

# Shared Services Partnership Committee - Part A

Thu 22 January 2026, 10:00 - 11:40

Microsoft Teams



Meeting Chaired by Professor Tracy Myhill OBE, NWSSP Chair

## Agenda

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10:00 - 10:10  
10 min

### 1. Standing Items

Verbal Professor Tracy Myhill OBE, NWSSP Chair

#### 1.1. Welcome and Introductions

Verbal Professor Tracy Myhill OBE, NWSSP Chair

#### 1.2. Apologies for Absence

Verbal Professor Tracy Myhill OBE, NWSSP Chair

#### 1.3. Declarations of Interest

Verbal Professor Tracy Myhill OBE, NWSSP Chair

#### 1.4. Draft Minutes of Last Meeting Held on 14 November 2025

Decision Professor Tracy Myhill OBE, NWSSP Chair

 Draft SSPC Minutes Part A Public 14 November 2025.pdf (15 pages)

#### 1.5. Action Log

Information Professor Tracy Myhill OBE, NWSSP Chair

 SSPC Action Log January 2026.pdf (1 pages)

10:10 - 10:20  
10 min

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

Discussion

#### 2.1. Chair's Report

Verbal Professor Tracy Myhill OBE, NWSSP Chair

#### 2.2. Managing Director's Report

Noting/Discussion Neil Frow OBE, NWSSP Managing Director

 NWSSP Managing Director Report SSPC January 2026.pdf (9 pages)

10:20 - 10:30  
10 min

### 3. Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements

For discussion and noting about next steps and implementation of recommendations  
NWSSP Chair

Professor Tracy Myhill OBE,

 Review of the NWSSP Accountability and Governance Arrangements.pdf (36 pages)

📄 Annex A - Welsh Government Initial Response to Independent Review of NWSSP Accountability and Governance Arrangements Recommendations.pdf (4 pages)

📄 Cabinet Secretary Covering Statement to Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements.pdf (1 pages)

10:30 - 11:10

40 min

## 4. Items for Approval

*Decision*

### 4.1. NWSSP Integrated-Medium Term Plan 2026-29

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

*Please note that due to the size of the NWSSP IMTP 2026-29, this will be circulated separately via email and the meeting papers will then be republished to ensure this document is readily accessible to AdminControl users.*

📄 NWSSP IMTP 2026-29 SSPC Cover Paper.pdf (17 pages)

### 4.2. Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme

*Decision*      *Jonathan Irvine, Director of Procurement and Health Courier Services*

📄 Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme CP.pdf (3 pages)

### 4.3. Remote Advice and Guidance Contract Extension: 2026/27

*Decision*      *Alison Ramsey, Director of Finance & Corporate Services*

📄 Remote Advice and Guidance Contract Extension 2026/27 SSPC January 2026.pdf (4 pages)

📄 Appendix 1 - SPCB 25(25) Consultant Connect Contract.pdf (21 pages)

📄 Appendix 2 - Planned Care Transformation funding letter dated 20251205.pdf (2 pages)

📄 Appendix 3 - Planned Care Transformation funding - letter dated 20260105.pdf (2 pages)

### 4.4. Power Resilience at IP5 to include Radiopharmacy and TrAMs Hub

*Decision*      *Alison Ramsey, Director of Finance & Corporate Services*

📄 Power Resilience at IP5 to include Radiopharmacy and TrAMs Hub CP.pdf (9 pages)

### 4.5. Forensic & Statement Reconciliation Software Contract

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

📄 Forensic & Statement Reconciliation Software Contract CP SSPC January 2026.pdf (4 pages)

### 4.6. e-Expenses System – Contract Renewal

*Decision*      *Gareth Hardacre, Director of People, Organisational Development and Employment Services*

📄 e-Expenses System – Contract Renewal CP SSPC January 2026.pdf (5 pages)

### 4.7. Trac Recruitment System Contract Renewal

*Decision*      *Gareth Hardacre, Director of People, Organisational Development and Employment Services*

📄 Trac Recruitment System Contract Renewal CP SSPC January 2026.pdf (5 pages)

### 4.8. Companies House Lease Renewal

*Decision*      *James Quance, Assistant Director of Corporate Services*

📄 Companies House Lease Renewal CP SSPC January 2026.pdf (5 pages)

### 4.9. IP5 Lease Variation

## 11:10 - 11:20 5. Items for Noting

10 min

*Noting/Discussion*

### 5.1. NWSSP Decarbonisation and Adaptation Activity Update

*Noting/Discussion* Stuart Douglas, Director of Specialist Estates Services

📄 NWSSP Decarbonisation Update SSPC January 2026.pdf (9 pages)

## 11:20 - 11:40 6. Governance, Performance and Assurance

20 min

### 6.1. Finance Report

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

📄 SSPC Finance Report January 2026.pdf (7 pages)

### 6.2. People and Organisational Development Report

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

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

### 6.3. Performance Information Report

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

📄 Performance Information Report SSPC January 2026.pdf (18 pages)

### 6.4. Outcomes Measure Performance Report

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

📄 Outcome Measures Performance Report SSPC January 2026.pdf (15 pages)

### 6.5. Transformation Management Office Update Report

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

📄 Transformation Management Office Update Report SSPC January 2026.pdf (37 pages)

### 6.6. NWSSP Corporate Risk Register

*Noting/Discussion* James Quance, Assistant Director of Corporate Services

📄 NWSSP Corporate Risk Register January 2026 CP.pdf (5 pages)

📄 Appendix 1 - NWSSP Corporate Risk Register 22 January 2025.pdf (7 pages)

## 11:40 - 11:40 7. Items for Information

0 min

*Information*

### 7.1. Finance Monitoring Returns (Months 7 & 8)

*Information*

#### 7.1.1. Month 7

📄 a. Monitoring Return Commentary Month 7 NWSSP 2025-26.pdf (8 pages)

📄 b. Table A Movement Month 7.pdf (1 pages)

- 📄 c. Table C, C1 and C2 Savings Schemes Month 7.pdf (2 pages)
- 📄 d. Table C3 Tracker Month 7.pdf (1 pages)

### **7.1.2. Month 8**

- 📄 a. Monitoring Return Commentary Month 8 NWSSP 2025-26.pdf (8 pages)
- 📄 b. Table A Movement Month 8.pdf (1 pages)
- 📄 c. Table C, C1 and C2 Savings Schemes Month 8.pdf (2 pages)
- 📄 d. Table C3 Tracker Month 8.pdf (2 pages)

## **7.2. Personal Protective Equipment (PPE) Dashboard Report**

*Information*

- 📄 PPE Dashboard 08-01-26.pdf (1 pages)

## **7.3. NWSSP Audit Committee Assurance Report from 7 November 2025**

*Information*

- 📄 NWSSP Audit Committee Assurance Report 07 November 2025 for SSPC.pdf (7 pages)

## **7.4. SSPC Forward Plan 2025-26**

*Information*

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

11:40 - 11:40  
0 min

## **8. Any Other Business**

*Verbal*      *Professor Tracy Myhill OBE, NWSSP Chair*

11:40 - 11:40  
0 min

## **9. Date and Time of Next Meeting - Thursday, 19 March 2026 at 10.00am to 12.00pm, held via Microsoft Teams**

*Information*      *Professor Tracy Myhill OBE, NWSSP Chair*

## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

### MINUTES OF MEETING HELD ON FRIDAY 14 NOVEMBER 2025

10:00AM – 12:00PM

### MEETING HELD ON MICROSOFT TEAMS

#### PART A - PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
<b>MEMBERS:</b>		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Carl James (CJ) <i>(in attendance to Item 6.9)</i>	Executive Director of Strategy & Planning / Deputy Chief Executive	VUNHST
Sarah Simmonds (SS)	Executive Director of Workforce & Organisational Development	ABUHB
Claire Osmundsen-Little (COL)	Executive Director of Finance and Business Assurance	DHCW
Tina Ricketts (TR)	Director of Workforce & Organisational Development	SBUHB
Pete Hoppood (PH) <i>(in attendance to Item 6.9)</i>	Executive Director of Finance, Capital & Support Services	PTHB
Hywel Daniel (HD)	Executive Director for People <i>-Deputising for Sally May</i>	CTMUHB
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
<b>OTHER ATTENDEES:</b>		
Michelle Jones (MJ)	Head of Financial Reporting	BCUHB
Rebeka Warren (RW)	Assistant Director of Finance <i>-Deputising for Catherine Phillips</i>	CAVUHB
Rhian Davies (RhD)	Assistant Director of Finance <i>-Deputising for Huw Thomas</i>	HDUHB
Rhiannon Beckett (RB)	Deputy Director of Finance <i>-Deputising for Glyn Jones</i>	HEIW
Jason Collins (JC)	Head of Financial Management <i>-Deputising for Chris Turley</i>	WAST
Tanya Bull (TB) <i>(in attendance to Item 6.2)</i>	Union Representative	Unison
Matt Denham-Jones (MDJ) <i>(in attendance to Item 6.9)</i>	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
Samantha Wright	Deputy Director of People & Organisation Development	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
Jonathan Irvine (JI) ( <i>Presenting items 4.2, 4.3 &amp; 4.4</i> )	Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services	NWSSP
Laura-Jayne Keating (LJK) ( <i>Presenting item 4.5</i> )	Interim Director of Pharmacy Technical Services	NWSSP
Angela Jones (AJ) ( <i>Presenting item 5.1</i> )	Deputy Director for Digital & Workforce Solutions	NWSSP

Item		Action
<b>1.</b>	<b>STANDARD BUSINESS</b>	
<b>1.1</b>	<p><b>Welcome and Opening Remarks</b></p> <p>TM welcomed members to the November 2025 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, namely Jonathan Irvine, Laura-Jayne Keating and Angela Jones.</p> <p>A number of deputy representatives were in attendance, as follows:</p> <ul style="list-style-type: none"> <li>• Hywel Daniel, Executive Director for People (CTMUHB);</li> <li>• Michelle Jones, Head of Financial Reporting (BCUHB);</li> <li>• Rebeka Warren, Assistant Director of Finance (CAVUHB);</li> <li>• Rhian Davies, Assistant Director of Finance (H DUHB);</li> <li>• Rhiannon Beckett, Deputy Director of Finance (HEIW); and</li> <li>• Jason Collins, Head of Financial Management (WAST).</li> </ul>	
<b>1.2</b>	<p><b>Apologies Received</b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Russell Caldicott, Executive Director of Finance (BCUHB);</li> <li>• Catherine Phillips, Executive Director of Finance (CAVUHB);</li> <li>• Rob Mahoney, Deputy Director of Finance (CAVUHB);</li> <li>• Sally May, Executive Director of Finance (CTMUHB);</li> <li>• Huw Thomas, Executive Director of Finance/SSPC Vice Chair (H DUHB);</li> <li>• Glyn Jones, Director of Finance, Planning &amp; Performance (HEIW);</li> <li>• Edward Roberts, Acting Director of Finance (WAST).</li> </ul>	
<b>1.3</b>	<p><b>Declarations of Interest</b></p> <p>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>	
<b>1.4</b>	<p><b>Minutes of Meeting Held on 30 September 2025</b></p> <p>The minutes of the meeting held on 30 September 2025 were reviewed and <b>APPROVED</b> as a true and accurate record of the meeting.</p>	

<p><b>1.5</b></p>	<p><b>Action Log</b>  The Committee received the Action Log which reported three matters arising. Of which, one was completed, one was in progress at the time of writing but has since been completed, and one was not yet due. The actions are summarised as follows:</p> <ul style="list-style-type: none"> <li>• <b>People and Organisational Development Report: Complete</b> - A review clarified that it was completion issue and measures since have been implemented to improve compliance.</li> <li>• <b>Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference: Complete</b> - LJK stated that following the Programme Board meeting on 10 November 2025, letters have been issued out to organisations requesting nominations for representatives and confirmed that the revised Terms of Reference had been circulated accordingly.</li> <li>• <b>Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference: Not yet due</b> - Due to the timing of the Wales Energy Group meeting scheduled for February 2026, a comprehensive update would be brought to the March 2026 Committee meeting.</li> </ul> <p>The Committee <b>NOTED</b> the update of the Action Log.</p>	
<p><b>2.</b></p>	<p><b>CHAIR AND MANAGING DIRECTOR'S UPDATES</b></p>	
<p><b>2.1</b></p>	<p><b>Chair's Report</b>  Since the last meeting, the Chair has undertaken the following activities in addition to routine duties, approvals, and providing support to NF and the team:</p> <ul style="list-style-type: none"> <li>• <b>Autumn Development Day</b> - Attended and contributed to the Autumn Committee Development Day and expressed appreciation to those who attended the worthwhile event.</li> <li>• <b>Chairs' Meeting</b> - Participated in the October Chairs' meeting, which included an introduction and discussion with the new Director General Health and Social Care, Jacqueline Totterdell.</li> <li>• <b>Engagement with NHS Leadership</b> - Met with the new Chair of Velindre University NHS Trust, Sara Moseley, on multiple occasions for introductory discussions.</li> <li>• <b>NHS Confederation Event</b> - Attended the NHS Confederation Dinner, engaging with colleagues and stakeholders.</li> <li>• <b>NWSSP Audit Committee</b> - Attended the NWSSP Audit Committee meeting held on 7 November 2025.</li> </ul> <p>The Committee <b>NOTED</b> the Chair's Report.</p>	
<p><b>2.2</b></p>	<p><b>Managing Director's Report</b>  NF presented the Managing Director's Report, highlighting key developments across NWSSP since the last meeting.</p> <p><b>Chair Tenure</b> - NF was pleased to report that TM has agreed to continue as Chair of the Committee for a further twelve months following the agreement by the SSPC at its September 2025 meeting to offer a further term. The Welsh Government Governance and Accountability Review outcome is still awaited, and current arrangements remain in place under the Director General's direction.</p>	

**Welsh Risk Pool** – Discussions are ongoing with Welsh Government and Chief Executive Officers (CEOs) regarding financial pressures and high-value cases, with a course of action agreed for further engagement. A presentation was delivered to CEOs by AR and Mark Harris (Director of Legal & Risk Services and Welsh Risk Pool). Excluding the Welsh Risk Pool, NWSSP is forecasting a positive financial position and expects to achieve break-even, with potential financial distribution back to organisations.

**Transforming Access to Medicines Programme (TrAMS)** - The IP5 Radiopharmacy build is nearing completion of construction phase, with production anticipated from April 2026.

The South East Hub Full Business Case (FBC) is in development following agreement on scope, with detailed design work underway.

Alternative sites are being considered for West Wales, and discussions with Betsi Cadwaladr University Health Board (BCUHB) on the North Wales Hub have been positive, with additional project management support planned.

NF also praised the successful Medicines and Healthcare products Regulatory Agency (MHRA) inspection at IP5 for existing Pharmacy services.

**Vaccination Programmes** - Vaccination programmes continue successfully, with nearly one million influenza vaccines delivered and 400,000 COVID doses distributed. NF commended the teams for their ongoing efforts.

**Other Matters** - The overarching report highlighted progress made in Laundry Services, Primary Care and Medical Examiner Services, as well as Personal Protective Equipment, Accommodation and Decarbonisation. Senior Leadership events and Awards and Recognition were summarised, with NF confirming that he attended the More Than Just Words event, promoting Welsh language initiatives. Further, NF congratulated the NWSSP Payroll Services Team on winning the Shared Services Forum UK Future Vision Award for Team of the Year. NF was also pleased to confirm retention of NWSSP’s organisational accreditation to the Cabinet Office’s Customer Service Excellence standard, for a third consecutive year.

COL praised the detailed Welsh Risk Pool briefings and stressed the need for proactive measures to reduce future demand. AR highlighted the challenges faced by the volume of high value cases and financial value of future settlement liabilities. AR also referenced the National Audit Office report highlighting similar pressures in NHS England. NF confirmed that mitigating actions are being pursued with Health Boards.

TM thanked NF for his comprehensive update report and acknowledged the significant progress across multiple areas.

The Committee **DISCUSSED** and **NOTED** the Managing Director’s Report.

<b>3.</b>	<b>PRESENTATION</b>	
<b>3.1</b>	<b>2026-2029 Integrated Medium-Term Plan (IMTP) Progress Update</b> RN presented an update on the development of the NWSSP IMTP for 2026-2029.	

	<p>The plan remains iterative and shaped by Cabinet Secretary current priorities, including waiting lists, patient flow, women’s health, prevention, community services and digital transformation. NWSSP’s role is to support Health Boards, Trusts and Special Health Authorities in delivering their plans and ensure alignment through divisional objectives.</p> <p>RN explained that the planning process builds on previous work and reflects Welsh Government priorities. She confirmed that divisional plans have been submitted and are undergoing scrutiny for financial viability and resource capacity. The aim is to present a draft IMTP to the Committee in January 2026, with final submission by March 2026. A refreshed Digital Strategy is also being developed by the new Chief Digital Officer, Bryn Harries.</p> <p>RN emphasised the importance of engagement and collaboration. A successful Committee Development Day in October 2025 informed the direction of travel, and ongoing quarterly reviews with organisations are reinforcing alignment and identifying local priorities. Staff engagement remains central, with divisional plans developed from the bottom up and input sought from the Local Partnership Forum, the Equality, Diversity &amp; Inclusion Group and Peer Networks.</p> <p>RN outlined five emerging themes insofar as digital transformation and innovation, workforce development and culture, operational efficiency, sustainability and decarbonisation, and partnership engagement. RN advised the Committee that timelines are on track and that the team is working to deliver a robust plan by March 2026.</p> <p>COL praised the inclusion of the digital element. HD stressed the importance of incorporating customer voice, especially from frontline staff, and offered to work with GH and RN to explore practical approaches. RB noted the relevance of staff survey insights, and TM suggested leveraging feedback mechanisms linked to the Customer Service Excellence standard. NF supported the proposal, highlighting the need to capture user experience across systems and processes, including ESR replacement and contract management. RA added that we can utilise the direct feedback from Single Lead Employer, but that this would not include all NWSSP systems. <b>RN, GH, and HD agreed to meet and develop approaches for incorporating customer voice, including frontline feedback and Trade Union input.</b> The Committee agreed that engagement should focus on NWSSP’s impact on staff experience and service delivery.</p> <p>The Committee <b>NOTED</b> the update and endorsed the approach to IMTP development, recognising the strong engagement process and alignment with National priorities.</p>	RN/GH
4.	<b>ITEMS FOR APPROVAL</b>	
4.1	<p><b>NWSSP Strategy Map Refresh for 2026-2029</b></p> <p>RN presented the proposed NWSSP Strategy Map for 2026-2029, for the Committee’s approval.</p> <p>The Strategy Map has undergone a comprehensive review following the Committee Development Day. Committee Members and NWSSP staff participated in group sessions to examine the appropriateness of the mission</p>	

	<p>statement and assess strategic objectives and outcomes. Feedback from these sessions has been consolidated, and proposed amendments have been incorporated.</p> <p>The purpose of the refresh is to ensure alignment with current and future organisational goals, maintaining clarity of direction while avoiding unnecessary focus on terminology. The current mission statement, "<i>Delivering Value, Innovation and Excellence through Partnership,</i>" was reviewed and it was agreed that the mission remains fit for purpose and will be retained for this next planning cycle.</p> <p>NWSSP's Strategic Objectives have been refined to reflect emerging priorities and include:</p> <ul style="list-style-type: none"> <li>• <b>Our People</b> – Working together to be the best we can be.</li> <li>• <b>Our Services</b> – Delivering high-quality, innovative services with a strong focus on digital transformation and continuous improvement.</li> <li>• <b>Our Value</b> – Using resources efficiently to maximise social, environmental, and economic sustainability.</li> <li>• <b>Our Partners</b> – A new objective introduced to emphasise collaboration and co-production across NHS Wales and beyond.</li> </ul> <p>The refresh incorporates updated definitions of outcomes linked to these objectives, ensuring that performance reporting demonstrates impact against the emerging themes. The refresh provides a clear framework for NWSSP's contribution to NHS Wales priorities and will underpin the next IMTP cycle.</p> <p>SS welcomed the alignment with the Development Day discussions, particularly around the new element of partners and outcomes. PV and HD praised the refresh, with HD highlighting the breadth of stakeholder involvement. RB emphasised the need for ongoing communication with HEIW on workforce development, leadership, and culture to avoid duplication of effort.</p> <p>The Committee <b>APPROVED</b> the refreshed NWSSP Strategy Map for 2026-2029, retaining the current mission and adding a new objective of Our Partners, alongside Our People, Our Services, and Our Value.</p>	
<p><b>4.2</b></p>	<p><b>Extension to the Service Level Agreement (SLA) for the Services Supporting the National Influenza Immunisation Programme</b></p> <p>JI provided an update to the Committee confirming that the current flu vaccination programme is 97% complete, equating to 885,000 vaccines delivered to approximately 1,800 sites across Wales. Welsh Government has requested NWSSP to run the same programme for 2026–27.</p> <p>The Committee was asked to approve the extension to the existing Service Level Agreement (SLA) to enable this, noting that a purchase order will need to be signed by Velindre University NHS Trust (Velindre) within the next few weeks to secure manufacturing slots. The current supply contract has already been extended for 12 months within the existing contract terms.</p> <p>Discussion highlighted some operational issues in Cwm Taf Morgannwg University Health Board (CTMUHB) regarding vaccine availability, which were clarified as redistribution challenges within health board boundaries, rather than shortages.</p>	

	<p>Assurance was provided that storage and transport are managed under Wholesale Dealer Authorisation licensing and within NWSSP’s existing governance framework. Questions on product variation and SLA dates were addressed, confirming flexibility and accuracy of documentation.</p> <p>LJK emphasised that vaccine storage, distribution, and transport are carried out strictly within the scope of NWSSP’s Wholesale Dealer Authorisation licence. She noted that this licence provides assurance of compliance with regulatory standards and that Health Boards have accepted as sufficient assurance.</p> <p>RA clarified that the perceived vaccine shortage is not due to lack of supply but rather community distribution challenges. She explained that approximately 250,000–300,000 doses remain in the community, with some Practices holding stock they are not using. Redistribution efforts are underway, and lessons will be applied for next year’s programme. She also confirmed that uptake is lower than previous years and highlighted some issues around vaccine sub-types and ordering behaviours which needed to be worked through.</p> <p>CJ stated that whilst the outcome of the Welsh Government’s Governance and Accountability Review is awaited, Velindre would opt to note this item. Notwithstanding this, CJ confirmed that Velindre would work with NWSSP to ensure the purchase order progresses promptly for the people of Wales. TM reiterated that whilst the Review outcome is awaited, existing governance arrangements remain, as per the Director General’s instruction.</p> <p>MDJ confirmed that the Review outcome remains with the Cabinet Secretary and that no timeline for its release can currently be provided. He stressed that while the review will clarify governance responsibilities, it will not resolve operational difficulties.</p> <p>The Committee <b>APPROVED</b> the extension to the SLA for the services supporting the National Influenza Immunisation Programme and the purchase of further product for next sessions campaign. Further, the Committee <b>NOTED</b> Velindre’s position to note the item, rather than approve.</p>	
<p><b>4.3</b></p>	<p><b>Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products</b></p> <p>JI presented the revised stockholding requirements for PPE and hygiene consumable products, for the Committee’s approval.</p> <p>This extension formalises Welsh Government’s direction, via the Cabinet Secretary, for NWSSP to maintain a national stockpile of PPE and hygiene consumables. The Change Control Notice (CCN) sets out the required product types and volumes.</p> <p>JI confirmed that NWSSP is sourcing PPE nationally and internationally and has commenced deliveries to achieve the mandated stock levels. These levels are based on demand during the peak of the second COVID wave, with a minimum of 12 weeks’ stock in hand for each product. Certain items, such as aprons, gloves, and Type IIR masks, are now considered business as usual and that NWSSP will rotate stock to minimise expiry-related write-offs. The Committee was asked to approve the SLA extension to incorporate these requirements, as set out in the CCN.</p>	

	<p>The Committee <b>APPROVED</b> the Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products.</p>	
<b>4.4</b>	<p><b>Fleet Modernisation and Optimisation Programme Business Case</b></p> <p>JI presented the Fleet Modernisation and Optimisation Programme Business Case (PBC) for Committee approval, which would enable progression to the next stage of governance, which involves noting by the Velindre Trust Board.</p> <p>The PBC sets out a 10-year fleet replacement strategy split into two five-year programmes. NWSSP currently operates 306 vehicles, of which 198 are owned and 108 leased; 40 vehicles are fully electric, while 266 are diesel or petrol. The fleet covers approximately 4 million miles annually across NHS Wales services.</p> <p>The first five-year phase proposes replacing 124 vehicles, with the strategy considering cost, carbon reduction, air quality improvements, and noise reduction. JI confirmed that an optimisation review will run in parallel to assess fleet mix, routing, load capacity, and specialist requirements such as cold-chain capability for vaccination programmes. Annual business justification cases will follow to procure vehicles in line with the approved programme.</p> <p>The Committee <b>APPROVED</b> the Fleet Modernisation and Optimisation Programme Business Case.</p>	
<b>4.5</b>	<p><b>Service Level Agreement for the Provision of Commercial Medicines Contracting relating to Specialised Medicines</b></p> <p>LJK presented a Service Level Agreement (SLA) designed to formalise the collaborative arrangements between the Medicines Value Unit (MVU) and the NHS Wales Joint Commissioning Committee (NWJCC) for specialised medicines contracting. The Committee was asked to approve the SLA for a two-year term.</p> <p>LJK explained that while the MVU has provided commercial contracting support for several years, this SLA introduces a structured governance framework to clarify roles, responsibilities, timelines and deliverables. It ensures accountability for advice and contracting support provided to NWJCC and establishes a clear mechanism for monitoring performance. The SLA covers the scope of services for specialised commissioned medicines, including commercial negotiations, contract management and compliance with national policy requirements. It also sets out reporting arrangements to provide assurance to both NWJCC and NWSSP on delivery against agreed objectives.</p> <p>The Committee agreed that the SLA represents an important step in strengthening governance and accountability for specialised medicines contracting, formalising existing arrangements.</p> <p>The Committee <b>APPROVED</b> the Service Level Agreement for the Provision of Commercial Medicines Contracting relating to Specialised Medicines.</p>	
<b>4.6</b>	<p><b>Local Partnership Forum and Sub-Groups Terms of Reference</b></p> <p>GH presented the updated Terms of Reference for the Local Partnership Forum and its sub-groups, for Committee approval.</p>	

	<p>GH explained that the refresh includes strengthened provisions around speaking up safely and a restructured approach to recruitment and retention, with the former sub-group now renamed as the Attraction and Retention Sub-group. A dedicated sub-group for policy review has also been introduced to ensure systematic oversight of workforce policies. GH confirmed that the revised Terms of Reference have been through the internal mechanism within the Local Partnership Forum and received positive feedback and endorsement.</p> <p>TB noted that the proposals had been reviewed and supported through local partnership arrangements.</p> <p>The Committee <b>APPROVED</b> the Local Partnership Forum and Sub-Groups Terms of Reference.</p>	
<p><b>4.7</b></p>	<p><b>Locum Hub Wales Contract Briefing Report</b></p> <p>GH presented the briefing report on the GP Locum Hub Wales contract, for Committee approval.</p> <p>GH explained that the system is a Welsh Government funded software solution used by approximately 370 GP practices to book shifts and manage locum engagement. The platform provides essential data for Legal and Risk Services to administer the GMPI indemnity scheme and supports reporting for workforce planning and statistical purposes.</p> <p>GH confirmed that the proposal is to extend the contract for two years on a 1+1 basis, allowing time for a full review of the scheme’s scope before considering any recommissioning. He assured the Committee that there is no funding risk, as the programme is fully funded by Welsh Government with direct allocation to NWSSP.</p> <p>AR noted that, due to the cumulative value of the extension, Velindre Trust Board approval will be required under the Scheme of Delegation. This has already been flagged on the governance tracker shared with Velindre for oversight. CJ acknowledged this and agreed to ensure the matter remains visible for Trust Board consideration.</p> <p>The Committee <b>APPROVED</b> the contract extension for GP Locum Hub Wales, on a 1+1 basis.</p>	
<p><b>5.</b></p>	<p><b>ITEMS FOR NOTING/DISCUSSION</b></p>	
<p><b>5.1</b></p>	<p><b>Future NHS Workforce Solution - Electronic Staff Record Transformation Programme</b></p> <p>AJ provided an update on the new NHS Workforce Solution, confirming that the programme has moved from planning to mobilisation at significant pace.</p> <p>AJ reported the award of the £1.2 billion contract to Infosys to deliver the replacement for the Electronic Staff Record (ESR) system and outlined key activities underway, including identification of early adopters and design workshops. Governance arrangements will involve NWSSP working with NHS Business Services Authority (NHSBSA) and Infosys to ensure a consistent approach, with reporting through this Committee, the NHSBSA Transformation Board, and Welsh Government. A programme management structure and overarching steering group will be established, supported by task-and-finish groups focused on readiness and business change.</p>	

	<p>AJ highlighted that funding discussions with Welsh Government are ongoing to address increased costs under the new contract. ESR audits will commence in January 2026, with formal action plans for organisations to ensure foundational readiness. Additional work includes developing an executive briefing pack for Boards to support local communications. NWSSP will work with Welsh Government to confirm IMTP planning assumptions on costings and fundings arrangements to NHS organisations.</p> <p>GH added that NWSSP met NHSBSA and Infosys for the initial mobilisation meeting, describing the pace as significant and emphasising the need for clear communication channels for workforce, organisational development, and digital colleagues. He confirmed that governance structures will be in place shortly and regular updates will be provided to peer groups and the Committee.</p> <p>TM thanked AJ and GH for the update, noting the scale and importance of the programme and offering Committee support, as required.</p> <p>The Committee <b>NOTED</b> the update provided in relation to the Future NHS Workforce Solution – ESR Transformation Programme.</p>	
<p><b>5.2</b></p>	<p><b>NWSSP Duty of Quality Update</b></p> <p>RA presented the Duty of Quality update and highlighted that NWSSP has successfully achieved re-accreditation for Customer Service Excellence for the third consecutive year across the organisation.</p> <p>RA noted that “always-on” reporting continues, with links available via the staff intranet to showcase ongoing work. Staff engagement remains a key feature, with interactive video reporting being used to make quality updates more accessible and meaningful.</p> <p>TM welcomed the report and commented on the value of the interactive approach, which had been discussed previously and was seen as bringing the work to life. In response to a query regarding the frequency of reporting, RA confirmed that updates are provided to the Committee on a six-monthly basis, with an Annual Report submitted for approval and subsequently published as a separate chapter in the Velindre Trust’s Duty of Quality update.</p> <p>The Committee <b>NOTED</b> the update provided in relation to the NWSSP Duty of Quality.</p>	
<p><b>6.</b></p>	<p><b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b></p>	
<p><b>6.1</b></p>	<p><b>Finance Report</b></p> <p>AR presented the Finance Report and confirmed that the indicative distribution to partners and Welsh Government remains at £5 million, consistent with the position submitted this week for month seven. This will be clarified over the coming weeks.</p> <p>The overarching report summarised that, as at 30 September 2025, NWSSP reported a year-to-date surplus of £3.1m, primarily due to ongoing vacancies and underspend in health protection allocation. The forecast remains for a breakeven position by year-end, supported by continued review of expenditure and identification of savings opportunities.</p>	

Capital expenditure to date stands at £1.9m against an annual limit of £9.4m, with successful funding secured for the next phase of work on the South East Wales TrAMS Full Business Case and further bids submitted for digital and estates schemes. Payment performance and new KPIs remain strong, with improvements noted in invoice processing. Meanwhile, a significant increase in the Welsh Risk Pool forecast was reported, now requiring a minimum risk share contribution of £84.8m from NHS Wales organisations, potentially rising to £95.7m. This is substantially above initial planning assumptions and places additional financial pressure across the system.

AR advised that a meeting had taken place with Welsh Government capital colleagues, but confirmation is still awaited on several key schemes. The critical risk if allocations are confirmed later in the year relates to timing and whether procurement processes and delivery can be achieved before year-end.

AR also provided an update on the Welsh Risk Pool, confirming that the forecast remains within the previously reported range but continues to fluctuate monthly. While some cases have reduced in value or moved into future years, others have increased significantly. She reiterated that this issue is being considered at Cabinet level due to its seriousness and confirmed that she will keep the Welsh Risk Pool Committee and the Director of Finance peer group informed as matters progress, emphasising that there is no immediate resolution, and the increased case values will remain a risk into next year's planning cycle.

TM thanked AR for the update and acknowledged the strong financial position overall, noting that without the Welsh Risk Pool challenge, the position would be excellent.

The Committee **NOTED** the Finance Report.

## 6.2 People & Organisational Development Report

GH presented the People and Organisational Development Report to the Committee, outlining key developments, with the dashboard capturing data to 31 October 2025.

The overarching report summarises that rolling 12-month sickness (including SLE) remains stable at 3.17%, below the NHS Wales average. Turnover (excluding SLE) has reduced to 9.30% from 9.99% last year. Statutory and mandatory training compliance (excluding SLE) has risen to 93.7%, and PADR compliance stands at 83.8%, slightly below the 85% target but among the highest in NHS Wales. Additionally, work has progressed on initiatives such as recruitment and retention, analysis of early leavers, relaunch of the investigating officer's initiative, staff well-being, diversity, and engagement. Key developments include the launch of the Equality, Diversity and Inclusion dashboard, promotion of the Work in Confidence platform, and preparations for the NHS Wales staff survey and staff recognition awards.

GH was pleased to share that NWSSP received national recognition at the Employers Network for Equality & Inclusion (ENEI) Awards in London, where the team was awarded highly commended in the category of Wellbeing and Belonging at Work.

	<p>HD added that in relation to workforce metrics, while actions for NWSSP core staff were clear, responsibilities for the Single Lead Employer (SLE) were less defined and queried whether Health Boards were expected to act. TM asked if a formal approach was needed to improve visibility of compliance data and clarify responsibilities. GH confirmed that forthcoming Resident Doctor contract reform would trigger work groups to review these issues, and RA noted that although compliance data is reported monthly, visibility to the right individuals could be improved. <b>An update would be provided at a future SSPC meeting on SLE arrangements.</b></p> <p>As regards recruitment performance, HD suggested resetting the current 10-week target and working jointly to reduce timelines further. GH agreed, confirming this is under review through the recruitment sub-group, alongside automation opportunities and future improvements linked to the new Oracle Fusion-based platform.</p> <p>The Committee <b>NOTED</b> the People and Organisational Development Report.</p>	<b>GH</b>
<p><b>6.3</b></p>	<p><b>Performance Information Report</b></p> <p>RN presented the Performance Information Report, providing an update on Key Performance Indicators (KPIs) from June to September 2025.</p> <p>The overarching report highlighted that reported KPIs for September were achieved in most areas. Of the three KPIs off-target, the report details the actions taken to actively address them. These specifically relate to Accounts Payable, Audit and Assurance and Digital Workforce Solutions. Time to Hire targets have been met consistently for over twelve months. Professional influence benefits reached £58 million by the end of September, reflecting significant savings and cost avoidance across procurement, estates, accounts payable and counter fraud services. Call handling and payroll accuracy remain high, with most service areas consistently meeting or exceeding their targets.</p> <p>RN advised that where we have previously been unable to capture Legal and Risk professional influence benefits, due to a system change it is expected that we will in a position to report these figures, going forward. Work is underway to review and to potentially raise performance targets, as part of the next IMTP development process.</p> <p>The Committee <b>NOTED</b> the Performance Information Report.</p>	
<p><b>6.4</b></p>	<p><b>Outcome Measures Report</b></p> <p>RN presented the Outcomes Measures Report, which continues to demonstrate progress in outcome reporting, demonstrating the impact and value of NWSSP’s work, aligned to NWSSP’s strategic objectives of value, people and services.</p> <p>The overarching report summarised that additional benchmarking data is included, covering payroll, salary sacrifice and use of electric vehicles. The report introduces areas of consideration, reflecting feedback from one-to-one meetings with organisations, which is shared with staff both directly and through wider discussion. Highlights include retaining high levels of customer satisfaction, employee engagement and call handling performance, with the use of automation continuing to expand. Significant professional influence and financial benefits are noted, with positive contributions as to decarbonisation</p>	

	<p>and the foundational economy, with 44% of procurement spend retained within Wales.</p> <p>Voice of the Customer feedback has been included, consolidating feedback from quarterly engagement meetings with Directors of Finance and Workforce across NHS Wales. This feedback is used to inform immediate service improvements and to identify thematic areas of strength and development, which are shared with the Senior Leadership Group. Strengths are noted in working relationships, responsiveness and system developments, alongside ongoing actions to address areas for improvement such as recruitment efficiency and procurement transparency.</p> <p>The Committee <b>NOTED</b> the Outcome Measures Report.</p>	
<b>6.5</b>	<p><b>Integrated Medium-Term Plan (IMTP) Quarter 2 of 2025-26 Update Report</b></p> <p>RN presented the IMTP Update Report for Quarter 2 of 2025-26, and confirmed that 85% of the objectives are currently on-track for delivery this year, with most divisions making good progress.</p> <p>The overarching report provides assurance on the development and scrutiny of NWSSP plans. Performance remains stable, with 104 actions on track and six completed. Areas of challenge are being supported or deferred, where necessary. The report also includes updates on foundational economy progress and our people agenda. Subject to noting by the Committee, the update will be submitted to Welsh Government.</p> <p>The Committee <b>NOTED</b> the IMTP Quarter 2 of 2025-26 Update Report.</p>	
<b>6.6</b>	<p><b>Transformation Management Office (TMO) Update Report</b></p> <p>RN provided an update on the work of the TMO to the Committee.</p> <p>The overarching report summarises the breadth of transformation activity across NWSSP and national programmes, indicating a stable position with 18 projects, 2 programmes and 5 initiatives currently being tracked. Of which, 2 are red, 7 are amber and 16 are green-rated projects.</p> <p>The red-rated programme remains the TrAMS Programme. It continues to face critical challenges, including tight timelines, regulatory dependencies and staffing/resource constraints. The other red-rated initiative relates to the Legal and Risk matters invoicing process, which is due for completion at the end of the year.</p> <p>Overall, the portfolio demonstrates consistent delivery momentum across a diverse range of transformation and service improvement programmes, with 92% of projects rated green or amber and several nearing completion.</p> <p>The Committee <b>NOTED</b> the TMO Update Report.</p>	
<b>6.7</b>	<p><b>NWSSP Corporate Risk Register</b></p> <p>JQ presented the NWSSP Corporate Risk Register to the Committee, which continues to be scrutinised regularly at each Senior Leadership Group meeting.</p> <p>The latest position as detailed in the overarching report is summarised as 18 risks for action identified, of which 6 are rated red, 11 amber and 1 yellow.</p>	

	<p>Four red risks remain unchanged insofar as the threat of a successful cyber-attack, disruption to pharmaceutical supply, risks to patient services if Radiopharmacy and TrAMS developments do not progress, and adverse impacts on the TrAMS Pharmacy Service due to financial and staffing challenges. Two new red-rated risks have been escalated in challenges in scaling support for the Future Workforce Solution rollout, and reputational risk related to student streamlining due to reduced vacancies, which will develop over time with mitigating actions. Other risks have reduced as a result of management action.</p> <p>The report also highlights there are 4 risks for monitoring, of which there are 1 amber and 3 yellow risks. Six emerging risks were also detailed in overarching the report, which remain under close observation. Internal Audit has recently provided reasonable assurance on risk management processes.</p> <p>The Committee <b>NOTED</b> the NWSSP Corporate Risk Register.</p>	
<p><b>6.8</b></p>	<p><b>NWSSP Management Letter 2024-25</b></p> <p>AR presented the Audit Wales Management Letter for 2024-25, which was considered by the NWSSP Audit Committee on 7 November 2025.</p> <p>AR confirmed that positive assurance was provided to NHS external audit teams on the activities of NWSSP for accounts opinion purpose with no recommendations made, for the third consecutive year. Appreciation was expressed to the Finance team and all divisions for their contribution in achieving this outcome.</p> <p>Committee Members acknowledged the significance of this outcome and welcomed the assurance provided.</p> <p>The Committee <b>NOTED</b> the NWSSP Management Letter 2024-25.</p>	
<p><b>6.9</b></p>	<p><b>Nationally Hosted NHS IT Systems Report 2024-25</b></p> <p>AR presented the Nationally Hosted NHS IT Systems Report for 2024-25, which was considered by the NWSSP Audit Committee on 7 November 2025.</p> <p>The report is positive and highlights the complexity of digital systems across NHS Wales and the need for continuous annual improvements. It notes close collaboration with Digital Health and Care Wales (DHCW) and a systems-based approach, emphasising the importance of maintaining robust controls, given ongoing cyber security risks.</p> <p>Audit actions relating to annual disaster recovery testing for the Prescription Pricing System and password requirements for the Oracle Ledger system will be addressed and monitored through the NWSSP Audit Committee and NWSSP Senior Leadership Group.</p> <p>COL welcomed the assurance provided, noting it gives confidence to both the Committee and the NWSSP Audit Committee. Progress on IT key controls was commended, particularly given the backdrop of cyber threats, and the team's proactive approach was acknowledged.</p> <p>The Committee <b>NOTED</b> the Nationally Hosted NHS IT Systems Report 2024-25.</p>	

<b>7.</b>	<b>ITEMS FOR INFORMATION</b>	
<b>7.1</b>	The Committee received the following items for information: <ul style="list-style-type: none"> <li>• SSPC Forward Plan 2025-26</li> <li>• Finance Monitoring Returns (Month 6)</li> <li>• Personal Protective Equipment (PPE) Dashboard (September 2025)</li> </ul>	
<b>8.</b>	<b>ANY OTHER BUSINESS (AOB)</b>	
<b>8.1</b>	There were no matters raised for discussion under Any Other Business.	
<b>9.</b>	<b>DATE OF NEXT MEETING</b>	
<b>9.1</b>	The next meeting is scheduled to take place on Tuesday 22 January 2026 from 10.00AM to 12.00PM, held via Microsoft Teams.	

**Item 1.5**

**ACTION LOG**  
**SHARED SERVICES PARTNERSHIP COMMITTEE**  
**UPDATE FOR JANUARY 2026 MEETING**

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status January 2026
<b>Part A Public</b>						
1.	2025/09/30-a Item 3.3	September 2025	<b>Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference</b> AR agreed to review the frequency and structure of meetings in light of current market conditions.	AR	March 2026	<b>Not Yet Due</b> Due to the timing of the scheduled Welsh Energy Group meeting, a comprehensive update will be provided at the SSPC meeting in March 2026.
2.	2025/11/14-a Item 3.1	November 2025	<b>2026-2029 Integrated Medium-Term Plan (IMTP) Progress Update</b> RN, GH, and HD agreed to meet and develop approaches for incorporating customer voice, including frontline feedback and Trade Union input.	RN	January 2026	<b>Complete</b> A meeting took place on 16 December 2025 to discuss how best to approach the integration of the customer voice.
3.	2025/11/14-a Item 6.2	November 2025	<b>People and Organisational Development Report</b> 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	March 2026	<b>Not Yet Due</b>



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**22 January 2026**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

<b>ARWEINYDD: LEAD:</b>	Neil Frow, Managing Director
<b>AWDUR: AUTHOR:</b>	Roxann Davies, Corporate Services Manager James Quance, Assistant Director of Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Neil Frow, Managing Director
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Neil.Frow@wales.nhs.uk">Neil.Frow@wales.nhs.uk</a>

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

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

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

Shared Services Partnership Committee

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

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

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	No direct impact.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides an assurance that NWSSP risks are being identified and managed effectively.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Access to the new Health and Care Quality Standards can be obtained from the following link: <a href="#">Duty of Quality (sharepoint.com)</a> . These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

# NWSSP Managing Director's Report January 2026

## Introduction

This paper provides an update into the key issues that have impacted upon, and the activities undertaken by, NWSSP since the date of the last meeting on 14 November 2025.

## Governance

The Welsh Government commissioned independent review of NHS Wales Shared Services Partnership's accountability and governance arrangements has now concluded, with the report of the independent reviewer being published in December 2025. The review found the current framework to be fundamentally sound and identified a number of recommendations to further strengthen governance and accountability. Working arrangements are being put in place by Welsh Government to work through the recommendations, their implementation and NWSSP looks forward to working with all partners.

## Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 25 November 2025. There were 288 cases ratified and the value of reimbursement was £28.2m. There were 18 instances where penalties were authorised. The main areas of business were:

### Finance

The Committee considered the Month 7 DEL position. The latest position will form part of the Finance Report included in this SSPC agenda.

### Once for Wales Concerns Management System

The Committee received a presentation on the national Once for Wales Concerns Management System, which now supports a wide range of functions including incidents, NRIs (Nationally Reportable Incidents), complaints, claims, redress, mortality reviews, inquests, and performance reporting. The system continues to develop through quarterly releases and is governed by a National Programme Board. In 2024/25, Datix Cymru recorded 189,027 incidents and 3,847 claims and inquests, with Wales-specific features such as an NRI reporting portal and a Joint Investigation System. National data analysis has advanced, supported by the AI tool, Quail, to identify complaint themes.

### VTE (Venous Thromboembolism) Wales Scoping Review

The 2025 scoping review found inconsistent implementation of the 2022 Welsh Risk Pool recommendations across Health Boards, with variation in policy adoption, training, risk assessment, investigation, reporting and resourcing. The Committee noted the need for national standardisation and endorsed recommendations to unify policy, training, risk assessment, investigation and data sharing.

### Listening to People Regulations – Resource Requirements

With the new Listening to People Regulations coming into effect on 1 April 2026, the Committee noted revised resource requirements, including mandatory listening discussions, a higher financial threshold for redress and improved support for

bereaved families. These changes will require additional resources and further analysis is underway.

#### Enhancing Resilience in High Value Cases

The Committee approved an interim process for faster reimbursement to health bodies in exceptional high-value cases, increasing the minimum cash-holding level to £10 million and enabling urgent payments subject to appropriate authorisation and reporting.

#### PROMPT Wales Compliance

The Committee reviewed compliance data for the PROMPT Wales programme, noting ongoing efforts to monitor and improve training compliance across NHS Wales.

#### Organisational Learning and Case Management Performance

An update was provided to the Committee, focusing on deferred cases and submissions exceeding the deadline. Previously triggered penalties and cases that will shortly trigger an upcoming deadline were outlined and penalties were applied to the triggered cases which had not been addressed ahead of the meeting.

### **Finance**

NWSSP reported a cumulative surplus of £4.278m as at 31 December 2025, which continues to primarily relate to a sustained high level of vacancies across a number of our services and a reduction in variable pay costs as a result of improved control measures. This surplus is reported after covering the unfunded cost pressures for Employers National Insurance funding shortfall £0.558m (full year £0.744m) and Single Lead Employer trainee adjustments not covered via Access to work (£0.030m to date). This is an area of increasing pressure that we need to address with Health Education and Improvement Wales (HEIW) as these are additional costs of training.

Based on performance to date and a review of our forecast and funding/income assumptions within our financial plan, we are able to confirm an increased 2025/26 non-recurrent distribution of £6.000m. As at the end of December, we incurred £4.129m capital expenditure against our Capital Expenditure Limit (CEL) of £11.372m. Discretionary funding has been reduced from £0.800m to £0.409m in respect of the 30% Organisational contribution required to the Targeted Estates Fund (TEF) schemes.

In relation to the financial position for 2025-26, in their letter dated 10 December 2025 to NHS Wales Chief Executives and Directors of Finance, Welsh Government confirmed exceptional, non-recurrent funding support for the Welsh Risk Pool, up to £49 million, to address cost pressures beyond those originally planned. Organisations have received confirmation of funding for pay awards, and with these risks addressed, NHS bodies are expected to maintain or improve their current financial positions and forecasts.

### **Transforming Access to Medicines Service (TrAMs) Programme**

#### South East Radiopharmacy

Enabling works at the IP5 site started on 3 February 2025 and practical completion was reached on 30 May 2025. The cleanroom contractor started on site on 23 June

2025 and it is anticipated that the physical build and equipping will be completed by the end of January 2026. Contractor validation is due for completion by February 2026. NHS validation, regulatory inspection, and approvals mean that the go-live date of the Service is now scheduled for June 2026.

#### South East Hub

The Outline Business Case (OBC) version 1.1 was approved by the Shared Services Partnership Committee on 17 July 2025, and all Health Board/Trust internal governance was completed by 31 July 2025. The Cabinet Secretary for Health and Social Care approved the OBC version 1.1 on 1 September 2025. Fees for the detailed design of the facility and development of the Full Business Case (FBC) were approved with a funding letter received from Welsh Government which has enabled the commencement of the Full Business Case for Shared Services Partnership Committee approval. Currently the Full Business Case is nearing the conclusion of the detailed design stage after which completion of the remaining business case elements will be completed in the coming months aiming to conclude in April 2026 or sooner, where practically possible.

#### South West Hub

A full site identification process was conducted with NWSSP Specialist Estates Services (SES), focusing on previously assessed and preferred locations within the South West region. A shortlist of potential sites was compiled, and site surveys were completed by contractor. The surveys provided detailed cost estimates and identified key risks associated with each site. A site scoring workshop was held with key stakeholders from both Health Boards to evaluate and score six shortlisted sites. The resulting site rankings helped focus project efforts on the most suitable location.

A strategic internal review considered the feasibility of a single site accommodating multiple services. It was agreed that one site dedicated solely to TrAMS use would be the most appropriate approach. Following additional surveys, an offer was submitted for the preferred site. However, the property was subsequently withdrawn from the market. Several of the previously scored sites have since left the market. A new market review has been undertaken, and the shortlist has been updated accordingly and SES continues to monitor the market for any new site opportunities.

#### North Wales Hub

Discussions have started with Betsi Cadwaladr University Health Board on the options available in North Wales with a view to accelerating delivery of TrAMs in North Wales by repurposing existing infrastructure. This will deliver a Regional Hub and addresses patient safety and service resilience concerns, particularly in relation to the production of systemic anti-cancer therapies quicker than currently planned.

### **NHS Wales Influenza Vaccination Programme**

As the NHS Wales Influenza vaccination programme at IP5 draws to a close, we reflect upon the extensive efforts of various teams across NWSSP who have been involved. NWSSP has delivered over one million flu vaccines to more than 1,700 destinations in Wales for the first time, playing a vital role in the fight against flu

this winter. Drawing on our expertise to deliver the programme in this way will save NHS Wales circa £3 million. Planning is currently underway for the 2026 programme.

### **Laundry Service**

The laundry capital programme continues to progress well; work has been completed on the installation of the waste heat recovery system in Greenvale laundry with the installation planned in Church Village for January and North Wales in February 2026.

Works are underway and on-programme for the recommissioning of the ventilation plant in North Wales laundry. Contracts have been evaluated and awarded for the replacement standalone washer extractors and dryers in Greenvale, and a new ironer/feeder in North Wales.

The reprovision of linen to Murrison and Neath Port Talbot from Swansea laundry was implemented on 8 December 2025 by extending the operational run hours from eight to eleven hours. The transition has been effective, with service delivery proceeding smoothly.

Following this reprovision the service will now undertake a right sizing exercise within the Church Village laundry which will result in putting one of the production lines into standby, improving resilience within the system supporting demand and capacity peaks.

### **Primary Care Service and Medical Examiner Service**

In relation to the Workforce Intelligence System, strong engagement continues with Health Boards, Welsh Government and stakeholders. Ongoing enhancements to both reporting capability and system functionality are strengthening workforce intelligence. The Service remains actively engaged in supporting Welsh Government with the implementation and refinement of the national Gluten Free Scheme and a review is currently underway to identify how Primary Care data can be shared more effectively to support the Community by Design programme.

NWSSP has proactively addressed the high volumes of hospital letters incorrectly redirected due to secondary care inaccuracies in GP practice details. The backlog was cleared promptly while maintaining business as usual, and automation has been introduced to capture data volumes for robust root cause analysis. These measures provide assurance that appropriate action has been taken to mitigate the issue, although the increased number of misdirected letters continues to be monitored as a potential patient safety concern.

Winter surge management plans have supported the maintenance of timely Medical Examiner reviews and overall service responsiveness. Daily workflow audits continue across the death-certification pathway to identify pressures early and escalate as needed. Regular reporting and stakeholder engagement remains in place with Welsh Government and Medical Directors to highlight areas requiring improvement and to share best practice across the pathway.

## **Accommodation Update**

The accommodation position to be presented to Committee on 22 January 2026 seeks approval for the renewal of the Companies House lease for the fourth floor, together with a variation to the lease for IP5. Both proposals have been developed following detailed negotiations with landlords and specialist advice, ensuring continuity of occupation, compliance with statutory obligations, and value for money. The recommendations include approval of associated legal and landlord costs, with no anticipated impact on equality, diversity, or workforce, and with ongoing monitoring of financial and operational risks.

## **Personal Protective Equipment (PPE)**

A project group and respective sub-groups have been established to implement the recent policy decision including procurement, storage and distribution arrangements for PPE, due to changes in the requirements of Welsh Government regarding what NWSSP is to hold for PPE resilience. A comprehensive update was provided to the Committee in November 2025, and the most recent PPE Dashboard is included within the Committee papers, for information.

## **Decarbonisation and Adaptation**

Works have commenced at Matrix House to provide an upgraded electrical supply and additional electric vehicle (EV) charging and should complete in March 2026. Work is also taking place in Denbigh to provide roof mounted solar panels and to replace the gas heating system with electrically supplied infra-red heaters and this is on track to complete in March 2026.

The updated business case for investment in the roof overlay at IP5 was approved by Welsh Government in mid-December 2025. Work will be completed between February and July 2026. Following completion, NWSSP will look to progress with plans for a phased provision of roof mounted solar PV (photovoltaic).

The Decarbonisation Strategic Delivery Plan update was endorsed across NHS Wales during November 2025, and work is currently underway develop the associated update to the NWSSP Decarbonisation Action Plan.

Specialist Estates Services' development of guidance for net zero estate development projects under the value of £20m is scheduled for completion in early 2026. Similarly, the work to oversee completion of guidance on the new waste management Regulations for improved environmental performance should complete in March 2026.

The biannual update on Decarbonisation is due to be presented at the SSPC meeting on 22 January 2026.

As regards Climate Adaptation, NWSSP submitted its initial Risk Assessment Document to Welsh Government by the requested date of December 2025. Advice is also being provided to Welsh Government on how NHS Wales activity can be monitored and coordinated as appropriate during the next phases of activity.

## Senior Leadership Events

Since my last Managing Director's Update Report for the Committee, I have attended the following engagement and leadership events:

- NHS Wales Awards Celebration and Leadership event at Sophia Gardens on 18 November 2025.
- Welsh Risk Pool Committee meeting on 25 November 2025.
- Driving Forward Anti-Racist Leadership Symposium on 26 November 2025.
- NHS Wales Value & Sustainability Board meeting in November 2025.
- Chief Executives' meeting on 2 December 2025.
- NHS Wales Leadership Board Meeting on 16 December 2025.
- Local Partnership Forum on 7 January 2026.
- NHS Wales Chief Executives' meeting on 6 January 2026.
- NWSSP Decarbonisation and Adaptation Programme Board on 15 January 2026.
- NWSSP's Annual Staff Recognition Awards ceremony on 13 January 2026.
- Transforming Access to Medicine Services (TrAMS) Programme Board meetings and associated Risk Workshop in January 2026.
- Community by Design Transformation Programme Board and National Primary Care Board meetings.
- NWSSP site visits, including Swansea Laundry, Matrix House, and IP5.
- Additionally, I participated in the NWSSP mid-year Joint Executive Team Meeting.

Since my last Managing Director's Update Report for the Committee, I have participated in a wide range of leadership, engagement and assurance activities across NHS Wales and NWSSP. This has included attending the NHS Wales Awards Celebration and Leadership event at Sophia Gardens on 18 November 2025, the Welsh Risk Pool Committee meeting on 25 November 2025, and the Driving Forward Anti-Racist Leadership Symposium on 26 November 2025. I also attended the NHS Wales Value & Sustainability Board meeting in November 2025, the Chief Executives' meeting on 2 December 2025, and the NHS Wales Leadership Board Meeting on 16 December 2025.

Since the start of the new year, my engagements have included the NWSSP mid-year Joint Executive Team Meeting, attending Local Partnership Forum on 7 January 2026, the NHS Wales Chief Executives' meeting on 6 January 2026, the NWSSP Decarbonisation and Adaptation Programme Board on 15 January 2026, and NWSSP's Annual Staff Recognition Awards ceremony on 13 January 2026. I have continued my involvement in the Transforming Access to Medicine Services (TrAMS) Programme Board meetings and associated Risk Workshop, as well as the Community by Design Transformation Programme Board and the National Primary Care Board. In addition, I undertook NWSSP site visits which included the Swansea Laundry, Matrix House and IP5.

## Awards and Recognition

NWSSP Procurement Services achieved notable recognition at the recent Health Care Supplies Association awards, with eight submissions shortlisted and a total of two category wins and four highly commended awards. Successes included the Logistics & Supply Chain Excellence award for the National NHS Wales Influenza

Vaccination Procurement and Distribution Programme, and the Sustainability and Social Value award for the Sustainable Procurement Team. Highly commended accolades were received for clinical procurement partnerships, procurement excellence, team performance and supplier innovation. These achievements reflect the commitment and collaborative efforts of NWSSP teams, whose work continues to deliver operational efficiencies, financial savings, and improvements in patient safety across NHS Wales.

In addition, NWSSP held its Annual Staff Recognition Awards Ceremony on 13 January 2026, celebrating the outstanding contributions of its staff. The event celebrated excellence across a number of categories, including innovation, leadership, teamwork, and long service, providing a platform for showcasing skills, experiences and creatively across disciplines thus allowing every talent to shine. Held virtually and screen centrally across sites, it showcased NWSSP's commitment to inclusivity and technological innovation. The ceremony was a resounding success, filled with inspiring stories and heartfelt gratitude, and it inspired continued excellence within the organisation. To continue the celebrations, we will be hosting in-person ceremonies across sites to personally thank our winners for their outstanding contributions.

**Neil Frow OBE**  
**Managing Director, NWSSP**  
**January 2026**

**Review of the NHS Wales Shared Services Partnership**

**Accountability and Governance Arrangements**

**Simon Dean**

**July 2025**

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## Review of the NHS Wales Shared Services Partnership

### Accountability and Governance Arrangements

#### Executive Summary

NHS Wales stakeholders expressed strong support for the provision of an agreed range of shared services on a “once for Wales” basis.

No framework for governance and accountability is absolute. All such frameworks involve managing ambiguity and risk. The key is to design arrangements which give the greatest possible opportunity to identify risks together with effective processes for mitigating these risks. This is true for all organisational systems and is perhaps even more important for systems of governance across partnerships.

This review has looked at the framework of shared services governance and accountability both in theory and in action because governance systems and processes alone are insufficient. They must be fully and consistently implemented to provide the assurance and risk management they were designed to deliver.

This reviewer has concluded that the **framework** for governance and accountability for the SSPC/NWSSP is fundamentally sound, although it would benefit from some adjustments and strengthening as identified in this report and its recommendations. This is particularly the case in respect of resolving differing interpretations of the framework.

Governance and accountability **in practice** requires strengthening to ensure that the framework delivers the levels of assurance intended. This requires all the organisations involved in the partnership to ensure that they:

- effectively deliver their own internal governance responsibilities in respect of shared services, and
- fully discharge their duties and responsibilities for the SSPC/NWSSP as set out in the current governance and accountability framework and any amendments made following this review.

The governance and accountability framework only provides a starting point. How it is implemented in practice will determine whether the stated aims of the arrangements are achieved and effective governance and accountability are delivered.

Any more radical options for change should be considered within the context of a fundamental review of the structure and governance of the whole system within NHS Wales rather than in isolation. This is outside the scope of the present review.

## Introduction

### Scope of the Review

The Welsh Government has commissioned a review of the accountability and governance arrangements of the NHS Wales Shared Services Partnership (NWSSP). The full Terms of Reference (ToR) are at Appendix A. The scope of the review as set out in the ToR is:

*“A review of NWSSP’s current accountability and governance arrangements will be commissioned. The review will:*

- *Confirm the current functions of NWSSP.*
- *Describe the current governance arrangements and interface between the NWSSP, local health boards and NHS trusts via the Partnership Committee.*
- *Set out the key relationships.*
- *Review the application and compliance of current governance arrangements as appropriate with the relevant evidence.*
- *Consider if there is sufficient clarity on all aspects of the current governance arrangements including clinical governance, legal status, and employment & hosting arrangements.*
- *Review the regulations, standing orders and hosting arrangements.*
- *Set out the role of host, including responsibilities under legal and other accountability frameworks.*
- *Highlight any mitigating action or improvement required in order to address any gaps or weaknesses identified in the current arrangements.*
- *Explore in that context whether any alternative options to the current hosting arrangements may be more suitable or sustainable prospectively.*
- *Make recommendations on a preferred way forward.”*

### Key Principles

The ToR set out key principles on which the review was to be based:

*“The review recommendations will be founded on the following principles:*

- *Clarifying and minimising risk in the accountability and governance arrangements for NWSSP and Velindre University NHS Trust.*
- *Clarifying respective roles, accountabilities and responsibilities in relation to NWSSP (e.g. NWSSP Managing Director, NWSSP Chair, Partnership Committee, NWSSP Senior Management Team, Velindre CEO, Velindre Chair, Velindre Executive Team and that of Velindre as the host organisation)*
- *Clarifying any terminology and definitions that may be helpful in this, and other hosted contexts.*
- *Consider learning from other recent reviews of hosted bodies. In turn, the learning and recommendations from this review will also be considered in the context of other existing NHS Wales hosting arrangements.*
- *Improving value to the NHS system in Wales*
- *Strengthening associated decision making*
- *Building on evidence of good practice*
- *Supporting the development of shared services expertise within the NHS in Wales*

- *Maximisation of national capacity and capabilities*
- *Minimal disruption to the system*
- *Minimal disruption to the existing workforce within NWSSP and Velindre University NHS Trust.*
- *Consider whether any alternative governance and accountability arrangements may be more suitable in the future to support the delivery of any/all of the functions currently undertaken by NWSSP*
- *Any changes to be implemented will maximise the value delivered by current arrangements and exploit where possible economies of scale.”*

## **Review Process**

The review was undertaken over approximately 20 days between May and July 2025. The methodology included a review of documentation provided by Welsh Government; discussions with key stakeholders; a request for comments on the governance and accountability arrangements from all NHS bodies; and specific information on the operation of the current governance and accountability arrangements from Welsh Government, Velindre University NHS Trust (Velindre) and the NWSSP.

Recommendations are set out in boxes throughout this report.

Details of the reviewer can be found at Appendix 4.

## **Terminology**

The following terminology is used throughout this report except where different terminology is used in official documents:

SSPC – the Shared Services Partnership Committee which brings together the NHS partner organisations and is responsible for the setting of policy and strategy and the management and provision of shared services to the NHS partners.

NWSSP – the delivery function of the SSPC responsible for the delivery of the shared services and accountable to the SSPC in this respect and to Velindre University NHS Trust as host.

Velindre – Velindre University NHS Trust.

## **The NHS Wales Shared Services Committee and NWSSP**

The NHS Wales Shared Services Partnership was set up on 1 April 2011 to deliver a wide range of professional, technical and administrative services on behalf of all local health boards and trusts in NHS Wales. In June 2012, Velindre was given the statutory function to host the Shared Services Committee and its delivery organisation (the NWSSP). The Shared Services Committee was established to ensure the views of all NHS organisations were taken into account.

NWSSP supports NHS Wales by providing dedicated shared services, which:

- provide a “once for Wales” approach
- share common operating standards in line with best practice
- have sufficient scale to optimise economies of scale and purchasing power and improve quality
- consolidate expertise in specialist areas.

NWSSP acts in support of the statutory NHS organisations in Wales (local health boards, NHS trusts and special health authorities), so that they may, in turn, focus on more effective local delivery of front-line services. NWSSP also provides support services to Llais, a non-departmental body of the Welsh Government established in 2022 to promote patients interests to the NHS and social care in Wales.

NWSSP provides some professional advice and support to Welsh Government. For example, professional advice is provided by the NWSSP legal team on the Infected Blood Inquiry, and by the NWSSP estates team on specialist estates issues. Welsh Government has observer status on the SSPC.

Services are commissioned by NHS bodies and directly by Welsh Government. NWSSP’s Integrated Medium Term Plan 2025-2028 (IMTP) lists its current services/ functions as shown in the following figure.



The range and scale of services provided by NWSSP has increased significantly in the years since its creation. In recent years this has included some clinical support services and

sub-hosting arrangements for NHS Employers and the NHS Finance Academy. Support services are provided to Llais, a non-Departmental body of Welsh Government.

Resources are provided to the SSPC/NWSSP under three broad headings:

1. Directly from Welsh Government in the updated version of the original top-slice from health bodies when NWSSP was created
2. From health bodies to commission specific services for their local populations
3. Additional resources provided by Welsh Government for new services such as the Medical Examiner Service or for national functions such as the Welsh Risk Pool.

The budget for shared services in 2024/25 was £686m. They had 2502 members of staff. In addition, they managed payments of £207m through the Welsh Risk Pool and were responsible for a further 3555 staff at a cost of £321m under the Single Lead Employer for trainees.

Velindre's' core budget in 2024/25 was £262m and they had 1497 members of staff.

### **Governance and Accountability Framework for the NHS Wales Shared Services Partnership (NWSSP)**

The Governance and Accountability Framework for the NHS Wales Shared Services Partnership is set out in a suite of documents:

1. The Velindre National Health Services Trust Shared Services Committee (Wales) Regulations 2012 (Welsh Statutory Instruments 2012 No.1261 (W.156))
2. Standing Orders for the Operation of the Shared Services Partnership Committee (updated August 2024)
3. Memorandum of Co-operation, Shared Services Partnership Committee (June 2012)
4. Hosting Agreement – Shared Services Partnership Committee (June 2012)
5. Accountability Agreement between the Chair of the Shared Services Partnership Committee and the Director of Shared Services (May 2012)
6. Interface Agreement between the Chief Executive and Accountable Officer of Velindre NHS Trust and the Director of Shared Services and Accountable Officer for Shared Services.

Taken together, these documents describe the way in which the governance arrangements for the Shared Services Partnership Committee (SSPC) and the NWSSP as its delivery function should operate, including the duties, powers and responsibilities of the various bodies and individuals involved in leading and managing the partnership. The documents set out to encapsulate the relationships between the parties in a way which is clear, unambiguous, respectful of the roles and responsibilities of each party and capable of implementation in practice.

It is important to note that this governance and accountability framework governs the relationships between the SSPC/NWSSP and NHS bodies. It does not describe governance and accountability arrangements with Welsh Government for the services which Welsh Government commissions directly from NWSSP. The SSPC cannot held accountable for these services as they have no part to play in the policy, strategy or planning of them.

Key points from a review of these documents include:

## Regulations

1. The Regulations require Velindre to establish a committee to exercise Velindre's functions in relation to shared services, including the setting of policy and strategy and the management and provision of shared services to LHBs and NHS Trusts (Regulations para 4)
2. The SSPC membership comprises a chair appointed by the SSPC; the chief officers of the NHS bodies involved in the Partnership or their nominated representatives who should be an Executive Director; the Accountable Officer for shared services who is the person designated as an additional accounting officer in accordance with the Government of Wales Act 2006 (Regulations para 5 and SOs section B 1.2)
3. Velindre must agree Standing Orders for the regulation of the meetings and proceedings of the SSPC (Regulations para 11).

## Standing Orders

4. The Standing Orders for the Shared Services Partnership Committee form an Annex to Velindre's own SOs and have effect as if incorporated within them (Standing Orders section A xxv)
5. The Standing Orders set out in detail the purpose, role, responsibilities and delegated functions of the SSPC
6. Each Health Board, Trust and Special Health Authority shall be bound by the decisions of the SSPC in the exercise of its roles. If the SSPC is unable to reach agreement in relation to the funding levels to be provided by each NHS body, the matter shall be escalated to Welsh Government for resolution ultimately by Welsh Ministers (SOs section b 1.1.5)
7. The chair of the SSPC is accountable to the SSPC in relation to the delivery of the functions exercised by the SSPC on its behalf and, through Velindre's Chair, as the hosting organisation, for the conduct of business in accordance with the defined governance and operating framework (SOs section B 1.3.6)
8. The Managing Director of NWSSP reports to the Chair of the SSPC and is responsible for the overall performance of NWSSP. The Managing Director of NWSSP is the designated Accountable Officer for NSWSP and is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing Director is also accountable to the Chief Executive of Velindre in respect of the hosting arrangements supporting operation of the NWSSP (SOs section B 1.3.9)
9. The Standing Orders for the SSPC refer to the appointment of staff: "NWSSP staff shall be appointed by Velindre. The appointments process shall be in line with the workforce policies and procedures of Velindre and any directions made by the Welsh Ministers." The process for appointing the Managing Director and other very senior staff is not specified (SOs 1.6.1)
10. The Chief Executive of Velindre is the Accountable Officer for the Trust. As the host organisation, the Chief Executive of Velindre (and the Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP (SOs section B 1.3.10)
11. Both Accountable Officers are responsible for meeting all the responsibilities of their roles, and shall co-operate with each other so as to ensure that full accountability for the

activities of the NWSSP and Velindre is afforded to the Welsh Ministers whilst minimising duplication (SOs section B 1.3.11)

12. The SSPC is not a separate legal entity from each of the Health Boards, Trusts and Special Health Authorities. It shall report to each Health Board, Trust and Special Health Authority on its activities, to which it is formally accountable in respect of the Shared Services functions carried out on their behalf. Velindre's Trust Board will not be responsible or accountable for exercising Velindre's functions in relation to NWSSP, including the setting of policy and strategy and the management and provision of Shared Services to each Health Board, Trust, and Special Health Authority. Velindre's Board, as the host organisation, shall be responsible for ensuring that NWSSP staff act in accordance with the administrative policies and procedures agreed between Velindre and the SSPC (SOs section B 1.7.1).

### **Memorandum of Co-operation**

13. Sets out the obligations of NHS bodies to participate in the SSPC and to take collective responsibility for the delivery of those services. Responsibility for the exercise of the shared services functions does not rest with the Board of Velindre but is a shared responsibility of all NHS bodies in Wales in order to ensure that notwithstanding the fact that Velindre is providing the legal framework for the exercise of the shared services functions, responsibility for setting the policy for and delivery of shared services to the health service in Wales remains a collective responsibility of the NHS in Wales (Memorandum of Co-operation para D)
14. Includes a Risk Sharing process which clarifies the responsibilities of the partnership organisation and Velindre as host for any risks associated with delivery of the financial/business plan (section 13)
15. Includes a Dispute Resolution Process (section 14).

### **Hosting Agreement**

16. Provides for the terms on which Velindre will host the Shared Services, and makes provision for the autonomy of the shared service function, whilst respecting the need for Velindre to be protected from any undue risks (page 4 G)
17. Provides for a Support Service Level Agreement (SLA) between Velindre and the SSPC setting out the support service and service levels required as agreed from time to time
18. Sets out the responsibilities of Velindre and includes the statement that "*Velindre will not be responsible or accountable for the planning, funding and operational management or delivery of the Shared Services save as partner under the Memorandum of Co-operation*" (para 2.7)
19. States that the SSPC will be subject to Velindre's Committee arrangements to assist it in discharging its governance responsibilities (clause 5.1)
20. Requires that the Director of Shared Services will provide reports from the SSPC to the Velindre Board to enable the Velindre Board to assure itself that appropriate control measures are in place in accordance with the requirements of the Annual Governance Statement (clause 5.4)
21. Restates the approach to risk sharing set out in the Memorandum of Co-operation (section 7)
22. Includes a section on Liability and Indemnity (clause 8). This states that "*as regards liabilities to third parties, Velindre shall as the responsible legal entity meet any liabilities, losses, costs, expenses, claims or proceedings incurred by the SSPC, its officers,*

*employees, and/or agents but shall be entitled to charge such liability etc to the Shared Service Budget. “(clause 8.1)*

23. Clause 8.4 of the Hosting Agreement states *“Nothing in this clause 8 shall operate so as to restrict or exclude the liability of any party in relation to death or personal injury caused by the negligence of that party or its servants, agents or employees or to restrict or exclude any other liability of either party which cannot be so restricted or excluded in law.”*
24. Includes a procedure for resolving disputes (section 19)
25. Includes a procedure in the event that either the Velindre Trust Board or the SSPC determine that the performance by Velindre Trust or SSPC of its obligations under this Agreement is having a detrimental or prejudicial effect on the Velindre Trust or the SSPCs’ ability to fulfil its core functions (clauses 20.4 to 20.6).

### **Accountability Agreement between the Chair of the SSPC and the Director of Shared Services**

26. Sets out the accountabilities of the Director to the Chair. It also refers to the requirement for the Director to report to the CEO of Velindre on a day-to-day basis in accordance with the Interface Agreement (page 2).

### **Interface Agreement between the CEO and Accountable Officer of Velindre and the Director and Accountable Officer for Shared Services**

27. Describes the relationship between the two roles. It defines their respective responsibilities for the activities of their organisations and restates that as Accountable Officers (AOs) they are required to discharge the required internal control and accountabilities for the stewardship of resources and the operation of governance within their respective areas of responsibility (see Appendix 4)
28. Recognises that because of the relationship between Shared Services and Velindre, and in particular between the two Accountable Officers, the Accountable Officer of Velindre has a legitimate interest in being properly informed as to the activities of the Shared Services partnership and being assured that the Shared Services Partnership is being managed effectively and in accordance with NHS Standards
29. Sets out a number of requirements with which the Director of Shared Services must comply. These include acting at all times within the corporate governance framework of the Trust (clause a); ensuring that any information reasonably required by the CEO of the Trust is provided (clause c); acting within the scheme of delegations (clause f); and ensuring that any reasonable request for information or assurance from the CEO of Velindre is answered promptly and fully (clause x)
30. States that the Chief Executive of Velindre must ensure that Shared Services is allowed autonomy in line with the Memorandum of Co-operation and that the day-to-day involvement of Velindre is in accordance with the Hosting Agreement between Velindre and the Shared Services (page 4 final paragraph).

It is noteworthy that there appears to be little specific reference to clinical governance in any of these documents. At its inception the SSPC and NWSSP did not provide clinical services. Several services now provided by NWSSP on behalf of either the NHS bodies which make up the partnership or in some cases Welsh Government have important clinical components and bring with them particular requirements for effective clinical governance

arrangements which are not addressed in any documents made available to this reviewer. This topic is considered further later in this report.

### **Accountability of the SSPC Chair and the Managing Director of NWSSP**

The SSPC Chair is chair of a committee of Velindre which is the statutory body responsible for the provision of the shared services. They are not the chair of a statutory organisation. Their role is to ensure the effective conduct of committee business. The SSPC Chair is appointed by a panel drawn from the SSPC and the NWSSP Director of Workforce. The SSPC Chair is shown as being accountable to the SSPC in relation to the delivery of the functions exercised by the NSWSP on its behalf and, through Velindre's Chair, as the hosting organisation, for the conduct of business in accordance with the defined governance and operating framework (Standing Orders 1.3.6).

The Velindre Chair is not involved in the appointment of the Chair of the SSPC or their formal performance review despite the SSPC being a Committee of Velindre.

**Recommendation 1: The Velindre Chair should have a role as a member of the appointment panel for the SSPC Chair, together with a formal process for performance management specifically in relation to the effective management of the business of the SSPC as required under Standing Orders.**

The Managing Director of NWSSP is shown as being accountable to the Chair of the SSPC with day-to-day reporting to the Velindre CEO. It is noted that the SSPC Chair has a limited role as chair of a Committee of Velindre. The Velindre Board and the CEO/AO are accountable for all the responsibilities of the Trust including the shared services even though the SSPC/NWSSP are expected to operate with a high degree of autonomy. The governance and accountability framework therefore requires an effective relationship between the Trust CEO and the NWSSP Managing Director which recognises the statutory responsibilities of the Velindre CEO and the Trust Board including for the shared services.

The governance and accountability framework states the formal accountability of the Managing Director of the NWSSP to the CEO/AO of Velindre and the expectation that the two AOs operate within both the spirit and the letter of the governance framework which aims to provide the SSPC/NWSSP with the greatest possible autonomy within the context of the overall accountability of Velindre for the responsibilities placed on it by Regulations. This includes accountability as the statutory body for legal, regulatory, compliance and employment matters.

The governance framework documents, in particular the Interface Agreement, set out the nature of this accountability arrangement.

Both the CEO of Velindre and the Managing Director of NWSSP are formally designated as Accountable Officers (AOs) by Welsh Government, with important responsibilities for the management of public money. The AO role is not synonymous with the role of a CEO. The question was raised by several contributors to this review whether the designation of two AOs within a single statutory organisation might cause confusion and a lack of role clarity. This reviewer is of the opinion that designating the Managing Director of the NWSSP as an AO is helpful in recognising their level of responsibility and accountability (including to Welsh Government and the Public Accounts Committee) and that clarifying the governance

framework as recommended by this review should avoid any confusion with the AO role of the Velindre CEO.

It is not clear to this reviewer whether there are agreed policies and procedures in place for the appointment of senior staff of the NWSSP, including the Managing Director. The reviewer has seen national documents which refer to the processes for appointment of Executive Directors to NHS bodies. Similar principles should be applied to recruitment of senior staff in hosted bodies who are not Executive Directors. These policies and procedures should recognise appropriately the responsibilities of Velindre as the statutory employing organisation. All members of staff working in shared services should be aware that their contracts of employment are with Velindre.

**Recommendation 2: Welsh Government should ensure that there are clear appointment processes in place which operate within national guidance and the recruitment policies of Velindre as the employing organisation, including the full involvement of its Remuneration Committee.**

### **Governance and Accountability in Practice**

The Governance and Accountability Framework described above has been in place for nearly 14 years with some revisions. The next section of this review considers how the Framework operates in practice.

### **Governance and Accountability Arrangements in Practice**

The SSPC delegates responsibilities and powers, via the Chair, to the Managing Director of the NWSSP who leads the delivery functions of shared services. An Accountability Agreement between the Chair and the Managing Director describes their relationship (see above). Accountability operates in the reverse direction, that is from the Managing Director to the Chair and the SSPC.

NWSSP is required to operate under the policies and procedures of Velindre as its host and the organisation which is legally responsible and liable for the shared services. Any policies and procedures specific to the operation of the SSPC/NWSSP should be consistent with the overall governance framework of Velindre. The Managing Director of NWSSP is accountable to the CEO of Velindre within the parameters of the Interface Agreement (see above).

NWSSP produces an Integrated Medium Term Plan (IMTP) which sets out its strategic objectives, how it plans to achieve them and how it will measure progress. The current IMTP covers the period 2025/2028. This IMTP is discussed and approved by the SSPC which includes senior representatives of each health body.

The IMTP is approved by the SSPC before submission to Welsh Government for final approval. There appeared to be a lack of clarity about the requirements for approval despite the SSPC Standing Orders stating that “the SSPC will make decisions subject to a 2/3 majority of voting.” (clause 6.6.25). This clause applies to all decisions of the SSPC apart from those relating to the overall funding contribution of each health body.

**Recommendation 3: The requirements for approval of the IMTP should be clearly set out. This should include formal endorsement by all NHS Boards following approval by the SSPC.**

A key test of the deliverability of the NWSSP IMTP is the capacity and capability of the NWSSP to deliver the commitments in the IMTP. As the host statutory body, Velindre has a particular responsibility to be satisfied that the IMTP is deliverable within the Trusts policies and procedures. This does not give Velindre a power of veto over the IMTP but recognises that the SSPC/NWSSP is operating under the legal framework of the Trust.

**Recommendation 4: As the SSPC is discharging functions of Velindre set out in Regulations, Velindre should specifically consider the IMTP in terms of its compliance with the Trusts policies and procedures including risk management and control.**

The IMTP includes a range of Key Performance Metrics which provide detailed measures against which delivery performance can be tested. There are 66 such measures covering the range of services provided by NWSSP for the NHS. Examples include:

KPI	Frequency	2025-26
Public Sector Pay Performance non-NHS	monthly	95%
Laundry orders dispatched meeting customer SLA	monthly	95%
Medical Examiner scrutiny within 24 hours of receiving notes	monthly	100%

In addition, the IMTP describes several common outcome measures developed by the NWSSP Performance & Outcomes Group. These aim to identify common overarching outcome measures and the sharing and learning of performance reporting.

The Outcome Measures cover three domains with a number of measures in each domain.

Domain	No. of measures	Examples
Our People	21	I have had a PDR in the last 12 months that has supported my development
Our Services	7	Number of innovative ideas generated by employees
Our Value	9	EV vehicles mileage

The intention is to understand and report on both outcomes and processes to provide a more holistic view of NWSSP's performance.

Within NWSSP, quarterly review meetings are held by senior management with the Divisions to discuss performance. Monthly reports are prepared for the NWSSP Senior Leadership Group.

The performance reporting process outside the NWSSP includes:

- Progress reports sent bi-monthly to the SSPC and discussed at the meetings of the SSPC
- Post-SSPC meeting updates sent by the SSPC Chair and the NWSSP Managing Director to the partnership bodies
- Bi-annual meetings between NWSSP and each NHS body with representatives including the Director of Finance and the Director of People & OD.

**Recommendation 5: The SSPC and its constituent organisations should assure themselves that the performance reporting process is operating as intended, and that assurance is provided to each NHS Board.**

Joint Executive Team (JET) meetings are held twice a year between NWSSP and the Welsh Government Health Department Executive Team. As the NWSSP is discharging the statutory responsibilities of Velindre in relation to the shared services, Welsh Government should consider how to involve Velindre appropriately in these meetings.

**Recommendation 6: Welsh Government should consider how to involve Velindre as host organisation in the JET meetings with the NWSSP.**

### **Clinical Governance**

As noted in Section 3, some services now provided by NWSSP seem to be clinical in nature. These include services such as the Transforming Access to Medicines Service, radiopharmacy and the Medical Examiners Service. The provision of services with clinical components requires clear and effective clinical governance arrangements to be in place with strong links to the clinical governance processes of the relevant NHS bodies.

This reviewer has seen limited references in supplied documentation to the role of the Velindre Quality, Safety and Performance Committee and to internal processes within NWSSP for compliance with regulatory requirements. It is noted that clinical governance arrangements were raised by some stakeholder contributors to this review as a matter where further assurance was required.

**Recommendation 7: Welsh Government, the SSPC and its constituent bodies should satisfy themselves that appropriate clinical governance processes are in place including links to their own internal processes and Board assurance where relevant.**

**Recommendation 8: Velindre and the SSPC/NWSSP should satisfy themselves that the clinical governance processes of the SSPC/NWSSP are consistent with the clinical governance framework of Velindre as the host statutory organisation.**

### **SSPC Meeting Attendance**

The SSPC is the key decision-making body for the shared services partnership. It has significant responsibilities as set out in the governance framework for setting policy,

strategy and overseeing delivery of a wide range of services which are of crucial importance to the NHS in Wales. Consistent and appropriate engagement from all the partner organisations is a central prerequisite for effective governance and leadership.

The committee comprises 14 voting members plus additional attendees. The members are the Chair, the CEO or nominated Executive Director of each of the 12 NHS bodies and the Managing Director of the NWSSP or nominated representative. The quorum for a meeting is 6 of whom at least 4 must be from the NHS plus one of either the SSPC Chair or the Vice-Chair. If the Director of NWSSP or a nominated deputy is not present, no formal business may be transacted.

The NWSSP Annual Governance Statements for 2023/24 and 2024/25 show that in each year only one of the NHS voting members of the committee was a CEO. 7 were Finance Directors and 3 were Directors of Workforce & OD. The remaining NHS organisation was represented by their Board Secretary who was not a voting member of the committee.

The table below sets out attendance by voting members at meetings in 2023/24 and 2024/25.

<b>Meeting number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Voting members present 2023/24	7	8	8	9	9	8
Voting members present 2024/25	6	10	10	7	10	7

The table below shows voting member attendance by organisation for the same period. The number on the left in each column is for 2023/24 and on the right is for 2024/25.

<b>Number of meetings</b>	<b>0</b>		<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<b>6</b>	
NHS bodies excluding Velindre	1	2	1	3	3	1	3	5	1	1	1			
Velindre							1	1						
SSPC Chair and NWSSP Director													2	2

Whilst all the meetings were quorate, attendance was consistently below a level commensurate with effective partnership governance. Attendance by voting members across NHS organisations was unacceptably variable. It is important that all NHS organisations engage effectively in the planning and performance management of the services which the SSPC and the NWSSP deliver on their collective behalf.

**Recommendation 9: The quorum of voting members of the SSPC should be increased from the current 6 to at least 9 out of 14.**

**Recommendation 10: All NHS bodies should review their participation in the SSPC and increase attendance at SSPC meetings to ensure effective governance including the representation of their organisations' interests at the SSPC and the provision of assurance to their Boards.**

During interviews, it was accepted that partner organisations needed to review their engagement with the work of the SSPC and particularly CEO-level engagement. It was suggested that one way to achieve this whilst maintaining the important work undertaken by current members of the SSPC would be to change the arrangements for the SSPC.

**Recommendation 11: Welsh Government should consider reconstituting the SSPC with a CEO-level membership meeting 3 or 4 times a year to discuss overarching policy and strategy, supported by a group meeting bi-monthly with the current membership of the SSPC to oversee detailed planning, operational management and delivery including performance reporting.**

### **Governance and Accountability in Practice between Velindre NHS Trust and NWSSP**

The reviewer held interviews with the Chair and CEO of Velindre and with the SSPC Chair and Managing Director of the NWSSP. Information on the governance arrangements in practice was provided by both parties to inform the review.

Interviewees were asked for their comments on:

- The governance and accountability framework
- Governance and accountability arrangements in practice
- The service portfolio of the SSPC and the NWSSP
- Any other comments they wished to make.

Both Velindre and the SSPC Chair/NWSSP expressed support for the provision of an agreed range of shared services to the NHS in Wales. They recognised the importance of providing a range of services on a “once for Wales” basis in terms of efficiency, consistency and the development of national expertise and capacity.

The Interface Agreement is an important document which describes the agreed relationship between the CEO of Velindre and the Managing Director of the NWSSP. Any such relationship has both elements which can be clearly defined and broader requirements which can become the subject of interpretation. The Interface Agreement contains general statements about the nature of their relationship and specific requirements on the Director

of Shared Services. The document states that the two Accountable Officers are required to co-operate together to ensure the success of the hosting arrangement in the interest of both the NHS in Wales and the local interests of Velindre within the framework described in the Interface Agreement.

It became clear during the course of this review that there were significant differences of opinion between Velindre and the NWSSP about the interpretation of the governance and accountability framework and whether the current practical arrangements were appropriate and consistent with both the letter and the spirit of the framework.

These differences of opinion covered a wide range of areas:

- Definitions and the use of language in the documentation
- An apparent lack of agreement on the responsibilities which cannot legally be delegated from Velindre to the NWSSP, including some procurement or regulatory matters
- Interpretation of the “legitimate interest” of Velindre as host and “undue interference” in the autonomy of the NWSSP
- The boundaries between the responsibilities and roles of Velindre as host organisation and the NWSSP as the hosted body
- Differences of opinion about required levels of compliance with the Trusts’ governance procedures
- Differing views about how the relationship between Velindre and NWSSP was presented to the wider NHS
- The levels of risk in the governance arrangements in action because of the points above.

The reviewer noted that section 20 of the Hosting Agreement sets out a process for resolution of significant concerns about performance under the Agreement:

*“20.4 In the event of either the Velindre Trust’s Board or the SSPC determining (acting reasonably) that the performance by Velindre Trust or SSPC of its obligations under this Agreement is having a detrimental or prejudicial effect on the Velindre Trust’s or the SSPC ability to fulfil its core functions, Velindre Trust’s Board or the SSPC may instruct the Director of Shared Services and the Chief Executive of Velindre to review the operation of this Agreement.*

*20.5 In carrying out a review of this Agreement further to clause 20.4, the Director of Shared Services and the Chief Executive of Velindre shall consider the source and manner of any detriment identified by Velindre Trust’s Board or the SSPC further to clause 20.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the SSPC and Velindre Trust as they may consider appropriate.*

*20.6 Velindre Board or the SSPC shall consider the recommendations made further to clause 20.5 and may recommend to the SSPC and the Chief Executive of Velindre that this Hosting Agreement and the associated governance arrangements are amended accordingly.”*

This process has not been formally invoked by either Velindre or NWSSP to resolve the differences between them. Whilst this reviewer understands that some discussions have taken place, it is noteworthy that the very clear process set out in the framework has not been used. This is an example of a disconnect between the framework and its practical implementation. The whole point of defining governance frameworks and processes is so that they are there to be used should the need arise.

A full examination of these differences of opinion requires significantly more time and a greater range of expertise than was available to the current review. It is however crucially important to understand why these differences exist and to take action to develop a common understanding of respective roles and responsibilities. It will be impossible to operate effective governance and accountability arrangements without starting from an agreed base in which ambiguity and the scope for interpretation is minimised as far as possible.

**Recommendation 12: Welsh Government should initiate a detailed review of the current documents setting out the governance and accountability framework to ensure that they are clear, internally consistent and reflect both good governance principles and agreed practice for the SSPC/NWSSP within a hosted relationship with Velindre.**

In reviewing the current framework, there would be benefit in undertaking a detailed review of the framework documents recently agreed for the Joint Commissioning Committee and the NHS Executive and identify any transferable learning. A detailed review of the documentation is outside the resourcing available to this current review.

**Recommendation 13: Welsh Government should consider whether there is any learning from the governance framework for the Joint Commissioning Committee or any other national body which should be applied to the Velindre and SSPC/NWSSP framework.**

**Recommendation 14: Following the completion of recommendations 12 and 13, Welsh Government should work with Velindre and the NWSSP to review the practical arrangements they have in place to discharge their governance and accountability responsibilities to each other and adjust them as necessary to ensure effective implementation of the Hosting Agreement and the Interface Agreement.**

During the course of this review, it was suggested that there were some occasions on which appropriate governance processes had not been followed in practice. A detailed examination of such claims was not possible within the scope of this review.

**Recommendation 15: Welsh Government should work with Velindre and the NWSSP to identify any instances in which the correct governance processes have not been followed in practice. Any lessons learnt should be reflected as appropriate in a strengthened governance framework and applied consistently in practice.**

The importance of resolving these differences of view cannot be overstated. Ensuring that there is an updated and agreed governance and accountability framework in place together with robust practical arrangements between Velindre and the SSPC/NWSSP should be actioned as a priority. Without this solid foundation, current tensions will persist. Any considerations of potential wider changes should only be pursued once the base has been stabilised.

## **Identity**

The reviewer was told that there was some confusion in the wider NHS as to whether NWSSP was a separate organisation or a part of Velindre.

It is clear that the intent when establishing the SSPC and the NWSSP was for them to have the greatest possible autonomy for planning and delivery whilst operating under the legal framework of Velindre. The arrangements were seen as a shared endeavour on behalf of NHS Wales as a whole which had to be established under the legal framework of a statutory NHS body to provide a vehicle for operation.

A balance must be struck between the need to recognise the legal position of Velindre as the formal statutory body and the benefits of creating an operational identity for the NWSSP as an organisation within the dictionary definition of “*a group of people who work together in an organised way for a shared purpose*” (Cambridge dictionary).

Provided that there is agreement on the governance framework including those responsibilities for which the SSPC/NWSSP cannot be given autonomy (for example certain employment, contractual and regulatory matters), and the SSPC/NWSSP does not describe itself as a statutory body, this reviewer is of the opinion that it is reasonable for the NWSSP to refer to itself as an organisation.

## **External Scrutiny**

The NWSSP is responsible for spending a significant amount of public money each year on behalf of the NHS in Wales. An audit of the NWSSP accounts is undertaken by Audit Wales as part of the overall audit of the Velindre accounts. This includes scrutinising payments made for example by the Welsh Risk Pool for clinical negligence claims. The materiality threshold is based on the size of the total Velindre account.

In addition, high-level assurance on financial transactions is provided to the audit teams working with the other statutory NHS bodies in Wales to support their statutory audit work.

The Auditor General's annual performance audit work at Velindre focusses on core activities within the Trust in line with his statutory duties and the performance audit work he undertakes at other statutory NHS bodies in Wales. This means that the Auditor General does not undertake an annual programme of performance audit work (incorporating a full Structured Assessment and thematic audit work) at NWSSP as would be the case if it was a statutory NHS body.

Audit Wales is not required to provide a “true and fair” opinion or a regularity opinion based on a full programme of audit work specifically in respect of NWSSP. Both opinions are provided on the whole Velindre account. A separate set of accounts is not produced for

NWSSP and placed in the public domain. As a hosted body, some of the disclosures normally included in a set of financial statements such as senior NWSSP staff remuneration are not required to be disclosed in the Velindre accounts. It should be noted that if the NWSSP produced a set of accounts that were subject to a standalone audit, the materiality threshold would be lower than it currently is for the combined Velindre and NWSSP accounts.

**Recommendation 16: Welsh Government should consider whether greater external scrutiny and visibility of the detailed accounts of NWSSP would improve governance and public transparency and whether suitable arrangements can be put in place under the current governance model.**

### **The SSPC/NWSSP Service Portfolio**

The portfolio of services provided by NWSSP has grown significantly over time. Stakeholders raised some questions about the process by which services were added to the portfolio, and the extent to which some services were provided as direct commissions from Welsh Government rather than under the auspices of the SSPC.

### **The Service Portfolio**

It is clearly important for good governance to ensure that there are agreed processes for approving the addition of services to the portfolio. These should include ensuring that the services are appropriate for provision by the SSPC/NWSSP, and that the NWSSP has the capacity and capability to take on responsibility for providing them.

**Recommendation 17: Welsh Government and the SSPC should ensure that a clear process is in place for adding new services to the shared services portfolio. The SSPC should agree any changes where it would be accountable for the planning and delivery of those services.**

**Recommendation 18: Velindre as the host statutory body should be assured that changes to the service portfolio are compliant with its legal and governance responsibilities in respect of the SSPC/NWSSP.**

It was noted that other national organisations provide services which closely link to some of the services provided by NWSSP, particularly in the workforce domain.

**Recommendation 19: Welsh Government and the SSPC should consider the links between any related services provided by NWSSP and other national NHS bodies and whether they should be brought together under one or other body.**

The NWSSP itself hosts at least two services. There is no reference to the governance of these arrangements in any documentation seen by this reviewer.

**Recommendation 20: The arrangements for hosting services by NWSSP should be reviewed to ensure that appropriate governance is in place.**

## **Governance and Accountability Relationship between Welsh Government and NWSSP for services commissioned/funded directly by Welsh Government**

As noted earlier in this report, some services appear to be commissioned or funded directly from NWSSP by Welsh Government. Examples may include:

- Welsh Infected Blood Interim Compensation payments
- Transforming Access to Medicines (TRAMS) service
- International Recruitment Programme
- Aspects of Health Emergency Planning including pandemic countermeasures
- Specialist estates advice
- Foundation Economy team
- NHS Employers (hosted by NWSSP)
- Finance Academy (hosted by NWSSP)
- Support to Llais.

The reviewer is not clear how the governance of these services is organised. In one example of a relatively new service, governance for the Medical Examiners Service is through Ministerial Directions to Velindre adding the service to the shared services portfolio managed through the SSPC. In others the reviewer has seen Service Level Agreements (SLAs) but is not clear who the parties to the SLAs are. It is noted that the SSPC/NWSSP is not a body corporate and has limited ability to enter into contractual arrangements.

**Recommendation 21: Welsh Government should ensure that appropriate governance and accountability arrangements are in place where services are commissioned directly from the NWSSP, and that the NWSSP has the capacity and capability necessary to take on the additional responsibilities. Arrangements should be consistent with the governance relationship between the NWSSP and Velindre as the host statutory body.**

### **Stakeholder Responses**

The views of NHS bodies involved in the shared services partnership arrangements and of Welsh Government are clearly important in identifying any challenges and missed opportunities with the current arrangements. The questionnaire and interviews with key stakeholders described earlier in this report provided an opportunity to identify any issues and the scale of any changes required to address them.

Appendix 3 provides the key themes from the stakeholder interviews and consultation responses. These show that there was strong support for the provision of an agreed range of supporting services by NWSSP under the auspices of the SSPC on behalf of the NHS. The benefits of providing shared services were seen as very positive in providing expertise, critical mass and a focus on service quality in support of the wider NHS.

There were however questions about how that range of services has grown since the inception of the SSPC/NWSSP in 2011. These apply particularly to the provision of clinical services and their attendant clinical governance requirements. The question was raised as to whether clinical services should be provided by an organisation or organisations whose primary role is the provision of such services as they would have the necessary expertise and infrastructure to effectively discharge the clinical governance responsibilities.

Concerns were raised about how well the governance and accountability arrangements were being applied in practice. These related particularly to the operation of the Hosting Agreement and the Interface Agreement between Velindre and the NWSSP, and whether all their requirements were fully being met. Questions were also raised as to whether the partners in the SSPC were fully meeting their obligations under the Memorandum of Co-operation.

There was a lack of clarity about the role of Welsh Government and how its commissioning/funding of some services directly from NWSSP rather than through the SSPC (of which it is not a member) related to the published governance and accountability framework.

Questions became apparent about the relationship in practice between NWSSP and Velindre as the statutory body hosting the SSPC and NWSSP within the context of the Interface Agreement and the Hosting Agreement. There appeared to be some tension in practice between the stated aim for the SSPC/NWSSP to have a high degree of autonomy without undue interference from Velindre and the need for Velindre to exercise proper governance and accountability as the statutory organisation which held responsibility for the SSPC and the shared services portfolio under Regulations.

The designation of two separate Accountable Officers (AOs) within one statutory organisation was felt by some to cause confusion as to roles and accountabilities which may contribute to different interpretations about practical governance requirements.

While contributors to this review acknowledged the need to strengthen both the framework and how it was implemented in practice, caution was expressed about the need for, or the wider systems' ability to cope with, the disruption of major change at a time when the NHS faced a range of pressing priorities which required its full attention. Many contributors considered that the framework could quickly be strengthened in both theory and application by relatively minor changes, and that more radical solutions should only be pursued within a review of the whole operating model of the NHS in Wales.

## **Options for the Future**

This review has identified several areas in which existing governance and accountability arrangements require strengthening, either in terms of the framework itself or how it is implemented in practice by the partner organisations. The review also highlights some questions which require further clarification by Welsh Government.

The central question for this review was:

- Do the governance and accountability arrangements for shared services need strengthening, and if so, how can this best be achieved?

Most of the challenges with the current governance and accountability arrangements appear to relate to how they are being implemented in practice rather than to the framework itself. There are however some changes which should be considered to the current framework and portfolio of shared services now as described in this report. The priority should be to address these matters first, before considering more significant structural

changes. These matters are considered earlier in this report together with recommendations.

## Options

This reviewer has identified an illustrative range of options for future arrangements which the Welsh Government may wish to consider. It is strongly suggested that these should only be considered after the necessary action has been taken to address the pressing matters identified in this report.

Several options for potential future arrangements for shared services are described in the table below, tested against the principles set out by Welsh Government in the Terms of Reference (see Key Principles in section 1 and the Terms of Reference at Appendix A) and the views expressed by stakeholders during the course of the review. They range from the status quo to options which would significantly change current arrangements.

These potential options are offered here to indicate some possibilities which the Welsh Government may wish to consider should it decide that implementation of the recommendations of this review is insufficient to ensure an appropriate level of governance and accountability for shared services in Wales.

Welsh Government will wish to consider the implications of the various options in terms of the powers which they would offer the NWSSP in practice. This reviewer understands for example that there are significant differences in the powers available under the NHS (Wales) Act 2006 and associated Regulations made under the Act for NHS Trusts and those for LHBs. The impact of the different regimes on the ability of the NWSSP to operate effectively would be an important consideration.

The options in the Table are intended to be illustrative, and a full options appraisal would be required of all potential options should more radical change be considered necessary.

Option	Minimising risk for NWSSP and Velindre	Clarifying Roles in relation to NWSSP	Improving value to the NHS system	Strengthening decision making	Developing shared services expertise	Maximise national capacity and capability	Minimal disruption to the system	Minimal disruption to workforce in NWSSP and Velindre
1. Revert to pre 2011 structure	No NSWWP, no risk to Velindre	No role for NWSSP	No	No	Expertise significantly diluted	Capacity and capability significantly diluted	Significant disruption	Significant disruption
2. As now adjusted as required	Risk managed through governance arrangements as now adjusted	Roles clear in the governance framework with amendments	neutral	neutral	neutral	neutral	No or minimal disruption	No or minimal disruption
3. Move SSPC/NWSSP to a different host organisation	Similar governance arrangements would be required.	Roles to be made clear in the governance framework. Uncertain how this would	No obvious value benefits compared to current position	neutral	neutral	neutral	Some disruption	Some disruption

		improve current arrangements						
4. SSPC as statutory committee of all the NHS partner bodies	Governance arrangements would be required. A host body would be needed with a governance framework	Roles to be made clear in the governance framework. Uncertain how this would improve current arrangements	neutral	neutral	neutral	neutral	some disruption	Some disruption if a different host body
5. Integrate fully into Velindre	Significant risk to Velindre from assuming full responsibility for shared services. Introduces risk around relationships with the wider system	New governance and accountability framework required to shape relationship between Velindre and rest of the NHS	No obvious value benefits compared to current position	Clarifies Velindre and NWSSP relationship. Partnership arrangements still required with all NHS bodies. A new version of the current arrangements would be needed	neutral	neutral	Disruption from establishing new partnership arrangements. Significant change required within Velindre	Neutral apart from senior management levels in NWSSP and Velindre
6. Integrate NWSSP into another NHS body	Significant risk to the NHS body from assuming full responsibility for shared services. Introduces risk around relationships with the wider system	New governance and accountability framework required to shape relationship between Trust/LHB/SHA and rest of the NHS	No obvious value benefits compared to current position	Partnership arrangements still required with all NHS bodies. A new version of the current arrangements would be needed	neutral	neutral	Disruption from establishing new partnership arrangements. Significant change required within the lead Trust/LHB/SHA	Significant disruption to NWSSP and the new responsible body. Some disruption to Velindre in the change process
7. Create a new SHA	Relationships would still be required with all other NHS bodies requiring a governance framework. Introduces risk	New governance and accountability framework required to shape relationship between new SHA and rest of the NHS	No obvious value benefits compared to current position	Partnership arrangements still required with all NHS bodies. A new version of the current arrangements would be needed	neutral	neutral	Disruption from establishing new partnership arrangements. Significant change in establishing new SHA	Significant disruption to NWSSP and establishment of a new SHA. Some disruption to Velindre in the change process

Option 1 fails on a number of counts and does not require further consideration.

Option 2 would maintain current arrangements, with any appropriate adjustments to address issues which could be resolved within the current framework.

Option 3 would move the SSPC/NWSSP to a different host organisation. A partnership governance framework would be required as under option 2. Welsh Government would need to consider whether the different statutory regimes of NHS Trusts, LHBs and Special Health Authorities would prevent some organisations from acting as effective hosts for the SSPC/NWSSP.

Option 4 is a variant of Options 2 and 3 in which the SSPC would be created as a joint committee of all the health bodies rather than being a committee of a single NHS body. Further work would be required to determine if a joint committee of all the health bodies was permissible under the legislation and whether there was significant benefit from moving to a model where the SSPC is a statutory committee of all the health bodies with the NWSSP

continuing to be hosted by an NHS organisation. The level of disruption would also need to be assessed.

Options 5,6 and 7 are different versions of an approach which locates the SSPC/NWSSP fully within a single NHS organisation working in partnership to deliver shared services for every NHS organisation in Wales. A hosting relationship would not be required with its attendant governance arrangements. It is in the details that the options differ. Each would involve boundaries between organisations which would require management through a governance and accountability framework. Each would bring the requirement to find effective ways of making collective decisions, managing risks and resolving disputes.

The biggest challenge with each of these three options is the level of disruption which they would entail. Whether establishing a new organisation as in option 7 or integrating shared services into an existing organisation as in options 5 and 6, the level of work and change required would be significant. This would range from establishing a completely new body; setting up a new governance and accountability framework; consulting with and managing staff transfers; transferring properties, contracts and all the myriad changes associated with major organisational change.

Each of the options apart from option 1 offer similar level of risks and benefits. All require governance and accountability arrangements between NHS bodies of some description. The risks are inherent to the design of any partnership governance arrangement. All add similar value to the system. All provide opportunities to develop shared services expertise and maximise national capacity and capability. Where options 5, 6 and 7 differ significantly from options 2, 3 and 4 is the level of disruption which their implementation would entail.

## **Appendix 1: Terms of Reference**

### **Review of the NHS Wales Shared Services Partnership**

#### **Accountability & Governance Arrangements**

##### **Terms of Reference**

###### **Background**

The seven local health boards in Wales were established in 2009 as integrated organisations responsible for planning and securing or delivering health services for their populations, from primary to specialist care and covering the full span of care along the life course.

As part of the 2009 reorganisation, the NHS Trusts which had delivered hospital services were dissolved when the seven local health boards were established. However, the Welsh Ambulance Services NHS Trust and Velindre NHS Trust remained in existence; while a new Trust, Public Health Wales, was established.

In addition, two Special Health Authorities were established more recently: Digital Health and Care Wales, and Health Education and Improvement Wales.

After the 2009 reorganisation, a number of hosted bodies were created to support health boards, and in some instances trusts, to discharge their functions where economies of scale determined that this would be done more effectively on a once for Wales basis, rather than by each individual organisation.

As such, the NHS Wales Shared Services Partnership was set up on 1 April 2011 to deliver a wide range of professional, technical and administrative services on behalf of all local health boards and trusts in NHS Wales. In June 2012, Velindre University NHS Trust was given the statutory function to host NWSSP. The NWSSP Committee was established to ensure the views of all NHS organisations were taken into account.

NWSSP supports NHS Wales by providing dedicated shared services, which:

- Provides a once for Wales approach
- Shares common operating standards in line with best practice
- Has sufficient scale to optimise economies of scale and purchasing power and improving quality
- Consolidates expertise in specialist areas

NWSSP's IMTP list's its current services/ functions as follows



NWSSP therefore acts in support of the statutory NHS organisations in Wales (local health boards, NHS trusts and special health authorities), so that they may in turn, focus on more effective local delivery of front-line services. NWSSP also provides support services to Llais.

NWSSP also provides professional advice and support to Welsh Government. For example, professional advice is provided by the NWSSP legal team on the Infected Blood Inquiry, and by the NWSSP estates team on specialist estates issues. Welsh Government has observer status on the NWSSP Committee.

NWSSP is hosted by Velindre University NHS Trust, which has the following service arms and hosted bodies:

- **The Welsh Blood Service** – responsible for the collection and production of blood and blood components for health boards and trusts to treat patients across Wales; and providing laboratory support to transplant programmes.
- **Velindre Cancer Services** – providing non-surgical tertiary oncology services to patients in southeast Wales (1.7m population), working closely with health boards to deliver services such as outpatients, systemic anti-cancer therapy and acute

oncology in local hospitals. As well as treatment services, the cancer centre is heavily involved in cancer care training and research.

- **NHS Wales Shared Services Partnership** (hosted) – provide a wide range of support services to NHS organisations, including procurement, recruitment, and back-office services.
- **Health Technology Wales** (hosted) – a national body working to improve the quality of care through technology appraisal.

## Current Situation

The current arrangements for NWSSP have been in place for 14 years. During this time there have been significant changes within the NHS in Wales, including the unprecedented challenges related to the pandemic.

NWSSP has grown substantially since its creation in 2011. NWSSP had a key role in procurement and supply chain logistics during the Covid-19 pandemic. In financial terms NWSSP has greater levels of income and expenditure than its host organisation (in 2023/24, Velindre revenue was £216m and NWSSP was £535m) which can present operational and governance challenges.

NWSSP receives some finance allocations directly via Welsh Government (rather than from health boards and trusts) for the provision of some national services, such as international recruitment and the procurement of countermeasures stock, and has taken on a range of new functions, including the all-Wales laundry service and TRAMS. As such, these are directly commissioned services.

Welsh Government also obtains assurance from NWSSP in areas where a consistent and once for Wales approach is being taken, providing a mechanism and single point for Welsh Government to be informed of these national issues.

It was recognised in *A Healthier Wales* (2018) that the landscape of NHS Wales had become complex over time. An action was therefore included to:

*“Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability.”*

Since that time the following progress has been made against that action:

- Digital Health and Care Wales was established as a new SHA in April 2022, replacing the NHS Wales Informatics Service as a hosted body
- The NHS Wales Executive was established in April 2023, bringing together collaborative planning, delivery and performance management activities. The Executive reports directly to the Chief Executive of NHS Wales and is hosted on behalf of Welsh Government by Public Health Wales NHS Trust.
- WHSSC and EASC were transferred into the NHS Wales Joint Commissioning Committee (NWJCC) in April 2024 as the single national commissioning function for

Wales. The NWJCC commissions specialised and ambulance services on behalf of the seven local health boards and is hosted by Cwm Taf Morgannwg University Health Board.

There has not previously been a need to review NWSSP. However, some of the work recently undertaken to establish the NWJCC highlighted a number of weaknesses in the hosted body model which require mitigation and improvement.

The recent Ministerial Advisory Group on Governance and Accountability also referenced perceived inconsistencies in the way in which hosted organisations are managed, when compared with the role and statutory function of individual boards.

We are aware that in recent months there have been a number of NHS discussions about the hosting, governance and accountability arrangements in place for NWSSP.

It is therefore felt timely and necessary to review the current accountability and governance arrangements for NWSSP to explore whether any mitigations or changes need to be made in order to both clarify and strengthen those arrangements.

### **Review of NWSSP**

A review of NWSSP's current accountability and governance arrangements will be commissioned. The review will:

- Confirm the current functions of NWSSP.
- Describe the current governance arrangements and interface between the NWSSP, local health boards and NHS trusts via the Partnership Committee.
- Set out the key relationships.
- Review the application and compliance of current governance arrangements as appropriate with the relevant evidence.
- Consider if there is sufficient clarity on all aspects of the current governance arrangements including clinical governance, legal status, and employment & hosting arrangements.
- Review the regulations, standing orders and hosting arrangements.
- Set out the role of host, including responsibilities under legal and other accountability frameworks.
- Highlight any mitigating action or improvement required in order to address any gaps or weaknesses identified in the current arrangements.
- Explore in that context whether any alternative options to the current hosting arrangements may be more suitable or sustainable prospectively.
- Make recommendations on a preferred way forward

The review recommendations will be founded on the following principles:

- Clarifying and minimising risk in the accountability and governance arrangements for NWSSP and Velindre University NHS Trust.
- Clarifying respective roles, accountabilities and responsibilities in relation to NWSSP (e.g. NWSSP Managing Director, NWSSP Chair, Partnership Committee, NWSSP Senior Management Team, Velindre CEO, Velindre Chair, Velindre Executive Team and that of Velindre as the host organisation)

- Clarifying any terminology and definitions that may be helpful in this, and other hosted contexts.
- Consider learning from other recent reviews of hosted bodies. In turn, the learning and recommendations from this review will also be considered in the context of other existing NHS Wales hosting arrangements.
- Improving value to the NHS system in Wales
- Strengthening associated decision making
- Building on evidence of good practice
- Supporting the development of shared services expertise within the NHS in Wales
- Maximisation of national capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within NWSSP and Velindre University NHS Trust.
- Consider whether any alternative governance and accountability arrangements may be more suitable in the future to support the delivery of any/all of the functions currently undertaken by NWSSP
- Any changes to be implemented will maximise the value delivered by current arrangements and exploit where possible economies of scale.

### **Resource Requirements**

- The review will be commissioned by the Chief Executive of NHS Wales
- The review will be led by an independent expert in the field
- The HSCEY/ NHS Wales Director of Strategic Planning will be the nominated lead official for this programme of work
- The independent reviewer will be supported by nominated Welsh Government officials who will provide expert advice and knowledge in the area
- An internal Welsh Government working group will be established to oversee the review and to consider its findings

The review will entail:

- Review of key documentation (e.g. regulations, standing orders, SFIs, Terms of Reference, MoUs, NWSSP's IMTPs)
- A review of existing reviews and reports that make recommendations that relate to hosting arrangements or to NWSSP specifically
- Review of the Accountability Framework developed to support the establishment of the NWJCC and the NHS Wales Executive.
- Discussion with the NWSSP Managing Director and NWSSP Chair
- Discussion with the CEO and Chair of Velindre NHS Trust
- Discussion with CEO of NHS Wales, Director of Finance and Director of Strategic Planning
- Discussion with a health board/ trust CEO and a health board/ trust Chair
- Discussion with Audit Wales
- Further discussions may be conducted at the discretion of the reviewer.
- Written comments will also be invited, including from members of the NWSSP Partnership Committee, CEOs and Chairs of NHS organisations.

- Production of a review report and recommendations

### **Accountabilities**

- The review team will be accountable to the Chief Executive, NHS Wales
- The review will be overseen by the Director of Strategic Planning, WG on behalf of the Chief Executive of NHS Wales
- The review recommendations will be approved by:
  - The Chief Executive of NHS Wales
- Once approved, the outcome of the review will be shared with:
  - The NWSSP MD and NWSSP Chair
  - The CEO and Chair of Velindre University NHS Trust
  - The NWSSP Partnership Committee

### **Timescales**

The Review will conclude by July 2025.

## Appendix 2: Stakeholder Contributors

### Interviewees

Name	Title	Organisation
Judith Paget CBE	Director General/Chief Executive NHS Wales	Welsh Government
Hywel Jones	Director of Finance NHS Wales	Welsh Government
Samia Saeed-Edmonds MBE	Planning Director NHS Wales	Welsh Government
Abigail Harris	CEO	Swansea Bay UHB
Ann Lloyd CBE	Chair of the Board	Aneurin Bevan UHB
Donna Mead OBE	Chair of the Board	Velindre NHS Trust
David Donegan	CEO	Velindre NHS Trust
Matt Denham-Jones	Deputy Director of Finance	Welsh Government
Neil Frow OBE	Managing Director	NWSSP
Tracy Myhill OBE	Chair	SSPC
Paul Mears	CEO	Cwm Taf Morgannwg UHB
Dave Thomas		Audit Wales
Richard Harris		Audit Wales
Ann-Marie Harking		Audit Wales

### Questionnaire Responses

Name	Organisation
Nicola Prygodzicz	Aneurin Bevan UHB
Matt Phillips	Cardiff and Vale UHB
Dafydd Bebb	HEIW
Helen Thomas	DHCW
Christopher Turley	WAST
Pete Hopgood	Powys Teaching Health Board
Gareth Watts	Cwm Taf Morgannwg UHB
No named official	Hywel Dda University Health Board

## APPENDIX 3: Stakeholder Responses

### Stakeholder Interviews

The reviewer undertook interviews via Teams with a small number of stakeholders as identified in the Terms of Reference for the review (Appendix 1). These interviews lasted between 1 and 2 hours and a note of key points was taken by a member of the Welsh Government planning team who provided administrative support to the review.

A brief questionnaire was sent to NHS organisations by Welsh Government seeking views on the governance arrangements for Shared Services. Responses were requested by 6 June 2025. Whilst this is acknowledged to be a short timescale, it was felt important to offer all stakeholders in the partnership an opportunity to contribute their views.

Key points from the interviews and stakeholder responses included:

1. A shared service function has been of significant value to NHS Wales in supporting the effective delivery of NHS services.
2. Clear lines of governance and accountability are required, including clarity about the role and responsibilities of the host organisation. Can “legitimate interest” be more clearly defined?
3. The Accountable Officers of Velindre and NWSSP must be clear about their accountabilities and governance responsibilities and work together effectively to discharge them.
4. Effective accountability requires all parties to play their part fully. Both NWSSP and the NHS partners in the SSPC must engage effectively in discharging their responsibilities to each other.
5. The customer/supplier relationship should be clear, with service provision responsive to the needs of the customer. This may include regional or organisation-level responses within a national “once for Wales” framework where local needs or priorities are different, for example recruitment challenges in parts of Wales.
6. Clear outcome measures are required to form a basis for accountability.
7. Appropriate behaviours are required across the system to make the arrangements work in practice. These include engagement, openness, timeliness and responsiveness.
8. Whilst there may be some issues with the current governance arrangements in practice, they were not of a scale to warrant significant and disruptive change. The existing framework should remain in place at this time with any immediate amendments made following this review. The NHS needed to concentrate on addressing more pressing matters which bring greater risks. Any more fundamental change would be best considered as part of a review of the entire system architecture of the NHS in Wales.
9. Is the provision of a full range of corporate services by both Velindre and NWSSP appropriate? Might there be benefits in terms of efficiency and governance clarity by combining services into single functions serving both Velindre and NWSSP?
10. The portfolio of services provided by NWSSP had grown over time. It would be appropriate now to take stock and determine which are core services for the SSPC best provided by NWSSP, and whether there are any services which should be provided “once for Wales” but which might better be managed in a different organisational structure. This could include services with a clinical component where

particular governance arrangements were required which could best be discharged by an organisation whose primary purpose was the provision of clinical services.

11. Clarity was required about the governance of any services commissioned by bodies who are not full members of the SSPC (for example Welsh Government) which it is not appropriate to expect the SSPC to oversee and take responsibility for.
12. The process by which any services might be added to the NWSSP portfolio required clarification. The SSPC should have a role in agreeing any expansion of the portfolio given its governance and accountability responsibilities.
13. Has NWSSP outgrown the current hosting model? It was noted that the SSPC/NWSSP spends significantly more than Velindre on its core functions, and employs a much greater number of staff than Velindre. Some stakeholders thought that this should be taken into account in any future consideration of the most appropriate model for the provision of shared services.
14. How can public transparency about the use of significant sums of public money be improved?

## **Appendix 4: Reviewers Biography**

Simon Dean retired from the post of Deputy Chief Executive, NHS Wales in December 2021.

His NHS career started in 1983 at a Regional Health Authority in London. He then held hospital management posts in Essex before becoming the Director of Operations for a Family Health Services Authority in Bristol in 1990. He subsequently worked in commissioning roles with Avon District Health Authority and became Director of Commissioning in 1997. When District Health Authorities were replaced by Strategic Health Authorities in 2002 he became the Director of Business Management for Avon, Gloucestershire and Wiltshire SHA.

Simon began working in NHS Wales in January 2004, initially leading a national project to reduce long waiting times for elective surgery. He then became CEO of Health Commission Wales in 2006, followed by two years as Director of Performance Management in the Health Department of Welsh Government. In 2010 he was appointed as CEO of Velindre NHS Trust, a post he held until 2014 when he was asked to become interim Director General/ Chief Executive of NHS Wales. Following the appointment of a new Director General he became Deputy Chief Executive of NHS Wales, a post he held until his retirement. During this period Simon was twice asked to act as interim CEO for Betsi Cadwaladr Health Board, in 2015 and 2020.

## **Annex A - Welsh Government Initial Response: Independent Review of the NHS Wales Shared Services Partnership Accountability and Governance Arrangements Recommendations**

**Recommendation 1: The Velindre Chair should have a role as a member of the appointment panel for the SSPC Chair, together with a formal process for performance management specifically in relation to the effective management of the business of the SSPC as required under Standing Orders.**

### **FURTHER CONSIDERATION REQUIRED**

Welsh Government agrees that Velindre should have a role in the appointment panel. However, further consideration is required regarding the performance management arrangements for the Chair, recognising the need to establish clear accountability for hosting-related matters.

Alternative options should also be explored, including making the NWSSP Chair a public appointment. This would strengthen independence in the appointment process and enhance accountability to Welsh Ministers for the delivery of nationally directed services. These arrangements should complement, rather than replace, the existing accountability framework.

**Recommendation 2: Welsh Government should ensure that there are clear appointment processes in place which operate within national guidance and the recruitment policies of Velindre as the employing organisation, including the full involvement of its Remuneration Committee.**

### **ACCEPTED**

Whilst this recommendation is accepted, the appointment process must also comply with Welsh Government guidance and procedures for appointing Executive Directors to NHS bodies - The 'Welsh Government Principles on Governance in Recruitment'.

**Recommendation 3: The requirements for approval of the IMTP should be clearly set out. This should include formal endorsement by all NHS Boards following approval by the SSPC.**

### **ACCEPTED**

**Recommendation 4: As the SSPC is discharging functions of Velindre set out in Regulations, Velindre should specifically consider the IMTP in terms of its compliance with the Trusts policies and procedures including risk management and control.**

### **ACCEPTED**

**Recommendation 5: The SSPC and its constituent organisations should assure themselves that the performance reporting process is operating as intended, and that assurance is provided to each NHS Board.**

**ACCEPTED**

**Recommendation 6: Welsh Government should consider how to involve Velindre as host organisation in the JET meetings with the NWSSP.**

**ACCEPTED**

**Recommendation 7: Welsh Government, the SSPC and its constituent bodies should satisfy themselves that appropriate clinical governance processes are in place including links to their own internal processes and Board assurance where relevant.**

**ACCEPTED**

**Recommendation 8: Velindre and the SSPC/NWSSP should satisfy themselves that the clinical governance processes of the SSPC/NWSSP are consistent with the clinical governance framework of Velindre as the host statutory organisation.**

**ACCEPTED**

**Recommendation 9: The quorum of voting members of the SSPC should be increased from the current 6 to at least 9 out of 14.**

**REJECTED**

Good practice suggests that quorum should represent between one-third and one-half of the total membership. With 14 voting members, a quorum of six is considered adequate. Increasing this number could pose a risk to operational efficiency and hinder timely and effective decision-making.

**Recommendation 10: All NHS bodies should review their participation in the SSPC and increase attendance at SSPC meetings to ensure effective governance including the representation of their organisations' interests at the SSPC and the provision of assurance to their Boards.**

**ACCEPTED**

**Recommendation 11: Welsh Government should consider reconstituting the SSPC with a CEO-level membership meeting 3 or 4 times a year to discuss overarching policy and strategy, supported by a group meeting bi-monthly with the current membership of the SSPC to oversee detailed planning, operational management and delivery including performance reporting.**

**ACCEPTED IN PART**

The current membership comprises Chief Executives or their designated representatives. The SSP already convenes six times per year, and incorporating an additional four meetings would be burdensome. Where membership is delegated, NHS Chief Executives should ensure they receive adequate assurance from their designated deputy.

However, establishing CEO-level meetings once or twice annually would be beneficial and should therefore be implemented.

**Recommendation 12: Welsh Government should initiate a detailed review of the current documents setting out the governance and accountability framework to ensure that they are clear, internally consistent and reflect both good governance principles and agreed practice for the SSPC/NWSSP within a hosted relationship with Velindre.**

**ACCEPTED**

**Recommendation 13: Welsh Government should consider whether there is any learning from the governance framework for the Joint Commissioning Committee or any other national body which should be applied to the Velindre and SSPC/NWSSP framework.**

**ACCEPTED**

**Recommendation 14: Following the completion of recommendations 12 and 13, Welsh Government should work with Velindre and the NWSSP to review the practical arrangements they have in place to discharge their governance and accountability responsibilities to each other and adjust them as necessary to ensure effective implementation of the Hosting Agreement and the Interface Agreement.**

**ACCEPTED IN PART**

Welsh Government's focus will be on obtaining assurance rather than reviewing. Welsh Government will consider an appropriate mechanism for escalation where there are differing views on the practical arrangements. If differing views cannot be resolved, Welsh Government will intervene to mitigate risks to service delivery.

**Recommendation 15: Welsh Government should work with Velindre and the NWSSP to identify any instances in which the correct governance processes have not been followed in practice. Any lessons learnt should be reflected as appropriate in a strengthened governance framework and applied consistently in practice.**

**ACCEPTED**

**Recommendation 16: Welsh Government should consider whether greater external scrutiny and visibility of the detailed accounts of NWSSP would improve governance and public transparency and whether suitable arrangements can be put in place under the current governance model.**

**ACCEPTED**

**Recommendation 17: Welsh Government and the SSPC should ensure that a clear process is in place for adding new services to the shared services portfolio. The SSPC should agree any changes where it would be accountable for the planning and delivery of those services.**

**ACCEPTED**

**Recommendation 18: Velindre as the host statutory body should be assured that changes to the service portfolio are compliant with its legal and governance responsibilities in respect of the SSPC/NWSSP.**

**ACCEPTED**

**Recommendation 19: Welsh Government and the SSPC should consider the links between any related services provided by NWSSP and other national NHS bodies and whether they should be brought together under one or other body.**

**ACCEPTED**

**Recommendation 20: The arrangements for hosting services by NWSSP should be reviewed to ensure that appropriate governance is in place.**

**ACCEPTED**

**Recommendation 21: Welsh Government should ensure that appropriate governance and accountability arrangements are in place where services are commissioned directly from the NWSSP, and that the NWSSP has the capacity and capability necessary to take on the additional responsibilities. Arrangements should be consistent with the governance relationship between the NWSSP and Velindre as the host statutory body.**

**ACCEPTED**

## **COVERING STATEMENT**

### **Independent Review of the NHS Wales Shared Services Partnership (NWSSP)**

#### **Accountability and Governance Arrangements**

In April 2025, the former Director General of Health, Social Care and Early Years (HSCEY) and NHS Wales Chief Executive commissioned an independent review into the governance and accountability arrangements of NWSSP.

The current arrangements for NWSSP have been in place for 14 years. During this period, the NHS in Wales has undergone significant changes, including the unprecedented challenges of the pandemic, and NWSSP has grown substantially since its establishment in 2011.

Simon Dean was appointed as the independent reviewer. Simon began working in NHS Wales in 2004 and has held several senior positions, including Chief Executive of Velindre University NHS Trust. He also served as Deputy NHS Wales Chief Executive, for a number of years until his retirement in 2021.

The review engaged Velindre, NWSSP, and other NHS stakeholders. It concluded that the framework for governance and accountability for the SSPC/NWSSP is fundamentally sound, although it would benefit from some adjustments and strengthening.

The report and its recommendations have been shared with the Chairs of Velindre and the Shared Services Partnership Committee. The Chairs' joint feedback has been positive, and has been considered in the Welsh Government Initial Response. Today, I am publishing the report and the initial response.

The next phase will focus on progressing and refining this work and developing a more detailed understanding of the areas identified for strengthening. This will be done through a collaborative programme of work between both organisations and Welsh Government to implement the recommendations aimed at strengthening governance and accountability.

I would like to thank Simon Dean for his invaluable contribution and commitment in leading the independent review, which has provided important insights to inform the next phase of this work.

# NWSSP IMTP 2026-2029

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# Background and Approach

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The Welsh Government require NHS organisations to prepare an IMTP for 2026-2029 in line with the NHS Wales Planning Framework published in late December 2025.



The Ministerial Priorities for 2026-2029 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver against these priorities.



The financial allocation letter for 2026-2027 was published by the Welsh Government in late December and our financial plan is in the reflects this.



The draft IMTP was endorsed by SLG in December 2025, subject to any changes required by the then anticipated financial allocation letter and Planning Framework.

Our IMTP has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years.

Divisional plans were shared across divisions where synergies were identified.

Divisional Objectives have been discussed at the recent divisional quarterly performance reviews as well as individual touch point meetings with our Divisional Directors.

Furthermore, during recent health organisation performance reviews, we have inquired about the priorities of the organisation.

## Finance

- We are submitting a balanced financial plan for 2026-29. To achieve this, we need to manage pressures of £8.803m in 2026/27.
- Delivery of the financial plan will be challenging and there are several significant financial risks to be managed to achieve this aim. Notable risks include Radiopharmacy, TrAMs, the Future Workforce solution, digital upgrades in Primary Care, E-prescribing and the Oracle Financial Management System development — alongside inflation and National Insurance funding shortfalls.
- Welsh Risk Pool – The indicative Welsh Government allocation is £109m and any in-year expenditure over and above the allocation, the risk share model will be applied, which for 2026-27 is currently estimated to be £162m. We will be working with NHSP&I and reviewing the timing of settlement dates and values during the year.

## Equality Integrated Impact Assessment

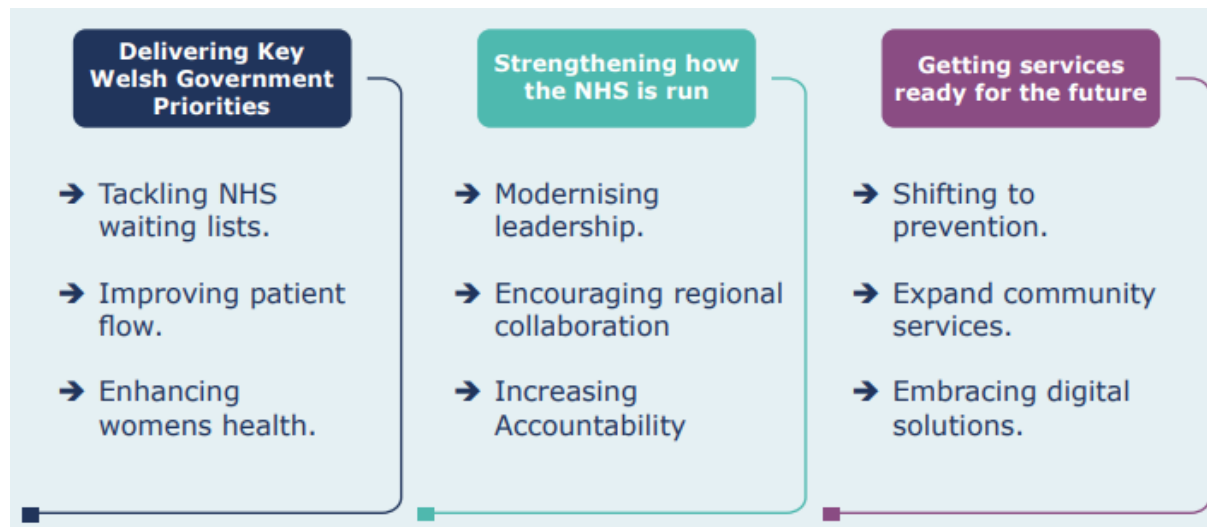
- An Equality Integrated Impact Assessment (EQIIA) has been completed alongside the development of the IMTP. The team have worked closely with divisions to provide an assessment that will be reviewed by the NWSSP EQIIA Panel once the final publication is completed.

# Strategic Priorities, Improving Performance Together Priorities and Key Themes

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Our approach has been similar to previous years, with all of our divisions collaborating to develop a three-year plan for their respective service areas and aligning it with Ministerial Priorities, health organisation priorities, Ministerial Action Group recommendations and our strategic objectives.



## Digital Transformation and Innovation.

- We recognise the transformative potential of digital technologies in improving service quality, efficiency, and the experiences of both our staff and our partners across NHS Wales. Building on our innovation programmes and strengthened digital capabilities, we will continue to modernise our systems, expand automation, and harness data-driven insight to support better decision-making. Our focus for 2026–27 will be on delivering solutions that are user-centred, enabling NWSSP to operate with greater agility, responsiveness and value for our partners.

## Workforce Development, Leadership & Culture.

- We are committed to developing a confident, skilled and compassionate workforce that is empowered to lead change and deliver high-quality services. Through our People Plan and continued investment in leadership development, talent pipelines and inclusive workplace culture, we will support our people to thrive and realise their potential. Strengthening engagement, promoting learning, and embedding compassionate and inclusive leadership will help us build a resilient workforce aligned to the needs of NHS Wales.

## Operational Efficiency & Service Modernisation.

- NWSSP will continue to modernise services and streamline processes to deliver greater value, improve performance and increase consistency across Wales. We remain committed to a balanced budget. By reducing unwarranted variation, embracing digital tools and optimising workflows, we will release time, capacity and resources to better support our partners. Our focus on continuous improvement and evidence-based decision-making will ensure that our services remain efficient, responsive and aligned to national priorities.

## Sustainability, Decarbonisation & Resilience.

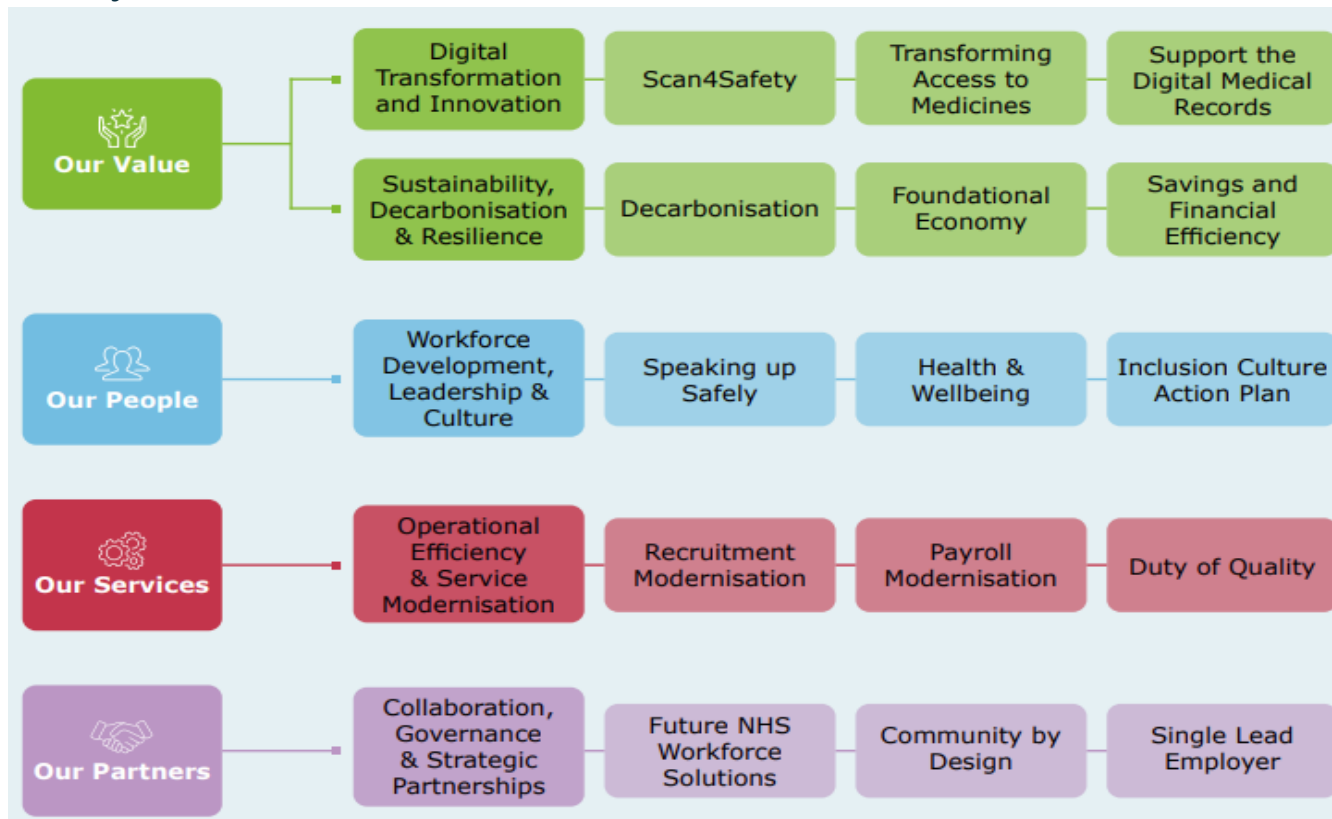
- We understand our responsibility to support the decarbonisation and environmental commitments of NHS Wales. Through more sustainable practices, procurement, and energy-efficient estate planning, we will contribute to national climate goals while improving resilience across our services.

## Collaboration, Governance & Strategic Partnerships.

- Strong partnership working remains central to how we deliver value for NHS Wales. We will continue to collaborate closely with Health Boards, Trusts, Welsh Government and national partners to ensure alignment, transparency and shared accountability. By strengthening governance arrangements, enhancing communication channels and contributing proactively to national programmes, we will help support delivery of better services and outcomes for the people of Wales.

# Highlighting Key Initiatives

In the IMTP we have highlighted some key initiatives in our IMTP aligned to both our strategic objectives and the key themes.



In the IMTP we have highlighted some case studies aligned to our strategic objectives.

Launching the people and culture consultancy service

Development of an All Wales Translation Memory System

Keeping Wales Safe: National NHS Wales Influenza Vaccination Procurement and Distribution Programme 2025

Delivering Decarbonisation Innovations Across NWSSP: Achievements and Impact 2024–2025

The launch of “Work in Confidence”: A Platform for Anonymous Speaking Up

Establishing a pharmacy environmental microbiology service to support Transforming Access to Medicines (TRAMS).

National Insourcing Procurement for Outpatient first appointments – Making a difference for Patients in Wales

Pathway to Partnership Programme and GP ST3 Training – Property training support

Primary Care Workforce Intelligence System Phase 1

Pandemic Personal Protective Equipment (PPE) Stockpiling

Laundry services ‘Shift West’ to maximise efficiencies whilst delivering financial and environmental benefits.

Assisting in the development of an overpayment of salary policy for NHS Wales

## Detailed Appendices

- The plan includes detailed appendices on how we achieve our strategic objectives.

**Our Digital Plan**

**Our Financial Plan**

**Our People Plan**

**Key Performance Measures**

**Our Outcome Measures**

**Enabling Actions**

**Year 2 & Year 3 Plan on a Page**

**Duty of Quality**

# Current Position and Next Steps

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Our IMTP is substantially complete and a copy of the provisional IMTP is enclosed as **Appendix A**.

## Next Steps

**SSPC comments to be received by the 14<sup>th</sup> February 2026.**

**Comments updated and reflected in the IMTP as well as updates to key activities/figures such as current progress/risks etc.**

**Submission to Welsh Government by the 31<sup>st</sup> March 2026.**

**Translation to Welsh for Publication.**

**Development of a short video in English & Welsh.**

**Development of a Summary IMTP for publication.**

# Recommendations

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Committee Members are asked to:

- **Approve** the NWSSP IMTP for 2026-29 and provide comments by the 14<sup>th</sup> February 2026; and
- **Agree** for the IMTP with reflected comments to be submitted to Welsh Government by the 31<sup>st</sup> March 2026.





***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**Expenditure and Purchase Approval for the Influenza Vaccines  
Required for the 2026/27 Influenza Vaccination Programme**

**Arwwinydd/  
Lead:** Jonathan Irvine, Director of Procurement and  
Health Courier Services

**Awdur/  
Author:** Jonathan Irvine, Director of Procurement and  
Health Courier Services

**Swyddog Adrodd/  
Reporting Officer:** Jonathan Irvine, Director of Procurement and  
Health Courier Services

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

To seek Committee **APPROVAL** of the expenditure and purchase of Influenza Vaccines for the 2026/27 Influenza Vaccination Programme.

**Llywodraethu/Governance:**

**Amcanion/  
Objectives:** To seek Approval prior to consideration by Velindre University  
NHS Trust Board.

**Tystiolaeth/  
Supporting  
evidence:** All detailed within this paper.

**Ymgynghoriad/Consultation:**

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

<b>DERBYN/ APPROVE</b>	X	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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**Argymhelliad/  
Recommendation:** The Committee is asked to **APPROVE** the expenditure and purchase of the vaccine product required for the 2026/27 Influenza Vaccination Programme.

**Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:**

**Cydraddoldeb ac  
amrywiaeth/ Equality  
and diversity:** The national procurement of vaccines ensures that all participating Primary and Secondary Care providers have access to the required volume of vaccine, when required.

**Cyfreithiol/Legal:** The enabling contract was established in full compliance with the Public Contracts Regulations 2015.

<b>Iechyd Poblogaeth/ Population Health:</b>	The vaccines will be used to vaccinate all of the required population cohorts during the Autumn/Winter of 2026/27.
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	The vaccines were assessed using the National PharmaQC Pharmaceutical Quality Assessment rating scheme and adjudicated by the All Wales Drug Contracting Committee.
<b>Ariannol/Financial:</b>	The national procurement on a "Once for Wales" basis has resulted in significant savings on vaccine costs.
<b>Risg a Aswiriant/ Risk and Assurance:</b>	This paper is being brought forward to Committee to ensure timely approval which will lead, following Velindre University NHS Trust Board approval, to the delivery of vaccine product in time for the commencement of the Influenza Vaccination Programme later this year.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	The vaccines were assessed using the National PharmaQC Pharmaceutical Quality Assessment rating scheme and adjudicated by the All Wales Drug Contracting Committee.
<b>Gweithlu/ Workforce:</b>	Procurement staff have been actively involved in establishing the national contract along with stakeholders as represented by the membership All Wales Drug Contracting Committee.
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## **Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme**

### **1. INTRODUCTION**

The Influenza Vaccination Programme for 2025/26 has been successfully delivered, as planned, with the involvement of NHS Wales Shared Services Partnership (NWSSP) in relation to the procurement, supply chain and distribution activities provided.

The Influenza Vaccination Programme for 2026/27 is now being planned. The quantity and type of vaccine product for 2026/27 has been determined by Welsh Government and NWSSP has been asked to arrange for purchase of same from the Contractor. The purchase will be facilitated through the existing national contract that was awarded in 2024 and which provides for the supply of vaccine product in 2026/27.

## 2. REQUIREMENT

Full funding for the vaccine purchase will be allocated directly to NWSSP by Welsh Government

Two (2) Purchase Orders have been created requiring the signature of the Velindre University NHS Trust Chief Executive Officer:

**Total Value inc VAT = £ 12,673,152**

**Total Quantity (single doses) = 912,000**

On receipt of the Purchase Orders, the Contractor will initiate the planning and scheduling of vaccine manufacture in time for the production and distribution of the product that will be required later this year.

## 3. GOVERNANCE AND RISK ISSUES

No governance issues have been identified. The purchase and expenditure is subject to a fully compliant national contract that was awarded in 2024. The contract provides for the purchase of vaccine product for 2026/27 and 2027/28 (if required). There is no financial risk to NWSSP as full funding for the required purchase is being provided by Welsh Government.

The risk to the Influenza Vaccination Programme if APPROVAL is not obtained will be a delay or non-delivery of vaccine product. This will pose a critical risk to the national Influenza Vaccination Programme for 2026/27.

## 4. CONCLUSION

The Welsh Government has requested NWSSP to purchase the necessary volume and type of vaccine product required for 2026/27 Influenza Vaccination Programme. The APPROVAL of this Committee is required to allow this request to be reviewed and approved by Velindre University NHS Trust Board, expected 29<sup>th</sup> January 2026.

## 5. RECOMMENDATION

The Committee are asked to:

- **APPROVE** the expenditure and purchase of the vaccine product required for the 2026/27 Influenza Vaccination Programme.



<b><i>The report is <u>not exempt</u></i></b>							
<b>Teitl yr Adroddiad/Title of Report:</b>							
<b>Remote Advice and Guidance Contract Extension: 2026/27</b>							
<b>Arwwinydd/ Lead:</b>		Brett Denning, Assistant Director Planned Care, NHS Performance & Improvement					
<b>Awdur/ Author:</b>		Brett Denning, Assistant Director Planned Care, NHS Performance & Improvement					
<b>Swyddog Adrodd/ Reporting Officer:</b>		Alison Ramsey, Director of Finance & Corporate Services, NWSSP					
<b>Pwrpas yr Adroddiad/Purpose of the Report:</b>							
To approve the 2026/27 contract extension for the Remote Advice & Guidance contract							
<b>Llywodraethu/Governance:</b>							
<b>Amcanion/ Objectives:</b>		To ensure 2026/27 contract extension is approved					
<b>Tystiolaeth/ Supporting evidence:</b>		<p><b>Appendix 1</b> - SPCB - 25 (25) Consultant Connect Contract</p> <p><b>Appendix 2</b> - Planned Care - Transformation funding - 2026-2027 - Consultant connect and pathway alliance central funding confirmation - 20251205</p> <p><b>Appendix 3</b> - Planned Care - Transformation funding - 2026-2027 - confirmation of Consultant connect and pathway alliance central funding confirmation - 20260105</p>					
<b>Ymgynghoriad/Consultation:</b>							
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>	<b>X</b>	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
<b>Argymhelliad/ Recommendation:</b>		2026/27 contract extension is approved.					
<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>							
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>		Agreement will enable equity of access to expert clinicians.					
<b>Cyfreithiol/Legal:</b>		No impact					

<b>Iechyd Poblogaeth/ Population Health:</b>	Positive impact
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	The technology provides a tool that can link care providers to expert advice within and across organisational boundaries.
<b>Ariannol/Financial:</b>	The initial contract was for 3 years was fully endorsed and funded by Welsh Government. The first optional 12-month extension has been fully endorsed and funding agreement received from Welsh Government. (Attached as Appendix)
<b>Risg a Aswiriant/ Risk and Assurance:</b>	All risks recorded and managed via procurement tender documentation.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	No Direct impact
<b>Gweithlu/ Workforce:</b>	Primary Care
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## **Remote Advice and Guidance Contract Extension: 2026/27**

### **1. INTRODUCTION**

The Remote Advice and Guidance service provided by Consultant Connect, commissioned by Welsh Government and managed by the Planned Care Programme, is due for contract extension. The initial contract was for 3 years starting on 01/04/2023 until 31/03/2026 with the option to extend for a further 24 months in 12-month increments. The first optional 12-month extension has been fully endorsed and funding agreement received from Welsh Government. The Contract extension has been approved by NHS Performance and Improvement (NHS P&I) Planned Care Board, Nick Wood Deputy Chief Executive of NHS Wales and the Cabinet Secretary.

### **2. BACKGROUND AND RATIONALE**

Consultant Connect is a digital platform enabling real-time communication between health and social care professionals across NHS Wales. It supports urgent and emergency care (UEC), planned care, and diagnostics, with proven benefits in admission avoidance, cost savings, and improved patient pathways. The service has seen continuous growth, now handling over 11,000 calls and 1,500 messages monthly.

The current contract was tendered through an open procedure and was awarded to Consultant Connect with a start date of 01/04/2023 for 3 years until 31/03/2026 with the option to extend by a further 24 months in 12-month increments. Welsh Government fully funded the initial 3 years and have agreed to fully fund a further 12 months to 31<sup>st</sup> March 2027. The final year funding has not yet been agreed by Welsh Government or Health Boards.

### **3. GOVERNANCE AND RISK ISSUES**

The existing solution is a flexible system that can be adapted according to user needs and supports whole system transformation by building on learning from the COVID pandemic. It supports the restoration of elective care services and provides access to urgent care resources to ensure timely access to care for the population of Wales in line with Prudent Healthcare, A Healthier Wales, and The National Clinical Framework.

The current system facilitates the delivery of Remote Advice and Guidance from Clinical Experts by:

- Providing a bespoke directory of service based upon location and professional group;
- Ability to configure services to support pan-Wales national services;
- Providing a link with social services and local authority services to support whole system communications;
- Enable live reporting of activity including usage, missed calls and outcomes; and
- Provide a digital record of Advice and Guidance provided to users for use in clinical audit, service evaluation, education, and appraisal in line with health board Information Governance agreements.

Failure to extend the current contract will result in the current system provision being removed.

### **4. CONCLUSION**

The Shared Services Partnership Committee & Velindre Trust Board approved the original award of the 3-year contract, from 01/04/2023 to 31/03/2026 in September 2022 but approval for the optional 24-month extension (2 x 12 months) were not sought at that time as funding confirmation had not been received for the extension period. Welsh Government have now agreed to fully fund the first optional 12-month extension for 2026/27 but have not agreed to fund the final 12-months at this current time and Health Boards, if they wish to continue with the service beyond 2026/27, may have to fund the final 12 months. Year 4 total financial cost is £761,934.41 and the optional Year 5 cost is £778,456.44 as per the tendered commercial response. A further paper will be submitted in 2026/27

to approve the 2027/28 final extension if funding confirmation is received from either Welsh Government or Health Boards.

## **5. RECOMMENDATION**

The Committee are asked to:

- **APPROVE** the fully funded 12-month extension (1<sup>st</sup> April 2026 to 31<sup>st</sup> March 2027)

# Planned Care Board

Consultant Connect Contract Extension

**Authors:** Brett Denning, Assistant Director, Strategic Programme for Planned Care

Dr Evan Sun, Planned Care Lead for Primary Care, Strategic Programme for Planned Care

**Date:** 15/08/2025

**Version:** 3

## Purpose and Summary of Document:

The contract extension for Consultant Connect to cover the years 2026/27 and 2027/28 is required by 30<sup>th</sup> September

The Group is asked to endorse the recommendations on the future of Consultant Connect:

1. **Contract Extension:** The Consultant Connect service should be extended beyond March 2026 due to the efficiencies and cost avoidance delivered.
2. **National Funding should continue;** as recommended by the Ministerial Advisory Group
3. **Local Optimisation:** Health Boards should actively identify and implement opportunities to further utilise Consultant Connect, leveraging successful outcomes and use cases from other Health Boards. There needs to be greater accountability at health board level for maintaining and increasing lines to deliver the benefits with a focus on UEC delivery.
4. **Review the national arrangement for the management of Consultant Connect:** The national management of the Consultant Connect service should be reviewed. The primary use case for Wales is within Urgent and Emergency Care. For planned care we recommend advice and guidance is delivered through WCCG with some exceptions e.g. dental specialties as dentists do not access WCCG.
5. **National Consultant Network (NCN):** Each Health Board should undertake a review of NCN use on a specialty-by-specialty basis. Where Health Boards decide to continue to give access to the NCN the cost should be met by the health board.

## 1. Summary

A decision on the extension of the Consultant Connect contract is required. The MAG recommendation for continuation national funding of the service was accepted by Welsh Government although there is no national funding stream available for this service in 2026/27 and 2027/28.

The contract with Consultant Connect requires notification of the extension of the contract by 30<sup>th</sup> September 2025, although as there is also the option to terminate the contact at any point with 3 months' notice it may be possible to make a decision on the future of the contract up until the 31<sup>st</sup> December 2025.

This report provides a comprehensive analysis of the Consultant Connect service across NHS Wales, assessing its current and potential benefits based on activity data, user feedback, and case studies.

The service, commissioned by Welsh Government in April 2023 for a three-year term with a two-year extension option, facilitates vital communication between health and social care professionals via telephone, photo-message, and direct messaging to optimize patient management. It has demonstrated continuous growth in usage, with over 11,000 calls and 1,500 messages monthly.

Consultant Connect offers several advantages over traditional communication systems such as phone lines, switchboard, bleep system including:

- Callers avoid switchboards
- Callers do not have to store and maintain a list of numbers to use
- The rotas and hierarchy systems increase the answer rate as there are often several clinicians available to provide specialist advice, if one cannot answer the system automatically tries the next number
- Data is available on call numbers, times, staff involved, call length
- As calls are stored these can be accessed for training, audits, and to review incidents

The primary use of Consultant Connect is within Urgent and Emergency Care (UE&C), accounting for 79% of all calls. Analysis indicates that 45% of calls and 66% of messages avoided an admission or referral. Financially, the service demonstrates significant cost avoidance, with an estimated net saving of £8.5 million (full cost) and £2.5 million (marginal cost) for FY 2024/25, after accounting for the current annual core license cost of £534,694.

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## 2. Background

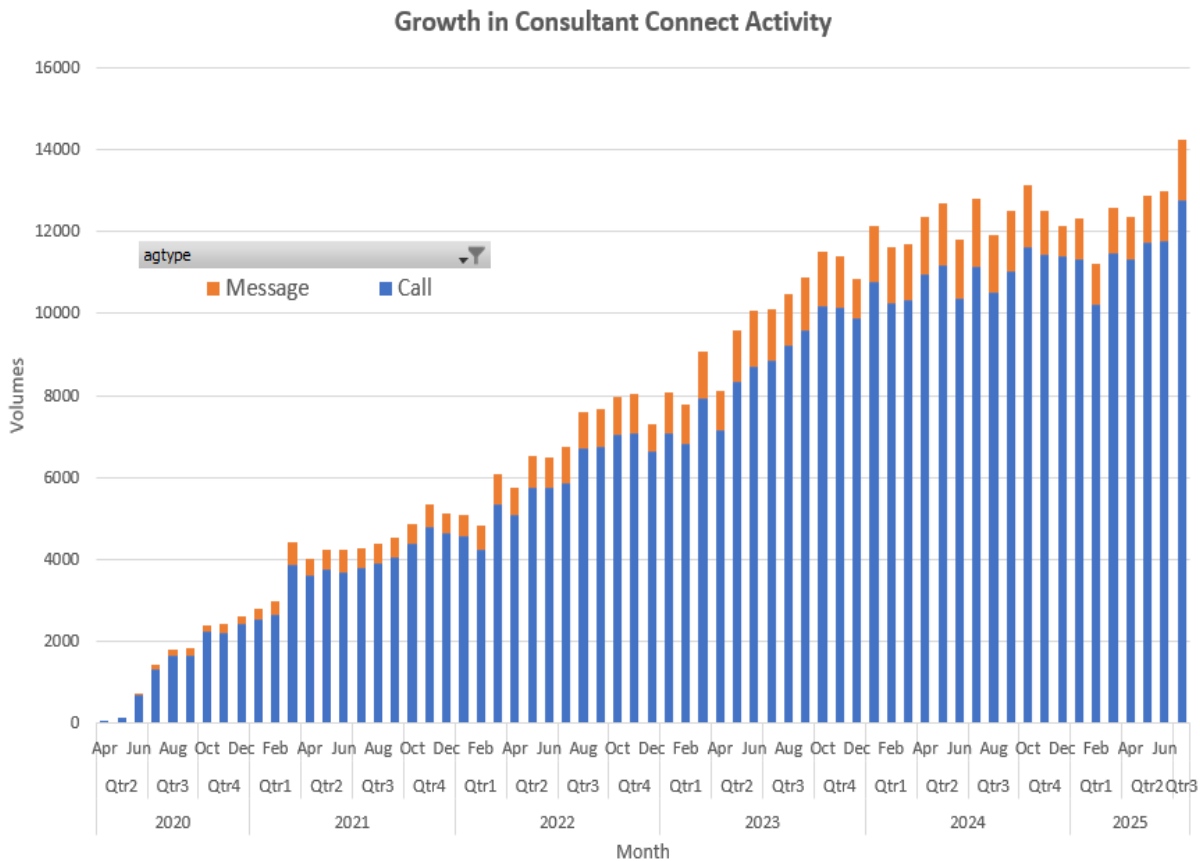
The Consultant Connect service is a digital platform designed to facilitate real-time communication between healthcare professionals. It enables conversations via telephone, photo-message, and direct messages, ensuring patients receive the right care in the appropriate setting at the correct time.

Initially commissioned in April 2020 in response to the COVID-19 pandemic, Consultant Connect has supported health and social care professionals across Wales for five years. Its initial success led to its re-commissioning across NHS Wales by Welsh Government in April 2023, providing an Advice & Guidance service for a three-year period, with an option for a further two-year extension.

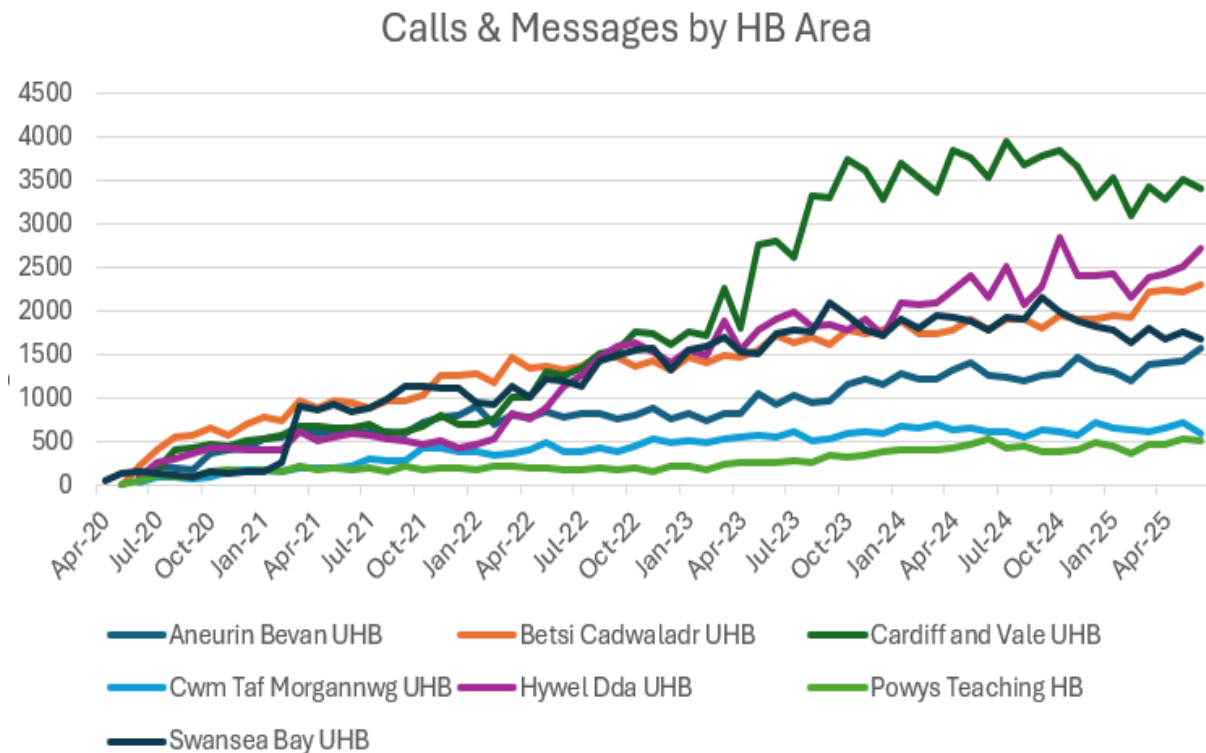
The current core licence cost for the entire service across Wales is £534,694 per annum. This fee covers all lines, calls, and messages, regardless of volume, for interactions where NHS Wales staff respond. The existing three-year contract concludes in March 2026, necessitating a decision on its extension by 30<sup>th</sup> September 2025.

Usage of the service, including telephone Advice & Guidance, photo messages, and standard messages, has consistently increased across Wales, reaching 12,772 calls and 1,454 messages in July

2025. This growth highlights the service's value; for calls where outcomes were recorded, 45% avoided an admission, and 66% of messages avoided a referral.



Despite this overall growth, significant discrepancies exist in the adoption and integration of Consultant Connect across different health boards.



This report leverages available data, case studies, and user surveys to evaluate the current and potential benefits of Consultant Connect for NHS Wales. The analysis is structured into Urgent and

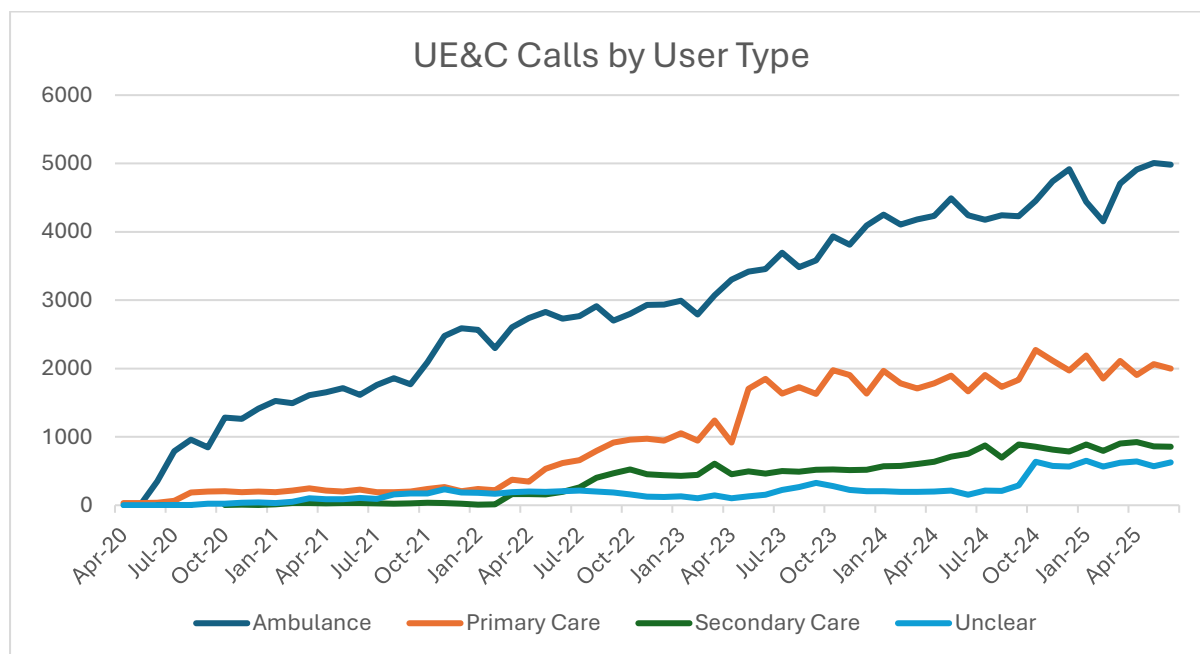
Emergency Care, Planned Care, and Mental Health categories. Consultant Connect "lines" have been allocated to these categories based on their designation and user groups (e.g., lines with high WAST staff utilisation are classified as UE&C lines).

Additionally, some services utilise Consultant Connect’s National Consultant Network (NCN), a premium service which directs messages to out-of-area NHS consultants for pre-referral advice, guidance, and review of photo/message requests. NCN consultants provide backup for local teams and offer access to otherwise unavailable specialties. The cost for NCN access is £24 per message. All subsequent analysis in this report excludes NCN activity, except for the dedicated NCN section.

### 3. Urgent and Emergency Care (UE&C)

#### 3.1 UE&C Overview

Urgent and Emergency Care represents the primary use case for Consultant Connect, where immediate advice and guidance play a crucial role in altering patient pathways. In UE&C lines, the answer rate is high at 86%. The analysis in this section focuses solely on answered calls.



#### 3.2 Call Outcomes 2024/25

For UE&C calls, outcomes were recorded in 14% of cases. The following table summarises the admission avoidance rates by caller type:

Caller Type	% of Admissions Avoided
Ambulance	23%
Primary Care	65%
Secondary Care	70%
Unclear	52%
<b>Total</b>	<b>35%</b>

### Case Study: Avoiding a Re-admission

'An elderly patient had recently been discharged following ten days in hospital due to a cerebrovascular accident. Given their history, mobility, gait issues, and the fact they lived at home with their elderly spouse, who was also frail, the carer was uncomfortable managing the situation. The incident could not be escalated without an occupational therapist (OT) assessment.

'I arrived at the patient's house and used the Consultant Connect App to call the Stay Well@Home Team rapidly. Following a discussion, we received amazing support from an OT who arrived at the patient's home an hour after contact. They carried out a full assessment at home, and, at the same time, we liaised with the care services, which resulted in continued care at home for the patient. This was very helpful and a fantastic response from the Stay Well@Home Team.

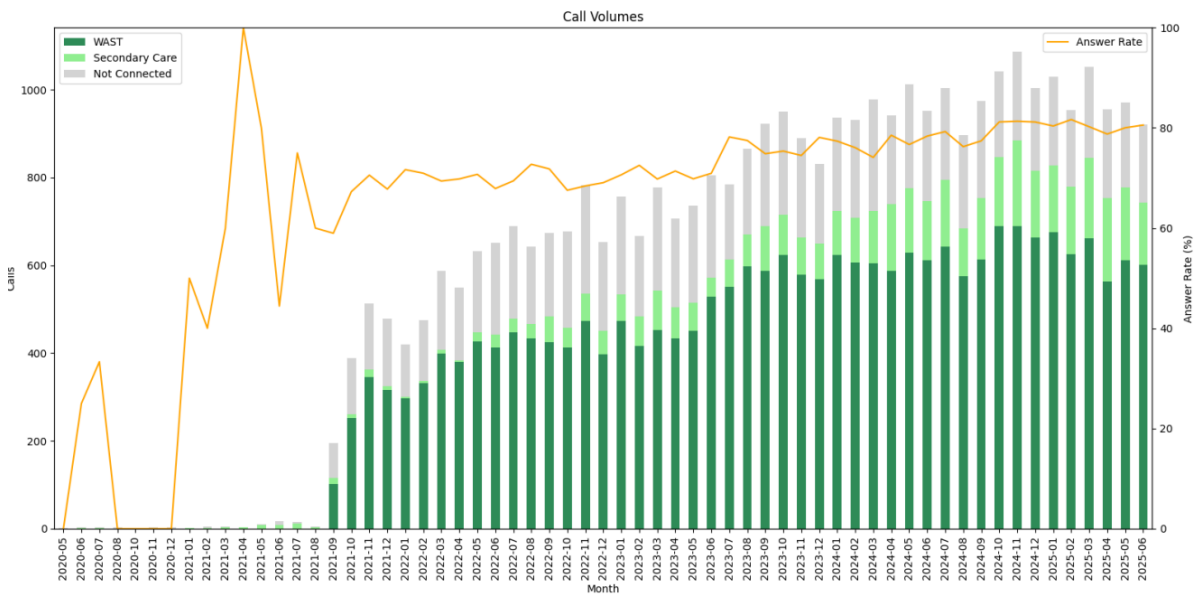
**Steven Evans, Paramedic, WAST**

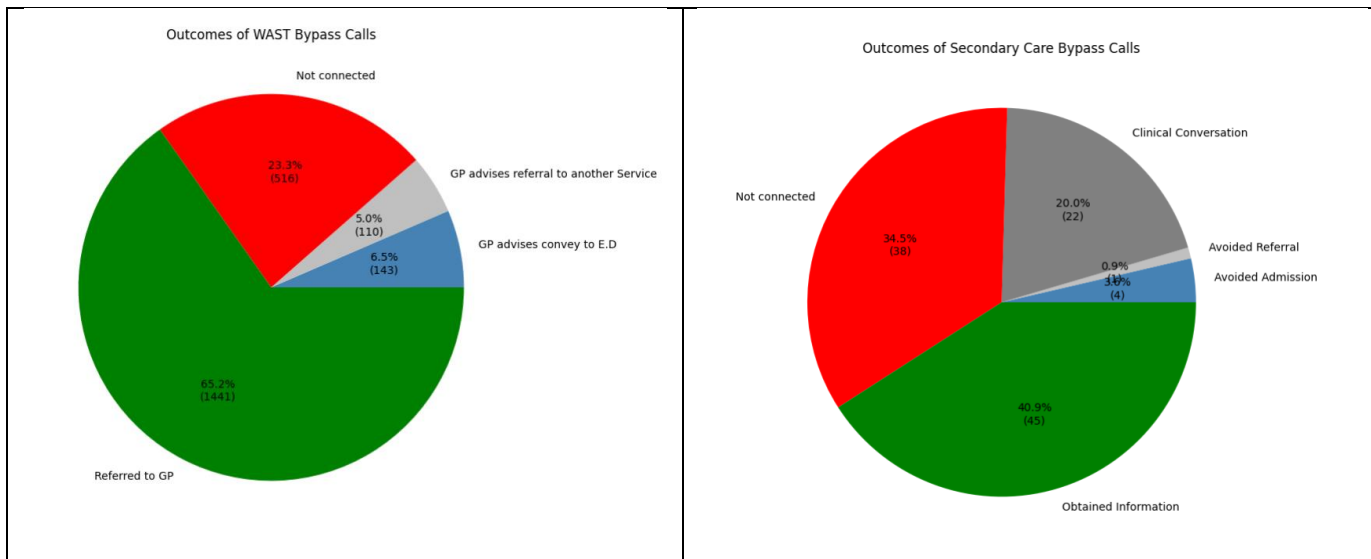
### 3.3 GP Bypass Numbers

The Consultant Connect App provides "GP Bypass Numbers," allowing clinicians to access pre-programmed contact numbers for GP surgeries. This feature enables them to bypass public switchboard queues and connect directly with practice staff for same-day emergency communications, thereby accelerating patient care and frequently avoiding hospital admissions.

The chart below illustrates the number of bypass calls by caller type and the answer rate over time.

A significant proportion of bypass calls contribute to avoiding hospital conveyances.





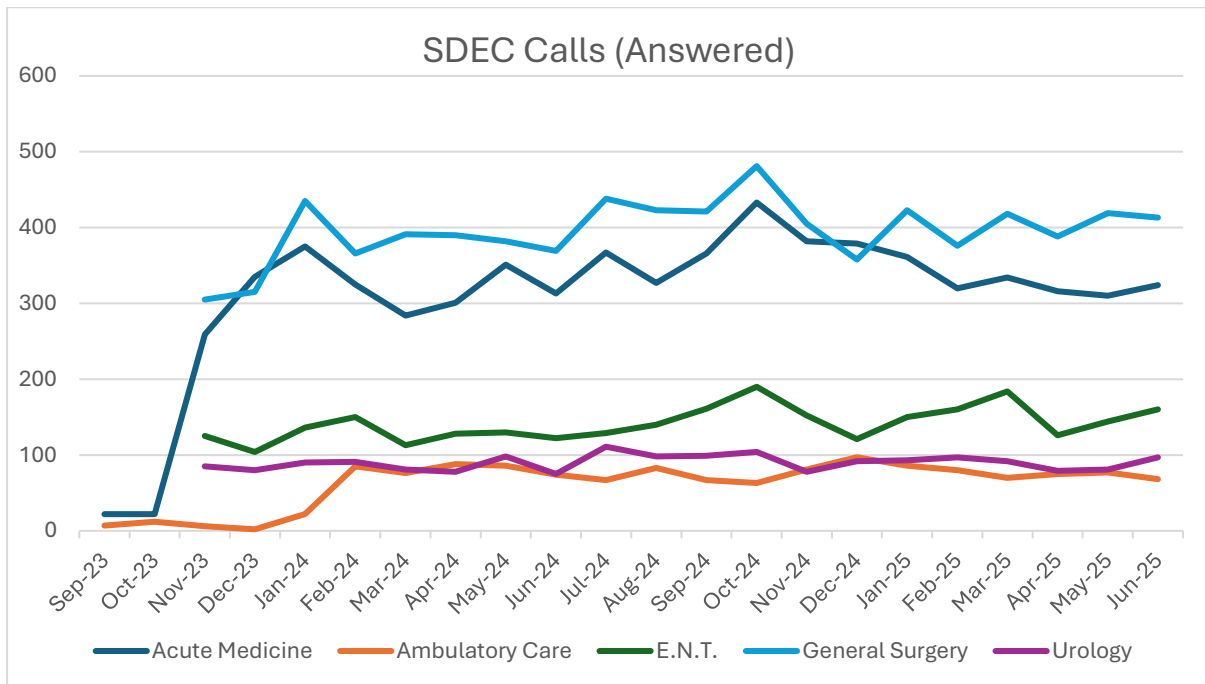
### Case Study: Avoiding an Unnecessary Admission

*'I often use Consultant Connect and I have a lot of examples where using the service has expedited my patients' care. One involved an elderly patient with complex needs; she had multiple comorbidities, and her daughter was essentially looking after her, there was no real care package in place. I used the app to speak initially with her GP, then again to speak with one of the consultants in the local hospital. These conversations enabled us to decide that, given the patient's history, it was best that she remained at home and was looked after from there. Being able to access multiple points of care ensured a safe referral. We were able to improve care provision within the patient's home and avoided an unnecessary admission. An admission would have been disruptive and distressing for both the patient's daughter and the patient.'*

**Marcus Viggers has worked as a Paramedic for the Welsh Ambulance Services NHS Trust (WAST) for nearly 20 years.**

### 3.5 SDEC Lines

Several Same-Day Emergency Care (SDEC) lines have been established in Wales, notably within Cardiff and Vale University Health Board (CAVUHB). These lines cover various specialties and support the delivery of SDEC services.



**Case Study: Patient with vague symptoms sees specialist and undergoes relevant tests within 48h of rapid advice call to Medical SDEC**

*‘A patient had been back and forth to see me with very vague symptoms: a fever, rash, pain and feeling unwell. I called the Medical SDEC line via Consultant Connect and the consultant suggested I take some swabs, repeat the patient’s bloods, prescribe another course of antibiotics, and, in the meantime, send an urgent referral to infectious diseases. **Within 20 minutes of that call, the consultant had phoned back saying they’d spoken with a colleague and thought it could be stills disease. They had also booked the patient for an urgent appointment the following day. The patient had an Echocardiogram, CT, blood cultures and an appointment, all within 48 hours.**’*

**Dr Jonathon Campbell, GP Partner, North Cardiff Medical Centre**

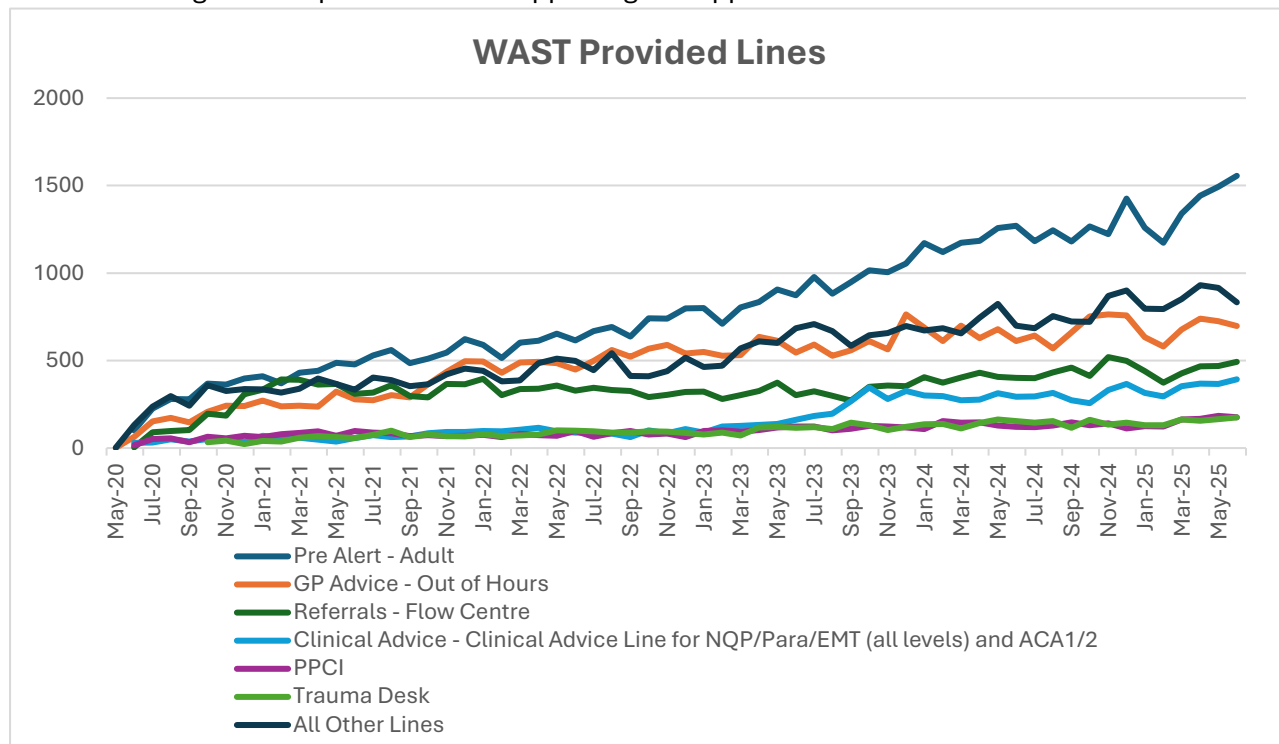
**3.7 WAST Provided Lines**

Within WAST, there has been a year-on-year increase in the use of Consultant Connect. The contact lines provided to staff include a mix of internal resources and partner agency contacts.

WAST’s service delivery model is currently undergoing significant transformation, as the previous approach has become unsustainable. The new model places a strong emphasis on remotely triaging patients who contact 999 and 111, enabling accurate assessment of clinical needs and, where appropriate, signposting to the most suitable care provider. This approach aims to reduce unnecessary conveyances to Emergency Departments, increase the availability of frontline ambulances, and ease pressure on hospital capacity.

Operating across a national footprint often presents communication challenges with healthcare and third sector partners. CC plays a key role in addressing this by facilitating streamlined communication between these services and both remote and responding ambulance clinicians. Improved communication is essential in supporting appropriate decision-making, reducing avoidable ED attendances, and ensuring patients receive care in the most suitable setting, often outside of hospital.

WAST views this model as beneficial to patients, the ambulance service, and the wider NHS system, with CC serving as an important tool in supporting this approach.



### Case Study:

#### Patient example: accessing specialist support to aid the delivery of footling breech baby

“Approximately a year ago, when I was operating out of the rapid response vehicle, a colleague and I attended a patient’s address at 3am after she phoned 999 in labour with her first child. Upon arrival on scene, the baby was footling breech, and guidelines state that with a footling presentation, the patient should be transferred to the nearest obstetrics department as quickly as possible. I was working solo out of a car, the patient lived in a rural location 40 minutes from the obstetrics department, it was the dead of night, and access and egress to the property were treacherous. We were considering what actions to take because this type of presentation is associated with complications during delivery due to the associated risks of navigating the birth canal.

‘We decided that the safest thing to do for the mother and baby was to proceed with delivery. **I used the Consultant Connect App to speak with a midwife who talked us through the delivery.** When the baby was born, it was in cardiac arrest but was fortunately resuscitated and conveyed to hospital in the ambulance that had arrived. We stayed with the mother until we could get a second ambulance to transport her to hospital.

‘Not long after, I spoke with the consultant and learned that both the mother and baby had recovered well. **If I hadn’t been able to contact the midwife for delivery support via Consultant Connect, we would’ve been looking at a very different outcome.** Ultimately, the scenario was extremely difficult and emotional, but we certainly saved two lives that day. **Without the midwife’s assistance via Consultant Connect, it would’ve been a total disaster.**’

**Chris Ferris, Paramedic, WAST**

#### 4. Planned Care and Diagnostics

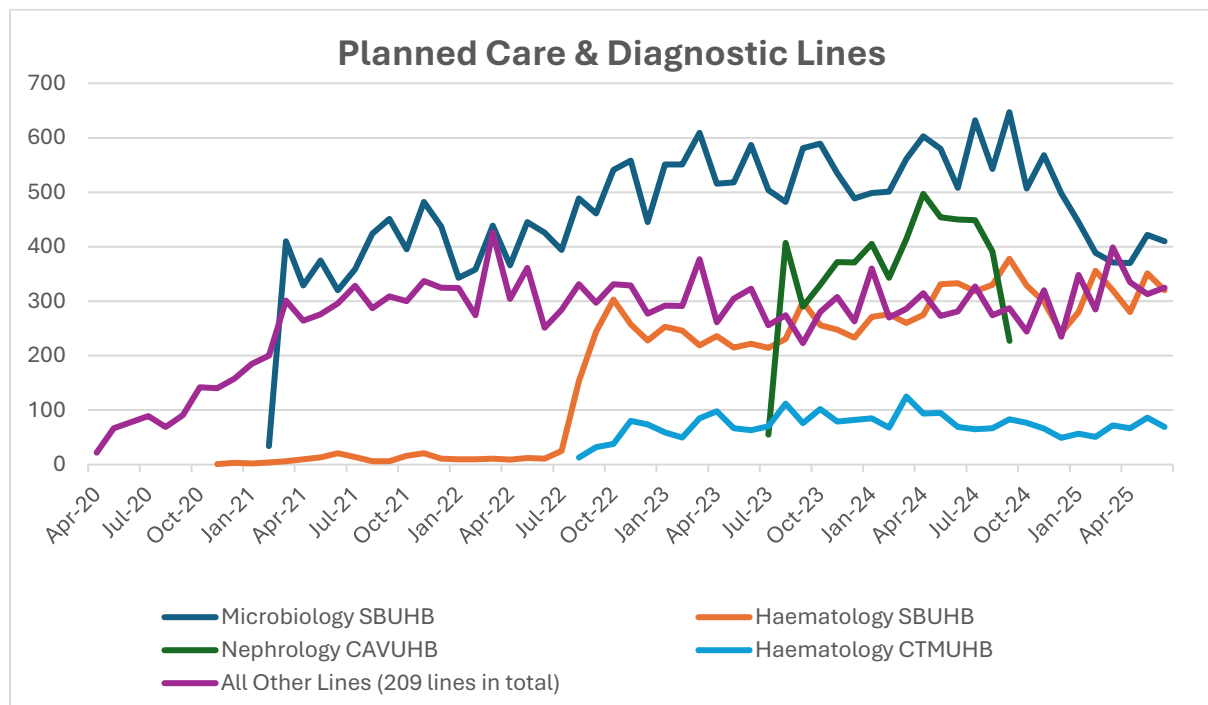
The Welsh Clinical Communications Gateway (WCCG) is the preferred system for Advice and Guidance in Wales for planned care, particularly for electronic referrals from GPs with 91,000 A&G messages going through WCCG in 2024 and rapid expansion expected of WCCG in 2025 with further rollout of electric triage in secondary care across BCUHB and CTMUHB.

It is the Planned Care Programmes recommendation that WCCG is the preferred system for A&G as this is already part of primary and secondary care workflows, referrals can be converted to A&G, and this automatically becomes part of the patients clinical record on Welsh clinical portal.

There is still a limited role for Consultant Connect in planned care for distinct use cases. This includes communication with optometrists or dentists who do not have WCCG access, and use of the NCN to support services under pressure.

##### 4.1 Planned Care and Diagnostic Call Lines

Across Wales, there are 213 planned care and diagnostic call lines. Notably, two lines in Swansea, Haematology and Microbiology, account for 58% of all calls in this category.



### **Case Study: Haematology advice in Swansea Bay**

Since November 2020, Haematology [Advice & Guidance](#) queries have been routed through Consultant Connect, providing a single point of access for clinicians in Swansea Bay University Health Board in Wales to speak to local specialists at Singleton Hospital.

#### **Before calls were made via Consultant Connect, how did your team receive queries?**

*'Our team had five landlines, so queries would sporadically go to any of those. Any clinician could ring any of those five telephone numbers or any of the admin team, so there was no continuity or structure for Primary Care nor the on-call consultants or specialist registrars (SPRs). Now, any calls made to the Haematology team are mandated to go via Consultant Connect, allowing for a quicker connection and an all-around smoother process.'*

#### **What are the benefits of Consultant Connect for the Haematology team?**

*'Consultant Connect provides one direct number and consequently one point of access, rather than five. We now have one phone for the on-call consultant and one phone for the on-call SPR, and they are held all day every day by the nominated specialists, which provides a much more robust structure.'*

*The calls go through a rota of consultants and SPRs, which gives more organisation to the system. Prior to this, a lot of calls went unanswered as often the landline phones were switched off, and those seeking advice wouldn't know where to call next.'*

*'This has reduced the consultants' and SPRs' workloads as all calls come through to those designated phones, so the specialist doesn't receive any queries unless they're on call. It is reassuring to know that advice-seekers will be able to get hold of the most appropriate person via Consultant Connect.'*

#### **How does having access to call data and outcomes help your workload?**

*'We have recently sampled a few call recordings for training purposes for a new set of SPRs. The team will listen to the recording, discuss the patient's case and what advice was given. It's a great learning technique, but also a great way to monitor what advice was given, and we found that if any non-urgent queries come through, they can quickly be redirected to the most appropriate team or place.'*

### **Case Study: Paediatric Line ABUHB**

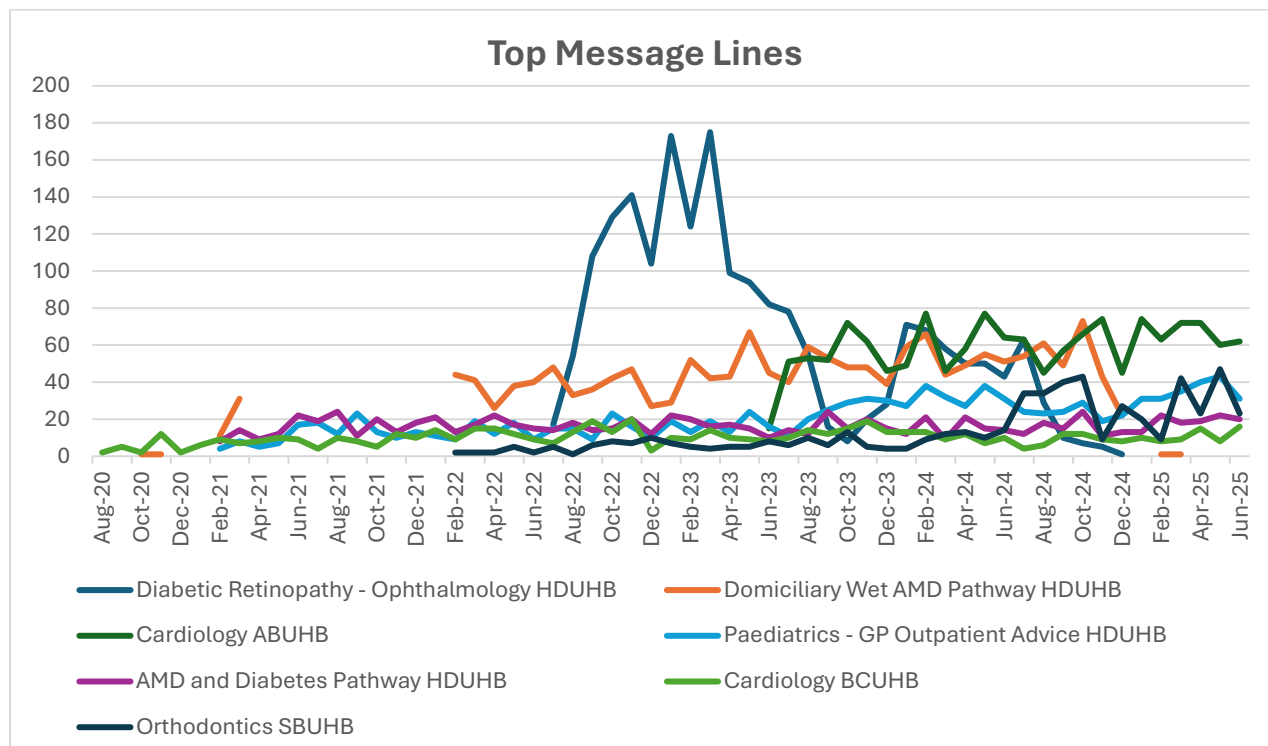
*'I recently answered a call on the outpatient advice line. The patient was a young child who had recently moved here from a different country and had a rare metabolic disease. The child had been under follow-up in their country of origin, and the GP was wondering how best to get them a follow-up within our services. I pointed the GP and child to the relevant specialists within our Health Board who have experience dealing with rare metabolic conditions. This enabled the GP to refer the child immediately to the right place, avoiding a referral to a general paediatrician who may not have experience with this rare condition.'*

*'We use Consultant Connect to offer an Acute Referrals Telephone Advice & Guidance line, which can be used when clinicians need advice on whether the paediatric patient needs to be seen in outpatients, within the urgent assessment unit, or if they can remain at home. We also provide a non-urgent Telephone Advice & Guidance line with optional messaging. This is for occasions where clinicians might be considering a referral to outpatients or require advice on what they can do in the community and avoid a referral.'* – Dr Gupta.

**Dr Nakul Gupta, Dr Nakul Gupta, a Paediatric Consultant at Grange University Hospital in Aneurin Bevan University Health Board**

### 4.3 Message Lines

Consultant Connect allows clinicians to send and receive messages, with the added benefit of attaching photos and files to support pre-referral advice and guidance. There are 55 message lines established across Wales, supporting 169 messages per month.



#### Case Study: WGOS 4 and Consultant Connect: Transforming Optometry Pathways in HDUHB

*In April 2024, Wales introduced the WGOS 4 national guidance, redefining referral and monitoring processes in optometry. This framework enables patients with lower-risk conditions to remain under primary care, reducing unnecessary secondary care appointments. It harnesses the expertise of optometrists with enhanced qualifications to manage conditions like glaucoma and medical retina disorders.*

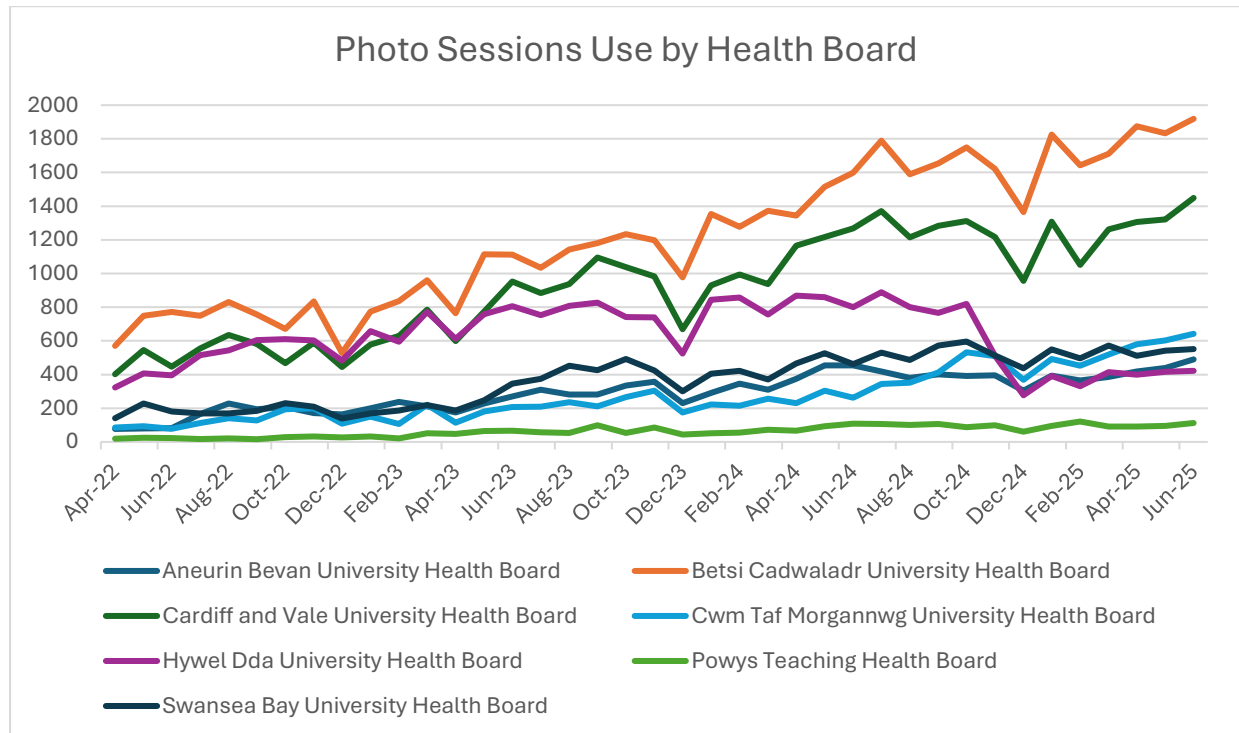
*Sally Hodson, Optometric Advisor at Hywel Dda University Health Board (HDUHB), highlighted that “before the implementation of WGOS 4 there wasn’t a defined pathway, and clinicians didn’t need a higher qualification to monitor patients.” Now, under WGOS 4, a tiered qualification system clearly delineates which optometrists can filter or monitor glaucoma and medical retina patients.*

*Consultant Connect has played a vital role in supporting this transition. Originally used to securely share images and reports, it now facilitates the transmission of detailed clinical data including OCT and fundus images. Hodson explained, “Consultant Connect is also helpful in supporting optometrists in their decision-making... it’s an educational tool that optometrists can use to help develop their experience.”*

*Looking ahead, HDUHB is developing further WGOS 4 pathways such as hydroxychloroquine screening and broader remote review services. As Sally Hodson noted, this ensures that “secondary care can determine whether they need to expedite a patient’s appointment and can prioritise the right patients.”*

#### 4.4 Photo Sessions

The Consultant Connect phone app enables secure capture and transfer of patient photos to NHS systems like EMIS, without storing images on the GP's device. While other applications exist for this purpose Consultant Connect is widely used due to its presence on GP devices and ease of use and integration. There is no cost to the NHS for using this function of the app.



A separate workstream looking at the storage and transfer of images in primary care would be worth exploring as all GPs are moving onto the EMIS system. Whilst consultant connect is a popular option it is still relatively time consuming, clinicians capture photos on Consultant Connect, store them on its secure cloud, download them via email, and manually upload them to WCCG—a lengthy process that EMIS integration could streamline.

#### 5. National Consultant Network (NCN)

Beyond the core service, the Consultant Connect "National Consultant Network (NCN)" provides access to a network of out-of-area NHS consultants contracted by Consultant Connect. These consultants can answer pre-referral advice and guidance calls and review photo and message requests, acting as a backup for local teams and providing expertise in locally unavailable specialties.

Access to the NCN costs £24 per message. The NCN boasts a high answer rate of 95%, with outcomes captured in 95% of cases.

There are a number of use cases for the NCN

1. To support cover of a line, the NCN can be the last contact after local team have not been able to answer the call
2. To support during a service gap, e.g. workforce issue NCN can cover
3. To test demand for a line before local teams take over

The following table details NCN activity by Health Board and total activity from July 2024 to June 2025:

Health Board	specialism_name	Activity	% of Referral / Admission Avoided
Betsi Cadwaladr University Health Board	Teledermatology*	4425	68%
	Cardiology ECG/Echo - Adults	317	98%
	Teledermatology*	229	54%
	Neurology	159	23%
	Diabetes and Endocrinology	158	34%
	All Other Lines	953	58%
	<b>Total</b>	<b>6821</b>	<b>65%</b>
Cardiff and Vale University Health Board	Cardiology	196	23%
	Diabetes and Endocrinology	190	24%
	Rheumatology	158	17%
	Gastroenterology	113	45%
	Respiratory Medicine	18	22%
	<b>Total</b>	<b>675</b>	<b>26%</b>
Cwm Taf Morgannwg University Health Board	Diabetes and Endocrinology	38	29%
	Rheumatology	27	37%
	Haematology	26	42%
	Neurology	22	32%
	Gynaecology	11	9%
	All Other Lines	21	14%
	<b>Total</b>	<b>145</b>	<b>30%</b>
Hywel Dda University Health Board**	Cardiology ECG/Echo - Adults	217	96%
	Cardiology	54	33%
	Haematology	49	45%
	Neurology	48	29%
	Diabetes and Endocrinology	27	33%
	Gynaecology	145	36%
	<b>Total</b>	<b>540</b>	<b>60%</b>
Powys Teaching Health Board	Teledermatology	559	69%
	Gynaecology - Messaging	70	57%
	Diabetes and Endocrinology	64	41%
	Haematology	42	36%
	Cardiology ECG/Echo - Adults	42	90%
	all Other Lines	466	55%
	<b>Total</b>	<b>1243</b>	<b>61%</b>
Swansea Bay University Health Board	Cardiology	80	23%
	Cardiology ECG/Echo - Adults	71	94%
	Diabetes and Endocrinology	48	19%
	E.N.T.	33	15%
	Urology	26	8%
	all Other Lines	44	30%
	<b>Total</b>	<b>302</b>	<b>38%</b>
<b>Grand Total</b>		<b>11714</b>	<b>56%</b>

\* BCU tele dermatology is funded directly by BCUHB

\*\* HDUHB dermatology NCN activity is excluded as the line was switched off in October 2024

## 6. Mental Health

Currently, there are a limited number of mental health lines established within Consultant Connect.

The table below shows the monthly call volumes for mental health lines from July 2024 to June 2025:

Health Board	Line	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
HDUHB	Perinatal Mental Health	54	36	42	48	46	28	48	41	45	39	32	49
PTHB	111 Press 2 Professional Line	1				2	1	1					1
PTHB	Mental Health - Medication Advice					1			1	1		1	
SBUHB	Mental Health Single Point of Access		1			1				2		1	1
<b>Grand Total</b>	-	<b>55</b>	<b>37</b>	<b>42</b>	<b>49</b>	<b>49</b>	<b>29</b>	<b>50</b>	<b>42</b>	<b>47</b>	<b>40</b>	<b>33</b>	<b>51</b>

## 7. User Feedback

A user feedback survey was conducted in June 2025. There were 126 responses. The survey analysis has been divided into Primary and Secondary Care and WAST.

### 7.1 Primary and Secondary Care

There were 100 responses from primary and secondary care users. 80% of respondents would recommend Consultant Connect to a colleague

#### Percent of respondents have used Consultant Connect (CC) :

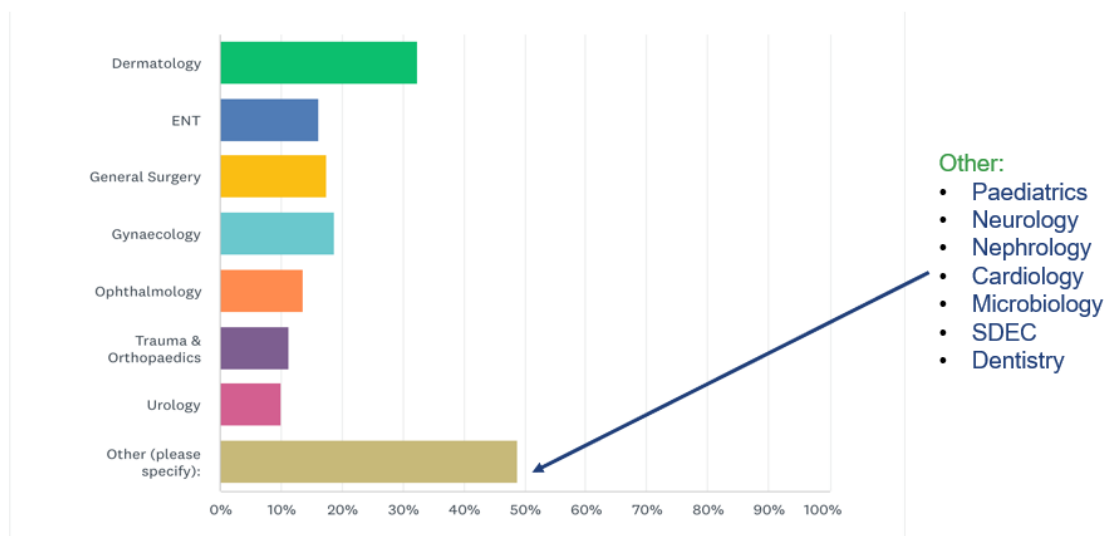
- 53% Telephone Advice & Guidance
- 40% IG compliant photos
- 35% Messaging A&G
- 7% PIFU
- 7% Bypass Numbers
- 25% Not yet used

#### Percent of respondents have accessed CC via the following:

- 78% The Consultant Connect app
- 19% Dial in number
- 27% In the browser (Desk-top)

# Top utilised specialties

Primary and Secondary care users



## Free Text Feedback on Benefits:

- ❖ Fast and effective- avoids unnecessary referrals & enhances patient care
- ❖ IG compliant photography that complies with GDPR enables users to complete their jobs in a compliant way
- ❖ Requests to increase access to local specialties
- ❖ Dedicated Account Management team at Consultant Connect
- ❖ Access to the National Consultant Network (NCN) is very beneficial when a local provision is not available
- ❖ Very helpful- supports work knowledge

## Free Text Feedback on Areas for Improvement

- ❖ Reinstate the Dermatology service in Hywel Dda.
- ❖ Extension of hours to match GPs
- ❖ Connectivity- calls aren't answered
- ❖ An increase in local specialities.
- ❖ Integration with the patient record
- ❖ Awareness- requests for Consultant Connect to present at primary care meetings e.g., PT4L sessions

## 7.2 WAST Users:

There were 26 WAST respondents to the survey who used Consultant Connect as follows:

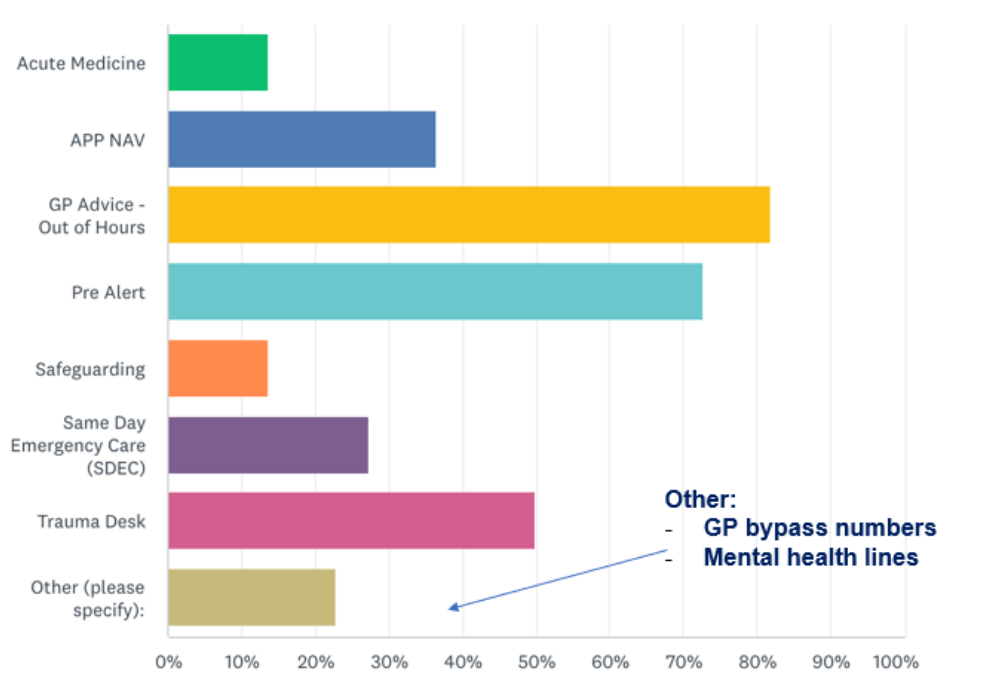
- 78% Telephone Advice & Guidance
- 78% Bypass numbers
- 9% Not yet used

Percent of respondents have accessed CC via the following:

- 100% The Consultant Connect app
- 5% Dial in number
- 0% In the browser

## Top utilised specialties

WAST users



### Free Text Feedback from WAST:

- **Easy and Efficient:** Users of the app find it streamlines communication and is user-friendly.
- **Provides Reassurance** - extremely useful when practicing in the community, especially across multiple health boards
- **Access to IG Compliant Photography:** Nearly 90% of respondents want secure, compliant access to patient photography to improve care and communication.
- **Connectivity/Signal Issues:** Although calls generally connect, poor signal quality in different areas causes many to struggle staying on GP bypass lines.
- **Service Availability:** There is strong demand for expanding 24-hour services, especially for mental health and addiction support.
- **Access to Mental Health:** Better integration of mental and physical health services is needed to provide more comprehensive patient care.
- **GP Bypass Numbers:** While general access is good, many GP bypass numbers are outdated, causing avoidable delays for patients.

### **Case Study: How has Consultant Connect supported you in the return to clinical practice?**

*'The greatest challenge clinicians within ambulance services face nowadays is the need to be a jack of all trades and master them too. **The ambulance service has changed so dramatically over the last 10 years** that we need to be familiar with numerous specialties within medicine, all within one clinical role. There are new procedures, drugs, and responsibilities, and that can be especially difficult for newly qualified paramedics straight out of university. Many paramedics struggle with finishing their studies, immediately commencing a high-pressure job like this, and committing to it for many years. As a manager, I noticed that sick levels were increasing, and we had to question how much it was due to stress. Were clinicians becoming worried and panicked because they couldn't cope with the last few jobs they had attended?'*

*'These days, we find that junior clinicians are not happy to admit that they're struggling in front of their peers. It can be embarrassing, and they might not be confident enough to ask for help. This is where Consultant Connect comes in. I used it on my last shift just a couple of days ago, and **to be able to press a button to receive immediate help from a number of specialists is fantastic**. Whether it's a trauma specialist, midwife, or paediatrician, the service is amazing. **I definitely wouldn't have returned to clinical work if WAST didn't have access to it.***

*'I've had crews tell me of terrible scenes they've attended, and how they weren't sure if it went well. **I always advise them to use Consultant Connect in those instances because it gives them the safety net of having access to experienced colleagues**. It's joint decision-making that can be evidenced, and it means you leave jobs feeling much more relaxed. It's brilliant, **I wish we had Consultant Connect 20 years ago.**'*

**Chris Ferris, a retired clinical lead manager for 40 years with WAST, who has since returned part-time as a paramedic.**

## **8. Financial Analysis**

The current funding source for the Consultant Connect contract, the Planned Care recovery fund, is set to conclude in 2025/26. As there is no confirmed central funding beyond this period, it is prudent for Health Boards to plan for local funding from 2026/27 onwards.

The core annual licence cost for the entire Welsh service is £519,120. This covers all lines, calls, and messages, irrespective of volume, where NHS Wales staff answer.

To assess the financial benefits, the cost of avoided A&E attendances for FY 2024/25 activity has been calculated using both full cost and releasable (marginal) cost bases. This analysis demonstrates a significant net cost avoidance of approximately £8.5 million at full cost and £2.5 million at marginal cost.

The following table provides a summary of the cost avoidance:

Category	Total Cost Avoidance (Full Cost)	Cost Avoidance (Releasable Rate)
GP Bypass Numbers	£2,231,264	£839,789
Top 5 SDEC Specialties	£1,608,708	£564,264
Top 5 U&EC Services (excluding GP Bypass and SDEC)	£4,463,347	£1,626,273

Category	Total Cost Avoidance (Full Cost)	Cost Avoidance (Releasable Rate)
Top Planned Care Phone Lines Specialties	£156,918	£4,868
Top 5 Planned Care Message Lines	£599,598	£19,142
<b>Subtotal Cost Avoidance</b>	<b>£8,015,391</b>	<b>£4,098,780</b>
Cost of Contract	£534,694	£534,694
<b>Net Cost Avoidance</b>	<b>£8,540,715</b>	<b>£2,535,216</b>

Full costing tables are available in Appendix 1. Several considerations should be noted regarding this costing exercise:

- Due to the size and complexity of the Consultant Connect dataset, only high-volume lines have been assessed and costed for impact.
- Potential WAST savings from reduced ambulance transfers have not been included.
- The costings assume that recorded outcomes are accurate and representative of all calls and messages for their respective types.
- Savings from certain high-volume lines, such as microbiology lines, have been excluded as they are not "admitting services".
- The cost of alternative services has not been included due to the complexity of the exercise e.g. if a U&EC ambulance transfer to ED is re-directed to a GP appointment or a hot clinic then the cost of the alternative service has not been factored into the costing.

### Allocation of Licence Cost

There is no obvious way to split costs between health boards due to the number of national lines and cross health board calls and messages, therefore national commissioning of the service would be preferential.

The contract is not currently split by Health Boards in any way, therefore if we move away from a national contract then a re-tender exercise may be required.

It is of note that NHS Scotland has moved to national commissioning of consultant connect for this reason.

Some options for splitting costs are below:

	Equal Costs for all Organisations	Health Board Population Weighted	CC Calls & messages by health board area of call made	CC Calls & messages by caller organisation
Aneurin Bevan UHB	£66,837	£100,608	£71,801	£11,045
Betsi Cadwaladr UHB	£66,837	£116,927	£72,339	£2,253
Cardiff and Vale UHB	£66,837	£87,573	£166,594	£130,709
Cwm Taf Morgannwg UHB	£66,837	£75,448	£31,868	£5,770
Hywel Dda UHB	£66,837	£65,584	£92,482	£66,206
Powys THB	£66,837	£22,716	£17,626	£448

Swansea Bay UHB	£66,837	£65,838	£81,984	£58,828
WAST	£66,837	£-	-	£259,434
<b>Total</b>	<b>£534,694</b>	<b>£534,694</b>	<b>£534,694</b>	<b>£534,694</b>

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## 9. Summary of Recommendations

1. **Contract Extension:** The Consultant Connect service should be extended beyond March 2026 due to the efficiencies and cost avoidance delivered.
2. **National Funding should continue;** as recommended by the Ministerial Advisory Group
3. **Local Optimisation:** Health Boards should actively identify and implement opportunities to further utilise Consultant Connect, leveraging successful outcomes and use cases from other Health Boards. There needs to be greater accountability at health board level for maintaining and increasing lines to deliver the benefits with a focus on UEC delivery. We would recommend that if National funding is extended, each Health Board nominate a clear visible team to take 'ownership' of Consultant Connect, and present a clear strategy, plan and commitment of implementation to NHS performance and improvement.
4. **Review the national arrangement for the management of Consultant Connect:** The national management of the Consultant Connect service should be reviewed. The primary use case for Wales is within Urgent and Emergency Care. For planned care we recommend advice and guidance is delivered through WCCG with some exceptions e.g. dental specialties as dentists do not access WCCG.
5. **National Consultant Network (NCN):** Each Health Board should undertake a review of NCN use on a specialty-by-specialty basis. Where Health Boards decide to continue to give access to the NCN the cost should be met by the health board.

## Appendix 1 costing tables

FY 2025/26

### GP Bypass Numbers

org_type	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of A&E attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Ambulance	8598	14%	70%	6036	£ 364	£ 2,197,030	£ 137	£ 826,904
Secondary Care	2090	12%	5%	94	£ 364	£ 34,234	£ 137	£ 12,885
<b>Grand Total</b>						£ 2,231,264		£ 839,789

### Top 5 SDEC Specialties:

coded_specialism_name	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of A&E attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
General Surgery	4884	12%	98%	4763	£ 376	£ 1,790,881	£ 137	£ 652,528
Acute Medicine	4234	11%	90%	3791	£ 376	£ 1,425,502	£ 137	£ 519,398
E.N.T.	1767	11%	96%	1687	£ 376	£ 634,494	£ 137	£ 231,185
Urology	1115	14%	94%	1049	£ 376	£ 394,252	£ 137	£ 143,650
Ambulatory Care	942	13%	48%	452	£ 376	£ 170,012	£ 137	£ 61,946
						£ 564,264		£ 1,608,708

### Top 5 U&EC Specialties (excluding GP Bypass and SDEC):

coded_specialism_name	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of A&E attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Admissions/Referrals Liaison	31090	19%	19%	5789	£ 376	£ 2,176,649	£ 137	£ 793,088
Acute Medicine	7302	13%	34%	2456	£ 376	£ 923,555	£ 137	£ 336,508
General Surgery	4952	16%	46%	2299	£ 376	£ 864,561	£ 137	£ 315,013
Site Manager / Bed Bureau	2457	9%	16%	391	£ 376	£ 146,973	£ 137	£ 53,551
						£ 4,463,347		£ 128,113

### Top Planned Care Phone Lines Specialties:

coded_specialism_name	Total Calls	% of Calls with outcome	Proportion of Outcomes reporting visit avoided	Potential Number of Transfers avoided (assuming outcomes representative of all calls)	Cost of OPD attendance (full cost)	Total Cost avoidance	releasable cost estimate per attendance	Total Cost avoidance @ releasable rate
Microbiology*	11034	3%	69%	7623	n/a	n/a	n/a	
Haematology*	4639	3%	62%	2885	n/a	n/a	n/a	

Renal Medicine*	2609	3%	65%	1708	n/a	n/a	n/a	
Vascular	704	17%	28%	198	£ 295	£ 58,356	£ 15	£ 3,007
Paediatrics	330	24%	70%	230	£ 429	£ 98,561	£ 8	£ 1,861
*these are not admitting specialties, so excluded						£ 156,918		£ 4,868

**Top 5 Planned Care Message Lines:**

<b>coded_specialism_name</b>	<b>Total Calls</b>	<b>% of Calls with outcome left</b>	<b>Proportion of Outcomes reporting visit avoided</b>	<b>Potential Number of Transfers avoided (assuming outcomes representative of all calls)</b>	<b>Cost of OPD attendance (full cost)</b>	<b>Total Cost avoidance</b>	<b>releasable cost estimate per attendance</b>	<b>Total Cost avoidance @ releasable rate</b>
Ophthalmology	1550	98%	22%	337	£ 295	£ 99,363	£ 15	£ 5,052
Cardiology	895	87%	86%	766	£ 364	£ 279,001	£ 13	£ 9,964
Paediatrics	334	49%	73%	245	£ 429	£ 105,253	£ 8	£ 1,963
Orthodontics	331	97%	82%	270	£ 429	£ 115,981	£ 8	£ 2,163
Microbiology*	260	40%	74%	192	n/a			
*these are not admitting specialties, so excluded						£ 599,598		£ 19,142
						<b>£ 8,015,391</b>		<b>£ 4,098,780</b>

Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar  
Dirprwy Brif Weithredwr, GIG Cymru

Health, Social Care and Early Years Group  
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru  
Welsh Government

Chief Executive  
Local Health Boards

Our Ref: NW/LL

05 December 2025

Dear Colleague

**Subject:** Confirmation of Funding Decisions – Consultant Connect and Community Health Pathways (2026/27)

Following my letter 8 October when I confirmed the Strategic Planned Care Board decision to extend the contracts for both Consultant Connect and Community Health Pathways (CHP) for the financial year 2026/27, I can now confirm we have received ministerial approval of the associated funding.

The Board recognised the significant clinical and operational value of both programmes and endorsed their continuation under central funding arrangements for the upcoming year.

As I confirmed in my original letter this central funding arrangements comes with a set of health board expectations:

For Community Health Pathways:

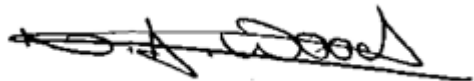
- Fund the Clinical Editor function locally for 2026/27 to ensure continued clinical relevance and engagement.
- Provide usage and outcome data to support ongoing evaluation and improvement.
- Integrate CHP into operational and clinical workstreams, including referral triage standards.

For Consultant Connect:

- Review their use of the National Consultant Network (NCN) and consider local funding arrangements where NCN usage is necessary due to service gaps.
- Engage with NHS Wales Performance & Improvement to support future governance and funding discussions, particularly in relation to transitioning the service to an urgent and emergency care funding stream

We appreciate your continued collaboration and commitment to delivering high-quality, patient-centred care. Further updates will be shared via NHS P&I leads in the new year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Wood', written over a horizontal line.

**Nick Wood**  
**Deputy Chief Executive, NHS Wales**

Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar  
Dirprwy Brif Weithredwr, GIG Cymru

Health, Social Care and Early Years Group  
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru  
Welsh Government

To Andrew Sallows  
Director Planned Care Programme  
NHS P&I

Our Ref: NW/LL

05 January 2026

Dear Andrew

**Subject:** Confirmation of Funding Decisions – Consultant Connect and Community Health Pathways (2026/27)

Following my confirmation letter to the NHS 5<sup>th</sup> December confirming the ministerial approval for to extend the contracts for both Consultant Connect and Community Health Pathways (CHP) for the financial year 2026/27, I can now confirm the proposed funding allocation as requested:

For Community Health Pathways the value of **£1,770,699.00** will be allocated  
For Consultant Connect the value of **£762,000.00** will be allocated

As I confirmed in my original letter this central funding arrangements comes with a set of health board expectations, which I expect NHS P&I will track and report progress against:

For Community Health Pathways:

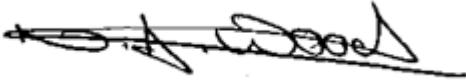
- Fund the Clinical Editor function locally for 2026/27 to ensure continued clinical relevance and engagement.
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We appreciate your continued collaboration and commitment to delivering high-quality, patient-centred care. Further updates will be shared via NHS P&I leads in the new year.

Yours sincerely

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**Nick Wood**  
**Deputy Chief Executive, NHS Wales**



***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**Power Resilience at IP5 to include Radiopharmacy and TrAMs Hub**

**Arwwinydd/Lead:** Alison Ramsey, Director of Finance & Corporate Services

**Awdur/Author:** Paul Beckett, Finance Lead – Capital Projects

**Swyddog Adrodd/Reporting Officer:** Alison Ramsey, Director of Finance & Corporate Services

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

For the Committee to **APPROVE** (subject to the award of capital funding from Welsh Government) the investment in a power resilience solution for IP5 that will include the Radiopharmacy and South East Wales TrAMs Hub.

**Llywodraethu/Governance:**

**Amcanion/Objectives:**

**Tystiolaeth/Supporting evidence:**

**Ymgynghoriad/Consultation:**

TrAMs Programme Board

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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**Argymhelliad/Recommendation:** For the Committee to **APPROVE** the investment in:  
 1. A 750kVA generator  
 2. Electrical and Building Enabling works to accommodate the generator

**Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:**

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

**Cyfreithiol/Legal:** Compliant procurement processes have been followed

**Iechyd Poblogaeth/ Population Health:**

<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol/Financial:</b>	1. 750kVA Generator £0.346m net of VAT 2. Enabling works £0.898m net of VAT
<b>Risg a Aswiriant/ Risk and Assurance:</b>	Strategic power resilience solution is required for the future services at IP5.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	
<b>Gweithlu/ Workforce:</b>	Not applicable
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## 1. INTRODUCTION

IP5 was acquired under a 250-year lease in 2019. It was acquired as a commercial warehouse, and relied on the grid for its electricity supply, which is typical and normal for warehouse use.

During 2020 and 2021 a number of facilities were constructed within the building for pandemic response, including a small aseptic cleanroom, and 3 cold rooms on the lab mezzanine level. Small back-up generators were purchased or hired for these facilities appropriate to their size and use, however the wider site does not have back-up generator support.

In 2023 the TRAMs South East Hub project identified IP5 as its preferred site, and in 2024 design work began, mandated to proceed at pace in response to the closure of the legacy Radiopharmacy facility in Cardiff in October 2023.

The site has a maximum contracted mains supply of 1.5MVA, tied to our lease agreement.

Solar power has also been developed on the site, which provides significant power on an intermittent basis, but does not address the need for 24/7 power resilience in the event of an interruption to the mains supply.

In 2025 two additional large cold rooms were added for national vaccine distribution across Wales. The existing small generator purchased for the Medicines Unit was diverted to provide resilience to these rooms. Vaccine stock values fluctuate but can reach up to £13m when fully stocked.

The small generator which currently supports the PHW and SMTL labs has a recurring hire cost (which is inclusive of servicing) of £23k p/a.

IP5 needs total power resilience in future, and we cannot rule out load shedding in the future, given challenges to the UK grid as a whole. Unlike a hospital, the IP5 building carries no special status with the grid providers, so could be subjected to load shedding in the event of grid wide shortage. The responsibility for protecting against this lies with the NHS and Welsh Government.

## 2. **MAIN BODY**

Design work for the Radiopharmacy is complete, an investment decision was made by the Cabinet Secretary for Health and Social Care in February 2025, and construction is in progress. Target opening date is June 2026.

Design of the remainder of the TRAMs SE Hub has proceeded to concept stage, and an Outline Business Case (OBC) has been approved by the Cabinet Secretary for Health and Social Care. The SE Hub OBC included a £500,000 allowance for a power resilience solution for the SE Hub only. Detailed design is now underway, and funding has been awarded to develop the Full Business Case (FBC).

During scrutiny of both cases, Specialist Estates Service scrutineers identified the need for a robust power resilience solution, in line with Welsh Health Technical Memoranda, because of the critical clinical impact of the new services on patient care. This is assessed as a Grade 1 business continuity risk, as assessed in accordance with WHTM06-01 clause 4.30. The service will be delivering medicines and diagnostic injections daily for immediate use and cannot have interruptions to patient care as a result of power cuts. If a power cut exceeds around 30 minutes, and air pressure is lost in the rooms, then the whole suite of rooms will need to be cleaned and re-validated, which could lead to a service interruption of some days.

A specialist advisor, DRAC Consulting Ltd, was engaged to review the power resilience needs and recommend a solution suitable both for the immediate future when Radiopharmacy opens, and to future proof the whole building for both the Hub development, and other service developments.

Total diversified loads are currently assessed by DRAC as follows:

<b>AREA</b>	<b>kW</b>	<b>p.f.</b>	<b>kVA</b>	<b>Angstrom Diversity</b>	<b>kVA (Diversified)</b>
Existing Building Load	174	0.9	193	1	193
Radio Pharmacy	210	0.9	233	0.7	163
Hub	568	0.9	631	0.7	441
Estimated Future Load (ASHP/EV)					250
<b>Sub Total</b>					<b>1047</b>
Apply Site-Wide Diversity	0.7				
<b>Anticipated Maximum Demand</b>					<b>733</b>

Diversified load is the expected load, based on the fact that not all systems will operate at once. For instance, if separate heating and cooling systems are fitted, they should not be drawing power at the same time, if operating correctly. Similarly, not every kettle, light, computer, or vehicle charging point, will be drawing power at once.

Other service developments currently under discussion are:

- Replacement heating in the IP5 warehouse
- Increased charging for electric vehicles including HGV
- Proposed developments by PHW in their lab on site

Some growth margin needs to be built into the assessment, in order to future proof what is now a strategic site for Welsh Government and the NHS in Wales.

Therefore, the prudent position is to ensure that the permanent power resilience infrastructure is BOTH able to function at the projected Radiopharmacy go live load, AND rated up to the maximum future load, while also being cost effective and value for money.

### **3. OPTIONS**

The following sequential options have been developed by our specialist advisor, DRAC Consulting Ltd

#### **3.1 Do minimum**

Install a single generator scaled at 350 KVA to support Radiopharmacy only. This would not contribute to either the resilience of the existing building, or the planned SE Hub cleanrooms, which would require their resilience needs to be invested or reinvested separately. Costs for this option are presented as either option 1a for a

purchased generator, or 1b for a rented one. Costs for the Radiopharmacy only solution would become abortive if the Hub were subsequently invested, as much of the work would need to be reworked or replaced

### **3.2 Radiopharmacy and TrAMs Hub only**

Install a single generator scaled at 750 KVA to support both Radiopharmacy and TRAMs Hub. This has the advantage of avoiding abortive cost but also brings forward elements of hub expenditure in advance of the main investment decision, and risks building excess capacity if the Hub investment never takes place.

### **3.3 Radiopharmacy + Hub + Existing IP5 building**

This option takes advantage of the scale of the 750KVA generator, to provide enough power for all the current loads on the site, in addition to the Hub and Radiopharmacy. There are differences of detail in the enabling works within the power room. The generator is 'right sized' (750 KVA capacity versus 733 KVA forecast demand). This option however also carries the risk of the generator being too large if the Hub is never invested. The design can be future proofed by reserving a space for a second parallel generator, and by designing the cabling and switches so that a second identical generator could easily be added in future if required, raising the maximum possible coverage under this option to 1.5 MVA, matching the site mains supply.

### **3.4 Do Maximum, in stages**

This option proposes a staged investment, in which two 450KVA generators are installed sequentially: one now, and one at the time of the Hub investment. The power room and generator works are done up front, and the initially installed generator will meet all loads anticipated for the next two years. The second generator would be included within the Hub FBC costing and once installed the two generators working in parallel would provide 900 KVA of coverage.

## **4. PLANNING PERMISSION**

A generator room within the existing building footprint will be created under the canopy at the western end of the IP 5 building, for which no planning permission is required in terms of change of use or elevations. There is no loss to ecological habitat or green infrastructure. There is no adverse traffic and travel impact.

Planning Permission is however still required for the upstanding flue of any permanent generator. Temporary generators do not require planning permission, but must be genuinely temporary.

Our planning advisor (Asbri) has stated that the application is considered **low risk and likely to be approved** by officers rather than require Planning Committee approval. A planning application was submitted on 9 December 2025, for a flue design able to support any of the proposed solutions.

## **5. SPECIFICATION**

DRAC consultant designed the works and specified the generator to pre-tender stage.

We have a contract option with DRAC to give technical oversight to the works including commissioning, once the preferred option is selected.

Cooke & Arkwright have been engaged to administer the contract including engrossing contracts under the NEC4 Minor Works template, and certifying monthly valuations of the building works for payment.

NWSSP Head of Estates and Facilities and NWSSP SES Deputy Director are on the Project Team and have reviewed the specifications for acceptability.

## **6. TrAMs PROGRAMME BOARD REVIEW**

TRAMs Programme Board, which includes Welsh Government representatives as capital funding body for the programme, reviewed the 4 options in v1.0 of this paper on 11 November 2025.

The board expressed that options involving abortive cost should be avoided, and that firm tendered costs should be obtained based on a whole site solution.

The Project Team therefore proceeded to seek firm tenders for Options 3 and 4 set out above, in order to determine accurate costs and lead times.

## **7. ROUTES TO MARKET**

Project Team identified a route to market for two separate contracts: for the generator itself utilising the North of England Framework Lot 13, with a mini competition; and for the building and electrical enabling works using the Cardiff & Value UHB building works framework, also with a mini competition.

Bids closed for the generator tender on 8 December and for the enabling works tender on 17 December 2025 and following clarifications preferred suppliers were selected for both elements on 9 Jan 2026. Firm tendered costs have been offered against the issued specifications.

Technical acceptability of the bids has been confirmed primarily by the DRAC specialist advisor, NWSSP Head of Estates and Facilities and NWSSP SES Deputy Director. Financial and Procurement acceptability of the bids have been confirmed by NWSSP Programme Finance Lead and NWSSP Deputy Head of National Sourcing.

Manufacture lead times for the generator itself have now been confirmed by tender and are 18 weeks regardless of the size of generator ordered.

## 8. COST EVALUATION

Cost summary of Options 3 and 4 is as follows:

Option	3	4
Definition	1x 750 KVA Generator	2 x 450 KVA Generators
Generators	£346,193	£451,028
Works	£897,524	£897,524
Fees	£17,573	£17,573
<b>Subtotal</b>	<b>£1,261,290</b>	<b>£1,366,125</b>
VAT	£252,258	£273,225
Recoverable VAT	<b>-£3,515</b>	<b>-£3,515</b>
<b>Total</b>	<b>£1,510,033</b>	<b>£1,635,835</b>

*Notes:*

*All costs based on firm acceptable tenders.*

*Excludes £22K DRAC consultancy costs already funded.*

*Fees include Cooke & Arkwright and Disbursements.*

*No allowance for NWSSP Project Support.*

*Works tender proposed to complete works by 24 April based on 30 Jan start date.*

*Generator 18 week lead time from ordering.*

Generator cost payment profile is based on 25% on ordering, 65% on Factory Acceptance Tests, and 10% on site commissioning.

Works costs are based on monthly valuations, with three valuations being anticipated. Fees will follow the same profile.

A detailed profile of costs against financial years can be prepared once the investment approval date is known and Welsh Government have confirmed funding.

## 9. Evaluation

<p><b>Option 1a - Purchase 350 KVA Generator for Radiopharmacy Only</b></p> <p>Involves a substantial capital investment in both a generator and works to the switch gear and cabling that would be abortive and need to be replaced / reworked in the event that the Hub investment goes ahead, or other power resilience demands on site need to be incorporated.</p> <p><b>Not recommended</b></p>
<p><b>Option 1b - Rental of a 350KVA Generator for Radiopharmacy Only</b></p> <p>Involves a substantial capital investment in both works to the switch gear and cabling that would be abortive and need to be replaced / reworked in the event that the hub investment goes ahead, or other power resilience demands on site need to be incorporated.</p> <p>It also involves incurring a significant revenue expenditure which will recur for as long as the Radiopharmacy only generator is needed.</p> <p><b>Not recommended</b></p>
<p><b>Option 2 - Purchase of 750KVA Generator for Radiopharmacy + Hub</b></p> <p>Provides a single solution for Radiopharmacy and Hub, but makes no contribution to the wider building power resilience, and does not enable the existing Lab generator to be off hired.</p> <p>By not wiring the switch room for a comprehensive site solution, it risks incurring abortive cost when wider site resilience has to be addressed.</p> <p><b>Not recommended</b></p>
<p><b>Option 3 - Purchase single 750KVA Generator wired to provide resilience to whole site</b></p> <p>Provides the best value solution overall, meeting the needs of the Radiopharmacy, the SE Hub, and the other IP5 building users.</p> <p>The cabling and switching design and power room layout also protects the possibility to add a second 750 KVA generator in the future to reach the full 1.5 MVA mains capacity of the site, if this should be needed in the future.</p> <p><b>Recommended</b></p>
<p><b>Option 4 - Staged purchase of TWO 450 KVA Generators wired and switched to support whole site.</b></p> <p>Involves a staged investment that is “right sized” for the next 2 years of Radiopharmacy + Existing + Growth margin, and which offers a viable and cost effective path to upgrade to a level which also meets the Hub need and protects future growth margin.</p>

## **10. RECOMMENDATION**

The Committee are asked to approve the investment in the power resilience solution at IP5 subject to the award of funding from Welsh Government.

Subsequent approval by Velindre University Trust Board is not required as the two individual contract awards are below the Shared Services delegated capital approval limit of £1million excluding VAT.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**Date of Meeting:**  
**22 January 2026**

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**Forensic & Statement Reconciliation Software Contract**

<b>ARWEINYDD: LEAD:</b>	Alison Ramsey, Director of Finance & Corporate Services
<b>AWDUR: AUTHOR:</b>	Linsay Payne, Deputy Director of Finance & Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Ramsey, Director of Finance & Corporate Services

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

The purpose of this report is to approve the direct award of a contract to Fiscal Technologies for forensic and statement reconciliation software from 18<sup>th</sup> March 2026.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

<b>Adduned y Pwyllgor/Committee Resolution (insert √):</b>					
<b>DERBYN/ APPROVE</b>	√	<b>ARNODI/ ENDORSE</b>	<b>TRAFOD/ DISCUSS</b>	<b>NODI/ NOTE</b>	

<b>Argymhelliad/ Recommendation:</b>	The Committee is asked to <b>APPROVE</b> the award of the contract to Fiscal Technologies from 18 <sup>th</sup> March 2026 for three (3) years plus an optional 12 month extension prior to requesting approval from Velindre University NHS Trust Board on 29 <sup>th</sup> January 2026.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	
<b>Cyfreithiol: Legal:</b>	
<b>Iechyd Poblogaeth: Population Health:</b>	
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	Adherence to financial management controls to detect and prevent duplicate payments and enable statement reconciliation to more suppliers which may identify savings to NHS Wales
<b>Risg a Aswiriant: Risk and Assurance:</b>	Prevention of duplicate payments via forensic analysis
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	
<b>Gweithlu: Workforce:</b>	
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	

## 1.0 INTRODUCTION

Forensic Software has been used within NWSSP Accounts Payable to prevent erroneous transactions being paid over the last nine (9) years. This service has to date been provided by Fiscal Technologies and for the last two (2) years, following a competitive process, the Accounts Payable team has also worked with this supplier to implement new statement reconciliation software to reclaim credits appearing on supplier statements, but which are not on the Oracle Financial Management System.

## **2.0 MATTERS FOR CONSIDERATION**

Over the last three (3) year period, the use of the software has helped to prevent 4,955 erroneous transactions being paid, with a total value of £30,500,000 in preventions.

The current forensic software contract was awarded to Fiscal Technologies via a direct call-off contract under the North Yorkshire County Council single supplier framework for an Accounts Payable Audit Solution (APAS) for a five (5) year period, which expires on 23rd of April 2026.

In addition to this software, Fiscal Technologies also provides Accounts Payable with Statement Reconciliation software, which replaced an in-house Robotics solution which was developed and implemented to manage Supplier Statements for the top 200 suppliers. Due to ongoing operational issues and problems encountered trying to expand the volume of transactions being processed, it was decided to approach the market and implement specialist third party Statement Reconciliation software. This contract was awarded to Fiscal Technologies following an Open OJEU tender process and expires on 17th of March 2026.

The approach was agreed to procure a single all Wales Forensic and Statement Reconciliation Software solution, to replace the two current contracts.

Under the G-Cloud 14 Framework terms, shortlisted suppliers can be evaluated in the following two ways:

1. Most Economically Advantageous Tender (MEAT) criteria
2. Direct Award on lowest price only if they are comparable services

During working group meetings with stakeholders, it was noted that the time period to implement new software would be approximately six (6) months, meaning that it would not be possible to undertake a full tender exercise by the current contracts' expiry dates. A new supplier would also likely incur additional implementation costs.

Two (2) suppliers were able to be shortlisted on this framework and Fiscal Technologies represented the cheapest annual cost and avoided £50,000 of one-off implementation costs that were quoted by the other supplier.

As the suppliers' offerings are comparable services, Fiscal Technologies were identified as the proposed bidder under option two – Direct award on lowest price only if they are comparable services. A compliant direct award to the incumbent supplier, Fiscal Technologies, is therefore proposed via the CCS G-Cloud 14 Framework.

It is anticipated that on the expiry of this new proposed contract in 2029 that the market is tested at that time with an updated single specification.

The new contract costs are summarised below in comparison to the current contract costs:

	£ including VAT	£ including VAT	Increase in costs
Current contracts	122,522.00		
Year 1		141,196.81	18,674.81
Year 2		151,792.80	29,270.80
Year 3		151,792.80	29,270.80
Year 4 (optional extension)		151,792.80	29,270.80
<b>TOTAL</b>		<b>596,575.21</b>	<b>106,487.21</b>

The previous contract for the forensic software was a fixed price contract for five (5) years so inflationary uplifts during that period have been recognised in the contract renewal price. This cost pressure is included in the NWSSP 2026-29 IMTP and has been offset by additional savings and income generation opportunities identified within Accounts Payable.

The year 1 costs are cheaper due to the recognition of credit for the previous forensic software contract which does not expire until 23<sup>rd</sup> April 2026 and enables alignment of the new contract award under a single contract.

### 3.0 SUMMARY

The Shared Services Partnership Committee is asked to **APPROVE** the award of the contract to Fiscal Technologies from 18<sup>th</sup> March 2026 for three (3) years plus an optional 12 month extension prior to requesting approval from Velindre University NHS Trust Board on 29<sup>th</sup> January 2026.



***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**e-Expenses System – Contract Renewal**

<b>Arwwinydd/ Lead:</b>	Darren Rees, Deputy Director of Employment Services
<b>Awdur/ Author:</b>	Stephen Withers, Deputy Director of Employment Services, Payroll, Pensions, Expenses and Student Awards Services
<b>Swyddog Adrodd/ Reporting Officer:</b>	Gareth Hardacre, Director of People, Organisational Development and Employment Services

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

For the Committee to **APPROVE** the contract award for Assure Selenity e-Expenses to RLDatix, (previously Allocate) for a 2-year contract from 05/08/2026 to 04/08/2028 with an option to extend for 2 extra years in (1+1) year increments to 04/08/2030.

**Llywodraethu/Governance:**

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

**Ymgynghoriad/Consultation:**

Senior Leadership Group – NWSSP  
Velindre University NHS Trust Board

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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**Argymhelliad/  
Recommendation:** For the Committee to **APPROVE** the (Assure) Selenity e-Expenses system Contract Renewal to RLDatix (previously Allocate) for a 2-year contract from 05/08/2026 to 04/08/2028 with an option to extend for 2 extra years in (1+1) year increments to 04/08/2030 with contract value of £1,097,062.00 excluding VAT.

<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>	Considered as part of the original implementation of the System.
<b>Cyfreithiol/Legal:</b>	Legally Complaint under the NHS Shared Business Services (NHSSBS) Digital Workplace Solutions 2
<b>Iechyd Poblogaeth/ Population Health:</b>	Not applicable
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	Not applicable
<b>Ariannol/Financial:</b>	Service continuity with accurate processing of expense claims in accordance with terms and conditions of NHS Wales employees and integration with the current ESR and reporting functionality that has been in use since 2012
<b>Risg a Aswiriant/ Risk and Assurance:</b>	Risks of not renewing the contract or seeking a new supplier have been considered.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Remaining with the current system removes the requirement for additional training and development for the NWSSP Expenses Team and provides continuity whilst the available functionality in the Future Workforce Solution (ESR replacement) is reviewed and migration timelines are understood.
<b>Gweithlu/ Workforce:</b>	Not applicable
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

**(Assure) formerly Selenity e-Expenses (from RLDatix, previously Allocate) Expenses System – Contract Renewal**

**1. INTRODUCTION**

The Assure Selenity e-Expenses system, provided by RLDatix (formerly Allocate), has been operational across NHS Wales since 2012. Over the past decade, it has undergone development to support the growing and complex needs of expense management within the NHS Wales Health Service. The system plays a critical role in enabling efficient, accurate, and timely processing of expenses for a large and diverse workforce, including Medical and Dental staff whose terms and conditions require sophisticated handling along with A4C Terms and Conditions. This report

outlines the main reasons for reviewing the system, examines governance and risk considerations, and provides recommendations regarding future provision.

## **2. MAIN BODY**

The current Assure Selenity arrangement was procured through Health Trust Europe (HTE) in July 2023 under a three-year contract. As this contract progresses, it is essential to assess continuity and future system requirements, particularly in the context of the new Future Workforce Solution (ESR replacement) contract that has recently been awarded by NHS England NHS Business Services Authority (NHSBSA), for which full details of the scope and delivery timelines are not yet confirmed.

Selenity currently processes over 14,500 electronic claims per month and handled 175,198 claims in 2024/25 alone, demonstrating significant reliance on this system for core transactional activity up to 31<sup>st</sup> March 2025. Any interruption to service could result in missed reimbursement deadlines, potential impacts on clinical service delivery, and reputational risk for NHS Wales.

A Direct Award to RLDatix is therefore proposed to ensure uninterrupted service provision while the functionality of the new Future Workforce Solution expenses module is clarified and developed and the future migration plan understood.

## **3. GOVERNANCE AND RISK ISSUES**

### **3.1 System Stability and Service Continuity**

The high volume of monthly claims highlights the need for a stable and reliable system. Failure to reimburse staff expenses on time, particularly clinical staff with high travel and on-call obligations poses operational and reputational risks. Ensuring continuity of service is critical.

### **3.2 Market Limitations**

Due to the complexity of Medical and Dental and A4C expenses, and their differing terms and conditions, only two leading providers currently offer systems capable of meeting NHS Wales requirements. Procuring and implementing an alternative system would take an estimated two years and assumes that a suitable solution is available or one that can be built, which cannot be guaranteed.

### **3.3 Duty of Care Compliance**

Assure Selenity also serves as a platform for NWSSP to manage duty-of-care responsibilities for Health Boards, Trusts, and Special Health Authorities. This includes verification of vehicle tax, MOT, business insurance, and driving licences.. Loss of system continuity would disrupt statutory and organisational compliance processes.

### 3.4 Contractual Enhancements and Supplier Commitment

RLDatix has agreed to deliver ten (10) system enhancements aimed at reducing manual administrative input for Employment Services Payroll teams. Eight (8) enhancements have already been delivered, with the remaining two (2) scheduled during FY 2026/27 Q2-Q3. These improvements will be incorporated and monitored through the new contract on a best-efforts basis. Failure to secure a direct award may result in loss of access to these developments or delayed delivery.

### 3.5 Dependency on Future National Systems (ESR2)

The Future Workforce Solution contract has recently been awarded by NHS England NHS Business Services Authority (NHSBSA), but key details of the scope including functionality, compatibility with expense systems, and implementation timelines are unknown. Introducing a new expenses system before the new solution details are confirmed presents the risk of duplication, incompatibility, or unnecessary cost.

## 4. FINANCIAL IMPACT

The current annual costs and budget for the e-Expenses system is £250,779.00. The new contract prices quoted for the extension reflect price increases. The cost pressures are built into the NWSSP 2026-29 IMTP and savings have been identified to fund the year one cost pressure in our financial plan. It is anticipated that further savings will be identified to fund the future year pressures in the additional contract years.

Allocate Software Renewal				
Quantity		Description	Unit Price	Total Price
1		05/08/2026 - 04/08/2027 Year 1 - NHS Expenses (SAAS)	£250,779.00	£250,779.00
1		05/08/2027 - 04/08/2028 Year 2 - NHS Expenses (SAAS)	£265,826.00	£265,826.00
1		05/08/2028 - 04/08/2029 optional Year 3 - NHS Expenses (SAAS)	£281,775.00	£281,775.00
1		05/08/2029 - 04/08/2030 optional Year 4 - NHS Expenses (SAAS)	£298,682.00	£298,682.00
			Subtotal (GBP)	£1,097,062.00
			<b>Total (GBP)</b>	<b>£1,097,062.00</b>

Please note:  
 - Prices exclude VAT  
 - Quotes valid for calendar month unless otherwise stated, or exchange rate dependent  
 - Errors and omissions excepted  
 - Unless otherwise agreed between the parties, all orders are subject to Softcat's standard T&Cs (available via the link below) and the licence agreements relating to any software (available on request)

## 5. CONCLUSION

Assure Selenity e-Expenses is a mature, reliable, and widely utilised system across NHS and NHS Wales. The scale of activity and its integration with duty-of-care processes make it a critical component of operational service delivery. Market alternatives are limited, expensive, and would require lengthy implementation timelines. With the Future Workforce Solution pending further clarity on scope and capability, a change of system at this stage would introduce avoidable risk and uncertainty.

It is recommended that NHS Wales proceed with a Direct Award to RLDatix to ensure continuity of the Assure Selenity e-Expenses service beyond the current contact under the NHS Shared Business Services (NHSSBS) Digital Workplace Solutions 2 contract. This approach:

- Maintains stability of a high-volume, business-critical system.
- Supports ongoing delivery of duty-of-care compliance activities.
- Secures completion of agreed system enhancements.
- Avoids premature investment in an alternative system that may later conflict with ESR2.
- Provides sufficient time for national planning once ESR2 scope and delivery dates are confirmed.

A direct award will provide the most efficient, low-risk path to maintaining service continuity and protecting organisational and clinical operations.

## **6. RECOMMENDATION**

The Committee are asked to **APPROVE** the (Assure) Selenity e-Expenses system Contract Renewal to RL Datix (previously Allocate) for a 2-year contract from 05/08/2026 to 04/08/2028 with an option to extend for 2 extra years in (1+1) year increments to 04/08/2030.



***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**TRAC RECRUITMENT SYSTEM – CONTRACT RENEWAL**

<b>Arwwinydd/ Lead:</b>	Darren Rees, Deputy Director of Employment Services
<b>Awdur/ Author:</b>	Kelly Skene, Assistant Director of Employment Services
<b>Swyddog Adrodd/ Reporting Officer:</b>	Gareth Hardacre, Director of People, Organisational Development and Employment Services

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

For the Committee to **APPROVE** the Trac Recruitment System Contract Renewal for 2 years from 1<sup>st</sup> August 2026 to 31<sup>st</sup> July 2028, with the option to extend for a further 2 years, (1+1) from 1<sup>st</sup> August 2028 to 31<sup>st</sup> July 2030

**Llywodraethu/Governance:**

<b>Amcanion/ Objectives:</b>	<p><b>Value for Money</b> - To make evidence-based decisions driving digital innovation and efficiencies which delivers real terms savings and service quality benefits to its customers.</p> <p><b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p>
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<b>Tystiolaeth/ Supporting evidence:</b>	
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**Ymgynghoriad/Consultation:**

Senior Leadership Group – NWSSP  
Velindre NHS Trust Board

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation:</b>	For the Committee to <b>APPROVE</b> the Trac Recruitment System Contract Renewal for 2 years from 1 <sup>st</sup> August 2026 to 31 <sup>st</sup> July 2028, with the opportunity to extend for a further 2 years, (1 + 1) from 1 <sup>st</sup> August 2028 to 31 <sup>st</sup> July 2030.
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<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>					
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>	Considered as part of the original implementation of the System.				
<b>Cyfreithiol/Legal:</b>	Direct Award under Framework Agreement				
<b>Iechyd Poblogaeth/ Population Health:</b>	N/A				
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	N/A				
<b>Ariannol/Financial:</b>	<table border="1"> <tbody> <tr> <td><b>Estimated Annual Value</b></td> <td>£1,113,121.00 ex. VAT (annual value) £1,335,744.65 inc. VAT (annual value)</td> </tr> <tr> <td><b>Estimated Total Value</b></td> <td>£4,468,649.00 ex. VAT (4-year contract) £5,362,378.82 inc. VAT (4-year contract)</td> </tr> </tbody> </table> <p>*Costs include the cost of the NHS Wales DBS checks and countersigning and processing fees.</p>	<b>Estimated Annual Value</b>	£1,113,121.00 ex. VAT (annual value) £1,335,744.65 inc. VAT (annual value)	<b>Estimated Total Value</b>	£4,468,649.00 ex. VAT (4-year contract) £5,362,378.82 inc. VAT (4-year contract)
<b>Estimated Annual Value</b>	£1,113,121.00 ex. VAT (annual value) £1,335,744.65 inc. VAT (annual value)				
<b>Estimated Total Value</b>	£4,468,649.00 ex. VAT (4-year contract) £5,362,378.82 inc. VAT (4-year contract)				
<b>Risg a Aswiriant/ Risk and Assurance:</b>	Risks of not renewing the contract or seeking a new supplier have been considered. The Future Workforce Solution (FWS, is the ESR replacement) and the functionality is currently unknown as the contract has recently been awarded by NHS England's NHS Business Services Authority (NHSBSA). Service stability is required leading up to the development and implementation of the FWS.				
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	The system provides recruitment services and customers with the ability to track and report on all aspects of the recruitment journey.				
<b>Gweithlu/ Workforce:</b>	Remaining with the current Trac system removes the requirement for additional training and development for the NWSSP Recruitment Service and the Health Organisations Recruiting Managers (including their internal recruitment teams such as Bank and Medical). The system is also bilingual.				
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.				

## **1. BACKGROUND INFORMATION**

The Once for Wales e-recruitment system (Trac) provides visibility of the full end-to-end recruitment process to all users allowing for the tracking of applicants, shortlisting, interview, and appointment stages. The flexibility of functionality provides use across Agenda for Change recruitment, medical recruitment, appointment to the temporary workforce, and more bespoke recruitment such as the Student Streamlining Process and Collaborative Bank with the ability to monitor and manage compliance with NHS Employment Standards. Built in e-functionality to process Disclosure and Barring Service (DBS) checks enables Health Boards/Trusts the opportunity to process DBS checks for ongoing recruitment as well as any ad hoc checks required on existing staff.

Since introducing Trac in 2016, applicants, appointing managers and NWSSP Recruitment teams are able to track the whole process through the activity dashboard. This enables monitoring and pro-active resolution of any delays in the process. Unique to Trac is the ability to monitor time taken from resignation to commencing a vacancy. Development work with the current supplier has enabled translation of the system to deliver a Welsh Language solution to ensure compliance with Welsh Language Measure Act 2011 & Welsh Language Standards 2018. This functionality is not currently available through other third-party providers. An API has also been implemented with NHS Jobs which allows seamless advertisement and management of NHS Wales vacancies.

The service also has various Robotic Process Automation (RPA) processes running utilising specific Trac reports and is embarking on a power automate journey, utilising the fields/data available in Trac. The payroll Staff Movement Advice (SMA) also uses Trac reports to send information to Recruiting Managers to enrol their staff. Occupational Health Teams are also utilising a Civica product which integrates with Trac seamlessly for Occupational Health pre-employment checking. Trac have also developed the system to enable integration for use with another contract in place in NHS Wales (Trust ID) for Digital Identity checking.

The continuation of an automated system allows continued realisation of these benefits. Should an automated system not continue there would be an adverse impact on staffing budget, end users and delivery of recurrent savings to Health Boards and Trusts based upon having an accurate and consistent solution to manage the recruitment process.

## **2. PURPOSE FOR EXTENSION**

Trac is provided by Civica UK Limited who acquired the specialist e-recruitment software provider Trac Systems Limited in December 2018. NHS Wales introduced Trac in 2016, therefore it is an embedded system which is intrinsically linked to NHS Wales recruitment processes including recent changes following implementation of the Recruitment Modernisation Programme.

Other recruitment platforms are available, but they do not offer the integration with NHS Wales Occupational Health, DBS or Trust ID systems, or availability of the Welsh Language bilingual functionality. The cost to change solution provider currently would be prohibitive at this time. This is also relevant due to the replacement of the Electronic Staff Record (ESR) by the NHS Business Services Authority, the current agreement for which ends in 2025. The discovery stage of the replacement to ESR has highlighted and validated talent acquisition as part of user needs, which should include vacancy management/posting and application management as part of the specification for the new ESR replacement (Future Workforce Solution).

The large-scale change programme and cost required to implement a new, bilingual Recruitment System for NHS Wales, for such a short period of time would cause significant disruption to Recruiting Managers and the Recruitment Team, to then change the system again once the new Future Workforce Solution (FWS) is ready to be implemented. The continuity of the current system, Trac, whilst the Future Workforce Solution is developed and implemented is essential to ensure a smooth transition to the new solution. Therefore, it is prudent to maintain our current contract with Trac on a 2-year contract with the option to extend for 2 years (1+1) until the full functionality of the Future Workforce Solution is known, developed and ready for implementation.

### **3. GOVERNANCE AND RISK ISSUES**

The risks with changing the Recruitment System at the end of the current contract in 2026 are;

- Prohibitive cost to develop a solution
- Trac may be the preferred solution following assessment and will charge more as a new provider
- Interface development would be required for Occupational Health, Digital Identity Checking and DBS checking, at cost
- Lack of service stability due to developing the FWS and starting implementation, whilst the current system would also be new to Recruitment Teams and Recruiting Managers, stability is required to ensure a smooth transition
- Could lead to Time to Hire increasing

Remaining with Trac as the system is the best solution for value for money, risk reduction and continuity of service provision. A direct Award will be awarded via Crown Commercial Services (CCS) Back Office Software 2 RM6285 Framework Agreement to *Civica UK Limited* by 1<sup>st</sup> August 2026.

#### **4. RECOMMENDATION**

The Committee are asked to:

- **APPROVE** the Trac Recruitment System Contract Renewal for 2 years (with the opportunity to extend for a further 2 years, (1 +1) from 1<sup>st</sup> August 2026 to 31<sup>st</sup> July 2028 (with the option to extend until 31<sup>st</sup> July 2030).



<b>The report is <u>not exempt</u></b>			
<b>Teitl yr Adroddiad/Title of Report:</b>			
Renewal of the Lease of 4 <sup>th</sup> Floor (Part) Companies House			
<b>Arwinydd/ Lead:</b>	Alison Ramsey Director of Finance and Corporate Services		
<b>Awdur/ Author:</b>	Jonathan Nettleton Head of Estates and Facilities		
<b>Swyddog Adrodd/ Reporting Officer:</b>	Jonathan Nettleton Head of Estates and Facilities		
<b>Pwrpas yr Adroddiad/Purpose of the Report:</b>			
The purpose of this report is to seek approval for a renewal of the lease of 4 <sup>th</sup> Floor (Part) Companies House, Cardiff.			
<b>Llywodraethu/Governance:</b>			
<b>Amcanion/ Objectives:</b>	Security of ongoing occupation of Companies House.		
<b>Tystiolaeth/ Supporting evidence:</b>	NWSSP Specialist Estates Services (SES) have been in discussion with the landlord and have recommended that the terms included within this report are favourable to NWSSP.		
<b>Ymgynghoriad/Consultation:</b>			
Approval was given to present this case to Shared Services Partnership Committee (SSPC) at Formal Senior Leadership Group (SLG) on 27th November 2025.			
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>			
<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>	<b>TRAFOD/ DISCUSS</b>
<b>ARGYMHELLIAD/ Recommendation:</b>	<b>APPROVE</b> the renewal of the 5-year lease at a full-term rental cost of £943,965; plus, service charge and other costs (which total an estimated £3,395,015 in total over the 5-year term).		
<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>			
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>	There will be no impact on the equality and diversity as this represents a continuation of the existing accommodation arrangements.		
<b>Cyfreithiol/Legal:</b>	NWSSP Legal and Risk will be appointed to advise on the drafting of the lease contract.		
<b>Iechyd Poblogaeth/ Population Health:</b>	Not applicable.		
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality,</b>	Not applicable.		

<b>Safety &amp; Patient Experience:</b>	
<b>Ariannol/Financial:</b>	<p>The proposed annual savings from the lease renewal are forecast to be £183k. In 2025/26 these savings were forecast to be £200k and the budget was reduced recurrently.</p> <p>Due to inflationary pressures these savings were not quite as much as anticipated and so there will be budgetary pressure of £16,658 in the 2026/27 financial plan with savings found from other areas.</p>
<b>Risg a Aswiriant/ Risk and Assurance:</b>	The previous leases ended between 23 <sup>rd</sup> June 2024 and 31 <sup>st</sup> March 2025. The leases were protected by the security of tenure provisions of Section 24 of the Landlord & Tenant (L&T) Act 1954, and so NWSSP continued to occupy under security of tenure.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Quality Impact Assessment completed.s
<b>Gweithlu/ Workforce:</b>	There will be no impact on the workforce as this represents a continuation of the existing accommodation arrangements.
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## RENEWAL OF THE LEASE OF 4F (PART) COMPANIES HOUSE

### INTRODUCTION

The previous leases of 3<sup>rd</sup> Floor and 4<sup>th</sup> Floor Companies House ended between 23<sup>rd</sup> June 2024 and 31<sup>st</sup> March 2025. Whilst best efforts were made to complete the lease negotiations with the Government Property Agency in advance of the lease end date, they have proved to be somewhat protracted. The lease was protected by the security of tenure provisions of Section 24 of the Landlord & Tenant (L&T) Act 1954, and so NWSSP continued to occupy under security of tenure. The annual rent paid for the outgoing lease was £438,818 (nil VAT), with an annual estate service charge cap £321,024 (incl VAT).

Approval was given to present this case to SSPC at SLG on 27<sup>th</sup> November 2025.

### MAIN BODY

After a thorough assessment of office accommodation needs, NWSSP has significantly reduced its space requirement to half of the fourth floor, now totalling 1,559m<sup>2</sup> (16,781ft<sup>2</sup>). This adjustment aligns with NWSSP's agile working initiative and ensures the space remains fit for purpose. The building has also undergone a recent internal reconfiguration to support this transition.

NWSSP Corporate Services instructed NWSSP Specialist Estates Services (SES) to open a dialogue with the landlord to seek favourable terms on a lease renewal. These lease negotiations have reached an agreement with the landlord, subject to NWSSP approval:

### Lease Terms Proposal

- 5-year term, starting from 1st April 2025
- Rent: £188,793. The building is not currently elected for VAT.
- Mutual rolling break option:
- Earliest break date for Tenant 1 April 2027 subject to the Lessee giving a minimum of 6 months' notice.
- Earliest break date for Landlord 1 April 2027 subject to the Lessor giving a minimum of 12 months' notice.
- The service charge will be capped at £300,544 (incl VAT) per annum and subject to annual RPI increases.
- The service charge cap is exclusive of:
  - Utilities (£85k),
  - Landlord Management Fees (£48.4k)
  - Business Rates (£54.7k)
  - Insurance (£nil as the landlord self-insures)
- Parking allocation of 45 spaces on a first come first served basis.
- Excluded from the L&T act. NWSSP will have no rights to remain in occupation beyond the lease expiry date unless a new lease is entered into.

The subject of parking provision has been one of great discussion. An offering of 45 spaces has been made based on pro-rated space calculations by the landlord.

	<b>Floor Area (m<sup>2</sup>)</b>	<b>%'age</b>	<b>Space Count</b>
Total CH Building	29,892	100	860
4F Leased Space	1,559	5.22	45

This floor area does however include a large element associated with the storage repository and un-let areas within Companies House. These areas in practice also have pro-rated parking spaces associated with them. From conversations with the landlord, it has been indicated that these spaces will not be policed and therefore provide additional parking opportunities for Companies House users.

The proposed savings from the lease renewal are forecast to be £183k. In 2025/26 these savings were forecast to be £200k and the budget was reduced recurrently. Due to inflationary pressures these savings were not quite as much as anticipated and so there will be budgetary pressure of £16,658 in the 2026/27 financial plan with savings found from other areas.

These are detailed in the table overleaf:

Companies House	Recurrent budget for Outgoing Lease	Proposed Lease Renewal	Savings
Annual Rent	438,818	188,793	-250,025
Rent Incentive	-104,549		104,549
Service Charge Cap (inc VAT)	321,024	300,544	-20,480
Utilities	55,370	85,049	29,679
Landlord Management Fees		48,385	48,385
Business Rates	151,682	56,232	-95,450
<b>Total</b>	<b>862,345</b>	<b>679,003</b>	<b>-183,342</b>
Savings included in 2025/26 financial plan			200,000
Additional cost going forward			16,658

NWSSP SES have reviewed the renewal. It was acknowledged that a degree of flexibility is necessary to develop a strategy for assessing all accommodation options, ensuring continuity in service provision. The offer of a 5-year lease with a break in 2027 onwards would therefore be an acceptable strategy.

If SSPC approval is secured, a paper will be issued to Velindre Trust Board, targeting 29th January 2026 for final approval and consent to Seal, with completion this financial year.

Once the requisite approval is in hand, the new lease will be engrossed and completed as soon as is possible.

As noted above the 3rd & 4th floor occupied space was reviewed and reduced following the expiry of the first leases in June 2024. These leases were protected by the security of tenure provisions of Section 24 of the Landlord & Tenant (L&T) Act 1954, and so NWSSP continued to occupy under security of tenure. Following detailed discussions with the Government Property Agency, the 2024/25 costs have only recently been agreed at £594,596.66 and invoiced. Velindre Board approval will be sought for these costs relating to 2024/25 as this is above the NWSSP delegated approval limit to enable a purchase order number to be raised to enable payment of the invoices.

## CONCLUSION

- If the current lease is not renewed, NWSSP is at risk of receiving notice of between 6 and 12 months from the landlord to vacate.
- Rent and other costs will be back dated to 1<sup>st</sup> April 2025 (excluding any payments already made under current terms).
- There will continue to be a dilapidations cost carried forward, associated with lease end. This is limited via a schedule of condition.
- The number of car parking spaces is based on a pro-rated allocation according to building occupancy.
- There will be a balance of unallocated car parking spaces associated with vacant space elsewhere in the building. While this is vacant, we understand that these spaces will be available for use.

- The landlord is in discussion with Cardiff County Council regarding a possible sale, after which the site would be redeveloped for alternative uses. This is reflected in the proposed break clause from 2027.
- It is recommended that while the Companies House lease is renewed, a separate exercise is commenced to assess requirements and site options for a replacement facility in the longer term.
- This lease renewal does not include space for the storage of archive boxes displaced from the repository. This issue is the subject of a separate piece of work and will be reported in a separate briefing paper.

## **RECOMMENDATION**

The Committee are asked to:

1. **APPROVE** the instruction of NWSSP Legal and Risk at an estimated fee of £1,500.
2. **APPROVE** the renewal of the 5-year lease at a full-term rental cost of £943,965 plus service charge and other costs.
3. **NOTE** the 2024/25 lease charges have been finalised at £594,596.66 and Velindre Board approval will be sought to enable payment of these charges.



***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**Variation of IP5 Lease**

**Arwinydd/Lead:** Alison Ramsey  
Director of Finance and Corporate Services

**Awdur/Author:** Jonathan Nettleton  
Head of Estates and Facilities

**Swyddog Adrodd/Reporting Officer:** Jonathan Nettleton  
Head of Estates and Facilities

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

The purpose of this report is to seek approval for the variation of the IP5 lease as a result of landlord requirements.

**Llywodraethu/Governance:**

**Amcanion/Objectives:** Amendment of lease to remove mains electrical board from the Tenant demise and repairing liability.

**Tystiolaeth/Supporting evidence:** NWSSP Specialist Estates Services (SES) have been in discussion with the landlord and have recommended that this lease variation is necessary.

**Ymgynghoriad/Consultation:**

Approval was given to present this case to the Shared Services Partnership Committee (SSPC) at Formal Senior Leadership Group (SLG) on 18th December 2025.

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

DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	

**Argymhelliad/Recommendation:**

- APPROVE** the instruction of NWSSP Legal and Risk at an estimated fee of £1,500
- APPROVE** the payment of associated landlord costs at an estimated fee of £2,500
- APPROVE** the variation of the IP5 lease.

**Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:**

**Cydraddoldeb ac amrywiaeth/ Equality and diversity:** There will be no impact on the equality and diversity as this represents a variation of the existing accommodation arrangements.

**Cyfreithiol/Legal:** NWSSP Legal and Risk will be appointed to advise on the drafting of the Deed of Variation.

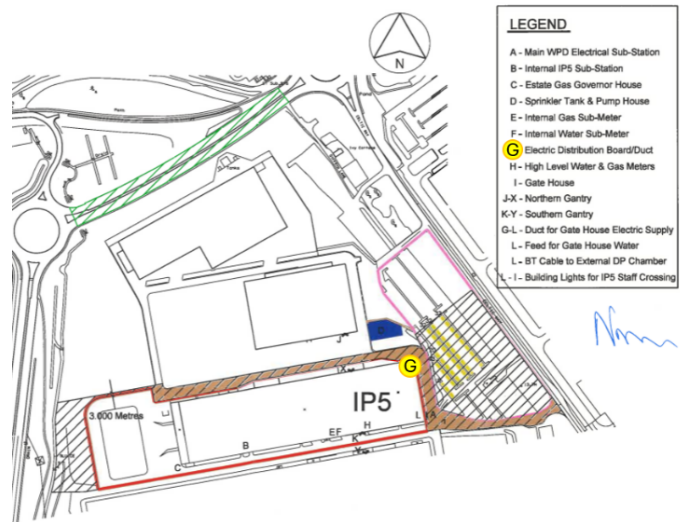
<b>Iechyd Poblogaeth/ Population Health:</b>	Not applicable.
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	Not applicable.
<b>Ariannol/Financial:</b>	The lease variation will require the payment of legal fees in the order of £1,500 (L&R) and £2,500 (Landlord's).
<b>Risg a Aswiriant/ Risk and Assurance:</b>	The current lease dated on 27 <sup>th</sup> April 2024 remains in force and all other associated terms will remain in the varied lease. The only variation will be with regards to the electrical board.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Quality Impact Assessment completed.
<b>Gweithlu/ Workforce:</b>	There will be no impact on the workforce as this represents a continuation of the existing accommodation arrangements.
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## VARIATION OF IP5 LEASE

### INTRODUCTION

Approval was given to present this case to SSPC at SLG on 18<sup>th</sup> December 2025.

When the IP5 lease was signed in 2019, it granted the landlord (G-Property) rights of access to an electrical switch board located in the northeast corner of the building. This board supplies electricity to the landlord's gatehouse, pump room, and other facilities within his demise, and is marked as "G" on the plan to the right.



### MAIN BODY

In emergencies (e.g. fire), the landlord must be able to enter IP5 to isolate the supply, including outside normal working hours. At the time, this was considered acceptable given IP5's warehouse use and was incorporated into the lease.

With the development of radiopharmacy and future South East Wales (SE) TRAMS Hub, the switchboard had been identified as falling within the planned medicines zone. Access to it would pass close to the restricted radiopharmacy area, and the board itself is

adjacent to proposed quarantine and finished goods store, which may contain controlled drugs. NWSSP has a regulatory obligation to secure the area with strict access controls, meaning non-pharmacy staff cannot be permitted entry.

Although the TRAMS SE Hub project noted the board's location during concept design in April 2024, it was initially regarded as a minor inconvenience requiring a secure maintenance access route, rather than a significant issue.

On 4 March 2025, G-Property approached NWSSP to propose works to the board. At that point, it became clear that the landlord's rights to enter the site out of hours to disconnect supply in emergencies conflicted with regulatory requirements for medicines storage. Landlord access, particularly at night or weekends when pharmacy staff are absent, would be incompatible with these obligations.

Following a series of meetings, agreement was reached in September 2025 to relocate the board outside the medicines storage zone. The landlord will reconfigure the supply, creating separate connections for the gatehouse and pump house. The new board will be located outside the IP5 demised area, with NWSSP funding the works. The landlord quoted £15,000 for the works, which the TRAMS SE Programme Board approved on 6 November 2025. This will be met by the IP5 discretionary capital budget. Up to this point, there had been no mention of a lease variation requirement.

On 6 November 2025, the landlord notified NWSSP that a formal lease variation would be required to document the change. NWSSP initially challenged this position and sought advice from Legal & Risk. However, on 26 November 2025 the landlord reiterated its requirement, citing its own legal advice. The associated costs must be borne by NWSSP: £2,500 for the landlord's legal fees and £1,500 for NWSSP Legal & Risk fees.

NWSSP Specialist Estates Services and NWSSP Legal & Risk continue to advise on this matter and will oversee the process going forward.

## **CONCLUSION**

- The variation of the lease will remove any reference to 'G' Electrical Distribution Board within the lease.
- The variation of the lease will lease to remove mains electrical board from the Tenant demise and repairing liability.
- The relocation of the distribution board will remove any ambiguity regarding access to the controlled areas.

## **RECOMMENDATION**

The Committee are asked to:

1. **APPROVE** the instruction of NWSSP Legal and Risk at an estimated fee of £1,500.
2. **APPROVE** the payment of associated landlord costs at an estimated fee of £2,500.
3. **APPROVE** the variation of the IP5 lease.

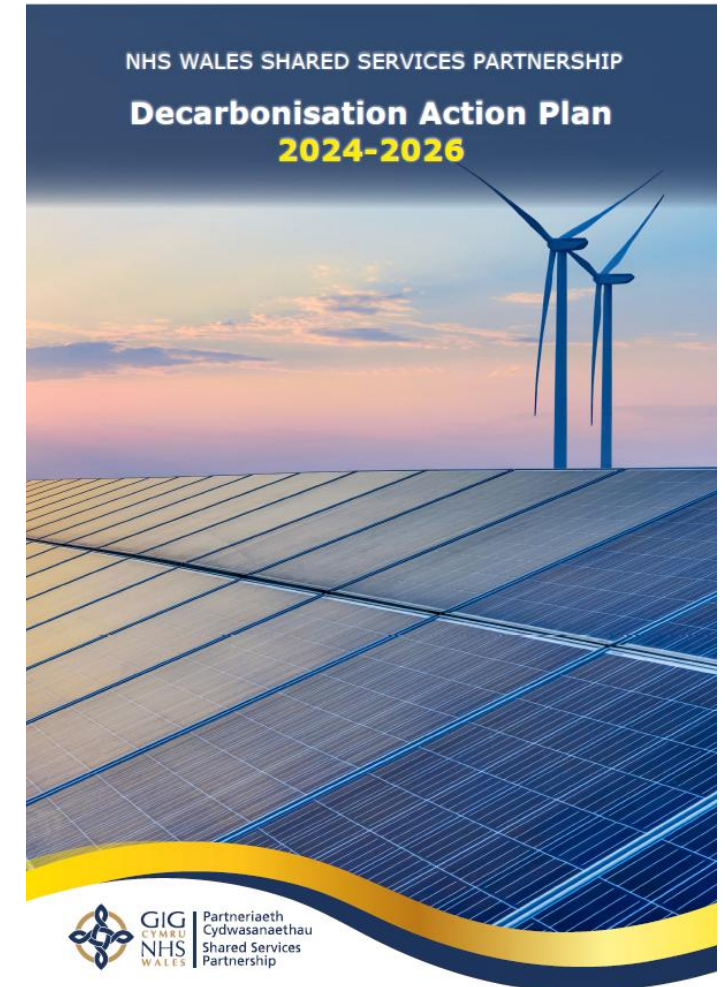
# NWSSP Decarbonisation Update

October 2025

*Delivering Value, Innovation and  
Excellence through Partnership*



- A second iteration of NWSSP's Decarbonisation Action Plan (DAP) was produced for the period 2024-2026
- The Decarbonisation Delivery Group (DDG) meets bi-monthly to co-ordinate delivery of decarbonisation activities for NWSSP and those which we facilitate across NHS Wales.
- Performance for 24/25 WG review- NWSSP reported previously the Decarbonisation Programme as an Amber status. The Programme is currently still Amber.
- The Climate Action Partnership (previously Decarbonisation Coordination Reporting Team) was established in NWSSP as part of the Mobilisation activities within the Strategic Plan. The team's national role is to drive the focused implementation of all initiatives through its coordination reporting role. The team were established in early 2023 and are the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales. They provide leadership, oversight, coordination, monitoring, and reporting of the delivery of the Strategic Plan on an NHS Wales wide basis.



- **Overall RAG Status of the NWSSP Decarbonisation Programme is Amber.**
- Breakdown per workstream:
  - Carbon Management - **Amber**
  - Buildings, Estates Land use and Planning (BELP) – **Amber**
  - Transport - **Amber**
  - Procurement - **Amber**
  - Approach to Healthcare – **Green**
  - Adaptation - **Green**
- There is no change in RAG status for Procurement, Approach to Healthcare and Adaptation since the previous period.
- Carbon Management has decreased to Amber (previously Green) due to an outstanding action (Awaiting 3<sup>rd</sup> Party to complete).
- Following the work of the Transport Task and Finish Group (led by NWSSP) a further initiative has been completed and the Transport workstream has increased to Amber.
- NWSSP Adaptation workshops have been held in September 25. All NWSSP Divisional risks are due to be submitted to CAP in October 25 for collation into an organisational Adaptation Risk Register.



Solar PV at Matrix House installed, March 2025

Electric vehicle Chargers installed at IP5, March 2025

## Case Study 1 – NHS Wales Tray Wrap Project

Within the NHS Wales Decarbonisation Strategic Delivery Plan (SDP), Initiative 45 states, all organisations are to;

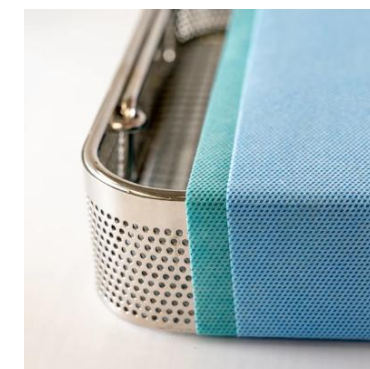
***"We will develop 'plastics in healthcare' initiatives to address waste in the delivery of health care - this will aim to tackle PPE, single use plastics, and packaging waste."***

The Design for Life Pilot Project, led by the Centre for Sustainable Healthcare, explored replacing single-use sterilisation tray wraps with reusable alternatives across NHS Wales. The initiative aimed to reduce clinical waste, carbon emissions, and costs while maintaining patient safety.

NWSSP played a central role in enabling this transition by aligning national procurement frameworks with local sustainability goals. Aled Guy and Sam Salisbury from NWSSP provided strategic leadership and procurement expertise, ensuring stakeholder engagement and feasibility across Health Boards. Their support helped bridge national policy with local implementation, paving the way for a phased, cost-effective rollout of reusable med-tech solutions in Wales.

Carbon savings:

**Trials showed reusable containers could cut emissions by up to 23,756 kgCO<sub>2</sub>e annually and save over £61,000 per year. However, implementation challenges included washer capacity, staff training, and infrastructure limitations, requiring tailored approaches across Health Boards.**



## Case Study 2 – NWSSP Decarbonisation Coffee Morning

As part of “Embedding Decarbonisation within the Organisation”, NWSSP held a coffee morning on 14 Sep 25.

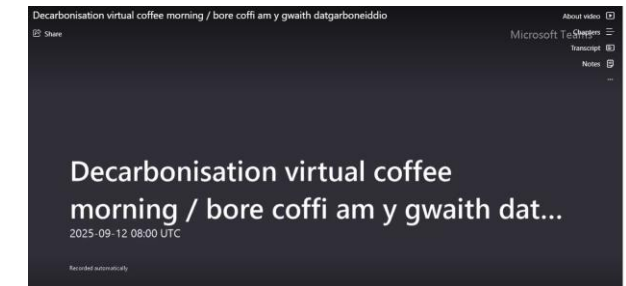
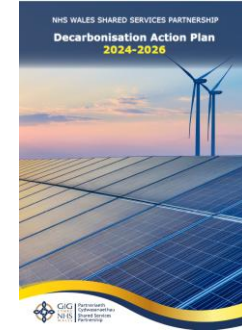
The aim of the coffee morning was to raise awareness of NWSSP’s Decarbonisation and Adaptation commitments to staff.

The coffee morning was chaired by Director of Specialist Estates Services Stuart Douglas, with senior support provided by Managing Director Neil Frow, and Director of Planning, Performance and Informatics Rebecca Nelson.

Subject matter experts - Tony Chatfield (National Clinical Logistics Manager) and Craig Morgan (Environment & Facilities Management Advisor) provided highlights of some the achievements made by NWSSP to date. Included IP5 building enhancements, Laundry Services Wastewater Heat Recovery system, Supply Chain Tote Boxes and the increase of EV fleet within Supply Chain, Logistics & Transport.

Director of Specialist Estates Services Stuart Douglas also encouraged the uptake of the ESR “Net Zero Training Module”,

**Impact** Following the coffee morning, there has been an increase in the number of staff that have since completed the ESR Net Zero Training and an increase in awareness, evidenced by a rise in staff enquiries to relating to getting involved within NWSSP and Climate Action.



## Case Study 3 – Welsh Health Environment Forum (WHEF)

The Welsh Health Environment Forum (WHEF) is a collaborative network within NHS Wales facilitated by NWSSP, dedicated to sustainability and environmental improvement. It brings together experts from estates, clinical services, policy, and sustainability to drive change across the healthcare sector. WHEF is recognised as a key part of the NHS Wales sustainability community and was nominated for the Network of the Year award at the NHS Wales Sustainability Awards.



WHEF's main activities include:

- Uniting stakeholders to share knowledge, best practices, and solutions.
- Strengthening links between Health Boards, Local Authorities and sustainability bodies by sharing resources.
- Establishing communication platforms to disseminate best practices and foster a sustainability culture.
- Driving innovation in sustainable healthcare, including:
  - ❑ Decarbonisation of NHS estates.
  - ❑ Waste reduction and circular economy initiatives
  - ❑ Sustainable transport solutions
  - ❑ Supporting training and awareness campaigns to empower NHS staff.
  - ❑ Encouraging collaboration between NHS staff, communities, and sustainability organisations.
  - ❑ Integrating sustainability into NHS Wales leadership and strategy.

**Key outcomes:**

- **Significant reductions in carbon emissions across NHS Wales.**
- **Improved environmental compliance with evolving standards and regulations.**
- **Cost savings and efficiency gains through sustainable initiatives.**
- **Stronger engagement and resilience across the NHS Wales sustainability community.**
- **Empowered staff and leadership with sustainability knowledge and commitment.**
- **Innovative solutions to overcome challenges such as funding and resource constraints**



# Detailed Performance Summary Q1/Q2 25/26

Carbon Management		
1	2	3

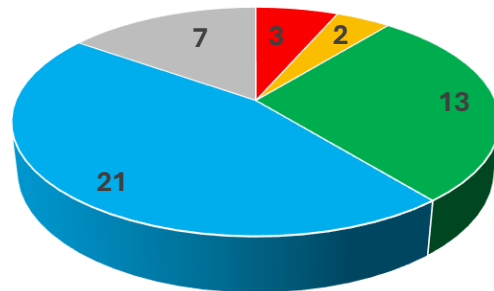
BELP			
4	5	6	7
8	9	10	11
12	13	14	15
16			
33	34	35	

Transport				
17	18	19	20	21
22	23	24		

Procurement			
25	26	27	28
29	30	31	32

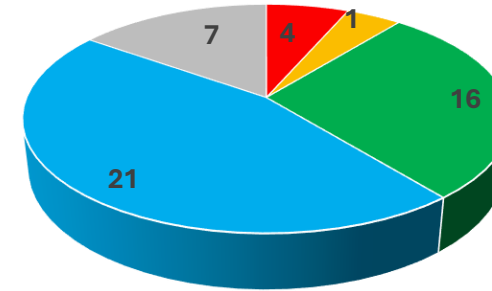
Approach to Healthcare			
36	37	38	39
40	41	42	43
44	45	46	

Q1 & Q2 25/26 NWSSP Progress RAG Status



■ Red ■ Amber ■ Green ■ Complete ■ Exempt

Q3 & Q4 24/25 NWSSP Progress RAG Status



■ Red ■ Amber ■ Green ■ Complete ■ Exempt

## Risks and Issues

Risks (15+)		
Area	Residual Risks 15+	Response Action
Transport	None	None
Procurement	Risk to achieving action if NHS Wales continue to commit to purchasing 100% Gas Offset by 2030 we will fail to meet the target by 2030	Escalated risk to TaP Monitor at TaP/ WEOG
	Impact upon delivery If global supply chain issues and increasing costs of goods and services continues.	Collate Tier 2 return data / work on potential 4 Nations approach/ Establish a Sustainability Procurement Working Group / Continue building national stock range
BELP	If there is a lack of capital funding to support to deliver larger scale programme initiatives.	<ol style="list-style-type: none"> <li>1. Prioritise areas for any capital underspend.</li> <li>2. Finance officials are working with organisations .</li> <li>3. Working with NHS Capital, Estates and Facilities team to have prioritised investments ready to go as and when funding is available.</li> <li>4. TEF funding available for decarbonisation of the NHS has been confirmed for (2024-25 / 2025- 26).</li> </ol>

Issues (Red)																	
Area	Issue	Response Action															
Procurement	None	None															
Transport	NWSSP Vehicle replacement Issue due to lack of Capital .	Headline Business Case (linked to IMTP and capital Prioritised Bid) with costs has been developed and shared with WG.															
	<table border="1"> <thead> <tr> <th>Fin Year</th> <th>Required</th> <th>Procured</th> <th>C/F</th> </tr> </thead> <tbody> <tr> <td>23/24</td> <td>32</td> <td>9</td> <td>23</td> </tr> <tr> <td>24/25</td> <td>33 (Inc 10 new)</td> <td>19</td> <td>14</td> </tr> <tr> <td>25/26</td> <td>44 (Exc C/F's)</td> <td></td> <td></td> </tr> </tbody> </table>		Fin Year	Required	Procured	C/F	23/24	32	9	23	24/25	33 (Inc 10 new)	19	14	25/26	44 (Exc C/F's)	
	Fin Year	Required	Procured	C/F													
23/24	32	9	23														
24/25	33 (Inc 10 new)	19	14														
25/26	44 (Exc C/F's)																
	Funding required for Charging infrastructure	Funding required															
Transport / BELP	If the Distribution Network Operator (DNO) does not provide the infrastructure into and across Wales at the appropriate pace for capacity on sites where necessary to support an increase in EV Charging infrastructure, heat pumps & electricity will not support the service across Wales whilst large scale renewable energy projects are in development.	Moved from Risk to Issue register, DNO meeting has been paused due to issues with grid capacity.															

## Planned Activity for next 6 months

- With the Strategic Delivery Plan refresh due to be published in November - review, communicate and allocate the actions accordingly within NWSSP.
- Develop a NWSSP Adaptation Risk Register and associated mitigation plan.
- Complete documentation relating to the Net Zero Building Standards (for buildings between £2-20 million).
- Commence an All-Wales Waste Strategy.
- Implement 14 additional EV Chargers at Matrix House.
- Install PV Solar Panels at Denbigh Stores.
- Install infrared heating at Denbigh Stores to reduce gas consumption.
- Complete Sustainable Transport Plans for IP5 and Matrix House
- Increase Procurement spend covered by Carbon Reduction plans
- Fleet Replacement Programme and reduction of ICE vehicles
- Warehouse re-design to support a reduction in waste

# NWSSP Finance Report January 2026

Reporting on the period to 31<sup>st</sup> December 2025

*Delivering Value, Innovation and  
Excellence through Partnership*



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The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 31<sup>st</sup> December 2025

Any detailed queries please contact:  
[linsay.payne@wales.nhs.uk](mailto:linsay.payne@wales.nhs.uk)

## Revenue

NWSSP reported a cumulative surplus of **£4.278m** to the end of December 2025. This continues to primarily relate to a sustained high level of vacancies across our services and a reduction in variable pay costs as a result of improved control measures.

This surplus is reported after covering unfunded cost pressures for:

- Employers National Insurance funding shortfall **£0.558m** (full year **£0.744m**).
- Single Lead Employer trainee adjustments not covered via Access to work - **£0.030m** to date and this is an area of increasing pressure that we need to address with HEIW as these are additional costs of training. A meeting has been arranged for 28<sup>th</sup> January to discuss this further.





	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£000	£000	£000	£000
Income	-882,162	-623,123	-621,960	1,163
Pay	434,469	326,029	320,621	-5,408
Non-Pay	260,239	180,363	180,330	-33
WRP – DEL	187,455	116,731	116,731	0
Year to date underspend	0	0	4,278	4,278
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Based on performance to date and a review of our forecast and funding/income assumptions within our financial plan, we are able to confirm an increased 2025/26 non-recurrent distribution of **£6.000m**.






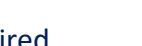
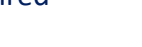
The apportionments per Organisation are detailed in the table. Invoices will be requested from Finance departments during January to transact our savings distribution and return funds to Organisations.

Organisation	%	2025/26 DISTRIBUTION £	AGREED REINVESTMENTS	2025/26 DISTRIBUTION TO BE INVOICED
Aneurin Bevan	9.85	591,000	0	591,000
Swansea Bay	8.80	528,000	0	528,000
Betsi Cadwaladr	11.98	718,800	0	718,800
Cardiff and Vale	10.49	629,400	0	629,400
Cwm Taf Morgannwg	10.60	636,000	0	636,000
Hywel Dda	7.77	466,200	-122,041	344,159
Powys	1.95	117,000	0	117,000
Velindre	1.17	69,900	0	69,900
WAST	1.28	76,800	0	76,800
Public Health Wales	0.87	52,200	0	52,200
Welsh Government	35.25	2,114,700	0	2,114,700
<b>Total</b>	<b>100.00</b>	<b>6,000,000</b>	<b>-122,041</b>	<b>5,877,959</b>

# Financial Position and Key Targets

KPI	Target	2024/25				2025/26				Trend					
		December	January	February	March	April	May	June	July		August	September	October	November	December
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	–£15k	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	Achieved	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
Distribution	0 Annually	£2m	£2.5m	£3.6m	£3.6m	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	£6m
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	97.86%	96.24%	98.45%	97.95%	98.35%	99.43%	99.40%	97.95%	97.85%	97.91%	98.33%	98.30%	98.37%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.99%	97.83%	97.88%	97.89%	98.35%	98.94%	99.08%	98.73%	98.57%	98.46%	98.44%	98.43%	98.42%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	96.69%	93.78%	94.63%	98.10%	97.85%	94.74%	92.94%	94.38%	92.22%	90.74%	89.94%	94.21%	94.22%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.55%	95.30%	95.30%	95.64%	97.85%	96.36%	95.26%	95.05%	94.72%	94.04%	93.41%	93.49%	93.56%	

## Corporate

KPI	Target	2024/25				2025/26				Trend					
		December	January	February	March	April	May	June	July		August	September	October	November	December
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	6	7	9	2	4	2	1	0	2	0	0	5	1	
Variable Pay – Overtime	<£100k Monthly	£88k	£105k	£140k	£142k	£94k	£80k	£83k	£93k	£71k	£70k	£66k	£75k	£141k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	1.03%	1.18%	1.60%	0.88%	1.07%	0.88%	0.93%	1.03%	0.68%	0.76%	0.72%	0.80%	1.49%	
Agency % to date	<0.8% Cumulative	0.08%	-0.04%	0.03%	0.01%	0.00%	0.00%	0.00%	0.03%	0.02%	0.02%	0.02%	0.00%	0.00%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.31%	-0.16%	0.11%	0.05%	0.00%	0.00%	0.00%	0.10%	0.08%	0.07%	0.05%	0.04%	0.04%	
Invoices on hold						633	411	680	509	462	346	581	617	625	
Invoices awaiting authorisation						146	92	Not recorded	97	83	83	65	40	82	

- Additional overtime has been worked in December to cover a backlog of work within Primary Care Services – it is estimated additional resource will be required until February

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Laptop refresh	194	0	-194
Estates works - Matrix & Alder House	72	16	-56
Wireless access and surface hub replacement	14	4	-10
SES - Occupeye Equipment & Data loggers	7	7	0
Medicines Unit - Laminar Flow Cabinet	22	22	0
Stores Pest Control	15	0	-15
PCS - Scanner and Fire Doors	13	3	-10
SMTL Steriliser	27	0	-27
VAT recoveries	-7	-7	0
Unallocated - Laundry contingency	52	0	-52
<b>Discretionary Capital Total</b>	<b>409</b>	<b>45</b>	<b>-364</b>
IP5 discretionary	250	109	-141
Laundry Discretionary	200	93	-107
SE Wales Radiopharmacy - IP5	4,811	3,379	-1,432
SE Wales TrAMS hub advance funding	264	261	-3
South East Wales TrAMS Programme - incl fees	700	28	-672
TEF - Decarbonisation	1,247	174	-1,073
TEF - Infection Prevention Control	664	38	-626
End of Year Digital Funding 2025-26	250	0	-250
Roof overlay works IP5	1,500	2	-1,498
End of Year Digital Funding - December 2025-26	343	0	-343
End of Year Funding 2025-26	661	0	-661
End of Year Funding 2025-26 Tranche 2	18	0	-18
End of Year Digital Funding 2025-26 Tranche 2	55	0	-55
<b>Additional Capital Total</b>	<b>10,963</b>	<b>4,084</b>	<b>-6,879</b>
IFRS16 Capital	0	0	0
<b>IFRS16 Capital Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>11,372</b>	<b>4,129</b>	<b>-7,243</b>

At the end of December, we have incurred **£4.129m** capital expenditure against our Capital Expenditure Limit (CEL) of **£11.372m**.

Our discretionary funding has been reduced from £0.800m to **£0.409m** in respect of the 30% Organisational contribution required to the Targeted Estates Fund (TEF) schemes.

We received confirmation of additional capital funding in December for the IP5 roof overlay works. Total funding approved per the business case was **£3.134m**, with **£1.500m** funding allocated to 2025/26 in line with expenditure forecasts.

We have also received confirmation of **£1.327m** funding for our year end bids – key items include:

- Laundry – sheet picker/ironer £0.420m
- Laptop/tablet/scanner refresh - £0.230m
- Pharmacy database - £0.134m
- TRAMS digital discovery - £0.121m
- Primary Care Servers - £0.108m
- Bridgend Stores push back racking - £0.119m
- Stores health & safety equipment - £0.089m

We will closely monitor schemes during Quarter 4 to ensure funding can be fully utilised within the financial year to meet our Capital Expenditure Limit.

Expenditure type	Position as at M9	Position as at M9
	2024/25 £m	2025/26 £m
Claims reimbursed & WRP Managed Expenditure	58.970	117.322
Periodical Payments made to date	24.872	26.715
Redress Reimbursements	1.039	1.733
EIDO – Patient consent	0.092	0.000
Clinical Negligence Salary Subsidy	0.443	0.257
WRP Transfers, Consent, Prompt, CTG	0.345	0.395
Movement on Claims Creditor	0.408	-29.691
<b>Year to date expenditure</b>	<b>86.169</b>	<b>116.731</b>

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.

The maximum worst case forecast at Month 9 would require **£49.1m** additional funding above the original risk share planning assumption values as outlined in the table.

The range of the forecast includes potential opportunities where solicitors have indicated that cases may settle for less than forecast or where delays may result meaning the case will no longer settle in 2025/26. Risks are also included where claimant preference for a lump sum and/or PPO settlement is not known or where an RTM for a case with a large lump sum may potentially be scheduled within the year. We continue to review these cases in detail and their impact on the forecast outturn.

DEL expenditure to **Month 9** is **£116.731m** compared to **£86.169m** at this point last year.

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 this year has identified a significant increase in the funding requirement compared to the IMTP planning assumptions. The refreshed Month 9 forecast has identified a potential range from **£183.848m - £194.591m** (this will require **£74.413m - £85.156m** funding under the risk sharing agreement).

	2025/26 RSA%	RSA Requirement - Minimum Forecast £183.848m	RSA Requirement - Maximum Forecast £194.591m
Aneurin Bevan	18.22%	6.568	6.568
Swansea Bay	13.97%	5.037	5.037
Betsi Cadwaladr	21.00%	7.572	7.572
Cardiff & Vale	16.76%	6.045	6.045
Cwm Taf Morgannwg	14.60%	5.263	5.263
Hywel Dda	10.03%	3.617	3.617
Powys	2.12%	0.763	0.763
Public Health Wales	0.64%	0.232	0.232
Velindre	0.79%	0.284	0.284
Welsh Ambulance	1.87%	0.674	0.674
Welsh Government		38.357	49.100
	<b>100.00%</b>	<b>74.413</b>	<b>85.156</b>

# Contact details

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Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

**website:** [nwssp.nhs.wales](http://nwssp.nhs.wales)

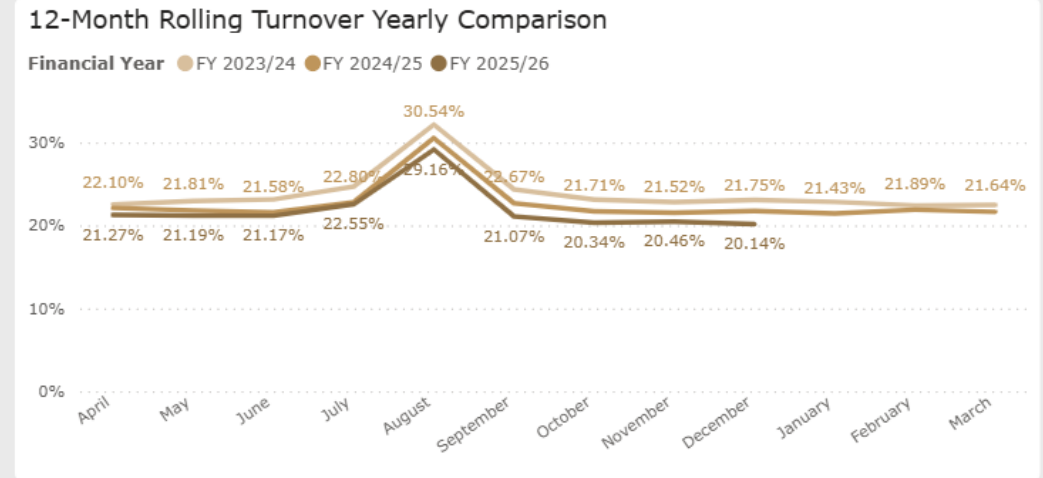
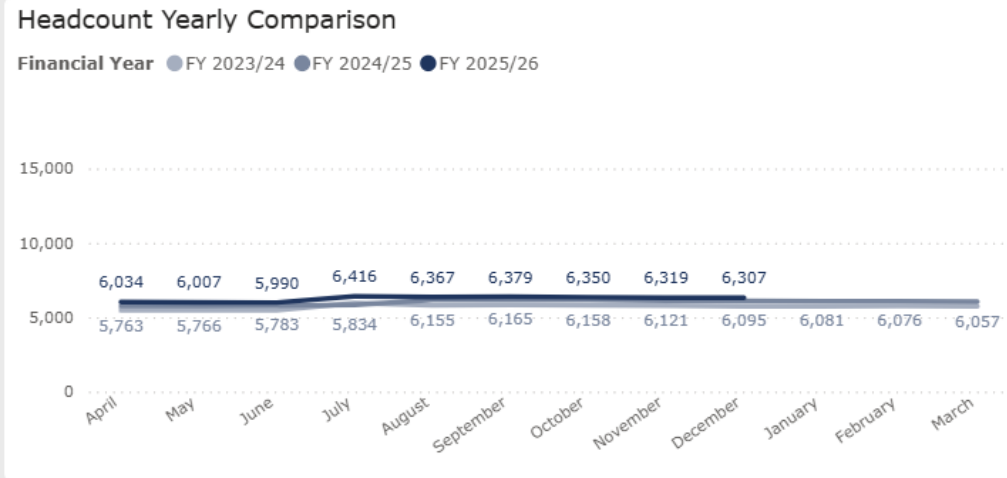
# People and OD SSPC Report January 2026

*Delivering Value, Innovation  
and Excellence through  
Partnership*

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

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

## Including SLE



### Headcount

The December headcount including SLE (**6,307**) has **decreased** from November (**6,319**).

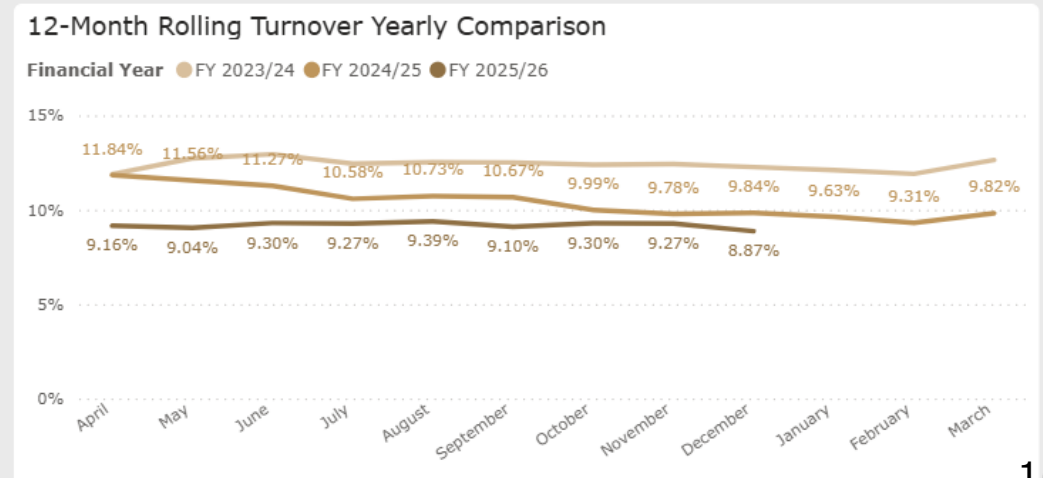
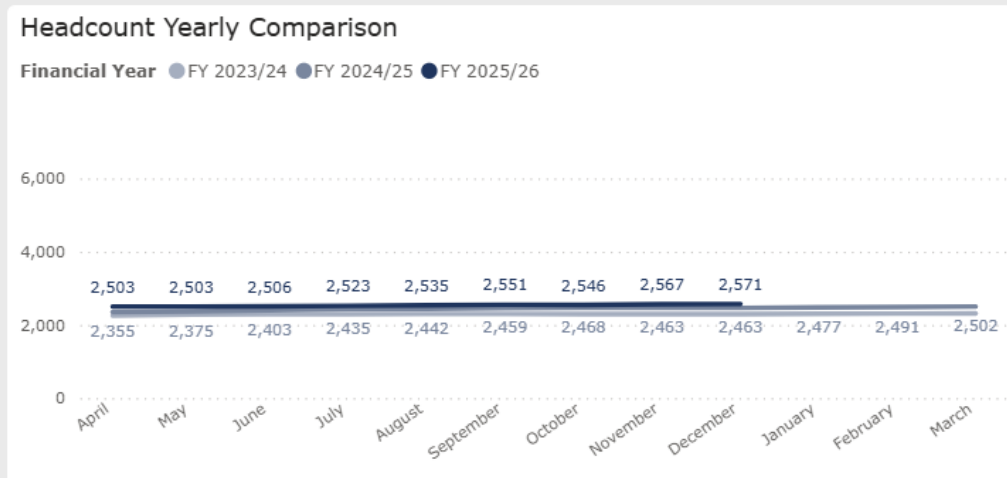
Excluding SLE, the headcount is **2,571** which has **increased** since November (**2,567**) and has **increased** since December 2024 by **4.38%** from **2,463**.

### Turnover

Including SLE, the December turnover is **20.41%**. This has **decreased** by **1.60%** from December 2024 (**21.75%**).

Excluding SLE, the December turnover is **8.87%**. This is **down** by **0.97%** from December 2024 (**9.84%**).

## Excluding SLE



## Including SLE

### Destination on Leaving



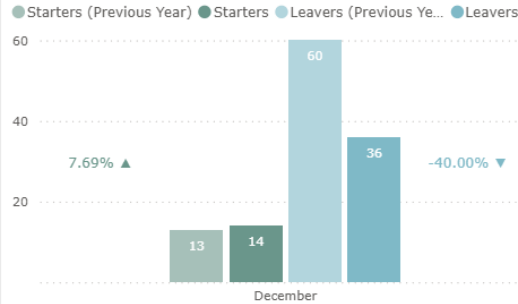
### Reason for Leaving



### Leavers by Length of Service

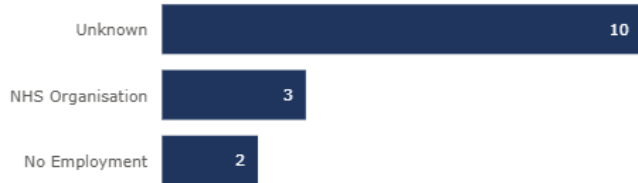


### Starters and Leavers Comparison



## Excluding SLE

### Destination on Leaving



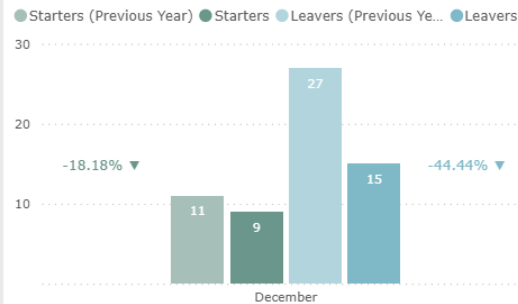
### Reason for Leaving



### Leavers by Length of Service



### Starters and Leavers Comparison



## Starters

Including SLE, there were **14** starters in December 2025. Excluding SLE, there were **9** starters in December 2025. This is **down by 18.18%** from **11** starters in December 2024.

Excluding SLE, the only recruitment sources were **NHS organisations** and **private sector**, which accounted for **77.78%** and **22.22%** of starters, respectively.

## Reasons for Leaving

Excluding SLE, **73.33%** of leavers were due to **voluntary resignation**. This is **significantly higher** than December 2024 (**48.15%**) and an **increase** on November 2025 (**71.43%**).

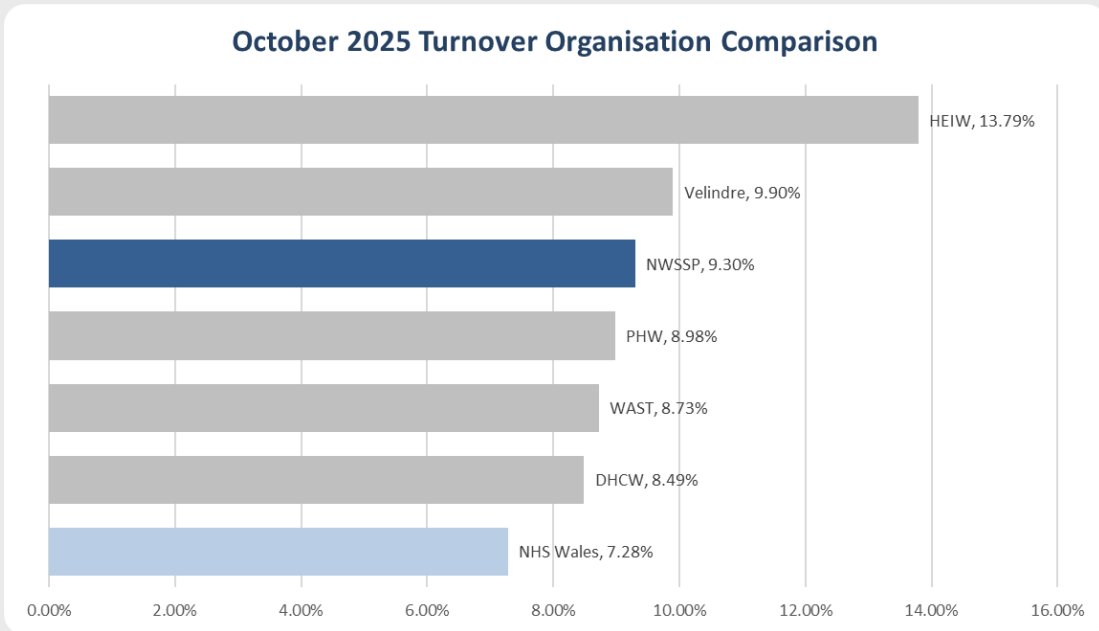
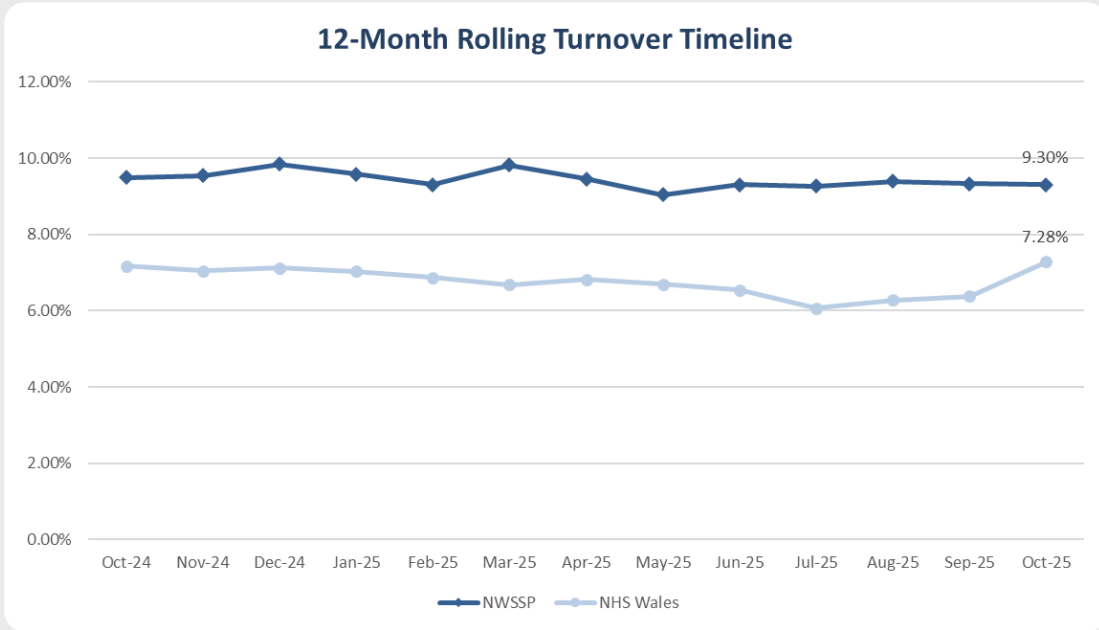
Of the voluntary resignations, **30.00%** of staff had 3+ years of service with NWSSP. Since December 2024, **47.10%** of voluntary resignations had 3+ years of service. **24.62%** of those went to another NHS organisation, and **13.85%** had a destination of no employment at the time of leaving. However, over 40% had an unknown destination so conclusions are limited.

Since December 2024, For all service lengths, the top destinations are NHS organisation (**25.36%**) and no employment (**10.87%**). However, **44.20%** of voluntary resignations had **unknown** destinations on leaving. This has a large impact on the ability to understand our retention of long-term 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 regarding this field and Directors are reminded to discuss with their senior teams.

Since December 2024, **23.91%** 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. A paper with recommendations has been shared with SLG separately to enable Directors to champion within their teams.

Succession planning remains a large focus, with **26.14%** of leavers being due to retirement since December 2024, however the overall net change of leavers to starters since November 2024 is an **increase of 27** staff.

## 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 **2.02% higher** than the overall NHS Wales turnover rate for **1<sup>st</sup> November 2024 – 31<sup>st</sup> October 2025**.

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

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

NWSSP turnover has **remained consistent** since 1<sup>st</sup> April 2025.

### 12-Month Rolling Turnover – October 2025

In October 2025, 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: Dec 25 | Division: All | Service, Area, Department: All

Absence Occurrences  Exclude SLE

FTE Days Lost

**In-Month Sickness**

**3.07%**

Previous Year: 3.62% (-0.55%)

**In-Month Long Term / Short Term Split**

Average FTE Days Lost

Long Term: 115.56

Short Term: 5.81

**Absence Reason**

Absence Reason	Absence Occurrences	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	109	2,273.37
S13 Cold, Cough, Flu - Influenza	107	637.39
S25 Gastrointestinal problems	43	406.83
S12 Other musculoskeletal problems	17	353.11
S28 Injury, fracture	18	339.20
S19 Heart, cardiac & circulatory problems	10	223.93
S17 Benign and malignant tumours, cancers	10	214.45
S98 Other known causes - not elsewhere classified	9	190.00
S26 Genitourinary & gynaecological disorders	10	143.22
S99 Unknown causes / Not specified	6	128.60
S21 Ear, nose, throat (ENT)	11	124.15
S15 Chest & respiratory problems	13	102.65
S11 Back Problems	6	101.53
S30 Pregnancy related disorders	8	101.20
S16 Headache / migraine	18	71.20
S27 Infectious diseases	2	39.00
S23 Eye problems	3	35.63
S32 Substance abuse	1	31.00
S24 Endocrine / glandular problems	2	20.50
S22 Dental and oral problems	2	5.00
S31 Skin disorders	2	4.00

**12-Month Rolling Sickness**

**3.16%**

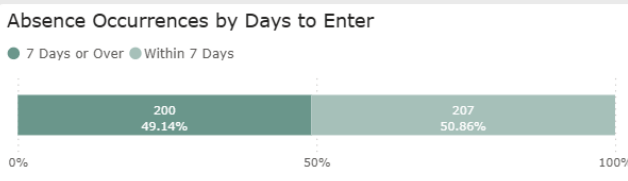
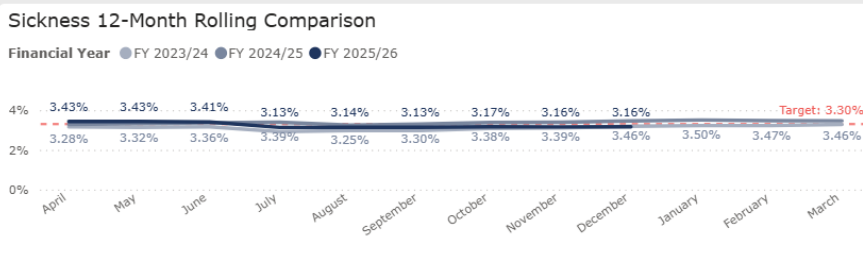
Previous Year: 3.46% (-0.29%)

**In-Month Sickness Comparison**

● Absence Occurrences (Previous Year) ● Absence Occurrences

**Open Sickness**

**199**



Division	Sickness %	Target
Laundry Division	10.50%	5.55%
Medical Workforce Division	8.19%	2.00%
Procurement Division	6.57%	4.15%
Employment Division	6.47%	4.03%
Medical Examiner Division	5.82%	4.15%
Primary Care Division	4.71%	4.15%
Surgical Materials Testing (SMTL) Division	4.67%	2.00%
Corporate Division	3.52%	2.00%
Finance Academy Division	3.26%	2.00%
Digital Workforce Division	3.09%	2.00%
Planning, Performance and Informatics Division	2.98%	2.00%
Audit & Assurance Division	2.83%	2.00%
Legal & Risk Division	2.71%	2.00%
E-Business Central Team Division	2.49%	2.00%
People & OD Division	2.37%	2.00%
Accounts Payable Division	3.55%	4.15%
Specialist Estates Division	1.86%	2.00%
Single Lead Employer Division	1.65%	2.00%
Welsh Employers Unit Division	1.11%	2.00%
Finance Division	1.00%	2.00%
Pharmacy Technical Services Division	0.73%	2.00%
Counter Fraud Division	0.24%	2.00%

Note: a paper is being completed for SLG to agree updated divisional targets for sickness.

**12-Month Rolling Sickness**

The December 12-month rolling sickness, including SLE (3.16%) has **remained consistent** from July (3.13%). The sickness rate has **slightly decreased** since December 2024 by 0.29% from 3.46%.

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%.

Excluding SLE, the 12-month rolling sickness is 5.42% which has **slightly increased** since December 2024 by 0.33% from 5.09%.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 4.80% and 5.429%, although there has been a slowly rising trend since February 2024.

**Long Term / Short Term**

Including SLE, long term sickness has **slightly increased** since November 2024 from 182 occurrences to 189 occurrences.

The average days lost to long term sickness is 115.56 FTE days. The average days lost to short term sickness is 5.81 FTE days. Excluding SLE, short term sickness occurrences have **significantly decreased** from 267 in December 2024 to 149 in December 2025.

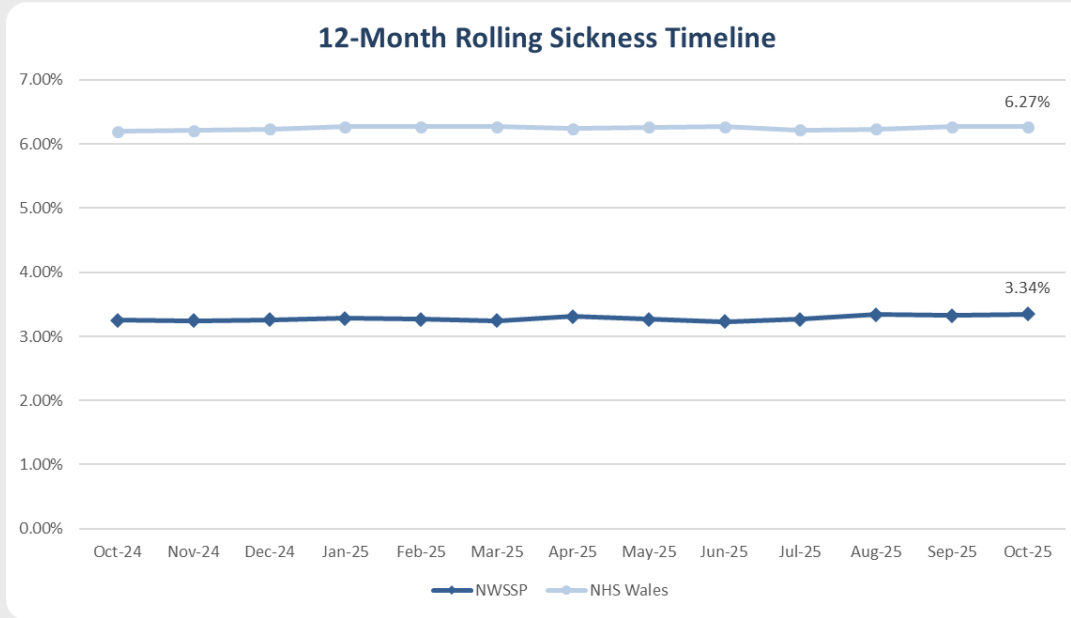
In the CIPD *Health and Wellbeing at Work 2025* report, they state that **public sector** workers had an average of 13.3 **working days** sickness per year (short and long term). The current **NWSSP** average is 10.03 **working days**, significantly lower than the public sector average.

**Top 5 Sickness Reasons**

- Anxiety/stress/depression/other psychiatric illnesses
- Cold, Cough, Flu - Influenza
- Gastrointestinal problems
- Other musculoskeletal problems
- Injury, fracture

**Cold, Cough, Flu – Influenza** accounts for the large number of short term absences, however the FTE days lost is 336.55, showing that the average length of these absences is 4.45 FTE days. The largest FTE days lost is for **Anxiety/stress/depression/other psychiatric illnesses** which accounts for 43.39% of long term sickness.

## NWSSP Sickness Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

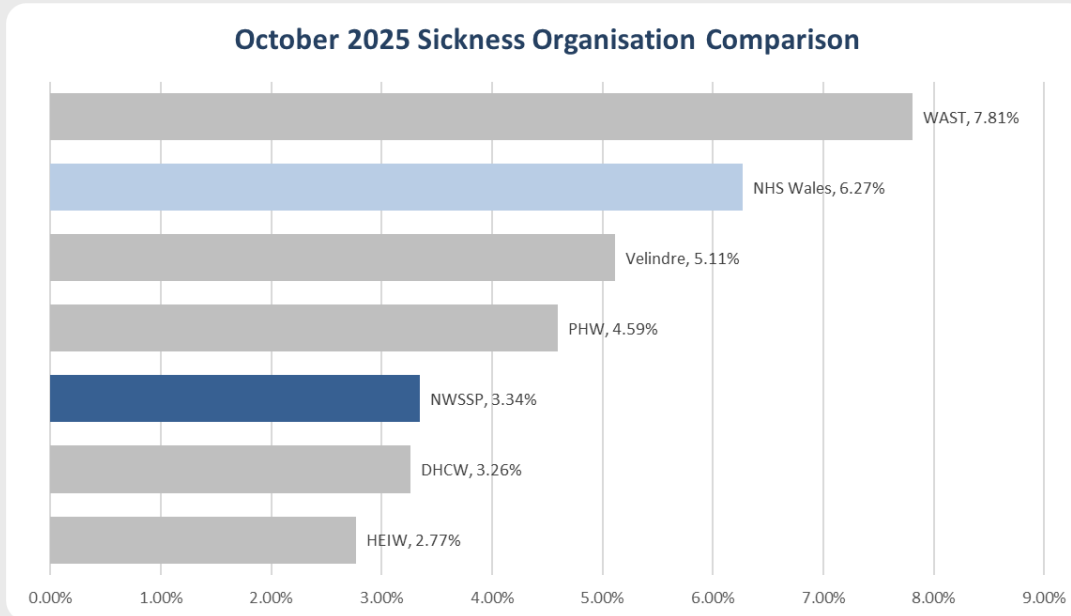
Please note there is a 2-month delay on the dashboard, meaning the dates do not align with the rest of this report.

\* The NWSSP sickness submission includes SLE.

### 12-Month Rolling Sickness

NWSSP sickness has remained **consistently below** the NHS Wales overall sickness rate for **1<sup>st</sup> November 2024 – 31<sup>st</sup> October 2025**.

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



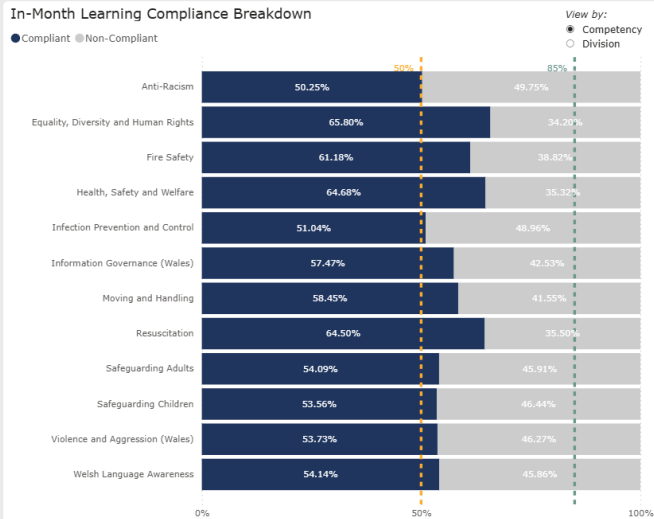
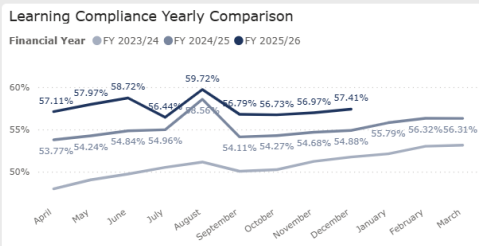
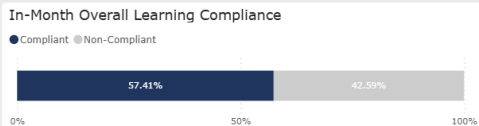
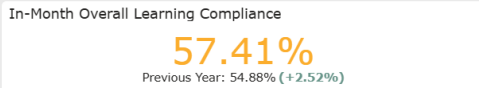
### Sickness % (FTE) – October 2025

In October 2025, NWSSP had the **third lowest** sickness absence rate in comparison to similar size NHS Wales organisations.

# Including SLE

## NWSSP Monthly Workforce Report Learning Compliance

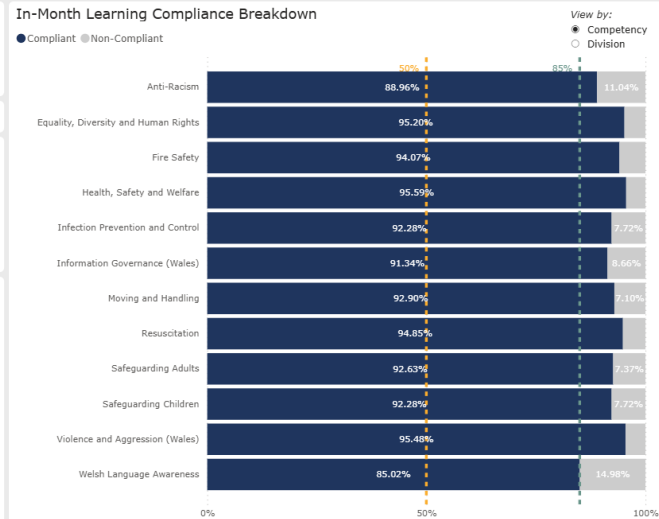
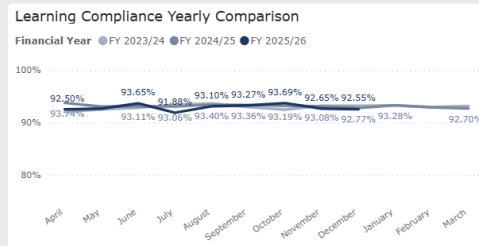
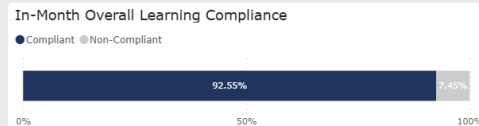
Date: Dec 25 | Division: All | Service, Area, Department: All |  Exclude SLE



# Excluding SLE

## NWSSP Monthly Workforce Report Learning Compliance

Date: Dec 25 | 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	96.75%	98.70%	95.45%	98.70%	98.05%	95.45%	96.10%	96.75%	96.75%	95.45%	98.05%	89.61%
Audit & Assurance Division	87.50%	98.21%	94.64%	98.21%	96.43%	91.07%	92.86%	91.07%	94.64%	96.43%	100.00%	80.36%
Corporate Division	92.59%	96.30%	96.30%	96.30%	92.59%	96.30%	96.30%	96.30%	96.30%	96.30%	100.00%	74.07%
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%	92.31%	96.15%	96.15%	96.15%	96.15%	100.00%	96.15%	96.15%	96.15%	100.00%	73.08%
E-Business Central Team Division	100.00%	100.00%	88.89%	100.00%	100.00%	83.33%	88.89%	100.00%	100.00%	100.00%	100.00%	77.78%
Employment Division	97.39%	97.39%	97.39%	97.68%	97.10%	97.97%	97.39%	97.97%	97.68%	97.39%	99.71%	91.30%
Finance Academy Division	87.50%	87.50%	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%	87.50%	100.00%	100.00%	87.50%
Finance Division	100.00%	93.10%	89.66%	96.55%	100.00%	89.66%	100.00%	96.55%	100.00%	100.00%	100.00%	86.21%
Laundry Division	50.74%	85.71%	83.74%	89.66%	80.79%	70.44%	73.89%	89.16%	77.83%	76.35%	78.33%	67.00%
Legal & Risk Division	91.37%	96.95%	91.88%	95.94%	92.39%	85.79%	88.83%	94.92%	93.91%	93.40%	95.94%	81.73%
Medical Examiner Division	88.78%	97.96%	92.86%	98.98%	94.90%	89.80%	90.82%	95.92%	91.84%	89.80%	93.88%	93.88%
Medical Workforce Division	89.47%	100.00%	89.47%	94.74%	73.68%	78.95%	89.47%	89.47%	73.68%	73.68%	94.74%	84.21%
People & OD Division	93.62%	95.74%	97.87%	97.87%	91.49%	93.62%	97.87%	100.00%	97.87%	97.87%	100.00%	76.60%
Pharmacy Technical Services Division	85.19%	90.74%	94.44%	94.44%	87.04%	90.74%	88.89%	90.74%	87.04%	87.04%	98.15%	85.19%
Planning, Performance and Informatics Division	95.83%	100.00%	97.92%	100.00%	93.75%	97.92%	100.00%	100.00%	93.75%	93.75%	95.83%	89.58%
Primary Care Division	98.38%	99.03%	98.38%	99.03%	97.73%	97.41%	98.38%	99.03%	99.03%	99.03%	99.35%	96.44%
Procurement Division	87.29%	93.17%	93.41%	92.93%	89.33%	91.73%	92.81%	92.21%	90.17%	90.05%	94.24%	82.49%
Single Lead Employer Division	23.77%	45.69%	38.68%	43.53%	22.83%	34.30%	34.89%	43.74%	27.74%	27.07%	25.18%	33.02%
Specialist Estates Division	96.23%	98.11%	96.23%	96.23%	94.34%	96.23%	98.11%	98.11%	94.34%	94.34%	100.00%	90.57%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%
Welsh Employers Unit Division	62.50%	100.00%	100.00%	87.50%	87.50%	50.00%	100.00%	100.00%	75.00%	75.00%	100.00%	75.00%

### Learning Compliance

From 1<sup>st</sup> July 2025, the Anti-Racism module is now mandatory learning for all staff.

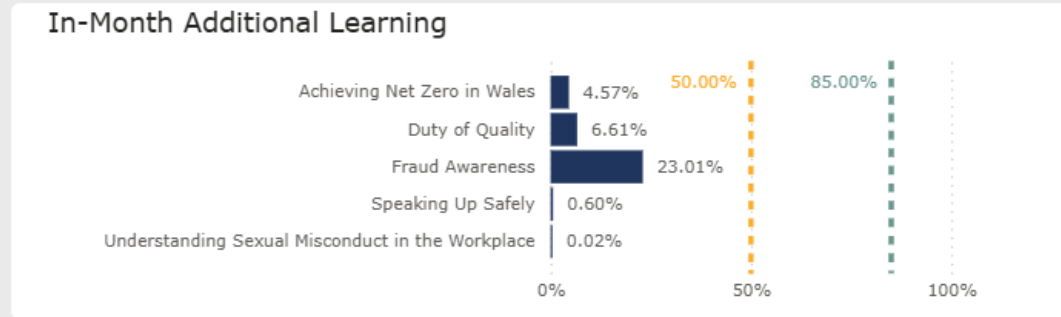
Excluding SLE, the December learning compliance (92.55%) has decreased since November (9.65%).

The Anti-Racism compliance rate has increased to 88.96% and is now above the target of 85%.

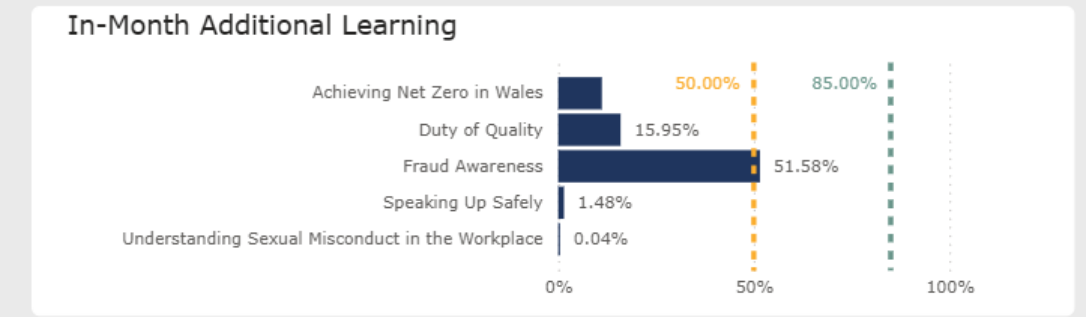
There are still some divisions with compliance below target, and Business Partners have been asked to work with the relevant management teams.

# Non-Mandatory Learning

## Including SLE



## Excluding SLE



Division	Achieving Net Zero in Wales	Duty of Quality	Fraud Awareness	Speaking Up Safely	Understanding Sexual Misconduct in the Workplace
Accounts Payable Division	40.91%	50.00%	96.10%	1.30%	0.00%
Audit & Assurance Division	1.79%	39.29%	66.07%	1.79%	0.00%
Corporate Division	29.63%	18.52%	85.19%	3.70%	0.00%
Counter Fraud Division	100.00%	100.00%	85.71%	0.00%	0.00%
Digital Workforce Division	3.85%	96.15%	92.31%	0.00%	0.00%
E-Business Central Team Division	77.78%	94.44%	94.44%	0.00%	0.00%
Employment Division	1.16%	0.58%	91.28%	0.29%	0.00%
Finance Academy Division	0.00%	0.00%	0.00%	0.00%	0.00%
Finance Division	41.38%	20.69%	82.76%	3.45%	0.00%
Laundry Division	0.00%	0.49%	2.94%	0.98%	0.00%
Legal & Risk Division	2.53%	5.05%	14.14%	2.02%	0.00%
Medical Examiner Division	0.00%	11.22%	13.27%	1.02%	0.00%
Medical Workforce Division	0.00%	5.26%	5.26%	0.00%	0.00%
People & OD Division	29.17%	41.67%	37.50%	25.00%	2.08%
Pharmacy Technical Services Division	0.00%	24.07%	11.11%	0.00%	0.00%
Planning, Performance and Informatics Division	16.67%	12.50%	54.17%	4.17%	0.00%
Primary Care Division	23.08%	56.41%	63.78%	0.64%	0.00%
Procurement Division	2.15%	0.60%	48.75%	0.84%	0.00%
Specialist Estates Division	98.11%	1.89%	7.55%	0.00%	0.00%
Surgical Materials Testing (SMTL) Division	33.33%	20.83%	95.83%	4.17%	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)

December now includes a new course of Understanding Sexual Misconduct in the Workplace. 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 **51.58% of staff** completing (excluding SLE).

Overall, most divisions have low completion rates for all courses, with the average division completion rate being **21.23%** 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: Dec 25 | Division: All | Service, Area, Department: All |  Exclude SLE



#### In-Month Overall Compliance

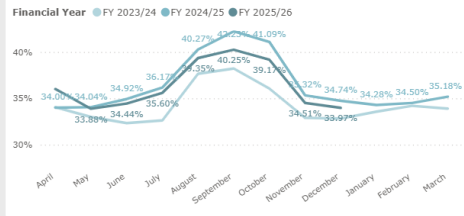
**33.97%**  
Previous Year: 34.74% (-0.77%)

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

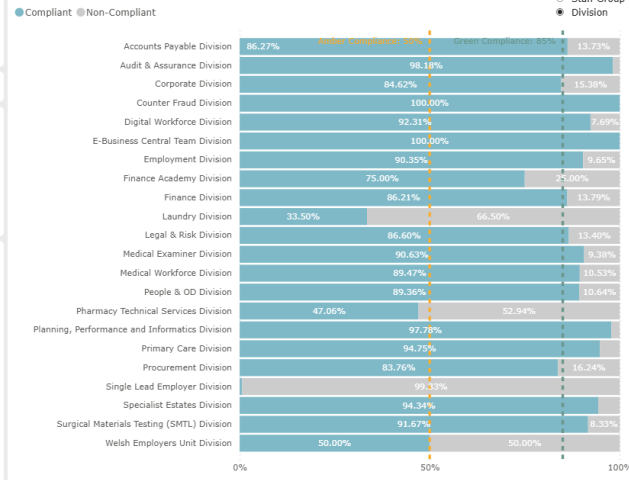
#### In-Month Overall Compliance



#### Compliance Yearly Comparison



#### In-Month Compliance Breakdown



### PADR Compliance

The December PADR compliance including SLE (**33.97%**) has **slightly decreased** from November (**34.51%**).

The compliance has **decreased** since December 2024 by **0.77%** from **34.74%**.

## Excluding SLE

### NWSSP Monthly Workforce Report PADR

Date: Dec 25 | Division: All | Service, Area, Department: All |  Exclude SLE

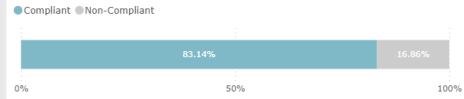


#### In-Month Overall Compliance

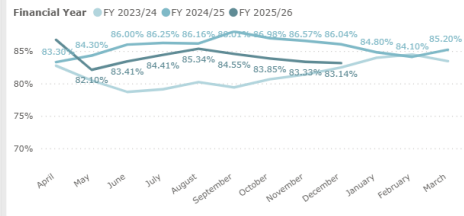
**83.14%**  
Previous Year: 86.04% (-2.90%)

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

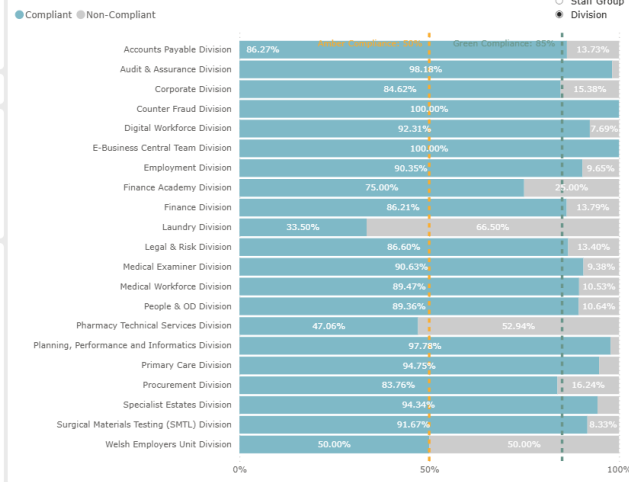
#### In-Month Overall Compliance



#### Compliance Yearly Comparison



#### In-Month Compliance Breakdown



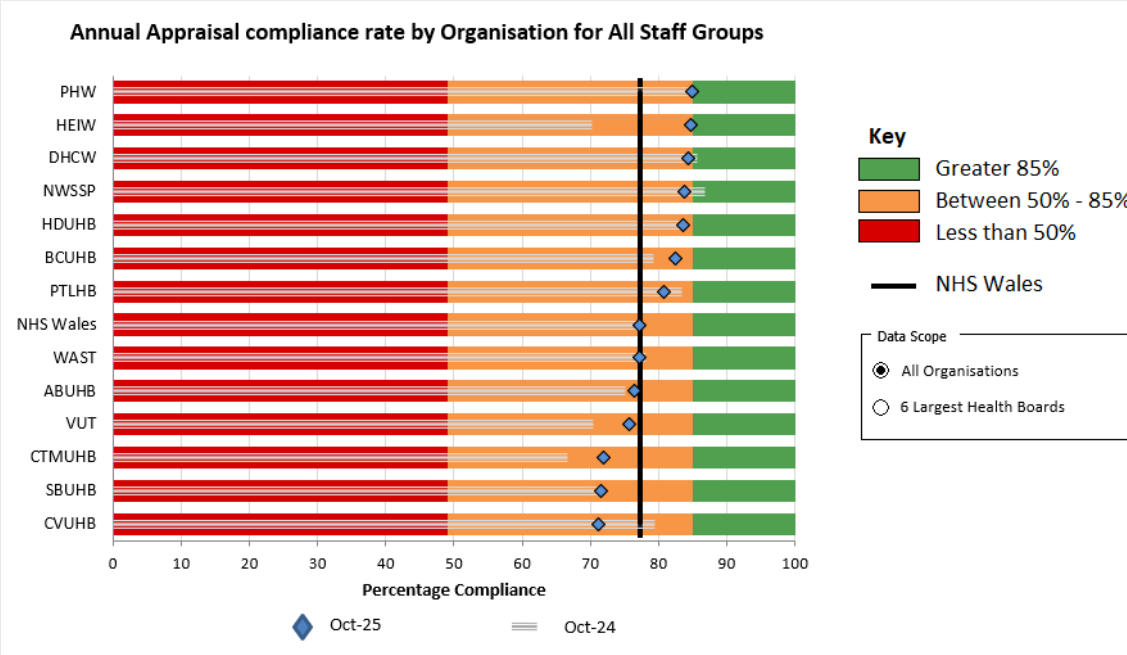
### PADR Compliance

Excluding SLE, the December PADR compliance (**83.14%**) has **slightly decreased** from October (**83.33%**), which means it is **below target**, with August being the only point above target since April 2025.

The compliance has **decreased** since December 2024 by **2.90%** from **86.04%**.

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

Statutory and Mandatory Training Compliance

## EMPLOYEE VALUE PROPOSITION

### What we mean by Employee Value Proposition:

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

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

### Recruitment, Attraction & Retention

#### Annual Leave

We are approaching the end of the annual leave year for Agenda for Change colleagues. Over the coming weeks, we will issue a series of communications outlining the initial arrangements and processes for submitting annual leave purchase and carry-over requests for the 2026/27 year. As part of our Employee Value Proposition, we have acted on feedback from last year’s process. To make things clearer and avoid confusion over which forms need to be completed, this year the windows for purchasing and carrying over annual leave will take place during two separate time periods. Business Partners will ensure management teams are aware of this change.

#### Purchase Request - Dates

Opens - 2<sup>nd</sup> February 2026

Closes - 27<sup>th</sup> February 2026

ESR Balances – Updates allowances will show in April 2026

#### Carry Over Dates

Opens – 2<sup>nd</sup> March 2026

Closes – 31<sup>st</sup> March 2026

ESR Balances – Updates allowances will show in May 2026

### Widening Access

#### Corporate Parenting Charter:

People and OD attended an awards event alongside colleagues from HEIW, hosted by Rhondda Cynon Taf Council which highlighted the success of care experienced individuals who had taken part in the Step in the Right Direction Programme. The event provided an insights into the success of the programme. over the last 20 years. People and OD are exploring opportunities to provide support to care experienced people through this programme during 2026.

#### Career Events:

NWSSP’s Early Careers Network members attended a Career Transition Partnership (CTP) Armed Forces Career Fair at Glyndwr University in Wrexham during December. The purpose of the event was to support armed forces veterans back into mainstream workplaces. There was significant interest in NWSSP as an organisation and the types of roles that are on offer in our workplace, specifically:

- Procurement, Supply Chain and Logistics
- Cyber Security
- Health and Safety
- Engineering
- People and OD

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control	December 2025		
Row Labels	Vacancy	Business Case	Grand Total
Approved	23	3	26
Grand Total	23	3	26

2025	Approved	Declined	Total
April	33	1	34
May	29	0	30
June	30	0	33
July	41	1	45
August	31	2	34
September	36	1	37
October	38	1	42
November	40	1	46
December	26		26

**Vacancy Control Process**

March saw 20 of the 20 TRAC adverts approved.

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

**Job Evaluation Update**

87 Job Descriptions have been submitted for evaluation in 2025 for Job Evaluation Processes including 6 in December.

- New Job Descriptions – 37 (1 in December)
- Re-evaluation – 16 (1 in December)
- Refinement (minor changes/modernisation) – 34 (4 in December)

		Average Time in Working Days						
Trac Report Code	Trac Recruitment Health Check	Target	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25
T0a	Notice Date to Authorisation Start Date	5	31.8	34.7	45.2	37.6	57.5	30.3
T1a	Time to Approve Vacancy Request	10	5.1	7.9	6.2	6.4	6.3	5.4
T4	Time to Shortlist	3	7.7	4.4	7.5	5.9	9.0	6.9
T5b	Time to Update Interview Outcomes	3	5.6	4.6	3.2	2.6	9.4	3.1
T9b	Time to Approve References	2	1.1	2.5	2.5	2.7	2.8	2.5
T13	Vacancy Creation to Conditional Offer	44	34.4	42.2	36.7	38.3	37.3	37.6
T14	Vacancy Creation to Unconditional Offer	71	50.7	47.5	53.8	56.5	52.1	41.8
T23	Conditional Offer to Ready for Start date notification	27	13.3	12.0	13.0	20.4	11.1	10.0

**Time to Hire**

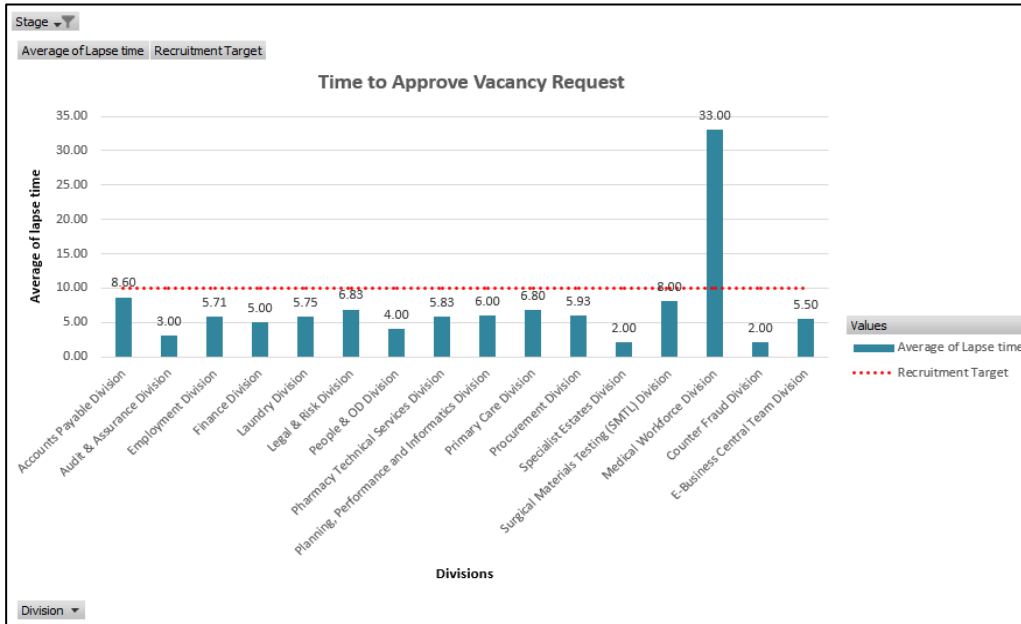
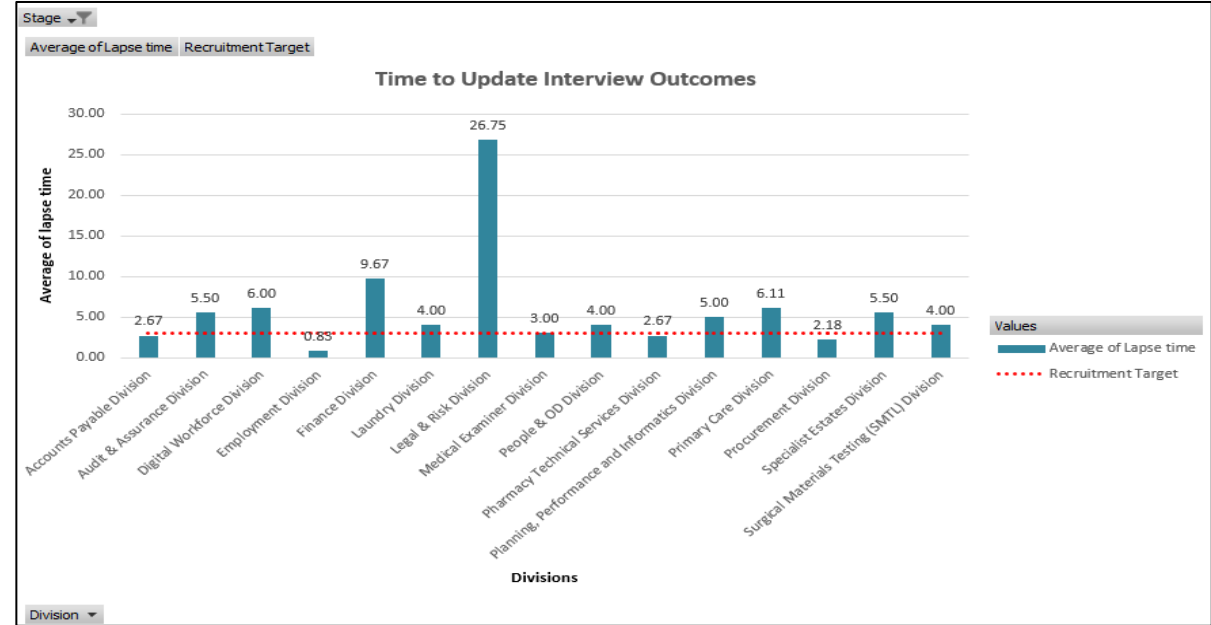
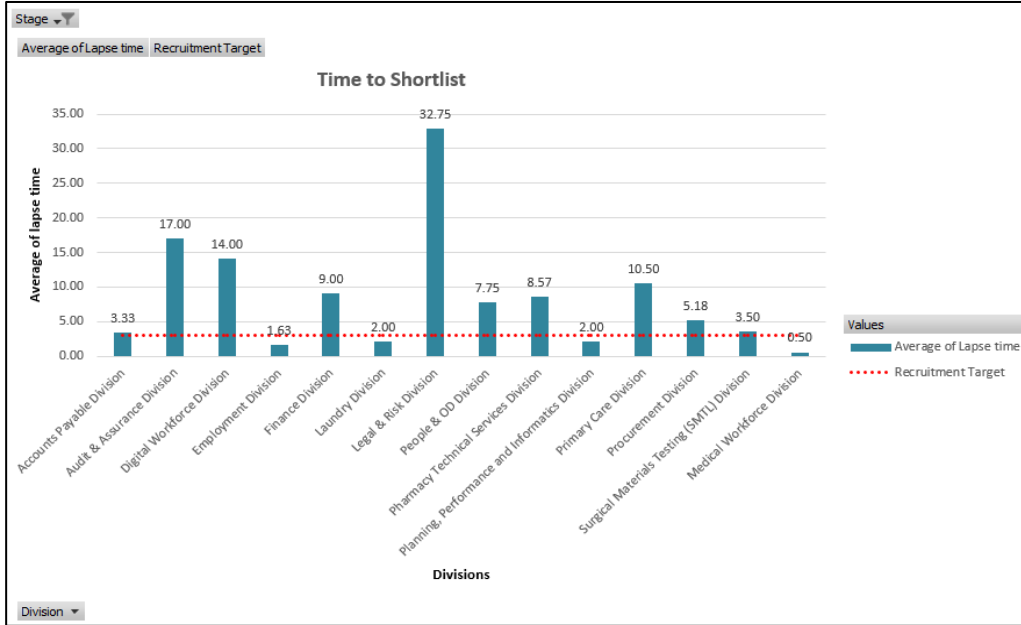
NWSSP sit at **50.7 days** against a KPI of 71 (up from 47.5 in last month) We are now achieving 3 of the 7 core KPI's, down from 5 last month.

**T1a Time to approve** – has reduced again from 7.9 days to 5.1 month, this continues to be a focus. Communications were sent pre-festive period to advise on timescales over the festive period.

**T4 Time to Shortlist** – This has increased significantly from 4.4 days in November , to 7.7 days in December. There was one outlier of 90 days to shortlist, the next longest was 19 days, against a target of 3 days.

**T9b Time to Update Interview Outcomes**–This has increased to 5.6 days from 4.6 days in November, against a target of 3 days. There was one outlier at 86 days, the next longest being 6 days.

DIVISIONAL TIME TO HIRE



Divisional Data

The charts illustrate a 3 month performance for three of the five core time-to-hire targets and include all divisions that have vacancies in the relevant stage in the 3 month period.

**Time to Shortlist** – 7 out of 14 divisions are over the target of 3 days, with 32.5 days average over the 3 month period being the highest in the Legal and Risk Division

**Time to Interview** – 10 out of 15 divisions are over the target of 3 days, with the highest being 26.75 days average over a 3 month period.

## RESOURCE BANK AND AGENCY

### General Bank

December saw 20 requests for 25 workers, 7 were extension requests.

Total spend of £141,932 in December which compares to £103,109 in November. There was £0 spend on the Collaborative Bank.

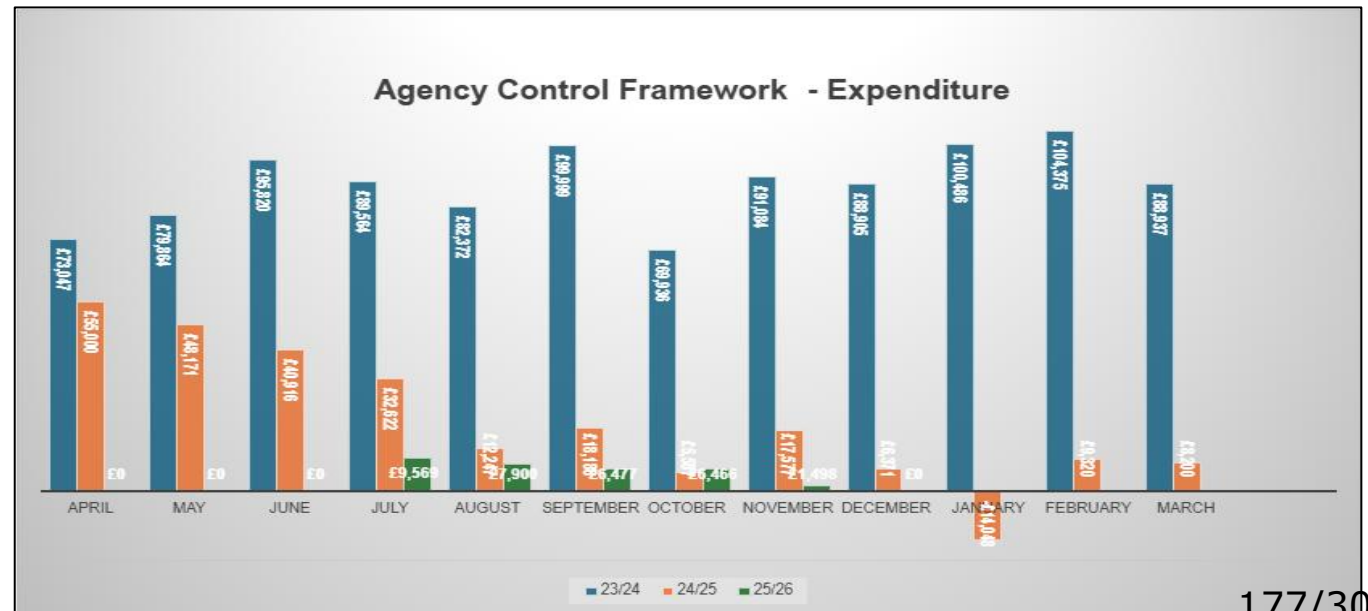
Number of Bank Workers Requested by Division	Total
Audit & Assurance	3
Corporate & Finance	25
Laundry	82
Legal & Risk/ WRP	4
Medical Examiner	8
PCS	14
People & OD	27
Pharmacy Technical Services	1
Procurement/ HCS & Supply Chain	112
SMTL	1
TRAMS	3
<b>Grand Total</b>	<b>280</b>

### Agency Use

No new Agency requests were submitted in December.

All Agency requests have ended and spend for December was £0.

Division	P07-26		P08-26		P09-26	
	October Actual	October WTE Actual	November Actual	November WTE Actual	December Actual	December WTE Actual
Accounts Payable & e-Enablement	7,447	2.59	6,424	2.29	5,344	1.95
Audit & Assurance Services	4,652	0.81	-338	-0.02	-33	0
Central Team eBusiness Services	735	0.25	2,845	0.98	2,900	0.97
Collaborative Bank Partnership	0	0	-362	0	0	0
Finance and Corporate Services	7,540	2.55	4,701	1.26	4,322	1.45
Health Courier Services	19,516	7.12	22,298	8.15	29,565	10.69
Laundry Services	28,711	9.31	29,663	9.42	40,308	13.35
Legal & Risk Services	0	0	2,033	0.6	2,746	0.8
Medical Examiner Service	3,246	0.98	-204	-0.09	1,029	0.35
People & Organisational Development	11,319	3.14	4,562	1.71	5,067	1.33
Pharmacy Technical Services	2,677	1.13	4,628	1.55	2,337	0.73
Primary Care Services	5,463	1.85	9,721	3.36	10,690	3.61
Procurement Services	56,659	20.34	16,020	5.75	34,661	12.43
Surgical Materials Testing Laboratory	2,411	0.21	0	0	0	0
Welsh Risk Pool	2,601	0.89	1,117	0.62	2,996	0.96
<b>Grand Total</b>	<b>152,976</b>	<b>51.17</b>	<b>103,109</b>	<b>35.58</b>	<b>141,932</b>	<b>48.62</b>



## People & Business Partnering Development

- A successful appointment to the Senior People and OD Business Partner role, responsible for supporting Procurement and Laundry divisions was made in December. They will start in April 2026.
- Bespoke training on Avoidable Employee Harm to ensure the programme continues to roll-out across all Divisions is currently being developed.
- A review of the process of temporary injury allowance and extension of sick pay is currently being undertaken and will be presented to SLG once developed.
- There is an exciting development in relation to the improvement of Actionpoint. Members of the project group are currently liaising with IT regarding all employees being able to access POD services via ChatBot. Further updates will be provided once details have been confirmed.
- Training is being scheduled in February and June to support the roles of Disciplining Officers and Respect and Resolution chairs.
- An employee relations tracker providing details of high-level cases has been developed and will be presented at the next P&OD senior management team meeting.

## Analytics Update

### Staff Movements Dashboard

Following its demonstration at Informal SLG in October, the new “Staff Movements” dashboard has now officially launched for use. It provides an Organisational view of staff changes, movements, increase and decrease in FTE and highlights where staff have moved across the organisation. This development is an extension of the “Starters and Leavers” tab, to enable further analysis and understanding of where and why staff have moved out of roles to/from NWSSP.

### SLG Performance Report Request - Review of Divisional Sickness Targets

The team were asked to undertake a review of specific sickness targets for NWSSP Divisions to ensure they remain appropriate and realistic. This report has been compiled and reviewed at formal SLG in December. Following some feedback, the final report has been amended ready for formal sign off at SLG in January.

## EMPLOYEE EXPERIENCE

## What we mean by Employee Experience:

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

## People Development

New starters attendance at the Welcome Session, and their return of the Welcome Induction Toolkit Declaration Form are both required to ensure compliance. Current overall Induction as of December 2025 is 37.88%

Welcome Induction Participation by Division	No of New Starters Since 1 January 2024	Attendance at Welcome Induction Workshop	Returned Completed Welcome Induction Toolkit Declaration Forms
Accounts Payable Division	12	11	4
Audit & Assurance Division	5	4	3
Corporate Division	5	5	4
Digital Workforce Division	2	2	1
E-Business Central Team Division	1	1	1
Employment Division	19	15	7
Finance Division	5	5	2
Laundry Division	25	2	
Legal & Risk Division	41	34	20
Medical Examiner Division	25	19	18
Medical Workforce Division	3	3	
People & OD Division	13	12	6
Pharmacy	1	1	
Pharmacy Technical Services Division	28	23	8
Planning, Performance and Informatics Division	7	5	3
Primary Care Division	33	27	17
Procurement Division	164	104	51
Specialist Estates Division	2	2	2
Surgical Materials Testing (SMTL) Division	2	2	2
Welsh Employers Unit Division	3	3	1
<b>Grand Total</b>	<b>396</b>	<b>280</b>	<b>150</b>
		<b>70.71%</b>	<b>37.88%</b>

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

## People Development – People and OD Training Attendance for December 2025

Divisions	Coffee and Conversations - Offering External Work Placement 01/12/2025	Welcome to NHS Wales Shared Services Partnership 04/12/2025	Managers Induction 03/12/25	LEI Module 4 - Inclusive Leadership (Strategic) 11/12/2025	Customer Service Training - 10/12/2025	Equality, Diversity and Inclusion 16/12/2025	LEI Module 4 - Inclusive Leadership (Essential) 17/12/2025	Total
Audit & Assurance			3	1				4
Corporate	1	1	1	3			1	7
Digital Workforce					4			4
Employment				2	3	3	2	10
Finance					1		1	2
Legal & Risk						1	3	4
Medical Examiners Service							2	2
People & OD						2	1	3
Pharmacy Technical Services		2						2
Planning, Performance and Informatics	1	1		2				4
Primary Care Services				1				1
Procurement		2	1	3	2		4	12
Specialist Estates	1							1
Surgical Materials Testing (SMTL)	2							2
Welsh Employers Unit			1	1				2
<b>Total</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>13</b>	<b>10</b>	<b>6</b>	<b>14</b>	<b>60</b>

## EMPLOYEE EXPERIENCE

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

### Culture and Engagement

#### Staff Survey

- The NHS Wales Staff Survey closed on December 1st with paper copies being accepted until December 6th.
- During the countdown to the staff survey closing, participation rates for the 5-day, 2-day, 1-day, and final-day were shared through our dedicated Staff Survey mailbox.
- The People and OD team, alongside Trade Union colleagues actively made efforts to boost participation to ensure the suppression rate of 10 completed forms from each service was met.
- A meeting with HEIW on December 18th reviewed the development of the 2025 Dashboard.:
  - A new functionality is being explored to enable comparison across occupational groups.
  - Staff survey leads also mapped the hierarchies from the 2024 submissions to align with the 2025 submission. Services that have been split for the 2025 survey cannot be compared with the 2024 Staff Survey data.
- A thank you poster with final participation figures was shared with all staff during December.
- HEIW plans to review the data and functionality on the dashboard before releasing the results to all organisations in mid February.

#### Staff Recognition Awards

The online awards event took place on Tuesday 13th. The virtual awards ceremony will be streamed in IP5, Denbigh Stores, Alder house and Nantgarw to encourage non-digital staff and office-based teams to join the event together. Rooms have been reserved, and posters have been created to advertise the streaming location. The In-person regional winners' events will take place during March, April and May.

#### Inclusive Culture Action Plan

- A pulse survey was launched on the 5th December, closing on the 2nd January, to progress our understanding of staff experience regarding time pressures and presenteeism as well as the barriers to being able to achieve work/life balance.
- Culture Change Champions will analyse the results and propose interventions based on findings.

#### This is our NWSSP

- Following recent commitment conversations, some existing Culture Change Champions have confirmed they are unable to continue in the programme. As a result, the NWSSP lead is planning a recruitment drive to bring new champions on board and ensure the programme remains fully supported.

## EMPLOYEE EXPERIENCE

### What we mean by Employee Experience:

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

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

### Culture and Engagement

#### Speaking up Safely

- A total of 60 employees have registered as users on Work in Confidence and 11 concerns have been raised. Six concerns are still open and five are now closed.
- Speaking up Safely training will be rolled out corporately and the development of Psychological Safety training is underway.
- An Escalation Protocol is currently being developed to ensure transparency of concerns, considering how Senior Leaders raise concerns and concerns related to Senior Leaders behaviour. This is likely to be completed and shared with the organisation before the end of Q4.

### Diversity, Inclusion and Well-being

#### Mental Health First Aid Training

- Another successful Mental Health First Aid training session was delivered, increasing the number of Mental Health First Aiders to 32.
- Work is currently underway with Divisions that don't have Mental Health First Aiders to ensure all services are supported.

#### Suicide Awareness Training

- This training was provided to the Medical Examiners Service with high attendance and positive feedback, requests for further training and support have been made and the team is working with the service to understand what further support can be provided as a team to ensure staff wellbeing.
- Further exploration is underway to determine how this training can be provided corporately.

#### Equality Impact Integrated Assessment (EQIIA)

- Further developments of the EQIIA process have been made with more information included on the Duty of Quality and discussions on how to better engage with colleagues who need to complete this process. Training development and short videos are being explored to support engagement and clarity of process.

#### Inclusion Passport

- Engagement is underway for the inclusion passport, with several Trade Unions being contacted for their input and meetings to be scheduled with Information Governance to ensure the project meets data protection legislation. The aim is to launch the passport in the summer after being reviewed and approved.

# NWSSP Performance Information Report

January 2026

*Delivering Value, Innovation  
and Excellence through  
Partnership*

## Purpose

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

Health Organisations received their individual performance reports for Quarter 2 at the end of October 2025 and will receive the Quarter 3 reports at the end of January 2026.

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

## Key Messages

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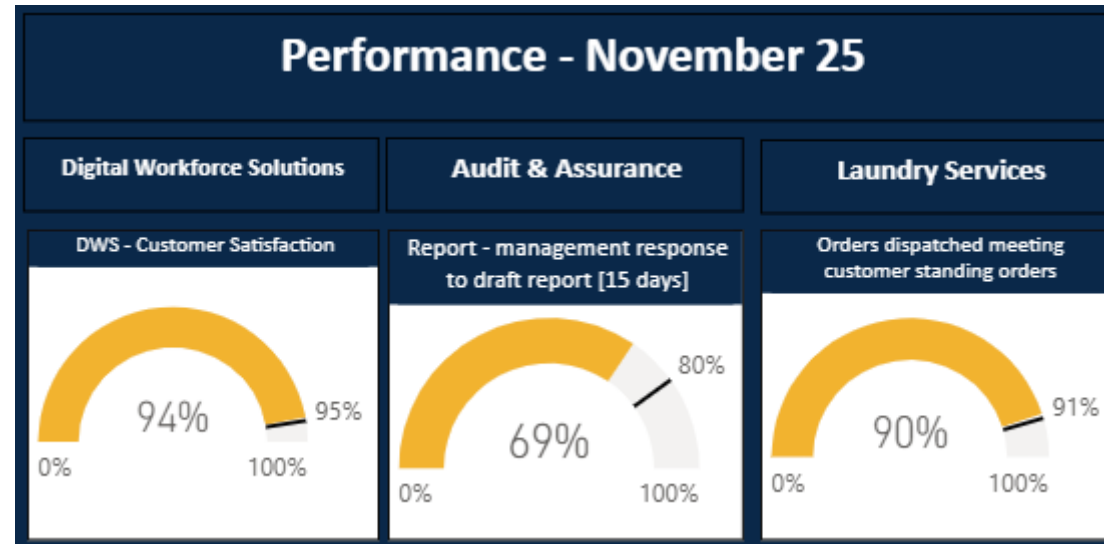
The in-month November performance was good with most reported KPIs achieving the target.

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 Laundry, one within Audit and Assurance and one within Digital Workforce Solutions. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £86M at end of November. 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 September

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













# Summary of KPIS





				25/26				
KFA	KPIs	Target		August	September	October	November	Trend
<b>Audit &amp; Assurance</b>								
<b>Our Services</b>	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
<b>Our Services</b>	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	100%	92%	92%	91%	
<b>Our Services</b>	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
<b>Our Services</b>	Report turnaround management response to draft report [15 days]	75%	Cumulative	80%	79%	70%	69%	
<b>Our Services</b>	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
<b>Procurement Services</b>								
<b>Our Value</b>	Procurement savings *Current Year	£22m	Cumulative	£30,358,331	£35,813,387	£37,056,354	£37,651,373	
<b>Accounts Payable</b>								
<b>Our Value</b>	Savings and Successes		Monthly	£596,028	£1,147,490	£670,854	Not Available	
<b>Our Services</b>	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	96%	Reported Quarterly	Reported Quarterly	
<b>Our Services</b>	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	88%	Reported Quarterly	Reported Quarterly	
<b>Our Services</b>	Accounts Payable % Calls Handled (South)	95%	Monthly	99%	99%	97%	98%	
<b>Employment Services Payroll</b>								
<b>Our Services</b>	Overall Payroll Accuracy	99.60%	Monthly	99.86%	99.76%	99.79%	99.84%	
<b>Our Services</b>	Payroll % Calls Handled	95%	Monthly	98.56%	98.70%	99.01%	98.84%	
<b>Recruitment All Wales</b>								
<b>Our Services</b>	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	66.6%	67.7%	63.4%	68.1%	
<b>Our Services</b>	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	63.80	63.70	64.00	63.40	
<b>Recruitment Responsibility</b>								
<b>Our Services</b>	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	100%	100%	99%	100%	
<b>Our Services</b>	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	99.5%	99.2%	99.7%	99.7%	
<b>Our Services</b>	Recruitment % Calls Handled	95%	Monthly	99.0%	98.6%	99.0%	99.4%	

# Summary of KPIS

				25/26				
KFA	KPIs	Target		August	September	October	November	Trend
<b>Student Awards</b>								
<b>Our Services</b>	% of NHS Bursary Applications processed within 20 days	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Student Awards % Calls Handled	95%	Monthly	97.76%	98.39%	98.43%	99.04%	
<b>Primary Care</b>								
<b>Our Services</b>	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.81%	99.81%	99.72%	99.73%	
<b>Our Services</b>	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
<b>Legal &amp; Risk</b>								
<b>Our Value</b>	Savings and Successes		Monthly	Not Available	Not Available	Not Available	£20,185,960	
<b>Our Services</b>	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Timeliness of advice response - within 3 days or agreed timescale	95%	Monthly	100%	100%	100%	100%	
<b>Welsh Risk Pool</b>								
<b>Our Services</b>	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
<b>Specialist Estates Services</b>								
<b>Our Value</b>	Professional Influence		Monthly	£216,728	£478,601	£768,451	£144,719	
<b>Our Services</b>	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Issues and Complaints	0	Monthly	0	0	0	0	
<b>CTES</b>								
<b>Our Services</b>	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	Not Applicable	Not Applicable	1	Not Applicable	
<b>Our Services</b>	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	99%	99%	99%	100%	

# Summary of KPIS

				25/26				
KFA	KPIs	Target		August	September	October	November	Trend
<b>Digital Workforce</b>								
<b>Our Services</b>	DWS % Calls Handled	85%	Monthly	98.52%	97.80%	96.00%	93.69%	
<b>Our Services</b>	Customer Satisfaction	95%	Monthly	95%	94%	94%	94%	
<b>SMTL</b>								
<b>Our Services</b>	% of Monitoring reports completed within 14 days from receipt into the laboratory	91%		100%	100%	100%	100%	
<b>Our Services</b>	% delivery of audited reports on time (Commercial)	92%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	% delivery of audited reports on time (NHS)	92%	Monthly	Not Applicable	100%	Not Applicable	Not Applicable	
<b>Our Services</b>	% delivery of Technical assurance evaluations on time	90%	Monthly	100%	100%	100%	100%	
<b>Pharmacy Services</b>								
<b>Our Services</b>	Complaints			0	0	0	0	
<b>Medical Examiners Service</b>								
<b>Our Services</b>	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Never Events	0	Monthly	0	0	0	0	
<b>All Wales Laundry</b>								
<b>Our Services</b>	Orders dispatched meeting customer standing orders	91%	Monthly	96%	97%	95%	90%	
<b>Our Services</b>	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	0	0	0	
<b>Our Services</b>	Microbiological contact failure points	90%	Monthly	96%	95%	95%	95%	

Division	KPIs	Target		24/25												Trend	Lead KPI	
				December	January	February	March	April	May	June	July	August	September	October	November			
Our Services																		
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Monthly	76%	75%	76%	77%	77%	75%	100%	100%	100%	92%	92%	91%	↓		K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	98%	98%	97%	99%	99%	99%	100%	100%	100%	100%	100%	100%	→		
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	63%	62%	64%	62%	64%	66%	Not Applicable	88%	80%	79%	70%	69%	↓		
Audit & Assurance	Report turnaround draft response to final reporting [10 days]	95%	Monthly	98%	98%	99%	98%	98%	98%	Not Applicable	100%	100%	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 November. The target for the 15-day turnaround is 80%, 69% of reports were completed within that time frame (13 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 November 25.

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	28	32.1%	21.4%	90.00%	100.0%	57.1%	100.0%
Betsi Cadwaladr	35	37.1%	28.6%	90.91%	100.0%	54.5%	100.0%
Cardiff & Vale	36	27.8%	22.2%	63.64%	100.0%	100.0%	100.0%
Cwm Taf Morgannwg	34	20.6%	23.5%	58.33%	100.0%	100.0%	100.0%
DHCW	13	38.5%	30.8%	100.00%	100.0%	75.0%	100.0%
HEIW	12	58.3%	16.7%	88.89%	100.0%	100.0%	100.0%
Hywel Dda	28	35.7%	21.4%	61.54%	100.0%	87.5%	100.0%
Joint Commissioning Committee	4	0%	25.0%	100.00%			
NHS Wales Performance & Improvement	4	25.0%	25.0%	100.00%	100.0%	0%	100.0%
NWSSP	19	31.6%	21.1%	83.33%	100.0%	66.7%	100.0%
PHW	12	50.0%	16.7%	87.50%	100.0%	100.0%	100.0%
Powys THB	24	29.2%	20.8%	77.78%	100.0%	75.0%	100.0%
Swansea Bay	27	29.6%	22.2%	92.86%	100.0%	28.6%	100.0%
Velindre	17	35.3%	23.5%	100.00%	100.0%	25.0%	100.0%
WAST	20	25.0%	40.0%	76.92%	100.0%	80.0%	100.0%
<b>Total</b>	<b>313</b>	<b>31.9%</b>	<b>24.0%</b>	<b>81.62%</b>	<b>100.0%</b>	<b>68.9%</b>	<b>100.0%</b>

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

**90.98%**

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


Division	KPIs	Target	December	January	24/25 February	March	April	May	June	July	25-26 August	September	October	November	Trend	Lead KPI	
Our Services																	
DWS	DWS % Calls Handled	85%	Monthly	91%	93%	96%	96%	94%	95%	96%	92%	99%	98%	96%	94%	↓	K
DWS	DWS Volume Total Calls		Monthly	1,940	2,724	2,186	2,183	2,303	2,131	2,178	2,306	2,027	3,133	3,474	2,997		K
DWS	Customer Satisfaction	95%	Monthly	94%	94%	93%	92%	93%	94%	93%	94%	95%	94%	94%	94%	↑	K

## What is happening?

Customer satisfaction slightly missed the target for November achieving 94% 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 lower performance has been linked to a minor drop in the number of calls answered, which has led to some dissatisfaction. This reduction in answered calls is a result of team members being unavailable due to annual leave, paternity leave, and short-term sickness.

Division	KPIs	Target	December	January	24/25 February	March	April	May	June	July	25-26 August	September	October	November	Trend	Lead KPI	
Our Services																	
All Wales Laundry	Orders dispatched meeting customer standing orders	91%	Monthly	95%	96%	89%	94%	93%	97%	94%	102%	96%	97%	95%	90%	↓ 	K

## What is happening?

Orders dispatched meeting customer standing orders slightly missed the target for November achieving 90% against the target of 91%.

## What steps are we taking?

The reason for the target being missed is due to there being less demand from the health boards compared to the standing orders in November, and not due to orders being unfulfilled by Laundry.

# Areas of success

*Delivering Value, Innovation  
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11/18



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# Employment Services – Recruitment

Division	KPIs	Target	December	January	24/25 February	March	April	May	June	July	25-26 August	September	October	November	Trend	Lead KPI	
Our Services																	
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	70.6%	67.2%	67.3%	64.7%	72.0%	70.4%	67.9%	67.3%	66.6%	67.7%	63.4%	68.1%	↓	
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	59.3	62.5	66.7	62.2	61.5	61.8	62.4	61.0	63.8	63.7	64.0	63.4	↑	K

## What is happening?

The average time to hire (TTH) across NHS Wales for November 2025 is 63 days and the target is 71 days which is a consistent with the previous month however, 5 organisations missed the target which can be seen on pages 13 and 14. During November activity volumes decreased for posts advertised (1,573 to 1,346), WTE advertised (1,892 to 1,718) and the number of conditional offers sent (1,822 to 1,432) compared to October 2025.

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

Division	Activity	December	January	February	March	April	May	June	July	August	September	October	November	Trend	
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,699	1,423	1,379	1,399	1,452	1,517	1,699	2,549	1,758	1,738	1,822	1,432	

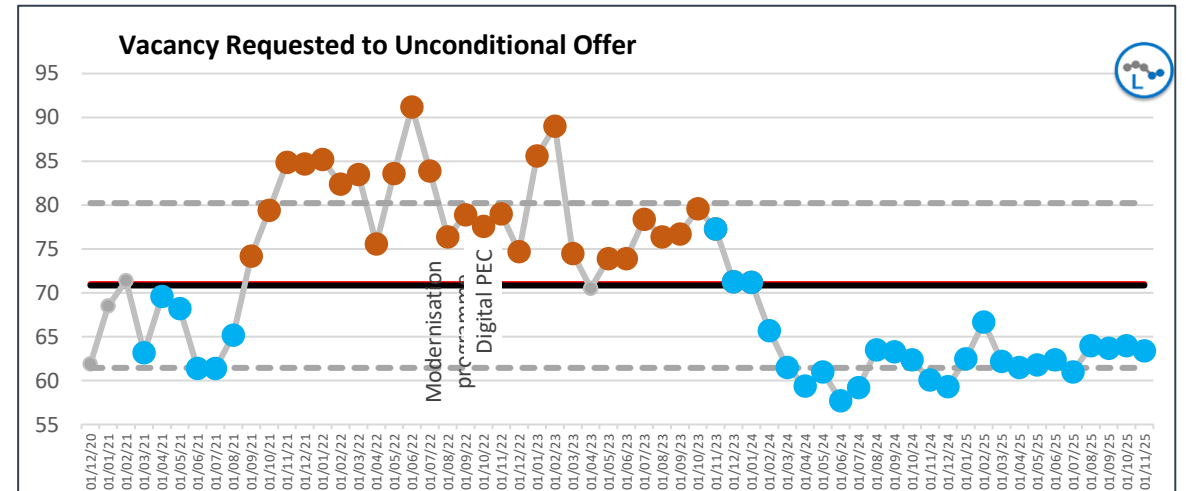
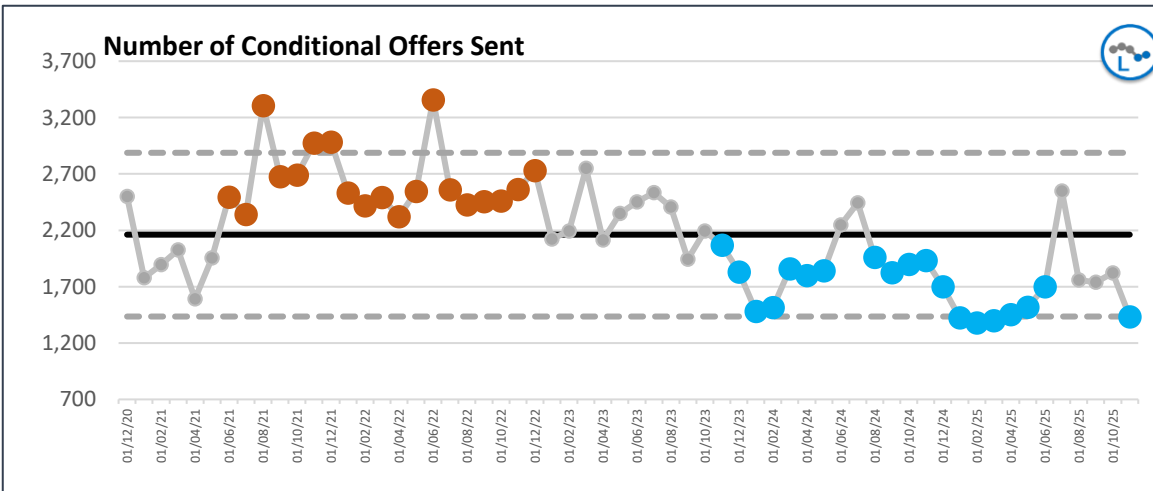
## What we continue to do?

There were 1,815 applicants who completed checks in November 2025. Whilst good progress has been made on the older records in the system, 10.7% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter. This is an increase on previous months so some focus on older records in the system is required. An Escalation Report is shared monthly with health organisations to identify and review these records as well as a reminder to continue to work on the records that have been in the system for 51-90 days also to ensure they don't tip into the 91+ days category.

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.

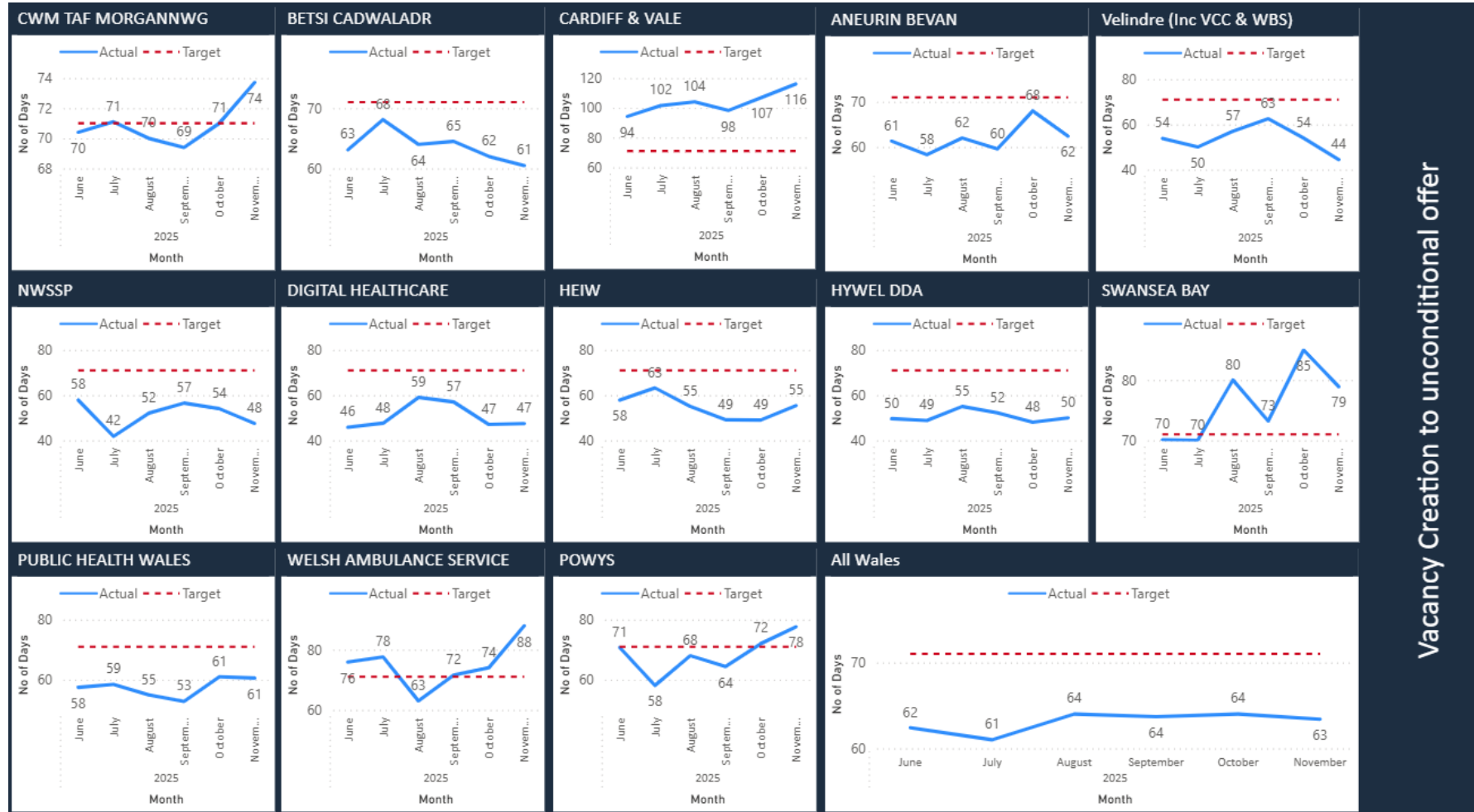
# Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer													
Org	Target	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Trend	
AB	71	68	70	64	64	58	59	61	58	62	60	68	63	↑	
BCU	71	57	58	58	56	60	58	63	68	64	65	62	62	↓	
CV	71	75	81	88	95	88	86	94	102	104	98	107	116	↓	
CTM	71	75	74	76	74	70	68	70	71	70	69	71	74	↓	
HD	71	50	56	48	51	48	49	50	49	55	52	48	50	↓	
HEIW	71	44	61	66	47	60	48	58	63	55	49	49	55	↓	
DHCW	71	45	57	53	32	34	58	46	48	59	57	47	47	↓	
NWSSP	71	50	61	56	61	58	54	58	42	52	57	54	48	↑	
PTHB	71	70	76	70	81	65	68	71	58	68	64	72	78	↓	
PHW	71	55	52	59	63	55	59	58	59	55	53	61	61	↑	
SBU	71	63	68	71	72	76	73	70	70	80	73	85	79	↑	
VEL	71	55	49	67	54	55	50	54	50	57	63	54	44	↑	
WAST	71	72	77	76	76	84	96	76	78	63	72	74	88	↓	
All Wales	71	59	63	67	62	62	62	62	61	64	64	64	63	↑	



# Employment Services – Recruitment

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



Vacancy Creation to unconditional offer

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

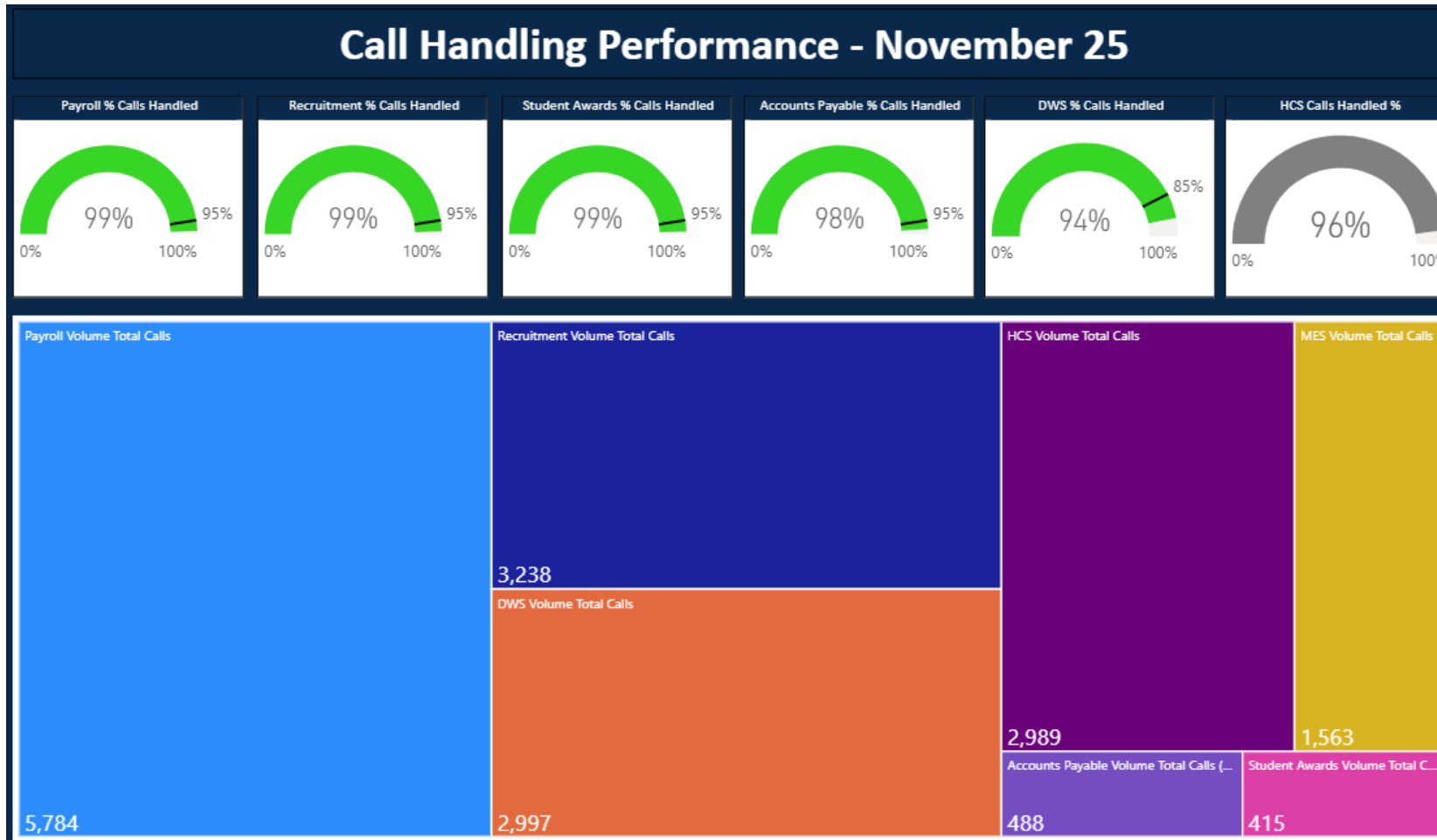
- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management, cost avoidance etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions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

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

Service	YTD Benefit £m
Specialist Estates Services	3.4
Specialist Estates Services - Build for Wales**	1.2
Procurement Services	14.0
Procurement Services – Pharmacy	23.6
Procurement Services - Cost Avoidance	15.9
Legal & Risk Services	20.2
Accounts Payable*	6.6
Oxygen Finance – PSP*	0.3
Counter Fraud Services	0.6
<b>Total</b>	<b>86</b>

- \*\* This relates to Q4 24/25 Build for Wales
- \* April – October 25

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

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- Reporting on Legal & Risk savings is now reported with £20.2m savings reported for April – November 25.

## Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 30th November 2025.
- The performance against the high-level key performance indicators to 30th November 2025.
- The continued achievement of the Employment Services recruitment Time to Hire target.



*Delivering  
Value, Innovation and  
Excellence through  
Partnership*

# NWSSP Outcome Measures Performance Report

January 2026

*Delivering Value, Innovation  
and Excellence through  
Partnership*

1/15



201/303

## Purpose of the Report

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The purpose of this report is to provide the SSPC with an update on the agreed Outcome Measures for November 2025 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.

## Key Messages

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

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.

#### RPA Processes

Division

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



#### Legal & Risk Services

Case Closure Client Satisf...

98% → 95.0%



#### DWS

Customer Satisfaction

94% → 95.0%



#### Primary Care Services

Customer Satisfaction re...

85% → 75.0%



#### Central Team

Annual Customer Satisf...

82% → 90.0%



#### Specialist Estates

Annual Customer Satisf...

99% → 95.0%



Website Bounce Rate

## 35%

#### Customer Service Excellence



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

#### NWSSP Assurance Overview - 25/26



Category	Value
NWSSP Audits - Reasona...	4
NWSSP Audits - Substant...	2
NWSSP Audits - Limited	0

#### Volume of Calls



Category	Value
Payroll Recruitment	5.8K
DWS	3.2K
HCS	3.0K
Accounts Payable	3.0K
SAS	0.5K
SAS	0.4K

#### Calls Answered



Category	Value
Payroll Recruitment	100%
SAS	99%
Accounts Payable	96%
HCS	96%
DWS	94%

Website Users

## 10K

Website Page Views

## 27K

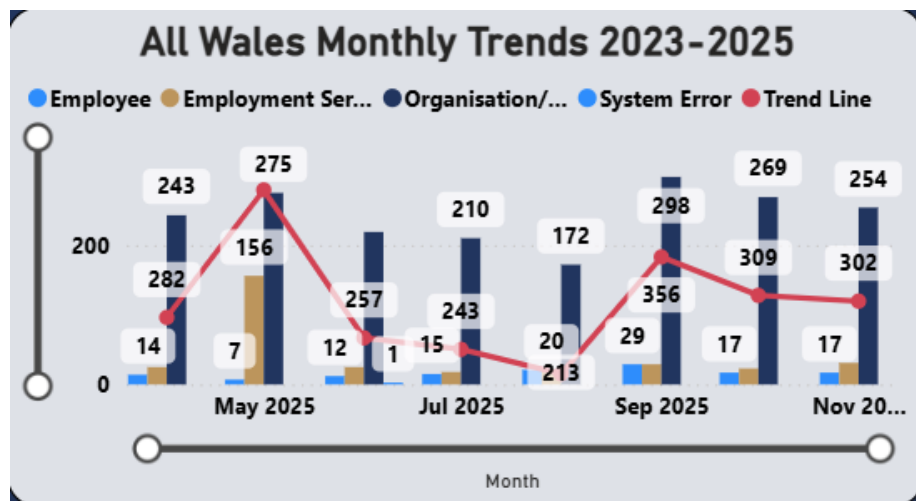
#### Website Pages - November 25 (Top 3)

1. Current Vacancies - 4,408
2. Student Award Services - 1,494
3. Contact Us - 1,189

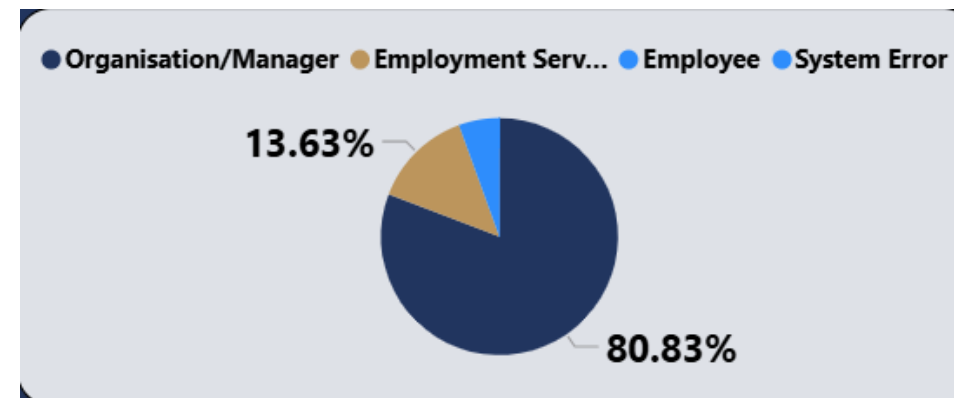
# All Wales Payroll Overpayments

The charts summarises All Wales payroll overpayment volumes by responsibility from April to November 25, based on dashboard data.

Overpayment by Responsibility trend April – November 25



Overpayment by Responsibility split April – November 25



### Examples of Reasons by responsibility

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

## Customer Satisfaction

- Some divisions met their customer satisfaction targets.
  - Digital Workforce Solutions missed the stretched target in November.
  - CTeS missed their annual satisfaction survey target as previously reported.

## Website Analytics

- Website Users and page views decreased in November (10k and 27k) compared to October (13k and 37k). The top 3 page views were current vacancies, Student awards and Contact Us.

## Call Handling

- Call Handling achieved the target in November for all reported areas. A total of 16k calls were received across the reported areas during the period.

## Customer Service Excellence

- NWSSP successfully achieved CSE accreditation for the 3<sup>rd</sup> 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 19 audits reviews planned with six completed: four with reasonable assurance and two 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

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### Outcomes

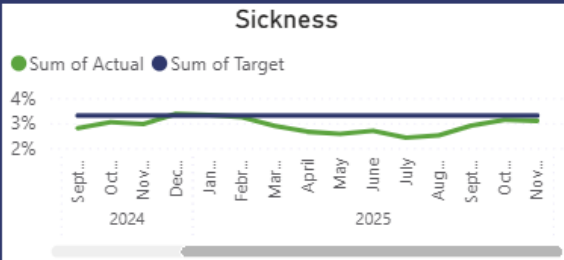
We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

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

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

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

### Sickness



● Sum of Actual ● Sum of Target

### NHS Wales Staff Survey



● NWSSP ● All Wales

### Staff Award Submissions

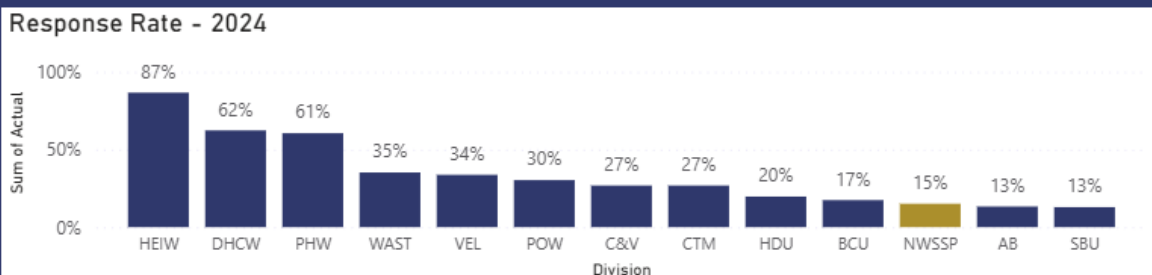
2023	2024	2025
176	116	138

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### Top 3 Sickness Reasons

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

### Response Rate - 2024



Sum of Actual

### Response Rate 2024 excluding SLE

38%

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### Annual Turnover (Excluding SLE)

9%

### November 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. Other

### Engagement Score - 2024

77%

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### November 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. Other

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

179

## Staff Survey

- NWSSP shows a positive trajectory with improved feelings of pride, recognition, valued work, opportunities for knowledge and skill development, and improved health and wellbeing. NWSSP consistently outperformed when compared to the all-Wales average, demonstrating strong employee engagement and positive workplace experiences. Specifically, there's a reduction in reported work-related stress and musculoskeletal problems within NWSSP.
  - Staff Survey for 25/26 is closed and awaiting results.

## Staff Awards

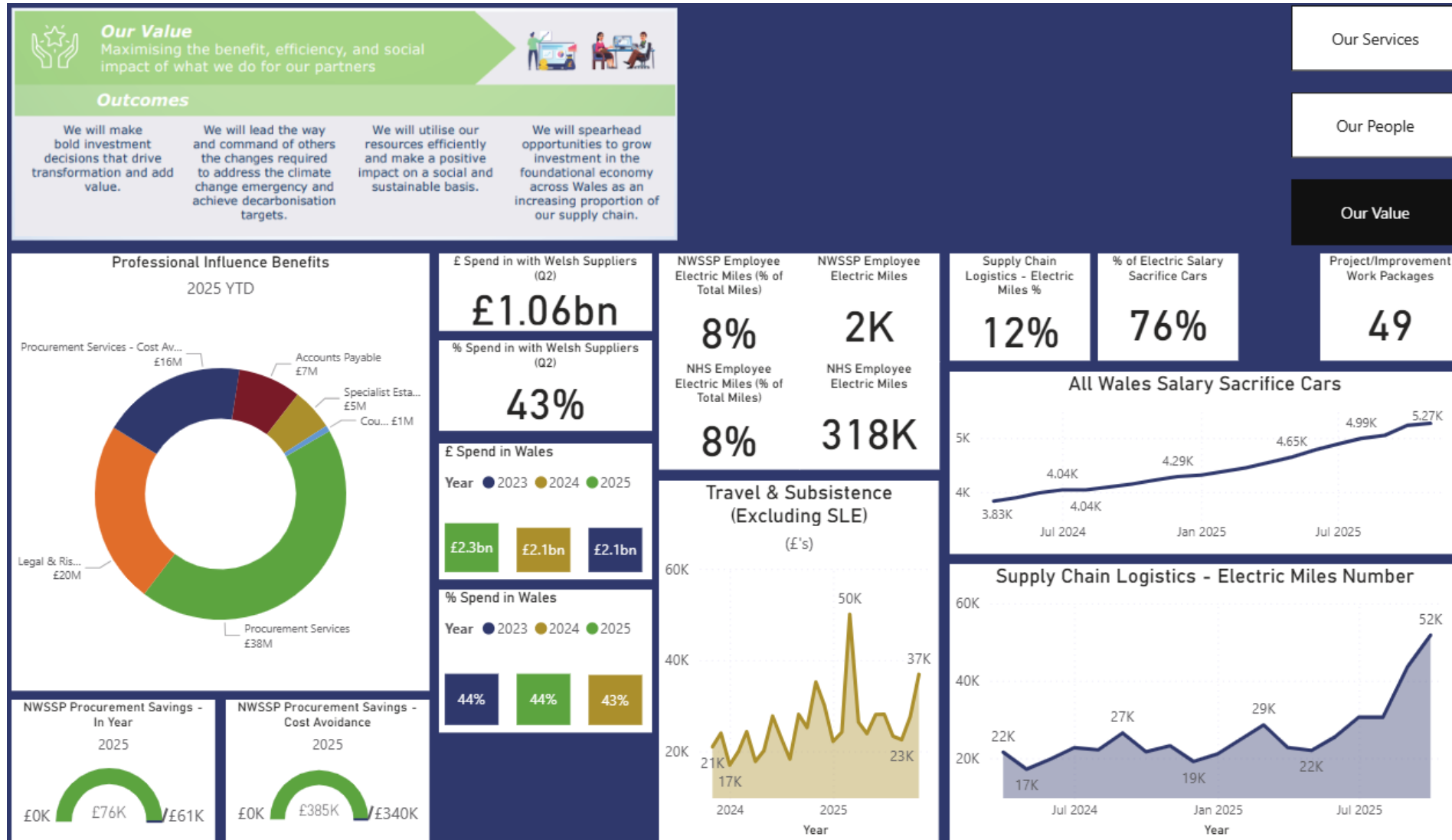
- Staff Award Submissions increased from 116 in 2024 to 138 in 2025.

## 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 good from some initial desktop research). Turnover does not include internal churn.
- 71% of leavers excluding SLE were voluntary. 30% of these had 3 plus years of service.

## Sickness

- Staff sickness rate (3.1%) achieved the overall target (3.3%) for November however, 15 of the 22 divisions still missing their target. Further detail is available in the People & OD report.
- Top 3 absence reasons are, anxiety, stress, depression, cold, cough, flu and injury, fracture.



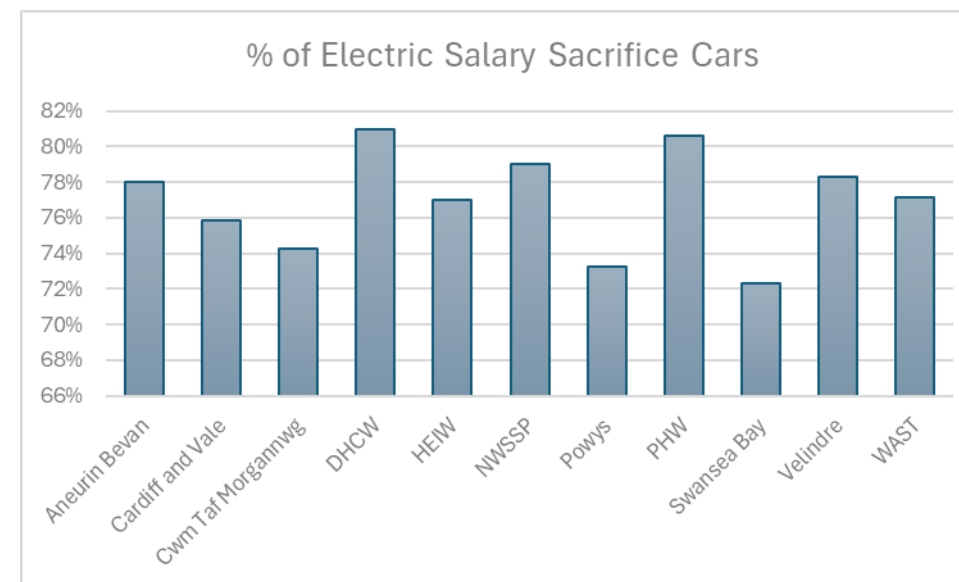
The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in November 25.

Organisation	Total Miles Claimed	Electric Miles	
		Claimed	Electric Miles %
Cardiff & Vale	203,402	14,438	7%
WAST	175,645	24,671	14%
DHCW	11,920	2,567	22%
CVB	4,120	0	0%
Public Health	70,938	5,950	8%
AB	501,364	40,765	8%
NWSSP SLE	358,112	21,405	6%
NWSSP exc SLE	31,283	2,439	8%
BCU	779,149	87,992	11%
Powys	213,610	19,342	9%
HEIW	14,391	3,150	22%
Hywel Dda	518,546	27,892	5%
Cwm Taf	476,730	37,446	8%
Velindre	19,154	225	1%
Swansea Bay	396,315	30,122	8%
<b>Total</b>	<b>3,774,679</b>	<b>318,403</b>	<b>8%</b>

# 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 November 25.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	979	764	189	26	78%
Cardiff and Vale	1003	761	197	44	76%
Cwm Taf Morgannwg	914	679	192	43	74%
DHCW	147	119	24	4	81%
HEIW	74	57	15	2	77%
NWSSP	329	260	69	0	79%
Powys	112	82	25	5	73%
PHW	170	137	30	3	81%
Swansea Bay	964	697	218	49	72%
Velindre	129	101	25	3	78%
WAST	451	348	91	12	77%
<b>TOTAL</b>	<b>5272</b>	<b>4005</b>	<b>1075</b>	<b>191</b>	<b>76%</b>



## Professional Influence Benefits

- Professional Influence April - November 25 shows significant benefits (£86m) across Procurement, Legal & Risk, Specialist Estates Accounts Payable and Counter fraud.

## Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for November for both in year and full year.
- NWSSP has achieved £384k procurement cost avoidance savings in the first 8 months of the year and £76k of cash releasing savings against a target of £61k.

## Transformation Management Office (TMO)

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

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

- In November, £37k (excluding SLE) of T&S was claimed, an increase on the October position which was £28k.
- In November NHS Wales employees claimed for 318k electric miles which is 8% of the total miles claimed. NWSSP employees (exc SLE) claimed for 2.5k electric miles which is 8% of the total NWSSP miles claimed.

## Salary Sacrifice

- As of November, there are 5,272 salary sacrifice cars in use across All NWSSP managed NHS Wales organisations. Of these 76% are electric.
- For NWSSP as of November there were 329 cars in use with 79% classed as electric.

## Foundational Economy

- In 2025/26, expenditure with Welsh suppliers as at quarter 2 is £1.1 billion. This represents 43% 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](mailto: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
<b>Strong Working Relationships</b>	Repeated praise for collaborative and supportive engagement with NWSSP teams, particularly in Recruitment, Audit and Employment Services.
<b>Responsiveness &amp; Timeliness</b>	Acknowledgement of improved responsiveness and timely support in several areas including Audit and Recruitment.
<b>System Developments</b>	Positive feedback regarding the usability and usefulness of the SMA application.
<b>Engagement &amp; Communication</b>	Customers feel well engaged, particularly where performance is transparent and support is proactive.

## Areas of Consideration

Theme	Summary of Customer Voice	What we have done or doing
<b>Recruitment Efficiency</b>	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.
<b>Audit &amp; Assurance Timeliness</b>	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
<b>Procurement Transparency</b>	Requests for details breakdowns of savings.	Breakdown of our procurement savings is routinely being shared via the performance reports and Heads of Procurement meet monthly with finance colleagues to discuss savings opportunities.
<b>Payroll Communication</b>	Feedback highlighted opportunities to improve response times and enhance clarity in Payroll communications	This has been fed back into the service.
<b>Legal &amp; Risk Services</b>	Breakdown of Savings to be provided routinely.	We have developed case studies that illustrate savings achieved in legal claims.
<b>Customer Satisfaction Insight</b>	Interest in more qualitative satisfaction data across services – not just cost or performance metrics.	In development.
<b>System &amp; Process Development</b>	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.
<b>Benchmarking &amp; Best Practice</b>	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 and starting to share via performance reports
<b>KPI Clarity &amp; Performance Data</b>	Some users requested clearer visibility of SLA performance, metric ownership, and opportunities for better reporting granularity.	We have started routinely sharing more granular data in our performance reports and are exploring further opportunities for increased detail.

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



*Delivering  
Value, Innovation and  
Excellence through  
Partnership*

		<b>06/01/2026</b>
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**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Transformation Management Office Update Report**

<b>ARWEINYDD:</b>	<b>Rebecca Nelson, Director of Planning, Performance &amp; Informatics</b>
<b>LEAD:</b>	
<b>AWDUR:</b>	Oliver Rix, Assistant Head of Project Management Office
<b>AUTHOR:</b>	
<b>SWYDDOG ADRODD:</b>	Ian Rose, Assistant Director Transformation
<b>REPORTING OFFICER:</b>	
<b>MANYLION CYSWLLT:</b>	-----
<b>CONTACT DETAILS:</b>	<a href="mailto:Ian.rose@wales.nhs.uk">Ian.rose@wales.nhs.uk</a>

**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:** **Our value** - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.  
**Objectives:** **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:** NWSSP approved IMTP 2025-28

**Supporting evidence:**

**Ymgynghoriad/Consultation:**

Senior Leadership Group

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

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓

**Argymhelliad/** The Committee is asked to NOTE the progress with key projects and programmes undertaken by NWSSP.

<b>Recommendation</b>	
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<b>Crynodeb Dadansoddiad Effaith:</b>	
<b>Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth:</b> <b>Equality and diversity:</b>	No direct impact
<b>Cyfreithiol:</b> <b>Legal:</b>	Compliance with procurement regulations where applicable
<b>Iechyd Poblogaeth:</b> <b>Population Health:</b>	No direct impact
<b>Ansawdd, Diogelwch a Profiad y Claf:</b> <b>Quality, Safety &amp; Patient Experience:</b>	No direct impact
<b>Ariannol:</b> <b>Financial:</b>	Compliance with financial instructions and processes where applicable
<b>Risg a Aswariant:</b> <b>Risk and Assurance:</b>	Assessed, monitored and managed within each project
<b>Safonau Iechyd a Gofal:</b> <b>Dyletswydd Ansawdd / Duty of Quality:</b>	Duty of Quality assessed within each project
<b>Gweithlu:</b> <b>Workforce:</b>	Capacity constraints are highlighted against each project where applicable
<b>Deddf Rhyddid Gwybodaeth /</b> <b>Freedom of Information</b>	Open

## NWSSP TMO Update - 06 January 2026

Prepared by Oliver Rix (Assistant Head of Project Management Office)

### Summary

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

<b>Projects</b>	19
<b>Programmes</b>	2
<b>SI Initiatives</b>	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:

- **52% (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
- **48% (13 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.

### SSPC Recommendation

SSPC are requested to note the contents of the report.

## Key Trend information and Initiative Overview

### Initiatives – 21

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	31/03/2026	65%
TRAMS - Radio Pharmacy	Neil Frow	Amber	Amber	Medium	01/01/2024	31/03/2025	N/A	5%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	31/03/2026	68%
Optimising Data Population (ODP)	Angela Jones	Green	Green	Large	01/03/2024	15/09/2025	31/03/2026	55%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	30/03/2026	85%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/03/2026	31/03/2026	34%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Green	Green	Large	05/11/2024	31/03/2026	N/A	52%
Corporate Governance Community of Practice	James Quance	Green	Green	Large	19/05/2025	31/03/2026	29/06/2026	52%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	30/04/2026	N/A	61%
TRAMS - Implementation of Radiopharmacy	Rhys Hamer	Green	Green	LargeXOrg	08/09/2025	31/10/2026	N/A	39%
Gluten Free Subsidiary Card	Sarah Jones	Green	Green	Medium	01/10/2025	31/12/2026	N/A	30%
Future Workforce Solution	Gareth Hardacre	Green	Green	LargeXOrg	14/10/2025	02/12/2030	N/A	5%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	31/03/2026	50%
Speaking Up Safely	Gareth Hardacre	Green	Green	Small	29/07/2025	30/09/2025	30/01/2026	95%
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	0%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	30/01/2026	30/01/2026	75%
Data Management	Scott Lavender	Amber	Amber	Large	04/04/2022	31/01/2026	31/01/2026	91%
L&R Case Management System implementation phase	Mark Harris	Amber	Amber	LargeXOrg	01/09/2020	31/03/2026	23/06/2025	99%
Fleet Modernisation Programme	Tony Chatfield	Green	Green	Medium	03/02/2025	31/03/3031	N/A	5%
Project Management Software Procurement	Ian Rose	Green	Green	Small	06/10/2025	01/10/2026	N/A	50%

## 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	28/02/2026

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
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	31/03/2026
VP - Productivity Pilot - Accounts Payable	Russell Ward	Green	Green	Management Action	03/03/2025	30/09/2025	30/01/2026
IOH Review	Neil Frow, Alison Ramsey, Lindsay Payne	Green	Green	Improve	22/06/2023	31/01/2026	31/01/2026
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	N/A

## Key Individual Project/Programme Updates

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

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

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

## Objective

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

## Progress Update

- Concept design work has verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.
- Planning application has been approved covering both the South East Radio pharmacy and the South East Hub.
- Detailed design of the Radio pharmacy has concluded and scrutiny has been completed, and build is in progress.
- Enabling works covering both Radio pharmacy and Hub have been completed as part of the Radio pharmacy project.
- Outline Business Case (OBC) for the remainder of the hub has been circulated to Health Boards and Trust. The capital costings are stable and a revenue funding model based on "Fair shares" has been proposed. The OBC v1.1 has been endorsed by Project and Programme Boards and approved by SSPC at its meeting on 17-Jul-2025, and all internal governance around approval completed by 31-Jul-2025. The case was approved by the Cabinet Secretary for Health and Social Care on 1-Sep-2025.
- Welsh Government has awarded £0.7m to develop the SE Hub FBC.
- The SE Hub Isolator tender was concluded on 8-Oct-25 and the contract for the design phase has been awarded.
- Development of the SE Hub FBC is in progress.
- The South West Hub project is also active. A longlist of 5 sites has been compiled and a surveyor engaged to estimate the costs to bring each of them to a comparable condition. A site ranking workshop took place in Jul-25. The project is actively negotiating purchase options to be pursued on an agile basis if capital is made available. Meetings have been held with the Health Board led SW Cell Pathology Lab project, to deconflict site search.
- The programme continues to interface with BCUHB to understand their plans for clinical transformation of their Nuclear Medicine service, and to understand the implications for the future North Medicines Hub. A project manager has been recruited based in North Wales, to advance Business Case preparation for the region, starting on 19-Jan-2026.
- Laboratory space in IP5 is being brought into use. Staffing for the Micro Monitoring Lab has been recruited and mobilised, and passed MHRA inspection on 28-Oct-2025.
- The TRAMS Digital Project tender process was curtailed in Jul-2025 with no acceptable bids received. The project is currently exploring an option to adapt the Oracle financial system with additional modules and configuration to meet project needs. A draft costing is being prepared and route to market analysed based on variations to existing contracts. Exception reports indicate that the timeline to deliver the minimum viable product can still be aligned with opening of the SE Hub. Project costs are to be included within South East Hub FBC. Funding has been approved for a 9 week Discovery Phase, to establish a contractual offer with firm costs to deliver the scope.
- Validation of the proposed product catalogue with clinical groups is ongoing. A paper has been circulated proposing the product supply model for Clinical Trials, accommodating the desired uplift in capacity from key stakeholders. A detailed description of the proposed Product Supply Model will be included in the SE Hub FBC.
- Planning of Staff Transfer Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in Aug-25 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts are again being reviewed for the Hub FBC. A recruitment and service transfer profile is being prepared to support the SE Hub FBC.
- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

## Main Issues, Risks & Blockers

- A number of issues are currently impacting the **time taken to prepare the SE Hub FBC** including:
  - Time taken to agree the **product supply mode for the new Velindre Cancer centre (nVCC)** with Velindre stakeholders.
    - Proposal to utilise the nVCC unit as the regional spoke for short shelf life clinical trials.
    - Staffing, capacity, and affordability issues arising from the above discussions
  - Time taken to establish the cost envelope and route to market for the Digital Project based on engagement with existing suppliers.
- **Time taken** to deliver production capacity to the service remains a major concern for the Programme.
  - Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least four Health Boards in this position.
  - The Swansea Radio pharmacy currently represents a single point of failure for twelve major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested.
- Current **staffing pressures** throughout the service threaten the ability of Health Boards and Trusts to release staff time to the

# TMO Dashboard Report

extent needed to achieve the transformational change. The proposed level of staffing to operate the TRAMs service model is also being actively reviewed to ensure the project as a whole remains affordable.

- We are exploring with the IP5 Programme how the **power resilience of IP5** can be improved. The new TRAMs facilities will be Grade 1 in accordance with WHTM 06-01 4.30. If capital investments are needed to improve power resilience these will be included in the Hub Business Case, but the engineering design of the power resilience solution must also be suitable for the needs of all building users.
  - Discussions with Welsh Government are ongoing and a firm costed proposal is being prepared.
- Based on current position, the programme is rated **"Red"**.

## Impact on Existing Service/Arrangements

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

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	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
<u>High Level Benefits</u>	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - No	Quantitative - Yes
<u>Recent Gateway Review?</u>	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 deployed the iCasework Legal Case and Document Management System across the division.

The project is currently in the Closure stage aiming to handover all follow-on actions, backlog of developments, accepted risks, lessons learned and benefits realisation, however currently the team are focused on finalising arrangements for the Application Programming Interface (API) that is used to extract the data to create the monthly Quantum reports to the Health Boards. The work aims establish fully automated API processes, with handover of control from DHCW Client Services to NWSSP Informatics.

L&RS and Informatics have successfully automated the key reports required for financial reporting. There is a single report that is still under the control of DHCW Client Services which is to be handed over. A new server has been established in order to run the automation of the reports and as a result establishing the API for future reporting cycles.

## Main Issues, Risks & Blockers

### Issue

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. This resulted in the quantum financial reports circulated to the Health Boards were incorrect. 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
Data Management	Alison Lewis	Scott Lavender

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

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

## Objective

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

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

**To catalogue: -**

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

**To review: -**

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

**To identify: -**

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

**Progress Update**

Good progress continues to be made, the Project Board requested extension for Project Closure for 1 month now due to close on 31-Jan-26.

Need to refine and develop process for authorised users and leavers for each service area develop user form to email managers to approve, The Deputy Head of Primary Care Services is still awaiting Heads Primary Care to confirm the proposed process, originally planned to commence on 31-Oct-25, he will continue to chase for responses by 31-Jan-26.

NWSSP Information Governance Manager agreed there was no longer a requirement to amend the approved Data Privacy Impact Assessment (DPIA), instead new Data Sharing Agreements to be put in place with all external organisations.

The PCWIS Project Board continues engagement with Welsh Government and Health Boards in the validation of the current reports to sign off the reporting specification. Health Education and Improvement Wales (HEIW) has been signed off, and Welsh Government is imminent and ongoing with Health Boards.

Project Team members presented the reporting options paper with the preferred option of using Power BI Reporting capabilities which was approved by the Project Board on 17-Dec-25.

Following sign-off resource will be committed from the Data Management Project to commence engagement, refinement and start to develop self-service functionality for all agreed stakeholders in the next quarters (Qtr3, Qtr4).

The Business Information Team continues to develop the Dental Workstream which encountered a delay of 2 months due to clarification of the stakeholder requirements sought, and Project Board requested go live date by 12-Jan-26.

The Project Manager has drafted the Data Privacy Notice which will be used as an overarching document for all data for dependant projects which include PCWIS system and GOS and is currently waiting circulation to Project Board members and sign off scheduled for the next Project Board meeting due on 12-Jan-26.

Communication for all Stakeholders for Primary Care Workforce Reporting for General Medical Services (GMS) will be drafted and issued early January 2026.

**Main Issues, Risks & Blockers**

No risks or issue over the threshold of rating of >15.

**Impact on Existing Service/Arrangements**

No impact to existing service arrangements.

Project Name	Project Manager		Project Exec/SRO	
<b>Primary Care Workforce Intelligence System (Including Reporting and Performers List)</b>	Bethan Rees		Nicola Phillips	
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Amber</b> (Cost)	<b>Amber</b> (Overall)
<b>High Level Benefits</b>	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				

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

## Progress Update

### PCWIS

Significant progress has been made in December enhancing the PCWIS Workforce module further and engaging with a third party to review the Performers List build.

### Performers List Review

The Performers List build is currently held within Sandbox environments and requires further work prior to product launch. To gain an understanding of the work required for product launch, an independent review was commissioned by the Project Board to assess the build and provide NWWSP with time and cost estimates. Significant progress was made during December, and discussions were held with a third party to undertake this work. The relevant protocols have been followed in terms of Procurement and Information Governance, and the review is scheduled to take place over five days in January. The report from the review will be analysed in February and a decision made on next steps for phase two of the project.

### Commercial Update

Softcat updated NWSSP on 10-Dec-25 that the PCWIS sub-contractor, Credera is planning to cease trading with its Salesforce arm. Softcat have confirmed that NWSSP will be supported by Credera to the end of February. Discussions are ongoing between Softcat and a new sub-contractor to support NWSSP from February and details will be confirmed by Softcat in due course.

## Main Issues, Risks & Blockers

### Issues

1) Softcat have advised that Credera's Salesforce arm will cease trading. Therefore, this will impact the PCWIS contract.

Softcat will ensure the contractual arrangements remains seamless whilst moving from one sub-contractor to the new sub-contractor

2) An information governance issue has been raised by the DPO for GP Practices who has advised that the DPIA needs to be reviewed in relation to data controllers for PCWIS.

A meeting between IG Leads from all organisations will be arranged to resolve this issue and recommend a way forward.

3) If Project Board approve the need for Shield for IT Security, a source of funding will have to be found to cover the cost (approx. £35k).

Finance are seeking confirmation of revenue funding from Welsh Government.

## Impact on Existing Service/Arrangements

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

Project Name	Project Manager	Project Exec/SRO
TRAMS - Radio Pharmacy	Peter Elliott	Neil Frow

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

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

### High Level Benefits

**Recent Gateway Review?** No

### Objective

To provide a new Radiopharmacy facility serving the South East region of Wales

## Progress Update

The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options, and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in July 2024.

Planning Permission was approved on 13-Feb-25.

Funding letter for the balance of funds to complete the project was received on 20-Feb-25.

A Project Surveyor and other key advisors and internal resources have been appointed.

The enabling works tender covered:

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- Removal of racking from the work area
- Rectification of the dividing wall for fire compartmentation
- Refurbishment of staff toilet and locker room facilities
- Connection of new drains for the production area
- Over cladding the roof above the pharmacy production area

This work package completed on 30-May-25.

A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed.

Cleanroom build started on site on 23-June-25. The cleanroom build is planned to be physically complete by the end of Jan-26. Contractor validation activity is planned to be completed by the end of February 2026. NHS Validation and regulatory inspections are scheduled for March to May 2026.

Isolators have passed Factory Acceptance Tests (FAT) and been delivered to site ready to be integrated into the build.

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital systems. We are engaging directly with Nuclear Medicine departments and Chief Pharmacists to ensure that the future model for ordering, delivering, and receipting product is both compliant with the Medicines Act and financially transparent and robust.

The staffing establishment has been assembled based on:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. These staff mobilised with NWSSP on 4-Aug-25.
2. The identification of an interim stand-alone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.

Initial recruitment was completed in Oct-25, ongoing recruitment remains in place to covers ordinary staff turnover and vacancies.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2. We continue to manage construction risks pro-actively, and to report the spend position to Welsh Government

Project risks are now falling, in line with maturity of the design and construction.

Project is rated Amber overall to the time constraint, the delay from original timelines largely having been driven by 8 months awaiting planning permission, and a further 2 months by delays to the build.

## Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- **IP5 Power** – assessments are that the available power margin **will be sufficient** to support the entire SE Hub Scope. This risk will continue to be monitored and reported on. We continue to engage actively with the IP5 Programme about **power resilience** for the site as a whole, and this will be deconflicted with power resilience proposals in the Hub Case.
  - An investment proposal supported by firm tendered costs is in the final stages of preparation.
- **Regulatory** - We need the approval of 3 regulators to be able to open the service:
  - MHRA License to manufacture medicine (MS Specials)
  - NRW Permit for radiation particularly in regard to foul drainage
  - HSE Consent for storing and handling radioactive materials.
- While the MHRA regulator has indicated informally that our design is likely to be acceptable, they have also warned about the timescale for inspections. They require 2 months notice of an inspection, and these can only be booked once everything is ready including all staff in post and fully trained. There is currently only 1 inspector in the UK who does radio pharmacy inspections. There will then be a further 6-8 weeks after the inspection for defect rectification and final approval to make medicine for patients. Therefore, there is an overall 4 month period from being "inspection ready" to being "service ready". This has two principal risks (1) of delay to patients in going live and (2) financial risk, if all the capital funding for staff doing validation has been consumed, and yet no income is being generated because no patient doses have yet been supplied. NWSSP will be vigilant on this risk and report any unfunded deficit to SSPC in a timely way.
- The main **Service Level Agreement** for the Radiopharmacy Service is in the final stages of preparation and will need to be approved and signed to support entry into service.

## Impact on Existing Service/Arrangements

Currently 12 major hospitals and cancer centres in South and West Wales are being supplied with diagnostic Tc99m injections, used on all patients needing a Gamma Camera scan, from a single isolator in a single cleanroom in Swansea. Any interruption to this service will result in us being unable to carry out Gamma Scans in these hospitals. Building this new facility provides capacity and resilience and will contribute to cut waiting lists as well as reducing the risk of not being able to scan patients at all.

Project Name	Project Manager	Project Exec/SRO		
<b>Laundry Memorandum of Terms of Occupancy (MOTO)</b>	Paul Thomas	Stuart Douglas		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Amber</b> (Cost)	<b>Amber</b> (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.

No further update at this stage.

### **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.

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

Buy-in Risk - 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
NWSSP Electronic Prescription Service-EPS	Daniel Sinderby	Nicola Phillips

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<b>High Level Benefits</b>	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	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: 34%.

The EPS Programme continues to focus on the handover of implementation and Business as Usual (BAU), Urgent & Emergency Care (Out Of Hours), Service Search (OneAdvanced) and rollout to Dispensing Doctors.

The rollout continues to progress towards 125 GP Practices live across Wales. Welsh Government have asked that the rollout of EPS is to be completed by November 2026. Additional practices will be brought into the implementation plan taking the rollout up to 40 practice go-lives per month, starting in May 2026. The implementation will continue into BAU with Primary Care Services working in collaboration with Digital Health and Care Wales (DHCW) Primary Community and Mental Health (PCMH).

## Progress Update

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

**EPS Efficiencies:** The team are continuing to undertake an EPS stats impact assessments on Document Scanning and Prescription Processing. This will feed into the EPS benefits analysis to be undertaken.

**EPS Dashboard:** Changes have been raised by Programme for the development team to complete to resolve the current issues and queries that have been raised by users. Once these changes have been completed, the dashboard will be subject to the SLA between NWSSP and DHCW. The SLA has been reviewed and approved by DHCW, therefore the next steps are to sign off within NWSSP and publish.

**Internal Reporting:** Investigation into the current number of items is being processed and how many forms less being received per month. Requirements for an internal dashboard to report on items and forms will then be scoped. The developers have identified that the current internal EPS dashboard may be a potential option for this.

**Consolidation Process - Phase 2:** There are two scenario/processes to be developed as part of the Consolidation Process's second phase. The Smartcards Team are currently working on the scenario of a Change of Ownership via Holding Company. The basis for this scenario is the current change of ownership involving Dragon Retail Ltd and Contracts Management have recently reviewed and fed back, therefore changes are to be made and approved prior to signing off.

**NWSSP BAU Funding Requirements:** EPS Programme Team are still working towards securing ongoing BAU funding for EPS by writing a communication to Welsh Government which is awaiting feedback with no timescales currently confirmed. Investigation is ongoing regarding options for ordering and storing the dispensing tokens that have been funded for this financial year in bulk. Options are to be presented at the next Project Board for discussion.

**EPS requirements for PCWIS:** EPS requirements for PCWIS system to be investigated and scoped.

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**Northern Ireland EPS Solution:** No confirmation from Northern Ireland on whether NWSSP will be an option in the delivery of their EPS onboarding. Will continue to monitor until decision is made.

**Urgent Primary Care / Out of Hours:** The FOT site RA Agent has now been fully trained and have requested for their staff smartcards to be printed which is currently being processed.

**Dispensing Doctors First of Type (FOT):** EPS Programme Team investigating potential FOTs with Optum, Invatech and Pharmacy X, however there is no confirmation of yet.

**Smartcard Audit Processes:** Work is ongoing regarding the auditing of Smartcards usage within the Health Boards at a practice and pharmacy level. Escalation routes are also in discussion regarding engagement.

**Smartcards Key Performance Indicators (KPIs):** Investigation into potential Smartcards KPIs relating to ServicePoint, Apply for Care ID, Care Identity Manager, Smartcards printing, Smartcards training and other potential areas are underway. The Smartcards team are pulling together current stats to inform the decisions.

**Cluster Training:** The Smartcards team now have access to Apply for Care ID and CIM INT (test) environments however, PCMH have decided that they are not going to include Cluster go lives into their implementation/rollout plan. NWSSP have agreed to take the same approach and to not offer Cluster go live training sessions as part of the Smartcards processes.

## Main Issues, Risks & Blockers

### Risks

BAU recurring funding for EPS Service - Currently there is no confirmed funding post financial year 2025-26 for BAU costs of the EPS Service. DHCW EPS Programme Team have submitted a formal letter to Welsh Government outlining the current position and the funding requirements to continue the EPS Service across Wales. 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.

### Issues

Scope creep following completion of Tranche 1 workstreams - As Tranche 1 workstreams of the EPS Programme nears completion that NWSSP PCS have had significant involvement with, there are new requirements that have emerged needing NWSSP PCS resources which were originally not in scope. This includes Urgent Emergency Care (UEC)/Out of Hours (OOH), Dispensing Doctors, Cluster Go Lives, EPS Public Dashboard, Business As Usual funding agreement and a backlog of tasks from Tranche 1 that were lower priority still outstanding. Therefore, this requires the project structure to remain until the emerging requirements have been appropriately scoped and delivered, aligning with the Programme's plan of service transition to BAU.

## Impact on Existing Service/Arrangements

No impact to existing arrangements. Project status returned to Green since confirmation of 2025/26 funding and re-scoping exercise.

Project Name	Project Manager	Project Exec/SRO
Optimising Data Population (ODP)	Rhiann Iles	Angela Jones

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

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>High Level Benefits</b>	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	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

55% completion reflects Phase 1 of NWSSP data population exercise.

The project remains on track with a continuation of the RAG status (green), with significant progress achieved within this reporting cycle.

## Summary

The project focus continues to prioritise improving data completeness within ESR. During the last reporting period a data solution has been sourced utilising an opportunity created by a planned integration exercise between two systems used within Recruitment Services: TRAC- Civica's end-to-end recruitment platform and TrustID, a system providing digital identity verification for employers. Robotic Process Automation (RPA) will be used to transfer the resulting information into ESR. This will be supported by general and targeted communication exercises. Phase 1 focuses on addressing gaps in Emergency Contact and Nationality information, and the activities will focus on NWSSP staff initially before wider rollout to other NHS organisations.

Strong progress made in reporting cycle; communications and integration analysis are final outstanding dependencies before full Phase 1 delivery.

## Key Activity Updates

### 1. TRAC-ESR Interface Error Codes

- Initial regional analysis indicates that date anomalies are contributing to several interface errors.
- Clarification of ownership of error resolution is underway and will be strengthened further through updated Standard Operating Procedures (SOP's).

### 2. Baseline Nationality Data Gaps

- ESR baseline data analysis has confirmed significant gaps in nationality records.

### 3. Use of Passport Photo Data via TrustID/TRAC into ESR

- TRAC-TrustID integration will enable population of some nationality data into ESR (13-month period)
- Limitations: only staff gone/going through TrustID; historic staff records will require manual updates.
- Mapping and manager-authorized alerts being implemented.
- IT configuration is underway.
- Supporting documentation being progressed.
- RPA build scheduled post-approval.
- Nationality and country mapping work advancing.
- IG confirms existing agreements cover all activities.

### 4. Communications and Information Flows

Confirmation of terminology has been received from NHSBSA

- Joint communications drafted to support staff in updating required data.

## Expected Progress for next Reporting Cycle

Outlined across IT setup, TRAC process, documentation, RPA build, mapping, and communications.

## Risks and Issues

No risks and issues above the reporting threshold. The following new risks have been added to the risk register: terminology misalignment; incomplete coverage for historic staff.

## Main Issues, Risks & Blockers

As identified within scoping document.

## Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Influenza Vaccine programme 2025	Rachel Pember	Jonathan Irvine

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

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

### Objective

NWSSP to provide a centralised Flu Programme 2025. To centrally procure, store and distribute the Influenza vaccine for the vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes going forward, to all General Practice, Community, and Local Health Boards (LHBs) Trusts.

### Progress Update

Following Welsh Government approval of the NWSSP proposal, the Flu Vaccination programme have achieved the follow key milestones:

- Approximately 715,020 doses of Flu Vaccines have now been delivered across Wales as part of initial delivery phase.
- Approximately **129,520** doses has / and is being delivered as part of the additional delivery phase.
- A further **26,010** doses delivered as part of In Campaign and Emergency Orders.
- A total of 936,847 Flu Vaccines delivered to date.
- There is **no** stock of TIVc at IP5 and a total of aTIV 26,430 vaccine available. However requests of TIVc continued to be received.
- Vaccines now delivered to 2,111 locations across Wales.
- Flu Vaccine programme drivers travelled over 57,604 miles to date.
- Flu Vaccine programme received 937queries and requests to amend, cancel or re-divert orders received, of which 99% have being resolved.

Several productive discussions with the Welsh Government regarding the next season's Flu Vaccination programme taken place with additional conversations with Securus to determine the volume of Flu Vaccine required for the upcoming session. These discussions are crucial to ensure the new season programme is well-prepared and have an adequate supply of vaccines

The Project Team held a very positive and constructive Lesson Learned session on 17 December 2025. The insights and feedback gathered during this session were invaluable and a comprehensive report is being compiled and will be shared shortly.

The Project Closure Document is currently being developed and this document will be presented in the near future, after which the Flu Vaccination Programme will seamlessly transition into Business as Usual operations.

### Main Issues, Risks & Blockers

None over threshold.

## Impact on Existing Service/Arrangements

No impact on existing arrangements.

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

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

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

### Objective

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

#### Background:

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

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needs as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.

## Progress Update

Following the release of the NHS Wales Estates Database (NWED) application and rigorous testing, the NWED Dashboard was released to the Health Boards and Trusts user groups on the 16 October 2025. The users will now be able to access live reporting data and documents specific to leases within their Health Boards.

The focus on the project continues towards transitioning to BAU and the release of the automated notifications that SES and the Health Boards/Trust receive regarding lease breaks, reviews and expirations. A Service Management Board is to be established to provide consistent assurance and support over the lifespan of the NWED system once BAU likely commences in February 2026.

## Main Issues, Risks & Blockers

None.

## 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)
<b>High Level Benefits</b>	Cash Releasing - Unsure	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	No			

## Objective

### **IMTP 2024/25**

- Cease printing Electronic Patient Record (EPR) where GP2GP has been successful. GP2GP allows healthcare workers to transfer patients' electronic health records securely, and quickly between their old and new practices when they change GPs.
  - Review training material.
  - Identify training requirements within General Practice.
- Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, ie babies.
- 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).
- Benchmark medical records digitisation with Health Boards in NHS Wales.

## Progress Update

The All Wales Patient medical records, Task and Finish Group meeting was held on 11-Dec-25, prioritising 2 objectives, the next meeting is scheduled on 28-Jan-26.

Deceased records requires a change to the regulations Welsh Government raised a couple of queries around the regulatory change required and the Director of Primacy Care sent her response back to Claire Cullen/Martyn Shipp in Welsh Government for further consideration on 17-Dec-25. Welsh Government circulated the draft National Health Service (General Medical Services contracts) (Amendment) (Wales) Regulation Change on 22-Dec-25 which was circulated to members of the Task and Finish Group. The group are hopeful to be on track for the regulations to be amended by Jan-26/Feb-26.

Destruction of Records - the group agreed to develop a set of suggested guidance documents which includes FAQ's which can be adopted by practices/Health Boards. These are currently in draft and awaiting Welsh Government to confirm if still need to print the Lloyd George envelope, once this is confirmed the group will issue the suggested guidance to Heads of Primary Care for adoption early next year.

The group agreed to conclude following the issuing of the Destruction suggested guidance and update to the regulations to support deceased/suspense arrangements, with two further meetings scheduled for January and February 2026. Group agreed with a March 26 closure date.

The NWSSP Operational Working Group met on 18-Dec-25, and continue to work on the 3 key objectives: 1. Benefits Realisation - high level quantitative benefits have been confirmed and awaiting further validation, 2. Suspense Records - amalgamation of records continues, to date a total of 771 box spaces have been created, 3. Draft options paper for the Process Change for the regulatory change and digital assurance for NWSSP is being reviewed with the aim of finalising the paper by 05-Jan-26 with the plan for the paper to be presented to NWSSP PCS Senior Managers on 07-Jan-2026.

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.

The Project is due to be closed by 30-Apr-26.

## **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)**

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>High Level Benefits</b>	Cash Releasing - Unsure	Non Cash Releasing - Unsure	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	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**

Phases 1 through 3 of the project have now been successfully completed, and work is underway to collate the outputs for Phase 4. As part of the next steps, additional clinical waste bins are currently being costed to accommodate practices with multiple consultation rooms, ensuring adequate provision across all sites.

We have identified a significant increase in non-collection charges from Stericycle. This issue is being actively investigated in collaboration with Stericycle and the Procurement team to determine the root cause and assess whether any contractual breaches have occurred. The objective is to resolve these discrepancies promptly and implement measures to prevent recurrence.

In light of the ongoing investigations and resolution of these issues, a temporary suspension has been implemented on the onboarding activities for Phase 4. This pause will remain in effect until the identified concerns have been fully addressed and appropriate corrective measures are confirmed.

### **Domiciliary Clinical Waste Process**

The project team has proactively engaged with domiciliary care providers to gain a comprehensive understanding of their existing clinical waste management arrangements. This collaborative approach is intended to ensure that the new contract reflects best practice and aligns as closely as possible with the operational models currently in place.

Data collected from these providers is now undergoing detailed analysis to identify patterns, requirements, and potential gaps. This process will inform the development of a robust onboarding strategy, enabling a smooth transition and minimising disruption to service delivery. Once this review is complete, onboarding activities will commence in accordance with the agreed implementation timeline.

### **Additional Bin Request**

It has been clearly communicated by multiple practices that the inclusion of an additional bin is essential to support full operational functionality under the current contract. Specifically, the 'blue bin' has been requested by several practices; however, it is not presently included within the scope of the existing agreement. Stericycle has provided pricing information for the blue bin, and discussions are currently underway to assess its financial and operational viability.

## **Revised Timescales**

Due to the phased nature of the contract implementation, the revised project completion date is now set for August 2025. This extension will ensure sufficient time for the successful delivery of Phases One and Two, as well as allow for a thorough review and

refinement of internal processes.

## 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
<b>Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.</b>	Rhiann Iles	Nicola Phillips

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

<u>Status</u>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (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 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

### Progress Update

#### **Project Completion**

52% completion (average)

34% completion- Project Priorities

70% completion- Operational Activities

#### **Project Status**

The project remains on track with a continuation of the RAG status (green), with significant progress achieved within this reporting cycle.

Project Board met on 12-Nov-25 where it was agreed that the project activities and subsequent plan would be revised into 2 separate plans due to the ongoing addition of operational activities required for the WGOS programme, requiring attention outside of the main project priorities. A brief description of the activities covered within each plan are below:

**Project Priorities** covers system integration, the future process for remuneration of consumables, the implementation of Signed Orders within NHS Wales and other identified IT, Digital and Data and Senior Management Team priorities

(It is noted that 34% completion is lower than expected at this stage of the project however, to provide context the number of activities and tasks have been reduced as part of the revision. In addition, the outstanding areas of work have tasks listed which are dependent on the preceding activity.

**Operational Activities** covering all other aspects of the project outside the project priorities including new requests for changes and development.

The plans were well received by the project team in addition providing a more structured discussion within the meeting. The operational activities plan will be handed over to project team to manage as part of the project closure process.

### **Key Activity Updates**

#### **Project Priorities**

#### **System Integration**

Requirements have been gathered to integrate WGOS 4 & 5 into K2 with the WGOS Team working closely with NCL's around validation criteria. Work will commence on requirement gathering for CVI, Low Vision data, WGOS 2 and Performers List integration once WGOS

4 & 5 have been integrated.

To assist with overall digital transformation occurring within the WGOS programme, a comparative evaluation has been undertaken to highlight gaps between Open Eyes and NWSSP data fields. It is recognised during the implementation period of OpenEyes across NHS Wales, it is unlikely that any changes will be considered and this will need to be addressed post implementation.

This work is to be prioritised over the next month to meet the project end date.

## Signed Orders

The project team received an update from Welsh Government on 19-Dec-25. Due to the Christmas break, updated tasks, activities and timescales will be the focus of the next signed order workshop, scheduled for 07-Jan-26.

The update provided the following information:

- NWSSP will be receiving SO forms for payment by May.
- Welsh Government have indicated that NWSSP developments should be in place/live by beginning of March
- There has been a change to the timeline to correspond with plans for the Cabinet secretary to make an announcement prior to the election is making an announcement in February, prior to the election to showcase aspects of the signed order process.
- Clarification of how signed orders will affect technical aspects of the newly established process, such as changes to the drug tariff (Welsh Government and NWSSP to work together to identify generic products and appliances for inclusion within the drug tariff) and changes required for pharmacy account declaration forms, which will also aid reporting.
- Agreements reached on fees.
- Confirmation that Signed Orders are all exempt and do not attract a charge.
- Agreement on endorsements.
- Requirement for item pricing process.
- Requirement for data file download for Welsh Government.
- Training will be provided via webinar developed by NWSSP's National Clinical Leads and Welsh Government in January and February 2026. NWSSP representation is required to answer questions around different aspects of the service as clinical and operational processes will be covered.

Workshops have been arranged to take place fortnightly to monitor progress, any significant delays will have communicated to project board via exception report.

A contingency plan has been identified if full system integration is not possible within the timescale, enabling PCS staff to manually key in prescriber and practice numbers, similar to current processes when forms are not automatically recognised.

## Consumables

An analysis has been undertaken of 2 costing models to present to Health Boards at the next ECWC meeting on 28 January 2026 to confirm the agreed payment model.

## IT, Digital and Data and SMT Priorities

Actions are being progressed with an expectation that the majority of these will be closed at the end of January 2026. The work (and amendments) to the Practice Closure protocol has been completed. Tasks identified to produce electronic statements to optometrists is dependent on current development work on the Scanning Key from Image project and will not be progressed until this is completed. The review of current (paper) forms in line with the National Form Contract Review (with Xerox and NHSBSA) has been removed from the project plan due to a wider review taking place across PCS and covering all forms processed within Primary Care Services.

## Operational Activities

As noted above, operational activities have been separated into their own plan and are being progressed with the intention of closing as many of the actions as practicable prior to the closing of the project in March 2026 but those outstanding can be managed via the team following project closure.

## Expected Progress for next Reporting Cycle

Focus on progression of Signed Orders and system integration as project priorities. There is an expectation that work around the future consumables process will be completed. It is also anticipated that most tasks identified as operational activities will be completed/closed.

## Risks and Issues

No risks and issues above the reporting threshold. The following new risk has been included within the risk register: The lack of full specification for payments for Signed Orders is not going to be available until January/February 2026 which could lead to a delay in the delivery of the project.

However, it is noted that this information has now been clarified within the update provided by Welsh Government on 19-Dec-25. The impact of the risk will be discussed further at the Signed Order workshop on 07 January 2026.

## Main Issues, Risks & Blockers

# TMO Dashboard Report

No risks and issues above the reporting threshold. The following new risk has been included within the risk register: The lack of full specification for payments for Signed Orders is not going to be available until January/February 2026 which could lead to a delay in the delivery of the project.

However, it is noted that this information has now been clarified within the update provided by Welsh Government on 19-Dec-2025. The impact of the risk will be discussed further at the Signed Order workshop on 07-Jan-26.

## Impact on Existing Service/Arrangements

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

Project Name	Project Manager	Project Exec/SRO
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)
<u>High Level Benefits</u>	Cash Releasing - Unsure	Non Cash Releasing - No	Qualitative - Yes	Quantitative - Yes
<u>Recent Gateway Review?</u>	No			

## Objective

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

There are currently 102 members on the Viva Engage site with the article on Gwella has received 581 views.

Of the 13 NHS Wales organisations working within the corporate governance field there are approximately a workforce of 150 staff.

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.

## Key deliverables over the next 12 months are:

- Engagement and Sharing - A bespoke Viva Engage and Gwella Platform to communicate and engage with each other.
- Develop Masterclasses for Corporate Governance.
- Professional development opportunities such as establishing a mentoring programme for Corporate Governance Staff in NHS Wales.
- An inaugural All Wales NHS Corporate Governance Conference in October 2025 - COMPLETE
- Opportunities to identify and support the integration of compassionate leadership and NHS Management Competencies into Corporate Governance practices
- Shared resources/content to make relevant to colleagues (for example, legislation and board effectiveness documents)

## Progress Update

The Conference Planning sub group held a Conference Lesson Learnt meeting on 15 December 2025, which focused on the strategic and operational aspects of the Conference.

A separate Lesson Learnt meeting was held with the Business Support Manager of Corporate Services at Digital Health Care Wales and the Assistant Project Manager on 23 December 2026. No additional lesson were added to the central Lesson Learnt Log.

A Conference Project Closure Document (Workstream) is currently be developed with the aim of presenting the report to Steering Group on the 16 January 2026.

The All Wales Directors of Corporate Governance Peer Group was held on 12 December 2025, where feedback from previous Masterclass sessions along with Conference Feedback was presented.

Feedback from the All Wales Directors of Corporate Governance Peer Group was very positive.

A proposed Masterclass programme for 2026 was presented to the All Wales Directors of Corporate Governance Peer Group, this proposed programme was approved. This will now be presented the Community of Corporate Governance Practice Steering Group to be approved in order to proceed.

The Project Team recently discussed options of hosting 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.

The Community of Corporate Governance Practice Steering Group will consider and confirm whether NWSSP Project Support is required for 2026 Conference and submit a Project Support request form to NWSSP for assistance if required.

## **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
<b>Wales Infected Blood Support Scheme Decommissioning</b>	Paul Thomas	Rebecca Nelson

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

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>High Level Benefits</b>	Cash Releasing - No	Non Cash Releasing - No	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	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 are 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) to be replaced by the Infection Blood Compensation Authority.

There will be limited changes seen for the beneficiaries but there is currently 8 members of WIBSS staff that are 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-Jul-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-Jul-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-Jan-27.

2 Project Team meetings commenced September 2025.

## **Workstream 1 – Staffing**

Initial meeting took place 09 September 25.

The Terms of reference was agreed by the team.

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-Sep-25.

# TMO Dashboard Report

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 2027.

An Update in Nov-25, 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-27. 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.

## Main Issues, Risks & Blockers

### Risks

R1 - 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

R2 - If communication is not clear throughout process, this will cause further stress on staff and beneficiaries

R3 - If the physical files are lost in Transit from WIBSS to IBCA, this will breach the Data Protection and GDPR regulations

R4 - 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-Jan-27

Project Name	Project Manager	Project Exec/SRO
Speaking Up Safely	Abbie Shackson	Gareth Hardacre

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

Status	Green (Overall)	Green (Time)	None (Cost)	Green (Quality)
<u>High Level Benefits</u>	Cash Releasing - Unsure	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<u>Recent Gateway Review?</u>	No			

### Objective

To facilitate the onboarding and sustainability of a new service to allow colleagues to follow the Speaking Up framework as directed to us to do by Welsh Gov.

### Progress Update

The Working In Confidence platform is now live. The Speaking Up Safely Week has successfully concluded, during which the team delivered a series of roadshows to provide colleagues with information on both Speaking Up Safely and the Working In Confidence platform. The project has now entered the closure phase, with a benefits realisation and lessons learned workshop completed. A formal Project Closure Document is currently being drafted.

## Main Issues, Risks & Blockers

### Risks

#### **Misuse of the Platform**

- Staff may use the platform to submit malicious, false, or frivolous complaints.

#### **Lack of Follow-Up**

- Concerns raised may not be addressed within the timeframes specified which may lead to loss of trust.

#### **Platform Technical Failures**

- There is a risk of platform downtime or data loss

#### **Lack of Welsh Language Conversational Recipients**

- Lack of fluent Welsh conversational recipients in Nons absence

#### **Potential risk of breach of confidentiality**

- Identity of the person raising the concern may be unintentionally revealed.

### Issues

## Impact on Existing Service/Arrangements

Project Name	Project Manager	Project Exec/SRO
<b>TRAMS - Implementation of Radiopharmacy</b>	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 - No Qualitative - Yes Quantitative - Yes

**Recent Gateway Review?** No

### Objective

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

### Progress Update

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

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

Workstream Updates :-

### Radiopharmacy

There has been several priority tasks needed for completion.

- The Dec-25 communication newsletter has been drafted.
- Work continues to define the timeline from building handover to Radiopharmacy operations, with an estimated completion date to confirm an implementation plan by December 31, 2025. This date remains provisional, pending further input from the RPA regarding any additional validation or qualification requirements.
- The DPIA has been reviewed by Information Governance with actions to be reviewed by Radiopharmacy.
- Preparation of SLAs for each participating Health Board are being finalised, with a target for approval by February 2026.
- Training plan has been drafted and to be incorporated into handover implementation timeline.
- SOPS' have been identified and work started to complete approval of all SOP's.
- SLA for CVUHB RPA has been sent for signing to CVUHB.

### Finance Update

- Service costs for Health Boards have been finalised.

### Facilities, Estates, Health & Safety & Fire

- Health & Safety training plan has been drafted.
- Identified an equipment list and associated costs.
- Datix requirements have been implemented for the new service.
- Fire equipment requires identifying and to be purchased prior to handover.

### Procurement

- Procurement have aligned the NHS England framework in readiness for contract agreement.
- The new framework is set to begin in Nov-25, with call-off orders possible from 1st April 2026.
- Usage figures and contract length have been shared with Procurement.

### Health Courier Service

Health Courier Services have finalised costs for when the service will move to IP5.

### IT

- Work has started to identify necessary software and hardware to support finance costings.
- Meetings are planned between Radiopharmacy and Pharmagraph to discuss implementation
- Photocopiers and Printers have been confirmed and purchase orders are to be raised.

## Main Issues, Risks & Blockers

No Risks currently over threshold

## Impact on Existing Service/Arrangements

None

Project Name	Project Manager	Project Exec/SRO
<b>Gluten Free Subsidiary Card</b>	Rachel Pember	Sarah Jones

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

**Status** Green (Overall) Green (Time) None (Cost) Green (Quality)

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

**Recent Gateway Review?** No

## Objective

To roll out Gluten free Subsidiary card 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.

- The impact assessments are being prepared with IG (DPIA) and Welsh Language (EQIIA).
- Procurement meeting took place and engagement with the supplier "All Pay" re. discussions for contract requirements
- IT meeting took place. Initial conversations re. dashboard requirements
- Engagement has been made with Welsh Risk Pool, to discuss survey requirements

The next All Wales Delivery Board meeting is scheduled for Monday, 26 January 2026. Prior to the meeting, tasks have been to co-ordinate the agenda for the meeting.

- SOPs are under review by NWSSP and will be reviewed by WG prior to distribution at the next delivery board meeting.
- PCS project update
- SLA template
- Reporting document for Health Boards

Implementation plan

## Main Issues, Risks & Blockers

None over threshold

## Impact on Existing Service/Arrangements

None

Project Name	Project Manager	Project Exec/SRO
<b>Project Management Software Procurement</b>	Abbie Shackson	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 - Yes Qualitative - Yes Quantitative - Yes

**Recent Gateway Review?** No

## Objective

### **Procure a Fit-for-Purpose System**

- Identify and acquire a system that meets the functional requirements for project management, service improvement tracking, and reporting.
- Ensure the solution aligns with current and future operational needs across relevant departments.

### **Ensure Value for Money**

- Conduct a competitive and transparent procurement process to secure the best possible solution within the allocated budget.
- Evaluate total cost of ownership, including licensing, implementation, training, and support.

## Align with the Organisation's Digital Framework

- Ensure full alignment with the organisations digital framework.

## Deliver Within Time and Budget

- Adhere to a defined project timeline with clear milestones and deliverables.
- Monitor and control costs to ensure the project remains within budget.

## Engage Stakeholders Effectively

- Involve key users and stakeholders throughout the procurement and implementation process to ensure buy-in and relevance.
- Provide training and change management support to facilitate adoption.

## Progress Update

The project team has collaborated closely with colleagues in Procurement to identify the most appropriate route for acquiring a fit-for-purpose Project Management and Service Improvement system. Following a review, Procurement has advised that the most suitable solution, which meets both budgetary constraints and functional requirements, is to re-procure Verto. This system is currently in use by the team and remains available on the G-Cloud 13 framework at the same price point.

## Main Issues, Risks & Blockers

### Budget Overruns

- Although the price is currently the same, hidden costs (configuration, training, integration) may exceed budget.

### Scope Creep

- Adding features beyond the original renewal scope could inflate costs and timelines.

## Impact on Existing Service/Arrangements

### Minimal Disruption Expected

- Since Verto is already in use, the core workflows (project tracking, dashboards, governance reporting) will remain familiar. However, renewal requires configuration updates and possible migration to new G-Cloud terms.

Project Name	Project Manager	Project Exec/SRO		
Future Workforce Solution	Ollie Rix	Gareth Hardacre		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>High Level Benefits</b>	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
<b>Recent Gateway Review?</b>	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

The programme is now moving from the Discovery & Procurement phase into the Foundational Readiness and Implementation phase. To support organisations at this pivotal phase of the programme, the NHSBSA has developed an Introductory Briefing Pack for all NHS CEOs, Workforce Directors and their boards. This pack gives an overview of the programme's ambition, the implementation path and what it means for organisations across NHS Wales.

The NHSBSA and NHS Wales Shared Services Partnership (NWSSP) have been working closely with Welsh Government to ensure the approach to implementation fully meets the needs of NHS Wales organisations. NWSSP has been identified as a leading delivery partner, taking an all-Wales approach to facilitate consistency, value, and collaboration across the system. Implementation will take place through a series of waves commencing with an early adopter wave in 2026.

Expressions of interest to be an early adopter were gathered via an Organisational Readiness Survey that each NHS Wales organisation undertook in January 2025. Through this process, organisations declared their readiness and willingness to participate with over 90% of organisations in Wales volunteering to be an early adopter.

Organisations were shortlisted by the NHSBSA and Infosys through a defined selection process, supported by NHS England, NHS Wales, and the NHSBSA's CEO and Advisory Boards. The early adopter cohort represents around 10% of the NHS workforce across NHS England and Wales; and is a representative cross-section of organisation types, baseline contexts and geographies. NHS Wales organisations were evaluated carefully in this selection process to ensure the diversity of the NHS Wales landscape was considered.

Participation in the programme is critical to its success. Early adopters will help validate and shape the implementation approach, so every organisation benefits from proven, ready-to-use processes and smoother deployment. Organisations in later waves will also be required to embrace foundational readiness activities, which will support a smoother transition to the future workforce solution during their designated wave.

Currently, there are 4 pillars of foundational readiness identified that all organisations across NHS Wales will need to activate, these include:

- 1) Leadership & Governance, 2) Data and processing, 3) Capacity and skills, 4) Engagement

The NHSBSA are working through these pillars in more detail in readiness for mobilisation in the New Year.

In the meantime, NHS Wales organisations will continue to maintain the national piece of work underway, working towards validation of data against the national workforce data standards, but as part of the guidance the NHSBSA will provide relating to foundational readiness, we will better understand how the work we are currently doing complements the requirements for the future solution and if we need to enhance this workstream.

The NHSBSA will contact organisations that have been identified as potential early adopters in December 2025, and subsequently meet to discuss roles, expectations and forthcoming activities. These organisations will then be required to provide an 'agreement in principle' to the NHSBSA by 30 January 2026, but will have until the Summer of 2026 to get full and formal board agreement to participate as an Early Adopter.

Organisations who have not been selected to be an early adopter will be notified in due course which future wave their organisation sits in.

## Implementation timescales

Whilst the national programme runs successively through to 2030, it is the Welsh ambition to have all organisations adopting the new solution by the end of Wave 2.

It is important to recognise that this programme is a major organisation-wide transformation – not just an upgrade from ESR, and with that in mind organisations will need to ensure that this critical digital programme of work is included in their digital strategies and plans for the next 3-4 years.

## Design & Benefits Workstreams

It is the programme's ambition for the new solution to deliver tangible organisational and system-level benefits aligned to employee empowerment, efficiency, and data connectivity.

The national programme across NHS England and Wales will be phased over the next 5 years, however, NWSSP would propose that all NHS Wales organisations have safely migrated and adopted the new solution by the end 2028. This will reduce the risk of dual running two solutions across key services like payroll and recruitment and also the potential impact that dual running will have on national reporting, technical infrastructure requirements and managing programme IG and Cyber risks for any length of time. Earlier adoption should also enable NHS Wales organisations to start to realise some of the early benefits. A benefits work stream will commence in 2026 to better understand what this means for NHS Wales, in an already upscaled model of working.

The Future Solution is being co-designed with NHS subject matter experts creating a system built by the NHS, for the NHS. Over 80 experts across NHS England and Wales have participated in the NHSBSA design network, with NHS Wales being widely represented and pivotal in this area for some time now. SME volunteers will continue to participate in detailed design workshops well into 2026; and end users will be selected to support the development of user requirements.

Primary design workshops were held 24 November through to 03 December 2025, with more detailed design workshops planned to commence on 19-Jan-26.

## Governance

NHS Wales has already established leadership and governance forums at a national level, to oversee the delivery of the programme, which consists of a NHS Wales Steering group, reporting into and receiving updates from the NHSBSA Transformation Programme Board. Currently, the NHS Wales Programme team reports into the Shared Services Partnership Committee. However, as we step into this new phase of the programme we will be reviewing this governance structure to ensure successful implementation is well supported.

In the interim, regular updates will continue to be provided through this governance framework and into key Director Peer Networks to ensure colleagues across NHS Wales are clear of programme progress, expectations and requirements of any foundational readiness work.

## Resource

As previously mentioned, implementation will be delivered through a national rollout model in partnership with the NHSBSA, NWSSP & organisations across NHS Wales. As part of this approach, Executive teams will be asked to work collaboratively with NWSSP and NHSBSA to get ready through foundational readiness activities including data preparation and local change planning. Staff engagement will be key to champion adoption and embed the new solution into daily practice to realise benefits and sustain

improvement through full adoption and standardisation of the future workforce solution.

## **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

## Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>L&amp;R Matters Invoicing Process</b>	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. We are waiting on an update to the solution 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-Nov-24 but has had to be rescheduled a number of times, most recently to after receiving an email from NWSPP Digital on 13-Feb-25 proposing that the implementation of this solution was paused until the implementation of the new NWSSP Legal & Risk (L&R) iCaseworker system, which went live 07-Apr-25.

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 in 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.

### Benefits:

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

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

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

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

### Main Issues, Risks & Blockers

#### 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.

# TMO Dashboard Report

- Finance Team knowledge in using the new process and the manual interventions required on MS Lists. A training session has been delivered by the RPA Team, but further on-going support we be required to embed the changes.
- Preparing the data in the current Finance spreadsheet format to load into the MS List. This requires adjustments, testing and validation.
- Initial staff training was delivered to the Finance team by the RPA team in early January 2025, with on-going support scheduled before and proceeding Go-live. We will revisit training refreshers closer to Go-live once this is known.

**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**

None.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Greenvale Laundry</b>	Kim Eley	Anthony Hayward

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

**Status** Amber (Overall)

<b>High Level Benefits</b>	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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**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**

**Driver Scheduling Review – Improvement Opportunity Update**

Since the improvement opportunity has been embedded and an additional Sunday run has been introduced to collect extra empty cages from UHW, no cages have been left behind. This means Greenvale now has more dirty linen to process throughout the week.

The remaining improvement opportunities did not progress over the Christmas period as Greenvale’s capacity was focused on fulfilling Christmas stock deliveries. Support will recommence with a scheduled meeting on 12-Jan-2026.

**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
<b>IOH - Medtronic Review (PoC)</b>	Rebecca Bowen	Linsay Payne/Russell Ward

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

**Status** Amber (Overall)

<b>High Level Benefits</b>	Cash Releasing - Yes	Non Cash Releasing - No	Qualitative - No	Quantitative - Yes
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**Objective**  
To establish a task/resource team within Medtronic and NWSSP, who will work together to reduce outstanding invoices needing approval.

**Progress Update**

Medtronic has submitted an All Wales statement that the eEnablement team has now reconciled with NHS data on Oracle. A report will now be completed and submitted to Medtronic with a list of issues that they encountered, for example:

- Invalid or incorrect Purchase Order (PO) number
- Incorrect quantity
- Items delivered do not correspond to PO number

Within this project we will explore two workstreams that will be completed side by side:

1. Reduction of existing Invoices on Hold (IOH)
2. Analysis of current end-to-end process, identifying possible improvements and solutions.

## 1. Reduction of IOH

The top 3 priorities to give the maximum output in reducing outstanding invoices are

- Not on Statement
- Qty Rec
- Aged Invoices (2020-2023)

These combined make up 50% of all invoices that are currently on hold (as of 18-Dec-25).

Longer term solution would be Accounts Payable, Procurement and Medtronic working together to identify root causes and apply solutions to clear any outstanding IOH.

After a one-to-one meeting with Medtronic, an agreement was made that if Health Boards could give some assurance that Qty Rec and Aged invoices could be paid through Proof of Delivery (POD) then they would start work on compiling these for each Health Board. I have sent communications out to Heads of Finance for all Health Boards asking if a POD is satisfactory for payment and for their assurances.

## 2. Analysis of current end-to-end process, identifying possible improvements and solutions.

A very high level process map was produced listing top issues raised at our project meeting between NWSSP and Medtronic.

The process map below has been combined with top issues identified.

Possible quick wins were identified by both parties, and investigative operations are currently being conducted on the plausibility of these actions being implemented to achieve maximum outcomes.

### Quick wins

- Medtronic to only accept email amendments to Purchase Orders.
- Medtronic to email replies asking to update Purchase Order form.
- NWSSP to highlight delivery address on Oracle.
- Look at process for actioning PO numbers.
- Medtronic to send invoices via GHX and credits through OCR only (if possible).
- No replacement items sent unless stated on PO form.
- Oracle to be updated monthly/quarterly with approver contact information.

Longer term solutions were also discussed with further investigations to be completed by NWSSP and Medtronic.

### Longer Term Solutions

- Medtronic switching all patients onto scheduled orders
- All Health Boards having Blanket Orders
- Training for NWSSP staff and Medtronic
- NWSSP to employ additional staff to investigate suppliers IOH in more detail within agreed timeframes.

Medtronic are working with their teams to look at any additional training needed. They will also only accept email amendments to PO with a return email asking the person ordering to update to original PO with amendments.

The eEnablement team are currently in talks with Accounts Payable to look at training/staff levels/job roles to understand and identify any improvements needed. There is also an ask for funding for additional staff within eEnablement to work on IOH with suppliers. This will allow a more in depth investigation to explore root causes and solutions.

### 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

# TMO Dashboard Report

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>IOH Review</b>	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 day 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 28,342 continuing its downward trend and compared to a high of 36,058. The recent spike is expected over the Christmas 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 and also the standardisation of the national approach to the handling of receipting holds.

### Main Issues, Risks & Blockers

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

### Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Variable Pay Initiative</b>	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 72%, or over £500k per months, since the start of the initiative in September 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 80% of our service, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process. 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 in 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 Pilot currently has 70% Organisational coverage and is to be extended in the coming weeks to different services areas, increasing our coverage to 90% of overtime requests being raised.

**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.

This pilot was due to start on the 28 April 2025, but went live during week commencing 27 October 2025.

The Task and Finish Group regularly meet to update each other on the initiatives which are currently in flight, with the Assistant Director of Transformation reporting progress into the Director of Finance on a bi-monthly basis.

## Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

## Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
VP - Productivity Pilot - Accounts Payable	Niall Quilton	Russell Ward

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

<b>Status</b>	Green (Overall)			
<b>High Level Benefits</b>	Cash Releasing - No	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes

## Objective

Measure productivity across teams through data analysis, stakeholder feedback, and pilot trials.

## Progress Update

**As at the 16 December 2025**

### 1. Key Highlights & Milestones

- Dashboard Deployment & Access** - The dashboard is now hosted in the Microsoft Fabric Environment for improved security and sharing. Access instructions and links have been distributed via SharePoint, intranet, and email. Role-based access is being implemented to ensure appropriate data visibility for different user groups.  
Two dashboards are maintained- one for live pilot use and another for ongoing development. Updates are validated before being published to the live version.
- Data Model & Reporting Enhancement** - Data from Oracle, OCR, and Timeware is regularly uploaded and reconciled. October data is now locked for reporting, and November data has been uploaded and validated.  
Reporting logic has been refined, including standardising manual invoice counting (now by invoice, not line), and addressing discrepancies between logs and system data.  
New dashboard features include compliance tracking, day-level analysis, and enhanced visuals for activity logs and service summaries.
- Quality Assurance & Error Handling** - Formula and data entry errors in activity logs have been addressed by locking down spreadsheets and standardising date formats.  
A simple tally system for tracking quality issues is being considered, and retrospective audits remain in place for manual invoicing.
- Staff Engagement & Feedback** - An anonymous pilot survey is being prepared to gather genuine staff feedback, with a target completion date of 12 January 2026. Regular communication and feedback loops are emphasised to address staff concerns and maintain engagement.

# TMO Dashboard Report

## 2. Workstream Progress & Actions

Workstream	Status	Detailed Updates Since 1st Nov	Actions & Next Steps
Define Objective of Discovery	Done	No further changes; objectives remain clear and agreed with stakeholders.	—
Identify Key Stakeholders and User Needs	Ongoing	Continued stakeholder mapping and engagement. Staff concerns about pilot objectives, unfilled positions, and invoice volume noted. Empathy mapping and user stories ongoing. Anonymous staff survey being prepared to gather feedback on pilot experience and concerns. Direct engagement with outlier staff to validate dashboard data.	Launch staff survey (target- January). Review survey results and address concerns. Continue empathy mapping and user story development. Maintain direct engagement with staff for feedback validation.
Define Current Workstreams and Processes	Done	All work processes mapped. Ongoing standardisation of activity log formats and naming conventions. Documentation being shared via SharePoint. Addressing issues with copying errors and inconsistent data entry in logs.	Finalise and communicate standard formats and conventions. Continue process documentation and staff guidance.
Gather Data and Identify Potential Productivity Measures (KPIs)	Done	November data (Oracle, OCR, Timeware) uploaded and validated. October data locked for reporting. Manual invoice counting logic updated (now by invoice, not line). Compliance tracking features added to dashboard. Considering a tally system for tracking quality issues. Enhanced output reporting for manual invoice processing and complexity.	Refine data collection and reporting logic. Implement compliance and quality tracking features. Continue regular uploads and validation.
Analyse Data, Identify Issues, and Define Data Capture	Done	Ongoing investigation and resolution of discrepancies between time logs, activity logs, and system data. Standardisation of date formats and naming conventions enforced. Technical fixes for formula errors and data entry inconsistencies. Enhanced dashboard features for day-level analysis and compliance tracking. Staff reminders and process for timely Timeware data completion.	Maintain regular data validation and reconciliation. Continue technical improvements and staff reminders. Implement new dashboard features for anomaly detection.
Create Dashboard	Done	Dashboard now hosted in Microsoft Fabric Environment for security and sharing. Role-based access and permissions being implemented. Visual enhancements- new visuals for activity logs, service summaries, and flexible date filtering. Two dashboards maintained (live and development); updates validated before publishing. Ongoing feedback sessions to improve usability.	Finalise role-based access and permissions. Continue refining visuals and usability. Prepare for broader rollout and management review.
Measure and Monitor Progress	Done	Enhanced KPI tracking and compliance features in dashboard. Short feedback sprints and one-to-one sessions planned to iterate dashboard design. Service	Prepare for management review and feedback. Continue regular reviews and dashboard updates. Implement feedback from

# TMO Dashboard Report

		summary metrics (cost per invoice, labour productivity ratios) developed. Regular performance reviews and dashboard updates ongoing. Staff engagement and feedback prioritised.	user sessions.
Final Evaluation and Feedback Loop	To Do	Anonymous staff survey being prepared (launch planned for December/January). Lessons learned and opportunities log initiated. Project milestones reviewed and deliverables coordinated around holiday period. Plans for focused sessions with stakeholders before expanding to new areas. Meeting schedules coordinated for January review.	Launch and review staff survey. Document lessons learned and opportunities. Prepare framework for scaling the pilot. Schedule meetings in January to review feedback and plan next steps.

### 3. Challenges & Risks

- Data Consistency & Accuracy - Discrepancies between different data sources (e.g., OCR vs. Oracle) and manual logs require ongoing reconciliation and process refinement. Staff apprehension about increased monitoring and the impact of unfilled positions highlight the need for clear communication and supportive change management.
- Technical Adjustments - Addressing issues such as Americanised date formats in Power BI and ensuring that historical data is archived appropriately for performance and continuity.

### 4. What's Next

- Survey & Staff Feedback - Launch the anonymous staff survey and review results in January to inform next steps and address any concerns. Continue regular feedback sessions and communication to maintain engagement and transparency.
- Dashboard & Reporting Improvements - Finalise role-based access, implement new dashboard features (e.g., flexible time period selection, benchmarking), and continue refining data collection and reporting processes. Prepare clear, accurate data and visualisations for upcoming management reviews, ensuring that productivity metrics and their implications are well understood.
- Scaling & Lessons Learned - Document lessons learned and opportunities for improvement, and plan focused sessions with stakeholders before expanding to new areas. Coordinate meeting schedules to ensure continued progress and timely review of deliverables.

### Thematic Insights

- Collaboration & Communication - The project demonstrates strong cross-team collaboration, with regular meetings, clear action tracking, and a focus on transparency.
- Continuous Improvement - There is a clear commitment to iterative development, user feedback, and technical refinement to ensure the dashboard meets user needs and supports workforce planning.
- Change Management - Staff engagement and support are prioritised, recognising the challenges of change and the importance of addressing concerns proactively.

### 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

None.

### 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)			
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost) <b>Green</b> (Quality)

**Recent Gateway Review?** No

**Objective**

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

**Progress Update**

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly patient safety wise.

Work has begun 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.

Work has also begun with DHCW to explore interfacing the Scan for Safety information with core patient systems such as Welsh Clinical Portal and National Data Resource.

Current run rates (ave per month from previous Quarter) are as follows:

Value of monthly S4S transactions c£8.09m up from £7.1m in previous Quarter

Volume of monthly requisition lines automated c105k up from c93k in previous Quarter

Number of patients scanned and linked to products per month c1,821 up from c1,650 in previous Quarter

**Main Issues, Risks & Blockers**

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW in respect of developing a Welsh Health Circular to be issued. A publication date is not known, but expected to be within 2025.

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)

**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:**

- 43 units are currently live to payroll.
- Further 1 planned for 25/26

## Bank Staff

1. **Visa Compliance:**  
We have reviewed Visa requirements and cross-checked them against our Bank Register. The process and communication with managers have been tightened to ensure full understanding of restrictions, such as the 20-hour limit during term time. ESR has been updated to reflect all current Visa details.
2. **Reduction in Agency Usage:**  
Agency spend has been at £0 for the past three months.
3. **Resourcing Controls:**  
All Bank requests are now closely scrutinised through our Resourcing Control Panel. Alternative solutions are actively explored, including advertising roles before filling via Bank staff.
4. **Bank Register Cleanse:**  
We continue this work with a focus on strategic recruitment to prioritise quality over quantity in our Bank workforce.

## AOB

- **Roster Efficiency Meetings:** Ongoing meetings are being held to improve rostering practices, with active collaboration from service areas.
- **Roster Sign-Off Compliance:** Engaging with services to ensure 12 week roster sign-off deadlines are met ahead of the Welsh Government Circular.
- **Annual Leave Carry-Over:** This year's carry-over process was delayed. Collaborative planning agreed to streamline the process for the next financial year.
- **Budget Alignment:** Aligning the roster schedule with the budget for one service area, with the intention of replicating the approach across other rosters once successful.
- **Sickness Reporting & Pay Impact:** Weekly checks are now in place to identify and correct any inaccurate sickness reporting in Health Roster, ensuring that sickness is marked as 'open-ended' unless the staff member has returned to work.
- **Process Improvement (TOIL, On-Call):** Working with POD to address and correct inconsistencies in current TOIL and On-Call processes. Updates have been presented to the Senior Management Team (SMT).

## Licence Numbers

NWSSP currently fund 1,100 licenses. As of Dec 2025, via Health roster and Bank we are utilising 700 licenses.

## PHW Roll out

- All 36 units identified on the 24/25 project plan, have been successfully migrated to Health Roster and currently live to payroll.
- 18 other units demonstrated high levels of activity and were suitable for onboarding. Transitioning these areas required 265 additional licences and roll out continues

## 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	Programme Manager	Project Exec/SRO
Fleet Modernisation Programme	Tim Knight	Tony Chatfield

Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			

## Objective

A shortened version of the programme vision is to have a fully operational fleet, which meets 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, and the programme is to include the upgrading or development of the relevant supporting charging infrastructure.

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, and as such fleet optimisation and maintenance arrangements of the fleet will be reviewed as part of the programme also.

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.

The initial programme seeks to deliver objectives that:

- Replace existing vehicles that have both reached the seven-year vehicle maintenance profile and are no longer fit for purpose with either Battery Electric or Ultra Low Emissions Vehicles, increasing our operational resilience whilst reducing our carbon emissions and our fuel/maintenance costs and meeting the expectations of the NHS Wales Decarbonisation Strategic Delivery Plan.
- To have sufficient and robust vehicle maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.
- Install new, or upgrade existing, charging infrastructure to allow for effective fleet optimisation with new Vehicles.
- To have sufficient and robust infrastructure maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.

## **Progress Update**

A Programme Business Case 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.

## **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 one. Though our response would be to delay and further increase our focus on optimisation should this be realised.

## **Impact on Existing Service/Arrangements**

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



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**Date of Meeting:**

22 January 2026

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Register Update – January 2026**

<b>ARWEINYDD: LEAD:</b>	James Quance Assistant Director of Corporate Services
<b>AWDUR: AUTHOR:</b>	James Quance Assistant Director of Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Ramsey Director of Finance & Corporate Services
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**Pwrpas yr Adroddiad:  
Purpose of the Report:**

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

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation:**

The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. 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	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the report.		

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Iechyd Poblogaeth: Population Health:</b>	No impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Ariannol: Financial:</b>	Not applicable
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Access to the new Health and Care Quality Standards can be obtained from the following link: <a href="#">Duty of Quality (sharepoint.com)</a> . These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
<b>Gweithlu: Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

# NWSSP CORPORATE RISK REGISTER UPDATE JANUARY 2026

## 1. INTRODUCTION

Since the Shared Services Partnership Committee meeting on 14 November 2025, 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	January 2026
Red Risk	6
Amber Risk	11
Yellow Risk	3
Green Risk	0
<b>Total</b>	<b>20</b>

### Red-rated Risks

At present, 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 (A4b);
3. 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 (A10);
4. the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges (A14);

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 (A15).
6. the reputational risk for NWSSP regarding the forecast accuracy for the Welsh Risk Pool (A17).

### Newly Escalated Risks

Following the in-depth review of emerging risks conducted in October 2025, the Senior Leadership Group has reassessed these risks, resulting in two being escalated for action to the NWSSP Corporate Risk Register (reference A17 and A18). These risks relate to the accuracy of forecasting for Welsh Risk Pool and the impending expiration of Microsoft licenses.

### Revised Target Deadlines

Since the last Committee meeting in November 2025, there have been two changes made to the revised target deadlines, as follows:

- Risk A5a – Resource constraints impacting NWSSP’s ability to meet Welsh Government and public expectations.
  - The target deadline has been revised from 30 November 2025 to 28 February 2026. This risk relates to delivering the Decarbonisation Action Plan and associated Climate Adaptation measures.
- Risk A5b – Resource constraints, particularly in relation to capital funding.
  - The target deadline for this risk has been brought forward from 31 March 2027 to 28 February 2026.
- Risk A10 - The threat to patient services should planned developments of the Radiopharmacy and hub TrAMS services not be allowed to progress due to funding or planning limitations.
  - The target deadline for this risk has been extended from 31 December 2025 to 31 March 2026.

### Risks at Target

Currently, there are **seven** Risks for Action at their target level.

### Risk Trends

The following risk has been reduced following management action and progress that has been made to date:

- 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 (A16 reduced from 15 to 6).

### 3. RISKS FOR MONITORING

There are **five** risks which are retained on the NWSSP Corporate Risk Register for monitoring, which are set out overleaf:

Current Risk Rating	January 2026
Red Risk	0
Amber Risk	2
Yellow Risk	3
Green Risk	0
<b>Total</b>	<b>5</b>

#### Newly Escalated Risks

Following the in-depth review of emerging risks conducted in October 2025, the Senior Leadership Group has reassessed these risks, resulting in one being escalated for monitoring to the NWSSP Corporate Risk Register (reference M5 - 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).

### 4. RECOMMENDATION

- The Committee is asked to **NOTE** the update 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				
<b>Risks for Action</b>												
A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. This could impact on service delivery within other NHS organisations dependent on our services and support as well as reputational damage.	5	5	25	Cyber Security Action Protocol Business Continuity Planning (BCP) Champions Meeting Information Governance training Mandatory cyber security e-learning monitored through Quarterly Reviews Internal Audit review BCP Action Cards Annual Cyber Assurance Framework (CAF) completed Continuing CAF compliance measured via KPIs through a continuous improvement plan; reported to SLG quarterly. Regular 'Exercise in a box' exercises with SLG and targeted service areas. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team to 4 WTE. Ongoing monitoring of existing controls is in place.	3	5	15	More disaster recovery and scenario testing is required across all Divisions linked to work on Business Continuity Planning. NWSSP needs assurance on DHCW scenario testing regime of the national infrastructure and systems they run on which NWSSP is dependent.	The volume of cyber attacks globally and those targeting public sector infrastructure and systems is increasing. This is triggered by political instability and rise in state sponsored terrorism. So the likelihood of an attack is increasing in spite of controls in place.  Advice ongoing to divisions to assist in completion of their Divisional Business Impact Assessments. Head of EPPR attended SLG in June to provide an update on progress.  Rolling program to implement Security Information and Event Monitoring to local and cloud services being led by DHCW. CAF remediation actions all cleared and reported to the Cyber Resilience Unit. The 2025/26 CAF audit has been received and reported to SLG with a plan to implement all recommendations.  Additional communications were sent to all staff regarding cyber security and the need to be professionally sceptical when received emails with links and/or attachments.	➔	31/03/2026
	<b>Strategic Objective - Service Development</b>											
A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part.	3	5	15	Regular reporting to SLG and SSPC through POD report looking at recruitment and retention data. Changes made to use of social media to target interest in NWSSP roles.	2	3	6	Workforce planning strategy for NWSSP roles has been approved and templates being rolled out to support Divisional workforce planning. A programme of learning and development opportunities to nurture NWSSP talent pipeline and retain staff has been put in place. 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.	➔	At target
	<b>Strategic Objective - Staff</b>											
A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services.	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Director of 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.	➔	At target
	<b>Strategic Objective - Services</b>											

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	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.	➔	31/03/2026
	Strategic Objective - Services											
A4b	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular 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.	➔	31/03/2026
	Strategic Objectives - Services											
A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the newly published 2025 NHS Wales SDP for Decarbonisation and associated Climate Adaptation planning measures.  Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board.  Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	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.  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.  Provision of Advice on governance for the climate adaptation workstream.	A new reporting arrangement and format is being developed for use with the updated SDP for decarbonisation.  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.  NWSSP are mobilising to develop plans for progression and coordination of relevant national initiatives listed in the updated SDP.  NWSSP have developed case studies for schemes and will use various forums (Estates, BERP, 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.  Draft organisation and governance arrangements have been submitted to WG for Climate Adaptation for discussion / review.	➔	28/02/2026
	Strategic Objective - Service Development											

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				
A5b	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.	4	4	16	NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and TMO Support in place.  NWSSP DAP published and submitted to Welsh Government.  Regular monitoring of progress against objectives is in place.  Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024	3	4	12	Work is being done by the NWSSP Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources.  The NWSSP Costed Decarbonisation Programme Plan has been developed to guide investment planning and was updated in June 2025.  A new Decarbonisation Action Plan will be developed in the coming months with estimated costs for inclusion in the 27/28 IMTP update.  Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set.  Preparation of Climate Adaptation Risk Assessments. Option appraisals and associated costs will take place for issue to WG by Dec 2026 (and inclusion of costs within the IMTP as appropriate).  Progress on Decarbonisation Training in NWSSP to be monitored.	The following TEF funded schemes are being implemented over 2 financial years 25/26 - 26/27. a) Denbigh Stores RM PV and infra-red heating b) Matrix House EV Charging & Infrastructure Upgrade c) Waste Water Heat Reclaim Systems (GV,CV&YGC laundries)  Welsh Government has approved funds for completion of the roof overlay and insulation works at IP5 - it is anticipated that works will be completed between February- July 2026. Work can now progress on research and planning for incremental roof mounted PV development.  NWSSP CAP team are leading development of plans for progression of organisation specific obligations as listed in the SDP.  The Climate Adaptation risk assessment was completed in December 2025 and following Programme Board and SLT approval was issued to WG. A process of option generation and appraisal will take place in coming months for submission to WG in Dec 2026.  Progress on implementation of Decarbonisation Training is being monitored as appropriate.	➔	28/02/2026
	Strategic Objective - Service Development											
A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. 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.  We will work with partners and Welsh Government on any relevant recommendations arising from the final report.  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.	➔	At target
	Strategic Objective - Services											
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 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 informed 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	Touchpoint meetings with Welsh Government including the Finance and Performance unit and the 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 the end of Q3 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.	➔	31/03/2026
	Strategic Objective - Services											
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	3	4	12	Map of all regulatory requirements being developed. Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Procurement Division is on track with preparedness arrangements for the new regulations in terms of services it delivers to others including NWSSP.	Procurement Services to run an awareness session to be presented to Informal SLG meeting to ensure compliance requirements are understood by Heads of Service. Internal audit programme to consider governance reviews of new or more recent areas of business on a cyclical basis.	➔	At target
	Strategic Objective - Services											

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				
A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: 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.	➔	At target
	Strategic Objective: Services											
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TrAMS service is not allowed to progress due to funding or planning limitations.	5	5	25	TrAMS Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TrAMS unit. The Radiopharmacy BJC was approved by partners through the SSPC in July 2024. Some further delays incurred in achieving sign offs through our hosting arrangements, and it is essential there are no further delays to internal approval processes. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board.	The format and timeframes for the TrAMS 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.	➔	31/03/2026
	Strategic Objective - Services											
A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services.	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions 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 Casualties Management Report was presented to SLG in November 2025.	➔	At target
	Strategic Objective: Services											
A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group (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.	NWSSP Capital Prioritisation Group will continue to refine the internal arrangements. The Capital Financial Control Procedure was approved by Audit Committee in May to support larger capital schemes. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. With increased funding available for 2025-2027, the responsibility falls on NWSSP to deliver effectively. 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.	➔	31/03/2026
	Strategic Objective - Service Development											

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 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.  <b>Escalated Divisional/Programme Risk</b>	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.	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.  <b>Risk Lead: Director of Finance and Corporate Services</b>	➔	At target
A14	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.  <b>Escalated Divisional Risk</b>	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	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.	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.  <b>Risk Lead: Director of Pharmacy Technical Services</b>	➔	31/03/2026
A15	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.  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.  Finally, there is a risk to a potential requirement for contract management and subsequent funding arrangements, which require further clarification from WG colleagues.  <b>Escalated Divisional Risk</b>	4	5	20	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. 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. Regular meetings in place with NHSBSA SLT. Draft Programme and Resource Plan in place. Regular liaison with Welsh Government also noted in JET meetings. IMTP objective and is scrutinised via quarterly review process Wales Steering group established reporting via SSPC, WODs and DoFs.	4	4	16	Discussions with WG regarding proposed central implementation team. Continue discussions and develop collaboration agreement between NHSBSA and NWSSP on behalf of NHS Wales. Finance meeting with WG Continue meetings with NHSBSA SLT to further inform and finalise Implementation & Resource plan Develop and agree communication plan for NHS Wales organisations. Review of existing organisation resources; both insitu and required to deliver the FWS.	Resource and Implementation proposal prepared and submitted to WG 10/11/25 Meetings between WG & NHSBSA arranged and scheduled for November 2025. Collaboration agreement in draft. To be finalised and ratified via NHS Wales Governance structure prior to submission to the NHSBSA. Review of organisation structures underway.  <b>Risk Lead: Director of People, Organisational Development and Employment Services</b>	➔	April 2026 to support Early Adopter Organisations  Programme completion date 2030.  Interim target milestones TBC
A16	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.  <b>Escalated Divisional Risk</b>	4	3	12	Working with colleagues across HEIW and HBs to highlight the issue and where applicable seek out additional vacancies for streamlining graduates. Communicating with students on the streamlining programme and providing additional support through the escalation process.	3	2	6	Health Boards - Workforce, Nursing and Finance Directors to support HEIW and NWSSP on the Streamlining Programme and ensure that vacancies match commissioning numbers for nursing.	Since the direct involvement of SBUHB, HDUHB and CTUHB Nursing and Workforce Director more vacancies have been added to the streamlining programme for winter 2025 students. Which is likely to significantly reduce the risk to the programme. HEIW is also establishing a Strategic Oversight Board - with the aim of improving visibility and planning for the pipelines of students in the Education Commissioning system - on which we will be a core member. The decision to proceed with 2026 Streamlining for N&M will be taken by the Strategic Oversight Board.  <b>Risk Lead: Director of People, Organisational Development and Employment Services</b>	⬇	01/03/2026
A17	There is a reputational risk for NWSSP regarding the accuracy of the forecast for the Welsh Risk Pool which, if incorrect, could materially impact the financial position of NHS Wales Organisations due to the costs they are required to fund under the Risk Sharing agreement.	3	4	12	The Welsh Risk Pool forecast has historically been prepared using a forecasting model that utilises historic settlement trends. During 2025/26 it has been identified that the historic trends are not being reflected in current case settlements, with increasing case values and lump sum payments and a significant increase in the number of trials booked within the financial year. We are reviewing alternative methods to validate forecast and additional fields can now be reported on in the CMS to enable this. We monitor the forecast monthly in detail to enable early identification of any risk of forecast movements.	4	4	16	Work with FP&D data science team to facilitate additional insights into forecasting options they can support - project brief being prepared. Work 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

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				
	<b>Escalated Divisional Risk</b>											
A18	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.	DHCW received quote December 2025 indicating a number of options would be available to NHS Wales. DHCW are considering viability of options for proceeding early 2026.	*	31/01/2026
	<b>Escalated Divisional Risk</b>											
<b>Risks for Monitoring</b>												
M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation was provided to DoFs in October. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource when it goes live, hopefully in the calendar year.	➔	For Monitoring
	<b>Strategic Objective - Value For Money</b>									<b>Risk Lead: Director of Finance and Corporate Services</b>		
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now 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.	➔	For Monitoring
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director of Finance and Corporate Services</b>		
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.	➔	For Monitoring
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director of Finance and Corporate Services</b>		
M4	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites and additional H&S resources appointed to support changes required on the sites. Glangwilli site closed in March 2024 and a new stock holding hub established on the site instead.	2	3	6	The additional H&S resource is supporting staff on sites, actions are reported monthly in a All Wales Laundry Service (AWLS) H&S meeting and quarterly via the All Wales Health and Safety meeting. H&S manager also attends Laundry Managers meeting on a regular basis to support delivery of agreed actions. Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks.	Laundry stock has been converted from the existing laundry site into a hub (completed 31 March 2025) with the provision of 2 days stock held ( this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.	➔	For Monitoring
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services</b>		

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				
M5	<p>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.</p> <p>Escalated Divisional Risk</p>	3	5	15	<p>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.</p>	3	4	12	<p>Regular engagement with AMD/CMO/MD Regular engagement with WG. Regular timestamp reporting to the wider stakeholder groups. Winter/surge planning arrangements in place</p>	<p>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.</p>	*	For Monitoring
Risk Lead: Director of Primary Care Services and Medical Examiner Services and Medical Director												

	Impact				
	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
<b>Likelihood</b>					
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5
<b>Critical</b>	Urgent action by senior management to reduce risk				
<b>Significant</b>	Management action within 6 months				
<b>Moderate</b>	Monitoring of risks with reduction within 12 months				
<b>Low</b>	No action required.				

## NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 7 - OCTOBER 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for October 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 7.

### Overview of Performance and Financial Position

NWSSP's financial outturn for Month 7 is reported at break-even in line with our IMTP forecast.

Our balanced financial plan continues to be based on the assumptions included in our IMTP which include some income streams which are still to be confirmed. In particular, the outstanding confirmation of recurrent funding for the 2025/26 pay award remains a risk to our financial plan and continues to be included in Table A2.

#### 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.

Year to date non-recurrent savings of £4.071m are reported primarily due to variable pay savings and ongoing high vacancies across our services. We are forecasting that these could reach £5.744m by the end of the financial year and we will utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding. We will note the potential distribution of the £5.000m balance of the overachievement of savings to the November Shared Services Partnership Committee meeting and provide a final confirmation to the January meeting.

The £42.000m WRP movement that we reported in Month 6 has been reflected as requested in Table A (**Action Point 6.1**)

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

- The full year income forecast for 2025/26 is £869.810m. This is an increase from the £867.969m reported at Month 6 primarily due to an increase in the in-year income requirement for GMPi claim settlements which are partly offset by a reduction in the income forecast for SLE.
- The SLE pay and non-pay forecast totals £337.199m (£339.090m at Month 6) 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	27.276	27.276	27.276	27.276	27.276	320.2
NON PAY	1.316	1.239	1.273	1.367	1.472	1.411	2.005	1.360	1.360	1.360	1.360	1.445	16.9
<b>TOTAL</b>	<b>25.641</b>	<b>25.549</b>	<b>25.261</b>	<b>25.421</b>	<b>34.019</b>	<b>29.187</b>	<b>28.857</b>	<b>28.636</b>	<b>28.636</b>	<b>28.636</b>	<b>28.636</b>	<b>28.721</b>	<b>337.1</b>

In September we paid 3,461 WTE SLE trainees and in October we paid 3,397 WTE so the forecast has been amended to reflect this. The forecast will also vary as we progress through the financial year with the February intake/rotation and payment of variable locum shifts to SLE trainees. The arrears for the Dental Foundation trainees paid in October weren't visible in the Month 7 forecast due to the arrears estimate only totalling £0.132m which was hidden by the changing forecast values linked to the WTE and other pay award arrears paid in previous months (**Action Point 6.3**).

- Forecast non-cash charges of £6.453m have been included based on the approved funding schemes submitted in the non-cash return in November. This now includes the impact of the indexation adjustment.
- At Month 7 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation. We have reviewed the assumptions in our forecast and have identified that a break-even forecast remains achievable and if any underspend is incurred, this is likely to be of a very low value (**Action Point 6.4**).

At the end of 2024/25 we continued to accrue a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We met with Welsh Government colleagues in September to review this credit note against cash funding received for provisions and an adjustment to the credit note of £5.420m will be made in November.

- £63.895m income and expenditure is included to Month 7 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast in Table B continues to reflect the previously communicated best

case forecast of £187.455m which aligns with the briefing paper that was circulated to Organisations. The increased income requirement under the risk sharing agreement is included in Table E1 to reflect the £78.020m forecast.

A review of the forecast in early November has identified movement on a number of cases during October. These movements are primarily due to receipt of additional evidence and/or Counsel advice impacting probabilities, forecast case values or the estimated timing of RTMs and/or case settlements. The overall impact of these known changes has marginally reduced the minimum forecast to £193.943m (from £194.279m at Month 6), with the maximum forecast reducing to £198.663m (£205.135m at Month 6) as noted in the table below:

	M5 £m	M6 £m	M7 £m
<b>DEL expenditure to date</b>	41.999	46.329	63.895
Settled - awaiting payment	12.717	22.633	23.367
PPO's 2025/26	28.969	28.097	27.627
<b>FORECAST AGREED COSTS</b>	<b>83.686</b>	<b>97.059</b>	<b>114.889</b>
Settlement/Round Table Meeting in diary or offer made	71.015	70.594	49.608
<b>FORECAST DEPENDENT UPON JSM/RTM</b>	<b>154.700</b>	<b>167.653</b>	<b>164.497</b>
Highly likely but no offer/RTM yet	11.811	6.900	9.074
Personal Injury - estimate to March 26	2.042	1.750	1.458
Identified as potential settlements in 25/26	7.636	6.967	5.325
Estimate 40% of Probable claims <£200K	1.716	1.655	1.327
Estimate 40% of Certain claims <£200K	10.820	10.730	9.158
Managed Claims/Redress/Nosocomial/Other	4.345	3.724	3.104
<b>TOTAL</b>	<b>193.069</b>	<b>199.379</b>	<b>193.943</b>
Opportunities - linked to lower settlements/potential delays	-5.614	-5.100	0.000
Risks - linked to Lump sum/PPO split	5.756	5.756	4.720
<b>MINIMUM FORECAST (including opportunities)</b>	<b>187.455</b>	<b>194.279</b>	<b>193.943</b>
<b>MAXIMUM FORECAST (including potential risks)</b>	<b>198.825</b>	<b>205.135</b>	<b>198.663</b>

The minimum forecast would now require £84.508m funding under the risk share agreement, an increase of £48.452m from original planning assumptions.

We continue to review high value cases that do not have trial dates within the financial year to assess whether these are likely to incur delays that would mean the case would settle in future years. We have identified 3 high value cases that we are reviewing in detail, which if only interim payments are made in year, have the potential to reduce the minimum forecast by £11.608m. It is important, however, to note that the decision making on any one individual case sits with the relative health body and not with NWSSP.

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income –full year forecast reduction is due to the amended forecast for SLE recharges following a review of trainee numbers impacting pay by £0.5m and forecast training grant payments in non-pay by £1.4m.
- Welsh Government Income – In month income reduction is primarily due to the profile of the WRP and GMPI income changing from the straight-line forecast. The full year increase is due to the increased GMPI income requirement increasing to £26m from the previously anticipated £22m as a result of the settlement of two high value ELS claims with large lump sum elements.
- Other income – the in-month reduction is due to a reprofile of income phasing for pharmacy rebates with no impact on the full year forecast.
- Provider Services – Pay – the in month and full year decreases are primarily due to the reduction in the actual and forecast SLE pay costs.
- Provider Services – Non-Pay – the in-month expenditure increase is primarily due to the reprofile of GMPI expenditure from the straight-line profile. The full year increase is due to the net effect of the increase in the GMPI forecast and a reduction in the SLE non pay due to amendments to the training grant payment forecast.
- Losses, Special Payments & Irrecoverable Debts – the in-month decrease is due to the WRP payments varying from the straight-line forecast profile with no impact on the full year forecast.

Table B2 has been amended in Month 7 to reflect our summary position. The rounding error has been corrected in month (**Action Point 6.5**) – 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 £5.000m reflects the potential reinvestment/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 £29.819m at Month 7 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.

- £9.1m – 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.
- £3.7m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues.

## **2. Underlying Position (Table A1)**

Table A1 continues to reflect the recurrent overachievement of savings due to new savings being identified in year over and above the savings that were noted as 'to be identified' in our IMTP.

## **3. Risk Management (Table A2)**

This table has been further reviewed in Month 7 but there are no further changes to update in month.

The £1.000m opportunity included regarding turnover/vacancy rates was not updated last month due to this opportunity still to be potentially realised. At Month 6 we noted a potential savings distribution of £5.000m but we are also reflecting that this could increase beyond this figure (**Action Point 6.2**).

## **4. Ring Fenced Allocations (Tables B, N, O & P)**

NWSSP does not have any ring fenced allocations to report against.

## **5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)**

We reported £0.006m agency expenditure in Month 7 for additional HGV driver support that remains in line with our forecast. This expenditure is reported against estates and ancillary so does not impact our achievement of the target to eliminate admin & clerical agency expenditure by September 2025. We are monitoring this agency spend closely and exploring alternative ways to cover these shifts.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

**6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)**

The variable pay table has been updated for Month 7 and we are reporting expenditure of £0.219m in October against the further reduced forecast of £0.220m.

**7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)**

The savings tracker has been populated per our IMTP with the amendment of the one amber scheme that has now been reduced to zero and has been replaced with a new scheme that has been achieved for £0.135m in respect of DHCW SLA desktop support savings.

To month 7 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £4.071m largely due to the number of vacancies we are in the process of recruiting to and the additional controls we have implemented for variable pay. We estimate our forecast overachievement of savings will total £5.744m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall and the confirmed distribution to NHS Wales & Welsh Government will be reported to the January Shared Services Partnership Committee.

We will review the suggested options to adjust savings scheme ref 35 and amend in our Month 8 return. Due to timing with the Velindre consolidation we had already submitted our tables to them prior to receiving the proposed course of action (**Action Point 6.6**)

**8. Income Assumptions (Tables D, E & E1)**

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges (including the estimated pay award impact)

based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-27 have been populated with anticipated income streams for which we have yet to raise invoices and/or receive formal funding confirmation, and which were highlighted as income assumptions in our IMTP.

## **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 25<sup>th</sup> 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 31<sup>st</sup> October 2025 we did not have any invoices over 17 weeks.

## **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 current forecast capital expenditure profile against our revised £8.545m Capital Expenditure Limit and the profile of expenditure will continue to be updated as we progress through the financial year. The revised CEL reflects the underspends on capital schemes that we reported to Welsh Government at the end of October.

We are awaiting the outcome of funding submissions for our Fleet BJC, IP5 Roof BJC, Bridgend Stores TEF bid and additional laundry equipment. The approval

of these is time critical if we are to complete the procurement and delivery of these schemes within the 2025/26 financial year.

During September we submitted bids for additional digital funding of £0.623m and £1.472m for equipment/works schemes and await the outcome of these. We have provided procurement lead times for these schemes to note critical dates any confirmation of funding is required for schemes to be delivered in 2025/26.

**14. IFRS 16 & CAME (Table Q)**

This table has been completed and reconciles to the most recent IFRS16 return.

**15. Other Issues**

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

The Shared Services Partnership Committee will receive the Month 7 Financial Monitoring Return at the January Committee meeting.

**16. Authorisation of Return**



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



.....  
**ALISON RAMSEY**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**  
**NWSSP**

**13<sup>th</sup> November 2025**

NHS Wales Shared Services Partnership

Period : Oct 25

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
 Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect	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	0	0	0	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	695	725	-31	0
17 Additional In Year Identified Savings - Forecast	5,050	5,020	31	31
18 Variance to Planned RRL	0	0	0	0
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-71,784	-71,784	0	0
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	29,819	29,819	0	0
22 Unplanned Cost Pressures	-744	-744	0	0
23 Planned Mitigations Yet To Be Finalised	0	0	0	0
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	-5,000	-5,000	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	41,964	41,964	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35 Forecast Outturn (- Deficit / + Surplus)	0	0	0	31

	Apr	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	-7,308	-12,528
3	637	637	637	637	637	637	637	637	637	637	637	637	4,460	7,646
4													0	0
5													0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	1,763	3,020
7	155	155	155	155	155	155	155	156	155	156	155	156	1,086	1,863
8													0	0
9													0	0
10													0	0
11													0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	4	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	81	216	98	89	89	89	88	-11	-11	-10	-10	-11	749	695
17	502	339	505	486	503	477	509	345	345	345	344	348	3,323	5,050
18													0	0
19		-9,425	2,537	-2,055	-2,675	-2,503	-2,265	-2,265	-2,265	-2,266	-19,516	-29,087	-16,386	-71,784
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	7,675	-787	2,054	2,675	2,503	2,265	2,265	2,265	2,265	2,264	4,375	16,385	29,819
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-62	-62	-434	-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	-272	-272	-272	-272	-275	-3,637	-5,000
26	-583	583											0	0
27											17,252	24,712	0	41,964
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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



Table C2- V&S Saving Categories

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1														
2	Budget/Plan	190	190	190	190	190	190	190	192	190	191	188	1,329	2,280
3	Actual/F'cast	672	613	675	656	673	647	679	515	517	516	516	4,615	7,195
3	Variance	482	423	485	466	483	457	489	325	325	325	328	3,286	4,915
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Budget/Plan	62	62	62	62	62	62	61	60	61	61	63	434	740
8	Actual/F'cast	163	194	190	171	171	171	70	69	70	70	72	1,219	1,570
9	Variance	101	132	118	109	109	109	9	9	9	9	9	785	830
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0



## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 8 - NOVEMBER 2025**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for November 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 8.

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

NWSSP's financial outturn for Month 8 is reported at break-even in line with our IMTP forecast.

Funding for the 2025/26 pay award was confirmed in November which has removed the last significant risk from our financial plan.

#### **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.

Year to date non-recurrent savings of £4.631m are reported primarily due to variable pay savings and ongoing high vacancies across our services. We are forecasting that these could reach £5.744m by the end of the financial year and we will utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding. We have amended Table A1 and B2 to report the recurrent impact of the National Insurance funding shortfall which will align to our IMTP opening underlying deficit position.

We noted the potential distribution of the £5.000m balance of the overachievement of savings to the November Shared Services Partnership Committee meeting and will provide a final confirmation to the January meeting.

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

- The full year income forecast for 2025/26 is £880.386m. This is an increase from the £869.810m reported at Month 7 primarily due to an increase in the pharmacy rebate forecast following the inclusion of the 2025/26 estimate for the new Mounjaro rebates based on the September data which we have reflected in the forecast (£16.1m). This increase has been partially offset by a reduction in the GMPI forecast (£3.8m) due to delays with case settlements and a reduction in the SLE forecast income (£1.6m).
- The SLE pay and non-pay forecast totals £335.566m (£337.199m at Month 7) 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	27.006	27.006	27.006	27.006	<b>318.585</b>
NON-PAY	1.316	1.239	1.273	1.367	1.472	1.411	2.005	1.371	1.360	1.360	1.360	1.445	<b>16.981</b>
<b>TOTAL</b>	<b>25.641</b>	<b>25.549</b>	<b>25.261</b>	<b>25.421</b>	<b>34.019</b>	<b>29.187</b>	<b>28.857</b>	<b>28.083</b>	<b>28.366</b>	<b>28.366</b>	<b>28.366</b>	<b>28.451</b>	<b>335.566</b>

The SLE forecast will also vary as we progress through the financial year with the February intake/rotation and payment of variable locum shifts to SLE trainees.

- Forecast non-cash charges of £6.453m have been included based on the approved funding schemes submitted in the non-cash return in November. This includes the impact of the indexation adjustment.
- At Month 8 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation. We have reviewed the assumptions in our forecast and have identified that a break-even forecast remains achievable.

At the end of 2024/25 we continued to accrue a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We met with Welsh Government colleagues in September to review this credit note against cash funding received for provisions and a credit note for £5.420m has been issued in early December.

- £78.590m income and expenditure is included to Month 8 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast in Table B continues to reflect the previously communicated best case forecast of £187.455m which aligns with the briefing paper that was circulated to Organisations. The increased income requirement under the

risk sharing agreement is included in Table E1 to reflect the £78.020m forecast.

A review of the forecast in early December has identified movement on a number of cases during November. These movements are primarily due to receipt of additional evidence and/or Counsel advice impacting probabilities, forecast case values or the estimated timing of RTMs and/or case settlements. The overall impact of these known changes has reduced the forecast to a range of £182.824m minimum to £190.125m maximum as noted in the table below:

	M5 £m	M6 £m	M7 £m	M8 £m
<b>DEL expenditure to date</b>	41.999	46.329	<b>63.895</b>	<b>78.590</b>
Settled - awaiting payment	12.717	22.633	23.367	18.289
PPO's 2025/26	28.969	28.097	27.627	26.535
<b>FORECAST AGREED COSTS</b>	<b>83.686</b>	<b>97.059</b>	<b>114.889</b>	<b>123.414</b>
Settlement/Round Table Meeting in diary or offer made	71.015	70.594	49.608	37.503
<b>FORECAST DEPENDENT UPON JSM/RTM</b>	<b>154.700</b>	<b>167.653</b>	<b>164.497</b>	<b>160.917</b>
Highly likely but no offer/RTM yet	11.811	6.900	9.074	6.037
Personal Injury - estimate to March 26	2.042	1.750	1.458	1.167
Identified as potential settlements in 25/26	7.636	6.967	5.325	4.035
Estimate 40% of Probable claims <£200K	1.716	1.655	1.327	0.000
Estimate 40% of Certain claims <£200K	10.820	10.730	9.158	10.967
Managed Claims/Redress/Nosocomial/Other	4.345	3.724	3.104	2.483
<b>TOTAL WRP FORECAST</b>	<b>193.069</b>	<b>199.379</b>	<b>193.943</b>	<b>185.605</b>
Opportunities - linked to lower settlements/potential delays	-5.614	-5.100	0.000	-2.781
Risks - linked to Lump sum/PPO & probability change	5.756	5.756	4.720	4.520
<b>MINIMUM FORECAST (including opportunities)</b>	<b>187.455</b>	<b>194.279</b>	<b>193.943</b>	<b>182.824</b>
<b>MAXIMUM FORECAST (including potential risks)</b>	<b>198.825</b>	<b>205.135</b>	<b>198.663</b>	<b>190.125</b>

The opportunities identified in the forecast relate to cases where solicitors have indicated that cases may settle for less than forecast or where delays may result meaning the case will no longer settle in 2025/26. The risks identified relate to where the claimant preference for a lump sum or PPO settlement are not currently known.

In our Month 7 return we noted 3 large cases that had diarised RTMs but no trial dates that we identified may potentially incur delays meaning that settlement would no longer be possible in 2025/26. Within the revised Month 8 forecast, 2 of these 3 cases have now moved into 2026/27 due to issues arising within cases as is often seen in case management progress. One of the cases with a value of £2.158m remains within the forecast whilst this case progression is being reviewed (**Action Point 7.2**).

We note your request for additional information regarding an explanation of the movement on each line in the above table since the previous month. This is not easy to summarise in the table above given the many reasons the forecast may change. The table below, however, summarises the key reasons for the £11.119m reduction in the minimum forecast between month 7 and 8. The largest movement of £12.141m is due to 8 cases where it has been identified that settlement in 2025/26 is no longer possible due to factors arising within the individual cases (**Action Point 7.1**)

	M7-8 movement (£m)
Case settlement will occur in 26/27	-12.141
Cases may settle in 26/27	-2.781
PPO adjustment for delays to court orders	-1.093
Case stayed	-0.304
Reduction to offer value	-0.206
Adjustment to Quantum	-0.116
Increased costs estimate following settlement	0.212
Conversion from Possible to Certain in M8	0.690
Interim payment - difference to value previously forecast	0.735
Increase in probability of settlement	0.959
Possible case with RTM April 26	1.193
Variances from trend on <£200k cases	1.732
<b>TOTAL MINIMUM FORECAST MOVEMENT M7-8</b>	<b>-11.119</b>

Table A and Table B have been updated in month to reflect the additional WRP income and costs as requested (**Action Point 6.1 & 7.3**)

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income –the in month income reduction is due to reduced SLE costs (£0.7m) and reduced stores income (£0.2m) with the full year forecast reduction being due to the amended SLE forecast.
- Welsh Government Income – In month income reduction is primarily due to the profile of the WRP and GMPI income changing from the straight-line forecast. The full year reduction is due to the revised GMPI income requirement reducing the forecast back to the £22m original funding requirement.
- Other income – the in-month reduction is due to a reprofile of income phasing for pharmacy rebates with the full year forecast increasing by £16m in respect of the anticipated new rebates for Mounjaro from 1<sup>st</sup> September 2025 which we have now received details of to enable inclusion in the forecast and which are notified a quarter in arrears.
- Provider Services – Pay – the in month and full year decreases are due to the reduction in the actual and forecast SLE pay costs.
- Provider Services – Non-Pay – the full year increase is due to the net effect of the increase in the pharmacy rebates forecast which will be repatriated to UHBs (£16m) and the GMPI forecast reduction of £4m due to a review of expected case settlement dates
- Losses, Special Payments & Irrecoverable Debts – the in-month decrease is due to the WRP payments varying from the straight-line forecast profile with no impact on the full year forecast.

The reduction in NHS income not explained in the Month 7 return was due to a reduction in the forecast recharges for DBS & Certificate of Sponsorship to Health Boards and Trusts (**Action Point 7.5**)

Table B2 has been amended in Month 8 to reflect our summary 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 £5.000m reflects the potential reinvestment/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 £35.497m at Month 8 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.
  - £10.5m – 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.
  - £4m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues.
  - £4m – reduction in GMPI forecast from Month 7 due to a review of expected case settlement dates

## **2. Underlying Position (Table A1)**

Table A1 has been reflected in month to:

- Report the underlying deficit of £0.744m in respect of the shortfall in funding for the Employers National Insurance contributions
- Reflect the full year effect increase in the Microsoft licences charges for the Quarter 4 element of the July 25-June 26 contract year which have been funded by the overachievement of savings previously identified.

## **3. Risk Management (Table A2)**

This table has been further reviewed in Month 8 and the risk in respect of the 2025/26 pay award has been removed now that funding has been confirmed.

The £1.000m opportunity remains this month and will be amended in our Month 9 return to align with the final distribution we will note to the January Shared Services Partnership Committee (**Action Point 7.4**)

**4. Ring Fenced Allocations (Tables B, N, O & P)**

NWSSP does not have any ring fenced allocations to report against.

**5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)**

We reported £0.001m agency expenditure in Month 8 for additional HGV driver support. This expenditure is reported against estates and ancillary so does not impact our achievement of the target to eliminate admin & clerical agency expenditure by September 2025.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

**6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)**

The variable pay table has been updated for Month 8 and we are reporting expenditure of £0.178m in November against the reduced forecast of £0.220m. We will continue to monitor this and revise the forecast further if possible.

**7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)**

The savings tracker has been updated to amend the presentation issues as discussed with Gary Young in November (**Action Point 6.6**).

To month 8 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £4.631m largely due to the number of vacancies we are in the process of recruiting to and the additional controls we have implemented for variable pay. We estimate our

forecast overachievement of savings will total £5.744m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall and the confirmed distribution to NHS Wales & Welsh Government will be reported to the January Shared Services Partnership Committee.

## **8. Income Assumptions (Tables D, E & E1)**

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

Lines 2-27 have been populated with anticipated income streams for which we have yet to raise invoices and/or receive formal funding confirmation, and which were highlighted as income assumptions in our IMTP.

## **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 25<sup>th</sup> 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 30<sup>th</sup> November 2025 we had 5 invoices over 17 weeks, 4 of which have now been paid with the one remaining having a small invoice value of £1.60 outstanding due to a payment allocation issue to be resolved. We continue to liaise with other Organisations to understand the reasons for any payment delays and how we can avoid these going forward (**Action Point 7.6**).

## **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 revised capital expenditure profile against our revised £8.795m Capital Expenditure Limit and the profile of expenditure will continue to be updated as we progress through the financial year. Funding for the IP5 Roof was confirmed in early December and we are working to confirm the funding requirements between 2025/26 and 2026/27.

We are awaiting the outcome of a number of funding submissions which we will build into our prioritised year end capital funding requests to be submitted by 11<sup>th</sup> December which we will be able to deliver within the financial year.

**14. IFRS 16 & CAME (Table Q)**

This table has been completed and reconciles to the most recent IFRS16 return.

**15. Other Issues**

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

The Shared Services Partnership Committee will receive the Month 8 Financial Monitoring Return at the January Committee meeting.

**16. Authorisation of Return**



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



.....  
**ALISON RAMSEY**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**  
**NWSSP**

**11<sup>th</sup> December 2025**

NHS Wales Shared Services Partnership

Period : Nov 25

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4 Other Income Uplift / (Reduction)	0	0		
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		
10	0	0		
11 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
12 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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		
15 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	691	825	-135	-104
17 Additional In Year Identified Savings - Forecast	5,053	4,919	135	135
18 Variance to Planned RRL	0	0		
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	6,468	6,468		
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	35,497	35,497	0	0
22 Unplanned Cost Pressures	-745	-1	-744	-775
23 Planned Mitigations Yet To Be Finalised	0	0	0	0
24 Unplanned Additional Required Mitigations Yet To Be Finalised	-5,000	-5,000	0	0
25 Other	0	0		
26 NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	0	0		
27 Welsh Risk Pool Increase	-41,964	-41,964		
28	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>744</b>	<b>-744</b>	<b>-744</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000
1	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	-8,352
3	637	637	637	637	637	637	637	637	637	637	637	637	5,097
4													0
5													0
6	252	252	252	252	252	252	252	251	252	251	252	251	2,014
7	155	155	155	155	155	155	155	156	155	156	155	156	1,242
8													0
9													0
10													0
11													0
12	0	0	0	0	0	0	0	0	0	0	0	0	1
13	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0
15	0	0	0	0	0	0	0	0	0	0	0	0	0
16	81	216	98	89	89	89	88	-15	-11	-10	-10	-11	733
17	502	339	505	486	503	477	509	575	289	289	288	289	3,898
18													0
19		-9,425	2,537	-2,055	-2,675	-2,503	-2,265	-3,032	7,956	7,955	7,958	2,018	-19,418
20	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	7,675	-787	2,054	2,675	2,503	2,265	3,032	2,535	2,535	2,534	8,476	19,417
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-62	-62	-497
23	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
25	0	1,750	-1,750	0	-2,597	-504	-536	-498	-216	-216	-216	-216	-4,135
26	-583	583											0
27								-10,491	-10,491	-10,491	-10,491		0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Period : Nov 25

This Table is currently showing 0 errors

		Month												Total YTD	Full-year forecast	YTD as %age of FY YTD variance as % of FY	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				
1	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,519	2,280									
2	Actual/F'cast	672	613	675	656	673	647	679	641	461	460	460	457	5,296	7,894	74.10%	7,084	0	5,020	2,074			0	2,075
3	Variance	482	423	485	466	483	457	489	451	269	270	269	269	3,737	4,814	245.97%	7,084	0	5,020	2,074			0	2,075
4	Budget/Plan	62	62	62	62	62	62	62	61	60	61	61	63	495	740									
5	Actual/F'cast	163	194	190	171	171	171	171	170	89	70	70	72	1,389	1,670	83.17%	1,070	0	1,031	639			0	689
6	Variance	101	132	118	109	109	109	109	109	9	9	9	9	894	930	180.84%	930	0	1,031	639			0	689
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
20	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
23	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
26	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
29	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
34	Budget/Plan	252	252	252	252	252	252	252	251	252	251	252	251	2,014	3,000									
35	Actual/F'cast	835	807	855	827	844	818	850	811	530	530	529	529	6,645	8,764	8.764	8,024	0	6,051	2,713			0	2,744
36	Variance	583	555	603	575	592	566	598	560	278	279	278	278	4,631	5,744									
37	Variance in month	231.71%	220.99%	239.66%	228.14%	234.89%	224.57%	237.17%	223.07%	110.28%	111.12%	110.13%	110.84%	229.98%										
38	In month achievement against FY forecast	9.52%	9.20%	9.75%	9.44%	9.63%	9.33%	9.70%	9.25%	6.05%	6.08%	6.04%	6.04%											

Period : Nov 25

Table C1 - Savings Schemes Pay Analysis

	Month	Month												Total YTD	Full-year forecast	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					
1	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,519	2,280									
2	Actual/F'cast	672	613	675	656	673	647	679	641	461	460	460	457	5,296	7,894	5.933	5,933	0	3,859	2,074			0	2,075
3	Variance	482	423	485	466	483	457	489	451	269	270	269	269	3,737	4,814	692.8879%	692.8879%	0	3,859	2,074			0	2,075
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
5	Actual/F'cast	0	0	319	44	98	117	91	132	90	90	90	90	801	1,161									
6	Variance	0	0	319	44	98	117	91	132	90	90	90	90	801	1,161	1,161	1,161	0	1,161	0			0	0
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
10	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,519	2,280									
11	Actual/F'cast	672	613	675	656	673	647	679	641	461	460	460	457	5,296	7,894	7.084	7,084	0	5,020	2,074			0	2,075
12	Variance	482	423	485	466	483	457	489	451	269	270	269	269	3,737	4,814	7.084	7,084	0	5,020	2,074			0	2,075

Table C2 - V&S Savings Categories

	Month	Month												Total YTD	Full-year forecast	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					
1	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,519	2,280									
2	Actual/F'cast	672	613	675	656	673	647	679	641	461	460	460	457	5,296	7,894									
3	Variance	482	423	485	466	483	457	489	451	269	270	269	269	3,737	4,814									
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
7	Budget/Plan	62	62	62	62	62	62	62	61	60	61	61	63	495	740									
8	Actual/F'cast	163	194	190	171	171	171	171	170	89	70	70	72	1,389	1,670									
9	Variance	101	132	118	109	109	109	109	109	9	9	9	9	894	930									
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
20	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
21	Variance	0	0	0	0	0																		

Ok
Ok
Ok
Ok
Ok





**NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 05/01/2026 (Updated 08/01/2026)**

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	SUPPLY CHAIN UPDATE
Splash Proof Aprons (Roll)	994,600	13,970,000	192,950	6.6%	15,100,000	99.1%	Deliveries to be completed by 07/03/2026 - thereafter "Green"
Splash Proof Aprons (Flat Pack)	16,839,000	0	52,231	127.6%	13,200,000	127.6%	No order required
Type IIR Masks	4,460,550	26,294,400	494,775	14.1%	31,600,000	97.3%	Deliveries to be completed by 11/02/2026 - thereafter "Green"
FFP3 Masks (Un-Valved)	587,340	0	1,305	58.7%	1,000,000	58.7%	Subject to national tender process in conjunction with SMTL and PHW - expect contract award by July 2026
FFP3 Masks (Valved)	1,782,861	0	451	N/A	0	N/A	No order required - valved continue to be used from stock. New order requirements will be un-valved as per details above
<b>FFP3 Masks Total</b>	<b>2,370,201</b>	<b>0</b>	<b>1,756</b>	<b>237.0%</b>	<b>1,000,000</b>	<b>237.0%</b>	
Face Shields/Visors	226,042	0	449	14.1%	1,600,000	14.1%	SMTL verifying source certification and regulatory compliance. Order to follow - estimate delivery April/May 2026 - thereafter "Green"
Gloves	213,075,300	83,408,000	2,938,150	145.6%	146,300,000	202.7%	Deliveries to be completed through remaining consignments due March and June 2026 - thereafter "Green"
Full Body Gowns	294,392	199,668	1,449	58.9%	500,000	98.8%	Deliveries to be completed by 30/03/2026 - thereafter "Green"
Wipes	11,519,800	865,800	1,430,738	37.9%	30,400,000	40.7%	Subject to assessment of lower priced options. Order to follow - thereafter "Green"
Hand Sanitizer	211,919	0	1,560	211.9%	100,000	211.9%	No order required
Clinical Waste Bags	147,000	210,000	0	70.0%	210,000	100.0%	Deliveries to be completed by April 2026 - thereafter "Green"
Liquid Soap	4,055	15,576	778	26.0%	15,576	126.0%	Order to be placed following confirmation of stock availability with supplier - delivery expected March/April 2026 - thereafter "Green"
Dergent Tablets	330,600	105,400	36,000	83.0%	400,000	100.0%	Deliveries to be completed by 31/03/26 - thereafter "Green"
<b>Total</b>	<b>249,991,804</b>	<b>124,737,868</b>	<b>5,114,058</b>		<b>239,800,000</b>		

**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




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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**22 January 2026**

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Assurance Report – November 2025**

**ARWEINYDD:**

James Quance

**LEAD:**

Assistant Director of Corporate Services, NWSSP

**AWDUR:**

Carly Wilce

**AUTHOR:**

Corporate Services Manager, NWSSP

**SWYDDOG ADRODD:**

Alison Ramsey

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**MANYLION CYSWLLT:**

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**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on **7 November 2025**.

**Llywodraethu/Governance**

**Amcanion:**

Each of the five key Corporate Objectives

**Objectives:**

**Tystiolaeth:**

Individual reports submitted to Audit Committee

**Supporting evidence:**

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP Audit Committee

**Adduned y Pwyllgor/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:**

No direct impact

**Iechyd Poblogaeth:  
Population Health:**

No direct impact

**Ansawdd, Diogelwch a Profiad  
y Clef:**

No direct impact

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open



## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT – 07 NOVEMBER 2025

### 1. SITUATION

To provide the Shared Services Partnership Committee (**SSPC**) with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership (**NWSSP Audit Committee**), at its meeting on 07 November 2025 for **NOTING**.

### 2. BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership provides assurance to the SSPC on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 07 November 2025, is outlined below:

### 3. SUMMARY OF MATTERS FOR CONSIDERATION

<b>ALERT / ESCALATE</b>	There were no matters for <b>alert/escalation</b> to the Board.
<b>ADVISE</b>	As part of the Counter Fraud Progress Update, the Committee was advised of a new criminal offence of "Failure to Prevent Fraud" which was introduced by the Economic Crime and Corporate Transparency Act 2023 which came into effect on 1 September 2025. Fraud awareness sessions have been provided to senior leaders around the new offence which covered the commercial and public sectors (including the NHS). It was noted that compliance procedures are already in place.

**Update from NWSSP Managing Director**

The Managing Director provided members with a comprehensive update on significant developments within NWSSP, as outlined below:

- Ongoing discussions with organisations across NHS Wales regarding the financial position continue to take place, with some reporting deficits. NWSSP is forecasted to break even for 2025–26, with cash-releasing savings expected to be returned to Welsh Government and NHS Wales, although the final amount was yet to be confirmed.
- Organisations face challenges relating to the Welsh Risk Pool (WRP), concerning the significant increase in contributions required under the Risk Share Agreement. Discussions remain ongoing with Welsh Government regarding potential funding solutions. The Director Finance and Corporate Services and Director of Legal and Risk Services provided an update to the Chief Executives Group outlining mitigation options.
- Construction of the RadioPharmacy at IP5 was now scheduled for completion in November 2025, with the facility expected to become operational by April 2026. The Outline Business Case (OBC) for the South-East Hub had been approved, and work was progressing on the Full Business Case (FBC). Efforts were underway to ensure the FBC is submitted to Welsh Government in line with the agreed timeline to avoid delays. Meanwhile, North Wales was keen to accelerate progress on the North Wales Hub, with a meeting planned to determine the next steps.
- The NHS Wales Influenza Vaccination Programme was delivered successfully, with positive feedback from Welsh Government, who have requested NWSSP deliver the programme again in the next financial year.
- Significant work has been undertaken with the Medical Examiner Service to support winter planning, incorporating lessons learned from the previous year.
- The Welsh Ambulance Services NHS Trust (WAST) would be relocating to one of NWSSP's sites and would take over the lease arrangements. They will also occupy the top floor at Matrix House in Swansea.
- Productive discussions have taken place with Welsh Government regarding Personal Protective Equipment (PPE) requirements, and NWSSP was on track to meet the revised agreed targets for PPE stock levels.

The Audit Committee **NOTED** the Managing Director's Update and stressed the importance of adhering to the timeline for the FBC for the South East Hub.

<b>ASSURE</b>	<p><b>Audit Wales Management Letter 2024-25</b></p> <p>Audit Wales presented the Management Letter for NWSSP, confirming that no key findings were identified for the second consecutive year, providing assurance that core financial processes remained materially sound for 2024/25.</p> <p>The Committee <b>NOTED</b> the Audit Wales Management Letter 2024-25.</p>
<b>ASSURE</b>	<p><b>External Audit Position Statement</b></p> <p>Audit Wales presented the Position Statement, noting that the 2024/25 audits were in the final stages of completion and preparatory work for the 2025/26 plan would commence shortly. Audit deadlines have been agreed and scheduled and would remain in line with previous years of 30 June 2025.</p> <p>The Committee <b>NOTED</b> the Audit Wales Position Statement 2024-25.</p>
<b>ASSURE</b>	<p><b>National Fraud Initiative (NFI) Update</b></p> <p>Audit Wales presented the NFI briefing paper, which was being presented to Audit Committees across Wales to provide an overview of the national position. The paper also outlined the types of local data matches under consideration for investigation. NWSSP is collaborating with NHS organisations to address any flagged matches. Governance arrangements for NFI are in place, with designated responsible officers within NWSSP.</p> <p>The Committee <b>NOTED</b> the National Fraud Initiative Update.</p>
<b>ASSURE</b>	<p><b>Audit Wales Nationally Hosted NHS IT Systems Report</b></p> <p>The Nationally Hosted NHS IT Systems Report was presented to the Committee, which reviewed the IT systems and infrastructure managed by NWSSP for use by other NHS organisations, providing assurance that robust controls are in place. The report was positive and two recommendations were identified for action. Implementation of these recommendations would be monitored by Corporate Services in line with the Audit Recommendation Tracking process.</p> <p>The Audit Committee <b>NOTED</b> the Audit Wales Nationally Hosted NHS IT Systems Report.</p>
<b>ASSURE</b>	<p><b>Internal Audit Progress Report</b></p> <p>The Head of Internal Audit provided an update on progress against the Internal Audit Plan with an overview of other activity since the previous meeting. Key points included:</p> <ul style="list-style-type: none"> <li>• Four audits have been completed to date, all receiving positive assurance ratings of either Substantial or Reasonable. These were included on the agenda.</li> <li>• Several audits from the Internal Audit Plan were currently in progress, at either draft or testing stages, and remain on track for completion in line with the plan.</li> </ul>

	<p>The Audit Committee <b>NOTED</b> the Internal Audit Position Statement.</p>
<p><b>ASSURE</b></p>	<p><b>Internal Audit Reports</b></p> <p>The Committee received the Internal Audit reports detailed below, for review and consideration, all of which achieved Substantial or Reasonable assurance. Progress against the resulting actions would be monitored via the Audit Recommendation Tracker, with updates provided at future meetings.</p> <ul style="list-style-type: none"> <li>• <b>Primary Care Services General Ophthalmic Services (GOS):</b> Substantial assurance awarded; controls for administering payments were found to be robust, with one minor improvement identified for action and it had already been implemented.</li> <li>• <b>Accounts Payable:</b> Reasonable assurance awarded; accuracy of invoice processing and controls confirmed, with some duplicate payments identified and addressed, with three key findings for action identified.</li> <li>• <b>Risk Management:</b> Reasonable assurance awarded; risk management frameworks were well established, with regular oversight and escalation of significant risks. Two key actions were identified, including the need for improvements within the Laundry Services risk registers.</li> <li>• <b>Radiopharmacy Capital:</b> Reasonable assurance awarded; project controls for the South-East Wales unit were in place, with key actions on guarantees and budget monitoring completed. There were 10 key matters arising identified for action.</li> </ul> <p>The Audit Committee <b>NOTED</b> the Internal Audit Reports outlined above.</p>
<p><b>ASSURE</b></p>	<p><b>Counter Fraud Progress Report</b></p> <p>The Committee received the Q2 Counter Fraud Position Statement from NWSSP's Local Counter Fraud Manager (LCFM), providing an overview of activity to date. The Counter Fraud Progress Report for Q2 was presented.</p> <p>Fraud awareness training uptake continues to improve, with the Senior Leadership Group monitoring completion rates. Six new case referrals were received in the last quarter, with one active case related to the NFI data matching exercise.</p> <p>The Audit Committee <b>NOTED</b> the Counter Fraud Q2 Progress Update.</p>
<p><b>ASSURE</b></p>	<p><b>2026-29 Integrated Medium-Term Plan (IMTP)</b></p> <p>The Director of Planning, Performance and Informatics provided an update on the development of the 2026–29 IMTP. Early internal planning was underway to ensure readiness and alignment with evolving priorities and the challenging financial position across NHS Wales, which would require NWSSP to deliver additional savings for its partners.</p> <p>The 2025–29 NHS Planning Framework has not yet been published but was scheduled for launch on 30 November 2025, alongside a financial allocation</p>

	<p>letter from Welsh Government expected in December 2025. A letter from the Cabinet Secretary in July outlined key priorities, including delivering Welsh Government objectives. NWSSP would align its plans to support Health Boards in achieving these priorities.</p> <p>A balanced financial plan for 2025–26 is anticipated, though significant risks remain. The 2025–28 plan was approved by the Shared Services Partnership Committee in February 2025, with formal confirmation from Welsh Government in July 2025. While the plan supports NWSSP’s role in enabling the wider NHS Wales system, particularly in areas under operational or financial pressure, it acknowledges ongoing risks that require close management. Progress is monitored through quarterly review meetings, which are reported to the Shared Services Partnership Committee.</p> <p>The 2026–29 draft three-year IMTP will be reviewed by the Formal Senior Leadership Group on 18 December 2025, before submission to the Shared Services Partnership Committee for approval in January 2026.</p> <p>The Committee <b>NOTED</b> the update.</p>
<p><b>ASSURE</b></p>	<p><b>2025-26 Losses and Special Payments Report for Quarters 1 and 2</b></p> <p>The Deputy Director of Finance presented the Audit Committee with the losses written off and special payments made, from 1 April 2025 to 30 September 2025, excluding bad debt, in accordance with the Standing Financial Instructions and Welsh Governments Manual for Accounts Chapter 6.</p> <ul style="list-style-type: none"> <li>• Total losses for the six-month period: £631,000 of this, £146,000 related to stores, primarily due to slow-moving or obsolete stock. The figure was consistent with the previous year’s report for 2024/25.</li> <li>• £483,254 of these costs related to COT3 settlement agreements.</li> <li>• No individual items exceeded £50,000 (the threshold requiring Welsh Government approval).</li> </ul> <p>The Committee <b>NOTED</b> the Losses and Special Payments Report.</p>
<p><b>ASSURE</b></p>	<p><b>Governance Matters</b></p> <p>The Governance Matters report detailed the contracting activity for the last quarter. <b>42</b> contracts had been let for NWSSP and <b>22</b> further contracts for NHS Wales. <b>5</b> declarations had been made as to gifts, hospitality or sponsorship since the last meeting and there were no internal audit reports concluded with limited or no assurance.</p> <p>Of <b>117</b> audit recommendations, <b>113</b> had been implemented, <b>4</b> were not yet due and there were none to report as overdue.</p> <p>The NWSSP Corporate Risk Register contains <b>6</b> red risks, <b>11</b> amber and <b>1</b> yellow, for action.</p> <p>The Audit Committee <b>NOTED</b> the Governance Matters Report for the period.</p>

<b>INFORM</b>	<b>The following items were received for information</b> <ul style="list-style-type: none"><li>• NWSSP Annual Review 2025-26; and</li><li>• NWSSP Audit Committee Forward Plan 2025-26.</li></ul>
<b>APPENDICES</b>	Not applicable

# **Shared Services Partnership Committee**

## **Forward Plan of Business**

**2025-26**

<b>Month</b>	<b>Standing Items</b>	<b>Strategy, Policy &amp; Implementation</b>	<b>Governance</b>	<b>Annual Reports</b>
<b>19 March 2026</b>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>	<p>Deep Dive Session</p> <p>Review of Service Level Agreements (SLAs)</p>	<p>Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations</p> <p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p>	
<b>14 May 2026</b>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p>	<p>Duty of Quality Update</p>	<p>Update on Welsh Government Independent Review of NWSSP Governance and Accountability</p>	<p>Internal Audit Plan</p> <p>Audit Wales Plan</p>

	<p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>	<p>Integrated Medium-Term Plan Update Report Quarter 4 of 2025-26</p>	<p>Review Recommendations</p> <p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>Duty of Quality Annual Report</p>
<p><b>16 July 2026</b></p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p>	<p>Deep Dive Session</p> <p>Decarbonisation Update</p>	<p>Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations</p> <p>NWSSP Corporate Risk Register</p>	<p>Annual Governance Statement</p> <p>NWSSP Annual Review</p> <p>NWSSP Audit Committee Annual Report</p> <p>Annual Report on Concerns and Complaints</p>

	<p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>		<p>Approve NWSSP Annual Update of Audit Committee Terms of Reference</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>Annual Report on Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship</p> <p>Local Counter Fraud Service Annual Report</p> <p>Information Governance Annual Report</p> <p>Welsh Language Annual Report</p>
<b>17 September 2026</b>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p>	<p>Deep Dive Session</p> <p>Integrated Medium-Term Plan Update Report Quarter 1 of 2026-27</p>	<p>NWSSP Corporate Risk Register</p> <p>Declarations of Interest</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>Welsh Infected Blood Support Scheme Annual Report</p> <p>Medical Examiner Services Annual Report</p> <p>Health and Safety Annual Report</p>

	<p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p>			
<b>19 November 2026</b>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>	<p>Deep Dive Session</p> <p>Duty of Quality Update</p> <p>Integrated Medium-Term Plan Update Report Quarter 2 of 2025-26</p>	<p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p> <p>Approve Annual Update of NWSSP Audit Committee Terms of Reference</p>	<p>Audit Wales Management Letter</p>

<b>21 January 2027</b>	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Information Report Outcome Measures Report Transformation Management Office Report People and Organisational Development Update Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Integrated Medium-Term Plan Update Report Quarter 3 of 2025-26 Decarbonisation Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Update of SSPC Standing Orders	IMTP – Approval
<b>Additional Meeting Dates for Diary</b>	<ul style="list-style-type: none"> <li>• 2026 Autumn Committee Development Day – Date to be confirmed</li> <li>• <i>18 March 2027</i></li> </ul>			