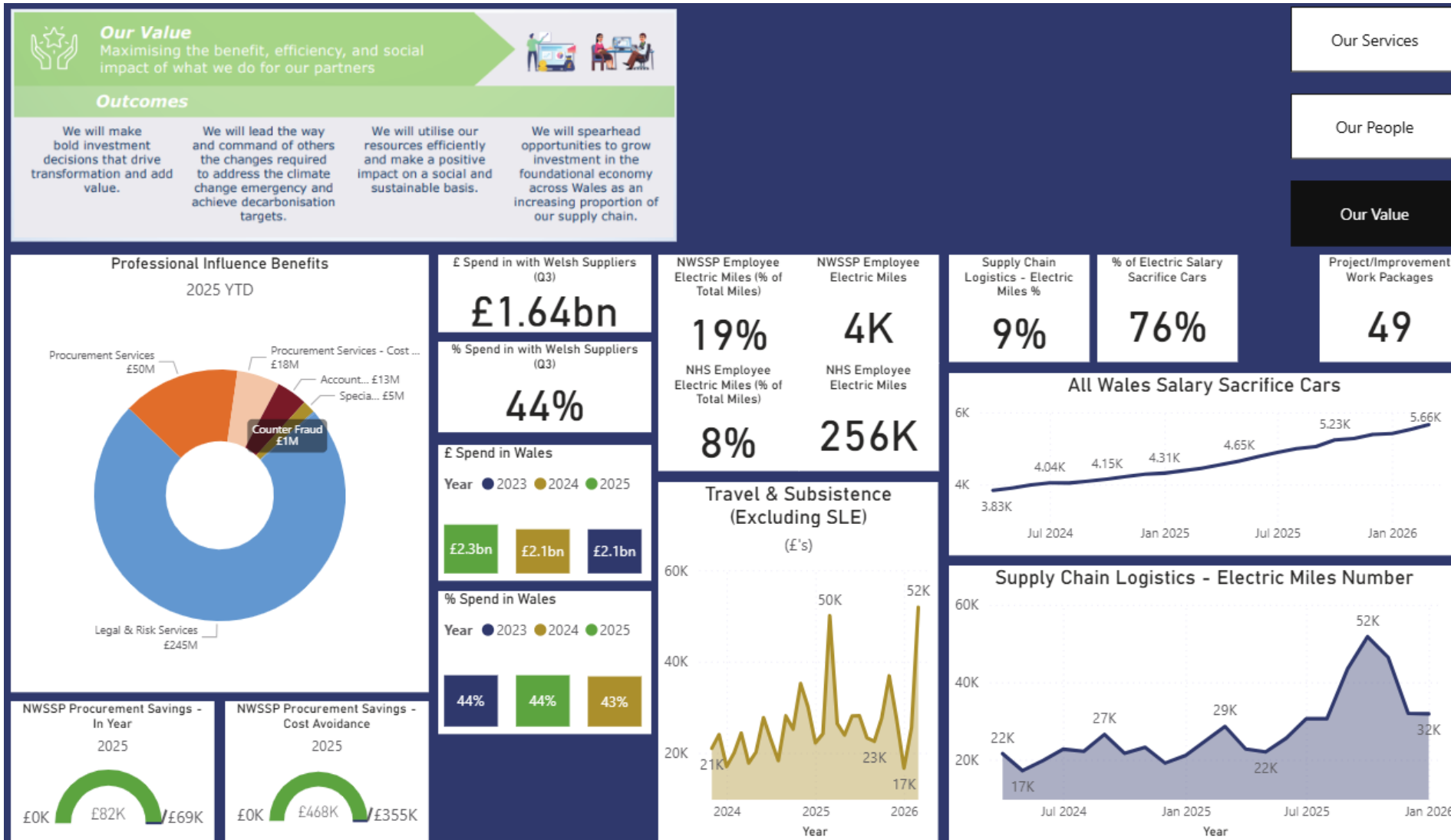
- Staff Award Submissions increased from 116 in 2024 to 138 in 2025.

Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%) which is the third highest turnover rate when compared to similar size NHS organisations (Under 10% for shared services organisations is considered healthy and within best practice benchmarks). Turnover does not include internal churn.
- 65% of leavers excluding SLE were voluntary. 49% of the voluntary leavers had 3 plus years of service.

Sickness

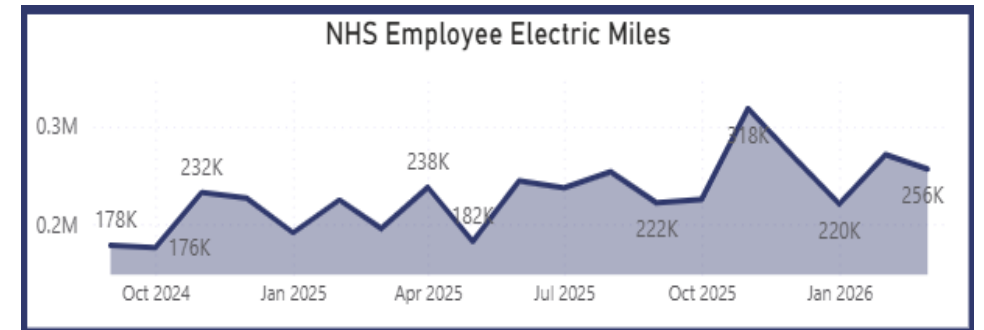
- Staff sickness rate (3%) achieved the overall target (3.3%) for March however, 13 of the 22 divisions are still missing their **revised** targets. Further detail is available in the People & OD report.
- Top 3 absence reasons are, anxiety, stress, depression, cold, cough, flu and other musculoskeletal problems.



Mileage Claims

The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in March 26.

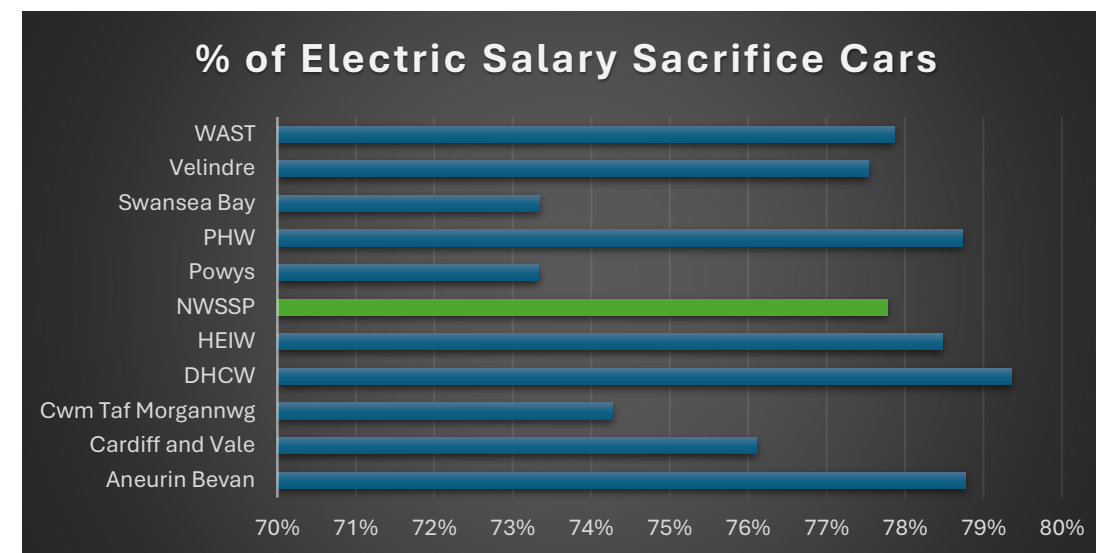
Organisation	Total Miles Claimed	Electric Miles Claimed	Electric Miles %
Cardiff & Vale	165,235	9,871	6%
WAST	162,930	21,298	13%
DHCW	11,553	2,717	24%
CVB	6,940	-	0%
Public Health	70,611	6,475	9%
AB	411,946	36,677	9%
NWSSP SLE	327,214	22,716	7%
NWSSP exc SLE	18,917	3,587	19%
BCU	587,515	58,607	10%
Powys	161,579	11,474	7%
HEIW	10,605	1,823	17%
Hywel Dda	427,642	28,044	7%
Cwm Taf	365,372	28,253	8%
Velindre	17,024	887	5%
Swansea Bay	304,619	23,877	8%
Total	3,049,702	256,305	8%



Salary Sacrifice Cars

The table and chart below provide an overview of the total number of vehicles managed under the NWSSP scheme, along with the proportion that are electric as of March 26.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	1060	835	200	25	79%
Cardiff and Vale	1080	822	218	40	76%
Cwm Taf Morgannwg	964	716	206	42	74%
DHCW	155	123	28	4	79%
HEIW	79	62	15	2	78%
NWSSP	360	280	79	1	78%
Powys	120	88	25	7	73%
PHW	174	137	33	4	79%
Swansea Bay	1024	751	225	48	73%
Velindre	138	107	28	3	78%
WAST	506	394	100	12	78%
TOTAL	5660	4315	957	188	76%



Professional Influence Benefits

- Professional Influence April – March 26 shows significant benefits (£333m) across Procurement, Legal & Risk, Specialist Estates, Accounts Payable and Counter fraud.

Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for March for both in year and full year.
- NWSSP has achieved £468k procurement cost avoidance savings in the year and £82k of cash releasing savings against a target of £69k.

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

- In March, £52k (excluding SLE) of T&S was claimed, an increase on the February position £26k. This rise was due to accrued unpaid travel at year-end.
- In March NHS Wales employees claimed for 256k electric miles which is 8% of the total miles claimed. NWSSP employees (exc SLE) claimed for 4k electric miles which is 19% of the total NWSSP miles claimed.

Transformation Management Office (TMO)

- The TMO is supporting 49 Project/Improvement work packages at various stages.

Salary Sacrifice

- As of March, there are 5,660 salary sacrifice cars in use across All NWSSP managed NHS Wales organisations. Of these 76% are electric.
- For NWSSP as of March there were 360 cars in use with 78% classed as electric, with a further 32 out of 39 electric cars on order.

Foundational Economy

- In 2025/26, expenditure with Welsh suppliers as at quarter 3 is £1.6 billion. This represents 44% of total spend being retained within Wales.

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 continue to provide more comprehensive information.
- Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.

Voice of the Customer

This summary consolidates feedback gathered during recent performance meetings with NHS Health Organisations. It captures recurring themes expressed by stakeholders across divisions, grouped under “Areas of Strength” and “Areas for Consideration.” The intent is to inform continuous improvement efforts, surface emerging opportunities, and celebrate areas of high performance as voiced directly by our partners. The themes are not attributed to individual organisations but reflect collective insight.

Areas of Strength

Theme	Summary of Customer Voice
Strong Working Relationships	Repeated praise for collaborative and supportive engagement with NWSSP teams, particularly in Recruitment, Audit and Employment Services.
Responsiveness & Timeliness	Acknowledgement of improved responsiveness and timely support in several areas including Audit and Recruitment.
System Developments	Positive feedback regarding the usability and usefulness of the SMA application.
Engagement & Communication	Customers feel well engaged, particularly where performance is transparent and support is proactive.
Data Insight	Additional data and insights now shared routinely has received positive feedback and generated meaningful discussion.

Theme	Summary of Customer Voice	What we have done or doing
Recruitment Efficiency	High applicant volumes causing delays. Desire for automation, AI screening, possible use of filter questions and system usability.	Potential process improvements for handling high-volume recruitment with various health organisations.
Audit & Assurance Timeliness	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.	We are now ensuring that target response times are communicated to the service at the start of each audit
Customer Satisfaction Insight	Interest in more qualitative satisfaction data across services where we do not currently report – not just cost or performance metrics.	In development.
System & Process Development	Improvements in internal systems, smarter forms, and innovation in service delivery.	Our Transformation Management Office and service teams are regularly collaborating to identify and implement service improvements, including the use of new technologies such as Robotic Process Automation (RPA) and Power Automate.
Benchmarking & Best Practice	Interest in learning from high-performing areas by sharing success stories and comparative performance insights.	We are developing a breakdown of our performance measures by each individual health organisation

Any specific points from the meetings are being picked up with the relevant division separately.



*Delivering
Value, Innovation and
Excellence through
Partnership*

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Transformation Management Office and Service Improvement Update Report

ARWEINYDD: LEAD:	Rebecca Nelson, Director of Planning, Performance & Informatics
AWDUR: AUTHOR:	Sarah Ferrier & Tim Knight, Assistant Head of TMO
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:**

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

**Tystiolaeth:
Supporting evidence:**

NWSSP approved IMTP 2025-28

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
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

**GIG Cymru Partneriaeth
Cydwasaethau
NHS Wales Shared Services Partnership
TMO Report**

NWSSP TMO Update - 24 April 2026

Prepared by – Sarah Ferrier and Tim Knight

Summary

The TMO is currently supporting projects, programmes and Service Improvement Initiatives (SI) of varying size, complexity, and providing a range of support from different points within the project lifecycle.

Projects	17
Programmes	2
SI Initiatives	6

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:

- **74% (14 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
- **26% (5 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 place for TRAMs that involve PMs from the TMO, but performance is reported separately.

The TMO report is undergoing a refresh in the coming quarters with the aim to modernise areas such as:

Quarter 1 2026

- **Completion date rebaseline indicator & Rationale** - Inclusion of indicator and explanation if the completion date has moved. This is to ensure correct process has been applied and governance.
- **Initiative Stage indicator** - To show the stage in which the initiative is in based on the TMO portfolio framework.
- **Closed Initiatives** - Additional information to be included within the introduction to outline those initiatives closed in the last reporting cycle (2 months) which no longer feature within the report.
- **Reporting quality assurance** - Additional internal reporting safeguards to ensure all reporting is assured prior issue.
- **Delivery Confidence Rating** - Currently the report contains RAG indicators on time cost and quality, but an overall delivery confidence indicator is being devised. This may add additional value where certain situations exist and visible existing RAG indicators do not provide such assurance.
- **General Updates** – Overall refresh to modernise some of the presentational elements to give the report a new look and feel which will be shared prior to any formal changes with the aim to reduce length of reports.

Quarter 2/3 2026

- **Prototype New Dashboard report** – Thinking further ahead create a prototype dashboard report and report on an exception basis only in detail for those schemes at Amber or Red status. This will reduce the length of the report and provide focus on those areas at risk.

SSPC Recommendation

SSPC are asked to note the contents of the report

Key Trend information and Initiative Overview

Initiatives – 19

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Amber	Amber	Large	13/04/2021	29/03/2024	31/08/2026	54%
TRAMS - Radio Pharmacy Build	Neil Frow	Amber	Blue	Medium	01/01/2024	31/03/2025	N/A	98%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	31/05/2026	78%
Optimising Data Population (ODP)	Angela Jones	Green	Green	Large	01/03/2024	15/09/2025	30/09/2026	65%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/03/2026	To be rebaselined	57%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Amber	Green	Large	05/11/2024	31/03/2026	30/09/2026	70%
Corporate Governance Community of Practice	James Quance	Green	Green	Large	19/05/2025	31/03/2026	29/06/2026	67%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	30/04/2026	To be rebaselined	93%
Implementation of SLE Resident Doctor Contract Changes	Gareth Hardacre	Amber	Amber	LargeXOrg	10/02/2026	31/07/2026	N/A	20%
TRAMS - Implementation of Radiopharmacy	Rhys Hamer	Green	Green	LargeXOrg	08/09/2025	31/10/2026	N/A	52%
Gluten Free Subsidiary Card	Gillian Jackson	Green	Green	Medium	01/10/2025	31/12/2026	N/A	35%
Implementation of computer-based training managed by TMO	Ian Rose	Green	Green	Small	05/11/2025	31/03/2027	N/A	83%
TRAMS - Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	41%
Fleet Modernisation Programme	Tony Chatfield & Jonathan Irvine	Green	Green	Medium	03/02/2025	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Job Description Modernisation	Abigail Sheppard	Green	Green	Large	01/04/2026	In Progress	N/A	0%
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	30/06/2026	50%
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	0%
L&R Case Management System implementation phase	Mark Harris	Amber	Red	LargeXOrg	01/09/2020	23/06/2025	31/03/2026	99%
IP5 Power Resilience	Jonathan Nettleton	Blue	Green	Medium	01/03/2026	31/08/2026	N/A	15%

Service Improvement Key Trend information and Initiative Overview

Initiatives – 6

All Wales	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
IOH - Medtronic Review (PoC)	Lindsay Payne/Russell Ward	Amber	Amber	Define	10/04/2025	05/10/2025	28/06/2026

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
Account Payable - Productivity Pilot	Russell Ward	Amber	Amber	Improve	03/03/2025	31/03/2026	31/07/2027
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Red	Red	Improve	06/12/2023	30/05/2025	06/06/2026
Greenvale Laundry	Anthony Hayward	Amber	Amber	Improve	16/09/2024	02/06/2025	In Progress
IOH Review	Neil Frow, Alison Ramsey, Lindsay Payne	Green	Green	Improve	22/06/2023	31/01/2026	31/03/2027
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	31/03/2027

Key Individual Project/Programme Updates				
Project Name	Project Manager		Project Exec/SRO	
TRAMS - Radio Pharmacy Build	Peter Elliott		Neil Frow	
Monthly Update (key/issues (blockages)/risks)				
Status	Blue (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			
Objective				
To provide a new Radiopharmacy facility serving the South East region of Wales				
Progress Update				
<p>The project was 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 were 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.</p> <p>Planning Permission was approved on 13 Feb 2025.</p> <p>Funding letter for the balance of funds to complete the project was received on 20 Feb 2025.</p> <p>Enabling works were completed 30 May 2025.</p> <p>Cleanroom build commenced 23 June 2025 and build, and contractor validation were completed and approved 17 April 2026.</p> <p>A separate ongoing project is supporting NHS Validation, obtaining the necessary licences and permissions, and entry into service.</p> <p>Final project cost out-turn is £6.8m, versus and approved budget of £7.5m, Business Justification Case estimate of £9.1m, and pre-tender estimate of £9.6m.</p> <p>Project status has been updated to 'Blue' because the project is now in closure. Final closure will be declared once the April valuation has been approved and a joint lessons workshop carried out with the cleanroom contractor.</p>				
Main Issues, Risks & Blockers				
<p>The main risks and issues to the project are as follows:</p> <ul style="list-style-type: none"> Power Resilience work for the IP5 site is still ongoing. A budget of £1.5m has been awarded to install a backup generator solution for the whole site. A separate project has been set up to oversee this work. 				
Impact on Existing Service/Arrangements				
<p>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.</p>				
Project Name	Programme Manager		Project Exec/SRO	
TRAMS - Programme	Sarah Ferrier		Neil Frow	
Monthly Update (key/issues (blockages)/risks)				
Status	Red (Overall)	Red (Time)	Amber (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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				
Overview				
Progress continues across the TrAMs Programme, with an emphasis upon South East Hub, to fulfil the FBC development, scheduled in conjunction with Archus for late May 2026.				

The programme remains focused on maintaining delivery momentum while actively managing key risks, including dependencies associated with hub site selection, pharmacy workforce restrictions and business case progression.

South East Radiopharmacy

Construction work on the facility has now been successfully completed, and all equipment has been fully installed. Qualification activities and NWSSP's commissioning period for the unit are currently underway.

Service Level Agreements (SLAs) have now been agreed by all participating Health Boards and have also been approved by the Shared Services Partnership Committee (SSPC). The final version has been issued to Health Boards for signing, with requested return to NWSSP by 30th April 2026.

There is continued progress in preparing our Radiopharmacy workforce for service delivery. Staff are currently focusing on manufacturing techniques that apply good radiation protection practices, supported through accredited courses, practical sessions at established sites, and ongoing radiation safety training.

In addition, work is ongoing to finalise operational procedures and ensure that robust quality systems are in place ahead of service commencement. Teams are also developing and testing business continuity measures to support service resilience and ensure continuity during the implementation of the service

South East Hub

The project remains on track to complete the overall design stage to support production of the FBC at the end of May 2026.

The SE Hub Detailed Design (Stage 4) documentation was submitted and reviewed by the TRAMS Project Team and other key stakeholders from IT, SES and Estates. The documentation included packages: Architectural, Mechanical and Electrical, of which over 90% have been fully approved, awaiting two minor amendments for complete approval.

The Cost Review period has begun with clarification regarding presentation of costings to ensure efficient review period. The final cost review is due on 28th April, and the final costs submission from Angstrom is due 1st May.

The final Isolator designs are required in Estates Annex for FBC submission. These have now been submitted by Sychem & Ortner and approved by the SE Project Team.

Workforce and South East Hub projects continue to align. Detailed schematics staffing of were presented and endorsed at South East Hub Project Board on 16th April 2026.

South West Hub

Project scope continues to focus upon site selection and due diligence activity for the South West Hub. A Business case and follow up supporting information for the preferred site (Sandringham Park, Swansea) was submitted to Welsh Government for consideration in March 26, with no decision received to date.

North Hub

The North Hub project continues to mobilise, with continued stakeholder engagement underway to ensure service models are informed by local clinical and operational requirements. The first Project Board is scheduled for Monday 27 April, to include approval for key documents including initial risks and stakeholder mapping.

Work continues in establishing a Performance baseline and mapping of the service 'as-Is' work in collaboration with BCUHB and the wider project team.

Digital

The TrAMs Digital project has now reached an overall 'Green' RAG rating, as it's timeline now aligns with the development of the FBC.

The Discovery exercise with supplier, Version 1, was successful in delivering numerous workshops over a short period of time. The exercise has produced a fixed cost submission (6th March 2026) which removed +/- 30% contingency. This has been fixed with Version 1 till the end of 2026 to ensure a contract can be established when funding is approved.

Version 1 also confirmed a fixed timeline of 12 months, which remains within Programme timelines. The All-Wales TrAMs digital project will align with the South East Hub Full Business Case submission for funding consideration.

Main Issues, Risks & Blockers

Key Risks

- Delay to delivery of SE Hub - Mitigation Work proactively with stakeholders to resolve all issues around FBC delivery
- Potential workforce shortages within Pharmacies across Wales - Mitigation Project ongoing, led by POD, to reduce risk and increase staff engagement

Key Issues

- Securing a site for the SW Hub – Welsh Government decision on business case submitted March 26 pending.

- Need to confirm product supply model and benefits for the North, to enable site selection to progress - Mitigation Project formally commenced February 2026 to address this issue

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.

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	Red (Overall)	Red (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - No	Quantitative - Yes
Recent Gateway Review?	No			

Objective

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

Progress Update

Legal and Risk Services (L&RS) have successfully deployed the iCasework Legal Case and Document Management System across the service. The project is still within the closure stage, with activity focused on completing formal handover of the Application Programming Interface (API) used to extract data for the monthly Quantum financial reports to Health Boards.

The current outstanding activity relates to finalising arrangements for the iCasework API. The API server is fully licensed, and ownership of scripts and reporting extracts has transferred to L&RS with Informatics support where required, removing the dependency on DHCW to manually run the reports. Whilst L&RS can use the software, accounts to access the server to enable locally managed, scheduled and automated reporting is still required. IT delays to resolve this issue have contributed towards change in overall status from Amber to Red.

Main Issues, Risks & Blockers

Issue

1. **API stabilisation and handover to NWSSP:** LRS use an API developed by DHCW to get the data required out of iCasework due the reporting limitations Civica which was explained to us after the procurement. The live issue occurred due to the API failing which delayed data being extracted from the system and some data was missing. LRS have been working with DHCW, Informatics and Civica to understand the root cause, stabilise the technology being used to run the API and hand over all the components to from DHCW to NWSSP in order for tighter control over running the reports.

Impact on Existing Service/Arrangements

None

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

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

Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

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

Progress Update

Commercial Update

Good progress has been made on the commercial position with Softcat in March following Credera's announcement in December that they were withdrawing from the Salesforce market. Following extensive work by NWSSP and discussions with Softcat, Bluewave were appointed the new sub-contractor in January. Consequently, a Change to Contract was required to formally switch the contract to the

new sub-contractor, Bluewave. This ensured that service management arrangements could switch seamlessly from Credera to Bluewave, providing essential support to the live system.

In addition to that, following the five-day technical audit of the Performers List in January, a more detailed technical assessment was recommended to establish the full technical status of the Performers List build by an independent third party. Therefore, a second Change Control Note was raised and approved for Bluewave to carry out 55-day review which will provide essential project assurance on phase two of the project.

Performers List Audit Review

Following approval of the Change Note, the Performers List Audit Review commenced on April 16th. This will provide independent assurance on the build and will enable firm plans to be made in terms of next steps for implementation.

PCWIS Reporting

The PCWIS team have been collaborating closely with Welsh Government during the past month to develop the reports produced for national statistics. Significant progress has been made in terms of improving data quality and a follow up meeting has been arranged between Welsh Government, HEIW & NWSSP supported by Legal & Risk to discuss the reporting and data governance process.

Main Issues, Risks & Blockers

Issues

1) An independent review of PCWIS has confirmed that the build has been built using Aura experience cloud framework as opposed to the future proof Lightning Web runtime experience cloud.

PCWIS is in a stable environment, however it is recommended by the independent review to adopt Lightning Web runtime Experience cloud as the target state infrastructure and provides additional functionality & improved performance. A decision on next steps will be taken by Project Board in February.

2) Welsh Government have raised an issue relating to the sharing of data with Health Boards and HEIW prior to their approval and publication of national statistics and compliance with the 'Pre Release Access to Official Statistics (Wales) Order 2009'.

Legal & Risk have been approached and are supporting the project with this issue.

Impact on Existing Service/Arrangements

There will be no impact on service arrangements if the reporting requirements are met for the October 26 reporting deadline.

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)
High Level Benefits	Cash Releasing - No	Non-Cash Releasing - No	Qualitative - No	Quantitative - Yes
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 HDDUHB (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. In light of the situation, NWSSP are yet to make a decision on the future direction of travel.

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.

SRO will engage with NWSSP Head of Estates to discuss options available in Q1 2026/2027.

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

Work Stream 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
Implementation of SLE Resident Doctor Contract Changes	Gill Bailey	Gareth Hardacre

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

Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
High Level Benefits	Cash Releasing – In Progress	Non-Cash Releasing - In Progress	Qualitative - In Progress	Quantitative - In Progress
Recent Gateway Review?	No			

Objective

Programme Purpose:

An Implementation Board consisting of representatives spanning NHS Wales has been established to provide the coordinated oversight for the safe and timely implementation of the Resident Doctor Contract reforms under the Single Lead Employer (SLE) model for Foundation and Medical trainees.

The project will

- Work alongside the NHS Wales Employers team who have negotiated the new arrangements with the BMA team
- Facilitate operational readiness across NWSSP, HEIW and host Health Boards
- Oversee all changes required to implement contractual, technological, rostering, payroll, and workforce reforms

- provide a forum to assess progress, risks and system readiness against project objective and deliverables.

Project Objective:

To facilitate the implementation of Single Lead Employer Resident Doctor Contract Reform on a phased basis commencing with new resident Doctor intake on 01 August 2026.

Progress Update

Five Workstreams have been established to support the implementation of the Resident Doctor Contract changes:

- Single Lead Employer (SLE) Processes, Payroll & Expenses
- Guardian of Safe & Flexible Working (GOSFW)
- Rota & Rostering
- Finance
- Study Leave

Representatives from NWSSP, Health Boards, HEIW and British Medical Association (BMA) are included within each workstream.

Terms of Reference for each workstream have been agreed with meetings taking place.

Project plans for each workstream is in the process of being finalised along with the risk register.

Please see separate update report tabled separately for more detailed information.

Main Issues, Risks & Blockers

Initial key risks and issues have been identified although these need to be assessed with mitigation actions developed and implemented.

Impact on Existing Service/Arrangements

To be clarified once Risks and issues have been fully assessed.

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

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

Status	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - No	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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

Overall project completion based on the newly scoped milestones: 57%

The Programme continues to focus on the handover of implementation and Business as Usual (BAU), Urgent & Emergency Care (Out Of Hours), assurance of Dispensing Doctors and EMIS (Company Name)/Optum developments (Service Search, Non-nominations, one off nominations).

The Programme is currently working towards the next milestone of EPS live in 228 GP Practices across Wales with 181 (49%) practices live with EPS. The implementation plan taking the rollout up to forty practice go-lives per month is on track for May 2026.

Apotec completed Test in Live on 08 April 2026. Assurance activities are being finalised to enable Live in Live. Confirmation is being sought with Knights Pharmacy (Porthcawl) as First of Type, with a target go-live of 06 May 2026.

Discussions are ongoing to agree the revised project completion date due to delays, supported by a review of outstanding project and programme deliverables.

Progress Update

The following progress is reported against the project plan deliverables:

- **EPS Efficiencies:** Early analysis of prescription processing efficiencies has been completed. Further sessions are scheduled to assess staffing impacts and impacts on pre-population.
- **EPS Dashboard:** Recent PCS and NWSSP Informatics changes have stabilised the dashboard in the short term. Actions are agreed to improve resilience and scalability, with dashboard SLA to be finalised.
- **Consolidation Process – Phase 2:** Change of Ownership scenarios have been published. Work is commencing on the "consolidation" scenario.
- **NWSSP BAU Funding Requirements:** BAU funding remains unresolved following discussions from Health Board Directors of Finance. Welsh Government is reviewing 2026/27 budget allocations, with Digital Medicines confirmed as a priority. A project issue has been raised pending outcome.
- **EPS Requirements for PCWIS:** No change – requirements remain to be investigated and scoped.
- **Northern Ireland EPS Solution:** No change – no formal confirmation received. Position continues to be monitored.
- **Urgent Primary Care / Out of Hours (OOH):** Delays continue pending site update. Registration Authority (RA) Policy has been updated to include OOH. Governance route decision required.
- **Dispensing Doctors First of Type (FOT):** Bodowen Surgery confirmed as FOT. Practice readiness plan awaited to support assurance.
- **Smartcard Audit Processes:** February 2026 RA compliance audits completed. Escalation approach for non-responding sites to be documented and agreed.
- **Smartcards KPIs:** Agreed to transition KPI development to BAU to commence once EPS is fully embedded.
- **Pharmacy Rollout:** 648 pharmacies (95%) are live with EPS. Outstanding RA nominations reduced from 24 to 5 since December 2025.
- **Cluster Training:** This work has now been completed and closed

Main Issues, Risks & Blockers

Risks

BAU recurring funding for EPS Service - Currently there is no confirmed funding for Business as Usual costs of the EPS Service. DHCW EPS Programme Team have produced a paper proposing the methodology for BAU funding to be signed off by the Health Boards, Directors of Finance and Welsh Government where contributions have been calculated based on the number of GP-registered patients in each health board area. Discussions are currently underway with the Directors of Finance. If there is no BAU funding confirmed then NWSSP would be unable to fund the resources, materials and overall operational costs of EPS, resulting in the EPS Service halting.

Funding for 2026/27 - If EPS funding is not secured for 2026/27, then efficiencies and savings associated with EPS may not be achieved, resulting in reduced capacity to deliver and sustain EPS services.

Issues

EPS Dashboard performance degradation and failed refreshes - The refresh failures have been partially stabilised, but the underlying performance and scalability issue is not yet fully resolved. Work is ongoing across NWSSP PCS and Informatics to address root causes.

Funding for 2026/27 - Funding arrangements for EPS in 2026/27 remain unconfirmed, creating ongoing financial uncertainty and a risk of overspend within PCS if budget is not secured. Quarterly recharges will continue in line with current arrangements while the funding position remains unresolved, with accrued costs expected to fall in the 2026/27 EPS budget. The position will be escalated through PCS Quarterly Review to agree next steps and confirm the funding position for 2026/27.

Impact on Existing Service/Arrangements

No impact to service delivery currently.

Project Name	Project Manager	Project Exec/SRO		
Optimising Data Population (ODP)	Rhiann Iles	Angela Jones		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			
Objective				

Address known workforce data gaps in ESR ahead of the migration to the future workforce solution by:

- Designing and implementing a communications campaign to encourage NHS Wales employees to review and complete their personal data for all fields listed below.
- Collaborating with NWSSP Informatics to develop and deliver a technical solution to populate data gaps listed below (excluding fields*):
 - Change Reason*
 - Nationality
 - Emergency Contact*
 - Ethnicity
 - Sexual Orientation
 - Disability
 - Marital Status
 - Religion

Progress Update

Phase 1 – Core Workforce Data

- Population of Emergency Contact and Nationality data within ESR using TRAC and TrustID, supported by Robotic Process Automation (RPA) and staff communications.

Phase 2 – Equality Data

- Planned future population of Equality data fields (Ethnicity, Sexual Orientation, Disability, Marital Status and Religion), subject to data availability and readiness.

Progress by Activity

Activity 1 – TRAC to ESR Error Codes and Recruitment Engagement

This activity focusses on the issue of error codes generated within the TRAC to ESR interface. Early engagement identified that issues are limited in scope, further supported by wider communication with organisational recruitment teams, concluding that specific instances are generally resolvable within the application interface. If no further issues are reported, this activity will be formally closed.

Activities 2 & 3 – Nationality Data and TrustID Integration (RPA)

An agreed approach remains in place to use TrustID passport data to populate ESR nationality records via Robotic Process Automation. Controls are defined to prevent overwriting of self-reported data and to align terminology across systems.

A Process Definition Document (PDD) outlining the RPA steps and reporting requirements is in the development stage, led by the Digital and Workforce Productivity Solutions (DWPS) Team. The purpose of the document is to ensure report outputs are robot-compatible and sufficiently flexible for extraction.

The development of the document, in terms of additional technical input, is being provided by Service Improvement colleagues within the Transformation Management Office (TMO).

Progress on the Process Definition Document (PDD) to support robotics has been limited due to the complexity of the TRAC reporting requirements. The procedure entails extracting a comprehensive all-Wales report and systematically organising, filtering, and categorising the data for subsequent robotic processing on a Virtual Private Database (VPD) by-VPD basis. Defining this accurately is dependent on a clear understanding of the robotics capabilities and constraints, requiring collaborative input from the robotics specialists. This engagement is ongoing due to the need to prioritise other data quality activities outside of the project, which has constrained progress to date. Feedback received from Robotic Process Automation (RPA) Manager has confirmed that while limited non-critical elements may be progressed in parallel, the Process Definition Document (PDD) should be largely complete before build activity commences. Final launch timing remains dependent on completion of data validation and confirmation of outstanding documentation.

Activity 4 – Communications and Evaluation

General communications encouraging staff to review and update their personal information within ESR have been issued. Subsequent analysis of the impact of the exercise has been undertaken, highlighting limited changes to pre-exercise data. Further planned exercises will continue, to embed the responsibility and requirement for staff to update personal information, prior to the transition of data into the Future Workforce Solution (FWS). The final implementation date for the Future Workforce Solution (FWS) is 2030. However, implementation within Wales is currently anticipated to be completed by 2028. This dependency will influence the timeline and methodology for subsequent communication activities. Ongoing data analysis following each planned communication will be carried out to monitor and evaluate impact.

It is also recognised that planned targeted communications addressing specific data gaps, including nationality and emergency contact information, must align with NHS BSA Foundational Readiness guidance. This guidance will be published in two parts, with Part 1 issued week commencing 13 April 2026. The approach and associated materials have been developed, in readiness for any refinement following a review of the FR guidance, prior to being released to advise identified NWSSP ESR users to populate gaps in their personal data.

Project Governance and Foundational Readiness Dependencies

As noted, further organisational rollout remains dependent on the approach outlined in the NHS BSA Foundational Readiness Guidance which will now need to be reviewed following publication. Within the wider Future Workforce Solution (FWS) Programme, a revised governance structure has been implemented distinguishing between early adopter and future wave organisations. Direct engagement

will commence over the next month which will inform the organisational rollout of the detailed elements of the Optimising Data Population project.

Organisational Rollout

The approach developed within NWSSP remains suitable for early adopter organisations. Wider implementation across NHS Wales will be contingent on readiness guidance, governance confirmation and available capacity.

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

None.

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

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing -	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

IMTP 2024/25

1. 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.
 - i. Review training material.
 - ii. Identify training requirements within General Practice.
2. Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, i.e. babies.
3. 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).
4. Benchmark medical records digitisation with Health Boards in NHS Wales.

Progress Update

The Deceased records regulatory change came into force on 2 March.

Destruction of Records - The Director of Primary Care and Medical Examiner has updated and issued the FAQ's to Heads of Primary Care for adoption by practices/Health Boards. Welsh Government confirmed that the Lloyd George envelope needs to be retained.

The NWSSP Operational Working Group continue reviewing the benefits and preparing information for the options paper, which included providing baseline statistics of the scanning team, and current processes.

The Project Manager is currently liaising with NWSSP IT to provide estimated costs for additional digital storage which will be incorporated into the options paper as this will be a requirement.

New Project was set up in April 2026 and awaiting workshop scheduled on 18-May which will focus on ideas of stopping Patient Medical Record paper coming into NWSSP.

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)
High Level Benefits	Cash Releasing - Unsure	Non-Cash Releasing - Unsure	Qualitative - Yes	Quantitative - Yes

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

Implementation Update

The project team has been reviewing applications from optician practices and is following up with any practices that have not yet joined the contract. A transition plan is being developed to confirm when practices can move onto the contract, aligned to the expiry dates of their existing agreements.

Once these practices have transitioned onto the contract, any future optician practices wishing to move onto the NHS contract will do so via the standard Primary Care Services (PCS) business-as-usual (BAU) process.

Domiciliary Clinical Waste Process

The project team recently met with Optometry Wales to explore potential options for domiciliary providers. It was agreed that the data previously collected from domiciliary services did not sufficiently support decision-making on the appropriate approach to clinical waste collections, as providers operate a wide range of differing collection methods.

To support the development of the domiciliary process, a new survey is being designed to establish whether providers have access to a physical office location from which clinical waste can be collected, or an existing Service Level Agreement (SLA) with a local pharmacy or optician. This approach is required as collecting waste directly from individual domiciliary home addresses would not be operationally practical or cost-effective for NWSSP or Stericycle.

Providers that do not have a physical office location or an existing Service Level Agreement (SLA) will be identified through the survey and will be engaged with directly to work collaboratively towards identifying an appropriate and workable solution

Project Closure

The Project Team has agreed to extend the project closure date to the end of April to allow sufficient time for domiciliary providers to join the contract.

Once Phase 5 optician practices and domiciliary providers have been onboarded onto the contract, the service will be formally transitioned into business as usual (BAU). The project team has met and established the necessary internal processes to enable future practices to join the contract via Action Point.

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

High Level Benefits Cash Releasing - Yes Non-Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

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
Pilot efficient low vision equipment supply through the assessment of legal, financial and operational implications and a reduction of contractor visits to patient (domiciliary only for pilot) through issuing of equipment within initial visit. This will inform system modernisation decisions.

Progress Update

1. Overall Project Status

A **six-month extension**, through to **30 September 2026**, has been formally agreed to:

- Complete residual priority and operational activities
- Deliver a Low Vision Service pilot
- Support transition to business as usual (BAU)
- Capture and embed lessons learned

The WGOS project is **70% complete overall**. Some priority areas have experienced ongoing delays—most notably Signed Orders and elements of system integration— and these activities are being actively managed, reflecting the updated timescale above.

2. Signed Orders

The Signed Orders workstream was subject to a **formal exception** due to delays external to NWSSP. These delays were caused by:

- Extended external queries and regulatory clarification
- Welsh Government amendments and sign-off requirements
- Welsh language formatting considerations
- Queries regarding non-Welsh patients and domiciliary addresses
- Late confirmation of Xerox development costs

As a result, optometric contractors were unable to issue signed orders by 1 April 2026, the originally intended implementation date. Imminent confirmation is expected by Xerox (as of 21 April 2026) of delivery between 27-30 April 2026, direct to Optometry practices and premises. The profession has been kept aware the delay and will be notified of the expected delivery date as soon as final confirmation is received.

3. System Integration (WGOS 4, 5 and CVI)

System integration remains a key programme priority and continues to progress:

- Development funding for the Nintex solution has been secured, with the purchase order raised
- Nintex is leading on form build and database structures
- Internal teams are preparing test environments, test plans and onboarding data
- The solution will automate validation checks and pre-payment controls, improving efficiency and data quality The work is expected to complete once remaining internal development and ongoing discussions with DHCW are concluded.

4. Consumables Workstream

The consumables reimbursement model has been agreed. Health boards agreed with Option B (wider spread of funding across WGOS services but keep overall cost remains the same). Additional queries have been raised regarding the payment details and discussions are ongoing to clarify these before payments can be administered.

5. Low Vision Service Pilot

A request for six months of additional project management support to enable a Low Vision Service pilot has been:

- Reviewed and approved by TMO
- Initial information gathering commenced 01 April 2026

Early discussions have identified opportunities to:

- Pilot small-scale provision of commonly used low-vision equipment
- Modernise supporting processes and systems, subject to legal, financial and governance requirements
- Evaluate feasibility for wider roll-out following pilot completion

Information gathering is reaching completion. Discussions have been initiated with internal and external stakeholders, including NHS Scotland and trusts within NHS England. The final project scoping document will be presented to PCS SMT before an anticipated start date of 05 May 2026.

6. Electronic Statements and Returns

Progress in this area is dependent on wider digital and regulatory factors:

Electronic statements and returns have been detailed within a plan on a page for progression with an estimated completion date within quarter 3 of 26/27. A workshop has been agreed to map the end-to-end process and clarify responsibilities will take place in quarter 1 of 26/27 to discuss a possible solution.

7. Governance, Lessons Learned and Next Steps

The project team has agreed to:

- Undertake a formal lessons learned exercise, focused on scope evolution, implementation, and change management
- Continue regular project meetings during the extension period
- Maintain transparency through exception reporting and project board updates

Immediate Focus for the Next Reporting Cycle

- Completion and distribution of Signed Orders
- Delivery of system integration activities
- Closure of the consumables workstream
- Commencement of the Low Vision Service pilot
- Transition planning for BAU and residual operational activities

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

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

Programme Name	Programme Manager	Project Exec/SRO
Fleet Modernisation Programme	Tim Knight	Tony Chatfield & Jonathan Irvine

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

Status	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

A shortened version of the programme vision is to have a fully operational fleet, to meet the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan. Therefore, the fleet should utilise battery electric and ultra-low emissions vehicles wherever practicably possible, to include the upgrading or development of the relevant supporting infrastructure, and it should be fully optimised against the customer need. The new fleet will need to continue to deliver on the existing requirements of the health organisations within NHS Wales, including those functions that are internal to NWSSP, in addition to being able to support the continuously evolving needs of primary, secondary, and community care provision.

This is a ten-year vision which is to be achieved through two sequential five-year programmes, and each programme will have annual Business Justification Cases submitted to demonstrate the case for change, options appraisal, potential benefits before outlining the preferred way forward.

Progress Update

A Programme Business Case (PBC) has been written and submitted to Welsh Government for approval, the Programme Business Case was submitted to the Shared Services Partnership Committee and Velindre Trust Board prior to being sent to Welsh Government, and we await a response.

Though the PBC awaits formal approval, the initial Business Justification Case for the year one procurement of 17 Battery Electric Vehicles has been approved, with the Procurement Outcome Report having been completed on the 23 April 2026 and the Requisition raised on the 28 April 2026, with vehicles intended to go operational prior to the 31 March 2027.

Additionally, a project product description has been completed to support the development of the project plan required for the all Wales fleet optimisation and vehicle maintenance review. This optimisation is set to take place over three years, reviewing such things as existing routes, loads, services and resourcing requirements, to identify ways to improve fleet efficiency without impacting service delivery and will sit within the programme project dossier.

Main Issues, Risks & Blockers

Time is the biggest risk to progress at the moment, with a lack of approval from Welsh Government potentially impacting the planned procurement within year two. Though our response would be to delay and further increase our focus on optimisation should this be realised.

Additionally, the charging infrastructure requirements are to be developed in line with programme Battery Electric Vehicle procurement to ensure immediate mobilisation.

Impact on Existing Service/Arrangements

None, as the old fleet vehicles will be decommissioned after their replacements become operational.

Project Name	Project Manager	Project Exec/SRO
Corporate Governance Community of Practice	Julian Bowen-Sargent	James Quance

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
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High Level Benefits Cash Releasing - Unsure Non-Cash Releasing - No Qualitative - Yes Quantitative - Yes

Recent Gateway Review? No

Objective

The Community of Corporate Governance Practice formally launched on 26 May 2025 with information provided on Viva Engage and an article on the HEIW Gwella platform.

There are currently 161 members on the Viva Engage site with the article on Gwella has received 581 views.

The focus is to build on that successful launch by providing content that will enthuse members and continue engagement by taking forward the details on some key initiatives.

The primary objectives are:

- Promoting Corporate Governance as a career - support retention and development of staff.
- Support all NHS Wales organisations to learn and/or work collaboratively on Governance matters where this adds value.
- Improving standards of governance across Wales, reducing the risk and costs of Governance failure.

Progress Update

The All-Wales Masterclass roll-out continues with the following topics covered so far:

- What is Corporate Governance
- Audit Recommendation Tracking
- Risk Management Best Practice
- Senedd elections and potential impact on Corporate Governance
- Role of Artificial Intelligence, Governance, Risks and Issues

The Project Team recently discussed options for the next conference with the focus of exploring the options for hosting the next conference at Wrexham Football Club, Wrexham University, and local hotels to compare feasibility and costs. A sub working group has been established and a renewed conference brief is currently being developed. NWSSP Transformation Management Office will be providing Project Support for the 2026 Conference.

The All-NHS Wales Mentoring Programme of Professional development opportunities for Corporate Governance Staff revised scoping document will be submitted to All-Wales NHS Directors of Corporate Governance Forum for approval on the 1 May 2026.

Additionally, a Mentoring Project Plan is being produced with the aim of launching in July 2026.

Main Issues, Risks & Blockers

Initial risk and issue have been captured and documented.

Impact on Existing Service/Arrangements

No impact on service and under Risk Threshold.

Project Name	Project Manager	Project Exec/SRO
Wales Infected Blood Support Scheme Decommissioning	Paul Thomas	Rebecca Nelson

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

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

High Level Benefits Cash Releasing - No Non-Cash Releasing - No Qualitative - Yes Quantitative - Yes

Recent Gateway Review? No

Objective

WIBSS (Wales Infected Blood Support Scheme) was established in 2017 following the dissolution of UK-wide Alliance House organisations. Each devolved nation took over administration for their own infected individuals. Disparities in payment rates between nations were resolved in 2020 with a parity agreement. The Infected Blood Inquiry has led to interim compensation payments to date. There is approximately 217 beneficiaries registered through the scheme.

Welsh Government notified NHS Wales Shared services and Velindre University Health Board of the decision that the service is to be centralised, and the Wales Infected Blood Support Scheme (WIBSS) will be made redundant with the service moving to the IBCA Newcastle branch.

There will be limited changes seen for the beneficiaries but there are currently eight members of WIBSS staff affected. The Objective is to ensure a smooth decommission / transition process for the beneficiaries, staff, database, website, physical files by 15 January 27.

Progress Update

SRO has been confirmed; Project Board is now established. Other Project Team members have been identified, and engagement has commenced.

On 21 July 25, it was agreed in Parliament that the Wales, Scotland and Northern Ireland Schemes would be extended for a further 12 months. The first Project Board meeting took place 24 July 25. It was agreed by the Board to continue with the project, and approval was granted to move the project to initiation stage with a revised end date of 15 January 27. Two Project Team meetings commenced September 25.

Workstream 1 – Staffing

Initial meeting took place 09 September 25. The team agreed the Terms of reference.

The meeting focused on the process that will need to be followed to ensure the staff are managed and supported through the options available to them for the change. It was agreed what without Infected Blood Compensation Authority (IBCA) confirming the roles available, the office location, the expectations around travelling to and from the Newcastle base for the WIBSS staff, the engagement with the staff to make a choice would not be possible.

Project Board will focus on engaging with IBCA for the above detail.

Work stream 2 – WIBSS Database

Initial meeting took place 11 September 25. The group agreed that due the revised end date and having limited risks to achieving this action, the group will pause and reconvene 6 months prior to January 27.

An Update in Nov 2025, due to WIBSS currently experiencing a huge volume of work due to Estate payment applications going live and the need to be processed. In addition, formal direction has been provided that WIBSS will remain open until Jan 2027. As a result, IBCA are unlikely to proceed at pace with our decommissioning, therefore it was requested by the SRO that the project will pause until early 2026.

Due to the lack of movement from IBCA. The Cabinet Office has set up a Programme Team to oversee the movement of the 4 nations transfer to IBCA. The initial meeting took place at the end of January. This project has been paused further until March 2026 to understand the outcome of the Cabinet Office's Programme Team meeting.

IBCA has set up a Project team to work on the 4 nations transfer at the end of Feb 26. NWSSP Project Manager met with IBCA's Project Manager 21 Apr 2026 to begin dialogue.

The first action is to agree between WIBSS and IBCA which service provisions require transfer across, the expected completion of this task will be Q1 2026/2027.

Main Issues, Risks & Blockers

- If Job Role, travel requirements and location are not confirmed by IBCA, the staff will not be able to decide on transfer, delaying the process.
- If communication is not clear throughout process, this will cause further stress on staff and beneficiaries.
- If the physical files are lost in Transit from WIBSS to IBCA, this will breach the Data Protection and GDPR regulations.- Project will run through the summer and Christmas, reducing the availability on resources over project period.

Impact on Existing Service/Arrangements

Current service will continue until the transfer of services on 15 January 27

Project Name	Project Manager	Project Exec/SRO
TRAMS - Implementation of Radiopharmacy	Rachel Pember	Rhys Hamer

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

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

High Level Benefits Cash Releasing - No Non-Cash Releasing -Yes Cash Releasing - Yes Cash Releasing - Yes

Recent Gateway Review? No

Objective

To commission a Radiopharmacy service in preparation for the opening of the Radiopharmacy building.

Progress Update

Operational handover of the Radiopharmacy was completed on Monday 13 April 26. A planned 12-week Performance Qualification (PQ) period has now commenced, beginning with baseline cleaning activities and environmental monitoring of the unit.

The Radiopharmacy Project Board and Project Team meetings are established with sub workstreams in place.

- Radiopharmacy
- Finance
- Facilities, Estates, Health & Safety & Fire
- Procurement
- Health Courier Service

- I.T

Workstream Updates:-

Radiopharmacy

There have been several priority tasks needed for completion.

- The communication newsletters are issued to Health Boards/Trusts on a Monthly basis.
- Swansea Bay University Health Board (SBUHB) comms have been sent out separately.
- Work continues to define the timeline from building handover to Radiopharmacy operations, this timeline remains provisional, pending input from the RPA regarding any additional validation or qualification requirements.
- The Data Protection Impact Assessment has been reviewed by Information Governance with actions to be reviewed by Radiopharmacy for Final sign off.
- The SLAs for each participating Health Board have been finalised, final signed copies received April 26.
- Training plans have been incorporated into handover implementation.
- Work to complete approval of all Standard Operating Procedures (SOPs) are still underway, and will remain in draft until all SOP's have been completed.
- Cardiff and Vale University Health Board/NWSSP meetings are in place with support from the Radiation Protection Advisor (RPA)/ Radiation Waste Advisor (RWAs) for the radiation protection activities.
- Workforce contracts have been reviewed in readiness for change of working hours.
- All end of year goods required from capital monies have been completed

Finance Update

- Service readiness budget setting ongoing since April 26

Facilities, Estates, Health & Safety & Fire

- Health & Safety training plan has been drafted.
- Identified an equipment list and associated costs. all equipment requirements are in place since end of Mar-26.
- Maintenance of equipment (build and equipment) to be reviewed by estates.
- Datix requirements have been implemented for the new service.
- Fire equipment requirements have been identified and purchased.
- Legionella risk assessment has been planned after handover.
- Cleaning contract is in situ in readiness for handover.

Procurement

- Procurement have commenced all contracts within Oracle in readiness for initial PQ training stage / Go Live
- Initial purchase orders to be placed Apr-26

Health Courier Service (HCS)

- Delivery schedules have been finalised. (Trial run commenced April 26 with ABUHB)
- Staff to be in place once handover date confirmed.
- Vehicles to be in place once handover date confirmed.
- Quality Technical Agreement have been drafted in readiness for go live between HCS and Radiopharmacy.

IT

- Work has started on identifying business impact assessments for equipment software packages.
- Cyber Security have reviewed all Radiopharmacy IT packages.

Main Issues, Risks & Blockers

No Risks currently over threshold

Impact on Existing Service/Arrangements

SBUHB are currently providing services to South East Health Boards that NWSSP will take over upon full roll out

Project Name	Project Manager	Project Exec/SRO		
Gluten Free Subsidiary Card	Rachel Pember	Gillian Jackson		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	None (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - No	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			
Objective	To roll out Gluten Free Food Subsidy Card (GFSSC) across NHS Wales to allow patients to purchase gluten free products from participating stores.			

Progress Update

Project team meetings are established, and the team are working on the project plan tasks.

- **Equality Integrated Impact Assessment (EqIIA):** The form has been completed and in its final stages of review in readiness for sign off April 26.
- **Date Protection Impact Assessment (DPIA):** The form has been completed, submitted, and acknowledged, accompanied by the Information Governance Manager's review and comments, will be completed by end of April 26. Updates have been required for include information governance from receiving patient identifiable information from General Practitioner surgeries.
- **Recruitment of Staff:** The process is currently awaiting approval from the Establishment Control and Scrutiny Panel before progressing to the Job Evaluation Panel. It is anticipated that the two GFFSC staff members may be available to commence duties in May 26.
- **IT Update:** Development of a database has commenced. Works have been estimated to be completed by June 26. A urgent Primary Care Services task has taken priority over the database for GFFSC which may delay the completion date.
- **Service Level Agreement (SLA):** Primary Care Services (PCS) SLA to be updated to incorporate GFFSC. The Key Performance Indicators (KPIs) within the SLA are being produced and estimated completion end of April 26,
- **PCS Template:** The PCS template for patient sign-off is currently in the formatting stage.
- **Communications:** Plans are in place to develop a periodic communication letter to be shared at the March 26 delivery board for sign off. This will include contact information, details of lead officers, and relevant updates.
- **Delivery Board:**

Health Boards provided a quarterly highlight report at the March 26 delivery board. Further discussions also considered the organisation and management of the working groups within the Health Boards. A suggestion was made for these working groups to meet on a bimonthly basis.

Establish Health Board implementation working groups and predicted timeline for startup. Sub working groups to be established for Health Board "Standard Operating Procedures and GMS Coding" and "Basket of Goods" pricing works. A request for nominations were requested at the March 26 board meeting. Awaiting nominations.

Delivery Board meetings have been scheduled for 2026.

Establishment of a Delivery Board risk register and the reporting structure of the risks. A risk escalation form has been produced for the June 26 delivery board to accept.

Main Issues, Risks & Blockers

None over threshold.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Implementation of computer-based training managed by TMO	Gill Bailey	Ian Rose

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - No	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

Implementation of project management, service improvement and change management computer-based training for stakeholders, based on good practice and managed by TMO team.

Progress Update

Start-up completed - 100%.

Initiation completed - 100%

Equality Integrated Impact Assessment (EQIIA) approved on 10 March 2026

Delivery in stages - Pilot Introduction to Project Management - 83%

Following initial build, content has been reviewed by project team and selected members of Transformation Management Office with comments and feedback provided.

Meeting held on the 15 April 2026 to update training - 50% complete

Contingency virtual training sessions scheduled for Apr-26 covering the following areas:

- Introduction to Business Cases
- Introduction to Project Management
- Introduction to Service Improvement
- Introduction to Agile Project Management

have been cancelled due to the low number of attendees. Attendees have been moved to future planned sessions.

Main Issues, Risks & Blockers

None to report over risk threshold.

Impact on Existing Service/Arrangements

Non applicable.

Project Name	Project Manager		Project Exec/SRO	
Job Description Modernisation	Kimberly Eley		Abigail Sheppard	
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	TBC (Cost)	Green (Quality)
High Level Benefits	Cash Releasing – In Progress	Non-Cash Releasing - In Progress	Qualitative – In Progress	Quantitative – In Progress
<u>Recent Gateway Review?</u>				
<u>Objective</u>				
Standardise Job Descriptions across NWSSP by reducing the number in circulation and ensuring all information is accurate and consistently matched in both English and Welsh.				
<u>Progress Update</u>				
Project documentation has been developed and is currently awaiting sign-off from the Project Board. The first Project Board meeting is currently being scheduled to ensure that all required members are included from the outset.				
<u>Main Issues, Risks & Blockers</u>				
None to report over risk threshold.				
<u>Impact on Existing Service/Arrangements</u>				
None at present.				

Project Name	Project Manager		Project Exec/SRO	
IP5 Power Resilience	Peter Elliott		Jonathan Nettleton	
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing -Yes	Qualitative - Yes	Quantitative - Yes
<u>Recent Gateway Review?</u> No				
<u>Objective</u>				
To provide a comprehensive Power Resilience solution for the IP5 facility, having particular regard to the needs for resilience of Radiopharmacy, and TRAMs SE Hub, which are assessed as a Grade 1 continuity risk under WHTM 06-01 clause 4.30.				
<u>Progress Update</u>				
Contracts have been awarded and orders placed for first 750KVA backup generator and for building works to power and generator rooms.				
Discussions are ongoing with the contractors and building control to finalise the design, NWSSP Fire, Facilities, and H&S stakeholders are sighted.				
Interface established with TRAMs SE Hub Project to establish the impact of new design deliverables on the IP5 power load forecast.				
Monitoring of Radiopharmacy actual power load is being initiated.				
Update to building wide diversity and load calculations is being instructed.				
<u>Main Issues, Risks & Blockers</u>				

- Planning Permission for flue not yet achieved an air quality advisor has been engaged to provide additional information to Newport Council.
- Design of fire containment has been finalised, awaiting confirmation of the cost impact of the change from the original assumptions.
- Potential for cost pressure or delay from market conditions for supply of major electrical equipment.
- Risk that actual power load and diversity of the Radiopharmacy and TRAMs SE Hub may differ from assumptions taken at the feasibility stage. An updated assessment is being commissioned based on the latest information.

Impact on Existing Service/Arrangements

Essential to deliver power resilience to IP5 before Radiopharmacy Go Live

Service Improvement Initiatives

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

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

Status Red (Overall)

High Level Benefits Cash Releasing - No Non-Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

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

What other indirect benefits may arise from this work?

- 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

Legal & Risk, supported by NWSSP Digital, are currently developing the reporting function through the iCasework system to provide the output required for the Finance L&R Matters process and have confirmed that they will inform us when the reporting function is operational, so that we can proceed with implementation planning. We were informed this was likely to be in July 2025, but this solution is still not in place, but we have received communication in April 2026 that this works is nearing conclusion.

We have also received communication in April 2026 from NWSSP Digital that they are starting an RPA process to extract and save L&R Matters Invoices from the iCasework system, with the aim of completing the RPA build and test by the end of May 2026.

With both of the above developments in progress, we can commence our improvement group in May 2026 to start updating our MS Power Automation process with the new changes, so that we can finish the development and implement the Finance Legal & Risk Matters & Invoice process solution.

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 NWSPP Digital on 13 February 2025 proposing that the implementation of this solution was paused until the implementation of the new NWSSP Legal & Risk (L&R) iCasework system, which went live 07 April 2025.

NWSSP Legal & Risk and NWSPP 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.

Main Issues, Risks & Blockers

The main issues and blockers:

1. 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.
2. 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.
3. 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.
4. Preparing the data in the current Finance spreadsheet format to load into the MS List. This requires adjustments, testing and validation.
5. 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.

The risks are as follows:

- 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

N/A

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Greenvale Laundry	Kim Eley	Anthony Hayward

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

Status	Amber (Overall)			
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes

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
 Operationally, services continue to run effectively with no issues reported by the HCS Project Team. Collaborative meetings between HCS and Greenvale remain effective and are continuing to strengthen working relationships. Within Greenvale, workforce management remains a key focus with onboarding of seven new starters underway, continued training of three new supervisors, and planning in place for anticipated vacancies. Actions are also progressing to improve management of sickness and annual leave, including development of an annual leave tracker.
 Ongoing challenges remain around machinery reliability and engineering budget pressures, which have been escalated to the Project Board. Mitigations through stock management continue while longer-term solutions are explored. Progress was made on benefits realisation, with the Project Board supporting the development of an additional option to track cages using asset numbers; a process map will be produced to demonstrate this approach.
 The installation of the fourth calendar continues to have a direct impact on production and remains a significant operational bottleneck. Due to a combination of annual leave, sickness absence, and competing demands to support other machinery, it has not yet been made operational. This issue has been escalated and is recorded on the risk register.
 New SLAs have been approved by SSPC, currently reflecting volume only, with costings expected shortly. External service developments were also noted, including CTMUHB’s upcoming pilot of a scrub vending machine system and UHL’s acknowledgement of scrub volume and usage issues at site level, with further liaison planned.

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.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Account Payable - Productivity Pilot	Niall Quilton	Russell Ward

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

Status	Amber (Overall)			
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes

Objective
 Measure productivity across teams through data analysis, stakeholder feedback, and pilot trials.

Progress Update

As of the 23rd of April 2026

1. Key Highlights & Milestones

- Dashboard Deployment & Access - The dashboard is now in beta for further user testing and feedback without any developments happening. This is forecasted to last until end of April due to year end work commitments.
- Background dashboard and reporting developments are still being progressed:
 - Archiving 2025-26 data to reduce data refresh time and volume. This development allows us to plan for year-on-year changes to archive data, reducing the amounts of data needing to be refreshed.
 - Awaiting completion of a reporting development with the Timeware system, which will allow us to calculate absence more accurately, remove data input on the activity logs and provide all Timeware users with improved data reporting.
 - Planning for continuity with future staff changes and accurate monthly cost analysis, which will both limit the input required for staff changes and improve the output for any productivity measures relating to cost.
- Quality Assurance & Error Handling – supporting the department teams with any issues raised, with work started on developing a Standard Operating Procedure (SOP) and training plan to prepare the service for managing their inputs, updates and error handling.
- Staff Engagement & Feedback – Feedback was gathered with a FAQ provided in response to those who had participated. Plan is to meet with the management team in early May 2026 to follow-up on any further feedback and benefits.
- Report prepared with supporting productivity dashboard documental for divisional sign-off on recommendations and next steps.

2. Workstream Progress & Actions

All discovery workstreams have now been completed. Ongoing activity relates to refinement, assurance, and transition from pilot to operational use, rather than further discovery.

- Document lessons learned and opportunities.
- Prepare framework for scaling the pilot.

3. Challenges & Risks

Data quality remains an area of work on-going. We met with the service to identify the root cause issues with the Timeware reporting anomalies, which we presented to Timeware and have now put in place a data fix to remove these anomalies from the system. Timeware to complete the fixed by the start of May 2026.

Service managers need to engage in the reporting mechanisms we have developed and shown to be available, such as the dashboard and the Timeware Reporting App, so that they can conclude their validation process and move away from producing manual reports, which will provide on-going benefits delivered over time.

There is also a recognised risk that productivity data could be misinterpreted if not supported by clear guidance. This is being mitigated by positioning the dashboard as a management and coaching tool, not a disciplinary mechanism, and rather the Productivity measure acting as an enabling baseline from which improved workforce capacity planning and process optimisation can be established.

4. What's Next

- Expand Productivity Measure to Accounts Payable Query Teams
- Adjust performance targets based on data supported and optimised process capacity.
- Look to automate elements of manually reporting which support the production of the measure.
- Create adoption action plan for service leads to support adoption and maximise potential impact.
- Develop a workforce coaching model to help colleagues improve and to support them in meet expectation.

Main Issues, Risks & Blockers

Time availability of AP staff – Limited windows for observation due to operational pressures and month-end deadlines.

Access to systems and data – Restrictions on financial data visibility due to confidentiality and compliance requirements.

Legacy system instability – Older systems may perform inconsistently, affecting the observation.

Change of Software / SOP - potential for disruption and potential resource needed to change measures/dashboard

Manual processes not documented – Informal workarounds may not be visible or officially recorded.

Staff resistance – not all teams currently time record and there are different mechanisms in place for doing some activity recording. It will be a task to ensure that a standard way of capturing data is approved and sustained.

Impact on Existing Service/Arrangements

Improved reporting capability to gain a better understanding of process capacity whilst safeguarding quality and understanding workforce requirements.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
IOH - Medtronic Review (PoC)	Rebecca Bowen	Linsay Payne/Russell Ward
Monthly Update (key/issues (blockages)/risks)		
Status	Amber (Overall)	
High Level Benefits	Cash Releasing - No	Non-Cash Releasing - Yes
	Qualitative - Yes	Quantitative - Yes
Objective		

To establish a task/resource team within Medtronic and NWSSP, who will work together to reduce outstanding invoices needing approval.

Progress Update

NWSSP Project team meet fortnightly to discuss updates, with Medtronic and MiniMed communication updates completed through email reports and Teams meetings when necessary.

The Medtronic Invoices on Hold (IOH) initiative has been segregated into two stages; these will be completed at the same time.

Stage 1 – Addressing current outstanding IOH, invoice aged between 2001 – 2024.

The aged invoices have been steadily decreasing since the initiative began, with an 80% reduction over this period, as can be seen below:

All Health Boards total amount of aged invoices in April 2025 - £638,222.62p

All Health Boards total amount of aged invoices in March 2026 - £129,424.65p

Stage 2 - Analysing current processes within Health Board Account Payable, Procurement and Medtronic. Through which the following longer-term solutions have been identified:

- Medtronic switching all patients onto scheduled orders – This is an ongoing action.
- All Health Boards having Blanket Orders – No action taken at this time.
- Training for NWSSP staff and Medtronic – This is an ongoing action.
- NWSSP to employ additional staff to investigate suppliers IOH in more detail within agreed timeframes – No action taken at this time.
- NWSSP undertaking workshops to clarify actions needed by all parties - This is an ongoing action by eEnablement Team.

Additionally, Medtronic has recently moved all their Diabetes team to a subdivision company called MiniMed. A meeting has been scheduled for late April 2026 to discuss the solutions listed above. NWSSP Project team meet fortnightly to discuss updates, with Medtronic and MiniMed communication updates completed through email reports and Teams meetings when necessary.

Main Issues, Risks & Blockers

- Staff resource availability
- Data availability
- Contract related issues
- Staff training within all areas involved, internal and external
- Different processes in place within different Health Boards

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)			
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes

Objective

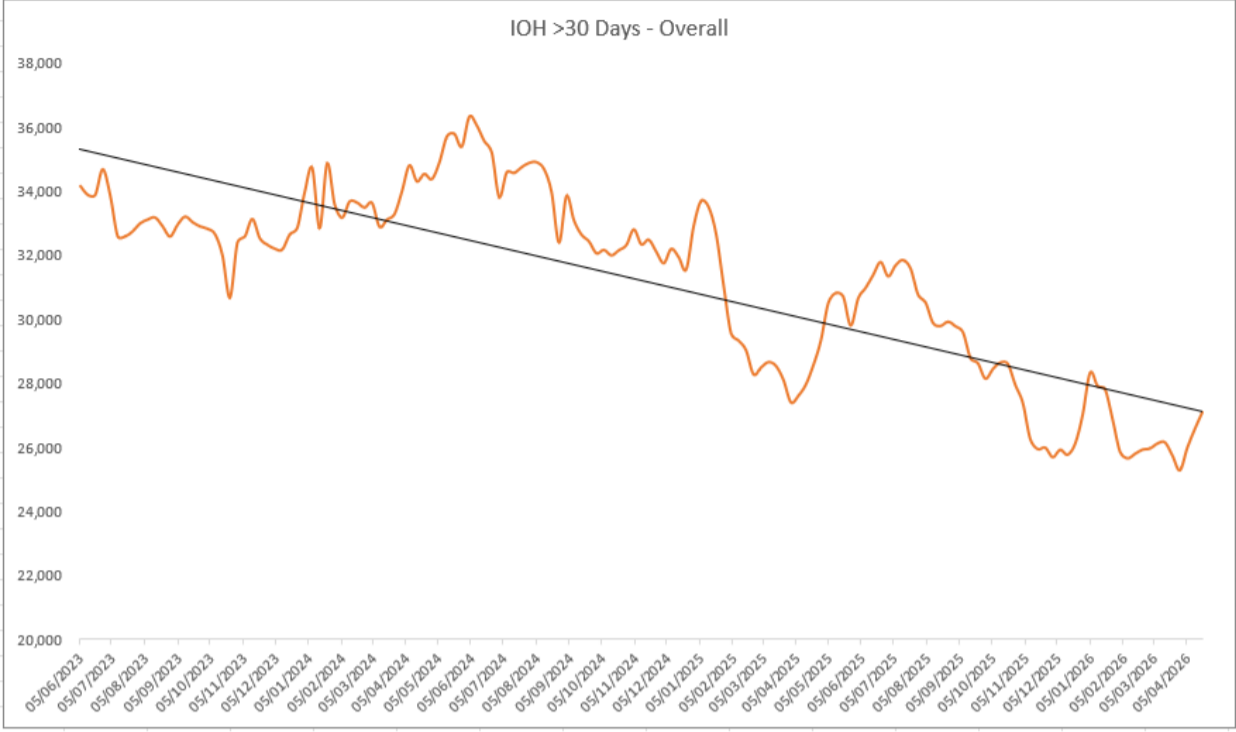
The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

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 days plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

Progress Update

The Invoices on Hold (IOH) over 30 Day position is at 27,105 continuing its downward trend and compared to a high of 36,058. The recent spike is expected over the end of year period and can be seen in the previous years also.



The NWSSP IOH steering group, consisting of Heads of Service and senior leaders from Finance, Accounts Payable, Procurement, and the Transformation Management Office meet every fortnight to identify and implement IOH related improvements. Some of the more recent considerations include the automatic removal of accounts marked as not on statement, the standardisation of ActionPoint query handling in relation to IOH, and also the standardisation of the national approach to the handling of receipting holds, the latter of which is being presented via an SBAR paper to All Wales Procure to Pay Governance Group in May, providing Health Organisations with a standardised approach to the handling of Invoice that go on hold for receipting issues that are aged over 6 months.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

Improved capacity and reduced backlog of invoices due to optimisation of several processes.

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

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

Status	Green (Overall)			
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes

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

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.

Progress Update

The current Organisational Variable Pay spend has reduced by 68%, when comparing quarter 4 of 2025/2026 against quarter four of 2022/2023. With the largest reductions coming within the use of Bank and then Agency resource respectively.

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 across 75% of our service, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process in those areas that have fully utilised the application. This information is helping relevant stakeholders to understand when overtime is being requested, in what section, and for what reason, which is all to be pulled together into a live dashboard. This offers improved visibility to strategic and operational leads helping to identify potential problems, support data led decision making, and resource capacity planning.

The organisational coverage is to be extended in the coming months to different services areas, such as Accounts Payable, the Medical Examiner Service, and Primary Care Services, increasing our coverage to 90%.

Productivity Pilot (Also reported separately in more detail) - We have commenced 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.

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

Improved data availability to support data led decision making and process optimisation.

NON TMO Managed Initiatives

Key Individual Project/Programme Updates				
Project Name	Project Manager		Project Exec/SRO	
Scan 4 Safety	Andrew Smallwood		Andy Smallwood	
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
<u>High Level Benefits</u>				
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
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.				
<u>Progress Update</u>				
Time status of the programme has been moved to Amber as the team are still facing challenges in getting sufficient access time to key staff prior to implementation, delaying progress. Competing priorities and in some cases, culture are barriers. Therefore, the rollout is slower than planned. However, the team continue the roll-out of the Inventory Management System across NHS Wales.				
Work is continuing between the Programme, Omnicell and the National Joint Registry to enable pre-operative implant combination checks to alert surgical teams to possible mismatch of components which would have previously resulted in a never event. Cardiff and Vale are engaged in a pathfinder project to align with more efficient theatres.				
Quarter 4 205/26 saw two major implementations, Theatres across Withybush General Hospital went live. As did Orthopaedic Trauma theatres at the Royal Glamorgan Hospital.				
Quarter 1 2026/27 will see the go-live of Glangwilli hospital theatres, completing the theatres coverage for Hywel Dda University Health Board.				
<u>Main Issues, Risks & Blockers</u>				
The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. Additional moratoriums on non-medical or nursing staff recruitment are in place at a number of organisations. This is being worked around with each organisation based on local pressure but impacting the speed of rollout.				

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)

High Level Benefits

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:

- 49 units are currently live to payroll.
- Roll out plan 26-27 - HCS Mass Vaccination are splitting cost centres so an additional cost centre will be on roster.

E-Rostering

- **Budget Alignment:** Roster schedules are being aligned with budgets across all service areas. So far, 31 services have completed this alignment, with 18 still in progress. This process is helping to identify where unavailability and relief percentages are not being allocated appropriately.
- **Roster efficiency Meeting:** These meetings continue to serve as a forum for retraining, refining roster templates, and promoting rostering standards. Ongoing collaboration with service areas is supporting continuous improvement in rostering practices.
- **Regional Service Meetings:** These meetings are currently held with Laundry and HCS regional managers to encourage collaborative working with those who have overall accountability in their areas. They are valuable for building relationships, enhancing understanding of roster requirements, and embedding senior-level rostering principles.
- **Roster Sign-Off Compliance:** Engagement with services is ongoing to ensure compliance with the 12-week roster sign-off deadlines following the Welsh Government Circular. Monthly audits are undertaken and circulated to POD
- **Process Improvement (TOIL):** In partnership with POD, efforts are underway to address and rectify inconsistencies in the TOIL. Updates continue to be shared with the Senior Management Team (SMT), highlighting areas required to reduce figures.
- **Health Roster Policy:** The updated policy has been tabled in the next Senior Leadership Group.
- **HCS Monthly Finance Meetings:** These meetings analyse overtime and bank costs by reviewing relevant periods alongside site rosters and comparing them to actual staffing patterns. This helps identify opportunities to optimise scheduling and reduce unnecessary staffing expenses.

Bank Staff •

- Work continues to strengthen and improve the Resourcing Bank offer across NWSSP. Recruitment activity remains ongoing to ensure we continue to build and maintain a robust pool of bank workers to support services where needed. As part of our routine data quality work, a Bank cleanse has been undertaken to remove individuals who have not worked for six months, helping to ensure records remain accurate and up to date. This will help us get the information ready as we are currently working closely with the Health Roster team to explore how the system can be used in a more reactive and responsive way, enabling services to fill shifts more effectively.
- Progress has been made in automating the approval process for Expression of interest requests, which is due to go live shortly. Requests will automatically route to People & OD Business Partners and Finance for approval, before triggering an additional approval stage through the Resourcing Control Panel. This will provide a more robust and auditable approval outcome.
- In addition, onboarding documentation has been refreshed, alongside the introduction of a new managers' pack, providing clearer guidance and support throughout the placement process.
- Finally, a newsletter will be issued to Bank workers every quarter which will include highlighted key updates, reminders, and the importance of using loop.

AOB

- **API and Overtime App Review:** Currently reviewing the API capabilities of the overtime app in conjunction with RLDatix.

- **Health Roster Audit Controls:** Meeting scheduled for the 24th of April 2026. All documentation has been completed and issued in preparation for the next meeting

Licence Numbers

NWSSP currently fund 1,100 licenses. As of Feb 2026, via Health roster and Bank we are utilising 895 licenses.

PHW Roll out

- All 36 units identified on the project plan, have been successfully migrated to Health Roster and currently live to payroll. A total of 787 staff, excluding bank staff
- NWSSP Rostering Team are working with PHW Project Team to draft the out plan for 26/27

Other updates:

- PHW have agreed funding for Rostering Resource for 2026/2027. The SLA will continue until 31st March 2027.

Main Issues, Risks & Blockers

PHW SLA has now been extended until 31/03/27 therefore no current risks

Impact on Existing Service/Arrangements

On track – no impact to customers

Project Name	Project Manager	Project Exec/SRO
Future Workforce Solution	Rebecca Jarvis	Gareth Hardacre

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>High Level Benefits</u>	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<u>Recent Gateway Review?</u>	No			

Objective

The NHSBSA recently announced their partnership and the award of a 15-year contract to Infosys to deliver the Future NHS Workforce Solution. This solution will succeed the current ESR system with a modern, intuitive, and integrated national workforce platform.

The objective of this project is to roll out the Future Workforce Solution (FWS) across NHS Wales beginning with three identified early adopters then across successive waves to have all NHS Wales organisations over by 2030.

Progress Update

There is a robust plan to immediately move forward with further Early Adopter engagement to maintain momentum through the release of Parts 1 of the Foundational Readiness Guidance and Scoping Document.

This will fully commence the Foundational Readiness stage of the Programme with Early Adopters undertaking a series of no regret activities to get ready for entry into the wave in due course. This will be supported by an extensive engagement plan involving multiple webinars and 1-1 sessions including showcasing the Future Solution.

Two of the introductory meetings with the Early Adopter organisations for Wales have taken place with weekly review meetings currently being setup. The following 2 introductory meetings will be held in May.

Work has also commenced on the pre-foundational readiness for future wave organisations, and the plan is the launch this with WODs, ADWODs in May followed by individual meetings with organisations.

NHS Wales has refined its established leadership and governance with several project groups identified. Work continues to establish the TOR for these groups.

Discussions are still ongoing in terms of the required resource needed within NWSSP and the local organisations an outcome of which is expected shortly.

Progress Transition activities between Infosys and IBM (Incumbent) for the safe take-on of the Existing ESR Service.

Main Issues, Risks & Blockers

As a result of resource pressures within local teams, there is a risk that user organisations may not have sufficient capacity or capability to implement the required process and technology improvement, which could result in lower take up, sub optimal implementations and/or extended rollout/reduced local benefits realisation. It is therefore recognised that additional resource is likely to be needed by User Organisations to undertake their responsibilities. The NHSBSA programme team will bring capacity and

functional expertise to deploy the solution working alongside NWSSP and local teams. However, under the auspice of the NHS Wales Programme Steering Group, resource to support the programme locally will continue to be monitored to ensure each organisation is supported to prepare for and support their transition.

Impact on Existing Service/Arrangements

None currently identified.



GIG
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Partneriaeth
Cydwasaethau
Shared Services
Partnership

14 May 2026

The report is not Exempt

Teitl yr Adroddiad/Title of Report:

Draft NWSSP Annual Governance Statement 2025-26

**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 provide the Shared Services Partnership Committee with the draft version of NHS Wales Shared Services Partnership's (NWSSP) Annual Governance Statement for 2025-26.

Llywodraethu/Governance:

**Amcanion/
Objectives:**

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

**Tystiolaeth/
Supporting evidence:**

-

Ymgynghoriad/Consultation:

The purpose of this report is for the Committee to receive the draft of the 2025-26 Annual Governance Statement (AGS) for the NHS Wales Shared Services Partnership (NWSSP) for **discussion** and **noting**.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

**DERBYN/
APPROVE**

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

✓

**Argymhelliad/
Recommendation:**

The Committee is asked to **DISCUSS** and **NOTE** the Draft NWSSP Annual Governance Statement for 2025-26 and **provide any comments** by 29 May 2026.

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.
Dyletswydd Ansawdd/Duty of Quality:	The Annual Governance Statement supports continuous improvement and assurance arrangements aligned to Duty of Quality domains and enablers (refer to Appendix 1).
Gweithlu: Workforce:	Included within Appendix 1.
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open.

**DRAFT NWSSP ANNUAL GOVERNANCE STATEMENT 2025-26
May 2026**

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, noted by the SSPC and approved by the NWSSP 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 2025-26 on 10 April 2026.

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 NWSSP Annual Governance Statement for 2025-26** is presented at **Appendix 1**. The Committee will note that there is one section which remains to be finalised, relating to the Head of Internal Audit Opinion.

2. TIMELINE

The draft Annual Governance Statement will be presented to the Formal Senior Leadership Group (SLG) for endorsement on 28 May 2026. Subject to endorsement, it will then be submitted for approval at an extraordinary meeting of the NWSSP Audit Committee on 15 June 2026 and subsequently reported back to the SSPC, for noting on 16 July 2026.

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:

- **DISCUSS** and **NOTE** the Draft NWSSP Annual Governance Statement for 2025-26; and
- Provide any comments by **Friday 29 May 2026**, directly to Roxann Davies at Roxann.Davies@wales.nhs.uk.

NHS Wales Shared Services Partnership

Annual Governance Statement 2025-26

No.	Governance Journey
1	Formal Senior Leadership Group on 23 April 2026 <i>Draft for Noting and Feedback</i>
2	Shared Services Partnership Committee on 14 May 2026 <i>Draft for Noting and Feedback</i>
3	Formal Senior Leadership Group on 28 May 2026 <i>Final Draft for Endorsement</i>
4	NWSSP Audit Committee on June 2026 TBC <i>Final for Approval</i>
5	Shared Services Partnership Committee on 16 July 2026 <i>Final for Noting</i>

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ANNUAL GOVERNANCE STATEMENT 2025-2026

1. SCOPE OF RESPONSIBILITY

This Annual Governance Statement details the arrangements in place during 2025-26 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 non-statutory hosted organisation. 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 Annexe 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 Welsh Government Independent Review of NHS Wales Shared Services Accountability & Governance Arrangements

In April 2025, Welsh Government commissioned an independent review of NWSSP accountability and governance arrangements, recognising the increasing scale, complexity and maturity of the organisation since the current framework was established. This followed commitments set out in *A Healthier Wales (2018)* to review hosted and national functions in order to consolidate national activity and provide greater clarity of governance and accountability.

The Independent Review, published in December 2025, concluded that the overall governance framework for NWSSP is fundamentally sound, while making recommendations to strengthen clarity of accountabilities, assurance to NHS Boards, and the effectiveness of key governance arrangements. This included particular emphasis on the operation of the Shared Services Partnership Committee (SSPC) and the relationship between NWSSP and Velindre University NHS Trust, as the statutory host organisation.

Welsh Government accepted, subject to further consideration, the majority of the Review's recommendations and published its Initial Response alongside the Review. The recommendations include a number of core themes, including:

- strengthening the appointment, role clarity and performance oversight of the SSPC Chair, including appropriate involvement of Velindre;
- clarifying Integrated Medium-Term Plan (IMTP) approval and assurance arrangements, including formal endorsement or noting by NHS Boards following SSPC approval;
- strengthening performance reporting and assurance routes from NWSSP, through the SSPC, to constituent NHS Boards;
- ensuring appropriate and consistent governance arrangements where services are provided that are deemed to contain clinical components, with clear links to Board-level assurance;

- clarifying processes for the addition of new services to the shared services portfolio through established planning and approval mechanisms, including the IMTP; and
- updating governance documentation.

Further information on the Independent Review and Welsh Government's Initial Response is published on the Welsh Government website: <https://www.gov.wales/independent-review-nhs-wales-shared-services-partnership>

In response to the Review, Welsh Government established a Welsh Government-led Review Implementation Group (The Group) to oversee, coordinate and support delivery of the accepted recommendations. The Implementation Group includes senior representation from Welsh Government, NWSSP and Velindre University NHS Trust, with governance and legal advisers attending as appropriate. The Group does not hold formal decision-making authority; where approvals are required, these continue to be progressed through established governance routes, including the SSPC and constituent NHS Boards, until any changes are formally agreed and implemented.

The Group first met in February 2026, agreed its terms of reference and translated the Review recommendations into a structured, time-bound programme of work with the intention to complete the implementation of the recommendations over a six month timescale.

Progress is reported regularly to the SSPC, with items requiring SSPC consideration or approval being brought forward through formal committee papers. In line with Welsh Government's Initial Response, arrangements have been put in place to strengthen Board-level assurance of the NWSSP IMTP. The NWSSP IMTP was approved by the SSPC on 19 March 2026 and noted by Velindre University NHS Trust Board on 26 March 2026 following a presentation by Directors from NWSSP.

Throughout the review and implementation process, NWSSP has continued to operate within the requirements of the existing, approved governance framework, maintaining effective accountability and assurance arrangements. The Review and its ongoing implementation provide an opportunity for governance arrangements to be actively strengthened and future-proofed, with continued oversight through established governance structures into 2026–27.

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, examples of which are shown in the SSPC Performance section below.

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 NWSSP 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 2026 is outlined in Figure 3 below.

Figure 3: Membership of the NHS Wales Shared Services Partnership Committee during 2025-26

Name	Position	Organisation	Full/Part Year
Tracy Myhill OBE	SSPC Chair	NHS Wales Shared Services Partnership	Full Year
Huw Thomas	Director of Finance and Deputy Chief Executive (Vice Chair)	Hywel Dda University Health Board	Full Year
Neil Frow OBE	Managing Director and NWSSP Accountable Officer	NHS Wales Shared Services Partnership	Full Year
Sarah Simmonds	Executive Director of Workforce and	Aneurin Bevan University Health Board	Full Year

Name	Position	Organisation	Full/Part Year
	Organisational Development		
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
Sally May	Executive Director of Finance	Cwm Taf Morgannwg University Health Board	Part Year
Claire Osmundsen-Little	Executive Director of Finance	Digital Health and Care Wales	Part 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 Organisational Development	Swansea Bay University Health Board	Part Year
Tina Ricketts	Director of Workforce and Organisational Development	Swansea Bay University Health Board	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, Organisation 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 2025-2026

Organisation	22/05/2025	17/07/2025	30/09/2025	14/11/2025	22/01/2026	19/03/2026
SSPC Chair	✓	✓	✓	✓	✓	✓
NWSSP Managing Director and Accountable Officer	✓	✓	✓	✓	✓	✓
Aneurin Bevan University Health Board	✓	✓	✓	✓	✓	x
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	✓	✓**	✓	✓**	✓**	✓
Powys Teaching Health Board	x	✓**	✓	✓	✓**	✓
Public Health Wales	x	✓**	✓**	✓**	✓**	✓**
Swansea Bay University Health Board	✓**	✓	x	✓	✓**	✓*
Velindre University NHS Trust	x	✓*	✓*	✓*	✓	✓
Welsh Ambulance Service Trust	✓	✓	✓	✓**	✓	✓**
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 Director.
- x Denotes Health Body not represented

All meetings of the SSPC during the 2025-26 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 an appropriate request be received. We did not receive any such requests from the public to attend the SSPC in 2025-26 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, where possible; 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 2025-2026, 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
 - Transformation Management Office updates.
- Annual review and/or approval of:
 - Integrated Medium-Term Plan;
 - Annual Governance Statement;
 - Audit Wales Management Letter;
 - Annual Review;
 - NWSSP Strategy Refresh for 2026-29
 - Standing Orders; and
 - Service Level Agreements.
- Deep Dives (nominated and suggested topics from SSPC members as events dictate) including:
 - Operational Planning for the Central Procurement of Flu Vaccines;
 - Review of NWSSP Accountability and Governance Arrangements; and
 - Integrated Medium-Term Plan.
- Autumn Development Day, held in October 2025, which was delivered under the theme of "*Delivering Value, Innovation and Excellence through Partnership*" and provided a dedicated forum for Members to reflect on and inform the strategic direction of NWSSP, with the agenda including:
 - Review and refresh of the NWSSP Strategy Map;
 - Consideration of the Ministerial Advisory Group (MAG) Report and organisational priorities;

- Discussion on how NWSSP can support health organisations in delivering their plans;
- Update on Transforming Access to Medicines Service (TrAMS);
- Presentation on the Future Workforce Solution - Electronic Staff Record (ESR); and
- Collective reflections to inform strategic direction and continuous improvement.

There are a number of sources of feedback and assurance over the operation of the SSPC which were in place during the year:

- the Welsh Government Review referred to above;
- Assurance Reports from each SSPC meeting to each partner organisation;
- regular liaison with SSPC members by the SSPC Chair, Managing Director and members of the Senior Leadership Group;
- review of agendas and papers by external and internal audit for the purposes of their audits; and
- arrangements for the annual SSPC Chair's appraisal remained in place following the reporting of the last reported to the March 2025 SSPC meeting.

The arrangements for the appraisal of the SSPC Chair were reviewed as part of the Welsh Government-commissioned independent review of NWSSP governance and accountability arrangements and a recommendation was made to update the element relating to providing host assurance to the Velindre Chair on the operation of the SSPC, and this work is being progressed through the Review Implementation Group in order to be applicable to the successor to Tracy Myhill OBE during 2026-27.

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 of the Committee provides an Assurance Report to the SSPC and to each meeting of the Velindre University NHS Trust Board for assurance and to highlight any areas of concern from the business of the Committee to the host organisation.

The Audit Committee attendees during 2025-26 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 2025-2026

In Attendance	16/04/20 25	08/07/20 25	07/11/20 25	10/02/20 26	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

In Attendance	16/04/20 25	08/07/20 25	07/11/20 25	10/02/20 26	Total
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4/4
NWSSP					
Tracy Myhill OBE, Chair of SSPC	x	✓	✓	x	2/4*
Neil Frow OBE, Managing Director	✓	✓	✓	✓	4/4
Alison Ramsey, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Linsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
James Quance, Assistant Director of Corporate Services	✓	✓	✓	✓	4/4
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce, Executive Director of Finance	✓	x	x	✓	2/4
David Donegan, Chief Executive, Part year to November 2025	✓	x	-	-	1/2
Carl James, Deputy Chief Executive and Interim Chief Executive Officer from November 2025	-	✓	✓	x	2/4
Non Gwilym, Interim Director of Corporate Governance	✓	✓	x	x	2/4

*Unable to attend due to the February meeting being re-arranged

The Terms of Reference of the Committee provide for there to be three members who are Independent Members of the Trust. However, for 2025-26 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.

The annual committee effectiveness survey was discussed at the Audit Committee meeting in April 2026, having been deferred pending the outcome of the Welsh Government Review. The Review sought evidence regarding its operation and made no recommendations regarding the effectiveness of the Committee. Consequently, it was agreed to undertake

the survey in May 2026 and report back the findings, including any agreed development actions, to the Audit Committee meeting in July 2026.

In addition, Independent Members and Audit Committee Members were invited to participate in the Autumn Committee Development Day held in October 2025, which provided a dedicated forum for members to reflect on and inform the strategic direction of NWSSP. The session included a review and refresh of the NWSSP Strategy Map, consideration of the MAG report and broader organisational priorities, and discussion on how NWSSP can further support health organisations in delivering their plans. Updates were also provided on key transformation programmes, including Transforming Access to Medicines (TrAMS) and the Electronic Staff Record (ESR), alongside collective reflections from members to support continuous improvement in the effectiveness and impact of the Committee.

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 with an update from each meeting by the NWSSP Managing Director as the Accountable Officer for the Welsh Risk Pool.

During 2025–26, the financial position of the Welsh Risk Pool continued to present a significant challenge, reflecting wider system pressures and

ongoing volatility within the clinical negligence landscape. These pressures, including rising costs of settling claims, were a key focus for the Shared Services Partnership Committee (SSPC) throughout the year. The Committee received regular reports to support scrutiny of the financial position, emerging risks and mitigating actions. Addressing the financial sustainability of the Welsh Risk Pool remains a priority moving into 2026–27, with continued focus on funding arrangements, claims management, risk reduction and long-term financial planning, overseen through established governance and assurance arrangements.

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:

- Agree the energy purchasing strategy for NHS Wales.
- Monitor the performance of contractual arrangements.
- Receive reports on market conditions from the provider of the existing Supply of Energy contract/s to inform the purchasing strategy.
- Receive reports on forecast costs, good practice and any concerns around supplier performance from the Wales Energy Operational Group (WEOG).
- Escalate formally concerns relating to supplier performance, that have not been able to be resolved through the WEOG arrangements.
- Establish task and finish groups as required, to undertake specific tasks with clear timelines for reporting.
- Agree NHS Wales nominations to any route of supply governance arrangements currently the External Risk Management Group (ERMG) and Commodity Trading Governance Board (CTGB).
- Receive reports on the discussions of the ERMG and CTGB groups.
- Make recommendations for agreed matters to be approved by the Shared Services Partnership Committee and, otherwise report by exception to the Shared Services Partnership Committee.

The Terms of Reference for both groups were reviewed, updated and approved by the SSPC during 2025-26.

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

In addition to the above, NWSSP provides targeted assurance to the Velindre University NHS Trust Quality, Safety and Performance Committee (QSP) in relation to services with a clinical or quality governance component.

During 2025–26, the Committee received updates on the implementation of the Duty of Quality, including a bi-annual update and the Duty of Quality Annual Report. The Committee also received reports relating to the Medical Examiner Service (annual and exception reporting) and Surgical Materials Testing Laboratory (annual reporting), providing assurance on governance, safety, quality and regulatory compliance arrangements.

In addition, updates were provided on All-Wales Pharmacy Services, including Transforming Access to Medicines (TrAMs), reflecting the increasing focus on assurance in relation to nationally delivered pharmacy services. NWSSP also presented papers setting out the governance arrangements for clinical support services delivered by NWSSP and the associated host assurance routes. This approach will continue into 2026–27, with a sustained focus on Pharmacy Services, Duty of Quality compliance and clinical governance arrangements.

2.7 All Wales Purchase to Pay (P2P) Governance

The All Wales P2P Governance Forum was established in 2024 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 continuing to operate through the Shared Services Partnership Committee.

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 2025-26 comprised:

Figure 7 – Composition of the Senior Leadership Group during 2025-26

Name	Designation
Neil Frow OBE	Managing Director
Alison Ramsey	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisation Development and Employment Services
Rebecca Nelson	Director of Planning, Performance and Informatics
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 <i>(To 31 October 2025)</i>
Laura-Jayne Keating	Director of Pharmacy Technical Services <i>(From 1 November 2025)</i>
James Quance	Assistant Director of Corporate Services
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

During the course of the year, the Terms of Reference of the SLG were reviewed in order to ensure that they are fit for purpose, with the next planned review date being May 2026.

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 2026 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 2025-26 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2024-25; and
- Assurance Arrangements 2025-26.

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. No matters were raised in the 2024-25 Management Letter.

In addition to internal NWSSP issues, the Audit Committee has been kept apprised by 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 co-ordination 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 2025-26, there were no internal audit reports rated as limited assurance, and there were zero internal audit reports with no assurance.

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. As at 31 March 2026, the total number of audit recommendations identified was 123. Of which, 112 were implemented, 8 were not yet due and 3 were overdue, demonstrating that recommendations are being implemented in a timely manner.

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 February 2026 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 2024-25;
- Progress Update at each meeting; and
- Counter Fraud Work Plan 2025-26.

As part of their 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 2025-26, these sessions have been provided both in face-to-face sessions and virtually. In total during 2025-26 there were 6,307 fraud awareness interactions with staff (1,557 in 2024-25). The number of interactions is significantly larger in 2025-26 due to the increased use of newsletters, emails, Sharepoint blogs and other media.

In addition to this, and to continue to promote an Anti-Fraud Culture within NWSSP, a newsletter is produced periodically 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 1,400 staff having completed the module at the end of March 2026.

Assessment of the Counter Fraud Functional Standards provides assurance that NWSSP is compliant overall, noting that the Counter Fraud risk assessment remains assessed as Amber. The risk assessment is in place and feeds into the Counter Fraud workplan for 2025-26, with further work ongoing to enhance its maturity.

3.4 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 Duty applies to clinical and non-clinical NHS Services, and therefore the services and functions of NWSSP are captured by this legislation. An Annual Report outlining compliance with the Duty is produced and reported to Welsh Government through the Annual Quality Report of Velindre University NHS Trust, the hosting body.

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 allocates part of its meetings to NWSSP matters.

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.

NWSSP's 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. The 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.

3.5 Certifications

NWSSP 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 2025-26 included continued raising of awareness with the Shared Services Partnership Committee, Senior Leadership Group and divisions, 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. Reporting is further enhanced by the inclusion of the Duty of Quality as part of the quarterly reporting processes within NWSSP. This places consideration of the domains and enablers of quality on an equal basis with finance and performance.

NWSSP has also been developing an overarching Quality Management System (QMS) which outlines the organisational approach and enables each division to manage their own QMS in accordance with external accreditation and inspections. This will be embedded further in 2026-27. The Duty has been further strengthened by being included for consideration as part of the Equality Integrated Impact Assessment, which meets the requirements of the Act to consider the Duty when undertaking any strategic planning.

3.6 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 second annual reassessment took place in October 2025, with NWSSP maintaining certification to the Standard.

As part of the reassessment process, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required, evidencing maturity and embedded practice. NWSSP also achieved 45 Compliances, where in each instance the standard required was met, with zero Partial Compliances to consider as areas of improvement.

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 2026, there were six red rated risks on the NWSSP Corporate Risk Register, as set out below:

- 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;
- the risk that there may be disruption to the supply of pharmaceuticals caused by external factors, resulting in significant restrictions to provision;
- the threat to patient services if the planned developments of the Radiopharmacy and Transforming Access to Medicines Services (TrAMS) hub is not allowed to progress, due to funding or planning limitations;
- the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges;
- the challenges in scaling support for the Future Workforce Solution rollout (replacement of ESR), risks from limited user organisation capacity that may hinder implementation success, and uncertainties around contract management and funding that require clarification from Welsh Government colleagues; and
- the reputational risk for NWSSP regarding the forecast accuracy for the Welsh Risk Pool.

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. At the time of writing, NWSSP is awaiting an update to the Trust's overarching risk management strategy and supporting policy framework, which is planned for 2026–27, and will review and update its local protocol, as required, to ensure continued alignment.

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 as well as business continuity and cyber security risks.

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. The NWSSP Corporate Risk Register during 2025-26 had a number of risks escalated from services for monitoring by the SLG.

Directorate-level assurance maps are in place to provide visibility of how key operational and business-as-usual risks are being mitigated. While the assurance maps themselves are periodically presented to the Audit Committee, the Committee receives assurance on the effectiveness of the overall assurance-mapping process and the arrangements in place to identify, manage and monitor risk. Further assurance on this overarching approach is scheduled to be provided during summer 2026.

The SSPC also has a documented Risk Appetite Statement for NWSSP. A detailed review took place during the year within NWSSP following its last comprehensive update following the Shared Services Partnership Committee 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 was subsequently reviewed internally and reported to the Audit Committee in April 2025. The SLG continues to undertake periodic informal deep dive sessions, reviewing its approach to managing risk and the NWSSP Corporate Risk Register. NWSSP will review and, where necessary, revise the Risk Appetite Statement during 2026–27.

During 2025–26, an internal audit of risk management arrangements within NWSSP was undertaken and Reasonable Assurance was awarded. Two recommendations were identified to further strengthen the effectiveness of the framework. These related to:

- enhancing the consistency and clarity of risk articulation and scoring, to ensure risks are described and assessed in a uniform way across directorates and that links between operational and strategic risks are clearly evidenced; and

- clarifying the treatment of 'at target' risks, including whether they should be reclassified from 'risks for action' to 'risks for monitoring'.

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 NWSSP Corporate Risk Register;
- the effectiveness of key controls is regularly assured; and
- there is 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, Audit Committee and Velindre Quality, Safety and Performance Committee have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements for NWSSP;
- 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. 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 supplement policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the SSPC 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), chaired by the NWSSP SIRO, 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. Matters for escalation are identified and reported to the SLG.

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.

Artificial Intelligence (AI) adoption including the use of Microsoft Copilot, is supported by clear organisational guidance to ensure ethical, secure and compliant use. Controls are in place to prevent inappropriate use of sensitive or commercially sensitive information, with staff accountability reinforced through existing IG and Information Security policies that enables innovation without weakening confidentiality. Guidance has been provided to staff, as well as access to the full AI policy.

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 Data Use and Access Act (DUAA) 2025 has been reviewed, and small changes were made to NWSSP's current controls to include Data Subject Access and the inclusion of a Data Protection Complaints protocol. The DUAA provides opportunities to simplify and clarify practice while continuing to protect individual rights which are also accompanied with the relevant guidance. The Information Governance Manager works closely with the Trust Data Protection Officer as the Head of Information Governance within the Trust and also 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 places the highest priority on the health, safety and welfare of its staff, service users, visitors and contractors. Achieving a positive health and safety culture is recognised as a shared responsibility, requiring active engagement and collaboration between management and staff at all levels of NWSSP.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. A health and safety strategic improvement plan is in place which provides NWSSP with a framework for health and safety governance and assurance. In addition, a set of objectives provides an additional framework to deliver health and safety within NWSSP.

Strategic leadership and accountability for health and safety are provided by the Director of Finance and Corporate Services, supported by the NWSSP Health and Safety Manager and the team. Overseeing continuous improvement through performance monitoring, review of systems and processes, and structured governance arrangements, including regular discussions at the NWSSP All Wales Health and Safety Group. The Health and Safety Manager is a member of the Velindre NHS Trust Health and Safety Group and liaises closely with Velindre NHS Trust Health and Safety Manager in order to ensure that the Trust is aware of health and safety risks in NWSSP.

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 84 health and safety incidents reported for 2025-26 (compared with 72 in 2024-25). Long-term trend analysis indicates an overall downward trajectory over time. Continued progress against seven health and safety objectives, with targeted improvement activity aligned to the Health and Safety Strategic Improvement Plan. There were 10 Reporting of Injuries, Diseases and Dangerous Occurrences and Regulations (RIDDOR) reportable incidents (compared with 8 in 2024-25), which primarily related to manual handling. No enforcement action from the Health and Safety Executive or Environmental Health was taken. One new personal injury claim was received during the year (compared with 3 in 2024-25).

Health and safety incident reporting across NWSSP shows a sustained downward trend, with incidents reducing significantly from pre-2021 levels and remaining comparatively low in most service areas. Procurement Services, while historically the largest contributor, has shown a continued reduction in incidents, indicating improving control maturity and risk management. Higher incident levels are consistently reported within Health Courier Services and Laundry Services, reflecting the inherently higher operational risks associated with transport, logistics and operational environments and this remains an area of focus for the SLG. Other service areas report low or negligible incident levels, broadly aligned to their respective risk exposure.

Overall, this provides reasonable assurance that control arrangements are effective and have strengthened over time, although recent increases in some areas require continued management focus through the Health and Safety Strategic Improvement Plan. During the period, a schedule of health and safety internal audits were undertaken by the Health and Safety Manager and Health and Safety Support Officer using the Health and Safety Management System Framework (HSG65). Of 12 HSG65 assessments completed, 58% received Substantial Assurance and 42% received Reasonable Assurance; no sites were rated Limited or No Assurance.

Key areas requiring continued focus into 2026/27 include: contact with or struck by an object, noting an increase in incidents and reduction target not achieved this year and manual handling, noting a slight increase during 2025–2026 with further training, audits, ergonomic reviews and equipment/systems of work scheduled. An increase in the reporting of violence and aggression is reflective of a positive reporting culture but there will remain continued emphasis on prevention and post-incident support.

5.5 Internal Audit

The NWSSP Hosting Agreement provides that the SSPC will be subject to an effective independent internal audit as a key source of its internal assurance arrangements, in accordance with the Global Internal Auditing Standards and any other requirements determined by the Welsh Government.

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, the Trust as host, 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 2026-29, and as per the measures detailed in the Quality Assurance section above. NWSSP's third Annual Report on Duty of Quality for the 2025-26 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 2025-2028 plan was submitted to Welsh Government in accordance with required timescales, and the submission of the current 2026-2029 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 2025-26 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 bi-annual 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 2026 and there were no significant amendments to the Plan following the approval of the Committee earlier at its January 2026 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 continues to ensure compliance with its legislative duties and aligns its activity with actions set out in its Inclusive Culture Action Plan.

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.

We host a range of staff networks, and we continue to develop our inclusion offering for our workforce. This has included the introduction of Equality, Diversity and Inclusion training across divisions, alongside bespoke training to support education on discrimination, cultural awareness and inclusive behaviours. NWSSP also launched the Safe Inclusivity Campaign, creating opportunities for staff to ask questions in a safe, judgement-free environment, with questions used to further educate colleagues across the organisation.

NWSSP developed an Inclusive Culture Action Plan for 2025–2027, bringing together actions from across the organisation and reflecting Welsh Government requirements. One year into delivery, progress has been made through initiatives including 'Supporting You' roadshows, leadership development with targeted opportunities for under-represented groups, revised appraisal arrangements, the introduction of Compassionate Cultures and Speaking Up Safely training, and the implementation of the Work in Confidence platform. Delivery of the plan continues, with a clear commitment to transparency and ongoing engagement with staff to support positive cultural change.

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 developed a specific plan to address the actions that tie into the NWSSP Inclusive Culture Action Plan.

In 2026, the Welsh Government integrated the Workforce Race Equality Standard (WRES) into a single intersectional Workforce Equality Standard (WES), considering all aspects of identity including representation, recruitment and development. NWSSP will use this data, when available, to inform development of its Strategic Equality Plan and define targeted actions for improvement, where required. NWSSP's LGBTQ+ Wales Action Plan continues to link 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 continues to support delivery of inclusive culture activity across NWSSP, working alongside Diversity and Inclusion Ambassadors and other key networks.

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 Socio-Economic Duty, Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety. More recently, the Duty of Quality has been embedded within the well-established process.

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. This duty remains a key consideration within NWSSP's strategic planning and decision-making.

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. Equality data continues to play an important role in understanding organisational culture, supported by the development of a new Equality, Diversity and Inclusion Dashboard to inform senior leadership decision-making. NWSSP continues to build trust with employees by being transparent about why equality data is collected and how it is used. The All-Wales Recruitment Service, run by NWSSP, adheres to practices and principles in accordance with the Equality Act and quality-checks adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a Core Skills Training Framework (CSTF) 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, with the Managing Conflict module incorporating dignity and respect at work. Equality, Diversity and Inclusion training has been further embedded across divisions, complementing national mandatory training requirements.

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*) which NWSSP is enforcing for its staff.

7.2 Welsh Language

NWSSP continues its commitment to ensure 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 Welsh Language Annual Performance Report.

Work is largely driven by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development. The Head of Welsh Language Services and Compliance works closely with the Managing Director, Senior Leadership Group and 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.

For audit and compliance purposes, we have established a self-assessment process to monitor our compliance status with the Welsh Language Standards and Code of Practice and to measure our ability to provide Welsh language services that are equal to English language services. This process is bi-annual where the assessment is undertaken in year 1 followed by the development of local improvement plans, followed by the implementation of the improvement plan in year 2. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2026 was as follows:

Standards	Level of compliance
Service Delivery Standards	Medium to High Level of Compliance
Policy Making Standards	Medium to High Level of Compliance
Operational Standards	Medium to High Level of Compliance
Record Keeping Standards	High Level of Compliance
Supplementary Standards <i>(whereby the Commissioner will request additional information when required)</i>	High Level of Compliance

During 2025/26 NWSSP has reviewed the process of how scheduled procurement contracts can be assessed to include Welsh language service and delivery requirements in the specification of the Invitation to Tender Documents as well as an assessment tool to establish whether the Tender Documents need to be published in Welsh.

NWSSP has been developing a new Internal Use of the Welsh Language Policy during 2025/26 to strengthen compliance to the high level category in 2026/27, on the use of the Welsh language internally. This is following seminars and conferences attended with the Welsh Language Commissioner.

The Welsh Language Impact Assessment as part of the Equality Integrated Impact Assessment (EqIIA) was reviewed and improved in 2025/26, and as a consequence the assessments are more meaningful and robust in our

considerations of the Welsh language beyond the practice of translating. Consideration of persons, individuals and delivery of services are impacted by the Welsh language in NWSSP's decision-making processes go beyond the requirements of translation alone. NWSSP makes well informed decisions based on facts and key strategies and not on assumptions and opinions.

During 2025/26, 14 Welsh Language Impact Assessments were undertaken.

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 2025-26, 39 concerns were formally raised with NWSSP through the Protocol, of which:

- 36 were Formal Complaints received, whereby 100% of complaints were responded to within 30 working days; and
- 3 were Early Resolution Concerns received, where matters were able to be resolved within 48 hours, to the complainant's satisfaction. This represents a significant reduction compared to the previous year. However, NWSSP Corporate Services remain reliant on Services notifying them of matters resolved through this mechanism. Services have therefore been reminded of the importance of reporting all complaints resolved at an early stage to enable appropriate oversight and accurate reporting.

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, 55 in 2024-25).

A thematic review of concerns and complaints received during the reporting period identified a small number of consistent, overarching themes. Complaints were primarily driven by communication issues, timeliness and delays, and the consistent application of processes, with a proportion of concerns relating to matters outside the remit of NWSSP and therefore requiring signposting to other organisations. During the year, there was a notable increase in concerns received for the Medical Examiner Service and Primary Care functions, primarily relating to delays in the issuing of Medical Certificates of Cause of Death, cross-border transfer of medical records, and processing of payments or prescriptions. The SLG receives regular reports on concerns and complaints at each meeting, enabling appropriate scrutiny, oversight, and timely management action. This structured approach provides assurance that emerging themes are identified,

addressed, and used to inform service improvements and strengthen operational performance.

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 166 requests received within NWSSP during 2025-26, 97% of which were responded to within the 20-day deadline for compliance. This represents an increase, with 138 requests received in 2024/25, 98% of which were responded to within the 20-day deadline.

7.5 Data Security and Governance

In 2025-26 there were 41 (compared to 33 in 2024-25) reported 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 and the need to report is re-enforced by training provided by the Information Governance Manager.

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 were two Information Governance breaches referred to the Information Commissioner's Office (ICO) for further investigation, but the ICO was content to close both cases with no further action being taken.

7.6 Business Continuity Planning and Emergency Preparedness

NWSSP has received confirmation from the NHS Performance and Improvement Team via Welsh Government that the organisation does not, by definition, come under the Civil Contingencies Act 2004 (CCA). However,

NWSSP have been directed to align with the duties of the Act and the NHS Wales Emergency Planning Core Guidance, to ensure that the organisation identifies and mitigates risks, has plans in place to respond to risks and shares information with relevant partners.

Departments within NWSSP are actively reviewing business impacts and putting plans in place to ensure that the organisation can continue to deliver products or services at acceptable predefined levels following a disruptive incident.

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;
- Suppliers, internal and external to the organisation; and
- 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 embarked on a programme of work to align to the International Standard for Security and Resilience – Business Continuity Management Systems (ISO 22301).

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.

In addition, in 2026-27, NWSSP will deliver a new Incident and Exercise Debriefing Course, to ensure that lessons learned from incidents are appropriately collated and actioned from business continuity incidents and exercises.

Full engagement with external stakeholders is achieved by the Head of EPRR and other designated staff attending a variety of Welsh Health Emergency Planning Forums and Groups, including NHS Executive Emergency Planning Advisory Group, Health, Social Care and Early Years System Resilience Group, and NHS Performance and Improvement. Attendance at the groups ensures NWSSP is fully integrated into the Welsh Health Resilience Frameworks.

The most recent Internal Audit Report on Business Continuity achieved Reasonable Assurance and contained a range of helpful key findings. Commencement of actions to address these key findings has resulted in the following developments:

- The appointment of a shared resource across the Planning Performance and Informatics department to enhance the administration and programme management of business continuity and emergency planning between departments.
- Departments have been utilising guidance on departmental Business Impact Assessment and Business Continuity Plan development; whilst also adapting the process to suit specialist departments to ensure risk identification, mitigation and plan development.
- An organisation wide document management system is still under review and is intended to be in place by the end of 2026. In the meantime, functions within Teams are being used to maintain BCM documentation.
- The Emergency Planning Resilience and Response Team have been working with the Audit Division within NWSSP to create an ISO 22301 Compliance Review process. The programme of compliance reviews will start in May 2026 reviewing each department, providing support and guidance to managers to enable full compliance with ISO 22301.
- meantime, functions within Teams are being used to maintain BCM documentation.
- The Emergency Planning Resilience and Response Team have been working with the Audit Division within NWSSP to create an ISO 22301 Compliance Review process. The programme of compliance reviews will start in May 2026 reviewing each department, providing support and guidance to managers to enable full compliance with ISO 22301.

7.7 Cyber Security

Through 2025-26, NWSSP has continued to mature its cyber security and resilience arrangements, moving from framework adoption to formal assurance and continuous improvement. An independent assessment against the Cyber Assessment Framework was completed by the NHS Wales

Cyber Resilience Unit, providing a structured view of NWSSP's cyber resilience across governance, protection, detection, response and recovery.

The assessment confirmed that NWSSP has established many of the foundational capabilities expected of an organisation delivering critical services, with clear accountability, defined roles, and a risk based approach to cyber security governance. A small number of CAF outcomes were assessed as Partially Achieved, reflecting known gaps in areas such as supply chain assurance and the consistency of security monitoring across all critical systems. These findings are understood and have been incorporated into a prioritised improvement roadmap.

Cyber security activity is now embedded within a broader approach to infrastructure and service resilience. NWSSP has participated in the NHS Wales Infrastructure Adoption Model (INFRAM) assessment, which provides a benchmarked view of cyber security maturity alongside infrastructure performance, availability and recoverability. This has reinforced the importance of cyber resilience as an enabler of reliable, safe and sustainable digital services.

Progress against cyber security improvement plans is monitored through defined performance indicators and reported regularly to the Senior Leadership Group, with the reporting having developed during the year and is still maturing. Where full compliance is not yet achievable, proportionate technical and procedural mitigations are in place and subject to routine review.

NWSSP continues to place strong emphasis on organisational readiness and staff awareness. Regular phishing simulations, targeted communications and senior level cyber incident exercises are used to strengthen preparedness and decision making. NWSSP also maintains active engagement with national NHS Wales cyber security forums to ensure alignment with system wide standards and emerging threats.

Taken together, these arrangements provide the assurance that cyber security risks are identified, understood and recommendations to help strengthen controls are acted upon promptly, and that NWSSP is continuing to strengthen its ability to prevent, detect, respond to and recover from cyber incidents that could impact the delivery of essential services.

7.8 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.

7.9 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.


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.

The Head of Internal Audit opinion for 2025-26 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:

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.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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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 no internal audit reports issued with a rating of limited. There were zero reports with no assurance. All other reports were either substantial or reasonable assurance, or were issued as advisory reports.

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 2025-26 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 2025-26.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Date of Meeting:
14 May 2026

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Register Update – May 2026

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	James Quance Assistant Director of Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Alison Ramsey Director of Finance & Corporate Services Alison.Ramsey@wales.nhs.uk

**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. NWSSP Audit Committee receive the NWSSP Corporate Risk Register at each meeting. 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.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Health and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com) . These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
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 2026

1. INTRODUCTION

Since the Shared Services Partnership Committee meeting on 19 March 2026, several changes have been made to the NWSSP Corporate Risk Register, as outlined below.

The NWSSP 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 2026
Red Risk	6
Amber Risk	11
Yellow Risk	0
Green Risk	0
Total	17

Red-rated Risks

There are currently **six** red risks captured under the Risks for Action section, which are outlined below:

1. 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);
2. the risk that there may be disruption to the supply of pharmaceuticals caused by external factors, resulting in significant restrictions to provision (A3b);
3. the threat to patient services if the planned developments of the Radiopharmacy and TrAMS Hub is not allowed to progress, due to funding or planning limitations (A8);
4. the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges (A11);

5. the challenges in scaling support for the Future Workforce Solution rollout (replacement of ESR), risks from limited user organisation capacity that may hinder implementation success, and uncertainties around contract management and funding that require clarification from Welsh Government colleagues (A12); and
6. the reputational risk for NWSSP regarding the forecast accuracy for the Welsh Risk Pool (A14).

Newly Escalated Risks

The Senior Leadership Group (SLG) has recently assessed emerging risks. As a result, risk A15 was added to the NWSSP Corporate Risk Register regarding facilitating the Implementation of the new Resident Doctor Contract Terms and Conditions, in which there is a high dependency on medical workforce staff within Health Boards in completing critical tasks on a timely basis.

The contract will be phased over a two-year transition period with new starters, foundation doctors and doctors on unbanded rotas, transitioning to new arrangements by August 2026. There is a risk that the volume of trainees and defined delivery timescales will prove challenging.

Delivery is reliant on workflow arrangements and changes to digital software (some of which is pay impacting); which fall under the responsibility of external software suppliers.

De-escalated Risks

Since the last meeting, the following risks have been de-escalated from the Risks for Action section and transferred Risks for Monitoring section.

- Risk A2 relating to workforce recruitment and retention, is now risk M5.
- Risk A9 relating to the potential for a data breach given the volume of data that NWSSP handles, is now M6.
- Risk A13 relating to office accommodation at Companies House and Charnwood Court sites, is now M7.
- Risk A18 regarding the expiration of Microsoft Licences, is now M8.

Risk Trends

Following the de-escalation of the four risks noted above, there are five risks tracking at their amber target risk level. They have been retained on the main Register to ensure SLG oversight and ongoing review, including consideration as to whether further action should be undertaken to reduce them further and not be complacent, if reported at target level.

Since the last meeting of the Committee on 19 March 2026, fourteen risks have remained at the same risk score, with a number demonstrating sustained stability over time. This reflects the impact of actions already implemented, with mitigating controls now embedded and operating as intended to hold risks at their target level.

In several cases, residual risk reflects the inherent nature of the activity, and the focus has therefore shifted from further score reduction to assurance over the continued effectiveness of controls and early identification of any change in risk exposure. Score stability is therefore considered indicative of controlled and actively managed risk, rather than inactivity.

However, more can always be done to strengthen the position, and scores will continue to be challenged by the SLG, in addition to assurance over controls and actions being provided by Internal Audit and other reviews, in order to identify where further progress can be made.

Revised Target Deadlines

Since the last Committee meeting, there are a number of changes to report to target dates, these are as follows:

- Risk A1 – If there is a successful cyber-attack on NWSSP, there is a risk of permanent loss of data and / or temporary loss of access to critical systems for significant periods of time (and consequent regulatory financial penalties and reputational damage).
 - The target deadline has been revised to 30 June 2026, reflecting further action being taken and the dynamic and changing nature of the inherent threat.
- Risk A3 a&b – Risk of supply chain disruption
 - The target deadline for these risks has been revised to 30 September 2026, reflecting global instability.
- Risk A7 – 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.
 - The target deadline for this risk has been revised to 30 June 2026, reflecting the timescales for updating of assurance maps to inform the overall map of regulatory requirements and internal audit assurance in Q1 of 2026/27. It should be noted that year end assurances are being provided with no instances of non-compliance identified.
- Risk A8 - The threat to patient services should planned developments of the Radiopharmacy and hub TrAMS services are not allowed to progress due to funding or planning limitations.

- The target deadline for this risk has been extended to 31 July 2026.
- Risk A11 - The planned development of the TrAMS Pharmacy Service is adversely impacted due to financial and staffing challenges. Health Boards and Trusts may not approve the revenue funding required to resource the service, leading to Business Cases not being approved by SSPC and Welsh Government. Possible downstream impacts on supply of medicine to patients if the go live of the facility is delayed.
 - The target deadline for this risk has been extended to 31 July 2026.

Risks at Target

Currently, there are five Risks for Action at their target level. Since the last Committee meeting, several changes have been made to risk target dates, as outlined below:

- Risk A1: Status amended from 'At Target', to an amended target date of 30 June 2026.
- Risks A3a and A3b: Both target dates have been amended from 31 March 2026 to 30 September 2026.
- Risk A4a and A4b: Both target dates have been amended from 31 March 2026 to 31 May 2026.
- Risk A7: Status amended from 'At Target' to an amended target date of 30 June 2026.
- Risk A8: Target date amended from 31 March 2026 to 31 July 2026.
- Risk A11: Target date amended from 31 March 2026 to 31 July 2026.
- Risk A13: Target date amended from 27 March 2026 to 11 May 2026.

3. RISKS FOR MONITORING

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

Current Risk Rating	May 2026
Red Risk	0
Amber Risk	3
Yellow Risk	5
Green Risk	0
Total	8

Eight risks remain stable, with progress updates provided, where applicable. These continue to be monitored through the NWSSP Corporate Risk Register to ensure appropriate oversight. Additionally, the score for Risk M5 has reduced from an amber (12) to a yellow (6) as winter pressures have eased, supported by established business continuity arrangements that have ensured ongoing service continuity.

As noted above, four risks have been transferred to the Risks for Monitoring section. These are outlined below:

- M5: 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.
- M6: 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.
- M7: 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.
- M8: The impending expiration of the Microsoft licensing agreement poses a strategic and financial risk, particularly for SMA and CODI applications (approx. 25,900 licences). Non-renewal or suboptimal licensing decisions could disrupt critical administrative processes.

Risk Trends

Risk M4 has reduced from a yellow score of 6, to a yellow score of 4, reflecting the easing of winter pressures. Subject to continued improvement, further de-escalation from the NWSSP Corporate Risk Register is planned.

Closed Risks

The risk relating to the transfer of Laundry Services to NWSSP, which identified potential concerns including health and safety and the formalisation of customer relationships (previously Risk M4), has been closed. As a result, the risk has been removed from the Risks for Monitoring section and transferred to the Closed Risks section.

Newly Escalated Risks

There are no updates to report under this category.

4. EMERGING RISKS

Two emerging financial risks are also brought to the Committee's attention:

- Global instability is impacting short term pricing on fuel and energy. A buffer has been built into both within Integrated Medium-Term Plan (IMTP) assumptions, but if there is no return to pricing stability soon, this will crystallise as a financial risk to 2026/27 planning assumptions.
- The worsening financial position across NHS Wales based on submitted IMTPs for 2026/7 has been raised at NHS Leadership Board and with Directors of Finance. A targeted approach to reviewing a number of key areas is being agreed for all organisations. NWSSP will be monitoring closely our planning assumptions around workforce costs and headcount during 2026/27 as part of this work and increasing scrutiny of variable pay and vacancy controls. Discussions through SLG and with Trades Unions have started on the sensitive handling of this work.

Looking Forward

As agreed at the Formal Senior Leadership Group meeting on 23 April 2026, the NWSSP Corporate Risk Register will be subject to a detailed review at the Informal Senior Leadership Group meeting scheduled for 7 May 2026. This deep dive will provide assurance on the effectiveness of the register and support continued effectiveness of risk management arrangements.

5. RECOMMENDATION

- The Committee is asked to **NOTE** the updates outlined above to the NWSSP Corporate Risk Register.

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				
Risks for Action												
A1	If there is a successful cyber attack on NWSSP, there is a risk of permanent loss of data and / or temporary loss of access to critical systems for significant periods of time (and consequent regulatory financial penalties and reputational damage) .	5	5	25	SIEM monitored O365 enhanced security features implemented OS patching monitored Vulnerability assessments produced CAF remediation project plan developed	3	5	15	Implement Cyber Assurance Framework (CAF) remediation plan Address identified vulnerabilities Progress Business Impact Assessments	Cyber KPIs agreed with SLG. Quarterly report to be provided beginning at July SLG meeting	➔	31/06/2026
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance and Informatics		
A2	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 Planning, Performance and Informatics and the Head of Emergency Preparedness led exercise Pegasus from NWSSP's perspective which tested pandemic preparedness.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. NWSSP was part of Operation Pegasus which took place Sept-Nov 2025. We are awaiting the external key findings and recommendations which will be reported in early 2026. An audit programme will commence in May 2026 which will further enhance the compliance of departments to the requirements of good BCMS practice aligned to iso 22301 along with continued training and development and exercising.	➔	At target
	Strategic Objective - Services									Risk Lead: Director of Planning, Performance and Informatics		
A3a	There is a risk that disruption in the Personal Protective Equipment (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 is working through the next steps including the sourcing and future warehousing requirements to meet the Welsh Government prescribed targets for stock and stockholding of PPE products. Work will commence with PHW to support fit testing arrangements required to source replacement FFP3 products as part of a national procurement. This work will be completed as part of a tender exercise to determine which FFP3 products will be included in the stockpile for future use. A number of critical orders have now been placed in relation to the agreed stock holding limits; procurement arrangements are mostly in place. SLA with WG capturing resilience arrangements has been amended via CCN to include PPE responsibilities and reported to the SSPC in November 2025. Work ongoing with SMTL and Contractor to verify quality of face visor product. As a result the order for face visors is unable to be placed until the Contractor achieves the required regulatory conformance.	➔	30/09/2026
	Strategic Objective - Services									Risk Lead: Director of Finance and Corporate Services and Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services		
A3b	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 and ongoing monitoring of stock levels and supplier performance to identify risks early. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales. Contract reallocation, insofar as when awarded suppliers withdraw, the National Medicines Procurement Team reallocates contracts to alternative manufacturers able to supply. We have introduced and manage a contingency stockpile which is a controlled reserve of critical pharmaceutical products is maintained to mitigate short-term supply chain disruptions. Despite these measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. This risk has also been considered as part of overarching business continuity planning.	5	4	20	Whilst further actions remain limited at this time in terms of pharmaceuticals, largely due to the fact that NWSSP are dealing with global manufacturers and therefore, also subject to the geopolitical pressures and wider market forces, we will continue to conduct 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. Despite the existing controls and mitigation measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. Continued visibility remains essential at this time.	➔	30/09/2026
	Strategic Objectives - Services									Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical Services		

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				
A4a	<p>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 newly published 2025 NHS Wales SDP for Decarbonisation and associated Climate Adaptation planning measures.</p> <p>Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.</p>	4	4	16	<p>Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board.</p> <p>Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.</p>	3	4	12	<p>Development of a new reporting format for monitoring progress against the updated SDP initiatives; followed by reporting of the risk through to the National Programme Board through the NWSSP CAP team.</p> <p>Leadership of national / joint SDP initiatives.</p> <p>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.</p>	<p>A new reporting arrangement and format has been developed for use with the updated SDP for the Decarbonisation and Adaptation workstreams.</p> <p>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.</p> <p>NWSSP are engaged with delivery and coordination of relevant national initiatives listed in the updated SDP.</p> <p>NWSSP have developed case studies for schemes and will use various forums (Estates, BELP, TAP etc) to promote wider application. NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored with no significant delays to report.</p>	➔	31/05/2026
Strategic Objective - Service Development												
Risk Lead: Director of Specialist Estates Services												
A4b	<p>Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, updated SDP initiatives and associated climate Adaptation planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.</p>	4	4	16	<p>NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and TMO Support in place.</p> <p>NWSSP DAP published and submitted to Welsh Government.</p> <p>Regular monitoring of progress against objectives is in place.</p> <p>Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024</p>	3	4	12	<p>Progression of activities listed within the 2025 SDP.</p> <p>Work is being done by the NWSSP Decarbonisation & Adaptation Delivery Group to target deliverable amounts for investment within the current environment and to continue research into potential wider funding sources.</p> <p>A new Decarbonisation Action Plan will be developed in the coming months with estimated costs for inclusion in the 27/28 IMTP update.</p> <p>Following on from Risk Assessments in 2025, Adaptation Option appraisals and associated costs will be progressed and proposals submitted to WG by Dec 2026 (and inclusion of costs within the IMTP as appropriate).</p> <p>Progress on Decarbonisation Training in NWSSP to be monitored.</p>	<p>The following schemes have been funded through the WG TEF Programme 25/26 - 26/27.</p> <p>a) Denbigh Stores RM PV and infra-red heating: Completed Mar 26.</p> <p>b) Matrix House EV Charging & Infrastructure Upgrade: Completed Mar 26.</p> <p>c) Waste Water Heat Reclaim Systems (GV,CV&YGC laundries): Completed Feb 26.</p> <p>It is anticipated that details of the 2027/28-2028/29 TEF Programme will be released in the coming months.</p> <p>Work will continue with oversheeting the roof at IP5 and should complete in July 2026. Research will now commence on potential for incremental roof mounted PV development.</p> <p>NWSSP CAP team are progressing with delivery and oversight of the NWSSP obligations as listed in the SDP.</p> <p>The NWSSP Climate Adaptation risk assessment was completed in December 2025 and following Programme Board and SLT approval was issued to WG. The D&A Delivery Group are leading a process of option generation and appraisal so as to have investment proposals ready for the Autumn IMTP planning round.</p> <p>Progress on implementation of Decarbonisation Training is being monitored as appropriate.</p>	➔	31/05/2026
Strategic Objective - Service Development												
Risk Lead: Director of Specialist Estates Services												
A5	<p>The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.</p>	5	4	20	<p>Appointment of Legal Counsel</p> <p>Support from Legal & Risk</p> <p>COVID Inquiry Planning Readiness Group has met its terms of reference</p> <p>Reflection Documents completed</p> <p>Central Store of relevant documents</p> <p>Core Participant status for Module 5 confirmed.</p> <p>Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.</p>	3	4	12	<p>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.</p>	<p>We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. There may be ongoing work in relation to the committee style review that Welsh Government set up, to capture issues that weren't covered by the main UK Public Inquiry.</p> <p>We will work with partners and Welsh Government on any relevant recommendations arising from the final report.</p> <p>A motion to dissolve the Wales COVID-19 Inquiry Special Purpose Committee was made on 8 October 2025. However, pending the outcome of the Senedd elections in May 2026, this position may change significantly dependent upon the elected party and their associated manifesto / policies.</p>	➔	At target
Strategic Objective - Services												
Risk Lead: Director of Finance and Corporate Services												

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				
A6	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 2025-2028 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 inform 2025-2028 plans. Vacancy Control Arrangements implemented	3	4	12	At the end of Quarter 1 all savings plans have been identified to meet the IMTP target requirement and are on track to be achieved. At the end of July 2025, NWSSP reported a surplus of £2.316m which will either be used to fund pressures within NWSSP, be reinvested within NWSSP and/or distributed to NHS Wales/WG	Q1 & Q3 JET meetings have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. We received the IMTP response letter from Welsh Government during the summer. Our financial performance to month 11 provides assurance of achievement of our financial plan. Pay award funding for 2024/25 and 2025/26 has now been confirmed. We have confirmed a £6m savings distribution for 2025/26 to our partners due to the over-achievement of non-recurrent savings during the financial year. Finance Touchpoint meeting relating to the 2026-27 IMTP required NWSSP to identify £744k recurrent savings and clear the underlying deficit position included in the draft IMTP. This has been achieved, to be reported to SSPC in March before submission. A further ask to identify opportunities for NWSSP to make additional savings and support the wider NHS. A programme of work to be established led by Director of Planning, Performance and Informatics.	➔	At Target
	Strategic Objective - Services											
A7	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.	➔	30/06/2026
	Strategic Objective - Services											
A8	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. Submission of South East Hub FBC to Welsh Government is anticipated July 2026, this will determine any funding limitations to the TrAMS hub service.	The format and timeframes for the TrAMS Outline Business Case (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 VCC that we are aware of. Good progress was made on the 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. OBC was approved at July SSPC and has been approved by ABUHB, CTMUHB, CAVUHB and Velindre. FBC option definition remains under discussion with Velindre Trust, to ensure optimum outcomes for all stakeholders for both aseptic products and clinical trials. Radiopharmacy build is on target with floor preparation and steel work completed. Ducting and panels have been delivered to site. Current forecast is for "power on" 16/1/26, Practical Completion 30/1/26, Handover following contractor validation (IQ/OQ) 27/2/26, and delivery of all documentation deliverables by 13/3/26, when the project is forecast to close. South East Radiopharmacy is nearing build completion. Contractor Validation (IQ/OQ) is anticipated in March 2026, and NHS Validation (PQ) in April 26, leading to a phased service Go Live from June 2026 – August 2026. A workforce training and deployment plan has been prepared to support go live. SLAs to confirm 2026/7 costs have been circulated in February 2026 to relevant organisations to be presented to SSPC on 19 March 2026. North and South West projects have been mobilised in February 2026, with dedicated Project teams to further reduce the risk of poor hub service progression.	➔	31/07/2026
	Strategic Objective - Services											
A9	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 Business Continuity 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 June 2024) 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. Mass Causalities Management Report was presented to SLG in November 2025. An audit programme will commence in May 2026 which will further enhance the compliance of departments to the requirements of good BCMS practice aligned to ISO22301 along with continued training and development and exercising.	➔	At target
	Strategic Objective: Services											

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				
A10	<p>There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.</p> <p>Strategic Objective - Service Development</p>	5	4	20	<p>Estates and digital strategies</p> <p>Capital and estates prioritisation returns submitted to WG</p> <p>Close contact maintained with WG Capital Team</p> <p>Track record of delivery and effective use of resources</p> <p>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.</p> <p>Joint Executive Team (JET) meetings with WG which provide updates to areas of risk.</p> <p>IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed.</p> <p>Discretionary Capital budgets agreed and in place for Laundry Services and IP5.</p>	3	4	12	<p>Preparatory work though the Capital Prioritisation Group (CPG) supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement have been able to commence earlier in the financial year. Head of Facilities and Estates started on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.</p>	<p>NWSSP Capital Prioritisation Group will continue to refine the internal arrangements.</p> <p>The Capital Financial Control Procedure was approved by Audit Committee in May to support larger capital schemes.</p> <p>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.</p> <p>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. A number of schemes were submitted before end of September and additional funding of £1.327m for 2025/26 has now been confirmed. Funding for the IP5 roof business case was approved by Welsh Government in December for £3.134m, with £1.500m approved for 2025/26. The Fleet BJC has now been approved for funding in 2026/27. In the Feb capital meeting with Welsh Government further discussions were had on year end flexibility and provision of funding across into 2026/27 for Power Resilience at IP5, Radio Pharmacy and SE TRAMS Hub schemes.</p>	➔	At Target
A11	<p>The planned development of the TrAMS Pharmacy Service is adversely impacted due to financial and staffing challenges. Health Boards and Trusts may not approve the revenue funding required to resource the service, leading to Business Cases not being approved by SSPC and Welsh Government. Possible downstream impacts on supply of medicine to patients if the go live of the facility is delayed.</p> <p>Escalated Divisional Risk</p>	5	4	20	<p>Programme Board in place and subgroups in place for finance and POD matters</p> <p>Programme arrangements in place including risk register for the programme.</p> <p>NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.</p>	4	4	16	<p>Business Case drafts to be shared within reference groups in advance of formal approvals. Basis of data and calculations to be transparent based on recognised data sets. Summaries of each table split by organisation will be provided. Learning and feedback points to be captured and carried forward from one Business Case to the next. Shared learning sessions are being held between Project Managers working on different projects in the programme. Ensure contractor deliverable drafts are reviewed by Project Team prior to wider issue.</p>	<p>Radiopharmacy BJC approved by SSPC July 2024 and Cabinet Secretary February 2025. South East(SE) Hub OBC approved by SSPC July 2025 and Cabinet Secretary September 2025. Current focus is preparation of the SE Hub FBC. Preparatory work is ongoing for the North and South West Projects, to reduce risk of Business Case approvals.</p>	➔	31/07/2026
A12	<p>There is a risk that NWSSP is not adequately prepared to support the roll out of the Future Workforce Solution (replacement for ESR) with the ability to quickly scale support services and to react to a rapid demand for services from both the NHSBSA and NHS Wales organisations.</p> <p>There is also a secondary risk in user organisation capacity and capability resulting in sub-optimal implementations and or extended timescales and reduced benefits; suggesting a requirement for central specialised implementation support team.</p> <p>Finally, there is a risk to a potential requirement for contract management and subsequent funding arrangements, which require further clarification from WG colleagues.</p> <p>Escalated Divisional Risk</p>	4	5	20	<p>Informed by the preferred bidder, the NHSBSA included the cost of resource that each user organisation will need to prepare for and support the transition to the FWS within the FBC. Final costs included are the top of band A4C and equate to 3 FTE additional resources per organisation for a number of months (based on the size of organisation and complexity of delivery required) to cover project and change management for each User Organisation. This totals £89.2m within the FBC, however it remains unclear what proportion of this is allocated to NHS Wales.</p> <p>NWSSP is represented at the Future Workforce Solution Transformation Programme Board, CEO Board and Advisory Board to receive early indication of emerging risks and response requirements.</p> <p>Regular meetings in place with NHSBSA SLT.</p> <p>Draft Programme and Resource Plan in place.</p> <p>Regular liaison with Welsh Government also noted in JET meetings.</p> <p>IMTP objective and is scrutinised via quarterly review process</p> <p>Wales Steering group established reporting via SSPC, WODs and DoFs.</p>	4	4	16	<p>Discussions with WG regarding proposed central implementation team.</p> <p>Continue discussions and develop collaboration agreement between NHSBSA and NWSSP on behalf of NHS Wales.</p> <p>Finance meeting with WG</p> <p>Continue meetings with NHSBSA SLT to further inform and finalise Implementation & Resource plan</p> <p>Develop and agree communication plan for NHS Wales organisations.</p> <p>Review of existing organisation resources; both insitu and required to deliver the FWS.</p>	<p>Resource and Implementation proposal prepared and submitted to WG 10/11/25</p> <p>Meetings between WG & NHSBSA arranged and scheduled for November 2025.</p> <p>Collaboration agreement in draft. To be finalised and ratified via NHS Wales Governance structure prior to submission to the NHSBSA.</p> <p>Review of organisation structures underway.</p>	➔	<p>April 2026 to support Early Adopter Organisations</p> <p>Programme completion date 2030.</p> <p>Interim target milestones TBC</p>

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				
A13	There is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by Health Boards to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles.	4	3	12	NWSSP provided HEIW colleagues with early notice of low vacancy numbers being released into Streamlining. HEIW commitment to engage Health Boards to increase activity resulted in c300 Nursing (unconfirmed) and c20 Midwifery (unconfirmed). HEIW communicated to students informing of postponed release. HEIW established a Strategic Oversight Board with the aim of improving visibility and planning for the pipelines of students in the Education Commissioning system.	3	3	9	Heath Boards - Workforce, Nursing and Finance Directors to support HEIW and NWSSP on the Streamlining Programme and ensure that vacancies match commissioning numbers for nursing and midwifery identifying additional vacancies before 11.05.26. Early decision to be taken in respect of Autumn 2026 Streamlining commitment.	The proposed go-live date for Students (N&M) of 08.04.26 was postponed following HEIW engagement with Health Boards. As at the 10.04.26, c1,200 nursing students and 150 midwifery students fall within the scope of student streamlining for Summer 2026. Following extensive engagement with HEIW and HBs, c300 nursing vacancies (unconfirmed) and c20 midwifery (unconfirmed) vacancies have been identified to support Summer 2026 Streamlining which is re-scheduled for release on 11.05.26. It has been estimated there will be c1,030 students unmatched because of the vacancy shortage. Reputational risk to NWSSP has been heightened as a result of the RCN media publicity on 09.04.26 which highlighted the delayed release of Streamlining and the shortage of vacancies across NHS Wales.	↑	11/05/2026
	Escalated Divisional Risk											
A14	There is a reputational risk for NWSSP regarding the accuracy of the forecast for the Welsh Risk Pool which, materially impacts the financial position of NHS Wales Organisations due to the costs they are required to fund under the Risk Sharing agreement.	3	4	12	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	4	4	16	Work with FP&D data science team to facilitate additional insights into forecasting options they can support. Working with NHSR colleagues to understand their forecasting model in more detail. Monthly forecast meetings with senior LARS colleagues to ensure understanding of key cases, timings and values that will impact the forecast. Regular communications with DoFs & DDoFs on any risks to the forecast position	The maximum forecast for 2025/26 is £49m above the risk sharing expectations included in the planning assumptions for the financial year. Welsh Government have non-recurrently secured additional funding of £49m to fund this increased requirement in 2025/26. The initial forecast for 2026/27 that has been shared for 2026-29 planning assumptions has identified a further significant increase in the DEL expenditure from 2026/27. The forecast has been prepared with reference to the expected cashflows on the iCasework database and a revision to the historic forecasting model with reference to known/expected trial dates and the volumes and values of high values cases. We are working with the Financial Planning & Delivery Unit to review case settlement trends and values with a longer term aim to build to develop a model using data insights and intelligence to inform future forecasts. The initial forecast identifies that NHS Wales Organisations will need to fund £162m under the risk share in 2026/27 placing a significant financial burden on their financial plans. The 2025/26 forecast is £85m funded £36m from HBs/Trusts and £49m additional WG funding.	↑	31/03/2027
	Escalated Divisional Risk											
A15	Facilitating the implementation of the new Resident Doctor terms and conditions. The contract will be phased over a two-year transition period with new starters, foundation doctors and doctors on unbanded rotas transitioning to new arrangements by August 2026. There is a risk that the volume of trainees and defined delivery timescales will prove challenging. Delivery is reliant on workflow arrangements and changes to digital software (some of which is pay impacting); which fall under the responsibility of external software suppliers.	5	4	20	NHS Wales Shared Services Partnership, NHS Wales Employers, and BMA Cymru Wales will work jointly on the implementation arrangements via the Single Lead Employer Model. Implementation Project Board will convene in early 2026 introducing both local and national task and finish groups. Appointment of Programme Manager in January 2026 and support provided by the TMO. Preparatory discussions held with software suppliers pre referendum. All Wales Medical Workforce Managers meeting will be used to mitigate risk around engagement. Run dual systems over the next 3 years so there will always be functionality in terms of how out of hours work and prospective cover will be managed through the use of the data sets.	3	3	9	Scope the impact of the contractual changes on trainees, employers and service providers (SLE/HEIW) on transition to the new arrangements. Develop, agree and implement workflow arrangements between software suppliers and users. Introduce arrangements to support the Guardian of Safe and Flexible Working. Develop and agree funding and financial flow arrangements. Develop a wide reaching communication & engagement strategy. Plan for data collection, management, migration. Work required by the payroll team in terms of liaising with IBM in uploading the new pay scales.	PID in development. Programme Manager to commence January 2026. NHSBSA / IBM / RL Datix informed of referendum outcome.	→	30/06/2026
	Strategic Objective - Services											
Risks for Monitoring												
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 LCFSSs 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 was provided to DoFs in October. It is hoped all NHS Wales Counter fraud staff including LCFSSs will be able to access this CPD resource when it goes live, hopefully in the calendar year.	→	For Monitoring
	Strategic Objective - Value For Money											

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				
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 Strategic Objective - Service Development	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 been completed.	Head of Estates and Facilities is exploring 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 as a consequence of the decision by UK government and Welsh government on retention requirements for potential future IBCA claims. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Options for document storage preferably as part of PPE storage are being actively explored and will form part of IMTP for 2026-2029. Risk Lead: Director of Finance and Corporate Services	➔	For Monitoring
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.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	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 NWSSP 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. Risk Lead: Director of Finance and Corporate Services	➔	For Monitoring
M4	There is a risk to organisational reputation arising from public perception that the statutory implementation of the Medical Examiner Service (MES) in September 2024 has caused significant delays in the death certification process. While MES forms part of the certification pathway, it does not control all stages and therefore is not solely responsible for the end-to-end timeline. The cause of the risk is due to public misunderstanding of the MES' role and responsibility within the wider death certification process. The potential impact is reduced trust in the organisation, increased complaints and negative media coverage. Escalated Divisional Risk	3	5	15	Develop in partnership, a clear communication strategy which explains all organisation's role and responsibilities. Engage with stakeholders (funeral directors, bereaved families, Health Boards, bereavement teams) to manage expectations. Monitor and report turnaround times across the entire certification pathway to provide transparency. Collaborate with other services involved in the process to identify and address bottlenecks.	2	2	4	Regular engagement with AMD/CMO/MD Regular engagement with WG. Regular timestamp reporting to the wider stakeholder groups. Winter/surge planning arrangements in place	Regular touch points in place with key stakeholders. Reporting triggers agreed with CMO/AMD/MDs. Regular timestamp reporting released as BAU. Additional capacity/sessions in place to support winter planning. A target date of April 26 has been set to allow the team to manage through winter pressures. The risk remains under daily service monitoring arrangements. Winter pressures have now subsided, and the established Business Continuity and winter planning arrangements have ensured continuity of service delivery. These controls have further mitigated the risk, contributing to a continued reduction in both its likelihood and impact. Risk Lead: Director of Primary Care Services and Medical Examiner Services and Medical Director	⬇	For Monitoring
M5	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. Strategic Objective - Staff	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. Further turnover trend analysis has been initiated within Divisions with a focus on losing staff with under one years' service. Look at Divisional recruitment metrics to understand if there are links between recruitment timescales and retention.	NWSSP continues to develop its 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. August 2025 Time to hire activity now shows NWSSP sitting at 52.1 days against a target of 71 days. There are still key areas where there needs to be a focus on recruitment and recruitment methods, taking into consideration the candidate experience and the impact that can have on recruitment. November 2025 saw the refresh of the LPF Sub Group focussing on Attraction and Retention, which will work with colleagues across the organisation and implement best practice in these areas. Risk Lead: Director People and Organisational Development and Employment Services	➔	At target
M6	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. Strategic Objective: Services	3	5	15	Established arrangements in place including: Information Governance Manager Information Governance Steering Group (IGSG) 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. More training is being arranged nationally. 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. Need to link to work on Cybersecurity and our supply chain. Risk Lead: Director of Finance and Corporate Services	➔	At target

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				
M7	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 with approval now being sought to extend for a further 5 years from January 2026. 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.	2	4	8	Discussions with the HQ landlord have progressed and a new lease approved from January 2026 for 5 years with a tenant only break -clause after 3 years. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo. Heads of terms have now been received and a project for next steps beyond CoHo arrangements being kicked off.	CoHo lease extensions were approved by the SSPC and Trust Board in January 2026. The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. This will be considered by the SSPC and Trust Board in January 2026. The anticipated savings for the new arrangements had been £200k but the actual savings have been £183k so a cost pressure to be met from savings elsewhere. This provides a medium term solution in line with our future business need and agile working arrangements and the Head of Estates and Facilities will commence a project to look at options for the medium term.	↓	At target
	Escalated Divisional/Programme Risk											
M8	The impending expiration of the Microsoft licensing agreement poses a strategic and financial risk, particularly for SMA and CODI applications (approx. 25,900 licences). Non-renewal or suboptimal licensing decisions could disrupt critical administrative processes.	3	4	12	Working with colleagues at DHCW on the contract renewal with particular emphasis on the impact of digital applications on reducing administration costs. Additionally presenting to Finance Directors across NHS Wales on the impact of digital applications on business efficiency and promoting the continuation of the MS 365 licence.	3	2	6	Regular updates from DHCW on contract negotiations with MS.	Contract negotiations between DHCW and Microsoft resulted in a briefing presentation to HB's for approval. DHCW have confirmed an executable contract will be signed off by 17.04.26.	→	At Target
	Escalated Divisional Risk											

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.				

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 12 – MARCH 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for 2025/26 and should be read in conjunction with the Monitoring Return tables submitted for Month 12.

Overview of Performance and Financial Position

NWSSP's financial outturn for 2025/26 is reported with a small surplus of £0.009m.

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.

The £6.753m full-year movement in planned income generation, non-recurrent savings and accountancy gains was driven mainly by variable pay savings, sustained vacancy levels across services, and the release of non-pay accruals.

We have utilised the savings to:

- Fund the £0.744m shortfall in Employer National Insurance funding during 2025/26.
- Distribute 2025/26 savings of £6.000m to NHS Wales and Welsh Government.

This results in a reported surplus of £0.009m.

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

- The full year income for 2025/26 totalled £909.390m. This is an increase from the £892.307m reported at Month 11 primarily due to increases from the inclusion of notional pension income (£7.6m NWSSP and £15.9m SLE) and income for PPE provisions (£0.815m) in Month 12. This was partly offset by reductions in income against the full year forecast at Month 11 for pharmacy rebates (£4.6m) and the Welsh Risk Pool (£2.5m).

This reflects a marginal movement to the income figures reported in the Day 5 return due to further adjustments identified in finalising Agreement of Balances after the submission.

- The SLE pay and non-pay expenditure totalled £350.039m including the notional pension adjustment, £334.167m excluding notional pension (£334.106m forecast at Month 11) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	24.325	24.309	23.987	24.054	32.547	27.776	26.852	26.712	26.669	26.670	26.181	42.143	332.2
NON-PAY	1.316	1.239	1.273	1.367	1.472	1.411	2.005	1.371	1.649	1.418	1.557	1.735	17.8
TOTAL	25.641	25.549	25.261	25.421	34.019	29.187	28.857	28.083	28.318	28.088	27.738	43.878	350.0

- Non-cash charges of £7.147m are reported.
- As forecast, we have fully utilised the £4.358m COVID-19/Health Protection allocation in 2025/26.
- At the end of 2025/26 the value of the credit note for the original supply of PPE has reduced from £17.537m to £12.117m to ensure continued cash coverage for the increased stock balance we hold.
- £192.067m income and expenditure is included for 2025/26 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. This utilised £46.576m of the additional £49m funding made available as previously advised to Matt Denham-Jones (**Action Point 11.1**).
- AME Provisions increased by £245.732m during 2025/26 and totalled £1.957bn at 31st March 2026 – the movement in AME provisions is not included in the MMR tables.

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income – the increase is due to inclusion of the notional pension income for SLE from Health Boards & Trusts.
- Welsh Government Income – the increase is due to the net impact of the inclusion of notional pension income for NWSSP employees (£7.6m), the PPE provision funding (£0.8m) and the reduction in the WRP forecast income (£2.5m)
- Other income – the reduction is due to pharmacy rebate income being less than anticipated - £2m relating to the Vertex true-up in Month 12, with the remainder of the movement due to assessments by Health Boards of

anticipated income that we have agreed via Agreements of Balance
(Action Point 11.2)

- Provider Services – Pay – the increase is due to the inclusion of the notional pension costs for NWSSP and SLE employees.
- Non-Pay – the reduction is due to the pharmacy rebate reduction offset by the increase in the PPE provision
- Losses, Special Payments & Irrecoverable Debts – the reduction is due to the WRP outturn being less than forecast in Month 11.

Table B2 has been finalised to reflect our summary 2025/26 position– key points to note are:

- The unplanned cost pressure reported against pay of £0.744m relates to the Employers National Insurance funding shortfall which continues to be reported gross as requested. This will be funded from the forecast in-year overachievement of savings.
- The 'other' cost pressure in non-pay of £6.000m reflects the confirmed 2025/26 distribution after funding the NI shortfall.
- Additional spend associated with in year funding is primarily attributable to the pay award, the funded element of the NI increase, pharmacy rebates, SLE, influenza vaccine and GMPI.
- The unplanned spend reductions total £43.706m at Month 12 are in relation to the reduction in our forecast expenditure compared to our IMTP expenditure assumptions and primarily relate to:
 - £12m – WIBSS – due to a reduction in both the eligible number of beneficiaries and application rates that we have seen for compensation payments.
 - £11.5m – SLE – due to our IMTP assumption being based on full establishment to training posts costed at assumed points of scale and actual costs reflecting vacancies and actual points of scale which are less than the IMTP forecast.
 - £5m – Medicines Unit/Radiopharmacy expenditure – amended assumptions due to slippage in the Radiopharmacy unit opening date into 26/27 which differs from the IMTP assumption and a reduction in the year-to-date issues of drugs from the medicines unit.
 - £5.5m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues.
 - £4.7m – reduction in GMPI forecast from Month 7 due to a review of expected case settlement dates
 - £4.6m - reduction in Pharmacy rebates against the original forecast

The following items were included in the forecast unplanned non-pay spend reduction (Line 53) in March (£7.682m) and unless noted are the pro-rata adjustment to amend the original phasing included in our IMTP **(Action Point 11.3)**:

- £1.0m WIBSS
- £0.4m – Medicines Unit/Radiopharmacy expenditure

- £0.4m – Stores issues
- £2.0m – SLE amendment to previous forecast increase (included on Line 50) – impacts Month 12 only
- £3.8m - GMPI reduction to amend original phasing in Month 12

2. Underlying Position (Table A1)

No changes to the table have been made in Month 12.

3. Risk Management (Table A2)

There are no risks or opportunities to report.

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)

Total agency expenditure for 2025/26 was £0.030m and relates to the short-term requirement for HGV driver support that we identified earlier in the financial year. We have reported a credit of £0.005m against agency expenditure in Month 12, due to the release of accruals following confirmation further expenditure would not be invoiced.

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)

Variable pay was £0.333m in Month 12 which includes £0.102m in relation to the notional pension adjustment. The outturn figure represents savings of £1.117m against our original plan forecast due to enhanced variable pay controls implemented during the financial year.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

For 2025/26 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings and the identification of an accountancy gain which combined total £6.753m. This has been driven by greater oversight and strengthening controls over variable pay and reflects the high level of vacant posts on hold which form part of our 2026/27 IMTP savings work planned on workforce structures and expenditure.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the final income streams by organisation.

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 31st March 2026 there were no invoices outstanding over 17 weeks. We note the deadline of 19th May 2026 to pay all 2025/26 old year invoices (**Action Point 11.4**),

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)

These tables have been completed based on our final £11.661m Capital Expenditure Limit received on 25th March 2026.

The tables identify that we fully utilised the capital funding allocation for 2025/26.

14. IFRS 16 & CAME (Table Q)

This table has been completed with the final outturn figures. A validation error is noted as the IFRS16 recovery of income figure is no longer anticipated in Table E1.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position for 2025/26 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 12 Financial Monitoring Return at the May Committee meeting.

16. Authorisation of Return



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP



.....
ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

28th April 2026

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	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'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	3,020	307	2,713	2,713
7 Planned (Finalised) Net Income Generation	1,863	364	1,499	1,499
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	0
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	-215	0	-215	84
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	962	1,097	-135	401
17 Additional In Year Identified Savings - Forecast	5,561	5,427	135	290
18 Variance to Planned RRL	0	0	0	0
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	2,869	2,869	0	0
20 In Year Accountancy Gains	444	444	0	0
21 Unplanned Spend Reductions	43,706	43,706	0	0
22 Unplanned Cost Pressures	-744	0	-744	-775
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	-6,000	-6,000	0	0
26 NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	0	0	0	0
27 Welsh Risk Pool Increase	-46,576	-46,576	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)	9	968	-959	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'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	-12,528	-12,528
3	637	637	637	637	637	637	637	637	637	637	637	637	7,646	7,646
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	3,020	3,020
7	155	155	155	155	155	155	155	156	155	156	155	156	1,863	1,863
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	-215	0	0	0	-215	-215
16	81	216	98	89	89	89	88	-15	57	58	58	57	962	962
17	502	339	505	486	503	477	509	575	363	366	463	471	5,561	5,561
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	-9,425	2,537	-2,055	-2,675	-2,503	-2,285	-3,032	-2,584	-3,540	5,958	22,454	2,869	2,869	2,869
20	0	0	0	0	0	0	0	0	444	0	0	0	444	444
21	0	7,675	-787	2,054	2,675	2,503	2,285	3,032	2,584	3,539	3,884	14,282	43,706	43,706
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-61	-744	-744	-744
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	1,750	-1,750	0	-2,597	-504	-536	-498	-143	-805	-459	-458	-6,000	-6,000
26	-583	583	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	-9,841	-36,735	0	-46,576	-46,576
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0	0	9	9	9

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

Wales Shared Services Partnership

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

Period : Mar 26

This Table is currently showing 0 errors

		Month												Total 2021	Full-year forecast	YTD as %age of FY YTD average as %age of FY17	Assessment		Full-Year forecast		Full-Year Effect of Recurring Savings £'000
		1	2	3	4	5	6	7	8	9	10	11	12				Green	Amber	non recurring	recurring	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				£'000	£'000	£'000	£'000	
Pay	Budget/Plan	190	190	190	190	190	190	190	190	190	192	190	191	188	2,280					2,280	
	Actual/Vast	672	613	675	696	673	647	675	641	535	537	635	639	7,002	7,802	100.00%	7,802	0	5,628	2,074	
	Variance	-482	-423	-485	-506	-483	-457	-482	-451	-345	-342	-444	-443	-5,822	-5,322						
	Variance	82	82	82	82	82	82	81	80	81	81	81	83	765	740						
Non-Pay	Actual/Vast	183	194	180	171	171	171	171	170	137	138	138	140	1,942	1,942	100.00%	1,942	0	1,393	549	
	Variance	-181	-192	-188	-189	-189	-189	-189	-189	-77	-77	-77	-77	-1,002	-1,202						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Primary Care - Drugs & Appliances	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Secondary Care Drugs	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
ChC/FAC	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Primary Care Contractor	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Healthcare Services Provided by Other Healthcare	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Non-healthcare Services Provided by Other Healthcare	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Other Private & Voluntary Sector	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Joint Financing & Other	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	282	282	282	282	282	282	282	282	282	282	281	282	281	3,000	3,000	740	0			
	Variance	831	807	856	827	844	818	850	811	672	673	773	776	9,544	9,544	9,544	0	6,811	2,733		
Total	Variance	583	555	603	575	592	568	588	560	420	424	521	528	6,524	6,524						

YTD Variance to month	331.71%	320.56%	339.66%	328.14%	324.66%	324.61%	327.11%	323.61%	166.63%	168.60%	298.71%	310.26%	276.64%
12 month achievement against FY forecast	8.78%	8.45%	8.95%	8.66%	8.64%	8.57%	8.60%	8.59%	7.04%	7.07%	8.10%	8.16%	

Table C - Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	0%
Total Forecast Savings agrees to Table A	0%
Total FYE of Recurring Savings agrees to Table A	0%
Total Forecast Savings in Table C agrees to Table C2	0%
Total Forecast Savings in Table C agrees to Table C3	0%

NHS Wales Shared Services Partnership

Table C1 - Savings Schemes Pay Analysis

Period : Mar 26

		Month												Total 2021	Full-year forecast	YTD as %age of FY YTD average as %age of FY17	Assessment		Full-Year forecast		Full-Year Effect of Recurring Savings £'000
		1	2	3	4	5	6	7	8	9	10	11	12				Green	Amber	non recurring	recurring	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				£'000	£'000	£'000	£'000	
Pay - General & Substantive	Actual/Vast	190	190	190	190	190	190	190	190	192	190	191	188	2,280	2,280	100.00%	2,280	0	1,685	595	
	Variance	-482	-423	-485	-506	-483	-457	-482	-451	-345	-342	-444	-443	-5,822	-5,322						
	Actual/Vast	672	613	675	696	673	647	675	641	535	537	635	639	7,002	7,802	100.00%	7,802	0	5,628	2,074	
	Variance	82	82	82	82	82	82	81	80	81	81	81	83	765	740						
Pay - Variable	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Pay - Agency	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Total	Actual/Vast	190	190	190	190	190	190	190	190	192	190	191	188	2,280	2,280	100.00%	2,280	0	1,685	595	
Variance	-482	-423	-485	-506	-483	-457	-482	-451	-345	-342	-444	-443	-5,822	-5,322							

Table C2 - V&S Savings Categories

		Month												Total 2021	Full-year forecast	YTD as %age of FY YTD average as %age of FY17	Assessment		Full-Year forecast		Full-Year Effect of Recurring Savings £'000
		1	2	3	4	5	6	7	8	9	10	11	12				Green	Amber	non recurring	recurring	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				£'000	£'000	£'000	£'000	
Workforce	Actual/Vast	190	190	190	190	190	190	190	190	192	190	191	188	2,280	2,280	100.00%	2,280	0	1,685	595	
	Variance	-482	-423	-485	-506	-483	-457	-482	-451	-345	-342	-444	-443	-5,822	-5,322						
	Actual/Vast	672	613	675	696	673	647	675	641	535	537	635	639	7,002	7,802	100.00%	7,802	0	5,628	2,074	
	Variance	82	82	82	82	82	82	81	80	81	81	81	83	765	740						
Medicines Management	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Procurement & Nonpay	Actual/Vast	183	194	180	171	171	171	171	170	137	138	138	140	1,942	1,942	100.00%	1,942	0	1,393	549	
	Variance	-181	-192	-188	-189	-189	-189	-189	-189	-77	-77	-77	-77	-1,002	-1,202						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
ChC	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Pathway	Actual/Vast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance																				

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 20/04/2026 (Updated 20/04/2026)

Product Type	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand based on Target Stock	Target Stock Holding (16 or 12 Weeks Plus 4 Weeks BAU)	Target Stock - on hand plus orders placed	Procurement Update
Splash Proof Aprons (Roll)	14,997,000	108,000	191,300	99.3%	15,100,000	100.0%	
Splash Proof Aprons (Flat Pack)	16,218,350	0	40,188	122.9%	13,200,000	122.9%	
Type IIR Masks	29,421,800	0	72,288	93.1%	31,600,000	93.1%	Optimum bulk order quantity being calculated to cover both stockpile and BAU requirements - order to be placed May 2026 for summer delivery
FFP3 Masks (Un-Valved)	547,540	0	460	54.8%	1,000,000	54.8%	ITT (tender) being drafted with PHW, SMTL and HB's. Order to be placed in 2026/7
FFP3 Masks (Valved)	1,754,135	0	793	N/A	0	N/A	
FFP3 Masks Total	2,301,675	0	1,253	230.2%	1,000,000	230.2%	
Face Shields/Visors	221,314	1,600,800	304	13.8%	1,600,000	113.9%	Order placed - estimate delivery June/July 2026
Gloves	224,849,900	30,296,000	2,902,600	153.7%	146,300,000	174.4%	
Full Body Gowns	341,264	106,624	2,751	68.3%	500,000	89.6%	Product recall for portion of stockpile - replacement stock final fulfillment June/July 2026
Wipes	36,421,700	216,000	1,359,925	119.8%	30,400,000	120.5%	
Hand Sanitizer	326,378	990	1,078	326.4%	100,000	327.4%	
Detergent Tablets	399,750	37,800	9,750	99.9%	400,000	109.4%	
Liquid Soap	2,780	17,106	657	17.8%	15,576	127.7%	Order placed - delivery estimated May/June 2026
Clinical Waste Bags	208,900	0	25	99.5%	210,000	99.5%	
Total	325,710,811	32,383,320	4,582,119		240,425,576		

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:
 - Hand sanitizer where a unit is a container regardless of 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 reflects the percentage based on the target stock holding
- h) RAG Rating is currently based on 12 Weeks for Aprons, Type IIR Masks, Face Shields, Full Body Gowns, Hand Sanitizer & Wipes. 16 Weeks for FFP3s and Gloves. Plus 4 Weeks of BAU based on Average issues in June 25

At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume

2026 Audit Assurance Arrangements NHS Wales Shared Services Partnership

Audit year: 2025-26

Date issued: April 2026

This document has been prepared as part of work performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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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 controls in place concerning the key services provided by the NHS Wales Shared Services Partnership (NWSSP) to NHS bodies. 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 2025-26 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 The scope of this assurance work is largely unchanged from last year, however audit teams have requested that we review, and provide assurances upon, the replacement of the previous Legal & Risk access database to the new Civica claims management system during April 2025.
- 5 Our planned work programme for 2025-26 is set out in [Exhibit 1](#). Local audit teams may determine that additional assurances are required. If so, we will discuss this with 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 2025-26:

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 • confirm and document 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, and NHS audit teams have asked for assurance upon this function.</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.

NWSSP managed service	Audit assurance requirements
<p>Legal and Risk Services NWSSP - Legal and Risk Services (L&RS) provide an 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). <p>In addition, in April 2025 NWSSP implemented a new Welsh Risk Pool case management system (i-casework, supplied by Civica) replacing the previous Legal & Risk access database system. We will review the accuracy, completeness and validity of the data transfer from the former system to this new system.</p>
<p>Accounts Payable The Accounts Payable function, being part of the Finance and Corporate Services Division, process the 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 PSPP 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 Services Division within 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 in the accounts preparation. 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 NHS England Patient Demographic System and also the Welsh Demographic System (WDS) managed by Digital Healthcare Wales;
 - The Case Management System (CMS) (known as i-casework), implemented during April 2025, used by Legal and Risk Services for managing clinical negligence and legal cases;
 - 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; 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 adequately 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 2026	May 2026
Nationally Hosted NHS IT systems	February – May 2026	May 2026
Management letter	February - July 2026	Sept 2026



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Internal Audit Plan & Charter 2026/27

NHS Wales Shared Services Partnership (NWSSP)

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1. Introduction

This document sets out the Internal Audit Plan for 2026/27 (the 'Plan') detailing the audits to be undertaken and information of the corresponding resources. It also contains the Internal Audit Mandate and Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (NHS Wales Shared Services Partnership (NWSSP) Managing Director) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified. The NHS Wales Shared Services Partnership is hosted by Velindre University NHS Trust.

The purpose of Internal Audit is to provide the Accountable Officer and the Shared Services Partnership Committee (SSPC), through the Audit Committee (Velindre University NHS Trust Audit Committee for NWSSP), with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the key findings and agreed actions from internal audit reviews may be used by NWSSP management to improve governance, risk management, and control within their operational areas.

The Global Internal Audit Standards (the 'Standards') require that a risk based internal audit plan is created that supports the achievement of the organisation's objectives.

Accordingly, this document sets out the risk-based approach and the Plan for 2026/27. The Plan will be delivered in accordance with the Internal Audit Mandate and Charter and the agreed KPIs, which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by other organisations on behalf of NHS Wales. These are: Digital Health and Care Wales (DHCW) and the NHS Wales Joint Commissioning Committee (JCC). These audits will be included in Appendix A when agreed formally. These audits are part of the risk-based programme of work for DHCW and Cwm Taf Morgannwg UHB (for the JCC), but the results, as in previous years, are reported to the relevant health organisations and are used to inform the overall annual Internal Audit opinion for those organisations.

2. Developing the Internal Audit Plan

2.1 Link to the Global Internal Audit Standards

The Plan has been developed in accordance with Principle 9: Plan Strategically, which includes Standard 9.4 – Internal Audit Plan, of the Standards, and the accompanying Application Note, which provides public sector interpretations and additional requirements for the Standards, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks.
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work.
- confirmation of the audit resources required to deliver the Internal Audit Plan.
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning considers the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place. In addition, the Plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging

issues throughout the year. Any necessary updates will be reported to the Audit Committee in line with the Internal Audit Mandate and Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the 'audit universe'). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review. In addition, we will, if requested, also agree a programme of work through both the Director of Corporate Governance (Board Secretary) and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular sub-set, for example at Health Boards only.

Therefore, our Plan is made up of several key components:

- 1) Consideration of key governance and risk areas: We have identified several areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance, the Corporate Risk Register, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management, and an overall assessment of Digital and Information Technology. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required.
- 2) Organisation based audit work – this covers key risks and priorities from the Corporate Risk Register and the corporate risk register, together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review. Within NWSSP we also consider areas where annual or cyclical audit work will both support the most efficient and effective delivery of an annual opinion and provide assurance to other NHS Wales organisations. These cover Primary Care Services Contractor Payments, Accounts Payable, Procurement, Recruitment and Payroll.
- 3) Follow up - this is follow-up work on previous 'limited' and 'unsatisfactory' assurance reports as well as other high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.
- 4) Work agreed with the Directors of Corporate Governance, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by several organisations. This may be advisory work to identify areas of best practice or shared learning.
- 5) The impact of audits undertaken at other NHS Wales bodies that may impact on HEIW, Digital Health and Care Wales (DHCW), and the Joint Commissioning Committee (JCC).
- 6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the final business case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

2.3 Link to NHS Wales Shared Service Partnership's systems of assurance

The risk based internal audit planning approach integrates with the NWSSP's systems of assurance; therefore, we have considered the following:

- A review of NWSSP's vision, values and forward priorities as outlined in the Integrated Medium-Term Plan (IMTP).
- An assessment of NWSSP's governance and assurance arrangements and the contents of the corporate risk register.
- Risks identified in papers, in particular the Audit Committee and the NWSSP Partnership Committee.
- Key strategic risks identified within the corporate risk register and assurance processes.
- Discussions with Executive Directors and Senior Management regarding risks and assurance needs in areas of corporate responsibility, including compliance and ethics programmes.
- Cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions).
- New developments and service changes. Services provided across NHS Wales.
- Legislative requirements to which the organisation is required to comply.
- Planned audit coverage of systems and processes provided through DHCW, and the JCC.
- Work undertaken by other supporting functions of the Audit and Assurance Committee including Local Counter-Fraud Services (LCFS) and the Post-Payment Verification Team (PPV), where appropriate.
- Work undertaken by other review bodies, including Audit Wales.
- Coverage necessary to provide assurance to the Accountable Officer in support of the Annual Governance Statement.

2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with the Director of Finance & Corporate Services, Assistant Director Corporate Services and other senior management to discuss current areas of risk and related assurance needs, with a planning document shared with Senior Leadership Group for discussion and comment.

3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the corporate risk register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also considers corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

4. Planned internal audit coverage

4.1 Internal Audit Plan 2026/27

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan refers to key strategic risks identified within the corporate risk register and related systems of assurance, together with the proposed audit response within the outline scope.

When developing the audit scope, in discussion with the responsible executive director(s) and operational management, the scope, objectives and audit resource requirements, and timing will be refined in each area.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit Committee will be kept apprised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit Committee meeting.

Most of the audit work will be undertaken by our regionally based teams with support from our national capital and estates team, in terms of capital audit and estates assurance work, and from our IM&T team, in terms of information governance, IT security and digital work.

4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. To this end, the need for flexibility and a revisit of the focus and timing of the proposed work will be necessary at some point during the year.

Consistent with previous years, and in accordance with best professional practice, an unallocated contingency provision has been retained in the Plan to enable Internal Audit to respond to emerging risks and priorities identified by the executive team

and endorsed by the Audit Committee. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit and Assurance Committee for approval.

Regular liaison with Audit Wales, as your External Auditor, will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

5. Resource needs assessment

The Plan has been put together based on the planning process described in this document. The Plan includes sufficient audit work to be able to give an annual Head of Internal Audit opinion in line with the requirements of Standard 11.3 – Communicating Results, and Application Note 10B – Overall conclusions and annual reporting.

Audit & Assurance Services confirms that it has the necessary human, financial and technological resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services by NWSSP, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

In addition, any capital audit work in relation to specific projects will be charged for separately on the basis of a separately agreed Integrated Audit & Assurance Plan. Where this is the case, a provision for this work would have been included by NWSSP in its business case submission.

6. Action required

The Audit Committee is invited to consider the Internal Audit Plan for 2026/27 and:

- approve the Internal Audit Plan for 2026/27.
- approve the Internal Audit Mandate and Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

James Johns

Head of Internal Audit

NHS Wales Shared Services Partnership

Appendix A: Internal Audit Plan 2026/27

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	Q2-3
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 a sample of control arrangements.	All Wales Service	Procurement	Q2/3
NWSSP Service Provision			
Employment Services - Student Streamlining - (Assurance) – Review adequacy of arrangements to manage identified risks including reputational risk.	A16	People, Organisation Development and Employment Services	Q2
Laundry Services – (Assurance) – Review a sample of risk and control arrangements in place.	M4	Procurement	Q3
Legal & Risk - Case Management System (Assurance) review the control and operations of the system.		Legal & Risk	Q2/3

Planned output, Outline scope, Review reference	Strategic Priority (SP)/BAF Risk / [Corporate Risk Register (CRR)] / Rationale	Executive Lead/Responsible Director	Planned start
NWSSP Corporate/Organisation Wide			
Governance Arrangements (review action implementation/ assurance) - Provision included. Work dependant on specific requirement identified following implementation of recommendations from Governance Review		Finance & Corporate Services / Managing Director	
Financial Management – Grip & Control Assessment	A7	Finance & Corporate Services	Q1/2
Information Governance (Assurance) – Review adequacy organisational arrangements.	A9	Finance & Corporate Services	Q3/4
Business Continuity and Emergency Planning (Assurance) Review adequacy organisational arrangements.	A11	Planning, Performance & Informatics	Q3/4
ESR Replacement - Review organisational arrangements for implementation.	A15	People, Organisation Development and Employment Services	Q2/3
Cyber – (Follow up-audit Assurance) – To provide assurance over the adequacy arrangement for Cyber Security following implantation of agreed actions form previous audit.	A1	Planning, Performance & Informatics	Q2/3
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	Q1/2
Control of Contractors (Assurance) – Review adequacy organisational arrangements.		Finance & Corporate Services	Q2-3

Planned output, Outline scope, Review reference	Strategic Priority (SP)/BAF Risk / [Corporate Risk Register (CRR)] / Rationale	Executive Lead/Responsible Director	Planned start
Agreed Action Follow Up - To review progress with the implementation of a sample of agreed actions from previous audit reviews.			Q2-4

Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2025/26
Audit plan 2025/26 agreed/in draft by 30 April	✓	To deliver plan
Audit opinion delivered by 31 May	✓	To deliver opinion
Audits reported versus total planned audits, and in line with Audit Committee expectations	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 working days]	✓	95%
Report turnaround management response to draft report [15 working days maximum]	✓	85%
Report turnaround draft response to final reporting [10 working days]	✓	95%

Appendix C: Internal Audit Mandate and Charter

1 Introduction

1.1 This Mandate and Charter is produced and updated annually to comply with the Global Internal Audit Standards (introduced from 1 April 2025 for the UK Public Sector). The Standards (with specific reference to Standard 6.1 Internal Audit Mandate and 6.2 Internal Audit Charter) require the production and maintaining of an Internal Audit Mandate and Charter that, at a minimum, sets out:

- The purpose of Internal Auditing;
- a commitment to adhere to the Global Internal Audit Standards;
- the Mandate, including the scope and types of services to be provided, and the Board's responsibilities and expectations regarding management's support of the internal audit function; and
- the organisational position and reporting relationships, including Independence.

The Mandate and Charter are complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.

1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Mandate and Charter:

- Board means the NHS Wales Shared Services Partnership Committee (SSPC) (Hosted by the Board of Velindre University NHS Trust) with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Managing Director as being the designated Accountable Officer for NHS Wales Shared Services Partnership. The Managing Director has made arrangements within this Mandate and Charter for an operational interface with internal audit activity through the Assistant Director of Corporate Services (Board Secretary).

Therefore, the Board refers to the Shared Services Partnership Committee (SSPC) and Accountable officer to the Managing Director.

1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

2 Purpose and responsibility

2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the

operations of NHS Wales Shared Services Partnership. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the SSPC and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.
- 2.3 The organisation's risk management, internal control and governance arrangements comprise:
 - the policies, procedures and operations established by the organisation to ensure the achievement of objectives.
 - the appropriate assessment and management of risk, and the related system of assurance.
 - the arrangements to monitor performance and secure value for money in the use of resources.
 - the reliability of internal and external reporting and accountability processes and the safeguarding of assets.
 - compliance with applicable laws and regulations; and
 - compliance with the behavioural and ethical standards set out for the organisation.
- 2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

3 Independence and Objectivity

- 3.1 Independence is described in the Global Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the SSPC and Senior Management, in particular the Chair of the Audit Committee and Accountable Officer.
- 3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the SSPC. Such functional reporting includes the Audit Committee:
 - approving the internal audit mandate and charter.

- approving the risk based internal audit plan.
 - approving the internal audit resource plan.
 - receiving outcomes of all internal audit work together with the assurance rating. and
 - reporting on internal audit activity's performance relative to its plan.
- 3.3 While maintaining effective liaison and communication with the organisation, as provided in this Mandate and Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
- 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.
- 3.5 This Mandate and Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
- 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the SSPC, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the SSPC.
- 4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Global Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the SSPC. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit Committee and the Chair of the NWSSP Partnership Committee if deemed necessary.

- 4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit Committee also has regular private meetings with the Head of Internal Audit.
- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee or sub-committee of NWSSP charged with aspects of governance.

5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Assistant Director of Corporate Services will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the SSPC's overall system of assurance, Internal Audit will work closely with the organisation's Assistant Director of Corporate Services in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as the Digital Health and Care Wales and the Joint Commissioning Committee.
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The Audit Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit Committee will remain the final reporting line for all our audit and consulting reports.

6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Global Internal Audit Standards and the UK Public Sector Application Note in discharging its responsibilities.

6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2024) and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes several Key Performance Indicators, and we will agree with each Audit Committee which of these they want reported to them and how often.

7 Scope

7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information.
- reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance.
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice.
- reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned.
- reviewing specific operations at the request of the Audit Committee or management, this may include areas of concern identified in the corporate risk register.
- monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance.
- ensuring effective co-ordination, as appropriate, with external auditors and other regulators. and
- reviewing the Annual Governance Statement prepared by senior management.

7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

7.3 If the Head of Internal Audit or the Audit Committee consider that the level of audit resources or the Mandate and Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and SSPC accordingly.

8 Approach

8.1 To ensure delivery of its scope and objectives in accordance with the Mandate and Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

Figure 1: Audit planning hierarchy

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales equirements of the Mandate and Charter
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives priorities and risk assessment
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by DHCW and NWSSP on behalf of NHS Wales.

8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:

- the provision to the Accountable Officer and the Audit Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement.
- audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks.
- improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work.

- an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan'.
 - effective co-operation with external auditors and other review bodies functioning in the organisation. and
 - the allocation of resources between assurance and consulting work.
- 8.4 The Strategic 3-year Audit Plan will be largely based on the Corporate Risk Register where it is sufficiently mature, together with the organisation-wide risk assessment.
- 8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.
- 8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.
- 8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the SSPC.
- 8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.
- 8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead and will also be copied to the Assistant Director of Corporate Services.

9 Reporting

- 9.1 Internal Audit will report formally to the Audit Committee through the following:
- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement.
 - The Head of Internal Audit opinion will:
 - a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.
 - b) Disclose any qualification to that opinion, together with the reasons for the qualification.
 - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies.
 - d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual

Governance Statement.

- e) Compare work undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria. and
 - f) Provide a statement of conformity in terms of compliance with the Global Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit Committee requirements; and
 - The Audit Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage.
- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the discussion of findings. A copy of the draft report will also be provided to the relevant Executive Director.
- The draft report will give an assurance opinion on the area reviewed in line with the criteria at Appendix B (unless it is a consulting review). The draft report will also indicate priority ratings for individual report findings and recommendations.
- Operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken.
- The Head of Internal Audit will seek to resolve any disagreement with management in the clearance of the draft report. However, where the management response is deemed inadequate, or disagreement remains then the matter will be escalated to the Assistant Director of Corporate Services. The Head of Internal Audit may present the draft report to the Audit Committee where the management response is inadequate or where disagreement remains unresolved. The Head of Internal Audit may also escalate this directly to the Audit Committee Chair to ensure that the issues raised in the report are addressed appropriately.
- Reminder correspondence will be issued after the set response date where no management response has been received. Where no reply is received within 5 working days of the reminder, the matter will be escalated to the Assistant Director of Corporate Services. The Head of Internal Audit may present the draft report to the Audit

Committee where no management response is forthcoming.

- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary, return the responses, requiring them to be strengthened.
- Responses to audit recommendations need to be SMART:
 - Specific
 - Measurable
 - Achievable
 - Relevant / Realistic
 - Timely.
- The relevant Executive Director, Assistant Director of Corporate Governance and the Chair of the Audit Committee will be copied into any correspondence.
- The final report will be copied to the Accountable Officer and Assistant Director of Corporate Services and placed on the agenda for the next available Audit Committee.

9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.

9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

10 Access and Confidentiality

10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

10.2 All information obtained during a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access is granted to the organisation's external auditors.

10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

11 Irregularities, Fraud & Corruption

- 11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.
- 11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.
- 11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

12 Quality Assurance

- 12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Global Internal Audit Standards, is being achieved.
- 12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit Committee.
- 12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

13 Resolving Concerns

- 13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.
- 13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

14 Review of the Internal Audit Mandate and Charter

14.1 This Internal Audit Mandate and Charter shall be reviewed annually and approved by the SSPC, taking account of advice from the Audit Committee.

Simon Cookson
Director of Audit & Assurance
NHS Wales Shared Services Partnership
March 2026

Disclaimer & Global Internal Audit Standards

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Mandate and Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given regarding the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the NHS Wales Shared Services Partnership. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Global Internal Audit Standards



Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Global Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023. Please note that new Global Internal Audit Standards apply from April 2025, and all future audit work will comply to these new Standards



NHS WALES

Shared Services Partnership

COUNTER FRAUD ANNUAL PLAN

2026/2027

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: 28/04/2026

WORKPLAN 2026-2027

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 31/05/2026. 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 LCFSs 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 Workplan 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 2026-2027. 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 Workplan will 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 Audit and Assurance 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. NHS CFA Will deliver a Risk Assessment workshop during Q1. 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 workplan 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 local 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	200
Specialist support for Fraud Risk Assessments	12
Total	212

Resource by Activity

Activity	Days Planned 25 / 26
Proactive	142
Reactive	70
Total	212

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 NWSSP Senior Leadership Group to allow</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>key risks to be identified, managed, and mitigated.</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</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>Chair, Counter Fraud Champion. In addition to this CFM to attend pre-audit committee 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>Qrtly</p> <p>Qrtly and Throughout the year</p> <p>Throughout the year</p> <p>Fortnightly/Monthly</p>	

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	<p>CFM and Counter Fraud Champion to meet fortnightly with DoF to attend monthly to discuss all aspects of Counter Fraud work. 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.</p>	<p>Annually Q1</p>	
<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</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>	<p>3</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
NHSCFA counter fraud, bribery and corruption strategy)			
<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</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>CFM 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.</p>	<p>Q1/Q2</p> <p>Q1 / Q2</p> <p>Q1</p> <p>Ongoing throughout the Year</p>	<p>32</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>results are fed back to the audit committee (or equivalent body).</p> <p>For NHS organisations the fraud risk assessments should also consider the fraud risks within any associated sub company of the NHS organisation.</p>	<p>All risks identified to be assessed and remedial action identified and reported to key stakeholders. All matters arising to be 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>CFM to review existing counter fraud bribery and corruption policy, update and amend as appropriate.</p>	<p>Q1 & Q2</p>	<p>5</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
<p>The organisation has a counter fraud, bribery and corruption policy and response plan (the policy and plan) that follows NHSCFA's strategic guidance 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>Counter Fraud team to promote awareness of the policy at presentations and through newsletters.</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>Throughout the Year</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>CFM 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>CFM 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>CFM to ensure that the provision of the CF function is written into the overall organisation plan.</p> <p>CFM to provide quarterly reports to AAC. CFM to provide quarterly statistics to Counter Fraud Service Wales.</p>	<p>Q1</p> <p>Q1</p> <p>Throughout the Year</p> <p>Throughout the Year</p>	<p>4</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	CFM to provide annual report measuring the effectiveness of the plan.	Q1yr end	
<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 Audit and Assurance 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</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>	8

Gov s013 / NHS Requirement	Objective	Proposed Delivery	Resources (Days)
	<p>quarterly to DoF and AAC. This measures the 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, LPEs, 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</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>staff, contractors and members of the 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 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</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>of investigations and/or proactive prevention and detection exercises</p>	<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>	<p>Ongoing throughout the Year</p>	
<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, ECCT and other 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</p>	<p>Ongoing throughout The year</p> <p>Where available</p>	<p>30</p>

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>NHS CFS Wales. CF team will undertake 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 (FPNs) and Intelligence Bulletins (iBURNs) 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 since 2024. 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>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)	212

Shared Services Partnership Committee

Forward Plan of Business

2026-27

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
16/07/2026	<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>People and Organisational Development Update</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>	<p>Deep Dive Session on Foundational Economy and Procurement Strategy</p> <p>Decarbonisation and Adaptation Update</p> <p>Integrated Medium-Term Plan Update Report (Q1 of 2026-27)</p>	<p>Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations</p> <p>NWSSP Corporate Risk Register</p> <p>Approve NWSSP Annual Update of Audit Committee Terms of Reference</p> <p>NWSSP Audit Committee Assurance Report</p> <p>Update on Scan4Safety</p> <p>Transforming Access to Medicine Services Full Business Case</p>	<p>Annual Governance Statement</p> <p>NWSSP Annual Review</p> <p>Annual Reports for:</p> <ul style="list-style-type: none"> NWSSP Audit Committee Concerns and Complaints Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Emergency Planning, Resilience & Response Local Counter Fraud Service Information Governance Welsh Language Health and Safety Welsh Infected Blood Support Scheme Medical Examiner Service Surgical Materials Testing Laboratory Welsh Risk Pool and Legal & Risk Services
17/09/2026	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p>	<p>Deep Dive Session on Cyber Resilience</p> <p>Strategic Equality Plan Update</p>	<p>Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations</p> <p>NWSSP Corporate Risk Register</p>	

	<p>Finance Report</p> <p>People and Organisational Development Update</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>		<p>Declarations of Interest</p> <p>NWSSP Audit Committee Assurance Report</p>	
19/11/2026	<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>People and Organisational Development Update</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p>	<p>Deep Dive Session on Single Lead Employer</p> <p>Duty of Quality Update</p> <p>Integrated Medium-Term Plan Update Report (Q2 of 2026-27)</p>	<p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p> <p>Approval of Annual Update of NWSSP Audit Committee Terms of Reference</p>	<p>Audit Wales Management Letter</p>

	<p>Transformation Management Office Report</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>			
21/01/2027	<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>People and Organisational Development Update</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>	<p>Deep Dive Session</p> <p>Decarbonisation and Adaptation Update</p>	<p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p> <p>Update of SSPC Standing Orders</p>	<p>Integrated Medium-Term Plan (IMTP) – Approval</p>

18/03/2027	Minutes and Action Log Declarations of Interest Chair’s Report Managing Director’s Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Review of Overarching Service Level Agreements (SLAs) Integrated Medium-Term Plan Update Report (Q3 of 2026-27) Strategic Equality Plan Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	
TBC 05/2027	Minutes and Action Log Declarations of Interest Chair’s Report Managing Director’s Report Finance Report	Deep Dive Session Integrated Medium-Term Plan Update Report (Q4 of 2026-27)	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	Internal Audit Plan Audit Wales Plan Duty of Quality Annual Report Counter Fraud Plan

	People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
Additional Meeting Dates for Diary	<ul style="list-style-type: none"> • 2026 Autumn Committee Development Day – Date to be confirmed 			