

Shared Services Partnership Committee - Part A

Fri 14 November 2025, 10:00 - 11:45

Microsoft Teams



Chaired by Professor Tracy Myhill OBE

Agenda

10:00 - 10:10
10 min

1. Standard Business

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. Minutes of Last Meeting Held on 30 September 2025

Decision Professor Tracy Myhill OBE, NWSSP Chair

 Draft SSPC Minutes Part A Public 30 September 2025.pdf (14 pages)

1.5. Action Log

Information Professor Tracy Myhill OBE, NWSSP Chair

 SSPC Part A Action Log 14 November 2025.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

Information Neil Frow OBE, NWSSP Managing Director

 NWSSP Managing Director Report SSPC November 2025.pdf (8 pages)

10:20 - 10:35
15 min

3. 2026-2029 Integrated Medium-Term Plan Progress Update

Information Rebecca Nelson, Director of Planning, Performance and Informatics

 SSPC IMTP 2026-29 Progress Update.pdf (9 pages)

10:35 - 11:05

4. Items for Approval

30 min

Decision

4.1. NWSSP Strategy Map Refresh for 2026-2029

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

📄 SSPC NWSSP Strategy Map Refresh 2026-29.pdf (17 pages)

4.2. Extension to the Service Level Agreement for the Services Supporting the National Influenza Immunisation Programme

Decision *Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services*

📄 SSPC Extension to the Service Level Agreement for the Services Supporting the National Influenza Immunisation Programme CP.pdf (3 pages)

📄 Appendix 1 - Service Level Agreement between Welsh Ministers and NWSSP - Procurement and Distribution of IIV SIGNED.pdf (14 pages)

4.3. Revised Stockholding Requirements for Personal Protective Equipment and Hygiene Consumable Products

Decision *Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services*

📄 Revised Stockholding Requirements for PPE and Hygiene Consumable Products CP.pdf (3 pages)

📄 Appendix 1 - Medicines, PPE and Hygiene Consumables Stockpile SLA SIGNED.pdf (27 pages)

4.4. Fleet Modernisation and Optimisation Programme Business Case

Decision *Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services*

📄 NWSSP Fleet Modernisation and Optimisation Programme Business Case - November 2025 CP.pdf (8 pages)

📄 Appendix 1 - Fleet Modernisation Programme Business Case - NWSSP - Q3 - 2025.pdf (58 pages)

4.5. Service Level Agreement for the Provision of Commercial Medicines Contracting relating to Specialised Medicines

Decision *Laura-Jayne Keating, Interim Director of Pharmacy Technical Services*

📄 SSPC Service Level Agreement for the Provision of Commercial Medicines Contracting relating to Specialised Medicines (between NWJCC and Medicines Value Unit of NWSSP) CP.pdf (3 pages)

📄 Appendix 1 - Service Level Agreement - MVU and NWJCC.pdf (24 pages)

4.6. Local Partnership Forum and Sub Groups Terms of Reference

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

📄 Local Partnership Forum and Sub Groups Terms of Reference CP.pdf (3 pages)

📄 Appendix 1 - NWSSP LPF Terms of Reference - V2 LPF Approved 05.11.25.pdf (6 pages)

📄 Appendix 2 - NWSSP LPF Attraction and Retention Group Terms of Reference - V3 Approved LPF 05.11.25.doc.pdf (7 pages)

📄 Appendix 3 - NWSSP LPF Policy Review Group Terms of Reference V2 - Approved LPF 05.11.25.pdf (7 pages)

4.7. Locum Hub Wales Contract Briefing Report

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

📄 Locum Hub Wales Contract Briefing Report November 2025.pdf (4 pages)

11:05 - 11:15

5. Items for Noting / Discussion

10 min

Noting / Discussion

5.1. Future NHS Workforce Solution - ESR Transformation Programme

Noting / Discussion

Angela Jones, Deputy Director for Digital & Workforce Solutions

 Future NHS Workforce Solution - ESR Transformation Programme.pdf (5 pages)

5.2. NWSSP Duty of Quality Update

Noting / Discussion

Dr Ruth Alcolado, Medical Director

 SSPC Duty of Quality Update November 2025.pdf (4 pages)

11:15 - 11:45
30 min

6. Governance, Performance and Assurance

Noting / Discussion

6.1. Finance Report

Noting / Discussion

Alison Ramsey, Director of Finance and Corporate Services

 SSPC Finance Report October 2025.pdf (7 pages)

6.2. People and Organisational Development Report

Noting / Discussion

Gareth Hardacre, Director of People, Organisation Development and Employment Services

 SSPC People and Organisational Development Report October 2025.pdf (21 pages)

6.3. Performance Information Report

Noting / Discussion

Rebecca Nelson, Director of Planning, Performance and Informatics

 SSPC Performance Information Report November 2025.pdf (19 pages)

6.4. Outcome Measures Performance Report

Noting / Discussion

Rebecca Nelson, Director of Planning, Performance and Informatics

 SSPC Outcome Measures Performance Report November 2025.pdf (15 pages)

6.5. Integrated Medium-Term Plan (IMTP) Q2 of 2025-26 Update Report

Noting / Discussion

Rebecca Nelson, Director of Planning, Performance and Informatics

 SSPC Q2 IMTP Report.pdf (22 pages)

6.6. Transformation Management Office (TMO) Update Report

Noting / Discussion

Rebecca Nelson, Director of Planning, Performance and Informatics

 SSPC Transformation Management Office Update Report November 2025.pdf (33 pages)

6.7. NWSSP Corporate Risk Register

Noting / Discussion

James Quance, Assistant Director of Corporate Services

 NWSSP Corporate Risk Register November 2025 CP.pdf (5 pages)

 SSPC Appendix 1 NWSSP Corporate Risk Register November 2025.pdf (7 pages)

6.8. NWSSP Management Letter 2024-25

Noting / Discussion

Alison Ramsey, Director of Finance and Corporate Services

 NWSSP_Management_Letter_2024-25 NWSSP.pdf (6 pages)

6.9. Nationally Hosted NHS IT Systems Report 2024-25

Noting / Discussion

Alison Ramsey, Director of Finance and Corporate Services

 NWSSP Nationally Hosted NHS IT Systems 2024-25.pdf (30 pages)

11:45 - 11:45 **7. Items for Information**

0 min

Information




7.1. SSPC Forward Plan 2025-26

Information

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

7.2. Finance Monitoring Returns (Month 6)

Information

-  a. Monitoring Return Commentary Month 6 NWSSP 2025-26.pdf (9 pages)
-  b. Table A Movement.pdf (1 pages)
-  c. Table C, C1 and C2 Savings Schemes.pdf (1 pages)
-  d. Table C3 Tracker.pdf (1 pages)

7.3. Personal Protective Equipment (PPE) Stockholding Position Update

Information

 Personal Protective Equipment (PPE) Stockholding Position Update 30-09-25.pdf (1 pages)

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

0 min

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

- *No matters have been raised in advance of the meeting papers being issued.*

11:45 - 11:45 **9. Date and Time of Next Meeting: Thursday 22 January 2026 from 10.00am to 12.00pm via Microsoft Teams**

0 min

Information *Professor Tracy Myhill OBE, NWSSP Chair*

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON TUESDAY 30 SEPTEMBER 2025

10:00AM – 12:00PM

MEETING HELD ON MICROSOFT TEAMS

PART A - PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Executive Director of Workforce & Organisational Development	ABUHB
Suzanne Rankin (SR)	Chief Executive	CAVUHB
Sally May (SM)	Executive Director of Finance	CTMUHB
Claire Osmundsen-Little (COL)	Executive Director of Finance and Business Assurance	DHCW
Huw Thomas (HT)	Executive Director of Finance/SSPC Vice Chair	HDUHB
Glyn Jones (GJ)	Director of Finance, Planning & Performance	HEIW
Pete Hopgood (PH)	Executive Director of Finance, Capital & Support Services	PTHB
OTHER ATTENDEES:		
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
Michelle Jones (MJ)	Head Of Financial Reporting <i>-Deputising for Russell Caldicott</i>	BCUHB
Rob Mahoney (RM)	Deputy Director of Finance <i>-Deputising for Catherine Phillips</i>	CAVUHB
Edward Roberts (ER) <i>(in attendance from item 2.2)</i>	Acting Director of Finance <i>-Deputising for Chris Turley</i>	WAST
Carl James (CJ)	Executive Director of Strategy & Planning <i>-Deputising for David Donegan</i>	VUNHST
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Gareth Hardacre (GH)	Director of People & Organisational Development and Employment Services	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Ruth Alcolado (RA) <i>(in attendance to 11.24am)</i>	Medical Director	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Roxann Davies (RD)	Corporate Services Manager (<i>Secretariat</i>)	NWSSP
Laura-Jayne Keating (LJK) <i>(Presenting agenda item 3.1)</i>	Deputy Director of Pharmacy Technical Services	NWSSP

Item		Action
1.	STANDARD BUSINESS	
1.1	<p>Welcome and Opening Remarks TM welcomed members to the September 2025 meeting of the Shared Services Partnership Committee (SSPC).</p> <p>TM extended a warm welcome to Suzanne Rankin, Chief Executive of Cardiff and Vale University Health Board and Laura-Jayne Keating, Deputy Director of Pharmacy Technical Services in NWSSP.</p> <p>A number of deputy representatives were in attendance, as follows:</p> <ul style="list-style-type: none"> • Rob Mahoney, Deputy Director of Finance (CAVUHB); • Michelle Jones, Head of Financial Reporting (BCUHB); • Carl James, Executive Director of Strategy & Planning (VUNHST); and • Edward Roberts, Acting Director of Finance (WAST). <p>Following an adjustment to the running order, agenda item 8 was considered subsequent to the conclusion of the private session.</p>	
1.2	<p>Apologies Received Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Russell Caldicott, Executive Director of Finance (BCUHB); • Catherine Phillips, Executive Director of Finance (CAVUHB); • Tina Ricketts, Director of Workforce & Organisational Development (SBUHB) • David Donegan, Chief Executive (VUNHST); • Tanya Bull, Union Representative (Unison Cymru); and • Nicola Phillips, Director of Primary Care and Medical Examiner Service (NWSSP). 	
1.3	<p>Declarations of Interest For transparency and completeness, it was noted that the Chair would withdraw from the meeting for Agenda Item 8 (Options for Appointment of the Committee Chair) due to a declared conflict of interest.</p> <p>Additionally, RN declared an interest in Agenda Item 5.6 (Wales Infected Blood Support Scheme Annual Report 2024–25), as her spouse is the Cabinet Minister responsible for the Infected Blood Inquiry.</p> <p>No further declarations of interest were received from Committee Members. Members were invited to declare any interests and specify the relevant agenda item.</p>	
1.4	<p>Minutes of Meeting Held on 17 July 2025 The minutes of the meeting held on 17 July 2025 were reviewed and APPROVED as a true and accurate record of the meeting.</p> <p>CJ questioned the accuracy of the statement made on page 13, that "<i>positive assurance was noted from Audit Wales and Internal Audit,</i>". AR confirmed the statement of fact regarding positive assurance from Audit Wales and Internal Audit insofar as the NWSSP Audit Committee Annual Report includes input</p>	

	<p>from both Internal Audit and Audit Wales, and reflects reports presented to the NWSSP Audit Committee, which comprises of representatives from both Audit Wales and Internal Audit. Further, that NWSSP income and expenditure are consolidated into the annual accounts of Velindre University NHS Trust, which were signed off by Audit Wales.</p> <p>HT clarified that the Committee’s remit is to discharge responsibilities for NWSSP and not to address consolidation issues, specific to Velindre. He requested clarification that positive assurance was received from Audit Wales regarding NWSSP’s financial statements, specifically the income, expenditure, balance sheet and annual accounts for NWSSP as a function. AR confirmed that no issues were noted in the ISA 260 report regarding NWSSP’s income and expenditure. In the July Audit Committee Audit Wales had confirmed they had no issues to report concerning their work on NWSSP and services provided to partners. Further, that the NWSSP Audit Committee could expect to receive the annual Management Letter from Audit Wales relating to the systems audit with regards to NWSSP and that the Committee could expect to receive this in the following meeting.</p> <p>Following discussion, the Committee resolved to APPROVE the minutes of the meeting held on 17 July 2025 as a true and accurate record, with the above clarification noted in the current meeting’s minutes.</p>	
<p>1.5</p>	<p>Action Log</p> <p>The Committee received the Action Log which confirmed that both actions captured had been completed. TM added that it was positive to see actions identified were continuing to be implemented in a timely fashion.</p> <p>The Committee NOTED the update of the Action Log.</p>	
<p>2.</p>	<p>CHAIR AND MANAGING DIRECTOR’S UPDATES</p>	
<p>2.1</p>	<p>Chair’s Report</p> <p>TM provided a verbal update on activities since the last meeting, including chairing two Welsh Risk Pool Committee meetings in July and September, both of which included significant discussion regarding the financial consequences of claims.</p> <p>During August 2025, TM undertook NF’s PADR in collaboration with Welsh Government.</p> <p>As part of ongoing engagement, TM also attended the Chairs’ Peer Group Meeting in September 2025, where changes in membership were noted. Sara Moseley, Chair of Velindre University NHS Trust (Velindre), was also in attendance and TM noted recent correspondence with her, following her arrival.</p> <p>A substantive discussion took place at the Chairs’ meeting regarding the staff survey, particularly the low response rate target of around 26%. There was a collective emphasis on the need to increase participation and ensure staff voices are heard. TM welcomed the level of engagement from Chairs on this matter and encouraged reflection on future approaches.</p> <p>The Committee NOTED the Chair’s Report.</p>	

2.2

Managing Director's Report

NF presented the Managing Director's Report, highlighting key developments across NWSSP since the last meeting.

The Welsh Risk Pool Committee met and held a productive discussion on risk sharing and financial implications. Positive work is continuing in maternity, obstetrics and consent, with a focus on learning lessons across Wales. The balance sheet currently reflects £1.7 billion in future claims. The NWSSP Legal and Risk Services and Welsh Risk Pool Annual Report 2024-25 was included within the meeting papers, for the Committee's information.

HT raised concerns about the financial impact of Welsh Risk Pool settlements and suggested a proactive assurance review be considered. NF confirmed that the team is already engaging with counterparts in Scotland and England to understand their methodologies and identify lessons learned. TM supported the proposal for additional assurance where possible.

The financial position was reported as a small surplus at month 5, although financial risks remain. Discussions with Welsh Government regarding the procurement and storage arrangements for Personal Protective Equipment in readiness for any future pandemic are ongoing.

Progress has been made on the Radiopharmacy Service, with panel construction expected to begin shortly in IP5 site and it is anticipated there will be significant physical progress made on-site during October 2025.

The Outline Business Case for the South East TrAMS Hub has been approved by Welsh Government, and we have received the approval and funding letter to release the fees for the next stage in terms of the Full Business Case (FBC). In recognising that timescales are tight, with the impact of the upcoming election and pre-election period, best efforts are being made to submit the FBC before any approval cut off point. Discussions are being held in respect of the matters requested to be resolved prior to FBC submission, particularly around clinical trials.

Discussions have been positive in terms of taking forward the North Wales TrAMS programme and a more detailed meeting with the Betsi Cadwaladr University Health Board Chief Executive and the team will be arranged in due course.

As regards the South West Hub, unfortunately the preferred site was recently purchased by a third party and therefore the teams are actively exploring alternative site options in West Wales.

CJ requested that regulatory arrangements for the Radiopharmacy project be co-ordinated with Velindre. Further, he noted the importance of resolution of outstanding matters prior to the FBC, particularly around clinical trials, noting the importance of a sustainable solution being sought at the earliest opportunity. He also asked that once the governance and approval path is confirmed, it be shared to allow sufficient time for adequate review of the complexities within the FBC. HT emphasised the need for timely decision-making between NWSSP and Velindre to avoid delays impacting Health Board services.

The All-Wales vaccination programme has delivered approximately 800,000 doses, with nearly 1 million received. The programme is entering the final phase, focusing on redistribution to sites that were initially unable to accept full allocations due to storage limitations and responding to additional requests from sites requiring further supply. A small reserve of purchased vaccines remains available to meet any further demand. In addition, the 400,000 COVID vaccines are arriving at IP5, with distribution to commence shortly. NF expressed his personal gratitude towards colleagues for their outstanding efforts in delivering this programme.

Regarding senior appointments, Colin Powell, Director of Pharmacy Technical Services, will retire at the end of October 2025. Laura-Jayne Keating, the current Deputy Director, will be acting up in an interim role for six months, with a permanent appointment to follow. Swansea Bay University Health Board (SBUHB) have agreed to provide additional support for the TrAMS programme over the next six months.

Laundry operations have seen capital investment and operational adjustments, which are expected to yield further savings.

The new Primary Care Workforce Intelligence System has successfully launched across all four contractor Groups e.g. opticians, community pharmacists. TM welcomed this development, noting its importance in addressing long-standing workforce risks.

Winter surge planning has commenced in respect of the Medical Examiner Service and is informed by lessons learned arising from last year. A number of sessions with colleagues and Welsh Government have been held as part of this workstream. A Schedule 5 Notice has been received from the Coroner in North Wales regarding a death, and correspondence is ongoing with both the Coroner and the UK Medical Examiner's Office as part of the response.

From an accommodation perspective, NWSSP have been working in partnership with Welsh Ambulance NHS Trust (WAST) in terms of consolidating the footprint and rationalising the estate. WAST will move into the top floor of Matrix House, in Swansea. Additionally, as part of the process, WAST will take up occupation of our Samlet Road site.

Discussions continue regarding the Service Level Agreement (SLA) for Personal Protective Equipment requirements. A finalised SLA will be brought to a future Committee for openness and transparency, to ensure the Committee has oversight of the arrangements.

Finally, NF clarified that the reference in his report to a meeting with Tim Briggs and David Sloman was incorrect and that it was the new Director General who met with them regarding the Ministerial Advisory Group (MAG) report. The outcome of the MAG Report will be considered at the forthcoming Committee development session.

The Committee noted that NWSSP was named runner-up in the Wales Team of the Year award at the HFMA Conference. COL congratulated the team for the achievement and acknowledged the excellent work of the Oracle team in cloud development. NF confirmed that the Oracle Central Team is also supporting the development of a digital solution for the TrAMS programme, which is expected to improve implementation efficiency.

	The Committee NOTED and DISCUSSED the Managing Director’s Report.	
3.	ITEMS FOR APPROVAL	
3.1	<p>Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference</p> <p>The Committee received the revised Terms of Reference (ToR) for the TrAMS Programme and Service Management Board, presented by Laura-Jayne Keating, Deputy Director of Pharmacy Technical Services.</p> <p>LJK noted that the feedback provided by Committee Members at the July meeting had been incorporated. The revisions align with the expedited implementation of the new RadioPharmacy Service, scheduled to go live in April 2026. These revisions include an expanded background and introduction to provide clearer context, and enhanced articulation of the dual function of the Programme Board and Service Management Board, particularly in light of the Radiopharmacy element. Governance diagrams have been updated to reflect strengthened reporting lines to Velindre and the NWSSP Audit Committee, and to clarify the transition to a separate Service Management Board upon completion of the South East Hub. Membership tables have been revised to clarify roles, including whether individuals act on behalf of their organisations or assurance groups, and to ensure appropriate seniority (e.g. Executive Director level). Project listings and service management arrangements have been updated to better reflect the current structure and scope of the programme, and duties have been clarified, including links to the Integrated Medium-Term Plan process and reporting into the Quality, Safety and Performance Committee.</p> <p>The Committee welcomed the progress made and acknowledged the complexity of the programme, thanking LJK and colleagues for their work in progressing this important workstream. Committee Members raised points for further consideration, including ensuring broader representation beyond Pharmacy peer groups, with suggestions to include Chief Operating Officers and Directors of Finance. They also highlighted the need to clarify the distinction between decision-makers and contributors within the governance structure and further encouraged feedback mechanisms on how well this is functioning. Members discussed the importance of managing the size of the Service Management Board to balance inclusivity with effectiveness and emphasised that effectiveness should be measured by whether issues are resolved within the group or require escalation outside.</p> <p>It was agreed that, following these actions, that the Committee was content to approve the revised ToR. Minor amendments would be made to further clarify the roles of decision-makers versus contributors. A more directed approach would be taken to secure nominations from organisations, ensuring a broader and more representative membership. Additionally, the ToR would be reviewed again in six months to assess effectiveness and make further refinements, as required.</p> <p>TM requested that the final version is circulated to SSPC members once updated, without waiting for the next Committee meeting.</p>	LJK

	<p>The Committee agreed to APPROVE of the Transforming Access to Medicines Service (TrAMs) Programme and Service Management Board Terms of Reference, subject to the conditions outlined above.</p>	
<p>3.2</p>	<p>Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust</p> <p>The Committee received the proposal regarding the assignment of the lease for the Samlet Road premises from NWSSP (or Velindre University NHS Trust, as formally named on the lease) to WAST.</p> <p>JQ highlighted that the proposal aligns with the strategic direction previously outlined in the Managing Director’s Report and represents a mutually beneficial arrangement for both organisations. The assignment will result in a financial saving for NWSSP, as detailed in the overarching paper. Subject to Committee approval, the proposal will proceed to the Velindre University NHS Trust Board in November 2025, for final approval and execution as a deed, within the required timescales.</p> <p>ER welcomed the opportunity to utilise the space and confirmed the arrangement would be beneficial, particularly in light of the lease term coming to an end. PV confirmed that the transfer was seamless, with dilapidation responsibilities clearly assigned to WAST at the end of the lease term.</p> <p>The Committee expressed support for the proposal, with no objections raised. It was agreed that the assignment of lease would proceed to the Velindre University NHS Trust Board for approval.</p> <p>The Committee agreed to APPROVE of the Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust.</p>	
<p>3.3</p>	<p>Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference</p> <p>The Committee received the annual review of the Terms of Reference (ToR) for both the WEG and WEOG, as presented by AR in her capacity as Chair of the WEG.</p> <p>AR outlined the minor updates made to the ToR, including:</p> <ul style="list-style-type: none"> • inclusion of performance review and escalation processes for the Energy Supplier Service within the WEOG remit; • explicit reference to the group’s role in considering low carbon energy sourcing, aligning with wider decarbonisation objectives; • administrative correction to include the Chair of WEOG in the WEG membership; and • formal recognition of the ongoing contribution from NWSSP Procurement and Net Zero Carbon and Sustainability colleagues to WEOG discussions. <p>HT raised a strategic challenge regarding the continued need for the current level of governance, noting that the original structure was introduced during a period of significant inflationary pressure and market volatility triggered by geopolitical events. He questioned whether the arrangements remained proportionate now that the energy market had stabilised somewhat and cautioned against unnecessary bureaucracy. AR agreed to review the frequency and structure of meetings in light of current market conditions. She noted that while geopolitical uncertainty persists, recent</p>	<p>AR</p>

	<p>updates from Crown Commercial Services suggested the market had adapted to this and was in a fairly stable state. She confirmed this would be discussed at the next WEG meeting in November 2025.</p> <p>The Committee welcomed the updates as part of the routine annual review and TM noted the importance of maintaining governance that is minimalist but effective.</p> <p>The Committee APPROVED the updated WEG and WEOG Terms of Reference.</p>	
<p>3.4</p>	<p>Low Vision Aid Supply and Recycling Service Commitment of Expenditure</p> <p>The Committee received a paper outlining the operational and financial arrangements for the Low Vision Aid Supply and Recycling Service, a relatively new service delivered through NWSSP’s Primary Care Services division, as presented by AR.</p> <p>AR explained that the service is underpinned by an all-Wales contractual arrangement, approved through standard procurement processes and endorsed by Welsh Government. The paper sets out the mechanism for processing expenditure via the Velindre University NHS Trust ledger, ensuring alignment with the Scheme of Delegation.</p> <p>The proposal had already been shared with Velindre University NHS Trust colleagues for awareness and approval, with Chair’s action expected to be required, due to time constraints at the last Velindre University NHS Trust Board meeting.</p> <p>The Committee APPROVED the proposed arrangements outlined for the Low Vision Aid Supply and Recycling Service Commitment of Expenditure.</p>	
<p>3.5</p>	<p>Defence Engagement Fellowships – NHS Wales and Defence Medical Services</p> <p>The Committee received a proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships, as presented by RA.</p> <p>The initiative builds on NWSSP’s role as a General Medical Council (GMC) Sponsorship Organisation and aims to support the placement of foreign military medical professionals into NHS Wales training environments. The proposal seeks approval for a primary, non-legally binding Memorandum of Understanding (MOU) between NWSSP and Defence Medical Services. This MOU would enable Defence Medical Services to approach NHS Wales organisations with fellowship opportunities. Any Health Board wishing to participate would then enter into a secondary MOU with the relevant foreign military, detailing employment, funding, and operational arrangements.</p> <p>RA clarified that NWSSP’s role is limited to facilitating the process and providing technical and HR support, with all clinical and employment decisions remaining the responsibility of individual Health Boards. The Committee was supportive of the initiative, recognising its strategic value and alignment with international recruitment and workforce development goals.</p>	

	<p>SM questioned the use of a non-legally binding MOU given the employment implications. RA confirmed this approach was based on legal advice and reflects NWSSP’s facilitative role, with legal responsibilities resting with the employing Health Board.</p> <p>SS supported the initiative and requested further clarity on employment terminology and legal responsibilities, recommending that the Medical Managers Group be cited and highlighted the need for clear guidance on contract types and liabilities in the secondary MOUs.</p> <p>PV highlighted the importance of including robust dispute resolution clauses in the secondary MOUs, given their non-binding nature.</p> <p>HT emphasised the need for proportionality, noting the scheme is likely to involve small numbers and supported the principle and suggested the Workforce Directors Group be engaged to ensure alignment.</p> <p>GH reinforced that NWSSP’s role is akin to a recruitment agent, by using NWSSP’s GMC sponsorship status to facilitate placements, with contractual matters handled by Health Boards.</p> <p>SR strongly supported the initiative, citing its strategic value and the benefits of structured engagement with Defence Medical Services, recommending sharing of learning from the first deployment with relevant forums.</p> <p>The Committee welcomed the initiative as a positive step in strengthening international collaboration and workforce development, while recognising the importance of clear governance and local autonomy in implementation.</p> <p>The Committee APPROVED the proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships.</p>	
<p>4.</p>	<p>ITEMS FOR NOTING/DISCUSSION</p>	
<p>4.1</p>	<p>Personal Protective Equipment (PPE) Preparedness</p> <p>The Committee received the PPE Preparedness report, detailing the current position regarding PPE stockpiling arrangements.</p> <p>AR confirmed that an internal project team is in place to oversee PPE stockpiling. Welsh Government has recently indicated potential changes to the required stock profile, particularly regarding hygiene products such as wipes and hand sanitiser and final confirmation is awaited. The intention is to bring the proposed Service Level Agreement (SLA) for PPE stockpiling to the Committee meeting in November 2025, once outstanding queries have been resolved.</p> <p>As part of the stock management approach, NWSSP will aim to rotate PPE stock through business-as-usual supply chains to minimise the risk of write-downs or write-offs, ensuring value for money.</p> <p>The Committee NOTED the PPE Preparedness Update.</p>	

4.2

Draft Committee Development Day Agenda

RN provided a verbal overview of the proposed agenda for the upcoming Committee Development Day, scheduled for Friday 10 October 2025, to be held in person at Public Health Wales' offices in Cardiff. The focus will be on strategic reflection and forward planning, bringing together key stakeholders to review progress and shape future direction. The agenda is structured to facilitate both strategic insight and collaborative discussion.

The day will begin with a comprehensive review of the NWSSP Strategy Map and the organisation's overarching objectives. This session will provide an opportunity to assess alignment with current priorities and identify areas for refinement.

Following this, attention will turn to the Ministerial Advisory Group Review. This session will include NWSSP's internal reflections and a detailed, line-by-line assessment of the recommendations issued. The aim is to ensure a thorough understanding of the implications and to inform the organisation's response.

Committee members will then be invited to contribute feedback and share perspectives from their respective organisations. This open forum is intended to foster cross-organisational dialogue and ensure that diverse viewpoints are considered in shaping NWSSP's strategic direction.

A directional update on the TrAMS programme will be presented by LJK, providing insight into current progress and future milestones.

Angela Jones, NWSSP Deputy Director for Digital and Workforce Productivity Solutions, will lead a session on the replacement of the Electronic Staff Record (ESR). This will include an overview of project timelines and the anticipated implications for workforce systems and processes.

Finally, a placeholder has been included to discuss the NWSSP Governance and Accountability Review, subject to the availability of the report. Should the report be released in time, this session will allow for initial consideration and discussion of its findings.

HT noted the challenge of discussing strategic direction in the absence of the review's outcome, recognising that clarity on future governance arrangements would have been helpful. However, he acknowledged the value of the session, provided it remained focused and impactful. SR supported the session in principle and stressed the importance of ensuring the agenda is shaped by Health Board priorities. COL welcomed the agenda, describing the day as a valuable investment of partners' time. She encouraged full attendance and participation, particularly in setting ambition and performance expectations for the year ahead.

NF and RN affirmed the importance of maintaining momentum in planning and development, regardless of the timing of the NWSSP Governance and Accountability Review outcome, emphasising that the Committee's input remains critical to shaping NWSSP's direction and IMTP.

The Committee **NOTED** the verbal update and confirmed their support for the Development Day, recognising its importance in shaping NWSSP's future direction and delivery priorities.

5.	GOVERNANCE, PERFORMANCE AND ASSURANCE	
5.1	<p>Finance Report</p> <p>AR provided an overview of the financial position to the end of August 2025, reporting a year-to-date surplus of £2.597 million, primarily driven by a sustained level of vacancies. This approach is being used strategically to enable reinvestment in service change programmes aligned with the three-year IMTP cycle.</p> <p>The organisation has successfully mitigated the impact of the employer National Insurance pressure, despite a shortfall in centrally funded allocations. Confirmation of the 2024/25 pay award is still pending, although an update from Welsh Government has been received. The anticipated cost impact for NWSSP is estimated at £3.927 million.</p> <p>A deep dive review of divisional positions is underway as part of the Month 6 process, which will inform an indicative view of potential in-year distribution, which will be shared at the November 2025 Committee meeting. This may contribute towards easing pressures on the Welsh Risk Pool.</p> <p>NWSSP have incurred £1.135 million in capital expenditure against our current Capital Expenditure Limit (CEL) of £8.701 million. Our discretionary funding has been reduced from £0.800 million to £0.342 million, in respect of the 30% organisational contribution required to the Targeted Estates Funding (TEF) schemes. Confirmation has been received that £0.700m in capital funding has been approved for development of the South East Wales TrAMS Full Business Case and we await the CEL being updated to include this. NWSSP has submitted slippage bids to Welsh Government for both digital and general schemes. The discretionary capital allocation has now been fully committed across a range of divisional schemes.</p> <p>Payment performance remains strong, with over 98% of non-NHS invoices and over 94% of NHS invoices paid within 30 days. Overtime and agency spend are both below target. TM welcomed the positive financial position and noted the strong payment performance.</p> <p>The Committee NOTED the Finance Report.</p>	
5.2	<p>People & Organisational Development Report</p> <p>GH presented the People and Organisational Development Report to the Committee, outlining key developments, with the dashboard capturing data to 31 August 2025.</p> <p>GH reported that sickness absence trends continue to improve, with a review underway to set more stretching targets in areas still flagged red. Turnover remains mid-range compared to peer organisations. Deep dives are being conducted to understand early leavers, particularly those exiting within 12 months. The anti-racism e-learning module launched in July 2025 is progressing well across most divisions. Alternative arrangements are being developed for Laundry staff, and a recovery plan is in place for the Medical Workforce Division, which was exempt during the on-boarding season. In respect of time to hire performance, this remains strong, holding at approximately 50 days.</p>	

	<p>The Speaking of Safety platform has been launched internally, with an internal group supporting its implementation and the NHS Wales Staff Survey has gone live, with targeted communications aimed at improving response rates. NWSSP's Annual Staff Recognition Awards nomination window closed on 15 September 2025, with judging currently underway. NWSSP initiatives have recently received external recognition through HPMA and Shared Services Forum UK nominations, as highlighted in the Managing Director's Report. NWSSP received positive feedback from Welsh Government following the latest review of the Workforce Race Equality Standard outcomes and Strategic Equality Plan.</p> <p>TM welcomed the continued improvements made and praised the strong performance on PADR compliance.</p> <p>HT queried mandatory training compliance for Single Lead Employer (SLE) trainees, noting the risk sits with host organisations. GH clarified that most SLE trainees complete mandatory training through HEIW programmes, and the challenge lies in data integration between systems. NWSSP is working with HEIW to improve data visibility and avoid duplication. TM requested a future update to clarify whether the issue is one of data recording or actual compliance.</p> <p>The Committee NOTED the People and Organisational Development Report.</p>	GH
<p>5.3</p>	<p>Performance Information Report</p> <p>RN presented the Performance Information Report, providing an update on Key Performance Indicators (KPIs) from May to August 2025.</p> <p>The overarching report highlighted that all reported KPIs for August were achieved, including the stretch target for Digital Workforce Solutions. The Time to Hire target has been met consistently for over twelve months. Professional influence benefits reached £53 million by the end of August, reflecting significant savings and cost avoidance across procurement, estates, accounts payable and counter fraud services, reflecting NWSSP's continued impact. Call handling and payroll accuracy remain high and most service areas are consistently meeting, or exceeding, their targets.</p> <p>Work is underway to review and to potentially raise performance targets, as part of the next IMTP development process.</p> <p>The Committee NOTED the Performance Information Report.</p>	
<p>5.4</p>	<p>Outcome Measures Report</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 report details high levels of customer satisfaction and employee engagement. Call handling performance remains high, with the use of automation continuing to expand. Significant professional influence and financial benefits are also reported, with positive contributions as to decarbonisation 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 NOTED the Outcome Measures Report.</p>	
<p>5.5</p>	<p>Integrated Medium-Term Plan Quarter 1 of 2025-26 Update Report</p> <p>RN presented the IMTP Update Report for Quarter 1 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>There are 7 objectives identified as at risk of being off-track, and 5 objectives are off-track due to external factors, which are being closely monitored, with targeted actions in place for Quarter 2.</p> <p>Key areas of focus included the Medicines Unit, Speaking Up Safely, International Recruitment, the National Ophthalmic Contract for Wales and the Electronic Prescribing Service. The report also highlights ongoing work to strengthen data quality in procurement, progress in equality and diversity, staff well-being, and continued development of digital and recruitment initiatives.</p> <p>NWSSP received a satisfactory rating from Welsh Government for its IMTP submission, with positive recognition from the Cabinet Secretary. A supporting video summary of the IMTP has been published on the NWSSP website, fulfilling a Welsh Government requirement.</p> <p>The Committee NOTED the Integrated Medium-Term Plan Quarter 1 of 2025-26 Update Report.</p>	
<p>5.6</p>	<p>Transformation Management Office Update Report</p> <p>RN provided an update on the work of the Transformation Management Office (TMO). 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 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 NOTED the Transformation Management Office Update Report.</p>	

<p>5.7</p>	<p>NWSSP Corporate Risk Register</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 17 risks identified for action, of which there are 4 red and 12 amber risks and 1 yellow risk.</p> <p>The four red risks relate to 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. Some target dates for risks have been revised, and one risk concerning the Primary Care Workforce Information System has now been closed as the revised target has been achieved.</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.</p> <p>The Committee NOTED the NWSSP Corporate Risk Register.</p>	
<p>6.</p>	<p>ITEMS FOR INFORMATION</p>	
<p>6.1</p>	<p>The Committee received the following items for information:</p> <ul style="list-style-type: none"> • Integrated Medium-Term Plan 2025-28 Accountability Conditions • SSPC Forward Plan 2025-26 • Finance Monitoring Returns (Months 4 and 5) • Personal Protective Equipment (PPE) Reports (August and September 2025) • NWSSP Audit Committee Assurance Reports (May and July 2025) • Wales Infected Blood Support Scheme Annual Report 2024-25 	
<p>7.</p>	<p>ANY OTHER BUSINESS (AOB)</p>	
<p>7.1</p>	<p>There were no matters raised for discussion under Any Other Business.</p>	
<p>8.</p>	<p>OPTIONS FOR APPOINTMENT OF THE SHARED SERVICES PARTNERSHIP COMMITTEE CHAIR</p>	
<p>8.1</p>	<p>The Committee considered and discussed options in detail, for the appointment of the Chair, whose current term ends on 30 November 2025. Following discussion, Members agreed to offer a 12-month extension to the current Chair’s term, balancing continuity with flexibility pending the outcome of the Governance and Accountability Review.</p> <p>The Committee reached consensus to APPROVE the offer of a 12-month extension to the current Chair’s term.</p>	
<p>9.</p>	<p>DATE OF NEXT MEETING</p>	
<p>9.1</p>	<p>The next meeting is scheduled to take place on Friday 14 November 2025 from 10.00AM to 12.00PM, held via Microsoft Teams.</p>	

Item 1.5

ACTION LOG SHARED SERVICES PARTNERSHIP COMMITTEE UPDATE FOR NOVEMBER 2025 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status November 2025
Part A Public						
1.	2025/09/30-a Item 3.1	September 2025	<p>Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference</p> <p>It was agreed that the final version would be circulated by email to Committee Members, once updated.</p>	LJK	November 2025	<p>In progress</p> <p>The updated Terms of Reference have been prepared and will be circulated following the Programme Board meeting 10 November 2026.</p>
2.	2025/09/30-a Item 3.3	September 2025	<p>Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference</p> <p>AR agreed to review the frequency and structure of meetings in light of current market conditions.</p>	AR	January 2026	<p>Not Yet Due</p> <p>Due to the timing of meetings, as WEG is meeting on 3 November 2025, a comprehensive update will be provided at the SSPC meeting in January 2026.</p>
3.	2025/09/30-a Item 5.2	September 2025	<p>People and Organisational Development Report</p> <p>TM requested clarification regarding the Single Lead Employer data presented for the Core Skills Training Framework and whether this constitutes a data recording, or a completion issue.</p>	GH	November 2025	<p>Complete</p> <p>A review has concluded that this is a completion issue and we have measures in place to improve compliance.</p>



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

14 November 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Managing Director's Report

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

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

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

Llywodraethu/Governance

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

Ymgynghoriad/Consultation:

Shared Services Partnership Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):

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

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

NWSSP Managing Director's Report November 2025

Introduction

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

Governance

Since the last meeting of the Committee the Welsh Government review of accountability and governance arrangements was completed by the reviewer and we await the outcome.

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 23 September 2025. There were 301 cases ratified and the value of reimbursement was £26.1m. There were 16 instances where penalties were authorised. The main areas of business were:

Financial Briefing

A briefing paper has been developed to support consistent messaging across NHS Wales due to the current financial pressures facing NHS Wales and increasing strain on WRP funds. While forecasting remains robust, the current year faces significant challenges, particularly regarding Departmental Expenditure Limit (DEL) funding, with an additional £42m anticipated. A joint review by NWSSP Finance and Legal & Risk Services has been completed, with high-value cases under close scrutiny. Pressures are expected to persist into 2026/27 and beyond, and there is a focus on encouraging sharing of lessons learned and best practice.

Finance Report

The WRP Committee noted that expenditure to date stands significantly higher than the previous year, driven by earlier reimbursements, proactive submissions and increased early case settlements. The year-end forecast ranges between £187.4m and £198.8m, with reimbursements expected at £78m to £89m. Cost management flexibility is limited due to fixed trial dates and fewer deferral options. Provisions have risen by £134m since April, reflecting a maturing caseload, while contingent cases are declining, indicating backlog progress. The forecasting model requires enhancement for 2025/26 to address rising case volume and complexity, with planned upgrades including improved data and legal input on high-value claims. Welsh Government is observing more claims exceeding £1m. The forecast accuracy remains strong.

Risk Sharing Agreement

Approval was sought for the confirmed risk share percentages for 2025/26, with consideration given to fixing these for 2026/27 to reduce financial uncertainty. The total risk share has risen significantly to £109.4m, driven by increased trial dates and high-value cases, notably PPO-related payments. The model includes enhanced self-assessment measures across five weighted cost drivers. Affordability concerns persist, with most Health Boards facing deficits. Welsh Government has been briefed, though no additional funding is available. The WRP Committee approved the 2025/26 calculations and deferred a decision on 2026/27, pending further feedback from the Directors of Finance Group.

Scan for Safety – Principles and Practice

Scan for Safety is a national barcode-based programme improving patient safety, efficiency, and cost transparency. Since its 2021 rollout in Wales, it has scanned 22,000 patients and 178,000 products, managing over £200m in procurement with measurable benefits of £4.3m. Key benefits include faster recalls, better stock control and reduced administrative tasks. Challenges include perceptions as finance-led and hidden waste issues. A cultural shift toward clinical ownership is needed. Progress will be reviewed by the WRP Committee in six months.

Technical Note on Insurance Deductibles

A technical note on insurance deductibles to guide the commissioning of major projects, promoting consistent risk management and effective delivery was approved by the WRP Committee.

Review of All Wales Policies and WRP Procedures

The WRP Committee approved a six-month extension of the current documents until 31 March 2026 whilst a review is underway, which aims to enhance assurance on property safety and supports updates to the reimbursement procedures.

Introduction of Interactive Augmented Reality Training (ART) Mats

The Committee also noted the introduction of Interactive ART Mats, an augmented reality training initiative enhancing emergency maternity skills across Health Boards, with early positive feedback and plans to expand to additional scenarios.

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 year-to-date surplus of £3.102m at Month 6, which primarily relates to a sustained high level of vacancies across a number of our services. This surplus is reported after covering the pro-rata year-to-date Employers' National Insurance funding shortfall of £0.372m. There is a monthly savings target of £0.062m for Months 7–12 to continue to cover this £0.744m funding gap in full during the financial year. An element of this National Insurance funding has only been provided non-recurrently in 2025/26, so there will remain a recurrent pressure within our financial plan in excess of this value, although the recurrent/non-recurrent split is not yet known to quantify this.

At Month 6, we continue to forecast that our health protection funding allocation will be fully utilised during the financial year. However, we have noted that we will need to work through the actual costs of the vaccination service and the wider implications of the Personal Protective Equipment (PPE) stockholding policy, and how this impacts our anticipated costs this year. We will liaise with Welsh Government regarding this allocation when we have more information to estimate our 2025/26 expenditure. We continue to await confirmation of the 2025/26 pay award funding, estimated at £3.927m.

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 November 2025. Contractor validation is due for completion by December 2025. NHS Validation, Regulatory inspection, and approvals mean that the go-live date of the service is now scheduled for April 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) have now been approved and a funding letter has been received from Welsh Government which will allow us to develop the Final Business Case (FBC) for Shared Services Partnership Committee approval.

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 UHB 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 almost 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. At the time of writing, approximately 96% of the flu vaccinations have been delivered across Wales, and all vaccination products, have been received at IP5. Deliveries of this year's Covid vaccination (Approximately 400,000) have also started and deliveries across sites taking place this month.

Laundry Service

The Laundry Service capital programme is progressing well with tenders completed for the following schemes:

- Waste heat recovery systems at Greenvale, Church Village and North Wales;
- Bulk storage tanks in Swansea;
- Replacement standalone washer extractors and dryers in Greenvale; and
- Recommissioning of the laundry ventilation system in North Wales.

A pre-contract meeting will be arranged shortly to develop installation programmes. Detailed planning and support from the other Laundry Production Units in Wales will ensure these works will be completed with no disruption to supplies.

Following the successful trial of re-providing the linen requirements for Morryston and Neath Port Talbot from Church Village to Swansea laundry, the Organisational Change Policy process has now entered the consultation stage with the planned implementation date of 8 December 2025. The changes have been enabled by the investment in six new batch dryers, improving the capacity of the Swansea Laundry plant.

In my last report, I noted the successful implementation of the revised operating run hours of the Greenvale production unit. By revising the hours to a standard 11 hours a day, 5 days a week, we have removed the requirement for any additional hour to be worked. We continue to monitor the hours worked at the site and I'm pleased to report we are operating without the need for any additional hours.

Primary Care and Medical Examiner Service

Following the successful launch of the Primary Care Workforce Intelligence system we continue to work with Health Boards, Welsh Government and other key stakeholders and end users, to continue to enhance user experience. We are focusing on data management arrangements with regular engagement and demo sessions to support these requirements.

Within the Medical Examiner Service, winter surge plans are in place and I have written to the Deputy Chief Executive NHS Wales to outline those plans. Additional winter sessions have been secured and recruitment to full establishment is completed with all staff fully trained. Regular reports are now generated which are shared with Welsh Government and Medical Directors to help identify areas of improvement and best practices across the complete pathway. The Schedule 5 Notice previously issued by a Coroner in North Wales has been revoked.

Accommodation Update

As agreed at the Committee's September meeting and following staff relocation to Matrix House under the Organisational Change Policy, Unit 25 Samlet Road will be transferred to Welsh Ambulance NHS Trust (WAST). Although the lease runs until 2031, a break clause in 2026 was considered, aligning with WAST's strategic interest in acquiring the site. Under the proposed arrangement, NWSSP will continue covering rent and maintenance until March 2026, after which WAST will assume responsibility for dilapidations. The lease transfer will be formalised via a Deed of Assignment from 25 March 2026.

Personal Protective Equipment (PPE)

A project group and respective sub-groups have been established to implement the policy decision including procurement, storage and distribution arrangements for PPE. There are a number of PPE items require purchase, and work is ongoing to secure these stocks which we estimate will cost £2.5m. We are in discussions with Welsh Government regarding cash support for these purchases and ongoing funding requirements. Due to changes in the requirements of Welsh Government regarding what NWSSP is to hold for PPE resilience. An update is included within the Committee papers.

Decarbonisation

Proposals for our decarbonisation projects at Matrix and Denbigh sites are now essentially complete. Subject to receiving timely Town Planning Approval for the electric vehicle charging points at our Matrix site, we anticipate being able to complete the associated works at both sites during the first quarter of 2026.

The updated business case for investment in the roof overlay at IP5 remains with Welsh Government for prioritisation. Whilst there has been a delay in releasing capital, we are hopeful of being awarded the monies for completion between 2025/6-27. At this point, we will then be looking to progress with plans for a phased provision of roof mounted solar PV (photovoltaic).

It is anticipated that the Decarbonisation Strategic Delivery Plan update will be endorsed across NHS Wales during November, and we will then move directly into a process of developing our plans, to take forward in the coming period.

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.

Additionally, it is pleasing to note an increase in the uptake of voluntary net zero e-learning training by staff. It's great to have the support of staff in driving our commitment to this workstream forward.

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

Senior Leadership Events

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

- I met with Jacqueline Totterdell and the Executive Director Team on 10 October 2025.
- In addition, I participated on two NHS Wales Leadership Board meetings on 30 September and 21 October 2025.
- I also attended events including the Leading for Sustainability event hosted by the Shared Services Forum UK on 17 September 2025 and the Wales

Branch Annual Conference of the Healthcare Financial Management Association (HFMA) on 18 September 2025. I sat on the NHS Wales Value and Sustainability Board meeting on 24 September 2025. On 9 October 2025, I attended the National Stakeholder Event 'More Than Just Words' in Llandrindod Wells and the Ministerial Summit on Primary Care, which was held on 14 October 2025.

- I participated in NWSSP's reassessment of the Customer Service Excellence Standard on 7 October 2025, in which I am pleased to say we successfully maintained our organisational accreditation, for which feedback has been very positive.
- The Annual Committee Development Day was hosted by NWSSP on 10 October 2025, held in Public Health Wales' office in Cardiff and I was pleased to see many of our partners in attendance, for what was a valuable day.
- At the time of writing, and prior to the SSPC meeting taking place, I am due to attend the Local Partnership Forum on 5 November 2025, NWSSP Audit Committee on 7 November 2025, and the Welsh NHS Confederation Annual Conference and Exhibition on the same date.

Awards and Recognition

I am pleased to report that a wealth of nominations have been received for the NWSSP Staff Recognition Awards for 2025 and are in the process of being shortlisted. The awards programme continues to play a vital role in recognising excellence across the organisation and reinforcing our core values. This year's categories reflect key themes including leadership, inclusion, sustainability and outstanding contribution. Staff are encouraged to nominate individuals and teams who exemplify these qualities in their work.

We await the outcome of the Shared Services Forum UK Future Vision Awards on 11-12 November 2025, reflecting the strength and impact of our services across a range of areas. I am proud that NWSSP has been shortlisted in four categories this year; Well-being Impact, Innovate Regenerate, Payroll Team of the Year, and Shared Services Centre of the Year.

In addition, Rowena Bines, Regional Accounts Payable Manager received the Innovator's Award at FISCAL Technologies' Empower customer forum event, recognising her impactful contributions to enhancing the FISCAL platform over the past six months.

Neil Frow OBE
Managing Director, NWSSP
November 2025

Integrated Medium Term Plan (IMTP)

2026-2029

Progress Update

*Delivering Value, Innovation
and Excellence through
Partnership*



- A three-year IMTP requirement: running from April 2026 to March 2029 to be submitted to Welsh Government.
- NHS Planning Framework for 2025-29 not yet published – scheduled for November 2025.
- Financial allocation letter from Welsh Government – anticipated December 2025.
- Ministerial priorities targeted at Health Boards primarily – *early indications are set out on the next slides.*
- Our contribution will be to align our plans to support Health Boards to deliver.



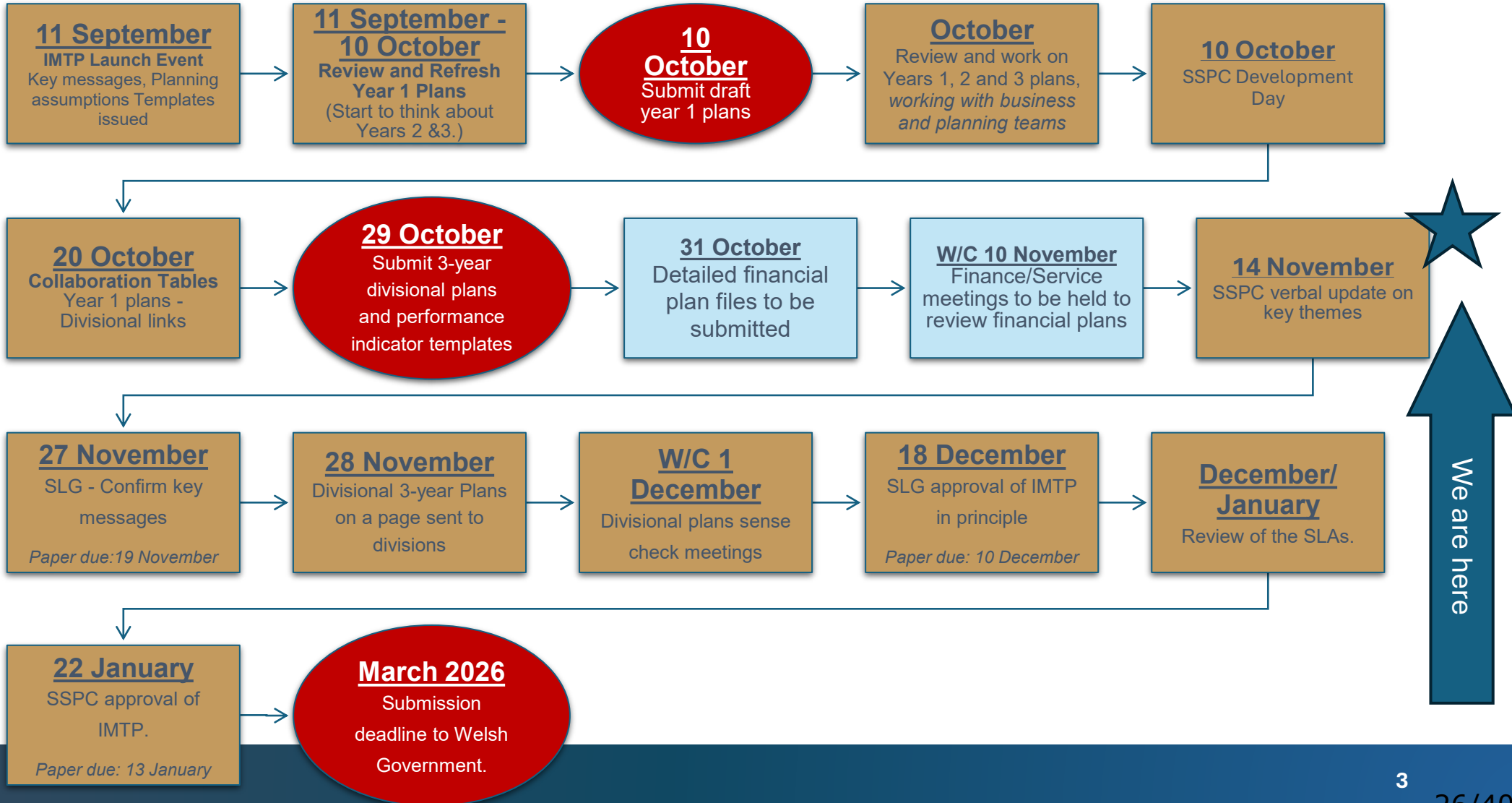
NHS WALES SHARED SERVICES PARTNERSHIP

Integrated Medium Term Plan 2025-2028

Delivering Value, Innovation and Excellence through Partnership



IMTP Timeline



The focus on key areas for NHS Wales are:

Delivering Key Welsh Government Priorities

Tackling Waiting Lists.

Improving Patient Flow.

Enhancing Women's Health.

Strengthening How the NHS is Run

Modernising Leadership.

Encouraging Regional Collaboration

Increasing Accountability.

Getting Services Ready for the Future

Shifting to Prevention.

Expanding Community Services.

Embracing Digital Solutions.

Where are we now?

- Year 1 2025-26, we currently have a balanced financial plan however, with some significant risk.
- A continued challenging financial position across NHS Wales and the need for us to deliver additional savings to our Partners.
- There is a growing emphasis on opportunities related to value and sustainability workstreams.
- Most of our planned objectives are on track to deliver in year or carry over as planned.



NHS WALES SHARED SERVICES PARTNERSHIP

Integrated Medium Term Plan 2025-2028

Delivering Value, Innovation and Excellence through Partnership

- SSPC development day – realigning our Strategy.
- Discussions held during quarterly reviews with Health Organisations and how NWSSP can help with their planning.
- Attendance and discussions at Peer groups.
- Development and scrutiny of divisional plans with staff, including quarterly reviews.
- Engagement with staff – LPF, Equality, Diversity and Inclusion groups etc.

Five emerging key themes of our Year one plans:

Digital Transformation and Innovation.


Workforce Development, Leadership & Culture.


Operational Efficiency & Service Modernisation.

Sustainability, Decarbonisation & Resilience.

Collaboration, Governance & Strategic Partnerships.

 **27 November** – Senior Leadership Group (SLG) to confirm key messages.

 **28 November** – Divisional plans on a page developed and shared with Divisions.

 **W/c 1 December** – Plan scrutiny and sense checking.

 **W/c 1 December** – SLA Review.

 **18 December** – Plans in principle approved by SLG.

 **22 January** – IMTP submitted for approval by Shared Services Partnership Committee (SSPC).

Questions

*Delivering Value, Innovation
and Excellence through
Partnership*



Refreshing Our Strategic Map for IMTP 26-29

Refresh and refocus the current strategy map to ensure alignment with current and future goals.

*Delivering Value, Innovation
and Excellence through
Partnership*





The Strategy Map underwent a review at the SSPC Development Day.



Committee members were split into groups together with NWSSP staff who attended.



These groups examined the appropriateness of the mission.



They also assessed the strategic objectives and outcomes.



The collected suggestions have been compiled, and proposed amendments by the Managing Director to the strategy map have been incorporated into the slide pack for consideration.



The purpose is to refresh and refocus our strategy map to support direction and focus on what we do and why and trying to avoid any fixation on words and terminology.

Outputs from the Mission review exercise at the SSPC development day.

Mission	Changes
delivering value, innovation, and excellence through partnership.	<ul style="list-style-type: none">• Co-production• Using our capabilities and resources to quality in delivery• Sustainable• Outcomes• Insight• Patient lineage• Quality• Links to performance & improvement• Demonstrate value• health

Discussions regarding the Mission statement took place with the Managing Director, Director of Finance & Corporate Services, Director of PPI, and Director of People & OD following the development day and it was felt that our mission should remain the same at least for this planning cycle.

Delivering Value, Innovation and Excellence through Partnership

Strategic Objectives

Outputs from the strategic objectives and outcomes discussion.

Strategic Objective	Description	Changes
Our People	Working together to be the best that we can be	Create & maintain Health & wellbeing Generational changes – different staff expectations Different types of workforce Culture Leadership Culture where people excel
Our Services	Driving the pace of innovation and consistently providing high quality services	Delivering through innovation NHS priorities Whilst driving the pace of innovation consistently providing high quality services
Our Value	Maximising the benefit, efficiency, and social impact of what we do for our partners	Population health Partner – health system in Wales Health & care system
New - Our Partners	New	Co-production Shared goals

Strategic Objectives

Following on from the conversations at the SSPC development day and the recent Senior Leadership Group meeting in November, it was agreed that our current objectives should be broadened to incorporate **Our Partners**, as this emerged as a central theme. The suggested updates to the objectives and their descriptions are outlined below.

Our People

- Promote excellence through leadership, wellbeing, inclusivity, and workforce diversity.

Our Services

- Provide top-quality, innovative services that support NHS Wales goals and promote ongoing improvement.

Our Value

- Increase efficiency, demonstrate value, and improve population health as part of Wales' broader health and care system.

Our Partners

- Enhance collaboration through mutual partnership to achieve shared health goals and better services.

Our People - Outcomes

Outputs from the outcomes discussion.

Strategic Objective	Outcome	Changes
Our People	We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.	<ul style="list-style-type: none"> • Capability culture • retention
	We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.	<ul style="list-style-type: none"> • Diversity • Private sector • Recruitment language to appeal more widely • Diverse workforce • Job description terminology • Remove in all that we do
	We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.	<ul style="list-style-type: none"> • Financial wellbeing
	We will listen and learn from our staff to co-produce innovative solutions with our partners.	<ul style="list-style-type: none"> • Bottom up co – production • Redesign process from people's view • Culture • Staff at all levels

Our Services - Outcomes

Strategic Objective	Outcome	Change
Our Services	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.	<ul style="list-style-type: none"> • Continuous improvement not just automation
	We will cultivate partnerships with industry leaders and academic institutions and seek University status.	<ul style="list-style-type: none"> • University Status has to enhance clinical status
	We will be data-driven, sharing intelligence with our partners to influence decision making across NHS Wales.	<ul style="list-style-type: none"> • Support planning for NHS Wales through intelligence sharing • Insights • Plan together

Our Value - Outcomes

Strategic Objective	Outcome	Change
Our Value	We will make bold investment decisions that drive transformation and add value.	<ul style="list-style-type: none"> • Via partnership committee
	We will lead the way and command the changes required to address the climate change emergency and achieve decarbonisation targets.	<ul style="list-style-type: none"> • Command changes – more about collaborative partnership • Partnership working
	We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.	
	We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.	

Proposed Outcomes

*Delivering Value, Innovation
and Excellence through
Partnership*



Our People

Build a capable, high-performing culture that attracts, develops, and retains talented people for the future.

Strengthen recruitment through inclusive language and diverse approaches, ensuring our workforce reflects the communities we serve.

Promote the physical, social, mental, and financial wellbeing of our people to support a healthy and resilient workforce.

Embed a culture of co-production, empowering staff at all levels to shape and improve how we work.

Our Services

Enable our customer-facing teams to resolve most enquiries at first contact through faster, higher-quality, and more responsive services.

Drive continuous improvement and innovation through safe and secure digital services, setting the standard for excellence and quality in service delivery.

Working in partnership with Universities to foster academic and developmental collaboration.

Use cyber-secure digital and data services to plan together and support NHS Wales decision-making through shared intelligence.

Our Value

Make bold, evidence-based investment decisions through partnership governance to drive transformation and deliver value

Collaborate across the system to tackle the climate emergency and meet decarbonisation targets.

Use resources efficiently to maximise social, environmental, and economic sustainability.

Identify opportunities to grow investment in the foundational economy across Wales through an inclusive and responsible supply chain.

Our Partners

Work in co-production with our partners to design and deliver services that improve outcomes and value across health and care.

Collaborate with health and care organisations, industry, and academia to share insight, innovation, and expertise.

Strengthen system-wide relationships that enable collective planning and sustainable improvement for NHS Wales.

Demonstrate leadership in partnership working, building trust and alignment to deliver shared priorities across the health and care system.

Our Strategic Objectives



» Promote excellence through leadership, wellbeing, inclusivity, and workforce diversity

Build a capable, high-performing culture that attracts, develops, and retains talented people for the future.

Strengthen recruitment through inclusive language and diverse approaches, ensuring our workforce reflects the communities we serve.

Promote the physical, social, mental, and financial wellbeing of our people to support a healthy and resilient workforce.

Embed a culture of co-production, empowering staff at all levels to shape and improve how we work.



» Provide top-quality, innovative services that support NHS Wales goals and promote ongoing improvement

Enable our customer-facing teams to resolve most enquiries at first contact through faster, higher-quality, and more responsive services.

Drive continuous improvement and innovation through safe and secure digital services, setting the standard for excellence and quality in service delivery.

Working in partnership with Universities to foster academic and developmental collaboration.

Use cyber-secure digital and data services to plan together and support NHS Wales decision-making through shared intelligence.



» Increase efficiency, demonstrate value, and improve population health as part of Wales' broader health and care system

Make bold, evidence-based investment decisions through partnership governance to drive transformation and deliver value.

Collaborate across the system to tackle the climate emergency and meet decarbonisation targets.

Use resources efficiently to maximise social, environmental, and economic sustainability.

Identify opportunities to grow investment in the foundational economy across Wales through an inclusive and responsible supply chain.



» Enhance collaboration through mutual partnership to achieve shared health goals and better services

Work in co-production with our partners to design and deliver services that improve outcomes and value across health and care.

Collaborate with health and care organisations, industry, and academia to share insight, innovation, and expertise.

Strengthen system-wide relationships that enable collective planning and sustainable improvement for NHS Wales.

Demonstrate leadership in partnership working, building trust and alignment to deliver shared priorities across the health and care system.

This is the proposed NWSSP Strategy Map which incorporates the refreshed and refocused strategic objectives and outcomes.

The committee are asked to Approve:

- The refreshed Strategic Objectives and Outcomes for the NWSSP Strategy Map for the IMTP 26-29.



*Delivering
Value, Innovation and
Excellence through
Partnership*



<i>The report is <u>not exempt</u></i>							
Teitl yr Adroddiad/Title of Report:							
Extension to the Service Level Agreement for the Services Supporting the National Influenza Immunisation Programme							
Arwinydd/ Lead:		Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services					
Awdur/ Author:		Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services					
Swyddog Adrodd/ Reporting Officer:		Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services					
Pwrpas yr Adroddiad/Purpose of the Report:							
Shared Services Partnership Committee are asked to approve a Variation to Extend the Service Level Agreement (SLA) for The Procurement of Inactivated Influenza Vaccination.							
Llywodraethu/Governance:							
Amcanion/ Objectives:		Our Services and Value					
Tystiolaeth/ Supporting evidence:		Service Level agreement and CCN					
Ymgynghoriad/Consultation:							
NWSSP Formal Senior Leadership Group – 30 October 2025							
Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	X	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation:		The Shared Services Partnership Committee is asked to APPROVE the Variation Notice activating the extension of the national service provided by NWSSP, through the Service Level Agreement, for the 2026/27 programme.					
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:							
Cydraddoldeb ac amrywiaeth/ Equality and diversity:		No direct impact. The vaccine programme has been established for the population of Wales.					
Cyfreithiol/Legal:		No direct impact. The 2026/27 national influenza immunisation programme will be delivered under a Variation Notice, in line with the terms of the Agreement.					

Iechyd Poblogaeth/ Population Health:	The 2025/26 national influenza immunisation programme was initiated through Welsh Health Circular WHC/2025/020.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Following the successful delivery of the programme, Welsh Government has requested an extension for 2026/27, confirming no identified risks to quality or safety.
Ariannol/Financial:	No direct impact. The programme is funded by Welsh Government under the revised Service Level Agreement. Financial monitoring will be undertaken by NWSSP and reported to Vaccine Programme Wales.
Risg a Aswiriant/ Risk and Assurance:	This variation provides assurance to stakeholders, partners, and the public that an influenza programme remains in place. Any risks or issues have been managed through established processes
Dyletswydd Ansawdd/Duty of Quality:	The successful delivery of the 2025/26 programme has led Welsh Government to request continuation of current arrangements, delivered by NWSSP.
Gweithlu/ Workforce:	No direct impact. An established workforce is in place to manage and oversee the programme.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

EXTENSION OF THE SERVICE LEVEL AGREEMENT FOR THE SERVICES SUPPORTING THE NATIONAL INFLUENZA IMMUNISATION PROGRAMME

1. INTRODUCTION

The national influenza immunisation programme for 2025/26 has been initiated through the Welsh Health Circular WHC/2025/020. This programme is being delivered through the services provided by NWSSP as outlined in the existing Service Level Agreement (The Procurement of Inactivated Influenza Vaccination). In parallel, NWSSP had procured the required vaccination product through a national supply contract.

Welsh Government has requested NWSSP to extend the service arrangements detailed in the Service Level Agreement and the national supply contract for a further 12 months to provide product and service in support of the 2026/27 national influenza immunisation programme.

2. REQUIREMENT

The Service Level Agreement was established following the Cabinet Secretary decision on options presented by NWSSP, and noted by this Committee, to support the 2025/26 immunisation programme. The extension to the Service Level

Agreement in support of the 2026/27 national influenza immunisation programme is provided through a Variation Notice, consistent with the terms of the Agreement. Accordingly, the Variation Notice will extend the term of the Service Level Agreement to 31st March 2027.

The national supply contract for vaccine product is being simultaneously extended in accordance with the extension provisions available. The extension is being undertaken through the normal contract extension and approval process that applies to national procurement contracts.

3. GOVERNANCE AND RISK ISSUES

The governance and risk issues have been addressed through the preceding process that established the Service Level Agreement. The delivery of the services provided by NWSSP have been comprehensively managed and monitored through internal operational controls and project oversight arrangements with regular and full visibility and reporting lines through to Vaccine Programme Wales. The service has been recognised as a success with delivery as forecast against all timelines and milestones.

4. CONCLUSION

The successful delivery of the national influenza immunisation programme for 2025/26 has resulted in the Welsh Government request to extend the arrangements for the 2026/27 programme. The purpose of this paper is to bring this extension to the attention of the Committee.

5. RECOMMENDATION

The Committee is asked to:

- **APPROVE** the Variation Notice activating the extension of the national service provided by NWSSP, through the Service Level Agreement, for the 2026/27 programme.

SERVICE LEVEL AGREEMENT

Between

The Welsh Ministers

and

**VELINDRE UNIVERSITY NHS TRUST
(THROUGH NHS WALES SHARED SERVICES
PARTNERSHIP)**

**RELATING TO THE PROCUREMENT OF INACTIVATED
INFLUENZA VACCINE**

THIS AGREEMENT is dated 26th November 2024

PARTIES:

- (1) The Welsh Ministers, whose principal office is at Crown Buildings, Cathays Park, Cardiff, CF10 3NQ; and
- (2) Velindre University NHS Trust (through NHS Wales Shared Services Partnership) ("**Velindre University NHS Trust**") of Unit 2, Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ,

each (a "**Party**"), and collectively, (the "**Parties**").

PREAMBLE

- A. The Welsh Ministers wish to procure Product (as defined in clause 1) for the purpose of providing a national vaccination programme in 2025/26.
- B. Velindre University NHS Trust has agreed to assist the Welsh Ministers by facilitating the procurement of Product, and through the terms and conditions set out in this Service Level Agreement ("**SLA**").
- C. Velindre University NHS Trust has agreed to act on behalf of the Welsh Ministers in connection with the procurement, negotiation, formation, execution and management of Contracts (as defined in clause 1), and to contract with the Suppliers (also as defined in clause 1) as an agent on behalf of the Welsh Ministers, in order to secure a sufficient supply of the Products to meet the needs of the NHS in Wales within required timescales.
- D. The Parties agree that this SLA constitutes an arrangement made by Welsh Ministers under Section 10 of the National Health Service (Wales) Act 2006 ("**NHSW Act 2006**"), which provides that the Welsh Ministers may arrange with any person or body to provide, or assist in providing, any service under that Act.
- E. The Parties acknowledge that, in accordance with Section 7(5) of the NHSW Act 2006, this SLA is not intended to be legally binding, and no legal obligations or legal rights shall arise between the Parties from this SLA. The Parties nevertheless undertake to honour all their obligations and act in accordance with the terms and conditions set out in this SLA.

DEFINITIONS AND INTERPRETATIONS

1. In this SLA, including in the Preamble, the following terms shall, unless context otherwise requires, have the following meanings:

Words and Expressions	Meaning
Business Day	a day other than a Saturday, Sunday, or public holiday in England and Wales;
Confidential Information	all information designated as such by either Party in writing together with all other information which relates to the business, affairs, products, developments, trade-secrets, know-how, personnel, customers, and suppliers of either Party or any information which may be reasonably regarded as the confidential information of the disclosing Party;
Contract	any agreement for supply of Product to be entered into between Velindre NHS Trust (as agent for the Welsh Ministers) and a Supplier;
Designated Officer	the designated officer for each Party as specified in clause 10;
LHBs	the local health boards in Wales;
MHRA	the Medicines and Healthcare products Regulatory Agency;
Order	the order setting out the requirements for quantity, quality and delivery of a Product, submitted by any LHB to Velindre NHS Trust from time to time;
Product(s)	the Inactivated Influenza Vaccines to be procured for use in the 2025/26 national vaccination programme;
Supplier	any supplier who is selected to supply any of the Products following evaluation of bids received in response to an invitation to tender;
Services	the services to be performed by Velindre NHS Trust for the Welsh Ministers under this SLA; and
VPW	Vaccination Programme Wales.

2. Clause, schedule and paragraph headings shall not affect the interpretation of this SLA.
3. References in this SLA to clauses and Schedules are to the clauses of, or the Schedule to, this SLA.
4. Any reference to this SLA includes the Schedule.
5. References to Velindre University NHS Trust in this SLA shall include all officers, subcontractors, and other representatives, authorised to take action in relation to any Contract on behalf of Velindre University NHS Trust.
6. Words importing the singular number only shall include the plural number and vice versa.
7. References to any statute or order shall include any statutory extension, modification or re-enactment thereof and any order, regulation or byelaw made thereunder.
8. Any word following the terms **including, include, in particular, for example** or any other similar expression shall be construed as illustrative and shall not limit the sense of the words, description, phrase or terms preceding those terms.

COMMENCEMENT AND DURATION

9. This SLA shall commence on 26th November 2024 and shall continue, unless terminated earlier in accordance with clause 52 or extended by means of variation in accordance with clauses 57 and 58 below, until 31st March 2026 when it shall terminate automatically without notice.

DESIGNATED OFFICERS

10. The Designated Officers for each Party are as follows:

- a) The Welsh Ministers:

Deputy Director
Vaccinations Division
Welsh Government
Cathays Park Cardiff
CF10 3NQ
Email: WG.VaccinationsProgrammeTeam@gov.wales

b) Velindre University NHS Trust:

Director of Procurement Services
NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ
Email: jonathan.irvine@wales.nhs.uk

RESPONSIBILITIES OF VELINDRE NHS TRUST

Contracts and Products

11. In accordance with the terms of this SLA, Velindre University NHS Trust shall procure and enter into Contracts with Suppliers on behalf of the Welsh Ministers. Velindre University NHS Trust shall ensure that it procures a sufficient quantity of the Product under the Contracts to meet the anticipated needs of the Welsh Ministers, acting for the LHBs, as notified to Velindre University NHS Trust in accordance with clause 26 subject to such quantity being available. Velindre University NHS Trust agrees that if it anticipates a shortfall of Product such that there is unlikely to be sufficient quantities of the Product to meet the Welsh Ministers' anticipated needs for the Product, it shall notify the Welsh Ministers of this as soon as possible and enter into discussions about the Welsh Ministers' level of need for the Product and cooperate with the Welsh Ministers in this regard.
12. Before entering into a Contract, Velindre University NHS Trust must obtain the Welsh Ministers agreement to:
 - a. the quantity of Product to be supplied pursuant to the Contract; and
 - b. the Price payable to the Supplier in respect of the supply and delivery of the Product.
13. In procuring a Contract, Velindre University NHS Trust shall comply with all applicable laws, statutes and regulations from time to time in force.
14. Velindre University NHS Trust shall undertake the evaluation of any tenders for a Contract on behalf of the Welsh Ministers. However, a contract award can only be made with the agreement of the Welsh Ministers. At the request of the Welsh

Ministers, Velindre University NHS Trust will provide progress updates including (without limitation) in relation to tender close and Contract start date.

15. Velindre University NHS Trust will be responsible for ensuring that relevant legislation, relevant guidance and relevant best practice relating to medicines are adhered to by themselves and by their agents, working closely with regulators such as the MHRA as appropriate.
16. Velindre University NHS Trust shall act as the designated representative of the Welsh Ministers and shall:-
 - oversee and performance manage all Suppliers under and in accordance with the Contracts;
 - manage changes to any Contracts in accordance with any change process provisions in those Contracts (and in accordance with all relevant legislation);
 - manage any necessary termination or extension rights in accordance with the Contracts;
 - at the request of, and with the consent of, the Welsh Ministers, take all steps reasonably necessary to enforce on their behalf the rights and remedies of the Welsh Ministers under the Contracts; and
 - deliver all Products to LHBs using a form of transportation appropriate for the Products being transported.
17. Velindre University NHS Trust shall use its reasonable endeavours to ensure that it shall receive appropriate reports from Suppliers to facilitate management of Contracts, in accordance with arrangements set out in the Contract, and shall provide the Welsh Ministers with access to such reports and any other relevant information upon reasonable request.
18. Velindre University NHS Trust will consult with the Welsh Ministers in relation to all material decisions made by Velindre University NHS Trust in connection with any Contract which may affect the performance of the Services pursuant to this SLA and/or the price of the Product or the on-cost payable to Velindre University NHS Trust in accordance with clause 32, including (without limitation) any decision to terminate a Contract early whether for breach by the Supplier or otherwise.
19. Velindre University NHS Trust will immediately inform the Welsh Ministers of any material issues arising in relation to any Contract that may affect the Services including, but not limited to, delivery delays, disputes and any breach of the Contract terms.
20. Velindre University NHS Trust will ensure that any Contract reflects and includes the requirements of the Welsh Ministers as notified to Velindre University NHS Trust.

Inspection, storage and distribution

21. Velindre University NHS Trust undertakes, under the responsibility of the Responsible Person and Head of Quality named under the MHRA WDA licence:
- i. to carry out a visual inspection of each delivered consignment of the Product promptly. Such visual inspection shall cover checking the relevant batches of the Product to ensure there is no obvious damage, checking batch numbers and expiry dates in accordance with delivery documents, and that quantities are correct;
 - ii. to follow its standard processes for reporting defects to the relevant Supplier and any processes set out in the relevant Contract(s);
 - iii. in addition to i and ii above, to ensure its inspection and rejection procedures comply with the MHRA Good Distribution Practice Guidance. Where there is any inconsistency between the Good Distribution Practice Guidance and the provisions of this SLA, then the provisions of this SLA shall prevail;
 - iv. notify the Welsh Ministers of the quantity of Product delivered in each consignment and the price payable to the Supplier in respect of each consignment;
 - v. to store the Product on behalf of the Welsh Ministers pending the distribution of the Product in accordance with this SLA;
 - vi. to comply with any recognised protocols and/or relevant manufacturer guidance for the storage and distribution of the Product in place, from time to time;
 - vii. to distribute the Product to the delivery locations specified by LHBs within agreed timescales. (With oversight from VPW, each LHB will have collated Orders in relation to the Product from across their area, including General Practices and Community Pharmacies, and will provide a list to Velindre University NHS Trust to arrange for delivery);
 - viii. to ensure that the Product is properly packed and secured in such manner as to enable it to reach its destination in good and usable condition (including, without limitation, in accordance with any requirements protocol or recommendations of the manufacturer of the relevant Product from time to time); and
 - ix. to ensure that each delivery of the Product is accompanied by a delivery note which shows the date of the relevant Order, the order number (if any), the type and quantity of the Product (including any batch number where applicable) and special storage instructions accompanying the relevant Product (if any).

22. Delivery of the Product shall be completed on the receipt of the consignment of the Product at the delivery location specified by the LHB.
23. Once distributed to its delivery location by Velindre University NHS Trust, the quality of any unused Product is the sole responsibility of the Health Board or Primary Care provider. However, in order to optimise Product usage, and if requested to do so by VPW, Velindre NHS Trust undertakes to assist in the transfer of unused Product to an alternative delivery location.

General

24. In performing the Services, Velindre University NHS Trust will have due regard to, and shall satisfy itself that the services performed by Velindre University NHS Trust comply with, the applicable requirements of:
 - probity and public accountability;
 - value for money; and
 - risk management.
25. Velindre University NHS Trust shall be responsible for providing the ancillary administrative, professional and/or technical services necessary to enable the performance of the Services.

RESPONSIBILITIES OF WELSH MINISTERS

26. The Welsh Ministers shall provide data to Velindre University NHS Trust on the estimated volume of the Products required by the LHBs, along with any other information reasonably required by Velindre University NHS Trust to enable it to undertake its obligations under this SLA. All data and information will be provided within set timescales agreed between Velindre University NHS Trust and the Welsh Ministers and in any event prior to the obligation to perform the Services arising.
27. As part of the procurement process, Velindre University NHS Trust shall be acting in reliance upon the estimated volume of Products provided to Velindre University NHS Trust in accordance with clause 26 in entering into Contracts.
28. Subject always to clause 12, should the Welsh Ministers subsequently decide that either a larger or smaller volume of Product is required they will notify Velindre University NHS Trust, with sufficient notice, to the extent that the volume flexibilities in the Contract will allow and with a six-month waiting period, or such other time agreed by Velindre University NHS Trust.
29. In the event that the actual volume ordered by the LHBs is less than the volume of the Product procured at the Welsh Minister's request and held by Velindre University NHS Trust, and this Product cannot be returned to the Supplier, the

Welsh Ministers agree to pay for the disposal costs associated with any such wasted product. This clause shall survive expiry or termination of this SLA.

COSTS AND PAYMENT

30. Velindre University NHS Trust will invoice the Welsh Ministers for an agreed estimated cost of the Product by 31st July 2025. Velindre University NHS Trust will be invoiced by the Supplier upon delivery of each consignment of Product to Velindre University NHS Trust and will be responsible for payment of these invoices. Once all consignments of the Product have been delivered and invoiced, Velindre University NHS Trust will complete a final reconciliation and raise a balancing invoice/credit note to the Welsh Ministers to finalise the cash and resource funding position.
31. Unless otherwise agreed, the Welsh Ministers shall pay the amount due to Velindre University NHS Trust under clause 30 within 30 days of a receipt of a valid invoice.
32. The amount agreed between the Parties as the on-cost to cover the storage and distribution of the Product and an agreed administrative charge for the procurement and stock management services provided by Velindre University NHS Trust, will be added to NHS Wales Shared Service Partnership recurrent allocation from 2025/26.
33. Payment will be made via electronic systems.
34. Risk in the Product will remain with Velindre University NHS Trust until delivered to LHBs. Title in the Product will remain with the Welsh Ministers.

SERVICE REVIEW

35. Each Party shall review this SLA at regular intervals to ensure that it is fit for purpose. Any variations are to be made in accordance with clauses 57 and 58.

LIABILITIES

36. Except as otherwise provided in this SLA, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this SLA.
37. Neither Party shall be liable to the other Party for any failure to meet its obligations under this SLA caused by the neglect or default of any Suppliers.
38. As between the Parties, the responsibility for any financial liabilities incurred that arise from the performance of the Product manufacturers shall be borne by the Welsh Ministers.

AUDIT

39. Velindre NHS Trust shall keep full and accurate records of all expenditures and costs, reports and other supporting documentation associated with the Services.
40. Upon written request from the Welsh Ministers, such request not to be made more than once per quarter, Velindre University NHS Trust shall provide access to the Welsh Ministers or their authorised agents to the records kept pursuant to clause 39.
41. Velindre University NHS Trust shall, in addition, allow access to its records for the purpose of audit.

CONFIDENTIALITY

42. Subject always to the provisions of the Freedom of Information Act 2000 and the Environmental Information Regulations 2004, each Party shall keep confidential any Confidential Information received from the other Party in connection with this SLA and shall not disclose such information without the other Party's prior written consent.
43. Either Party may disclose Confidential Information to the extent required by:
 - i. any applicable law or government authority having a statutory right to require such information;
 - ii. any court, arbitrator or administrative tribunal in the course of proceedings before it or to which either Party is a party.
44. The Welsh Ministers may disclose Confidential Information to the extent such Confidential Information relates to the Services to LHBs, Senedd Cymru/Welsh Parliament, and their duly authorised servants or agents. When disclosing such information to Senedd Cymru/Welsh Parliament it is recognised and agreed by both Parties that the Welsh Ministers may, if they see fit, disclose such information to Senedd Cymru/Welsh Parliament.
45. The Welsh Ministers shall notify the recipient of such Confidential Information of the obligations of confidentiality owed to Velindre University NHS Trust, but they are unable to impose any restrictions upon any information provided to Members of Senedd Cymru/Welsh Parliament. Such disclosure shall not be treated as a breach of this SLA.
46. Breaches of these confidentiality clauses shall be a material breach for the purposes of clause 52 below.

DISPUTE RESOLUTION

47. In the event that a dispute arises between the Parties in relation to this SLA, the Party in dispute shall notify the other Party of the dispute setting out reasonable details of the dispute.
48. Senior officers of both Parties shall meet within seven (7) days of notice under clause 47 to attempt to resolve the dispute, or as soon as practicable if circumstances so require.
49. In the event that senior officers are unable to settle the dispute, the dispute shall be referred to the Head of Corporate Governance, Public Health Division, Welsh Government and the Velindre University NHS Trust's Senior Responsible Owner for the Contract, who shall meet reasonably promptly to resolve the matter.
50. In the event that agreement is not reached under clauses 48 or 49, the dispute will be referred to the relevant Welsh Minister for resolution.
51. If either Party receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a Supplier) in relation to the Services carried out under this SLA, the matter shall be promptly referred to the Designated Officers of each Party. No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect the work undertaken in accordance with this SLA, without the prior approval of each Party's Designated Officer.

TERMINATION

52. Either Party may terminate this SLA forthwith by notice in writing if the other Party is in material breach of any of its terms and fails to remedy such breach (if capable of remedy) within 30 days of written notice specifying the breach.

NOTICES

53. All notices under this SLA must be in writing and served by sending them by pre-paid first class post, email or delivered by hand to:
 - i. in the case of the Welsh Ministers:
 - a. Address: Crown Buildings, Cathays Park, Cardiff, CF10 3NQ
 - b. For the attention of: Deputy Director, Vaccinations Division
 - c. Email Address: WG.VaccinationsProgrammeTeam@gov.wales

- ii. In the case of Velindre University NHS Trust:
- a. Address: NHS Wales Shared Services Partnership, 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ
 - b. For the attention of: Director of Procurement Services
 - c. Email address: jonathan.irvine@wales.nhs.uk

54. Notices given by first class post shall be effective upon the earlier of:

- actual receipt, or
- on the next Business Day in the relevant country which is 48 hours after mailing.

55. Notices delivered by hand shall be effective upon delivery.

56. Notices given by email shall be deemed to have been received by 9.00am on the next Business Day after the sender receives a successful transmission report.

VARIATION

57. No variation of this SLA shall be effective unless it is in writing substantially in the form set out in the Schedule (Form of SLA Variation Notice) to this SLA and signed by both Parties.

58. In the event that there are amendments or variations made to the Contracts between Velindre University NHS Trust and its Suppliers or other contractors which impact on this SLA, Velindre University NHS Trust shall as soon as reasonably practicable, advise the Welsh Ministers of such changes and this SLA shall be varied in accordance with clause 57 to reflect such changes.

MISCELLANEOUS

59. No waiver of any terms, provision or condition of this SLA shall be effective unless it is in writing and signed by the waiving Party.

This SLA has been entered into on the date stated at the beginning of it.

**ON BEHALF OF VELINDRE UNIVERSITY NHS TRUST (THROUGH NHS WALES
SHARED SERVICES PARTNERSHIP)
SIGNATURE**

A handwritten signature in black ink, appearing to read 'J. Irvine'.

Name: Jonathan Irvine

Title: Director of Procurement Services, NWSSP

**ON BEHALF OF THE WELSH MINISTERS
SIGNATURE**

A handwritten signature in black ink, appearing to read 'Jo Larner'.

Name: Jo Larner

Title: Deputy Director, Vaccinations Division, Welsh Government

SCHEDULE

FORM OF SLA VARIATION NOTICE

Variation No.1 to the Service Level Agreement between the Welsh Ministers and Velindre University NHS Trust (through NHS Wales Shared Services Partnership) ("**Velindre University NHS Trust**") dated 22.10.25, relating to the procurement of inactivated influenza vaccine ("**SLA**").

- A. The Welsh Ministers and Velindre University NHS Trust are party to the SLA. The Parties now wish to vary the SLA as set out in this Variation Notice with effect from 22.10.25 ("**Variation Date**").
- B. In this Variation Notice, expressions defined in the SLA and used in this Variation Notice have the meaning set out in the SLA.
- C. With effect from the Variation Date, the Parties agree the following amendments to the SLA:

Clause number	Amendment
9	The SLA will be extended to 31 st March 2027 in accordance with Clause 57
30	The invoice date will be no later than 31 st July 2026

- D. Except as set out in clause C of this Variation Notice, the SLA shall continue in full force and effect.

ON BEHALF OF VELINDRE UNIVERSITY NHS TRUST (THROUGH NHS WALES SHARED SERVICES PARTNERSHIP)
SIGNATURE



Name: Neil Frow
Title: Managing Director

ON BEHALF OF THE WELSH MINISTERS
SIGNATURE



Name: Joanne Larnar
Title: Deputy Director – Vaccinations Division, Welsh Government

<i>The report is <u>not exempt</u></i>	
Teitl yr Adroddiad/Title of Report:	
Revised Stockholding Requirements for Personal Protective Equipment (PPE) and Hygiene Consumable Products	
Arwinydd/ Lead:	Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services
Awdur/ Author:	Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services
Swyddog Adrodd/ Reporting Officer:	Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services
Pwrpas yr Adroddiad/Purpose of the Report:	
The Shared Services Partnership Committee is asked to APPROVE the Change Control Note, which extends the scope of services covered under the Service Level Agreement.	
Llywodraethu/Governance:	
Amcanion/ Objectives:	Our Services and Value
Tystiolaeth/ Supporting evidence:	The Welsh Health Circular WGC (2025) 023
Ymgynghoriad/Consultation:	
Formal Senior Leadership Group 30 October 2025	
Adduned y Pwyllgor/Committee Resolution (insert ✓):	
DERBYN/ APPROVE	X
ARNODI/ ENDORSE	
TRAFOD/ DISCUSS	
NODI/ NOTE	
Argymhelliad/ Recommendation:	The Shared Services Partnership Committee is asked to APPROVE the Change Control Note, which extends the scope of services covered under the Service Level Agreement.
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact.
Cyfreithiol/Legal:	No direct impact.
Iechyd Poblogaeth/ Population Health:	Assures necessary PPE availability to prevent flu and COVID-19 transmission.
Ansawdd, Diogelwch a Profiad y Claf/	Supported through SMTL's quality assurance role with Procurement Services.

Quality, Safety & Patient Experience:	
Ariannol/Financial:	Costs absorbed by Welsh Government. PPE stockholdings reviewed monthly by Welsh Government, quarterly by FSLG and SSPC. Competitive procurement route ensures value for money
Risg a Aswiriant/ Risk and Assurance:	Latest requirements confirm increased PPE stockpile for winter is well managed.
Dyletswydd Ansawdd/Duty of Quality:	SMTL supports Procurement Services for quality assurance.
Gweithlu/ Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

REVISED STOCKHOLDING REQUIREMENTS FOR PERSONAL PROTECTIVE EQUIPMENT AND HYGIENE CONSUMABLE PRODUCTS

1. INTRODUCTION

The stockholding position and future requirements for Personal Protective Equipment (PPE) have been under constant monitoring and review by Welsh Government and NWSSP. Regular reports are provided by NWSSP to Welsh Government and NHS Wales Organisations detailing the volumes of PPE in stock against target volumes that have been set and refined since the COVID pandemic.

PPE continues to be sourced, warehoused and distributed by NWSSP on behalf of Welsh Government for all NHS Wales Organisations.

2. REQUIREMENT

The Welsh Health Circular WGC (2025) 023 – “PPE Stockpile Volumes in Wales” was published on 13.06.25 and prescribes the range and volumes of PPE products to be stocked by NWSSP on behalf of Welsh Government. The stockholding levels to be maintained are 12 or 16 weeks of peak COVID demand (dependent on product). To complement the PPE stockholding requirements, NWSSP has also been instructed by Welsh Government to hold an enhanced level of Hygiene Consumable Products.

The combined requirements for PPE and Hygiene Consumable Products are detailed in a Change Control Note that extends the services provided through the Service Level Agreement for “Storage and Distribution Services Including Clinical Countermeasures and Other Pharmaceuticals”.

NWSSP is actively sourcing products within the market at the volumes required to meet the stock levels prescribed within the WHC. The products will continue to be

managed within the NWSSP warehouse network and utilise commercial storage where necessary.

3. GOVERNANCE AND RISK ISSUES

The governance and risk issues are managed through the regular review of stockholdings and rotation of “business as usual” products from the prescribed range to minimise risk of obsolescence and write off. Regular reporting on stockholding volumes, valuations and age profiling will continue.

Product will continue to be procured through compliant contracts with new contractual arrangements also being established to support the additional purchasing requirements.

4. CONCLUSION

The additional service requirements have been agreed with Welsh Government and have been added to the Service Level Agreement through a Change Control Note. NWSSP is currently implementing the requirements as stated.

5. RECOMMENDATION

The Committee are asked to:

- **APPROVE** the Change Control Note, which extends the scope of services covered under the Service Level Agreement.

**VELINDRE NHS TRUST
NHS Wales Shared Services Partnership**

SERVICE LEVEL AGREEMENT

**STORAGE & DISTRIBUTION SERVICES
INCLUDING CLINICAL COUNTERMEASURES AND OTHER
PHARMACEUTICALS.**

(Welsh Government)

THIS SERVICE LEVEL AGREEMENT is made the

BETWEEN:

- (1) **NHS Wales Shared Services Partnership (hosted by Velindre NHS Trust)** ("the Trust" for purposes of the SLA) whose office are situated at: 2 Charnwood Court, Billingsley, Nantgarw, Cardiff, CF15 7QZ:
- (2) **Welsh Government** hereafter known as "the User"

NOW IT IS HEREBY AGREED as follows:

RECITALS

- A) NWSSP on behalf of the User and certain other NHS bodies that manages NHS Wales Shared Services Partnership
- B) The User may enter into the Service Level Agreement as herein under defined.

1 Interpretation

1.1 In the Agreement the following words and expressions shall have the following meanings unless the context otherwise requires: -

"Agreement"	this Service Level Agreement, including all schedules, annexes and attachments.
"Trust"	NWSSP (hosted by Velindre NHS Trust)
"Commencement Date"	1st April 2023, and shall remain in full force and effect for a period of 12 months.
"Charges"	the charges for the provision of the Services calculated in accordance with the provisions of Schedule 1a1band 1c.
"Performance Criteria"	the criteria for the valuation and assessment of the performance of the Services as set out in Schedule 3;

"The Services" the Storage & Distribution Services to be provided by the Trust to the User relating to the storage, and/or distribution of goods, materials and equipment as more fully described in Schedule 2 and such other services as the parties may from time to time agree in accordance with Clause 12;

"Term" the period during which the Agreement is in full force and effect in accordance with Clause 13;

1.2 In the Agreement the masculine shall include the feminine and the neuter and the singular shall include the plural and vice versa.

1.3 The expression "person" shall mean any individual, firm, company, unincorporated association, partnership, government, state or agency of the state or joint venture.

1.4 The index and headings to the clauses and schedules of the Agreement are for ease of reference only and shall not affect the interpretation of the Agreement.

1.5 Any reference to a statute or statutory provisions shall be construed as a reference to the same from time to time amended, consolidated, modified, extended, re-enacted or replaced provided that in the case of amendments, consolidations, modifications, extensions, re-enactments or replacements made after the date of the Agreement they shall not have effected a substantive change to that provision.

1.6 Any reference in the Agreement to a clause or schedule or an appendix is a reference to a clause or schedule or an appendix of the Agreement.

1.7 The schedules and appendices form part of the Agreement and shall have full force and effect as if expressly set out in the body of the Agreement and any reference to the Agreement shall include the schedules and appendices.

1.8 In the event of a conflict between any of the terms of the Agreement, the schedules and the appendices the conflict will be resolved according to the following order of priority: clauses of the Agreement, Schedules, and Appendices.

2 Services

2.1 The Trust shall provide the Services detailed in Schedule 2 to the User during the Term.

- 2.2 The User shall not appoint any person other than the Trust to provide the Services during the Term.

3 Charges

- 3.1 The Charges for the Services shall be as detailed in Schedule 1, 1a and 1b and shall be due to the Trust in consideration of the full and proper performance of the Services in accordance with this Agreement. The charges will apply for a period of 12 months and should be subject to review for subsequent periods such review to be completed no later than 3 months prior to the due date. The Schedule includes indicative costs for each of the subsequent years of the agreement. The charges are for the provision of “steady state running “any additional service including supporting a full pandemic service will be subject to a separate charge which will be identified and discussed with the user. The Schedule includes a number of notes which impact on the total charges to be made and should be read in accordance with the points set out in 3.1.

4 Invoicing Arrangements and Payment Terms

- 4.1 Storage & Distribution Services charges payable to the Trust will be invoiced annually.
- 4.2 Charges where agreed for the cost of items/commodities issued to Trusts/Boards in relation to Medicines Resilience Stockpile from the Stores will be invoiced monthly in arrears, within 10 working days following the month end to which the charges relate e.g., April charges will be invoiced within the first few days of May.

For the Storage & Distribution Services issues charges, invoices will be required to be paid within 30 days of the invoice date.

- 4.3 Variation of invoicing intervals may be agreed in accordance with Clause 12.

For Stores issues charges, detailed supporting information of commodities issued during the month will be provided to customers separately.

5 Performance of the Services

- 5.1 The Services shall be performed in accordance with schedule 2 and to the reasonable satisfaction of the User and in accordance with the Performance Criteria detailed in Schedule 3. The services provider reserves the right to vary the provision of the service due to extenuating and unforeseen circumstances.

- 5.2 The Services shall be performed promptly and diligently and in any event in accordance with any timetable or timescales agreed in writing between the parties.
- 5.3 The Trust shall provide all personnel necessary or desirable for the proper performance of the Services (steady state) and shall assign to each part of the Services personnel who are appropriately qualified to handle the provision of such Services in the most professional and cost effective manner with regard to their professional or technical qualifications, seniority, experience, special knowledge or training and all other relevant considerations.
- 5.4 The Trust will endeavour to provide sufficient resources to provide the required level of service in the event that any pandemic or emergency is declared. This will be subject to wider support from NWSSP and potentially other parts of NHS Wales. An additional cost will apply in the event of this ramp up of service being required.
- 5.5 The service will be subject to a regular testing regime which will measure the response time and deployment to different geographical areas of Wales.
- 5.6 The service will support the wider deployment within the UK should this be required under the guise of mutual aid.

6 Progress Reports

- 6.1 The Trust shall attend such progress meetings and provide such progress or other reports in such form and in such detail as the User may from time to time require.
- 6.2 Without limitation to the generality of Clause 6.1 above the Trust shall comply with the reporting obligations set out in Schedule 4.
- 6.3 The submission or acceptance of any reports shall not prejudice the rights of the User hereunder.
- 6.4 The Trust shall comply with all other reasonable requests made by the User for information relating to the performance of the Services.

7 Non-conforming Services

- 7.1 Subject always to Clause 8 below in the event that the Trust fails to perform the Services or any of them in accordance with the Agreement and/or fails to comply with the Performance Criteria and such failure is not a direct result of any act or omission by the User then the User may

without prejudice to any other rights or remedies it may have whether under the Agreement or otherwise in its absolute discretion: -

- 7.1.1 require the Trust, at the Trust's own expense properly to remedy any fault or to re-perform any non-conforming services within a reasonable period; or
- 7.1.2 have the default remedied or the non-conforming services re-performed by a third party on its behalf and in either case the Trust shall pay the reasonable costs so incurred by the User; or
- 7.1.3 withhold payment to the Trust or recover as a sum of money due from the Trust that part of the Charges which relates to the default or the non-conforming Services.
- 7.1.4 Subject to available resources to support a full pandemic being declared.

8 Warranties and Indemnities

8.1 The Trust warrants:-

- 8.1.1 that the Services will be performed in a timely and professional manner by appropriately skilled and qualified personnel and in particular but without limitation that the Services will comply with the Performance Criteria;
- 8.1.2 that it will obtain all necessary consents, licences, permits and other requirements which may be necessary for the performance of the Services including the provision of appropriate MHRA licences.
- 8.1.3 that it will comply with all laws, enactments, regulations, standards, codes and other similar instruments relating to the provision of the Services.

9 Confidentiality

- 9.1 Each party undertakes to treat as strictly confidential all information received or obtained by it as a result of or in connection with the Agreement.
- 9.2 The obligations of confidentiality herein contained shall not apply to information which:-
 - 9.2.1 is in or enters the public domain otherwise than as a result of breach of the Agreement;

9.2.2 is in possession of that party prior to disclosure by the other party; or

9.2.3 which was obtained by a third party lawfully authorised to disclose such information.

10 Publicity

Except with the written consent of the Trust which shall not be unreasonably withheld or delayed the User shall not make any press announcements or otherwise publicise the Agreement or any part thereof in any way.

11 Amendment and Variation

11.1 No amendment or variation to the provisions of the Agreement nor any additional or substituted schedule or annex shall be effective unless it is in writing and signed by the Health Emergency Planning Adviser, Welsh Government (on behalf of the User) and Director of Procurement & Health Courier Services, NWSSP (on behalf of the Trust).

11.2 The Agreement is personal to the User who may not assign or otherwise dispose of the Agreement or any part thereof without the prior written consent of the Trust.

11.3 The Trust shall not sub-contract any of its obligations under the Agreement without the prior written consent of the User. Any consent gives for such sub-contract shall not relieve the Trust from any liability or obligation under the Agreement and the Trust shall be responsible for the acts, default or neglect of any sub-contractor or its agents and employees as if they were the acts, default or neglect of the Trust.

12 Change Procedure

Any changes to be made to the Agreement and/or the Services shall be in accordance with the change control procedures set out in Schedule 5. For these purposes, a "change" includes any proposed amendment to the Agreement and any proposed assignment or sub-contract of the Agreement whether in whole or in part.

13 Term and Termination

13.1 Subject to Clause 13.2 the term of the Agreement shall commence on the Commencement Date and shall remain in full force and for 60 months. A review will take place at least 3 months before the end date to consider arrangements for the next period. Any proposed changes or appointment of an alternative supplier will be subject to standard TUPE regulations.

- 13.2 Notwithstanding the provisions of Clause 13.1 and subject to Clause 13.3 below, the User may terminate the Agreement forthwith by notice in writing to the Trust if the Trust is in breach of the Agreement and shall have failed (where the breach is capable of remedy) to remedy the breach within 90 days of receipt of request in writing from the User to remedy the breach.
- 13.3 Notwithstanding termination or expiration of the Agreement howsoever arising the following clauses shall remain in full force and effect: 6,7,8,9 and Clauses 13.3 and 13.4.
- 13.4 Termination of the Agreement as provided herein shall not prejudice or effect any right of action or remedy which may have accrued or shall thereafter accrue to the Trust or the User;
- 13.5 At the time of termination or expiration the Trust shall at no additional expense to the User provide all necessary assistance to effect an orderly assumption by the User and/or a replacement Contractor of the performance of the Services.

14 Notices

Any notice or other communication given or made in connection with this Agreement shall be in writing and shall be given or made to the Trust or the User as the case may be at its address stated at Clause 15 below by hand, by registered first class post or recorded delivery or by email transmission. Notices sent by registered first class post or recorded delivery shall be deemed to be served three working days following the day of posting. Notices sent by email transmission shall be deemed to be served on the day of transmission (subject to receipt of an appropriate answerback) if transmitted before 4.00pm on a working day but otherwise on the next following day (provided that confirmation by registered first class post or recorded delivery is sent on the same day). In all of the cases, notices are deemed to be served on the day when they are actually received.

15 Address for Service

For the purposes of Clause 14 above the specified addresses for services shall be as set out below (or such other address or further attention of such other person as either party may from time to time notify to the other in writing).

In the case of the User:

For the Attention of:

Deputy Director-Emergency Planning and Response

Name: Bethan Bateman
 Address: Welsh Government, Cathays Park,
 Cardiff, CF10 3NQ
 E-mail address: Bethan.Bateman@gov.wales

In the case of the Trust:

For the Attention of Director of Procurement & Health Courier Services, NWSSP

Name: Jonathan Irvine
 Address: NWSSP, 4-5 Charnwood Court, Heol Billingsley,
 Parc Nantgarw, Nantgarw, CF15 7QZ
 E-mail address: jonathan.irvine@wales.nhs.uk

16 General

- 16.1 The Agreement constitutes the entire agreement between the parties with respect of the subject matter covered by it and supersedes and replaces all prior communications drafts, agreements, representations, warranties, undertakings and agreements of whatsoever nature whether oral or written between the parties relating thereto.
- 16.2 The failure or delay by either party to the Agreement in exercising any right, power or remedy of that party under the Agreement shall not in any circumstances impair such right, power or remedy and shall not constitute a waiver of such right, power or remedy.
- 16.3 The rights, powers, and remedies provided in the Agreement are accumulative and not exclusive of any rights, powers and remedies provided by law.
- 16.4 Any waiver of a breach of or default under any of the terms of the Agreement shall not be deemed a waiver of any subsequent breach of default and shall in no way effect the other terms of the Agreement.

17 SLA Responsibilities

Responsibilities	Trust	WG
GENERAL REQUIREMENTS		
Notification of any sub-contracting work, ensuring they have appropriate Licences	✓	
Notification of deviations, non-conformance or OOS	✓	
Maintenance of Change Control System for systems and documentation	✓	✓
Availability of audit reports for all regulatory audits relevant to distribution	✓	
Permit audits of all relevant premises, procedures, and documentation	✓	
Notification where MHRA, IMB, Home Office or Third Party make contact in relation to distribution	✓	✓
Comply with all H&S and Environmental policies including handling of Pharmaceutical Waste.	✓	
Provide advice on GMP and GDP compliance	✓	
Notification of changes or supplements to this Agreement.	✓	
Review of the Technical Agreements relating to NWSSP	✓	
Maintain MHRA Wholesalers Dealers License	✓	
Enable access and facilitate MHRA and Home Office inspections	✓	
Provide advice during MHRA inspections	✓	
Reply to MHRA audit deficiency reports and a timely and appropriate manner	✓	
STORAGE AND DISTRIBUTION OF PRODUCTS		
Storage of Finished Product to delivery ex-plant are to conditions and as per GDP guidelines as laid down in EC Directive 92/25/EEC, as amended from time to time	✓	
Transport of goods to designated distribution points in accordance with accordance with Good Distribution Practice of medicinal products for human use (2015/C 95/01)	✓	
Maintain a stock rotation system based on batch numbers and expiry dates	✓	
Maintain an appropriate quarantine system for recalled, returned and expired stock awaiting return to suppliers or destruction.	✓	
Management of Product returns system	✓	
Support the stock taking system both periodically and the annual overview	✓	
ENVIRONMENTAL MONITORING		
Maintain the storage and surrounding environment in a suitable condition in compliance with GDP and regulatory compliance.	✓	
Maintain the storage and surrounding environment is suitable state of cleanliness.	✓	
Ensure the temperature control system is maintained and functioning in	✓	

order to store pharmaceutical products at a suitable temperature.		
Provide suitable planned preventative maintenance of the storage environment equipment	✓	
Ensure that maintenance is undertaken in a timely manner	✓	
Maintain the temperature recording system including appropriate planned preventative maintenance.	✓	
Monitor the online temperature monitoring system and advise appropriate parties in cases of OOS recordings.	✓	
Provide quarterly summary of on-line temperature records	✓	
Review quarterly summary of on-line temperature recordings and advise accordingly	✓	
Maintain and record a suitable system of manual temperature recordings	✓	
TRAINING		
Ensure only suitably trained and approved staff operate in the controlled temperature store	✓	
Ensure up to date training manuals are available for all staff members	✓	
Ensure suitable training manuals are available and relate to SOPs GMP, competencies and re-training	✓	
Advise on content of training manuals	✓	
Ensure all staff receive annual updates in GMP/GDP training	✓	
DOCUMENTATION		
Maintain and make available all distribution records for a minimum of one year after distribution.	✓	
Drafting of Standard Operating Procedures	✓	
Issuing Standard Operating Procedures	✓	
Approval of Standard Operating Procedures	✓	
Maintenance of Standard Operating Procedures	✓	
Drafting of Standard Operating Procedures	✓	
Maintain and undertake a system for maintaining and undertaking a documentation change control system	✓	
Ensure suitable documentation records are maintained in accordance with GDP and regulatory compliance	✓	
Maintain a SOP system and list of SOPs appropriate for tenure of a MHRA WDL (Example titles are provided in Appendix 2)	✓	
Provide advice on the requirements for appropriate documentation systems	✓	
QUALITY REVIEW		
Maintenance of a QMS as detailed by GDP and to regulatory compliance	✓	
Maintain a system for the recording and trending Deviations, Non-Conformances or OOS investigations.	✓	
Maintain a system for recording and undertaking corrective and preventative actions (CAPAs).	✓	
Maintain and undertake annual Distribution Reviews and Trend Analysis.	✓	
Close out of deviations, and complaints within agreed timeframes and issuing of completed reports.	✓	✓
Undertake CAPAs & Trends and their Close Offs.	✓	
Complaints, Recalls and Returns – details of Numbers, Types and Trends.	✓	✓
Run recall procedure annually as dummy or actual procedure	✓	✓

IN WITNESS whereof the parties hereto have hereunto set their hands the day and year first before written.

Signed by:

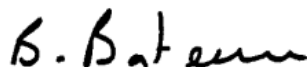
For and on behalf of: **Velindre NHS Trust**

Date 2023

Name in Block Capitals: JONATHAN IRVINE

In the presence of:

Signed by:



For and on behalf of: **Welsh Government**

Date 8th June 2023

Name in Block Capitals: BETHAN BATEMAN

In the presence of: A E COOKE



SCHEDULE 1**Stores & Distribution Services Charges****Services and Charges for 2023/24****TO APPLY FOR THE PERIOD****Part 1 – Services****art 2 - To be defined and agreed.**

As set out in Schedule 2

Period	Cost 1a	Cost 1b	Cost 1c
2023/24	176,291	328,281	294,285
2024/25	185,105	344,695	308,999
2025/26	194,361	361,929	324,449
2026/27	204,079	380,026	340,672
2027/28	214,283	399,027	357,706

Includes to annual inflation at 5%

Subject to review and variable as described in the notes to Schedule 1b and 1c

SCHEDULE 1a.**Annual Budget - Clinical Countermeasures**

	WTE	2023/24 Annual Budget
STAFF COSTS		
Responsible Person	0.50	31,721
Pharmacy Staff	1.50	45,239
TOTAL PAY		76,961
NON-PAY		
Miscellaneous Running Costs		99,330
TOTAL NON-PAY	1.50	99,330
GRAND TOTAL	1.50	176,291

SCHEDULE 1b**Annual Budget – Pandemic Influenza**

		2023/24
	WTE	Annual Budget
STAFF COSTS		
Stores/Stock Management	1.30	50,523
TOTAL PAY	1.30	50,523
NON-PAY		
Waste management		40,900
Electricity		35,000
Rates		26,500
Stores Equipment		28,500
Facilities Costs		3,500
Building maintenance		20,400
Equip maintenance		4,005
Fire Safety		74,500
Data Lines		2,500
IT Support		15,000
General costs		13,648
Miscellaneous Costs		13,304
TOTAL NON-PAY		277,757
GRAND TOTAL		328,281

See notes below.

Note 1 - Excludes annual ventilator maintenance contract which is billed separately based on actual costs incurred by NWSSP.

Note 2 - Electricity costs are estimated based on 2022/23 payment made.

Note 3 – Budget is provided for the safe disposal of product, however, this is variable depending on the volume of product to be disposed.

SCHEDULE 1c

Annual Budget – Welsh Medicines Buffer Stockpile

	WTE	2023/24 Annual Budget
STAFF COSTS		
Stores/Stock Management	1.30	43,779
Driver	1.00	34,542
Responsible Person	0.50	31,721
Pharmacy Staff	1.00	30,160
TOTAL PAY	3.80	140,202
NON-PAY		
General Costs		7,572
Vehicle Costs		36,207
Security Costs		65,000
Stores Equipment/Maintenance		4,500
Electricity		15,000
Generator		7,500
Cold Store Maintenance		5,000
Miscellaneous Costs		13,304
TOTAL NON-PAY		154,083
 GRAND TOTAL	 3.80	 294,285

See notes below.

Note 1 - Electricity costs are estimated based on 2022/23 payment made.

Note 3 – No additional budget is provided for the safe disposal of product, however, this is variable depending on the volume of product to be disposed.

SCHEDULE 2

Stores & Distribution Services SLA **For Provision of Support to Welsh Government for Pandemic Flu Outbreak** **including clinical countermeasures and Pharmaceuticals storage and** **distribution.**

The following points are key to the service level agreement:-

Part 1 – Steady State i.e., no flu pandemic or other emergency state declared.

Part 2 – A flu pandemic declared or other circumstances by which Welsh Government would wish to invoke the principles and services set out in Part 2.

Part 3 – The provision of the clinical countermeasures service

Part 4 - The provision of a Pharmaceutical storage facility (to include ambient, refrigerated and Controlled drugs and the wider distribution across Wales.

FACILITIES

It should be noted that the provision of the service under all scenarios is predicated on the key assumptions around the facility to operate the service.

It should be noted that the current “stock of flu resistant products” and clinical countermeasures are held at the Picketston site under a MOTO agreement within Welsh Government as well as the NWSSP IP5 Site. NWSSP will determine the most appropriate location to hold product ensuring that products are stored in the required conditions with the agreed licencing requirements. This is a prerequisite for the provision of the service. The facility may be changed by agreement of both parties and on the basis of Welsh Government paying all costs associated with both moving sites and all running costs. The current Picketston facility is subject to an agreed operating budget with Welsh Government. This excludes the cost of the stock which is incurred directly by Welsh Government. Should any movement of facility be required that it will be recognised that this will impact on NWSSP ability to deliver a service. The provision of the clinical countermeasures service currently excludes any additional storage costs as this is covered from a separate funding agreement with Welsh Government for IP5.

Part 1 - Services

The following services assumes a “situation of steady state” and represents business as normal. In these circumstances the following core service will be provided:

Clinical Countermeasures Stockpile (CCS)

- Appropriate security arrangements at both Pharmacy, IP5 and Picketston in relation to the handling of restricted information.
- Appropriate signate and access for Ambulance and Health Courier staff to support deployment of stock from Pharmacy, IP5 or Picketston.
- Appropriate environmental control and monitoring of all areas of CCS storage.
- Annual mapping of temperature-controlled storage.
- 24/7 access to CCS stockpile as per emergency procedures as agreed with Welsh Ambulance Service.
- Management of receipt, storage, repackaging and issuing of CCS stock as required, inclusive of stock rotation and safe disposal where appropriate.
- Liaison with HCS, HEPU and other relevant organisations on the maintenance and deployment of stock.
- Procurement of all medicinal products required for maintenance of CCS.
- Up to date stock inventory maintained with expiry dates and batch numbers documented (inclusive of hospital sites) with submission of this data to WELSH Government on monthly basis.
- Reporting of stock deployment to WG inclusive of replenishment details.
- Participation in annual stock deployment simulations.
- Routine simulation of MHRA Recall.
- Engage with appropriate regulator to ensure compliance with MHRA Wholesale Dealer and “Specials” Manufacturing licences.
- Maintain adequate numbers of staff to undertake Responsible Person activities.

Pandemic Influenza Stock Management

- Appropriate security arrangements at Picketston in relation to the handling of restricted information.
- Appropriate signate and access for Health Courier staff to support deployment of stock from Picketston.
- Appropriate environmental control and monitoring of all areas of PIPP stock storage.
- Annual mapping of temperature-controlled storage.
- Management of receipt, storage and issuing of PIPP stock as required, inclusive of stock rotation and safe disposal where appropriate.
- Ability to deploy stock at short notice in times of acute shortage or in pandemic response.
- Liaison with HCS, WG and other relevant organisations on the maintenance and deployment of stock.
- Procurement of all medicinal products required for maintenance of PIPP stock in collaboration with WG.

- Up to date stock inventory maintained with expiry dates and batch numbers documented (inclusive of hospital sites) with submission of this data to Welsh Government on monthly basis.
- Reporting of stock deployment to WG inclusive of replenishment details.
- Participation in annual stock deployment simulations.
- Routine simulation of MHRA Recall.
- Engage with appropriate regulator to ensure compliance with MHRA Wholesale Dealer and “Specials” Manufacturing licences.
- Maintain adequate numbers of staff to undertake Responsible Person activities.

Welsh Medicines Buffer Stock Management (WMBS)

- Appropriate security arrangements at Picketston in relation to the handling of restricted information.
- Appropriate signate and access for Health Courier staff to support deployment of stock from Picketston.
- Appropriate environmental control and monitoring of all areas of WMBS storage
- Annual mapping of temperature-controlled storage.
- Management of receipt, storage and issuing of WMBS stock as required, inclusive of stock rotation and safe disposal where appropriate.
- Stock rotation of all stock to be undertaken.
- Picking and packing of medicines from the WMBS to be undertaken and distributed via HCS to single sites within each UHB. The below is an example schedule of the model of delivery however exact schedules may vary throughout 12 monthly periods:

Security of supply	Number of weeks' stock held	Number of deliveries per year (a)	Number of drug lines (b)	(a x b)
	4	1	22	22
	8	2	10	20
	12	3	10	30

- Procurement of all medicinal products required for WMBS stock and invoices issued to scheduled medicines provided.
- Up to date stock inventory maintained with expiry dates and batch numbers documented (inclusive of hospital sites) with submission of this data to Welsh Government on monthly basis.
- Ability to deploy stock at short notice in times of acute shortage or in pandemic response. This will include unscheduled deliveries.
- Reporting of stock deployment to WG inclusive of replenishment details and waste.
- Participation in annual stock deployment simulations.

- Ensure completion of all documentation in relation to Controlled Drugs as per Home Office Licence requirements.
- Routine simulation of MHRA Recall.
- Engage with appropriate regulator to ensure compliance with MHRA Wholesale Dealer and “Specials” Manufacturing licences.
- Maintain adequate numbers of staff to undertake Responsible Person activities.

COVID Therapeutics Management

- Appropriate security arrangements at Picketston in relation to the handling of restricted information.
- Appropriate signage and access for Health Courier staff to support deployment of COVID Therapeutics from Picketston.
- Appropriate environmental control and monitoring of all areas of COVID Therapeutics storage
- Annual mapping of temperature-controlled storage.
- Management of receipt, storage and issuing of stock as required, inclusive of stock rotation and safe disposal where appropriate.

Part 2 – Declared Emergency Services.

This is assumed that in the event of an emergency (to be declared by the Welsh Government Emergency Planning Officer) that the main addition to the services covered in Part 1 will be the receipt of orders and distribution of product to agreed locations in agreed quantities from the PIPP or Welsh Medicines Buffer Stockpile. In these circumstances the following would be provided:

1. An online ordering system with approval hierarchy for NHS Wales.
2. The provision of a “picking and packing service” down to each individual delivery location (As agreed in advance).
3. The normal delivery lead time will be order on day one for delivery on day 3. An emergency service can be requested which would be subject to approval by nominated officers. This will be in line with the routine emergency Supply Chain service provision.
4. To maintain a record of all deliveries made and raise charges if required.
5. The provision of an immediate “Blue Light response” to a clinical emergency which requires the deployment of the appropriate clinical countermeasure.

6. The provision of a clinical countermeasure service and the deployment of product in line with the requirements of a particular incident as determined through the appropriate “chain of command.”
7. The provision of a regular routine distribution services of an agreed range of pharmaceutical lines (Detailed schedule to be defined.)

SCHEDULE 3**Performance Criteria****Storage & Distribution Services Performance**

The Trust will seek to achieve the following first pick availability targets for the Commodity Groups as shown against a monthly cycle.

SECTION	COMMODITY	TARGET
E	Dressings	99%
F	Medical & Surgical Sundries	99%
G	Patients Appliances	99%
K	Laboratory Disposables	99%
M	Cleaning Material	98%
Q	Pharmaceutical	98%
V	Bedding and Linen	95%

The response time to a blue light deployment for clinical countermeasures will be immediate upon receipt of notification. Outside of an urgent response being required it will be within 48 hours or in line with the activation protocols related to the event.

The distribution of the agreed range of Pharmaceuticals will be in accordance with a set schedule to be determined and varied from time to time by agreement of both parties.

SCHEDULE 4**Reporting Obligations**

The Trust will provide the following monthly reports by the end of the second week following the relevant month.

1. PERFORMANCE CRITERIA
2. KEY PERFORMANCE INDICATORS – PHARMACY TECHNICAL SERVICES

KPI Metric	Target	Type	Reporting Period
UHB Receipt of Issues by Schedule	100%	Service	Monthly
Weekly Controlled Drugs Stock Check	100%	Service	Monthly
Internal Audit Programme	100%	Regulatory	Monthly
Complaints, Recalls and Returns	0%	Regulatory/Service	Monthly
Equipment and Facilities Servicing	100%	Regulatory	Monthly
MHRA Inspection Outcomes	-	Regulatory	Annual/ or as per risk rating

SCHEDULE 5**Change Control Procedure****1 Change Control**

- 1.1 Where the User of the Trust wish a change to be made in accordance with Clause 12 of this Agreement, the User may at any time request and the Trust may at any time recommend such change and propose an amendment to the Agreement in accordance with the formal change control procedure (CCP) as set out at paragraph 2 below.
- 1.2 Unless the User and the Trust otherwise agree in writing, the obligations undertaken by either party in connection with the Agreement are in no way changed until the amendment to the Agreement has been effected in accordance with the CCP.

2 Change Control Procedure

- 2.1 The User and the Trust shall discuss changes proposed by either party and such discussion shall result in either:-
- 2.1.1 agreement not to proceed further with such change;
 - 2.1.2 in a written request for a change by the User; or
 - 2.1.3 a recommendation for a change by the Trust.
- 2.2 Where a written request for a change is received from the User the Trust shall, unless otherwise agreed, make a change control note (CCN) to the User within 3 weeks.
- 2.3 A recommendation for a change by the Trust shall be submitted as a CCN direct to the User.
- 2.4 Each CCN shall contain:-
- 2.4.1 a description of the proposed change;
 - 2.4.2 the originator and date of request or recommendation for the change;
 - 2.4.3 reason for the change;
 - 2.4.4 full details of the change including any specifications;
 - 2.4.5 a timetable for implementation together with any proposals for acceptance of the change;

- 2.4.6 a schedule of payments if appropriate;
- 2.4.7 the impact of any of the change in the Agreement including but not limited to:-
 - 2.4.7.1 the Charges;
 - 2.4.7.2 contractual issues;
 - 2.4.7.3 performance criteria.
- 2.4.8 the date of expiry of validity of CCN;
- 2.4.9 provision for signature by the User and the Trust.
- 2.5 For each CCN submitted the User shall, within the period of the validity of the CCN:-
 - 2.5.1 allocate a sequential number to the CCN;
 - 2.5.2 evaluate the CCN and as appropriate either:-
 - 2.5.2.1 request further information; or
 - 2.5.2.2 approve a CCN; or
 - 2.5.2.3 notify the Trust of the rejection of CCN;
 - 2.5.2.4 if a CCN is approved the User shall arrange for a copy of an approved CCN to be signed by or on behalf of the User and the Trust.
- 2.6 Following approval of the CCN the Trust and the user, the approved CCN shall take effect as an amendment to the Agreement.

Change Control Note (CCN)

CR NO: CCN-001	TITLE: Storage & Distribution Services Including Clinical Countermeasures and Other Pharmaceuticals	DATE RAISED: 21/10/2025
PROJECT: NA	TYPE OF CHANGE: Additional service requirement	REQUIRED BY DATE: 14/11/25

[KEY MILESTONE DATE: *if any*] Approval required by no later than 14/11/25

DETAILED DESCRIPTION OF CONTRACT CHANGE:

To provide for the following:

Personal Protective Equipment (PPE)

The stockholding requirements in respect of Personal Protection Equipment (PPE) as directed by Welsh Health Circular WHC (2025) 023- "PPE Stockpile Volumes in Wales" issued 13.06.25.

Specifically, the PPE products and associated target volumes to be maintained are as follows.

Product	Covid Weekly Usage (single units)	Weeks Stockholding	PPE Stock Holding (single units)	Notional 4 weeks BAU (single units)	Total Stockholding Required (single units)	Total Stockholding Rounded (single units)
Aprons	2,282,290	12	27,387,480	880,524	28,268,004	28,300,000
Type IIR	2,617,384	12	31,408,608	236,852	31,645,460	31,600,000
FFP3	62,518	16	1,000,288	3,048	1,003,336	1,000,000
Face Visors	131,750	12	1,581,000	676	1,581,676	1,600,000
Gloves	8,446,226	16	135,139,616	11,135,600	146,275,216	146,300,000
Gowns	44,911	12	538,932	2,112	541,044	500,000
Wipes	2,035,123	12	24,421,476	6,014,600	30,436,076	30,000,000
Hand San	7,638	12	91,656	4,680	96,336	100,000

Hygiene Consumable Products

To support the range of PPE and wider countermeasures product requirements, Welsh Government have instructed the following hygiene consumable products are to be maintained.

Product	Target Stockholding Required (single units)
Wipes*	30,000,000
Hand Sanitiser (to include Liquid Soap)*	100,000
Clinical Waste Bags	210,000
Detergent Tablets	400,000

***Wipes and Hand Sanitiser appear on both tables as each product was issued during the COVID pandemic and had therefore accrued "COVID Weekly Usage" history.**

The stockpile of PPE and Hygiene Consumable products will be warehoused within the NHS Wales Shared Services Partnership (NWSSP) warehouse network and, where necessary, through the utilisation of commercial storage facilities.

The required total stockholding will be maintained through regular replenishment and stock will be rotated to optimise shelf-life expiry dates and minimise write-off requirements.

All other obligations and responsibilities detailed in the SLA as they relate to the warehousing of PPE are otherwise unchanged.

PROPOSED ADJUSTMENT TO THE SERVICE CHARGES RESULTING FROM THE CONTRACT CHANGE:

The funding for this additional service is provided through an agreed allocation from Welsh Government that incorporates wider provision of services relating to vaccination program support and lateral flow service, totaling **£ 3.816m**. The allocation provides for service elements that cut across PPE, vaccination and emergency planning support activities and require the deployment of resources to cover all these areas of operations.


The total allocation is indivisible across these services due to the interdependence and cross-over that exist in areas such as warehousing, security, transport and system/digital support. It is, however, estimated that approximately **£ 1.7m** of the total allocation is attributable to the additional service described in this Notice. This figure is provided for illustrative purposes only and is not a fixed value within the total allocation due to the interdependencies already stated.


DETAILS OF PROPOSED ONE-OFF ADDITIONAL CHARGES AND MEANS FOR DETERMINING THESE (E.G. FIXED PRICE OR COST-PLUS BASIS):

N/A

SIGNED ON BEHALF OF THE USER (WELSH GOVERNMENT)

SIGNED ON BEHALF OF THE NWSSP:

Signature: 

Signature: 

Name: Robert Griffiths

Name: Neil Frow

Position: Head of Countermeasures

Position: Managing Director

Date: 29 October 2025

Date: 29 October 2025



<i>The report is <u>not exempt</u></i>							
Teitl yr Adroddiad/Title of Report:							
NWSSP Fleet Modernisation and Optimisation Programme Programme Business Case							
Arwwinydd/ Lead:		Tony Chatfield, Head of NHS Wales Supply Chain, Logistics & Transport					
Awdur/ Author:		Tim Knight, Assistant Head of NWSSP Service Improvement, Transformation Management Office					
Swyddog Adrodd/ Reporting Officer:		Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services					
Pwrpas yr Adroddiad/Purpose of the Report:							
To seek Committee approval for the NWSSP Fleet Modernisation and Optimisation Programme – Programme Business Case, for submission to Velindre Trust Board.							
Llywodraethu/Governance:							
Amcanion/ Objectives:		To modernise and optimise the NWSSP Fleet and meet the Welsh Government decarbonisation objectives.					
Tystiolaeth/ Supporting evidence:		NWSSP IMTP 2025 – 28, approved in February 2025.					
Ymgynghoriad/Consultation:							
Programme Board NWSSP Director of Finance and Corporate Services NWSSP Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services NWSSP Managing Director							
Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	x	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation:		The Committee is asked to APPROVE the NWSSP Fleet Modernisation and Optimisation Programme – Programme Business Case, prior to submission to Velindre Trust Board and Welsh Government.					
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:							
Cydraddoldeb ac amrywiaeth/ Equality and diversity:		No direct Impact					

Cyfreithiol/Legal:	No direct Impact
Iechyd Poblogaeth/ Population Health:	Reduced CO2 Emissions
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Improved service delivery and driver safety.
Ariannol/Financial:	Reduced annual revenue costs for Supply Chain Logistics and Transport.
Risg a Aswiriant/ Risk and Assurance:	Assessed, Monitored and Managed within each Project.
Dyletswydd Ansawdd/Duty of Quality:	As outlined within the Programme Business Case, the Programme aligns with multiple Duty of Quality domains and enablers.
Gweithlu/ Workforce:	Improved workforce wellbeing
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Fleet Modernisation & Optimisation Programme

1. Introduction

The Fleet Modernisation Programme is being established to achieve a 10 year vision through two sequential five year programmes. Delivering outcomes which reduce carbon emissions and annual revenue costs through the adoption of Battery Electric Vehicles (BEV) and Ultra Low Emission Vehicles (ULEV) wherever practicably possible. Alongside vehicle replacement, the programme will fully optimise the fleet, looking to improve maintenance and route planning arrangements, route frequency, load requirements, fleet size and vehicle suitability.

This programme directly supports the delivery of the NHS Wales Decarbonisation Strategic Delivery Plan and aligns with the Transportation initiatives 17 to 22. The objectives will also play a part in delivering on Welsh Government's Net Zero Strategic Plan for 2030, and the submission of annual Business Justification Cases will ensure that the realisation of the 10-year vision remains aligned with the wider national priorities.

This Programme also aligns to NWSSP's longer term strategic goals, to lead on climate action, invest boldly in transformation, and deliver sustainable, socially responsible services. It contributes to broader public sector objectives, including the Well-being of Future Generations Act (2015), A Healthier Wales, the Duty of Quality, and the Transforming Access to Medicines Programme (TrAMs).

2. Executive Summary

This Programme Business Case sets out the approach to modernising approximately 40% of the NWSSP Supply Chain Logistics and Transport fleet, with a focus on rightsizing and optimising vehicle use to improve efficiency, sustainability, and service delivery. The programme team seeks approval to proceed with the phased procurement of 124 BEV/ULEV vehicles over five years, at an estimated capital cost of £7.33 million (excluding VAT).

To support the continued business justification of the programme, Annual Business Justification Cases (BJCs) will be submitted to secure funding. This allows flexibility to adjust vehicle numbers and capital requirements based on fleet condition and operational priorities. This staged approach will ensure alignment with infrastructure readiness and evolving service needs, and it should be noted that charging infrastructure costs are excluded from this case, as they are currently being funded separately through the Welsh Government's Targeted Estates Fund (TEF).

- **Strategic Case Summary**

There are currently 306 vehicles within the NWSSP Supply chain logistics and transport fleet, completing over 4 million miles per year. Utilisation of the fleet varies significantly, however, representing the opportunity for optimisation. 30 vehicles completed in excess of 30,000 miles last year, whilst over 50 vehicles completed less than 10,000 miles over the same period.

Vehicles are depreciated over 7 years in line with the Manual for Accounts.

Additionally, there are currently (as of 16/10/25) 25 Vehicles within the fleet that are 10 years or older and that have been kept in service because they remain operationally fit for purpose.

There are risks that come with an ageing fleet, and one of which is that all vehicles older than 9 years old (27 Vehicles) may not be compliant with the European Emission's vehicle emissions standard, which regulates the acceptable limits of exhaust emissions from new vehicles. A proportion of these will be replaced within year one of the programme, and those that are not can still be driven for as long as they pass the emissions test as part of their MOT.

It should be noted, and emphasized, that the Fleet Modernisation Programme is not solely about replacing ageing, inefficient and non-sustainable vehicles with energy efficient alternatives, it is equally about rightsizing the fleet and optimising operational procedures, ensuring the right vehicle is on the right route, carrying the right load, and only travelling when necessary. By embedding this optimisation into the programme, NWSSP aims to reduce unnecessary mileage, improve vehicle utilisation, and enhance operational resilience whilst reducing the environmental impact of service delivery, and also the associated revenue costs.

- **Economic Case Summary**

A long list of 28 options were appraised, ranging from maintaining the current fleet to its full modernisation in a condensed time period. The preferred option is to replace all vehicles that are either Beyond Economical Repair (BER), or have reached their replacement profile and have increasing maintenance costs that render their continued service unsustainable. The vehicles will be replaced with either leased (where this cost option is most viable), rented under the Welsh Government Commercial Delivery Framework (WGCD) arrangement for Hire iii/iv framework or owned dependant on operational requirements and they will be replaced gradually through annual tranches.

While the Benefit-Cost Ratio of 0.35 is below the conventional threshold and the Net Public Social Value of -£5,481,232.27 (Discounted) is negative, the programme delivers substantial qualitative and non-cash releasing benefits, including improved air quality, reduced carbon footprint, and improved service provision enhanced public perception.

The preferred option to be progressed is to replace all vehicles that are BER or no longer economically sustainable whilst conducting a review of both fleet optimisation and maintenance arrangements, to ensure that the fleet is appropriately rightsized against the operational need and that the servicing arrangements represent value for money.

The total potential benefits of the optimisation are not quantified at this point, but this should improve the Benefit Cost Ratio of the programme at no additional cost. The cash releasing elements of the benefits associated with the fleet optimisation come from reduced fuel costs from less milage, and also having fewer vehicles to mobilise, insure and maintain. A five percent reduction in fleet milage and size would deliver estimated annual revenue savings of £105,345 if achieved.

- **Commercial Case Summary**

The programme will be delivered through established procurement frameworks, ensuring value for money and market competitiveness. Early engagement with suppliers has confirmed capacity and interest, and commercial risks are manageable within existing contractual structures.

- **Financial Case Summary**

Financial modelling confirms that lifecycle costs are lower than maintaining the existing fleet, with long-term savings in reduced fuel costs and reduced maintenance costs.

- **Management Case Summary**

Robust governance arrangements are in place, with oversight from the Fleet Programme Board and support from NWSSP and relevant stakeholders. Risks have been identified and mitigated through a comprehensive risk management plan.

Benefits realisation will be tracked through KPIs including emissions reduction, service uptime, and user satisfaction.

3. GOVERNANCE, BENEFITS & RISKS

- **Governance**

The Programme Business Case will take the following governance route to overall approval:

- Endorsement of Programme Board
- Approved by NWSSP Director of Finance and NWSSP Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services
- Approved by the NWSSP Managing Director
- Approval by Shared Services Partnership Committee (Current Stage)
- Approval by Velindre Trust Board
- Approval by Welsh Government

Once the Programme Business Case has been approved, a Business Justification Case (BJC) will be submitted year-on-year against the annual fleet replacement projects to deliver those Milestones by the 31 March of each financial year. The annual cycle will be as follows:

- BJC development
- BJC approval
- Capital funding secured
- Procurement
- Conversion
- Delivery of fleet replacement

Approval/endorsement of the annual Business Justification Cases and expenditure commitments will follow Welsh Government’s governance route for Capital funding and the SSPC Scheme of Delegation following endorsement by the Programme Board.

Any changes to previously approved aspects of the Programme Business Case or BJCs will be managed through the appropriate change management arrangements.

- **Benefits**

Benefits have been captured in a programme Benefits register, and also a benefits realisation map. Additionally, the benefits have been profiled and appraised accordingly and assume that 100% of new vehicles will be BEV. Those that have a cash releasing aspect have been approved by our finance team and the details can be seen below.

Benefit	Field	Category	To realise?	Beneficiary
B1	Wider Benefits	Quantifiable	To achieve a reduction in emissions of	Welsh Population

			approximately 250g per mile per BEV, from 31 March 2026	
B2	Indirect Public Sector Benefits	Qualitative	Improve air quality in congested areas and in and around hospitals.	Welsh Population
B3	Direct Public Sector Benefits	Quantifiable	Improve driver safety, monitoring driver behaviours and reducing accidents/vehicle milage	HCS Staff, General Public.
B4	Direct Public Sector Benefits	Cash Releasing	Potential to reduce percentage of leased vehicles within the fleet.	NWSSP – HCS
B5	Direct Public Sector Benefits	Cash Releasing	To reduce annual fuel costs by approximately £412,000.	NWSSP – HCS
B6	Direct Public Sector Benefits	Cash Releasing	To reduce annual maintenance costs by £130,000	NWSSP – HCS
B7	Wider Benefits	Qualitative	To reduce noise pollution by between 4 and 10 decibels for each vehicle on the road.	Welsh Population
B8	Direct Public Sector Benefits	Non-Cash Releasing	To reduce vehicle downtime by 85 days	NWSSP – HCS

Table: Reduced maintenance and fuel savings

Benefit Number	Benefits Description	Vehicles Impacted	Benefit per BEV	Time Horizon	Total Benefit
B6	Reduced Maintenance costs	124	£1,049.05	7 Years	£910,575.00
B5	Fuel Savings	124	£3,320.70	7 Years	£2,882,368.00

The total potential benefit to be realised from a cash releasing perspective is £3,792,943 prior to the application of optimism bias which can be seen within the Net Public Social Value (NPSV) and Benefits Cost Ratio (BCR) section within the Programme Business Case. However, this is dependent on the options selected and the number of vehicles replaced.

- **Risks**

Risks and issues will be managed in line with the NWSSP risk protocol at both programme and project level and reported to Programme Board by exception, however any risk/issues that have a direct impact to the delivery of the Programme will be escalated to Programme Board and recorded within the Programme risk register/issues log. A summary of the main programme risks is outlined within the table below.

Risk Category	Risk Description	Risk Rating	Contingency
Vehicle Replacement	Capital requirements not supported	High	Reduced vehicle replacement – this will impact the vehicle efficiency and reliability due to increased downtime and maintenance costs. Compromising service delivery. This risks the decarbonisation strategy as being undeliverable.
	Market Forces mean suitable chassis or vehicle types are not available, whether it be through market development or worldwide supply chain issues	High	Review options to rotate fleet to optimise vehicle usage and allocate BEV/ULEV to maximise reductions in carbon emissions while the market catches up.
	Crown Commercial Discounts changes, or conversion costs increase adjusting indicative costing.	High	Explore alternative suppliers or reduce number of vehicles procured within guidelines.
Infrastructure	Fluctuation/increased energy prices.	Medium	Utilise NWSSP site energy where possible or accept.
	Electricity outage preventing charging on site.	Medium	Drivers carry fuel cards to be able to use external chargers.

Risk Category	Risk Description	Risk Rating	Contingency
Workforce	Organisational Change Plan (OCP) Costs to transfer staff bases	Medium	Due to the replacement of vehicles, a cost may emerge to OCP staff to alternate bases. This may result in contract changes, base changes for the staff and re-scheduling. There is a risk that the funding required is higher than anticipated resulting in insufficient funding.

In addition to the main risks identified below, it is important to recognise the constraints that may influence the programme’s delivery and outcomes.

4. CONCLUSION

This Programme Business Case offers a strategically aligned proposal that aligns strongly with national decarbonisation and social agendas. Though the Benefits Cost Ratio and Net Public Social Value against the preferred option is low, this is made up for by the delivery of significant non-cash releasing, qualitative, quantitative benefits that are not fully captured in the economic appraisal.

With all five cases developed, the fleet modernisation programme demonstrates economic sustainability whilst offering significant cash releasing benefits against annual revenue costs and safeguarding the national distribution of goods essential to the delivery of effective care.

The fleet modernisation programme has been subjected to financial scrutiny and approval and is also supported by robust procurement and delivery arrangements, and we ask for your approval to proceed.

5. RECOMMENDATION

The Committee is asked to:

- **Approve** the NWSSP Fleet Modernisation and Optimisation Programme – Programme Business Case for submission to Velindre Trust Board and Welsh Government.

NWSSP Fleet Modernisation & Optimisation Programme

PROGRAMME BUSINESS CASE (PBC) - HIGH VALUE (OVER £2 MILLION VALUE OF PROCUREMENT)

Capital Investment/Purchase Request

NWSSP

Supply Chain Logistics and Transport

Programme leads:

SRO:	Tony Chatfield
Programme Manager:	Tim Knight
Finance Business Partner:	Claire Watkins/Jane Tyler
Procurement Lead:	Ian Emptage
Head of Service:	Tony Chatfield
Estates:	Stuart Douglas

Governance Route:

	Name	Signature	Date
Prepared by:	Tim Knight	T Knight	24/10/2025
Reviewed by:	Ian Rose	I Rose	05/11/2024
Approved by:	Programme Board	P Board	24/10/2025
Approved by:	Jonathan Irvine	J Irvine	05/11/2025
Approved by:	Alison Ramsey	A Ramsey	05/11/2025
Approved by:	Neil Frow	N Frow	07/11/2025
Noted by:	NWSSP FSLG		
Approved by:	Shared Services Partnership Committee		
Approved by:	Velindre Trust Board		

Following approval from Velindre Trust Board this Programme Business Case was submitted to Welsh Government on the **XX/XX/XX** to formally request the capital investment outlined.

Contents

Strategic Assessment	5
Executive Summary	5
Strategic Case	7
Organisational Overview	7
Business strategy and aims	9
Alignment with Programmes and Projects within the strategic portfolio.	11
Other relevant strategies	11
The Case for Change.....	12
Spending objectives	12
Existing arrangements	13
Maintenance Arrangements	15
Telematics and Fleet Management	16
Depreciation and Fleet Replacement Profile Review.	16
Business needs – current and future	16
Scope and service requirements	17
In Scope:.....	18
Out of Scope.....	18
Main Benefits.....	18
Main Risks	19
Constraints.....	20
Dependencies.....	22
Economic Case	23
Critical success factors (CSFs).....	24
Long listed Options	25
SWOT Analysis.....	26
Preferred Way Forward (Shortlist Creation).....	26
Comparative Analysis.....	26
Shortlisted Options	28
Fleet Optimisation Review – April 2026 to March 2029.....	29
Maintenance Arrangements Review – April 2026 to March 2029	29
Benefits appraisal.....	30
Risk Assessment.....	31
Net Public Social Value and Benefits Cost Ratio (Owned)	31

Net Public Social Value and Benefits Cost Ratio (Leased)	32
Preferred Option	33
Fleet Replacement Profile.....	34
Sensitivity Analysis.....	35
Commercial, Financial and Management Cases - Overview.....	35
Commercial Case Overview	35
Financial Case Overview	36
Management Case Overview.....	36
Commercial Case.....	36
Procurement Strategy and route.....	37
Vehicle Replacement and Conversion (Owned)	37
Vehicle Replacement (leased).....	37
Timescales.....	38
Charging mechanism	39
Key contractual arrangements.....	39
Personnel implications.....	39
Accountancy treatment	40
Financial Case.....	40
Capital and revenue requirements.....	40
Overall affordability and funding.....	40
Impact on income and expenditure account.....	41
Net effect on prices and confirmation of stakeholder support.....	42
Impact on balance sheet.....	42
Management Case	43
Programme and project management governance arrangements.....	43
Programme Plan	43
Governance.....	45
Programme and Project Change.....	46
Business Change Management – People Side	46
Benefits Realisation arrangements.....	47
Risk management arrangements.....	47
Programme assurance.....	48
Post implementation and evaluation arrangements.....	48
Tolerances, Contingency Arrangements and Plans.....	49
Overall Summary.....	50

Appendix51
Appendix 1 - NWSSP Strategic Outcomes and Duty of Quality (DoQ)51
Appendix 2 - Fleet Replacement Profile53
Appendix 3 - Benefit Profile Card54
Appendix 4 – Options – Long List.....56
Appendix 5 - SWOT Analysis57
Appendix 6 – Financial Table58

Strategic Assessment

The Fleet Modernisation Programme is being established to achieve a 10 year vision through two sequential five year programmes. Delivering outcomes which reduce carbon emissions and annual revenue costs through the adoption of Battery Electric Vehicles (BEV) and Ultra Low Emission Vehicles (ULEV) wherever practicably possible. Alongside vehicle replacement, the programme will fully optimise the fleet, looking to improve maintenance and route planning arrangements, route frequency, load requirements, fleet size and vehicle suitability.

This programme directly supports the delivery of the NHS Wales Decarbonisation Strategic Delivery Plan and aligns with the Transportation initiatives 17 to 22. The objectives will also play a part in delivering on Welsh Government's Net Zero Strategic Plan for 2030, and the submission of annual Business Justification Cases will ensure that the realisation of the 10-year vision remains aligned with the wider national priorities.

This Programme also aligns to NWSSP's longer term strategic goals, to lead on climate action, invest boldly in transformation, and deliver sustainable, socially responsible services. It contributes to broader public sector objectives, including the Well-being of Future Generations Act (2015), A Healthier Wales, the Duty of Quality, and the Transforming Access to Medicines Programme (TrAMs).

Executive Summary

This Programme Business Case sets out the approach to modernising approximately 40% of the NWSSP Supply Chain Logistics and Transport fleet, with a focus on rightsizing and optimising vehicle use to improve efficiency, sustainability, and service delivery. The programme seeks approval to proceed with the phased procurement of 124 BEV/ULEV vehicles over five years, at an estimated capital cost of £7.33 million (excluding VAT).

Annual Business Justification Cases (BJCs) will be submitted to secure funding, allowing flexibility to adjust vehicle numbers and capital requirements based on fleet condition and operational priorities. This staged approach ensures alignment with infrastructure readiness and evolving service needs. Charging infrastructure costs are excluded from this case, as they are currently being funded separately through the Welsh Government's Targeted Estates Fund (TEF).

Strategic Case Summary

There are currently 306 vehicles within the NWSSP Supply chain logistics and transport fleet, completing over 4 million miles per year. Utilisation of the fleet varies significantly, however, representing the opportunity for optimisation. 30 vehicles completed in excess of 30,000 miles last year, whilst over 50 vehicles completed less than 10,000 miles over the same period.

Under NWSSP's current accounting policy, ICE vehicles are to depreciate to a capital asset value of zero over 7 years, and Battery Electric Vehicles (BEV) over 5 years (both on a straight line depreciation), and are then listed for replacement.

NWSSP had previously forecast increased depreciation rates against BEVs due to uncertainties within the emerging market and evolving technologies. That said, the existing BEV vehicles within the fleet are about to reach their 5 year life and continue to perform well, and for that reason the BEV capital depreciation period for the purpose of this programme will be brought to 7 years for new assets in line with the ICE fleet. This adjustment remains in line with Chapter 7 of the manual accounts, which states that vehicles should depreciate over 7 years unless we believe and can evidence otherwise, and has been confirmed with Velindre Trust.

Additionally, there are currently (as of 16/10/25) 25 Vehicles within the fleet that are 10 years or older and that have been kept in service because they remain operationally fit for purpose.

There are risks that come with an ageing fleet, and one of which is that all vehicles older than 9 (27 Vehicles) may not be compliant with the [European Emission's vehicle emissions](#) standard, which regulates the acceptable limits of exhaust emissions from new vehicles. A proportion of these will be replaced within year one of the programme, and those that are not can still be driven for as long as they pass the emissions test as part of their MOT.

It should be noted, and emphasized, that the Fleet Modernisation Programme is not solely about replacing ageing, inefficient and non-sustainable vehicles with energy efficient alternatives, it is equally about rightsizing the fleet and optimising operational procedures, ensuring the right vehicle is on the right route, carrying the right load, and only travelling when necessary. By embedding this optimisation into the programme, NWSSP aims to reduce unnecessary mileage, improve vehicle utilisation, and enhance operational resilience whilst reducing the environmental impact of service delivery, and also the associated revenue costs.

Economic Case Summary

A long list of 28 options were appraised, ranging from maintaining the current fleet to its full modernisation in a condensed time period. The preferred option is to replace all vehicles, on an annual basis, and that are either Beyond Economical Repair (BER), or have reached their replacement profile and have increasing maintenance costs that render their continued service unsustainable. The vehicles will be replaced with either leased (where this cost option is most viable), rented under the Welsh Government Commercial Delivery Framework (WGCD) arrangement for Hire iii/iv framework or owned dependant on operational requirements.

While the Benefit-Cost Ratio of 0.35 is below the conventional threshold and the Net Public Social Value of -£5,481,232.27 (Discounted) is negative, the programme delivers substantial qualitative and non-cash releasing benefits, including improved air quality, reduced carbon footprint, and improved service provision enhanced public perception.

The preferred option to be progressed is to replace all vehicles that are BER or no longer economically sustainable whilst conducting a review of both fleet optimisation and maintenance arrangements, to ensure that the fleet is appropriately rightsized against the operational need and that the servicing arrangements represent value for money.

The potential benefits of the optimisation are not quantified at this point, but this should improve the Benefit Cost Ratio of the programme at no additional cost. The cash releasing elements of the benefits associated with the fleet optimisation come from reduced fuel costs from less mileage, and also having fewer vehicles to mobilise, insure and maintain. A five percent reduction in fleet mileage and size would deliver annual revenue savings of £105,345 if achieved.

Commercial Case Summary

The programme will be delivered through established procurement frameworks, ensuring value for money and market competitiveness. Early engagement with suppliers has confirmed capacity and interest, and commercial risks are manageable within existing contractual structures.

Financial Case Summary

Financial modelling confirms that lifecycle costs are lower than maintaining the existing fleet, with long-term savings in reduced fuel costs and reduced maintenance costs.

Management Case Summary

Robust governance arrangements are in place, with oversight from the Fleet Programme Board and support from NWSSP and relevant stakeholders. Risks have been identified and mitigated through a comprehensive risk management plan. Benefits realisation will be tracked through KPIs including emissions reduction, service uptime, and user satisfaction.

Strategic Case

Organisational Overview

NHS Wales Shared Services Partnership (NWSSP) delivers a wide range of high quality, professional, technical and administrative services to NHS Wales working with wider public services, including Welsh Government.

NWSSP is an integral part of NHS Wales supporting delivery of services to the staff and patients of Health Boards, Trusts and Special Health Authorities in Wales. We also provide a range of services to primary care: GP practices, dentists, opticians and community pharmacies and services to the Citizens Voice Body, Llais, via a service level agreement.

The responsibility of the NWSSP fleet belongs to NHS Wales Supply Chain Logistics and Transport (SCLT), which forms part of the Procurement Services Division within NWSSP.

Within SCLT, the Health Courier Service (HCS) provides a wide range of medical logistics services including support to local communities, health boards and trusts, clinical networks and primary care services. HCS employs 361 people deploying a fleet of some 306 vehicles which transport goods such as pathology material,

blood products, pharmacy supplies (including Medicines Resilience Products), controlled drugs, nuclear medicine and radioactive isotopes, mail, laundry, and medical records covering over 4m miles per year. Additionally, the COVID-19 pandemic saw our distribution increase significantly with over 2.4 billion items of PPE being distributed to unscheduled, Primary and Social Care, and it's noted that future PPE stockholding will rely on a robust transport model to allow future stock rotation to avoid wastage and write off.

The 306 vehicles consist of 40 BEV and 266 ICE, or 198 owned and 108 leased, with an average age of 4 years and an annual maintenance cost of £0.460m. HCS closely monitor their fleet utilisation, mileage undertaken, and fuel spend via their fleet system, covering over a minimum of four million miles per year and costing £1.2m (Inc VAT) in fuel (NWSSP Annual Accounts 24/25).

Electric Miles v Diesel Miles per month – Q1 25/26

	Electric Miles	Diesel Miles	Total Miles
April 2025	22,771	283,596	306,368
May 2025	22,008	335,350	357,358
June 2025	25,592	327,270	352,862

The vehicles are equipped with a fleet system that accurately records CO2 output by vehicle registration, allowing HCS to report its carbon footprint. This confirms that we release a minimum of 650 tonnes of CO2 emissions, which would require approximately 29,500 fully established trees to absorb each year based on 250g of CO2 emissions per mile.

Approval of this Programme Business Case will allow for the staged modernisation and optimisation of the existing fleet, replacing conventional Internal Combustion Engine (ICE) vehicles for Electric Vehicles (EVs) or Ultra Low Emissions Vehicles wherever practicably possible, allowing for the continued delivery of services to both clinical and non-clinical front-line services of NHS Wales. This will be done in parallel with a fleet optimisation project, that will form part of this programme's project dossier, and set to ensure the fleet is rightsized against the service need.

Additional cash releasing, non-cash releasing, quantitative and qualitative benefits will also be released through the requested investment. These are to include, but not limited to, sustainability, efficiency, improved value for money and productivity.

To guide the initial scope, support decision making, and set the strategic direction, the following Programme Vision has been developed:

Programme Vision:

To have a fully operational fleet which meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan whilst continuing to deliver on the existing

requirements of the health organisations within NHS Wales, including those functions that are internal to NWSSP, and in addition to being able to support the continuously evolving needs of primary, secondary, and community care provision. Therefore, the fleet should consist of Battery Electric Vehicles (BEV) and Ultra Low Emissions Vehicles (ULEV) wherever practicably possible, and will need to be, fully optimised to safeguard value, supported by the necessary infrastructure to allow for consistent service delivery, and maintained in line with industry standards to preserve vehicle longevity.

Business strategy and aims

To achieve the Programme Vision and also the objectives detailed in the NHS Wales Decarbonisation Strategic Delivery Plan, as of April 2025, HCS need to modernise the current fleet through the procurement of replacement vehicles that meet the future modern standard, wherever practicably possible. Any vehicles procured from this point need to be either Battery Electric Vehicles (BEV) or Ultra-Low Emission Vehicles (ULEV) where possible.

To support this, the Fleet Modernisation Programme forms part of the NWSSP Integrated Medium Term Plan 2025-28 (ref: P2501), and it also aligns to the Duty of Quality and NWSSP Strategic Outcomes. The below table highlights two examples of this alignment, and all other examples can be seen in appendix 1:

Table 1: NWSSP Strategic Outcomes and Duty of Quality (DoQ)

NWSSP Outcomes	Relatable DoQ Domains and Enablers	Fleet Modernisation Approach & Activity
<p>Our Value - We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets</p>	<p>1 – Leadership 2 – Safe 6 – Effective 11 – Whole Systems Approach</p>	<p>Optimisation of the fleet will demonstrate our commitment continuous improvement from a sustainability perspective.</p> <p>A Fleet Replacement Profiling process has been developed to ensure vehicles are appropriately replaced with BEVs and ULEVs only.</p>
<p>Our Value - We will make bold investment decisions that drive transformation and add value</p>	<p>1 – Leadership 4 – Timely 7 – Information 11 – Whole Systems Approach</p>	<p>Optimisation of the fleet will drive efficiency centred transformation through improved route planning and reduced vehicle miles.</p> <p>The development of the Fleet Replacement Profiling enables considers investment into transformation of the current fleet, improving value for money and vehicle longevity.</p>

Additionally, the business case will contribute to the delivery of the following All Wales Capital Planning Investment Objectives:

Table 2: Fit with All Wales Capital Planning (AWCP) Objectives

Fit with investment AWCP objectives	
Objective	Response
<p>Objective 1: Ensure quality, safety and operational sustainability of health and care services, prioritising areas with the greatest health and care needs, reducing inequalities to facilitate high standards of care.</p>	<p>The efficiency (optimisation) and reliability (modernisation) of the fleet has a direct impact on the quality, safety and operational sustainability of health and care services. Delivering many of the clinical and pathological testing for analysis, essential goods and products needed to allow for the highest standards of care provision to patients in Primary and Unscheduled Care.</p>
<p>Objective two Support the shift in focus towards prevention by providing more integrated services, in convenient and accessible settings for the population to take more responsibility for their own health & wellbeing.</p>	<p>A fit for purpose, right sized and optimised fleet, will be ready to support this shift in focus. Utilising the newly procured vehicles to deliver the essential goods required for effective service delivery to the convenient and accessible locations suggested.</p>
<p>Objective three Transform services through innovation, technology, and improved ways of working, to delivery more efficient processes to support resilience, improved experiences, and outcomes.</p>	<p>The telematics, Quartix, fitted into the vehicles, working alongside our fleet system FleetCheck and logistics scheduling system Cleric will allow for the smarter delivery of services, enabling HCS to make data lead decisions that support streamlined service delivery and fleet optimisation, bridging potential gaps in the supply chain and improving outcomes for both care providers and patients.</p>
<p>Objective four Deliver value for money by increasing the efficiency and quality of the estate, while improving the effectiveness of services for the population and workforce, targeting investment in long term priorities, aligning to environmental strategies, whilst minimising nugatory spend.</p>	<p>This modernisation programme improves the efficiency of the existing fleet, reducing the cost per mile, whilst also removing all carbon emissions at the tail pipe for the vehicles being replaced.</p> <p>The new vehicles will reduce vehicle downtime through effective rightsizing and therefore increase operational efficiency and resilience, whilst also beginning to align the NWSSP fleet to both the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan.</p>

Alignment with Programmes and Projects within the strategic portfolio.

To maximise value and ensure coherence with broader organisational objectives, it is important to consider how this programme aligns with other ongoing and planned initiatives. The following table highlights relevant programmes and projects within the strategic portfolio, demonstrating areas of synergy, potential collaboration, and opportunities to leverage existing resources and expertise.

Table 3: Alignment with Programmes and Projects within strategic portfolio

Project/Programme/Initiative	Alignment	Benefit
TrAMs/Radio Pharmacy	Clinical Safety and patient care	Improved fulfilment
Targeted Estates Fund	Supports Infrastructure Development	Enables Charging
Homecare Medicines/Radio Pharmacy	Clinical Safety and patient care	Reduced Hospital Visits, Improved Fulfilment
PPE Preparedness Programme and Clinical Countermeasures	Supporting the reaction planning and emergency preparedness.	Increased state of readiness.
NWSSP Accommodation Strategy	Operational efficiency	Fleet Optimisation
Continued development of National Distribution Centre	Logistics Optimisation and cost efficiency	Centralised distribution and improved resilience
IMTP* Dependant on annual planning process.	Strategic Planning	Delivery of strategic outcomes
Laundry	Consistent service delivery	Infection Control, Patient Care

Other relevant strategies

Additionally, the fleet replacement programme also aligns with the: [Ministerial group on accountability](#), ministerial advisory group on performance and productivity, Duty of candour, [A Healthier Wales](#), [NHS Wales planning framework 25-28](#), [improving Performance Together](#).

It should also be noted that any ICE based vehicles procured to replace the existing fleet must meet the [European Emission's vehicle emissions standard](#), which regulates the acceptable limits of exhaust emissions from new vehicles. There are two standards within this, and they are Euro 5 and Euro 6 and further details can be seen within the Business Needs section below.

In summary, the awareness of, and alignment of the programme with, overarching national and organisational priorities ensures a clear strategic direction and maximises the potential for successful delivery. The above demonstrates that the programme aligns strongly with these priorities and this knowledge provides a solid foundation for the subsequent appraisal of options, supporting informed decision-making throughout the business case process.

The Case for Change

The current fleet faces a range of challenges that impact service quality, operational efficiency, and long-term sustainability. Ageing vehicles, rising maintenance costs, and the noted evolving regulatory requirements have highlighted the need for a modern, reliable, and environmentally sustainable fleet.

The modernisation and optimisation of the fleet are both essential activities that must take place to ensure that the fleet can continue to meet service demands, whilst supporting organisational and national objectives, and delivering value for money.

To support this, and safeguard the delivery of the programme vision and desired outcomes, the following section sets out the key spending objectives of the programme.

Spending objectives

Table 4: The programmes spending objectives align to the following drivers for intervention.

Driver	Spending Objective
<i>Effectiveness</i>	SO1: To improve the quality of public services by delivering better social outcomes through reduced NHS Wales carbon emissions and investment in BEV and ULEV technology.
<i>Efficiency</i>	SO2: To become a more efficient and data-driven service provider by optimising fleet usage, and ensuring the right vehicle is on the right route with the right load, supported by enhanced telematics and route planning systems to determine the appropriate fleet size.
Efficiency	SO3: To improve service delivery and operational resilience by investing in modern, fit-for-purpose vehicles that reduce downtime, improve reliability, and lower annual revenue costs (to include fuel and maintenance).
<i>Economy</i>	SO4: To improve the use of government funding by spending on innovative technologies, reducing annual fuel and maintenance costs.
<i>Economy</i>	SO5: To reduce the cost of public services by installing and expanding charging infrastructure that enables the transition to BEVs and supports future fleet growth.
<i>Economy</i>	SO6: To ensure equitable access to fleet resources across Wales and stimulate local economic growth through regional vehicle conversion, maintenance, and support services.
Compliance	SO7: To meet statutory, regulatory or organisational requirements and accepted best practice such as health and safety legislation, UKAS, Good Distribution Practice standards, Welsh Government's Net Zero Strategic Plan and NHS Wales Decarbonisation Strategic Delivery Plan.

Replacement	S08: To safeguard business continuity through the re-procurement of up to 300 BEV or ULEV vehicles (leased or owned), aligned to an optimised fleet profile that reflects service demand, vehicle condition, and operational efficiency.
-------------	---

Existing arrangements

Prior to its transfer to NWSSP in 2015, HCS was originally part of the then Welsh Ambulance Services Trust (WAST) Fleet Strategy (1998-2015). This aimed to ensure that the fleet was as modern, efficient, reliable and effective as possible whilst maximising asset life cycles without incurring excessive maintenance and running costs due to vehicle age.

Since its transfer, HCS has benefitted from Welsh Government capital funding for the continued replacement of fleet vehicles. In addition, capital funding has been provided to allow for the purchase of Electrical Vehicle (EV) fleet, and additional vehicles, typically from year end capital slippage, on an ad hoc basis, and which has been identified from other NHS Wales capital programmes funded by Welsh Government.

Currently HCS, within Supply Chain and Logistics & Transport, operates a fleet of 306 vehicles, consisting of 198 owned and 108 leased/long term rental. The fleet comprises of a range of vehicles including:

Table 5: Types of vehicles in the current fleet

Vehicle Type	Number of vehicles
Standard Van – Small/Medium/Large	224
Emergency Rapid Response Vehicles (Blue Light capable)	12
HGV – 7.5t and over	25
Other Vehicles	45
Total	306

Since 2021 HCS have also seen an introduction of Electric Fleet, to include Medium Wheelbase Vans. There are currently 40 BEVs (13%) within the fleet and an additional 6 Plug-in Hybrid Electric Vehicles ((PHEV)2%), which represent 15% of the fleet combined and are Medium Wheel Base (MWB) vehicles. These Vehicles, and the required charging infrastructure, are procured using Welsh Government capital funding.

It should be noted that the move to Long Wheel Base (LWB) BEVs has been more challenging due to manufacturer availability and issues with chassis weight.

The table below indicates the recent profile of vehicle purchases and shows the variance in numbers of vehicles purchased in previous years.

Table 6: Recent years profile of vehicle purchases

Vehicle Type	2020/ 21	2021/ 22	2022/ 23	2023/ 24	2024/ 25	Total

MWB*	3	8	0	0	0	11
LWB*	10	3	0	0	0	13
Luton	4	1	0	0	0	5
HGV*	1	0	0	0	0	1
Blue Light	1	5	0	0	0	6
EV/Hybrid	6	22	0	0	17	45
Specialist	0	0	3	3	2	8
Total	25	39	3	3	19	89

*M/LWB = Medium/Long Wheel Base HGV = Heavy Goods Vehicle.

To enable the use of Battery Electric Vehicles (BEVs), and their further integration into service delivery, NWSSP have installed 38 Twin chargers (76 spaces) across NWSSP sites in Wales. These were procured in phases, with the contract being awarded to Pod Point for most of the chargers. The Pod Point EV chargers are provided with the accompanying software that records all usage data, which aids with managing the fleet locations and will support with fleet optimisation. In addition to Pod Point, several chargers installed at IP5 Newport were procured through a separate supplier, Intelligent Charging Systems (ICS) and a breakdown of charging availability at each NWSSP site can be seen below:

Table 7: Number of EV chargers and parking bays

Site	Units	7Kw Bays	22Kw Bays	Total Bays
ALDER HOUSE	2	4	0	4
BRIDGEND STORES	2	4	0	4
CHARNWOOD COURT	1	2	0	2
CWMBRAN & BRECON HOUSE	3	6	0	6
DENBIGH STORES	2	4	0	4
IP5 NEWPORT	16	20	12	32
MATRIX HOUSE	4	6	0	6
PICKETSTON	2	4	0	4
WESTPOINT	4	8	0	8
Grand Total	36	58	12	70

In addition to this, NWSSP are planning to install 28 additional bays at Matrix House prior to the end of the 2025-26 financial year.

Table 8: Planned number of EV chargers and parking bays

Site	Units	7Kw Bays	22Kw Bays	Total Bays
Matrix House Planned	8	12	2	14

On the basis that the planned installation within Matrix House goes ahead, then HCS will have 84 charging bays available for overnight charging of the fleet, and across all NWSSP sites. Though in some cases, their utilisation will not always be possible dependant on the charger location and its distance from the vehicle's existing base. Efforts will be made to rectify this through the programme's delivery, and relevant cost implications, such as through the changing of employee base locations, will be factored into the appropriate risk costings.

Considering the current BEV vehicles located at each of the sites, NWSSP HCS have capacity for an additional 30 BEV within their fleet, in terms of charging spaces, and prior to the additional 14 spaces being installed in Matrix House at the end of 25/26.

Table 9: Existing BEVs and total bays available

Site	Total Bays	Existing BEVs	Total Bays Available
ALDER HOUSE	4	4	0
BRIDGEND STORES	4	4	0
CHARNWOOD COURT	2	0	2
CWMBRAN & BRECON HOUSE	6	8	-2
DENBIGH STORES	4	3	1
IP5 Newport	32	5	27
MATRIX HOUSE	6	2	4
PICKETSTON	4	0	4
SAMLET ROAD*	5	5	-5
WESTPOINT	8	9	-1
Grand Total	70	35	30

*NWSSP will be coming out of Samlet Road in March 2026, so the available bays are shown as a negative figure to account for those vehicles being reintegrated into other sites.

As the programme progresses, additional charging infrastructure will need to be procured using Welsh Government capital funding, to allow for the continued adoption of BEVs. This will be initially, and potentially longer term, funded through the Targeted Estates Fund (TEF), or other potential alternatives. At the point that either TEF or any alternatives are not available, the Fleet Modernisation Programme will raise separate projects to deliver this within its dossier.

Maintenance Arrangements

HCS operates a Planned Preventative Maintenance (PPM) scheme, reflective of that of WAST, where every vehicle dependant on role type undergoes a safety inspection at a set number of days. Where vehicles are not under warranty, maintenance itself is provided through WAST, at an average cost of £2,023 per Internal Combustion Engine (ICE) vehicle or £974 per BEV.

The benefits of this planned preventative maintenance approach are that:

- Workshop loading can be planned enabling resources to be matched to workload
- Operational managers have advance notice of vehicle extraction
- All aspects of vehicle and equipment maintenance can be co-ordinated reducing the number of times fleet recalls a vehicle
- Improved efficiencies and less downtime
- Reduced cost through protracted servicing intervals
- Reduced unplanned maintenance and improved reliability.

Telematics and Fleet Management

Additionally, HCS utilise an Asset/Fleet Management System (FleetCheck) and vehicle telematics System (Quartix) to monitor the lifecycle and utilisation of the entire fleet. It incorporates all fixed costs and variable operating expenses, as well as details of vehicle age, mileage, service history, compliance, incidents/accidents and Co2 output. This data is updated monthly, to allow annual reporting into EFPMS, as expected under Welsh Government Decarbonisation Initiative 18. This annual information will be essential when reviewing fleet optimisation.

Depreciation and Fleet Replacement Profile Review.

Once procured, and as per our current accounting policy, there is a straight-line depreciation over the vehicles useful economic life, which is 5 years for BEV and 7 years for ICE vehicles. These time periods set the vehicle replacement profile, and following which, the vehicle can be listed for replacement.

The fleet modernisation programme intends to explore this fleet replacement profile model to see where it can be improved and extended, further demonstrating the commitment of HCS and NWSSP to offer value for money. The current BEVs within the fleet are approaching 5 years in age, and are still very much operational. This suggests that we should move the replacement profile of BEV to 7 years, in line with ICE, maximising potential value, and the benefits and risks within the programme business case will be costed on that basis.

Business needs – current and future

For NWSSP to operate effectively it must have a fleet capable of delivering a high-quality and reliable service. The fleet must support the service in their work by providing a fit for purpose environment for the workforce and associated transport requirements.

To be compliant with the NHS Wales Decarbonisation Strategic Delivery Plan, as of April 2025, HCS need to modernise the current fleet through the procurement of replacement vehicles that meet the future modern standard of primarily Battery Electric Vehicles (BEV) and where that is not possible Ultra-Low Emission Vehicles (ULEV) as a minimum, wherever practicably possible.

Additionally, any ICE based vehicles procured to replace the existing fleet must meet the European Emission's vehicle emissions standard, which regulates the acceptable limits of exhaust emissions from new vehicles. There are two standards within this, and they are Euro 5 and Euro 6. Euro 5 focused on reducing carbon dioxide (CO2) emissions, while Euro 6 primarily targets nitrogen oxide (NOx) emissions, particularly for diesel vehicles. Euro 6 compliance is now a mandatory requirement when purchasing ICE vehicles only, and one that is mitigated when procuring BEV and ULEV. This standard was established to regulate the levels of pollutants from vehicles, reduce air pollution and mitigate climate change. For a vehicle to be Euro 6 compliant, diesel vehicles must not emit more than 0.08g/km of NOx while petrol should not exceed 0.06g/km, as of September 2015.

NWSSP currently (as of October 2025) have twenty-seven vehicles older than 2016 that are not Euro5 standard, these vehicles can continue to be used so long as they continue to pass their MOT emissions analysis. Of these twenty-five vehicles, eight remain fit for purpose, six are classed as Beyond Economical Repair (BER) and the remaining eleven required £47,243.22 in maintenance costs last year. Therefore, those vehicles that are either BER or have increased maintenance costs are being suggested for replacement as part of the year one Business Justification Case, which has already been submitted to Welsh Government (Aug 2025).

The fleet is rightsized above requirements, prior to optimisation, with vehicle rotation used to allow for routine maintenance and servicing to be completed without impacting service delivery. There is a limited percentage of spare fleet however, and where vehicles are BER, this has an impact on operational resilience and efficiency, reducing our ability to provide consistent fulfilment and increasing the required mileage of the remainder of the fleet.

Looking ahead, NWSSP must operate a fleet that is not only low on emissions, but also fully optimised, right sized, and capable of supporting the evolving needs of NHS Wales. This includes ensuring that the right vehicle is on the right route, carrying the right load, and only travelling when necessary, maximising efficiency while safeguarding service continuity.

The future fleet must be agile, scalable, and supported by robust digital infrastructure, including telematics, predictive maintenance, and intelligent scheduling. These capabilities will enable data-led decision making, improve vehicle utilisation, and reduce unnecessary mileage, but care must be taken not to replace the existing fleet vehicles while they remain fit for purpose. To support this a fleet replacement profile* (Appendix 2) has been developed, which ensures that only vehicles that are no longer fit for purpose or Beyond Economical Repair (BER) are being replaced.

Additionally, as models of care continue to shift, and demand for responsive, reliable logistics increases, the fleet must be positioned to support decentralised services, community-based care, and time-critical deliveries. This will require a modern, resilient fleet that is environmentally compliant, operationally efficient, and aligned to the wider strategic goals of NHS Wales and Welsh Government.

** The replacement profiling process can assess both ICE and BEV, considering vehicle age, Net Book Value, mileage, annual maintenance costs, the internal condition assessment score, and the expected emissions standard, with BEVs including a battery health assessment to ensure that it is above 80%.*

Scope and service requirements

To address the identified service gaps and support the continuum of need, from core (essential) requirements to desirable and optional enhancements, the programme will focus on the following outputs and key activities:

In Scope:

- **NWSSP Supply Chain Logistics and Transport Fleet:** The programme is limited to the modernisation of the NWSSP logistics and transport fleet.
- **Procurement of New Vehicles:** Acquisition of vehicles that meet current and future operational requirements, including BEV/ILEV and Leased or Owned as appropriate.
- **Decommissioning of Old Fleet Vehicles:** Safe and efficient removal of outdated vehicles from NWSSP service.
- **Infrastructure Development for BEV Adoption:** Implementation of the necessary infrastructure (such as charging stations) to support the transition to BEV and other potentially emerging technologies.
- **Fleet Optimisation Review:** Comprehensive assessment of vehicle location, utilisation, routing, load, capacity, and suitability, with recommendations for improvement and optimum fleet size (further detail on Page 29).
- **Maintenance Arrangements Review:** Evaluation and potential enhancement of maintenance contracts, including renegotiation with existing providers or consideration of bringing maintenance in-house.
- **Staff Training:** Delivery of targeted training to ensure staff are equipped to operate and maintain new fleet technologies and processes.

These activities are designed to ensure the project delivers essential improvements, supports organisational objectives, and provides flexibility to adapt to future needs.

Out of Scope

The following areas are excluded from this programme:

- **Fleet vehicles belonging to other health organisations:** Only the NWSSP Supply Chain Logistics and Transport fleet is included; vehicles managed by other health organisations are not within scope.
- **Non-fleet related infrastructure (e.g. Telematics devices, Moving & Handling Equipment):** The programme will not address infrastructure outside of fleet operations, operational requirements, or vehicle maintenance needs.
- **Heavy Goods Vehicles (HGVs) in Programme 1 (Years 1–5):** HGVs are excluded from the initial phase of the programme and will be considered separately in future phases.

By clearly defining what is in and out of scope, the programme can ensure a focused approach to addressing the service gaps and operational needs, enabling targeted investment and resource allocation, setting the foundation for delivering tangible and demonstrable improvements. The following section outlines the main benefits expected from the fleet modernisation programme and how these will support both organisational objectives and service users.

Main Benefits

The main benefits associated to the spending objectives will start to be released from the time that the first vehicle becomes operational, which would likely be in March 2026 pending approval of the previously submitted BJC. In most cases

these will continue to compound for the lifetime of the vehicle and the main benefits are as follows:

Table 10: Main Programme benefits

Benefit	Benefit Class	To realise?	Beneficiary
B1	Quantifiable	To achieve a reduction in emissions of approximately 250g per mile per BEV, from 31 March 2026. Offsetting 310 tonnes per year when all 124 vehicles are operational (14,100 mature trees)	Welsh Population
B5	Cash Releasing	To reduce fuel costs by approximately £3321 per ICE vehicle replaced with BEV.	NWSSP – HCS
B6	Cash Releasing	To reduce annual maintenance costs by £1049 per ICE vehicle replaced with BEV.	NWSSP – HCS

The Programme team have profiled each of the identified benefits accordingly and the profile cards for both B1 and B5 can be seen in appendix 3, demonstrating the largest part of the potential benefits realisation.

While the Programme is expected to deliver significant benefits, it is also important to recognise and address potential risk, safeguarding the successful delivery. The following section outlines the main risks associated with the Fleet Modernisation Programme, and also some potential contingencies to move them to a residual state.

Main Risks

Table 11: Main Programme risks

Risk Category	Risk Description	Risk Rating	Contingency
Vehicle Replacement	Capital requirements not supported	High	Reduced vehicle replacement – this will impact the vehicle efficiency and reliability due to increased downtime and maintenance costs. Compromising service delivery. This risks the decarbonisation strategy as being undeliverable.
	Market Forces mean suitable chassis or vehicle types are not available, whether it be through market development or	High	Review options to rotate fleet to optimise vehicle usage and allocate BEV/ULEV to maximise reductions in carbon emissions while the market catches up.

Risk Category	Risk Description	Risk Rating	Contingency
	worldwide supply chain issues		
	Crown Commercial Discounts changes, or conversion costs increase adjusting indicative costing.	High	Explore alternative suppliers or reduce number of vehicles procured within guidelines.
Infrastructure	Fluctuation/increased energy prices.	Medium	Utilise NWSSP site energy where possible or accept.
	Electricity outage preventing charging on site.	Medium	Drivers carry fuel cards to be able to use external chargers.
Workforce	Organisational Change Plan (OCP) Costs to transfer staff bases	Medium	Due to the replacement of vehicles, a cost may emerge to OCP staff to alternate bases. This may result in contract changes, base changes for the staff and re-scheduling. There is a risk that the funding required is higher than anticipated resulting in insufficient funding.

In addition to the risks identified, it is important to recognise the constraints that may influence the programme's delivery and outcomes.

Constraints

Constraints are the fixed limitations or requirements that the programme must operate within. The following section outlines the key constraints that must be managed to ensure the programme remains on track:

Infrastructure Constraints

- The adoption of BEV across the fleet will be constrained by the organisational and relevant site charging capacities. We are not looking to procure BEV vehicles where there is not existing charging infrastructure within our estate.
- There is a limit to the amount of charging bays available under the current building supply arrangements, any additional bays would

require upgrade works and additional costs through the Electricity Distribution Network Operator.

- Reliance on access to other NHS Partner infrastructure may be limited, as their fleet will be reliant on its use, and it may not always be available.
- Where we would revert to using external commercial charging infrastructure, this will come at an increased revenue cost in comparison to using internal charging infrastructure.

Vehicle and Technology

- Lead time for vehicle supply will be a potential constraint on this programme and we will need to be mindful of this through the annual process.
- Vehicle Range – Vehicles will have a maximum range and we need to consider this through the procurement process and understand the requirements once operational.
- Vehicle technology may not be able to meet the functional requirements, in that they should be “non-smart” and have the capability to stop charging when full to prevent battery depreciation if left on overnight.
- Load capacity (potentially towing) – The vehicles procured will need to have enough load capacity to support the fleet optimisation initiatives that sit within this programme.
- Charging compatibility – Vehicles will need to be compatible with already installed charging infrastructure.

Finance and capital planning –

- Annual Business Justification Case being rejected and capital request not being authorised.
- Timing of annual Business Justification Case Approval by Welsh Government and the release of requested capital.

People and capabilities

- BEV Training will need to be completed by relevant drivers, to include charging requirements and Range confidence sessions.
- BEV training will need to be completed by those that are asked to maintain the fleet, currently WAST, though this is to be reviewed through the programme.
- Route planners, Fleet Managers and schedules need a more in depth approach to BEV technology, to understand load capacity and the impact on range.

Policy and regulatory

- The NHS Wales Strategic Delivery plan mandates that all new medium and large freight vehicles procured after April 2025 must be BEV or ULEV, acting as a constraint particularly in the large vehicle space due to availability and cost.
- Local planning considerations need to be considered for infrastructure development on NWSSP sites.
- Procurement regulations and policy must be followed to ensure compliance.

- Resource across the programme and project delivery teams could compromise the programme team's ability to meet milestones on time.

Operational and strategic

- Operational constraints due to current estate capability to handle future BEV infrastructure, which may require changes to driver bases, shift patterns, and daily routes in line with optimisation.
- The approach to asset management and telematics analysis to support operational planning may need to change.
- Strategic constraints come from the ability to align the programme to broader goals, the approach to change management, and interdependencies with other organisations and their available infrastructure, capacity from grid via DNO's and risks that some sites may need cross checking against local Town Planning/Development areas for consent to change.

Alongside the constraints, it is also important to consider the key dependencies that could influence the programme's success.

Dependencies

Dependencies are the external and internal factors that must be in place or delivered by others to enable successful programme delivery. The following section outlines the key dependencies that must be managed to ensure the programme progresses as planned

Infrastructure Dependencies

- Charging infrastructure – We are dependent on the planned delivery of charging infrastructure to Matrix House which is being funded through Targeted Estates Fund. Charging Infrastructure projects would fall within the programme should they be required and at times that they are not delivered through the targeted estates fund.
- Energy supply and management – we are dependent on the future energy supply upgrades being installed where possible.
- Layout Planning and site/organisational readiness – The sites proposed to support BEV adoption need to have the required space to support overnight and potentially daytime charging, considering locality to buildings and structures from a fire prevention perspective.

Operational Dependencies

- Fleet Optimisation – The fleet optimisation project is essential to ensure the programme delivers maximum value for money, making the best use of the existing and new vehicles.
- Vehicle availability and lead times – vehicles need to be delivered in enough time for the retrofit work to take place prior to be made operational before the end of that financial year to remove any risk of vesting.
- Retrofit availability and lead times. Retrofit need to be completed in enough time for vehicles to become operational before the end of that financial year.
- Vehicle suitability (Range and load requirements) – procured vehicle need to have sufficient range under maximum load to deliver on the

intended routes, with potential range reductions forecasted into the vehicle profile.

- Maintenance and servicing Arrangements (who, where, what, why how, and can they?) –The programme needs to ensure sufficient maintenance structures are in place to safeguard operational resilience, the longevity of the fleet, and the representation of value for money.

People and Capabilities

- Upskilling workforce – We are dependant that training is delivered prior to the new fleet becoming operational.
- License Suitability – We are dependent on the drivers having the suitable license to drive new vehicles, especially where adjustments are made to suit capacity.
- Change management and cultural buy in acts a prerequisite for the successful implementation of the programme.

Strategic Alignment

- Alignment to NWSSP Strategic goals and delivery of the NWSSP Strategic Outcomes.
- Stakeholder engagement with relevant boards and bodies, to include Shared Services Partnership Committee, NWSSP Senior Leadership Group and the local partnership forum.
- Trade Union Partnerships and people side consultancy and continued involvement.

Finance

- Accurate costing model, to include cost breakdown against vehicles and conversion costs, infrastructure where required.
- Approval of the annual business justification Cases and requests for capital within each financial year.
- The timely delivery of approved capital to allow for procurement and conversion prior to the relevant years end.

In summary, the Strategic Case has demonstrated a clear case for change, and one that aligns with organisational objectives. It has also set out the key factors for successful delivery, such as spending objectives, risks, constraints and dependencies.

Economic Case

The Economic Case sets out the rationale for investment in the modernisation of the HCS fleet, demonstrating that the proposed approach delivers the best value for money in terms of costs, benefits, and wider impacts, whilst considering the related risks which could impact the cost of delivery and overall benefits realisation.

It evaluates the available options for transitioning from ICE vehicles to BEV and ULEV, owned or leased, and assesses the different options and their impact against the spending objectives, critical success factors, and options framework, through a comparative analysis.

The preferred option will be justified through a robust appraisal of economic efficiency, considering whole life costs, benefits realisation, risk costings, and the

potential for reinvestment of realised benefits. The case will also demonstrate the Net Social Public Value (NSPV) and Benefit Cost Ratio (BCR), at discounted and undiscounted rates, and accounting for optimism bias, to support our commitment to informed decision-making throughout the programme lifecycle.

The options with the two highest Benefits Cost Ratios will also be costed separately with both owned and leased vehicles as an option for procurement, ensuring the option represents the best value for money possible.

Additionally, fleet optimisation and maintenance reviews will take place against all options, and initial expectations are that there will be no costs associated with these. The fleet optimisation benefits are not included in the Net Public Social Value or Benefit Cost Analysis for this reason, and if needs be these activities could be completed prior to the procurement of any vehicles.

Critical success factors (CSFs)

To support the delivery of the Programme, this section outlines the critical success factors essential to the programme’s success. These include strategic alignment, stakeholder engagement, Roles and Responsibilities, and the ability to deliver economic sustainability.

Identifying and managing these factors will help ensure the programme achieves its intended outcomes and delivers long-term value.

Table 12: Critical Success Factors

Critical Success Factors	Broad Description
CSF 1 - Strategic Fit and Business Need	There needs to be a clear strategic vision to in place to act as a motivator for delivery and a bearing for programme direction. This vision needs to provide a holistic fit and synergy with other relevant strategies, programmes and projects.
CSF 2 – Planning and Delivery	Well-constructed plans need to be developed to safeguard programme delivery and benefits realisation. Timelines to delivery should be fully utilised to help articulate progress and the adoption of RAG statuses should be used to highlight progress against defined tolerances.
CSF 3 – Roles and Responsibilities	Clearly defined Roles and Responsibilities need to be defined to ensure that everyone knows what is expected of them. Assurances need to be sought around confirmation of understanding and a mechanism to delegate/share responsibilities should be built in where possible.
CSF 4 – Economic Sustainability	To ensure that Economic Sustainability is considered within all decisions made, to include, but not limited to: Value for Money, Whole life Cost, Resource Utilisation, Service Continuity, Fleet Optimisation and having a consistent and robust approach to vehicle replacement.

CSF 5 - Value for Money	The procurement process must be followed when acquiring new vehicles and the market comprehensively tested to ensure that the vehicles that are either purchased or leased represent value for money, both to NWSSP and the Welsh Public.
CSF 6 – Stakeholder Engagement	Communication to all impacted stakeholders should be prioritised and transparency should be given once key decisions have been made. The adoption of a robust communications plan is key to this delivery, together with the support of the Business Change Manager.
CSF 7 – Proactive Risk and Issue Management	In order to minimise interruptions to service delivery, or missing key delivery dates and milestones, it is essential that the Risk and Issues Management Approach are adhered to and that all involved stakeholders recognise their roles and responsibilities within this, responding promptly.
CSF 8 – Charging Infrastructure / Infrastructure readiness	The Charging Infrastructure must be available prior to new BEV vehicles going operational, and ideally prior to the procurement process starting. The charging infrastructure needs to be accessible, tested and reliable.
CSF 9 – Data and Telematics	Available data and telematics must be used to fully understand the “as is” prior to being used to support fleet optimisation, ensuring that the right vehicles are on the right routes at the right time whilst carrying the most appropriate load, weight and quantity of goods.
CSF 10 – Operational Adoption / Readiness	All vehicles need to match to the operational need against relevant routes, considering range and load prior to going operational, and enabling their integration with minimal disruption. Cost effective Maintenance arrangements need to be in place prior to the vehicles becoming operational.
CSF 11 – Operational Resilience	Decisions regarding fleet replacement and optimisation should be centred around business continuity and operational resilience in the first instance, considering the avoidance of supply chain interruptions and routine maintenance arrangements within this.

Building on these Critical Success Factors, a long list of options was developed to explore different ways the programme could achieve its intended outcomes.

Long listed Options

The long list generated consisted of the following 28 options which varied across speed of adoption, type of vehicle to be utilised, and whether the vehicles are owned, leased or a mix of both.

In addition to the approach used to replace the fleet vehicles, all options include the Fleet Optimisation Review and also the complete review of the maintenance

arrangements within their dossiers. These additional aspects will be outlined in more detail following the identification of the shortlist.

The initial longlist can be seen in appendix 4.

While other options were considered for inclusion in the long list, those selected were judged to best meet the critical success factors. They also offer a balanced approach to the phased modernisation of the fleet, considering key constraints and dependencies, such as charging infrastructure and capital requirements.

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was completed for each of the 28 options.

SWOT Analysis

The SWOT analysis for each option included advantages, recorded against the Strengths and Opportunities, and a review of the disadvantages, recorded against the Weaknesses and Threats. Following this, a conclusion on how well the option meets the agreed Spending Objectives and CSFs was created, and Full details are documented within the project files and are available on request.

Table 13: Long List SWOT analysis (Appendix 5)

				Strengths	Weaknesses	Opportunities	Threats	Conclusion
	Potential Scopes	Option	Description	Advantages	Disadvantages	Advantages	Disadvantages	Against SO's and CFS's
Option 1	1 Do Nothing	Do Nothing	Retain all ICE v	No Capital Requireme	Increased Revenue Cos	Could reinvest cap	Vehicles could car	This option does not meet
Option 2	2 Do Minimum 1	Only replace	Retain all ICE v	Minimal Annual Capit	Increased Revenue Cos	To reinvest capital	Vehicles could car	This option fails to meet S
Option 3	3 Do Minimum 2	Only replace	Retain all ICE v	Minimal Annual Rever	Increased Revenue Cos	To reinvest capital	Vehicles could car	This option fails to meet S
Option 4	4 Do Minimum 3	Only replace	Retain all ICE v	Minimal Annual Rever	Increased Revenue Cos	To reinvest capital	Vehicles could car	This option fails to meet S
Option 5	5 Do Minimum 4	Only replace	Keep service at	Allows the fleet ot be r	Initially Increased Reve	To reinvest capital	Vehicles could car	This option fails to meet S
Option 6	6 Do Minimum 5	Only replace	Keep service at	Allows the fleet ot be r	Initially Increased Reve	To reinvest capital	Vehicles could car	This option fails to meet S

The insights gained from the SWOT analysis provided a structured understanding of the programme's internal strengths and weaknesses, as well as external opportunities and threats.

Preferred Way Forward (Shortlist Creation)

These findings informed the development of a comparative analysis, enabling a more robust visual evaluation of the long-listed options against key criteria.

Comparative Analysis

All 28 Options were assessed against the stated Spending Objectives (SOs) and Critical Success Factors (CSFs) to identify potential solutions and begin the shortlist generation. The below image is a snapshot of this exercise against the eventual shortlisted options.

Table 14: Shortlist Spending Objective comparison

	Option 1	Option 7	Option 16	Option 25
S01	N	In Part/Potentially	Y	Y
S02	In Part/Potentially	In Part/Potentially	Y	Y
S03	N	N	Y	Y
S04	N	In Part/Potentially	Y	N
S05	N	In Part/Potentially	In Part/Potentially	Y
S06	N	In Part/Potentially	Y	Y
S07	N	N	Y	Y
S08	N	N	Y	Y
CSF 1	Y	Y	Y	Y
CSF 2	Y	Y	Y	Y
CSF 3	Y	Y	Y	Y
CSF 4	Y	Y	Y	Y
CSF 5	Y	Y	Y	Y
CSF 6	Y	Y	Y	Y
CSF 7	Y	Y	Y	Y
CSF 8	Y	Y	Y	N
CSF 9	N	Y	Y	Y
CSF 10	N/A	Y	Y	Y
CSF 11	N	Y	Y	Y

To further help the identification of a suitable shortlist, and the preferred way forward, the below definitions were created against the stated headings to give us an options framework.

Scope – To modernise the entire HCS fleet over the next five years, transitioning from internal combustion engine (ICE) vehicles to battery electric vehicles (BEV) and ultra-low emission vehicles (ULEV) where feasible. This will be implemented nationally, excluding at this time heavy goods vehicles (HGV).

Service Solution – The solution involves adopting BEV/ULEV vehicles, primarily small and medium-sized vans, supported by the installation of appropriate charging infrastructure. All vehicles will be equipped with telematics to enable fleet optimisation and will integrate seamlessly with existing fleet management systems.

Service Delivery – The fleet will consist of a mix of owned and leased vehicles. Maintenance will continue to be provided by WAST where capable, with alternative providers considered where lease or purchase agreements do not include maintenance. Vehicle deployment will be optimised based on vehicle capacity and route requirements.

Implementation – This phase of the modernisation programme will be delivered over five years, aligned with vehicle replacement profiles and maintenance lifecycles. Any changes will be managed proactively, with stakeholder engagement central to the process. Communication will be transparent and timely, especially with directly affected areas. Risks, issues, dependencies, and constraints will be actively managed by the programme team to support informed decision-making.

Funding – Annual funding will be requested from Welsh Government based on the identified replacement needs for that year. For leased vehicles, funding may be sourced from available revenue generated through benefits realised from

earlier BEV adoption. Where necessary, additional revenue will be sought from Welsh Government.

All of the 28 options within the longlist were then compared against each of the headings within the options framework helping to identify the most appropriate potential options (shortlist). The results of which were summarised in a table similar to that seen below:

Table 15: Summary of shortlist against the options framework

	Option 1	Option 7	Option 16	Option 25
Scope	Discontinued	Carried Forward	Preferred Way Forward	Preferred Way Forward
Service Solution	Discontinued	Carried Forward	Preferred Way Forward	Preferred Way Forward
Service Delivery	Carried Forward	Preferred Way Forward	Preferred Way Forward	Preferred Way Forward
Implementation	Discontinued	Carried Forward	Preferred Way Forward	Preferred Way Forward
Funding	Preferred Way Forward	Carried Forward	Preferred Way Forward	Carried Forward
Summary	Discontinued	Carried Forward	Preferred Way Forward	Carried Forward

As a final step in the shortlisting process, all options within the longlist were scored against how well they met the Spending Objectives, Critical Success Factors and the Options Appraisal.

Table 16: Scoring of shortlists against SOs, CSFs and Options appraisal.

	Option 1	Option 7	Option 16	Option 25
SO & CSF Total	8.5	13.5	18.5	17
Option Appraisal	1.5	3	5	4.5
Total	10	16.5	23.5	21.5

In addition to the Do Nothing option, those scoring the highest within each different approach were also taken forward into the preferred way forward shortlist.

Shortlisted Options

The shortlist taken forward can be seen below:

Table 17: Shortlist options

Option Category	Option Number	Appraisal Score	Option Heading	Number of Vehicles
BAU	Option 1	10	Do Nothing	0
Do Minimum	Option 7	16.5	Only replace vehicles with BEV/ULEV mix when Beyond Economical Repair (Leased and Owned)	50
Intermediate (Preferred Way forward)	Option 16	23.5	Replace ICE with a Mixture of BEV & ULEV (Leased and Owned), as BER or meeting Replacement Profile criteria.	124
Do maximum	Option 25	21.5	Replace all ICE with a mixture of BEV/ULEV	306

			(Leased and Owned) within 5 years.	
--	--	--	------------------------------------	--

To support the preferred way forward, and regardless of the preferred option selected, the below projects will also be completed within the Programme Project Dossier (see Management Case), and the Fleet Manager, or appropriate other, will become the project executive. These optimisation and maintenance review projects will happen in all cases, and irrelevant of which option is selected.

Fleet Optimisation Review – April 2026 to March 2029.

A fleet optimisation project will be implemented to ensure the right vehicle is matched to the right route across Wales. This approach considers vehicle size, range, and capacity, ensuring each route is covered efficiently within an allocated shift, inclusive of driver breaks. Regional depot utilisation will be maximised to reduce dead mileage and improve operational responsiveness. The fleet will also be effectively right sized against the optimised milage requirements, with additional vehicles being procured if needs and excess vehicles being repurposed or decommissioned if required.

The optimisation will be underpinned by route modelling and simulation tools, which is within the capabilities of the current system, enabling data-driven decisions on vehicle allocation and route planning. These tools will factor in road type, demand, and shift constraints to ensure coverage is maximised while maintaining compliance with working time regulations. Vehicle right-sizing will also be applied to align fleet configuration with actual service needs, reducing fuel use, driver hours, and maintenance costs.

A phased implementation will begin with data collection and analysis, followed by simulation and pilot testing in selected regions aligned to those depot’s that require optimisation most urgently. Feedback from drivers and depot managers will inform refinements before national rollout. This approach supports cost-efficiency, sustainability, and improved service delivery, while aligning with broader strategic goals and operational priorities.

Maintenance Arrangements Review – April 2026 to March 2029

In addition, and again regardless of the preferred option selected, a review of currently outsourced maintenance arrangements will be undertaken to assess whether alternative models could offer improved value, responsiveness, or integration with depot operations. This will include evaluating in-house servicing options, regional partnerships, and hybrid models, allowing us to compare the operational requirements against the providers capabilities. The benefits of this could include reduced servicing costs, increased fleet availability and reduced downtime.

Where the review of maintenance arrangements determines additional costs to the programme, though not expected at this stage, this will be raised under a separate BJC that outlines the request for additional capital. We are not in the

position to do that at this stage, as this is entirely dependent on the result of the fleet optimisation review.

Benefits appraisal

Benefits have been captured in a programme Benefits register, and also a benefits realisation map. Additionally, the benefits have been profiled and appraised accordingly and assume that 100% of new vehicles will be BEV. Those that have a cash releasing aspect have been approved by our finance team and the details can be seen below.

Table 18: Cash benefits

Benefit	Field	Category	To realise?	Beneficiary
B1	Wider Benefits	Quantifiable	To achieve a reduction in emissions of approximately 250g per mile per BEV, from 31 March 2026	Welsh Population
B2	Indirect Public Sector Benefits	Qualitative	Improve air quality in congested areas and in and around hospitals.	Welsh Population
B3	Direct Public Sector Benefits	Quantifiable	Improve driver safety, monitoring driver behaviours and reducing accidents/vehicle mileage	HCS Staff, General Public.
B4	Direct Public Sector Benefits	Cash Releasing	Potential to reduce percentage of leased vehicles within the fleet.	NWSSP – HCS
B5	Direct Public Sector Benefits	Cash Releasing	To reduce annual fuel costs by approximately £412,000.	NWSSP – HCS
B6	Direct Public Sector Benefits	Cash Releasing	To reduce annual maintenance costs by £130,000	NWSSP – HCS
B7	Wider Benefits	Qualitative	To reduce noise pollution by between 4 and 10 decibels for each vehicle on the road.	Welsh Population
B8	Direct Public Sector Benefits	Non-Cash Releasing	To reduce vehicle downtime by 85 days	NWSSP – HCS

The primary cash releasing benefits against this project come from the reduction in fuel and maintenance costs (B5 and B6). The have been calculated as per the below, and prior to the application of optimism bias:

Table 19: Reduced maintenance and fuel savings

Benefit Number	Benefits Description	Vehicles Impacted	Benefit per BEV	Time Horizon	Total Benefit
B6	Reduced Maintenance costs	124	£1,049.05	7 Years	£910,575.00
B5	Fuel Savings	124	£3,320.70	7 Years	£2,882,368.00

The total potential benefit to be realised from a cash releasing perspective is £3,792,943.00 prior to the application of optimism bias which can be seen within the Net Public Social Value (NPSV) and Benefits Cost Ratio (BCR) section below. However, this is dependant on the options selected and the number of vehicles replaced.

Risk Assessment

The identified risks have been reviewed, and those that are relevant have been costed and totalled against each of the shortlisted options, and to include the increased maintenance costs that are likely to be incurred as a result of doing nothing:

Table 20: Risks costing breakdown by vehicle.

Risk Number	Risk Description	Cost per vehicle/Driver per year	Optimism Bias	Probability /likelihood
420	Increased Insurance Costs	£232.11	20%	85%
422	Interruption in supply (power cut)	£224.94	20%	5%
495	Base location Change (Infrastructure)	£1,226	20%	50%
	Doing Nothing - Increased Maintenance	£1,223.23	20%	90%

Having assessed the key risks associated with the programme, it is now important to evaluate the overall value and economic viability of the proposed options. The following section presents the Net Public Social Value and Benefits Cost Ratio, providing a quantitative assessment of the programme’s expected benefits relative to its costs.

Net Public Social Value and Benefits Cost Ratio (Owned)

The programme team have prepared the economic appraisals for the short listed options, demonstrating the Net Public Social Value and Benefits Cost Ratio against each of the shortlisted options.

The total risk and benefit costs have been calculated over a 7 year time horizon per vehicle procured, as this is the minimum forecasted life of each asset (though benefits are likely to compound over a much longer period on average, providing the vehicles remain serviceable). The costs have been calculated annually, as the proportion of new vehicles that enter the fleet increases, and then consolidated to give a total risk cost and benefit value that considers the while life cost of every vehicle.

Following this an optimism bias of 20% has been applied to risks and deducted from benefits accordingly, and then used to calculate the Net Public Social Value and Benefits Cost Ratio. The results of this process are as follows:

Table 21: Net Public Social Value and Benefit Cost Ratio (owned)

	Option 1	Option 7	Option 16	Option 25
Vehicles Replace over 5 years	0	50	124	198
	Undiscounted £	Undiscounted £	Undiscounted £	Undiscounted £
Cost in the appraisal of social value				
Total Direct Public Costs (to Originating Organisation)	£0.00	£2,956,250.00	£7,331,500.00	£11,706,750.00
Capital	£0.00	£2,956,250.00	£7,331,500.00	£11,706,750.00
Revenue	£0.00	£0.00	£0.00	£0.00
Total Risk Costs	£2,277,556.40	£1,910,417.63	£1,376,753.20	£916,934.56
Capital	£0.00	£0.00	£0.00	£0.00
Revenue	£2,277,556.40	£1,910,417.63	£1,376,753.20	£916,934.56
Total of Costs	£2,277,556.40	£4,866,667.63	£8,708,253.20	£12,623,684.56
Benefits in Appraisal of Social Value				
Total Direct Public Sector Benefits	£0	£1,223,530.00	£3,034,354.40	£4,845,178.80
Cash Releasing Benefit (CRB)	£0	£1,223,530.00	£3,034,354.40	£4,845,178.80
Non Cash Releasing Benefit (NCRB)	£0			
Total Value of Benefits	£0.00	£1,223,530.00	£3,034,354.40	£4,845,178.80
Net Social Value	-£2,277,556.40	-£3,643,137.63	-£5,673,898.80	-£7,778,505.76
<u>Discounted Rate @ 3.5%</u>	-£1,794,444.01	-£3,279,508.17	-£5,481,232.27	-£7,679,899.38
Benefits Cost Ratio (BCR)	0.00	0.25	0.35	0.38

Initially, the Fleet Modernisation Programme appears to represent poor value for money, in that the costs outweigh the cash releasing benefits, and the Benefit Cost Ratio of less than 1.0. That said, in line with the HM treasuries green book guidance, this programme delivers strategic value beyond monetised metrics, and these come in the form of Decarbonisation, and associated improvements to air quality public health, together with improved fulfilment, service reliability, public perception and trust to name a few.

Additionally, it is clear from the above, with a BCR of 0.0, that if we took the decision to do nothing, then this would represent less value for money that taking any of the other options, further justifying the case for change. Though the existing fleet could continue to deliver without the procurement of new vehicles for the next year, or more, this would significantly impact out benefits realisation and also compromise our ability to achieve the targets set out within the Wales Decarbonisation Strategic Delivery Plan.

Net Public Social Value and Benefits Cost Ratio (Leased)

To ensure the selection of the best option, the programme team have also completed a value appraisal against the whole life cost of leasing the vehicles to be replaced, instead of to own them as shown in the section above. The table below shows this comparison:

Table 22: Net Public Social Value and Benefit Cost Ratio (leased)

Option		Owned		Leased	
		Option 16	Option 25	Leased Option 16	Leased Option 25
	Vehicles Replace over 5 years	124	198	124	198
		Undiscounted £	Undiscounted £	Undiscounted £	Undiscounted £
Cost in the appraisal of social value					
1	Total Direct Public Costs (to Originating Organisation)	£7,331,500.00	£11,706,750.00	£0.00	£0.00
1.1	Capital	£7,331,500.00	£11,706,750.00	£0.00	£0.00
1.2	Revenue	£0.00	£0.00	£9,150,976.80	£14,612,043.60
4	Total Risk Costs	£1,376,753.20	£916,934.56	£1,376,753.20	£916,934.56
4.1	Capital	£0.00	£0.00	£0.00	£0.00
4.2	Revenue	£1,376,753.20	£916,934.56	£1,376,753.20	£916,934.56
5	Total of Costs	£8,708,253.20	£12,623,684.56	£10,527,730.00	£15,528,978.16
Benefits in Appraisal of Social Value					
6	Total Direct Public Sector Benefits	£3,034,354.40	£4,845,178.80	£3,034,354.40	£4,845,178.80
6.1	Cash Releasing Benefit (CRB)	£3,034,354.40	£4,845,178.80	£3,034,354.40	£4,845,178.80
6.2	Non Cash Releasing Benefit (NCRB)				
9	Total Value of Benefits	£3,034,354.40	£4,845,178.80	£3,034,354.40	£4,845,178.80
	Net Social Value	-£5,673,898.80	-£7,778,505.76	-£7,493,375.60	-£10,683,799.36
	Discounted Rate @ 3.5%	-£5,481,232.27	-£7,679,899.38	£0.00	£0.00
	Benefits Cost Ratio (BCR)	0.35	0.38	0.29	0.31

The comparison shows that options to lease vehicles are between 32% and 37% more expensive than to own, and this is when considering the whole life cost on a like for like comparison and does not consider any excess mileage or wear and tear charges for leased vehicles (which can be costly).

The market test was very limited when requesting quotes to lease vehicles for 5 years with an allowance of 150,000 miles, with only two suppliers responding. Therefore, the leased vehicle costs are based on quotes received from Lex Autolease, and they are not able to quote for more than 100,000 miles of leased usage for an electric vehicle. This would mean that NWSSP either return the vehicle after 100,000 miles or paying expensive excess mileage premiums. The cost is therefore based on returning the vehicle at this point and hiring a new one.

We would expect in the future the company will get to a point where they will quote for a higher mileage and we would expect the cost would reduce at that point. This will continue to be reviewed through the submission of annual BJCs.

Preferred Option

The preferred option is option 16, which is to replace ICE with a Mixture of BEV & ULEV (Leased and Owned), as vehicles become BER or as suggested when the fleet replacement profiling criteria are met (detailed below).

The figures used to calculate the Net Public Social Value can be seen below:

Table 23: Net Public Social Value Table for Preferred Option (Option 16)

NPV @ 3.5% p.a.						
YEAR:	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Total Direct Costs (£ 000s):						
Capital	£ 1,005,125	£ 1,537,250	£ 2,246,750	£ 1,359,875	£ 1,182,500	£ 7,331,500
A: Total Capital Costs (Annual)	£ 1,005,125	£ 1,537,250	£ 2,246,750	£ 1,359,875	£ 1,182,500	£ 7,331,500
B: Total Capital Costs (Cumulative)	£ 1,005,125	£ 2,542,375	£ 4,789,125	£ 6,149,000	£ 7,331,500	
Total Risk Costs (£ 000s):						
Insurance		£ 3,354	£ 8,484	£ 15,981	£ 20,519	£ 171,251
Interruption in Power Supply		£ 191	£ 484	£ 911	£ 1,170	£ 9,762
Change of Base		£ 10,421	£ 26,359	£ 49,653	£ 63,752	£ 293,627
Increased Maintenance - Fleet not replaced		£ -	£ 20,917	£ 28,624	£ 52,844	£ 672,654
Subtotal Revenue Costs	£ -	£ 13,966	£ 56,243	£ 95,168	£ 138,284	£ 1,147,294
Adjust for Optimism Bias	£ -	£ 16,759	£ 67,492	£ 114,202	£ 165,940	£ 1,376,753
Benefits of Appraisal of Social Value (£ 000s):						
Reduced Maintenance		£ (17,834)	£ (45,109)	£ (84,973)	£ (109,101)	£ (910,575)
Fuel Savings		£ (56,452)	£ (142,790)	£ (268,977)	£ (345,353)	£ (2,882,368)
Subtotal Revenue Costs	£ -	£ (74,286)	£ (187,899)	£ (353,950)	£ (454,454)	£ (3,792,943)
Adjust for Optimism Bias	£ -	£ (59,429)	£ (150,319)	£ (283,160)	£ (363,563)	£ (3,034,354)
C: Total Revenue Costs (Annual)	£ -	£ (42,669)	£ (82,827)	£ (168,958)	£ (197,623)	£ (1,657,601)
D: Total Revenue Costs (Cumulative)	£ -	£ (42,669)	£ (125,496)	£ (294,454)	£ (492,077)	
E: Total Costs (Annual) (=A+C)	£ 1,005,125	£ 1,494,581	£ 2,163,923	£ 1,190,917	£ 984,877	£ 5,673,899
F: Total Costs (Cumulative) (=B+D)	£ 1,005,125	£ 2,499,706	£ 4,663,629	£ 5,854,546	£ 6,839,423	
Discount factor @ 3.5%	1.000	0.966	0.934	0.902	0.871	
Net Present Cost (Annual)	£ 1,005,125	£ 1,444,039	£ 2,020,045	£ 1,074,139	£ 858,264	£ 5,481,232
Net Present Cost (Cumulative)	£ 1,005,125	£ 2,449,164	£ 4,469,210	£ 5,543,349	£ 6,401,612	
TOTAL NET PRESENT VALUE (NPV) =	£ 5,481,232					

Option 16 has the highest Benefit Cost Ratio (BCR), at 0.35, and therefore represents a more viable solution. Though only slightly lower than the BCR seen in option 25, option 16 has the right balance of risk and reward in comparison to our appetite and allows for the effective management of our risks and dependencies (such as charging infrastructure development and staff training) against the desired timeline, and without compromising delivery.

This option also allows us to lease or own vehicles dependant on which option represents the best value at the time of the annual BJs submission.

Fleet Replacement Profile

To support the preferred option whilst safeguarding the delivery of value, the fleet replacement profiling process (Appendix 2) has been developed. This ensures that we are only replacing vehicles that are no longer fit for purpose or Beyond Economical Repair (BER).

The replacement profiling process can assess both ICE and BEV, considering vehicle age, Net Book Value, mileage, annual maintenance costs, the internal condition assessment score, and the expected emissions standard, with BEVs including a battery health assessment to ensure that it is above 80%.

Following the assessment, any vehicles that have been identified as no longer fit for purpose will be considered for internal redeployment, to see if they can be moved to a shorter route instead of being decommissioned. Where an internal redeployment is not possible, any suitable vehicles will be replaced within the existing fleet under the modernisation programme and then offered to other NHS Wales Organisations for their own use prior to decommissioning.

All decisions regarding the decommissioning of vehicles will be reviewed and approved by the Head of HCS following the fleet replacement process completion. Only when vehicles have been approved for decommissioning will any request for replacement vehicles be made and it is not the intention of this programme to increase the fleet size and associated annual revenue costs.

Sensitivity Analysis

To assess the robustness of the economic appraisal, a sensitivity analysis was conducted on key variables, including capital requirements and benefits realisation. The analysis tested how changes in these assumptions would affect the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each shortlisted option.

For example:

- Direct Capital Costs: Increasing direct capital costs by 10% reduced the BCR for Option 16 from 0.35 to 0.32 but it remained above the threshold for value for money. A 40% Increase reduced the BCR to 0.26. In each case, option 16 was 0.02 lower than option 25.
- Benefits Realisation: If benefits were 10% lower than forecast, the BCR for Option 16 decreased to 0.31, from 0.35, but it continued to outperform option 7, though the gap shortened from 0.1 to 0.08.
- Benefits Realisation: If benefits were 40% lower than forecast, the BCR would be 0.21 for option 16, but it continued to outperform option 7, this time with a gap of 0.06.

The results indicate that Option 16 is resilient to reasonable changes in key assumptions and continues to represent the best value for money whilst being achievable considering our constraints and dependencies, and under a range of scenarios. The calculations above, were done including 20% optimisation bias in addition to any adjustment.

Commercial, Financial and Management Cases - Overview

The following sections provide a short overview of how the preferred option is supported by the Commercial, Financial and Management cases.

Commercial Case Overview

The Commercial Case supports the preferred option by providing a flexible, compliant procurement strategy that enables phased fleet replacement. Using established frameworks (The Procurement Partnership Ltd for purchases and Crown Commercial Service RM6268 for leases), NWSSP can secure vehicles and conversions efficiently while maintaining value for money and delivery assurance.

Annual market testing ensures competitive pricing and alignment with operational needs. Procurement is timed to match approved funding cycles, with contingency built in to manage lead times and conversion delays. This approach balances agility, governance, and strategic alignment with decarbonisation goals.

Financial Case Overview

The Financial Case supports the preferred option as it demonstrates long-term value for money through reduced fuel and maintenance costs. While the Benefit Cost Ratio is below 1.0 and initial capital investment is high, this is typical of fleet replacement programmes.

It supports national decarbonisation goals, improves air quality and public health, and enhances service reliability, fulfilment, and public trust. These wider benefits justify investment and reinforce the case for change.

Annual Business Justification Cases will secure funding, ensuring flexibility and alignment with infrastructure readiness. The financial model accounts for capital and revenue impacts, depreciation, and asset treatment, supporting a sustainable and cost-efficient transition.

Management Case Overview

The Management Case is particularly supportive of the preferred option, as it is more straightforward to implement than the do maximum (Option 25) alternative, with the inherent risks appearing more manageable in line with the noted constraints and dependencies.

This option aligns well with current organisational and divisional capacity and capabilities, enabling effective oversight, timely delivery, and greater confidence in achieving the intended benefits while minimising disruption. The submission of annual Business Justification Cases will also help to safeguard value for money and demonstrate the continued business need, and therefore, the programme will be able to remain adaptable based on the evolving economic and technological landscapes.

This does however come with the caveat that should any proportion of the capital BJC submitted annually be unsuccessful, that the planned replacements will roll forward to the next years BJC.

Commercial Case

The Commercial Case outlines the proposed procurement arrangements required to deliver the fleet modernisation programme, supporting the organisation's commitment to decarbonisation, cost efficiency, and improved service delivery.

Procurement Strategy and route

Vehicle Replacement and Conversion (Owned)

The proposed procurement strategy for both vehicle supply and conversion is a direct award via The Procurement Partnership Ltd (TPPL) Vehicle Purchase Framework – Lot 2: Light Commercial Vehicles up to 5t. This framework includes 24 pre-approved suppliers and permits the purchase of vehicles and associated conversion services under a single lot. This avoids the need to split the procurement across multiple frameworks or contracts, reducing duplication, minimising delay and mitigating compliance risks.

To ensure transparency and value for money, a market testing exercise will be carried out prior to each annual Business Justification Case (BJC). Procurement will obtain indicative costs from multiple suppliers on the framework and benchmark these against pricing on the Crown Commercial Service's Fleet Portal. Suppliers will also be asked to provide indicative conversion costs based on the required specifications to assess feasibility and value across vehicle types.

Once final vehicle makes and models are confirmed for a given financial year, NWSSP will conduct a direct award for that year's required vehicles, based on funding confirmed through the approved BJC. This approach will be repeated annually, allowing NWSSP to retest the market each year to ensure pricing remains competitive, value for money is achieved and supplier performance remains high. This model also retains flexibility to adapt to evolving operational needs, vehicle technologies and Welsh Government policy.

This approach balances immediate delivery assurance with commercial agility and fiscal responsibility over the medium term. It supports accurate budgeting, allows for proactive supplier engagement, and aligns with NWSSP's commitment to governance, transparency, and best practice procurement.

Vehicle Replacement (leased)

Where leased vehicles are required, NWSSP will procure them via the Crown Commercial Service RM6268 Framework: Vehicle Lease, Fleet Management and Salary Sacrifice Car Schemes. This framework has been selected as it explicitly allows for the leasing of modified or converted vehicles, whereas many other leasing frameworks only support the leasing of standard chassis vehicles with no modifications. This is essential to meet the operational requirements of Health Courier Services, which often require refrigeration, racking, tail lifts or other specialist conversions.

For each financial year and subject to the approval of Welsh Government funding through the annual Business Justification Case (BJC), NWSSP will undertake a market testing exercise. Indicative lease and conversion costs will be requested from all relevant suppliers on the RM6268 framework. These will be benchmarked against chassis prices available on the CCS Fleet Portal, with conversion costs applied separately to create full-life lease cost comparisons. This approach ensures transparency, value for money and alignment with public sector procurement standards.

Once the required vehicle types are confirmed and market testing is complete, NWSSP will direct award to the most suitable supplier based on availability, delivery lead times, pricing and alignment with operational needs. This process will be repeated annually, ensuring the programme remains flexible and can respond to changes in fleet requirements, vehicle technologies or funding availability.

It is important to note that leasing arrangements are subject to longer lead times, particularly where vehicles require third-party conversions. This has been evidenced in prior procurement exercises and will need to be carefully factored into vehicle planning and funding timelines.

This leasing approach provides NWSSP with an agile, compliant and cost-effective procurement mechanism, enabling phased fleet modernisation while safeguarding service delivery, financial control and strategic alignment with decarbonisation and sustainability goals.

Timescales

The delivery lead time for vehicles will depend on the chosen supplier's capacity and the availability of chassis, both of which remain subject to confirmation and ongoing market conditions.

Procurement activity will formally commence once the required vehicle types have been agreed and Welsh Government funding has been confirmed through the annual Business Justification Case. This approach ensures alignment with budget approvals and avoids premature contractual commitments before funding is secured.

The procurement timescales will vary depending on whether the vehicles are purchased or leased:

For vehicle purchases, procurement will be conducted via direct award under The Procurement Partnership Ltd (TPPL) Vehicle Purchase Framework – Lot 2, which enables the purchase of both vehicles and required conversions under a single lot. This route is typically more streamlined, as the framework facilitates bundled supply and conversion, supporting faster turnaround times from award to delivery.

For vehicle leases, procurement will be undertaken through the Crown Commercial Service RM6268 Framework: Vehicle Lease, Fleet Management and Salary Sacrifice Car Schemes, which allows for modified and converted vehicles. Leasing has historically involved longer lead times, due to the added complexity of third-party conversions and capacity constraints within the lease supply chain. These extended timescales will be factored into programme planning and supplier selection decisions.

All procurement and delivery activity must be completed within the financial year, as Welsh Government capital funding must be fully spent by 31 March 2026. This deadline includes vehicle delivery and conversion works. Timely planning, early engagement with suppliers, and close coordination with operational teams will be critical to meeting this requirement.

The primary risks to delivery timescales are vehicle lead times and conversion build slot availability. These risks will be actively managed through early supplier engagement, regular progress monitoring, and ongoing communication between Procurement, Fleet, and Programme teams to ensure mitigation actions can be taken promptly where delays are anticipated.

Charging mechanism

A purchase order will be raised only after completion of all required governance documentation, including the framework call-off agreement, Procurement Outcome Report (POR) and approval of the relevant Business Justification Case (BJC).

This ensures no financial commitment is made until all internal and external approvals are in place, supporting compliance and reducing financial risk.

Payments will follow the terms of the relevant framework (TPPL or CCS RM6268) and where staged payments apply (e.g. for conversions), these will be agreed in advance and reflected in the contract and purchase order.

Key contractual arrangements

All procurement under this programme will be conducted via direct awards using pre-approved frameworks: TPPL Lot 2 for purchases and CCS RM6268 for leases. Contracts will be formalised through the relevant framework call-off agreements, and all activity will comply with the terms and conditions set out within each framework.

There may be a mix of purchase and lease contracts, depending on operational needs and the availability of funding in each financial year. This will be confirmed as part of the annual planning and approval cycle.

The primary contractual risk relates to the timely delivery of converted vehicles within the required financial year, particularly given current market pressures on chassis availability and conversion lead times. These risks will be monitored and mitigated through early supplier engagement and tight procurement timelines.

For purchases, vehicles will be treated as capital assets and depreciated in line with NHS Wales accounting policy. Leased vehicles will be reviewed to determine appropriate accounting treatment, in line with relevant lease classification rules.

Personnel implications

A general declaration of interest has been completed at this stage, with no personnel implications associated with the potential contractual arrangements, at this stage, or within the wider programme.

At the time that contracts are being awarded, this declaration will be refreshed to provide a more informed position.

Accountancy treatment

The accountancy treatment of the fleet modernisation programme will depend on the procurement route, ownership model, and the nature of the assets and services acquired. The following considerations apply:

Capital vs Revenue Expenditure

- Capital Expenditure: The purchase of BEVs/ULEVs and installation of EV charging infrastructure will typically be treated as capital assets, subject to depreciation over their useful life.
- Revenue Expenditure: Ongoing costs such as vehicle leasing, maintenance, energy supply, and fleet management services will be treated as revenue expenditure and accounted for in-year.

Asset Ownership and Leasing

- If vehicles are purchased outright, they will be recognised as assets and depreciated over their expected life (e.g., 5–7 years).
- If vehicles are leased, the costs will be treated in line with IFRS16 guidance.

Whole-Life Costing

- The programme will adopt a whole-life cost approach, ensuring that both capital and operational costs are considered in the procurement and financial planning stages.

Depreciation and Residual Value

- Vehicles and infrastructure assets will be depreciated in line with the organisation's accounting policies.
- Residual values will be estimated based on based a straight line depreciation.

Financial Case

The financial case demonstrates the overall funding strategy of the Fleet Modernisation Programme, demonstrating that the preferred option, which is the phased replacement of ICE vehicles with either owned or leased BEV/ULEV alternatives, represents the best value for money.

The case provides a review of capital and revenue expenditure together with a summary of year on year capital funding requirements.

Annual Business Justification Cases will be submitted to secure funding, ensuring that the programme remains adaptable to evolving needs.

Capital and revenue requirements

Overall affordability and funding

The asset and capital expenditure plans included in our IMTP contain a rolling fleet replacement programme with the assumption that all vehicles will be replaced at the end of their useful economic life. The funding required for the vehicle

replacement programme poses a risk regarding increased maintenance and/or lease costs and business continuity if funding for new vehicles cannot be approved on a recurrent basis.

The financial tables below, prepared for the preferred option, assume all 124 vehicles that are purchased or leased will be BEV, but there is a dependency on the charging infrastructure being in place to enable this, which current gap of approximately 50 charging bays, but this will fluctuate as older BEV vehicles reach their replacement profile and become decommissioned.

All new vehicles are assumed to become operational on 1st April at the beginning of the financial year following purchase.

Impact on income and expenditure account

The whole life costs in the tables below show the impact of purchasing battery electric vehicles over diesel vans is anticipated to release significant revenue savings of £4.8m from reduced fuel and maintenance costs only partially offset by a small increase in insurance premiums. It is estimated that any purchase of ULEV vehicles instead of BEV would realise 60% of the fuel savings, but none of the reduction in maintenance costs.

Table 24: Cost and Funding for the Recommended Option

Recommended Option		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Numbers							
16	Vehicle Purchases	17	26	38	23	20	124
16	Capital Requirements (£'s excluding VAT)	£1,005,125	£1,537,250	£2,246,750	£1,359,875	£1,182,500	£7,331,500

Revenue Costs/Savings are included as annual and there may be a part year effect depending on the date the vehicles become operational.

Table 25: Capital and Revenue expenditure for the Recommended Option

Recommended Option	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Capital Expenditure											
Capital Requirements (£'s including VAT)	1,206	1,845	2,696	1,632	1,419	0	0	0	0	0	8,798
Total Capital Costs	1,206	1,845	2,696	1,632	1,419	0	0	0	0	0	8,798
Revenue Expenditure											0
Maintenance (annual saving)	0	-18	-45	-85	-109	-130	-112	-85	-45	-21	-650
Insurance (annual cost)	0	3	8	16	21	24	21	16	8	4	122
Fuel (annual Saving)	0	-56	-143	-269	-345	-412	-355	-269	-143	-66	-2,059
Total Revenue Costs/(Savings)	0	-71	-179	-338	-434	-517	-446	-338	-179	-83	-2,587
Total Expenditure											0
Total Project Costs (Capital & Revenue)	1,206	1,774	2,517	1,294	985	-517	-446	-338	-179	-83	6,211
Funding											0
Capital funding	1,206	1,845	2,696	1,632	1,419	0	0	0	0	0	8,798
Revenue funding	0	-71	-179	-338	-434	-517	-446	-338	-179	-83	-2,587
Total funding	1,206	1,774	2,517	1,294	985	-517	-446	-338	-179	-83	6,211

This table can be seen in a larger format in appendix 6.

Revenue Generation

The revenue generation projection comes from the sale of the decommissioned vehicles through auction. The anticipated value is expected to be £1400 per vehicle as a minimum.

Table 26: Revenue Projections for the Recommended Option

Recommended Option	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Revenues						
1 Sales and other Revenue	-23,800	-36,400	-53,200	-32,200	-28,000	-173,600

Net effect on prices and confirmation of stakeholder support

There is potential to deliver cost reductions for health boards through passing on the revenue savings either by a reduction in SLA charges or an increased distribution, and this will be assessed continually based on fleet optimisation and programme benefits realisation.

Impact on balance sheet

The Programme Business Case assumes there will be no increase to the number of vehicles at this time and it hopes to achieve a reduction through the optimisation process, but it should be noted that based on the development of Transport Services since they transferred to NWSSP in 2015, services have more than trebled in size, and further expansion for new services, such as Radio pharmacy, is likely in the future.

Battery electric vehicles are depreciated over 5 years rather than the 7 years for diesel vans. It should be noted that we have limited funding for depreciation and additional non-cash funding will be required from Welsh Government over and above the baseline funding if capital funding is approved. It is assumed within our plan that the IFRS 16 Right of Use capital funding required will be available in line with projected funding requirements submitted to Welsh Government.

Management Case

This Management Case sets out the delivery arrangements for the Fleet Modernisation Programme, ensuring that it is implemented effectively, on time, and within budget. Introducing the governance structures, project management methodology, risk and issue management processes, and the approach to benefits realisation. These arrangements are designed to provide assurance to stakeholders and funders that the investment will be managed professionally and deliver the expected outcomes.

Programme and project management governance arrangements

The delivery arrangements of this programme will operate in line with the Programme Business Case and required governance routes.

The Programme has been formally established in line with best practice (Managing Successful Programmes) to be overseen and managed by the NWSSP Transformation Management Office (TMO).

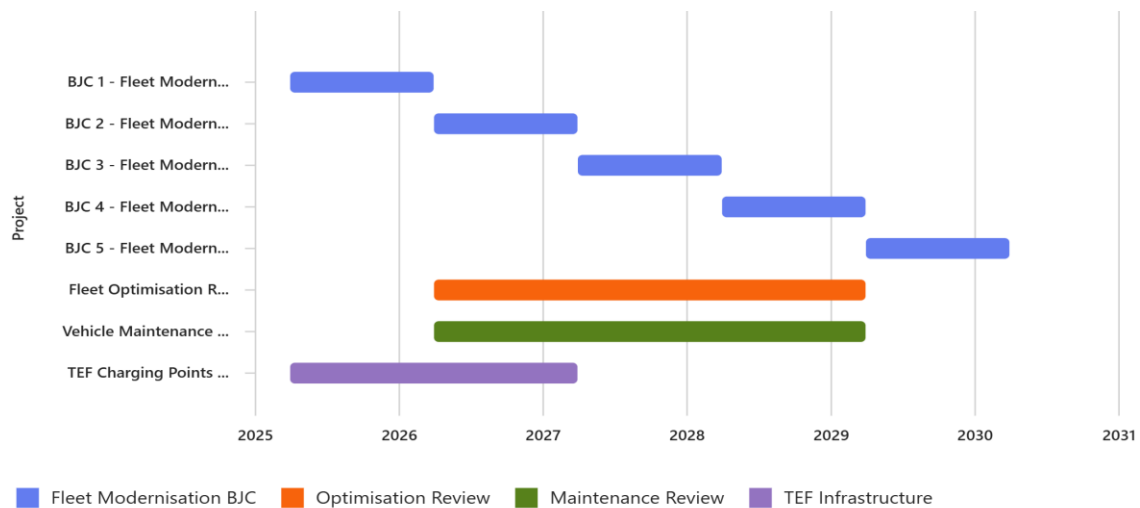
The Programme Governance/Board is as follows:

- Tony Chatfield (NWSSP - HCS) - SRO
- Jonathan Nettleton (NWSSP - Corporate Services)
- Ian Emptage (NWSSP - Procurement Services)
- Claire Watkins (NWSSP - Finance)
- Jane Tyler (NWSSP - Shared Services)
- Gemma Matuszczyk (NWSSP - Finance)
- Simon Russell (NWSSP-SES)
- Gordon Darroch (NWSSP - Transport Manager)
- Gildas Griffiths (NWSSP - Health Courier Services)
- Joseph Price (NWSSP – Health Courier Service)
- Ian Rose (NWSSP - PPI - TMO) – Programme Assurance
- Tim Knight (NWSSP - PPI - TMO) – Programme Manager

Programme Plan

In the first instance, the approval of the Programme Business Case will require no immediate release of capital, though it will allow for the submission of annual Business Justification Cases (BJCs). The annual BJCs will formally request the capital and revenue requirements for that year.

To support the subsequent requests for capital from Welsh Government, a programme plan has been developed to deliver the required benefits and outcomes through a number of tranches, which can be seen here:



The tranches are to include a dossier of projects that will be managed in line with PRINCE2 best practice. The project dossier is subject to change dependant on the delivery of dependencies that are be managed externally to the programme, such as charging infrastructure which is currently being delivered through the Targeted Estates Fund, though it currently includes the following projects:

Table 27: Programme Dossier

Project Name	Major Products	Outcomes	Start Date	End Date
Fleet Modernisation BJC - 25/26	ULEV/BEV Vehicles	Decarb/image	01/04/25	31/03/26
Fleet Optimisation Review	Improved Route planning and vehicle utilisation	Decarb/ Revenue savings	01/04/26	31/03/29
Vehicle Maintenance Review	Improved, Maintenance arrangements and capabilities	Decarb/Milage/ Revenue savings	01/04/26	31/03/29
Fleet Modernisation BJC 26/27	ULEV/BEV Vehicles	Decarb/image	01/04/26	31/03/27
Fleet Modernisation BJC 27/28	ULEV/BEV Vehicles	Decarb/image	01/04/27	31/03/28
Fleet Modernisation BJC 28/29	ULEV/BEV Vehicles	Decarb/image	01/04/28	31/03/29
Fleet Modernisation BJC 29/30	ULEV/BEV Vehicles	Decarb/image	01/04/29	31/03/30
TEF-Charging Points – Estates – External Project	BEV Charging Points – Denbigh/Matrix	Charging Capacity	01/04/25	31/03/26
Potential-EV Infrastructure	BEV Charging Points	Charging Capacity	If needed	If needed

following loss of TEF				
--------------------------	--	--	--	--

As seen above, and to ensure timely delivery of only the required amount of fleet replacement vehicles, prior to the end of the financial year, those projects relating to the actual replacement of fleet vehicles will be run annually and a programme transition plan has been created to support this.

The Programme Business Case and annual Business Justification Cases will be required to travel along specific governance routes as they move towards approval.

Governance

The Programme Business Case will take the following governance route to overall approval:

- Endorsement via Programme Board
- Approved by NWSSP Director of Finance and NWSSP Director of Procurement
- Noted by NWSSP Senior Leadership Group
- Approved by Shared Services Partnership Committee
- Approved by Velindre Trust Board
- Approved by Welsh Government

Once the Programme Business Case has been approved, a Business Justification Case (BJC) will be submitted year-on-year against the annual fleet replacement projects to deliver those Milestones by the 31 March of each financial year. The annual cycle will be as follows:

- BJC development
- BJC approval
- Capital funding secured
- Procurement
- Conversion
- Delivery of fleet replacement

Approval/endorsement of the annual Business Justification Cases will follow Welsh Government's governance route for Capital funding as follows, and when anticipated capital requirements are less than £1m before VAT:

- Endorsement via Programme Board
- Approved by NWSSP Director of Finance and NWSSP Director of Procurement
- Noted by NWSSP Senior Leadership Group
- Approved by NWSSP Managing Director and SSPC Chair of the Board
- Approved by Welsh Government

At times that the annual Business Justification Case requires capital that is greater than £1m (before VAT), the following, alternative governance route will need to be followed:

- Endorsement via Programme Board
- Approved by NWSSP Director of Finance and NWSSP Director of Procurement
- Approved by NWSSP Managing Director
- Noted by NWSSP Senior Leadership Group
- Approved by Shared Services Partnership Committee
- Approved by Velindre Trust Board
- Approved by Welsh Government

Any changes to previously approved aspects of the Programme Business Case or BJC's will be managed through the appropriate change management arrangements.

Programme and Project Change

Internal changes impacting the delivery of the programme will follow NWSSP's TMO change control procedure:

- Exception report
- Change control log
- Approval by the Programme Board

Where that change is between NWSSP and an externally contracted supplier, the appropriate governance route will need to be followed in addition to the above and leading to:

- A fully completed and signed Change Control Notice between NWSSP and the supplier.

NWSSP Procurement Services will manage or support with any contractual or commercial changes or issues as required.

Changes will also be managed individually, within the projects that make up the dossier and dependant on their impact.

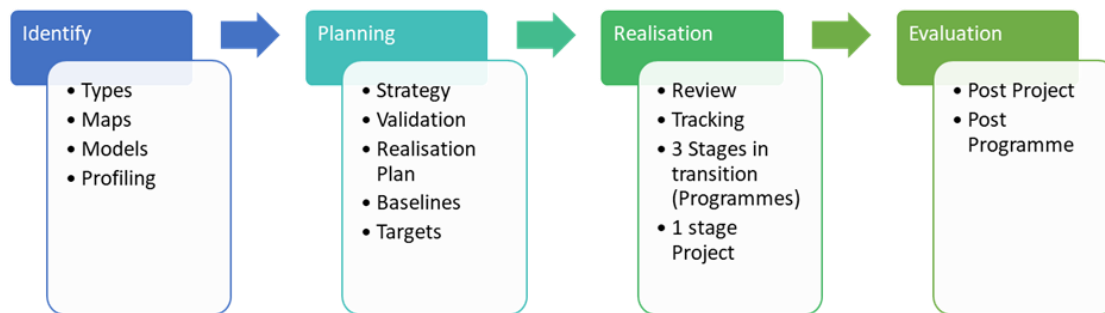
Business Change Management – People Side

The programme recognises that meaningful change requires workforce involvement, engagement and empowerment. Through targeted training, clear communication, and inclusive planning, staff will be supported to adopt with confidence to the new technologies, processes and expectations. This people first approach will help to ensure that NWSSP are able to deliver a sustainable transformation with its workforce at its heart.

Benefits Realisation arrangements

A benefits realisation plan has been developed to ensure the outcomes are achieved upon approval, and these have been reviewed and approved by finance partners where needed and have informed the economic and financial case accordingly.

Benefits outlined within this business case have baseline measures and have been mapped (Appendix 3) and profiled accordingly, all of which is available on request and details the anticipated benefits, benefit owner, timescales, and metrics available to track progress.



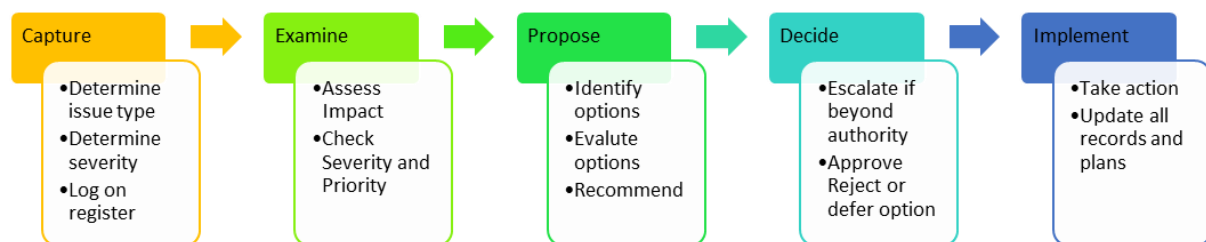
Regular reviews through reporting to Programme Board will help to ensure that benefits are monitored and are on track to deliver to expectation. Where this is not possible, risks and issues will be raised and managed accordingly.

Risk management arrangements

A Programme Risks, Actions, Issues and Decisions (RAID) Log will be maintained throughout the programme and will include all RAID information for the programme and annual BJC projects.

Risks and issues will be overseen by the Programme/Project Managers and Programme Team whilst being recorded within the programme RAID log.

Risks and issues will be managed in line with the NWSSP risk protocol at both programme and project level and reported to Programme Board by exception, however any risk/issues that have a direct impact to the delivery of the Programme will be escalated to Programme Board and recorded within the Programme risk register/issues log.



Having discussed the approach to the management of both Benefits and Risks, the following section outlines the programme assurance arrangements that will provide oversight, ensure compliance with governance standards, and offer independent scrutiny to support successful delivery.

Programme assurance

The Programme is managed within the NWSSP Transformation Management Office (TMO) and will follow Velindre approved programme management best practices aligned to Managing Successful Programmes (MSP).

Monthly Programme Board meetings have been established to monitor progress against time, cost, quality, scope, and benefits realisation, which the Programme Business Case (PBC) and annual BJs will drive.

Bi-monthly reports will be produced and reviewed by the Shared Service Partnership Committee highlighting progress against time, cost, quality, benefits, risks and issues.

Decisions will be recorded within the programme RAID log throughout the lifecycle of the projects/programme. Decisions will be managed at project level in line with the agreed tolerances however any project level decisions that require additional governance will be escalated to the Programme Board for approval. Programme Board decisions will be managed and reviewed at the monthly meetings.

Mandatory attendance is required by either Tony Chatfield (SRO), or approved delegate. Mandatory, or Delegated attendance is required by the Programme Manager, Finance Lead and Procurement Lead, and as stated in the relevant Terms of Reference.

Quality assurance will be monitored through the established processes at all stages of the programme/annual projects. Programme Board leads representing Finance, Procurement and Health Courier Services will sign-off and approve the routes taken to obtain funding, procure the vehicles fairly and complicitly, and ensure that the vehicles are fit for purpose aligning with the deliverables in scope year on year.

A lessons learned log will be utilised to ensure continuous improvement, inform decision-making, knowledge sharing and the avoidance of repeating mistakes throughout the delivery of the programme.

These assurance arrangements will provide ongoing oversight and confidence that the programme remains on track to deliver its intended outcomes effectively and efficiently. A further review of performance will be completed through Post Implementation Reviews against each project.

Post implementation and evaluation arrangements

Given the organisations approach to business cases and benefit management, a Post Implementation Review (PIR) will be completed after six months of project closure or full benefit realisation, whichever happens first.

The PIR will review the performance of planning, time, cost, quality, scope, risks, benefits, KPIs, lessons learned, documentation, communication and change management.

Once completed, the PIR will follow the governance route for approval:

- reviewed by TMO Project Assurance
- approved by the Project Executive or Senior Responsible Owner (SRO)
- submitted to Formal SLG for noting

This approach provides an accurate reflection of the benefits delivered by the programme and associated projects, while allowing sufficient time for new organisational changes to embed within the division. Additionally, this approach allows for a culture of continuous improvement to establish within the programme team itself, and between the delivery of each project.

Tolerances, Contingency Arrangements and Plans

When managing risks the Programme will follow the approved approach of identify, assess, plan and monitor whilst building in contingency for time, budget, or resources to the mitigation plans for individual risks. Issues will be managed via exception and in line with NWSSP risk/issue management protocol. Contingency built in through risk management will be utilised when resolving any issues impacting the Programme tolerances.

Time tolerance of 2 Months has been agreed by the Programme Board, against the commencement of the procurement process within each year, and delays exceeding this tolerance will be treated as an urgent exception resulting in the programme being paused and an assessment of the impact to be undertaken which could lead to re-planning of milestones if required. A minimum of 60 days of contingency time has been factored into the schedule through each stage (year) of the programme for the procurement of standard vehicles, and this is reduced to a 30-day contingency when procuring refrigerated vehicles due to the additional time required for conversion.

Budget contingency will be incorporated into the programme to account for financial uncertainties, emerging risks, and potential scope adjustments by allocating a tolerance of 7.5% within the overall programme budget, informed by NWSSP Finance and NWSSP Procurement. Regular financial reviews will support management of the contingency within each year.

Contingency will be built into the programme scope by incorporating defined scope tolerances and flexible delivery parameters to accommodate potential changes, emerging requirements, such as adjustable BEV/ULEV and Owned/Leased ratios.

Additional flexibility will be achieved through utilising the fleet replacement profiling to prioritise critical vehicle replacements with an additional 25% carry over year on year, reviewing and adjusting the criteria within dependant on the appetite for risk within that year and the economic landscape.

Overall Summary

This business case offers a strategically aligned proposal that aligns strongly with national decarbonisation and social agendas. Though the Benefits Cost Ratio and Net Public Social Value against the preferred option is low, this is made up for by the delivery of significant non-cash releasing, qualitative, quantitative benefits that are not fully captured in the economic appraisal.

With all five cases developed, the fleet modernisation programme demonstrates economic sustainability whilst offering significant cash releasing benefits against annual revenue costs and safeguarding the national distribution of goods essential to the delivery of effective care.

The fleet modernisation programme has been subjected to financial scrutiny and approval and is also supported by robust procurement and delivery arrangements, and we ask for your approval to proceed.

End of Document
Appendices to follow

Appendix

Appendix 1 - NWSSP Strategic Outcomes and Duty of Quality (DoQ)

Table 1: NWSSP Strategic Outcomes and Duty of Quality (DoQ)

NWSSP Outcomes	Relatable DoQ Domains and Enablers	Fleet Modernisation Approach & Activity
<p>Our Value - We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets</p>	<p>1 – Leadership 2 – Safe 6 – Effective 11 – Whole Systems Approach</p>	<p>Optimisation of the fleet will demonstrate our commitment continuous improvement from a sustainability perspective.</p> <p>A Fleet Replacement Profiling process has been developed to ensure vehicles are appropriately replaced with BEVs and ULEVs only.</p>
<p>Our Value - We will make bold investment decisions that drive transformation and add value</p>	<p>1 – Leadership 4 – Timely 7 – Information 11 – Whole Systems Approach</p>	<p>Optimisation of the fleet will drive efficiency centred transformation through improved route planning and reduced vehicle miles.</p> <p>The development of the Fleet Replacement Profiling enables considers investment into transformation of the current fleet, improving value for money and vehicle longevity.</p>
<p>Our Value - We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.</p>	<p>8 – Efficient</p>	<p>The BJC for this financial year is investing in technologically enhanced vehicles resulting in lower carbon emissions, reduced fuel costs and maintenance, reduced noise pollution and improved air quality.</p>
<p>Our Value - We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.</p>	<p>2 – Safe 5 – Culture 6 – Effective 9 – Equitable</p>	<p>By deploying an increased number of BEVs there will be opportunities to utilise services from across Wales in areas of maintenance, EV charging, and EV charging Infrastructure.</p>
<p>Our Services We will drive innovation, setting the standard for good practice, and</p>	<p>6 – Effective 2 – Safe 3 – Workforce 7 – Information</p>	<p>The development of the Fleet Replacement Profiling drives innovation within current fleet management and the adoption of FleetCheck. The replacement</p>

enhance our processes through automation.		profiling enhances the process via clearly defined criteria, which will become best practice for NWSSP, and prevent the decommissioning of any fit for purpose vehicles.
Our Services We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.	4 – Timely 6 – Effective 7 – Information 8 – Efficient	The Fleet Replacement Profiling process is driven by the data required through the defined criteria. The fleet management System FleetCheck, will support data led decision making as HCS improves efficiency measures.
Our People We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline	3 – Workforce 5 – Culture 10 – Person Centred 12 – learning, Improvement & Research	The introduction of additional BEVs will create opportunities for drivers to be trained to use modern technology.
Our People We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do	3 – Workforce 5 – Culture 9 – Equitable	Welsh Language signage and briefings will be used wherever needed.
Our People We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.	1 – Leadership 2 – Safe 9 – Equitable 10 – Person Centred	The investment in contemporary and modern vehicles will provide a fit for purpose working environment for the drivers across the organisation promoting improved physical, social, mental, and financial wellbeing.
Our People We will listen and learn from our staff to co-produce innovative solutions with our partners	1 – Leadership 3 – Workforce 5 – Culture	Staff involvement has been integral to the development of this BJC and opinions on selected options will be taken and included as part of solutions development and wider planning activities. Additional change Management actions are planned to be undertaken to support this, and wider service adoption.

Appendix 2 - Fleet Replacement Profile

Does the predicted annual depreciation of a new asset exceed the cost of maintenance for the last financial year, or rolling 12 months of the existing asset?

ICE

Will the vehicle be older than 8 years at the time of replacement?

Is the capital asset value currently zero?

Is the mileage over 250,000?

Is the vehicle condition score 4 or higher?

Is the vehicle failing the Euro6 emissions standard?

BEV

Will the vehicle be older than 6 years at the time of replacement?

Is the capital asset value currently zero?

Is the mileage over 250,000?

Is the vehicle condition score 3 or higher?

Are the results of the battery health assessment 80%?

If yes to all the above, please continue to the below. If two or more answers are no, then it is suggested that the vehicle is kept for another year.

Is it possible to switch this vehicle to a lower mileage route?

Are we able to offer this vehicle to health organisations to put on to lower mileage route?

Is it possible to switch this vehicle to a lower mileage route?

Are we able to offer this vehicle to health organisations to put on to lower mileage route?

If no to the above then a discussion about the vehicles replacement should be scheduled.

Appendix 3 - Benefit Profile Card

Benefit Profile Card; B1:

Item	Description
Reference Number	B1
Description of Benefit or Disbenefit	Transitioning from internal combustion engine vehicles to BEV vehicles will significantly reduce vehicle emissions such as nitrogen oxide and particulate matter. This will improve air quality in traffic-heavy areas, as unlike diesel vans, EVs produce zero tailpipe emissions and help protect vulnerable populations at hospitals. Additionally, this transition is expected to reduce emissions by approximately 250 grams per mile, resulting in a maximum annual carbon reduction of 650 tonnes, and dependant on the BEV/ULEV split.
Programme Objective Supported	Fully compliant fleet according to the requirements of the NHS Wales Decarbonisation Strategic Plan.
Benefit Category/s	Compliance and decarbonisation.
Business KPIs affected	TBC
Current Baseline	Current ice fleet emission rate – 250g per mile per ICE. (750 tonnes PA)
Benefit Realisation Costs	Cost of replacing current ICE vehicles with BEV/ULEV vehicles.
Capabilities required for benefit realisation	Realising this benefit will require new capabilities in BEV/ULEV fleet management, emissions monitoring and charging infrastructure operations, as well as enhanced change management for workforce adoption.
Outcomes required for benefit realisation	The required outcomes include full deployment of BEVs, installed charging infrastructure, staff training completed, and emissions reporting system in place.
Business Changes required for benefit realisation	The business changes required for benefit realisation is a transition from ICE to EV fleet operations, new charging and maintenance procedures, updated procurement and emission reporting processes and driver behaviour adaption.
Related risks and issues to full benefit	Related risks and issues to full benefits are delays in EV procurement, inadequate charging infrastructure, low driver adoption and failure to accurately measure emissions reductions.
Dependencies	The realisation of this benefit depends on timely EV procurement, charger installation, Capital funding, energy capacity availability and accurate emissions tracking system.
Responsible person for realisation (BCM)	Tony Chatfield
Benefit Owner	Tony Chatfield
Operational Beneficiary	NWSSP/HCS
Measures	Reduction in total fleet CO2 emissions (Tonnes/year) % reduction vs baseline year % of fleet transitioned to electric vehicles Average emissions per mile

Benefit Profile Card; B2:

Item	Description
Reference Number	B5
Description of Benefit or Disbenefit	Transitioning to an EV fleet will significantly reduce fleet fuel expenditure. Electricity costs per mile are typically lower than diesel or petrol and EVs offer higher energy efficiency. This benefit aims to reduce annual fuel costs by approximately £2,882,368 by replacing fossil fuel usage with lower cost electric charging supporting long term budget efficiency and Welsh Governments net zero strategic plan and NHS Wales decarbonisation strategic delivery plan.
Programme Objective Supported	Replace existing vehicles that have reached their (ICE/BEV) year fleet replacement profile and are no longer fit for purpose with either Electric Vehicles or Ultra Low Emissions Vehicles, increasing our operational resilience whilst reducing our carbon emissions and our fuel/maintenance costs, and to meet the expectations of the NHS Wales Decarbonisation Strategic Delivery Plan.
Benefit Category/s	Cash Releasing
Business KPIs affected	Fuel cost per mile Total fuel spends
Current Baseline	Annual fuel cost per vehicle before transition to EV.
Benefit Realisation Costs	The benefit realisation costs include EV procurement, installation of charging infrastructure, smart energy management software and staff training.
Capabilities required for benefit realisation	Required capabilities include EV fleet and energy management, smart charging infrastructure oversight, accurate fuel cost tracking and driver training to maximise efficiency and cost savings.
Outcomes required for benefit realisation	Outcomes required include reduced fossil fuel use, fully deployed and operational EV's efficient use of charging infrastructure active cost tracking and EV energy lower than previous fuel spend.
Business Changes required for benefit realisation	The business changes for this benefit include adapting procurement and budgeting to electricity use, updating driver refuelling behaviour and integrating EV cost tracking into operational and finance processes.
Related risks and issues to full benefit	Risks to full fuel cost saving include high electricity rates, unreliable infrastructure, dual fleet inefficiencies, poor charging behaviour and weak energy cost tracking.
Dependencies	Procurement of BEV
Responsible person for realisation (BCM)	Daniel Sinderby/Tim Knight
Benefit Owner	Tony Chatfield
Operational Beneficiary	NWSSP/HCS
Measures	Annual fuel cost (£) Cost per mile (£) % reduction in fuel costs EV charging cost per vehicle EV charging cost per Mile Total fuel spends

Appendix 4 – Options – Long List

	Option
Option 1	Do Nothing
Option 2	Do Minimum - Only replace vehicles when beyond repair (Owned)
Option 3	Do Minimum - Only replace vehicles when beyond repair (Leased)
Option 4	Do Minimum - Only replace vehicles when beyond repair (Leased and Owned)
Option 5	Replace ICE with BEV/ULEV mix when Beyond Economical Repair (Owned)
Option 6	Replace ICE with BEV/ULEV mix when Beyond Economical Repair (Leased)
Option 7	Replace ICE with BEV/ULEV mix when Beyond Economical Repair (Leased and Owned)
Option 8	Replace ICE with BEV as needed (Owned)
Option 9	Replace ICE with BEV as needed (Leased)
Option 10	Replace ICE with BEV as needed (Leased and Owned)
Option 11	Replace ICE with ULEV as needed (Owned)
Option 12	Replace ICE with ULEV as needed (Leased)
Option 13	Replace ICE with ULEV as needed (Leased and Owned)
Option 14	Replace ICE with a Mixture of BEV & ULEV (Owned)
Option 15	Replace ICE with a Mixture of BEV & ULEV (Leased)
Option 16	Replace ICE with a Mixture of BEV & ULEV (Leased and Owned)
Option 17	Replace all ICE with BEV (Owned)
Option 18	Replace all ICE with BEV (Leased)
Option 19	Replace all ICE with BEV (Leased and Owned)
Option 20	Replace all ICE with ULEV (Owned)
Option 21	Replace all ICE with ULEV (Leased)
Option 22	Replace all ICE with ULEV (Leased and Owned)
Option 23	Replace all ICE with a mixture of BEV/ULEV (Owned)
Option 24	Replace all ICE with a mixture of BEV/ULEV (Leased)
Option 25	Replace all ICE with a mixture of BEV/ULEV (Leased and Owned)
Option 26	Phased transition: ICE - ULEV - BEV (Owned)
Option 27	Phased transition: ICE - ULEV - BEV (Leased)
Option 28	Phased transition: ICE - ULEV - BEV (Leased and Owned)

Appendix 5 - SWOT Analysis

	Potential Scopes	Option	Description	Strengths	Weaknesses	Opportunities	Threats	Conclusion
				Advantages	Disadvantages	Advantages	Disadvantages	Against SO's and CFS's
Option 1	1 Do Nothing	Do Nothing	Retain all ICE v	No Capital Requirement	Increased Revenue Cost	Could reinvest capital	Vehicles could carry	This option does not meet any of the programmes spending objectives.
Option 2	2 Do Minimum 1	Only replace	Retain all ICE v	Minimal Annual Capital	Increased Revenue Cost	To reinvest capital in	Vehicles could carry	This option fails to meet SO1, SO2, SO3, SO6, and SO7.
Option 3	3 Do Minimum 2	Only replace	Retain all ICE v	Minimal Annual Revenue	Increased Revenue Cost	To reinvest capital in	Vehicles could carry	This option fails to meet SO1, SO2, SO3, SO6, and SO7.
Option 4	4 Do Minimum 3	Only replace	Retain all ICE v	Minimal Annual Revenue	Increased Revenue Cost	To reinvest capital in	Vehicles could carry	This option fails to meet SO1, SO2, SO3, SO6, and SO7.
Option 5	5 Do Minimum 4	Only replace	Keep serviceab	Allows the fleet ot be re	Initially Increased Reven	To reinvest capital in	Vehicles could carry	This option fails to meet SO1, SO2, SO3, SO6, and SO7.
Option 6	6 Do Minimum 5	Only replace	Keep serviceab	Allows the fleet ot be re	Initially Increased Reven	To reinvest capital in	Vehicles could carry	This option fails to meet SO1, SO2, SO3, SO6, and SO7.
Option 7	7 Do Minimum 6	Only replace	Keep serviceab	Allows the fleet ot be re	Initially Increased Reven	To reinvest capital in	Vehicles could carry	This option fails to meet SO1, SO2, SO3, SO6, and SO7.
Option 8	8 Intermediate 1	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits not released as	ULEV Zone complia	Dependancy on Nat	This option meets all of the spending objectives.
Option 9	9 Intermediate 2	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits not released as	ULEV Zone complia	Dependancy on Nat	This option meets all of the spending objectives.
Option 10	10 Intermediate 3	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits not released as	ULEV Zone complia	Dependancy on Nat	This option meets all of the spending objectives.
Option 11	11 Intermediate 4	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits not as great as v	ULEV Zone complia	New emerging tech	This option meets all of the spending objectives.
Option 12	12 Intermediate 5	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits not as great as v	ULEV Zone complia	New emerging tech	This option meets all of the spending objectives.
Option 13	13 Intermediate 6	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits not as great as v	ULEV Zone complia	New emerging tech	This option meets all of the spending objectives.
Option 14	14 Intermediate 7	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits better than ULE	ULEV Zone complia	Partly dependant on	This option meets all of the spending objectives.
Option 15	15 Intermediate 8	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits better than ULE	ULEV Zone complia	Partly dependant on	This option meets all of the spending objectives.
Option 16	16 Intermediate	Replace ICE	Replace only B	Meets Welsh Decarb St	Benefits better than ULE	ULEV Zone complia	Partly dependant on	This option meets all of the spending objectives.
Option 17	17 Do Maximum 1	Replace all	Replace all ICE	Meets Welsh Decarb St	Increased initial capital	ULEV Zone complia	New emerging tech	This option meets all of the spending objectives.
Option 18	18 Do Maximum 2	Replace all	Replace all ICE	Meets Welsh Decarb St	Increased initial capital	ULEV Zone complia	New emerging tech	This option meets all of the spending objectives.
Option 19	19 Do Maximum 3	Replace all	Replace all ICE	Meets Welsh Decarb St	Increased initial capital	ULEV Zone complia	Dependancy on Nat	This option meets all of the spending objectives.
Option 20	20 Do Maximum 4	Replace all	Replace all ICE	Meets Welsh Decarb St	Increased initial capital	ULEV Zone complia	Dependancy on Nat	This option meets all of the spending objectives.
Option 21	21 Do Maximum 5	Replace all	Replace all ICE	Meets Welsh Decarb St	Increased initial capital	ULEV Zone complia	Dependancy on Nat	This option meets all of the spending objectives.
Option 22	22 Do Maximum 6	Replace all	Replace all ICE	Meets Welsh Decarb St	Increased initial capital	ULEV Zone complia	New emerging tech	This option meets all of the spending objectives.
Option 23	23 Do Maximum 7	Replace all	Replace all ICE	Meets Welsh Decarb St	Benefits better than ULE	ULEV Zone complia	Partly dependant on	This option meets all of the spending objectives.
Option 24	24 Do Maximum 8	Replace all	Replace all ICE	Meets Welsh Decarb St	Benefits better than ULE	ULEV Zone complia	Partly dependant on	This option meets all of the spending objectives.
Option 25	25 Do Maximum 9	Replace all	Replace all ICE	Meets Welsh Decarb St	Benefits better than ULE	ULEV Zone complia	Partly dependant on	This option meets all of the spending objectives.
Option 26	26 Do Maximum 10	Phased tran	Gradual transit	Meets Welsh Decarb St	Increased initial and lon	Easier to roll out ped	New emerging tech	This option meets all of the spending objectives.
Option 27	27 Do Maximum 11	Phased tran	Gradual transit	Meets Welsh Decarb St	Increased initial and lon	Easier to roll out ped	New emerging tech	This option meets all of the spending objectives.
Option 28	28 Do Maximum 12	Phased tran	Gradual transit	Meets Welsh Decarb St	Increased initial and lon	Easier to roll out ped	New emerging tech	This option meets all of the spending objectives.

Appendix 6 – Financial Table

Recommended Option	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	35/36	36/37	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Capital Expenditure													
Capital Requirements (£'s including VAT)	1,206	1,845	2,696	1,632	1,419	0	0	0	0	0	0	0	8,798
Total Capital Costs	1,206	1,845	2,696	1,632	1,419	0	0	0	0	0	0	0	8,798
Revenue Expenditure													0
Maintenance (annual saving)	0	-18	-45	-85	-109	-130	-130	-130	-112	-85	-45	-21	-911
Insurance (annual cost)	0	4	10	19	24	29	29	29	25	19	10	5	201
Fuel (annual Saving)	0	-56	-143	-269	-345	-412	-412	-412	-355	-269	-143	-66	-2,882
Total Revenue Costs/(Savings)	0	-70	-178	-335	-430	-513	-513	-513	-443	-335	-178	-83	-3,591
Total Expenditure													0
Total Project Costs (Capital & Revenue)	1,206	1,774	2,518	1,297	989	-513	-513	-513	-443	-335	-178	-83	5,206
Funding													0
Capital funding	1,206	1,845	2,696	1,632	1,419	0	0	0	0	0	0	0	8,798
Revenue funding	0	-70	-178	-335	-430	-513	-513	-513	-443	-335	-178	-83	-3,591
Total funding	1,206	1,774	2,518	1,297	989	-513	-513	-513	-443	-335	-178	-83	5,206



The report is not exempt

Teitl yr Adroddiad/Title of Report:

Service Level Agreement for the Provision of Commercial Medicines Contracting relating to Specialised Medicines

Arwwinydd/Lead: David Hutchings, Lead Pharmacist Medicines Value Unit

Awdur/Author: Rhiannon Walters-Davies, Assistant Director of Medicines Procurement and Optimisation

Swyddog Adrodd/Reporting Officer: Laura-Jayne Keating, Interim Director of Pharmacy

Pwrpas yr Adroddiad/Purpose of the Report:

To consider and approve the Service Level Agreement (SLA).

Llywodraethu/Governance:

Amcanion/Objectives: This SLA is for the provision of commercial medicines contracting support relating to specialised commissioned medicines and represents an operational model delivering best value for money for NHS Wales.

Tystiolaeth/Supporting evidence: Service Level Agreement

Ymgynghoriad/Consultation:

April 2025- September 2025, MVU, Pharmacy Directorate, NWJCC

Adduned y Pwyllgor/Committee Resolution (insert ✓):

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

Argymhelliad/Recommendation: **APPROVE** the Service Level Agreement for the provision of provision of commercial medicines contracting support relating to specialised commissioned medicines for the period 22nd September 2025 – 22nd September 2027.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity: Considered where appropriate.

Cyfreithiol/Legal: Considered in Section 16 of the Agreement.

Iechyd Poblogaeth/ Population Health: Number of commercial medicines contracting support activities per annum agreed with NWJCC based on estimated service requirements to meet the needs of the population and services provided.

Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Considered in Section 6.
Ariannol/Financial:	No change to existing financial arrangements as set out at Section 7 of the Agreement.
Risg a Aswiriant/ Risk and Assurance:	Considered throughout the Agreement.
Dyletswydd Ansawdd/Duty of Quality:	Embedded throughout the service, reference Section 6.
Gweithlu/ Workforce:	Existing workforce aligned to deliver the requirements of the Agreement.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Considered in Section 14 and 17.

**SERVICE LEVEL AGREEMENT
BETWEEN NWJCC AND MVU (NWSSP) FOR THE PROVISION OF
COMMERCIAL MEDICINES CONTRACTING RELATING TO SPECILAISED
MEDICINES**

1. INTRODUCTION

This SLA between the NWJCC and MVU, sets out the terms and conditions governing the provision of commercial medicines contracting support for specialised commissioned medicines. The service is primarily intended to support the NWJCC Medical Directorate, with additional support available to the Finance and Planning Directorates as needed.

Prior to this SLA, there was no formalised agreement between the two parties, and the associated workload was managed without a structured framework or defined quality metrics to monitor performance or outcomes.

The initial duration of this SLA is from 22nd Sept 2025 for two years until expiry.

2. SITUATION

The purpose of this report is to seek Committee approval for the new SLA between the NWJCC and the MVU. This SLA outlines the provision of commercial medicines contracting support for specialised medicines, as detailed in the accompanying SLA.

3. GOVERNANCE AND RISK ISSUES

Governance and risk considerations have been addressed through the development and formalisation of the SLA. This process has established a clear framework for accountability, service expectations, and operational oversight.

The delivery of services by the MVU to the NWJCC will be actively managed and monitored throughout the duration of the SLA. This will be achieved through quarterly review meetings, ensuring that performance is tracked, risks are identified early, and any necessary adjustments are made in a timely and collaborative manner

4. CONCLUSION

The MVU and NWJCC have worked collaboratively for several years, with MVU providing commercial medicines contracting support for specialised commissioned medicines on behalf of NWJCC. The introduction of the SLA formalises expectations and responsibilities, ensuring both NWJCC and MVU have a clear, shared understanding of the service scope, timelines, and deliverables. It also introduces structured governance and accountability, enabling performance monitoring and future improvements.

5. RECOMMENDATION

The Committee are asked to:

- **APPROVE** the proposed Service Level Agreement for the provision of commercial medicines contracting support for specialised commissioned medicines for the period 22nd September 2025 – 22nd September 2027.

Service Level Agreement between:

***NHS Wales Joint Commissioning Committee (NWJCC) hosted by
Cwm Taf Morgannwg University Health Board***

and

***The Medicines Value Unit (MVU), NHS Wales Shared Services
Partnership (NWSSP) hosted by Velindre University NHS Trust***

for the provision of:

Commercial medicines contracting support for specialised commissioned
medicine

THIS AGREEMENT is made on the 06th October 2025

PARTIES TO THE AGREEMENT

This Agreement is between NHS Wales Joint Commissioning committee, the organisation procuring the Service, and the Medicines Value Unit (NWSSP), the organisation providing the Service.

PARTIES

*NHS Wales Joint Commissioning Committee (**NWJCC**) hosted by Cwm Taf Morgannwg University Health Board (Charnwood Court (Nantgarw CF15 7QZ)*

and

*The Medicines Value Unit (**MVU**), NHS Wales Shared Services Partnership (NWSSP) hosted by Velindre University NHS Trust (4-5 Charnwood Court, Billingsley Road, Nantgarw Park, Cardiff, CF15 7QZ)*

Each a "**Party**" and together "**the Parties**"

BACKGROUND

- A. This is a Service Level Agreement between NWJCC hosted by Cwm Taf Morgannwg University Health Board and the MVU, NWSSP, hosted by Velindre University NHS Trust sets out the terms and conditions upon which the parties have agreed to govern the provision of commercial medicines contracting support for specialised commissioned medicines.
- B. The Parties agree to cooperate in good faith to achieve the objectives of this agreement and to act in a manner consistent with the reasonable expectations of the other Party.

1. DEFINITIONS

"Agreed Purposes": means holding relevant data in line with contractual agreements and to meet contractual agreements.

"Business Hours": means the period from 9.00 am to 5.00 pm on any Business Day.

"Business Day": means a day, other than a Saturday, Sunday or public holiday in England and Wales when banks in London and Cardiff are open for business.

“Controller, processor, data subject, personal data, personal data breach, processing and appropriate technical and organisational measures”: as set out in the Data Protection Legislation.

“Commencement Date”: means contract will commence on the date that it is signed by both parties.

“Confidential Information”: means all confidential information (however recorded or preserved) disclosed by a Party or its Representatives to the other Party and that Party's Representatives whether before or after the date of this agreement in connection with the Service, including but not limited to:

- a. the existence and terms of this agreement or any agreement entered into in connection with this agreement;
- b. any information that would be regarded as confidential by a reasonable businessperson relating to:
 - i. the business, assets, affairs, customers, clients, suppliers, plans, intentions, or market opportunities of the disclosing Party; and
 - ii. the operations, processes, product information, know-how, designs, trade secrets or software of the disclosing Party;
- c. any information developed by the Parties in the course of carrying out this agreement.

“Data Discloser”: means a Party that discloses Shared Personal Data to the other Party.

“Data Protection Legislation”: means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and all other legislation and regulatory requirements in force from time to time which apply to a Party relating to the use of personal data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

“Deliverables”: means the prior agreed quantifiable services that need to be provided at the various time points.

“Intellectual Property Rights”: means patents, utility models rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other

intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

“**Force Majeure**”: is as defined in clause 15.1;

“**MVU Materials**”: means generated documents.

“**NWJCC Materials**”: means generated documents.

“**Permitted Recipients**”: means the Parties to this agreement, the employees of each Party, any third parties engaged to perform obligations in connection with this agreement.

“**Quality Assurance and Accreditation schemes**”: means a set of processes, controls, and procedures that an organization puts in place to ensure the quality of services.

“**Representatives**”: means in relation to a Party, its employees, officers, representatives, contractors, subcontractors, and advisers.

“**Service**”: means commercial contracting (as outlined in section 5.3).

“**Shared Personal Data**”: means the personal data to be shared between the Parties under clause 14 of this agreement. Shared Personal Data shall be confined to the following categories of information relevant to the following categories of data subject:

- a. name;
- b. NHS number, and
- c. age or date of birth.

“**UK GDPR**”: has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

2. PURPOSE OF THE AGREEMENT

2.1. This agreement sets out the terms and conditions in relation to the provision of the Service.

- 2.2. The Parties agree to adopt the following principles when carrying out the Service:
- 2.2.1. collaborate and co-operate. Establish and adhere to the governance structure set out in this agreement to ensure that activities are delivered, and actions taken as required;
 - 2.2.2. be accountable. Take on, manage, and account to each other for performance of the respective roles and responsibilities set out in this agreement;
 - 2.2.3. be open. Communicate openly about major concerns, issues or opportunities relating to the Service;
 - 2.2.4. adopt a positive outlook. Behave in a positive, proactive manner;
 - 2.2.5. adhere to all applicable laws.
- 2.3. Each Party warrants and represents to the other that, at the Commencement Date, it has the necessary power, authority, and each of their respective organisation's approval to enter into this agreement and the signatories are authorised to execute this agreement on that Party's behalf.

3. STATUS

- 3.1. This agreement is made pursuant to section 7(5) of the National Health Service (Wales) Act 2006 (as applied in Wales) and must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales. Notwithstanding, the Parties agree to act in good faith and in accordance with the provisions stated in this agreement.

4. DURATION OF AGREEMENT

- 4.1 This agreement will commence on the Commencement Date and shall continue unless terminated earlier in accordance with the terms set out in clause 18 (Termination) for an initial period of 24 months (Initial Term), when it shall terminate automatically without notice, unless no later than 1 month before the end of the Initial Term (or any Extended Term agreed under this clause), the Parties agree in writing that the term of the agreement shall be extended for an additional 24 months (Extended Term).

- 4.2 The agreement will be reviewed bi-annually. The terms of the renewed agreement shall remain the same as the original agreement unless otherwise agreed in writing by both parties prior to the renewal date

5. SPECIFICATION OF SERVICE

- 5.1. This agreement is for the provision of commercial medicines contracting support relating to specialised commissioned medicines. The Service will function primarily to support the NWJCC Medical Directorate but may also provide support to the Finance Directorate and the planning Directorate

5.2. THE WORK PLAN

- 5.2.1. Within 30 days of the Commencement Date of this agreement representatives from NWJCC and MVU will meet to agree and sign off a specified work plan. The work plan will be completed biannually and will:

5.2.1.1. include a list of medicines requiring new or updated contract negotiation over the next 12 months;

5.2.1.2. include a list of medicines subject to commercial arrangements and specific actions required by both Parties (to secure commercial arrangements);

5.2.1.3. include specific timelines for the sharing of necessary data (to secure commercial arrangements comprising of a data collection agreement and a commercial agreement);

5.2.1.4. include the dates of all quarterly review meetings to monitor progress and discuss relevant issues (including how

to manage any delays in obtaining data / necessary information);

5.2.1.5.be reviewed and updated biannually or as required;
and

5.2.1.6.be subject to change if other priorities emerge and are agreed in writing by both Parties.

5.3. **COMMERCIAL CONTRACT NEGOTIATIONS (MEDICINES)**

5.3.1. The MVU will carry out and lead the on the commercial contract negotiations for NWJCC commissioned specialised medicines on behalf of NWJCC. The MVU will be expected to allocate appropriately qualified staff to work independently to:

5.3.2. negotiate with pharmaceutical companies the commercial contracts for NWJCC commissioned specialised medicines. This will include contracting for new medicines and updating contracts for existing medicines;

5.3.3. incorporate a linear pricing model for medicines for use in children into the contract negotiation pathway for specialised services medicines wherever possible;

5.3.4. advise NWJCC on the content of the contractual agreements for NWJCC to make informed decisions on their ability to meet the contractual agreement;

5.3.4.1. provide a specialist information resource to support:

5.3.4.2.designing the data outcomes pathways to meet contractual agreements;

5.3.4.3.defining the core dataset required to operate a commercial contract efficiently;

5.3.4.5. collating the information required to meet contractual agreements with the pharmaceutical companies;

5.3.4.6.seek, analyse, and share evidence from other sources (i.e. Health Board usage data) to support and inform NWJCC

policy development, policy adherence and contract monitoring work;

5.3.4.7. analyse the data and information, using a range of software packages; and

5.3.4.8. regularly update NWJCC on the progress of contract negotiations to inform NWJCC planning pathways.

5.4. MVU will:

- 5.4.1. provide access to all the necessary literature relating to contract negotiations of the specialised services medicines;
- 5.4.2. be responsible for the administration of the Service and the recording of all activities, including induction, continual professional development, and annual appraisal of its staff; and
- 5.4.3. be responsible for all statutory and mandatory training of its staff.

5.5. NWJCC will:

- 5.5.1. supply the MVU with the relevant information relating to this Service in a timely manner on a regular basis, as reasonably required by MVU to provide the Service;
- 5.5.2. respond to requests from the MVU team to engage as frequently as required to ensure all commercial arrangements are effective and executed with minimal delay to access for the patients in Wales following a positive Health Technology Appraisal (HTA) or Highly Specialised Technology (HST) by National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG);
- 5.5.3. inform the MVU in an email if they engage independently with any pharmaceutical company regarding a commercial arrangement or budget impact discussions;
- 5.5.4. record and document any commercial exchange of information with the pharmaceutical companies and

share with the MVU to ensure a full and complete audit trail for any commercial arrangement is retained;

- 5.5.5. ensure adequate data availability from healthcare providers for the operation of the commercial agreement; and
- 5.5.6. where required NWJCC will require patient level data from providers which will be shared anonymously with the MVU.

6. QUALITY, GOVERNANCE, TRAINING AND EDUCATION

6.1 Clinical, technical, and professional competences

- 6.1.1. MVU will have policies, procedures, and systems as appropriate to assure the standards of clinical, technical, and professional competences of staff that they employ. This will include:
 - 6.1.1.1. employment of appropriately qualified staff;
 - 6.1.1.2. adequate levels of staffing and skill mix;
 - 6.1.1.3. compliance with statutory and other national requirements; and
 - 6.1.1.4. compliance with professional standards e.g. participation in recognised Quality Assurance and Accreditation Schemes.

6.2. Workload allocation

- 6.2.1. Data in Table 1 describes the approximate time that should usually be allocated to each of the core duties within the service to be provided.
- 6.2.2. The contract will cover the equivalent of 4 Contract negotiations per year depending upon their complexity. The number of Commercial Access Agreements and MVU activity will be agreed at the start of a financial year.

Table 1. Breakdown of tasks to be provided by the Service

Task	Approximate time allocated each month (hours)
Scoping	1
Contract negotiations	4
Preparation & delivery of contract proposal presentations	1
Collating submissions for commercial rebates	2
In contract management (e.g. data & rebate management)	2
Training and personal development	2
Other e.g. specialist input from external organisations	2

6.3. Governance arrangements

6.3.1. The MVU will comply with Velindre University NHS Trust policies and procedures and where applicable NWSSP operational procedures, as available upon request.

6.3.2 The MVU will be responsible for undertaking annual reviews of the performance of its staff and a regular review of the NWJCC work plan considering the needs of NWJCC and local, regional, or national priorities (see clause 5.2). Any changes to the NWJCC work plan would need to be agreed in writing by both parties.

6.3.3. Any conflicts of interest must be disclosed and discussed by both parties as soon as possible. Discussions and decisions

taken to eliminate or mitigate any conflicts of interest will need to be agreed and recorded appropriately.

6.4. Audit

- 6.4.1. NWJCC will be responsible for undertaking audits of activity relevant to the service.
- 6.4.2. NWJCC must give at least 10 Business Days' written notice, to MVU of an audit and such audit must only be carried out during Business Hours with minimal disruption to MVU's business.
- 6.4.3. NWJCC will inspect, audit, and take copies of relevant records and other documents as necessary in relation to the Service to verify MVUs compliance with this agreement.
- 6.4.3. NWJCC and its licensors shall retain ownership of all NWJCC Intellectual Property Rights in NWJCC Materials. The MVU and its licensors shall retain ownership of all Intellectual Property Rights in MVU Materials.
- 6.4.4. NWJCC grants, for the duration of this agreement, or shall procure the direct grant to the MVU of, a fully paid-up, worldwide, non-exclusive, royalty-free, licence to use NWJCC Intellectual Property Rights to give effect to the obligations and/or to use any deliverables, matter or any other output supplied to the other Party in relation to the Service and as part of the agreement
- 6.4.5. MVU grants NWJCC a fully paid-up, worldwide, non-exclusive, royalty-free, non-transferable licence to use MVU Materials for the duration of the agreement in order to give effect to the obligations and/or to use any deliverables, matter or any other output supplied to the other Party in relation to the Service and as part of the agreement
- 6.4.6. NWJCC shall indemnify the MVU in full against any sums awarded by a court against the MVU arising out of or in connection with any claim brought against the MVU for infringement of a third party's rights (including any Intellectual Property Rights) arising out of or in connection with this agreement and the Service.
- 6.4.7. The Parties warrants and undertakes that either it owns or is entitled to use and will continue to own or be entitled to use all Intellectual Property Rights used in the carrying out of its

obligations under this agreement and/or necessary to give effect to the obligations and/or to use any deliverables, matter or any other output supplied to the other Parties as part of the Agreement

6.4.8. The Parties hereby grant, for the duration of the agreement, the use by the other Party any Background Intellectual Property, Deliverables, material or any other output in any format, an irrevocable, royalty-free, non-exclusive licence to use, modify, adapt, or enhance such items.

6.4.9. Any Intellectual Property Rights developed during agreement and the work plan will be split as between the Parties subject to further agreement.

6.4.10. Any disseminations including publications will be agreed between the Parties and acknowledge all contributions made by the Parties. Neither Party shall make any publications or announcements about the Service or the agreement without first obtaining the prior written consent of the other Party.

6.4.11. The MVU will produce a status report for all the commercial arrangements it is providing under this Service to NWJCC. The status report will be a live document and share securely with nominated NWJCC colleagues

6.4.12. The MVU will provide NWJCC with information relating to the Service and the work plan as and when requested or required if not covered by the status report.

7. FINANCIAL ACCOUNTABILITIES

7.1. The MVU and NWJCC receive funds through core allocation to undertake activities such as those included in this agreement by the Health Boards / Welsh Government (WG).

7.2. The Parties agree that in consideration of the mutual promises set out in this agreement, there is a £0 value per annum for the Service provided to NWJCC by the MVU to avoid duplicate charging of the Health Boards / WG. Should the volume of work undertaken by the MVU at the request of NWJCC be extensive and require more time and resource than initially anticipated, the contract value

will be reviewed, and any changes will be agreed in writing by both parties.

8. MANAGEMENT ACCOUNTABILITIES

- 8.1. The number of contract negotiations per year depending (upon their complexity) will be monitored on an annual basis against the four agreed within this agreement.
- 8.2. The monthly workload allocations for the core service tasks will be monitored in accordance with the agreement on a quarterly basis. Quarterly monitoring meetings (or more frequently if considered necessary by either Party) will be held to discuss activity against the NWJCC work plan and consider any adjustments proposed by either Party (see section 5.2).
- 8.3. The principal points of contact for any issues relating to this agreement and/or the Service are as set out below:

NWJCC

Huw George

Unit G1, The Willowford,

Treforest Industrial Estate,

Pontypridd, CF37 5YL

Tel: +44 (0)1443 443443 ext 8128

E-mail: Huw.George3@wales.nhs.uk

Medicines Value Unit a service within NWSSP

Alison Ramsey 4-5 Charnwood Court,

Billingsley road,

Nantgarw Park,

Cardiff, CF15 7QZ

Tel: +44 (0)29 2074 4771

E-mail: alison.ramsey@wales.nhs.uk

9. DISPUTES AND ARBITRATION

- 9.1 Any dispute within the first instance should be escalated to Huw George on behalf of NWJCC and Alison Ramsey on behalf of NWSSP.
- 9.2 Where a dispute arises between the Parties which cannot be resolved by negotiation between the nominated individuals in section 8.0 above, the matter shall be referred to the Welsh Ministers for resolution in accordance with Section 7 of the National Health Service (Wales) Act 2006.

10. CONFIDENTIALITY

10.1 Each Party undertakes that it shall not at any time disclose to any person any Confidential Information belonging to the other Party except as permitted by Clause 0.

10.2. Each Party may disclose the other Party's Confidential Information:

10.2.1. to its Representatives who need to know such information for the purposes of exercising the Party's rights or carrying out its obligations under or in connection with this Agreement. Each Party shall ensure that Representatives to whom it discloses the other Party's Confidential Information comply with this Clause 0; and

10.2.2 as may be required by law, a court of competent jurisdiction or any governmental or regulatory authority.

10.3 No Party may use any other Party's Confidential Information for any purpose other than to exercise its rights and perform its obligations under or in connection with this agreement.

11 WELSH LANGUAGE OBLIGATIONS

11.1. Each party warrants and undertakes that it will not perform this agreement in such a way as to breach its obligations in respect of the Welsh language including but not limited to its obligation

under the Government of Wales Act 2006, the Welsh Language Act 1993, or the Welsh Language (Wales) Measure 2011.

12 ANTI-SLAVERY

12.1. In performing its obligations under the Agreement, the Parties shall:

12.1.1. comply with all applicable anti-slavery and human trafficking laws, statutes, and regulations from time to time in force including the Modern Slavery Act 2015; and

12.1.2. comply with the NHS Anti-slavery policy.

13. WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015

13.1. The Parties agree to meet their obligations under the Well-being of Future Generations (Wales) Act 2015 when performing its obligations under the Agreement. Such assistance under this Clause shall include providing the other Party with information required to meet it or their annual reporting requirements under the Well-being of Future Generations (Wales) Act 2015.

14. DATA PROTECTION AND FREEDOM OF INFORMATION

14.1. This clause sets out the framework for the sharing of personal data between the Parties as controllers. Each Party acknowledges that one Party (referred to in this clause as the **Data Discloser**) will regularly disclose to the other Party Shared Personal Data collected by the Data Discloser for the Agreed Purposes.

14.2. Each Party shall comply with all the obligations imposed on a controller under the Data Protection Legislation, and any material breach of the Data Protection Legislation by one Party shall, if not remedied within 30 days of written notice from the other Party, give grounds to the other Party to terminate this agreement with immediate effect.

14.3. Each Party shall:

14.3.1. ensure that it has all necessary notices and consents and lawful bases in place to enable lawful transfer of the

Shared Personal Data to the Permitted Recipients for the Agreed Purposes;

- 14.3.2. give full information to any data subject whose personal data may be processed under this agreement of the nature of such processing. This includes giving notice that, on the termination of this agreement, personal data relating to them may be retained by or, as the case may be, transferred to one or more of the Permitted Recipients, their successors, and assignees;
- 14.3.3. process the Shared Personal Data only for the Agreed Purposes;
- 14.3.4. not disclose or allow access to the Shared Personal Data to anyone other than the Permitted Recipients;
- 14.3.5. ensure that all Permitted Recipients are subject to written contractual obligations concerning the Shared Personal Data (including obligations of confidentiality) which are no less onerous than those imposed by this agreement;
- 14.3.6. ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the other Party, to protect against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- 14.3.7. not transfer any personal data received from the Data Discloser outside the UK unless the transferor ensures that:
 - 14.3.8. the transfer is to a country approved under the applicable Data Protection Legislation as providing adequate protection; or
 - 14.3.9. there are appropriate safeguards or binding corporate rules in place pursuant to the applicable Data Protection Legislation; or
 - 14.3.10. the transferor otherwise complies with its obligations under the applicable Data Protection Legislation by

providing an adequate level of protection to any personal data that is transferred; or

14.3.11. one of the derogations for specific situations in the applicable Data Protection Legislation applies to the transfer.

14.4. Each Party shall assist the other in complying with all applicable requirements of the Data Protection Legislation. In particular, each Party shall:

14.4.1. consult with the other Party about any notices given to data subjects in relation to the Shared Personal Data;

14.4.2. promptly inform the other Party about the receipt of any data subject rights request;

14.4.3. provide the other Party with reasonable assistance in complying with any data subject rights request;

14.4.4. not disclose, release, amend, delete, or block any Shared Personal Data in response to a data subject rights request without first consulting the other Party wherever possible;

14.4.5. assist the other Party, at the cost of the other Party, in responding to any request from a data subject and in ensuring compliance with its obligations under the Data Protection Legislation with respect to security, personal data breach notifications, data protection impact assessments and consultations with the Information Commissioner or other regulators;

14.4.6. notify the other Party without undue delay on becoming aware of any breach of the Data Protection Legislation;

14.4.7. at the written direction of the Data Discloser, delete or return Shared Personal Data and copies thereof to the

Data Discloser on termination of this agreement unless required by law to store the Shared Personal Data;

- 14.4.8. use compatible technology for the processing of Shared Personal Data to ensure that there is no lack of accuracy resulting from personal data transfers;
 - 14.4.9. maintain complete and accurate records and information to demonstrate its compliance with this clause and
 - 14.4.10. provide the other Party with contact details of at least one employee as point of contact and responsible manager for all issues arising out of the Data Protection Legislation, including the joint training of relevant staff, the procedures to be followed in the event of a data security breach, and the regular review of the parties' compliance with the Data Protection Legislation.
- 14.5. Each Party shall indemnify the other against all liabilities, costs, expenses, damages and losses (including but not limited to any direct, indirect or consequential losses, loss of profit, loss of reputation and all interest, penalties and legal costs (calculated on a full indemnity basis) and all other reasonable professional costs and expenses) suffered or incurred by the indemnified Party arising out of or in connection with the breach of the Data Protection Legislation by the indemnifying Party, its employees or agents, provided that the indemnified Party gives to the indemnifier prompt notice of such claim, full information about the circumstances giving rise to it, reasonable assistance in dealing with the claim and sole authority to manage, defend and/or settle it.

15. FORCE MAJEURE

- 15.1. In this agreement "**Force Majeure**" shall mean any cause preventing a Party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Party so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, epidemic or pandemic, fire, flood or storm.
- 15.2. Neither Party shall be liable for any delay or failure in the performance of its obligations for so long as and to the extent that such delay or failure is as a result of a Force Majeure. If the period

of delay or non-performance continues for 30 [days, the Party not affected may terminate this agreement by giving not less than 30 days' written notice to the affected Party.

16. INDEMNITIES AND LIMITATION OF LIABILITY

16.1. Nothing in this agreement shall limit or exclude a Party's liability:

- 16.1.1. for death or personal injury caused by its negligence, or that of its employees, agents, or sub-contractors;
- 16.1.2. for fraud or fraudulent misrepresentation;
- 16.1.3. for any other act, omission, or liability which may not be limited or excluded by law.

16.2. Subject to Clause 16.1, and 16.3 each Party (Indemnifying Party) shall indemnify the other Party on a full indemnity basis (Indemnified Party) in respect of all actions, proceedings, costs, claims, demands, liabilities, losses and expenses howsoever arising whether in tort, default or breach of contract or breach of law arising directly from the acts or omissions of the Indemnifying Party, or any of its Representatives or in fulfilling its obligations under this agreement.

16.3. The indemnity given in Clause 16.2 shall not apply to the extent that liability arises from any fraud, dishonesty, wilful default and /or wilful negligence, unlawful expenditure, libel, or slander on the part of the Indemnified Party.

17. FREEDOM OF INFORMATION

17.1. The Parties acknowledge that each Party is subject to the requirements of the Freedom of Information Act 2000 ("FOIA") and the Environmental Information Regulations 2004 ("EIR"). Each Party shall assist and cooperate with the other to enable a Party to meet their obligations and requirements under the FOIA and EIR legislation and comply with their disclosure requirements under the FOIA. to

18. TERMINATION

- 18.1. Without affecting any other right or remedy available to it, either Party to the agreement may terminate it with immediate effect by giving written notice to the other Party if:
- 18.1.1. the other Party commits a material breach of any term of the agreement which breach is irremediable or (if such breach is remediable) fails to remedy that breach within a period of 30 days after being notified in writing to do so;
 - 18.1.2. the other Party takes any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), applying to court for or obtaining a moratorium under Part A1 of the Insolvency Act 1986, being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business or, if the step or action is taken in another jurisdiction, in connection with any analogous procedure in the relevant jurisdiction;
 - 18.1.3. the other Party suspends, or threatens to suspend, or ceases or threatens to cease to carry on all or a substantial part of its business; or
 - 18.1.4. the other Party's financial position deteriorates to such an extent that in the terminating Party's reasonable opinion the other Party's capability to adequately fulfil its obligations under the agreement has been placed in jeopardy.
- 18.2. Without affecting any other right or remedy available to it, either Party may terminate this agreement on giving not less than 30 days written notice to the other Party.

19. GENERAL

19.1. ASSIGNMENT AND OTHER DEALINGS

- 19.1.1. Neither Party shall assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any

or all of its rights and obligations under the agreement without the other Party's prior written consent.

19.2. **ENTIRE AGREEMENT**

- 19.2.1. The agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations, and understandings between them, whether written or oral, relating to its subject matter.
- 19.2.2. Each Party acknowledges that in entering into the agreement it does not rely on and shall have no remedies in respect of any statement, representation, assurance, or warranty (whether made innocently or negligently) that is not set out in the agreement. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or negligent misstatement based on any statement in the agreement.

19.3. **VARIATION**

- 19.3.1. No variation of the agreement shall be effective unless it is in writing and signed by the Parties (or their authorised Representatives).

19.4. **WAIVER**

- 19.4.1. A waiver of any right or remedy under the agreement or by law is only effective if given in writing and shall not be deemed a waiver of any subsequent right or remedy.
- 19.4.2. A failure or delay by a Party to exercise any right or remedy provided under the agreement or by law shall not constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict any further exercise of that or any other right or remedy. No single or partial exercise of any right or remedy provided under the agreement or by law shall prevent or restrict the further exercise of that or any other right or remedy.

19.5. **SEVERANCE**

- 19.5.1. If any provision or part-provision of the agreement is or becomes invalid, illegal, or unenforceable, it shall be deemed modified to the minimum extent necessary to

make it valid, legal, and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this *Clause* shall not affect the validity and enforceability of the rest of the agreement.

19.6. NOTICES

- 19.6.1. Any notice or other communication given to a Party under or in connection with the agreement shall be in writing and shall be:
- 19.6.1.1. delivered by hand or by pre-paid first-class post or other next Business Day delivery service at its principal place of business; or
 - 19.6.1.2. sent by email to the address specified in clause 0.
- 19.6.2. Any notice or communication shall be deemed to have been received:
- 19.6.2.1. if delivered by hand, at the time the notice is left at the proper address;
 - 19.6.2.2. if sent by pre-paid first-class post or other next Business Day delivery service, at 9.00 am on the second Business Day after posting; or
 - 19.6.2.3. if sent by email, at the time of transmission, or, if this time falls outside Business Hours in the place of receipt, when Business Hours resume.
- 19.6.3. This *Clause 19.6* does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

19.7. THIRD PARTY RIGHTS

- 19.7.1. Unless it expressly states otherwise, the agreement does not give rise to any rights under the Contracts (Rights of

Third Parties) Act 1999 to enforce any term of the agreement.

19.7.2. The rights of the Parties to rescind or vary the agreement are not subject to the consent of any other person.

19.8. **GOVERNING LAW**

19.8.1 The Parties recognise that this agreement is not a legally binding contract but nevertheless will honour, observe, and perform as if it was.

This agreement is executed on behalf of the parties by their duly authorised officers as follows:

For or on behalf of NWJCC

Name: Iolo Doull

Title: Medical Director



Signed:

Date: 06/10/2025

For or on behalf of NWSSP

Name: Alison Ramsey

Title: Director of Finance and Corporate Service



Signed:

Date: 22/09/2025



The report is not exempt

Teitl yr Adroddiad/Title of Report:

NWSSP Local Partnership Forum (LPF) and LPF Sub Groups Terms of Reference

Arwwinydd/ Lead:	Neil Frow – Managing Director NWSSP
Awdur/ Author:	Samantha Wright, Deputy Director of People and OD
Swyddog Adrodd/ Reporting Officer:	Gareth Hardacre, Director of People, OD and Employment Services

Pwrpas yr Adroddiad/Purpose of the Report:

The purpose of this paper is to seek the Partnership Committee **APPROVAL** of the revised Terms of reference for the LPF and LPF Sub Groups (Attraction and Retention and Policy Review).

Llywodraethu/Governance:

Amcanion/ Objectives:	Our People - We will listen and learn from our staff to co-produce innovative solutions with our partners
Tystiolaeth/ Supporting evidence:	Aligned to SSPC Standing Orders for Operation Paragraphs 4.5:4.12

Ymgynghoriad/Consultation:

Local Partnership Forum – 5th November 2025

Adduned y Pwyllgor/Committee Resolution (insert ✓):

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

Argymhelliad/ Recommendation:	The Committee is asked to APPROVE the revised Terms of Reference for the LPF and its Sub-Groups: <ul style="list-style-type: none"> • Attraction and Retention Group • Policy Review Group
--	---

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Considered where appropriate
Cyfreithiol/Legal:	Aligned to the Trade Union and Labour relations (Consolidation) Act 1992
Iechyd Poblogaeth/ Population Health:	Considered where appropriate

Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Considered where appropriate
Ariannol/Financial:	Considered where appropriate
Risg a Aswiriant/ Risk and Assurance:	Considered where appropriate
Dyletswydd Ansawdd/Duty of Quality:	Considered where appropriate
Gweithlu/ Workforce:	The main forum to ensure the workforce (through their representatives) are aware and consulted on organisation activity that may impact their employment.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Local Partnership Forum (LPF) and LPF Sub Groups Terms of Reference

1. INTRODUCTION

The LPF provides a formal mechanism where the SSPC, as employer and trade unions/professional bodies representing NWSSP's employees work together to improve health services for the citizens served by the NWSSP – achieved through a regular and timely process of consultation, negotiation, and communication. In doing so, the LPF must effectively represent the views and interests of the NWSSP workforce.

It is the forum where the NWSSP and staff organisations will engage with each other to inform, debate, and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

The LPF falls under the Governance of the SSPC's Standing Orders for Operation Paragraphs 4.5:4.12.

2. SITUATION

The LPF Terms of Reference required updating to include reference to NWSSP's approach to Speaking Up Safely, ensuring that the LPF was sighted on thematic analysis of any concerns raised.

At the same time, LPF took the opportunity to review the operation of its Sub Groups, the Recruitment and Retention Group and the Policy Review Group.

It was agreed that the Recruitment and Retention Group would be refreshed to focus on Attraction and Retention instead, providing a real focus on how NWSSP

attracts candidates alongside an understanding of what makes them stay/leave NWSSP.

The Policy Review Group Terms of Reference was refreshed to take account of revised membership and internal governance routes.

3. GOVERNANCE AND RISK ISSUES

It is considered that strengthening the LPF and associated Sub Groups Terms of Reference will improve NWSSP's approach to Partnership Working and reduce the perceived risk of strained employee relations impacting of service delivery and subsequently patient care.

4. CONCLUSION

NWSSP LPF is content to submit the following Terms of Reference for **approval**:

- NWSSP LPF Terms of Reference
- NWSSP LPF Attraction and Retention Group Terms of Reference
- NWSSP LPF Policy Review Group Terms of Reference

5. RECOMMENDATION

The Committee are asked to:

- **Approve** the following Terms of Reference:
 - NWSSP LPF Terms of Reference
 - NWSSP LPF Attraction and Retention Group Terms of Reference
 - NWSSP LPF Policy Review Group Terms of Reference

NWSSP Local Partnership Forum

Terms of Reference

Executive Sponsor & Function:	Director of People, OD and Employment Services
Document Author:	Interim Deputy Director of People and OD
Approved by:	NWSSP Local Partnership Forum
Approval Date:	05/11/2025
Version:	2

Contents

1. Introduction.....	2
2. Purpose.....	2
3. General Principles.....	3
4. Membership.....	4
5. Chair and Forum Support.....	4
6. Quorum.....	5
7. Management of Meetings.....	5
8. Confidentiality.....	5
9. Appendices.....	6

1. Introduction

- 1.1 The NHS Wales Shared Services Partnership (NWSSP) Local Partnership Forum (LPF) is the formal mechanism through which management and trade unions/professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.
- 1.2 At the earliest opportunity, NWSSP will engage with staff organisations in the key discussions at the LPF and Locality/Divisional level.
- 1.3 All members are full and equal members of the forum and collectively share responsibility for the decisions made.
- 1.4 The LPF will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management for Agenda for Change Terms and Conditions (AFC). The TUC principles of partnership will apply. These principles are attached at **Appendix 1**.

2. Purpose

The purpose of the LPF is to:

- 2.1 Establish a regular and formal dialogue between NWSSP's Senior Leadership Group, People and OD and staff organisations on matters relating to people and health service issues.
- 2.2 Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.
- 2.3 Consider national developments in NHS Wales people and organisational development strategy and their implications for NWSSP.
- 2.4 Negotiate on matters subject to local determination.
- 2.5 Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard.
- 2.6 Enable employers and staff organisations to put forward issues affecting staff.
- 2.7 Provide opportunities for staff organisations and managers to input into organisation service development plans at an early stage.
- 2.8 Consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- 2.9 Appraise and discuss in partnership the financial performance of the organisation on a regular basis.
- 2.10 Appraise and discuss in partnership NWSSP services and activity and its implications.
- 2.11 Provide opportunities to identify and seek to agree quality issues, including governance, particularly where such issues have implications for staff.
- 2.12 Communicate to the partners the key decisions taken by the Senior Leadership Group.

2.13 In addition, the LPF can establish Local Partnership Forum subgroups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed, they must report to the LPF as per the cycle of business.

2.14 The subgroups agreed by LPF are:

- Recruitment and Retention Group
- Policies Group

The Speaking Up Safely Steering Group will also update the LPF regularly through the monthly People and OD Report.

3. General Principles

3.1 NWSSP accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

3.2 The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach.
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect.
- They demonstrate commitment to employment security for workers and flexible ways of working.
- They share success – rewards must be felt to be fair.
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency.
- They must bring effective representation of the views and interests of the workforce.
- They must demonstrate a commitment to work with and learn from each other.

3.3 All members must:

- be prepared to engage with and contribute fully to the Forum's activities and in a manner that upholds the standards of good governance set for the NHS in Wales.
- comply with their terms and conditions of appointment.
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
- promote the work of the LPF and the relevant subgroups within the professional discipline they represent.

A Code of Conduct is attached as **Appendix 2**.

4. Membership

4.1. All members of the LPF are full and equal members and share responsibility for the decisions of the LPF.

4.2. Management Representation shall consist of the following postholders:

- Managing Director
- Director of People, Organisational Development and Employment Services (or deputy)
- Director of Finance (or deputy)
- Director of Planning Performance and Informatics (or deputy)
- Divisional Directors and Senior Leaders (or deputy) as locally identified
- Senior members of People and Organisational Development as locally identified
- Other Directors and other post holders may also be members or may be co-opted dependent upon the agenda.

4.3. Staff Representatives

- NWSSP recognises those staff organisations listed in **Appendix 3** for the representation of members who are employed by the organisation.
- Staff representatives must be employed by the organisation and accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by NWSSP or ceases to be a member of a nominating organisation then they will automatically cease to be a member of the LPF.
- Full time officers of the staff organisations may attend meetings subject to prior notification and agreement.

4.4. Members of the LPF who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the LPF.

4.5. Trade unions will determine through their own mechanisms which reps will attend and reserve the right to change the representative as necessary.

5. Chair and Forum Support

5.1 The Managing Director and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis. If neither are available their Deputies, acting as Vice Chairs, will Chair the LPF.

5.2 The Director of Finance for NWSSP will be the Deputy for the Management Side.

5.3 The Deputy for the Staff Organisation will be determined by the Trade Unions.

5.4 The Director of People, OD and Employment Services, through members of their team, will ensure the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

6. Quorum

- 6.1 Every effort will be made by all parties to maintain a stable membership. The Chair, in discussion with those present, will determine whether there are enough representatives to ensure the meeting is quorate.
- 6.2 To be quorate, at least two staff side representatives must be present (this can include the Chair).
- 6.3 If a meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree, an extraordinary meeting may be scheduled within 7 calendar days' notice.
- 6.4 Consistent attendance and commitment to participate in discussions is essential. Where a member of the Forum does not attend on 3 consecutive occasions, the member will be asked for a response to the next meeting for further consideration and possible removal.
- 6.5 If further consideration of papers is required, an extension of not less than 10 working days (but no more than 20 working days) can be given. It is possible to ratify those papers after agreement by email from at least one Management Side and one Staff Side representative of the LPF (if more than one Trade Union has an interest in the Paper, the names of those whose agreement must be sought will be confirmed in the meeting).

7. Management of Meetings

- 7.1 Meetings will be held bimonthly, but this may be changed to reflect the need of either staff organisations or management.
- 7.2 The business of the meeting shall be restricted to matters pertaining to LPF issues and should include local operational issues.
- 7.3 The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting.
- 7.4 Items for the agenda and supporting papers should be notified to the nominated People and OD contact as early as possible, and in the event at least two weeks in advance of the meeting.

8. Confidentiality

- 8.1 From time to time, members may obtain knowledge of a confidential nature concerning other members of staff.
- 8.2 They must treat all information, in a discreet and confidential manner in accordance with the provisions of GDPR. The importance of confidentiality in such matters is paramount
- 8.3 Any breach of confidentiality may be reported and could result in disciplinary action.

9. Appendices

Appendix 1 - Six Principles of Partnership Working

1. A shared commitment to the success of the organisation.
2. A focus on the quality of working life.
3. Recognition of the legitimate roles of the employer and the trade union.
4. A commitment by the employer to employment security.
5. Openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation.
6. Adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

Appendix 2 - Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

1. Respect the meeting start time and arrive punctually.
2. Attend the meeting well-prepared, willing to contribute and with a positive attitude.
3. Listen actively. Allow others to explain or clarify when necessary.
4. Observe the requirement that only one person speaks at a time.
5. Avoid 'put downs' of views or points made by colleagues.
6. Respect a colleague's point of view.
7. Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation.
8. Try not to react negatively to criticism or take as a personal slight.
9. Put forward criticism in a positive way.
10. Be mindful that decisions have to be made and it is not possible to accommodate all individual views.
11. Respect the Chair.
12. Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

Appendix 3 - List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- Royal College of Nursing (RCN)
- UNISON
- UNITE
- GMB
- Managers in Partnership (MiP)

NHS Wales Shared Services Partnership

Local Partnership Forum Sub Group

People and OD Attraction and Retention Group

Terms of Reference

Executive Sponsor & Function:	Director of People and OD and Employment Services
Document Author:	Interim Head of People Strategy, Planning and Insight
Approved by:	NWSSP Local Partnership Forum
Approval Date:	05/11/2025
Version:	3

Table of Contents

1. Introduction	2
2. Purpose.....	2
3. General Principles.....	2
4. Membership.....	3
5. Chair and Forum Support.....	3
6. Quorum.....	4
7. Management of Meetings	4
8. Confidentiality	5
9. Appendices.....	6

1. Introduction

- 1.1. The People and OD Attraction & Retention Group is a formal subgroup of the Local Partnership Forum and has been established to harmonise, develop and review an organisational approach to how we recruit, attract and retain employees across NWSSP.
- 1.2. The aim of the group is to ensure all approaches are considered in partnership with Trade Union representatives, People & Organisational Development representatives and has been made open to all staff to attend from across the organisation.
- 1.3. The People and OD Attraction & Retention Group will propose new ways of enhancing our employee value proposition and send them for consideration and ratification by the Local Partnership Forum.
- 1.4. All members are full and equal members of the forum and collectively share responsibility for the decisions made.
- 1.5. The group will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management, with all proposals being ratified through the Local Partnership Forum. The TUC principles of partnership will apply. These principles can be found in Appendix 1.

2. Purpose

- 2.1 To oversee the development and review of new and existing local NWSSP employee benefits
- 2.2. To contribute to the consultation process of any proposed health and wellbeing initiatives
- 2.3. To contribute to the development and guidance of proposed changes to our employee benefits, reviewing our offering and how these are cascaded to all staff across the organisation
- 2.4. To contribute to the consultation process for other policies and associated procedures which have implications for staff benefits, such as long service awards, annual leave purchase and selling schemes etc.
- 2.5. To support the appropriate and propose new ideas for the communication of NWSSP job adverts and strategies around this.

3. General Principles

- 3.1. NWSSP accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to working together.
- 3.2. The principles of true partnership working between staff organisations and Management are as follows:
 - Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach.
 - They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect.

- They demonstrate commitment to employment security for workers and flexible ways of working.
- They share success – rewards must be felt to be fair.
-
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency.
- They must bring effective representation of the views and interests of the workforce.

3.3. All members must:

- Be prepared to engage with and contribute fully to the Forum’s activities and in a manner that upholds the standards of good governance set for the NHS in Wales.
- Comply with their terms and conditions of appointment.
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
- Promote the work of the Attraction and Attention Group, as a subgroup of LPF within the professional discipline they represent. A Code of Conduct can be found in [Appendix 2](#).

4. Membership

4.1 All members of the Attraction and Retention are full and equal members and share responsibility for the decisions taken forward to the Local Partnership Forum.

4.2 Joint Chairs – including both management and staff side representatives.

- People and OD nominated NWSSP Director/Deputy Director to act as management chair
- Staff organisation representative to act as staff side chair (NWSSP recognises those staff side organisations listed in [Appendix 3](#))

4.3 Senior People and OD appointed representative who will support Chairs.

4.4 People and OD Representatives who will represent NWSSP People and OD management.

4.5 Other parties by invitation or who have volunteered to be part of the group.

5. Chair and Forum Support

5.1 The People and OD nominated NWSSP Director/Deputy Director and Staff Organisation Chair will Chair the Attraction and Retention Group. This will be done on a rotational basis. If neither are available a deputy will be nominated in partnership.

5.2 The Senior People and OD appointed representative will support Chairs, through members of their team, to ensure the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

6. Quorum

- 6.1 Every effort will be made by all parties to maintain a stable membership. The Chair, in discussion with those present, will determine whether there are enough representatives to ensure the meeting is quorate.
- 6.2 For a meeting to be quorate, the following must be in attendance.
 - A. Either Joint Chair
 - B. 1x People and OD Nominated NWSSP Director/Deputy Director Representative (or nominated deputy)
 - C. 1x Staff Organisation Union Representative (or nominated deputy)
- 6.3 If a meeting is not quorate no decisions can be made but information may be exchanged. Where joint Chairs agree, an extraordinary meeting may be scheduled within 7 calendar days' notice.
- 6.4 The Group shall have the authority to submit agreed ideas to support how we attract and retain employees across NWSSP to the Local Partnership Forum for ratification following the consultation process.
- 6.5 The group will agree any unresolved issues which need to be escalated to the Local Partnership Forum and identify any potential associated risks.
- 6.6 Responsibilities and authority to act on behalf of the group may be delegated to named individuals where expressly authorised by the group.
- 6.7 Consistent attendance and commitment to participate in discussions is essential. Where a member of the Forum does not attend on 3 consecutive occasions, the member will be asked for a response to the next meeting for further consideration and possible removal.

7. Management of Meetings

- 7.1 Meetings will be held bimonthly, but this may be changed to reflect the need of either staff organisations or management.
- 7.2 In the interest of efficiency, meetings will be held virtually via Microsoft teams.
- 7.3 The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting.
- 7.4 Items for the agenda and supporting papers should be notified to the nominated People and OD contact as early as possible, and in the event at least two weeks in advance of the meeting.
- 7.5 The group will ensure that appropriate consultation outlined in [Appendix 4](#) takes place throughout the development of proposals and ensure they are distributed effectively throughout NWSSP.
- 7.6 All NWSSP employees have an opportunity to comment on any proposals, these will be cascaded via the corporate communications bulletin on a bi-monthly basis following a review by Local Partnership Forum.
- 7.7 Where agreement cannot be reached on a final version of a proposal then it will be submitted to the Local Partnership Forum for determination.
- 7.8 All approved proposals will be submitted to the Local Partnership Forum for ratification.

8. Confidentiality

- 8.1 Members must treat all information in a discreet and confidential manner in accordance with the provisions of GDPR. The importance of confidentiality in such matters is paramount. Items for the agenda and supporting papers.
- 8.2 Any breach of confidentiality may be reported and could result in disciplinary action.

9. Appendices

Appendix 1

Six Principles of Partnership Working

1. A shared commitment to the success of the organisation.
2. A focus on the quality of working life.
3. Recognition of the legitimate roles of the employer and the trade union.
4. A commitment by the employer to employment security.
5. Openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation.
6. Adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

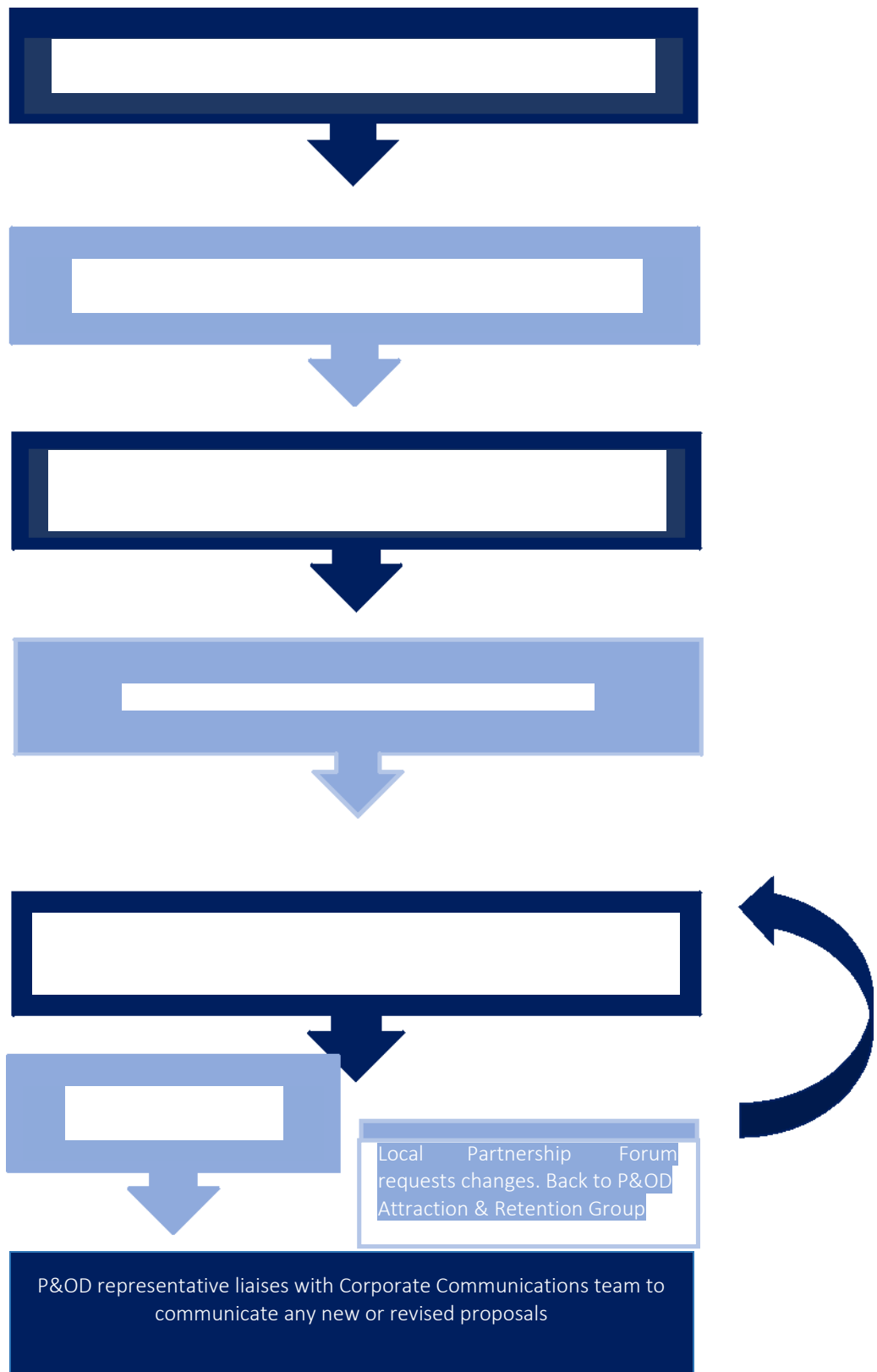
1. Respect the meeting start time and arrive punctually.
2. Attend the meeting well-prepared, willing to contribute and with a positive attitude.
3. Listen actively. Allow others to explain or clarify when necessary.
4. Observe the requirement that only one person speaks at a time.
5. Avoid 'put downs' of views or points made by colleagues.
6. Respect a colleague's point of view.
7. Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation.
8. Try not to react negatively to criticism or take as a personal slight.
9. Put forward criticism in a positive way.
10. Be mindful that decisions have to be made and it is not possible to accommodate all individual views.
11. Respect the Chair.
12. Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- Royal College of Nursing (RCN)
- UNISON
- UNITE
- GMB
- Managers in Partnership (MiP)

Appendix 4 Flow Chart – Attraction & Retention Group process



NHS Wales Shared Services Partnership

Local Partnership Forum Sub Group

People and OD Policy Review Group

Terms of Reference

Executive Sponsor & Function:	Director of People and OD and Employment Services
Document Author:	Interim Head of Business Partnering
Approved by:	NWSSP Local Partnership Forum
Approval Date:	05/11/2025
Version:	2

Contents

1. Introduction	2
2. Purpose	2
3. General Principles	2
4. Membership	3
5. Management of meetings	4
6. Administrator	5
7. Venue	5
8. Functions	5
9. Reporting.....	5
10. Communication	5
11. Appendices.....	6

1. Introduction

1.1. The People and OD Policy Review Group is a formal subgroup of the Local Partnership Forum and has been established to harmonise, develop and review corporate workforce related policies and associated procedures across NWSSP. The aim of the group is to ensure all policies and processes are considered in partnership with Trade Union representatives, People & Organisational Development (POD) representatives and has been made open to all employees to attend from across the organisation.

1.2. The People and OD Policy Review Group will ensure policies, which have been agreed following the consultation process, are considered for ratification by the Local Partnership Forum

2. Purpose

2.1. The purpose of the Policy Group is:

- To oversee the development and review of new and existing People and OD related policies and associated procedures.
- To contribute to the consultation process of All Wales workforce related policies and associated procedures.
- To contribute to the development of guidance notes for All Wales workforce related policies and associated procedures as required.
- To identify Policy training requirements where appropriate.
- To contribute to the consultation process for other policies and associated procedures which have implications for staff.
- To support the appropriate communication of new and updated policies including consultation where applicable.

3. General Principles

To ensure that workforce policies are inclusive and responsive to the needs of NWSSP employees. To do this, NWSSP work in collaboration with Trade Union Partnerships to support the development of workforce policies and procedures.

3.1. Inclusivity and Equality

The POD Policy Group is committed to ensuring that all workforce policies are inclusive, fair, and equitable. Policies will promote equality of opportunity and reflect the diverse needs, backgrounds, and experiences of all NWSSP employees. Consideration will be given to protected characteristics under the Equality Act 2010 and the principles of dignity and respect in the workplace. An EQIA form must be submitted to support the Policy.

3.2. Collaboration and Partnership Working

Policy development and review will be carried out in collaboration with Trade Union representatives and relevant stakeholders. This partnership approach ensures that the voices of employees are represented, fostering trust, transparency, and shared ownership of workforce policies.

3.3. Employee-Centred Approach

Policies will be developed with the needs and experiences of employees at the forefront. This means ensuring that procedures are practical, supportive, and responsive to the real-life challenges and aspirations of NWSSP staff.

3.4. Consistency and Compliance

All workforce policies will align with NWSSP's overarching strategic aims and organisational values, NHS Wales policy frameworks, and relevant employment legislation. The Policy Group will ensure consistency in policy application across all service areas to promote fairness and clarity.

3.5. Transparency and Accessibility

Policies and procedures will be written in clear, accessible language and made available to all employees. The group will ensure that staff understand how policies affect them and how to access support or guidance where needed.

3.6. Continuous Improvement and Review

The Policy Group will maintain a cycle of regular policy review to ensure that documents remain current, effective, and responsive to changes in legislation, best practice, and workforce feedback. Lessons learned from implementation will inform future policy development.

3.7. Wellbeing and Engagement

All policies will consider the physical, emotional, and psychological wellbeing of staff. The Policy Group will aim to create a supportive working environment that values employee health, engagement, and job satisfaction.

4. Membership

All members must be prepared to engage with and contribute fully to the Policy Group activities and in a manner that upholds the standards of good governance set for the NHS in Wales.

4.1. Chairs

- People and OD Representative.

- Trade Union Representative.

4.2. Membership

- Joint Chairs
- People and OD Representatives who will represent policy(s) they have developed/reviewed and updated.
- Other parties from across NWSSP who have been nominated or have volunteered to be part of the group.

4.3. Quorum

4.3.1. For a meeting to be quorate, the following must be in attendance.

- A. Either joint Chair.
- B. 1 P&OD Representative (which may include the joint chair).
- C. 1 Trade Union Representative (which may include the joint chair).
- D. One other representative from NWSSP.

4.3.2. Every effort will be made by all parties to maintain a stable membership. The Chair, in discussion with those present, will determine whether there are enough representatives to ensure the meeting is quorate.

4.3.3. If a meeting is not quorate no decisions can be made but information may be exchanged. Where joint chairs agree, an extraordinary meeting may be scheduled within 7 calendar days' notice.

4.3.4. Consistent attendance and commitment to participate in discussions is essential. Where a member of the Forum does not attend on 3 consecutive occasions, the member will be asked for a response to the next meeting for further consideration and possible removal.

4.3.5. If further consideration of policies is required, an extension of no less than 10 working days (but no more than 20 working days) can be given. It is possible to ratify those policies after agreement by email from at least one of the Chairs.

5. Management of meetings

5.1. The group will meet approximately monthly or when required and will be reviewed regularly.

5.2. The minutes shall normally be distributed 10 days after the meeting and no later than 7 days prior to meeting, where possible.

5.3. Policies for the agenda should be notified to the nominated People and OD contact as early as possible, and in the event at least two weeks in advance of the meeting, where possible.

6. Administrator

6.1. P&OD representative with files to be held on P&OD internal SharePoint.

6.2. All agreed policies will then be published on the intranet.

7. Venue

7.1. In the interest of efficiency, meetings will be held virtually via Microsoft teams.

8. Functions

8.1. Ensure the identification and prioritisation of workforce policies, supported by data analytics to evidence the policies actively used the most.

8.2. Support the achievement of POD action plans for the review of policies, highlighted by Red, Amber, Green (RAG) status as to the level of priority required/expiration date.

8.3. Evaluate, discuss, recommend and implement best practice.

8.4. Develop operating procedures for All Wales policies as required.

8.5. Record policies with tracked changes for audit purposes with version numbers and date updated.

8.6. Ensure that the policies, procedures and guidelines comply with the Equality Impact Assessment Policy.

8.7. Ensure compliance with Standing Financial Instructions and the Scheme of Delegations.

8.8. Feedback any issues from the implementation and interpretation of policies.

8.9. Formal action points will be recorded at meetings, with names attached to allocated actions and collated into a summary action plan.

9. Reporting

9.1. All approved policies will be submitted to SLG for approval then the Local Partnership Forum (LPF) for ratification.

10. Communication

10.1. The group will ensure that appropriate consultation (see flow chart of process cycle) takes place throughout the development of policies and procedures and that agreed policies are distributed effectively throughout NWSSP.

10.2. All NWSSP employees have an opportunity to comment on any policies or procedures and so the Intranet Policy page will have a new section titled "policies under review" for people to comment on

11. Appendices

Appendix 1

Six Principles of Partnership Working

1. A shared commitment to the success of the organisation.
2. A focus on the quality of working life.
3. Recognition of the legitimate roles of the employer and the trade union.
4. A commitment by the employer to employment security.
5. Openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation.
6. Adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

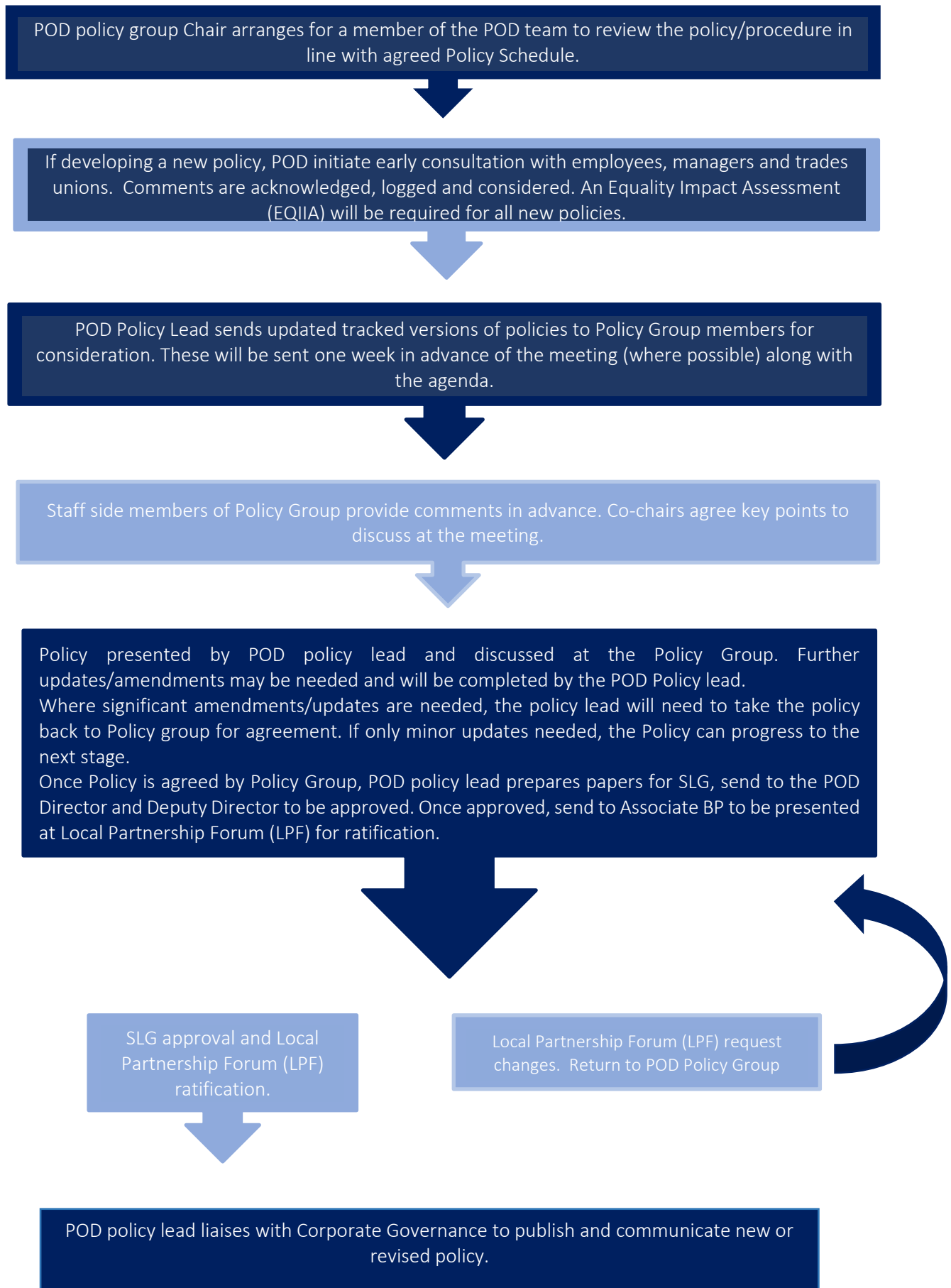
1. Respect the meeting start time and arrive punctually.
2. Attend the meeting well-prepared, willing to contribute and with a positive attitude.
3. Listen actively. Allow others to explain or clarify when necessary.
4. Observe the requirement that only one person speaks at a time.
5. Avoid 'put downs' of views or points made by colleagues.
6. Respect a colleague's point of view.
7. Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation.
8. Try not to react negatively to criticism or take as a personal slight.
9. Put forward criticism in a positive way.
10. Be mindful that decisions have to be made and it is not possible to accommodate all individual views.
11. Respect the Chair.
12. Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

Appendix 3

List of Recognised Trade Unions/Professional Bodies referred to as 'staff organisations' within these Standing Orders

- Royal College of Nursing (RCN)
- UNISON
- UNITE
- GMB
- Managers in Partnership (MiP)

Appendix 4 - A Flow Chart – Policy consultation and approval process





GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

14 November 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Locum Hub Wales Contract

ARWEINYDD: LEAD:	Gareth Hardacre, Director of Workforce & OD, Employment Services
AWDUR: AUTHOR:	Darren Rees, Deputy Director of Employment Services
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Hardacre, Director of Workforce & OD, Employment Services

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

The purpose of this report is to seek approval from the Shared Services Partnership Committee (SSPC) for the approach to extend the contract for the GP Locum Hub in support of a Welsh Government commissioned service.

Llywodraethu/Governance

Amcanion: Objectives:	<p>Value for Money - To make evidence-based decisions driving digital innovation and efficiencies which delivers real terms savings and service quality benefits to its customers.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p>
Tystiolaeth: Supporting evidence:	<p>NWSSP IMTP 2024-27 Welsh Government written support to extend contract (including funding)</p>

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		<p>The Shared Services Partnership Committee is requested to:</p> <ul style="list-style-type: none"> • note the reasons for contractual extension of 2 years (+1+1); • note the Welsh Government support and funding to the proposed contract extension; and • APPROVE the approach to extend the contract for the GP Locum Hub in support of a Welsh Government commissioned service. 					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct Impact
Cyfreithiol: Legal:	No direct Impact
Iechyd Poblogaeth: Population Health:	No direct Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	NWSSP in receipt of Welsh Government written confirmation of funding
Risg a Aswiriant: Risk and Assurance:	Support continuation of General Medical Practice Indemnity compliance
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	Supports continuation of recruitment and management of GP Locum shift coverage
Deddf Rhyddid Gwybodaeth/ FOIA	Open

Background Information

Locum Hub Wales is a Welsh Government commissioned service delivered to GP Practices across Wales as a result of Ministerial commitment to GP Practices in 2019. There are no alternative digital solutions to deliver this service. This contract extension will provide continued access, enabling GP Practices to manage their Permanent and Temporary staff. Critical to this service is ongoing compliance with capturing GP Practice Locum workforce activity for the purpose of the Wales General Medical Practice Indemnity Scheme. Practices post and book Locum coverage on a daily basis to assure uninterrupted care delivery in the community. Additionally, practices advertise and appoint permanent staff using the system. It is interoperable with existing NHS Wales primary care infrastructure and that of third-party solutions and is an ongoing data source to fulfil Welsh Government's commitment evidence based strategic decisions and publication of quarterly statistics.

The original contract for Locum Hub Wales is approved 19th December 2019 (Appendix 1). This included the option to extend for an additional 3 years. This has been exhausted and will expire on 18th December 2025. The contract extension for 2 years will enable a system wide assessment, including the arrangements for the All-Wales Locum Register, the new PCWIS, the profile model for the People Portal (previously Electronic Staff Record) and outcome of the user research exercise. This will allow sufficient time to complete planned user research, engage stakeholders meaningfully, and ensure any future procurement is informed by robust evidence and aligned with national and ministerial priorities.

'Welsh Government supports a temporary contract extension of two years (+1+1). This extension will ensure continuity of service to GP Practices locum management, fulfil General Medical Indemnity Scheme requirements and enable evidence-based strategic planning. A full tender process is not feasible at this time; the extension ensures a robust and tested solution while broader and possibly complementary workforce and digital transformation strategies are developed.'

Purpose for Extension

The requirement to extend this contract was included in the NWSSP IMTP presented to the Committee in November 2024 and formally approved by Welsh Government in March 2025.

Locum Hub Wales is a Welsh Government commissioned service, provided free of charge to GP Practices across Wales. The platform enables practices to recruit their workforce and to manage cover of GP shifts with Locums through a self-service solution. There is currently no alternative to maintain continuity of this service during the review period.

The service is available to approximately 368 GP Practices and has become a valued tool for managing locum engagement. Throughout the contract term, there has been consistent interest from GP Practices, strategic stakeholders, and other contractor service sectors in extending the system's use beyond general practitioners.

The solution is the single data source to NWSSP Legal & Risk Service in managing the Wales Scheme for General Medical Practice Indemnity. It also provides essential workforce intelligence to Health Boards and Health Education Improvement Wales. Additionally, Welsh Government will utilise this data to inform Ministerial Questions and provide published statistics on a quarterly basis.

Given the sustained interest from the wider primary care community and its strategic alignment with workforce transformation goals, a short-term extension of the current commercial contract is recommended. This will safeguard service delivery while allowing time to complete planned user research, engage stakeholders meaningfully, and ensure any future procurement is evidence-based and aligned with national priorities.

The review will consider:

- the ongoing requirement for the service;
- whether continuation should mirror the current model; and
- potential value in expanding a service beyond General Medical to other contractor services.

Welsh Government will utilise the outcome of the review to inform its medium-long term strategy.

The original Locum Hub agreement was let via an Open OJEU process under the Public Contract Regulations (PCR) (2015). Contract referenced above dated 19th December 2019. The total awarded value to GPUK Support Services Ltd was £759,021.78.

In April 2022, the contracted requirement for continued hosting, maintenance and support for GP Advertising (also provided by GPUK) was incorporated into the contract for Locum Hub via CCN (approved 27th September 2022), increasing the contract value by £136,643.14.

This proposed extension will increase the contract value further by £271,494.58, leading to a total increase of £408,137.72. This cost will be fully funded by Welsh Government.

The funding for this requirement of £271,494.58 is provided in full by Welsh Government, and the contractual relationship is managed by NHS Wales Shared Services Partnership Employment Services. All values exclude VAT.

Recommendation

NHS Wales Shared Services Committee is requested to:

- note the reasons for contractual extension of 2 years (+1+1);
- note the Welsh Government support and funding to the proposed contract extension; and
- **APPROVE** the approach to extend the contract for the GP Locum Hub in support of a Welsh Government commissioned service.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasanaethau
Shared Services
Partnership

14 November 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Future NHS Workforce Solution - ESR Transformation Programme

**ARWEINYDD:
LEAD:**

Gareth Hardacre - Director of People, Organisation
Development & Employment Services

**AWDUR:
AUTHOR:**

Angela Jones, Deputy Director for Digital and Workforce
Productivity Solutions

**SWYDDOG
ADRODD:
REPORTING
OFFICER:**

Gareth Hardacre - Director of People, Organisation
Development & Employment Services

**MANYLION
CYSWLLT:
CONTACT
DETAILS:**

Angela Jones, Deputy Director for Digital and Workforce
Productivity Solutions
Angela.jones5@wales.nhs.uk

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

To provide an update to the committee on the progress and forthcoming actions within the Future Workforce Solution - ESR Transformation Programme.

Llywodraethu/Governance

**Amcanion:
Objectives:**

Excellence – to systemically develop process excellence with a focus on continuous service improvement.

**Tystiolaeth:
Supporting
evidence:**

Ymgynghoriad/Consultation:

- Chief Executives
- Executive Directors/ Deputy Directors of Workforce
- Executive Directors/ Deputy Directors of Finance
- Strategic Lead Partners in HEIW & Digital Health & Care Wales
- Welsh Government Workforce & Social Care Colleagues (NWSSP)

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Committee is asked to NOTE the progress and forthcoming actions within the Future Workforce Solution - Transformation Programme.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The Future Workforce Solution will further enhance the standardisation and harmonisation of Workforce principles, reducing variation in practice to proactively address issues of professional equity.
Cyfreithiol: Legal:	The programme aligns with the Strategic Workforce Plan and the digital transformation agenda, and will facilitate compliance with legislative requirements around our NHS Workforce
Iechyd Poblogaeth: Population Health:	The initiative will support Workforce Planning and provide a digital solution to understand workforce implications of population health needs
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Delivering quality, safety and effective patient care is at the heart of programme. The system aims to strengthen short- and long-term workforce and planning issues ensuring clinical and non-clinical areas appropriately staffed by facilitating the management of employee data throughout careers
Ariannol: Financial:	Financial Management of the overarching Programme is managed by NHSBSA with NHS Wales liable for 6.1315% of the total costs of the programme. Finance monitoring (inc Capital and Revenue) will be monitored throughout the programme
Risg a Aswiriant: Risk and Assurance:	Replacing the existing system (ESR) is not without Risk – and these risks will be the subject of ongoing governance and assurance reporting.
Dyletswydd Ansawdd / Duty of Quality:	Quality assurance processes will be implemented to ensure that Project deliverables meet the required standards. Regular reviews and audits will be conducted to maintain quality, with updates provided to NHS Wales Steering Group and SSPC.
Gweithlu: Workforce:	The Change Management associated with ensuring the successful deployment and implementation of a transformed NHS workforce solution across all

	organisations is significant. Activities will be delivered in line with and agreed change management approach, with a strong focus on customer experience and engagement.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	No direct Impact / considerations

Future NHS Workforce Solution - ESR Transformation Programme

1. BACKGROUND

The Future NHS Workforce Solution Transformation Programme (the Programme) is a critical investment in modernising workforce management across the NHS in England and Wales. Led by the NHS Business Services Authority (NHSBSA), the Programme will transform the existing Electronic Staff Record (ESR) system to a new, scalable, user-centric, and data-driven Future NHS Workforce solution (to be branded "PeoplePortal").

Once built and implemented, it is anticipated that the PeoplePortal will support organisations and employees by providing a complete employment lifecycle platform, generating significant benefits for the NHS over the 15-year contract duration. It is proposed that the solution will support everything from recruitment and onboarding to career development, workforce management, payroll through to retirement. It will succeed the Electronic Staff Record (ESR), continue to pay circa 120,000 employees (and Bank Workers) across Wales. Via a transformation (not implementation) approach it will offer the NHS the opportunity to further standardise ways of working and create improved, more consistent and user-friendly experience as colleagues move throughout their careers within the NHS.

The aspiration is for the future solution to connect more easily with other digital systems and will empower employees to manage their personal information more efficiently. It will also give the NHS improved data about its workforce so managers can make better planning decisions, which will drive cost reduction and enable productivity improvements.

During the Spring / Summer of 2025, the NHSBSA developed a Full Business case compliant with HM Treasury's five case model, which was subsequently submitted and approved by both Department of Health and Social Care and HM Treasury. Advice was also subsequently sent to the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Finance & Welsh Language. Welsh Government Officials have confirmed to NWSSP that they have agreed the expenditure related to the Wales contribution of the overall cost of the new system.

2. SITUATION

In October 2025, the NHSBSA announced the award of a £1.2 billion contract to Infosys, to deliver a new and enhanced workforce management solution for the NHS. The Programme will now swiftly move from planning to mobilisation stages across both NHS Wales and England. Over coming weeks, the NHSBSA will work with Infosys to develop underpinning programme strategies to manage the programme, support the identification of early adopters and implementation waves, and to determine the route for user engagement in design workshops.

Key Milestones

Design and Build of the new solution will commence in early 2026 and is anticipated to take around 18 months. Early adopter organisations will have significant involvement in the process, including business process change assessments and support, systems integration testing, user acceptance and payroll testing.

- In September 2026, Infosys will assume responsibility for running the existing ESR service from the incumbent systems integrator IBM.
- In the Summer of 2027 early adopters will start using the future solution followed by implementation waves through to 2030. On completion of implementation waves, the current ESR solution will be decommissioned.

Governance

NHSBSA and Infosys will work with the NHS Wales Shared Service Partnership for a consistent approach to build and implementation. NWSSP will establish a Programme Management Governance structure that will report into SSPC and NHSBSA Transformation Board and ultimately to Welsh Government. With partners from NHS Wales organisations - an All-Wales Steering Group and Delivery Group will be established, with individual task and finish groups focussing on enabling readiness activities, business change, ESR optimisation and data quality

Finance

As a programme for NHS Wales, we have received confirmation that advice sent to the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Finance & Welsh Language was agreed. This advice acknowledged the NHS Wales share of the new contract expenditure, but we await formal confirmation of the availability of any additional funding available to meet the increased costs of the new contract. NWSSP will continue a dialogue with Welsh Government colleagues for further clarity with an aim of providing an update via SSPC in January 2026.

Key Activities for organisations in 2025/26

- Agree NHS Wales representatives to support **Design Workshops**. Strategically focussed workshops are currently being planned in from late November onwards. Secondary workshops involving subject matter experts and volunteers from user organisations are being planned in from early 2026 onwards.
- Users from organisations have already been asked to declare an interest and a significant number of nominations have been received. The NHSBSA will issue communications and invites for the workshops in due course.
- Infosys (along with the rest of the Supplier team) are currently undertaking some work to identify potential Early Adopters. This includes a review of the data NHS Wales organisations submitted to NHSBSA in January of 2025.
- In coming weeks, NWSSP & NHSBSA (alongside the Supplier team) will engage with NHS Wales organisations who expressed an interest in being an early adopter. Unfortunately, not every organisation who expressed an interest will be ultimately selected by the supplier team to become an Early Adopter. However, it is anticipated that those selected will be asked to provide agreement "in principle" towards the end of this calendar year.
- NHS Wales Organisations will commence their annual ESR audits and levels of attainment January - March 2026 to formulate consolidated action plans, which will support foundational readiness for implementation.
- An Executive Board Briefing pack is currently being drafted to further support communications locally at Health Organisations.

3. RECOMMENDATION

The Committee is asked to **NOTE** the progress and forthcoming actions within the ESR Transformation Programme.



The report is <u>not exempt</u>						
Teitl yr Adroddiad/Title of Report:						
Duty of Quality Update Report November 2025						
Arwwinydd/ Lead:	Dr Ruth Alcolado, Medical Director					
Awdur/ Author:	Dr Ruth Alcolado, Medical Director					
Swyddog Adrodd/ Reporting Officer:	Dr Ruth Alcolado, Medical Director					
Pwrpas yr Adroddiad/Purpose of the Report:						
The Duty of Quality which applies to both clinical and non-clinical services came into force in April 2023. This paper outlines the steps made in NWSSP in ensuring improving quality is at the heart of the wide variety of services provided by NWSSP on behalf of NHS Wales.						
Llywodraethu/Governance:						
Amcanion/ Objectives:	To demonstrate NWSSP compliance with the Duty of Quality.					
Tystiolaeth/ Supporting evidence:	NWSSP Duty of Quality Annual Report.					
Ymgynghoriad/Consultation:						
The Committee receives a bi-annual update in relation to the progress made in NWSSP regarding the Duty of Quality.						
Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE ✓
Argymhelliad/ Recommendation:	That the Committee note the progress made in implementation of the Duty of Quality.					
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:						
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Not directly applicable.					
Cyfreithiol/Legal:	Not directly applicable.					
Iechyd Poblogaeth/ Population Health:	The quality of services provided by NWSSP and reflected in the 2025 annual report directly and indirectly affects population health – this is a progress report against the Duty.					

Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	This report affects quality, safety and the user experience.
Ariannol/Financial:	Not directly applicable.
Risg a Aswiriant/ Risk and Assurance:	This update is designed to provide assurance to the Committee of the progress made in developing the 2025-2026 Duty of Quality Report.
Dyletswydd Ansawdd/Duty of Quality:	This report directly relates to the Duty of Quality.
Gweithlu/ Workforce:	The Duty of Quality is applicable to all staff within NWSSP.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open.

1. Situation

The Duty of Quality came into force in April 2023. The Duty is measured against 12 Health and Care standards which should be considered when making decisions regarding delivery of clinical and non-clinical services. The Duty of Quality requires that an annual public facing report is produced outlining each organisations progress on becoming a quality driven organisation.

The traditional 6 domains of clinical quality were supplemented with 6 enablers to produce the 12 Health and Care standards (see image below).



2. Background

The Duty is inherently linked to the components of quality management systems (QMS). It is noted that there are several different QMS used within the divisions of NWSSP to meet the specific requirements of authorising bodies e.g. MHRA. This does not mean variations in the quality of the service, rather that the method

of ensuring quality will vary depending on the end products. We continue to work with NHS Wales Performance and Improvement team QMS working group.

Reporting is mandated in the form of a bilingual public facing annual report which reflects the commitment of NWSSP to providing a quality service to the NHS in Wales, and by extension, to the public using NHS services.

The three strands of reporting Duty of Quality progress within and external to NWSSP are as follows:

1. Annual report to be provided as agreed as a separate annex to the VUNHST Annual Duty of quality report. This was delivered in May 2025 for the period April 2024-March 2025. The next report will be delivered in May 2026.
2. Always on reporting on NWSSP quality, a monthly update will be provided on the NWSSP intranet site.
3. Information will be provided to NHS bodies in Wales in support of their duty of quality where NWSSP provides services for and to them on behalf of NHS Wales.

3. Assessment

3.1. Update on progress

3.1.1.

The Duty of Quality site continues to be maintained on SharePoint, containing divisional videos and slide decks outlining the links of the Duty with current QMS and daily activities within NWSSP.

https://nhs.wales365.sharepoint.com/sites/SSP_Intranet/SitePages/Dui.aspx

3.1.2.

Details of external awards submissions are shared within each division, on SharePoint and are showcased in the annual report.

3.1.3.

The Duty of Quality implementation team continues to meet at least quarterly and continues to share best practice across the organisation.

3.1.4.

The IMTP and the Duty of Quality processes continue to draw from each other and work together to ensure that quality is at the heart of everything we do within NWSSP.

3.1.5.

NWSSP has successfully maintained Customer Service Excellence (CSE) accreditation again for the third year as a whole organisation, being the first NHS Wales body to gain this prestigious award. The process for gaining this is robust and involves in depth reviews of customer insight, organisational culture, information and access and timeliness and quality of service.

3.2

The annual Duty of Quality report is in preparation detailing the progress made against the duties placed upon us to demonstrate the continuous improvement of the quality of services we provide to our partners, customers and the people of Wales. Welsh translation is ongoing and will enable us to make the report public facing. Publication will follow Welsh Government mandated processes as always.

3.3

We are integrating the Duty of Quality into our quarterly review reporting for each division, which will ensure that we are able to demonstrate clearly that we are taking quality into account when undertaking financial and planning checks.

4. CONCLUSION

We remain on track to ensuring the production of the annual Duty of Quality Annual Report and continue to embed quality within daily practices within NWSSP.

5. RECOMMENDATION

The Committee are asked to **NOTE** the update.

NWSSP Finance Report November 2025

Reporting on the period to 30th September 2025

*Delivering Value, Innovation and
Excellence through Partnership*



The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 30th September 2025

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

2025/26 Financial Position to 30th September 2025

Revenue

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£000	£000	£000	£000
Income	-867,969	-363,724	-362,994	729
Pay	438,969	216,181	212,376	-3,804
Non-Pay	241,545	101,214	101,187	-27
WRP – DEL	187,455	46,329	46,329	0
Year to date underspend	0	0	3,102	3,102
	0	0	0	0

We will liaise with Welsh Government regarding the value and treatment of any forecast underspend against our health protection funding.

We continue to await confirmation of the 2025/26 pay award funding estimated at **£3.927m**.

Based on performance to date and funding/income assumptions within our financial plan, we currently anticipate a 2025/26 non-recurrent distribution of circa **£5.000m**. Indicative apportionments of this are detailed in the table. A further update will be provided to the January Committee meeting.

NWSSP reported a cumulative surplus of **£3.102m** to the end of September 2025. This continues to primarily relate to a sustained high level of vacancies across our services and an underspend against our health protection funding allocation.

This surplus is reported after covering unfunded cost pressures for:

- Employers National Insurance funding shortfall **£0.372m** (full year **£0.744m**).
- Single Lead Employer trainee adjustments not covered via Access to work - **£0.024m** to date and this is an area of increasing pressure that we need to address with HEIW as these are additional costs of training.

Organisation	%	DISTRIBUTION £
Aneurin Bevan	9.85	492,500
Swansea Bay	8.80	440,000
Betsi Cadwaladr	11.98	599,000
Cardiff and Vale	10.49	524,500
Owm Taf	10.60	530,000
Hywel Dda	7.77	388,500
Powys	1.95	97,500
Velindre	1.17	58,250
WAST	1.28	64,000
Public Health Wales	0.87	43,500
Welsh Government	35.25	1,762,250
Total	100.00	5,000,000

Financial Position and Key Targets

KPI	Target	2024/25					2025/26										Trend
		August	September	October	November	December	January	February	March	April	May	June	July	August	September		
Financial Position – Forecast Outturn	Break even Monthly	-£524k	-£524k	-£524k	-£524k	Break even	Break even	Break even	-£15k	Break even	Break even	Break even	Break even	Break even	Break even	Break even	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Achieved	On Target	On Target	On Target	On Target	On Target	On Target		
Distribution	0 Annually	On Target	On Target	On Target	£2m	£2m	£2.5m	£3.6m	£3.6m	On Target	On Target	On Target	On Target	On Target	On Target		
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	97.66%	99.03%	98.35%	98.47%	97.86%	96.24%	98.45%	97.95%	98.35%	99.43%	99.40%	97.95%	97.85%	97.91%		
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.64%	97.86%	97.94%	98.00%	97.99%	97.83%	97.88%	97.89%	98.35%	98.94%	99.08%	98.73%	98.57%	98.46%		
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	97.25%	93.27%	96.96%	95.31%	96.69%	93.78%	94.63%	98.10%	97.85%	94.74%	92.94%	94.38%	92.22%	90.74%		
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.22%	94.94%	95.43%	95.42%	95.55%	95.30%	95.30%	95.64%	97.85%	96.36%	95.26%	95.05%	94.72%	94.04%		
Retrospective Purchase Orders	0 Monthly	62	47	58	63	57	54	88	61	56	59	68	56	61	54		

Corporate

KPI	Target	2025/26										Trend			
		August	September	October	November	December	January	February	March	April	May		June	July	August
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	9	2	7	9	6	7	9	2	4	2	1	0	2	0
Variable Pay – Overtime	<£100k Monthly	£107k	£133k	£88k	£118k	£88k	£105k	£140k	£142k	£94k	£80k	£83k	£93k	£71k	£70k
Overtime % Adjusted to exclude SLE	<1.25% Monthly	1.32%	1.61%	1.07%	1.06%	1.03%	1.18%	1.60%	0.88%	1.07%	0.88%	0.93%	1.03%	0.68%	0.76%
Agency % to date	<0.8% Cumulative	0.13%	0.11%	0.09%	0.08%	0.08%	-0.04%	0.03%	0.01%	0.00%	0.00%	0.00%	0.03%	0.02%	0.02%
Agency % Adjusted to exclude SLE	<1% Cumulative	0.47%	0.43%	0.38%	0.34%	0.31%	-0.16%	0.11%	0.05%	0.00%	0.00%	0.00%	0.10%	0.08%	0.07%
Invoices on hold										633	411	680	509	462	346
Invoices awaiting authorisation										146	92	Not recorded	97	83	83

New KPIs have been added this month and backdated to April 2025 to report invoices on hold and invoices awaiting authorisation which are priorities on the All Wales P2P programme for all Organisations to improve.

Capital

Scheme	Allocation	YTD Spend	Balance
	£000	£000	Outstanding £000
Occupeye equipment	2	2	0
Matrix House adaptations 25/26	20	16	-4
Laminar flow unit	22	0	-22
Pharma Database	134	0	-134
Transearch scanner	3	0	-3
Datalogger & associated software	5	0	-5
SMTL steriliser	27	0	-27
Avocor & surface hub replacement - MR1 HQ - test	4	0	-4
Fire doors Alder House	35	0	-35
Fire doors Matrix House	30	0	-30
Primary Care Workforce Intelligence System	0	0	0
VAT recoveries 24/25 projects	0	-9	-9
Unallocated	60	0	-60
Discretionary Capital Total	342	9	-333
IP5 Discretionary	250	102	-148
Laundry Discretionary	200	38	-162
Radiopharmacy Facility at Imperial Park 5	5,511	1,645	-3,866
TrAMS SE Hub advance funding	264	96	-168
South East Wales TrAMS Programme - incl fees	700	0	-700
Waste water heat reclamation system Green Vale	282	0	-282
Denbigh stores roof mounted PV	253	6	-247
Matrix House EV charging points & associated infrastructure	271	2	-269
Glan Clwyd Ventilation	442	0	-442
Macron stand alone dryers Greenvale	142	0	-142
Washer extractors Greenvale	137	0	-137
Waste water heat reclamation system Church Village	334	0	-334
Waste water heat reclamation system Glan Clwyd	273	0	-273
Additional Capital Total	9,059	1,889	-7,170
IFRS16	0	0	0
IFRS16 Capital	0	0	0
TOTAL CAPITAL ALLOCATION	9,401	1,898	-7,503

At the end of September, we have incurred **£1.898m** capital expenditure against our Capital Expenditure Limit (CEL) of **£9.401m**. This now includes **£0.700m** for the SE Wales TRAMS FBC that was approved in September.

Our discretionary funding has been reduced from £0.800m to **£0.342m** in respect of the 30% (£0.458m) Organisational contribution required to the Targeted Estates Fund (TEF) schemes.

We await confirmation of funding for submitted business cases for IP5 Roof, Fleet vehicles, additional laundry equipment and TEF funding for Bridgend Stores. We continue to chase Welsh Government for any updates as delays to funding confirmation will impact our ability to deliver these schemes in 2025/26.

We submitted bids for year end capital funding in September for digital schemes (£0.623m) and equipment/estates schemes (£1.472m) that we can deliver in 2025/26. We await the outcome of these submissions.

We confirmed some forecast underspends against capital schemes to Welsh Government in October and our CEL has been adjusted to reflect this in November.

Welsh Risk Pool

Expenditure type	Position as at M6 2024/25 £m	Position as at M6 2025/26 £m
Claims reimbursed & WRP Managed Expenditure	26.145	63.044
Periodical Payments made to date	0.961	1.208
Redress Reimbursements	0.416	0.865
EIDO – Patient consent	0.000	0.000
Clinical Negligence Salary Subsidy	0.205	0.187
WRP Transfers, Consent, Prompt, CTG	0.202	0.233
Movement on Claims Creditor	6.954	-19.208
Year to date expenditure	34.883	46.329

DEL expenditure to **Month 6** is **£46.329m** compared to **£34.883m** 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 6 forecast has identified a potential range from **£194.279m - £205.135m**.

The increased forecast requires a minimum risk share contribution from NHS Wales Organisations of **£84.844m** but this could reach as much as **£95.700m** if risks included in the forecast crystallise. These costs are **£48.788m-£59.644m** above the initial forecast requirement shared for planning purposes.

This places a significant additional financial pressure on NHS Wales as any risk share contributions will be collected from Organisations per the percentages noted in the table.

We are reviewing opportunities with NHS Organisations to minimise expenditure in 2025/26 where possible.

	2025/26 ACTUAL RSA%
Aneurin Bevan	18.22%
Swansea Bay	13.97%
Betsi Cadwaladr	21.00%
Cardiff & Vale	16.76%
Cwm Taf Morgannwg	14.60%
Hywel Dda	10.03%
Powys	2.12%
Public Health Wales	0.64%
Velindre	0.79%
Welsh Ambulance	1.87%
	100.00%

Contact details

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

website: nwssp.nhs.wales

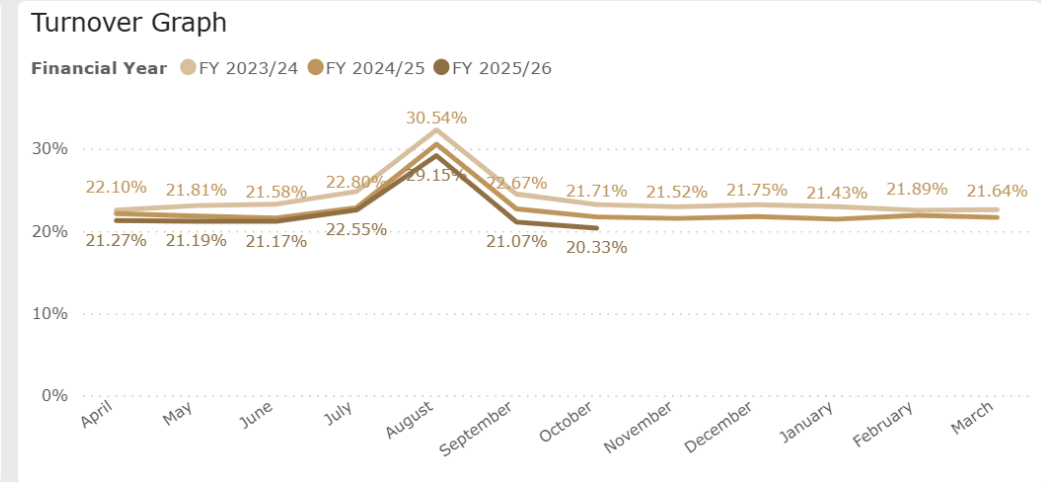
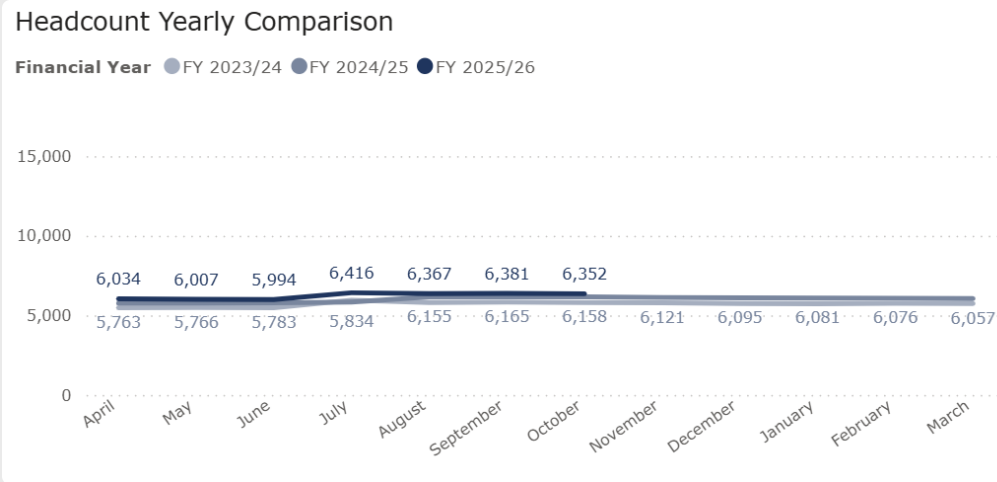
People and OD SSPC Report October 2025

*Delivering Value, Innovation
and Excellence through
Partnership*

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT AUTHOR	Samantha Wright, Interim Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31st October 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 October headcount including SLE (**6,352**) has **decreased** from September (**6,381**).

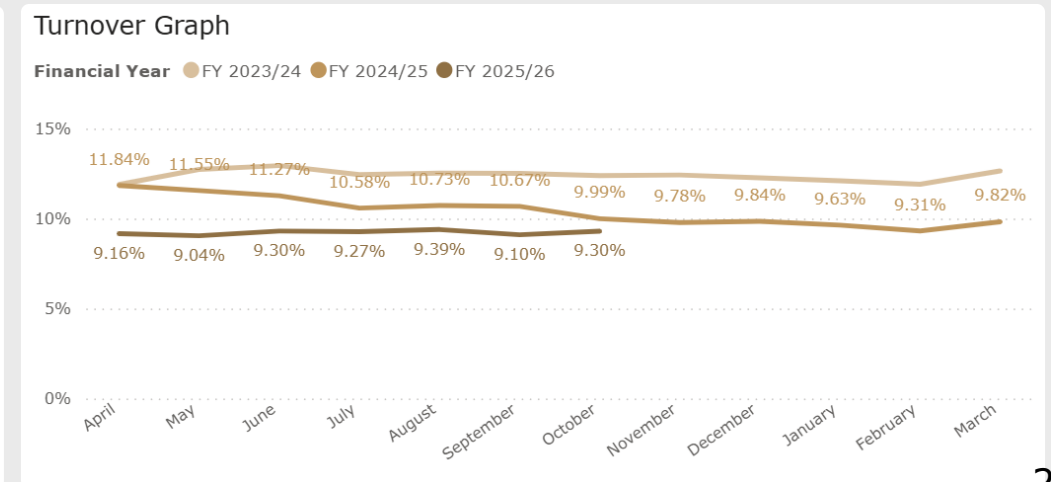
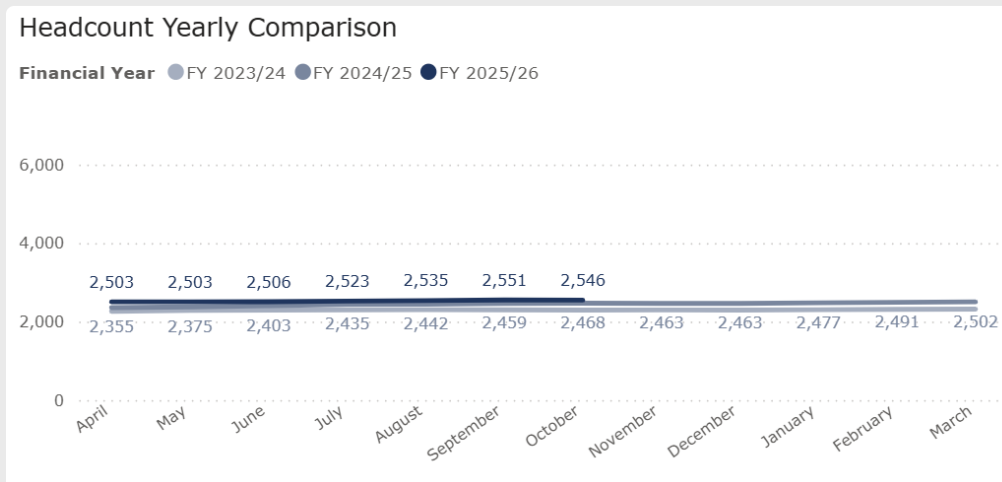
Excluding SLE, the headcount is **2,546** which has **decreased** since September (**2,551**) and has **increased** since October 2024 by **3.16%** from **2,468**.

Turnover

Including SLE, the October turnover is **20.33%**. This has **decreased** by **1.37%** from October 2024 (**21.71%**). This has returned to the typical turnover rates, following the SLE intake and departures in August.

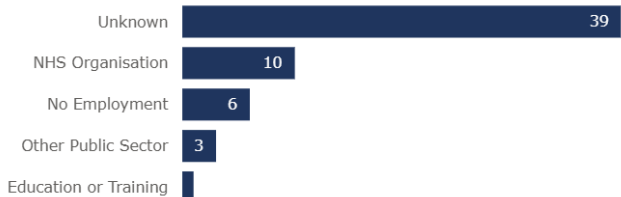
Excluding SLE, the October turnover is **9.30%**. This is **down** by **0.69%** from October 2024 (**9.99%**).

Excluding SLE



Including SLE

Destination on Leaving



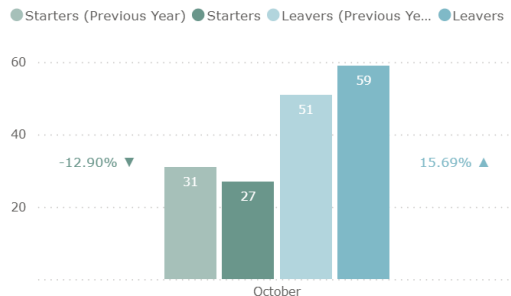
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



Excluding SLE

Destination on Leaving



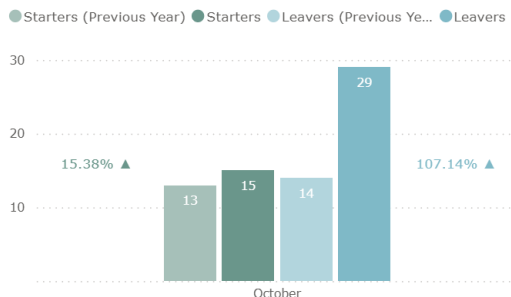
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



Starters

Including SLE, there were **27** starters in October 2025. Excluding SLE, there were **15** starters in October 2025. This is **up** by **15.38%** from **13** starters in October 2024.

Excluding SLE, the largest recruitment sources were **NHS organisations** and **private sector**. These accounted for **66.67%** of starters. **Unknown** recruitment source accounted for **26.67%** of starters.

Reasons for Leaving

Excluding SLE, **55.17%** of leavers were due to **voluntary resignation**. This is **higher** than October 2024 (**35.71%**) but **lower** than September 2025 (**64.29%**).

Of the voluntary resignations, **68.75%** of staff had 3+ years of service with NWSSP. **37.50%** of voluntary resignations had **unknown** destinations on leaving. **100%** of these unknown destinations were for leavers with 3+ years of service. 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.

Since October 2024, **21.97%** 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 providing further analysis will be shared with SLG when available.

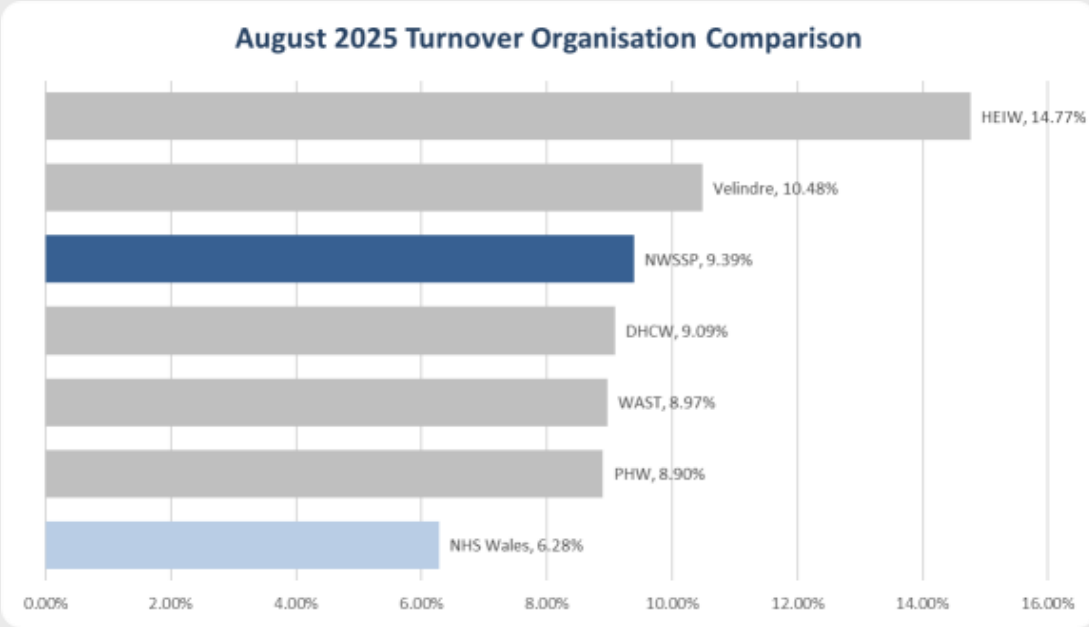
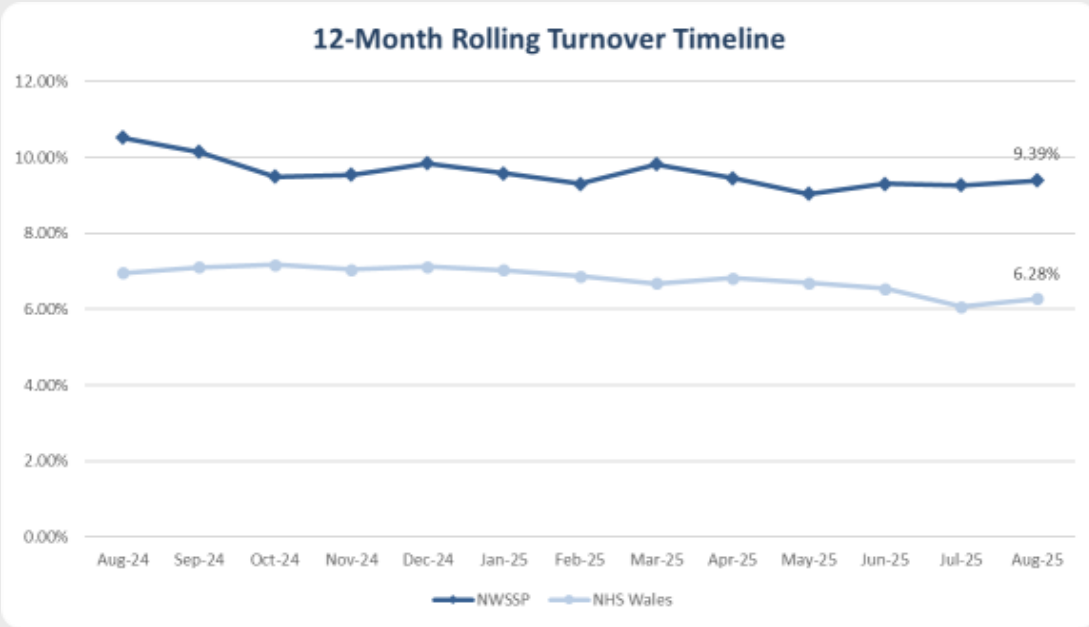
Succession planning remains a large focus, with **28.17%** of leavers being due to retirement since October 2024, however the overall net change of leavers to starters since October 2024 is an **increase** of **4** staff.

Turnover

Including SLE, the October turnover is **20.33%**. This has **decreased** by **1.37%** from October 2024 (**21.71%**). This has returned to the typical turnover rates, following the SLE intake and departures in August.

Excluding SLE, the October turnover is **9.30%**. This is **down** by **0.69%** from October 2024 (**9.99%**).

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 **3.11% higher** than the overall NHS Wales turnover rate for **1st September 2024 – 31st August 2025**.

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

NHS Wales turnover has a **consistent trend** since 1st July 2024.

NWSSP turnover has a **decreasing trend** since 1st July 2024.

12-Month Rolling Turnover – Aug 2025

In August 2025, NWSSP had the **third highest** turnover rate in comparison to similar size NHS Wales organisations.

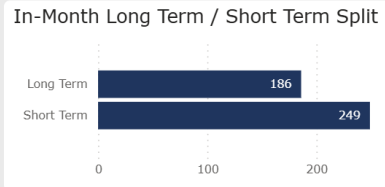
However, NWSSP turnover is consistently close to the median turnover value, which suggests it is in the expected range for these organisations.

NWSSP Monthly Workforce Report - Sickness



Date: Oct 25 | Division: All | Service, Area, Department: All |
 Absence Occurrences | Exclude SLE |
 FTE Days Lost

In-Month Sickness
3.13%
 Previous Year: 3.34% (-0.21%)

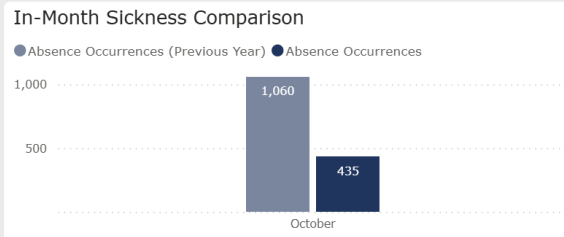


Average FTE Days Lost
 Long Term: **91.70**
 Short Term: **4.63**

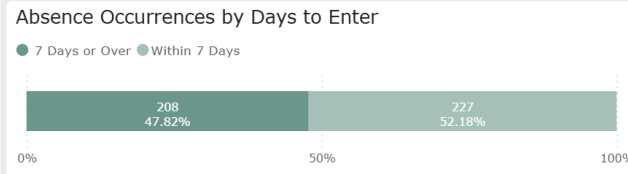
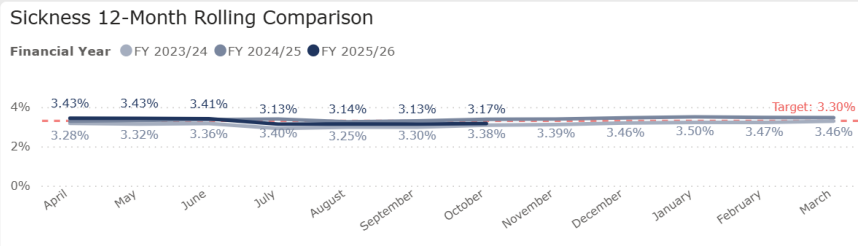
Absence Reason

Absence Reason	Absence Occurrences	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	99	2,262.02
S13 Cold, Cough, Flu - Influenza	117	635.61
S12 Other musculoskeletal problems	17	390.70
S28 Injury, fracture	18	339.60
S25 Gastrointestinal problems	51	337.05
S98 Other known causes - not elsewhere classified	12	210.35
S17 Benign and malignant tumours, cancers	9	208.00
S11 Back Problems	11	194.33
S30 Pregnancy related disorders	17	186.70
S26 Genitourinary & gynaecological disorders	9	151.60
S16 Headache / migraine	23	147.58
S15 Chest & respiratory problems	14	137.60
S99 Unknown causes / Not specified	7	136.00
S19 Heart, cardiac & circulatory problems	5	91.13
S21 Ear, nose, throat (ENT)	10	80.50
S27 Infectious diseases	3	69.20
S31 Skin disorders	4	36.00
S23 Eye problems	1	31.00
S32 Substance abuse	1	31.00
S22 Dental and oral problems	4	10.40
S20 Burns, poisoning, frostbite, hypothermia	1	2.00
S24 Endocrine / glandular problems	1	2.00
S18 Blood disorders	1	1.00

12-Month Rolling Sickness
3.17%
 Previous Year: 3.38% (-0.21%)



Open Sickness
196



Division	Sickness %	Target
Laundry Division	10.59%	5.55%
Medical Workforce Division	7.40%	2.00%
Procurement Division	6.47%	4.15%
Employment Division	6.41%	4.03%
Medical Examiner Division	6.01%	4.15%
Primary Care Division	4.87%	4.15%
Corporate Division	4.08%	2.00%
Digital Workforce Division	3.66%	2.00%
E-Business Central Team Division	3.41%	2.00%
Surgical Materials Testing (SMTL) Division	3.37%	2.00%
Finance Academy Division	2.81%	2.00%
Audit & Assurance Division	2.65%	2.00%
Legal & Risk Division	2.59%	2.00%
People & OD Division	2.37%	2.00%
Planning, Performance and Informatics Division	2.05%	2.00%
Accounts Payable Division	3.82%	4.15%
Specialist Estates Division	1.94%	2.00%
Single Lead Employer Division	1.72%	2.00%
Welsh Employers Unit Division	1.06%	2.00%
Pharmacy Technical Services Division	0.78%	2.00%
Finance Division	0.62%	2.00%
Counter Fraud Division	0.28%	2.00%

12-Month Rolling Sickness

The 12-month rolling sickness, including SLE (3.17%) has **remained consistent** from July (3.13%). The sickness rate has **slightly decreased** since October 2024 by 0.21% from 3.38%.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 2.92% and 3.43%. Sickness remains around the target of 3.30%.

Excluding SLE, the 12-month rolling sickness is 5.39% which has **slightly increased** since October 2024 by 0.44% from 4.95%.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 4.80% and 5.39%, although there has been a slowly rising trend since February 2024, where this month is the current highest point.

Long Term / Short Term

Including SLE, long term sickness has **increased** since October 2024 from 164 occurrences to 186 occurrences.

The average days lost to long term sickness is **91.70** FTE days. The average days lost to short term sickness is **4.63** FTE days.

Excluding SLE, short term sickness occurrences have **decreased** from 293 in October 2024 to 156 in October 2025.

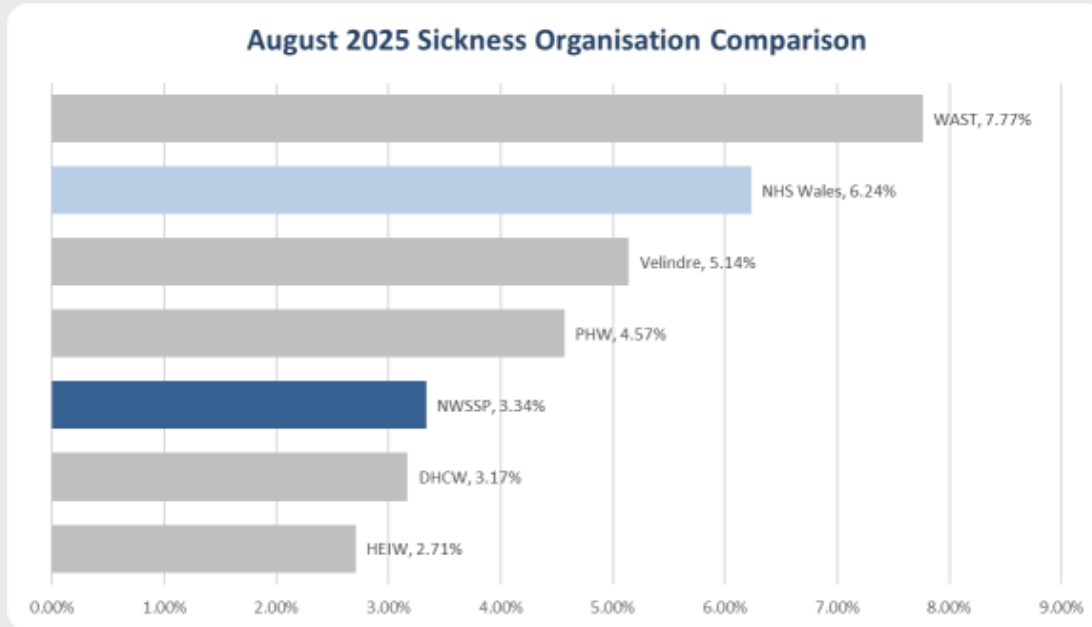
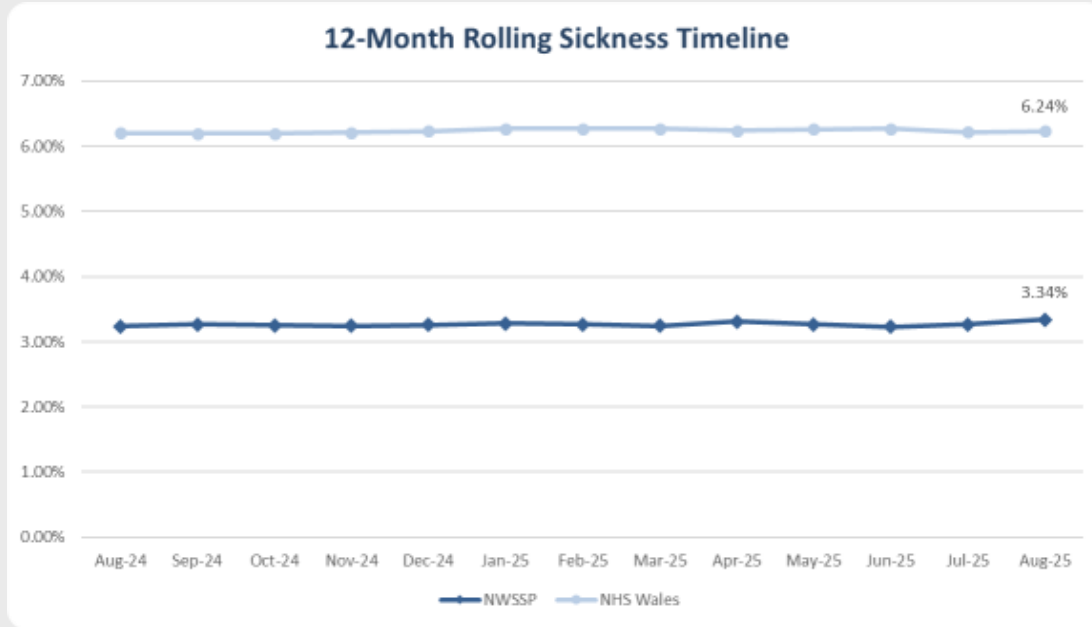
In the CIPD *Health and Wellbeing at Work 2025* report, they state that **public sector** workers had an average of **13.3 working days** sickness per year (short and long term). The current **NWSSP** average is **10.03 working days**, significantly lower than the public sector average.

Top 5 Sickness Reasons

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

Cold, Cough, Flu – Influenza accounts for the large number of short term absences, however the FTE days lost is **635.61**, showing that the average length of these absences is **3.39** FTE days. The largest FTE days lost is for **Anxiety/stress/depression/other psychiatric illnesses** which accounts for **42.47%** 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

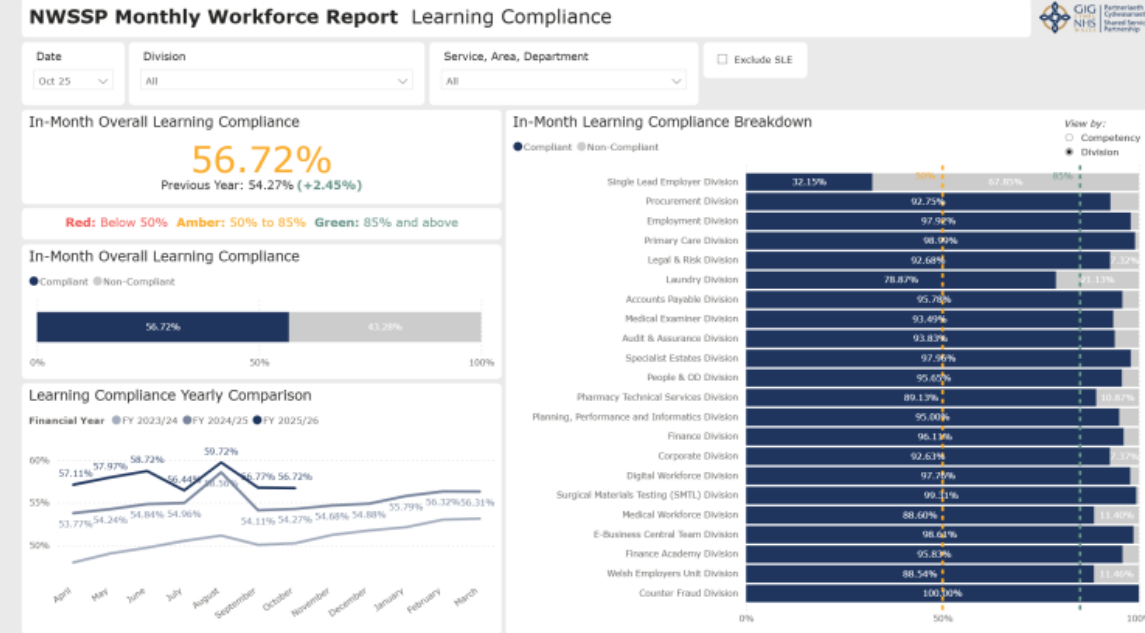
NWSSP sickness has remained **consistently below** the NHS Wales overall sickness rate for **1st September 2024 – 31st August 2025**.

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

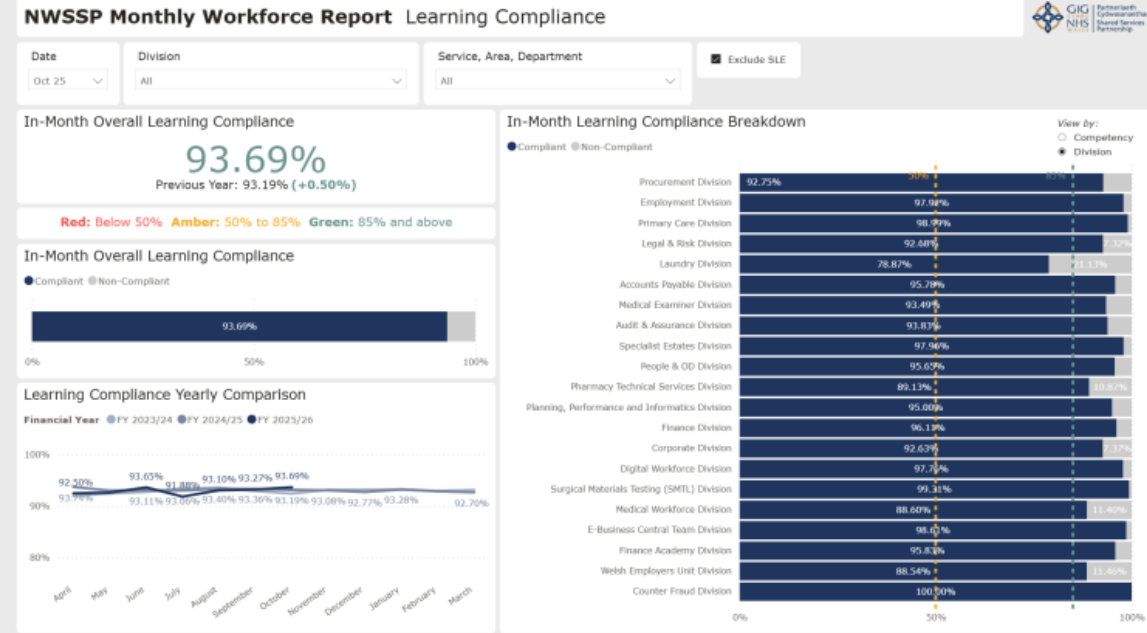
Sickness % (FTE) – Aug 2025

In August 2025, NWSSP had the **third lowest** sickness absence rate in comparison to similar size NHS Wales organisations.

Including SLE



Excluding 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	94.08%	96.71%	95.39%	96.71%	96.71%	90.79%	96.71%	96.05%	94.74%	94.74%	98.68%	98.03%
Audit & Assurance Division	81.48%	96.30%	92.59%	98.15%	94.44%	92.59%	96.30%	88.89%	94.44%	96.30%	98.15%	96.30%
Corporate Division	84.62%	88.46%	96.15%	88.46%	88.46%	96.15%	92.31%	96.15%	92.31%	92.31%	100.00%	96.15%
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%	100.00%	100.00%	100.00%	92.31%	100.00%	96.15%	96.15%	96.15%	100.00%	100.00%
E-Business Central Team Division	94.44%	100.00%	94.44%	100.00%	100.00%	100.00%	100.00%	94.44%	100.00%	100.00%	100.00%	100.00%
Employment Division	95.13%	97.13%	97.99%	98.28%	97.13%	98.57%	97.71%	98.28%	97.99%	97.99%	99.43%	99.43%
Finance Academy Division	87.50%	100.00%	87.50%	100.00%	100.00%	87.50%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%
Finance Division	100.00%	93.33%	90.00%	96.67%	100.00%	90.00%	96.67%	96.67%	96.67%	96.67%	100.00%	100.00%
Laundry Division	39.29%	88.78%	84.69%	90.82%	84.18%	72.96%	85.20%	90.31%	81.12%	79.59%	82.14%	67.35%
Legal & Risk Division	87.88%	96.46%	91.41%	95.45%	91.41%	89.90%	90.40%	92.93%	92.42%	91.92%	94.95%	96.97%
Medical Examiner Division	83.33%	97.92%	90.63%	100.00%	92.71%	90.63%	98.54%	96.88%	95.83%	93.75%	95.83%	95.83%
Medical Workforce Division	89.47%	100.00%	94.74%	94.74%	73.68%	84.21%	94.74%	94.74%	78.95%	78.95%	94.74%	84.21%
People & OD Division	89.13%	95.65%	97.83%	97.83%	95.65%	95.65%	95.65%	100.00%	91.30%	91.30%	97.83%	100.00%
Pharmacy Technical Services Division	80.43%	89.13%	86.96%	93.48%	89.13%	86.96%	80.43%	91.30%	89.13%	91.30%	100.00%	91.30%
Planning, Performance and Informatics Division	88.89%	95.56%	95.56%	97.78%	93.33%	93.33%	93.33%	100.00%	93.33%	93.33%	95.56%	100.00%
Primary Care Division	98.04%	99.02%	98.69%	99.35%	98.69%	97.71%	98.69%	99.35%	99.35%	99.02%	100.00%	100.00%
Procurement Division	82.50%	94.78%	93.07%	95.38%	92.35%	92.35%	94.65%	93.92%	91.86%	92.10%	94.65%	95.38%
Single Lead Employer Division	20.88%	44.41%	37.79%	42.12%	22.37%	33.43%	33.30%	43.09%	26.50%	25.68%	24.63%	31.64%
Specialist Estates Division	96.23%	98.11%	98.11%	100.00%	96.23%	96.23%	98.11%	98.11%	98.11%	98.11%	100.00%	98.11%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	62.50%	100.00%	100.00%	87.50%	87.50%	75.00%	100.00%	100.00%	75.00%	75.00%	100.00%	100.00%

Learning Compliance

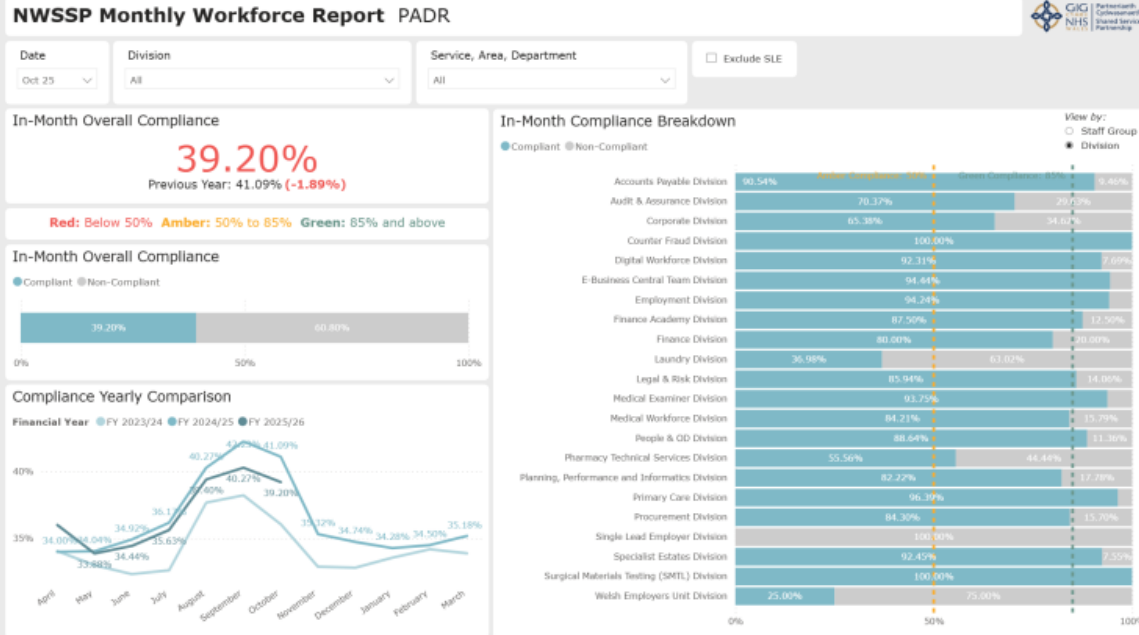
From 1st July 2025, the Anti-Racism module is now mandatory learning for all staff.

Excluding SLE, the October learning compliance (93.69%) has slightly increased since September (93.27%).

The Anti-Racism compliance rate has increased to 85.10% and is now above the target of 85%.

However, Anti-Racism is still significantly below other courses which are all above 90%. This may suggest some communication is still required in certain divisions to bring this in line with other courses.

Including SLE

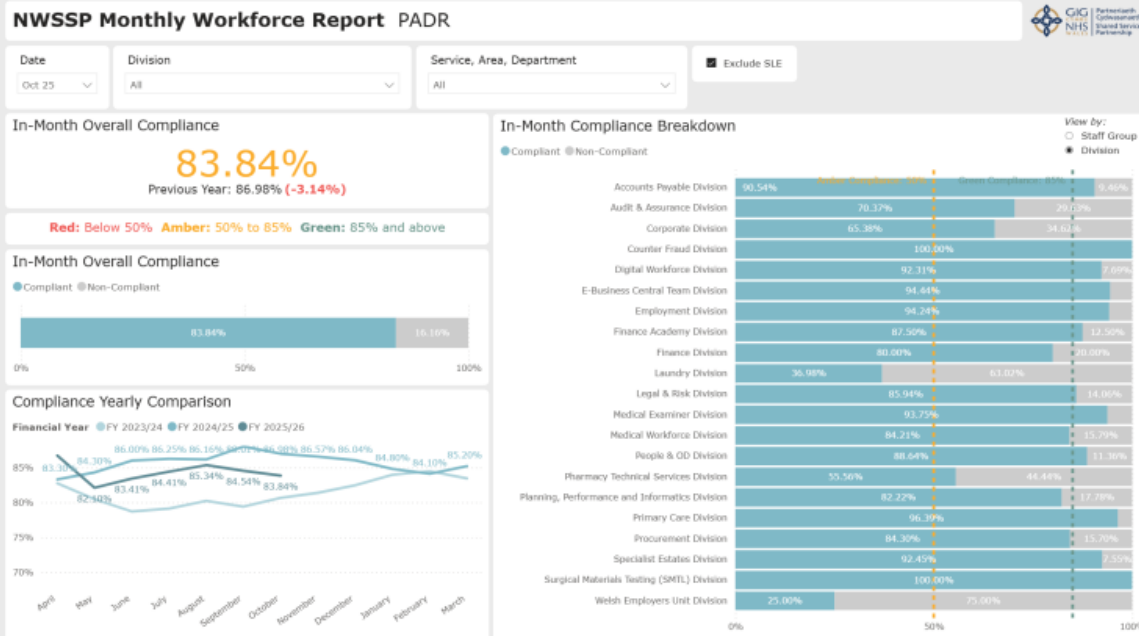


PADR Compliance

The October PADR compliance including SLE (**39.20%**) has **decreased** from August (**40.27%**).

The compliance has **decreased** since October 2024 by **1.89%** from **41.09%**.

Excluding SLE



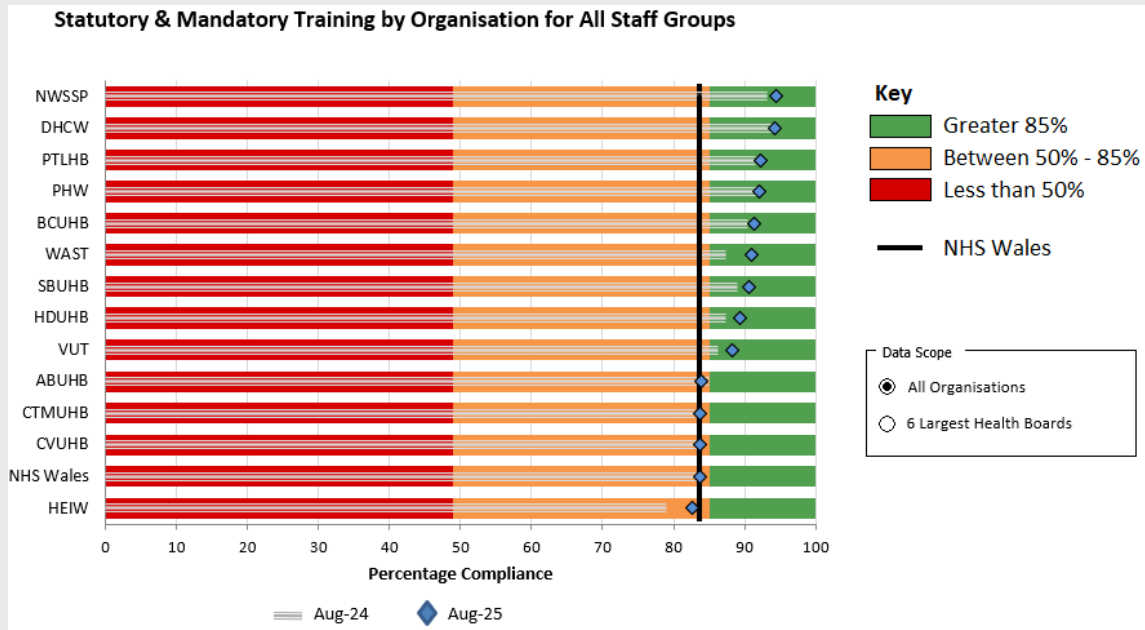
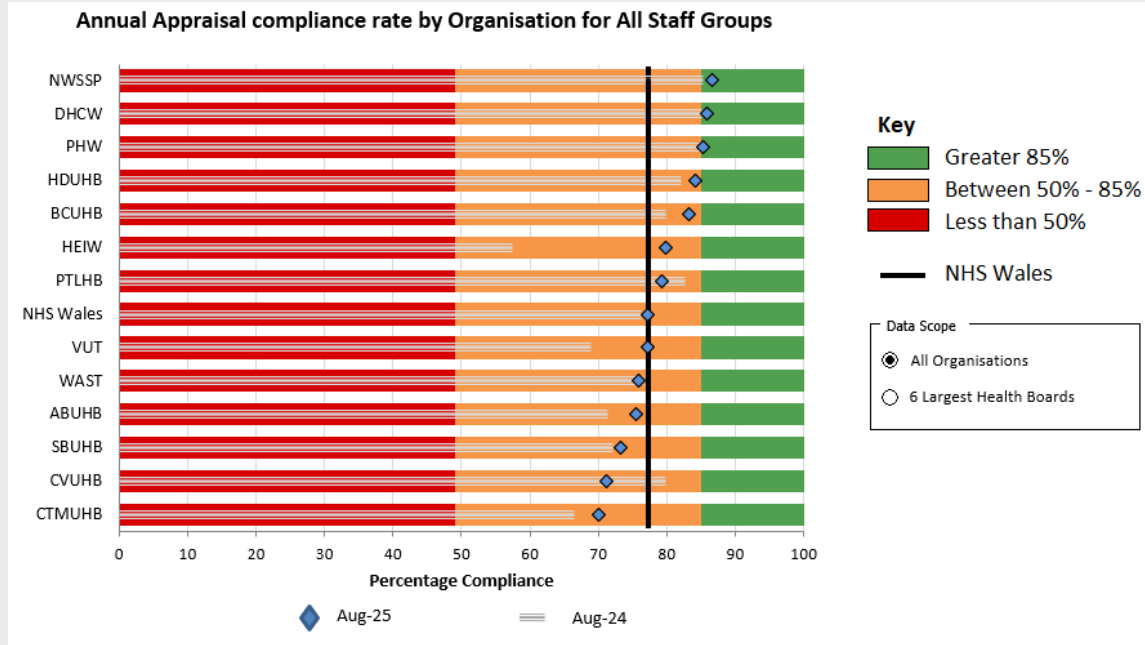
PADR Compliance

Excluding SLE, the October PADR compliance (**83.84%**) has **decreased** from August (**84.54%**), which means it is **below target**, with August being the only point above target since April 2025.

The compliance has **decreased** since October 2024 by **3.14%** from **86.98%**.

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

In August 2025 NWSSP had the **highest** appraisal review compliance (**86.6%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**77.2%**).

Statutory and Mandatory Training Compliance

In August 2025 NWSSP had the **highest** statutory and mandatory training compliance (**94.5%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**83.6%**).

PEOPLE – EMPLOYEE RELATIONS TRACKING

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

In support of this, bespoke training will be rolled out in key areas identified as benefiting from further development around avoidable employee harm, particularly in divisions where there was no attendance at the launch events.

Additionally, a project group has been established to review and relaunch the Investigation Officer Training Programme and to onboard new Investigating Officers from across the divisions.

Currently the average timescale of ‘open cases’ within NWSSP for employee relations activity is as follows:

- Respect & Resolution 133.6 days
- UPSW 409 days
- Capability 399 days
- Disciplinary 200 days

<i>Respect & Resolution</i>			
Division	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Accounts Payable Division	113	1	113
Single Lead Employer Division	703	3	234.3
Specialist Estates Division	198	1	198
Procurement Division	256	3	85.3
Surgical Materials Testing (SMTL) Division	35	1	35
Laundry Division	31	1	31
Grand Total	1336	10	133.6

<i>UPSW</i>			
Row Labels	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Single Lead Employer Division	409	1	409
Grand Total	409	1	409

<i>Capability</i>			
Row Labels	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
People & OD Division	399	1	399
Grand Total	399	1	399

<i>Disciplinary</i>			
Division	Sum of Days Lapsed	Count of Division	Average of Days Lapsed
Employment Division	498	1	498
Procurement Division	1398	6	233
Primary Care Division	28	1	28
Laundry Division	147	1	147
Finance & Corporate	130	2	65
Grand Total	2201	11	200

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

Leavers with less than 12 months service

A substantial piece of work has been completed by the People and OD team, conducting further analysis to help identify the key factors contributing to why substantive staff are not remaining in post beyond one year, with the aim of understanding the underlying causes. This report has been written and will be presented at formal Senior Leadership Group (SLG) in November 2025.

The analysis undertaken will help identify the underlying causes, meaning the organisation can implement targeted interventions that improve retention, reduce recruitment costs, and enhance workforce stability. These findings will enable evidence-based decision making, strengthen employee engagement and ensure alignment with strategic workforce priorities. Presenting this work to SLG in November positions the organisation to take proactive steps that deliver long-term benefits for both staff and service delivery.

Purchase of Annual Leave

Following its approval at Learning Partnership Forum (LPF) and Senior Leadership Group (SLG) in the summer of 2024, plans are in place to enable the purchase of annual leave all year, as one of our core employee benefits under our employee value proposition.

Widening Access

Career Events:

During October members of NWSSP’s Early Careers Network attended a Disability Confident Jobs Fair in Cardiff and a Careers Fair for pupils with additional learning needs in Llandudno and had some great engagement from attendees on the day. This has supported further development of suitable information that should be provided at these events and how to get involved in future events.

Work Placements:

No work placements took place in October.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Time to Hire

NWSSP sit at **53.8** days against a KPI of **71** (down from 56.5 in last month) We are now achieving 4 of the 7 core KPI's, down from 5 last month.

T4 Time to Shortlist – This has increased from 5.9 days in September, to 7.5 days in October.

Trac Report Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days (Excludes Covid Trac Teams)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
T0a	5	Manager	Notice Date to authorisation start date	69.6	2.0	15.9	30.3	57.5	37.6	45.2
T1a	10	Org	Time to approve vacancy request	10.1	8.8	7.9	5.4	6.3	6.4	6.2
T4	3	Manager	Time to Shortlist	5.5	7.8	5.1	6.9	9.0	5.9	7.5
T5b	3	Manager	Time to update interview outcomes	4.2	2.8	3.7	3.1	9.4	2.6	3.2
T9b	2	Manager	Time to check references	0.9	2.3	3.0	2.5	2.8	2.7	2.5
T13	44	All	Vacancy Creation to offer letter issued	45.5	44.6	40.2	37.6	37.3	38.3	36.7
T14	71	All	Vacancy Creation to ready for Start Date	58.3	54.4	57.9	41.8	52.1	56.5	53.8
T23	27	All	From conditional offer to ready for Start Date	15.8	7.2	10.6	10.0	11.1	20.4	13.0

Vacancy Control	October 2025		
Row Labels	Vacancy	Business Case	Grand Total
(blank)			
Approved	26	4	30
Further Information Required		3	3
Declined		1	1
Grand Total	26	8	34

Vacancy Control Process

October saw 26 TRAC adverts approved.

In addition to this, 4 business cases were approved, 3 required further information and 1 was rejected and the Division was advised it needed to follow the Trac process.

NEW DIVISIONAL TIME TO HIRE

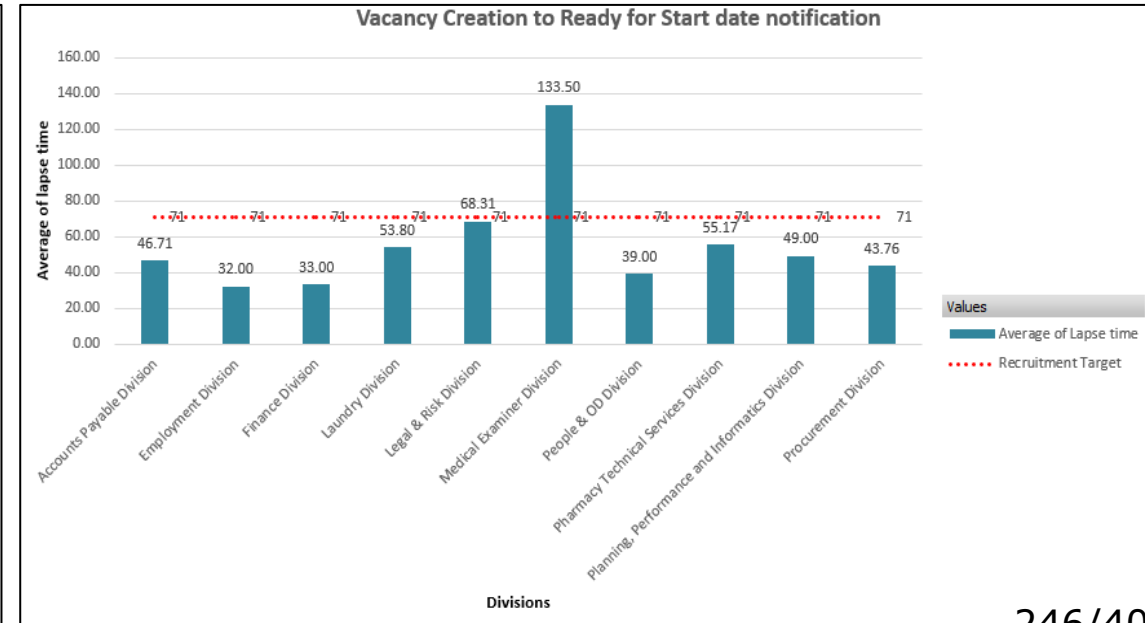
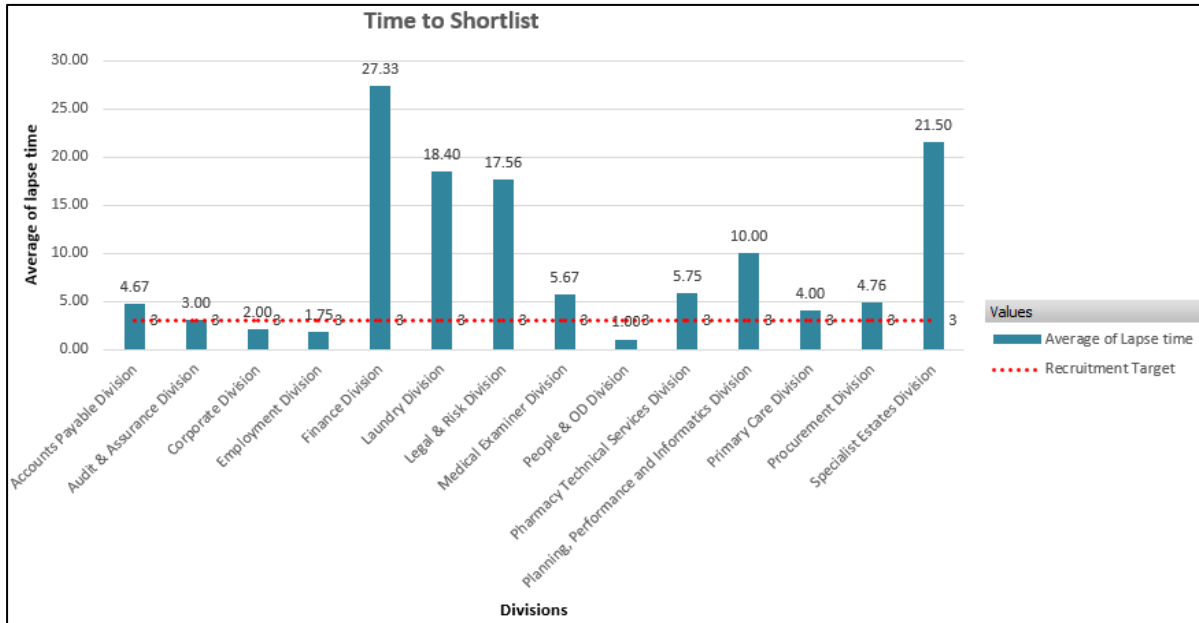
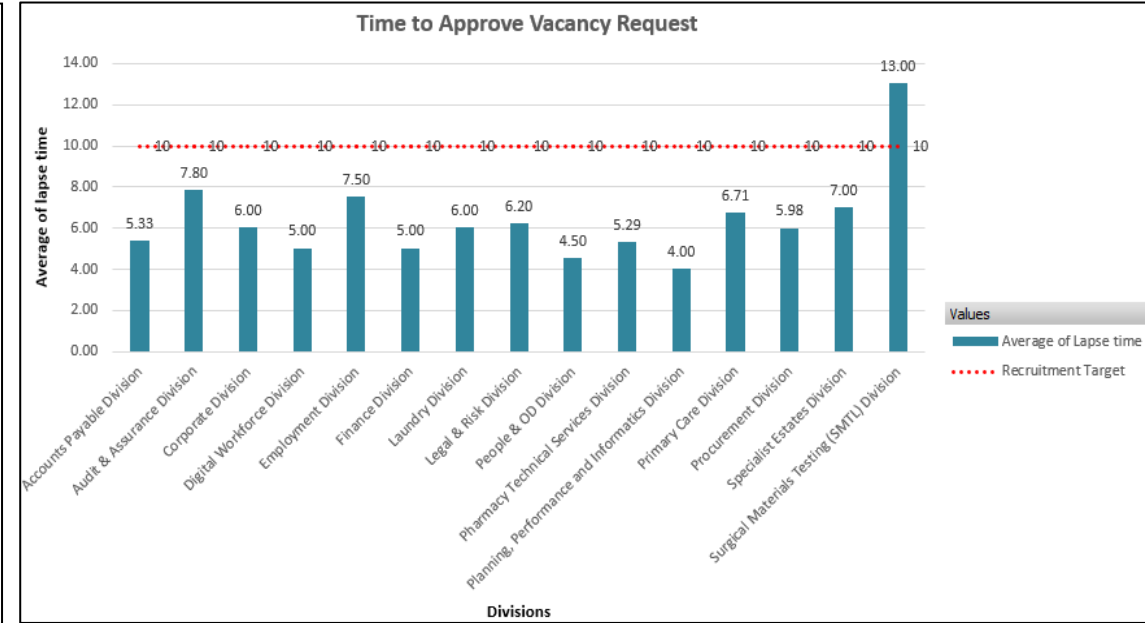
Divisional Data

As part of our ongoing dashboard development, the People and OD team has begun presenting divisional data in a clear and accessible format.

The charts illustrate Q2 performance for three of the five core time-to-hire targets and include all divisions that posted an advert during this reporting period.

The aim is to enable divisions to review their recruitment processes, understand their individual time-to-hire performance, and assess the impact on overall recruitment outcomes at a more granular level.

These dashboards will continue to evolve to provide enhanced insights and usability.



RESOURCE BANK AND AGENCY

General Bank

Since 1st April 2025 we have received 160 EOIs for 231 Bank Workers.

The highest users being Procurement / Supply Chain and Laundry.

October saw 31 requests for 41 workers, 11 were extension requests.

Serco

We have recently started working with Serco who run "Restart" a back to work scheme, where candidates are supported in application, interview and their first month in work removing barriers to starting work.

We have had some success already recruiting Bank Workers for the Laundries.

Agency Use

No new Agency requests have been received.

There should be a reduction in spend from last months following successful HGV Driver recruitment.

Division	P04-26		P05-26		P06-26	
	Cur Month Act	WTE Actual	Cur Month Act	WTE Actual	Cur Month Act	WTE Actual
Health Courier Services	9,659	2	7,900	4	6,477	
Grand Total	9,659	2	7,900	4	6,477	

Bank EOI Requests	Total
+ Audit & Assurance	2
+ Corporate & Finance	20
+ Laundry	51
+ Legal & Risk/ WRP	2
+ Medical Examiner	3
+ PCS	6
+ People & OD	10
+ Procurement/ HCS & Supply Chain	62
+ PST	1
+ SMTL	1
+ TRAMS	2
Grand Total	160

Number of Bank Workers Requested by Division	Total
Audit & Assurance	2
Corporate & Finance	22
Laundry	73
Legal & Risk/ WRP	3
Medical Examiner	6
PCS	14
People & OD	26
Procurement/ HCS & Supply Chain	80
PST	1
SMTL	1
TRAMS	3
Grand Total	231

Division	P04-26		P05-26		P06-26	
	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual
Accounts Payable & e-Enablement	8,891	3.18	6,015	1.73	3,023	0.95
Audit & Assurance Services	4,929	0.85	5,709	0.93	5,946	1.02
Collaborative Bank Partnership	14,303	2.76	11,836	1.88	-1,318	0
Employment Services	-137	-0.03	168	0	0	0
Finance and Corporate Services	18,713	2.42	18,010	2.08	4,380	1.33
Health Courier Services	16,737	5.94	17,531	5.71	16,973	6.14
Laundry Services	38,120	12.68	32,086	9.52	27,969	8.99
Legal & Risk Services	1,112	0.41	139	0.02	0	0
Medical Examiner Service	8,981	3.15	3,362	0.8	8,477	2.8
People & Organisational Development	8,755	2.84	9,683	2.8	10,119	2.93
Pharmacy Technical Services	477	0.12	2,148	0.28	5,484	1.07
Primary Care Services	5,012	1.74	3,974	1.25	772	0.39
Procurement Services	28,599	10.62	41,416	14.01	29,366	10.83
Surgical Materials Testing Laboratory	1,481	0.12	379	0.02	5,155	0.39
Welsh Employers Unit	0	0	728	0.05	-59	0
Welsh Risk Pool	14,701	3.34	-12,528	-1.51	5,396	1
Grand Total	170,673	50.14	140,656	39.57	121,682	37.84

Please note, September's financial data has been used as we have not yet received the updated October information from Finance.

PEOPLE SERVICES UPDATES

People and Business Partnering Development

The Actionpoint system is currently under review. The project group has scheduled a meeting with IT to discuss opportunities for improvement, focusing on developing a more accessible, interactive, and user-friendly system. The goal is to ensure the platform better meets user needs and supports efficient workflows going forward.

Due to the recent increase in the volume of Employee Relations cases, there is a growing need for additional investigating officers. To address this, a paper has been drafted proposing the relaunch of the initiative to appoint experienced investigating officers from within the services. The initiative will be supported by the People and OD team, which will provide up-to-date training to ensure consistency and quality in investigations. The paper is scheduled to be presented to the Senior Leadership Group (SLG) in November.

Job Evaluation Update

71 Job Descriptions have been submitted for evaluation in 2025 for Job Evaluation Processes including 5 in October.

- New Job Descriptions – 32 (2 in October)
- Re-evaluation – 14 (1 in October)
- Refinement (minor changes/modernisation) – 25 (2 in October)

Count of Job Ref number	Column L			
Row Labels	New	Re evaluation	Refinement	Grand Total
DWS			1	1
Employment Services	1	5		6
Finance & Corporate	6	2	6	14
HCS	1		2	3
Laundry		1		1
Legal and Risk	2		1	3
Llais	6		1	7
People & OD	2	1	3	6
Pharmacy	4		2	6
PPI	7	2	1	10
Procurement	2		2	4
SES		3	3	6
SLE			1	1
SMTL	1		1	2
Welsh Language Services			1	1
Grand Total	32	14	25	71

Analytics Update

The People Analytics team continues to make strong progress in delivering a data driven approach in our Power BI Workforce Dashboards.

Following the release of the staff movement dashboard in October, the Analytics Team are pleased to announced the launch of the next phase of Power BI Dashboards:

- **New Dashboard Name:** Equality, Diversity and Inclusion (EDI) Dashboard
- **Key Enhancements:** Combines previous dashboards (Workforce Profile and Workforce Age Profile) with a fully refreshed design and a more interactive and intuitive interface.
- **Purpose:** To provide a more comprehensive and user-friendly view of workforce equality and diversity metrics.

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

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

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

People Development

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 compliance as of October 2025 is 32.55%

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	16	10	4
Audit & Assurance Division	4	4	2
Corporate Division	7	7	4
Digital Workforce Division	3	3	1
E-Business Central Team Division	1	1	1
Employment Division	16	13	5
Finance Division	5	5	2
Laundry Division	20	2	
Legal & Risk Division	40	34	18
Medical Examiner Division	24	16	15
Medical Workforce Division	3	3	
People & OD Division	13	12	6
Pharmacy Technical Services Division	25	21	6
Planning, Performance and Informatics Division	7	5	1
Primary Care Division	34	28	14
Procurement Division	155	93	42
Specialist Estates Service	2	2	2
Surgical Materials Testing (SMTL) Division	1	1	1
Welsh Employers Unit Division	3	4	1
Unknown Division	1	1	1
Grand Total	381	265	124
		69.55%	32.55%

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

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

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

People Development – People and OD Training Attendance for October 2025

	Equality, Diversity and Inclusion Training 14/10/25	Introduction to Project Management 15.10.25	Introduction to Service Improvement 01/10/25	Recruitment Training: Inclusive Recruitment 09/10/25	Resilience Awareness 21/10/25	Suicide Response and Awareness 16/10/25	Welcome to NWSSP 01/10/2025	Aspiring Managers Training 22/10/25	Capability: Policies in Practice 22/10/25	Coffee and Conversations: Unconscious Bias 09/10/2025	Compassionate Culture Module 2 14/10/25	Customer Service Training – 02/10/25 14/10/25 21/02/25	Total
Accounts Payable Division	3		2									1	6
Audit & Assurance Division					1								1
Corporate Division	1			2			1			1	1	1	7
Digital Workforce Division												2	2
E-Business Central Team Division	1											5	6
Employment Division	1	1	2	4	1			5	4	1	1	21	41
Laundry Division								1					1
Legal & Risk Division					3	50	1	1			1		56
Medical Examiner Division					3			1	2	1	1	16	24
People & OD Division			1										1
Pharmacy Technical Services Division							4						4
Planning, Performance and Informatics Division								1	1	1	2		5
Primary Care Division		2	2		1				1				6
Procurement Division		7	2	2	1		1		2	1			16
Surgical Materials Testing (SMTL) Division											1		1
Welsh Employers Unit Division							1			1			2
Total	6	10	9	8	10	50	8	9	10	6	7	46	178

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.

Diversity, Inclusion and Well-being

Flu Vaccinations

We are continuing to provide information on vaccinations for colleagues working alongside the Communications team to get this information out to the organisation. We now have information available from Swansea Bay and Velindre NHS trust but are still waiting for Cardiff and Vale UHB.

World Menopause Day

It was World Menopause Day on 18th October, and we arranged awareness sessions, including a specific session for men who are supporting women experiencing menopause in work. We also launched the Menopause Guidance for Managers and Staff to enable consistent support for staff going forward.

World Mental Health Day

On the 10th October we supported Mental Health First Aiders in attending several sites to enable people to come forward and speak about mental health issues, we also launched a video highlighting the positive work that NWSSP has undertaken in the last 5 years around mental health.

Culture and Engagement

Speaking up Safely

56 people have registered on the Work In Confidence platform to date with 3 concerns having been received. Roadshows in Medical Education Centres across NHS Wales are being planned and will support the Resident Doctors to learn more about the platform and its importance. The Conversation Recipients have also received training, and a guidance is in development to support them going forward.

Staff Recognition Awards

Nominations received for the 2024 Staff Recognition Awards were quality checked and sent to Service Directors for endorsement. The finalised nominations were shared with the review panel for confirmation of winners, runner ups and highly commended. Individuals and teams who received a nomination for 2024 will receive letters during November, informing them of the outcome. The virtual awards ceremony is scheduled to take place on the **13th January from 13:30 to 15:30 pm**.

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

This is our NWSSP

To drive implementation, of the Inclusive Culture Action Plan the This is our NWSSP lead has developed a targeted approach to share specific actions that Culture Change Champions can take forward. Several champions have stepped away, and new people will have the opportunity to join the group in the coming months. In the interim, the actions are being well coordinated, and champions are equipped with the tools and support needed.

NHS Wales Staff Survey

The survey closes on 1st December 2025 for electronic submissions and the 5th December for paper submissions. People and OD continue to promote the survey in conjunction with the Communications Team. With support from DHCW and NWSSP’s Informatics team, desktop backgrounds were pushed out across the network. These had been used in other NHS Wales organisations in previous years although several colleagues within NWSSP found that it decreased usability of the desktop for accessing files and raised health and well-being concerns. The background was removed by IT. MS Teams messages have been used to promote the survey as well as MS Teams backgrounds and Email Signatures for the use of staff. A weekly communication is being sent via our dedicated Staff Survey mailbox and various Teams channels and Site Leads are placing communications on site for non-digital staff. Promotional items have been purchased to incentivise staff to speak to staff who are visiting sites to promote the survey.

Drop-in sessions have taken place in the following sites:

Sites visited
IP5 Imperial Park
NWSSP HQ, Nantgarw
West Point, Cardiff
The Grange University Hospital, (Green Vale) Cwmbran
Llansamlet Laundry, Swansea
East Glamorgan Laundry Service, Pontypridd Church Village
Lakeside Stores, Cardiff

Sites to be visited	Visit date
Bridged stores, Bridgend	4 th November
HCS Samlet Road	5 th November
Cwmbran House and Dupont, Pontypool	5 th November
Bryn Y Neuadd Hospital	24 th November
Denbigh Stores, Denbigh	25 th November
Alder House, St Asaph	25 th November
Ysbyty Glan Clwyd, Rhyl	26 th November
Wrexham Ambulance Service	26 th November

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**NHS Wales Staff Survey****Participation Rate**

Participation rate for the month of October is captured below:

(NB data from other organisations was not available in week 1 and 2)

	Week 1	Week 2	Week 3	Week 4
Response Rate % with SLE	2.6	7.1	9.6	11.5
Response Rate % without SLE	6.3	17.3	23.1	27.9
NHS Wales Ranking Position (inc. Single Lead Employer)	N/A	N/A	11	13
NHS Wales Ranking Position (not inc. Single Lead Employer)	N/A	N/A	5	5

Performance Development Appraisal Review

New documentation to support the Performance Development Appraisal Review (PADR) went live in October. The Valuing Performance and Development Conversation documentation is available via SharePoint and supports the ongoing conversation associated with PADRs. This will give individuals and their managers the opportunity to have ongoing conversations around performance, development, priorities, values and behaviours as well as the ways in which individuals can be supported to be at their best. Awareness sessions will take place on 11th, 20th and 26th November and further training will continue following this.

NWSSP Performance Information Report

November 2025

*Delivering Value, Innovation
and Excellence through
Partnership*

Purpose

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

Health Organisations received their individual performance reports for Quarter two at the end of October 2025 and will receive the quarter three reports at the end of January 2026.

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

Key Messages

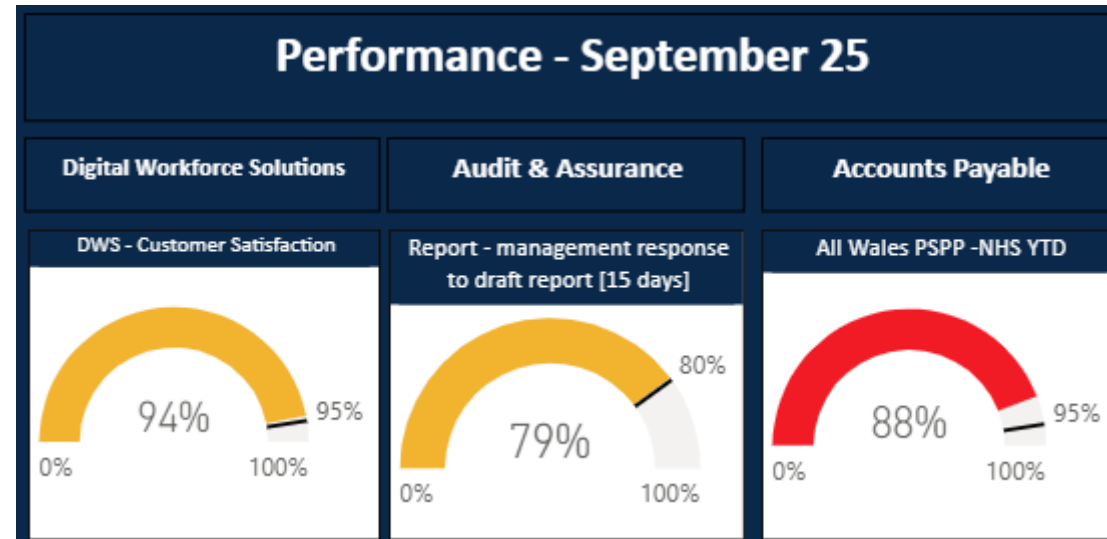
The in-month September performance was good with most reported KPIs achieving the target.

Time to Hire target in Recruitment has been consistently met for over twelve months.

However, 3 KPIs did not achieve the target. One within Accounts Payable, 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 £58M at end of September. This is further broken down on Page 16 of this report.








Summary Position by exception – 3 KPIs off Target









Of the 3 KPIs that did not achieve the targets for September

- 1 is the responsibility of NWSSP.
- 1 is the responsibility of the health organisation.
- 1 is a combination of both NWSSP and our customers processes.










Summary of KPIS


				25/26				
KFA	KPIs	Target		June	July	August	September	Trend
Audit & Assurance								
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	100%	100%	100%	92%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	Not Applicable	88%	80%	79%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	Not Applicable	100%	100%	100%	
Procurement Services								
Our Value	Procurement savings *Current Year	£21m	Cumulative	£18,266,056	£27,186,389	£30,358,331	£35,813,387	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£703,549	£631,991	£596,028	£1,147,490	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	96%	Reported Quarterly	Reported Quarterly	96%	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	89%	Reported Quarterly	Reported Quarterly	88%	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	98%	99%	99%	99%	
Employment Services Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.83%	99.84%	99.86%	99.76%	
Our Services	Payroll % Calls Handled	95%	Monthly	98.75%	98.91%	98.56%	98.70%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	67.9%	67.3%	66.6%	67.7%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.40	61.00	63.80	63.70	
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	100%	100%	100%	100%	
Our Services	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	99.4%	99.6%	99.5%	99.2%	
Our Services	Recruitment % Calls Handled	95%	Monthly	99.3%	99.0%	99.0%	98.6%	

Summary of KPIS

				25/26				
KFA	KPIs	Target		June	July	August	September	Trend
Student Awards								
Our Services	% of NHS Bursary Applications processed within 20 days	100%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	98.93%	98.41%	97.76%	98.39%	
Primary Care								
Our Services	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
Our Services	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.69%	99.78%	99.81%	99.81%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	99%	100%	100%	
Legal & Risk								
Our Value	Savings and Successes		Monthly	Not Available	Not Available	Not Available	Not Available	
Our Services	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	100%	100%	100%	100%	
Our Services	Timeliness of advice response - within 3 days or agreed timescale	95%	Monthly	100%	100%	100%	100%	
Welsh Risk Pool								
Our Services	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Our Services	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
Specialist Estates Services								
Our Value	Professional Influence		Monthly	£346,996	£501,757	£216,728	£478,601	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
Our Services	Issues and Complaints	0	Monthly	0	0	0	0	
CTES								
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	Not Applicable	Not Applicable	Not Applicable	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	99%	100%	99%	99%	

Summary of KPIS

				25/26				
KFA	KPIs	Target		June	July	August	September	Trend
Digital Workforce								
Our Services	DWS % Calls Handled	85%	Monthly	96.00%	91.80%	98.52%	97.80%	
Our Services	Customer Satisfaction	95%	Monthly	93%	94%	95%	94%	
SMTL								
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	91%		100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (Commercial)	92%	Monthly	100%	97%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	92%	Monthly	Not Applicable	100%	Not Applicable	100%	
Our Services	% delivery of Technical assurance evaluations on time	90%	Monthly	100%	100%	100%	100%	
Pharmacy Services								
Our Services	Complaints			0	0	0	0	
Medical Examiners Service								
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	Not Applicable	
Our Services	Never Events	0	Monthly	0	0	0	Not Applicable	
All Wales Laundry								
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	94%	102%	96%	97%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	0	0	0	
Our Services	Microbiological contact failure points	90%	Monthly	97%	97%	96%	95%	

Division	KPIs	Target	October	November	24/25 December	January	February	March	April	25-26 May	June	July	August	September	Trend	Lead KPI
Our Services																
Accounts Payable	All Wales PSPP - Non-NHS (Pre Adjustment)	Monthly	97.07%	96.71%	97.29%	94.96%	96.64%	97.45%	97.10%	96.50%	96.70%	96.80%	97.10%	96.10%		
Accounts Payable	All Wales PSPP - Non-NHS YTD	95% Quarterly	Reported Quarterly	Reported Quarterly	97.10%	Reported Quarterly	Reported Quarterly	96.60%	Reported Quarterly	Reported Quarterly	96.20%	Reported Quarterly	Reported Quarterly	96.30%		K
Accounts Payable	All Wales PSPP -NHS YTD	95% Quarterly	Reported Quarterly	Reported Quarterly	88.40%	Reported Quarterly	Reported Quarterly	88.80%	Reported Quarterly	Reported Quarterly	88.60%	Reported Quarterly	Reported Quarterly	88.20%		

What is happening?

This KPI is reported directly from Welsh Government using the organisations MMR and is for information. The 17-week arbitration target appears to be the main driver to determine when some NHS invoices are paid rather than the 30-day target.

The table below highlight the variation of performance within each organisation for Q1 & Q2.

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

Accounts Payable continue to work with health organisations in providing regular information on both the NHS and non-NHS PSPP and invoices on hold that affect the PSPP performance

Organisation	Percentage Compliance - NHS Creditors			
	Q1		Q2	
	30 Day	10 Day	30 Day	10 Day
Swansea Bay	● 79.3%	● 24.9%	● 86.3%	● 22.8%
Aneurin Bevan	● 90.4%	● 50.6%	● 91.5%	● 54.8%
Betsi Cadwaladr	● 89.4%	● 39.5%	● 87.8%	● 35.8%
Cardiff & Vale	● 81.2%	● 26.5%	● 76.4%	● 26.7%
Cwm Taf Morgannwg	● 82.5%	● 26.9%	● 86.8%	● 38.1%
Hywel Dda	● 80.2%	● 37.5%	● 85.8%	● 24.2%
Powys	● 79.3%	● 24.9%	● 86.3%	● 22.8%
HEIW	● 94.3%	● 46.0%	● 95.5%	● 49.3%
DHCW	● 98.9%	● 27.8%	● 95.4%	● 23.4%
Public Health Wales	● 96.2%	● 50.1%	● 93.6%	● 48.6%
Velindre	● 94.8%	● 40.7%	● 81.7%	● 28.9%
WAST	● 96.4%	● 34.9%	● 91.0%	● 33.5%
Target	95.0%	-	95.0%	-

Accounts Payable

All Wales performance in relation to P2P as at the end of September 2025.

All Wales Accounts Payable data @ end September 2025	AB	BCU	C&V	CTM	DHCW	HEIW	HD	POWYS	PHW	SBU	VEL	WAST	TOTAL
Number of Invoices on Hold	6,317	7,825	7,641	6,742	219	518	2,833	693	1,171	5,719	2,538	695	42,911
Value of Invoices on Hold £m	9.690	15.486	25.796	12.788	2.285	5.166	8.427	10.400	6.836	17.821	6.605	2.736	124.036
Number of Invoices on hold, older than 30 days	4,406	5,166	5,042	4,613	86	105	1,647	428	731	3,641	1,664	360	27,889
Number of invoices on No PO No Pay Hold	1,037	820	297	770	12	13	145	85	115	1,152	99	101	4,646
Number of invoices - Top 15 suppliers for NPNP	522	300	68	337	3	1	29	15	23	618	14	12	1,942
Number of invoice lines on a Receipting hold	4,502	5,003	5,704	4,911	102	77	2,649	554	415	3,929	1,956	426	30,228
Priority Supplier Programme - Rebate income to date	£20,951	£57,651	£26,313	£56,444	£2,511	£526	£15,578	£2,574	£2,239	£48,643	£30,483	£25,510	£289,423
Agreed Invoice Exception approval implementation	Mar-26	No	No	Sep-25	Live	No	No	No	Jan-26	Oct-25	Live from Jun 25	No	
Reviewed governance of data load submissions	No	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes	

Key

- Deterioration on Previous Month
- Same as Previous Month
- Improvement on Previous Month

Division	KPIs	Target	October	November	December	24/25 January	February	March	April	25-26 May	June	July	August	September	Trend	Lead KPI	
Our Services																	
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Monthly		78%	76%	75%	76%	77%	77%	75%	100%	100%	100%	92%	↓	K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	99%	99%	98%	98%	97%	99%	99%	99%	100%	100%	100%	100%	→	
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	70%	65%	63%	62%	64%	62%	64%	66%	Not Applicable	88%	80%	79%	↓	
Audit & Assurance	Report turnaround draft response to final reporting [10 days]	95%	Monthly	100%	100%	98%	98%	99%	98%	98%	98%	Not Applicable	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 September. The target for the 15-day turnaround is 80%, 79% of reports were completed within that time frame (7 missing the target). **This KPI is the responsibility of the health organisation and dependent on client engagement.**




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

Heads of Audit 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 September 25 by Organisation.

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	14.3%	28.6%	88.89%	100.0%		
Betsi Cadwaladr	33	27.3%	18.2%	77.78%	100.0%	60.0%	100.0%
Cardiff & Vale	35	11.4%	20.0%	100.00%	100.0%	100.0%	100.0%
Cwm Taf Morgannwg	32	9.4%	15.6%	100.00%	100.0%	100.0%	100.0%
DHCW	13	30.8%	23.1%	100.00%	100.0%	66.7%	100.0%
HEIW	11	27.3%	36.4%	85.71%	100.0%	100.0%	100.0%
Hywel Dda	30	23.3%	26.7%	87.50%	100.0%	85.7%	100.0%
Joint Commissioning Committee	4	0%	0%				
NHS Wales Performance & Improvement	4	25.0%	0%	100.00%	100.0%		
NWSSP	19	15.8%	15.8%	100.00%	100.0%	100.0%	100.0%
PHW	12	25.0%	33.3%	100.00%	100.0%	100.0%	100.0%
Powys THB	24	16.7%	12.5%	33.33%	100.0%	100.0%	100.0%
Swansea Bay	27	18.5%	25.9%	100.00%	100.0%	0%	100.0%
Velindre	17	23.5%	17.6%	100.00%	100.0%	100.0%	
WAST	20	15.0%	35.0%	100.00%	100.0%	100.0%	100.0%
Total	309	18.4%	22.0%	91.76%	100.0%	79.4%	100.0%

Digital Workforce Solutions - Customer Satisfaction

Division	KPIs	Target		October	November	December	24/25	January	February	March	April	25-26	May	June	July	August	September	Trend	Lead KPI
Our Services																			
DWS	DWS % Calls Handled	85%	Monthly	93%	92%	91%	93%	96%	96%	94%	95%	96%	92%	99%	98%	↓		K	
DWS	DWS Volume Total Calls		Monthly	2,863	2,575	1,940	2,724	2,186	2,183	2,303	2,131	2,178	2,306	2,027	3,133			K	
DWS	Customer Satisfaction	95%	Monthly	92%	93%	94%	94%	93%	92%	93%	94%	93%	94%	95%	94%	↓		K	

What is happening?

Customer satisfaction slightly missed the target for September 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 underachievement likely stems from an increase in calls needing health board triage, a higher call volume in September, and recent support added for Aneurin Bevan. These three factors together have caused the overall decline.

Areas of success



*Delivering Value, Innovation
and Excellence through
Partnership*

12/19



265/409


Employment Services – Recruitment

Division	KPIs	Target		October	November	December	24/25 January	February	March	April	25-26 May	June	July	August	September	Trend	Lead KPI	
Our Services																		
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	65.7%	64.7%	70.6%	67.2%	67.3%	64.7%	72.0%	70.4%	67.9%	67.3%	66.6%	67.7%	↓		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.4	60.1	59.3	62.5	66.7	62.2	61.5	61.8	62.4	61.0	63.8	63.7	↓		K

What is happening?

The average time to hire (TTH) across NHS Wales for September 2025 is 64 days and the target is 71 days which is an improvement on the previous month however, 3 organisations missed the target which can be seen on pages 10 and 11. During September activity volumes increased for posts advertised (1,349 to 1,390) and WTE advertised (1,593 to 1,737) however, the number of conditional offers sent decreased (1,758 to 1,738) compared to August 2025.

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

Division	Activity		September	October	November	December	January	February	March	April	May	June	July	August	Trend
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,842	1,899	1,933	1,699	1,423	1,379	1,399	1,452	1,517	1,699	2,549	1,758	

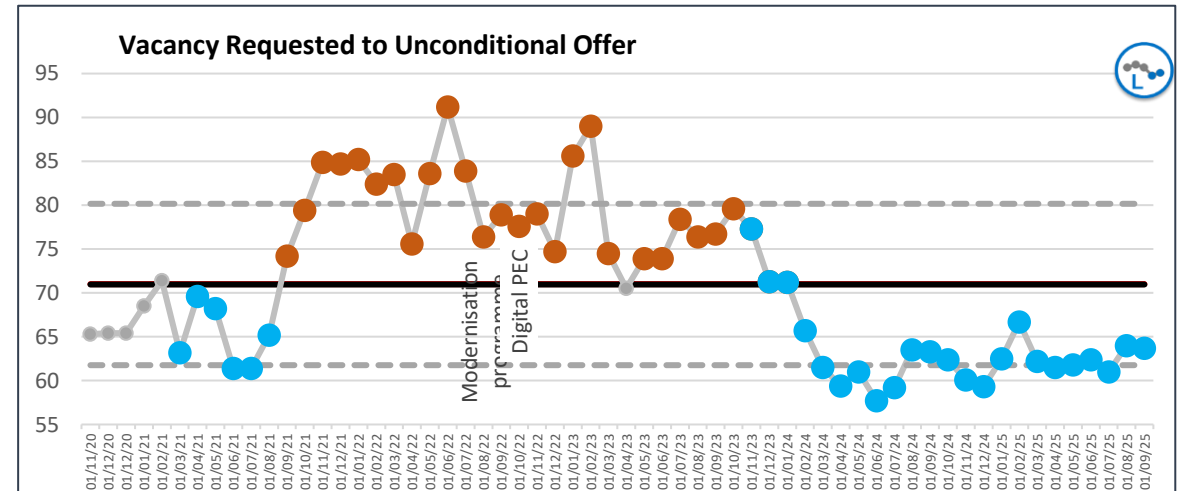
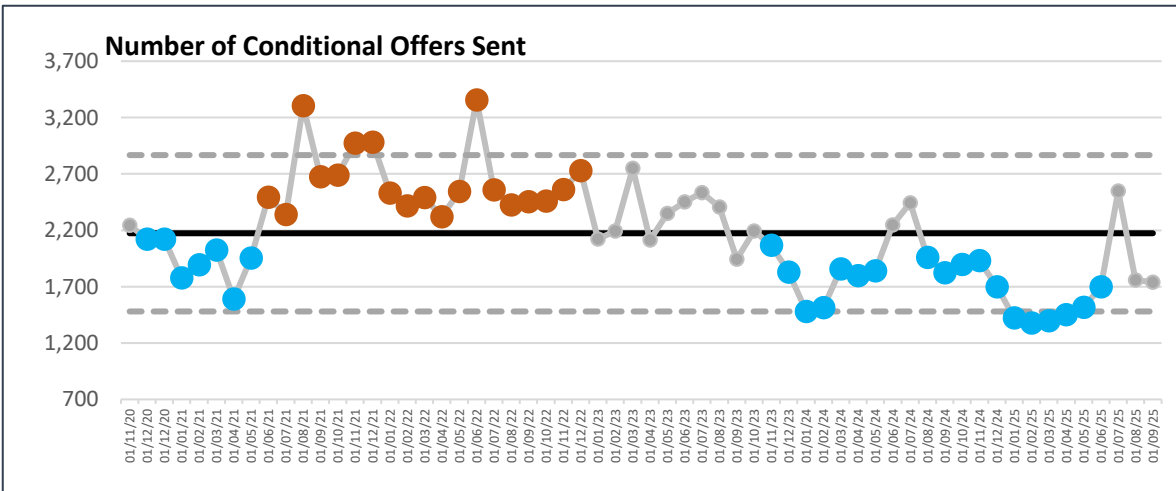
What we continue to do?

There were 2,203 applicants who completed checks in September 2025. Whilst good progress has been made on the older records in the system, 7.5% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter. Although this has reduced significantly from around 25% in Summer 2023. 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	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
AB	71	67	76	68	70	64	64	58	59	61	58	62	60	↑
BCU	71	66	61	57	58	58	56	60	58	63	68	64	65	↓
CV	71	87	82	75	81	88	95	88	86	94	102	104	98	↑
CTM	71	72	72	75	74	76	74	70	68	70	71	70	69	↑
HD	71	52	55	50	56	48	51	48	49	50	49	55	52	↑
HEIW	71	62	53	44	61	66	47	60	48	58	63	55	49	↑
DHCW	71	46	39	45	57	53	32	34	58	46	48	59	57	↑
NWSSP	71	60	49	50	61	56	61	58	54	58	42	52	57	↓
PTHB	71	72	70	70	76	70	81	65	68	71	58	68	64	↑
PHW	71	58	52	55	52	59	63	55	59	58	59	55	53	↑
SBU	71	65	65	63	68	71	72	76	73	70	70	80	73	↑
VEL	71	51	50	55	49	67	54	55	50	54	50	57	63	↓
WAST	71	76	79	72	77	76	76	84	96	76	78	63	72	↓
All Wales	71	62	60	59	63	67	62	62	62	62	61	64	64	↑



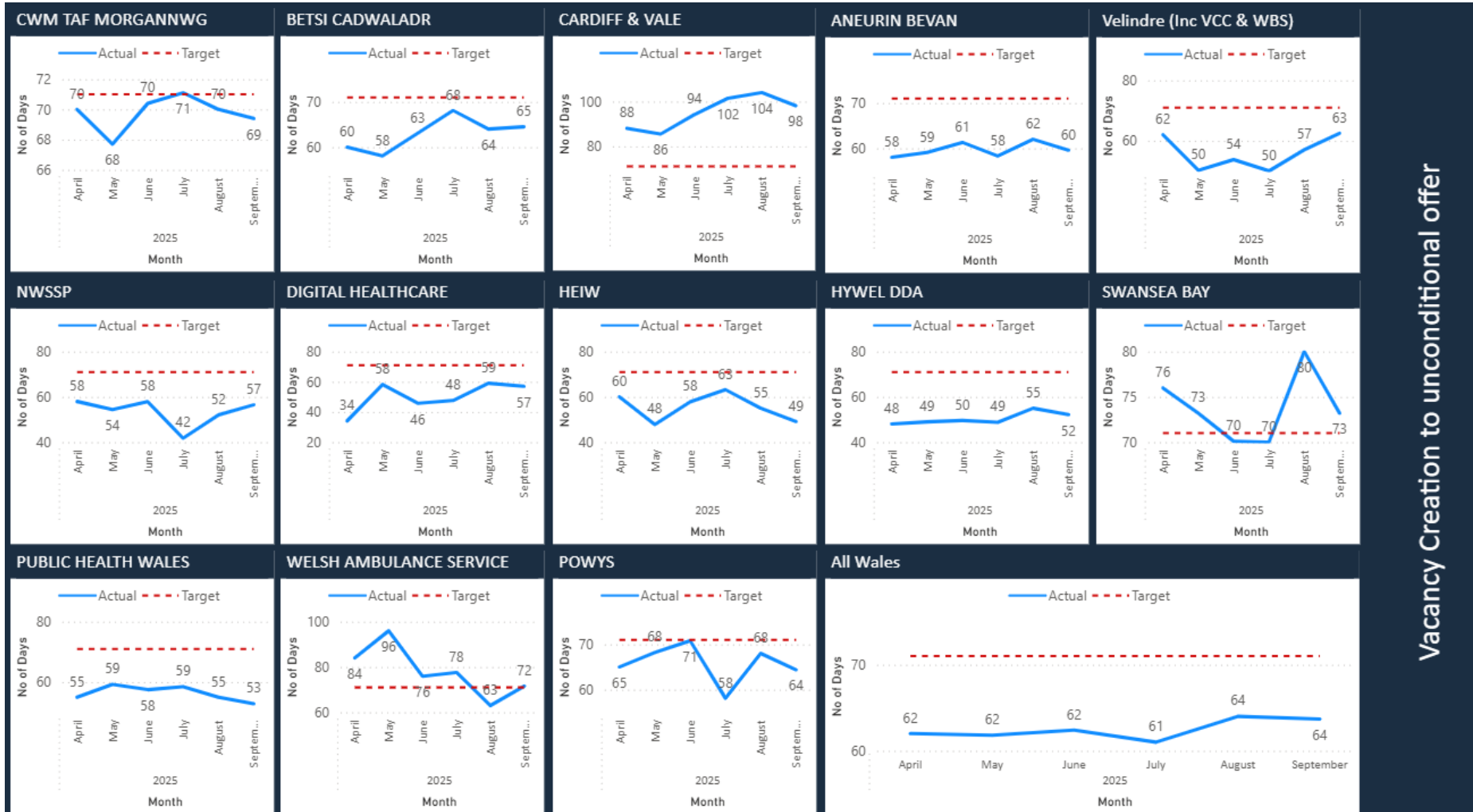
Employment Services – Recruitment



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations April – September 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.

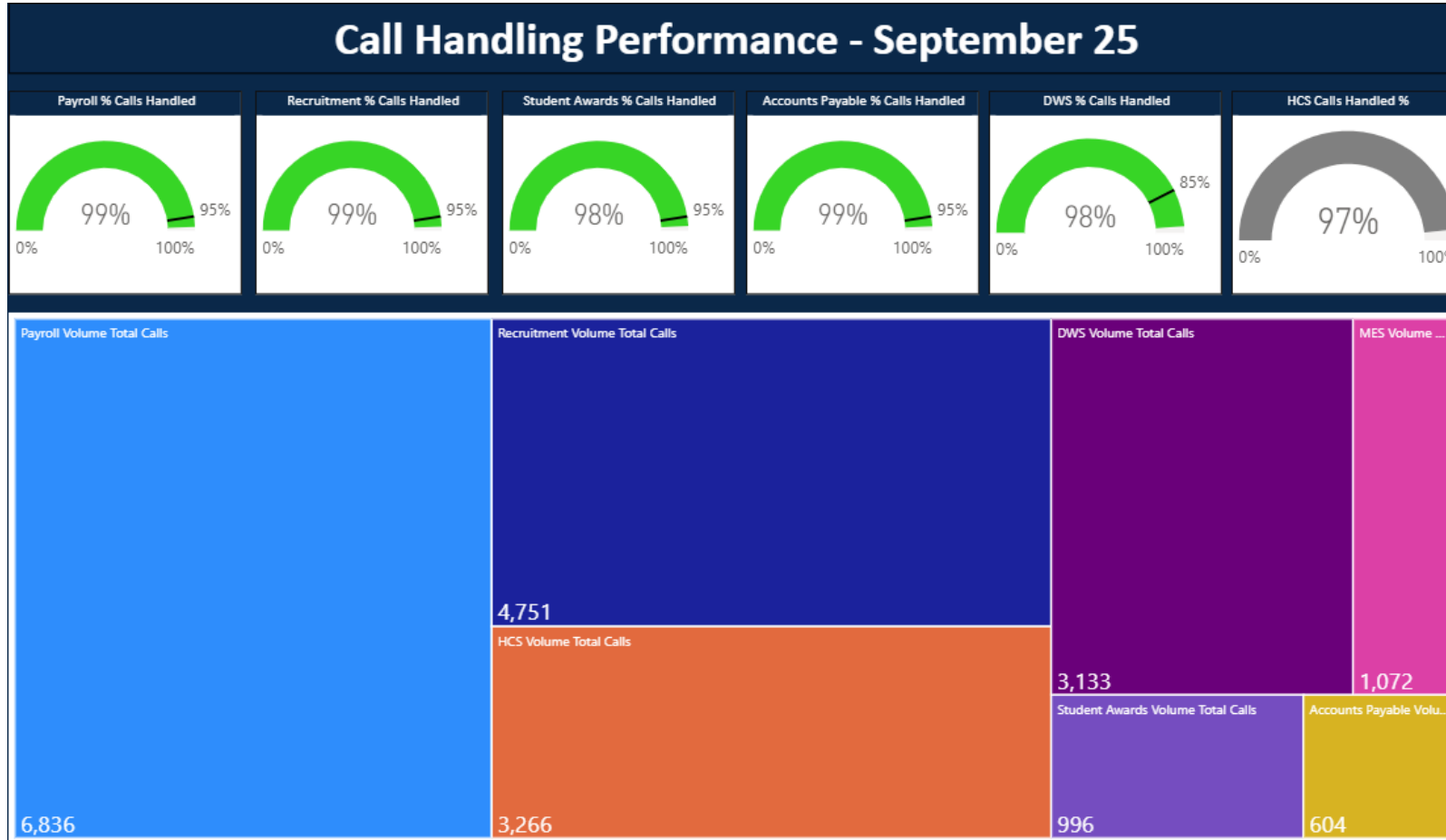
- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management, cost avoidance etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions 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 - September 2025 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	2.4
Specialist Estates Services - Build for Wales**	1.2
Procurement Services	12.2
Procurement Services – Pharmacy	23.6
Procurement Services - Cost Avoidance	11.6
Legal & Risk Services	Not Available
Accounts Payable	6.0
Oxygen Finance – PSP	0.3
Counter Fraud Services*	0.2
Total	58

- * Quarter 1 only
- ** This relates to Q4 24/25 Build for Wales

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



Other points to note

- Reporting on **Legal & Risk** savings and successes is expected to resume now in October 25 initially planned for September 25, following the implementation of the new case management system and alignment with other system priorities.

Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 30th September 2025.
- The performance against the high-level key performance indicators to 30th September 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

November 2025

*Delivering Value, Innovation
and Excellence through
Partnership*



Purpose of the Report

The purpose of this report is to provide the SSPC with an update on the agreed Outcome Measures for September 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

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... 57
- Employm... 14
- Accounts ... 9
- Other 9
- Primary C... 5



Legal & Risk Services

Case Closure Client Satisf...

100% 95.0%

*July 25 Data



DWS

Customer Satisfaction

94% 95.0%



Primary Care Services

Customer Satisfaction re...

97% 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



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

NWSSP Assurance Overview - 25/26



NWSSP Audits - Reasona...	1
NWSSP Audits - Limited	0
NWSSP Audits - Substant...	0

Volume of Calls



Payroll Recruitment	6.8K
HCS	4.8K
DWS	3.3K
SAS	3.1K
Accounts Payable	1.0K
	0.6K

Calls Answered



Payroll Recruitment	99%
Accounts Payable	99%
DWS	98%
SAS	98%
HCS	98%

Website Users

13K

Website Page Views

37K

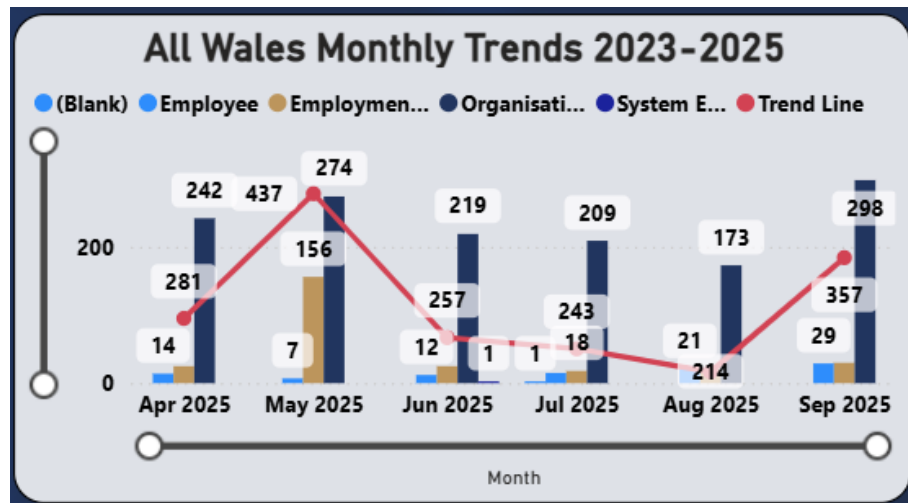
Website Pages - September 25 (Top 3)

1. Current Vacancies - 5,383
2. Student Award Services - 3,746
3. How do I apply for a bursary - 2,907

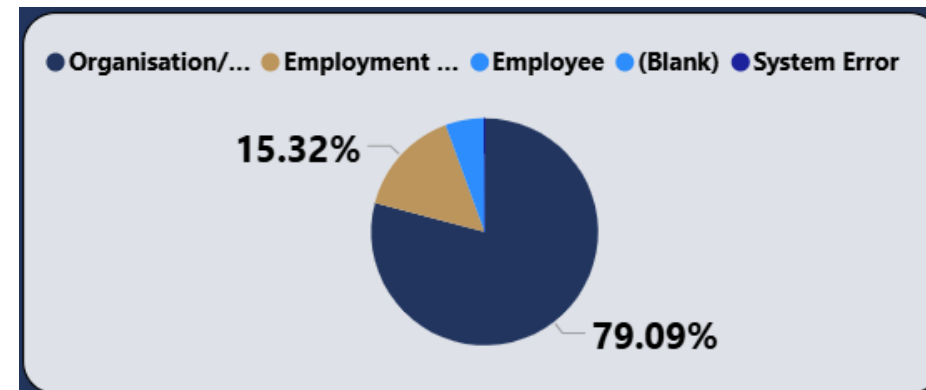
All Wales Payroll Overpayments

The charts summarises All Wales payroll overpayment volumes by responsibility from April to September 25, based on overpayment portal data.

Overpayment by Responsibility trend April – September 25



Overpayment by Responsibility split April – September 25



Examples of Reasons by responsibility

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

Customer Satisfaction

- Most divisions met their customer satisfaction targets.
 - Digital Workforce Solutions missed the stretched target in September.
 - CTeS missed their annual satisfaction survey target as previously reported.

Website Analytics

- Website Users and page views increased in September (12k and 34k) compared to August (12k and 34k). The top 3 page views were current vacancies, Student awards and How to apply for a Bursary.
- Page views for current vacancies and Student Awards have increased by 14% and 23% compared to August.

Call Handling

- Call Handling achieved the target in September for all reported areas. A total of 20k calls were received across the reported areas during the period.

Customer Service Excellence

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

Audit & Assurance

- In 24/25, 13 NWSSP audits were reported: three with substantial assurance, five with reasonable assurance, one with limited assurance and four were of an advisory type.
- In 25/26 there are 19 NWSSP audits reviews planned with one completed with a further 16% in progress.

Robotic Processes

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

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

Outcomes

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

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

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

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

Sickness



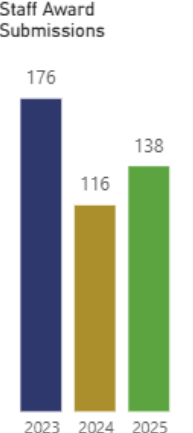
● Sum of Actual ● Sum of Target

NHS Wales Staff Survey



● NWSSP ● All Wales

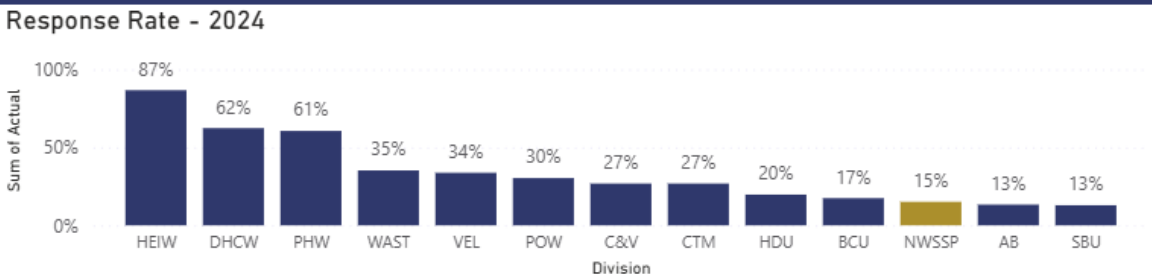
Staff Award Submissions



Top 3 Sickness Reasons

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

Response Rate - 2024



Sum of Actual

Division

Response Rate 2024 excluding SLE

38%

Annual Turnover (Excluding SLE)

9%

September 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. Other

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

179

September 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. Other

Engagement Score - 2024

77%

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 open and due to close at the end of November.

Staff Awards

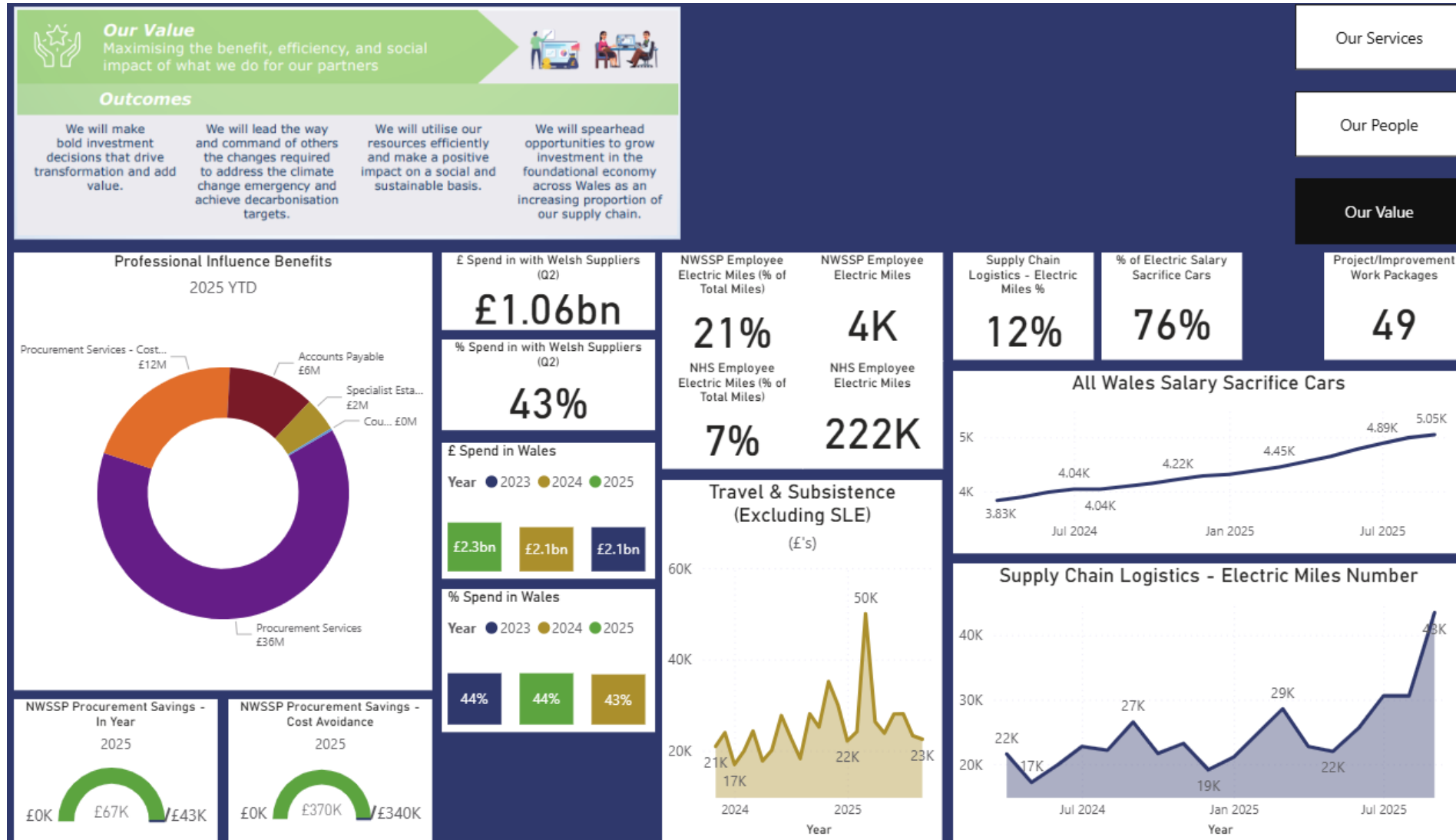
- Staff Award Submissions increased from 116 in 2024 to 138 in 2025.

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.
- 64% of leavers excluding SLE were voluntary.

Sickness

- Staff sickness rate (2.9%) achieved the overall target (3.3%) for September however, 14 of the 22 divisions still missing their target.
- Top 3 absence reasons are, cold, cough, flu, anxiety, stress, depression, gastrointestinal problems. The increase in the cold, cough and flu is expected for this time of year.



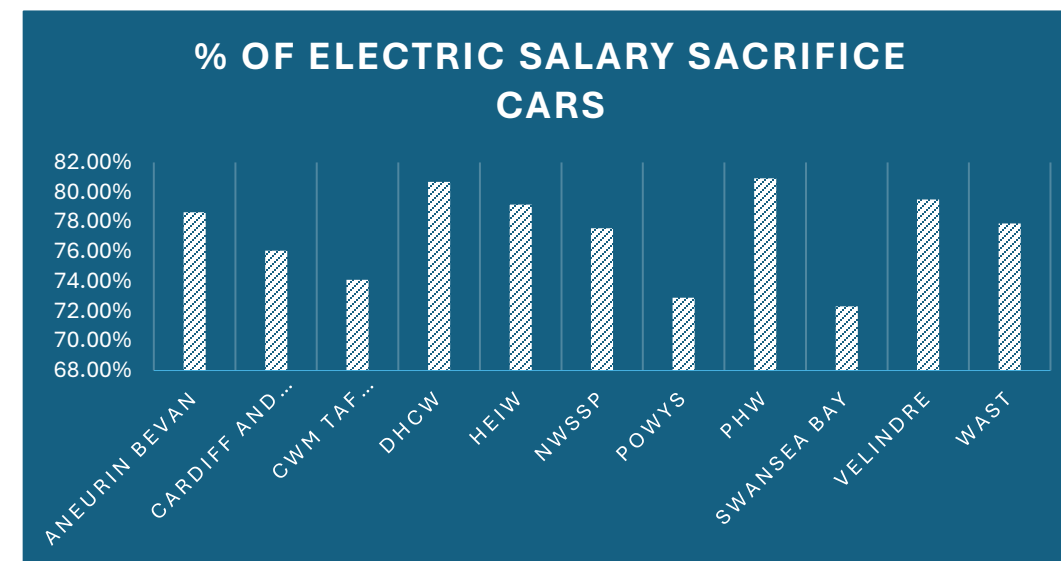
The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in September 25.

Organisation	Total Miles Claimed	Electric Miles	
		Claimed	Electric Miles %
Cardiff & Vale	190,700	9,434	5%
WAST	137,695	15,218	11%
DHCW	10,282	2,087	20%
CVB	8,124	0	0%
Public Health	72,845	6,403	9%
AB	410,869	28,742	7%
NWSSP SLE	286,670	16,864	6%
NWSSP exc SLE	18,246	3,894	21%
BCU	569,107	51,029	9%
Powys	157,527	6,134	4%
HEIW	12,228	1,264	10%
Hywel Dda	434,042	32,642	8%
Cwm Taf	398,693	27,707	7%
Velindre	16,180	702	4%
Swansea Bay	352,847	19,625	6%
Total	3,076,054	221,747	7%

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 September 25.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	932	733	172	27	78.65%
Cardiff and Vale	990	753	192	45	76.06%
Cwm Taf Morgannwg	857	635	182	39	74.10%
DHCW	145	117	24	4	80.69%
HEIW	72	57	13	2	79.17%
NWSSP	312	242	68	2	77.56%
Powys	107	78	24	5	72.90%
PHW	152	123	26	3	80.92%
Swansea Bay	943	682	209	52	72.32%
Velindre	122	97	22	3	79.51%
WAST	416	324	81	11	77.88%
TOTAL	5,048	3,841	1,013	193	76.09%



Professional Influence Benefits

- Professional Influence for September 25 shows significant benefits (£58m) across Procurement, Specialist Estates Accounts Payable and Counter fraud. Legal & Risk savings and successes will be reported from October.

Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for September for both in year and full year.
- NWSSP has achieved £370k procurement cost avoidance savings in the first 6 months of the year and £67k of cash releasing savings against a target of £43k.

Transformation Management Office (TMO)

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

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

- In September, £23k (excluding SLE) of T&S was claimed, consistent with the August position of £23k.
- In September NHS Wales employees claimed for 222k electric miles which is 7% of the total miles claimed. NWSSP employees (exc SLE) claimed for 4k electric miles which is 21% of the total NWSSP miles claimed.

Salary Sacrifice

- As of September, there are 5,048 salary sacrifice cars in use across All NWSSP managed NHS Wales organisations. Of these 76% are electric.
- For NWSSP as of September there were 312 cars in use with 78% 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.

Voice of the Customer

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

Areas of Strength

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

Areas of Consideration

Theme	Summary of Customer Voice	What we have done or doing
Recruitment Efficiency	High applicant volumes causing delays. Desire for automation, AI screening, possible use of filter questions and system usability.	Potential process improvements for handling high-volume recruitment with various health organisations.
Audit & Assurance Timeliness	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.	We are now ensuring that target response times are communicated to the service at the start of each audit
Procurement Transparency	Requests for details breakdowns of savings.	A breakdown of our procurement savings is being shared via the performance reports. In addition, Heads of Procurement meet monthly with finance colleagues to discuss savings opportunities.
Payroll Communication	Feedback highlighted opportunities to improve response times and enhance clarity in Payroll communications	This has been fed back into the service.
Legal & Risk Services	Breakdown of Savings to be provided routinely.	In development – discussions on what relevant data can be provided.
Customer Satisfaction Insight	Interest in more qualitative satisfaction data across services – not just cost or performance metrics.	In development.
System & Process Development	Improvements in internal systems, smarter forms, and innovation in service delivery.	Our Transformation Management Office and service teams are regularly collaborating to identify and implement service improvements, including the use of new technologies such as Robotic Process Automation (RPA) and Power Automate.
Benchmarking & Best Practice	Interest in learning from high-performing areas by sharing success stories and comparative performance insights.	We are developing a breakdown of our performance measures by each individual health organisation
KPI Clarity & Performance Data	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*

NWSSP IMTP 2025-28

2025-26 Quarter 2 Report

Georgia Keegan

October 2025

*Delivering Value, Innovation
and Excellence through
Partnership*



Purpose

The purpose of this report is to provide the Partnership Committee with progress on a quarterly basis, that we are on track to deliver our IMTP objectives for 2025-26.

The report will cover:

- Key Messages
- Quarterly overview
- Divisional progress and areas of challenge
- What did we achieve in Q2
- Areas of focus
- Recommendations

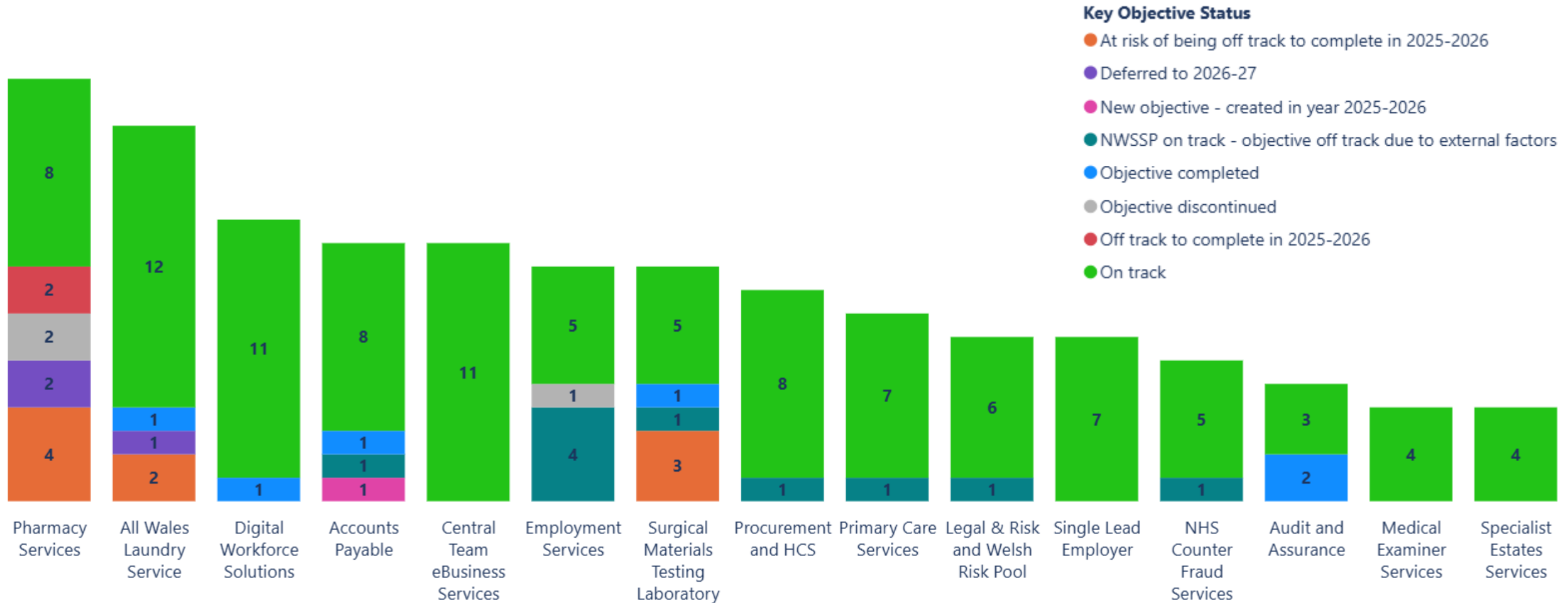
As highlighted in our IMTP our overarching principles for 2025-26 were:

- Doing the basics well
- Financial Sustainability
- Duty of Quality
- Equality, Diversity and Inclusion
- Staff Wellbeing

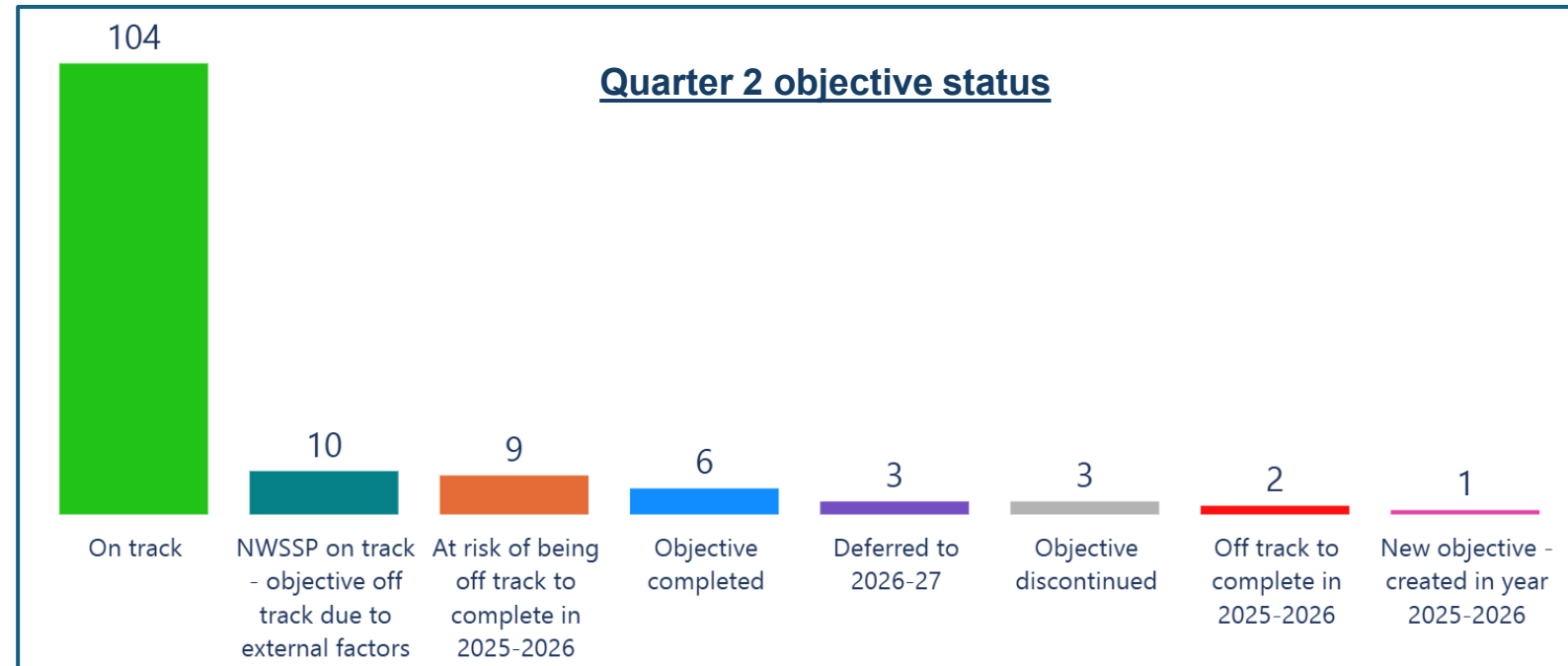


Divisional Progress

- This bar chart illustrates the distribution of objective statuses across the divisions.



- The graphs illustrate the status of objectives for Quarter 1 and Quarter 2, highlighting progress across objectives throughout the year.
- In Quarter 2, we are reporting that **104** of our objectives are on track to be delivered in year, with **6** completed/closed in Q2.
- Reporting on objectives remains on a self-assessment basis by the divisional heads of service, scrutinised through the Quarterly Review process.
- Quarter 2 reviews have commenced on 20th October 2025.



Divisional challenge areas

- 2 objectives are **off track to complete in 2025-26** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
Pharmacy Services	At risk of being off track to complete in 2025-26.	Ongoing All Wales assessment and management of unlicensed medicines.	The contract for unlicensed products (imports and specials) was revised at the September All Wales Drug Committee, with a new start date of 1st January 2026. There is an ongoing assessment of special liquids. The handover of contract management of the Aseptic contract was agreed with the medicines procurement team for Q3. The scoping for Parental Nutrition has now moved to IMTP 2026/27, with ongoing discussions around pre-labelled medicine pack timelines. There will be focused discussions with the paediatrics team in Q3 around expected timelines for clinical review.
		Set up a national homecare medicines delivery service based on outcomes from 2024-25.	The decision to progress is on hold pending the outcome of the Governance and Accountability review. There have been ongoing discussions around digital enablement work with DHCW, with the plan to develop digital work for 2026/27.

Divisional challenge areas

- 9 objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
All Wales Laundry Service	On track	Remove/minimise single use plastic from within the production process.	The proposed fabric the supplier provided failed process testing. We will continue to engage with procurement to test the market for suitable products.
	On track	Introduction of user linen segregation awareness training.	No progress was made this quarter due to limited available resources. In Q3, we will identify resources, scope requirements and draft material.
Pharmacy Services	At risk of being off track to complete in 2025-26.	Development and roll-out of electronic Pharmaceutical Quality System to support radiopharmacy and TrAMs.	Work on the system was delayed while awaiting the appointment of a project lead. A Project lead has now been appointed with the target actions next quarter to complete validation of assets and documentation and prepare the Pharmaceutical Quality System for deviation validation.
	At risk of being off track to complete in 2025-26.	Development of the TRAMS Aseptic South East Hub.	Outline Business Case approved by SSPC in July 2025 and by the Cabinet Secretary in September 2025. The Full Business Case (FBC) development is ongoing, addressing areas raised during Outline Business Case scrutiny. The full FBC is to be developed by March 2026. We will continue to address issues identified at the Outline Business Case stage and agree with Velindre Trust regarding retained workload and clinical trial options.

Divisional challenge areas

- 9 objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
Pharmacy Services	On track	<p>TRAMS South West Hub development.</p>	<p>A full site identification process was conducted with SES, focusing on previously assessed and preferred locations within the South West region.</p> <p>A shortlist of potential sites was compiled, and site surveys were completed by contractor.</p> <p>A site scoring workshop was held with key stakeholders from both Health Boards to evaluate and score 6 shortlisted sites.</p> <p>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.</p> <p>Following additional surveys, an offer was submitted for the preferred site. However, the property was subsequently withdrawn from the market.</p> <p>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.</p> <p>Two site visits are scheduled for the Project Board on 16th October and SES continues to monitor the market for any new site opportunities.</p>
	New objective added in 2025-26	<p>TRAMS Digital System Project.</p>	<p>The TRAMS Digital team conducted an Open Tender in early 2025, which included user story-based requirements. Only one compliant bidder response was received; however, it was rejected due to failures identified during the Pass/Fail evaluation stage. Consequently, the tender was terminated prematurely in August 2025. The TRAMS Digital team has since reviewed all requirements from both strategic and operational perspectives, streamlining them to focus on an essential Minimum Viable Product (MVP) approach.</p> <p>In September, the Project Team have engaged with supplier Version 1, through Central Team eBusiness Services to evaluate the feasibility of leveraging the existing Oracle arrangements to provide a system that meets TRAMS needs.</p> <p>Workshops with Version 1 were held between 26th September and 3rd October, and a feasibility report will be developed and presented in late October.</p>

Divisional challenge areas

- 9 objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
Surgical Materials Testing Laboratory	At risk of being off track to complete in 2025-26	Implement a new Laboratory Information Management System (LIMS) to modernise the system.	Additional regular meetings have been scheduled, and progress has been made across all tasks. Each testing department has generated a report, and feedback has been provided to the supplier. Worksheet approval has been delayed pending finalisation of the report output, with the aim of approving all remaining worksheets in Q3.
	On track	Investigate expanding the range of biological test methods offered. Continuing the development of viral penetration testing and initiate validation of bacterial filtration efficacy testing.	Repeat testing has not been completed due to staffing constraints, which has delayed finalisation of the method for Quality Assurance review. Further testing is planned; however, this may be challenging given the reduced staffing levels. The viral method must be finalised before testing can commence on the bacterial filtration efficiency (BFE) method.
	On track	Explore the possibility of adding the American Society for Testing and Materials (ASTM) physical glove methods to our testing schedule.	One component of the equipment purchased is the cutting die. An extensometer is also required as a capital purchase; however, its cost is higher than initially anticipated. Without this equipment, we cannot finalise the methods, which are currently in the drafting phase. An interlaboratory scheme has been identified, but we are not yet in a position to participate.

Divisional challenge areas

- **10 objectives are off track due to external factors** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
Accounts Payable	NWSSP on track-objective off track due to external factors.	Increase the number of invoices (transactions) processed via e-trading by 10%.	<p>No update from Basware on Smart PDF (line level) development. We will aim to firm up the timeframe to test Smart PDF invoices next quarter. Compliance for exchange suppliers has increased over the last year from 83.5% to 90.9%.</p> <ul style="list-style-type: none"> - Engaged with 4 suppliers to discuss options for EDI (e-trading). - Re-enabled 3 suppliers for eTrading with GHX. - PEPPOL PO transmission between Aneurin Bevan and NHS Supply Chain went live (possibly 1st in Wales).
Employment Services	NWSSP on track-objective off track due to external factors.	Evaluation of the Payroll Modernisation Programme to identify further streamlining opportunities. Co-development of a roll-out plan migrating all Health Boards from NWSSP Staff Movement Advice on to Electronic Staff Record Manager Self-Service.	Hywel Dda and Aneurin Bevan are now live. Feedback has been positive. Swansea Bay has engaged, but no confirmed plan for deployment due to local capacity issues. We aim to agree on a date for SBUHB deployment in Q3.
	On track	In line with the National Workforce Implementation Plan, we will support the development of NHS Wales Volunteers.	Testing, Health Board feedback, and supplier training have concluded. However, preparations for the live system have slowed due to capacity and changes in supplier and Health Board resources. October is now focused on final readiness activities in preparation for the first Health Board migration.

Divisional challenge areas

- **10 objectives are off track due to external factors** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
Employment Services	On track	<p>Implement the All Wales Staff Benefits Programme.</p>	<p>There is currently limited appetite to formally establish the programme in its existing form, prompting a re-evaluation of its strategic direction. Improved compliance is needed to clarify what Health Boards (HBs) are aiming to achieve, ensuring alignment and shared understanding across stakeholders.</p> <p>A critical factor in this is the treatment of the national minimum wage and salary sacrifice arrangements. It is essential to safeguard individuals from potential financial risk arising from isolated processing of individual benefits, which could inadvertently see HBs breaching statutory provisions for minimum wage thresholds.</p> <p>We will aim to initiate engagement with Health Boards through the development of an All-Wales Salary Sacrifice Compliance Framework, designed to support consistent messaging, shared understanding, and coordinated implementation across Wales (ensure statutory minimum wage compliance).</p>
		<p>Enable primary care sustainability through the expansion and continuation of critical workforce sustainability tools.</p>	<p>The contract extension application has been co-produced with procurement, and the documentation is currently awaiting final signature. This marks a key milestone in securing continuity for users pending a decision on long-term strategy.</p> <p>Initial discussions have commenced with Welsh Government to develop the first stage scope of user research. These conversations are helping shape priorities and define the approach for engagement, with a focus on ensuring alignment with the Primary Care Workforce Strategy.</p> <p>Design, build, and testing activities for the Power Automate-driven continuity pathways have been temporarily paused. This decision is pending the outcome of PCWIS functionality and reporting, which will inform next steps.</p>

Divisional challenge areas

- **10 objectives are off track due to external factors** at the end of Quarter 2.

Division	Status in Q1	Desired Objectives	Targeted Action for Q3
Legal & Risk and Welsh Risk Pool	On track	Review the current support provided by the clinical negligence department to clients in respect of matters dealt with under Redress.	A "menu" of support options based on client discussions has been drafted. Client responses to the options are required in order to form a view on whether the service should be expanded. This has been delayed due to the delay in finalising and implementing the revised Putting Things Right scheme.
NHS Counter Fraud Services	On track	Explore the provision of Specialist Financial Investigation Services to other public sector services in Wales.	Initial discussions with Local Authorities indicate that this is not a viable proposal with current resources and legislation limitations under POCA 2002. Further discussions will take place in Q3 to determine if this proposal is viable or if we need to close it.
Primary Care Services	NWSSP on track- objective off track due to external factors.	Implement the NWSSP components of the national Electronic Prescription Services Programme with Digital Health and Care Wales (DHCW).	Smartcard enablement for pharmacy contractors has exceeded 80%, with rollout continuing to progress. Work has begun to review and identify system-generated reports to support the development of audit protocols for monitoring smartcard usage. Assurance testing with Dispensing Doctors has not commenced, as no suitable system has yet been made available by DHCW to enable testing. Once a suitable system is available, we will be able to recommence Dispensing Doctors assurance testing.
Procurement and HCS	New objective-created in year 2025-26.	Develop a Strategic Fleet Replacement Programme and Strategic Outline Business Case for next 10 years, together with annual BJC for Capital Funding	The business justification case has been submitted to Welsh Government, and we are awaiting approval.
Surgical Materials Testing Laboratory	On track	Lead a group looking at central procurement of reusable gowns for Welsh Health Boards.	There has been no response from suppliers and a low response from Health Boards on reusable textile usage. We will continue to reach out to suppliers and Health Boards, as well as liaise with Procurement Services to see if Health Board figures can be pulled from their systems.

Divisional challenge areas

- **2 objectives** have been **discontinued** at the end of Quarter 2.

Division	Desired Objectives	Reason for discontinuation
Pharmacy Services	Supply PreP packs to community pharmacy 'hubs' to support service specification developed in conjunction with department of sexual health Cardiff/Welsh Government.	There has been no response from Welsh Government to progress this objective.
	Proposed external review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements.	The review resulted in 22 recommendations, which are now being progressed by the Directors of Pharmacy Group.

- **1 new objective for 2025-26** follows.

Division	Desired Objectives
Accounts Payable	To review the findings arising from the Accounts Payable Productivity pilot that was agreed by SLG in February. Build a productivity Dashboard working with the TMO.

Divisional challenge areas

- 3 objectives are **deferred to 2026-27** at the end of Quarter 2.

Division	Desired Objectives	Reason for deferral to 2026/27
All Wales Laundry Services	Intake of 2 new Laundry Engineering apprentices for August 2025.	<p>No appointment was made following the interview. Approached the College and agreed to take students on a work experience basis. The course will commence in the next academic year, with appointments to be made in May 2026.</p>
Pharmacy Services	Create All Wales contracts for cleanroom clothing.	<p>The single contract model for outsourced contracted clothing management is on hold due to the limitation of contract resources. A Scoping meeting with NWSSP laundry was held on 09.09.25 to consider the feasibility of transferring to biocidal disinfection service, and will recommence in 2026-27.</p>
	Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.	On hold whilst awaiting approval to recruit data analytical support.

We launched our new People and Culture Consultancy Service, offering services such as Employment Investigations and specialist training in investigating Sexual Misconduct Allegations.

We launched a new platform, 'Work In Confidence', to enable our staff to raise concerns and questions, anonymously, safely and quickly.

We have distributed more than 900,000 flu vaccines to GP surgeries and pharmacies across Wales, saving the NHS in Wales around £3m.

Decarbonisation Performance summary Quarter 1 & Quarter 2

Overall RAG Status of the NWSSP

Decarbonisation Programme is **Amber**.

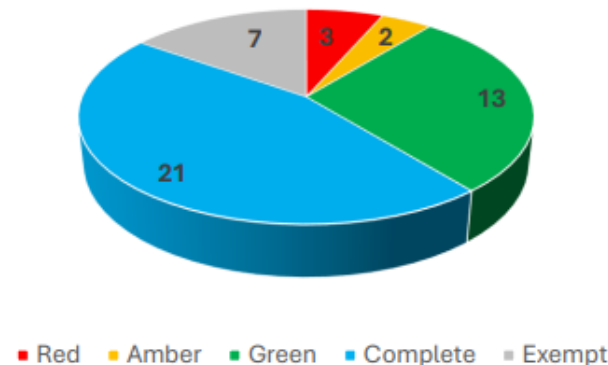
• Breakdown per workstream:

- Carbon Management - **Amber**
- Buildings, Estates Land use and Planning (BELP) – **Amber**
- Transport - **Amber**
- Procurement - **Amber**
- Approach to Healthcare – **Green**
- Adaptation – **Green**

• Carbon Management has decreased to Amber (previously Green) due to an outstanding action (Awaiting NHSE publication).

• 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.

Q1 & Q2 25/26 NWSSP Progress RAG Status



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

Progress against key focus areas

Foundational Economy

In Quarter 2 of the 2025–26 financial year, the focus remained on strengthening the quality and assurance of data related to NHS Wales supply chain expenditure. This encompassed both Foundational Economy and NHS Wales’ annual carbon footprint reporting and specifically the impact of NHS Wales procurement and purchasing activities.

Looking ahead, there will be further opportunities to review the size and sectors of the businesses from which we purchase, which will support the ongoing enhancement of data quality and reporting accuracy.

Quarter 2 saw the release of the consultation on the collection and reporting requirements associated with the Well-being Impact Metrics, set out in the Social Partnership and Public Procurement (Wales) Act, which NWSSP will be responding to.

During Quarter 2, NWSSP engaged with local businesses by attending the Business Wales “meet the buyer” event in Swansea, with a further event planned in North Wales in Quarter 3. This enabled NWSSP to direct local businesses to the correct procurement platforms, enabling them to be aware of current and future opportunities and potentially bid and win business in the future.

There was continued engagement with procurement teams on targeted contracts, with a particular emphasis on refining procurement tools, inventions and approaches that can help deliver both Foundational Economy and Decarbonisation outcomes. Quarter 2 saw further development of our Power BI dashboard designed to identify and highlight opportunities within these two strategic areas, but also to track NHS Wales’ and organisational progress over time.

NWSSP remains committed to the core principles of the Foundational Economy. Our agenda continues to prioritise:

- Increasing procurement spend within Wales
- Shortening supply chains
- Strengthening supply chain resilience
- Supporting workforce development from within our local communities

Quarter 2 – 2025/26 - Expenditure

Quarter	Overall Spend	Welsh Spend	Percentage
Quarter 1	£1,263,289,036	£534,283,551	42.29%
Quarter 2	£1,221,010,532	£529,623,076	43.38%

People and Organisational Development – *To ensure that our people can be the best they can be*

Diversity, inclusion and foundational economy

- NWSSP attended the Disability Wales event in October, strengthening our commitment to accessibility and inclusion.
- Inclusive training guidance has been uploaded to the NWSSP SharePoint page and shared with the relevant networks.
- We have onboarded a new Specialist OD Facilitator for diversity and inclusion.
- A draft of the inclusion passport will be presented to the Equality, Diversity and Inclusion group for review in Q3.
- NWSSP has been awarded a bronze Talent, Inclusion and Diversity Evaluation (TIDE) award by the Employers Network for Equality and Inclusion (ENEI).



Staff Wellbeing

- Menopause Buddy Refresher Training took place in July and included a session on intersectionality, focusing on understanding diverse experiences of menopause and how best to provide support.
- Period Product Trial feedback is being collected from Swansea Laundry and North Wales Laundry. The trial will continue until January 2026.
- Suicide Awareness Sessions have begun within one division. These will be reviewed to determine whether future corporate-wide sessions should be implemented.
- Savings and Loan Options for staff will undergo review starting in Q3.

People and Organisational Development – Continued

Speaking Up Safely

- NWSSP launched the Work In Confidence platform, which provides a confidential and secure way for colleagues to speak up, whether it's something they've experienced, witnessed or want to change.



Welsh

- NWSSP attended the National Eisteddfod in Wrexham to promote NWSSP as a prospective employer within Welsh-speaking communities across Wales.
- A specification for a Translation Memory system has been developed, generating interest from several health organisations.
- The Welsh Language Assessment tool is now complete. Once confirmed in Q3 and supporting communications are prepared, it will be shared across the organisation.

Digital - *Maximising the return on investment in new digital systems and applications.*

- Work to review delivery of the current digital strategy and roadmap is commencing, with a plan to establish a new digital strategy by March 2026.
- Work is in progress to establish a Digital Business Partner model to support divisions on their digital journey.
- The delivery of the 2025 CRU Cyber Assessment Framework report has identified recommended areas of improvement which will ensure NWSSP's cybersecurity evolves to meet the high standards set by the National Cyber Security Centre.
- The new Chief Digital Officer, Bryn Harries, is now in post.

International Recruitment – *delivering an ethical, sustainable supply of healthcare professional into the NHS Wales Workforce*

- An in-country recruitment event was held in July 2025 intended to facilitate the timely arrival of candidates before the end of the 2025/26 financial year. However, uptake was significantly lower than anticipated due to the delay in confirmation of Cabinet Secretary funding approval.
- Five doctors were recruited across haematology, oncology, and paediatric roles across Wales.
- NWSSP has formally requested and is awaiting a response on greater flexibility in future funding arrangements from Welsh Government.
- NWSSP has developed and issued a national guide for recruiting consultant-grade doctors via commercial agencies.
- The first Ministry of Defence Direct Engagement Fellow is expected to start in Cardiff and Vale in Autumn 2025.

Electronic prescribing services – *supporting sustainable service delivery within community pharmacies*

- Smartcard enablement for pharmacy contractors has exceeded 80%, with rollout continuing to progress.
- Work has started to review and identify system generated reports to support the development of audit protocols for monitoring smartcard usage.
- The assurance testing with dispensing doctors has not commenced yet, as no suitable system has been made available for testing.

Medicines Unit – *Supporting local aseptic, cancer and critical care services within our partner Health Boards.*

- Durvalumab work discontinued due to costings leading to non viability.
- Addaven and Peditrace validation work continues with planned start date of 27th October.
- Gri-fill semi automated device work has been put on hold to focus efforts on radiopharmacy and manual processes.

National Ophthalmic Contract for Wales – *Enhanced eye care services available within Primary Care setting*

- Welsh Government have confirmed that they will drive the digital strategy.
- The IT Digital and Data group and internal WGOS Project team are developing options appraisal for paper form amendments and possible removal dependency on roll out of Electronic Patient Record (Open Eyes) in Primary Care.

- Our work will continue to focus on our organisational strategic objectives to:
 - Maximise the benefit, efficiency and social impact of what do for our partners.
 - Working together to be the best that we can be.
 - Drive the pace of innovation and consistently provide high quality services.
- We have made solid progress in Quarter 2 and will continue focusing on targeted actions as we move into Quarter 3. Additional scrutiny will be applied to objectives identified as off track or at risk of becoming off track during the quarterly review process, which commenced on 20th October 2025.
- We ask the Partnership Committee to note the contents of the report.
- The Partnership Committee are asked to feedback any comments regarding the Quarter 2 report before submission to WG.

Contact details

Georgia.Keegan@wales.nhs.uk

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

website: nwssp.nhs.wales

		05/11/2025
---	--	-------------------

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Transformation Management Office Update Report

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

Pwrpas yr Adroddiad:

Purpose of the Report:

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

Llywodraethu/Governance

Amcanion: **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 IMTP 2025-28 approved February 2025.

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.

Recommendation	
-----------------------	--

Crynodeb Dadansoddiad Effaith:

Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Compliance with procurement regulations where applicable
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact
Ariannol: Financial:	Compliance with financial instructions and processes where applicable
Risg a Aswariant: Risk and Assurance:	Assessed, monitored and managed within each project
Safonau Iechyd a Gofal: Dyletswydd Ansawdd / Duty of Quality:	Duty of Quality assessed within each project
Gweithlu: Workforce:	Capacity constraints are highlighted against each project where applicable
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open

GIG
CYMRU
NHS
WALESPartneriaeth
Cydwasaethau
Shared Services
Partnership

NWSSP TMO Update - 31 October 2025

Prepared by Sarah Ferrier (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.

Projects	17
Programmes	2
SI Initiatives	5

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:

- **50% (12 Schemes) All Wales** – Typically where the scheme covers multiple health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis
- **50% (12 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

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

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

SLG Recommendation

SSPC are requested to note the contents of the report.

TMO Dashboard Report

Key Trend information and Initiative Overview

Initiatives – 19

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Amber	Amber	Large	13/04/2021	29/03/2024	31/03/2026	65%
TRAMS - Radio Pharmacy	Neil Frow	Amber	Amber	Medium	01/01/2024	31/03/2025	01/04/2026	50%
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	65%
Optimising Data Population (ODP)	Angela Jones	Green	Green	Large	01/03/2024	15/09/2025	31/03/2026	27%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	30/03/2026	75%
Implementation of NWSSP Microbiology Monitoring Service	Laura-Jayne Keating	Green	Green	Medium	10/12/2024	30/09/2025	N/A	100%
Workforce Intelligence Service	Nicola Phillips	Amber	Amber	Medium	08/07/2024	31/12/2025	N/A	95%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/03/2026	N/A	82%
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	50%
Corporate Governance Community of Practice	James Quance	Green	Green	Large	19/05/2025	31/03/2026	N/A	46%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	30/04/2026	N/A	61%
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%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	31/03/2025	19/12/2025	75%
L&R Case Management System implementation phase	Mark Harris	Amber	Amber	LargeXOrg	01/09/2020	30/04/2025	28/11/2025	99%
Data Management	Scott Lavender	Amber	Amber	Large	04/04/2022	30/09/2025	31/12/2025	87%
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	0%
Fleet Modernisation Programme	Tony Chatfield	Green	Green	Medium	03/02/2025	31/03/3031	N/A	10%
Speaking Up Safely	Gareth Hardacre	Green	Green	Small	29/07/2025	30/09/2025	30/11/2025	95%

Service Improvement Key Trend information and Initiative Overview

Initiatives – 5

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	06/12/2025
Greenvale Laundry	Anthony Hayward	Amber	Amber	Improve	16/09/2024	02/06/2025	31/01/2026
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, Linsay Payne	Green	Green	Improve	22/06/2023	31/12/2025	N/A
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	N/A

Key Individual Project/Programme Updates

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

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

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

Objective

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

Progress Update

- 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 July 2025, and all internal governance around approval completed by 31 July. The case was approved by the Cabinet Secretary for Health and Social Care on 1 Sept 2025.
- Welsh Government has awarded £0.7m to develop the SE Hub FBC.
- The Hub Isolator tender was concluded on 8 October with the Preferred Bidder selected. Contract awarding is in progress.
- 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.
- 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 is being recruited based in North Wales, to advance Business Case preparation for the region.
- Laboratory space in IP5 is being brought into use. Staffing for the Micro Monitoring Lab has been recruited and mobilised. This facility will be key in bringing the new Radio pharmacy into use, and an MHRA inspection of the Lab took place on 28 Oct 2025, with only 1 minor issue identified and no majors.
- The TRAMS Digital Project tender process was curtailed in July 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.
- 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 Organisational Change Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in 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. Resource workshops have been planned from Aug-25 - Dec-25 to finalise these numbers.
- 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

- There are a number of ongoing issues that need to be resolved before the FBC can be finalised, these include agreeing the proposed product supply for Velindre and alignment with the endorsed PBC, agreeing a spoke and hub model for short shelf-life clinical trials and staffing arrangements. Further work is needed on the Digital system which is currently based around developing a "proof of concept" using the existing Oracle system
- **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 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

TMO Dashboard Report

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.

- A proposal has been submitted to resolve this issue utilising year end capital in the 2025/6 financial year.
- The **governance arrangements for NWSSP** are currently under formal review. This has the potential to delay the programme if key approvals are in the process of being sought at the time when a change of governance takes place.
- 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)

<u>Status</u>	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 resolving an issue with the Application Programming Interface (API) that is responsible to extract the data used to create the monthly Quantum reports to the Health Boards. The work aims to stabilise the API, with handover of control from DHCW Client Services to NWSSP Informatics. Key reports have been successfully handed over and currently NWSSP L&RS and Informatics are working towards developing the automation of the reports.

Main Issues, Risks & Blockers

Issue

1. API stabilisation and handover to NWSSP

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)

<u>Status</u>	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 discovery phase which will inform the next phases of the project.

To catalogue: -

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

To review: -

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

To identify: -

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

Progress Update

Good progress continues to be made, two service areas have gone live and dashboards been released to agreed external stakeholders.

The General Medical Service Dashboard has been released on 07-Oct-25.

The Pharmacy Dashboard has been released on 10-Oct-25.

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 will share with Heads Primary Care by email proposed route by 31-Oct-25, for sign off at Project board 10-Nov-25.

Project Board service lead is still waiting on information from the Strategic Programme on legal justification on why the service is now being asked for new data not previously shared to our stakeholders. This requires a change to the approved DPIA, once received this will be sent onto Tim Knifton for guidance.

Resource has been committed to develop the reporting requirements for PCWIS Employment Services. A roadmap has been created, and ratified at PCWIS Project Board on 21-Oct-25, and 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) following validation of the current reports by Welsh Government and Health Boards.

The Business Information Manager has commenced gathering the Dental Workstream and Project Board requested go live date by 10-Nov-25.

The Project Manager has commenced drafting of 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 for Medical Performers List information for inclusion.

The Project Manager has sought advice from the Information Governance Manager who has confirmed that Data Sharing Agreements need to be put in place for all external organisations to clearly define the terms under which data is shared, ensuring legal compliance.

Main Issues, Risks & Blockers

No risks or issue over the reporting threshold of rating.

Impact on Existing Service/Arrangements

No impact to existing service arrangements.

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

Monthly Update (key/issues (blockages)/risks)				
Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

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

Progress Update

Workforce Implementation

PCWIS – Workforce has been fully live since the end of July and feedback from users has been extremely positive to date.

PCWIS performance has been monitored since July and a couple enhancements have been identified and are now scheduled for implementation over the next fortnight to increase automation within PCWIS. The first enhancement will allow Head Office users to enter data for multiple practices, and the second enhancement will open mandatory fields to enable users such as Practice Managers to amend any data that may have been entered incorrectly during data entry. This change is keenly anticipated and is beneficial for all stakeholders.

The Project Team have held PCWIS demonstrations to staff with Betsi Cadwaladr and Cardiff & Vale in recent weeks providing an overview of the system, as well as providing support to staff. The demonstrations also provided an opportunity for Health Boards and users to feedback to the project team which has been extremely beneficial. Additional drop-in sessions will be arranged during November & December.

Reporting

A Roadmap for developing reporting functionality from PCWIS has been developed and will be shared with stakeholders during November. The intention is to provide existing reports in the interim and to develop more sophisticated reporting over the next six months using either PCWIS or Business Intelligence.

Phase Two – Performers List

As Credera have instructed Service Management Team not to undertake any further Performers list development, a workshop has been arranged for November to review the build to date, understand further system requirements and enable a plan to be made for next steps.

Main Issues, Risks & Blockers

Issues

1) Credera have instructed Service Management Team not to support NWSSP develop gap analysis for phase two – Performers List. Softcat have been informed, and a further meeting is to be arranged within the next week.

Impact on Existing Service/Arrangements

There will be no impact on service arrangements if the reporting requirements are met for the 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)

Recent Gateway Review? No

Objective

To provide a new Radio pharmacy facility serving the South East region of Wales

Progress Update

The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options, and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in July 2024.

Planning Permission was approved on 13 Feb 2025.

Funding letter for the balance of funds to complete the project was received on 20 Feb 2025.

A Project Surveyor and other key advisors and internal resources have been appointed.

The enabling works tender covered:

- 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 2025.

A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed. A contract change notice is now being progressed, to capture changes resulting from the design cycle, and provide a clean baseline for the build phase.

TMO Dashboard Report

Cleanroom build started on site on 23 June 2025. The cleanroom build is planned to be physically complete by the end of Dec 2025. Contractor validation activity is planned to be completed by the end of January 2025. NHS Validation and regulatory inspections are scheduled for Feb to March 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.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. They will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.
2. The identification of an interim standalone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radio pharmacy with other supporting capabilities

TUPE transfer of staff from CAVUHB took place on 4 Aug 2025. Key management posts have been recruited to, other recruitment is ongoing, and we are targeting having the full staffing establishment in post by 1 Jan 2026, ready to support validation activity.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2. We continue to manage construction risks proactively, and are 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.

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.
 - A specialist contractor is being engaged to design options to improve the power resilience of the site.
- **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.

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	
Laundry Memorandum of Terms of Occupancy (MOTO)	Paul Thomas		Stuart Douglas	
Monthly Update (key/issues (blockages)/risks)				
Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
High Level Benefits	Cash Releasing - No	Non-Cash Releasing - No	Qualitative - No	Quantitative - Yes
Recent Gateway Review?	No			
Objective				

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

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

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

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

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

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

Progress Update

Work Stream 1 (Church Village)

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

Given that NWSSP has no funds to address the backlog, nor resource to manage it, this is not a viable proposition. In light of the situation, NWSSP are yet to make a decision on the future direction of travel.

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

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

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.

Workstream 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
Workforce Intelligence Service	Bethan Rees	Nicola Phillips

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

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

Objective

Key Deliverables:

The key deliverables are: -

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

Progress Update

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

The following progress has been made during October: -

- Staff Benefits** – This objective has been investigated extensively and can now be closed.
- Exit Process** – No progress has been made in this period, as HEIW have not been able to share the data with NWSSP to complete analysis for the baseline position. However, discussions have taken place between HEIW and NWSSP and a data sharing agreement is in the process of being developed to allow data to be shared between the two organisations. Any further work to be undertaken under BAU.
- Temporary Staffing Solutions** – Discussions have taken place with the three professions to explore the option of extending Locum Hub (originally developed for indemnity purposes) to other professions such as Ophthalmic and Pharmacy. However, there was limited support for extending the Locum Hub at the present time. Therefore, there is no further action required for this objective.

Due to the resolution of project objectives, SRO recommended that the project move to closure as no further action required. Final report due to HEIW in late Nov 25 to close project.

Main Issues, Risks & Blockers

Risks Above Threshold

- There are no risks identified above the threshold.

Impact on Existing Service/Arrangements

There is no impact on 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)

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

Recent Gateway Review? No

Objective

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

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

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

Progress Update

To note the percentage completion is based on an average of both Reimbursement and Smartcards workstreams. With the addition of tasks relating to Processes, Dispensing Doctors, Dashboard, Smartcards Dispensing Drs and Urgent Primary Care the new latest workstream percentages are: 93% Reimbursement, 71% Smartcards. Overall project completion is 82%.

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 new scope was agreed at the previous Project Board meeting, and the exception report has been drafted for approval. The new project plan is currently being developed, and the next report will be reporting against the new milestones. The new milestones are as follows:

- EPS Efficiencies
- EPS Dashboard
- Internal Reporting
- Consolidation Process - Phase 2
- NWSSP BAU Funding Requirements
- EPS requirements for PCWIS
- Northern Ireland EPS Solution - TBC
- Urgent Primary Care / Out of Hours
- Dispensing Doctors First of Type (FOT)
- Smartcard Audit Processes
- Smartcards Key Performance Indicators (KPIs)
- Cluster Training

Progress Update

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

Integration/Development of Internal Applications: The live EPS public facing dashboard continues to be monitored and developed. The Agency Nurse Independent Prescribers J numbers agreed decision to require J numbers to be obtained will be escalated to the Health Boards for noting. Any feedback will be escalated through appropriate routes within Primary Care Services.

Assurance: EPS Programme are continuing to take the Adastra system for Urgent Primary/Emergency Care (Out of Hours) through the assurance process. The Dispensing Drs First of Type sites are still unconfirmed, therefore is on hold until agreed.

Service Management: The EPS Dashboard SLA has been reviewed by Project Board. A final amendment is due to be made and once agreed, it will be presented to DHCW Commercial. Programme team have handed over ownership of the implementation/rollout to DHCW PCMH and PCS are working closely to improve the Smartcards processes and Service Management model.

Communication Approach: DHCW are currently deploying the updated EPS web pages.

Funding: 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.

Smart Cards:

- Smartcard and RA provisions for Urgent & Emergency Care (Out of Hours) is progressing, and an updated version of the RA/Smartcards guide has been drafted for review.
- The Smartcards team are continuing to test Care Identity Management (CIM) test environment to undertake joint cluster RA

TMO Dashboard Report

training sessions.

- The Smartcards team have agreed with PCMH to trial a new process for the smartcards implementation to aid with speeding up the digital identity process required for a user to receive a smartcard.
- The Smartcards team have been further investigating the setup of the ServicePoint partition working with DHCW Service Management to align theirs with Primary Care Services.
- The Smartcards and Programme teams are currently investigating the Temporary Access Card requirements for three Clinical Support Hubs that receive NHS111 calls on behalf of all the Health Boards.

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 also 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)

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

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

Project Progress- November 2025 Report

The project remains focused on developing and implementing communication activities to support employees (and Managers, where applicable) to update and review their personal information within ESR to populate gaps in data. In parallel, a continuation of an exploratory exercise with NWSSP Informatics will support the population of data from existing data sources, providing an opportunity to address any issues, creating a blocker within current automation processes.

The project board met on 17 September 2025, where it was agreed that the initial focus of the project is to improve Emergency Contact and Nationality data for NWSSP (General) employees (Single Lead Employer employees to follow). It is recognised that adoption of the processes outlined to reduce data gaps within NWSSP can be replicated within other NHS Wales Organisations. However, Activity 3 (targeted information flows) and the general communications approach must be facilitated at an organisational

level.

Progress against agreed activities is noted below:

1. Work is ongoing to determine if Nationality data can be sourced from existing ESR records. Data extraction is complete, with further process mapping and planned automation underway.
2. Exploration continues into using passport photos from Recruitment Services for digital ID and Right to Work checks. While some obstacles remain, a TRAC-TrustID integration is planned for December to help address data gaps. Data protection and governance considerations are being reviewed, with a report pending.
3. Plans are in place to use targeted communications and automation to prompt employees to update Nationality and Emergency Contact details, escalating to managers if necessary. A meeting to finalise communications is set for 05-Nov-25.

These activities are supported by a general communications campaign. Emergency Contact data gaps will be addressed through targeted information flows and communications. Additionally, a new activity to interpret ESR error codes from the TRAC-ESR interface is anticipated to improve data flows and support broader data quality objectives.

Risks and Issues

There are no risks or issues reporting over the agreed reporting threshold at this stage of the project.

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)
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Unsure
Recent Gateway Review?	No			

Objective

NWSSP to provide a centralised Flu Programme 2025. To centrally procure, store and distribute the Influenza vaccine for the vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes going forward to all General Practice, Community, and Local Health Boards (LHBs) Trusts.

Progress Update

Following Welsh Government approval of the NWSSP proposal, Project Team members have commenced tasks within the project plan for the project to remain on target.

All Wales deployment of vaccine underway and biweekly operational meetings established.

Ongoing discussions underway regarding next session Flu Vaccination programme with Welsh Government.

Progress update:

- Approximately 715,030 doses of Flu Vaccines have now been delivered across Wales as part of initial delivery phase.
- Approximately **129,520** doses have / and are 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 876,770 Flu Vaccines delivered to date.
- Stock remaining at IP5 is approximately 43,300 Flu doses.
- Vaccines now delivered to 1,628 locations across Wales.
- Flu Vaccine programme drivers travelled over 36,060 miles to date.
- Flu Vaccine programme received 419 queries and requests to amend, cancel or re-divert orders received, of which 98% have being resolved.

Discussions taking place with Welsh Government regarding next season Flu Vaccination programme and an update is imminent. Discussions will then take place with Securus regarding the volume of Flu Vaccine required, which will need to be completed by early Nov-25.

TMO Dashboard Report

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

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

Recent Gateway Review? No

Objective

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

Background:

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

Progress Update

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 will now be aimed at transitioning to BAU and the automated notifications that SES and the Health Boards/Trust receive regarding lease breaks, reviews and expirations.

Main Issues, Risks & Blockers

None.

Impact on Existing Service/Arrangements

None.

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

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

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

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

Recent Gateway Review? No

Objective

IMTP 2024/25

1. Cease printing Electronic Patient Record (EPR) where GP2GP has been successful. GP2GP allows healthcare workers to transfer patients' electronic health records securely, and quickly between their old and new practices when they change GPs.
 - i. Review training material.
 - ii. Identify training requirements within General Practice.
2. Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, i.e. babies.
3. Remove need to routinely print the Electronic Patient Record (EPR) when a patient becomes deceased, or their record is held in suspense (where a patient is deregistered from a practice but does not register with another).
4. Benchmark medical records digitisation with Health Boards in NHS Wales.

Progress Update

The All-Wales Patient medical records, Task and Finish Group meeting was held on 15-Oct-25, prioritising 3 objectives, the next meeting is scheduled on 11-Dec-25.

Deceased records require a change to the regulations and will be supported by Dr Ian Harris (GPC/BMA member) and Martyn Shipp replaced Claire Cullen as Welsh Government representative who will confirm the process required for the regulatory change of wording to ensure this is completed by January 2026.

Destruction of Records - DHCW representative has agreed to review and feedback good practice guidance and review first draft of the destruction of records protocol created by Julia Baldwin and compare with what is being used in England as these have recently been updated, with the plan of adopting these and rollout to all Health Boards in Wales. The Head of Primary Care will obtain further legal advice, on how Wales can adopt the England guidelines once this has been confirmed.

Cross Border GP2GP - DHCW representative has discussed with NHSE, and put forward an interim solution, which will allow upload of pdf patient record. It was noted that NWSSP are already exploring opportunities with NHSE re the NDR and transferring 700 MRs electronically to Wales. It was felt that NDR may provide benefits and reduce some of the issues experienced by practices but doesn't remove the clinical risk issues. but it still has a problem with usability once received, as still a pdf and not a structured record, however this wasn't accepted it was felt that being unstructured is no different to current issues being experienced. Group confirmed to get the cross-border issues back on the most appropriate group agenda, as this sits outside of the group's role. DHCW representative suggested it being taken to GMS Board level recognising that this is a major programme of work and needs to be prioritised and funded as a national issue.

The group agreed to conclude the Task & Finish Group following the drafting of the Destruction protocol and update to the regulations to support deceased/suspense arrangements. Group agreed with a March 26 closure date.

The Project Manager and NWSSP Primary Care representatives have set up an Operational Working Group to commence work required in the digitalisation and destruction of Primary Care medical records held on NHS Wales Shared Services Partnership Sites. Second meeting was held on 9-Oct-25 and agreed priorities, timescales and resources on 3 key objectives: 1. Review Suspense Records, 2. Maximising Space, 3. Cost Comparison for inclusion of Business Case if investment is required.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

There is no impact to existing arrangements.

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

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

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

Objective

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

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

Progress Update

Implementation Update

Phases 1 and 2 of the implementation have been successfully completed. All relevant data pertaining to Phase 3 practices has been transferred to Stericycle, and we are currently awaiting confirmation of the delivery schedule.

Domiciliary Clinical Waste Process

The Project Team has been collaborating closely with PCS Optometric Advisors and National Clinical Leads to develop a streamlined clinical waste management process tailored for domiciliary providers. A comprehensive SBAR (Situation, Background, Assessment, Recommendation) document has been prepared, outlining the most financially and operationally viable options.

Additional Bin Request

TMO Dashboard Report

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 March 2026. 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
Implementation of NWSSP Microbiology Monitoring Service	Myra Jones	Laura-Jayne Keating

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

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

Objective

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

Progress Update

As previously discussed, this project has been completed (30th September 2025), Any outstanding tasks following this date will remain within the service and be covered as business as usual.

The reaudit s tookplace on Friday, 3rd October 2025, in readiness for the MHRA inspection which was undertaken on 22nd October 2025. No report has been received to date.

In addition, there is a Phase 2 planned for the Microbiology Service, which is likely to commence early 2026, for which PM support will be requested via the normal route.

Main Issues, Risks & Blockers

To be identified.

Impact on Existing Service/Arrangements

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

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

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

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

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

Recent Gateway Review? No

Objective

The objectives of the project are:

- To align, streamline and enhance operational practices within NWSSP Primary Care Services with change established by contract reform within the Wales General Ophthalmic Service (WGOS) to maintain robust and efficient service delivery.
- With particular focus on the NWSSP led IT, Data and Digital workstream, explore and identify opportunities and options for digital enhancement and development to meet workstream objectives. This includes:

- A review of paper-based forms currently used within the Wales General Ophthalmic Service (WGOS)*, in addition to the implementation of digital improvements will support a future transition to a Value-Based contract model and a fully paperless system by the end of the current contract term with Xerox UK Ltd. (NHS Wales is a named beneficiary of the contract held between NHSBSA and Xerox UK Ltd).

*Incorporating clinical and health board practices and processes where needed.

Progress Update

Project Progress- November 2025 Report

The project continues to focus on streamlining practices and aligning operational processes within NWSSP Primary Care Services to support contract reform and digital transformation within WGOS to meet objectives set within the IT, Digital and Data workstream of the overall programme.

During this period, the project board approved an updated project objective – the undertaking of a comprehensive review of current paper forms utilised within WGOS in readiness for a scheduled review of the current National Form Contract, moving towards a Value-Based contract and paperless system.

The project remains on track with a continuation of the RAG status (green), with significant progress achieved within this reporting cycle.

The following activities have been progressed/continue to progress:

- Outstanding Standard Operating Procedures (SOPs) continue to be progressed to deliver a full suite of Standard Operating Procedures for all WGOS processes.
- Signed Orders Implementation/System Development-Workshops are progressing towards the development of a comprehensive system eliminating manual workarounds where possible. Requirements gathering is underway.
- A finalised payment schedule for the remuneration of consumables covering 2025-26 has been agreed. A report detailing future payment options was presented to Eye Care Wales Committee on 27-Oct-25. Further data has been requested, and a final decision will be made following the analysis of this data.
- Collaboration with stakeholders to advance external digital initiatives (Patient Record Management (OpenEyes) and Electronic Patient Record (DHCW)) continues.

Risks and Issues

The following new issues have been identified through recent discussions within the project environment, noted below with mitigating actions:

- Fee Negotiation Communication: A lack of direct and advance communication resulting from external decisions impacting WGOS activity, leading to operational challenges and increased workload has been highlighted. The development of a timeline for projected/anticipated changes in planned to inform future workplans.
- Low Vision Service Management – The availability of equipment following accreditation has been highlighted. Mitigating activities have been identified and timescales will be determined within the next project meeting.
- Claims, Payments, and Qualification Checking Processes: Manual work and inefficiencies persist in claims processing resulting from the 28-day submission rule (particularly for WGOS4) in addition to challenges in tracking practitioner qualifications that effect payment. Proposals to mitigate future issues include utilising the K2 system and passing some post-payment checks to health boards. A data analysis exercise is underway to inform these potential changes.

Including these additional issues, no risks or issues identified score above the reporting threshold.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

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

TMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO		
Corporate Governance Community of Practice	Rachel Pember, Julian Bowen-Sargent	James Quance		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing - Unsure	Non-Cash Releasing - No	Qualitative – Yes	Quantitative - Yes
Recent Gateway Review?	No			
Objective				
<p>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.</p> <p>There are currently 102 members on the Viva Engage site with the article on Gwella has received 581 views.</p> <p>Of the 13 NHS Wales organisations working within the corporate governance field there are approximately a workforce of 150 staff.</p> <p>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.</p> <p>The primary objectives are:</p> <ul style="list-style-type: none"> 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:				
<ul style="list-style-type: none"> 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 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				
<p>The Community of Corporate Governance held its inaugural Annual Conference on Friday, 24th October, which brought together 71 delegates from across All-NHS Wales organisations. Several keynote speakers attended from both within and outside of NHS Wales and the theme "Governance Matters".</p> <p>Feedback from the conference continues to be collated from delegates and will form part of the lessons learnt for the conference workstream closure document.</p> <p>A detailed conference project plan continues to be updated and developed, and this will provide an 'aide-mémoire' for future conference planning within the Community of Corporate Governance Practice.</p> <p>The conference had videography and photographer in attendance to capture the event and the be images will be used for publicity of the event within Corporate Governance professional publications and All-Wales NHS Wales media platforms.</p> <p>The conference committed to be environmentally friendly by eliminating the use of single-use paper plates and cups, in line with the NHS Wales Decarbonisation Strategic Delivery Plan. This resulted in a reduction of 61 kg of CO2e, based on DEFRA and WRAP data.</p> <p>The first Community of Corporate Governance masterclass was undertaken on 26-Sep-25 "What is Corporate Governance and what it isn't" by Helen Bushell, Director of Corporate Governance of NHS Wales Powys Teaching Health Board with positive feedback from attendees. Additional masterclasses are being developed, and dates will be communicated shortly.</p> <p>A new workstream will commence shortly, which will focus on the Professional Development of Corporate Governance staff within All-NHS Wales by establishing a mentoring programme aimed at supporting and nurturing talented professionals within this specialist field.</p>				
Main Issues, Risks & Blockers				
Initial risk and issue have been captured and documented, no risks over reporting threshold.				
Impact on Existing Service/Arrangements				
No impact on service and under Risk Threshold.				

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

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

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

Objective

WIBSS (Wales Infected Blood Support Scheme) was established in 2017 following the dissolution of UK-wide Alliance House organisations. Each devolved nation took over administration for their own infected individuals. Disparities in payment rates between nations were resolved in 2020 with a parity agreement.

The Infected Blood Inquiry has led to interim compensation payments to date. There 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) will be replaced by the Infected Blood Compensation Authority (IBCA).

There will be limited changes seen for the beneficiaries but there are 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 July 25, it was agreed in Parliament that the Wales, Scotland and Northern Ireland Schemes would be extended for a further 12 months. It was agreed by the Board to continue with the project and approval was granted to move the project to initiation stage with a revised end date of 15 January 27.

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 September 25.

The group agreed that due the revised end date and having limited risks to achieving this action, the group will pause and reconvene 6 months prior to January 27.

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

Impact on Existing Service/Arrangements

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

Project Name	Project Manager	Project Exec/SRO		
Implementation of Radio Pharmacy	Rachel Pember	Rhys Hamer		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
High Level Benefits	Cash Releasing – In progress	Non Cash Releasing – In progress	Qualitative – In progress	Quantitative – In progress
Recent Gateway Review?	No			
Objective				
Create a new service for Radiopharmacy implementation.				
Progress Update				
<p>The Project Team has been identified and the project Scoping Document has been developed Sept-25. The Terms of Reference for the Project Team is currently in draft and is scheduled to be finalised. The project team has agreed for the ToR to remain in draft until the Radiation Protection Advisor Service Level Agreement has been signed off and will form part of the project team.</p> <p>To support the delivery of key tasks within developing the project plan, several sub-workstream have been formed. The following workstreams have been established:</p> <ul style="list-style-type: none"> • Radiopharmacy • Finance • Facilities and Health & Safety • Procurement • Health Courier Service <p>Finance Update A priority task has been to revisit and update the revenue cost associated with the Radiopharmacy Business Justification Case (BJC), which was originally approved in Jul-24. Project team members are currently reviewing the revised figures to ensure they are ready for inclusion in their IMTP submission in Nov-25.</p>				
Main Issues, Risks & Blockers				
No risks or issues recorded over threshold.				
Impact on Existing Service/Arrangements				
None at present				

Service Improvement Initiatives

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

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

Status 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

Waiting on NWSSP Digital to provide an update to the solution required to obtain Legal & Risk Matters & Invoice data from the iCaseworker system, which will be used for the Finance Power Automate solution.

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

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

Legal & Risk 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.

Benefits:

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

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

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

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

Main Issues, Risks & Blockers

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

3. Finance Team knowledge in using the new process and the manual interventions required on MS Lists. A training session has been delivered by the RPA Team, but further on-going support we be required to embed the changes.
4. Preparing the data in the current Finance spreadsheet format to load into the MS List. This requires adjustments, testing and validation.
5. Initial staff training was delivered to the Finance team by the RPA team in early January 2025, with on-going support scheduled before and proceeding Go-live. We will revisit training refreshers closer to Go-live once this is known.

Risks:

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

Impact on Existing Service/Arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Greenvale Laundry	Kim Eley, Tim Knight, Harvey Simmonds,	Anthony Hayward

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

Status Amber (Overall)

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

Objective

To review the existing process within Greenvale Laundry to see where improvements can be implemented to improve the capacity of the process, assisting in the more efficient delivery of services against Service Level Agreements within Operational Hours whilst safeguarding quality.

Progress Update

Driver Scheduling Review - Service Improvement met with HCS to review current driver scheduling arrangements on 29th August 2025. Prior to this meeting, drivers were required to complete a Driver Tracker Form to log their schedules and record the number of cages collected, delivered, and remaining at each site. Data has been collected over a 24-week period. It has become apparent that the schedules currently in operation differ from those originally agreed and, in some instances, are breaching the Service Level Agreement (SLA). Additionally, the use of incorrect van sizes has resulted in dirty linen cages being left at sites, raising operational and hygiene concerns.

Attendee Role Kimberly Eley Service Improvement Lead Joseph Price HCS Service Area Manager Tracy Wilson Head Driver (IP5) Brian Harris HCS Supervisor/Team Leader Stephen Williams HCS Supervisor/Team Leader Leanne Brewerton Head Driver (Greenvale)

Identified Issues to Date

Issues

- Deviation from agreed driver schedules
- SLA breaches due to missed or delayed collections
- Incorrect van capacity impacting collection efficiency
- Dirty linen cages left at sites.
- New driver onboarding and training requirements
- Drivers hand-delivering scrubs in UHW
- Deviation from agreed driver start times

Improvement Opportunities to Date

- Action Owner Timeline Status Review and realign driver schedules to match SLA HCS By end of September In Progress
- Audit van allocation and adjust fleet usage HCS October 2025 In Progress
- Ensure new driver completes full training HCS October 2025 In Progress
- Development to the driver PDAs to include option to indicate volume of cages, delivered, collected and remaining to replace paper tracker forms HCS January 2026 In Progress
- Deliver the scrubs to the SLA agreed drop off point instead of transporting scrubs to theatres. Greenvale November 2025 Not Started

Identified Benefits to Date

- Less cages remaining on sites Holume of cages delivered, collected and remaining are tracked

- Increased morale in HCS drivers
- Increased customer satisfaction from customers
- Drivers start their shift at their originally agreed times
- The delivery runs have been successfully restructured to achieve a more balanced distribution.
- An extra driver has been appointed to manage residual tasks, resulting in a noticeable reduction in overruns HCS

Next Steps

- Finalise revised schedules and communicate changes to all stakeholders.
- Monitor SLA compliance and report exceptions.
- Ensure appropriate van capacity is used consistently.
- Continue training and support for new drivers.
- Review outcomes monthly and adjust plan as needed.

Service Improvement Plan: Laundry Process – Bottleneck

Overview

The laundry process at Greenvale has experienced significant downtime due to machinery issues post-dryer, particularly with folding equipment and calendar machines. This has impacted operational efficiency and service delivery. The fourth calendar at Greenvale remains unfitted and non-operational, despite being scheduled for installation and use over a year ago. This persistent delay is a critical issue, as it directly impacts the laundry service's throughput and efficiency. After the OCP Greenvale's items per operating hour improved from a shortfall of **-1,581** to **-1,100**. This demonstrates positive progress in throughput and efficiency. Despite this improvement, analysis of the process data shows that Greenvale's current capacity remains insufficient to meet full SLA requirements if all customers requested their contracted volumes.

Identified Issues to Date

- Calendars are the primary source of downtime, accounting for 8% of total operational time lost.
- Other machines contribute an additional 5% downtime.
- Data quality issues in the engineering tracker (25 entries with missing data) hinder accurate analysis and may mask further inefficiencies.
- The absence of the fourth calendar means the process is running below its intended capacity. Data from Laundry Services - Greenvale VSM shows a significant shortfall in items processed per operating hour compared to targets. For example, there is a documented shortfall of 373 items per operating hour when comparing actual output to SLA requirements.
- Staff are required to manually intervene more frequently, increasing manual handling risks and reducing morale.
- If all customers reverted to their full SLA orders, Greenvale would still face a significant shortfall and would not be able to fulfill all requests. This is a critical risk for service reliability and customer satisfaction.

Machine Type	Tracker Entries	Avg Downtime	Total Downtime	% Downtime	Since 4 Aug
Calendars	196	17 minutes	2596 minutes (43h 16m)	8%	
Other Machines	93	17 minutes	1575 minutes (26h 15m)	5%	
Empty Tracker Cells	25	19 minutes	480 minutes (8h)	1%	

Root Cause Analysis

- Mechanical faults in folding and calendar equipment.
- Inconsistent data entry in the engineering tracker.
- Lack of preventive maintenance scheduling post-OCP
- The current staffing levels in the area are insufficient to consistently achieve the required items per operating hour.

Improvement Opportunities to Date

- Conduct full mechanical audit of calendar and folding equipment Engineering
- Implement mandatory fields in engineering tracker to reduce empty entries
- Schedule preventive maintenance every 2 weeks
- Starting November25 Accelerate the fitting and commissioning of the fourth calendar. Assign clear ownership and timeline for resolution.
- Continue to track items per operating hour before and after installation to quantify improvement.
- Ensure sufficient operators are allocated to all calendar machines to maximise throughput once the fourth calendar is operational.
- Area Supervisor Pending Build a working stock to support backfill shortages due to the bottleneck.

Success Measures

- Reduce calendar-related downtime to <5% by December 2025.
- Eliminate empty tracker entries by November 2025.
- Improve overall laundry throughput by 15% by Q1 2026.
- Achieving items processed per operating hour to alleviate bottleneck

TMO Dashboard Report

- Consistently meet customer SLA volumes, even if all customers request their full contracted amounts, rather than amending orders.

Education in Hospitals/Sites – Improvement Opportunity

There is value in educating Health Boards on the importance of linen control and discouraging the condemnation of linen and this will be explored in future development meetings with Greenvale

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
IOH Review	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

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

Status	Green (Overall)			
High Level Benefits	Cash Releasing - Yes	Non-Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Objective				

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

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

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 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 28,613 continuing its downward trend and compared to a high of 36,058.

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 which include:

Max Ship Holds -

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

Quantity Received Holds - Receipting Reminder Automation

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

Phase 2 is to escalate any invoices that remain "unreceipted" within Oracle following 20 days to the budget holder. The process has been mapped, the automated solution developed and will be piloted within CTM Health board from the week commencing 27 October 2025.

Account Management Proof of Concept - Medtronic -

Meetings are taking place with our third largest supplier, Medtronic, in terms of IOH, and we are looking to work collaboratively to explore opportunities for both organisations to improve their processes in order to improve the number of invoices that are submitted and are processed without human intervention (increasing out straight through processing metric). Maxship and Quantity Received holds form more than 70% of the Invoices that are on hold for Medtronic and we are currently reconciling statements against that they have provided, whilst also completing further analyses before coming back with suggestions for improvement.

TMO Dashboard Report

Additionally, we are exploring option to reduce hold relating to Not on Statement, Quantity Received and any older than January 2024 as a priority, in an attempt to build faith, traction and motivation. Individual Health Organisations have been approached for confirmation on what they would need to release these invoices.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

None

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

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

Status Green (Overall)

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

Objective

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

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

Progress Update

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

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

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

Overtime Request Form - We have launched the pilot of an overtime request form 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 80% 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.

In parallel, a procedure document has been developed to formalise our approach as an organisation pending the successful pilot, this procedure has been co-created with partners from People and Organisational Development, Information Governance, Finance, and Union representatives, and was approved through our Formal Senior Leadership Group.

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

This pilot was due to start on the 28 April 2025, but 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

TMO Dashboard Report

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

None

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
VP - Productivity Pilot - Accounts Payable	Niall Quilton	Russell Ward

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

Status Green (Overall)

High Level Benefits 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

Date: 1st September 2025

1. Key Highlights

- Dashboard has been showcased to working group for feedback
- Schema has been developed
- RPA/SIO are now working on taking dashboard to beta
- Activity logs – feedback received from team and process is now live

2. Challenges & Risks

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.
 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.

3. Next Steps

Final phase will be to monitor the impact and review lessons learned. We need to set up a future feedback loop (meeting or report) to showcase how this can be used in future workforce planning.

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.
 Staffing– 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
ESR Transformation Programme	Rebecca Jarvis	Gareth Hardacre
Monthly Update (key/issues (blockages)/risks)		

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

Recent Gateway Review? No

Objective

Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales

Progress Update

The ESR Transformation Programme led by the NHS Business Service Authority (NHSBSA) continues as follows:

- In October 2025, the NHSBSA announced the award of a £1.2 billion contract to Infosys, to deliver a new and enhanced workforce management solution for the NHS. The Programme will now swiftly move from planning to mobilisation stages across both NHS Wales and England. Over coming weeks, the NHSBSA will work with Infosys to develop underpinning programme strategies to manage the programme, support the identification of early adopters and implementation waves, and to determine the route for user engagement in design workshops.
- **Design Workshops**
- A total of 65 volunteers from across NHS Wales have submitted expressions of interest to support the design and build stage of the new solution. The NHSBSA have now introduced another layer to the workshops with strategic workshops being held end of November. NWSSP are working with the NHSBSA to identify key representatives from across Wales.
- **Engagement**
- The team continue to engage with various forums and are scheduled to attend the Welsh Language Group and Workforce Planning Forum in November/December 2025. They have also been asked to partake in an ESR Transformation Project Workshop with PHW in December.

Optimisation Update

- **Data Quality** - Work progresses in terms of the Nursing & Midwifery staff group data. All introductory meetings have been held with respective SMES and presentations have been given at various nursing forums. In addition to this there are individual projects reviewing optometry, theatre and digital staff groups.
- **Establishment Control** - A Community of Practice is currently being established to provide guidance and support to those organisations who are about to embark on the journey. It is planned that the first meeting will be held at the end of November
- **Self Service** - Efforts continue to maximise existing functionality and address data gaps. A campaign is being developed to encourage individuals to update their personal data in ESR. The team is working with NWSSP informatics to develop a solution to prevent further data gaps.

Key Milestones

- Design and Build of the new solution will commence in early 2026 and is anticipated to take around 18 months. Early adopter organisations will have significant involvement in the process, including business process change assessments and support, systems integration testing, user acceptance and payroll testing.
- In September 2026, Infosys will assume responsibility for running the existing ESR service from the incumbent systems integrator IBM.
- In the Summer of 2027 early adopters will start using the future solution followed by implementation waves through to 2030. On completion of implementation waves, the current ESR solution will be decommissioned.

Governance

- NHSBSA and Infosys will work with the NHS Wales Shared Service Partnership for a consistent approach to build and implementation. NWSSP will establish a Programme Management Governance structure that will report into SSPC and NHSBSA Transformation Board and ultimately to Welsh Government. With partners from NHS Wales organisations - an All-Wales Steering Group and Delivery Group will be established, with individual task and finish groups focussing on enabling readiness activities, business change, ESR optimisation and data quality

What's next?

- Agree NHS Wales representatives to support **Design Workshops**. Strategically focussed workshops are currently being planned in from late November onwards. Secondary workshops involving subject matter experts and volunteers from user organisations are being planned in from early 2026 onwards.
- Infosys (along with the rest of the Supplier team) are currently undertaking some work to identify potential Early Adopters. This includes a review of the data NHS Wales organisations submitted to NHSBSA in January of 2025.
- In coming weeks, NWSSP & NHSBSA (alongside the Supplier team) will engage with NHS Wales organisations who expressed an interest in being an early adopter. Unfortunately, not every organisation who expressed an interest will be ultimately selected by the supplier team to become an Early Adopter. However, it is anticipated that those selected will be asked to provide agreement "in principle" towards the end of this calendar year.
- NHS Wales Organisations will commence their annual ESR audits and levels of attainment January - March 2026 to formulate consolidated action plans, which will support foundational readiness for implementation.
- An Executive Board Briefing pack is currently being drafted to further support communications locally at Health Organisations.

Main Issues, Risks & Blockers

Significant culture and process change

Consideration to existing processes including payroll to ensure no disruption to service
 No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Impact on Existing Service/Arrangements

On track - no impact to customers

Project Name	Project Manager	Project Exec/SRO
Scan 4 Safety	Andrew Smallwood	Andy Smallwood

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

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

Recent Gateway Review? No

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All-Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthen 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.

Current run rates (ave per month from previous Quarter) are as follows:

Value of monthly S4S transactions c£7.1m

Volume of monthly requisition lines automated c93k

Number of patients scanned and linked to products per month c1,650

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:
We have been focused on reducing agency reliance and are pleased to report that 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:
A major data cleanse has been completed, resulting in the removal of over 200 inactive or outdated worker records. This is part of our wider strategy to streamline the Bank Register. We will 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.
- **Health Roster Transition:** Variable pay arrangements are under review. Recommendations will be presented to the relevant director to assess interest in transitioning identified areas to Health Roster in August 2025.
- **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:** A delay of up to 35 days between roster submission and ESR processing can negatively affect staff who are approaching half or nil pay. To reduce the risk, managers are now required to notify Payroll directly in such cases. Payroll has developed a Standard Operating Procedure (SOP), which has been shared with all Health Roster managers. In addition, 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 June 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 funding for Rostering Resource has been secured until 31st March 2026. PHW are reviewing their financial plans in line with their IMTP and aim to advise by the end of Q3 if the SLA will continue.

Main Issues, Risks & Blockers

If PHW funding ends on 31st March 2026, we will lose the Band 5 resource, leaving only one Band 6 to manage the full NWSSP Rostering service. Paper to be submitted to SLG in Q3. Resource requirement has also been included in the 26/27 IMTP

Impact on Existing Service/Arrangements

On track – no impact to customers

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)
Recent Gateway Review?	No	

Objective

To facilitate the onboarding and sustainability of a new service to allow colleagues to follow the Speaking Up framework as directed by Welsh Government.

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

None

Impact on Existing Service/Arrangements

None

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

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

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

Recent Gateway Review? 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

We are working to deliver an initial draft of the Business Justification Case for year one of the programme. In the interest of time, this Business Justification Case will be submitted prior to the Programme Business Case following guidance from Welsh Government.

The governance route for the annual Business Justification Case's will be determined following the options appraisal and having determined the capital requirements of the preferred way forward against each, and at that time.

Main Issues, Risks & Blockers

Time is the biggest risk to progress, to allow sufficient time for the procurement process to complete together with vehicle conversions to be installed and the vehicles made operational prior to the end of March 2026.

Impact on Existing Service/Arrangements

Current service will continue, and new vehicles will be gradually integrated with little to no impact.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Date of Meeting:
14 November 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Register Update – November 2025

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	James Quance Assistant Director of Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Alison Ramsey Director of Finance & Corporate Services Alison.Ramsey@wales.nhs.uk

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

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

Llywodraethu/Governance

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

Ymgynghoriad/Consultation:

The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

Adduned y Pylori/Committee Resolution (insert ✓):

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

Argymhelliad/ Recommendation	The Committee is asked to NOTE the report.
---	---

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Health and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com) . These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE November 2025

1. INTRODUCTION

Since the last Shared Services Partnership Committee meeting on 30 September 2025, a detailed review has taken place and subsequent updates have been made to the NWSSP Corporate Risk Register.

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	November 2025
Red Risk	6
Amber Risk	11
Yellow Risk	1
Green Risk	0
Total	18

Red-rated Risks

At present, there are currently **six** red risks on the NWSSP Corporate Risk Register, under the Risks for Action section. Of which, **four** remain unchanged, and **two** are newly escalated divisional risks (A15 and A16):

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 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); and
6. there is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by HBs to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles (A16).

Risks at Target

Currently, **seven** of the Risks for Action are assessed as being at target.

No further changes have been made to the target deadlines associated with other risks since the last update.

Risk Trends

The following risk has been reduced following management action and progress that has been made to date:

- The 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 (A13 score reduced from 12 to 8).

The following risk has been closed following the implementation of the system:

- Delays in implementing the Primary Care Workforce Information System due to a supplier dispute, leading to increased costs and extended timelines.

3. RISKS FOR MONITORING

There are **four** risks which are retained on the NWSSP Corporate Risk Register for monitoring, which are rated as follows:

Current Risk Rating	November 2025
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
Total	4

4. EMERGING RISKS

Emerging risks previously reported were subject to a Senior Leadership Group deep dive in October 2025 and where appropriate are being assessed and scored prior to inclusion in the NWSSP Corporate Risk Register.

5. OTHER MATTERS

Internal Audit have concluded their audit of risk management in accordance with the agreed Internal Audit Plan for 2024/25. Reasonable Assurance has been provided, as in previous years and the report is due to be presented to the NWSSP Audit Committee on 7 November 2025.

5. RECOMMENDATION

The Committee is asked to **NOTE** the update to the NWSSP Corporate Risk Register as at November 2025.

NWSSP Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. This could impact on service delivery within other NHS organisations dependent on our services and support as well as reputational damage.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learning monitored through Quarterly Reviews Internal Audit review BCP Action Cards Annual Cyber Assurance Framework (CAF) completed Continuing CAF compliance measured via KPIs through a continuous improvement plan; reported to SLG quarterly. Regular 'Exercise in a box' exercises with SLG and targeted service areas. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team to 4 WTE. Ongoing monitoring of existing controls is in place.	3	5	15	More disaster recovery and scenario testing is required across all Divisions linked to work on Business Continuity Planning. NWSSP needs assurance on DHCW scenario testing regime of the national infrastructure and systems they run on which NWSSP is dependent.	The volume of cyber attacks globally and those targeting public sector infrastructure and systems is increasing. This is triggered by political instability and rise in state sponsored terrorism. So the likelihood of an attack is increasing in spite of controls in place. Advice ongoing to divisions to assist in completion of their Divisional Business Impact Assessments. Head of EPPR 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. Next CAF audit is due in Q3. A national cyber crisis exercise is being undertaken on 16 September. This will be led by DHCW in partnership with PwC and NWSSP will be taking part.	➔	31/03/2026
Strategic Objective - Service Development											Risk Lead: Director of Planning, Performance and Informatics	
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 it's own programme via "This is our NWSSP" action plan – and we are having success in attracting new recruits in most areas. There are 2 hard to fill areas in Procurement and Audit that we are continuing to focus on, and would reflect a higher risk profile in their Divisional registers. This will be monitored through Quarterly Review process. Time to hire activity now shows NWSSP sitting at 55.8 days against a KPI of 71. We are now green of 5 of the 7 core KPI's (February 2025). Alongside the ongoing efforts on recruiting innovatively, through our employee value proposition work programme and our Agency scrutiny and subsequent reduction, we have seen improvements in all areas. However, while our turnover data shows a decrease of circa 35 we must now focus on a number of our professional roles/divisions where we still experience difficulty attracting high calibre applicants. 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.	➔	At target
Strategic Objective - Staff											Risk Lead: Director People and Organisational Development and Employment 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				
A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services.	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned from the COVID Inquiry in October 2024 and awaiting WG consolidated learning. Head of Emergency Preparedness commenced in post w/c 13 January 2025.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. Further action may be required in response to the COVID Inquiry. Further clarity required from Welsh Government on the links into UK response modelling. Planning, training and pre-exercise desktop training is underway to support Operation Pegasus which will test the UK response to a pandemic.	➔	At target
Strategic Objective - Services		Risk Lead: Director Planning, Performance and Informatics										
A4a	There is a risk that disruption in the PPE supply chain caused by external factors or supplier failure results in significant restriction in service provision.	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from COVID pandemic and any subsequent disruption incidents has been implemented wherever possible.	3	3	9	The Welsh Government Director of Public Health wrote to the Managing Director on 25 March to confirm that the Cabinet Secretary for Health and Social Care agreed that stockpiles of all PPE products should have at least 12 weeks of supply. NWSSP currently working through with Welsh Government on interim stockholding levels, and there is now greater clarity.	A PPE project is work 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. A number of critical orders have now been placed within the next month in relation to the agreed stock holding limits; procurement arrangements are mostly in place. SLA with WGovt capturing resilience arrangements will be amended via CCN to include PPE responsibilities and reported to the SSPC in November.	➔	31/03/2026
Strategic Objective - Services		Risk Lead: Director of Finance and Corporate Services and Director of Procurement, Supply Chain, Logistics, Transport and Laundry 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 monitoring of stock levels is in place. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales.	5	4	20	No new actions planned at this time other than heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments.	➔	31/03/2026
Strategic Objectives - Services		Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical 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 NHS Wales Decarbonisation Action Plan and associated Climate 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	Regular reporting of the risk through to the National Programme Board through the NWSSP CAP team. Support to the WG SDP refresh process. 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.	Agreed reporting processes are being maintained 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 fully engaged with the SDP refresh process (currently at draft review stage). NWSSP have developed case studies for recently completed schemes and will be using various forums (Estates, TAP etc. to encourage partners to do the same). NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored.	➔	30/11/2025
Strategic Objective - Service Development		Risk Lead: Director of Specialist Estates 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				
A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan and associated climate 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 PMO 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. Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set. Climate Adaptation Risk Assessments are being developed. Progress on Decarbonisation Training in NWSSP will be reported to the A&A Committee in October 2025.	DAP: During 2024-25 a number of capital bids were approved by Welsh Government that related to decarbonisation objectives including EV chargers, Matrix Roof mounted PV installation, new vehicles, which included 11 full EV, 6 Hybrid and two specialist converted refrigerated vehicles. All new fleet is fitted with the TRAILAR solar panel system, which will further reduce emissions and carbon footprint. The following TEF funded schemes are being implemented over 2 financial years 25/26 - 26/27. a) Denbigh Stores RM PV b) Matrix House EV Charging and Infrastructure Upgrade c) Waste Water Heat Reclamation Systems (GV, CV and YGC laundries) Following receipt of WG approval to progress with a business case for re-covering the IP5 roof, work has commenced on researching feasibility of installing roof mounted PV; this will be progressed incrementally to reflect increased demand following phased TrAMS implementation. Adaptation risk assessment in preparation. Progress on implementation of Decarbonisation Training is being checked and chased as required.	➔	31/03/2027
	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. 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.	➔	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 JET meeting have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. Discussions with one organisation are ongoing, but the majority of partners supported the decision to approve and submit the plan. We received the IMTP response letter from Welsh Government during the summer. Our financial performance in Q2 provides additional assurance of achievement of our IMTP objectives although the value of pay award funding to be received remains a residual risk. We remain on track to make an above plan distribution to partners generated by savings through vacancies and efficiency initiatives.	➔	31/03/2026
	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				
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	3	4	12	Map of all regulatory requirements being developed. Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Procurement Division is on track with preparedness arrangements for the new regulations in terms of services it delivers to others including NWSSP.	Procurement Services to run an awareness session to be presented to Informal SLG meeting to ensure compliance requirements are understood by Heads of Service. Internal audit programme to consider governance reviews of new or more recent areas of business on a cyclical basis.	➔	At target
Strategic Objective - Services										Risk Lead: Responsible Directors		
A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. 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										Risk Lead: Director of Finance and Corporate Services		
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TrAMS service is not allowed to progress due to funding or planning limitations.	5	5	25	TrAMS Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TrAMs unit. The Radiopharmacy BJC was approved by partners through the SSPC in July 2024. Some further delays incurred in achieving sign offs through our hosting arrangements, and it is essential there are no further delays to internal approval processes. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board.	The format and timeframes for the TrAMsOBC 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 Outline Business Case (OBC) in Q4 of 2024-25 and broad agreement on the revenue model methodology by the finance sub group. We are targeting the July SSPC meeting for approval of the next business case stage to allow partners to take the proposals through their local governance arrangements. This target deadline is tight and is being monitored weekly. Concerns have been raised by our host about the Quality and Patient Safety reporting arrangements, whilst these continue to be discussed, lack of support for the OBC by Velindre risks further delay to the OBC timeframes. OBC was approved at July SSPC and has been approved by ABUHB, CTUHB, CVUHB 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.	➔	31/12/2025
Strategic Objective - Services										Risk Lead: Director of Pharmacy Technical Services		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
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. Strategic Objective: Services	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App All departments are now required to carry out a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity	2	5	10	Implemented recommendations from Internal Audit Report (30 Jun 24) Business Impact assessment workshops have been delivered to Business Continuity Champions. Training and organisational development is now aimed at alignment to the principles and requirements of ISO 22301. Further work to embed this in the organisation will enhance preparedness and response to Business Continuity events.	A series of courses have been published to provide Business Continuity Impact Assessment and Business Continuity Plan development guidance and courses to prepare managers for the management of business continuity and major incident event management. A desk top exercise is planned with the SLG for the summer, in readiness for a planned national exercise likely later this year. We need to conduct scenario testing to validate our assumptions.	➔	At target
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. Strategic Objective - Service Development	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 through the Capital Prioritisation Group supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement 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 - outcome is awaited, nothing approved to date. There is an increasing risk associated with two schemes submitted where approval is still outstanding - IP5 roof replacement and the Fleet BJC we anticipate an outcome early November but this will impact on procurement and delivery timelines.	➔	31/03/2026
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. Escalated Divisional/Programme Risk	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 HQ landlord have progressed and a draft Heads of Terms is in the process of being approved for a new lease from January 2026 for 5 years with a tenant only break-clause after 3 years. Head of Facilities and Estates started in post on 1 May to oversee future plans. HQ extension has been agreed.	The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. Discussions with Government Property Agency are slow but progressing positively and revised costings have informed 2025-26 IMTP. This provides a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo. Heads of terms have now been received and project for next steps beyond CoHo arrangements being kicked off.	⬇	At target
A14	The planned development of the TrAMS Pharmacy Service is adversely impacted due to financial and staffing challenges. Escalated Divisional Risk	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	Good progress has been made by the Finance Sub Group and the Outline Business Case (OBC) is targeted to be completed for submission to stakeholders by May 2025. Regular updates on progress are discussed at NWSSP Capital meetings with Welsh Government in terms of the timing and approval of capital funding cashflows.	SSPC will consider the South East Hub Outline Business Case (OBC) for approval in July 2025; this will be dependent on support from partner organisations. There OBC will then be submitted to Welsh Government for consideration. The next stage then will be the FBC document. There will be an Organisational Change Process put in place to engage with affected staff and support them through any transitional arrangements. Our host Velindre has raised some queries about this which we are discussing further. OBC has been approved at July SSPC which includes an executive summary of risks which outlines the requirement to look at the OCP/TUPE process as we move to FBC.	➔	31/03/2026

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				
A15	<p>There is a risk that NWSSP is not adequately prepared to support the roll out of the Future Workforce Solution (replacement for ESR) with the ability to quickly scale services and to react to a rapid demand for services from both the NHSBSA and NHS Wales organisations.</p> <p>There is also a secondary risk in user organisation capacity and capability resulting in sub-optimal implementations and or extended timescales and reduced benefits; suggesting a requirement for central specialised implementation support team.</p> <p>Finally, there is a risk to a potential requirement for contract management and subsequent funding arrangements, which require further clarification from WG colleagues.</p>	4	5	20	<p>Informed by the preferred bidder, the NHSBSA included the cost of resource that each user organisation will need to prepare for and support the transition to the FWS within the FBC. Final costs included are the top of band A4C and equate to 3 FTE additional resources per organisation for a number of months (based on the size of organisation and complexity of delivery required) to cover project and change management for each User Organisation. This totals £89.2m within the FBC, however it remains unclear what proportion of this is allocated to NHS Wales.</p> <p>NWSSP is represented at the Future Workforce Solution Transformation Programme Board, CEO Board and Advisory Board to receive early indication of emerging risks and response requirements.</p> <p>Regular meetings in place with NHSBSA SLT.</p> <p>Draft Programme and Resource Plan in place.</p> <p>Regular liaison with Welsh Government also noted in JET meetings.</p> <p>IMTP objective and is scrutinised via quarterly review process</p> <p>Wales Steering group established reporting via SSPC, WODs and DoFs.</p>	4	4	16	<p>Discussions with WG regarding proposed central implementation team.</p> <p>Continue discussions and develop collaboration agreement between NHSBSA and NWSSP on behalf of NHS Wales.</p> <p>Finance meeting with WG</p> <p>Continue meetings with NHSBSA SLT to further inform and finalise Implementation & Resource plan</p> <p>Develop and agree communication plan for NHS Wales organisations.</p> <p>Review of existing organisation resources; both insitu and required to deliver the FWS.</p>	<p>Meetings with WG arranged and scheduled for November 2025.</p> <p>Collaboration agreement in draft. To be finalised and ratified via NHS Wales Governance structure prior to submission to the NHSBSA.</p> <p>Review of organisation structures underway.</p>	*	<p>April 2026 to support Early Adopter Organisations</p> <p>Programme completion date 2030.</p> <p>Interim target milestones TBC</p>
	Escalated Divisional Risk								Risk Lead: Director of People, Organisational Development and Employment Services			
A16	<p>There is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by HBs to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles.</p>	3	5	15	<p>We are aware there are concerns surfacing from Student Nurses in Swansea Uni, Cardiff Uni and Uni South Wales. The difficulty we have is that we in NWSSP facilitate and manage the Streamlining process with the students – but we are reliant on the vacancies being released to us by the HBs to make them available to the students. They submit a single application – noting preferences and get matched by us to the vacancies. We are continuing the work with the HBs to get the release of sufficient vacancies to be able to match the students to. We will continue discussions with HEIW who commission the placements and the HBs who provide the jobs.</p>	3	5	15	<p>We are continuing the work with the HBs to get the release of sufficient vacancies to be able to match the students to. We will continue discussions with HEIW who commission the placements and the HBs who provide the jobs.</p>		*	01/03/2026
	Escalated Divisional Risk								Risk Lead: Director of People, Organisational Development and Employment Services			
Risks for Monitoring												
M1	<p>Suppliers, Staff or the general public committing fraud against NWSSP.</p>	5	3	15	<p>Dedicated NWSSP LCFS</p> <p>Counter Fraud Service Wales</p> <p>Internal Audit</p> <p>Audit Wales</p> <p>PPV</p> <p>National Fraud Initiative</p> <p>Counter Fraud Steering Group</p> <p>Policies & Procedures</p> <p>Fraud Awareness Training</p> <p>Fighting Fraud Strategy & Action Plan</p>	2	3	6	<p>LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee.</p> <p>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.</p>	<p>Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP.</p> <p>NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support.</p> <p>At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation to DoF Group is planned for 2025-26.</p> <p>It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource.</p>	➔	For Monitoring
	Strategic Objective - Value For Money								Risk Lead: Director of Finance and Corporate Services			

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities will be picking up longer term storage solution for records currently in the CoHo. A project Group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused whilst discussions are ongoing with Welsh Government in relation to potential future IBCA claims. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Agreement in place to move racking to Bridgend Stores in next few weeks. FFP3 masks have temporarily been moved to other areas within IP5 awaiting sale at auction.	➔	For Monitoring
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services		
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 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
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services		
M4	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites and additional H&S resources appointed to support changes required on the sites. Glangwilli site closed in March 2024 and a new stock holding hub established on the site instead.	2	3	6	The additional H&S resource is supporting staff on sites, actions are reported monthly in a All Wales Laundry Service (AWLS) H&S meeting and quarterly via the All Wales Health and Safety meeting. H&S manager also attends Laundry Managers meeting on a regular basis to support delivery of agreed actions. Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks.	Laundry stock has been converted from the existing laundry site into a hub (completed 31st Mar'25) with the provision of 2 days stock held (this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.	➔	For Monitoring
	Strategic Objective - Service Development									Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services		

Management Letter - NHS Wales Shared Services Partnership

Audit year: 2024-25

Date issued: October 2025

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Our work did not identify any issues concerning the services provided by the NHS Wales Shared Services Partnership (NWSSP) and we were able to provide positive assurances to NHS external audit teams on the activities of NWSSP for accounts opinion purposes.

Summary report

Introduction	4
Issues arising from the audit	4
Recommendations	6

Summary report

Introduction

- 1 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2025.
- 2 The audit teams of each individual health body are responsible for undertaking audit work to enable the Audit General to provide his opinion and in doing so they determine the audit and assurance work required on the services provided by the NHS Wales Shared Services Partnership (NWSSP). This audit assurance work is undertaken by the Velindre University NHS Trust audit team.
- 3 We presented a paper to the May 2025 NWSSP Audit Committee – 2024-25 Audit Assurance Arrangements – setting out the external audit assurance work that would be undertaken on the various services provided by the NWSSP to the NHS bodies across Wales.
- 4 In this report we outline the findings identified from this work in respect of:
 - Primary Care Services (NWSSP – PCS);
 - Employment Services (NWSSP – ES);
 - Procurement Services (NWSSP – PS); and
 - Legal and Risk Services (NWSSP – LARS) which includes Welsh Risk Pool Services (WRPS).
- 5 A separate report is produced detailing the findings from our review of the nationally hosted NHS IT Systems.

Issues arising from the audit

- 6 Our work did not identify any issues that prevented auditors relying on the key controls of the services provided by NHS Wales Shared Services Partnership (NWSSP).
- 7 The scope of our work and our high-level findings in respect of each of the services subject to our review are outlined below for information.

Primary Care Services (PCS)

- 8 Local Health Board audit teams planned to place reliance on specific key controls within the general medical services (GMS) and general pharmaceutical services (GPS) systems. We therefore documented and evaluated the controls in place for these systems and also completed testing upon the GMS controls.
- 9 The controls tested were found to be operating effectively overall and could therefore be relied upon by local NHS audit teams.

Employment Services

- 10 Our assurance work focussed on the assessment of the:
- the key controls within the payroll system operated by NWSSP for the two teams located within Companies House; and
 - the arrangements in place concerning the Single Lead Employer payroll including how NWSSP recharges NHS bodies for these costs.
- 11 No issues were identified from this work.

Procurement and Accounts Payable Services

- 12 Our assurance work focussed on the approval arrangements in respect of contracts exceeding £1 million, awarded by the Procurement Unit in NWSSP. We found no cases of contracts exceeding £1m being awarded without Welsh Government approval.
- 13 We also considered and documented the key controls within the accounts payable system operated within NWSSP. There are no issues to report to NWSSP concerning this work.

Legal and Risk Services (LARS)

- 14 The local audit teams at each NHS body need to consider ISA 500 – Audit evidence – to assess the adequacy of NWSSP’s Legal and Risk Services as a management expert for the purposes of their audits. To support this, we considered the arrangements in place at NWSSP against the requirements of ISA 500. Based on the work undertaken, we did not identify any issues that would prevent auditors relying on NWSSP – LARS’s work as a management expert.

Recommendations

- 15 There are no recommendations arising from our 2024-25 work.



Audit Wales

24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Nationally Hosted NHS IT Systems – NHS Wales Shared Services Partnership

Audit year: 2024-25

Date issued: September 2025

Document reference: 5109A2025

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

The IT controls we examined assured us that financial values produced by the systems for 2024-25 were likely to be free from material misstatement, although some controls could be strengthened.

Summary report

Summary 4

Detailed report

The Prescription Pricing System's controls support the production of information that is free from material misstatement 7

The National Health Application and Infrastructure Service system's control support the production of information that is free from material misstatement, system replacement was completed in July 2024 8

The Family Practitioner Payment System's controls support the production of information that is free from material misstatement

The Oracle FMS's IT controls support the production of information that is free from material misstatement although some controls could be strengthened 9

The ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement 10

Recommendations 12

Appendices

Appendix 1 – issues and recommendations arising from the review of National Hosted NHS IT Systems in prior audit years and in 2024-25 – NHS Wales Shared Services Partnership 14

Summary report

Summary

- 1 NHS bodies in Wales are responsible for preparing financial statements that give a true and fair view of the state of their financial affairs as at 31 March 2025. They must ensure that they are properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers. NHS bodies are also responsible for preparing Annual Governance Statements in accordance with guidance issued by HM Treasury and the Welsh Government.
- 2 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2025.
- 3 NHS Wales has a variety of arrangements in place to provide and support IT systems used for financial reporting purposes. Since June 2012, Velindre University NHS Trust (the Trust) has hosted the NHS Wales Shared Services Partnership (NWSSP) and is responsible for its governance and accountability.
- 4 This report covers the national NHS IT applications and infrastructure which NWSSP manages for use by other NHS organisations in Wales. These systems include the:
 - Prescription Pricing System (formerly known as the Community Pharmacy System) which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments. This system is used by the Prescription Services Team of Primary Care Services (PCS).
 - National Health Application and Infrastructure Services (NHAIS) or Exeter, used for communicating NHS demographics and to the FPPS for calculating primary care General Medical Services contractor payments. NHS Digital in NHS England manages and supports the NHAIS system software for use in NHS Wales. Digital Health and Care Wales (DHCW) manage and support the NHAIS IT infrastructure used in NHS Wales. NHAIS was decommissioned in July 2024.
 - Family Practitioner Payment System (FPPS) which is used calculating primary care General Medical Services (GMS) contractor payments, for example, the 'global sum' or 'capitation' payments for GP patient registrations. Northern Ireland NHS service manage and host the FPPS and the service is provided to NHS Wales under an service level agreement.
 - Oracle Financial Management System (FMS) is supplied by a third party called Version One and managed for NHS Wales by the Central Team e-Business Services (CTeS) within the NWSSP. The Oracle FMS is used by NHS Wales as the main accounting system for managing and producing the NHS accounts.
 - Electronic Staff Record (ESR) systems administration is the responsibility of each individual Local Health Board and Trust through delegated responsibility

passed to NWSSP via a Service Level Agreement (SLA). Payroll access by NWSSP Employment Services to process the payroll in Wales is managed in accordance with the Trust's ESR system access process. The ESR Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract.

5 International Auditing Standard (ISA) 315 requires us to obtain an understanding of the general IT and application controls of the financial systems used by NHS Wales. As part of the National Hosted NHS IT Systems audit plan, Audit Wales reviewed the above-mentioned systems during 2024-25 and followed up our prior audit recommendations in these areas. This work reviews the ICT environment and application controls that are applied to the National Hosted NHS IT Systems solely for the purposes of providing assurance for NHS audit opinions. We have taken the opportunity to identify actions that, in our view, would help NHS Wales improve its governance and use of these systems.

6 This work is undertaken to identify potential risks which may include:

- out-of-date and unsupported infrastructure;
- access security arrangements that leave the system vulnerable to unauthorised access and attack;
- loss or unauthorised access of data; and
- change control procedures which are inadequate meaning that the system could be compromised or unavailable following the application of a new patch, upgrade or release of the database or the application software or infrastructure change.

7 We have therefore undertaken a review that sought to answer the question:

'Can auditors be assured that the IT system controls are such that financial values are likely to be free from material misstatement?'

8 **We concluded that the IT controls applied to the Prescription Pricing, National Health Application Infrastructure, Family Practitioner Payment System, Oracle Financials systems and ESR Payroll systems administration managed by NHS Wales Shared Services, were sufficiently effective to allow financial auditors to take assurance that financial values produced by the systems for 2024-25 were likely to be free from material misstatement. However, NWSSP could strengthen some controls.**

9 In summary, the reasons for this conclusion are set out below:

- the Prescription Pricing System's controls support the production of information that is free from material misstatement;
- the National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, system replacement was completed in July 2024;
- The Family Practitioner Payment System's controls support the production of information that is free from material misstatement;

- the Oracle FMS's IT controls support the production of information that is free from material misstatement although some controls could be strengthened; and
- the ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement.

10 This report summarises the more detailed matters arising from our audit, our recommendations made from this year's audit and our follow-up of last year's recommendations.

Detailed report

The Prescription Pricing System's controls support the production of information that is free from material misstatement

- 11 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Prescription Pricing System. However, we identified some issues that should be addressed by Primary Care Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2024-25, we have identified one recommendation to NWSSP for improvement. This is outlined below:
 - amend the Prescription Pricing IT Disaster Recovery plan to now require an annual test, currently it is documented that it should be tested very two years. It is good IT practice, for example, guidance from the NCSC, to update and test IT DR plans on a regular basis, for example, at least annually.
- 12 NWSSP have made some progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the Prescription Pricing System agreed with Primary Care Services officers can be found in **Appendix 1**.

The National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, system replacement was completed in July 2024

- 13 We have identified no significant issues within the NHAIS system likely to result in a material misstatement. From our work in 2024-25 we have identified no new areas for improvement for NWSSP. Plans to decommission the NHAIS system were completed in July 2024 so prior year improvement actions recommended on NHAIS are no longer required.
- 14 NHAIS has been replaced by a number of other systems. NHS Digital have developed the Primary Care Registration Management System (PCRM) used for demographic registration and reporting to replace NHAIS demographics functionality for NHS England and Wales. In addition, DHCW have enhanced the Welsh Demographic System (WDS) for Welsh demographics. The WDS provides an interface into the Family Practitioner Payment System (FPPS) used for calculating the 'global sum' or 'capitation' payments for GP patient registrations.

The Family Practitioner Payment System's controls support the production of information that is free from material misstatement

- 16 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Family Practitioner Payment System. However, we identified some issues that should be addressed by Shared Services in order to minimise the potential for future application and infrastructure system risks. From our work in 2024-25, we have identified no new recommendations for improvement.
- 17 The Family Practitioner Payment System (FPPS) is developed and provided by the Business Services Organisation (BSO) in the Northern Ireland NHS. FPPS is managed by a specialist IT Services (ITS) department and supplied under a documented 'Services Agreement' with NHS Wales. FPPS is used in calculating primary care General Medical Services (GMS) contractor payments, for example, the global sum capitation payments. The FPPS has a Welsh specific IT environment or domain and we have covered those IT controls relevant to this, the majority of which operate at the BSOITS.
- 18 NWSSP have made progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the FPPS system agreed with Primary Care Services officers can be found in **Appendix 1**.

The Oracle FMS's IT controls support the production of information that is free from material misstatement although some controls could be strengthened

- 19 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Oracle FMS. However, we identified some issues that should be addressed by the Oracle Central Team e-Business Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2024-25, we have identified one recommendation to NWSSP for improvement. This is outlined below:
- strengthen password requirements for the Oracle ledger system by aligning these with National Cyber Security Centre password guidance, for example, minimum of 12 characters minimum and non expiring.
- 20 NWSSP have made progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the Oracle FMS agreed with Shared Services can be found in **Appendix 1**.

The ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement

- 22 The Electronic Staff Record (ESR) Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract. We have reviewed the ESR Payroll systems administration controls (payroll elements only) managed by NWSSP. This responsibility includes managing user access to the payroll system in Wales by the NWSSP Employment Services staff who process the Welsh NHS organisations' payrolls. In addition to seeking to place reliance on the International Standard on Assurance Engagements (ISAE) 3000 report of the IBM Service Auditor noted below, Audit Wales IM&T auditors have reviewed the controls in place over the ESR Payroll systems administration managed under a delegated authority by NWSSP, Employment Services.
- 23 We have not identified any significant IT issues likely to result in a material misstatement within these ESR Payroll systems' administration controls. From our work in 2024-25, we have identified no new recommendations for improvement.
- 24 We sought to place reliance on the ISAE 3000 report of the IBM Service Auditor, Grant Thornton, on the general IT controls applied at IBM. Grant Thornton conducted the review in accordance with the ISAE 3000 'Assurance Engagements Other Than Audits or Reviews of Historical Financial Information'. For the period 1 April 2024 to 31 March 2025, Grant Thornton concluded that the ESR payroll general IT controls and environment were overall suitably designed and operated effectively. Grant Thornton have issued an unqualified opinion on all of the control objectives covered in scope, no exceptions were noted or identified from their testing. Grant Thornton have made no recommendations for the NHS ESR Central Team and IBM to strengthen the IT controls used by the NHS ESR Central Team and IBM.
- 25 Further details of our findings and progress against actions for the ESR Payroll systems administration control agreed with Shared Services can be found in **Appendix 1**.

Recommendations

26 **Exhibit 1** sets out the recommendations that we have identified in 2024-25. NWSSP should take action to address these recommendations. The appendix to this report also sets out progress made against all the previously reported recommendations that remain in progress and ones that have been completed in 2024-25.

Exhibit 1: 2024-25 recommendations

Recommendations
<p>Prescription Pricing System</p> <p>R 2024-25.01</p> <p>Amend the Prescription Pricing IT Disaster Recovery plan to now require an annual test, currently it is documented that it should be tested very two years</p>
<p>NHAIS</p> <p>No IT recommendations raised in 2024-25 due to the system replacement in July 2024.</p>
<p>FPPS</p> <p>No IT recommendations raised in 2024-25.</p>
<p>Oracle FMS</p> <p>R 2024-25. 02</p> <p>Strengthen password requirements for the Oracle ledger system by aligning these with National Cyber Security Centre password guidance, for example, minimum of 12 characters minimum and non expiring.</p>

Recommendations

ESR Payroll system IT controls

No IT recommendations raised in 2024-25.

Appendix 1

Issues and recommendations arising from the review of National Hosted NHS IT Systems in prior audit years and in 2024-25 – NHS Wales Shared Services Partnership

Exhibit 2: issues and recommendations from 2024-25

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
Prescription Pricing System – IT controls work						
2024-25 - 01	We identified during our fieldwork that the PPS IT DR plan includes a	Amend the Prescription	Medium	Yes	Nicola Phillips, Director of Primary Care	Management Response:

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	<p>section that requires it to be tested every two years. It is good IT practice, for example, guidance from the NCSC, to update and test IT DR plans on a regular basis, for example, at least annually. This provides assurances that IT systems and data can be recovered appropriately in the event of a major continuity incident.</p>	<p>Pricing IT Disaster Recovery plan to now require an annual test, currently it is documented that it should be tested very two years</p>			<p>Services / Matthew Walters, Digital Service Manager, NWSSP Informatics</p>	<p>This recommendation was in part superseded by the failover when existing virtual servers were migrated from Companies House to Newport data. This is the same method NWSSP Informatics would use for DR if a primary site was to fail. Although NWSSP Informatics proved this process worked there are a few technicalities still needed to be put in place by the national</p>

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
						<p>networks team to allow seamless annual DR testing in the future which is in train.</p> <p>Target Date: 31 March 2026</p>

Oracle FMS IT System – IT controls work

<p>2024-25 - 02</p>	<p>We identified during our audit fieldwork that the password requirements to gain access to the ledger are set at a minimum of 8 characters and expire every 180 days. These password requirements are currently not in line with latest guidance from the National Cyber Security Centre (NCSC) and other national guidance which recommends strengthening passwords by the use of longer passwords (for example, 12 characters) which are harder to guess or 'crack' with no need to change the password as frequently. The use of passwords which are harder to guess or crack reduces the risk of unauthorised access to systems and data.</p>	<p>Strengthen password requirements for the Oracle ledger system by aligning these with National Cyber Security Centre password guidance , for example, minimum of 12 characters minimum and non expiring.</p>	<p>Medium</p>	<p>Yes</p>	<p>Stuart Fraser, Associate Programme Director of Central Team e-Business Services (CTeS)</p>	<p>Management Response:</p> <p>This will be picked up at the Operational Technical Group (OPTEC) and added to the next FMS release in December 2025.</p> <p>Target Date: December 2025</p>
---------------------	---	--	---------------	------------	---	--

Exhibit 3: issues and recommendations from prior audit years

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
Prescription Pricing System – IT controls work						
2023-24 - 01	We were made aware during our fieldwork of the plans to move the Prescription Pricing System (PPS) server infrastructure from the Cardiff Companies House data centre to the NHS Digital Health Care Wales (DHCW) Church Village data centre. The move of the server infrastructure was planned for late Summer 2024.	Review and update the Prescription Pricing System IT Disaster Recovery plans to reflect the move to the NHS Church Village data centre. Test the system recovery to	Medium	Yes	Matthew Walters, Digital Service Manager, NWSSP Informatics	<p>Status: Completed</p> <p>Management Response: Relocation was completed in August 2025. The Disaster Recovery plan has been refreshed and tested. Going forward,</p>

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	<p>It is good practice to update IT Disaster Recovery (DR) planning arrangements after a major change to the IT system, technology and infrastructure used. Plans should be tested to ensure they work as intended should they be needed in the event of a major IT continuity incident.</p>	<p>provide assurance IT systems and data can be recovered on a timely basis.</p>				<p>the next iteration of recovery will be that the NWSSP Informatics team will be able to do live-real time testing across the network. At the moment we can do, but via 'manual' isolation.</p>

Family Practitioner Payment System – IT controls work

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
2023-24 - 02	<p>There are 33 NWSSP Primary Care Services users of the FFPS. We identified during our fieldwork that there are no regular and scheduled reviews of user access rights, to check that user access is still required, appropriate for the system user to complete their role and job functions.</p> <p>Instead, there is a reliance on users being set up with the correct access when the user account is created. User access are susceptible and prone to expanding over time as officers take on more roles and responsibilities.</p>	<p>Review NWSSP FPPS user access accounts on a regular basis, for example at least annually, to ensure the access account is required and appropriate to the user's role and responsibilities. This task can be undertaken by the system administrators or line managers.</p>	Medium	Yes	Kelly Dixon, Deputy of Transaction Services	<p>Status: Completed</p> <p>Management Response: Process review has been undertaken resulting in implementation of new application process/procedure.</p>

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	It is good practice to regularly review user access accounts to ensure these are required and reduce the risk of inappropriate access to IT systems and data.					

Oracle FMS System – IT controls work

<p>2023-24 - 03</p>	<p>The Oracle ledger IT Disaster Recovery (DR) plan was tested annually to provide assurance the IT ledger system could be recovered from backups when needed. The last Oracle ledger IT DR test completed was in November 2022 due to the planned move to the IT Oracle Cloud Infrastructure (OCI) in October 2024.</p> <p>We were informed by the Oracle Central Team e-Business Services that the new OCI platform has new resilience and 'failover' arrangements in place and this brought an opportunity to identify and understand the system recovery requirements on the new OCI platform used.</p> <p>It is good practice to update IT disaster recovery planning arrangements after a major change to the IT system, technology and infrastructure used. Plans should be tested to ensure they work as</p>	<p>Review and update the Oracle ledger IT Disaster Recovery plans to reflect the new Oracle Cloud Infrastructure based technology and platform used and the recovery and testing scenarios required to provide assurance NHS ledger IT systems and data can be recovered on a timely basis.</p> <p>Test the Oracle IT DR plans to ensure system recovery works as intended.</p>	<p>Medium</p>	<p>Yes</p>	<p>Stuart Fraser, Associate Programme Director of Central Team e-Business Services (CTeS)</p>	<p>Status: Completed</p> <p>Management Response: DR Exercise completed as part of the Oracle Migration project (7th - 10th Oct 24), lessons learnt report published to Organisations. Next action is to re-test in Oct/Nov 25.</p>
---------------------	--	---	---------------	------------	---	--

	intended should they be needed in the event of a major IT continuity incident.					
2023-24 - 04	<p>The Oracle application is planned to move from the C&V UHB data centre to the Oracle Cloud Infrastructure (OCI) in October 2024. The OCI is located in the Virtus data centre in Slough, England.</p> <p>The Oracle Central Team e-Business Services (CTES) should review cyber and security arrangements around the new OCI technology platform including a cyber risk assessment of the network communication links to the new OCI platform and new data centre arrangements. This should also include a system 'penetration' and network vulnerability testing the application on the new cloud infrastructure.</p> <p>A cyber and security risk assessment would identify and assess risks arising and mitigating actions that should be</p>	Review and risk assess the updated Oracle application cyber and security arrangements with the planned October 2024 move to the Oracle Cloud Infrastructure including an IT system 'penetration' and network vulnerability test.	Medium	Yes	Stuart Fraser, Associate Programme Director of Central Team e-Business Services (CTeS)	<p>Status: Completed</p> <p>Management Response: Site visit to new data centre undertaken in 4th March 2024 and report issued to Audit Wales, as part of the project a security report has been produced and sent to NWSSP security. This will be further enhanced by regular penetration reports planned from end Jan 25 via scanning tool NESSUS.</p>

put in place to manage IT risks arising.

ESR Payroll System – IT controls work

<p>2023-24 - 05</p>	<p>We identified in our fieldwork that ESR user passwords or passphrases can be a minimum of 12 characters in length. Certain words and key phrases are not allowed to be used in the passwords e.g. ones that relate to their name, position and role.</p> <p>NWSSP Employment Services have not provided ESR users with documented guidance, including worked examples, on what makes a good strength password or good practice passphrases when setting ESR user accounts.</p> <p>Passwords or passphrases should be hard to guess so they are at least adequate strength.</p>	<p>Document and issue ESR payroll user guidance on what makes a good passwords or passphrase.</p>	<p>Medium</p>	<p>Yes</p>	<p>Angela Jones – Deputy Director for Digital and Workforce Productivity Solutions</p>	<p>Status: Completed</p> <p>Management Response: Guidance for ESR users when setting and re-setting passwords is centrally developed. Each guide instructs the user of what structure a good password should have and includes a link to advice from the National Cyber Security Centre (NCSC) which provides the most up to date guidance for</p>
---------------------	---	---	---------------	------------	--	--

Good password and passphrase disciplines reduce the risk of unauthorised access to IT systems and data.

system users as it is published. The link to NCSC has also been included into automated macros within the helpdesk system for ESR, to further support end users.

Exhibit 3: issues and recommendations from prior audit years

Issues identified during IT audit work							
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025	
Family Practitioner Payment System (FPPS) – IT controls work							

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
2022-23 - 04	<p>During our audit of the FPPS system and the cyber security controls helping to protect the system from vulnerabilities we identified a number of areas where potential improvements to strengthen arrangements could be made:</p> <ul style="list-style-type: none"> • BSOITS did not have an IT security accreditation, for example, Cyber Essentials • a Cyber Security Incident Response (CIRP) plan was not in place • Other industry standard cyber security tools and software, for example, a Security Incident and 	<p>Request that the supplier, BSOITS, strengthen cyber security controls by:</p> <ul style="list-style-type: none"> • a) consider obtaining a Cyber Essentials (CE+) certification, or equivalent, to help reduce potential cyber security risks; • b) documenting and testing a Cyber Incident Response Plan (CIRP); and c) consider introducing additional cyber security software such as Security Incident and Event Monitoring (SIEM) or Security Operations 	Medium	Yes (agreed in principle subject to plans and work underway)	Kelly Dixon, Deputy Head of Transaction Services.	<p>Status: Completed</p> <p>Management Response: For sub-recommendations a & c, requirements are being progressed by BSOITS to strengthen cyber security controls. No further action from Primary Care Services is required.</p> <p>Recommendations were considered at the February and May 2025 meetings</p>

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	<p>Event Monitoring (SEIM) and Security Operations Centre (SOC) were not yet used. These help identify, analyse and monitor cyber threats real-time.</p> <p>We were made aware by BSOITS that cyber security improvement plans were being reviewed and the above areas were being considered as part of this exercise.</p>	Centre (SOC) that covers the FPPS environment.				<p>of the FPPS Service Management Board.</p> <p>For sub-recommendation b, a Cyber Incident Response Plan (CIRP) is now in place across the NIHSC and BSO ITS have their own local Response Plan. Since the recommendation in May 2023 this was tested in a table-top exercise.</p>



Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff CF10 4bz

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Shared Services Partnership Committee

Forward Plan of Business

2025-26

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
22 January 2026	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>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>Integrated Medium-Term Plan Update Report Quarter 3 of 2025-26</p> <p>Decarbonisation Update</p>	<p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p> <p>Outcome of Welsh Government's Governance and Accountability Review</p> <p>Update of SSPC Standing Orders and Approval of Annual Update of NWSSP Audit Committee Terms of Reference (<i>both pending outcome of Welsh Government's Governance and Accountability Review</i>)</p>	<p>IMTP – Approval</p>
19 March 2026	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p>	<p>Deep Dive Session</p>	<p>NWSSP Corporate Risk Register</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>NWSSP Audit Committee Assurance Report</p>	
<p>14 May 2026</p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p>	<p>Duty of Quality Update</p> <p>Review of Service Level Agreements (SLAs)</p> <p>Integrated Medium-Term Plan Update Report Quarter 4 of 2025-26</p>	<p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>Internal Audit Plan</p> <p>Audit Wales Plan</p> <p>Duty of Quality Annual 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>			
16 July 2026	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p>	<p>Deep Dive Session</p> <p>Decarbonisation Update</p>	<p>NWSSP Corporate Risk Register</p> <p>Approve NWSSP Annual Update of Audit Committee Terms of Reference</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>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>Annual Report on Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship</p>

	<p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p> <p>Personal Protective Equipment Stockholding Position Update</p>			<p>Local Counter Fraud Service Annual Report</p> <p>Information Governance Annual Report</p> <p>Welsh Language Annual Report</p>
<p>17 September 2026</p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance 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>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>

19 November 2026	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 Duty of Quality Update Integrated Medium-Term Plan Update Report Quarter 2 of 2025-26	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Approve Annual Update of NWSSP Audit Committee Terms of Reference	Audit Wales Management Letter
Additional Meeting Dates for Diary	<ul style="list-style-type: none"> • 2026 Autumn Committee Development Day – Date to be confirmed • <i>21 January 2027</i> • <i>18 March 2027</i> 			

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 6 - SEPTEMBER 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for September 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 6.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 6 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. The 2024/25 pay award funding has been confirmed and will be invoiced with our monthly allocation invoices from October.

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 £3.474m 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 before we utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding. We will confirm any indicative distribution of the £5.000m balance of the overachievement of savings to the November Shared Services Partnership Committee meeting.

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

- The full year income forecast for 2025/26 is £867.969m. This is an increase from the £810.819m reported at Month 5 primarily due to an

increase in the WRP risk share income requirement (£42m), an increase to the SLE forecast following a review of the rotation and increased intake (£8.5m) and also to include the GMPI income assumptions for both the ELS & FLS schemes which align with the funding expectations agreed with Welsh Government (£7m).

- The SLE pay and non-pay forecast totals £339.090m (£330.601m at Month 5) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	24.32 5	24.30 9	23.98 7	24.05 4	32.54 7	27.77 6	27.38 7	27.27 6	27.27 6	27.27 6	27.27 6	27.27 6	320.76 5
NON PAY	1.316	1.239	1.273	1.367	1.472	1.411	1.360	1.360	1.360	1.360	1.360	3.445	18.325
TOTAL	25.64 1	25.54 9	25.26 1	25.42 1	34.01 9	29.18 7	28.74 7	28.63 6	28.63 6	28.63 6	28.63 6	30.72 1	339.09 0

The increase in the paid WTE of SLE trainees following the August intake has been reviewed during September and the forecast updated 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.

- Anticipated funding of £6.145m for the 2024/25 pay awards and £1.679m for the Employer NI funding are included in Table E1 as these invoices have been raised in early October.
- The outliers in the profile of other income/expenditure relate to **(Action Point 5.4)**:
 - Welsh Government income and non-pay expenditure increased in Months 5 & 6 in respect of the influenza vaccine recharges in line with the delivery and payment profile of the invoices.
 - Other income & non-pay expenditure increases in Months 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
 - The increase in pay expenditure and NHS income in Month 7 is due to the payment of the foundation dentist pay award arrears.
 - The increase in NHS income and non-pay expenditure in Month 12 is due to pharmacy training grant arrears that will be paid/accrued.
- Forecast non-cash charges of £6.488m have been included based on the approved funding schemes submitted in the non-cash return in August. Velindre are updating the fixed asset register for the updated indices in October so the impact of this will be reflected in the Month 7 return.
- £46.329m income and expenditure is included to Month 6 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 has been updated to reflect the best case forecast of £187.455m which aligns with the briefing paper that has been circulated to Organisations. The increased income requirement under the risk sharing agreement has been updated in Table E1 to reflect the £78.020m forecast.

The WRP Risk Share percentages were updated in September and presented to the Welsh Risk Pool Committee on 23rd September and Deputy Directors of Finance. The revised forecast funding requirement under the risk share agreement is noted in the table below. The table also notes the potential additional risk share contribution required if the forecast increases to the £199m maximum as identified in the briefing paper:

	Planning assumption RSA% 2025/26	2025/26 ACTUAL RSA%	Original Planning Assumption 2025/26	Difference in planning assumptions due to RSA% changes	2025/26 minimum RSA funding requirement	Increase above 2025/26 IMTP forecast	Potential additional RSA up to maximum forecast of £89.390m
			£m	£m	£m	£m	£m
Aneurin Bevan	18.26%	18.22%	6.582	-0.014	14.212	7.630	2.071
Swansea Bay	15.28%	13.97%	5.510	-0.473	10.899	5.389	1.588
Betsi Cadwaladr	19.41%	21.00%	6.999	0.574	16.385	9.386	2.388
Cardiff & Vale	15.81%	16.76%	5.702	0.343	13.080	7.378	1.906
Cwm Taf Morgannwg	15.50%	14.60%	5.589	-0.325	11.389	5.800	1.660
Hywel Dda	9.57%	10.03%	3.451	0.167	7.827	4.376	1.141
Powys	2.71%	2.12%	0.977	-0.214	1.652	0.674	0.241
Public Health Wales	0.64%	0.64%	0.232	-0.000	0.503	0.270	0.073
Velindre	0.85%	0.79%	0.306	-0.021	0.615	0.310	0.090
Welsh Ambulance	1.97%	1.87%	0.709	-0.034	1.459	0.750	0.213
	100.00%	100.00%	36.056	0.000	78.020	41.964	11.370

A review of the forecast in early October has identified movement on a number of cases during the month primarily due to receipt of additional evidence and Counsel advice impacting probabilities and forecast case values. One case settled at £1m less than anticipated, however 4 cases required a revision to costs increasing the forecast by £5.6m. 5 cases were impacted by a change of probability from possible to probable with a combined forecast settlement value of £2.4m impacting the forecast. The overall impact has increased the minimum potential forecast to £194.3m which remains within the range reported at Month 5, however the additional information received in month has also impacted the upper range of the forecast and increased this to £205.1m as noted in the table below.

	M5 £m	M6 £m
DEL expenditure to date	41.999	46.329
Settled - awaiting payment	12.717	22.633
PPO's 2025/26	28.969	28.097
FORECAST AGREED COSTS	83.686	97.059
Settlement/Round Table Meeting in diary or offer made	71.015	70.594
FORECAST DEPENDENT UPON JSM/RTM	154.700	167.653
Highly likely but no offer/RTM yet	11.811	6.900
Personal Injury - estimate to March 26	2.042	1.750
Identified as potential settlements in 25/26	7.636	6.967
Estimate 40% of Probable claims <£200K	1.716	1.655
Estimate 40% of Certain claims <£200K	10.820	10.730
Managed Claims/Redress/Nosocomial/Other	4.345	3.724
TOTAL	193.069	199.379
Opportunities - linked to lower settlements/potential delays	-5.614	-5.100
Risks - linked to Lump sum/PPO split	5.756	5.756
MINIMUM FORECAST (including opportunities)	187.455	194.279
MAXIMUM FORECAST (including potential risks)	198.825	205.135

- At Month 6 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation. We are updating the forecast assumptions with regards to the ongoing vaccination programme and PPE storage requirements and will provide an indicative update if there is any underspend forecast as soon as possible.

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 future months to reflect this.

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income – the in month and full year increase is due to the SLE increased recharges following a review of trainee numbers following the rotation and intake in August.
- Welsh Government Income – In month income reduction is primarily due to the profile of the WRP, GMPI & WIBSS income changing from the straight-line forecast. The full year increase is due to the increased WRP risk share forecast income of £42m and inclusion of £7m GMPI income to reconcile back to the funding estimates for both the ELS & FLS schemes.

- Other income – the in month and full year reduction is due to the reclassification of two income streams to NHS income in month
- Provider Services – Pay – the in month and full year increases are due to the increase in the actual and forecast SLE pay costs.
- Provider Services – Non-Pay – the in-month expenditure reduction is due to the reprofile of GMPI & WIBSS expenditure from the straight-line profile. The full year increase is due to the inclusion of the GMPI expenditure to reconcile to the income included in the forecast and an increase in the SLE non pay forecast due to uplifts in training grant payments.
- Losses, Special Payments & Irrecoverable Debts – the in-month decrease is due to the WRP payments varying from the straight-line forecast profile with the full year forecast increasing due to the revised WRP outturn which has necessitated the £42m increase in the risk share funding.

Table B2 has been amended in Month 6 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 £27.710m at Month 6 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.
 - £7m – 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 and updated in Month 6 with the following changes

- The risk of additional costs if medical record culling cannot commence has been removed as the situation is currently being managed from within NWSSP storage and budgets, however this will be an issue longer term which we will include in our IMTP. We are unable to progress any further culling due to retention requirements and restrictions in place as a result of the Infected Blood Inquiry recommendations (**Action Point 5.2**).
- The risk of not receiving 2025/26 pay award funding has been reduced to £0.300m until confirmation of funding to be provided is received. We have in the past been up to £0.300m underfunded against our identified requirements so continue to note this as a risk to our position (**Action Point 5.1**).
- The opportunity for potential VAT recovery on the MS licences has been removed following the update from DHCW in September (**Action Point 5.3**)
- The opportunities for savings in energy costs and inflationary charges have been removed as these have been built into our updated forecast position (**Action Point 3.7**).
- The opportunity for additional savings of £1.000m remains to reflect potential further savings that may be realised before the end of the financial year.

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 6 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 projecting that additional agency resource will continue to be needed until the end of October, and we will monitor this closely.

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 6 and we are reporting expenditure of £0.193m in September against the forecast of £0.260m. Given the success of measures to reduce and control variable pay, the forecast has been further reduced to £0.220m per month in line with average costs to date.

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. The wording above has been amended as the one amber scheme was reduced to zero in previous months in the savings tracker rather than removed so there is nothing to reinstate (**Action Point 5.5**)

To month 6 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £3.474m 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 any indicative distribution to NHS Wales & Welsh Government will be reported to the September 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 (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. The DEL non-cash funding assumptions are now reported on the correct lines **(Action Point 5.6)**.

9. Health Care Agreements and Major Contracts

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25th March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 30th September 2025 we did not have any invoices over 17 weeks and only 2 invoices and 1 credit note outstanding over 11 weeks. The older C&V invoice has been paid so does not appear in our Month 6 return **(Action Point 5.7)**.

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

These tables have been completed based on our current forecast capital expenditure profile against our £9.401m Capital Expenditure Limit and the profile of expenditure will continue to be updated as we progress through the financial year.

We are reviewing all our capital schemes to enable confirmation by 31st October of any funding that cannot be utilised during the financial year – we will reflect any updates from this exercise in our Month 7 return.

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 6 Financial Monitoring Return at the November Committee meeting.

16. Authorisation of Return



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP



.....
ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

13th October 2025

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	595	626	-31	0
17 Additional In Year Identified Savings - Forecast	5,150	5,119	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)	-27,712	-27,712	0	0
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	27,710	27,710	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	0	0	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35 Forecast Outturn (- Deficit / + Surplus)	0	0	0	31

	Apr	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	-6,264	-12,528
3	637	637	637	637	637	637	637	637	637	637	637	637	3,823	7,646
4													0	0
5													0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	1,511	3,020
7	155	155	155	155	155	155	155	156	155	156	155	156	931	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	0	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	-11	-11	-11	-10	-10	-11	660	595
17	502	339	505	486	503	477	389	389	389	389	388	392	2,814	5,150
18													0	0
19		-9,425	2,537	-2,055	-2,675	-2,503	-2,265	-2,265	-2,265	-2,266	-2,264	-2,266	-14,121	-27,712
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	2,266	14,120	27,710
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-62	-62	-372	-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	-316	-316	-316	-316	-316	-319	-3,101	-5,000
26	-583	583											0	0
27													0	0
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 C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		Month												Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		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	190	191	188	1,139	2,280							
2	Pay	672	613	675	656	673	647	559	559	561	560	560	3,936	7,294	53.86%	7,294	0	5,221	2,074		
3	Variance	482	423	485	466	483	457	369	369	369	370	369	372	2,787	245.51%	7,294	0				
4	Budget/Plan	62	62	62	62	62	62	61	60	61	61	63	372	740							
5	Non-Pay	163	194	180	171	171	171	71	70	69	70	72	1,049	1,470	71.30%	1,470	0	831	639		
6	Variance	101	132	118	109	109	109	9	9	9	9	9	677	731	182.15%	731	0				
7	Primary Care - Drugs & Appliances	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							
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0							
10	Secondary Care Drugs	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	CHC/FNC	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	Primary Care Contractor	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							
19	Healthcare Services Provided by Other Healthboards	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							
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0							
22	Non-healthcare Services Provided by Other Healthboards	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							
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0							
25	Other Private & Voluntary Sector	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							
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0							
28	Joint Financing & Other	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							
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0							
31	Total	262	252	262	252	252	252	252	251	252	251	252	1,511	3,020		740	0				
32	Actual/F'cast	839	807	855	827	844	818	629	629	630	629	630	4,985	8,765			0	6,052	2,713		
33	Variance	583	555	603	575	592	566	378	378	378	378	378	3,474	5,745			0				
34	Variance in month	231.71%	220.59%	239.66%	228.14%	234.89%	224.57%	149.97%	150.56%	149.97%	150.76%	149.81%	151.88%	229.93%							
35	In month achievement against FY forecast	9.52%	9.20%	9.75%	9.43%	9.83%	9.33%	7.19%	7.18%	7.19%	7.18%	7.18%	7.21%								

Table C - Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are complete)	Ok
Total Forecast Savings agrees to Table A	Ok
Total FYE of Recurring Savings agrees to Table A	Ok
Total Forecast Savings in Table C agrees to Table C2	Ok
Total Forecast Savings in Table C agrees to Table C3	Ok

Table C1- Savings Schemes Pay Analysis

	Month	Month												Total YTD	Full-year forecast	Assessment		Full In-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	190	191	188	1,139	2,280						
2	Pay - General & Substantive	672	613	675	656	673	647	559	559	561	560	560	3,936	6,178						
3	Variance	482	423	485	466	483	457	369	369	369	370	369	372	2,787						
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0						
5	Pay - Variable	0	319	44	98	117	98	90	90	90	90	90	579	1,118						
6	Variance	0	319	44	98	117	98	90	90	90	90	579	1,118							
7	Pay - Agency	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						
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0						
10	Budget/Plan	190	190	190	190	190	190	190	190	190	191	188	1,139	2,280						
11	Total	672	613	675	656	673	647	559	559	561	560	560	3,936	7,294						
12	Variance	482	423	485	466	483	457	369	369	369	370	369	372	2,787						

Table C2- V&S Saving Categories

	Month	Month												Total YTD	Full-year forecast
		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
1	Workforce	190	190	190	190	190	190	190	190	190	191	188	1,139	2,280	
2	Actual/F'cast	672	613	675	656	673	647	559	559	561	560	560	3,936	7,294	
3	Variance	482	423	485	466	483	457	369	369	369	370	369	372	2,787	
4	Medicines Management	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	Procurement & Non-pay	62	62	62	62	62	62	61	60	61	61	63	372	740	
8	Actual/F'cast	163	194	180	171	171	171	71	70	69	70	72	1,049	1,470	
9	Variance	101	132	118	109	109	109	9	9	9	9	9	677	731	
10	CHC	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	Pathway	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	Other - Commissioning	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	
19	Other - Primary Care	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	
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	Total	262	252	262	252	252	252	252	251	252	251	252	1,511	3,020	
23	Actual/F'cast	839	807	855	827	844	818	629	629	630	629	630	4,985	8,765	
24	Variance	583	555	603	575	592	566	378	378	378	378	378	3,474	5,745	

NWSSP SUPPLY CHAIN – PPE REPORT – AS AT 30/09/2025 (Updated 30/09/2025)

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)	Total Volume on Order
Splash Proof Aprons (Roll)	1,463,000	90,000	155,750	10%	15,100,000	13,700,000
Splash Proof Aprons (Flat Pack)	16,732,825	5,400	43,594	127%	13,200,000	N/A
Type IIR Masks	2,656,400	0	59,700	8%	31,600,000	29,000,000
FFP3 Masks (Un-Valved)	614,940	0	1,245	61%	1,000,000	N/A
FFP3 Masks (Valved)	1,787,481	0	218	N/A	0	N/A
Face Shields/Visors	231,357	0	121	14%	1,600,000	Subject to Test Approval
Gloves	184,102,600	155,000,000	2,799,650	126%	146,300,000	N/A
Full Body Gowns	95,188	437,808	2,226	19%	500,000	500,000
Wipes	11,701,200	1,395,000	1,441,350	38%	30,400,000	Switch to lower priced supplier
Hand Sanitizer	213,327	720	1,221	213%	100,000	N/A
Total	219,598,318	156,928,928	4,505,075		239,800,000	

At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume