Shared Services Partnership Committee (SSPC) Part A

Tuesday 15 September 2026, 10:00 - 11:15

Microsoft Teams

Meeting Chaired by Dr Sue Barnes

Agenda

10:00 - 10:10
10 min

1. Standard Business

1.1. Welcome and Introductions

Verbal *Dr Sue Barnes, Chair*

1.2. Apologies for Absence

Verbal *Dr Sue Barnes, Chair*

1.3. Declarations of Interest

Verbal *Dr Sue Barnes, Chair*

1.4. Draft Minutes of Meeting Held on 16 July 2026

Decision *Dr Sue Barnes, Chair*

Draft SSPC Minutes Part A Public 16 July 2026.pdf (13 pages)

1.5. Action Log

Information *Dr Sue Barnes, Chair*

SSPC Action Log September 2026.pdf (2 pages)

10:10 - 10:20
10 min

2. Chair and Managing Director's Reports

Information

2.1. Chair's Report

Verbal - Noting/Discussion *Dr Sue Barnes, Chair*

2.2. Managing Director's Report

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

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

10:20 - 10:25
5 min

3. Items for Approval

Decision

3.1. NWSSP Fleet Modernisation Programme Annual Business Justification Case 2026-27

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

NWSSP Fleet Modernisation Programme Annual Business Justification Case 2026-27 SSPC CP September 2026.pdf (11 pages)
Appendix 1 - Fleet Modernisation Programme - Year 2 - Business Justification Case.pdf (44 pages)

10:25 - 10:50
25 min

4. Items for Noting and Discussion

Noting/Discussion

4.1. All Wales Finance and Procurement System Replacement

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

All Wales Finance and Procurement System Replacement SSPC CP September 2026.pdf (4 pages)
Appendix 1 - Briefing Paper - D0024.01 FMS Managed Service.pdf (16 pages)

4.2. Future Workforce Solution - People Portal Update

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

Future NHS Workforce Solution - People Portal Update SSPC September 2026.pdf (8 pages)

4.3. Strategic Equality Plan Biannual Update

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

Strategic Equality Plan Update SSPC CP September 2026.pdf (5 pages)
Appendix 1 - NWSSP 2025-26 EOY SEP Feedback Report.pdf (3 pages)

4.4. Workforce Equality Standard Update

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

Workforce Equality Standard Report SSPC September 2026.pdf (4 pages)

4.5. Decarbonisation and Adaptation Update

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

NWSSP Adaptation and Decarbonisation Update SSPC CP September 2026.pdf (3 pages)
Appendix 1 NWSSP Adaptation and Decarbonisation Update SSPC September 2026.pdf (9 pages)

10:50 - 11:10
20 min

5. Governance, Performance and Assurance

DiscusNoting/Discussionsion/Noting

5.1. Finance Report

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

Finance Report SSPC September 2026.pdf (7 pages)

5.2. People and Organisational Development Report

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

People and Organisational Development Report SSPC September 2026.pdf (14 pages)

5.3. Performance Information Report

Noting/Discussion *Richard Philips, Assistant Director of Planning and Performance*

Performance Information Report SSPC September 2026.pdf (15 pages)

5.4. Outcome Measure Performance Report

Noting/Discussion *Richard Philips, Assistant Director of Planning and Performance*

Outcome Measures Report SSPC September 2026.pdf (19 pages)

5.5. Integrated Medium-Term Plan Update Report (Quarter 1 of 2026-2027)

Noting/Discussion *Richard Philips, Assistant Director of Planning and Performance*

IMTP Report Q1 of 2026-27 SSPC September 2026.pdf (21 pages)

5.6. Transformation Management Office Update Report

Noting/Discussion *Richard Philips, Assistant Director of Planning and Performance*

Transformation Management Office Update Report SSPC September 2026.pdf (38 pages)

5.7. NWSSP Corporate Risk Register

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

NWSSP Corporate Risk Register SSPC CP Sept 2026.pdf (6 pages)
Appendix 1 - NWSSP Corporate Risk Register SSPC September 2026.pdf (6 pages)

11:10 - 11:10
0 min

6. Items for Information

Information

- *The following items are presented for information and will be taken as read unless Members wish to raise any questions or comments.*

6.1. Finance Monitoring Returns

Information

Months 3 and 4 of 2026-27

6.1.1. Month 3 of 2026-27

Information

Monitoring Return Commentary Month 3 NWSSP 2026-27 FINAL.pdf (8 pages)
MMR Month 3 - Table A Movement.pdf (1 pages)
MMR Month 3 - Table C, C1 and C2 Savings Schemes.pdf (4 pages)
MMR Month 3 - Table C3 Tracker.pdf (2 pages)

6.1.2. Month 4 of 2026-27

Information

Monitoring Return Commentary Month 4 NWSSP 2026-27 FINAL.pdf (9 pages)
MMR Month 4 - Table A Movement.pdf (1 pages)
MMR Month 4 - Table C, C1 and C2 Savings Schemes.pdf (4 pages)
MMR Month 4 - Table C3 Tracker.pdf (2 pages)

6.2. Personal Protective Equipment (PPE) Dashboard

Information

Personal Protective Equipment (PPE) Dashboard Report (24 August 2026).pdf (1 pages)

6.3. NWSSP Audit Committee Assurance Reports (15 June and 7 July 2026)

Information

NWSSP Audit Committee Assurance Report – 15 June 2026 SSPC.pdf (4 pages)
NWSSP Audit Committee Assurance Report – 7 July 2026 SSPC.pdf (5 pages)

6.4. SSPC Forward Plan 2026-27

Information

SSPC Forward Plan of Business 2026-27.pdf (9 pages)

6.5. Annual Reports 2025-26 (NWSSP Information Governance and Welsh Infected Blood Support Scheme)

Information

NWSSP Information Governance Annual Report 2025-26.pdf (31 pages)
Welsh Infected Blood Support Scheme Annual Report 2025-26.pdf (25 pages)

11:10 - 11:14
4 min

7. Any Other Business

Verbal *Chair*

- *The Autumn Committee Development Day is scheduled for Friday 9 October 2026 at Digital Health and Care Wales, Tŷ Glan-yr-Afon, 21 Cowbridge Road East, Cardiff, CF11 9AD.*

11:14 - 11:15
1 min

8. Date and Time of Next Meeting: Thursday 19 November 2026 at 10.00am to 12.00pm, held via Microsoft Teams

Verbal

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 16 JULY 2026

10:00AM – 11:45AM

MEETING HELD ON MICROSOFT TEAMS

PART A – PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Dr Susan Barnes (Chair)	Chair	NWSSP
Huw Thomas (HT)	Executive Director of Finance and Vice Chair of SSPC	HDUHB
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Executive Director of Workforce & Organisational Development	ABUHB
Russell Caldicott (RC) (*present to item 4.5)*	Executive Director of Finance	BCUHB
Sally May (SM)	Executive Director of Finance	CTMUHB
Chris Moreton (CM)	Interim Executive Director of Finance	DHCW
Alex Howells (AH)	Chief Executive Officer	HEIW
Mererid Bowley (MB)	Executive Director of Public Health (*deputising for Pete Hopgood*)	PTHB
Zoe Pietrzak (ZP)	Executive Director of Strategy, Finance and Performance	PHW
Tina Ricketts (TR)	Executive Director of Workforce & Organisational Development	SBUHB
Sarah Jenkins (SJ)	Interim Executive Director of People & Organisational Development *(deputising for Carl James)*	VUNHST
OTHER ATTENDEES:		
Robert Mahoney (RM)	Deputy Director of Finance (*deputising for Adam Roberts*)	CAVUHB
Edward Roberts (ER)	Deputy Director of Finance and Corporate Services (*deputising for Chris Turley)*	WAST
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Tanya Bull (TB)	Trade Union Representative and Head of Health	Unison Cymru
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
James Green (JG)	Interim Head of People Strategy and Planning (*deputising for Gareth Hardacre)*	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Martin Edwards (ME)	Medical Director	NWSSP

Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Roxann Davies (RD)	Corporate Services Manager (*Secretariat*)	NWSSP
PRESENTERS:		
Jonathan Irvine (JI) *(present for item 3)*	Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services,	NWSSP
Aled Guy (AG) *(present for item 3)*	Head of Sustainability and Net Zero Management	NWSSP
Andrew Smallwood (AS) *(present for item 4.1)*	Assistant Director of Procurement Services	NWSSP
Bryn Harries (BH) *(present for item 4.5)*	Chief Digital Officer	NWSSP

Item	Minute	Action
1.	STANDARD BUSINESS	
1.1	Welcome and Opening Remarks The Chair welcomed Committee Members to the July 2026 meeting of the Shared Services Partnership Committee (SSPC). A number of deputy representatives were in attendance, as follows: • Robert Mahoney, Deputy Director of Finance at Cardiff and Vale University Health Board (*deputising for Adam Roberts)*; • Mererid Bowley, Executive Director of Public Health at Powys Teaching Health Board (*deputising for Pete Hopgood*); • Sarah Jenkins, Interim Executive Director of People and Organisational Development at Velindre University NHS Trust (*deputising for Carl James*); and • Edward Roberts, Deputy Director of Finance and Corporate Services at Welsh Ambulance NHS Trust (*deputising for Chris Turley).*	
1.2	Apologies Received Apologies for absence were received from: • Adam Roberts, Executive Director Strategy, Planning and Partnerships at Cardiff and Vale University Health Board; • Pete Hopgood, Acting Chief Executive at Powys Teaching Health Board; • Carl James, Chief Executive Officer at Velindre University NHS Trust; • Chris Turley, Executive Director of Finance and Corporate Resource at Welsh Ambulance NHS Trust; and • James Quance, Assistant Director of Corporate Services at NHS Wales Shared Services Partnership.	
1.3	Declarations of Interest The Chair invited Committee Members to declare any interests and specify the relevant agenda item to which they related. No declarations of interest were received from Committee Members.	
1.4	Minutes of Meeting Held on 14 May 2026 The minutes of the meeting held on 14 May 2026 were reviewed and APPROVED as a true and accurate record of the meeting.	

1.5	Action Log The Committee NOTED the Action Log, which reported nine matters arising, of which six were complete and three were not yet due. The accompanying narratives provided clear updates on the latest position for each action.	
2.	MANAGING DIRECTOR'S UPDATE	
2.1	Managing Director's Report NF presented the Managing Director's Report and highlighted key developments across NWSSP since the previous meeting, supplementing the detail set out in the overarching report, as follows: • Finance: NWSSP remained in a strong and stable financial position, was operationally resilient, and continued to deliver in a demanding and complex NHS Wales landscape. • Transforming Access to Medicines Services (TrAMS): Progress was reported in relation to the TrAMS programme, including the Full Business Case scheduled later on the agenda. Significant work had been undertaken to support workshops and discussions, with further Board approvals required before submission to Welsh Government. In relation to the Radiopharmacy service in South East Wales, the build work had been completed and commissioning and validation were underway. Challenges around air handling units had been addressed, including issues experienced during recent hot weather, and the service was progressing towards the planned Medicines and Healthcare products Regulatory Agency (MHRA) inspection in September. Discussions continued in relation to West Wales and North Wales hubs. • Extreme Weather: Operational challenges associated with hot weather, particularly within Laundry and Health Courier Services were highlighted but service levels had been maintained with the commitment of NWSSP staff. • Welsh Risk Pool: Continuing challenges associated with the Welsh Risk Pool financial pressures were highlighted, noting that a further update was scheduled for consideration later on the agenda. • Medical Records: Issues had been identified by NHS England in relation to GP medical records held in storage and transferred to Wales. Fourteen affected records had been identified to date, although NWSSP believed the number may be higher, having already observed an increase in requests from GPs for records to be transferred across. Work was underway with NHS England to understand the root cause, the potential impact for Wales and any wider implications. A weekly monitoring group was also being established with NHS England and the other Home Nations. Positively, NWSSP had identified the increase in requests before the issue was formally escalated and continued to meet the relevant key performance indicators for processing requests within two days. • Future Workforce Solution (FWS): NF advised that he had written to the NHS Business Services Authority (NHSBSA) in June setting out concerns around programme clarity, scope, timelines and implementation expectations. He advised that the programme go-live date was under review by the NHSBSA & Infosys via a contract review process. Further formal communication was expected at the end of July, and assurances had been received in relation to improved communications and benefits realisation.	

	Committee Members discussed the implications of a revised FWS timeline, including the impact on early adopters, later implementation waves and funding arrangements. In relation to funding, year zero and year one had been approved under the previous administration, with further remapping required once the revised plan was agreed. MDJ confirmed that Welsh Government could not finalise any further funding position until the impact of the delay had been better understood with NHSBSA. Committee Members discussed the need for appropriate assurance over the FWS programme, given its scale, complexity and multi-organisational impact. Internal Audit involvement at key staging and readiness points was supported, subject to receipt of the revised plan. Concerns were also raised regarding the artificial intelligence functionality within FWS, including algorithmic management, bias and workforce planning implications, which would require further consideration once the product functionality was clearer. A further update would be brought to the September 2026 meeting. The Committee DISCUSSED and NOTED the Managing Director's Report.	
2.1.1	Senior Appointments NF highlighted the senior appointment updates referenced in the Managing Director's report, including the appointment of Dr Susan Barnes as Chair, who commenced on 6 July 2026 following approval at the extraordinary Committee meeting on 25 June 2026, and Dr Helen Lane as Deputy Medical Director, who commenced in post on 1 July 2026. The Committee NOTED the update on Senior Appointments.	
3.	DEEP DIVE PRESENTATIONS	
3.1	Foundational Economy JI and AG introduced the item, setting out the purpose of the presentation and providing an overview of the Foundational Economy work undertaken to date. JI explained that foundational economy objectives sat within a wider procurement agenda, including decarbonisation, value for money, supply chain resilience, waiting list support and statutory procurement requirements. He emphasised the increasingly complex legislative environment and confirmed that patient outcomes and value remained central to procurement decision-making. AG presented analysis showing that NHS Wales spend with Welsh-headquartered suppliers remained at 42.93%, while the cash value had increased from just over £1bn in 2019/20 to over £2.3bn in the most recent year. He highlighted new Power Business Intelligence (BI) and contract pipeline reporting tools to support more detailed analysis of spend, supplier location and future procurement opportunities, noting that around £1.1bn of contracts were due for renewal in-year against total non-pay spend of approximately £9.2bn, although some areas, such as pharmaceuticals, offered limited scope for influence. Committee Members welcomed the enhanced analytical capability and discussed NWSSP's role in supporting an all-Wales approach to the Social Partnership and Public Procurement (Wales) Act 2023, recognising that delivery would depend on partnership working across NHS Wales. Members	

	noted that supplier headquarters location alone did not fully capture economic benefit and that further data refinement would be needed to assess wider impact. The importance of continued supplier engagement was emphasised, including Meet the Buyer events, greater use of lotting to support small and medium-sized enterprises (SMEs) and micro-businesses, and procurement approaches that reflected Wales' SME and micro-enterprise economy. Members highlighted the need to consider employment, workforce location and wider economic contribution, and the potential for NWSSP to strengthen its role as an economic growth driver through innovative commercial models, including joint ventures and longer-term opportunities. The Chair agreed that NWSSP's strategic procurement role and position as an anchor organisation across a number of sectors presented opportunities that merited further consideration. The Committee NOTED the Foundational Economy presentation.	
4.	ITEMS FOR APPROVAL	
4.1	Scan for Safety Wales Programme AS presented the paper seeking approval to take up the three-year expansion within the Scan for Safety programme. He highlighted that the MHRA had put forward amendments to medical devices regulations, expected to land in the UK Parliament in December and be enacted from July 2027. He advised that Wales was well positioned in comparison with Scotland, England and Northern Ireland, although some organisations were behind where NWSSP had hoped they would be. The programme would support compliance with mandatory requirements for tracking implantable devices from manufacture to implantation, retaining associated data in patient records for recall and traceability. He also noted that work was being undertaken with the incumbent inventory management provider, Omnicell, to explore artificial intelligence solutions to maximise inventory management across Wales and identify stock held in excess or suitable for redistribution. HT asked whether the programme could be expanded to include provisions, catering and other high-throughput stock areas. AS confirmed that this was already progressing, with Betsi Cadwaladr University Health Board catering live and Aneurin Bevan University Health Board currently being scoped, and outlined the wider vision to digitise everything that moved and could be barcoded. HT requested that Hywel Dda University Health Board follow next, and AS agreed to follow up with the relevant business partner to plan next steps. The Committee APPROVED the extension of the Scan for Safety Programme and its supporting Inventory Management Contract with Omnicell by utilising the 36 months available as per the Full Business Case and current contract terms.	AS
4.2	Student Awards Bursary System AR presented the paper seeking approval for a three-year contract extension for the Student Awards Bursary System, running from April 2027 to March 2030, with a contract value of £382,515. The original business case had been approved by the Committee in July 2021.	

	AR advised that Welsh Government had been reviewing the bursary award system, and that the current government was expected to continue to do so. However, NWSSP required a system to support current students and those commencing training in the coming months. The current system was bespoke and designed around the Welsh bursary scheme. Regular performance and contract management meetings were in place and scheduled for the next 12 months. Velindre Trust Board approval would be sought at its meeting on 30 July, in accordance with the Scheme of Delegation. The Committee APPROVED the Student Bursary Award System contract extension for three (3) years with effect from 1 April 2027 to 31 March 2030 with a total cost of £382,515.	
4.3	Material Handling Equipment Lease, Hire and Maintenance AR presented the paper seeking approval for a five-year contract with Toyota Material Handling UK Limited for material handling equipment, including pallet trucks, forklifts and scrubber floor dryers. The proposed contract structure of three years, plus one, plus one, took the total contract value over the £1m threshold and therefore required Velindre Trust Board approval, which would be sought at the meeting on 30 July 2026. AR drew the Committee's attention to the Dun and Bradstreet risk assessment and explained that additional work had been undertaken following the initial score. She advised that the issue related to the timing of annual accounts and that the demand-led nature of the contract, with no upfront or advance payments, reduced financial exposure. She confirmed that she was satisfied the risk was now within an acceptable threshold, with Procurement colleagues in agreement. The Chair sought assurance regarding the single tender response received, including whether further engagement had taken place with suppliers who had not submitted bids. AR advised that some follow-up had been undertaken and that supplier interest could reduce once detailed service specifications were issued. She further advised that, in light of the Dun and Bradstreet score, she had asked Procurement colleagues to consider what additional steps could be taken to support wider market engagement in future. The Chair noted that this reflected the earlier discussion on widening the supplier base and better understanding the factors that may influence supplier engagement with procurement opportunities. The Committee APPROVED the award of the contract to Toyota Material Handling UK Limited, up to a maximum estimated value of £1.04m excluding VAT over the full five-year term, and NOTED the demand-led nature of the agreement, the associated risks and mitigations, and that progression remained subject to all required approvals and procurement requirements being completed.	
4.4	NWSSP Annual Review 2025-26 AR presented the Annual Review for 2025–26, noting that 1 April 2026 marked NWSSP's 15-year anniversary. She advised that the document demonstrated the impact of NWSSP's work in supporting partners and the wider NHS Wales. The publication included a forward look into 2026–27 and had incorporated feedback from previous years, including a balanced assessment of areas where	

	NWSSP could do more, strengthen and improve. The document included case studies, would be published bilingually on the website, and included images of real NWSSP staff rather than stock photography. It also provided assurance around governance, performance arrangements and compliance with regulations and legislation. The Committee APPROVED the NWSSP Annual Review 2025-26.	
4.5	Digital Strategy BH presented the refreshed Digital Strategy and advised that it built on the previous three-year digital strategy, aligning to the current direction of travel in the health and care system and the challenges facing NWSSP. He explained that workshops with the former Senior Leadership Group (SLG) had identified key themes, including staffing and skills, mobile-first considerations, digital inclusion, and the need to bring all staff along the digital journey. He highlighted external factors shaping the Strategy, including an inconsistent approach to Cyber Assurance Framework maturity, supplier and third-party cyber risks, a data gap within NWSSP, and changing priorities from Welsh Government. He explained that the Strategy was structured around foundations, capabilities and outcomes, with foundations covering cyber security, digital services and data; capabilities covering workforce skills, service capability, data literacy, artificial intelligence and automation; and outcomes covering staff, services, the organisation and the wider digital health and care system. In discussion, CM sought assurance on alignment with Welsh Government's Digital and Data Strategy and the impact on services such as finance systems and Oracle. BH advised that, while Welsh Government priorities may evolve, the refreshed Strategy was expected to remain aligned and provided an organisational framework to support service change, with staff skills and capabilities central to delivery. CM also highlighted the importance of distinguishing internal digital transformation from externally delivered digital services for NHS Wales, drawing on learning from DHCW's Audit Wales review. HT welcomed the Strategy and sought assurance on the resources, skills and capabilities needed to deliver its ambitions. BH highlighted a specific data capability gap, including the need for a Head of Data role to support engagement with partners, Welsh Government and external organisations on data held by NWSSP, and referenced the National Data Resource Programme and national target architecture as relevant opportunities. The Chair noted the opportunity to develop capability that could be leveraged across Wales where skills gaps existed. AR confirmed that the SLG had considered how the Strategy could support staff to transition into a more digitally enabled workforce, with engagement undertaken with trade unions to position digital change as a positive development opportunity. She noted that investment decisions would be required as the Strategy was operationalised, and that finance systems provided to partners would need to align with both the Digital Strategy and local organisational strategies to avoid potential strategy collision, linking to ongoing work to redesign the finance operating model and identify the supporting system requirements. The Committee APPROVED the refreshed Digital Strategy.	

4.6	Opportunities Pipeline RN presented the Opportunities Pipeline, developed in response to wider NHS financial and service challenges and Welsh Government's challenge for NWSSP to consider how it could further support NHS Wales as a shared service. She advised that the SLG had held an away day in March at which divisions pitched ideas in a "Dragon's Den" style session. Additional discussions had taken place through quarterly reviews and peer groups with health organisations. The overarching paper set out three categories, demonstrating NWSSP's appetite, drive and ambition to support NHS Wales and invited Committee comment on the direction of travel: current opportunities already being developed and scoped; additional opportunities requiring further feasibility work, including the All-Wales Staff Bank and medical workforce recruitment; and longer-term initiatives, including an All-Wales Decontamination Service and shared business services for the wider public sector. The Chair queried whether NWSSP had an infographic describing the process for identifying and refining opportunities. RN advised that no such graphic currently existed and that opportunities were often identified in response to requests to solve problems or direct approaches to NWSSP. The Chair noted that she had a potential graphic in mind and would discuss it further with RN at their introductory meeting. Committee Members welcomed the proposal as a strong starting point and supported the overall direction of travel and ambition, while noting the need to balance pace with partnership delivery, clear governance and consistency of approach. Members discussed the potential for a "coalition of the willing", early adopter or regional approach to test proof of concept and progress at pace where the case was clear, particularly in areas involving significant artificial intelligence and automation, while avoiding unnecessary variability or piecemeal implementation. The Chair observed that these approaches were not mutually exclusive and could help test and resolve issues without relying on design by committee. Members emphasised the importance of clear sponsorship within NHS bodies, through groups, peer groups or other partnership mechanisms, so that initiatives were demonstrably co-developed rather than solely led by NWSSP. Governance was identified as key, with the Value and Sustainability Board or an alternative structure, potentially incorporating regional leads, suggested as possible routes. AR asked Members to socialise the paper within their organisations, including with Chief Executives, Chairs and Boards, to raise awareness and support early engagement, noting that initiatives were at varying stages from implementation to discovery and further exploration of the art of the possible. RN confirmed that NWSSP would be happy to attend organisations to discuss the Opportunities Pipeline, and RD agreed to circulate the report following the meeting. The Committee NOTED the update on the NWSSP Opportunities Pipeline, including initiatives already in hand for 2026/27, and APPROVED the proposed approach to undertaking discovery work on medium to longer-term opportunities before any final decision on development and implementation.	RD
4.7	NHS Wales Preparedness Resilience and Response Annual Report 2025-26	

	RN presented the report, advising that it was required by NHS Performance and Improvement (NHS P&I), for completion and submission. She highlighted significant progress in emergency planning, led by the Head of Emergency Planning, Resilience and Response. She confirmed that systems were in place for emergency preparedness and that NWSSP was well connected with the wider NHS in relation to collaboration and communication on emergency planning. Upon approval, the report would be signed by the Managing Director as NWSSP's Accountable Officer and submitted to NHS P&I by 1 August 2026. The Committee APPROVED the NHS Wales Preparedness Resilience and Response Annual Report 2025-26.	
5.	ITEMS FOR NOTING	
5.1	Welsh Risk Pool (WRP) Assurance Programme NF presented the WRP Assurance Programme, noting that clinical negligence expenditure remained one of the most significant financial challenges facing NHS Wales. The Programme focused on three key areas: forecasting and modelling; assurance over in-year financial mitigation; and learning, engagement and prevention. Work on forecasting and modelling was progressing, with engagement taking place with NHS Performance and Improvement (NHS P&I), NHS Resolution, and NHS Scotland to understand comparative approaches and their application in Wales. Discussions had also taken place with Directors of Finance on progress and potential reporting arrangements. In-year mitigation work was ongoing within the legislative and legal framework, with the forecast range reported at approximately £255m to £272m. In relation to learning, engagement and prevention, NF highlighted the National Learning Conference and advised that engagement had taken place with clinical networks and Chairs of Quality and Safety Committees across Wales. Follow-up meetings were planned with individual organisations to identify where NWSSP could provide further support, and a survey was being developed to inform future learning and governance improvements. HT queried delays in the independent reconciliation and review. AR advised that output from NHS P&I had taken longer than anticipated due to data quality challenges, although a new case management system had now been operating for 12 months and assurance had been received that the issues had been resolved, with feedback expected the following week. NF confirmed that NWSSP continued to work with NHS P&I and draw on learning from NHS Resolution, and Scotland. The Committee NOTED the update provided regarding the WRP Assurance Programme.	
6.	GOVERNANCE, PERFORMANCE AND ASSURANCE	
6.1	Finance Report LP presented the Finance Report as at the end of May 2026, noting an £813,000 surplus, supported by progress on the Cost Improvement Programme and vacancy controls. It was also noted that NWSSP had not incurred any agency expenditure in the year to date.	

	The ongoing workforce plan and vacant post deep dives aligned to the grip and control action plan. Further work was also underway to identify recurrent and non-recurrent savings and update the savings forecast for the year. LP highlighted risks relating to DHCW funding for e-prescribing, the FWS implementation and parallel running costs, Radiopharmacy transitional costs and changing income stream profiles, and ongoing energy and fuel price volatility. Capital funding of just under £6.2m was reported, with expenditure of just over £800,000 to date. The largest allocations related to IP5 roof overlay works, fleet replacement, IP5 power resilience works and the South East TrAMS programme. Bids had been submitted to Welsh Government for digital and estates backlog funding, and outcomes were awaited. The Welsh Risk Pool expenditure at the end of May was £7.4m, primarily due to cases accrued in the previous financial year settling in the current year. Forecasting and detailed monthly review of cases over £200,000 continued. The overarching report also included grip and control self-assessment findings reported to the NWSSP Audit Committee on 7 July, with action plans being developed for red and amber actions. The Grip and Control assessment had been submitted to NHS P&I. The Committee NOTED the Finance Report.	
6.2	People and Organisational Development Report JG presented the report as at 31 May, highlighting an improved turnover position of 9.05%, compared with 11.2% over the previous three-year cycle, and sickness absence remaining static at 5.16% for the year to date. Divisional deep dives and wider business partner activity, including site visits, personnel file reviews and policy compliance checks, were being undertaken in areas of higher absence to understand underlying causes and support requirements. Mandatory training compliance remained strong at 93.29%, although targeted work continued in operational areas where compliance was lower, including Laundry Services, where language barriers meant alternative approaches such as face-to-face training were being considered. Workforce planning remained aligned to the Digital Strategy and grip and control requirements, with 21 divisional plans progressing through a second iteration and focused on priorities over the next two years. Corporate induction compliance remained below expectations, with action underway to address operational pressures and cultural factors affecting attendance. JG also reported a positive Internal Audit review of attraction and retention, with no findings and the highest level of assurance across all areas reviewed. The Committee noted NWSSP's Silver Award under the Armed Forces Employer Recognition Scheme, and the Chair congratulated the team, noting the importance of mapping armed forces and transferable skills to future recruitment opportunities. The Committee NOTED the People and Organisational Development Report.	

6.3	Performance Information Report RN presented the report and advised that it set out key performance indicators as at 31 May 2026, with professional influence benefits amounting to £57m. Individual reports had been shared with customer organisations, with follow-up meetings being arranged. Overall performance remained positive, with three targets not achieved, of which two related to Procurement and one related to Audit and Assurance. The Procurement variance related to projected savings, with further work required on timing, profiling and remedial action. The Audit and Assurance exception related to management responses to audit recommendations within 15 days, which achieved 68% against an 80% target. Discussions were taking place with organisations to reinforce the importance of timely responses, particularly in meeting NWSSP Audit Committee reporting deadlines. Improved time-to-hire performance was also noted, reported at approximately 65.3 days. Benchmarking indicated that some health organisations were experiencing challenges in meeting this target, and discussions were underway to identify whether NWSSP could provide further support. The Committee NOTED the Performance Information Report.	
6.4	Outcome Measures Report RN presented the report, which set out performance against NWSSP's strategic objectives, including services, people, value and the new partners objective. The overarching report demonstrated positive performance across the outcome measures, including an improving position in employee satisfaction, continued delivery of professional influence benefits, and NWSSP's contribution to decarbonisation and the foundational economy. Positive customer satisfaction results were also highlighted, alongside staff survey results above the all-Wales average in all areas, strengthened foundational economy reporting, Customer Service Excellence activity and the continued inclusion of the customer voice. The Committee NOTED the Outcome Measures Report.	
6.5	Transformation Management Office (TMO) Update Report RN presented the report, which provided an overview of the transformation portfolio and highlighted three projects that had completed since the previous update. She noted the breadth of the portfolio, comprising 21 schemes ranging from projects and programmes to initiatives, of which 48% were All-Wales and 52% were NWSSP-focused. Good progress was reported across a number of areas, including projects moving into closure, continued development of reporting and assurance arrangements, and improved visibility of delivery confidence, re-baselining and benefits. It was also noted that a small number of schemes remained subject to timing, capacity or dependency risks, which continued to be managed through the established governance arrangements. The Committee NOTED the TMO Update Report.	

6.6	Integrated Medium-Term Plan (IMTP) Quarter 4 of 2025-26 Report RN presented the IMTP Quarter 4 progress report for 2025-26, noting that 112 objectives were completed or on track, which was broadly similar to performance during the previous year. She advised that objectives were scrutinised through quarterly review processes with divisions. Where objectives had not been completed, reasons had been obtained from divisions and corrective action or additional support put in place. A positive year-end position was reported, with the majority of objectives either completed, or on track as part of longer-term programmes. Areas of slippage and discontinued objectives were clearly identified, with carry-forward actions and external dependencies to be managed through the 2026-27 planning cycle. The overarching report also highlighted key messages from the IMTP, including the vaccine programme and support for national learning, alongside a continued focus on core organisational priorities, including financial sustainability, quality, workforce wellbeing, decarbonisation, digital development and the foundational economy. The Committee NOTED the IMTP Update Report, prior to its submission to WG.	
6.7	NWSSP Annual Governance Statement (AGS) 2025-26 AR presented the final version of the AGS prior to publication, noting that earlier drafts had been considered by the Committee for feedback, noting and endorsement. The NWSSP Audit Committee approved the AGS at its extraordinary meeting on 15 June 2026, subject to minor wording amendments requested by Independent Members. It was subsequently considered by the Trust Board as part of the annual accounts approval process, with no issues raised. The Committee NOTED the NWSSP AGS 2025-26.	
6.8	NWSSP Corporate Risk Register AR presented the NWSSP Corporate Risk Register, noting the current profile of 18 risks for action, comprising eight red-rated and ten amber-rated risks, with a further four risks held for monitoring. No new risks had been escalated since the previous meeting. The TrAMS and Future Workforce Solution risks had, however, been reviewed and separated to provide clearer oversight of the specific service, workforce, governance and delivery risks, with further amendments to the FWS risk likely following the earlier discussion. AR confirmed that risk target dates would continue to be reviewed monthly by the Senior Leadership Group, with a wider review of risk appetite planned for the autumn as part of the IMTP planning cycle. Six risks for action were currently at target level and would remain subject to senior oversight to ensure controls continued to operate effectively and that further reduction was considered where appropriate. The Committee NOTED the NWSSP Corporate Risk Register.	

7.	ITEMS FOR INFORMATION	
7.1–7.4 / Part A2 1.1–1.9	The Committee received several items for information, covering items 7.1 to 7.4 of Part A and items 1.1 to 1.9 of Part A2. These comprised the Finance Monitoring Returns for Months 1 and 2 of 2026-27, the Personal Protective Equipment (PPE) Report, the NWSSP Audit Committee Assurance Report from 28 April 2026, and the SSPC Forward Plan 2026-27, together with a suite of annual reports covering Audit Committee, Local Counter Fraud Services, Concerns and Complaints, Declarations of Interest and Gifts, Hospitality and Sponsorship, Health and Safety, Welsh Language, Duty of Quality, Medical Examiners Service and Surgical Materials Testing Laboratory. The items were taken as read and noted for information.	
8.0	ANY OTHER BUSINESS (AOB)	
8.1	NF advised that the COVID-19 Inquiry Module 5 Report on Procurement and Personal Protective Equipment (PPE), issued on 14 July 2026, was broadly positive in relation to the centralised Welsh procurement model and NWSSP's role, particularly when compared with the more fragmented arrangements in England. Positive findings included centralised procurement, the rapid scaling of distribution arrangements and the absence of a VIP lane. The UK Inquiry report included 11 recommendations and identified areas for further work across the wider procurement and PPE system, including stockpile weaknesses at the outset of the pandemic, replenishment arrangements across the UK and Wales, the inclusion of social care in future stockpile planning, inventory management and visibility of locally held stock across Health Boards and social care providers, and contract publication and transparency. It was noted that no direct actions for NWSSP had been identified at this stage. Further discussions would take place with Welsh Government on whether social care should be incorporated into future stockpile arrangements, and a further report would be brought back to the Committee following consideration of the recommendations and any wider implications for Wales.	
9.	DATE OF NEXT MEETING	
9.1	The Chair thanked Committee Members for their contributions and confirmed that the next meeting was scheduled to take place on Tuesday 15 September 2026 from 10:00am to 12:00pm, held via Microsoft Teams.	

SHARED SERVICES PARTNERSHIP COMMITTEE ACTION LOG
UPDATE FOR SEPTEMBER 2026 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status
Part A – Public						
1.	2026/03/19-a Item 5.7	March 2026	NWSSP Corporate Risk Register A deep-dive discussion on cyber resilience, extending beyond disaster recovery to consider the robustness of business continuity arrangements, is to be held.	RN	September 2026	Complete – Deep dive scheduled on agenda.
2.	2026/03/19-a Item 3.1	March 2026	Chair's Recruitment Consideration to be given at a future meeting in respect of rotation and continuity arrangements for the role of Committee Vice Chair.	JQ	November 2026	Not Yet Due – Progress will be taken forward through the Implementation Group, with an update to be provided to a future Committee meeting following completion of the Chair's recruitment process.
3.	2026/03/19-a Item 5.2	March 2026	People and Organisational Development Report Outcomes from engagement and shared learning with Health Boards in respect of Single Lead Employer model data to be reflected upon and brought back to a future Committee meeting, for consideration.	GH	November 2026	Not Yet Due – A deep dive is scheduled for the SSPC meeting in November 2026.
4.	2026/05/14-a Item 6.2 and 6.4	May 2026	People and Organisational Development Report and Outcome Measures GH agreed to provide GK with further workforce information following the meeting, comprising detailed divisional-level workforce data and separate overarching figures relating to fixed-term contract arrangements.	GH	September 2026	Complete – Fixed-term contract arrangements for NWSSP are used in exceptional circumstances, and the vast majority of contracts are permanent within NWSSP. The overarching figures are as follows:

<table>
<tr><th>No.</th><th>Minute Ref</th><th>Date</th><th>Agreed Action</th><th>Lead</th><th>Timescale</th><th>Status</th></tr>
<tr><td colspan="7">Part A – Public</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Including SLE<table><tr><th>Status</th><th>Count</th><th>FTE</th><th>% of staff</th></tr><tr><td>Fixed Term Temp</td><td>4070</td><td>3811.28</td><td>62.12%</td></tr><tr><td>Permanent</td><td>2482</td><td>2264.90</td><td>37.88%</td></tr></table>Excluding SLE<table><tr><th>Status</th><th>Count</th><th>FTE</th><th>% of staff</th></tr><tr><td>Fixed Term Temp</td><td>80</td><td>66.95</td><td>3.12%</td></tr><tr><td>Permanent</td><td>2482</td><td>2264.90</td><td>96.88%</td></tr></table></td></tr>
<tr><td>5.</td><td>2026/07/16-a Item 4.1</td><td>July 2026</td><td>Scan for Safety Wales Programme
HT requested that Hywel Dda follow Aneurin Bevan, and AS agreed to follow up with the relevant Business Partner to plan next steps.</td><td>AS</td><td>September 2026</td><td>Complete – The NWSSP Procurement team met with the Hywel Dda team to assess options for further rollout, including provisions.</td></tr>
<tr><td>6.</td><td>2026/07/16-a Item 4.6</td><td>July 2026</td><td>Opportunities Pipeline
RD to circulate the report following the meeting.</td><td>RD</td><td>September 2026</td><td>Complete – Paper circulated to Committee Members on 16 July 2026.</td></tr>
</table>

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	15 September 2026

The report is not Exempt
Teitl yr Adroddiad / Title of Report
Managing Director's Report

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

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on key NWSSP activities, developments and matters arising since the last substantive meeting held on 16 July 2026.

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

Ymgynghoriad / Consultation:
Shared Services Partnership Committee.

Adduned y Pwyllgor / Committee Resolution (insert √):							
DERBYN / APPROVE		ARNODI / ENDORSE		TRAFOD / DISCUSS	√	NODI / NOTE	√
Argymhelliad / Recommendation:	The Committee is asked to NOTE the contents of this report and DISCUSS any matters arising, as appropriate.						
Crynodeb Dadansoddiad Effaith:							

Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	There are no direct equality or diversity impacts arising from this report. The report provides an update for information and assurance, and any equality considerations associated with specific programmes or service developments will be addressed through the relevant project governance arrangements.
Cyfreithiol: Legal:	There are no direct legal impacts arising from this report. Any legal considerations linked to individual matters referenced within the report will continue to be managed through established governance, contractual and advisory routes as appropriate.
Iechyd Poblogaeth: Population Health:	There are no direct population health impacts arising from this report. The updates provided support wider system assurance, with any population health implications associated with specific programmes considered through the relevant planning and delivery arrangements.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	There are no direct quality, safety or patient experience impacts arising from this report. Where relevant, matters affecting quality, safety or patient experience are subject to the appropriate service, programme and governance assurance arrangements.
Ariannol: Financial:	There are no direct financial impacts arising from this report. Financial matters referenced within the report are provided for assurance and will continue to be monitored through the established financial governance and reporting framework.
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 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:	There are no direct workforce impacts arising from this report. Workforce-related matters referenced within the report are subject to the relevant programme, service and organisational governance arrangements.
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Managing Director's Report
September 2026

Introduction

This paper provides an update on the key issues, developments and activities undertaken by NWSSP since the last ordinary meeting on 16 July 2026. It highlights the principal areas of assurance, the key risks requiring continued oversight, and progress across major programmes, financial stewardship, operational resilience and support for colleagues. It also reflects wider organisational themes recently shared with staff, including our continued focus on wellbeing, recognition, partnership working and the positive contribution NWSSP makes across NHS Wales.

In summary, this report provides assurance that NWSSP continues to make good progress across major national programmes, operational delivery and system leadership, while also identifying a number of areas requiring continued Committee oversight. These include the conclusion of governance and accountability review work, the financial and operational implications of the Welsh Risk Pool, delivery risks associated with TrAMS and the Future Workforce Solution, and the ongoing need to strengthen resilience in response to climate, infrastructure and business continuity pressures.

Governance and Accountability Arrangements

Good progress has been made through recent meetings of the Implementation Group, with over half of the review recommendations now actioned and further work progressing at pace. NWSSP remains fully engaged in this next phase, working constructively with Welsh Government, Velindre University NHS Trust and wider partners to ensure that governance, assurance and accountability arrangements remain robust, proportionate, legally sound and reflective of NWSSP's status as a hosted national shared service. A final report is expected to be presented at the next meeting of the SSPC together with updated governance documentation as the work of the Group concludes.

Welsh Risk Pool (WRP) Committee

The WRP Committee met on 18 March 2026. Twenty-seven attendees were present and 258 cases were ratified following submission to the Learning Advisory Panel, with reimbursement totalling £11.5 million and six penalties authorised.

The WRP Committee received updates on the financial position and assurance programme, which continues to support improved forecasting, financial management and organisational learning across NHS Wales. Clinical negligence costs continue to rise, with increasing volumes of high-value claims driving significant growth in provisions and contingent liabilities. The Month 3 financial position and forecast was noted, whilst recognising the ongoing financial risks associated with claim progression and settlement activity.

Members received updates on a range of improvement and learning initiatives, including the Digital Consent Pilot in Endoscopy, the National Endoscopy Programme guidance and the Intensive Support Programme for health boards. Positive progress was reported in strengthening patient consent processes,

supporting learning from events and improving consistency of assurance arrangements across NHS Wales organisations. The Committee approved continuation of the Intensive Support Programme.

Several governance and legal matters were considered, including approval of a new indemnity technical note for emergency response driving arrangements within WAST and the implications of the Townsend judgment regarding best interests decision-making for adults lacking capacity. Updates were also received on the WRP Assessment Programme, where one Health Board remains subject to intensive support following anticipated no assurance findings in concerns management.

The WRP Committee also noted the success of the Wales: Listening & Learning for Improvement Conference, approved the launch of a national Board Member survey as part of the Assurance and Engagement Programme, and received a further update on organisational learning and case management performance, including the application of penalties where required.

Finance

NWSSP is reporting a year-to-date surplus of £1.275 million as at Month 4,, primarily due to pay underspends linked to vacancies, recruitment challenges and delays in backfilling posts. Whilst this is a positive position, it is not a sustainable basis for the full-year forecast and further work is underway to review workforce plans, vacant posts and savings opportunities.

Key financial risks remain visible within the monitoring return and include unconfirmed income assumptions, emerging cost pressures, Radiopharmacy transitional costs, energy and fuel pressures, and implementation support for the Future Workforce Solution. Capital remains on target within the Capital Expenditure Limit (CEL), with the remaining discretionary allocation to be prioritised through the Capital Prioritisation Group.

The Welsh Risk Pool (WRP) remains the most material area of financial uncertainty, with Month 4 Delegated Expenditure Limit (DEL) expenditure higher than the same point last year and the latest forecast indicating a minimum resource requirement of £244.117 million. Updated risk share percentages and a further forecast update will be reported through the established WRP governance route.

A detailed Finance Report update is included on the Committee agenda.

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

<u>South East Radiopharmacy</u>
Construction of the South East Radiopharmacy facility is complete, with all equipment successfully installed. Qualification activities and NWSSP commissioning remain underway, with increasing focus on system validation and operational readiness. Following a delay caused by variable pressures on site, which was resolved in July 2026, the Radiopharmacy continues to work towards Medicines and Healthcare products Regulatory Agency (MHRA) licensing, with an anticipated go live date of September/October 2026. Communication continues with stakeholders to ensure they are informed of timescales.

South East Hub

Significant progress has been made in relation to the South East Hub Full Business Case (FBC). Following circulation of the FBC, supported by a comprehensive Estates Annex and Frequently Asked Questions (FAQs), the case successfully navigated each of the South East organisations' respective governance processes.

The FBC was approved by all relevant Health Board and Trust Public Boards and was formally submitted to Welsh Government for consideration on 4 August 2026. This represents a major milestone for the programme and marks the culmination of an extensive engagement and approval process involving stakeholders across the region.

Work continues to progress during the period of scrutiny, with two decommissioning workshops undertaken and further scheduled for the coming weeks, to ensure plans are developed collaboratively and at pace.

South West Hub

Engagement sessions continue to provide valuable insight into current operating models and future workforce requirements, helping to inform programme development. A key milestone has also been achieved with the Product Target Operating Model (TOM) formally accepted, providing a clear framework for future service delivery and supporting the development of the next phase of business case activity. Work also continues in relation to site selection and due diligence activity.

North Hub

The approval of the Product Target Operating Model (TOM) also provides greater clarity regarding future production and service requirements within North Wales. During the reporting period, an on-site visit to Glan Clwyd Hospital was undertaken to support consideration of future Radiopharmacy requirements and opportunities within the proposed model. Engagement with BCUHB continues to support baseline development, service mapping activity and future business case planning.

Digital

The TrAMS digital project remains rated green, with preparatory activities continuing to ensure readiness for mobilisation, subject to confirmation of funding approval. Close alignment continues between the Digital, Workforce and Hub workstreams to support the delivery of an integrated and sustainable service model.

Overall Position

The programme continues to demonstrate strong progress across all workstreams. The submission of the South-East Hub FBC to Welsh Government for scrutiny represents a significant milestone, whilst the programme simultaneously maintains focus on ensuring operational readiness across Radiopharmacy and Hub services.

The principal risks for the TrAMS programme remain the successful completion of regulatory, commissioning and operational readiness activity; the timely conclusion of Welsh Government scrutiny of the South East Hub FBC; and continued alignment across estates, workforce, digital and service transition plans. These risks are being managed through established programme governance, active engagement with affected organisations and continued reporting through the relevant regional and national forums.

Future Workforce Solution

The programme remains a significant national transformation programme, replacing the current Electronic Staff Record (ESR) system with a modern cloud-based platform to support the full employee lifecycle. During August, the NHS Business Services Authority (NHSBSA) confirmed the branding for the new solution as PorthPoblGIGCymru / NHSWalesPeoplePortal.

Responsibility for running the current NHS ESR service transferred from IBM to Infosys on 1 September 2026, including the TUPE transfer of key IBM staff to support continuity of service. Overall programme implementation remains on track for completion by December 2030; however, following NHSBSA replanning in June 2026, the Early Adopter phase has been extended, with Early Adopter organisations now scheduled to go live in February 2028.

Global design development Phase 1 was completed in August 2026, with Infosys now working with Early Adopter organisations to test and refine the first global design template and develop Global Template Design 2 by December 2026. Early Adopter organisations have completed Stage Gate 1 and entered Stage Gate 2, with foundational readiness activity progressing as planned and regular check-ins scheduled to support delivery. End-user test volunteers have also been identified across NHS Wales organisations.

Full NHS Wales adoption remains planned through two primary deployment clusters, with foundational readiness expected to commence in October 2027 for Cluster 1 and April 2028 for Cluster 2. Discussions with organisations will take place over the coming weeks to review proposed implementation timelines and consider any exceptions that may affect deployment scheduling.

The funding model for future years remains subject to further consideration. A paper is due to be presented to the Health, Care and Prevention Group's Executive Director Team in September, followed by ministerial advice to the Cabinet Minister, anticipated in October 2026. Following the July 2026 programme review, NHSBSA is also realigning programme costs to reflect revised delivery timescales, with a further update expected for the Committee in November 2026.

Initial recruitment to the central delivery team has commenced, with interviews due to conclude by 23 September 2026. NWSSP has also submitted a case to NHSBSA for additional payroll and recruitment resources, reflecting the requirements associated with its role as a Strategic Shared Service Delivery Partner. Benefits realisation work is progressing, although full benefits cannot be quantified until the Global Design phase is complete and the confirmed functionality is known. Benefit consultation meetings are due to commence on 1 October 2026. A detailed programme update is included elsewhere on the Committee agenda.

The key dependencies for NWSSP are the confirmation of the future funding model, the availability of sufficient central and local implementation capacity, timely completion of global design activity and clarity on the functionality that will be available to support benefits realisation. These areas will be kept under close review given NWSSP's role as a Strategic Shared Service Delivery Partner and the potential operational impact across payroll, recruitment and workforce services.

Implementation of the New Resident Doctors Contract in Wales

Phase 1 of the Wales Resident Doctor Contract Reform Programme has now moved into a stable post-implementation phase. Core systems are live across Health Boards and Trusts, onboarding is complete, Electronic Staff Record (ESR) and payroll configuration is operational, and all Guardians of Safe and Flexible Working are in post.

The Implementation Board met on 13 August 2026 and confirmed that the programme is operating effectively following go-live. Strengthened collaboration with RLDatix is also supporting more consistent rota submissions.

While the core contract arrangements are now embedded for the first tranche of Resident Doctors, a small number of refinement and assurance actions remain. These include finalising documentation, completing ESR and e-rostering alignment, and ensuring consistent rota assurance across organisations. Lessons learned and forward planning sessions are being scheduled to conclude these actions and support full stabilisation across NHS Wales. Further cohorts are due to transition to the new contract in August 2027.

NWSSP would like to recognise the hard work and co-operation that has been invested by individual Health Board teams collaborating with NWSSP, HEIW and NHS Wales Employers to achieve a successful launch.

The focus over the next reporting period will be to complete the remaining stabilisation actions, capture lessons learned from Phase 1 and confirm the planning requirements for the August 2027 cohort. Continued national coordination will be important to maintain consistency across organisations and to ensure that any residual ESR, payroll, rota or documentation issues are resolved before the next implementation phase.

Primary Care Services and Medical Examiner Service

Primary Care Services and the Medical Examiner Service remain operationally stable and continue to deliver against a broad portfolio of national priorities. Both services have maintained a strong focus on governance, assurance, workforce sustainability, digital enablement and service improvement. Significant activity has included progression of national digital programmes, delivery of statutory responsibilities and development of evidence-based service improvements to support quality, safety and resilience across NHS Wales.

In relation to the Medical Examiner Service, following confirmation from Medical Directors across NHS Wales, Foundation Year 1 (F1) Doctors are now able to complete and sign Medical Certificates of Cause of Death (MCCDs). The change aligns with updated national arrangements and is expected to support more timely completion of certification processes, improve patient and family experience by reducing delays, and provide additional flexibility and resilience within clinical teams, whilst maintaining appropriate supervision and governance arrangements.

Laundry Service

Greenvale Laundry Production Unit (LPU) has achieved accreditation to BS EN 14065, the British and European standard for laundry-processed textiles and biocontamination control systems. This is an important assurance milestone for the service, demonstrating that robust Risk Analysis and Biocontamination Control (RABC) arrangements are in place to support the safe processing of textiles used in sensitive environments, including healthcare. Greenvale now joins the Swansea and North Wales LPUs, which have also achieved accreditation. The assessment for Church Village is scheduled to take place in October 2026, supporting the continued roll-out of consistent quality and biocontamination control standards across the Laundry Service.

The Service has also secured additional capital funding through the Estates Backlog Maintenance Fund to replace the salt tank at the North Wales LPU. The existing tank has been in place since the unit was built and is now in poor condition. Its replacement will support the ongoing reliability of the water treatment process by maintaining the required pH levels, helping to reduce scaling within internal pipework and protect the longevity and resilience of the facility's infrastructure.

Decarbonisation and Adaptation

The roof replacement scheme at IP5 is virtually complete and, following completion of the snagging process, it is anticipated that the scaffold will be removed during the week of 7 September 2026.

Engineers have been commissioned to determine the optimal level of investment in roof-mounted photovoltaic (PV) infrastructure to reflect the new loads being introduced through the Radiopharmacy and South-East TrAMS schemes. They will then work with us to secure bids and submit a case to Welsh Government for funding.

In relation to the updated Strategic Delivery Plan for Decarbonisation (November 2025), work continues to discharge tasks at an organisational level and tasks where we are leading for NHS Wales. Examples of work at a national level include development of guidance for developing net zero estate projects under the value of £20m (published last month, and now being examined by NHS England with a view to adopting it as well), and development of an NHS Wales Waste Strategy (due for publication in late September 2026).

Our decarbonisation and adaptation workstreams have now effectively merged and we are working to develop a Climate Response Plan to set out our proposed activities between now and 2030. We aim to complete this during October, in readiness for approval by the SSPC at the November meeting.

Extreme Weather Conditions

NWSSP's review of the recent severe weather response provides positive assurance that services were appropriately prepared and responded effectively, with existing business continuity arrangements largely supporting continued service delivery through proactive communications, flexible working and local mitigation measures.

The debrief, undertaken in line with Welsh Government emergency planning expectations and ISO 22301 (the international standard for business continuity management) principles, identified established good practice as well as areas for further strengthening, particularly around infrastructure resilience, cooling and server facilities, and mapping of critical service dependencies. The findings support continued focus on progressing improvement actions and managing any residual risks through local plans and risk management arrangements.

COVID-19 UK Public Inquiry Module 5

The COVID-19 UK Public Inquiry Module 5 report on Procurement and Personal Protective Equipment (PPE), published on 14 July 2026, was broadly positive in relation to the centralised Welsh procurement model and NWSSP's role during the pandemic, particularly when compared with the more fragmented arrangements reported in England. The report recognised a number of strengths in Wales, including the benefits of centralised procurement, the rapid scaling of distribution arrangements and the absence of a VIP lane, while also making 11 recommendations and identifying areas for further work across the wider procurement and PPE system.

The recommendations cover issues including the resilience of stockpile arrangements at the outset of the pandemic, future replenishment arrangements across the United Kingdom and Wales, the extent to which social care should be incorporated into future stockpile planning, inventory management and visibility of locally held stock across Health Boards and social care providers, and continued transparency in relation to contract publication. No direct actions for NWSSP have been identified at this stage; however, further discussions will take place with Welsh Government on the implications of the recommendations, including the potential inclusion of social care in future stockpile arrangements, with a further report to be brought back to the Committee once the wider implications for Wales are clearer.

Counter Fraud / Fighting Fraud Strategy 2026–2030

NHS Wales Counter Fraud Steering Group published its Fighting Fraud Strategy 2026–2030 in July 2026, setting out the continued commitment to protecting NHS Wales resources through prevention, detection, investigation and organisational learning. The strategy provides an important framework for strengthening counter fraud awareness, supporting consistent practice across NHS Wales and ensuring that fraud risks continue to be managed proactively and transparently. This remains an important area of assurance, particularly given the continuing financial pressures across the NHS. The strategy reinforces NWSSP's role in supporting a robust control environment, promoting a zero-tolerance approach to fraud and maintaining public confidence in the stewardship of public funds.

Wider Engagement and System Leadership

Over the reporting period, I have continued to represent NWSSP across a range of national, partnership and programme forums, ensuring that our role, contribution and key risks remain visible within wider NHS Wales discussions. This has included ongoing engagement through the TrAMS Touchpoint meeting on 16 July, attendance at the Armed Forces Silver Award Ceremony on 17 July, an Exec to Exec

meeting between Health Education and Improvement Wales (HEIW) and NWSSP on 22 July, and participation in the Community by Design Reference and Advisory Group on 23 July. These meetings provided further opportunities to strengthen relationships, support system alignment and reinforce NWSSP's contribution to partnership working and transformation across NHS Wales.

I have also participated in key senior leadership, programme and governance meetings directly relevant to the matters set out in this report, including the NHS Wales Leadership Board on 25 August, the Chief Executive Management Team meeting on 4 August 2026, the induction meeting with Dr Sue Barnes, the incoming Chair of the Shared Services Partnership Committee, on 5 August 2026, a meeting with Nick Woods, Deputy NHS Wales Chief Executive, on 30 July 2026, and a Quarterly Update meeting with the Director General and NHS Wales Chief Executive on 28 August 2026. These discussions supported continued oversight of major programmes, strengthened senior-level engagement and ensured that NWSSP remains well positioned to influence national decision-making, committee effectiveness and future partnership priorities.

This wider engagement remains an important part of NWSSP's leadership role. It ensures that operational issues, financial risks, workforce implications and programme dependencies are considered in the appropriate all-Wales forums, while also enabling NWSSP to continue to build constructive relationships with Welsh Government, NHS Wales organisations, partner bodies and external stakeholders. It also provides an important route for escalating issues, testing emerging risks and ensuring that NWSSP's contribution is visible in system-level decision-making.

Overall, the report provides positive assurance on NWSSP's continued delivery, partnership contribution and programme progress, while also recognising the scale of the agenda being managed across the organisation. The key areas for continued oversight are governance implementation, financial sustainability, Welsh Risk Pool exposure, delivery of major national programmes, and the resilience of services and infrastructure in response to operational and climate-related pressures. I will continue to keep the Committee updated on progress, risks and any matters requiring escalation.

Neil Frow OBE
Managing Director, NWSSP
September 2026

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is <u>not exempt</u>

Teitl yr Adroddiad / Title of Report:

NWSSP Fleet Modernisation Programme Annual Business Justification Case 2026-27

Arweinydd / Lead:	Tony Chatfield, Head of NHS Wales Supply Chain, Logistics & Transport
Awdur / Author:	Daniel Sinderby, Project Manager, 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:

This paper seeks APPROVAL for the Year 2 Business Justification Case and associated capital funding of £1.290m, excluding VAT, to replace 22 fleet vehicles by 31 March 2028.

Llywodraethu / Governance:

Amcanion / Objectives:	To replace ageing and high-cost vehicles with a mix of (Battery Electric Vehicles (BEVs) and Plug-in Hybrid Vehicles (PHEVs) and demonstrate alignment with decarbonisation, operational resilience, value for money, procurement, governance and benefits realisation requirements.
Tystiolaeth / Supporting evidence:	• NWSSP IMTP 2026-2029, approved in January 2026. • Year 1 Business Justification Case approved in July 2025. • Programme Business Case approved in November 2025.

Ymgynghoriad / Consultation:

- Fleet Modernisation Programme Board
- NWSSP Director of Finance and Corporate Services
- NWSSP Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services
- Formal Senior Leadership Group

Adduned y Pwyllgor / Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to APPROVE the Year 2 Business Justification Case and associated capital funding of £1.290m, excluding VAT, 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 Supply Chain Logistics and Transport.
Risg a Aswiriant/ Risk and Assurance:	Assessed, monitored and managed within the project, in line with PRINCE2 best practice.
Dyletswydd Ansawdd/Duty of Quality:	As outlined within the Business Justification Case, the project aligns with multiple Duty of Quality domains and enablers.
Gweithlu/ Workforce:	Improved driver safety and wellbeing.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

FLEET MODERNISATION PROGRAMME ANNUAL BUSINESS JUSTIFICATION CASE 2026-27

1. INTRODUCTION

The Fleet Modernisation Programme has been established to achieve a 10-year vision through two sequential five-year programmes. Annual Business Justification Cases will be developed enabling the replacement of ageing and uneconomical vehicles to deliver outcomes which reduce carbon emissions and annual revenue costs through the adoption of Battery Electric Vehicles (BEVs) and Ultra Low Emission Vehicles (ULEV) wherever practicable.

This Business Justification Case (BJC) is the second of five cases to be submitted to Welsh Government under the Fleet Modernisation Programme within NHS Wales Shared Services Partnership (NWSSP). This paper requests the second-year Capital funding requirements for the replacement of vehicles as outlined in the Fleet Modernisation Programme Business Case (PBC), submitted to Welsh Government on 1 December 2025.

2. SITUATION

The proposal seeks approval of the BJC which requests capital funding of £1.290m (excluding VAT) from Welsh Government to procure, convert and mobilise 22 vehicles by 31 March 2028. The proposed replacement fleet consists of 5 Battery Electric Vehicles (BEVs) and 17 Plug-in Hybrid Electric Vehicles (PHEVs) enabling the programme to continue delivering operational, financial and decarbonisation benefits while maintaining service continuity across Wales.

The current fleet includes a range of operational vehicle types, including standard vans, dual liner vans, temperature-controlled vehicles, specialist conversions, emergency rapid response vehicles and heavy goods vehicles. These vehicles support a broad range of Health Courier Service requirements, including the movement of pathology samples, blood products, pharmaceuticals, medical equipment and other essential healthcare items.

This BJC follows the approved Year 1 BJC aligning to the PBC, through which 19 BEVs were procured and 27 vehicles identified for decommissioning, including vehicles classed as Beyond Economical Repair (BER) or Vehicle Off Road (VOR). The service now operates a fleet of 288 vehicles, comprising 188 owned and 100 leased vehicles, with an average age of 7 years and annual maintenance costs of approximately £0.460m. Although the fleet has begun to modernise, a number of older vehicles continue to generate high maintenance costs, increased downtime and reduced operational resilience, creating a clear business need to continue the planned annual replacement cycle.

The proposed investment will help reduce carbon emissions, improve operational resilience, lower running costs and support the continued transition towards a predominantly Battery Electric Vehicle and Ultra Low Emission Vehicle fleet, in line with the NHS Wales Decarbonisation Strategic Delivery Plan and Welsh Government's Net Zero Strategic Plan.

3. BACKGROUND

The Health Courier Service provides vital logistical support to frontline NHS services across Wales, including hospitals, clinics, GP practices, pharmacies, schools and immunisation programmes, operating where required on a 24-hour, 365-day basis.

The Fleet Modernisation Programme was established to support the replacement of ageing fleet assets through annual BJCs, allowing investment decisions to remain aligned with service requirements, available technology, infrastructure capacity and wider national decarbonisation priorities.

Replacement decisions have been informed by a fleet replacement profiling process, considering factors such as vehicle age, net book value, mileage, maintenance costs, condition assessment scores and emissions standards. This supports an evidence-based approach, ensuring that vehicles are replaced where they are no longer fit for purpose or represent poor value for money.

4. ASSESSMENT

Five options were assessed within the BJC, ranging from a “Do Nothing” option through to a “Do Maximum” replacement option. The lower-cost options (1 & 2) reduced immediate capital expenditure but did not adequately address vehicle reliability, maintenance costs, operational resilience or decarbonisation requirements as they focus primarily on the Beyond Economical Repair vehicles and only meet some of the fleet replacement profile criteria.

Higher replacement options (3, 4 & 5) delivered greater fleet modernisation and emissions reductions but required significantly higher investment, with the Do Maximum exceeding Programme cost tolerance for the financial year. These options were also considered disproportionate to current operational requirements and infrastructure capacity, therefore option 3 was identified as the preferred way forward. It provides the most balanced approach between affordability, benefits and risk, targeting the highest-priority vehicles whilst maintaining operational resilience and supporting decarbonisation objectives by replacing vehicles that are Beyond Economical Repair, over 9 years old, in poor condition and/or generating high maintenance costs or mileage.

Option 3 requires £1.290m excluding VAT and will replace 22 vehicles. This option is considered proportionate because it targets the least reliable and most expensive vehicles within the fleet, supports reduced maintenance costs, improves reliability, contributes to reduced emissions and smooths the overall age profile of the fleet without compromising service delivery.

The proposed vehicle mix of BEVs and Plug-in Hybrid Electric Vehicles (PHEVs) reflects current operational requirements and infrastructure constraints. The BJC identifies that a full BEVs transition is not currently suitable for all Health Courier Service routes due to mileage, charging availability, operational range, rural and remote service coverage, emergency requirements and the need to maintain continuity of patient-critical services.

The expected benefits include compliance with the NHS Wales Decarbonisation Strategic Delivery Plan and Welsh Government’s Net Zero Strategic Plan, a reduction of CO2 emissions, reduced vehicle downtime, annual fuel cost and scheduled maintenance costs reductions by 31 March 2028.

5. GOVERNANCE AND RISK ISSUES

Governance and Best Practice

The Business Justification Case will follow the following governance route to overall approval:

- Approved by Programme Board
- Approved by NWSSP Director of Finance and Corporate Services and NWSSP Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services

- Noted by NWSSP Senior Leadership Group - 27 August 2026
- Approved by NWSSP Managing Director and SSPC Chair
- Approval by Shared Services Partnership Committee - 15 September 2026
- Approval by Velindre Trust Board - 24 September 2026
- Approval by Welsh Government

To ensure timely delivery of the 2026/27 fleet replacement vehicles, a project plan has been developed in line with PRINCE2 best practice. Milestones for Year Two are to be delivered by 31 March 2028 and have been broken down as follows:

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

Any changes to previously approved aspects of the BJC will be managed through the governance and change management arrangements.

Benefits Realisation

Benefits have been captured within the project's benefits log, benefits realisation plan and benefits map. Cash releasing benefits have been quantified and approved by NWSSP Finance.

Heading	Benefit Type	Benefit
Decarbonisation	Qualitative	Compliance with the NHS Wales Decarbonisation Strategic Delivery Plan, Transportation initiatives and aligning with the Welsh Government's Net Zero Strategic Plan.
	Quantifiable	To achieve a reduction of approximately 2865 grams per kilometre of Co2 emissions by 31 March 2028.
Operational	Non-cash releasing	To reduce the total vehicle downtime by approximately 2900 days.
	Cash releasing	To reduce annual fuel costs by approximately £46k.
	Cash releasing	To reduce annual scheduled maintenance costs by approximately £3k.
Socio-economic	Quantifiable	Reduce noise pollution by between 4 and 10 decibels per slow moving vehicle.

	Qualitative	Improve air quality in congested areas and in and around hospitals and depots.
	Qualitative	Improve driver safety, the monitoring of driver behaviours and a reduction in accidents.
	Cash releasing	Reduced percentage of leased vehicles within the fleet.

The total cash releasing benefits to be realised by 31 March 2028 are £49k.

Risks

Risks and issues will be overseen by the Project Manager and Programme Team whilst being recorded within the programme Risks, Actions, Issues and Decisions (RAID) log. Risks and issues will be managed in line with the NWSSP risk protocol at project level and reported to Programme Board by exception, however any risksPRINCE/issues that had direct impact to the delivery of the Programme will be escalated and recorded within the Programme Risk Register/Issues log.

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, compromising service delivery. This risks the decarbonisation strategy as being undeliverable unless larger requests for capital are authorised at later stages of the programme.
	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 BEVs/ULEV to maximise reductions in carbon emissions while the market catches up.
	Crown Commercial Discounts changes, or conversion costs	High	Explore alternative suppliers or reduce number of vehicles

	increase adjusting indicative costing.		procured within guidelines.
	Programme slippage	Medium	Milestones defined in BJC and managed via PRINCE2 methodology
	If vehicles are not delivered on time, arrive with defects, or procurement lead times increase due to supply chain constraints, then delivery milestones and operational targets will slip, resulting in underperformance against targets, reduced financial savings, increased maintenance of ageing assets, additional resource required to resolve issues, increased vehicle hire, and higher likelihood of breakdowns.	Medium	Maintain close communication with the supplier to ensure alignment on contract terms, support timely governance processes, and enable delivery against an agreed schedule, with implementation supported through phased deliveries and commissioning.
	If vehicle, battery, or infrastructure costs increase due to market volatility, funding uncertainty, or delays in financial approvals, then planned procurement and delivery activity may need to be reduced or rescheduled, resulting in affordability challenges, budget pressure, scope reduction, delayed benefits realisation, and potential programme rescoping	Medium	Focus on ongoing monitoring of the market, effective cost and contract management, and regular reviews of requirements over time.

	Cyber-attack on external infrastructure payment system.	Medium	Escalate and resolve with appropriate governance. Install non-smart chargers.
	OCP Costs to transfer staff bases	Medium	Due to the replacement of vehicles, a cost may emerge to OCP staff to IP5 due to the purchase of 5 BEVs. 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.
	If the existing EV charging infrastructure remains inadequate due to charging capacity limitations (including reliance on 7kW chargers that require vehicles to remain connected overnight) and the current Pod Point network operates without a maintenance and support contract, then charging assets may become unavailable, unreliable or insufficient to support operational demand, resulting in vehicle downtime, reduced fleet availability, disruption to service delivery, and a lack of stakeholder confidence in the charging infrastructure supporting fleet electrification.	Medium	Transition from older Pod EV charger sites to newer Fuse sites, agreeing a standard operating procedure (SOP) for charger usage and maintenance, developing a clear understanding of fleet locations and requirements, and ensuring contingency through offsite charging using fuel cards in emergency situations.

	If electric vehicle performance is reduced due to cold weather, high auxiliary power usage, or limited charging availability, then vehicle range may be insufficient to complete planned schedules, resulting in loss of driver confidence, increased anxiety, incomplete routes, patient service impact, reputational damage, and reduced acceptance of EVs.	Medium	Driver training, effective route planning, use of evidence-based learning, and implementation of a robust trial period to ensure suitability and continuous improvement.
	If EV components, maintenance capability, or after-sales support for specific electric vehicle models is limited, then vehicles may be unavailable for extended periods, resulting in increased Vehicle Off Road (VOR) time, operational disruption, increased rental or replacement vehicle costs, and additional pressure on local management teams.	Medium	Ongoing monitoring of maintenance support while recognising reliance on the supplier network, alongside acknowledging that this remains an area of uncertainty at present.
	If staff are resistant to change, including the operation of electric vehicles, range anxiety, or relocation requirements, then organisational change processes may be required, resulting in reduced morale, workforce tension,	Medium	Ongoing monitoring of staff morale, staff training, and evidence-based learning, supported by regular briefings and ensuring that infrastructure is effectively managed.

	grievances, redeployment activity, loss of staff, increased sickness absence, lengthy recruitment exercises, and additional costs such as protected pay and travel.		
	If the number of keyless-entry enabled vehicles increases without appropriate security controls, then the risk of unauthorised access, key cloning, and vehicle or consignment theft will increase, resulting in adverse incidents, unlawful activity, reputational damage, increased insurance premiums, and additional costs to replace vehicles or lost consignments.	Medium	Ensure robust security procedures, supported by staff training, the use of tracking systems, and appropriate insurance to safeguard assets.

In addition to the main risks identified, it is important to recognise the constraints that may influence the delivery and outcomes of the project.

6. CONCLUSION

The Fleet Modernisation Programme has successfully completed the delivery of the Year 1 BJC, with 19 Battery Electric Vehicles procured and 27 vehicles identified for decommissioning.

The report demonstrates the need to continue modernising the fleet to improve operational resilience, reduce maintenance and fuel costs, and support NHS Wales and Welsh Government decarbonisation objectives. Option 3 is recommended as the preferred and most proportionate approach, balancing affordability, benefits and risk, whilst recognising current charging infrastructure constraints and operational requirements.

Key risks relating to funding approval, vehicle availability, procurement and delivery timescales, charging infrastructure capacity and workforce adoption have been identified, with appropriate mitigations in place through established programme governance and risk management arrangements. The Year 2 BJC seeks approval for

capital funding of £1.290m, excluding VAT, to replace 22 fleet vehicles by 31 March 2028. It sets out the case for the recommended option, which proposes a mix of BEVs and PHEVs, confirms alignment with decarbonisation and operational priorities, and provides assurance on procurement, affordability, delivery and benefits realisation.

7. RECOMMENDATION

The Committee is asked to APPROVE the Year 2 Business Justification Case and associated request for capital funding of £1.290m, excluding VAT, prior to submission to Velindre Trust Board and Welsh Government.

Business Justification Case
Project - Fleet Modernisation Plan 2026/27

Capital Investment/Purchase Request

NWSSP

Supply Chain Logistics and Transport

Project Team:

SRO/Project Executive:	Jonathan Irvine / Tony Chatfield
Project Manager:	Daniel Sinderby
Programme Manager:	Tim Knight
Finance Business Partner:	Claire Watkins
Procurement Lead:	Ian Emptage
Service Director:	Jonathan Irvine

Governance Route:

	Name	Signature	Date
Prepared by:	Harvey Simmonds Daniel Sinderby	H Simmonds D Sinderby	10/07/2026
Reviewed by:	Tim Knight	T Knight	21/07/2026
Approved by:	Programme Board	J Irvine T Chatfield P Board	28/07/2026
Approved by:	Alison Ramsey	A Ramsey	07/08/2026
Noted by:	Formal Senior Leadership Group (SLG)		27/08/2026
Approved by:	Neil Frow		01/09/2026
Approved by:	Shared Services Partnership Committee		15/09/2026
Approved by:	Velindre Trust Board		24/09/2026

Contents

List of tables:

INTRODUCTION

This Business Justification Case (BJC) is the second of five to be submitted under the Fleet Modernisation Programme within NHS Wales Shared Services Partnership (NWSSP), requesting the second-year Capital funding requirements for the replacement of vehicles as outlined in the Fleet Modernisation Programme Business Case (PBC) submitted to Welsh Government on the 01 December 2025.

The BJC recommends option 3 from the shortlist, requesting £1.290m (excluding VAT) to procure, convert and mobilise 22 vehicles, consisting of a mixture of 5 Battery Electric Vehicles (BEVs) and 17 Plug-in Hybrid Electric Vehicles (PHEVs), by the 31st March 2028 to realise the substantial benefits identified.

NWSSP continues to support the statutory Health Boards and NHS Trusts in Wales, so that they may in turn, focus on more effective local delivery of front-line services. NHS Wales Supply Chain and Logistics and Transport (SCLT) forms part of the Procurement Services Division within NWSSP.

Within SCLT, the NHS Wales Health Courier Service (HCS) supports front line services across Wales, operating where required 24 hours a day, 365 days a year providing vital logistical support services for Primary and Unscheduled Care in Hospitals, Clinics, Surgeries, GP Practices, Pharmacies, Schools (Immunisation programmes) etc.

Following on from the approval of the initial project business justification case for year one of the Fleet Modernisation Programme, the service now operates a fleet of 288 vehicles, down from 306 in the previous financial year, consisting of 188 owned and 100 leased vehicles, with an average age of 7 years and an annual maintenance cost of £0.460m.

There is opportunity to continue to mitigate part of these costs, whilst reducing carbon emissions and increasing operational resilience. This can be achieved through the mobilisation of the vehicles requested, replacing 22 of the older higher carbon emission vehicles would allow for the realisation of multiple cash releasing benefits outlined within this BJC whilst also supporting the NHS Wales Decarbonisation Strategic Delivery Plan.

To support the realisation of these benefits and the Fleet Modernisation Programme's vision to have a predominantly Battery Electric Vehicle (BEV) and Ultra Low Emissions Vehicle (ULEV) fleet, together with the supporting charging infrastructure, and that meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan wherever practicably possible, annual BJCs will continue to be submitted to Welsh Government over the lifecycle of the programme. These objectives will also play a part in

delivering on Welsh Government's Net Zero Strategic Plan for 2030, and the submission of continued annual BJCs will ensure that the benefits realisation of the remaining 8 years of the Programme's vision remains aligned with wider national priorities. This approach will continue to allow for the effective optimisation of fleet vehicles whilst considering emerging technologies in a rapidly changing space and ensuring that the preferred options offer value for money.

1. THE CASE FOR CHANGE

2.1 Spending Objectives

Table 1: The project's spending objectives align to the following drivers for intervention

Driver	Spending Objective
Effectiveness	SO1: to improve the quality of public services by delivering better social outcomes, new policy initiatives, whilst achieving operational targets.
Efficiency	SO2: to improve the delivery of public services by investing in modern vehicles, resulting in a more robust fleet and reducing annual revenue costs (fuel and maintenance).
Economy	SO3: to improve the use of government funding by spending on innovative technologies, sharing the Fleet equitably across Wales and providing local employment for the economy through the potential for local conversion and routine vehicle maintenance.
Compliance	SO4: 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	SO5: to ensure business continuity via the re-procurement of assets in line with the current fleet capacity and procurement guidelines whilst demonstrating economical sustainability.
Decarbonisation	SO6: To reduce NHS Wales's carbon emissions investing in ultra-low emissions vehicles (ULEV) and battery electric vehicles (BEV).

2.2 Existing Arrangements

Capital expenditure from the Programme Business Case budget ensured that 19 BEVs could be procured within the first year of the Programme, alongside the decommissioning of 27 vehicles including some that were classed as Beyond Economical Repair (BER) or Vehicle Off Road (VOR). The deployment of these vehicles will also allow HCS to off hire 8 leased vehicles, reducing the size of the fleet without compromising the quality of the service. At the time of writing, the BER vehicles will have been disposed of at auction and the 8 leases will have been terminated by the 31 March 2027.

The fleet currently comprises of a range of vehicles including:

· Standard Van – Small/Medium/Large Wheelbase (SWB/MWB/LWB)
· Dual Liner Van (Passenger Capable)
· Standard Van – Small/Medium/Large (SWB/MWB/LWB with Temperature Controlled enablement)
· Luton Van with Tail Lift
· Specialist Vehicle Conversion (e.g. Pharmacy, Waste Services, Hermetically Sealed)
· Emergency Rapid Response Vehicles (Blue Light capable)
· HGV – Over 7.5t including 15t, 18t and 22t

Table 2: Recent years profile of vehicle purchases

Vehicle Type	2021/22	2022/23	2023/24	2024/25	2026/27	Total
MWB	30	0	0	17	17	64
LWB	3	0	0	0	0	3
Luton	1	0	0	0	0	1
HGV	0	0	0	0	0	0
Blue Light	5	0	0	0	0	5
Specialist	0	3	3	2	0	8
Total	39	3	3	19	17	81

Charging Infrastructure

Since 2021 HCS, has seen the introduction of Electric Fleet, to include Medium Wheelbase Vans. There are currently 49 EV/Hybrids (43 BEVs and 6 PHEVs) within the fleet representing 17%.

To enable the use of Battery Electric Vehicles (BEVs), NWSSP have installed a mix of Twin chargers and single bay chargers (81 parking spaces) across our national sites. These were procured in phases and in readiness for the future further adoption of BEVs, with the majority of the contract being awarded to Pod Point. The Pod Point EV chargers are provided with the accompanying software that records all usage data, which aids with managing the fleet locations. In addition to Pod Point, several chargers installed at IP5 Newport and Matrix House in Swansea, were procured through a separate supplier, Intelligent Charging Systems (ICS). To support the charging infrastructure and charging capacity, 110v shorelines have been installed at key sites including 14 at Matrix House and 4 at IP5.

Currently 43 spaces across NWSSP are being utilised for fleet operations resulting in 39 available bays remaining before further charging infrastructure will be required to accommodate the increased total of BEVs within the fleet. However, this figure represents a theoretical maximum capacity, as staff are not permanently based at IP5, Picketston or Nantgarw HQ, and all Matrix House bays are expected to be occupied from September 2026 when vehicles approved under the Year One BJC are introduced into service. Consequently, the practical availability of charging bays is lower than indicated and future infrastructure expansion will be required to support increased BEV utilisation.

Table 3: Existing number of NWSSP EV chargers and parking bays

Site	Units	Total Bays	BEV's on site	Available Bays	Year 1 Vehicles
ALDER HOUSE*	2	4	4	0	0
BRIDGEND STORES	2	4	3	0	0
CWMBRAN & DUPONT	2	4	6	-2	0
DENBIGH STORES	2	4	3	1	0
IP5 Newport	16	32	7	25	7
MATRIX HOUSE	10	20	9	11	9
PICKETSTON*	2	4	0	4	0
WESTPOINT	4	7	9	-2	0
HQ – NANTGARW*	1	2	0	2	0
VICTOR BASE	N/A*	N/A*	1	N/A*	0
BRONLLYS*	N/A*	N/A*	1	N/A*	0
Grand Total	41	81	43	39	16**

*Non HCS bases

**One vehicle at Bronllys relies on non-NWSSP EV charging infrastructure

Maintenance

HCS continues to operate a Planned Preventative Maintenance (PPM) scheme, reflective of that of Welsh Ambulance Services University NHS Trust (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 £1,825 per Internal Combustion Engine (ICE) vehicle or £1,169 per BEV.

The benefits of this PPM 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

HCS continue to utilise an Asset/Fleet Management System (FleetCheck) to monitor the lifecycle 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 information was used to establish those vehicles requiring to be decommissioned and will be essential when reviewing fleet optimisation as part of the wider programme.

Depreciation

Once procured the vehicle is depreciated on a straight line basis over the vehicle's useful economic life which is 7 years for both ICE & BEV vehicles. The wider 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.

2.3 Business Need

For NWSSP to continue 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 November 2025, HCS will need to further modernise the current fleet through the procurement of replacement vehicles that meet the future modern standard of zero emission Battery Electric Vehicles (BEV) and where that is not possible, Hybrid or Ultra-Low Emission Vehicles (ULEV) as a minimum, wherever practicably possible. Additionally, all ICE vehicles procured must meet the European (Euro) emissions standards, which set legally binding limits on exhaust pollutants. Since September 2015, this requires compliance with Euro 6 for all new petrol and diesel vehicles. Euro 6 significantly reduces harmful emissions, particularly nitrogen oxides (NOx), with limits of 0.08 g/km for diesel and 0.06 g/km for petrol vehicles, supporting improved air quality and public health outcomes. BEVs and ULEVs inherently mitigate these requirements due to their zero or significantly reduced tailpipe emissions. Vehicles older than 2016, that are Euro5 standard, can continue to be used so long as they continue to pass their MOT emissions analysis.

Following the procurement of 19 new BEVs and 27 decommissioned vehicles in the previous year, the fleet is still rightsized above requirements, with vehicle rotation used to allow for routine maintenance and servicing to be completed without impacting service delivery. Where vehicles are BER, this continues to have an impact on operational resilience and efficiency, reducing the ability to provide consistent fulfilment and increasing the required milage of the remainder of the fleet.

Under this BJC we are requesting the capital funding to procure 22 vehicles, including 7 as replacements for the Euro 5 standard, that are either BER or have higher than expected maintenance costs outlined above. These will need to be procured, converted and deployed by 31st March 2028.

As with the year one Business Justification Case, the Vehicles within the fleet have been subjected to a replacement profiling process (Appendix 1) to determine which vehicles require replacement. This process has been developed to safeguard the delivery of value and ensure that we are only replacing vehicles that are no longer fit for purpose or BER.

The vehicles have been suggested for replacement, both ICE and BEV, following the mentioned assessment that considers vehicle age, Net Book Value, mileage, annual maintenance costs, the internal condition assessment score, and the expected emissions standard.

Following the assessment, and prior to replacement, any vehicles that have been identified as no longer meeting the requirements of the local service provision need will be relocated to an alternative base where possible.

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.

If approved, new vehicles will be subject to vehicle conversion, which will typically include ply lining, camera installation, roof solar system, auxiliary battery system, sign writing. More costly conversions include the installation of ramps, winches and load locks or dual zone ambient fridges.

Additionally, vehicles will be fitted with the vehicle tracking system and linked to the fleet management system and logistics scheduling system, improving data availability for reporting and analytics on fleet utilisation and operating costs to support the use of data led decision making to improve the whole life cost. This will benefit the planning, management, and ongoing assessment of vehicle performance and will be utilised for fleet management oversight. With the improvement in this data, appropriate adjustments can be made to the operating schedules taking into consideration the newly available fleet whilst continuing to meet the demands of the services HCS provide.

Consideration was given to the inclusion of Transforming Access to Medicines (TrAMS) vehicles within this business case. It was determined that TrAMS vehicles are subject to separate funding arrangements and service agreements, therefore fall outside the scope of the programme's procurement and funding model. TrAMS vehicles require specialist conversions that differ from the standard vehicle specification therefore the requirement for those vehicles will be progressed through the TrAMs South East Hub Full Business Case, submitted to Welsh Government in August 2026. Progression within the TrAMS Programme and funding route will ensure that operational requirements and associated costs are appropriately managed.

Accounting for the existing BEVs within the fleet, there are currently 39 charging bays available overnight across HCS sites within Wales. To maximise potential benefit realisation, the existing ICE fleet will need to be relocated as required to help accommodate the new BEVs at the sites that have the available charging infrastructure.

If funding is approved, the new vehicles will be integrated into our current fleet and charging infrastructure, and there is no requirement, or subsequent request for capital funding in 2026/27, to develop our charging infrastructure as part of this BJC.

Overall, the investment will support the delivery of outcomes such as:

· Replacement of the fleet with the latest BEV Technology, which is compliant with the relevant decarbonisation agendas, such as the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan.
· The replacement of existing Euro5 vehicles that have exceeded their fleet maintenance lifecycle primarily with BEV or ULEV, increasing our operational efficiency and resilience whilst reducing our revenue costs.
· Improving vehicle utilisation and fleet optimisation through the capturing of information to support data led decision making.
· Improved employee wellbeing, retention, and recruitment, as we move towards higher levels of BEV/ULEV adoption.
· Increased workforce capabilities as NWSSP offer vehicle specific driver training to support adoption.
· Time based servicing and robust vehicle maintenance arrangements to safeguard vehicle operators whilst improving vehicle longevity and efficiency.
· Move to smaller and lighter vehicles where possible.

2.4 Risks

Table 4: Risks

	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, compromising service delivery. This risks the decarbonisation strategy as being undeliverable unless larger requests for capital are authorised at later stages of the programme.
	Market Forces mean suitable chassis or vehicle types are not	High	Review options to rotate fleet to optimise vehicle usage and allocate BEV/ULEV to maximise

	Risk Description	Risk Rating	Contingency
	available, whether it be through market development or worldwide supply chain issues		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.
	Budget overspend	Low	Vehicles procured with NWSSP via competitive tendering exercises.
	Programme slippage	Medium	Milestones defined in BJC and managed via Prince 2 methodology
	If vehicles are not delivered on time, arrive with defects, or procurement lead times increase due to supply chain constraints, then delivery milestones and operational targets will slip, resulting in underperformance against targets, reduced financial savings, increased maintenance of ageing assets, additional resource required to resolve	Medium	Maintain close communication with the supplier to ensure alignment on contract terms, support timely governance processes, and enable delivery against an agreed schedule, with implementation supported through phased deliveries and commissioning.

	Risk Description	Risk Rating	Contingency
	issues, increased vehicle hire, and higher likelihood of breakdowns.		
	Downtime during de-commissioning of motorised vehicle for EVs.	Low	Align decommissioning of motorised vehicles and onboarding of EVs timescales.
	If vehicle, battery, or infrastructure costs increase due to market volatility, funding uncertainty, or delays in financial approvals, then planned procurement and delivery activity may need to be reduced or rescheduled, resulting in affordability challenges, budget pressure, scope reduction, delayed benefits realisation, and potential programme rescoping	Medium	Focus on ongoing monitoring of the market, effective cost and contract management, and regular reviews of requirements over time.
Infrastructure	Internal infrastructure capacity.	Low	Relocate fleet across NWSSP's estate to maximise usage of the charging capacity. Manage BEV procurement in line with infrastructure capacity subject to staff buy in and consultation.

	Risk Description	Risk Rating	Contingency
	Cyber-attack on external infrastructure payment system.	Medium	Escalate and resolve with appropriate governance. Install non smart chargers.
	OCP Costs to transfer staff bases	Medium	Due to the replacement of vehicles, a cost may emerge to OCP staff to IP5 due to the purchase of 6 BEVs. 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.
	If the existing EV charging infrastructure remains inadequate due to charging capacity limitations (including reliance on 7kW chargers that require vehicles to remain connected overnight) and the current Pod Point network operates without a maintenance and support contract, then charging assets may become unavailable, unreliable or	Medium	Transition from older Pod EV charger sites to newer Fuse sites, agreeing a standard operating procedure (SOP) for charger usage and maintenance, developing a clear understanding of fleet locations and requirements, and ensuring contingency through offsite charging using fuel cards in emergency situations.

	Risk Description	Risk Rating	Contingency
	insufficient to support operational demand, resulting in vehicle downtime, reduced fleet availability, disruption to service delivery, and a lack of stakeholder confidence in the charging infrastructure supporting fleet electrification.		
	If electric vehicle performance is reduced due to cold weather, high auxiliary power usage, or limited charging availability, then vehicle range may be insufficient to complete planned schedules, resultin g in loss of driver confidence, increased anxiety, incomplete routes, patient service impact, reputational damage, and reduced acceptance of EVs.	Medium	Driver training, effective route planning, use of evidence-based learning, and implementation of a robust trial period to ensure suitability and continuous improvement.

	Risk Description	Risk Rating	Contingency
	If EV components, maintenance capability, or after-sales support for specific electric vehicle models is limited, then vehicles may be unavailable for extended periods, resulting in increased Vehicle Off Road (VOR) time, operational disruption, increased rental or replacement vehicle costs, and additional pressure on local management teams.	Medium	Ongoing monitoring of maintenance support while recognising reliance on the supplier network, alongside acknowledging that this remains an area of uncertainty at present.
	If staff are resistant to change, including the operation of electric vehicles, range anxiety, or relocation requirements, then organisational change processes may be required, resulting in reduced morale, workforce tension, grievances, redeployment activity, loss of	Medium	Ongoing monitoring of staff morale, staff training, and evidence-based learning, supported by regular briefings and ensuring that infrastructure is effectively managed.

	Risk Description	Risk Rating	Contingency
	staff, increased sickness absence, lengthy recruitment exercises, and additional costs such as protected pay and travel.		
	If the number of keyless entry enabled vehicles increases without appropriate security controls, then the risk of unauthorised access, key cloning, and vehicle or consignment theft will increase, resulting in adverse incidents, unlawful activity, reputational damage, increased insurance premiums, and additional costs to replace vehicles or lost consignments.	Medium	Ensure robust security procedures, supported by staff training, the use of tracking systems, and appropriate insurance to safeguard assets

2. Strategic alignment and Duty of Quality

The Fleet Modernisation forms part of the NWSSP Integrated Medium Term Plan 2026-29. It also aligns to the Duty of Quality and NWSSP Strategic Outcomes as follows.

3.1 NWSSP Strategic Outcomes and Duty of Quality alignment.

Table 5: NWSSP Strategic Outcomes and Duty of Quality (DoQ)

NWSSP Outcomes	Relatable DoQ Domains and Enablers	Fleet Modernisation Approach & Activity
Our Value - We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets	1 – Leadership 2 – Safe 6 – Effective 11 – Whole Systems Approach	A Fleet Replacement Profiling process has been developed to ensure vehicles are appropriately replaced with BEVs and ULEVs only.
Our Value - We will make bold investment decisions that drive transformation and add value	1 – Leadership 4 – Timely 7 – Information 11 – Whole Systems Approach	The development of the Fleet Replacement Profiling enables investment into transformation of the current fleet, improving value for money and vehicle longevity.
Our Value - We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.	8 – Efficient	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.
Our Value - We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.	2 – Safe 5 – Culture 6 – Effective 9 – Equitable	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.
Our Services - We will drive innovation, setting the standard	6 – Effective 2 – Safe 3 – Workforce 7 – Information	The development of the Fleet Replacement Profiling drives innovation within current

NWSSP Outcomes	Relatable DoQ Domains and Enablers	Fleet Modernisation Approach & Activity
for good practice, and enhance our processes through automation.		fleet management and the adoption of FleetCheck. The replacement 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

NWSSP Outcomes	Relatable DoQ Domains and Enablers	Fleet Modernisation Approach & Activity
		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.

3.2 All Wales Capital Plan (AWCP) Objectives

Table 6: AWCP Objectives

Fit with investment AWCP objectives	
Objective	Response
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.	The efficiency and reliability 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.
Objective 2: Support the shift in focus towards prevention by providing more integrated services, in convenient and accessible settings	A fit for purpose, right sized 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.

Fit with investment AWCP objectives	
Objective	Response
for the population to take more responsibility for their own health & wellbeing.	
Objective 3: Transform services through innovation, technology, and improved ways of working, to deliver more efficient processes to support resilience, improved experiences, and outcomes	The telematics, 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 led 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.
Objective 4: 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.	This acquisition 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. The new vehicles will reduce vehicle downtime 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.

3. OPTIONS ANALYSIS

4.1 Options Appraisal

Option 1: Do Nothing (Business as Usual)
Do not replace vehicles this financial year.

Total Costs excluding VAT:	£0.00
Advantages	Disadvantages
• Delay in upfront capital requirement • No capital spend for WG	• Increased servicing and maintenance costs • Reduced vehicle efficiency – increased running costs • Reduced vehicle reliability – increased off road time

	• Poor public perception (old, outdated, unreliable vehicles) • Negative impact on staff (old, outdated, unreliable vehicles) • Does not support the development of clinical operational models as required by Health Boards/Trusts • Increased Carbon Footprint & Co2 emissions • Will not meet NHS Wales Decarbonisation Strategic Delivery Plan • Will not be progressing towards Welsh Government's Net Zero Strategic Plan • Future year pressure on capital funding requirements
Conclusion: This option does not sufficiently meet the spending objectives as the service will continue to operate the current standard of vehicles within the fleet. Therefore, HCS will not be progressing towards the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan and will not be improving the efficiency of the fleet resulting in no reductions in the spend of public money. Doing nothing does not enable the benefits outlined specifically relating to reducing emissions, reducing fuel/maintenance costs or reducing the number of vehicles leased by NWSSP. This option raises risks associated with increasing maintenance costs as the fleet continues to age, increased carbon emissions due to growing inefficiencies and potential to increase vehicles downtime due to breakdowns.	

Option 2: Do Minimum
Replace only fleet vehicles beyond economic repair (BER) – 6 vehicles

Total Costs excluding VAT:	£335,603
Advantages	Disadvantages
• Improved fleet optimisation (efficient and economic)	• Limits number of vehicles to those BER • Does not take into consideration decarbonisation objectives, emissions.

• Able to respond to emerging technologies quickly • Supports the development of clinical operational models as required by Health Boards/Trusts • Meets Decarbonisation strategy	
Conclusion: As the minimum option for replacing the fleet, this starts to progress towards the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan. Replacing the BER vehicles, that are currently not on the road, takes initial steps towards improving the efficiency of the fleet as these vehicles will be replaced with operational lower emission vehicles. This option works towards the spending objectives of compliance, efficiency, effectiveness, replacement and decarbonisation and the benefits relating to reducing emissions, reducing fuel/maintenance costs and reducing the number of vehicles leased by NWSSP, reducing vehicles downtime and noise/air pollution by the utilisation of BEV and ULEV. The risks associated with this option include growing inefficiencies with the rest of the operational fleet.	

Option 3: Intermediate

Replace vehicles that are BER and those that are older than 9 years and in either poor condition and/or with high maintenance costs/mileage – 22 vehicles

Total Costs excluding VAT:	£1,290,478
Advantages	Disadvantages
• New vehicles meet Decarb strategy • Reduction in maintenance costs on older vehicles • Reduction in carbon emissions • Reduced cost per mile • Reduction in emissions at tailpipe for approximately	• High initial capital requirements to bring profile in line • Potentially constrained by current EV infrastructure on rural routes meaning some reliance on external charging infrastructure due to BEV range, hence the reliance on PHEVs for these schedules

500,000 miles per year/800,000 kilometres. • Improved telematics • Improved fleet optimisation • Reduced age profile of the fleet (efficient and economic) • Able to respond to emerging technologies quickly • Supports the development of clinical operational models as required by Health Boards/Trusts	• Potential skill gaps requiring training
Conclusion: The first intermediate option for replacing the fleet progresses towards the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan. Replacing the BER vehicles, some of which are not currently road worthy, improves the efficiency of the fleet as these vehicles will be replaced with operational vehicles that have reduced emissions. Taking this option forward not only replaces those vehicles that are BER but includes those that are not economically viable/efficient due to the poor condition and high maintenance costs. This option meets the spending objectives of compliance, efficiency, effectiveness, replacement and decarbonisation and the benefits relating to reducing emissions, reducing fuel/maintenance costs and reducing the number of vehicles leased by NWSSP, reducing the number of road traffic accidents, reducing vehicles downtime and noise/air pollution by the utilisation of ULEV and BEV. The risks associated with this option are the timescales to procure and convert the vehicles are constrained due to the increased number of vehicles and there is also a constraint with the current EV infrastructure capacity.	

Option 4: Intermediate

Replace BER and those older than 9 years and that are in poor condition and/or have high maintenance costs/milage, together with a selection of vehicles older than 8 years with extremely high maintenance costs last year. – 24 vehicles

Total Costs excluding VAT:	£1,428,450
Advantages	Disadvantages
• New vehicles meet Decarb strategy • Reduction in maintenance costs on older vehicles	• High initial capital requirements to bring profile in line • Charging Infrastructure development.

• Reduction in carbon emissions • Reduced cost per mile • Removing emissions at tailpipe for approximately one million miles per year • Improved telematics • Improved fleet optimisation • Reduced age profile of the fleet • Able to respond to emerging technologies quickly • Supports the development of clinical operational models as required by Health Boards/Trusts	• Potential skill gaps requiring training
Conclusion: The second intermediate option for replacing the fleet, continues to take steps towards the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan. Replacing the BER vehicles takes steps towards improving the efficiency of the fleet as these vehicles will be replaced with operational lower emission vehicles. This option works towards the spending objectives of compliance, efficiency, effectiveness, replacement and decarbonisation and the benefits relating to reducing emissions, reducing fuel/maintenance costs and reducing the number of vehicles leased by NWSSP, reducing vehicles downtime and noise/air pollution by the utilisation of ULEV and BEV. This is achieved by not only replacing those vehicles that are BER and at the end of the fleet replacement profile lifecycle, but also those older vehicles with higher maintenance costs than those of a similar age have been brought forward to reduce the current spend on maintenance. The risks associated with this option are high capital costs, charging capacity, timescales for procurement to contract award/deployment of converted vehicles and an increased change for the workforce.	

Option 5: Do Maximum

Replace all vehicles BER and those older than 8 years (in poor condition and/or high maintenance costs/milage) – 31 vehicles

Total Costs excluding VAT:	£1,846,092
Advantages	Disadvantages

• Fleet within current recommended maintenance lifecycle. • Able to respond to emerging technologies quickly • Equalised / predictable spend • Extending life cycle – lower overall purchase costs due to shorter individual vehicle life cycle • Able to respond to emerging technologies quickly • Good public perception of NWSSP (new, modern vehicles) • Positive impact on staff morale (new, modern reliable vehicles) • Supports the development of clinical operational models as required by Health Boards/Trusts	• Very high upfront capital requirements to smooth profile • Short term – inefficiencies associated with extending life cycles • Places a 'big bang' approach for future capital spend with future high cost in a single year • Charging Infrastructure development.
Conclusion: The do maximum option for replacing the fleet, provides the quickest progress towards the Welsh Government's Net Zero Strategic plan and the NHS Wales Decarbonisation Strategic Delivery plan due to the highest number of vehicles to be replaced per year, though with significant capital requirements. Replacing the BER vehicles, takes steps towards improving the efficiency of the fleet as these vehicles will be replaced with operational lower emission vehicles. This option meets the spending objectives of Effectiveness, Efficiency, Economy, Compliance, Replacement, Decarbonisation and the benefits relating to reducing emissions, greatly reducing fuel/maintenance costs and reducing the number of vehicles leased by NWSSP, reducing vehicles downtime, driver safety/reduction in accidents and noise/air pollution by the utilisation of ULEV and BEV. This is achieved by not only replacing those vehicles that are BER and but also all vehicles exceeding fleet maintenance lifecycle (with subsequently higher maintenance costs) which not only reduces the current spend on fuel/maintenance but smooths the overall age profile of the entire fleet. The risks associated with replacing all the vehicles at the end of the maintenance lifecycle impact the workforce and that the current infrastructure may not have the capacity for a full BEV replacement required in the short-term. The workforce will go through significant change as the ICE vehicles are replaced with BEV/ULEVs which will require business change management activities and training to completed to ensure a smoother transition. If this option is deferred to subsequent years in the programme that will provide the timescales required to invest further into the EV charging	

capacity across the sites to maximise the number of BEVs that can be procured within the financial year or allow for the phased adoption/integration.

4.2 Recommended Option

Option 3

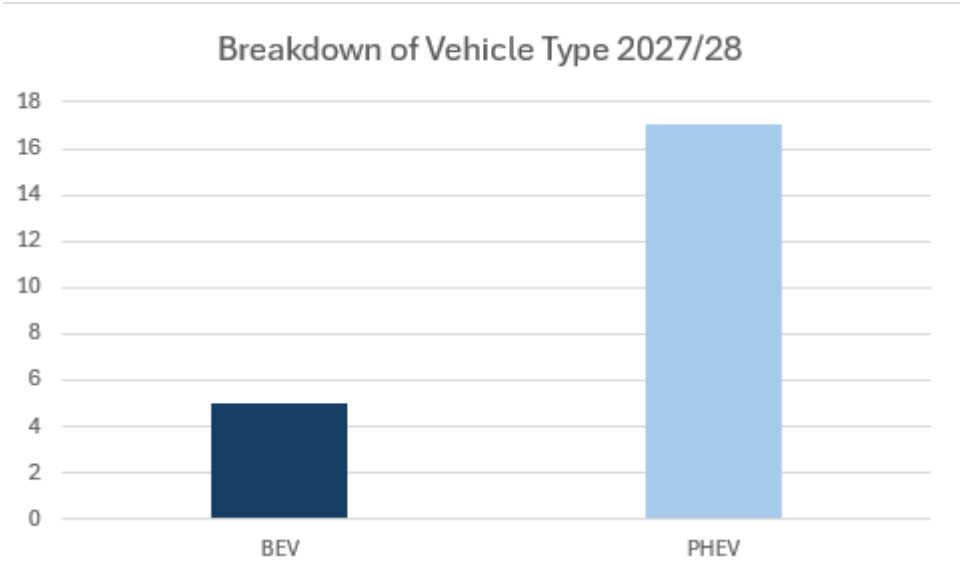
Option 3 is recommended as it provides a balanced approach between cost and benefit, focusing investment on the vehicles most in need of replacement (BER, over 9 years old, and those with very high maintenance costs).

Option 3 ensures that funding is targeted where it will have the greatest impact, by removing the least reliable and most expensive vehicles from the fleet. It will lead to lower maintenance costs, improved reliability, reduced emissions and smoothing the overall age profile of the fleet without compromising the delivery of the service.

This option has been selected over the other options as it provides the most proportionate response to the challenges within the fleet. Not replacing vehicles would lead to increasing maintenance and running costs, reduced reliability, and a negative impact on staff and public perception. It also prevents progress towards the decarbonisation strategies and creating financial pressure in future years. Lower options, such as Option 2, does not go far enough to address the issues of ageing vehicles, high mileage, and ongoing costs, meaning many inefficient vehicles would remain in use. The Do Maximum option (Option 5) requires significantly higher upfront funding and potentially additional charging infrastructure, increasing affordability and delivery risks.

Appendix 2 outlines the vehicles that have been tested against the fleet replacement profiling and meet the criteria to be replaced this financial year. All of the vehicles recommended for replacement exceed the recommended maintenance lifecycle age, with 6 out of the 22 to be replaced not meeting the Euro 6 compliance criteria. There are multiple vehicles that have continued to be in service due to conditions being sufficient however many of these have now been taken off the road and/or significantly reduced operations at local NWSSP sites.

Overall, Option 3 provides a more practical and deliverable solution that improves fleet performance, supports decarbonisation, and reduces ongoing costs, while keeping financial and delivery risks at a manageable level. As of the time of writing, the 22 vehicles suggested within this option would be 5 BEV and 17 PHEV, as shown below:



Those vehicles slightly outside of the scope of this option based on the Fleet Replacement profile criteria will be picked up in the year 3 of the programme in 2027/28. This will continue to be assessed throughout the lifecycle of the wider programme to ensure that the fleet replacement profiling continues to deliver the best value for money.

PHEV Justification

Health Courier Service (HCS) operates a critical transport network that supports the movement of pathology samples, blood products, pharmaceuticals, medical equipment and other essential healthcare items across Wales. Vehicle selection must therefore prioritise operational reliability, service continuity and the ability to respond to fluctuating demands across urban, rural and remote locations.

Whilst NWSSP remains committed to reducing carbon emissions and supporting the wider NHS Wales decarbonisation agenda, a full transition to Battery Electric Vehicles (EVs) this year, is not currently suitable for all operational requirements within the HCS fleet.

Many scheduled routes involve significant daily mileage, often exceeding the practical operational range of some electric vehicles once real-world factors are considered. Vehicle range can be substantially affected by frequent stop-start deliveries as is essential for schedules; use of heating, air conditioning, and auxiliary systems; and adverse weather conditions, particularly during winter months, when lights, windscreens wipers etc. are in regular use.

Due to base charging infrastructure limitations, and the current inability to rotate vehicles on charging points overnight at this time, HCS preference for fleet replacement this year would be to procure predominately PHEV

vehicles with some BEVs ensuring alignment with the wider NHS Wales Decarbonisation Strategic Delivery Plan.

PHEVs offer the ability to undertake shorter journeys using electric power whilst retaining the assurance of a conventional fuel engine for extended routes or unforeseen operational demands. This removes the risk of range limitations affecting the delivery of time-sensitive services.

Although charging infrastructure continues to improve, coverage and accessibility remain variable, particularly in some rural and remote areas served by HCS i.e. Hywel Dda and Powys. The vast majority of the charging infrastructure across HCS bases are 7kw chargers which requires BEVs to be on charge for extended periods of time i.e. a 77kw battery found in the fleet of Maxus e-Deliver 7s will take 11 hours to charge which is typically overnight. Whilst we acknowledge there is more robust charging infrastructure in IP5, this is also limited to only six 22kw twin charging points however these also take 7-8 hours to charge a BEV. Operational vehicles frequently work across multiple NHS sites and geographical regions where dedicated charging facilities may be unavailable, occupied, or incompatible with operational schedules. The requirement to stop and recharge during working hours may also reduce vehicle availability and affect service efficiency. PHEVs avoid these constraints by enabling HCS Operatives to continue their journeys using the internal combustion engine when charging opportunities are limited, whilst still achieving emissions reductions through electric-only operation where practical.

As referenced, HCS supports critical healthcare functions that cannot be delayed due to vehicle charging requirements or range concerns. Emergency collections, urgent blood deliveries and unplanned requests can significantly increase journey distances at short notice. PHEVs provide greater operational flexibility by eliminating range anxiety; maintaining vehicle availability throughout extended shifts; supporting emergency and out-of-hours responses; reducing dependence on external charging infrastructure; and ensuring continuity of patient-critical services. This flexibility is particularly important where service delivery requirements can change rapidly and unpredictably.

PHEVs represent a pragmatic transitional technology which supports emissions reduction whilst maintaining service capability. A PHEV will generally take 2 hours to charge which we accept would continue to present an operational challenge to ensure vehicles are charged during operational working hours however this would present an opportunity to develop a role to facilitate charging rotation overnight where feasible if a viable funding stream is available. Where daily mileage permits, vehicles can operate predominantly on electric power, significantly reducing fuel consumption and carbon emissions. However, several operational sites do not have back-

up generator power sources and as such, if there were a power outage, PHEVs would ensure operational coverage in these circumstances. Unlike fully electric vehicles, PHEVs retain the ability to undertake longer journeys without operational restrictions.

HCS fully supports the transition to a zero-emission fleet. However, vehicle replacement must be aligned to operational requirements and service criticality. Whilst BEVs remain the preferred solution for appropriate schedules, PHEVs provide a practical interim solution for routes where current EV range, charging availability, and operational resilience present risks to service delivery. This approach allows HCS to continue reducing emissions whilst ensuring that service delivery and patient care are not compromised.

HCS recently undertook a pan Wales Schedule Requirements exercise which evaluated multiple variables by schedule to include mileage, type of service undertaken and details of auxiliary or additional equipment required i.e. temperature-controlled units, tail lifts etc. Whilst it is acknowledged there are schedules across Wales that are viable to transition to BEVs these are limited by the aforementioned charging infrastructure and power outage concerns, in those cases a revert to diesel vehicles will be implemented where required. In addition, due to some sites charging infrastructure and electrical capacity, operational management intervention is required to ensure vehicles are charged. Additional challenges include reliance on the low-powered charging infrastructure (7kw), insufficient parking space for charging expansion, and supporting electrical infrastructure limitations. These constraints will need to be addressed through targeted infrastructure investment, such as 110v shorelines, to enable further EV deployment

For operational areas where vehicles undertake high mileage, cover large geographical regions or support critical time-sensitive functions, PHEVs currently provide the most suitable balance between environmental performance and operational resilience. Whilst BEVs remain appropriate for lower-mileage, predictable routes with reliable charging access, PHEVs offer the flexibility, range assurance and business continuity required for a significant proportion of HCS's operations. Their adoption ensures the fleet can continue to deliver essential healthcare services safely, efficiently and reliably, while supporting the further adoption of BEV and the transition towards a lower-carbon transport model in later stages.

Conclusion

In conclusion, Option 3 has identified an optimal number of vehicles to replace this financial year, based on the specified replacement criteria. It aligns fully with the agreed spending objectives and supports the ongoing

decarbonisation strategies within Welsh Government and NWSSP, by replacing said vehicles with a mixture of BEVs and PHEVs (appendix 3).

4.3 Main Benefits

Table 7: Benefits

Heading	Benefit Type	Benefit
Decarbonisation	Qualitative	Compliance with the NHS Wales Decarbonisation Strategic Delivery Plan, Transportation initiatives and aligning with the Welsh Government's Net Zero Strategic Plan.
	Quantifiable	To achieve a reduction of approximately 2865 grams per kilometre of Co2 emissions by 31st March 2028.
Operational	Non-cash releasing	To reduce the total vehicle downtime by approximately 2900 days.
	Cash releasing	To reduce annual fuel costs by approximately £46k.
	Cash releasing	To reduce annual scheduled maintenance costs by approximately £3k.
Socio-economic	Quantifiable	Reduce noise pollution by between 4 and 10 decibels per slow moving vehicle.
	Qualitative	Improve air quality in congested areas and in and around hospitals and depots.
	Qualitative	Improve driver safety, the monitoring of driver behaviours and a reduction in accidents.
	Cash releasing	Reduced percentage of leased vehicles within the fleet.

4. PROCUREMENT ROUTE

Procurement has reviewed the available routes to market for the vehicle purchase and conversion requirement outlined within this Business Justification Case.

Based on the agreed requirements, available framework arrangements and required delivery programme, Procurement recommends a direct award under Lot 2 of the Government Commercial Agency RM6244 – Purchase of Standard and Specialist Vehicles Framework Agreement.

Recommended route – RM6244 direct award

RM6244 was established under the Public Contracts Regulations 2015 and is available until 28th November 2026. Lot 2 covers light and medium commercial vehicles up to 7.5 tonnes and allows contracts to be awarded either by direct award or following a further competition.

The Government Commercial Agency (GCA) Fleet Portal provides access to vehicle specifications and current indicative base vehicle or chassis pricing. This enables the available options to be reviewed and the most appropriate vehicle to be identified before the final price and ordering arrangements are confirmed with the relevant supplier.

Unlike some alternative frameworks, RM6244 does not operate a fixed supplier ranking requiring a direct award to be made to the highest-ranked supplier. Once the preferred vehicle has been identified, Procurement can contact the relevant framework supplier to confirm:

- The final vehicle or chassis price
- The cost of the required conversion
- Vehicle and converter availability
- Warranty and after-sales arrangements
- Proposed lead times
- The delivery programme

This information will be shared with HCS and the project team to support an informed decision based on total cost, operational suitability, availability and lead time. The recommended supplier and total contract value will then be progressed through the necessary project, financial and procurement approvals before the call-off contract is awarded.

Where more than one vehicle option remains under consideration, Procurement will use Fleet Portal pricing and where necessary, indicative cost information from the relevant supplier to help HCS and the project team assess affordability and select the preferred vehicle chassis. If formal competing quotations are required from multiple suppliers to determine the successful supplier, the procurement will be undertaken as a further competition rather than treated as a direct award.

Benefits of the recommended route

The main benefits of using RM6244 are:

- It provides an established and compliant route under the Public Contracts Regulations 2015.
- Framework suppliers and contractual terms have already been competitively established.
- The Fleet Portal provides visibility of vehicle specifications and indicative pricing.
- The direct award process is not restricted by a fixed supplier ranking.
- The vehicle and conversion can be supplied as a complete delivered solution.
- It requires less time and resource than a further competition or open-market tender.
- Vehicle and converter availability can be confirmed before the order is placed.
- It reduces the risk of losing vehicle production or converter build slots while a longer procurement process is completed.

Requirements of the recommended route

Before a direct award is completed, Procurement will:

- Ensure that the final vehicle and conversion requirements are sufficiently clear.
- Confirm that the requirement falls within the scope of RM6244 Lot 2.
- Use the Fleet Portal to review suitable vehicles and indicative pricing.
- Obtain confirmation of the final vehicle price, conversion cost and delivery programme from the relevant supplier.
- Document the value-for-money and direct award rationale.
- Obtain the necessary internal approvals.
- Complete the appropriate RM6244 order form and call-off documentation before the framework expires.

The direct award must be conducted in accordance with the terms, conditions and call-off procedures of the RM6244 framework. A new open-market tender, formal evaluation panel and statutory standstill period will not be required, provided the award remains within the framework's direct award procedure.

Alternative framework – TPPL

Procurement has also considered the TPPL and Hertfordshire County Council Vehicle Purchase Framework, reference TPPLHCCOP03. This framework was established under the Public Contracts Regulations 2015 and is available until 30th April 2027.

TPPL provides an established and compliant route with access to a broad range of vehicle suppliers. It also remains available for longer than RM6244.

TPPL suppliers are ranked and a direct award must be made to the highest-ranked supplier under the relevant lot. Where the highest-ranked supplier cannot provide the required solution or where comparison between suppliers is required, a mini-competition would need to be undertaken. This would require additional documentation, a supplier response period, evaluation and governance approval.

TPPL therefore remains a viable alternative but provides less flexibility than RM6244 and may require additional time and administration.

Alternative route – open-market procurement

Procurement has also considered undertaking a new open-market competition. This would be conducted under the Procurement Act 2023 and would allow any interested supplier to tender.

The principal benefit would be the opportunity to create wider competition, which could potentially result in a slightly lower vehicle or conversion price. It would also allow Procurement to establish bespoke evaluation criteria specifically for this requirement.

An open-market exercise would require:

- Development and approval of a complete tender pack
- Publication of a UK4 Tender Notice
- A suitable tender response period
- Management of supplier clarifications
- Appointment of a suitably experienced evaluation team
- Individual evaluation and formal moderation
- Provision of assessment summaries to tenderers
- Publication of a UK6 Contract Award Notice
- A mandatory standstill period of at least eight working days
- Publication of a UK7 Contract Details Notice following contract signature

Allowing for document preparation, tendering, evaluation, approvals and standstill, an open-market procurement would be likely to take approximately 16 weeks from approval of the final specification to contract award.

Although wider competition could potentially secure a lower price, the additional work, resource requirements and timescale would increase the

risk of losing available vehicle and converter build slots. As indicative vehicle pricing is already visible through the Fleet Portal, any additional saving achieved through an open-market exercise is unlikely to be sufficient to outweigh these disadvantages.

Replacement GCA framework

GCA is replacing RM6244 with RM6382 – Purchase of Standard and Specialist Vehicles. RM6382 is being established as an open framework under the Procurement Act 2023 and will provide access to standard, converted and specialist vehicles through awards with or without competition.

The tender process for RM6382 is currently ongoing, with framework award expected in Autumn 2026. As it is not yet available, it cannot currently be relied upon as the primary route but may provide a suitable contingency if an award under RM6244 cannot be completed before 28th November 2026.

Risks and mitigations

Risk: RM6244 expires before the call-off is awarded.

Mitigation: Procurement will prioritise the supplier selection and approvals to ensure that the call-off contract is awarded before 28th November 2026. RM6382 and TPPL will be retained as alternative routes.

Risk: Final prices differ from the indicative Fleet Portal prices.

Mitigation: The selected supplier will be required to confirm the final vehicle and conversion price, including the period for which the quotation remains valid, before approval is sought.

Risk: The selected supplier cannot meet the conversion or delivery requirements.

Mitigation: Conversion capability, converter capacity, warranty arrangements and proposed lead times will be confirmed before the supplier recommendation is finalised.

Risk: The proposed engagement becomes a competition between suppliers.

Mitigation: Procurement will follow the RM6244 direct award procedure and document the basis of selection. Where formal comparative bids are required, the exercise will be conducted as a further competition.

Risk: Vehicle or conversion lead times increase following award.

Mitigation: The call-off contract will include an agreed delivery programme, appropriate milestones and regular contract-management arrangements. Phased deliveries may be agreed where this supports timely implementation.

Procurement recommendation

Having considered the available options, Procurement recommends a direct award under RM6244 Lot 2.

This route provides the best balance of compliance, value for money, flexibility, administrative efficiency and delivery certainty. The recommendation remains subject to confirmation of the final price, conversion arrangements and lead times, completion of the necessary approvals and award of the call-off contract before 28th November 2026.

5.1 NEXT STEPS

Procurement activity will commence following approval of the Business Justification Case, confirmation of funding and agreement of the final requirements. The principal steps required to complete the procurement are set out below.

The principal stages will be:

- Review of suitable vehicle options and indicative pricing through the Fleet Portal
- Confirmation of the final vehicle price, conversion cost and lead time
- Consideration of the information by HCS and the project team
- Completion of the required approvals
- Award of the RM6244 call-off contract before 28th November 2026

Following contract award, delivery will be managed against the programme agreed with the appointed supplier.

5. FUNDING AND AFFORDABILITY

Table 8: Cost and Funding for the Recommended Option

Recommended Option		Option 1	Option 2	Option 3	Option 4	Option 5
Numbers						
1	Vehicle Purchases	0	6	22	24	31
1	Capital Requirements (£'s excluding VAT)	0	335,603	1,290,478	1,428,450	1,846,092

Recommended Option		Option 1	Option 2	Option 3	Option 4	Option 5
		£	£	£	£	£
Capital Expenditure						
1	Capital Requirements (£'s including VAT)	0	402,724	1,548,574	1,714,140	2,215,310
4	**Total Capital Costs**	**0**	**402,724**	**1,548,574**	**1,714,140**	**2,215,310**
Revenue Expenditure						
7	Maintenance (annual saving)	0	0	-3,278	-4,590	-5,901
8	Insurance (annual cost)	0	1,297	4,756	5,188	6,701
9	Fuel (annual Saving)	0	-7,531	-46,444	-56,486	-72,804
11	**Total Revenue Costs/(Savings)**	**0**	**-6,234**	**-44,967**	**-55,887**	**-72,004**
Total Expenditure						
12	**Total Project Costs (Capital & Revenue)**	**0**	**396,489**	**1,503,608**	**1,658,253**	**2,143,306**
Funding						
13	Capital funding	0	402,724	1,548,574	1,714,140	2,215,310
14	Revenue funding	0	-6,234	-44,967	-55,887	-72,004
17	**Total funding**	**0**	**396,489**	**1,503,608**	**1,658,253**	**2,143,306**

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

Revenue Generation (if applicable)

The revenue 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 9: Revenue Projections for the Recommended Option

Recommended Option		Option 1	Option 2	Option 3	Option 4	Option 5
Revenues						
1	Sales and other Revenue	0	-8,400	-30,800	-33,600	-43,400

6. DELIVERY ARRANGEMENTS

7.1. Governance & Milestones

The delivery arrangements of this business justification case 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) and overseen and managed by the NWSSP Transformation Management Office (TMO).

This business justification case and Year 2 project will report directly to the Programme Board and therefore no subsequent Project Board is needed.

The Programme Governance/Board is as follows:

Jonathan Irvine (NWSSP – Procurement & HCS)
Tony Chatfield (NWSSP – HCS)
Sarah Jacobs (NWSSP - HCS)
Joseph Price (NWSSP - HCS)
David Jenkins (NWSSP - Health Courier Services)
Simon Russell (NWSSP-SES)
Claire Watkins (NWSSP - Finance)
Joe Draper-Orr (NWSSP – Finance)
Gemma Matuszczyk (NWSSP - Finance)
Ian Emptage (NWSSP - Procurement Services)
Jack Gilmore-Jones (NWSSP - Finance)
Jonathan Nettleton (NWSSP - Corporate Services)
Tim Knight (NWSSP - PPI - TMO)
Daniel Sinderby (NWSSP - PPI - TMO)

To ensure timely delivery of the 2026/27 fleet replacement vehicles, a project plan has been developed in line with PRINCE2 best practice. Milestones for Year Two are to be delivered by the 31 March 2028 and have been broken down as follows:

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

Approval/endorsement of the business justification case will follow Welsh Government's governance route for Capital funding:

- Approved by 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 Velindre Trust Board
- Approved by Welsh Government

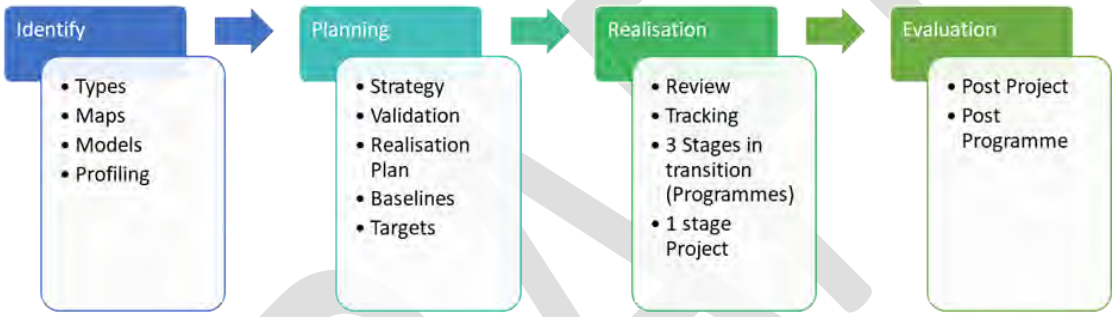
7.2. Project Controls

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

Project Team meetings have been established to monitor progress against the project plan and stage plan activities to ensure effective completion of the tasks required to deliver the outcomes highlighted throughout the BJC.

7.2.1. Benefits

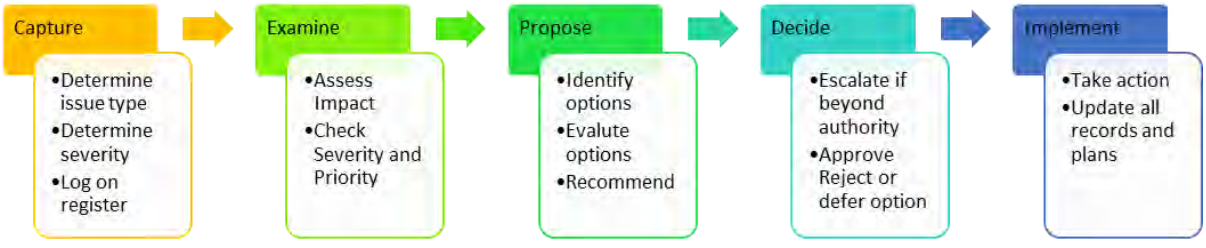
Benefits outlined within this business case have baseline measures and have been mapped (Appendix 4) and profiled accordingly. A benefits realisation plan will be developed to ensure the outcomes are achieved upon approval.



7.2.2. Risks & Issues

A Programme Risks, Actions, Issues and Decisions (RAID) Log will be maintained throughout the programme and will include all RAID information for the 2026/27 project.

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 project level and reported to Programme Board by exception, however any risk/issues that had direct impact to the delivery of the Programme will be escalated and recorded within the Programme Risk Register/Issues log.



7.2.3. Actions & Decisions

Actions will be logged and tracked through the programme RAID log to ensure continual progress through the procurement, delivery and deployment stages. The actions will be continually reviewed at project level and Programme Board actions will be reviewed at the monthly meetings.

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

7.2.4. Quality Assurance & Lessons Learned

Quality assurance will be monitored through the established processes at all stages of the programme/annual projects. Programme Board leads representing Finance, Procurement, Estates, Corporate Services and HCS 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.

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.

7.2.5. Scope

Specifications have been produced for every type of vehicle that is being replaced, along with the conversion/fitting of specialist equipment. These specifications will be used as acceptance criteria for this year's replacement. The scope of this financial year is to replace 22 vehicles and will continue to be monitored through the procurement and delivery stages. Any deviations from the original scope will need to be agreed by the Programme Board initially and decision's will be made on the appropriate governance route to achieve any requests for change.

In conclusion, this BJC will be supported by the appropriate governance arrangements and management of project outputs, to ensure that all vehicles replaced in this financial year are fit for purpose, provide benefits to the organisation and return the best value for money.

7. APPENDIX

Appendix 1: Vehicle Replacement Profiling

Replacement Profiling

Does the predicted annual depreciation of a new asset exceed the cost of maintenace for the last finaincial 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 milage 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 ssset value currently zero?
Is the milage 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 milage route?
Are we able to offer this vehicle to health organisations to put on to lower milage route?

Is it possible to switch this vehicle to a lower milage route?
Are we able to offer this vehicle to helth organisations to put on to lower milage route?

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

Appendix 2: Vehicles for replacement

Registration	Actual Mileage	Condition Score	Age 2027	Estimated Net Value 2027
CA15 HZF	212666	4	12	£0.00
CA66 UEK	215997	3	10	£0.00
CF13 HCP	220016	4	14	£0.00
CA66 UDW	225751	3	10	£0.00
CA66 UDT	230553	3	10	£0.00
CA66 PZC	235630	4	10	£0.00
CA66 UEC	254382	3	10	£0.00
CA66 UEH	263619	3	10	£0.00
CA66 UEB	265772	4	10	£0.00
CA66 UED	275713	4	10	£0.00
CA66 UEE	301863	4	10	£0.00
CA66 UEF	313617	4	10	£0.00
CA66 UDX	314732	3	10	£0.00
CA66 UDV	380948	3	10	£0.00
CN21 XKH*	56374	6	6	£0.00
DG13 UBP	53386	5	14	£0.00
CA66 UEG	246426	6	10	£0.00
CF68 EPN*	256393	6	8	£0.00
CE12 CLX	247620	5	15	£0.00
CE65 NXJ	158259	5	11	£0.00
DG13 UCO	73134	5	14	£0.00
YM16 CCD	96951	5	11	£0.00
Total				**22**

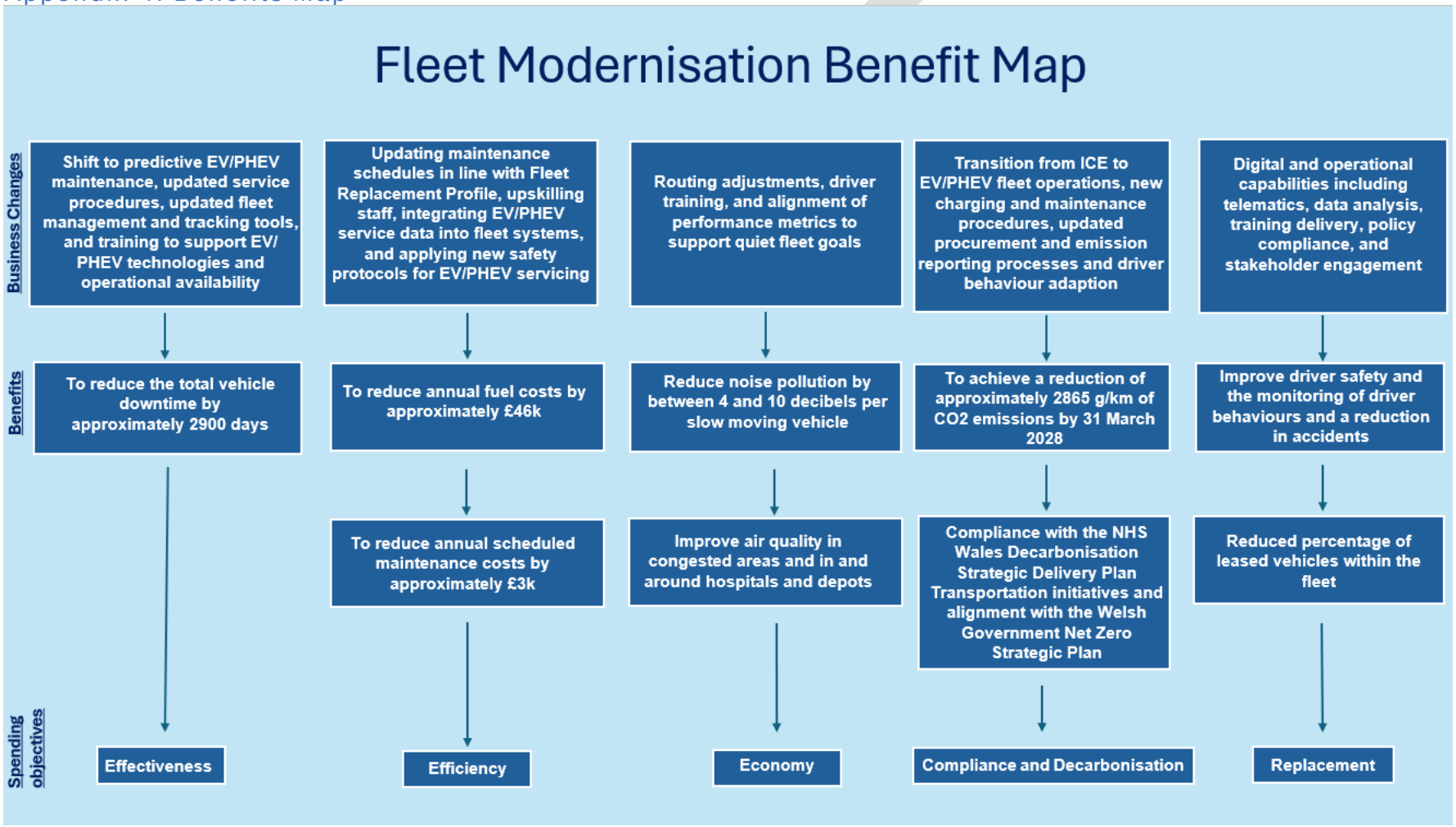
*These vehicles have been selected for replacement due to condition rather than age

Appendix 3: Vehicles to procure 2026/27

Vehicle Chassis	Trim	Type of Vehicle
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module & Blue Light Conversion
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module & Blue Light Conversion
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module

TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
eSPRINTER 320 L2 ELECTRIC RWD	150kW 81kWh Pro Van Auto	LWB EV With Conversion & Ramp
E DELIVER 7 L2 ELECTRIC	150kW H1 Van 88kWh Auto	MWB EV with Full Conversion
E DELIVER 7 L2 ELECTRIC	150kW H1 Van 88kWh Auto	MWB EV with Full Conversion
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module
eSPRINTER 320 L2 ELECTRIC RWD	150kW 81kWh Pro Van Auto	LWB EV With Conversion & Ramp
E DELIVER 7 L2 ELECTRIC	150kW H1 Van 88kWh Auto	MWB EV with Full Conversion
TRANSIT CUSTOM 320 L2 PETROL FWD	2.5 PHEV 232ps H1 Van Trend Auto	MWB PHEV With Conversion & 50 Amp Body Builders Battery Module

Appendix 4: Benefits Map



GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is <u>not exempt</u>

Teitl yr Adroddiad / Title of Report:

All Wales Finance and Procurement System Replacement

Arweinydd / Lead:	Alison Ramsey, Director of Finance and Corporate Services
Awdur / Author:	Andy Smallwood, Assistant Director of Procurement
Swyddog Adrodd / Reporting Officer:	Andy Smallwood, Assistant Director of Procurement

Pwrpas yr Adroddiad / Purpose of the Report:

The Committee is asked to NOTE the attached Briefing Paper (Annex 1) in relation to the procurement of a new contract for Oracle Financial Managed Service (FMS), managed by NHS Wales Shared Services Partnership on behalf of Health Boards, Trusts and Special Health Authorities within NHS Wales.

Llywodraethu / Governance:

Amcanion / Objectives:	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement.
Tystiolaeth / Supporting evidence:	The Shared Services Partnership Committee APPROVED a paper at its 22 January 2026 meeting outlining the proposed Procurement Roadmap and timeline. Appendix 1 -Briefing Paper - D0024.01 FMS Managed Service

Ymgynghoriad / Consultation:

The following groups, stakeholders or external third parties have been involved in the recommendation and or consultation process:

- Directors of Finance (DoFs)
- Deputy Directors of Finance (DDoFs)
- FMS Strategy and Development Group (STRAD)
- Oracle Replacement Task Finish Group
- NWSSP Legal and Risk
- Version 1 (current managed service provider)
- External organisations (Health and Social Care Northern Ireland)
- Llais Wales

Adduned y Pwyllgor / Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to NOTE the attached Briefing Paper (Annex 1) in relation to the procurement of a new contract for Oracle Financial Managed Service (FMS), managed by NHS Wales Shared Services Partnership on behalf of Health Boards, Trusts and Special Health Authorities within NHS Wales. The Briefing Paper has been produced following the approval of the proposed Procurement Roadmap by the Shared Services Partnership Committee on 22 January 2026.
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No impact.
Cyfreithiol/Legal:	No impact. Fully consolidated and clarity obtained on legal position on all options considered.
Iechyd Poblogaeth/ Population Health:	Enables the continued on-hand finance information to inform investment decisions that allow for health services to be best targeted at the population of Wales.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	The managed service contract underpins the operation of the NHS Wales finance system, without which the NHS would not function.
Ariannol/Financial:	Final costs will be determined by this competitive tender exercise and are predicted to be consistent with the current contract.
Risg a Aswiriant/ Risk and Assurance:	Risk – Failure to complete a new contract to start 1 April 2028 will leave NHS Wales without a compliant Finance and Procurement system. Assurance – The project will be managed by NWSSP, with responsibility discharged to STRAD for delivery and risk and assurance accountability.
Dyletswydd Ansawdd/Duty of Quality:	Will be underpinned by the current managed service contract and all terms and conditions will apply, these include Key Performance Indicators (KPIs) and Service Level Agreements (SLAs).
Gweithlu/ Workforce:	The project will impact circa 16,000 users across NHS Wales. However, selecting option (1b) as the procurement roadmap, it is expected to have little to no impact on the vast majority of users.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

ALL WALES FINANCE AND PROCUREMENT SYSTEM REPLACEMENT

1. INTRODUCTION

All NHS Wales Health Boards, Trusts and Special Health Authorities, currently use Oracle finance and procurement services as a back-office system. This is underpinned by a supplier managed service contract that expires at the end of March 2028. To help inform the re-tender exercise, a review was undertaken by a task and finish group comprising key stakeholders reporting into the sponsor governance group, FMS Strategy and Development Group (STRAD).

The review involved all NHS Wales health boards, trusts and Special Health Authorities. The resulting procurement roadmap was presented to and approved by the Shared Services Partnership Committee at its 22 January 2026 meeting.

2. BACKGROUND

The current contract was established for the provision of Managed Services for the Oracle Enterprise Systems to Health Boards and Trusts in Wales including hosted organisations and Special Health Authorities which have since been established. It encompasses Managed Services for the Oracle eBusiness Suite, finance, procurement, and warehouse management modules, as well as an Oracle Enterprise reporting system, including QlikSense and Apex reporting tools as well as an Optical Character Recognition (OCR) document management scanning service.

The current contract was awarded to Version 1 following a restricted procedure tender process in 2017 and has operated well over the period of the contract with regular contract management meetings and frequent service management meetings.

The current contract is set to run until 31 March 2028 with no further extension options beyond that point.

2.1 Task and Finish Group options and procurement roadmap

A Task and Finish Group named Oracle Replacement Group was established and chaired by the Deputy Director of Finance for Hywel Dda University Health Board. This Group comprised IT, Audit, Procurement, Finance and key stakeholders from NHS Wales Health Boards, Trusts and Special Health Authorities. Its aim was to review the options to be considered as part of the procurement of a replacement system.

- Tender options considered were:
    1. Retain current system
        a- Retain current system as is (version 12.2.9)
        b- Retain current system, but upgrade to latest release prior to new contract (version 12.2.15)

2. Move to a new system

The proposed way forward was option 1b and was endorsed by STRAD on 5 November 2025 and by Directors of Finance 21 November 2025 before being APPROVED by the Shared Services Partnership Committee on 22 January 2026.

Following the above decision, the upgrade of Oracle to 12.2.15 was successfully completed over the weekend of 18 and 19 July 2026.

3. GOVERNANCE AND RISK ISSUES

Risks and mitigations are outlined in the Briefing Paper. The Procurement Roadmap was informed by several stakeholder organisations, as well as NWSSP Legal and Risk Services.

An additional Market Engagement step will be undertaken before the formal procurement process to engage with the marketplace and achieve the following outcomes:

- Foster interest in the contract opportunity to increase the likelihood of competition in the process
- Testing the likely levels of interest of suppliers who are still supporting the ERP model. This will inform the structure of the formal procurement process.
- A review of the specification by the marketplace to ensure that the requirements are realistic and achievable.
- To gather feedback on commercial models and indicative commercial rates.

4. CONCLUSION

The activities undertaken in relation to the approved procurement roadmap are progressing to plan and are captured within the attached Briefing Paper, for noting.

5. RECOMMENDATION

The Committee is asked to:

- NOTE the attached Briefing Paper in relation to the procurement of an Oracle Financial Managed Service (FMS), managed by NHS Wales Shared Services Partnership on behalf of Health Boards, Trusts and Special Health Authorities within NHS Wales; and
- NOTE that the Committee will be presented with the contract award for consideration once the procurement process has concluded.

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau Gwasanaethau Caffael

Shared Services Partnership Procurement Services

BRIEFING PAPER

FMS MANAGED SERVICES

DIGI-FTS-63303

Contract Duration	It is the intention to award a contract with an initial period of five years with the option to extend, in a configuration to be determined, by up to a further four years. This will be explored in the planned market engagement events.
Contract Date	01/04/2028 – 30/03/2037
Estimated Annual Value	£850,000.00 (excluding VAT)
Estimated Total Value	£4,250,000.00 (excluding VAT) for five years £7,650,000.00 (excluding VAT) for nine years
Lead Body LHB or Trust	NHS Wales Shared Services Partnership (NWSSP) as hosted by Velindre University NHS Trust
Savings Target set for New Contract	No specific savings targets have been allocated to this contract.
Procurement Lead Name	Chris Squires (Senior Category Manager)
Procurement Lead Contact Details	christopher.squires@wales.nhs.uk

RAG Rating	
Above Threshold / High Risk	Requires a full Briefing Paper

1. Contract Overview

All NHS Wales Health Boards, Trusts and Special Health Authorities, and Hosted Organisations currently use Oracle finance and procurement services as a back-office system. This is underpinned by a supplier managed service contract that is due to expire at the end of March 2028 with no further extension options available beyond this date.

The current contract was established for the provision of Managed Services for the Oracle Enterprise Systems to Health Boards and Trusts in Wales including hosted organisations (Llais and NHS Wales Joint Commissioning Committee) and Special Health Authorities which have since been established. It encompasses Managed Services for the Oracle eBusiness Suite, finance, procurement, and warehouse management (WMS) modules, as well as an Oracle Enterprise reporting system, including the Qlik and Apex reporting tools as well as an Optical Character Recognition (OCR) document management scanning service.

The contract was awarded, by the NHS Wales Shared Servies Partnership as hosted by Velindre University NHS Trust to Version 1 following a restricted procedure tender process in 2017 and has operated well over the period of the contract with regular contract management meetings and frequent service management meetings.

In February 2025, a task and finish group was established under the NWSSP Strategy and Developments Group (STRAD) and All Wales Directors of Finance Group to consider the following two options:

1. Retain the current finance management system and tender for a Managed Service Provider; and
2. Issue an open tender for a replacement finance management system (not specifying Oracle).

The outcome of the task and finish group was a recommendation to proceed with a variation of Option 1, noted as Option 1b, which is to retain the finance management system through the existing perpetual licences, but to update to the latest release prior to the end of the current managed service contract and to undergo a procurement process for a managed service provider for a period of five years with an option to extend annually by up to a further four years.

Following the endorsement of the Task and Finish Group recommendations by STRAD 5th November 2025 and Directors of Finance 21st November 2025, NWSSP Committee APPROVED the proposal on 22nd January 2026.

Risks to permit for a contract modification (PA23, Schedule 8)	
Known Unknowns	1. Version 1 provide the managed service for Oracle support under the current contract, however, Version 1 are involved in developing updates in Oracle for the Transforming Access to Medicines (TRAMS) programme. The timelines have not been finalised yet as it is subject to a Full Business Case (FBC) being approved. Where there is a change in supplier following the competitive procurement process, there may be a requirement to vary the new contract to include support for TRAMS and warehouse management, post development and implementation.
Unknown Unknown	1. The current approach to the service delivery model is underpinned by the ongoing provision of the eBusiness platform by Oracle, for which perpetual licences are in place. The current upper limit for Oracle to support this platform is 2037 which is dictating the maximum available contract period for the new managed service contract, however, as the provision of this platform is associated with ongoing requirements by other clients of Oracle such as the UK and US Governments, there is the possibility that the upper limit may be extended beyond contract term and extensions which need to be specified in the relevant procurement notices issued through Sell2Wales/FTS. Should the upper limit of the Oracle support period increase during the term of the agreement, there may be an opportunity for additional extension periods, in addition to those included in the advertisements. At the end of the contract term, and any associated extensions, it is expected that the finance and procurement management system will need to migrate to a SaaS delivery model which will require an alternative approach to managed service support.

	2. Where there is a change in Government (either national or specifically Welsh Government) during the term of the contract, there may be an impact on the approach to the delivery model of the finance, procurement and warehouse management system. Should there be a continued preference to utilise the Authorities perpetual licences, options will need to be considered in extending the Managed Services contract or for this to be re-procured.
Known Knowns	None identified at this stage of the process.
Risk Mitigation	Should any of the risks noted above become realised during the contract term, and where the contract cannot then be performed to the satisfaction of the NWSSP, the contract can be modified in accordance wit Schedule 8, Section 5 of the Procurement Act 2023. The key mitigations are to use the ME to test supplier capability and appetite, maintain oversight through STRAD and the working group, and ensure that any procurement route, contract term and extension options are clearly aligned with operational requirements and the known Oracle support timeline.
Strategic Review	The NWSSP are acting in a strategic capacity on behalf of NHS Wales with oversight being provided through STRAD.

2. Market Research – (Where applicable, please add N/A for if not)	
Pre-Market Engagement	It is intended that a Market Engagement Notice (MEN) be issued, prior to the formal procurement process, to engage with the marketplace to achieve the following outcomes: • Foster interest in the contract opportunity to increase the likelihood of competition in the process • Testing the likely levels of interest of suppliers who are still supporting the ERP model. This will inform the structure of the formal procurement process. • A review of the specification by the marketplace to ensure that the requirements are realistic and achievable. • To gather feedback on commercial models and indicative commercial rates. The market engagement (ME) will run concurrently with other tasks in the project as noted in the Timescales section below. The ME sessions will be attended by individuals from with key departments of the within CTeS and NWSSP and representatives from the STRAD task and finish group.

Innovation	The marketplace is moving to a Software as a Services (SaaS) model for finance, procurement and warehouse management system such as Oracle Fusion, however, this has been included as an option for review by the STRAD task and finish group noted in Section 1 above. The recommendation is to continue with the current approach as this is deemed as being the most cost effect option in light of the perpetual licences owned. Moving to a SaaS approach will require a full procurement of the finance, procurement and warehouse management system which may have wider financial implications for NHS Wales. This approach does not prevent NHS Wales from adopting innovation throughout the life of the contract, for example Oracle have numerous AI models in development and are already available for deployment that will allow NHS Wales to move closer to the benefits for full SaaS without the same level of expense.
Change of Practice	As the recommendation is to maintain the current approach to managed service provision of the finance and procurement system, under the perpetual licences, the factors that will impact on change of practice for the core functionality of the system are minimal with little to no impact on stakeholders. It has been decided to retain the BI Reporting tool, Qlik, which again limits the impact the change on stakeholders. However, the position on OCR document scanning and WMS is currently unclear as there may be opportunities through the procurement process to achieve additional benefits and improvements through the implementation of alternative solutions. These themes will be explored in the ME events with feedback from suppliers being analysed to inform the procurement strategy which will be updated in the contract planning paper. Where it is clear that an alternative solution will form part of the new agreement, suppliers will be required to provide details in their tender response on how they will support the implement of changes to practice. As the provision of finance and procurement management systems are moving to a SaaS delivery model, there will be a requirement for all NHS Wales Health Boards, Trusts and Special Health Authorities, and Hosted Organisations to align internal policies and practices to a standardised approach, over the term of the agreement, to reduce barriers to implementing a SaaS delivery model in the future. It is noted from initial market research that elements of the aforementioned management systems have already been migrated to SaaS delivery models and

	further reviews are required to assess the longer-term implications where the need for additional functionality may be required that can only be provided under a SaaS model.
Legislative Changes within the Market	There are no noted legislative changes that have been identified that will impact on this contract.
Value Based Procurement	As this contract is to support the finance, procurement and warehouse management system used by NHS staff and is not directly related to healthcare delivery, a value-based procurement approach would not be feasible.
Benchtop Evaluation & Testing	The evaluation of the suppliers' responses will be undertaken based on the information provided in their responses with the option to include presentations and demonstrations. No samples will be provided as part of the evaluation process.
Other Practice	This contract is being let on behalf of NHS Wales, and this model provides a standardised approach to all Health Boards, Trusts, hosted organisations and Special Health Authorities in Wales.
What are other Nations Doing?	In Northern Ireland, the HSC Business Services Organisation (HSCBSO) are leading an implementation of Oracle SAAS (Fusion). The team met with the Programme Director and the outcome was captured in the STRAD review of options. The approach was deemed too costly for NHS Wales at this point in time. HSCBSO, explained that their previous SAP system was out of support so had no option, but to upgrade to the Fusion model. NHS England has a mixed picture with many trusts following a similar path to NHS Wales and not moving to SAAS. Others have transitioned to SAAS with mixed success. NHS Scotland does not currently use Oracle for finance and procurement; however, it is under review.
Benchmarking	The approach being implemented by NWSSP for this contract, and the underlying provision of the finance, procurement and warehouse management system, is unique to NHS Wales with no comparable approaches/models identified that can be used for benchmarking.
3. Social Value / Sustainable Procurement / Foundational Economy	
Ethical Employment in Supply Chain / the Modern Slavery Act	Due to the specialised nature of the support required under this contract, the impact of any risks associated with ethical employment are low, however, seeking conformation from the supplier of their hiring and employment practices will

	provide some assurance that NHS Wales are not exposing themselves to avoidable risks. Within the contract, a list of key personnel supporting the contract, whether permanent, temporary or provided by a subcontractor, will be recorded and maintained. Frequent changes to this list may identify areas of concern that can then be reviewed to identify any specific risks to NHS Wales.
Decarbonisation	As the indicative value of the contract is above £5m, it is a requirement for the suppliers to submit a carbon reduction plan as per WPPN 006.
Social Value	The social value opportunities (Economic, Social, and Environmental) that could be delivered through this contract are to be explored through the ME events which will provide the NWSSP with an indication of the supplier's locations of delivery of the service, the potential for utilising supply chains in Wales, and their likely workforce presence in Wales. The requirements of the contract are for the provision of technical support services for the ongoing operation of the Oracle finance and procurement system. This does not include provision of services beyond internal teams, however, as the nature of the contract is akin to that of an outsourced service contract, as identified in the Social Partnership and Public Procurement Act (SPPPA), specific consideration will be given in the SE events to the SPPPA objectives (Promoting Fair Work, Environmental Sustainability, Social Value & Community Benefits, and Transparent Reporting) and their potential application to this contract.
Foundational Economy	Options for the inclusion of foundational economy benefits will be reviewed and discussed in the ME phase of this project.
SME's	It is unlikely that this contract will be suitable for SME's.
Well-Being of Future Generations	

Well-Being Goals	Impact of Contract Includes
A Prosperous Wales	By maintaining the current approach to managed service delivery, resources are being used efficiently and proportionately supporting this goal.
A Resilient Wales	N/A
A Healthier Wales	The establishment of a contract for managed services for the existing finance, procurement and warehouse

	management system has been identified as being the most cost-effective approach which then allows resources to be used in support of maximising people's physical and mental well-being.
A More Equal Wales	N/A
A Wales of Cohesive Communities	N/A
A Wales of Vibrant Culture and Thriving Welsh Language	N/A
A Globally Responsible Wales	N/A

4. Pricing Strategy
The pricing of the contract will be through a financial model which will cover the transition period, core managed services, additional optional services and day rates of ad-hoc work. The inclusion of Indexation though the life of the contract will be reviewed through the ME events and will be discussed further internally prior to issuing of the formal procurement process.

5. Contract Analysis / Proposal	
Strategy Moving Forwards	The proposed strategy is to undertake a ME exercise to challenge the specification against markets capabilities and to inform the future direction of the procurement process. The Competitive Flexible Procedure (CFP) has been identified as the most suitable process to follow as this will allow for the inclusion of a down-selection stage prior to the submission of a formal response. This may be modified to an Open Procedure (OP) though should the analysis of the suppliers' feedback from the ME support this.
Rationale	The CFP and OP offer adaptable approaches that will allow the procurement process to reflect the requirements of this contract. Should there be significant interest in the ME, the CFP will be utilised as this will allow for the inclusion of a down-selection stage where suppliers will need to meet specific thresholds to pass to the next stage of the process. Such thresholds will be based on capability, experience and financial strength. The suppliers who pass the down-selection stage will then move into the invitation to tender stage where their formal proposal will be submitted for the delivery of the requirements of the contract.

Where the assessment of the ME indicates that the market capabilities or capacity to meet the requirements of this contract are limited, then an OP will be recommended. The conditions of participations included in the qualification stage will include specific thresholds and requirements to ensure that the suppliers responding this opportunity are sufficiently robust and have the capability to meet requirements of the contract.

The configuration of both the CFP and OP are flexible in relation to process timings and evaluation criteria, and these will reflect organisational and contractual requirements.

As part of the review of the routes to market, several frameworks were reviewed with the following two options identified as being the most suitable for consideration:

1. RM6190 Technology Services 4 has been established by the Government Commercial Agency (GCA), and the scope of the framework covers technology and digital services, service design, end user device support, IT infrastructure, application development, data and transformation.

   Lot 4 has 111 suppliers awarded on the lot and this includes the incumbent supplier, due to the number of suppliers included, a capability assessment would need to be undertaken with the aim of reducing the number of suppliers invited into the competitive process.

   As per the CFP and OP processes, the configuration of the competitive process is flexible and can reflect organisational and contractual requirement, however, the bespoke nature of this contract would need to be reviewed against the call-off terms and conditions to ensure that the agreement aligned with the terms.

2. RM6285 Back Office Software 2 has been established by the GCA, and the scope of the framework combines the ability to purchase off-the-shelf software as well as associated professional services to help configure and implement new solutions.

   Lot 1 covers Enterprise Software and has 28 suppliers awarded to the lot including the incumbent. The framework allows for flexibility in the configuration of the competitive process, however, there are some limitations on the configuration of the evaluation criteria, but the evaluation criteria can still reflect organisational and contractual requirements. As per

	RM6190, the agreement would need to be reviewed and aligned with the frameworks call-off terms. Both the competitive process under the frameworks noted above presented their own challenges with no specific benefits being identified over a CFP or OP, therefore these options were discounted in favour of the CFP or OP which will allow for a greater level of customisation.
Term of Contract	The term of the contract is planned to be an initial period of five years with options to extend annually up to an additional four years.
Find a Tender Service (FTS)	All notices will be issued via the Sell2Wales notice portal which feeds into the national Find a Tender Service.

Approach to Provider Selection	The approach to provider selection will be reviewed through the analysis obtained in the ME event, however, the following requirements have been identified:
	
	• Trusted Oracle Partner who are eBusiness Suite Experts and have Oracle Supply Chain capabilities specifically for warehouse management;
	• Financially robust with sufficient financial capacity to deliver the requirements of the contract;
	• Technical capability and capacity to support the contract
	• Ability to support highly regulated processes and environments such as pharmacy product production;
	• Accreditation/Certification to include:
	  • ISO 20000 (IT Service Management)
	  • ISO 27001 (Information Security Management)
	  • ISO 9001 (Quality Management)
	  • ISE14001 (Environmental Management)
	  • Cyber Essential Plus

Award Criteria & Evaluation	The evaluation criteria are currently set at 40% quality and 60% commercial which reflects the standard organisational approach, however, further analysis will be undertaken following the ME and where suppliers have provided sufficient feedback on their commercial models and indicative pricing, this may need to be revised with recommendation's being submitted for approval in the Contract Planning Paper.
Priority Supplier Programme	The priority supplier programme will not be included in this contract.
Standardisation	This contract is being let on behalf of NHS Wales and therefore standardisation of the system and support in inherent in the contract.

AWARD CRITERIA	WEIGHTING
Bidders Capability (provider selection)	To be agreed following the analysis of the feedback to the ME events.

Preliminary Appraisal	To be agreed following the analysis of the feedback to the ME events.
Quality	To be agreed following the analysis of the feedback to the ME events.
Price	To be agreed following the analysis of the feedback to the ME events.

6. Other Factors to Consider	
Impact of contract changes on Customers	There will initially be no impact of change that will affect customers, and the core element of the contract will remain unchanged during the terms of the contract. There potentially will be change to some of the additional modules, such as the Qlik reporting module, during the term of the contract and this will depend on the outcome of the procurement process. Where suppliers propose a change in their submission, they will be asked to provide details on how they will support the change management process for both the Central Team eBusiness Services and for customers.
Contract Management & Provider Performance	Contract management activities, including the capturing of Key Performance Indicators (KPIs) to monitor provider performance are included in the Service Descriptions and Performance Levels sections of the agreement. Further consideration is being given to the standard contract management activities for contracts identified as gold level in the Contract Tiering Tool developed by the Government Commercial Function.
Communication & Engagement	A working group has been established which includes representatives from the Procurement Service and Central Team eBusiness Services. This group meets weekly to review progress to date and to map out future actions and deadlines. STRAD will be kept appraised of key updates throughout the project via a Task and Finish group and as updates provided to scheduled meetings.

Working Group Membership		
Name	Title	Organisation
Chris Squires	Senior Category Manager	NWSSP
Andy Smallwood	Assistant Director of Procurement	NWSSP
Stuart Fraser (retired)	Service Manager	NWSSP

James Moore	Head of Financial Management Systems and Service Delivery	NWSSP
Natalie Thorne	Service Support Project Manager	NWSSP

Timeframes		
Contracting Stage	**Anticipated Date / Timescales**	**Responsibility**
The following stages have been included as high level activities with indicative date/timescale. These may be subject to change following the analysis of the supplier feedback provided in the ME event.		
Governance Activities to include review and approval by: • STRAD • SSPC • WG	Target Dates 10/08/26 15/09/26 06/11/26	Andy Smallwood
Pre-procurement Activities to include: • Briefing Paper • Market Engagement • Specification Development • Tender Pack Development	August 26 – November 26	Chris Squires
Procurement Activities to include: • Pre-Qualification Questionnaire • Invitation to Tender • Evaluation of responses (x2) • Consensus meetings (x2) • Specification Review • Governance and approvals • Contract Award	November 26 – October 27	Chris Squires
Implementation and transition period	October 27 – March 28	Central Team eBusiness Services
Contract Start	01/04/28	Central Team eBusiness Services

Prepared by	
Name:	Chris Squires
Contact Details:	christopher.squires@wales.nhs.uk
Date:	07/08/26
Reviewed by	
Signed:	
Name:	Andy Smallwood
Role:	Assistant Director of Procurement
Date:	10/08/2026
Procurement Approval	
Signed:	Jonathan Irvine (email 11/08/2026)
Name:	Jonathan Irvine
Role:	Director of Procurement and Health Courier Services
Date:	11/08/2026

Agreement to Participate/Proceed		
Please confirm your organisation's agreement to the proposal by signing and returning this document. Your prompt response to this document is critical to maintain agreed timelines, please ensure a response is provided by 21/08/26.		
Aneurin Bevan UHB	Signed:	
	Name:	
	Role:	
	Date:	
Betsi Cadwaladr UHB	Signed:	
	Name:	
	Role:	
	Date:	
Cardiff and Vale UHB	Signed:	
	Name:	
	Role:	
	Date:	
Cwm Taf Morgannwg UHB	Signed:	
	Name:	
	Role:	
	Date:	
Hywel Dda UHB	Signed:	
	Name:	
	Role:	
	Date:	
Powys THB	Signed:	
	Name:	
	Role:	
	Date:	

Agreement to Participate/Proceed		
Swansea Bay UHB	Signed:	
	Name:	
	Role:	
	Date:	
Public Health Wales NHS Trust	Signed:	
	Name:	
	Role:	
	Date:	
Velindre University NHS Trust	Signed:	
	Name:	
	Role:	
	Date:	
Welsh Ambulance Services NHS Trust	Signed:	
	Name:	
	Role:	
	Date:	
Health Education and Improvement Wales	Signed:	
	Name:	
	Role:	
	Date:	
Digital Health and Care Wales	Signed:	
	Name:	
	Role:	
	Date:	
NHS Wales Shared Services Partnership	Signed:	
	Name:	

Agreement to Participate/Proceed		
	Role:	
	Date:	
NHS Wales Performance and Improvement	Signed:	
	Name:	
	Role:	
	Date:	
NHS Wales Joint Commissioning Committee	Signed:	
	Name:	
	Role:	
	Date:	

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is <u>not exempt</u>

Teitl yr Adroddiad / Title of Report:	
Future Workforce Solution - Electronic Staff Record (ESR) Transformation Programme	
Arweinydd / Lead:	Gareth Hardacre - Director of People, Organisational Development & Employment Services
Awdur / Author:	Angela Jones, Deputy Director for Digital and Workforce Productivity Solutions
Swyddog Adrodd / Reporting Officer:	Gareth Hardacre - Director of People, Organisational Development & Employment Services

Pwrpas yr Adroddiad / Purpose of the Report:

The Committee is asked to NOTE the update provided in respect of the Future Workforce Solution (ESR Transformation Programme).

Llywodraethu / Governance:

Amcanion / Objectives:	Excellence – to systematically develop process excellence with a focus on continuous service improvement.
Tystiolaeth / Supporting evidence:	Not applicable

Ymgynghoriad / Consultation:

- Chief Executives
- Executive Directors/ Deputy Directors of Workforce
- Executive Directors/ Deputy Directors of Finance
- Directors of Digital
- Strategic Lead Partners in Health Education and Improvement Wales (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 update provided in respect of the Future Workforce Solution (ESR 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 the 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 the NHS Business Services Authority (NHSBSA) with NHS Wales liable for 6.1315% of the total costs of the programme. Finance monitoring (including 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 the Committee.
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 an agreed change management approach, with a strong focus on customer experience and engagement.
Deddf Rhyddid Gwybodaeth / Freedom of Information Act:	No direct impact / considerations.

FUTURE WORKFORCE SOLUTION - ESR TRANSFORMATION PROGRAMME

SUMMARY
The Future NHS Workforce Solution Programme is a major national transformation initiative that will replace the current Electronic Staff Record (ESR) system with a modern, cloud-based workforce platform supporting the full employee lifecycle. • During August, the NHSBSA announced the branding for the solution, PorthPoblGIGCymru / NHSWalesPeoplePortal. • The responsibility for the running of the current NHS ESR service transferred from IBM to Infosys on 1 September 2026. This included the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) transfer of key IBM staff to maintain the system.

- Overall programme implementation remains on track for completion by December 2030. However, following a programme replanning exercise by the NHS Business Services Authority (NHSBSA) in June 2026, the Early Adopter (EA) phase has been extended with EA organisations now scheduled to go-live February 2028.
- Global Design development Phase 1 was completed August 2026. Infosys working with Early Adopter organisations to test and refine the first Global Design template, incorporating local requirements to produce Global Template Design 2 by December 2026.
- Early Adopter organisations have completed Foundational Readiness Stage Gate 1 and have now entered into Stage Gate 2. Organisations have commenced Foundational Readiness activities as planned. Regular check-in meetings planned to support throughout.
- End user test volunteers have been identified across NHS Wales user organisations.
- Full NHS Wales adoption - following successful adoption by Early Adopters, the implementation approach remains based on two primary deployment clusters. Foundational readiness activities commence in October 2027 for Cluster 1 and April 2028 for Cluster 2. Discussions will be held with organisations in coming weeks to review proposed implementation timelines and consider any exceptions that may influence deployment scheduling.
- Finance - Previous ministerial advice recognised that additional costs would be met for 2025/2026 and 2026/2027. Further consideration of the funding model for subsequent years is now required. A paper will be presented to the Health, Care & Prevention Group's Executive Director Team in September, followed by Ministerial advice to the Cabinet Minister, anticipated October 2026. Following a programme review in July 2026, NHSBSA are currently realigning the programme costs to reflect revised delivery timescales. It is anticipated that this information will be available to share with Committee in November 2026.
- Resource - Initial recruitment to the central delivery team has commenced with interviews due to complete by 23 September 2026. A case for additional payroll and recruitment resources has been submitted to the NHSBSA as a necessary requirement for NWSSP to discharge its responsibilities as a Strategic Shared Service Delivery Partner.
- Benefits - NHSBSA have shared a draft benefits realisation template with NWSSP. Full benefits cannot be quantified until the Global Design phase is complete and the scope of functionality is confirmed. However, benefit consultation meetings commence on 01 October 2026.

1. SOLUTION BRANDING

During August, the NHSBSA formally launched the branding for the NHS Future Workforce Solution; PorthPoblGIGCymru/ NHSWalesPeoplePortal.

2. PROGRAMME TIMELINE

The programme consists of six components:

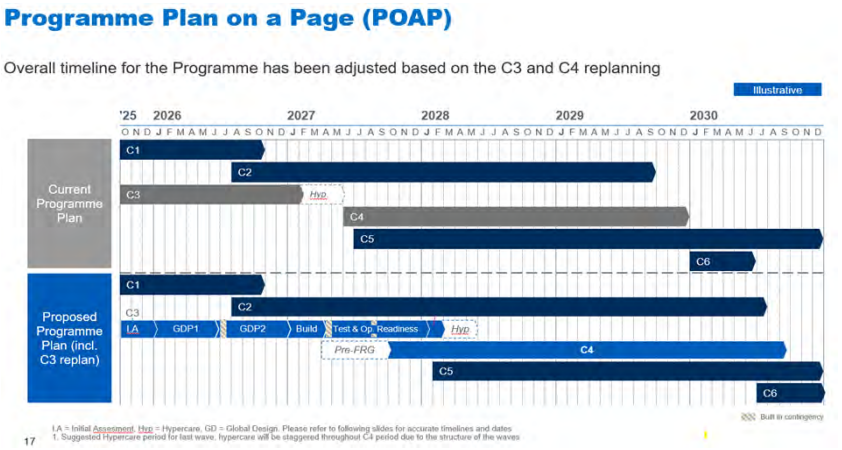
1. Current Service Transition (C1)
2. Current Service Operate (C2)
3. Transformed Service Development (C3)- Early Adopters
4. Transformed Service Implementation (C4) - Full NHS Wales adoption
5. Transformed Service Operate (C5)
6. Decommission current service (C6)

C1 - Transition of the current ESR service from IBM to Infosys on 1 September 2026. The cutover took place during planned downtime from Friday 28 August to Monday 31 August 2026 and has now been successfully completed. To strengthen resilience and contingency arrangements for NHS Wales, Infosys secured an additional Bankers' Automated Clearing System (BACS) Bureau Number, and all NHS Wales organisations worked with their sponsoring banks to connect. Central Team eBusiness Service (CTES) within NWSSP, were also engaged to maintain Oracle connectivity testing to mitigate any potential disruption to month end processes and provided assurance that access would not be affected.

Following a programme review in July 2026, NHSBSA approved a revised delivery schedule based on adjustment of components 3 & 4 of the programme (C3, C4).

Key impacts:

- The Early Adopter 'go-live' has moved back eight months from June 2027 to February 2028 including 9 weeks of contingency in three protected blocks.
- The overall programme completion date of December 2030 remains unchanged.
- Future organisation implementations will be in three clusters over C4 with Foundational readiness activities commencing in October 2027.



Following discussions with Finance colleagues, NWSSP are engaging with the NHSBSA regarding a potential postponement of Early Adopter go-live from February 2028 to the end of March 2028 to coincide with financial year end. This has been formally communicated to the NHSBSA and a decision is awaited.

3. GLOBAL DESIGN DEVELOPMENT

In a previous discovery phase, NHS Wales subject matter experts and end users collaborated with NHS England and the NHSBSA to define the requirements for the future NHS workforce solution. This definition established the vision for the new system and informed the procurement process managed by NHSBSA on behalf of NHS organisations in England and Wales.

Following contract award to Infosys in October 2025, work began on Global Design Phase 1. This phase built upon the original requirements through further policy input from NHS colleagues across England and Wales, design workshops, stakeholder interviews and international best practice research. Welsh representatives and Shared Service Delivery Partners played a significant role in these activities.

By July 2026, the Transformation Programme Board reported that Global Design Phase 1 was progressing well and remained on track for completion by August 2026. Payroll design was particularly advanced, with specifications completed for all high-frequency pay elements.

The next phase involves Infosys working with Early Adopter organisations to test and refine the first Global Design template, incorporating local requirements to produce Global Template Design 2 by December 2026. Welsh Early Adopters and Shared Service Delivery Partners will continue to contribute through activities set out in the Foundational Readiness Guidance. Following this refinement, Infosys will build, test and validate the solution before Early Adopter organisations go-live in February 2028.

4. TRANSFORMED SERVICE DEVELOPMENT (C3)- EARLY ADOPTERS

The four NHS Wales Early Adopter organisations are:

1. Digital Health and Care Wales
2. Hywel Dda University Health Board
3. NHS Wales Shared Services Partnership
4. Llais

The purpose of the Early Adopter phase is to validate the approach to implementation and provide lessons that inform subsequent roll-out across NHS Wales.

All four organisations successfully completed initial Foundational Readiness requirements and progressed through the Stage Gate 1 assessment (wave entry) at the end of June 2026.

Stage Gate 2 activities have commenced and are due for completion by 13 November 2026. Key preparatory work is underway, including stakeholder mobilisation, domain lead onboarding, project planning, and engagement with programme webinars and reviewing self-directed solution introduction sessions.

Activities over the coming months include completion of solution set-up templates for relevant domains, finalising local project plans, and completing a change impact assessment based on learning from the solution introductory sessions. Technical readiness includes completion of Data Protection Impact Assessment (DPIA) and Data Sharing and processing agreements (completed once for NHS Wales); data mapping validation exercise which will be standardised to support data quality; review of third party integration points for national and local systems, and confirmation of reporting requirements including engagement with HEIW informatic colleagues to maintain national reporting requirements.

The output of Stage Gate 2 will be the completion and submission of a scoping document that has been approved via local Executive Board governance routes and signed by the relevant Chief Executive Officer.

Delivery check-in meetings are taking place; weekly with local programme leads, and monthly with Health Board Senior Responsible Officers (SROs). All project plans are currently RAG-rated green. However, concerns remain around resource and capacity.

End User Test Volunteers: The national programme is actively recruiting frontline volunteer users to participate in design testing for the PeoplePortal solution. Early Adopters are being asked to promote participation locally, while the national team

manages recruitment, testing sessions and analysis. This is intended to improve usability and ensure the solution reflects operational realities before rollout.

5. TRANSFORMED SERVICE IMPLEMENTATION (C4) - FULL NHS WALES ADOPTION

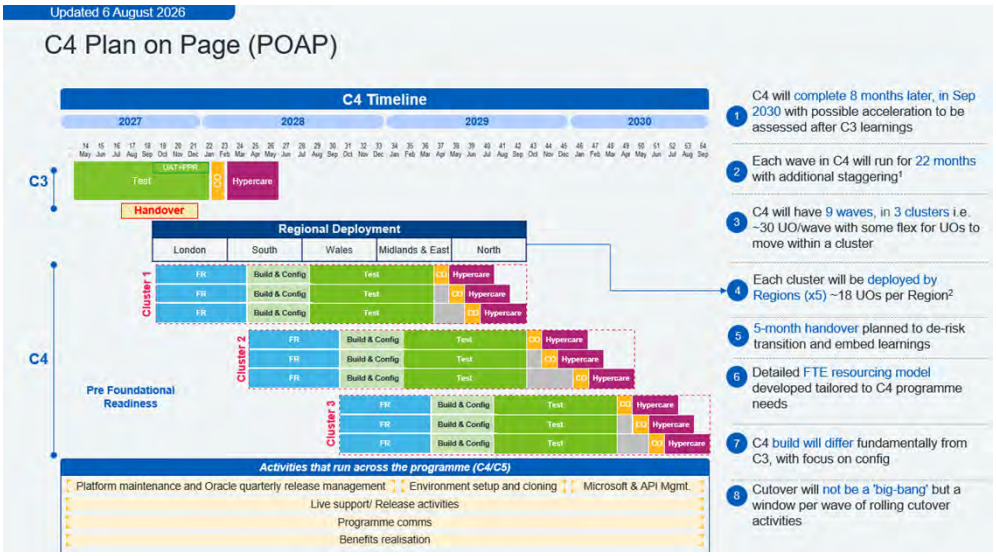
Following the successful implementation with Early Adopter organisations, Component Four (C4) of the programme will commence, migrating the remaining NHS Wales organisations to the People Portal system.

The current plan remains for NHS Wales organisations to be deployed across two implementation clusters.

A third contingency cluster has been retained for organisations facing exceptional circumstances that may affect their ability to transition within the planned timescales. Nevertheless, implementation within Cluster 3 is intended only as an exception and should not be relied upon as an alternative deployment route.

Each wave within the cluster will run for 22 months. Foundational Readiness activities for Cluster 1 commence in October 2027, with Cluster 2 commencing in April 2028.

Over the coming weeks, NWSSP will engage with NHS Wales organisations to discuss the implementation cluster timelines and assess any local programmes of work or significant projects that may impact the determination and agreement of implementation timescales.



6. FINANCE

In October 2025, the previous Welsh Government agreed to support NHS Wales' participation in the Future NHS Workforce Solution (PeoplePortal) programme and approved Welsh Government funding to meet the additional costs during Year 0 (2025-26) and Year 1 (2026-27). NHS Wales currently contributes 6.1315% of total contract costs realising an estimated share of the contract valued at approximately £120.6 million over 15 years.

The ministerial advice recognised that the additional costs associated with the new workforce system could not be managed within existing NHS baselines and recommended

that the costs for 2025-26 and 2026-27 be met from the Health and Social Care Main Expenditure Group (HSC MEG).

The advice also noted that arrangements beyond 2026-27 would require further consideration, as no indicative budgets were available beyond March 2027. As the previous funding commitment covered only the initial implementation period, further consideration of the funding model for subsequent years is now required.

To inform this decision, a paper will be presented to the Health, Care & Prevention Group's Executive Director Team (chaired by the NHS Wales Chief Executive) in September, followed by ministerial advice to the Cabinet Minister, anticipated in October, seeking agreement regarding future funding arrangements.

Following a programme review in July 2026, and the revised delivery schedule set out in Section 2 of this report, the NHSBSA are currently realigning the programme costs to reflect the revised delivery timescales. It is anticipated that this information will be available to share with Committee in November 2026.

Welsh Government are also in the process of agreeing a memorandum of understanding that establishes the working arrangements between the Welsh Ministers and the Secretary of State for Health and Social Care under Section 83 of the Government of Wales Act 2006 for participation in the programme.

7. RESOURCE

The NHSBSA have approved funding to recruit a central delivery team to:

- Support Early Adopter organisations.
- Lead future implementation waves.
- Retain specialist programme expertise.
- Promote a standardised national approach.
- Provide long-term operational support after implementation.

The staged release of information throughout the Early Adopter phase has limited the ability to comprehensively evaluate the resource and skills requirements within the central delivery team. Significant interdependencies, such as target architecture integration and associated technical dependencies, are still emerging and therefore cannot yet be fully assessed. However, critical programme management and data analyst roles have been identified as an immediate requirement. Recruitment activities are currently underway with interviews scheduled for completion by 23 September 2026.

A case for additional payroll and recruitment resource has been submitted to the NHSBSA as a necessary requirement for NWSSP to discharge its responsibilities as a strategic Shared Service delivery partner. A decision is awaited.

8. BENEFITS REALISATION

The NHSBSA are developing a Benefits Realisation Toolkit with the intention of providing a structured and consistent approach for identifying, quantifying, tracking and evidencing the benefits delivered through digital, service improvement and transformation activities. It is proposed that the toolkit will support organisations in moving beyond activity and implementation metrics to demonstrate measurable outcomes, including financial

efficiencies, productivity gains, workforce improvements, service quality enhancements and end user benefits.

The full extent of benefits cannot be quantified until the Global Design phase is complete and the scope of functionality has been confirmed. It is also recognised that NHS Wales has already realised a number of the proposed benefits related to shared service environments and consolidation of third-party contracts.

The NHSBSA have provided an initial template proposal and refinement meetings with NHS Wales will commence 1 October 2026.

9. RISKS & MITIGATION

Overall Position

Key attention areas:

- Programme Funding; Ministerial Approval for funding secured for 2025-26 and 2026-2026/227; Regular meetings continue between NWSSP and Welsh Government finance colleagues. Approval for future funding due to be submitted for Ministerial approval October 2026 - action lies with Welsh Government (WG).
- Data Quality - Data Quality Review Group established; Quality monitoring dashboards are being developed. Data cleansing and mapping exercises built into Foundational Readiness. Risk score has reduced from 20 to 15, demonstrating progress.
- Digital Alignment - review of major digital change programmes will continue throughout the life of the programme to avoid disruption to planned implementation timescales.
- Benefits Realisation - Benefits outlined in the Full Business Case (FBC) may not be fully realised due to existing levels of service maturity and integrated third party supplier contracts across NHS Wales. System benefits will not become completely visible until the Global Design template has been fully delivered and Early Adopter phase completed.
- Early Adopter Representation - Early Adopters are predominantly smaller organisations, potentially limiting insight from larger health boards. Engagement with future wave organisations has commenced. Readiness activities to be shared to ensure activities are scalable without risk.
- Third-Party Contracts. Requirement for continuation of third-party supplier contracts will not become visible until the Global Design template has been fully delivered.
- Capacity and Resource for Early Adopter organisations. Delays in securing resource for Early Adopters in a timely manner. Recruitment commenced, appointments anticipated by the end of September 2026. The Programme will seek early release of successful candidates wherever possible.

10. RECOMMENDATION

The Committee is asked to NOTE the update provided in respect of the Future Workforce Solution (ESR Transformation Programme).

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is <u>not exempt</u>

Teitl yr Adroddiad / Title of Report:	
Strategic Equality Plan Update	
Arwwinydd / Lead:	Gareth Hardacre - Director of People, Organisational Development & Employment Services
Awdur / Author:	Julia Denyer, Head of Organisational Development, Well-being and Inclusion
Swyddog Adrodd / Reporting Officer:	Gareth Hardacre - Director of People, Organisational Development & Employment Services

Pwrpas yr Adroddiad / Purpose of the Report:

The Committee is asked to NOTE the current status of NWSSP's progress in developing its Strategic Equality Plan and the actions being taken to address Welsh Government feedback.

Llywodraethu / Governance:

Amcanion / Objectives:	To update the Committee on NWSSP's approach to developing a Strategic Equality Plan, including Welsh Government feedback, areas for improvement and actions being taken to strengthen future reporting.
Tystiolaeth / Supporting evidence:	Welsh Government self-assessment feedback, Diversity and Inclusion Action Plan progress, staff engagement activity, staff survey insight, Workforce Dashboard data and evidence relating to Equality Integrated Impact Assessments (EQIAs), stakeholder experience and widening access. Appendix 1 - Welsh Government End of Year (EOY) Strategic Equality Plan (SEP) Assurance Feedback Report

Ymgynghoriad / Consultation:

The approach has been informed by Welsh Government feedback and engagement with staff, senior leaders, staff networks, ambassadors, trade unions, partnership forums and relevant governance groups.

Adduned y Pwyllgor / Committee Resolution (insert √):

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

Argymhelliad / Recommendation:	The Committee is asked to NOTE the current status of NWSSP's progress in developing its Strategic Equality Plan and the actions being taken to address Welsh Government feedback.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	The report directly supports equality and diversity by strengthening NWSSP's approach to equality planning, improving use of workforce equality data and supporting more measurable action to reduce inequalities.
Cyfreithiol/Legal:	No specific legal issues have been identified. The work supports compliance with the Public Sector Equality Duty and will need to maintain appropriate information governance arrangements when using workforce and engagement data.
Iechyd Poblogaeth/ Population Health:	There are no direct population health implications arising from this report.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	There are no direct quality, safety or patient experience implications. The report supports organisational learning by strengthening evidence, engagement and governance around equality improvement.
Ariannol/Financial:	No additional financial costs have been identified. The actions described will require staff time, which is expected to be managed within existing People and Organisational Development resources.
Risg a Aswiriant/ Risk and Assurance:	The main risk is that progress against the Strategic Equality Plan is not supported by sufficient evidence of impact. This is being mitigated through improved engagement routes, development of the Workforce Dashboard and clearer outcome measures.
Dyletswydd Ansawdd/Duty of Quality:	The report supports the Duty of Quality by improving the evidence base used to understand workforce equality issues and inform targeted improvement action.
Gweithlu/ Workforce:	The report has workforce implications as it relates to staff engagement, workforce equality data, policy review, widening access and the development of measurable equality outcomes. Actions within the forthcoming Strategic Equality Plan will address these.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

STRATEGIC EQUALITY PLAN UPDATE

1. INTRODUCTION

As a hosted organisation, NHS Wales Shared Services Partnership (NWSSP) has not developed a Strategic Equality Plan as yet. In 2023, a Diversity and Inclusion Action Plan was developed following an increased organisational focus and commitment in this area. In recent years, NWSSP has reported the progress of this plan to Welsh Government in the same way that other NHS Wales organisations report on their Strategic Equality Plans. The plan is due to be refreshed and it has been agreed with Welsh Government that it will be replaced by a Strategic Equality Plan in line with other NHS Wales organisations.

2. SITUATION

NWSSP completed the Welsh Government self-assessment in May 2026 and received feedback on 21 July 2026. The organisation assessed itself against the following five-point scale:

1. Basic Level – Principle accepted and commitment to action
2. Early Progress – Early progress in development
3. Results – Initial achievements
4. Maturity – Results consistently achieved
5. Exemplar – Others learning from our consistent achievements

The areas scored against the above are as follows:

- Workforce
- Access and Experience
- Overall

Workforce

Self-Assessed: 3

Welsh Government Assessed: 3

Welsh Government agreed that the evidence provided supports NWSSP's self-assessed score of 3 – Results. Key strengths identified were well-established engagement structures, staff networks, ambassadors and forums, supported by clear governance routes through the Senior Leadership Group, Local Partnership Forum and the Equality, Diversity and Inclusion Group. Early progress has also been made in developing equality data, including dashboards, demographic monitoring and use of staff survey insight. Further improvement is needed to ensure workforce policies and processes are reviewed consistently through an inclusion lens, with staff network involvement, and to strengthen evidence of measurable impact on outcomes and reduced inequalities.

Access and Experience

Self-Assessed: 3

Welsh Government Assessed: 2

Welsh Government did not agree that the overall evidence for this theme supported NWSSP's self-assessed score of 3 – Results. While the evidence for Equality

Integrated Impact Assessment (EQIA) and Widening Access was considered to meet this level, the Stakeholder Experience element was scored as 2 because there was insufficient evidence to show how feedback is influencing strategic decision-making. As the overall domain score is determined by the lowest individual element score, the theme was assessed as 2, with progress towards 3. Strengths include early integration of EQIAs into policy development, established engagement routes, examples of staff voice influencing change, and external engagement to support shared learning. Further improvement is needed to demonstrate how stakeholder feedback informs strategic decisions, evidence measurable impact over time, and strengthen analysis of workforce inequalities, including disparities and root causes.

Overall
Self-Assessed: 3
Welsh Government Assessed: 3
Welsh Government agreed that the evidence provided supports NWSSP's self-assessed score of 3 – Results. Strengths include clear evidence of activity aligned to equality objectives and action plans, practical progress across all three elements of the Public Sector Equality Duty, strong governance and partnership arrangements, and well-developed engagement and culture infrastructure. Welsh Government also recognised NWSSP's self-awareness in identifying gaps in data maturity, impact measurement and analytical capability, alongside realistic forward planning to address these areas. Further improvement is needed to strengthen data quality and analysis, demonstrate how data informs decision-making, and move towards outcome-based reporting that evidences measurable change over time.

3. ADDRESSING AREAS FOR IMPROVEMENT

NWSSP has undertaken extensive engagement to inform the development of the Strategic Equality Plan, including site visits, an all-staff questionnaire and a separate questionnaire for senior leaders. The outputs are currently being analysed in preparation for development of the document and the feedback received will have a direct link to the content of the plan. A 'You Said, Together We Did' document will be published alongside the Strategic Equality Plan to show progress made through the delivery of the Diversity and Inclusion Action Plan following previous staff engagement initiatives.

The organisation is preparing to launch an Inclusion Network, with network representation included in the already existing Policy Group. This will provide a clearer route for staff views to inform policy and strategy.

NWSSP's Workforce Dashboard has been developed and is providing improved insight into workforce data. Moving forward, discussions with senior management teams will support identification of gaps and inform future action. Further widening access opportunities are being explored as the People and Organisational Development function reviews its effectiveness in this area.

Finally, outcome measures are being reviewed to ensure they are clearer and more measurable in the new Strategic Equality Plan.

4. GOVERNANCE AND RISK ISSUES

The main governance and risk issue is NWSSP's ability to evidence measurable progress against the Strategic Equality Plan, including how equality, engagement and widening access activity is improving outcomes. Welsh Government recognised strong governance, engagement and partnership arrangements, but identified the need to strengthen evidence of impact, data maturity and the link between stakeholder feedback and strategic decision-making.

The actions in section 3 respond to these risks by strengthening engagement routes, improving use of workforce data and developing clearer outcome measures. The Inclusion Network, 'You Said, Together We Did' reporting and Workforce Dashboard will help show how staff voice and data inform priorities, supporting a shift from activity reporting to clearer evidence of impact.

No additional financial costs have been identified. Required staff time will be managed within existing People and Organisational Development resources. The approach supports compliance with the Public Sector Equality Duty, with information governance requirements maintained when using workforce and engagement data.

5. CONCLUSION

NWSSP has made clear progress in developing its Strategic Equality Plan approach, with Welsh Government recognising strengths in governance, engagement, partnership working and organisational self-awareness. The feedback also identified areas where further development is needed, particularly in demonstrating measurable impact, strengthening workforce data and showing how stakeholder feedback informs strategic decision-making. The actions outlined in this report, including the development of the Inclusion Network, Workforce Dashboard and clearer outcome measures, will support continued progress and provide a stronger evidence base for future reporting.

6. RECOMMENDATION

The Committee is asked to NOTE the current status of NWSSP's progress in developing its Strategic Equality Plan and the actions being taken to address Welsh Government feedback.

7. APPENDIX

- Welsh Government End of Year (EOY) Strategic Equality Plan (SEP) Assurance Feedback Report

SEP Assurance Reporting – Welsh Government Feedback	
Organisation: NHS Wales Shared Services Partnership **Reporting Period:** April 2026	
Theme: Workforce	
Current Position & Evidence	**Self-Assessed Level Workforce: 3** **WG Assessed Level Workforce: 3**
Feedback	

Welsh Government agree that the evidence demonstrated in this section is consistent with the self-assessed score of 3 – Results.

Strengths

- Strong engagement and culture infrastructure with well-established staff networks, ambassadors and forums and some positive staff survey trends (fairness, respect indicators).
- Clear governance and partnership structures, defined routes through Senior Leadership Group, LPF and EDI Group, alignment between workforce engagement and governance processes
- Emerging data development - early equality dashboards and demographic monitoring, including use of staff survey data and engagement insight

Areas for Improvement

- Improve consistency of reviewing workforce processes and policies through an inclusion lens and with engagement from staff networks.
- Provide further evidence demonstrating measurable impact of workforce initiatives on improving outcomes and reducing inequalities. Current evidence is highly reliant on participation and engagement metrics.

Theme: Access and Experience	
Current Position & Evidence	**Self-Assessed Level Access and Experience: 3** **WG Assessed Level Access and Experience: 2**

Feedback

Welsh Government do not agree that the evidence demonstrated in this section is consistent with the self-assessed score of 3 – Results. We agree that evidence provided for the elements EQIA and Widening Access does meet this score, however there is insufficient evidence provided within the Stakeholder Experience element to demonstrate how the feedback collected is influencing strategic decision-making, and therefore this area is scored as a 2. In line with the guidance provided, the lowest score given for one of the elements determines the overall score for the domain, making the score for this theme a 2 with demonstrated progress towards 3.

Strengths

- Clear and early integration of EQIAs into policy development, strong oversight and assurance with plans to strengthen these.
- Established engagement routes through the EDI Group, staff networks, ambassadors, trade unions and partnership forums, with multiple engagement methods used.
- Some evidence of how staff voice is influencing change and improvement (e.g. Reflection and Well-being Rooms).
- External engagement supports shared learning and alignment with wider equality priorities.

Areas for Improvement

- Demonstrate how stakeholder feedback is influencing strategic decision-making.
- Evidence how staff engagement and widening access initiatives are leading to change over time, measurable outcomes and impact.
- Strengthen analytical insight into workforce inequalities, such as identifying disparities and improving understanding of root causes.

Overall	
Current Position & Evidence	**Self-Assessed Level Overall: 3** **WG-Assessed Level: Overall: 3**
Feedback	

Welsh Government agree that the evidence demonstrated in this section is consistent with the self-assessed score of 3 – Results.

Strengths

- Clear evidence of activity driven by equality objectives and action plans
- Practical steps taken across all three elements of the PSED, with case studies provided.
- High level of organisational self-awareness - recognition of gaps in data maturity, impact measurement, analytical capability
- Strong forward planning with focus on improving data maturity and enhancing governance; the trajectory toward improvement is realistic
- Strong articulatio of risks and challenges and their mitigation.
- Well-developed engagement and culture infrastructure and positive staff survey trends indicating inclusive culture
- Clear governance and partnership arrangements

Areas for improvement

- Improve data quality and analysis to better evidence disparities, trends and progress across protected groups.
- Demonstrate how data is informing decision-making and embed data-driven decision making across the organisation
- Develop outcome-based reporting, moving from activity measures to impact metrics and providing clearer evidence of measurable change over time.

Development Plan – Feedback

It is positive to see both WES and improving EQIA processes in the organisation's forward plan. Given that the return acknowledges the organisation's need to improve evidencing of impact and data analysis, it would be helpful to understand what plans the organisation is developing to achieve this.

GIG CYMRU NHS WALES Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is <u>not exempt</u>

Teitl yr Adroddiad / Title of Report:	
Workforce Equality Standard Update	
Arwwinydd / Lead:	Gareth Hardacre - Director of People, Organisational Development & Employment Services
Awdur / Author:	Julia Denyer, Head of Organisational Development, Well-being and Inclusion
Swyddog Adrodd / Reporting Officer:	Gareth Hardacre - Director of People, Organisational Development & Employment Services

Pwrpas yr Adroddiad / Purpose of the Report:

The Committee is asked to NOTE the current status of NWSSP's WES report and the agreed actions to address the identified data limitations.

Llywodraethu / Governance:

Amcanion / Objectives:	To provide the Committee with an update on NWSSP's Workforce Equality Standard report, the data limitations identified, and the agreed actions to improve the accuracy of future reporting.
Tystiolaeth / Supporting evidence:	Still awaiting Welsh Government WES report. ESR data, TRAC recruitment data, NHS Wales Staff Survey data, HEIW appraisal data and General Medical Council (GMC) National Training Survey data.

Ymgynghoriad / Consultation:

The position has been discussed and agreed with Welsh Government, NWSSP and HEIW.

Adduned y Pwyllgor / Committee Resolution (insert √):

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

Argymhelliad / Recommendation:	The Committee is asked to NOTE the current status of NWSSP's WES report and the agreed actions to address the identified data limitations.

Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth / Equality and diversity:	The report supports equality and diversity by improving the reliability of workforce equality data and enabling more targeted action to address identified areas for improvement.
Cyfreithiol / Legal:	No specific legal issues have been identified. Data sharing and reporting arrangements should

	continue to comply with relevant equality and information governance requirements.
Iechyd Poblogaeth / Population Health:	There are no direct population health implications arising from this report.
Ansawdd, Diogelwch a Profiad y Claf / Quality, Safety & Patient Experience:	There are no direct quality, safety or patient experience implications arising from this report.
Ariannol / Financial:	No additional financial costs have been identified. Any required staff time is expected to be managed within existing resources.
Risg a Aswiriant / Risk and Assurance:	The main risk relates to the accuracy and completeness of WES data. The agreed approach reduces this risk by separating SLE and non-SLE reporting and using more appropriate data sources for SLE colleagues.
Dyletswydd Ansawdd / Duty of Quality:	The report supports the Duty of Quality by strengthening the evidence base used to understand workforce equality issues and inform improvement action.
Gweithlu / Workforce:	The report has workforce implications as it relates to equality data, staff survey participation, appraisal data and future reporting arrangements for SLE and non-SLE colleagues. Actions implemented in response to the report will address these.
Deddf Rhyddid Gwybodaeth / Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

WORKFORCE EQUALITY STANDARD

1. INTRODUCTION

The Workforce Equality Standard (WES) has replaced the Workforce Race Equality Standard (WRES) in 2026 to provide a broader view of the data held in relation to equality and enable organisations to make targeted improvements. Data is provided via the Electronic Staff Record (ESR), the TRAC recruitment system and NHS Wales Staff Survey response data.

Welsh Government has produced the first report for each NHS Wales organisation to show a comparison between organisational data compared with the aggregated national picture and has outlined areas for improvement. The NWSSP WES report is not included as an attachment as Welsh Government are in the process of developing an amended version for reasons outlined below.

2. CURRENT STATUS

NHS Wales Shared Services Partnership (NWSSP) received the WES from Welsh Government on 21 July 2026. The report did not accurately reflect the organisation's position because the data used was incomplete for two reasons:

- NHS Wales Staff Survey data for colleagues employed through the Single Lead Employer (SLE) model was limited due to low participation. This is consistently low for this group because of onboarding timescales and the timing of the GMC National Training Survey, which takes place shortly beforehand. It is also unclear whether respondents consistently select NWSSP as their employer, as many are placed in other NHS Wales organisations.
- Appraisal data for those employed via the SLE Model is not available via ESR, therefore percentages of appraisals completed was inaccurate. This data is held by Health Education and Improvement Wales (HEIW).

As a result, the equity scores and areas for improvement identified in the report were inaccurate when applied to the whole organisation, as data was missing from NWSSP's largest staff group. Additionally, assumptions are made in the report regarding development and progression of staff which do not account for the progression of this staff group into other organisations within NHS Wales.

NWSSP has agreed the following with Welsh Government to address the above:

- Welsh Government will issue an interim report for 2026 based on data related to all non SLE staff. NWSSP has sent specific data to Welsh Government for this purpose, with the exception of the staff survey data which will be sent by HEIW. The report was expected during the week commencing 24 August 2026, but it is understood that there have been delays in the process.
- For the 2027 WES report, Welsh Government will issue two separate reports; one for those employed through the SLE model and one for all other colleagues.
- Welsh Government will use appraisal data supplied by HEIW for the SLE report.
- Staff employed through the SLE model will no longer be asked to complete the NHS Wales Staff Survey. Welsh Government, NWSSP and HEIW have agreed this change to reduce duplication and survey burden, recognising that many of the experiences covered in the NHS Wales Staff Survey are already explored through the GMC National Training Survey. Participation in the GMC National Training Survey is consistently high, and its data will be used to produce the WES report for this staff group.

3. GOVERNANCE AND RISK ISSUES

The main governance and risk issue relates to the accuracy and completeness of the data used within the initial WES report. As the report did not fully reflect data for colleagues employed through the SLE model, there is a risk that organisational

equity scores, areas for improvement and related actions could be based on an incomplete picture of NWSSP's workforce.

The proposals set out in section 2 are intended to reduce this risk by ensuring that future reports are based on more appropriate and complete data sets. This will support clearer measurement of the current position, more reliable comparison with national data and standards, and better identification of the changes required. Using GMC National Training Survey data for this staff group, alongside appraisal data supplied by HEIW, should provide a more accurate evidence base while recognising the specific employment and placement arrangements for this workforce.

There are no additional financial cost implications identified at this stage.

The changes will require staff time from NWSSP, Welsh Government and HEIW to agree data definitions, provide the relevant data and review the revised reports. These requirements are expected to be managed within existing resources.

The proposals support compliance with equality-related reporting requirements by strengthening the reliability of the evidence used to identify workforce equality issues and improvement actions. No specific legislative compliance issues have been identified, although continued attention will be required to ensure that data sharing and reporting arrangements comply with relevant information governance and equality requirements.

Overall, the proposals meet the objectives of the report by addressing the current data limitations, improving the robustness of future WES reporting and supporting more targeted action to improve workforce equality across NWSSP.

4. CONCLUSION

The initial WES report did not fully reflect NWSSP's workforce position due to limitations in the data available for colleagues employed through the SLE model. NWSSP has worked with Welsh Government and HEIW to agree a revised approach that will separate SLE and non-SLE reporting, use more appropriate data sources, and reduce duplication in survey requirements. This will improve the accuracy of future WES reporting and provide a stronger evidence base to support targeted improvement action. The revised report will be shared with this committee when it has been received and reviewed.

5. RECOMMENDATION

The Committee is asked to NOTE the current status of NWSSP's WES report and the agreed actions to address the identified data limitations.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is <u>not exempt</u>

Teitl yr Adroddiad / Title of Report:	
NWSSP Adaptation and Decarbonisation Update	
Arwwinydd / Lead:	Stuart Douglas, NWSSP, Director of Specialist Estates Services
Awdur / Author:	Paul Thomas, Project Manager – NWSSP Planning, Performance & Informatics (Transformation Management Office)
Swyddog Adrodd / Reporting Officer:	Stuart Douglas, NWSSP, Director of Specialist Estates Services

Pwrpas yr Adroddiad / Purpose of the Report:

The Committee is asked to NOTE the biannual update on NWSSP's Adaptation and Decarbonisation progress.

Llywodraethu / Governance:

Amcanion / Objectives:	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement.
Tystiolaeth / Supporting evidence:	Appendix 1 - NWSSP Adaptation and Decarbonisation Update SSPC September 2026

Ymgynghoriad / Consultation:

- NWSSP Decarbonisation and Adaptation Programme Board - 4 June 2026
- NWSSP Senior Leadership Group – 25 June 2026

Adduned y Pwyllgor / Committee Resolution (insert √):

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

Argymhelliad / Recommendation:	The Committee is asked to NOTE the biannual update on NWSSP's Adaptation and Decarbonisation progress.

Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth / Equality and diversity:	There are no direct equality and diversity impacts arising from this update.
Cyfreithiol / Legal:	The programme supports delivery of national and organisational decarbonisation and climate adaptation requirements.
Iechyd Poblogaeth / Population Health:	The update supports wider population health objectives through actions to reduce carbon

	emissions, improve environmental sustainability and strengthen climate resilience across NHS Wales.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	There are no direct quality, safety or patient experience impacts arising from this update. The programme supports safe, sustainable and resilient service delivery across NHS Wales.
Ariannol/Financial:	Financial implications associated with individual schemes are managed through the relevant business case, capital planning and governance routes.
Risg a Aswiriant/ Risk and Assurance:	Programme risks are being managed through established governance arrangements, with amber-rated initiatives subject to active review and oversight.
Dyletswydd Ansawdd/Duty of Quality:	The update aligns with the Duty of Quality by supporting safe, effective, efficient and sustainable services, underpinned by leadership, whole-system working and continuous improvement.
Gweithlu/ Workforce:	There are no direct workforce impacts arising from this update. Workforce considerations linked to specific schemes will be managed through the relevant service and programme governance arrangements.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP ADAPTATION AND DECARBONISATION UPDATE

1. SITUATION

This report reflects the position reported during the July 2026 meeting cycle. Consideration by the Committee was deferred to the September 2026 meeting.

The NWSSP Adaptation and Decarbonisation Programme is currently rated green overall, reflecting the fact that 23 out of 25 of the decarbonisation initiatives are either delivered or rated as delivering to plan: Only 2 initiatives are rated at amber and none red.

Work on the Adaptation workstream remains on schedule to deliver a costed option appraisal by December 2026.

2. BACKGROUND

The programme is delivering against the second Decarbonisation Action Plan (2024–2026). Following the Strategic Delivery Plan refresh in November 2025, actions, timelines, and responsibilities have been realigned, supported by national coordination through the Climate Action Partnership (CAP).

3. ASSESSMENT

Delivery remains strong across the programme with key achievements including expansion of electric vehicle (EV) infrastructure, solar power generation, waste water heat recovery projects, increased procurement coverage under carbon reduction plans, and continued development of adaptation risk plans submitted to Welsh Government. Innovation activity continues through local initiatives and renewable energy schemes.

4. GOVERNANCE/RISKS

Programme governance remains robust with no risks currently exceeding threshold levels. Two of the 25 initiatives are amber rated and are being actively managed.

The foregoing report takes account of the recent NWSSP Adaptation and Decarbonisation Programme Board held on 4 June 2026, which requested that an assurance exercise be undertaken by the Adaptation and Decarbonisation Delivery Group (ADDG) to review all programme actions and associated RAG statuses to ensure accuracy and consistency.

The ADDG initially met on Wednesday 10 June 2026, with a follow-up meeting scheduled for Friday 19 June 2026, which falls after the submission deadline for this report. The first meeting concluded that:

a) Where initiatives were identified as being reliant on external factors, it was agreed that timescales should be adopted for switching ratings. For example, if Welsh Government does not confirm specific dates for the updated TEF programme by 31 August, status will move from green to amber.
b) Following reappraisal, 2 initiatives are considered to be amber (not 1) and accordingly, the initiatives will be prioritised for attention.

Those working on the adaptation workstream have completed most of the option appraisals (including costing). Arrangements are being made to appoint consultants to advise on viable cooling options for the laundries during period of excessive summer heat. Activity is on schedule for timely completion.

5. RECOMMENDATION

The Committee is asked to NOTE the biannual update on NWSSP's Adaptation and Decarbonisation progress.

NWSSP Adaptation and Decarbonisation Update

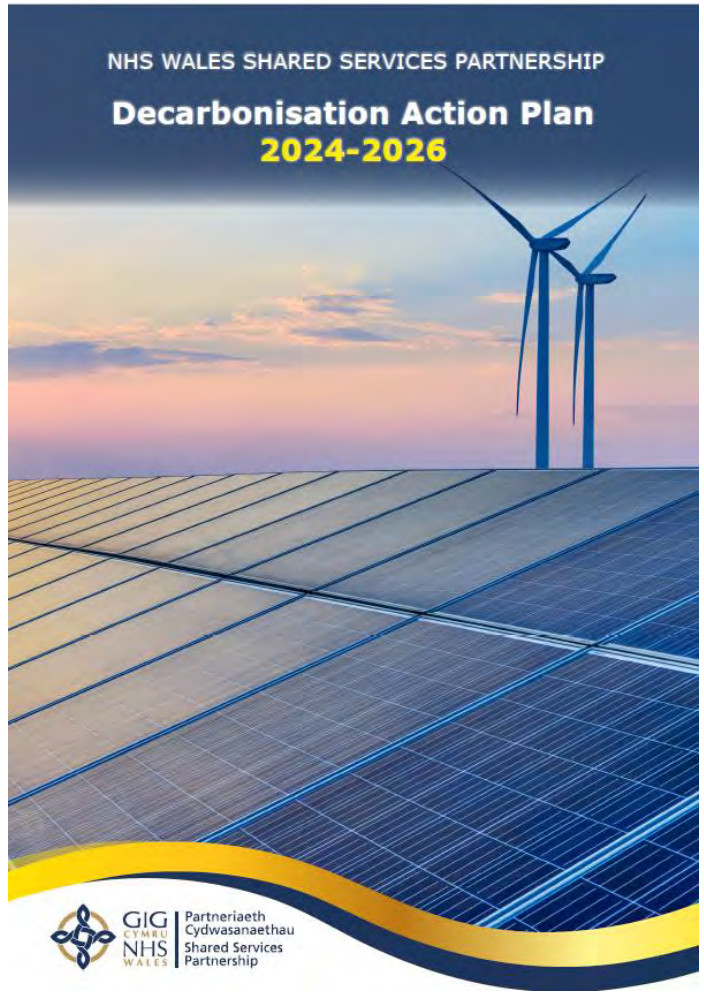
June 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Background

- A second iteration of NWSSP's Decarbonisation Action Plan (DAP) was produced for the period 2024-2026
- The Decarbonisation Delivery Group (DDG) meets bi-monthly to co-ordinate delivery of decarbonisation activities for NWSSP and those which we facilitate across NHS Wales.
- In November 2025, the NHS Wales Strategic Delivery plan was Refreshed with new workstreams, initiatives, actions and deadlines.
- NWSSP reported previously the Decarbonisation Programme as an Amber status. Since the refresh, NWSSP has realigning with the new actions and deadlines, the Programme is currently Green.
- The Climate Action Partnership (previously Decarbonisation Coordination Reporting Team) was established in NWSSP as part of the Mobilisation activities within the Strategic Plan. The team's national role is to drive the focused implementation of all initiatives through its coordination reporting role. The team were established in early 2023 and are the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales. They provide leadership, oversight, coordination, monitoring, and reporting of the delivery of the Strategic Plan on an NHS Wales wide basis.



Performance Summary Q1/Q2 25/26

- Overall RAG Status of the NWSSP Decarbonisation Programme is Green.

- Breakdown per workstream:
  - Governance and programme implementation - Amber
  - Buildings and land – Green
  - Fleet – Green
  - Staff travel and homeworking - Green
  - Procurement and supply chain- Green
  - Clinical Services – Amber
  - Waste – Green
  - Adaptation – Green

Governance and programme implementation is showing Amber due to delayed progress from NHS Wales Performance and Improvement Leading who are leading on Action 4a.

After investigation, the Clinical Services action is complex and will take a longer duration to complete beyond Sept 26, therefore the workstream is Amber – An extension to the deadline is to be requested in Junes Approach to Healthcare Project Board.

- Following the refresh of the NHS Wales Strategic Delivery Plan (SDP) with revised actions and deadlines NWSSP has:
  - Realigned its workplan with the SDP.
  - Reassigned Accountable and Responsible Leads.
  - Reviewed risks and issues aligned with the new actions.

- NWSSPs Carbon footprint will be available on next report following Net Zero publication

- Sustainable Transport Plans for IP5 and Matrix House completed.
- Increased Procurement spend covered by Carbon Reduction plans.
- Implemented 16 additional EV Chargers at Matrix House.

- Following the NWSSP Adaptation workshops. Risks have been identified and defined. A high-level plan has been produced and submitted alongside the risks to Welsh Government by their deadline of the end of December 25. NWSSP are currently in the process of creating, appraising and costing the Adaptation Mitigation risk options.

Electric vehicle Chargers installed at Matrix House, March 2026

Case Study 1 – The Cooler Climate Challenge

Within the NHS Wales Decarbonisation Strategic Delivery Plan (SDP), Initiative/Action 1b states, all organisations are to;

"Embed a structured mechanism within operational planning processes to support staff**-led environmental **sustainability initiatives."

The Cooler Climate Challenge was a competition inviting staff to share their ideas on how we can improve our environmental impact, while enhancing services. The competition was led by the Climate Action Partnership team (CAP).

To encourage uptake for the competition, Director of Specialist Estates Services & Senior Responsible Owner (SRO) for the Adaptation and Decarbonisation Programme personally donated a prize for the winner.

Following evaluation by the Specialist Estates Services (SES) and the CAP team on the responses received, the winning entry comes from Nicola Phillips, Primary Care Services.

Nicola proposed piloting a change to the Low Vision storage and distribution model, enabling Primary Care ophthalmic providers to hold a small stock of aids so that patients can receive them at their first assessment, this impacts the carbon footprint by avoiding patient travel while improving efficiency and enhancing patient experience, this will now move forward to pilot testing.

Carbon savings:

Co2 Savings are expected from the reduction in patient transportation emissions.

NWSSP are also planning to incorporate as many of the other ideas received in the next iteration of the Decarbonisation Action plan.

Case Study 2 –Denbigh PV and IR Heating

Within the refreshed NHS Wales Decarbonisation Strategic Delivery Plan (SDP), action 9a "*Undertake renewable energy opportunities assessments (e.g. roof-mounted solar PV, solar car ports, waste heat recovery, etc.) should be progressed or installed to ensure each organisation meets their renewable energy generation targets",* NWSSP assessed Denbigh Stores for renewable energy options.

NWSSP were awarded Targeted Estates Fund (TEF) funding for the project.

In March 2026, NWSSP completed the following works at Denbigh Stores:

- Roof mounted solar PV to increase renewable energy to site.
- Electrical infra red heating to replace gas heaters. Due to the areas of open space in Denbigh, infra red was chosen as a more efficient source of heat, as an alternative to fossil fuels.
- Upgrade of power capacity onsite, to allow opportunities for EV chargers to be installed in the future.

Carbon savings:
Figures from Winter Months - Feb 26 to end of Mar 26,
3,360 kWh generated
0.7 tCo2 Saving
£690 saving
*PV Generation is estimated to be approx. 82,000 kWh – Saving of £15,000 per annum.

* Due to installation in March 25, will require 12 months for actual figures

PCGIG Caffael Tîm Cynaliadwyedd
NWSSP Procurement Sustainability Team

Design for Life Programme

A national programme to shift from 'use and dispose' to reuse and recycle for medical devices.

The Challenge

- High waste and emissons
- Volatile Supply Chains
- Lost value & resilience

From ***April 2024- April 2025*** the NHS Wales bought approximately:

50,000 Single Use Tourniquets
60,000 Single -use Sharps Bins
26,000 Single-use arm cuffs
233,000 Single-use theatre caps

Medical Products Under Review




Tourniquets
Blood Pressure Cuffs
Theatre Caps
Sharps Bins

The Design for Life Approach

GOAL: Eliminate avoidable single -use medtech products by 2045.

Designing out Waste | **Products in Use for Longer** | **Circular Procurement** | **Supporting Innovation**

Benefits for NHS Wales

- Reduce Waste & Emissions
- Enhance Supply Chain Resilience
- Long Term Cost Savings
- Net Zero NHS by 2045

What This Means for NHS Procurement

Value-based & Circular Procurement for a Sustainable NHS Wales

Detailed Performance Summary Q4/Q1 25/26 – 26/27

Governance and Programme Implementation			
1	2	3	4

Buildings and Land			
5	6	7	8
9	10	11	12

Fleet		
13	14	15

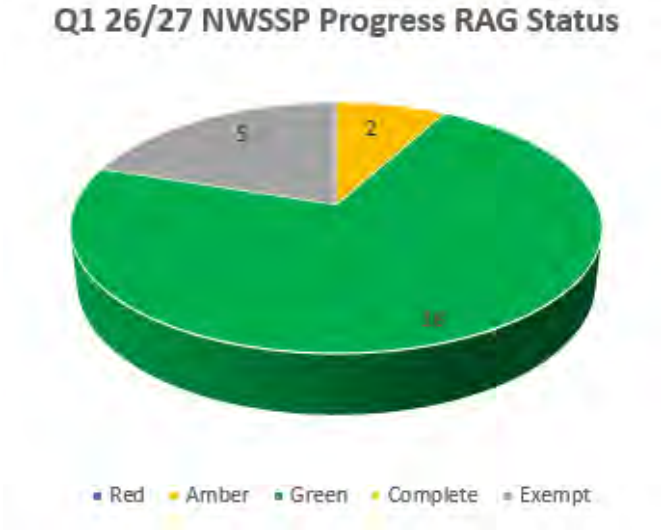
Staff Travel and Homeworking	
16	17

Procurement			
18	19	20	21
22			

Clinical Services	
23	24

Waste
25

Red		Requires Urgent Attention
Amber		Requires Action - "Mitigate risk"
Green		Requires No Remedial Action "Carry On To Plan"
Complete		Requires No Action - Item "Closed"
Exempt		The Organisation is exempt from this Initiative



Risks and Issues

There are no Risks and Issues over the score 15

Planned Activity for next 6 months

- Develop NWSSP mitigation options for appraisal from the Adaptation Risk register.
- Review opportunities for additional EV chargers to further enhance the infrastructure, to support the Health Courier Services (HCS) fleet.
- Upgrade heating systems at IP5 improving efficiency (Funding dependent).
- Complete roof overlay at IP5 to provide additional insulation and appropriate base for future PV extension.
- Finalise All Wales Waste Strategy.
- Finalise Net Zero Building Standard guidance.
- Develop an NWSSP Eco-Driving e-Module.
- Optimise HCS journey planning to reduce mileage and carbon.

NWSSP Finance Report September 2026

Reporting on the period to 31st July 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 31st July 2026

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

Finance Summary to 31st July 2026

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£000	£000	£000	£000
Income	-991,474	-232,638	-231,515	1,123
Pay	450,935	147,184	144,726	-2,458
Non Pay	269,073	62,314	62,374	60
WRP – DEL	271,466	23,140	23,140	0
Year to Date Underspend	0	0	1,275	1,275
	0	0	0	0

Whilst we have achieved a surplus to date, Service Directors have been requested to continue work to:

- identify additional recurrent and non-recurrent savings to include in our full year forecast and updated savings profile
- Undertake a deep dive review of workforce plans and vacant posts to identify areas to recurrently reduce headcount to align with our grip and control action plan
- Maintain zero agency usage
- Progress our opportunities pipeline and deliver further quantitative and non-quantitative benefits to NHS Wales

At the end of July 2026, NWSSP reported a year-to-date surplus of **£1.275m**.

The surplus within pay is due to a combination of vacancies being held, inability to recruit to posts and delays in backfilling posts across the organisation which Services are undertaking an in-depth review of.

A number of income assumptions are included within our financial plan with funding streams that have not yet been confirmed. Together with emerging cost pressures these have been included within the risks reported in our monitoring return which include:

- E-prescribing recurring funding confirmation awaited from DHCW – expectation of a £0.098m funding shortfall for 26/27 but recurrent funding is not yet confirmed
- Future Workforce Solution implementation funding for payroll/recruitment support - £0.404m per annum during transition period (pro rata for 26/27)
- Increased Radiopharmacy transitional costs due to reprofiling of costs and income streams due to anticipated delays in opening date – estimated this could be up to £0.400m in 2026/27 dependent upon demand
- Energy and Fuel price increases – estimated £0.300m potential cost pressure

Financial Position and Key Targets

KPI	Target	2025/26 June	July	August	September	October	November	December	January	February	March	2026/27 April	May	June	July	Trend
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	-£9k	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Achieved	On Target	On Target	On Target	On Target	
Distribution	0 Annually	On Target	On Target	On Target	On Target	On Target	On Target	£6m	£6m	£6m	£6m	On Target	On Target	On Target	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	99.40%	97.95%	97.85%	97.91%	98.33%	98.30%	98.37%	98.25%	98.91%	95.48%	98.09%	97.12%	96.10%	96.92%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	99.08%	98.73%	98.57%	98.46%	98.44%	98.43%	98.42%	98.40%	98.44%	98.18%	98.09%	97.67%	97.13%	97.10%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	92.94%	94.38%	92.22%	90.74%	89.94%	94.21%	94.21%	71.43%	89.42%	96.83%	90.44%	81.71%	93.22%	93.85%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.26%	95.05%	94.72%	94.04%	93.41%	93.49%	93.56%	91.48%	91.22%	91.61%	90.44%	87.16%	89.29%	90.56%	
Retrospective Purchase Orders	0 Monthly	68	56	61	54	39	42	46	33	42	52	51	45	39	38	

Corporate

KPI	Target	2025/26 June	July	August	September	October	November	December	January	February	March	2026/27 April	May	June	July	Trend
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	1	0	2	0	0	5	1	0	5	0	1	0	0	0	
Variable Pay – Overtime	<£100k Monthly	£83k	£93k	£71k	£70k	£66k	£75k	£141k	£62k	£65k	£103k	£82k	£69k	£66k	£60k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	0.93%	1.03%	0.68%	0.76%	0.72%	0.80%	1.49%	0.67%	0.69%	0.60%	0.84%	0.70%	0.68%	0.61%	
Agency % to date	<0.8% Cumulative	0.00%	0.03%	0.02%	0.02%	0.02%	0.00%	0.00%	0.01%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.00%	0.10%	0.08%	0.07%	0.05%	0.04%	0.04%	0.05%	0.04%	0.03%	0.00%	0.00%	0.00%	0.00%	
Invoices on hold		680	509	462	346	581	617	625	628	622	506	661	636	594	584	
Invoices awaiting authorisation		99	97	83	83	65	40	82	78	59	97	74	80	62	73	
% Spend with Welsh Suppliers		16.73%	14.64%	17.45%	6.64%	10.57%	18.83%	12.81%	14.98%	12.25%	11.08%	11.56%	19.87%	14.04%	16.87%	

Capital

Scheme	Allocation £000	YTD Spend £000	Balance Outstanding £000
Climatic chamber equipment SMTL	6	4	-2
TrAMS 25/26 underspend	55	0	-55
PCS Fire Door Cwmbran House	10	0	-10
Stores Tablets	45	0	-45
SMTL Incubator	24	0	-24
Corporate Comms - Laptops	6	6	0
Packaging Shrink Wrap - Picketson	5	0	-5
Epson Printer - Bridgend	1	0	-1
Epson Printer - Bridgend	1	0	-1
Luminos 4 double sided - Bridgend	1	0	-1
Datalogger and Associated software	5	0	-5
Unallocated	613	0	-613
Discretionary Capital Total	**772**	**10**	**-762**
IP5 Discretionary	250	1	-249
Laundry Discretionary	200	17	-183
Roof Overlay works at Imperial Park 5	1,634	860	-774
NWSSP - Fleet	1,190	0	-1,190
Power Resilience at IP5	1,406	5	-1,401
Trams Fees	283	0	-283
South East Wales Transforming Access to M	298	370	72
SE Wales Radiopharmacy - IP5	198	48	-150
Additional Capital Total	**5,459**	**1,301**	**-4,158**
IFRS16	0	0	0
IFRS16 Capital	**0**	**0**	**0**
TOTAL CAPITAL ALLOCATION	**6,231**	**1,311**	**-4,920**

Our Capital Expenditure Limit (CEL) is **£6.231m**, of which **£1.311m** has been utilised to the end of July. The CEL increased by **£55k** in respect of the Radiopharmacy scheme in month, which Welsh Government has reprovided due to the overall underspend position of the project against initial funding approvals.

Our core discretionary allocation is **£0.772m** of which **£0.613m** remains unallocated at the end of July. **£0.163m** will be allocated to Phase 2 of the Primary Care Workforce System enhancement pending the final amendments to the business case, with the balance of unallocated funding to be reviewed at the next Capital Prioritisation Group meeting in October to ensure funds can be utilised within the financial year.

Non-discretionary capital funding allocations to date total **£5.459m** for the continuation of the roof overlay works and power resilience programme at IP5, the Transforming Access to Medicines (TrAMS) Programme, the completion of the South East Wales Radiopharmacy at IP5 and the purchase of electric fleet vehicles in addition to the discretionary allocations for IP5 and Laundries.

In early August we received confirmation of the award of **£0.645m** from our backlog funding submissions for:

- IP5 Heating - £0.417m
- Bridgend Stores Emergency Lighting replacement - £0.064m
- North Wales Laundry Bulk Salt Tank - £0.051m
- Fire Safety Audit System - £0.113m

We will review unsuccessful bids at the October CPG meeting to identify if we can progress any schemes from uncommitted discretionary funds.

Welsh Risk Pool

Expenditure type	Position as at M4 25/26 £m	Position as at M4 26/27 £m
Claims reimbursed & WRP Managed Expenditure	44.125	32.254
Periodical Payments made to date	1.008	1.237
Redress Reimbursements	0.461	0.384
EIDO – Patient consent	0.000	0.000
Clinical Negligence Salary Subsidy	0.131	0.083
WRP Transfers, Consent, Prompt, CTG	0.147	0.162
Movement on Claims Creditor	-28.116	-10.980
Year to date expenditure	**17.756**	**23.140**

DEL expenditure to Month 4 is **£23.140m** compared to **£17.756m** at this point last year.

The DEL forecast included in our IMTP is **£271.466m** which requires **£162.031m** to be funded under the risk sharing agreement.

The detailed forecast review at the end of July of individual cases for settlement this year has identified a minimum resource requirement of **£244.117m** with a potential range of **£230m - £246m** when including identified risks and potential delays**.** Legal & Risk colleagues have also identified 14 cases with combined cashflow estimates of **£27.1m** in 2026/27 where there is potential that payments/settlements could reasonably fall into 2027/28.

Whilst deferral of any payments or settlement of these cases could potentially reduce the 2026/27 minimum forecast to £203m, it is important to note this will increase the forecast for 2027/28.

DEL FORECAST 2026/27	Position as at M4 25/26 £m	Position as at M4 26/27 £m
Actual spend to July 2026	**17.756**	**23.140**
Settled cases – awaiting payment	26.755	25.320
JSM/RTM/Offer	72.202	95.836
PPO's to March 2027	26.765	28.587
Sub Total	**143.478**	**172.883**
PI – estimate to March 2027	2.334	2.000
Highly likely – RTM planned/offers	26.464	37.002
Possible settlements before 31/03/2027	7.809	12.929
Estimate – 40% of Probable & Certain Claims <£200K	12.757	15.004
Estimate – Managed Claims	2.000	1.333
Legal & Risk – Clinical Negligence Salary costs (WG agreement) & \	0.966	0.966
Nosocomial Claims estimate/Redress	2.000	2.000
Minimum Forecast	**197.808**	**244.117**
Case movements 2025/26, maximum forecast 2026/27 -	5.741	27.349
2025/26 Outturn/2026/27 Forecast	**192.067**	**271.466**

The Risk Share percentages for 2026/27 will be updated to reflect actual 2025/26 audited data and will be reported to the September Welsh Risk Pool Committee.

An updated forecast and the updated risk share funding requirement will be provided in October.

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
September 2026 Meeting

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE

People and Organisational Development (OD) Report

MEETING	Shared Services Partnership Committee (SSPC)
REPORT AUTHOR	James Green, Head of People Planning, Strategy and Insight
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

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 July 2026. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity.

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.

People and OD

SSPC to note that SLG were asked to **review:**

1. **The NHS Wales Staff Survey:** Due to launch on 5th October 2026
2. **NWSSP's Employee Recognition Awards:** Nominations for are due to open on 1st September 2026
3. **"Supporting You"** The opportunity for People and OD colleagues to attend their Divisional team meetings / development days to provide a session on "Supporting You". Please contact the team if this is of interest
4. **Work in Confidence Platform:** There has been an increase of registrations on the platform but recognise that there is still a significant proportion of staff who have not accessed the and may not know it exists. Directors are asked to champion the platform and remind their teams that it is available to them

People and OD

SSPC to note that SLG were asked to **act on:**

1. **Sickness Absence Trends:** Review with your People and OD Business Partners, where percentages are still showing as above target
2. **Mandatory and Non Mandatory Learning:** Full review to be undertaken and low % areas to prioritise
3. **ESR Update Required**

   Ask all staff to update the following on ESR:
   1. Emergency Contacts
   2. Conflicts of Interest
   3. Equality and Diversity Information

4. **Welcome Induction Compliance: Divisions to** review all new starters attendance at the relevant Welcome Session and completion of the Welcome Induction Toolkit.

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Headcount & Turnover

Including SLE

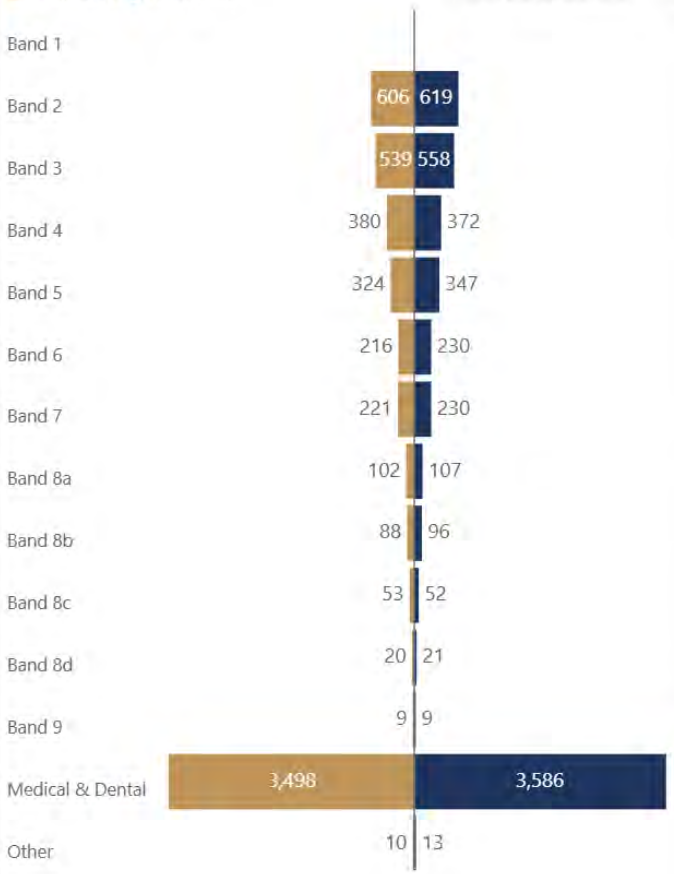
NWSSP Monthly Workforce Report Summary

Partneriaeth Cydwasanaethau Shared Services Partnership

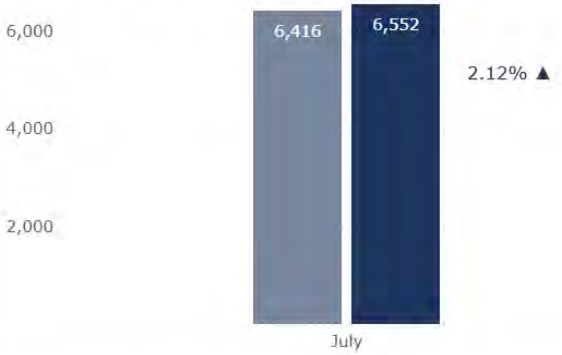
Date: Jul 26 | Division: All | Service, Area, Department: All | Headcount / FTE | Exclude SLE

Headcount by Pay Band

Select Financial Years: Multiple selections



Headcount Comparison



12-Month Rolling Sickness

2.96%
Previous Year: 3.13%
(-0.17%)

12-Month Rolling Turnover

21.59%
Previous Year: 22.55%
(-0.96%)

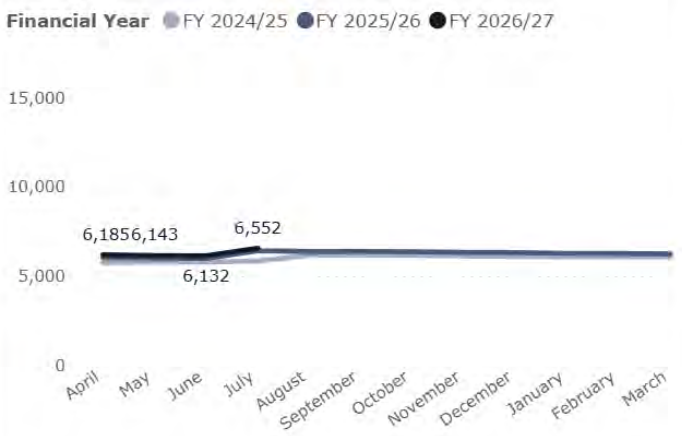
In-Month Learning Compliance

58.82%
Previous Year: 56.44%
(+2.38%)

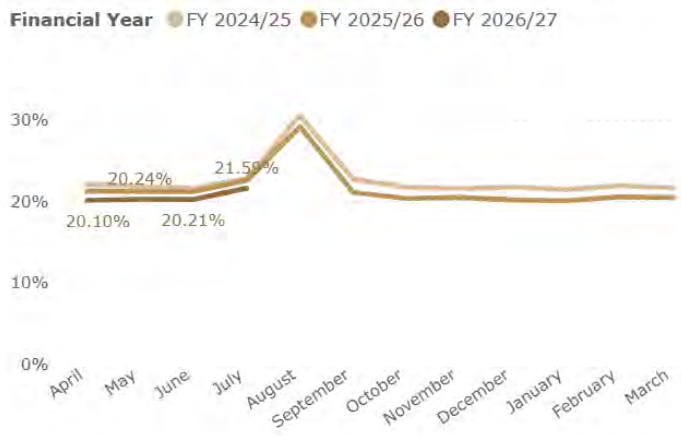
In-Month PADR Compliance

35.13%
Previous Year: 35.60%
(-0.47%)

Headcount Yearly Comparison



12-Month Rolling Turnover Yearly Comparison



Headcount & Turnover

Excluding SLE

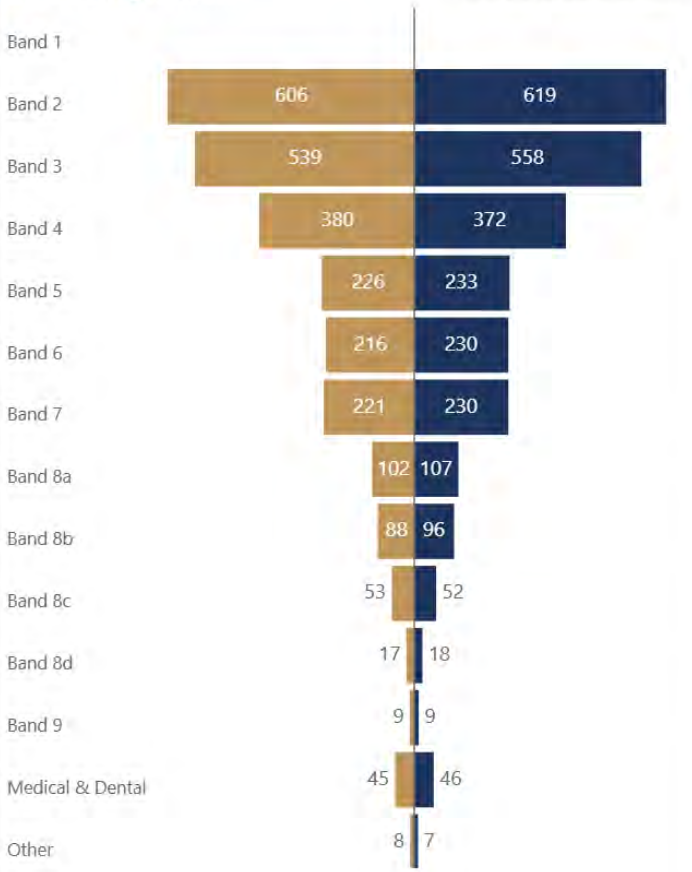
NWSSP Monthly Workforce Report Summary

Partneriaeth Cydwasanaethau Shared Services Partnership

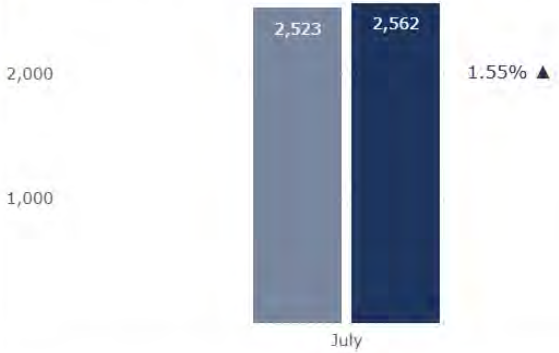
Date: Jul 26 | Division: All | Service, Area, Department: All | Headcount / FTE | Exclude SLE

Headcount by Pay Band

Select Financial Years: Multiple selections



Headcount Comparison



12-Month Rolling Sickness

5.23%
Previous Year: 5.30%
(-0.07%)

12-Month Rolling Turnover

9.06%
Previous Year: 9.27%
(-0.21%)

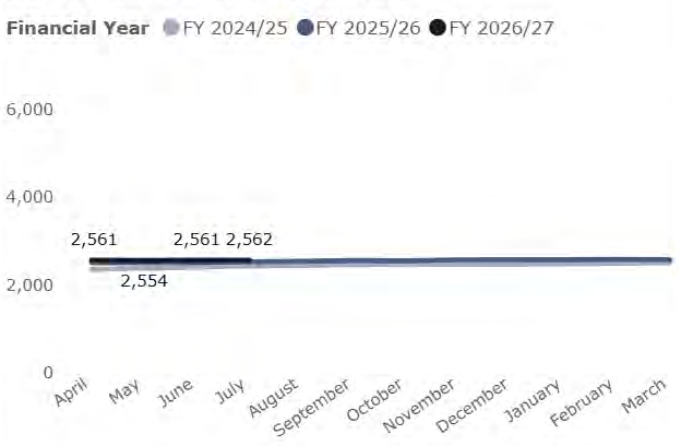
In-Month Learning Compliance

94.08%
Previous Year: 91.88%
(+2.20%)

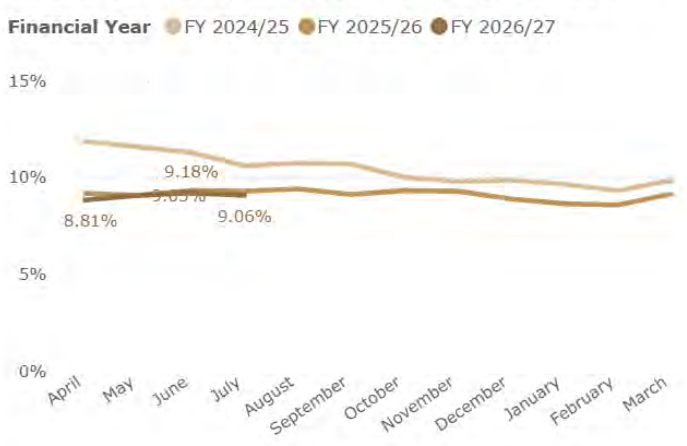
In-Month PADR Compliance

83.34%
Previous Year: 84.41%
(-1.07%)

Headcount Yearly Comparison



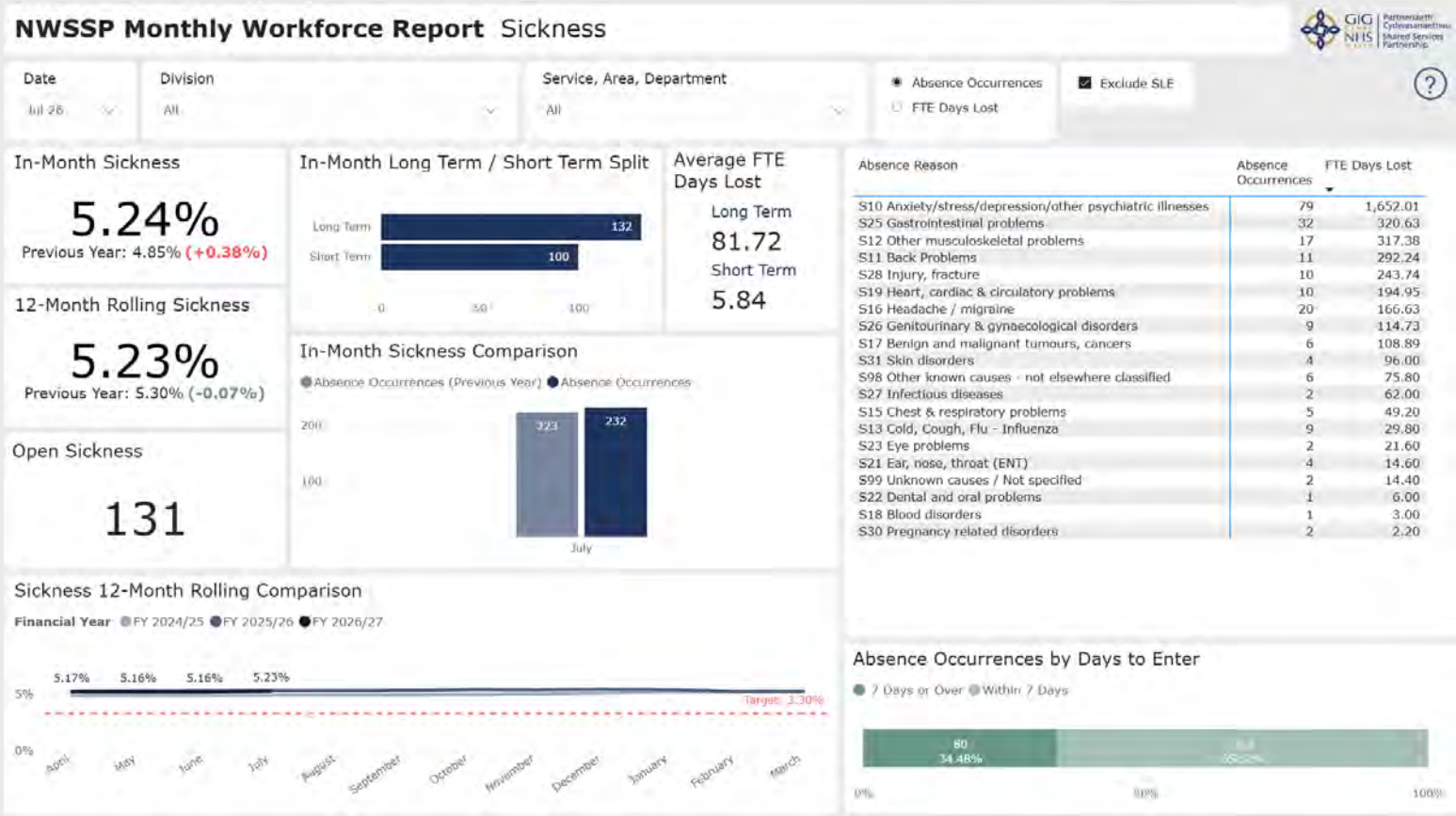
12-Month Rolling Turnover Yearly Comparison



Sickness

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

Excluding SLE



Division	Sickness %	Target
Medical Workforce Division	9.86%	4.00%
Laundry Division	9.32%	7.50%
Employment Division	6.45%	5.00%
Procurement Division	5.81%	5.50%
Surgical Materials Testing (SMTL) Division	5.58%	2.00%
Primary Care Division	4.88%	4.50%
Medical Examiner Division	4.60%	4.50%
People & OD Division	4.04%	3.00%
Accounts Payable Division	3.95%	3.50%
Legal & Risk Division	3.62%	2.50%
Digital Workforce Division	3.49%	3.00%
Planning, Performance and Informatics Division	3.34%	2.00%
Finance Division	3.13%	2.00%
Corporate Division	2.81%	2.00%
Finance Academy Division	2.15%	2.00%
Specialist Estates Division	2.06%	2.00%
E-Business Central Team Division	2.75%	3.00%
Audit & Assurance Division	2.06%	2.50%
Single Lead Employer Division	1.55%	2.00%
Welsh Employers Unit Division	1.07%	3.50%
Pharmacy Technical Services Division	0.85%	2.00%
Counter Fraud Division	0.18%	2.00%

Mandatory Learning

Including SLE

In-Month Overall Learning Compliance

58.82%

Previous Year: 56.44% (+2.38%)

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

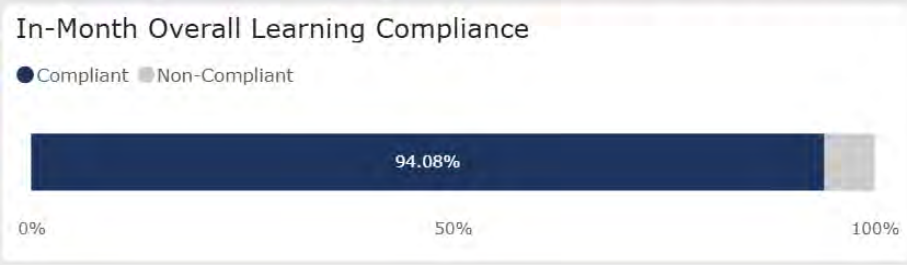
Excluding SLE

In-Month Overall Learning Compliance

94.08%

Previous Year: 91.88% (+2.20%)

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



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	100.00%	98.69%	96.73%	98.04%	98.69%	94.12%	96.73%	98.04%	99.35%	98.04%	100.00%	94.12%
Audit & Assurance Division	98.18%	94.55%	90.91%	94.55%	89.09%	92.73%	90.91%	92.73%	87.27%	87.27%	100.00%	94.55%
Corporate Division	96.15%	96.15%	88.46%	96.15%	92.31%	88.46%	92.31%	100.00%	88.46%	88.46%	92.31%	80.77%
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%	92.59%	100.00%	96.30%	96.30%	92.59%	92.59%	100.00%	96.30%	96.30%	100.00%	100.00%
E-Business Central Team Division	100.00%	100.00%	94.74%	100.00%	94.74%	94.74%	94.74%	100.00%	94.74%	94.74%	94.74%	100.00%
Employment Division	98.80%	97.90%	96.70%	97.60%	96.70%	97.30%	97.00%	97.90%	97.60%	97.60%	99.70%	97.00%
Finance Academy Division	100.00%	75.00%	100.00%	100.00%	100.00%	87.50%	87.50%	100.00%	100.00%	100.00%	100.00%	87.50%
Finance Division	100.00%	100.00%	96.30%	96.30%	96.30%	92.59%	92.59%	100.00%	100.00%	100.00%	96.30%	85.19%
Laundry Division	86.76%	85.29%	94.12%	91.67%	89.71%	83.33%	91.67%	89.22%	77.45%	76.47%	82.84%	69.12%
Legal & Risk Division	98.48%	94.92%	92.89%	95.43%	91.88%	92.39%	93.40%	93.91%	92.89%	92.89%	97.97%	93.40%
Medical Examiner Division	92.86%	87.76%	94.90%	90.82%	85.71%	90.82%	90.82%	83.67%	84.69%	82.65%	94.90%	78.57%
Medical Workforce Division	100.00%	90.48%	95.24%	85.71%	80.95%	95.24%	95.24%	90.48%	85.71%	85.71%	90.48%	76.19%
People & OD Division	95.83%	89.58%	91.67%	91.67%	77.08%	85.42%	91.67%	87.50%	87.50%	87.50%	100.00%	85.42%
Pharmacy Technical Services Division	93.22%	89.83%	93.22%	89.83%	83.05%	88.14%	89.83%	89.83%	84.75%	84.75%	96.61%	79.66%
Planning, Performance and Informatics Division	96.00%	100.00%	92.00%	100.00%	96.00%	94.00%	96.00%	100.00%	96.00%	96.00%	96.00%	96.00%
Primary Care Division	99.67%	99.34%	97.70%	98.69%	98.69%	97.05%	97.05%	99.67%	98.03%	98.36%	100.00%	98.69%
Procurement Division	95.31%	95.91%	93.39%	96.15%	91.71%	91.95%	92.55%	94.83%	93.39%	93.51%	96.75%	88.46%
Single Lead Employer Division	27.80%	45.61%	37.80%	42.96%	21.69%	32.81%	34.05%	43.13%	26.51%	26.02%	24.86%	31.06%
Specialist Estates Division	100.00%	96.36%	92.73%	98.18%	98.18%	83.64%	89.09%	98.18%	100.00%	100.00%	100.00%	92.73%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	62.50%	100.00%	62.50%	87.50%	87.50%	50.00%	100.00%	100.00%	75.00%	75.00%	100.00%	62.50%

Non-Mandatory Learning

Including SLE

Excluding SLE

Division	Achieving Net Zero in Wales	Duty of Quality	Fraud Awareness	Speaking Up Safely	Understanding Sexual Misconduct in the Workplace
Accounts Payable Division	63.40%	81.70%	95.42%	79.74%	24.18%
Audit & Assurance Division	10.53%	43.86%	77.19%	5.26%	8.77%
Corporate Division	32.14%	28.57%	75.00%	7.14%	17.86%
Counter Fraud Division	100.00%	100.00%	100.00%	0.00%	83.33%
Digital Workforce Division	77.78%	100.00%	88.89%	0.00%	3.70%
E-Business Central Team Division	84.21%	94.74%	84.21%	0.00%	26.32%
Employment Division	1.51%	1.20%	92.17%	6.02%	0.90%
Finance Academy Division	0.00%	0.00%	87.50%	0.00%	12.50%
Finance Division	44.44%	22.22%	85.19%	18.52%	0.00%
Laundry Division	0.00%	0.49%	3.90%	0.98%	0.00%
Legal & Risk Division	3.57%	8.67%	43.88%	2.04%	1.53%
Medical Examiner Division	1.02%	12.24%	20.41%	42.86%	1.02%
Medical Workforce Division	0.00%	4.76%	4.76%	0.00%	0.00%
People & OD Division	43.75%	56.25%	52.08%	56.25%	50.00%
Pharmacy Technical Services Division	0.00%	25.86%	44.83%	0.00%	0.00%
Planning, Performance and Informatics Division	16.00%	12.00%	56.00%	62.00%	4.00%
Primary Care Division	24.92%	60.33%	90.49%	25.25%	5.90%
Procurement Division	2.39%	0.48%	51.14%	1.55%	0.24%
Specialist Estates Division	94.55%	1.82%	9.09%	100.00%	1.82%
Surgical Materials Testing (SMTL) Division	36.00%	24.00%	88.00%	4.00%	80.00%
Welsh Employers Unit Division	0.00%	0.00%	14.29%	14.29%	0.00%

PADR Compliance

Excluding SLE

NWSSP Monthly Workforce Report PADR

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

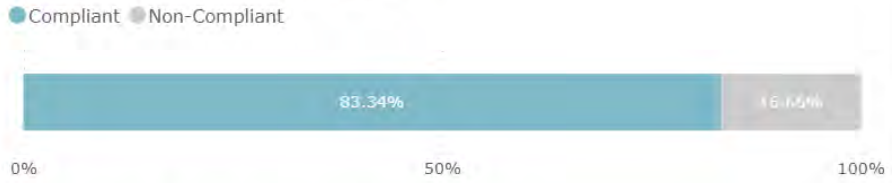
In-Month Overall Compliance

83.34%

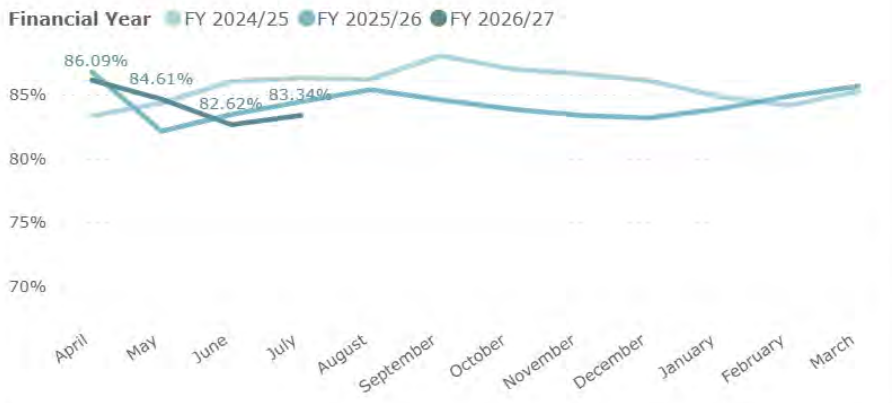
Previous Year: 84.41% (-1.07%)

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

In-Month Overall Compliance



Compliance Yearly Comparison



In-Month Compliance Breakdown

View by: Staff Group / Division

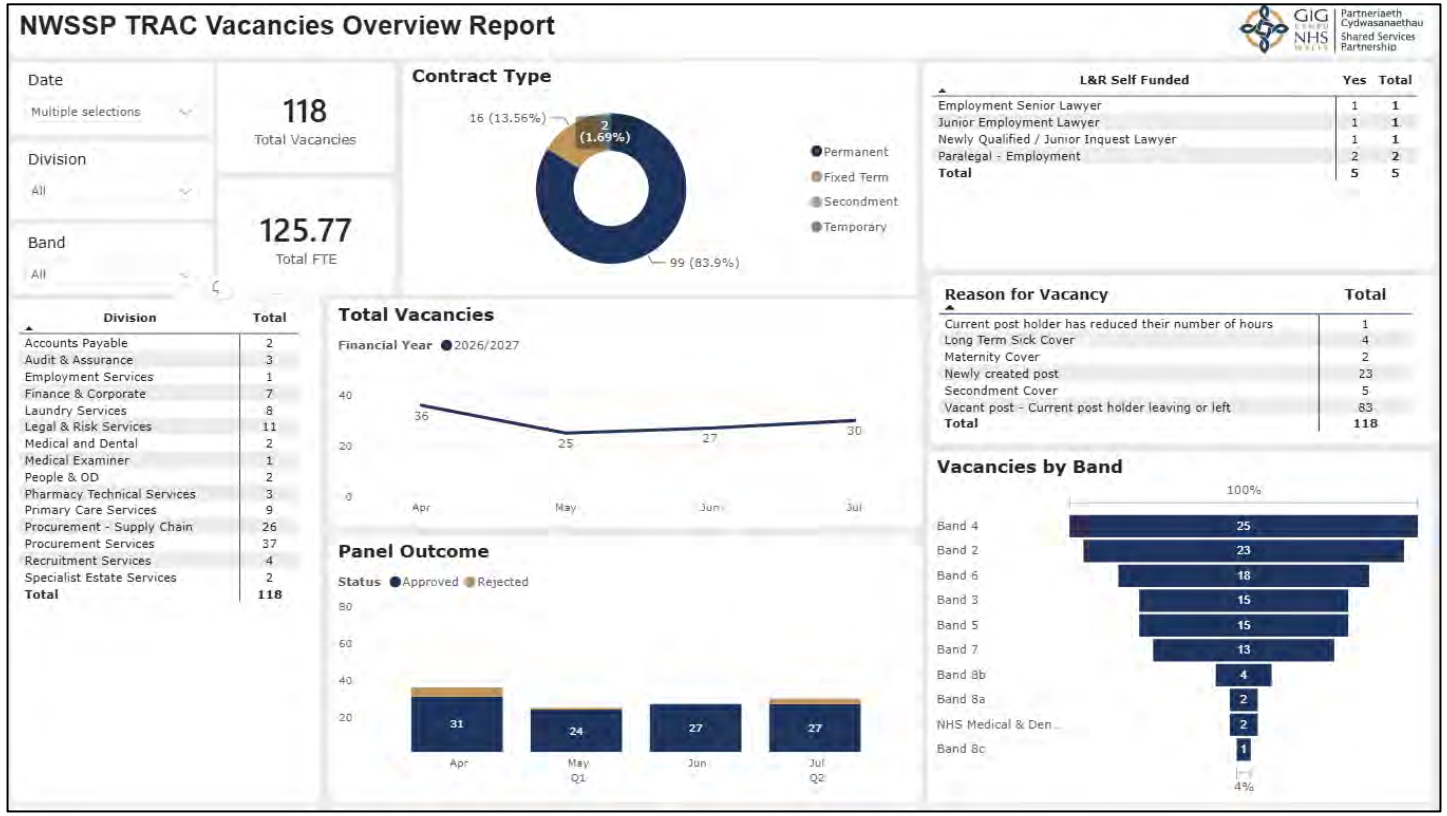
People Services - Resourcing

Resourcing Control

12 Business Cases were submitted to Vacancy Control:-

- 8 were Bank to Substantive
- 2 were FTC to Permanent
- 1 was temporary arrangements made permanent
- 1 extension to FTC

		Average Time in Working Days						
Trac Report Code	Trac Recruitment Health Check	Target	Jul-26	Jun-26	May-26	Apr-26	Mar-26	Feb-26
T0a	Notice Date to Authorisation Start Date	5	39.9	31.7	46.7	14.0	48.0	61.6
T1a	Time to Approve Vacancy Request	10	8.2	8.2	7.3	7.3	10.2	10.2
T4	Time to Shortlist	3	7.1	5.2	4.3	7.2	6.2	4.7
T5b	Time to Update Interview Outcomes	3	3.0	3.9	3.3	3.7	2.4	4.3
T9b	Time to Approve References	2	3.4	1.9	1.6	1.3	3.1	1.9
T13	Vacancy Creation to Conditional Offer	44	42.4	40.9	46.1	41.5	44.7	44.8
T14	Vacancy Creation to Unconditional Offer	71	56.0	56.1	55.0	56.9	55.7	54.3
T23	Conditional Offer to Ready for Start date notification	27	15.4	11.8	12.8	14.6	13.4	13.6



People Services - Resourcing

NWSSP EOI Bank Request - Vacancy Control Overview Report

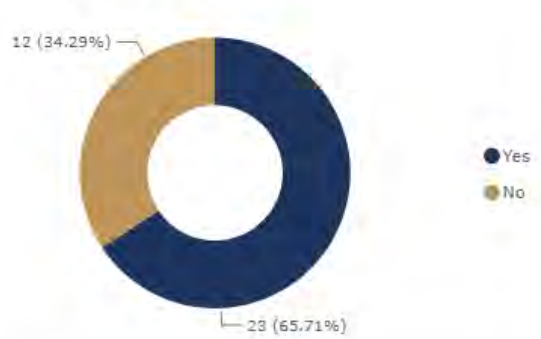
Date: Jul 26

Division: All

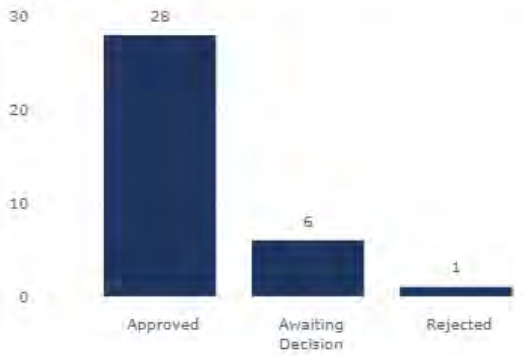
35 Total Requests

54 Total Bank Workers

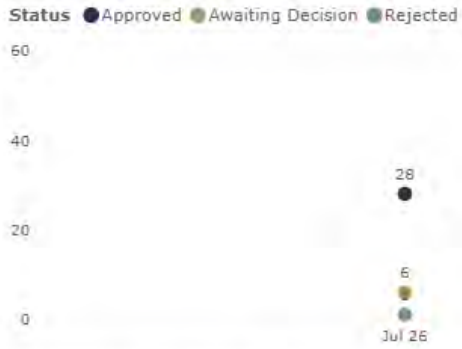
Extension Request



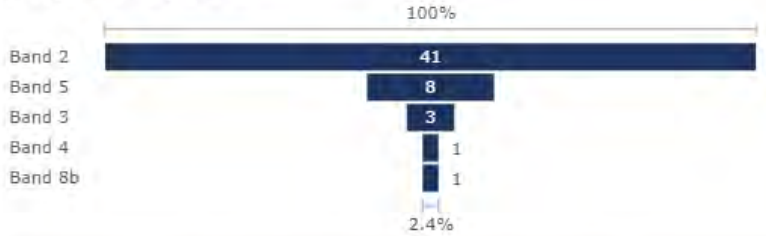
Request Outcome



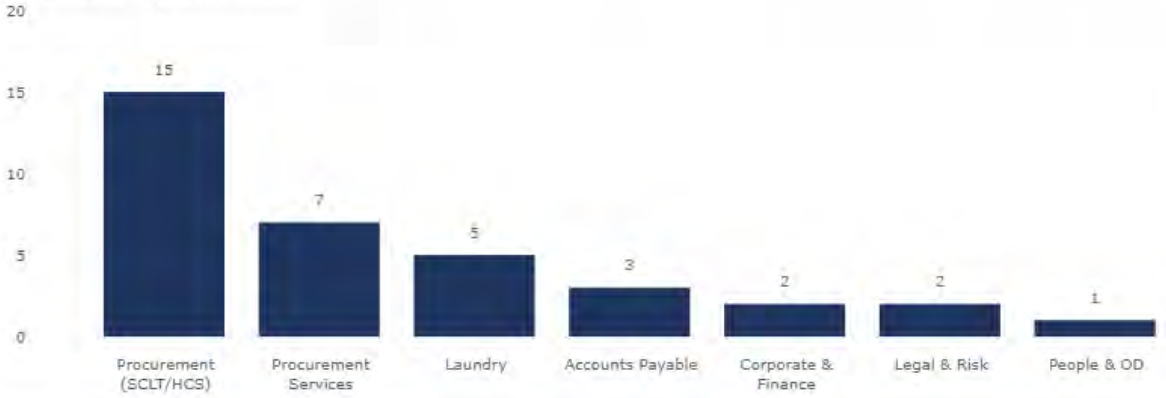
Monthly Outcomes



Requests by Band



Requests by Division



Reason for bank vacancy/extension request?	Total
Vacant post - current post holder leaving or left	13
Long term sickness cover	10
Extra support / additional demand (add further detail in next question)	5
Annual leave cover	3
Secondment cover	3
Short term sickness cover	1
Total	**35**

Employee Value Proposition

Widening Access

Career Events:

Below outlines the career events attended by NWSSP's Early Careers Network throughout July.

Event	Location	Target Audience	Attended by
Mock interviews - through the medium of English and Welsh	North - Ysgol Morgan Llwyd (Welsh)	Year 10	P&OD
Careers Fair	North - Ysgol Bryn Elian	Year 9 and 10	P&OD
Careers Fair	North - Ysgol Eirias	Year 9 and 10	Employment Services

NWSSP Graduate Update:

NWSSP's Graduate, is about to commence her second year on the programme from September and will undertake an operational placement with Swansea Bay Health Board to broaden her NHS Wales experience.

Our second year graduate, has been successful in securing a permanent role within NWSSP's Health Courier Services with an estimated start date of the 24th of August.

Network75: Central Team eBusiness conducted the shortlisting and interview process throughout July. The team interviewed 6 applicants, which were all very positive. They have now successfully recruited a computing student who will start with NWSSP in September 2026.

Finance services have also expressed interest in recruiting a student, and they will begin the shortlisting and interviewing process within the next few weeks now that finance has been approved.

Work Placements: The table below outlines the number of work placements hosted in July.

Work Placement	Directorate	Start Date	End Date
1	Legal and Risk	29/06/2026	01/07/2026
11		06/07/2026	10/07/2026
1		15/07/2026	16/07/2026
10		13/07/2026	17/07/2026
1	SES	13/07/2026	17/07/2026

People Development

Division	New Starters Since April 2026	Attendance at Welcome Induction Workshop	Returned Welcome Induction Toolkit Declaration Forms
043 Accounts Payable Division	2	2	1
043 Corporate Division	3	1	1
043 E-Business Central Team Division	2	2	2
043 Employment Division	1		
043 Legal & Risk Division	5	5	4
043 Medical Examiner Division	3	3	3
043 Medical Examiner Service	1		
043 Medical Workforce Division	2	2	2
043 People & OD Division	2	2	2
043 Pharmacy Technical Services Division	6	5	4
043 Primary Care Division	2	1	1
043 Procurement Division	30	13	13
043 Specialist Estates Division	2	1	1
Grand Total	62	**37**	**35**
		56.928%	**56.45%**

Corporate Induction Compliance:

New starters attendance at the Welcome Session, and the return of their Welcome Induction Toolkit Declaration Form are both required to ensure compliance.

NWSSP's Corporate Induction compliance is currently at 56.90%.

As of July 2026, four of our divisions (highlighted to the left) are fully compliant.

Training and Development

In July applications closed for cohort five of our Leadership Program for Excellence and Innovation 2026 we received 32 applications across both the Strategic and Leadership Essentials cohorts.

All applicants will be notified in August if they have been successful or unsuccessful.

Below is a breakdown of People and OD training attendance for July 2026.

- 7 in house workshops delivered with 116 staff attending
- 12 staff Did Not Attended despite enrolling onto the workshop
- 12 staff withdrew before the start date of the workshop

Organisational Development

NHS Wales Staff Survey:
A total of 167 staff attended the 2025 Staff Survey Coffee Morning, excluding Directors and the People & OD team facilitating the event. Attendance by service is provided on the right. *Please note that we are aware that some teams watched the event together as a group, meaning the final attendance figure may vary.

Planning for the 2026 NHS Wales Staff Survey is underway. NWSSP service hierarchies have been confirmed and submitted to IQVIA. HEIW has proposed a survey **launch date of 5th October 2026,** with digital submissions **closing on 30th November 2026** and paper submissions closing on **4th December 2026**.

Employee Recognition Awards: The NWSSP Staff Recognition Awards have been renamed the Employee Recognition Awards. Planning is underway for the 2026 launch of the new award programme with nominations scheduled to **open on 1st September 2026 and close on 2nd October 2026**.

Supporting You Roadshow: People and OD have engaged with 4 services virtually, and 1 Development day in July as follows:

- Central Team eBusiness – Virtual
- Accounts Payable – Virtual
- SMTL – Virtual
- Integrated Partnership Procurement – Virtual
- Finance – Development Day

Services	Number of Attendees
Accounts Payable & E-enablement	1
Audit & Assurance	6
Central eBusiness	4
Employment Services	6
Finance & Corporate	41
Legal & Risk	41
Finance Academy	2
People and OD	10
Pharmacy	4
Planning, Performance & informatics	5
Primary Care	20
Procurement, Logistics and Transport	18
Single Lead Employer	2
Surgical Material Testing Laboratory	3
Specialist Estates	3
TOTAL	**167**

Speaking up Safely

We have seen an increase of 12 registrations on the Work in Confidence platform, with a total of 99 people registered. Concerns raised remain the same at 19, and all are now closed. The top reasons selected when raising a concern remain the same, 'Bullying and Harassment' and 'Attitudes and Behaviours (organisational culture)'.

Diversity, Inclusion and Well-being

- TMO are now supporting the single-sex spaces work to align NWSSP with the Supreme Court Judgement from April 2025 and the new Code of Practice issued by the Equality Human Rights Commission (EHRC) in July 2026.
- Signs4Life delivered an ADHD Education Workshop for NWSSP colleagues on 22/07/2026 which was received well.

NWSSP Performance Information Report

September 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services 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 April – July 2026.

Health Organisations received their individual performance reports for Quarter 1 at the end of July 2026 and will receive the Quarter 2 reports at the end of October 2026.

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

Key Messages

Performance for July was good with most reported KPIs achieving the target.

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

However, one KPI did not achieve the target. The KPI related to procurement savings. For the indicator where the target was missed there is a brief explanation included in the report.

Professional influence benefits amount to £115M at end of July. This is further broken down on Page 12 of this report.

Summary Position by exception – 1 KPI off Target

Of the 1 KPI that did not achieve the targets for July 26

- 1 is a joint responsibility of NWSSP and the health organisation.

Summary of KPIs

KFA	KPIs	Target		25/26 April	May	June	July	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	83%	83%	95%	96%	
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	66%	68%	100%	89%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
				Procurement Services				
Our Value	Procurement savings *Current Year	£27m	Cumulative	£16,239,851	£16,993,354	£22,668,924	£40,023,435	
				Accounts Payable				
Our Value	Savings and Successes		Monthly	£107,429	£3,559,717	£2,181,047	£3,235,177	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	96%	Reported Quarterly	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	89%	Reported Quarterly	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	98%	98%	98%	98%	
				Employment Services Payroll				
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.85%	99.86%	99.84%	99.87%	
Our Services	Payroll % Calls Handled	95%	Monthly	99.17%	98.96%	98.75%	98.40%	
				Recruitment All Wales				
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	67.8%	63.0%	62.8%	59.4%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.40	65.30	68.10	67.00	
				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	99.9%	99.9%	99.7%	99.6%	
Our Services	Recruitment % Calls Handled	95%	Monthly	99.4%	99.4%	99.6%	99.3%	

Summary of KPIs

KFA	KPIs	Target		25/26 April	May	June	July	Trend
				Student Awards				
Our Services	% of NHS Bursary Applications processed within 20 days	100%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	99.21%	98.65%	99.02%	98.70%	
				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	99.70%	99.68%	99.79%	99.80%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
				Legal & Risk				
Our Value	Savings and Successes		Monthly	£15,651,514	£898,524	£1,858,525	£38,666,236	
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	£566,076	£426,169	£283,893	£205,656	
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	100%	100%	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	100%	100%	

Summary of KPIs

KFA	KPIs	Target		25/26 April	May	June	July	Trend
				Digital Workforce				
Our Services	DWS % Calls Handled	85%	Monthly	92.44%	91.70%	93.18%	92.00%	
Our Services	Customer Satisfaction	90%	Monthly	93%	93%	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%	100%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	92%	Monthly	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
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%		
Our Services	Never Events	0	Monthly	0	0	0		
				All Wales Laundry				
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	89%	91%	94%	98%	
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	94%	93%	99%	94%	

Procurement Savings

Division	KPIs	Target		2025-26 July	August	September	October	November	December	January	February	March	2026-27 April	May	June	July	Trend	Lead KPI
Our Value																		
Procurement	Procurement savings *In Year	£8m	Cumulative	£9,046,890	£12,218,832	£12,204,376	£13,447,343	£14,028,837	£14,801,823	£15,663,789	£16,550,227	£17,079,574	£2,566,765	£3,320,268	£4,126,944	£6,276,532		K
Procurement	Procurement savings *In Year - Pharmacy	£17m	Cumulative	£18,139,499	£18,139,499	£23,609,011	£23,609,011	£23,622,536	£28,214,233	£29,905,099	£29,905,099	£33,342,903	£13,673,086	£13,673,086	£18,541,980	£33,746,903		K
Procurement	Procurement savings *Full Year	£27m	Cumulative	£30,525,196	£33,887,817	£42,728,580	£44,377,101	£45,184,642	£50,584,304	£53,450,258	£54,352,901	£58,319,831	£16,239,851	£17,037,299	£22,770,488	£40,304,033		K
Procurement	Procurement Cost Avoidance	£6m	Cumulative	£13,960,056	£14,972,208	£11,646,137	£12,999,314	£15,974,643	£16,269,821	£16,269,821	£17,878,498	£18,384,039	£2,829,833	£2,977,464	£5,193,580	£7,008,360		

What is happening?

Procurement Savings *In Year excluding pharmacy, did not meet the July year to date target of £8m, reporting £6.3m.

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

A validation exercise is currently being carried out by procurement heads of service to identify planned contracts that have been delayed and are adjusting the savings target phasing accordingly.

Heads of Procurement continue to discuss savings opportunities with health organisations on a regular basis.

Areas of success

Employment Services – Recruitment

Division	KPIs	Target		2025-26 August	September	October	November	December	January	February	March	2026-27 April	May	June	July	Trend	Lead KPI
Our Services																	
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	66.6%	67.7%	63.4%	68.1%	68.4%	61.9%	58.6%	64.4%	67.8%	63.0%	62.8%	59.4%		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	63.8	63.7	64.0	63.4	62.3	64.7	64.5	62.3	62.4	65.3	68.1	67.0		K

What is happening?

The average Time to Hire (TTH) across NHS Wales for July 2026 was 67.0 days, remaining below the target of 71 days and broadly consistent with performance in previous months. However, four organisations did not achieve the target, as shown on page 9. During July, recruitment activity showed a slight reduction in the number of posts advertised, decreasing from 1,451 to 1,411, while the whole-time equivalent (WTE) advertised reduced from 1,685.5 to 1,522.3. Despite this, the number of conditional offers increased from 1,574 to 2,262 during July, indicating continued progress in progressing candidates through the recruitment process.

The chart below highlights the Number of Conditional Offers sent over the last 12 months with a further breakdown of activity on Page 10.

Division	Activity		August	September	October	November	December	January	February	March	April	May	June	July	Trend
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,758	1,738	1,822	1,432	1,677	1,455	1,241	1,372	1,214	1,316	1,574	2,262	

What we continue to do?

There were 1485 applicants who completed checks in July 2026. Whilst good progress has been made on the older records in the system, 4.7% of applicants across Wales have been awaiting completion of the mandatory employment checks for more than 91 days since receiving their offer letter. When these records are closed, it negatively impacts the TTH due to the length of time they have been in the system.

Although this has reduced significantly from around 25% in Summer 2023. In order to assist with this work an Escalation Report which is shared monthly identify and review these records. It is also important 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.

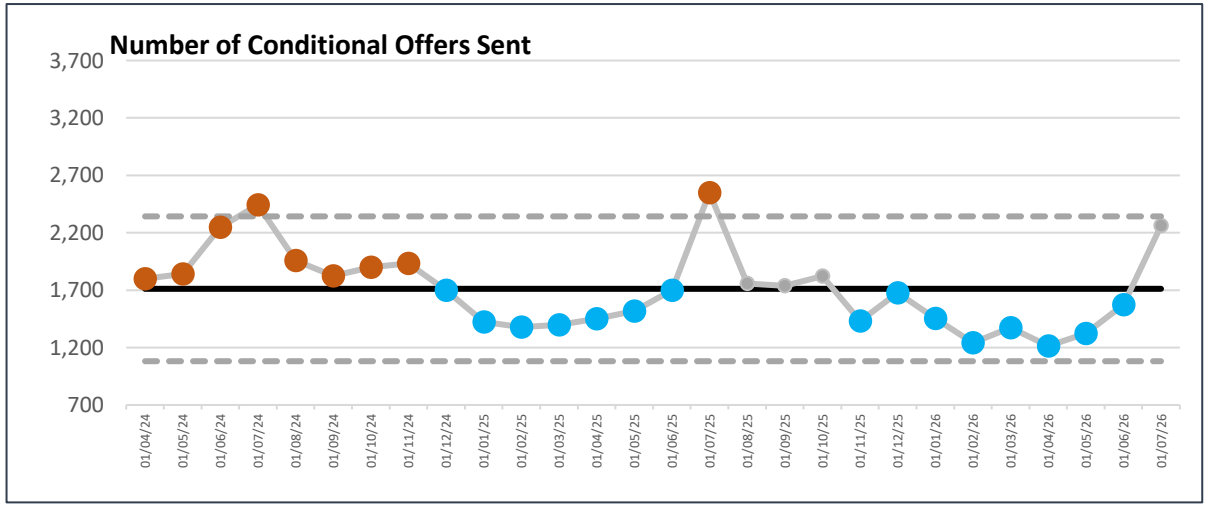
Vacancy freezes - Impact on Time to Hire

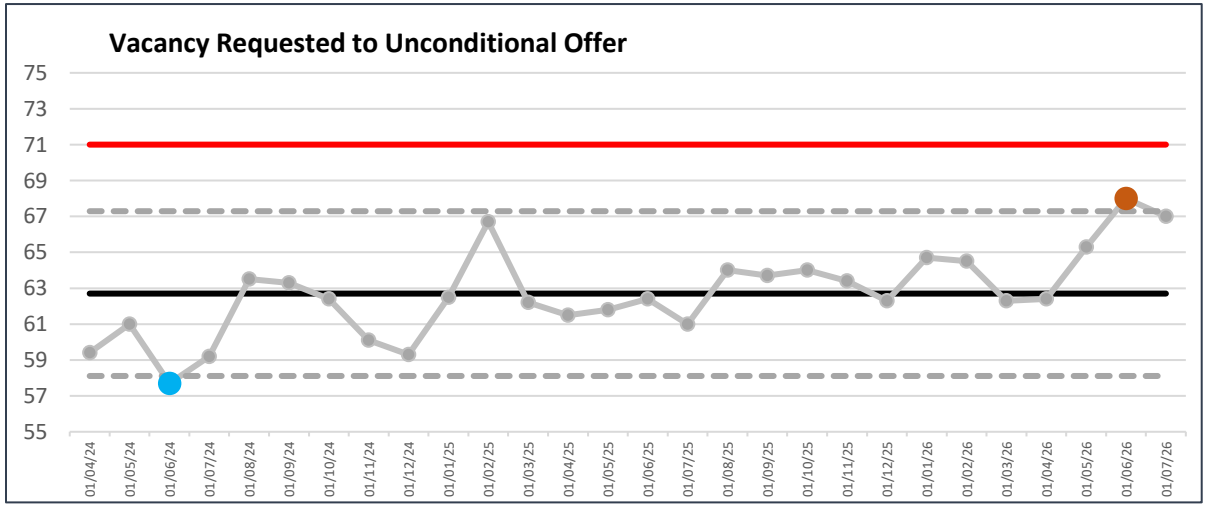
For any organisations where there is a vacancy freeze in place, it has been advised not to hold vacancies in Trac until a time when they can be approved, as this will add many months onto the Time to Hire in the future. Organisations are asked to reject them in the Trac system and re-enter them as new vacancy requests when the freeze is lifted or relaxed and they can be approved to progress.

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 applicants remain engaged throughout the recruitment process.

Employment Services – Recruitment

Recruitment Org	Target	Vacancy Creation to Unconditional Offer: Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Trend
AB	71	58	62	60	68	63	57	64	63	57	56	60	60	58	
BCU	71	68	64	65	62	62	66	68	70	68	64	59	60	67	
CV	71	102	104	98	107	116	90	95	94	84	94	92	86	94	
CTM	71	71	70	69	71	74	77	76	85	80	80	80	73	81	
HD	71	49	55	52	48	50	51	55	59	50	49	52	52	51	
HEIW	71	63	55	49	49	55	61	58	60	48	49	55	55	58	
DHCW	71	48	59	57	47	47	46	55	56	61	49	70	119	102	
NWSSP	71	42	52	57	54	48	51	55	54	56	57	55	56	56	
PTHB	71	58	68	64	72	78	69	71	62	65	61	65	58	65	
PHW	71	59	55	53	61	61	50	62	50	47	56	67	52	52	
SBU	71	70	80	73	85	79	81	85	92	86	105	112	109	108	
VEL	71	50	57	63	54	44	53	53	55	58	50	51	58	49	
WAST	71	78	63	72	74	88	77	71	75	70	68	61	67	68	
All Wales	71	61	64	64	64	63	62	65	65	62	62	65	68	67	





Employment Services – Recruitment

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

Professional Influence Benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- 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.
- Post Payment verification recoveries (PPV) – financial recoveries of claims

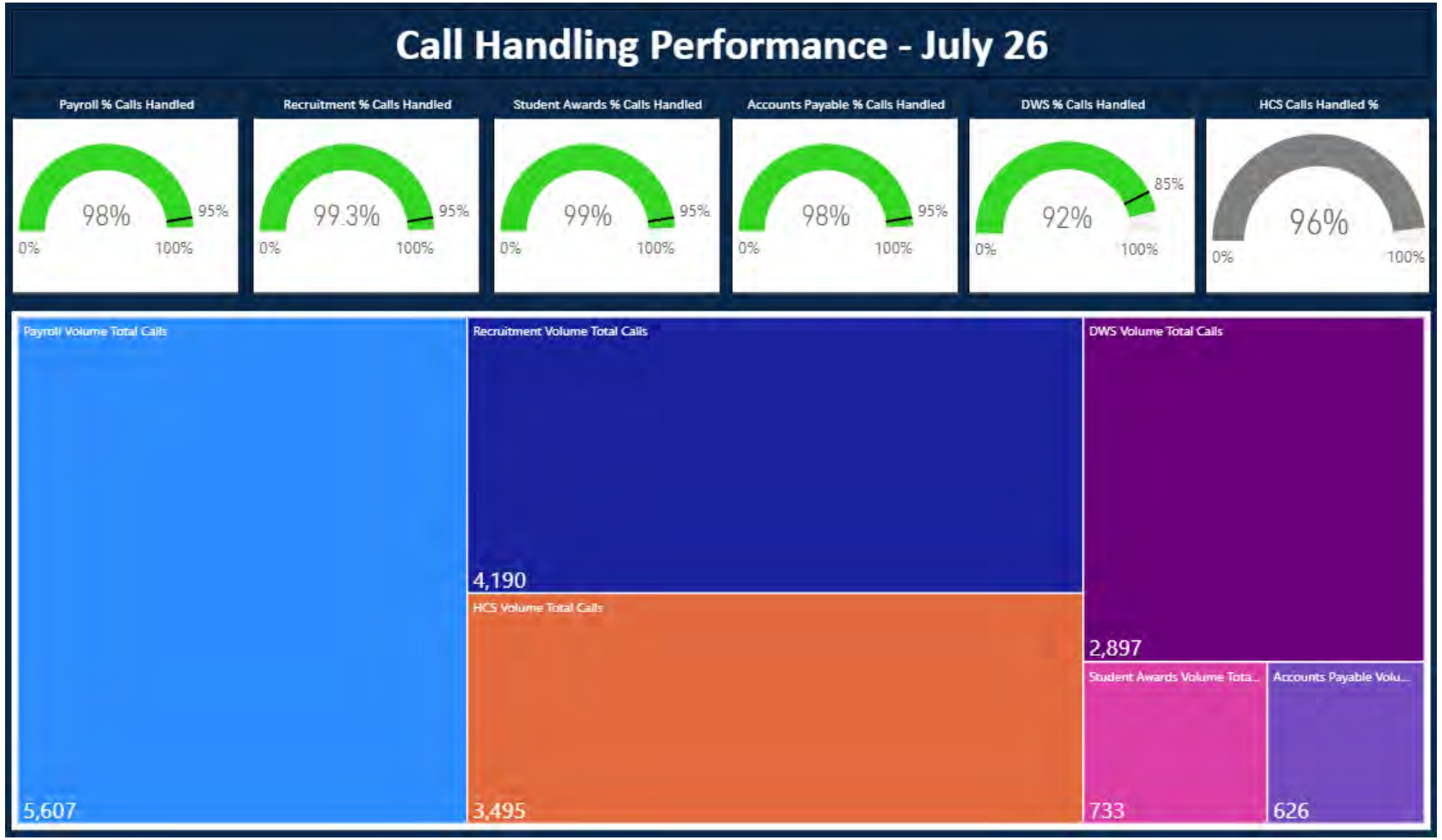
The indicative financial benefits across NHS Wales arising in the period April - July 2026 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	1.5
Procurement Services	6.3
Procurement Services – Pharmacy	33.7
Procurement Services - Cost Avoidance	7.0
Legal & Risk Services	57
Accounts Payable	8.8
Oxygen Finance – PSP	0.2
Counter Fraud Services*	0.2
Post Payment Verification Recoveries	0.06
Total	115m

- * April - June

Call Handling

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

- **Post Payment Verification recoveries** has started to be reported within the professional influence benefits summary.
- **Accounts Payable statement reconciliation** was not available at the time of writing however, will be included in the next report.

Recommendations

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

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

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Partneriaeth Cydwasanaethau
Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

NWSSP Outcome Measures Performance Report

September 2026

Delivering Value, Innovation and Excellence through Partnership

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Purpose of the Report

The purpose of this report is to provide the SSPC with an update on the agreed Outcome Measures for July 2026 or the most recent annual information. This has been updated to reflect the four strategic objectives set out in the IMTP 26-29.

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.

Voice of the Customer insights from performance meetings now forms part of the ‘Our Partners’ section, to keep our customer perspectives front of mind and provide an explanation on what we have done or are doing. Issues raised by customers that have been resolved have been removed from the report.

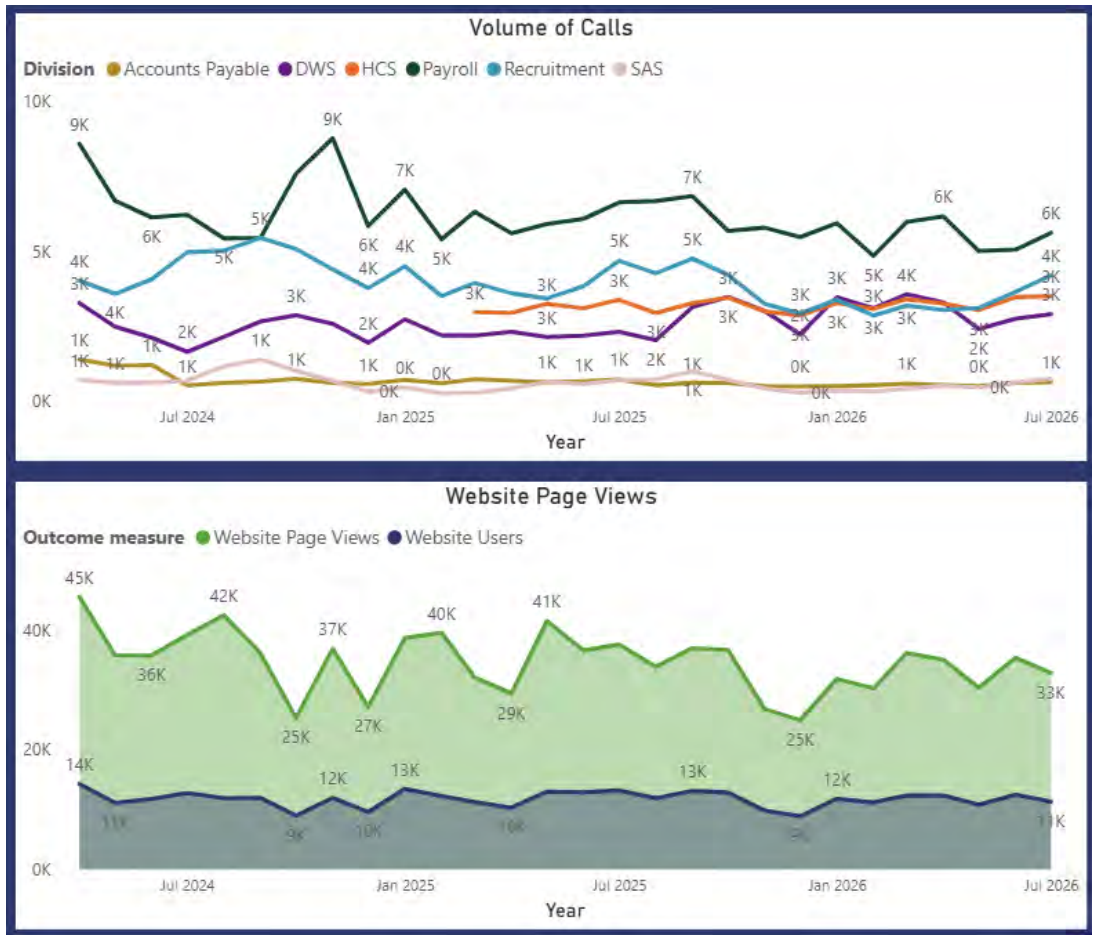
Key Messages

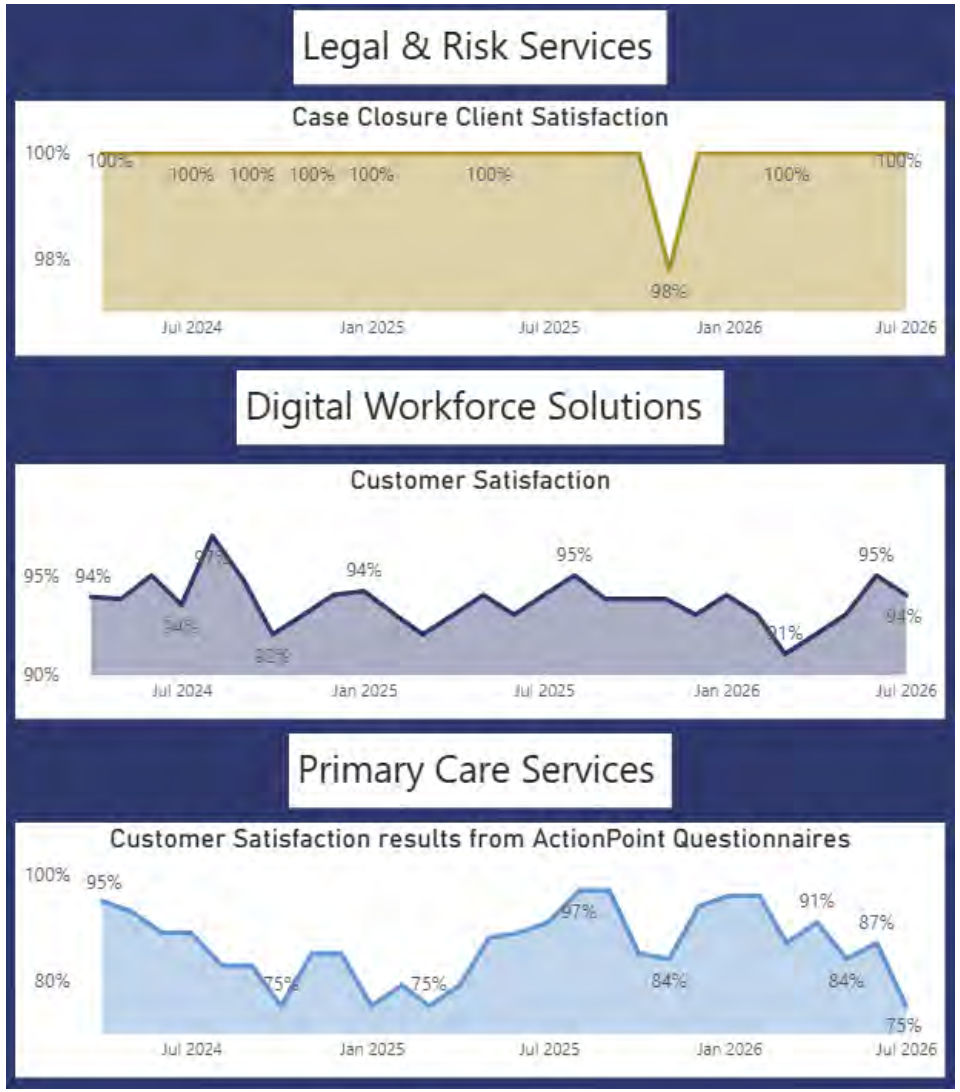
NWSSP demonstrates strong performance across key areas, positive trajectory in employee satisfaction, professional influence benefits and a positive contribution towards the decarbonisation and foundational economy.

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

Our Services

Our Services

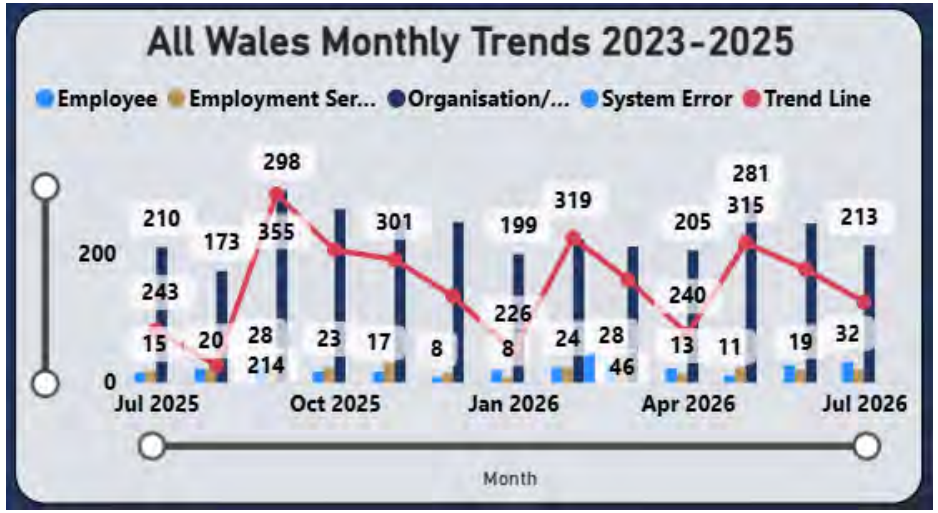




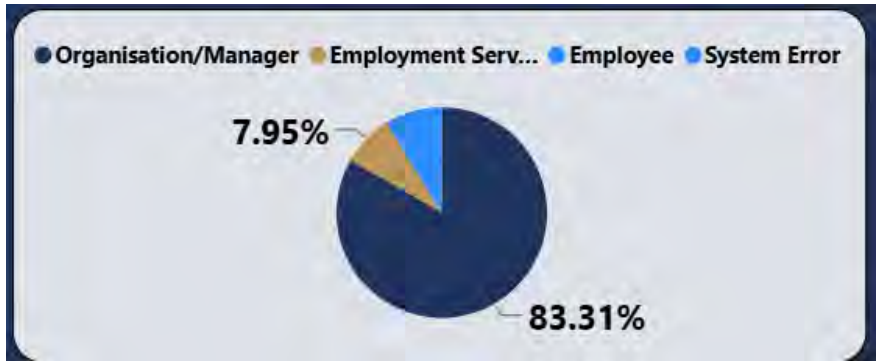
All Wales Payroll Overpayments

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

Overpayment by Responsibility trend July 25 – July 26



Overpayment by Responsibility split July 25 – July 26



Organisation/Manager responsibility accounted for 83.31% of overpayments.

Examples of Reasons by responsibility

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

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Audit & Assurance performance – July 26/27

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	3.6%	21.4%	100.00%	100.0%		
Betsi Cadwaladr	35	2.9%	31.4%	90.91%	100.0%	100.0%	100.0%
Cardiff & Vale	41	7.3%	12.2%	75.00%	100.0%	100.0%	100.0%
Cwm Taf Morgannwg	32	6.3%	25.0%	77.78%	100.0%	100.0%	100.0%
DHCW	14	7.1%	28.6%	100.00%	100.0%	100.0%	100.0%
HEIW	11	9.1%	27.3%	100.00%	100.0%	0%	100.0%
Hywel Dda	32	3.1%	15.6%	100.00%	100.0%	100.0%	100.0%
Joint Commissioning Committee	4	0%	25.0%	100.00%			
Llais	4	0%	0%	100.00%			
NHS Wales Performance & Improvement	4	0%	25.0%	100.00%			
NWSSP	17	0%	17.6%				
PHW	12	16.7%	8.3%	100.00%	100.0%		
Powys THB	26	7.7%	15.4%	100.00%	100.0%	100.0%	100.0%
Swansea Bay	29	6.9%	27.6%	90.00%	100.0%	100.0%	
Velindre	15	0%	20.0%	100.00%			
WAST	19	0%	31.6%	100.00%			
Total	**323**	**5.0%**	**21.4%**	**92.96%**	**100.0%**	**88.9%**	**100.0%**

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

95.65%

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

Our Services

Customer Satisfaction

- Most divisions met their customer satisfaction targets.
  - Specialist Estates achieved their annual satisfaction target whilst also showing an increased participation rate.
  - CTeS missed their annual satisfaction survey target for 25-26.

Website Analytics

- Website Users and page views decreased in July (11k and 33k respectively) compared to June (12k and 35k). The top 3 page views were current vacancies, Student awards and how do I apply for a bursary.

Call Handling

- Call Handling achieved the target in July for all reported areas. A total of 18k calls were received across the reported areas which is an increase on last month.

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 have been 16 audits reviews completed: ten with reasonable assurance, five with substantial assurance and one with limited assurance.
- In 26/27 there are 17 audits planned.

Robotic Processes

- NWSSP's RPA has delivered sustained efficiencies since 2018, with 37 live processes and 57 in the FMS pipeline, the 37 live Blue Prism processes generating consistent annual time savings and released over 200,000 hours.

Transformation Management Office (TMO)

- The TMO is supporting 29 Project/Improvement work packages at various stages.

Our People


Our People
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.
Our Services
Our People
Our Value
Our Partners
Sickness
Sum of Actual
Sum of Target
April - 26 - Excludes SLE
6%
4%
2%
0%
May
June
July
August
September
October
November
December
January
February
March
April
May
June
July
2025
2026
Month
NHS Wales Staff Survey
NWSSP
All Wales
100%
50%
0%
I am able to make improvem...
I am proud to tell people I w...
I get recognition for good w...
I have a choice in deciding h...
I have opportunit... to improve...
In the last 12 months, have you h...
My organisation takes posit...
The organisation values my ...
There are frequent opportunit...
There are opportunit... for me to d...
Staff Award Submissions
176
116
138
2023
2024
2025
Top 3 Sickness Reasons
1. Anxiety/ stress/ depression/ other psychiatric illness
2. Gastrointestinal problems
3. Other musculoskeletal problems
Response Rate - 2025
Sum of Actual
100%
50%
0%
93%
91%
69%
51%
43%
41%
36%
35%
35%
33%
25%
22%
19%
19%
HEIW
NHS P&I
DHCW
PHW
WAST
VEL
CTM
C&V
POW
AB
BCU
HDU
SBU
NWSSP
Response Rate 2025 excluding SLE
46%
July 26 - Reasons for Leaving (Excluding SLE) (Top 3)
1. Voluntary
2. Retirement
3. End of Fixed Term Contract
Annual Turnover (Excluding SLE)
9%
Engagement Score - 2025
Sum of Actual
50%
0%
78%
76%
76%
74%
74%
74%
72%
71%
71%
70%
70%
69%
69%
67%
HEIW
NWSSP
VEL
POW
PHW
DHCW
AB
HDU
CTM
SBU
NHS P&I
BCU
C&V
WAST
Engagement Score
76%

Our People

Staff Survey

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

Staff Awards

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

Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%). Under 10% for shared services organisations is considered healthy and within best practice benchmarks. Turnover does not include internal churn.
- 53% (8) of leavers excluding SLE were voluntary resignations in July. 38% (3) of the voluntary resignations left for another NHS organisation.

Sickness

- Staff sickness rate excluding SLE (5.2%) missed the overall target (3.3%) for July with 16 of the 22 divisions missing their **revised** targets. Further detail is available in the People & OD report.
- The top three reasons for absence were anxiety, stress and depression; Gastrointestinal problems and other musculoskeletal problems;

Our Value


Our Services
Our People
Our Value
Our Partners
Our Value
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.
NWSSP Procurement Savings - In Year
2026
£0K
£77K
£76K
NWSSP Procurement Savings - Cost Avoidance
2026
£0
£34K
£0
£ Spend in with Welsh Suppliers (Q1)
£0.55bn
% Spend in with Welsh Suppliers (Q1)
42%
£ Spend in Wales
Year 2023 2024 2025 2026
£2.1bn
£2.1bn
£2.3bn
£2.3bn
% Spend in Wales
Year 2023 2024 2025 2026
44%
43%
44%
43%
NWSSP Employee Electric Miles (% of Total Miles)
12%
NWSSP Employee Electric Miles
2K
NHS Employee Electric Miles (% of Total Miles)
9%
NHS Employee Electric Miles
278K
Travel & Subsistence (Excluding SLE)
(£'s)
60K
40K
20K
50K
52K
21K
24K
17K
2024
2025
2026
Year
Supply Chain Logistics - Electric Miles %
11%
Supply Chain Logistics - Electric Miles Number
50K
0K
22K
17K
22K
52K
30K
44K
38K
Jul 2024
Jan 2025
Jul 2025
Jan 2026
Year
% of Electric Salary Sacrifice Cars
77%
All Wales Salary Sacrifice Cars
6K
4K
3.83K
4.04K
4.22K
4.45K
4.89K
5.41K
6.03K
Jul 2024
Jan 2025
Jul 2025
Jan 2026
Jul 2026

Our Value

Procurement Savings & Spend In Wales

- Procurement Savings targets not including pharmacy (in year) have been slightly missed for July due to delays in planned contracts until later in the year.
- NWSSP has achieved £34k procurement cost avoidance savings in the year and £77k of cash releasing savings against a target of £76k.

Foundational Economy

- In 2026/27, expenditure with Welsh suppliers as at quarter 1 is £551 million. This represents 42% of total spend being retained within Wales. The spend has broadly been consistent with the previous 3 years.

Salary Sacrifice

- As of July, there were 6,026 salary sacrifice cars in use across All NWSSP managed NHS Wales organisations. Of these 77% are electric.
- For NWSSP as of July there were 377 cars in use with 79% classed as electric, with a further 38 out of 45 electric cars on order.

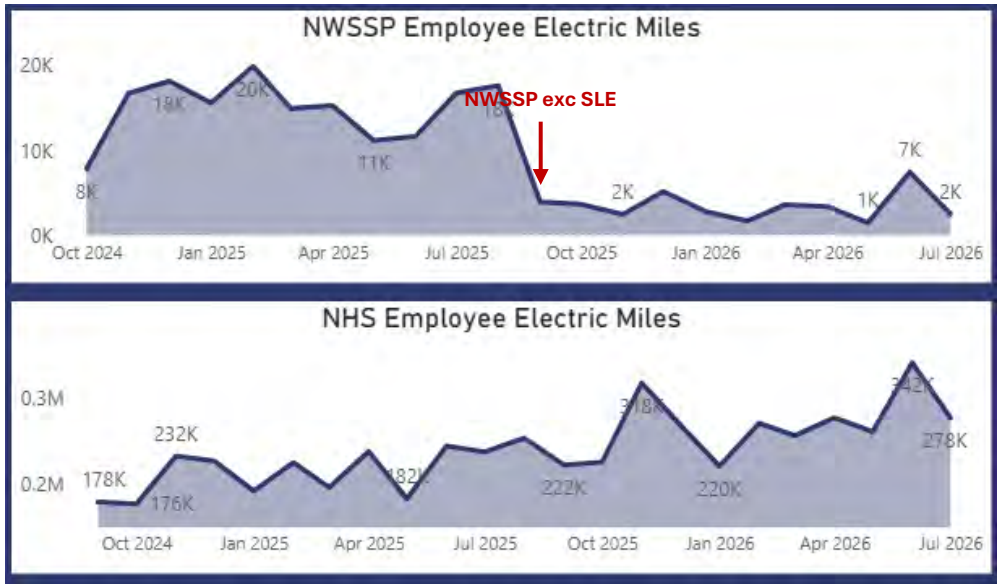
Travel & Subsistence (T&S) Expenditure (Excluding SLE)

- In July, £24k (excluding SLE) of T&S was claimed, a decrease on the June position £32k. In July NHS Wales employees claimed for 278k electric miles which is 9% of the total miles claimed. NWSSP employees (exc SLE) claimed for 2k electric miles which is 12% of the total NWSSP miles claimed.

Mileage Claims

The table and charts below provide an overview of the total mileage claims by organisation, along with the proportion that are electric miles in July 26.

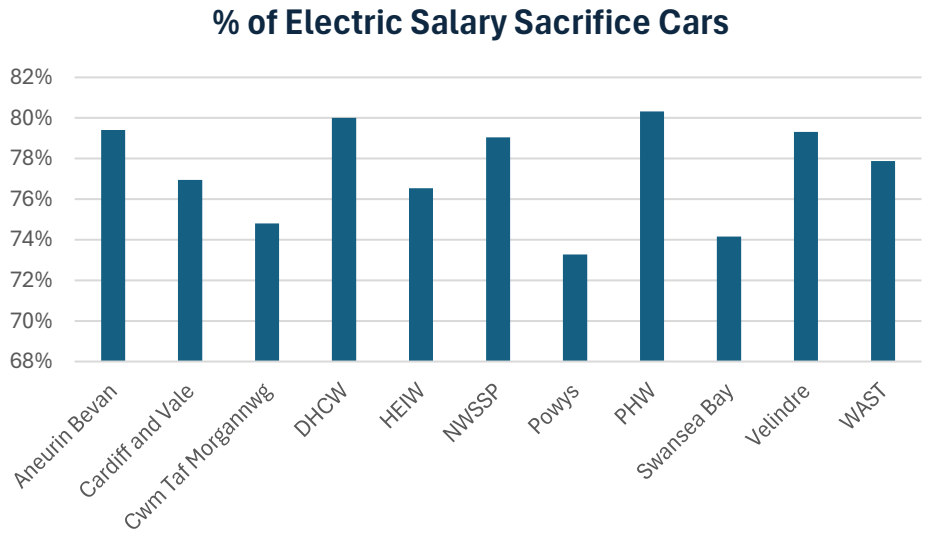
Organisation	Total Miles Claimed	Electric Miles Claimed	Electric Miles %
Cardiff & Vale	185,788	14,530	8%
WAST	111,578	19,051	17%
DHCW	13,399	3,318	25%
CVB	8,336	227	3%
Public Health	59,379	4,615	8%
AB	365,334	33,324	9%
NWSSP SLE	315,802	15,971	5%
NWSSP exc SLE	21,274	2,473	12%
BCU	687,295	75,636	11%
Powys	156,175	12,861	8%
HEIW	10,509	3,257	31%
Hywel Dda	411,148	28,845	7%
Cwm Taf	359,231	30,305	8%
Velindre	12,816	889	7%
Swansea Bay	320,034	32,270	10%
Total	3,038,099	277,573	9%



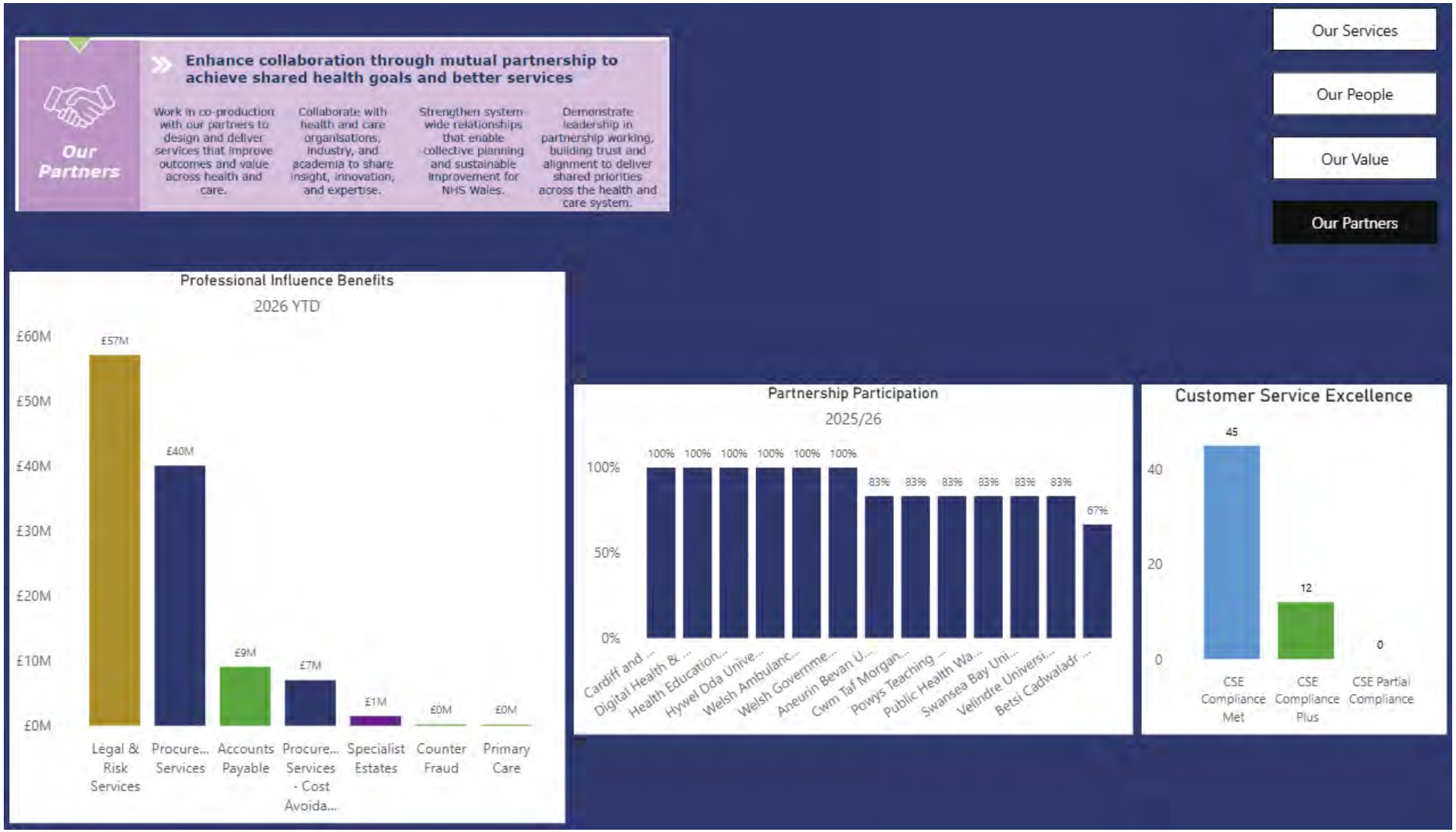
Salary Sacrifice Cars

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 July 26.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	**1156**	918	216	22	79%
Cardiff and Vale	**1145**	881	228	36	77%
Cwm Taf Morgannwg	**1032**	772	220	40	75%
DHCW	**170**	136	31	3	80%
HEIW	**81**	62	17	2	77%
NWSSP	**377**	298	78	1	79%
Powys	**131**	96	27	8	73%
PHW	**188**	151	33	4	80%
Swansea Bay	**1072**	795	232	45	74%
Velindre	**145**	115	27	3	79%
WAST	**529**	412	105	12	78%
TOTAL	**6026**	**4636**	**1214**	**176**	**77%**



Our Partners



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	Praise for collaborative and supportive engagement with NWSSP teams, particularly in Accounts Payable, Recruitment, Audit, Legal, Single Lead Employer and Employment Services.
Responsiveness & Timeliness	Acknowledgement of improved responsiveness and timely support in several areas including Audit, Recruitment and local Procurement.
System Developments	Positive feedback regarding the usability and usefulness of the SMA application.
Engagement & Communication	Customers feel well engaged, particularly where performance is transparent and support is proactive.
Data Insight	Additional data and insights now shared routinely has received positive feedback and generated meaningful discussion.

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Areas of Consideration

Theme	Summary of Customer Voice	What we have done or are 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 across NHS Wales organisations.
Audit & Assurance Timeliness	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.	We are now ensuring that target response times are communicated to the service at the start of each audit
Customer Satisfaction Insight	Interest in more qualitative satisfaction data across services where we do not currently report – not just cost or performance metrics.	In development.
System & Process Development	Improvements in internal systems, smarter forms, and innovation in service delivery. **Share best practice with health org colleagues.**	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
Common Approach	**Identify areas where health boards do things differently within their teams and identify good practice suggestions.**	Work with divisions to identify where processes differ and share examples of good practice.
Data insight	**Stronger data science capability is needed to support analysis, insights and value realisation across services.**	Explore how insight is shared across the health organisations.

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

Our Partners

Professional Influence Benefits

- Professional Influence July 26 shows significant benefits (£115m) across Procurement, Legal & Risk, Specialist Estates, Accounts Payable, Counter fraud and Primary Care.

Customer Service Excellence

- NWSSP successfully achieved Customer Service Excellence (CSE) accreditation for the 3rd Year.

Recommendations

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

- The Outcome measures contained within this 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.

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Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

NWSSP IMTP 2026-29

2026-27 Quarter 1 Report

September 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services 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 2026-27.

The report will cover:

- Key Messages
- Quarterly overview
- Divisional progress and areas of challenge
- Areas of focus
- Recommendations

As highlighted in our IMTP, our overarching themes for 2026-27 are:

- Digital Transformation and Innovation
- Workforce development, leadership and culture
- Operational Efficiency and Service Modernisation
- Collaboration, Governance and Strategic Partnerships
- Sustainability, Decarbonisation and Resilience

Key Messages

The bar chart below illustrates the distribution of objectives across divisions from 2024-25 to 2026-27. Overall, the scale of divisional planning activity has remained broadly consistent across the period.

Overview

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IMTP 2026-27

Integrated Medium Term Plan - Objective Overview

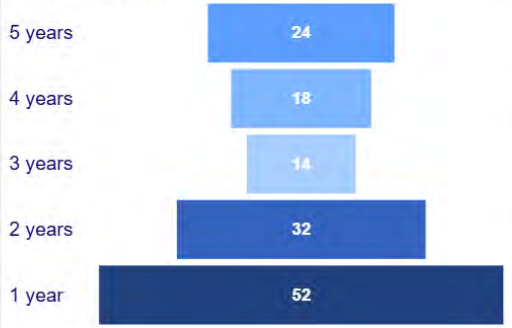
140
Total Objectives

Division: All

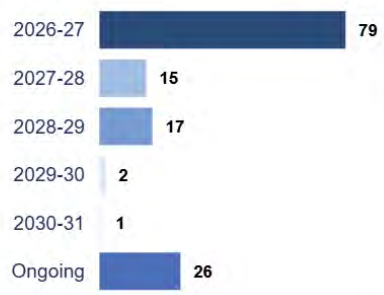
Objectives by Strategic Objective

Our Services	Our People	Our Value	Our Partners
57	28	30	25

Objective Active Years



Target year for completion



Divisional total objectives

Key Insights

- **140** objectives are included in the IMTP 2026–27.
- The largest number of objectives sit under **Our Services**, with **57** objectives.
- **79** objectives are targeted for completion in 2026–27, showing a strong current-year delivery focus.
- **88** objectives are continuing from previous years, supporting the delivery of longer-term programmes of work.
- **52** objectives are new objectives for 2026–27.

Divisional Progress

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

IMTP 2026-27

Division Overview

Division: All

140 Total Objectives

OBJECTIVE PERFORMANCE

On track	At risk of being off track	Off track	Off track (External factors)
124	5	2	6

OBJECTIVE LIFECYCLE

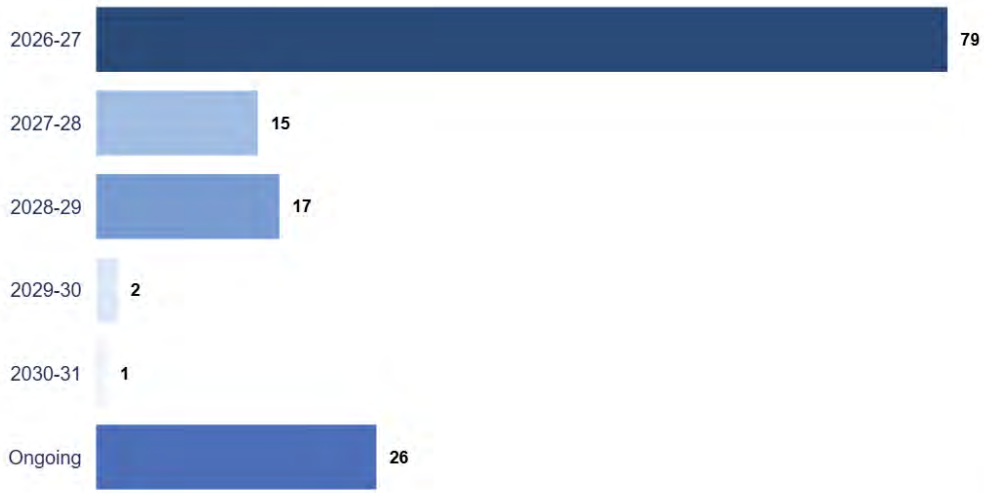
Completed	Discontinued	New objective	Deferred to 2027-28
3	0	0	0

Q1 OBJECTIVE STATUS

KEY

- **On track** — Progressing on schedule to complete planned activity in 2026-27.
- **At risk of being off track** — May not complete all planned activity in 2026-27.
- **Off track to complete** — Not progressing as planned to complete all activity by year end.
- **Off track due to external factors** — NWSSP has done what it can; delivery is affected by external factors.
- **Completed** — Desired objective has been completed; no further planned activity.
- **Discontinued** — Objective has been discontinued.
- **New objective** — New objective created in 2026-27.
- **Deferred to 2027-28** — Objective has been moved to IMTP 2027-28.

TARGET YEAR FOR COMPLETION



Key Insights

Q1 shows a strong overall delivery position, with **91%** of objectives on track and completed.

Only **13** objectives require escalation or mitigation, comprising **2** off track, **5** at risk of being off track and **6** off track due to external factors.

There are currently no discontinued, new, or deferred objectives.

Divisional challenge areas

2 Objectives off track for completion in 2026-27

Division	Objective	Reason off track	Update and Targeted Action for Q2
Pharmacy Services	Development and pilot roll-out of electronic Pharmaceutical Quality System.	Delays / Resource capacity	Progress has been impacted by significant delays in contract renewal, specifically relating to NHS terms and conditions, alongside the need to redirect key resource to support the resolution of Radiopharmacy delays. As a result, the lead responsible for implementation of the ePQS has been temporarily diverted to this priority area, affecting delivery timescales. In Q2, a timeline with key milestones and an associated action plan will be developed; however, dates will be confirmed once the Radiopharmacy position allows sufficient capacity to progress. The regulatory approach and risks associated with any partial implementation ahead of the MHRA inspection will also be reviewed to support safe and appropriate delivery.
	Undertake digital enablement work, governance review and stakeholder engagement for national medicines homecare delivery service.	Funding	The discovery phase has been completed; however, the initial engagement session and further progression are currently on hold due to funding and resource constraints. Engagement will be undertaken with Directors of Pharmacy and NWSSP to identify the appropriate resource required to take this work forward.

Divisional challenge areas

5 Objectives at risk of being off track for completion in 2026-27

Division	Objective	Reason for risk	Update and Targeted Action for Q2
Pharmacy Services	Set up a national microbiological monitoring service for pharmacy services.	Prioritisation	The microbiological monitoring service has been successfully rolled out to support NWSSP Radiopharmacy qualification, with positive results to date. The objective is at risk of being off track due to competing priorities, including radiopharmacy microbiological testing and documentation development, which have impacted progress on plating out growth processes and equipment servicing. Equipment servicing has been quoted for and is now progressing; however, MHRA engagement has been postponed. In Q2, the focus will be on developing the required processes and training for plating out broth growths and complete all outstanding equipment servicing activity.
Procurement	Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.	Expenditure unchanged	Expenditure remains at 43%; however, the overall value of expenditure has increased significantly, meaning the 43% now represents a higher level of spend than in previous years. Work will continue to identify the potential saturation point for foundational economy expenditure, alongside any gaps in the Welsh economy where manufacturing, distribution or service opportunities are currently unavailable within Wales.

Divisional challenge areas

5 Objectives at risk of being off track for completion in 2026-27

Division	Objective	Reason for risk	Update and Targeted Action for Q2
Procurement	Develop a Strategic Fleet Replacement Programme and Strategic Outline Business Case for next 10 years, together with annual BJC for Capital Funding.	Delay	Submission of BJC2 for approval by SSPC and the Board has been extended to 31 August to allow further narrative to be developed in support of vehicle selection decisions. During Q2, the focus will be to submit the BJC to Welsh Government for capital consideration and initiate work on fleet optimisation.
Specialist Estates Services	Review and update the national Fire Safety Audit System.	Funding	The implementation plan has been developed; however, commencement is dependent on confirmation of funding from NWSSP/Welsh Government. Funding approval is required before work can progress.
Surgical Materials Testing Laboratory	Investigate expanding the range of biological test methods offered. Continuing the development of viral penetration testing.	Resourcing	Progress has been limited due to staff absence. The draft method has been developed; however, associated SOPs still require development and/or review. This work will be prioritised from August when the relevant staff member returns.

Divisional challenge areas

6 Objectives off track due to external factors impacting 2026-27 completion

Division	Objective	External factor	Update and Targeted Action for Q2
Accounts Payable	Increase the number of suppliers using the new statement reconciliation software to 400- 600 suppliers. Review if suppliers who currently send their invoices directly to Health Organisations can utilise the new statement reconciliation software.	External Supplier	The problematic top 200 statements have been identified. Additional resource is required to increase volumes within NXG, as the process has moved from being largely automated to more manual. We are working with the e-Enablement team to support automation until this functionality becomes available within the new software. Suppliers with consistently problematic statements will be contacted directly, with Procurement and Sourcing colleagues involved where no response is received. We are aiming to go fully live with NXG and cease RPA processing in Q2.
	Increase the volume of invoices processed via e-trading by 10% as at March 2026. This equates to 13,145 invoices	Basware, which holds a contract with Welsh Government.	Q1 invoice volumes totalled 69,956, representing a 3.9% increase compared to Q1 2025/26 (67,281), although this remains 1.8% below the 2025/26 quarterly average of 71,235. Progress has been made on both the Smart PDF Invoice and PEPPOL initiatives, with a project plan now in place for Smart PDF implementation by Autumn 2026 and successful completion of PEPPOL testing and proof-of-concept activity. Roll-out to additional NHS Wales organisations is underway, although some technical decisions regarding delivery set-up and GLN adoption may impact timescales. During Q2, focus will be on completing end-to-end Smart PDF testing, progressing the PEPPOL roll-out, expanding NHS Supply Chain implementation across Wales.

Divisional challenge areas

6 Objectives off track due to external factors impacting 2026-27 completion

Division	Objective	External factor	Update and Targeted Action for Q2
Digital Workforce Solutions	Lead the development of the People Portal Transformation Programme; moving from procurement to planning and mobilisation stage.	NHS BSA	The Future Workforce Solution programme has progressed into the Foundational Readiness phase, with NWSSP working closely with NHSBSA and NHS Wales organisations to support a consistent, all-Wales implementation approach. Early Adopter organisations (Digital Health and Care Wales, Hywel Dda University Health Board, NWSSP and Llais) have received the project scoping document and Foundational Readiness Guidance to support their readiness for implementation. NHSBSA funding has been agreed to establish an NHS Wales central Change Team, hosted by NWSSP, to support a safe transition and build sustainable implementation capability. Progress against this objective has been impacted by an NHSBSA decision to extend the programme timeline by approximately 8-9 months. As a result, the IMTP delivery timescales will be revised to align with the updated programme schedule, with the objective expected to return to an On Track status in Q2.

Divisional challenge areas

6 Objectives off track due to external factors impacting 2026-27 completion

Division	Objective	External factor	Update and Targeted Action for Q2
Employment Services	Complete the roll-out plan migrating all Health Boards to NWSSP Staff Movement Advice and build on the payroll improvement programme.	Health Board	Completion of Phase 1 was delayed while awaiting confirmation of SB's anticipated go-live date. Following engagement with SB, the SMA rollout has now been completed. This enables Phase 2 work to commence, with adoption evaluation activity progressing in parallel.
	Influence the design, development, and testing of the ESR replacement FWS (2027–2030) by providing subject matter expertise, promoting business efficiency, and supporting enhancements to the customer journey—ensuring the solution is informed by operational insight and aligned with workforce priorities.	External Supplier	Following completion of the National workshops, NWSSP has escalated key areas of concern relating to functionality gaps in delivering NHS Wales Payroll and Recruitment within a shared services model. The National Programme continues to review these areas, with the global template scheduled for release by the end of July 2026. NWSSP will continue to influence the build to ensure shared services requirements are reflected, particularly from a business efficiency perspective.
Pharmacy Services	TrAMs South West Hub.	Welsh Government	An acquisition paper for a potentially suitable site has been submitted to Welsh Government. Queries have been received and addressed, and a formal response is awaited. The objective is off track due to delays in the Welsh Government response, which are impacting progress. Service mapping with key Health Board stakeholders is underway. In Q2, NWSSP will work with Specialist Estates to review alternative site options if required and will re-establish the Project Board to ensure appropriate governance and oversight of next steps.

Key Focus Areas

Foundational Economy

Quarter 1 saw significant stakeholder engagement, including presentations to Welsh Government and the Sustainable Procurement Forum, alongside direct engagement with Health Board and Trust colleagues across NHS Wales. These engagement activities provided valuable opportunities for NWSSP to learn from developments from elsewhere in the UK, share best practice, and keep stakeholders informed of emerging legislative and policy requirements.
During the quarter, the NHS Wales Net Zero Supplier Roadmap was completed, establishing a clear pathway for engaging suppliers on decarbonisation and sustainability. The roadmap includes key milestones supporting implementation of the Social Partnership and Public Procurement (Wales) Act 2023, and is being delivered through the programme of Sustainable Procurement Workshops currently being facilitated by the Sustainability Team across Wales, alongside wider supplier engagement activities.

Additionally, there was continued engagement with procurement teams on targeted contracts, with further emphasis on refining procurement tools, interventions and approaches that can help deliver both Foundational Economy and Decarbonisation outcomes. The team's focus remained on strengthening the quality and assurance of data relating to NHS Wales supply chain expenditure, while continuing to influence procurement activity to improve wider sustainability outcomes and support organisational objectives.

As we look ahead to Quarter 2, 3 and 4, the Sustainable Procurement workstreams of Decarbonisation and Foundational Economy will formally broaden to include Social, Cultural, Economic and Environmental Well-being, in accordance with the Social Partnership and Public Procurement (Wales) Act 2023. This will require the team to work closely with Health Boards and Trust colleagues to support the delivery of Socially Responsible Procurement Objectives, develop a revised Sustainable Procurement Code of Practice and Sustainable Procurement Strategy, and establish the data collection and reporting mechanisms necessary to meet the requirements of annual Socially Responsible Procurement Reports.

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Foundational Economy - *Continued*

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 development within our local communities

Spend figures

FY	Quarter	Total spend	Welsh FE spend	Welsh %
26/27	Q1	£1,319,891,803	£551,018,981	41.75%
Total		**£1,319,891,803**	**£551,018,981**	**41.75%**

FY	26/27		
Quarter	Q1		
Org	01-Apr	02-May	03-Jun
AB	51.3	50.5	53.6
BCU	38.0	41.0	43.3
CTM	48.0	44.0	47.4
CVB	64.0	43.3	73.0
CVT	39.8	39.6	37.7
DHCW	4.0	10.7	0.4
HDT	47.2	46.7	51.1
HEIW	92.6	94.6	94.9
NHS P&I	39.6	5.7	32.5
NWSSP	11.7	20.9	14.1
PHW	19.4	13.4	10.7
POW	53.0	59.5	53.0
SBU	35.3	43.8	47.7
VEL	5.8	7.9	7.6
WAS	24.2	58.1	43.9
WHSS	19.1	12.6	14.8

Progress against key focus areas

People and Organisational Development – *To ensure our people can be the best that they can be*

Diversity and Inclusion

- The NWSSP Inclusion Passport has undergone multiple rounds of stakeholder feedback, and the final report is now being drafted. Approval from the Senior Leadership Group (SLG) will be sought, with implementation and launch anticipated during 2026/27 following approval.
- Progress on the Time Pressure Survey continues, with initial feedback from the survey reviewed in Q1. It was agreed that additional feedback from Y Sgwrs (staff engagement conversations) and virtual engagement sessions would be used to gain further insight into responses and inform future actions. This work will commence in Q2.

Staff Survey

- Key stakeholders met to review the 2025 Staff Survey results and concluded that the current improvement actions remain fit for purpose. As a result, no further actions are required at this time.
- NWSSP hosted a staff engagement coffee morning with the Senior Leadership Group (SLG) to discuss the 2025 Staff Survey results, key themes, and planned improvement actions. The session provided staff with an opportunity to hear directly from senior leaders, ask questions, and contribute to discussions on future priorities and next steps.

ESR & The New Future Workforce Solution

- Full project board now up and running for NWSSP as an early adopter. This includes all the relevant documentation for FRG1 complete, and the scoping document signed off in full. We have already made a start on the data cleansing activity that comes in FRG2 and ahead of timescales based on the national guidance.

Establishment Control

- Following the Welsh Government "Grip & Control" discussions, coupled with the cleansing and data mapping discussions due in FRG2, positive conversations are underway. Meetings have been held with colleagues in Finance relating to coding, position numbers and subjectives, and we are now waiting for an update on the current position, ready to move into a planning phase in Q2.

Health and Wellbeing

- NWSSP has partnered with Mental Health First Aid Wales to deliver Mental Health First Aid Training. Our Mental Health Well-being Advisor is certified to deliver the training and 10 additional staff members were trained in Q1, bringing our total to 38 with a further 10 to be trained in Q2.

Progress against key focus areas

Digital

- The Digital Strategy 2026-29 has been supported and approved by Senior Leadership and the Shared Services Partnership Committee.
- The Cyber Assessment Framework (CAF) remediation project remains on track for delivery within agreed timescales, with updated cyber security KPIs now reported quarterly to FSLG, along with an assessment of key cyber security threats.
- Phase 1 of the Service Management Catalogue has been developed and will provide the foundation for the vendor lifecycle management approach.
- The Informatics team continues to support a range of divisional projects focused on driving digital transformation and innovation across the organisation.
- The App Makers Group has been established and will be followed by the establishment of an AI users group.

Welsh Language

- A Welsh Language Facilitation Officer has been recruited and commenced in post during Q1, working to organise training and learning opportunities over the summer.
- The Internal Use of Welsh Language Policy and associated EQIIA/WLIA were reviewed by POD and Union Representatives ahead of consideration at the next Policy Group meeting in Q2.
- Preparations for the National Eisteddfod are complete, where findings on the use of Welsh in primary care optometry will be presented. The event will also showcase a collaboration with Welsh Government and the National Centre for Learning Welsh to develop training modules and videos aimed at increasing the use of Welsh and incidental Welsh during eye examinations.
- Engagement is progressing with Welsh Language Leads across Health Boards to invite Welsh speakers or SLEs who are learning Welsh to become Welsh language champions.
- The translation memory system has expanded to eight NHS Wales organisations, with Powys Teaching Health Board, Swansea Bay University Health Board and Cardiff and Vale University Health Board successfully onboarded during the quarter.

Spotlight on Key IMTP Initiatives

Transforming Access to Medicines

Establishing cost-effective resilience in our medicines supply

TrAMs South East Hub

- The South East Hub Full Business Case has been completed and circulated for organisational review, supported by an Estates Annex and FAQs. The governance pathway is progressing, with feedback being managed through weekly Q&A circulars and decommissioning workshops scheduled to support collaborative planning.

TrAMs South West Hub

- An acquisition paper for a potential South West Hub site has been submitted to Welsh Government, with queries addressed and a formal response awaited. The project is currently off track due to external delays outside NWSSP's control, while service mapping with key Health Board stakeholders continues.

TrAMs North Wales Hub

- The North Wales Hub continues to mobilise positively, with stakeholder engagement, service model development and baseline mapping progressing. The South East Hub FBC has also been shared with BCUHB to support alignment and consistency across the wider TrAMs Programme.

Support the Digital Medical Record

Remove the need to print and transport medical records

- A series of workshops is underway with affected departments to review current medical records processes, with two workshops completed to date. Early quick wins have been implemented, and work has commenced on the medium-term goal to digitise archive records.
- The Data Protection Impact Assessment (DPIA) has been drafted for Information Governance review, with quality control checks being developed to support the safe and effective digitisation of medical records. Prioritisation of medical record cohorts is also underway.
- Further work is being progressed to secure additional digital capacity and review the reasons for ongoing medical records storage, including retention requirements and records held under Welsh Government or other instruction.

Spotlight on Key IMTP Initiatives

Single Lead Employer

Improved clinical trainee experience leading to improved retention across Wales.

- Implementation of the new trainee contractual arrangements is progressing, with programme governance, workstreams and communications in place. Key activity includes generic job planning, cash floor payments, assessments and ongoing system readiness work with host organisations and digital workforce partners.
- Operational review actions continue to be progressed, including monthly KPI reporting and ongoing work with HEIW, SLE and digital workforce teams to strengthen functionality between CODI, ESR and the Future Workforce Solution. Access to SLE reporting through CODI remains dependent on HEIW capacity.
- Service improvement and expansion activity is ongoing, with ESR and CODI validation helping to reduce overpayments, monthly reporting of themes to SLG, planned expansion of the SLE model to Dental Therapists and PHW new starters, and strengthened arrangements to support trainees requiring reasonable adjustments.

Community by Design

Actively support and embed the principles of the Community by Design programme

- Primary Care Services has commenced a review of supporting systems, including Locum Hub, GMPI and the All Wales Locum Register, to understand current functionality and identify opportunities for greater integration with PCWIS.
- An initial exploratory session has taken place between Salesforce and Primary Care Services to consider the “art of the possible” for the overall system. The session was productive, with a number of workstreams identified where enhancements could be made. A further deep-dive session has been arranged to explore these opportunities in more detail and help define future system requirements.
- Specialist Estates Services has engaged with Community by Design programme representatives and shared available estates-related information to support the wider programme approach.

Key achievements across Quarter 1

Central Team eBusiness Services received ISO 20000 certification, and All Wales Laundry Services achieved accreditation to BS14065 in Greenvale.

Pharmacy Services Delivered national KPI dashboards for Sales, Homecare and Aseptic Services, improving all-Wales performance monitoring and assurance.

The E-Rota system specification was developed in accordance with the new Resident Doctor Terms and Conditions. Following successful regression testing, the system is now live.

Microsoft Automation Dashboard produced £16k worth of savings by completion of RPA processes.

Conclusion and Recommendations

- We have made solid progress in Quarter 1 and will continue focusing on targeted actions as we move into Quarter 2. Additional scrutiny was applied to objectives identified as off track or at risk of becoming off track during the quarterly review process, which concluded in July 26.

- We ask Partnership Committee to note the contents of the report.

- Partnership Committee are asked to feedback any comments regarding the Quarter 1 report before submission to WG.

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GIG Cymru Partneriaeth

Cydwasnaethau

NHS Wales Shared Services Partnership

TMO Report

TMO Dashboard Report

NWSSP TMO Update - 21 August 2026

Prepared by Ian Rose

Summary

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

Projects	19
Programmes	3
SI Initiatives	4
Work Packages	2
Management Actions	2
Closed total	10

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:

- 37% (11 Schemes) All Wales – Typically where the scheme covers multiple health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis
- 63% (19 Schemes) NWSSP – Typically serving internal purpose for one or more NWSSP Divisions
- 0% (0 Schemes) Health board – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

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

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

SSPC Recommendation

SSPC are requested to note the contents of the report.

TMO Dashboard Report

Key Trend information and Initiative Overview

Initiatives – 22

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Corporate Governance Community of Practice	Phil Meakin - BCUHB Pam Wenger - BCUHB	Green	Green	Medium	19/05/2025	31/03/2026	09/10/2026	72%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	15/05/2026	15/09/2026	100%
Implementation of SLE Resident Doctor Contract Changes	Gareth Hardacre	Green	Green	LargeXOrg	10/02/2026	31/07/2026	31/03/2027	88%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Green	Green	Large	05/11/2024	30/09/2026	30/09/2026	98%
TRAMS - Implementation of Radiopharmacy	Rhys Hamer	Amber	Green	LargeXOrg	08/09/2025	31/10/2026	N/A	78%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/12/2026	31/12/2026	92%
Gluten Free Subsidiary Card	Gillian Jackson	Green	Green	Medium	01/10/2025	31/12/2026	N/A	45%
Implementation of computer-based training managed by TMO	Ian Rose	Green	Green	Small	05/11/2025	31/03/2027	N/A	70%
Welsh Risk Pool Assurance	Neil Frow	Green	Amber	Large	15/04/2026	15/04/2027	N/A	49%
TRAMS - Programme	Neil Frow, Andrew Evans (WG)	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	42%
Fleet Modernisation Programme	Tony Chatfield & Jonathan Irvine	Green	Green	Medium	03/02/2025	31/03/2031	N/A	15%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	15%
IP5 Power Resilience	Jonathan Nettleton	Amber	Amber	Medium	01/03/2026	28/08/2026	27/11/2026	30%
Velindre/NWSSP Governance Recommendations	Neil Frow / James Quance - NWSSP	Green	Green	Medium	01/05/2026	30/09/2026	N/A	54%
Low vision Equipment Feasibility Exercise	Gillian Jackson	N/a	Amber	Medium	01/04/2026	31/12/2026	N/A	10%
PCWIS - Professional Registration	Nicola Phillips	Amber	Amber	Large	01/06/2026	31/12/2026	N/A	10%
Cyber Security - CAF Remediations	Bryn Harries	Green	Green	Medium	30/03/2026	31/03/2027	N/A	30%
Nationally Stocked Product Range	Jeremy Powell	Green	Red	Medium	03/08/2026	31/03/2027	N/A	25%
SMTL IT Modernisation	Gavin Hughes	Amber	Amber	Small	01/04/2026	30/04/2027	N/A	49%
Companies House Relocation Project (South East)	Jonathan Nettleton	N/a	Green	LargeXOrg	20/07/2026	21/07/2027	N/A	10%

TMO Dashboard Report

Facilities Modification Project	Rebecca Nelson	N/a	Green	Medium	13/07/2026	31/03/2028	N/A	10%
Digitisation of Patient Medical Records 26/27	Gillian Jackson	N/a	Green	Small	01/04/2026	31/03/2028	N/A	22%

Service Improvement, Work Package, Management Action Key Trend information and Initiative Overview

Initiatives – 8

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
Modernising Prescription Processing and Workforce Optimisation	Gillian Jackson	Green	Green	Work Package	31/07/2026	31/12/2026	N/A
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Green	Amber	Improve	06/12/2023	30/05/2025	08/10/2026
Overtime Request Application - (ORA)	Alison Ramsey	Green	Green	Management Action	02/12/2024	31/07/2025	01/01/2027
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/01/2026	31/03/2027
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	31/03/2027
Accounts Payable - Productivity Pilot	Russell Ward	Green	Green	Improve	03/03/2025	31/03/2026	30/09/2026
Digital Engagement for Support Staff	Anthony Hayward	Green	Green	Management Action	24/02/2026	01/12/2026	N/A
Customer Service Excellence 2026-2029 - Year 1	James Quance	Green	Green	Work Package	01/06/2026	30/11/2029	N/A

TMO Dashboard Report

Key Individual Project/Programme Updates			
Project Name	Stage	Project Manager	Project Exec/SRO
TRAMS - Programme	Define a Programme	Sarah Ferrier	Neil Frow

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

Delivery Confidence — Probable — Red (Overall) — Amber (Cost) — Red (Time) — Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

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

South East Radiopharmacy

Construction of the South East Radiopharmacy facility is complete, with all equipment successfully installed. Qualification activities and NWSSP commissioning remain underway, with increasing focus on system validation and operational readiness. Following a delay caused by variable pressures on site (resolved July 2026) the Radiopharmacy continues to work towards MHRA licensing, with an anticipated go live date of September/October 2026. Communication continues with stakeholders to ensure they are informed of timescales.

South East Hub

Significant progress has been made in relation to the South East Hub Full Business Case (FBC). Following circulation of the FBC, supported by a comprehensive Estates Annex and Frequently Asked Questions (FAQs), the case successfully navigated each of the South East Organisations respective governance.

The FBC was approved by all relevant Health Boards and Trust Public Boards and was formally submitted to Welsh Government for consideration on 4 August 2026. This represents a major milestone for the programme and marks the culmination of an extensive engagement and approval process involving stakeholders across the region.

Work continues to progress during the period of scrutiny, with two decommissioning workshops undertaken. Further workshops are scheduled for the coming weeks, to ensure plans are developed collaboratively and at pace.

South West Hub

Engagement sessions continue to provide valuable insight into current operating models and future workforce requirements, helping to inform programme development.

A key milestone has also been achieved with the Product Target Operating Model (TOM) formally accepted, providing a clear framework for future service delivery and supporting the development of the next phase of business case activity.

Work also continues in relation to site selection and due diligence activity.

North Hub

The approval of the Product Target Operating Model (TOM) also provides greater clarity regarding future production and service requirements within North Wales.

During the reporting period, an on-site visit to Glan Clwyd Hospital was undertaken to support consideration of future radiopharmacy requirements and opportunities within the proposed model. Engagement with BCUHB continues to support baseline development, service mapping activity and future business case planning.

Digital

The TrAMS Digital project remains rated Green, with preparatory activities continuing to ensure readiness for mobilisation, subject to confirmation of funding approval. Close alignment continues between the Digital, Workforce and Hub workstreams to support the delivery of an integrated and sustainable service model.

Main Issues, Risks & Blockers

Key Risks

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

Key Issues

- Securing a site for the SW Hub – Welsh Government decision on business case submitted March 2026 pending.

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.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Nationally Stocked Product Range	Start Up	Rachel Pember	Jeremy Powell

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

Delivery Confidence To be determined Red (Overall) Amber (Cost) Red (Time) Amber (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

To expand and optimise the Nationally Stocked Product Range (NSPR). The programme will be fully implemented by 31 March 2027, potentially delivering at least £1.5 million, in Finance validated, net recurring annualised savings while creating a more standardised, resilient, traceable and efficient national supply chain for NHS Wales.

Progress Update

Start Up - Completed 25%

Initiation - Not Started 0%

Delivery - Not Started 0%

Closure - Not Started 0%

Start Up -

Project start up tasks have commenced, engagement has been made with stakeholders and the initial project team/sub workstream meetings taking place August 2026.

Delivery confidence and RAG status will be reviewed upon the development of a Work Breakdown Structure and Project Plan, allowing for a more considered review of feasibility, however current programme end date of 31 March 2027 seems unlikely upon initial review.

Main Issues, Risks & Blockers

Risk workshop to take place August 2026.

Impact on Existing Service/Arrangements

Timescales of project completion impacting existing workload.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
SMTL IT Modernisation	Initiation	Alison Lewis	Gavin Hughes

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

Delivery Confidence Feasible Amber (Overall) Green (Cost) Amber (Time) Green (Quality)

High Level Benefits To be confirmed

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

Migrate all existing IT to fully supported IT service arrangements with DHCW/NWSSP Informatics. Full back-up arrangements to be in place.

Progress Update

Laboratory Information Management System (LIMS) Update

Following completion of Quality Assurance verification testing, the LIMS system is ready to go live although a small number of non-critical changes have been identified.

The current VPN connectivity is not suitable and therefore changes need to be implemented by DHCW. This activity needs to be completed by the end of September 2026 when the existing support arrangements expire. This has delayed the launch of the LIMS go live.

Wider IT Modernisation

Progress has been very slow and obtaining updates from DHCW have been irregular, but more recently these have improved.

In agreement with DHCW the following critical objectives were agreed for delivery in 4 months (May – August 2026)

- Connectivity - The Project Manager has been liaising with DHCW, Infrastructure Lead to prioritise this critical issue which is at the design stage. Unfortunately, timescales are not yet known.
- Back-up - DHCW have created an options paper for SMTL with follow up actions required to be undertaken by SMTL IT Lead.
- Read only version of RT (or standalone access) - DHCW-Infrastructure Lead needs technical support from NWSSP-Cyber Security Lead to progress.
- Server decommissioning - two servers; NFS and Rsync, could not be migrated due to dependencies on the upcoming LIMS system, limiting full consolidation into DHCW infrastructure. This is scheduled to be completed post implementation.
- Firewall Implementation - DHCW-Infrastructure Lead to liaise with NWSSP-Digital Service Manager for licensing information, with site visit scheduled for 19 August 2026.

The project is close to reaching its agreed one-month time tolerance. To reduce the risk of exceeding this limit, the Project Manager has run the initiation and delivery phases in parallel. Close monitoring and control will be required, as any further delay could breach tolerance and put the forecast end date of 31 March 2027 at risk. Confidence has therefore been set to feasible, subject to DHCW committing the required resources.

Main Issues, Risks & Blockers

Risk & issue - The LIMS implementation is fully dependant on the VPN Connectivity to be fixed. The Project Manager is waiting on timescales of when the work will commence as at present this is currently unknown.

Impact on Existing Service/Arrangements

High risk – The service is highly vulnerable and requires full migration to fully supported IT service arrangements with DHCW/NWSSP Informatics. Full back-up arrangements are in place; however, these cannot be completed until LIMS implementation.

The service is dependent on being able to decommission the legacy infrastructure post LIMS implementation.

If the critical VPN connection issue is not resolved by 30 September 2026, when current support arrangements end, there will be a significant impact on service delivery. DHCW needs to confirm the expected timescales so that appropriate contingency arrangements can be put in place.

Rebaseline Justification

N/A

TMO Dashboard Report

Project Name	Stage	Project Manager	Project Exec/SRO
IP5 Power Resilience	Delivery	Peter Elliott	Jonathan Nettleton

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

Delivery Confidence: Highly Likely — Amber (Overall) — Green (Cost) — Amber (Time) — Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

To install a backup power solution for the IP5 building, in support of critical services now being introduced from the site.

Progress Update

Funding awarded in February 2026 for a 750KVA back-up generator and associated works; buildings work to power and generator rooms. Orders have been placed along with the design, fire compartmentation, and layout finalised. The layout preserves space for the installation of a second generator as and when required.

Planning Decision for the first generator was received on 16 July 2026. A second application will be needed for any future generator.

Works contractor started on site 13 August 2026. The delay in mobilising was because of awaiting planning permission.

Project completion is now planned for 12 November 2026. Availability of the plugin point for a hired backup generator is expected from 28 October 2026.

Discussion with Radiopharmacy is ongoing regarding the timeline to go live and possible contingencies to support them in the event that a gap exists before the main backup power go live.

Project Board has rated the project as Highly Likely to be completed successfully. The Amber RAG rating is driven by concern over time and achieving alignment with Radiopharmacy Go Live.

Main Issues, Risks & Blockers

- Risk that actual power load and diversity of the existing site plus TRAMs SE Hub may differ from assumptions taken at the feasibility stage (2025). Current indications are that the 1 generator will be sufficient for both. Total forecast load will continue to be reviewed during a full 12-month seasonal cycle of usage data, and as the SE Hub design matures. Options to mitigate if the forecast site load exceeds generator capacity are (1) load shedding of non-critical services (2) installation of the second generator.
- The installation and commissioning of the first generator may not be completed before Radiopharmacy service is ready to Go Live. This remains under active review with contingency plans being prepared.

Impact on Existing Service/Arrangements

Essential to deliver power resilience to IP5 before Radiopharmacy Go Live

Rebaseline Justification

The project was delayed awaiting planning permission. The works have been replanned from the planning decision date. Project Board approved the revised plan on 19 August 2026

Project Name	Stage	Project Manager	Project Exec/SRO
Welsh Risk Pool Assurance	Manage Programme	Ollie Rix	Neil Frow

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

Delivery Confidence: Probable — Amber (Overall) — Green (Cost) — Amber (Time) — Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

TMO Dashboard Report

The purpose of the Welsh Risk Pool (WRP) Assurance Programme is to provide strategic direction, oversight, and governance via the WRP Assurance Oversight Group, ensuring the coordinated delivery of the three workstreams and maintaining alignment with NHS Wales, NWSSP, and Welsh Government priorities.

Progress Update

The Welsh Risk Pool Assurance Programme was established to improve the way NHS Wales forecasts clinical negligence costs, strengthen assurance over claims management and identify opportunities to reduce future financial pressures. Overall programme completion is currently reported at 49%.

Workstream A is reviewing how Welsh Risk Pool forecasts are developed and reported. Work is still ongoing with NHS Performance & Improvement (NHS P&I) to complete the detailed analysis needed to fully explain changes in forecast costs and agree improvements to future forecasting arrangements. Following discussions between NWSSP and NHS P&I, both organisations have committed to completing this work by the end of August 2026. Once complete, the findings will be used to develop improved reporting and dashboard arrangements. Whilst the overall workstream completion date remains unchanged, the delay in completing this phase has slowed progress on the next stage of the workstream.

Workstream B is focused on identifying opportunities to reduce financial pressures and improve assurance over claims management. Preparations for the Assurance Review Panel have now been completed, including development of the review methodology and assessment criteria. The first panel has been moved to 2 December 2026 as there were insufficient settled cases available for review within the original timescale. In parallel, Legal & Risk Services have introduced enhanced reviews of high-value claims and low-value claims to identify opportunities for earlier resolution, reduce unnecessary legal costs and improve oversight of claims activity.

Workstream C is focused on improving governance, engagement and organisational learning. A survey of NHS Wales Board members was launched on 31 July 2026 to gather feedback on awareness and understanding of the Welsh Risk Pool and identify opportunities for improvement. The main risk for this workstream is achieving a sufficient number of responses to support meaningful conclusions. In addition, future elements of the workstream remain dependent on securing funding, including the proposed external review of learning processes.

Main Issues, Risks & Blockers

- Workstream A remains behind the original interim timescale pending completion of Phase 1 analysis, reconciliation and validation activity. A recovery plan has now been agreed between NWSSP and NHS P&I
- Funding remains unconfirmed for Workstream C Deliverables 2 and 3.
- Survey response rates within Workstream C will continue to be monitored and additional engagement undertaken if required.

Impact on Existing Service/Arrangements

None Currently Identified

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Low vision Equipment Feasibility Exercise	Initiation	Abbie Shackson	Gillian Jackson

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

Delivery Confidence Highly Likely Amber (Overall) Green (Cost) Green (Time) Green (Quality)

High Level Benefits

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

The overall aim of the Low Vision Feasibility Exercise is to test a controlled alternative equipment distribution model within the WGOS 3 Low Vision Service.

This will enable participating providers to hold a small range of approved low vision aids and issue them to patients during the assessment visit where clinically appropriate. The exercise will evaluate whether earlier provision of equipment can improve

- patient experience
- reduce avoidable repeat visits
- provide earlier patient benefit
- contribute to sustainability and decarbonisation objectives

It will also assess the legal, financial, operational, governance and workforce implications of a distributed stockholding model and generate robust evidence to inform future decisions regarding low vision service modernisation across Wales.

Progress Update

The Low Vision Equipment Feasibility Exercise continues to progress.

The Project Initiation Document (PID) has been reviewed and approved by the Project Board. Project timescales have been confirmed through the existing governance process and cannot be amended. The proposed commencement of the feasibility exercise remains 24 August 2026.

Work has progressed on defining the pilot stock model; analysis of historical ordering data identified that five low vision aids account for approximately 80% of orders. The project team has agreed to engage participating optometrists to determine appropriate stock levels based on one month's historical usage, while also considering storage capacity and operational requirements at provider sites.

Positive engagement has been received from the supplier, who has confirmed willingness to support the pilot. Discussions are underway regarding the costs associated with the initial stock allocation and the operational arrangements for replenishment. The proposed approach is to maintain stock at participating sites through the existing ordering process, supported by agreed delivery and stock management arrangements.

Development of the Evaluation Framework is progressing. Baseline data requirements have been identified to support benefits realisation and pilot evaluation, including:

- patient experience
- accessibility
- convenience
- reduction in repeat visits
- environmental benefits.

Engagement has commenced with the Decarbonisation Team to obtain baseline carbon data, and existing Patient Reported Experience Measures (PREMS) survey information is being explored to support evaluation planning. The National Clinical Leads will also be consulted on survey design and evaluation methodology.

The project team has also begun considering future operational processes required to support implementation. This includes development of a future-state process map, stock control documentation, recording arrangements for aids issued during the pilot, and processes for managing requests for items not included within the pilot stock allocation. Any operational challenges identified during delivery will form part of the overall feasibility assessment and final evaluation.

Further work is required to confirm provider participation arrangements and ensure alignment with the approved pilot scope.

Main Issues, Risks & Blockers

Main issues:

- Evidence gathering for Benefits realisation
  - Baseline benefit data is still being collated. Benefits cannot be evidenced without baseline data. Due to clinical requirements and stakeholder annual leave, there has been a lack of baseline data collected.
- Operational readiness
  - Provider participation is currently being investigated as there has been a lack of engagement from the voluntary Practitioners due to annual leave and clinical requirements.
  - Further voluntary participation is needed from a fixed practice as currently only one fixed practice is involved in the exercise.
- Availability of key stakeholders
  - Annual leave commitments will impact planned delivery dates.

Main risks:

- Patient safeguards
  - There is a risk that changes introduced through the pilot model could unintentionally impact the consistency or quality of support provided to service users if appropriate processes and safeguards are not established.
- Insurance and Storage
  - There is a risk that unclear arrangements for stock ownership, storage, insurance and operational governance could lead to loss, damage, inconsistent stock management or disputes over responsibility, affecting the successful delivery and evaluation of the pilot.

Impact on Existing Service/Arrangements

Dual running processes whilst feasibility exercise is live particularly for payments.

Additional workload with initiating project for Low Vision Team.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
PCWIS - Professional Registration	Initiation	Bethan Rees	Nicola Phillips

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

Delivery Confidence Feasible Amber (Overall) Amber (Cost) Amber (Time) Amber (Quality)

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

Recent Gateway Review? Yes

Rebaseline? Not Applicable

Objective

The project objectives are as follows: -

- Manage the process of on-boarding and accrediting primary care performers and contractors.
- Manage the lifecycle of performers and contractors with an emphasis on self-service.
- Interface with related primary care workforce services
- Either integrate with other primary care workforce solutions or cater for broader primary care workforce management requirement
- Drive paperless or paper-light processes.
- Monitor service delivery against SLA provisions.

Progress Update

PCWIS Professional Registration

Softcat Contract

The PCWIS Service Management contract was successfully extended with Softcat for a further twelve months from 1 August 2026 to 31 July 2027. The contract extension will provide Service Management hours to support the system and provide assurance to the service and users. A review is currently underway to establish if additional service management hours will be required next year when the Performers List is deployed.

Business Case Approval

The Business Case for the Performers List was developed and approved by Project Board and NWSSP Finance during June 2026. The Project Board were delighted with the outcome and are looking forward to working with the provider, Bluewave. The contracts have subsequently been approved and the Data Processing Agreement agreed by both parties.

Performers List Project

The project officially kicked off on 3 August 2026 and is being delivered in four sprints which will be followed by user acceptance testing ready for deployment at the beginning of December 2026. The timescales are tight, however Bluewave are extremely committed to delivering the project before Christmas.

Main Issues, Risks & Blockers

There are main risks to this project are:

1) When the Performers List is implemented, there is a risk that there will not be enough Salesforce licences to accommodate the additional users or adequate Service Management hours to cover any bugs or minor changes. Therefore, additional revenue funding may be required to cover either or both requirements.

2) Current Bluewave estimates are based on the high-level epics and acceptance criteria available at this stage. As detailed requirements continue to be gathered and validated, additional development effort and complexity may be identified, creating a risk to project cost, scope and timelines.

Impact on Existing Service/Arrangements

The impact to the service is that the current software is end of life and therefore will not comply with Information Governance & IT Security standards. The existing solution will not be able to adapt to changes in legislation, which will have a major impact on the service.

Rebaseline Justification

The implementation of the Primary Care Workforce system (PCWIS) is a Digital priority within the NWSSP Integrated Medium Term Plan.

The existing Performers List and Pharmacy Database solution provided by DHCW is built on legacy technology. Whilst the solution can continue to be supported “as is” by DHCW presently, significant investment is required in the medium term to comply with Information Governance and IT security. However, this is problematic, as the developer who developed the software retired over a year ago, and there is no knowledge nor expertise within DHCW to extend the lifespan of this software.

The business needs are as follows:

- Welsh Government performers list contract reform requires significant changes to the existing performers list process for reporting purposes.
- The current system does have the capability to meet Welsh Government or any other new requirements.
- The changes to the contractual frameworks are not supported by the current functionality and consequently require workarounds to manage the process.
- The solution is required to comply with information governance and IT security.
- The solution is required to provide self-service functionality and interoperability with other solutions.

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

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

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 March 2023, this was delayed on 3 separate occasions by the Programme before being realised in November 2023.

Progress Update

Overall project completion against the milestones stands at 92%, with the RAG status remaining Green in line with Project Board agreement. The Programme, managed by DHCW, continues to progress the rollout across Wales, with 271 GP practices (73%) and 682 pharmacies (99%) now live with EPS. Programme funding for the remainder of 2026/27 has been formally confirmed, including provisional BAU funding to support transition following the GP rollout completion in November 2026. Progress continues on key deliverables including:

- stabilising the EPS Dashboard
- rectification of EPS utilisation figures
- ongoing development of the Consolidation Process approval route
- Test in Live activity for Urgent Primary Care / Out of Hours within Swansea Bay University Health Board.

Testing for Dispensing Doctors has progressed, with assurance activity continuing. NWSSP Internal Audit's advisory review of Smartcard processes is underway, with governance arrangements, escalation routes and supporting documentation under review. Work is also commencing to understand the scope and objectives of the proposed EPS Secondary Care/ePMA initiative.

Next steps will focus on:

- completing the roll out to remaining GP practices
- progressing Dashboard stabilisation and utilisation activities
- formalising Consolidation Process approval routes
- completing Urgent Primary Care / Out of Hours assurance activities
- progressing Dispensing Doctors Test in Live and supplier assurance
- continuing the Smartcard Audit advisory review
- reviewing the EPS Secondary Care/ePMA Project Brief to assess scope, objectives and implications for NWSSP.

Main Issues, Risks & Blockers

Risks

BAU recurring funding for EPS Service - Currently there is no confirmed funding for Business As Usual costs of the EPS Service. DHCW EPS Programme Team have received a budget allocation total to be split between NWSSP and DHCW PCMH regarding pay and non-pay costs. This is currently being discussed and will be confirmed once the funding letter is received.

EPS Dashboard Utilisation Numbers - There are currently discrepancies between the utilisation numbers shown on the EPS external dashboard, the data held by Data Capture, and the numbers provided by the GP Practices. This is causing utilisation percentages to show significantly higher than it should be, in some cases well over 100%. As the EPS Programme are undergoing work to increase EPS utilisation, this potentially opens NWSSP up to reputational damage. Internal discussions are underway to identify the root cause and resolution.

Impact on Existing Service/Arrangements

No impact to service delivery currently.

Rebaseline Justification

Delivery delayed as programme changed scope which extended the delivery timeline.

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

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

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.
    a. Review training material.
    b. Identify training requirements within General Practice.
2. Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, ie 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. Support the Task & Finish Group with agreed objectives such as supporting to regulatory change.

Progress Update

The project is to be formally closed with any remaining activities to be picked up via the new Digitisation project for 26/27.

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.

Rebaseline Justification

The End date has been extended to allow for formal project closure activities to complete and confirmation of transfer of remaining activities to either BAU or the new project.

Project Name	Stage	Project Manager	Project Exec/SRO
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP	Delivery	Ollie Rix	Nicola Phillips

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

The objectives of the project are:

- To align, streamline and enhance operational practices within NWSSP Primary Care Services with change established by contract reform within the Wales General Ophthalmic Service (WGOS) to maintain robust and efficient service delivery.
- With particular focus on the NWSSP led IT, Data and Digital workstream, explore and identify opportunities and options for digital enhancement

Progress Update

Overall Project Status

The project is 98% complete. The remaining priority tasks continue to be progressed by the project team under the approved extension to 30 September 2026. The remaining activity is focused on completion of the System Integration workstream and transition of associated services into business-as-usual arrangements.

Summary of Activities

Several project deliverables have now transitioned into Business-as-Usual operations, including Signed Orders, Consumables reimbursement processes, Record Card dashboard reporting, Practice Closure Protocols and a range of IT, Digital and Data workstream activities. As a result, the remaining project scope is largely limited to completion of the System Integration workstream ahead of planned closure on 30 September 2026.

System Integration (WGOS 4, 5 and CVI)

System Integration activities are currently 75% complete and remain on target for delivery by 30 September 2026, development activity for WGOS 4 and WGOS 5 continues in line with plan. The Certificate of Vision Impairment (CVI) migration activity is progressing and will be transitioned into business-as-usual following completion of WGOS 4 and WGOS 5 implementation activity. The previously reported DHCW DMZ dependency remains under review; however, a possible solution of utilising NHS Email Addresses means there is currently no identified impact to the approved completion date.

IT, Digital and Data Objectives

Record Card dashboards have now been released successfully. The remaining development of dashboards will be undertaken as part of BAU and picked up within existing IT and data working groups hosted within PCS.

WGOS Forms Review

The WGOS forms review will form part of an internal project within PCS outside of the existing project scope.

Immediate Focus for Next Reporting Cycle

- Completion of WGOS 4 system integration activities.
- Completion of WGOS 5 system integration activities.
- Transition of CVI migration activity into BAU arrangements.

Main Issues, Risks & Blockers

Risks and Issues

None currently over the threshold.

Impact on Existing Service/Arrangements

N/A

Rebaseline Justification

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

- Complete residual priority and operational activities
- Support transition to business-as-usual (BAU)
- Capture and embed lessons learned

Project Name	Stage	Project Manager	Project Exec/SRO
Fleet Modernisation Programme	Manage Programme	Daniel Sinderby	Tony Chatfield & Jonathan Irvine

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Amber (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

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, to include the upgrading or development of the relevant supporting 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.

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:

- Optimises the current service offering, to ensure that the right vehicle is on the right route with the right load at the right time and the fleet is effectively right sized against the service need.
- 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

The first of the vehicles procured within Year 1 is currently undergoing conversion and will become operational over the coming months, realising the initial benefits of the programme. The remaining 18 vehicles are expected to become

operational over the next 6-8 months. Additionally, the programme has commenced the disposal of 27 vehicles that are beyond economical repair, to be sold at auction, generating an estimated £30k of discretionary funding for reinvestment back into services.

A second Business Justification Case has been developed requesting capital investment for a further 22 vehicles, consisting of a mixture of Battery Electric Vehicles and Plug-in Hybrid Electric Vehicles. The Business Justification Case has been approved by the NWSSP Director of Finance and is progressing through the remaining governance approvals, supporting the continued transition to a lower-emission fleet.

Project mandates have been issued, and work has commenced on both the Fleet Optimisation and Charging Infrastructure projects. The Fleet Optimisation project will begin reviewing vehicle utilisation and daily fleet activity to identify opportunities to instantly reduce fleet numbers, optimise vehicle deployment and realise benefits from September 2026 onwards. Initial work includes:

- assessing the suitability of Internal Combustion Engine Vehicles for shorter routes
- reallocating Battery Electric Vehicles to longer journeys where appropriate, supporting the realisation of fuel related cash releasing benefits.

Discussions are ongoing with Welsh Government Energy Service (WGES) regarding support for the development of the longer-term fleet optimisation strategy. In parallel, planning activity for the Charging Infrastructure project will commence to establish future charging requirements.

Main Issues, Risks & Blockers

The delivery of the required charging infrastructure at the appropriate locations in alignment with the planned deployment of vehicles within Year 3 of the programme.

Impact on Existing Service/Arrangements

Improved service delivery through reduced vehicle downtime and potentially increased vehicle capability and capacity.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Corporate Governance Community of Practice	Delivery	Julian Bowen-Sargent	Phil Meakin - BCUHB Pam Wenger - BCUHB

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

Delivery Confidence: Highly Likely — Green (Overall) — Green (Cost) — Green (Time) — Green (Quality)

High Level Benefits: Cash Releasing - Unsure — Non Cash Releasing - No — Qualitative - Yes — Quantitative - Yes

Recent Gateway Review? No

Rebaseline? Yes

Objective

The primary objectives are:

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

Background

The Community of Corporate Governance Practice formally launched on 26 May 2026 with information provided on Viva Engage and an article on the HEIW Gwella platform.
There are currently 161 members on the Viva Engage site with the article on Gwella has received 581 views.

Of the 13 NHS Wales organisations working within the corporate governance field there are approximately a workforce of 150 staff.

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

Key deliverables over the next 12 months are:

- Engagement and Sharing - A bespoke Viva Engage and Gwella Platform to communicate and engage with each other - COMPLETE
- Develop Masterclasses for Corporate Governance - PROGRAMME AGREED AND BEING DEPLOYED
- Professional development opportunities such as establishing a mentoring programme for Corporate Governance Staff in NHS Wales.Ongoing with "Go Live" date end of August 26
- An inaugural All Wales NHS Corporate Governance Conference in October 2025 - COMPLETE
- Shared resources/content to make relevant to colleagues (for example, legislation and board effectiveness documents) - COMPLETE

Progress Update

The All-Wales Masterclass programme continues, with the first bulletin produced on the "Role of a NHS Chief Executive".

Masterclass topics covered so far:

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

The Masterclass workstream now form part of Business as Usual, and the workstream closure document is currently being produced.

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

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

Mentoring Programme launch date has now changed from July 2026 to mid-August 2026 by Project Team.

Main Issues, Risks & Blockers

Initial risk and issue have been captured and documented.

Impact on Existing Service/Arrangements

One risk recently noted as part of the Annual Conference 2026 and under Risk Threshold.

Rebaseline Justification

To allow time for completion of BAU handover tasks and Lessons Learned workshops due to availability of project board.

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

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

The Purpose of the Project is to decommission all aspects of WIBSS service as per below:

- Staff – Ensure smooth Transition to a new role
- Data Base – Potentially decommission Database while maintaining the information for 6/7 years
- Websites – Shut down or update Websites while redirecting to IBCA

- Physical files – Potentially digitize for 6/7 years
- Offices – Decommission offices
- Equipment – Return equipment to the relevant organisation's IT Departments including any equipment used whilst working from home

Background

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 led to interim compensation payments to date.

There is approximately 217 registered Beneficiaries (subject to change due to deregistration).

The Welsh Government has informed NHS Wales Shared Service Partnership (NWSSP) and Velindre University NHS Trust (VUNHST) that the Wales Infected Blood Support Scheme (WIBSS) will be decommissioned and the service will be provided by IBCA as of 15th January 2027. For new applications, the Closing date was 31 March 2025 - Final Payments from WIBSS to be agreed.

There is a total of 7 staff employed within WIBSS. 2 by NWSSP and 5 with VCS. Staff are currently located at offices in Companies House (Cardiff) and Velindre Cancer Centre (Cardiff).

The beneficiary information is kept within an In-house database, if decommissioned, the data will need to be retained for a 6–7 years period, also will need to be transferred to the Infected Blood Compensation Authority (IBCA). The In-house database is managed by Welsh Blood Services, the Service Level Agreement and notice period is to be reviewed.

Progress Update

On 29 July 2026, the Project Board approved for the Project to move to Delivery Stage

Workstream 1 – Staffing

The Project team is focused on the ensuring staff are managed and supported through the options available to them for the change.

It has been confirmed, due to a change in "Client" from Welsh Government to UK Government that the TUPE does not apply.

The Staff Project team has finalised the plan for each staff member based on each individual situation (Contract type / Time in the role / future provision).

The Welsh Government (WG) have confirmed that the funding for the Psychology element of the service will continue for a further 12 months until January 2028. This service will no longer sit under WIBSS but will need to be integrated into a VUNHST hierarchy.

WG has also confirmed that if there are any redundancy costs, these would be a cost of the scheme in bringing it to a close, therefore would look to re-charge any costs to the UK Gov.

Formal engagement with staff will commence September 2026.

Work stream 2 – WIBSS Database

The Database Project Team recommenced 12 August 2026. During the meeting, it was requested that due to the psychology service being extended for a further 12 months, there has been a request for the Database to be extended to support beneficiaries. The Project manager met with the Welsh Government lead 20 August 2026, seeking approval of funding the Database. WG confirmed that they agree the Database will need to be extended for the additional time and asked for firm costings.

The Database Project Team plan to meet on 30 September 2026, this meeting will focus on scoping out the requirement, seek costs for the 12-month period and submitting the sum to the WG lead.

Other

Alongside the decommissioning of WIBSS project, IBCA has also set up a Project team to begin work on the incoming 4 nations beneficiaries to the transfer end of February 2026. NWSSP Project Manager has met with IBCA's Project Manager 21 April 2026 to begin dialogue. WIBSS Manager WG are in continuous dialogue with IBCA to ensure all beneficiaries needs are covered in the establishment.

Agreement between WIBSS and IBCA on which services are transferred to IBCA has been confirmed.

This project is on course to be delivered by 15 January 2027.

Main Issues, Risks & Blockers

Risks

- R2 - If communication is not clear throughout process, this will cause further stress on staff and beneficiaries
- R3 - If the physical files are lost in Transit from WIBSS to IBCA, this will breach the Data Protection and GDPR regulations
- R4 - Project will run through the summer and Christmas, reducing the availability on resources over project period

Impact on Existing Service/Arrangements

Current service will continue until the transfer of services on 15 January 2027

Rebaseline Justification

Project re-baselined in line with parliamentary extensions of the schemes.

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

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

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

Progress Update

Start Up - Completed 100%

Initiation - Completed 100%

Delivery - Ongoing 78%

Closure - Not Started

Delivery:

Operational handover of the radiopharmacy was completed on Monday 13 April 2026. A planned 12-week Performance Qualification (PQ) period commenced following handover however PQ activities had to be stopped due to a critical loss of pressure experienced across the unit. Actions have been taken to allow for PQ activities to recommence with a revised indicative timeline for completion Mid- September 2026.

Following PQ completion MHRA approval will need to be sort with timescales unknown.

Main Issues, Risks & Blockers

No Risks currently over threshold

Impact on Existing Service/Arrangements

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

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Gluten Free Subsidiary Card	Delivery	Rachel Pember	Gillian Jackson

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

Delivery Confidence Probable Green (Overall) None (Cost) Green (Time) Green (Quality)

TMO Dashboard Report

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

To roll out Gluten Free Food Scheme across NHS Wales to allow patients to purchase gluten free products from participating stores.

Progress Update

Start up - Completed 100%

Initiation - Completed 100%

Delivery - Ongoing 45%

Closure - Not started

Delivery:

PCS Project team meetings are established, and the team are working on the project plan tasks. Development of the PCS database has been completed allowing for training to take place ahead of implementation. A communication plan has been fully developed and in place from September 2026.

Delivery Board meetings are established and Health Boards / Sub workstreams provide quarterly highlight reports of their implementation plans.

Health Boards have been tasked to establish project teams and work towards developing implementation project plans. Traction isn't in place to move project plans forward with all Health Boards as there are conflicting priorities with their existing IMTP plans.

Main Issues, Risks & Blockers

No risks to report over threshold.

Impact on Existing Service/Arrangements

None.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Cyber Security - CAF Remediations	Delivery	Peter Elliott	Bryn Harries

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

Delivery Confidence Probable Green (Overall) None (Cost) Green (Time) Green (Quality)

High Level Benefits Cash Releasing - No Non Cash Releasing - No Qualitative - In Progress Quantitative - No

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

To remediate the in-scope risks identified by the Cyber Assessment Framework (CAF) report 2025.

Progress Update

From the 2025 CAF assessment 14 actions have been identified. Of these 12 are being actively progressed and a 2 have been deferred.

Of the 12 identified actions 8 are fully on track and 4 are currently progressing but behind the planned timeline, awaiting completion of agreed actions.

It should be noted that actions are cross cutting and require actions from partner organisations such as DHCW and other national groups.

Main Issues, Risks & Blockers

Awaiting actions from other organisations. The NWSSP Chief Digital Officer is escalating as appropriate.

Impact on Existing Service/Arrangements

Measuring impact on cyber resilience is necessarily difficult as we are attempting to measure an absence of disruption. A potentially appropriate methodology has been identified and will be implemented as part of the project.

Rebaseline Justification

N/A

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

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

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

Progress Update

Percentage completion has been updated to reflect delivery of 5 training packages with progress summarised below:

- Introduction to Project Management - 100%
  - Training content ready for launch week commencing 13 October 2026.
- Introduction to Service Improvement - 48%
  - Draft content completed, currently being reviewed by members of TMO.
  - 3-week delay but no impact as launch pushed back to week commencing 13 October 2026
- Introduction to Agile Project Management - 8%
  - Training content submitted to Digital Learning Wales (DLW) to develop
    - Dependent upon amendments to Service Improvement
- Introduction to Business Cases - 6%
  - Training content in process of being prepared by TMO
- Introduction to Changes Management - 0%
- Introduction to Benefits Management - 0%

Main Issues, Risks & Blockers

None to report over risk threshold.

Impact on Existing Service/Arrangements

Not applicable.

Rebaseline Justification

Not applicable

Project Name	Stage	Project Manager	Project Exec/SRO
Implementation of SLE Resident Doctor Contract Changes	Delivery	Gill Bailey	Gareth Hardacre

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

Delivery Confidence Highly Likely Green (Overall) Amber (Cost) Green (Time) Green (Quality)

TMO Dashboard Report

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

Programme Purpose:

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

The project will

- Work alongside the NHS Wales Employers team who have negotiated the new arrangements with the BMA team
- Facilitate operational readiness across NWSSP, HEIW and host Health Boards
- Oversee all changes required to implement contractual, technological, rostering, payroll, and workforce reforms
- provide a forum to assess progress, risks and system readiness against project objective and deliverables.

Project Objective:

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

Progress Update

The new Resident Contract 2026 and Terms and Conditions have been approved in consultation between NHS Employers and British Medical Association (BMA).

Following considerable effort and collaboration between NWSSP and Health Boards/Trusts, the new contract has been implemented for the new Resident Doctor August 2026 cohort as per the phased implementation plan. Specific activities included:

Single Lead Employer (SLE) processes. Payroll. Expenses

- August 2026 cohort has commenced training roles within the respective Health Boards/Trusts.
  - Under 2% have been unable to start on time due to outstanding right to work (RTW) checks. Model Declarations have been put in place whereby Disclosure and Barring Service (DBS) are outstanding which is standard practice.
- The Contract and Terms and Conditions have been issued.
- All generic job plans, rotas and pay assessments have been completed and shared where appropriate with the August 2026 Resident Doctor cohort.
- Payroll activities on target to be completed for the first pay run.
- Onboarding has commenced for September 2026 cohort.
- Expenses access has been established for Resident Doctors
  - 2 actions outstanding that have been escalated to Provider - manual workarounds in place.

Lead Guardian of Safe & Flexible Working and administration support

- The Lead Guardian and Health Board Guardians have been appointed with the supporting administration roles in progress.

e-Rota and E-Rostering systems

- E-Rota - system has been updated and is Live with no major issues reported
- E-Rostering - all system upgrades completed and successful, with August 2026 cohort onboarded.
  - Whilst the ESR interfaces have been set-up, testing of pay elements is ongoing. On 18 August 2026 testing for Betsi Cadwaladr University Heath Board completed successfully. Information shared with other Health Boards to aide swift configuration. It is anticipated that this activity will be completed in time for September 2026 pay run.
- Exception Reporting - System upgrades completed for phase 1 with system live. Guides have been completed and issued on 4 August 2026.

Main Issues, Risks & Blockers

Risks:

The risk register was reviewed by the Implementation Board on the 13 August 2026, with 10 risks closed. The key risk remains as follows:

The reduction in working hours per Resident Doctor could mean there may not be enough Resident Doctors resulting in financial impact and potential impact on patient care.

- Following implementation of the August and September Resident Doctor cohort, the financial and clinical impact will become clear. The position is being monitored by Assistant Deputy Directors of Finance alongside Medical Workforce Managers with Health Boards registering this risk locally as appropriate.

Impact on Existing Service/Arrangements

Health Boards have identified potential gaps in Resident Doctors which could affect existing services. These are being addressed.

Rebaseline Justification

On 13 August 2026, Project Executive requested Project end date extended to 31 March 2027 to allow for support to continue as transition plan will continue until September 2028. New project plan will be developed during September 2026.

Project Name	Stage	Project Manager	Project Exec/SRO
Velindre/NWSSP Governance Recommendations	Delivery	Julian Bowen-Sargent	Neil Frow / James Quance - NWSSP

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

The Welsh Government had commissioned a review of the accountability and governance arrangements of the NHS Wales Shared Services Partnership (NWSSP). This project is to oversee the delivery of the findings and recommendations of the NWSSP / Velindre Governance Review.

Progress Update

Internal monthly meetings set up with NWSSP and Velindre Trust.

Additional joint monthly meetings between Welsh Government and NWSSP/Velindre Trust organised.

Weekly catch-up meetings organised between NWSSP and Velindre Trust on progress, along with weekly project catch-up meetings.

Project Plan updated completion rate of 57%.

Overall Task progress completion rate at 76%

Independent review had twenty-one recommendations and nine have been completed, with several other recommendations to be completed in August 2026.

Progress is steady with several key actions to be completed at the end of October 2026.

Main Issues, Risks & Blockers

There are currently no risks or issues to report over the corporate threshold of 15.

Impact on Existing Service/Arrangements

To improve service delivery and synergies between Velindre and NWSSP

Rebaseline Justification

N/a

Project Name	Stage	Project Manager	Project Exec/SRO

TMO Dashboard Report

Facilities Modification Project	Start Up	Rachel Pember	Rebecca Nelson

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

Delivery Confidence — Highly Likely — Green (Overall) — Amber (Cost) — Green (Time) — Green (Quality)

High Level Benefits

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

Equitable Changing and Privacy Spaces Project

The Single Sex Facility Transition Project will assess and implement modifications to toilet facilities across NWSSP sites to ensure compliance with emerging legal and regulatory requirements for all staff. This includes the creation of fully enclosed, private and lockable toilets and wash basin. This project will consider legal, equality, estates, operational and financial requirements and develop an implementation plan for affected sites.

Progress Update

Start Up - Completed 10%

Initiation - Not Started 0%

Delivery - Not Started 0%

Closure - Not Started 0%

Start Up -

Project start up tasks have commenced, engagement has been made with stakeholders and the initial project team meeting taking place early September 2026 to agree terms of reference and scope project plan activities.

Main Issues, Risks & Blockers

None currently identified.

Impact on Existing Service/Arrangements

None currently identified.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Companies House Relocation Project (South East)	Start Up	Abbie Shackson	Jonathan Nettleton

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

Delivery Confidence — Highly Likely — Green (Overall) — Green (Cost) — Green (Time) — Green (Quality)

High Level Benefits

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

The Companies House Relocation Project will deliver a long-term accommodation solution for services currently based at Companies House and Charnwood Court through the acquisition, preparation, and occupation of suitable office accommodation that meets operational, financial, and sustainability requirements.

Progress Update

TMO Dashboard Report

The Companies House Relocation Project has formally commenced, with the first Project Team meeting on 29 July 2026. During the Project Team Meeting the draft governance documentation was reviewed and the proposed governance structure will see the Project Team reporting to a Project Board, with escalation through SLG and SSPC as required.

During the reporting period, the Project Team reviewed the draft Terms of Reference and Project Brief, confirming the project's key objectives. The scope remains limited to Companies House and HQ accommodation, with other NWSSP sites excluded from the programme.

An initial review of lease arrangements has been undertaken. Both Companies House and HQ have lease break clauses that will require active management, with early consideration being given to the financial implications and timing of any future accommodation decisions.

The Project Team agreed that a comprehensive financial baseline exercise is required to establish current accommodation costs and enable robust comparison against any future proposals. This work is now underway.

The proposed relocation option at Cefn Coed House was presented and discussed. Existing design work from previous accommodation exercises will be refreshed and reassessed against current operational requirements. Early discussions have focused on:

- accommodation layout
- welfare facilities
- sustainability features
- meeting space provision
- travel considerations.

Parking capacity has been identified as a key area requiring further investigation, with additional work planned to explore overflow and shared parking options.

Occupancy analysis of the current estate demonstrated significantly lower utilisation levels than establishment figures, supporting the need to reassess future accommodation requirements.

Progress has also been made in discussions with the proposed landlord. Initial Heads of Terms have been received, indicating a 15-year lease arrangement with a break clause after 10 years, and further work is ongoing to refine the proposal and prepare information for future governance consideration.

Looking ahead, the project team will focus on completing the financial baseline assessment, progressing landlord negotiations, refreshing stakeholder engagement materials and developing a formal communications and engagement plan to support future consultation activity.

Project meetings will continue on a monthly basis to maintain momentum and monitor progress against agreed actions.

Main Issues, Risks & Blockers

Main Risks

- The net cost of the new facility may exceed the costs of the current accommodation arrangements and fail to deliver expected efficiencies.
- The proposed landlord may not successfully complete the purchase of the building.
- Delays in legal negotiations, governance approvals or financial approvals.
- Surveys may uncover structural, roofing, mechanical or electrical issues requiring remediation.
- Future increases in office attendance requirements could alter workspace demand.
- Existing lease arrangements may overlap with occupation of the new facility.
- Opportunities to generate income from unused accommodation space may not materialise.
- ICT connectivity and infrastructure may not be available when required.

Impact on Existing Service/Arrangements

No immediate impact.

Existing accommodation and service arrangements remain unchanged while feasibility, financial, accommodation and stakeholder considerations are assessed. Any future impacts associated with relocation will be managed through formal consultation, engagement and change management processes.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Digitisation of Patient Medical Records 26/27	Start Up	Alison Lewis	Gillian Jackson

TMO Dashboard Report

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

Delivery Confidence	Highly Likely	Green (Overall)	Green (Cost)	Green (Time)	Green (Quality)

High Level Benefits

Recent Gateway Review? In Progress

Rebaseline? Not Applicable

Objective

- NWSSP to digitise archive medical records
- Reduce paper medical records in the system

Progress Update

The Project Board met on 10 August 2026 to agree the next phase and agreed to establish two to three focused workstreams. One of which will be quality assurance to ensure scanned records are accurate, complete and suitable for future destruction decisions and suspense record management.

The North Wales pilot will inform this work, although the current quality control process requires significant enhancement to meet Data Privacy Impact Assessment and records destruction requirements.

Prioritisation will be based on record volumes, retention periods, suspense categories and cost analysis, to review the baseline and confirm where investment will deliver the greatest storage reduction benefit and identify the break-even point between physical and digital storage costs.

The Project Team is being mobilised and due to meet in September 2026. The project team will review the July 2026 testing outputs using a realistic operational approach to assess scanning volumes, timings, quality assurance and business-as-usual impacts.

The team will also plan to adapt existing scanning quality control processes, confirm digital and physical storage requirements, and monitor constraints such as scanner availability and staff capacity.

Pilot learning will shape the approach for wider suspense records and future cohorts, while risks relating to English records, digital storage and system capacity continue to be escalated with relevant stakeholders.

The Project Board also requested that the Project Manager begin developing the Business Case.

The Information Governance Manager has reviewed the Data Privacy Impact Assessment and provided comments, which must be reviewed and addressed before resubmission.

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.

Rebaseline Justification

N/A

TMO Dashboard Report

Service Improvement Initiatives

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

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

Delivery Confidence: Probable — Amber (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

The aim is 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

Progress has been delayed due to dependencies on RPA development within Legal & Risk and limited resource availability across NWSSP Digital. Though actions have been taken to generate momentum over the coming months, to include the commitment of time.

Main Issues, Risks & Blockers

- Implementation of the Legal & Risk (L&R) iCaseworker system and subsequent review and development of associated apps/RPA that impact on the L&R Matters invoice files and data required by Finance.
- NWSSP Digital and NWSSP TMO resource time due to both parties completing other workstreams initiated when the delays on this initiative were imposed.
- 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.

Impact on Existing Service/Arrangements

Positive Impact

Rebaseline Justification

Delivery was impacted and delayed by the roll out of the case management system.

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

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

Delivery Confidence: Highly Likely — Green (Overall) (Cost) (Time) (Quality)

TMO Dashboard Report

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

Rebaseline? Not Applicable

Objective

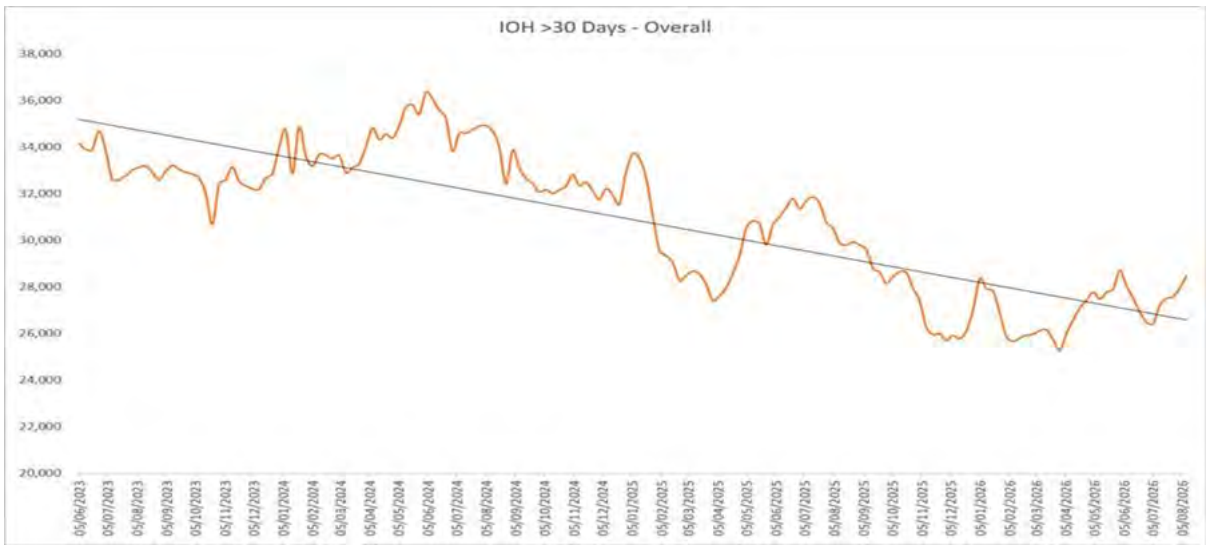
The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

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

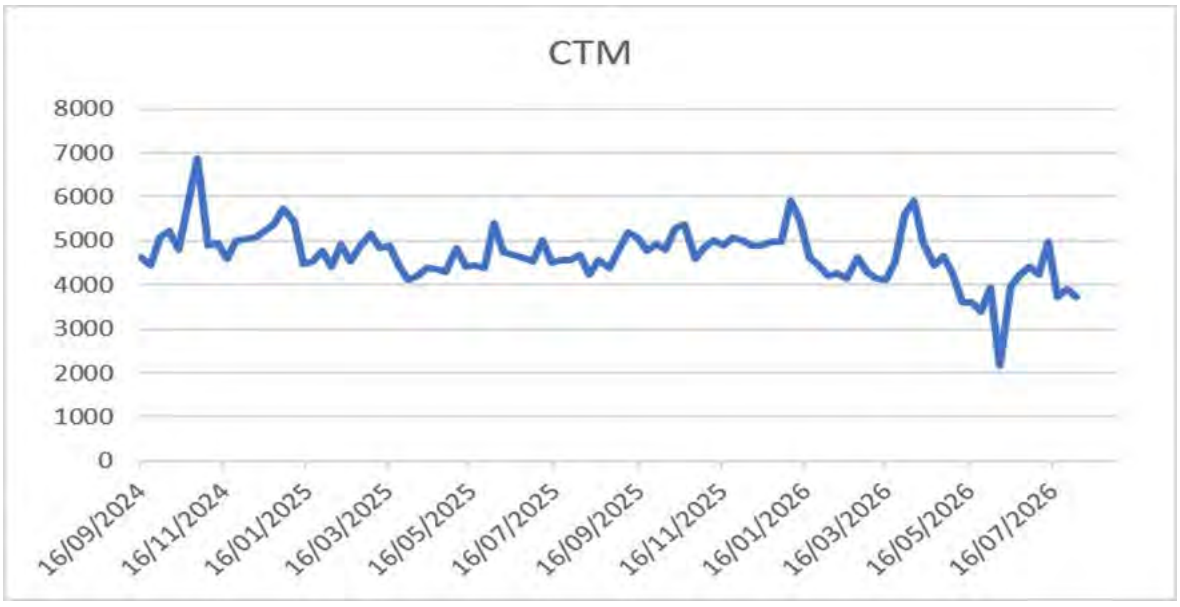
The Invoices on Hold (IOH) over 30 Day position is at 28,482 and is beginning to go against the trend of the last two years. The service is looking to identify an assignable cause and monitoring this through the All Wales P2P Governance Group.



Ongoing improvements and realised benefits include:

- ActionPoint standardisation - Since the initiative began, there has been a reduction of 2200 calls outstanding, from 5885 to 3661, representing a 38% improvement.
- Receipting Holds Phase 2 - Cwm Taf Morgannwg University Health Board (UHB) have trialled the escalation of Invoices on Hold within their hierarchy once they have been outstanding for a period of 30 days or more. There has been a 36% reduction in invoices calendar year to date (run chart below). Hywel Dda UHB and Aneurin Bevan UHB are looking to come on to the trial in the coming weeks as we work towards national roll out through the All Wales Procure to Pay Governance Group.
- Receipting Hold Phase 3 - A paper is under review by the All Wales Procure to Pay Governance Group, acting as the first stage of governance for the approval of the automated payment of invoices that have been submitted but not receipted even though the supplier has provided an approved proof of delivery and delivery note. These invoices will be over an agreed age and low individual value, with the trial potentially releasing 1732 quantity receipting invoices that are over one year old and that have a combined value of £386k (£223 average) on the condition that an approved proof of delivery and delivery note are provided.
- Medtronic Review - A working group has been established to identify ways to improve our processes and prevent invoices going on hold from this supplier. Invoices on hold have reduced by 12% from 1113 to 988, though a 28% (£600K) reduction has been removed from the total balance outstanding, in line with co-developed objectives and a focus on high value invoices. Recent improvements in the numbers of patients on scheduled orders and the resolution of pricing issues and actioning of credits should see a further reduction in the total number of invoices outstanding with Medtronic over the coming weeks.
- Scan4Safety review - A team has been established to deliver a targeted review of invoices on hold relating to scan for safety, identifying opportunities for improvement whilst clearing the outstanding backlog where possible.
- Not on Statement - There are 454 invoices outstanding that have been marked as not on statement by the suppliers, in that they do not exist withing their own invoice backlog. There is an approved process to remove these on a monthly basis, conditional on health board agreement to cancel the invoice. Once this approval is received from the largest contributing health board we will see a reduction of over 300 invoices to this hold category.
- Statement Reconciliation - this improvement is being managed by the service, and the objective is for a procured software to reconcile supplier statements against our IOH and remove any anomalies via the Not on Statement process mentioned above.

- Data Management and Tracking - Improved data tracking has been established by the service improvement team, and this is lined up for automation and dashboard development prior to handing back to the service.



Progress is going well in the above, and all of which are contributing to the continued reduction in the nation IOH problem. Where any non-cash releasing benefits are realised, these further support the relevant teams in the continued efforts to improve efficiency and reduce waste. Initially, the IOH Review was able to support in the realisation of cash releasing benefits through the reduction of variable pay spend reported within that initiative.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

Improved efficiency and general process of health in terms of reduced backlogs, reduced handling time, and automation of controls where possible to prevent problem reoccurrence.

Rebaseline Justification

N/A

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

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

Delivery Confidence: Highly Likely — Green (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

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

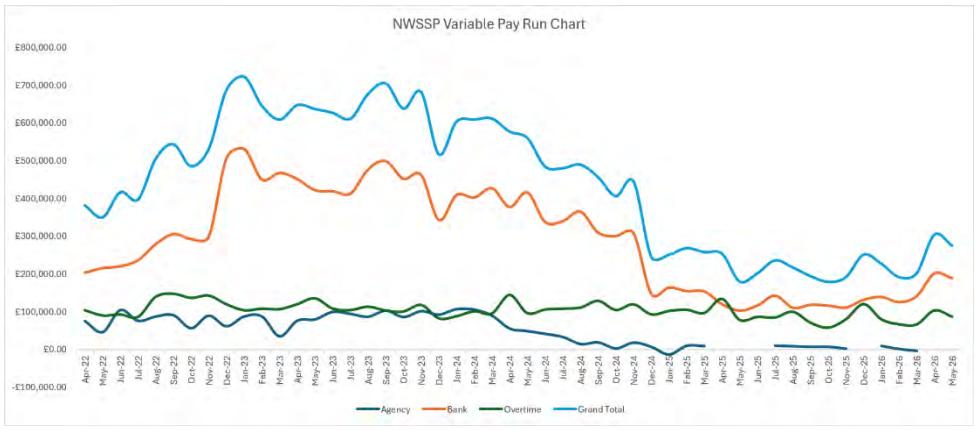
- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes

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

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

Progress Update

The initiative has supported the reduction of variable pay spend by approximately £500k per month. Though increasing slightly over recent weeks.



The benefits have been realised through improved scrutiny and approval prior to the working of overtime, agency and bank, in the form of manual reviews following a formal request for hours in either area.

We have also launched a productivity application to support workforce capacity planning and therefore reduce the need for temporary resource by gaining a better understanding of our process capacity. A recent team that moved into the productivity application saw a 30% uplift in performance and details of this are reported separately within this report.

Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

Impact on Existing Service/Arrangements

Improved data availability to support data led decision making and process optimisation.

Rebaseline Justification

Many opportunities for improvement were identified and the complexity of implementation underestimated across the service. Delivery date was changed to consider this.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Accounts Payable - Productivity Pilot	Niall Quilton	Russell Ward

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

Delivery Confidence	Highly Likely	Green (Overall)	None (Cost)	Amber (Time)	Green (Quality)
High Level Benefits	Cash Releasing - In Progress	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes	
Rebaseline?	Yes				

Objective

Measure productivity across teams through data analysis, stakeholder feedback, and pilot trials.

Progress Update

August 2026 Update
The AP Productivity dashboard developed by RPA is into its second phase of iterative development and will be reviewed with senior managers on 18 August 2026. Data categories and metadata have been established to support consistent reporting across AP processes and improve productivity insight.

Development has also started on a new reporting app to replace current Accounts Payable Financial Operations and Resolution Team (AP FORT) reporting, helping supervisors and managers report outputs more quickly and consistently. Sponsors will be asked to consider extending the work to capture time and motion data for additional AP processes not currently included.

Next Steps
- Complete senior manager review work on 18 August 2026
- Continue development of the reporting app

- Present the scope extension decision to sponsors on capturing AP processes that are not yet supported by time and motion data, which limits the completeness of the productivity baseline. A sponsor decision is required on whether to extend the scope to capture these areas.
- Final review of beta planned for 11 September 2026.

Main Issues, Risks & Blockers

Challenges & Risks

- Limited resource to build time/motion capture to allow more accurate insights and future planning ability.
- Need for managers to fully adopt dashboard and reporting tools.
- Continued risk of misinterpretation without guidance.

Impact on Existing Service/Arrangements

Improved reporting capability to gain a better understanding of process capacity whilst safeguarding quality and understanding workforce requirements.

Rebaseline Justification

Delayed due to availability of data and development issues, new delivery date approved accordingly.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Overtime Request Application - (ORA)	Niall Quilton	Alison Ramsey

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

Delivery Confidence	Green (Overall)	Green (Cost)	Green (Time)	Green (Quality)
High Level Benefits	Cash Releasing - No	Non Cash Releasing - No	Qualitative - No	Quantitative - Yes
Rebaseline?	Not Applicable			

Objective

An improvement that is designed to offer service leads the ability to review requests for overtime before they are applied to the HealthRoster. This will offer Heads of Service and Team Leaders improved control in relation to the allocation of overtime whilst providing the opportunity to apply prior scrutiny and approval to each request.

This is done through the adoption of the Overtime Request Application, within which, requests for overtime are raised against individuals and then carried through a flow to the designated approvers in teams, where they are approved or rejected appropriately.

Progress Update

75% organisational coverage has been completed to date. Once Medical Examiner, along with a few other cost centres from supply chain, move over to the Overtime Request Application, the roll out will be closer to 90%.

Compliance of the applications usage need to be monitored by the service owners in all cases.

Main Issues, Risks & Blockers

Risks

- Lack of adoption
- Additional Resource Requirements
- Potentially slower than the current process

Impact on Existing Service/Arrangements

Improved prior scrutiny and approval of overtime requests.

Rebaseline Justification

N/A

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Digital Engagement for Support Staff	Stephen Barry	Anthony Hayward

TMO Dashboard Report

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

Delivery Confidence Green (Overall) None (Cost) Green (Time) None (Quality)

High Level Benefits Non Cash Releasing - Yes

Rebaseline? Not Applicable

Objective

To support the successful delivery of the Digital Engagement pilot by shaping, reviewing and improving content, engagement methods and governance arrangements that help non-desk-based colleagues stay informed, connected and engaged.

Progress Update

August 2026
Pilot is now in flight and 1st feedback round of content will start w/c 17 August 2026. The Digital Engagement Group met on 14 August 2026 to review progress on the pilot. Discussion focused on agreeing a clear group objective, aligning benefits and success measures, reviewing the draft staff questionnaire, and refining the future content management approach. The group also discussed accessibility considerations, including language barriers, QR code usage and opportunities to support digital inclusion. Senior awareness of the pilot continues to grow following recent communications activity.

Next steps
Meet up to review 1st round of feedback and iterate content - then develop process of future communication updates while exploring other options such as screensavers and simpler image led message boarding options.

Main Issues, Risks & Blockers

Challenges & Risks

- No ring-fenced funding for digital engagement solutions, requiring phased and low-cost delivery approach.
- Dependency on IT validation (screen suitability, media stick usage, security considerations) creating potential delays.
- Digital exclusion persists due to lack of Microsoft 365 access and risk of low adoption if not supported by engagement activity.
- Scope expansion identified (broader engagement, branding, and digital inclusion), creating risk to delivery focus without formal approval.

Impact on Existing Service/Arrangements

None Identified

Rebaseline Justification

N/A

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Customer Service Excellence 2026-2029 - Year 1	Abigail Shackson	James Quance

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

Delivery Confidence Highly Likely Green (Overall) Green (Cost) Green (Time) Green (Quality)

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

Rebaseline? Not Applicable

Objective

To take the NWSSP Organisation through the Customer Service Excellence cycle over the next three years, achieving the required standard to support the accreditation.

Progress Update

The Customer Service Excellence (CSE) submission process is progressing well, with engagement meetings now completed across all divisions to confirm requirements, provide guidance on the assessment process, and address any queries.

Submission deadlines for evidence and assessment dates have been communicated to each division, ensuring all teams are aware of key milestones and expectations.

Further communications have been issued to identify those divisions that require the standard CSE customer survey. Information received will be used to coordinate survey distribution centrally, helping to ensure a consistent approach and avoid duplication across the organisation. Divisions have also been advised of the requirements relating to customer involvement in assessment activities where applicable.

The focus will now shift towards the consolidation and quality assurance of evidence submissions and the population of the Customer Service Excellence online portal. This will involve reviewing evidence provided by divisions, mapping submissions against the CSE criteria, identifying any gaps, and working with teams to obtain any additional supporting information required ahead of assessment.

Preparatory work will also commence for the assessment phase, including coordinating customer feedback, supporting divisions with assessment day planning, and ensuring all evidence is submitted within the agreed timescales.

Overall, the programme remains on track, with good engagement from divisions and clear next steps in place to support a successful Customer Service Excellence submission.

Main Issues, Risks & Blockers

- Late evidence submissions from divisions
  - Delays with evidence review, quality assurance and portal population activities, potentially impacting assessment readiness.
- Insufficient or poor-quality evidence
  - Evidence may not adequately demonstrate compliance against CSE criteria, increasing the risk of lower assessment outcomes
- Portal submissions
  - Large volumes of evidence requiring upload and categorisation could create a bottleneck close to assessment deadlines.
- Assessment scheduling challenges
  - Availability of staff, customers and stakeholders may affect assessor interviews and evidence verification sessions.

Impact on Existing Service/Arrangements

N/A

Rebaseline Justification

N/a

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Modernising Prescription Processing and Workforce Optimisation	Bethan Rees	Gillian Jackson

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

Delivery Confidence: Green (Overall) None (Cost) None (Time) None (Quality)

High Level Benefits

Rebaseline? Not Applicable

Objective

To develop a Business Case to modernise Prescription Processing in Primary Care Services.

Progress Update

PRESCRIPTION PROCESSING

The project is currently in the initiation stage, and information is being gathered in preparation for development of the business case. Workshops for benefits and risks are scheduled for September to inform the business case.

Main Issues, Risks & Blockers

To be identified following workshops

Impact on Existing Service/Arrangements

None currently identified

Rebaseline Justification

N/A

NON TMO Managed Initiatives

Key Individual Project/Programme Updates			
Project Name	Stage	Project Manager	Project Exec/SRO
Scan 4 Safety	Identify a Programme	Andrew Smallwood	Andy Smallwood

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

Delivery Confidence — Green (Overall) Green (Cost) Amber (Time) Green (Quality)

High Level Benefits

Recent Gateway Review? No

Rebaseline?

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

Progress Update

Time status of the programme has been moved to Amber as the team are still facing challenges in getting sufficient access time to key staff prior to implementation, delaying progress. Competing priorities and in some cases culture are barriers. Therefore the rollout is slower than planned. However, the team continue the roll-out of the Inventory Management System across NHS Wales.

Work is continuing between the Programme, Omnicell and the National Joint Registry to enable pre-operative implant combination checks to alert surgical teams to possible mismatch of components which would have previously resulted in a never event. Cardiff and Vale are engaged in a pathfinder project to align with more efficient theatres.

Quarter 1 2026/27 saw the go-live of Glangwlil hospital theatres. This completed the theatres coverage for Hywel Dda University Health Board.

Quarter 2 2026/27 has seen Endoscopy go live at the Royal Gwent Hospital and significant steps forward within Wrexham Maelor Theatre B.

Main Issues, Risks & Blockers

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

Rebaseline Justification

Project Name	Stage	Project Manager	Project Exec/SRO
Health Roster Implementation	Delivery	Vicki Harris	Rebecca Jarvis

TMO Dashboard Report

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

Delivery Confidence	Green (Overall)	Green (Cost)	Green (Time)	Green (Quality)

High Level Benefits

Recent Gateway Review? No

Rebaseline?

Objective

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

Progress Update

NWSSP Roll Out:

- 49 units are currently live to payroll.
- 043 DF01 Medical Examiner Service The Medical Examiner Service has elected to implement Health Roster for its Agenda for Change (AfC) staff. Training was delivered on 14 July 2026. The first payroll extract is expected to be submitted on 7 September 2026.
- Pharmacy Services has expressed an interest in implementing Health Roster. A system demonstration has been provided, and we are awaiting confirmation on whether they wish to proceed. Initial indications show that this would potentially use up to 100 licences

E-Rostering

- Budget Alignment: Roster schedules are being aligned with budgets across all service areas. So far, 38 services have completed this alignment, with 11 still in progress. This process is helping to identify where unavailability and relief percentages are not being allocated appropriately.
- Roster Efficiency Meetings: These meetings continue to serve as a forum for retraining, refining roster templates, and promoting rostering standards. Ongoing engagement with services is supporting continuous improvement and greater roster efficiency
- Regional Service Meetings: Regular meetings continue with Laundry Services and Healthcare Courier Service (HCS) regional managers. They help identify trends and cost pressures and ensure staffing levels align with service requirements. Sessions also promote collaborative working, strengthen relationships, improve understanding and embed senior-level ownership and governance.
- Roster Sign-Off Compliance: Engagement with services is ongoing to ensure compliance with the 12-week roster sign-off deadlines following the Welsh Government Circular. Monthly audits are undertaken and circulated to POD
- Process Improvement (TOIL): In partnership with POD, efforts are underway to address and rectify inconsistencies in the TOIL. Updates continue to be shared with the Senior Management Team (SMT). This work has significantly improved the accuracy of TOIL records, with balances reducing and processes now being managed more effectively.
- E-Rostering Policy: The updated Policy was presented to the Senior Leadership Group on 15 July 2026 and approved.

Bank Staff

- Newsletter - We have developed a quarterly newsletter for Bank Workers to keep them engaged and informed on the wider NWSSP as well as things that may impact them - e.g. training, vacancies, etc
- Automated reminders - we have set up automated reminders to managers to remind them when their Bank expression of interest is due to expire so they know to resubmit if needed. These go out at 8, 10 and 12 weeks usually for a 12-week Expression of Interest (EOI).
- New EOI process - we have developed an automated Bank EOI request, once the manager completes and submits it goes to the People and OD Business Partner and Finance for approval. Once they have both approved it goes through to scrutiny panel for their approval. This is helping us be more reactive to requests and also have a better audit trail for requests and approvals

AOB

- API and Overtime App Review - RLDatix has confirmed that if development if required it would have to be implemented on an all-system basis rather than as a standalone development for NWSSP

- Health Roster Audit Controls: Meeting with Audit Wales too place on 24 April 2026. All documentation and evidence provided, No non-compliance or improvement recommendations received
- Bank Holiday Sickness Guidance - This has been recirculated to managers and services. This guidance differs from the advice previously issued and will require services to review sickness absences recorded on Bank Holidays. Where deductions have been applied incorrectly under the previous guidance, these will need to be identified and amended as appropriate.
- Annual Leave Planner: In the process of creating working instructions to help departments on managing the annual leave required to be taken per week per financial year. This is to help manages pre plan for annual leave.

Licence Numbers

NWSSP currently funds 1,100 Health Roster licences. As of July 2026, a total of 843 licences is in use across Health Roster and Bank, leaving 257 licences available to support future service implementations and system expansion.

PHW Roll out

- All 36 units identified on the project plan, have been successfully migrated to Health Roster and currently live to payroll. As of April 2026 they are utilising 732 licenses
- NWSSP Rostering Team are working with PHW Project Team to update the governance structure within PHW and finalise the plan for 26/27
- Inconsistencies in internal processes identified therefore working with PHW Roster and POD leads

Other updates:

- PHW have agreed funding for Rostering Resource for 2026/2027. The SLA will continue until 31 March 2027.

Main Issues, Risks & Blockers

PHW SLA has now been extended until 31/03/27 therefore no current risks

Impact on Existing Service/Arrangements

On track – no impact to customers

Rebaseline Justification

Project Name	Stage	Project Manager	Project Exec/SRO
Future Workforce Solution	Initiation	Rebecca Jarvis	Gareth Hardacre

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

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

Objective

The NHSBSA recently announced their partnership and the award of a 15-year contract to Infosys to deliver the Future NHS Workforce Solution. This solution will succeed the current ESR system with a modern, intuitive, and integrated national workforce platform.

The objective of this project is to roll out the Future Workforce Solution (FWS) across NHS Wales beginning with three identified early adopters then across successive waves to have all NHS Wales organisations over by 2030.

Progress Update

The programme has now progressed into the Foundational Readiness phase. NHSBSA and NHS Wales Shared Services Partnership (NWSSP) have worked in close collaboration to ensure the implementation approach meets the needs of NHS Wales organisations, with NWSSP identified as a key delivery partner to support a consistent, all-Wales approach.

Through our weekly check ins with the Early Adopter' operational teams, we have taken time to demonstrate how the detailed planning tool can support teams to monitor progress across the life span of the programme. This will guide teams on the

variety of activities they need to complete throughout readiness and implementation and use this data to brief SROs at our monthly calls.

In addition to this we will mobilise a meeting with our Employee Services colleagues in NWSSP to support them to undertake their activities required for readiness activities and maintaining progress towards completion of this phase by 13 November 2026.

We have worked with Transformation leads to register the appropriate SMEs for the domain introduction sessions planned which commenced 10 August 2026 and which run through to 24 August 2026. A short onboarding video has also been developed for transformation leads to share with SMEs ahead of the domain introductions.

Recognising *solution setup* for our organisations is a *critical pathway* and therefore Q&A sessions are being arranged for the beginning of September 2026; to answer any questions the SMEs may have once they have absorbed the materials in their area of expertise.

There are 13 chapters as part of Foundational Readiness Guidance 2 - 7 of which have been shared with the organisations with the remainder scheduled for w/c 17 August 2026.

The Oversight Group held its inaugural meeting on 4 August 2026. Its role is to provide strategic oversight, coordination, and assurance for the implementation of the Future NHS Workforce Solution, ensuring a consistent approach to delivery, proactive management of risks and issues, and ongoing support for participating organisations throughout the programme lifecycle.

A Benefits Realisation session was held during which the Consortium demonstrated the Wales-specific Benefits Sizer they have developed. The tool will now undergo internal review, and our current baseline position will be incorporated. Implementation timelines will be aligned with the IMTP submission process.

As part of preparations for future implementation waves, the first pre-foundational readiness webinar was delivered on 6 August 2026, with 46 representatives participating. The second webinar is planned for 18 August 2026 to maintain momentum and support ongoing readiness activities.

Funding/Resource

Critical posts required for the programme are now out to advert closing end of August 2026 with interviews schedule for September 2026.

Ongoing discussions regarding additional Shared Services funding.

Upcoming Events

- Solution Walkthroughs for EAs
  - Core HR 10 August 2026
  - Learning 12 August 2026
  - Career & Performance Management 14 August 2026
  - Payroll, Compensation & Benefits 18 August 2026
  - Talent Acquisition 20 August 2026

- Implementation Board NWSSP 12 August 2026
- NHS Wales and NHSBSA monthly meeting 19 August 2026
- Data Migration 21 August 2026
- Preparing for Test Phase – Into Session 24 August 2026
- Advisory Board 25 August 2026

Next steps include:

- NWSSP recruit to the Central Delivery Team that will support NHS Wales organisations through the transformation
- Continue to seek funding to support Employment Services activities
- Continue to engage NHSBSA and Infosys design team in specifics to deliver a Shared Service model
- Organisations will be supported to progress data cleansing activities, outlined in Part 1 of the Foundational Readiness Guidance
- A phased approach to delivering Part 2 of the Foundational Readiness Guidance with the first 3 activities covering
- Input to help set up the future solution
- Preparing for the 'test' phase
- Understanding required business process changes
- In parallel, the submitted technical templates are being reviewed and there may be follow up questions to build on the information provided
- Engagement with future wave organisations to support readiness and preparation activities ensuring organisations are well positioned for successful implementation

<u>Main Issues, Risks & Blockers</u>

As a result of resource pressures within local teams, there is a risk that user organisations may not have sufficient capacity or capability to implement the required process and technology improvement, which could result in lower take up, sub optimal implementations and/or extended rollout/reduced local benefits realisation. It is therefore recognised that additional resource is likely to be needed by User Organisations to undertake their responsibilities. The NHSBSA programme team will bring capacity and functional expertise to deploy the solution working alongside NWSSP and local teams. However, under the auspice of the NHS Wales Programme Steering Group, resource to support the programme locally will continue to be monitored to ensure each organisation is supported to prepare for and support their transition.

Impact on Existing Service/Arrangements

None currently identified.

Rebaseline Justification

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.

Rebaseline Justification

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is not Exempt
Teitl yr Adroddiad / Title of Report
NWSSP Corporate Risk Register Update – September 2026

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	James Quance Assistant Director of Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services
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Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

Llywodraethu / Governance	
Amcanion: Objectives:	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement.
Tystiolaeth: Supporting evidence:	Appendix 1 – NWSSP Corporate Risk Register

Ymgynghoriad / Consultation:
The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. NWSSP Audit Committee receive the NWSSP Corporate Risk Register at each meeting. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

Adduned y Pylori/Committee Resolution (insert √):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
Argymhelliad/ Recommendation:	The Committee is asked to NOTE the report.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath 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 SEPTEMBER 2026

1. INTRODUCTION

Since the Shared Services Partnership Committee meeting of 16 July 2026, several amendments have been made to the NWSSP Corporate Risk Register. Details of these changes are outlined below.

The NWSSP Corporate Risk Register is presented at Appendix 1, for information.

2. RISKS FOR ACTION

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

Current Risk Rating	September 2026
Red Risk	8
Amber Risk	7
Yellow Risk	1
Green Risk	0
Total	16

Red-rated Risks

There are currently eight red-rated risks recorded within the 'Risks for Action' category of the NWSSP Corporate Risk Register. A summary of the current red-rated risks is provided below:

1. The threat of a successful cyber-attack resulting in potential loss of access to systems and/or sensitive data, with consequential impacts on service delivery (A1);
2. The risk of disruption to the supply of pharmaceuticals as a result of external factors, leading to significant restrictions in provision (A3a);
3. The risk to patient services should the planned development of the Radiopharmacy and TrAMS hub be unable to progress due to funding or planning constraints (A8);
4. Workforce shortages across Pharmacy Services, including the risk that there may be insufficient trained staff to support the simultaneous operation of legacy services and validation of new hubs. This may impact TrAMS service provision and the continued delivery of legacy services within Health Boards and Trusts during the transition phase and beyond TrAMS go-live (A11);
5. The sustained shortage of trained pharmacy staff across NHS Wales, which may affect the ability of the South-East Hub aseptic unit to recruit and retain the workforce required to operate at planned capacity once fully live (A12);
6. Workforce capacity, capability and transition challenges arising from the Future Workforce Solution programme, combined with funding uncertainty, programme delays and unclear workforce requirements, may reduce organisational resilience and hinder the delivery of safe, effective and sustainable services (A13);
7. Uncertainty regarding programme governance, funding, milestones and delivery may reduce confidence and hinder workforce planning (A14);

8. The reputational risk to NWSSP arising from forecast accuracy in respect of the Welsh Risk Pool (A15).

Newly Escalated Risks

Since the last meeting, there have been no new risks escalated to the NWSSP Corporate Risk Register.

De-escalated Risks

There are currently two risks recorded within this category. Since the last reporting period, former Risk A15 has reduced from an amber rating (12) to a yellow rating (6) following the closure of the scheme and the communication of next steps to unsuccessful graduates. In recognition of the reduced risk level, the risk has been transferred to the monitoring section and is being considered for closure and can be found at M5.

Risk A5, relating to the COVID-19 Inquiry, has been moved to the closed section following publication of the Module 5 report. The risk is considered to have passed, and any remaining follow-up actions will be managed under Risk A2.

Risk Trends

Since the previous meeting, there have been four material changes to the overall risk profile. Risk A12 has decreased and is now assessed as stable. This risk relates to the sustained shortage of trained pharmacy staff across NHS Wales and the potential impact on the South East Hub Aseptic Unit's ability to recruit and retain the workforce required to operate effectively.

Risks A11 regarding staff shortages and A16 relating to the Welsh Risk Pool, previously assessed as increasing, have now stabilised, with no change to their current risk ratings. Risk A16 has reduced from a score of 9 to 6 and is now operating within its target risk level (yellow).

Revised Target Deadlines

Since the last Committee meeting, several target dates have been revised. All of these actions have previously been extended, as detailed below:

- Risk A8 – The target date has been extended from 31 July 2026 to 31 October 2026 to allow sufficient time for Welsh Government to review the South East Hub Full Business Case (FBC), which will determine the funding position for the TrAMS Hub Service following its submission on 4 August 2026.

- Risk A16 – The target date has been extended from 30 June 2026 to 30 September 2026 to align with the revised go-live dates. The risk

remains rated amber and is progressing towards its target rating of yellow.

Several risks previously identified for action have transitioned to business-as-usual arrangements, with robust mitigations and controls in place to manage the associated risks.

Risks at Target

Currently, there are four Risks for Action at their target level.

These will be retained on the main Register to ensure SLG oversight and ongoing review, including consideration as to whether further action should be undertaken to reduce them further and not be complacent, if reported at target level.

These risks have remained at the same risk score, with a number demonstrating sustained stability over time. This reflects the impact of actions already implemented, with mitigating controls now embedded and operating as intended to hold risks at their target level.

3. RISKS FOR MONITORING

Since the last meeting, one risk has been transferred from the 'Risks for Action' section to the 'Monitoring Risks' section. This relates to Risk M5 concerning NWSSP's role in the Student Streamlining Programme.

Risk Trends

Since the previous meeting, there have been no material changes to overall risk trends within the Risks for Monitoring section.

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

Current Risk Rating	September 2026
Red Risk	0
Amber Risk	2
Yellow Risk	3
Green Risk	0
Total	5

Five risks remain stable, with progress updates provided, where applicable. These continue to be monitored through the NWSSP Corporate Risk Register to ensure appropriate oversight.

Newly Escalated Risks

There are no updates to report under this category.

4. ENHANCEMENTS TO RISK MONITORING AND REPORTING

Numbering Convention for Risks

The Corporate Governance Team is implementing trend analysis for long-term risks to support the ongoing assessment of control effectiveness over time. To facilitate this approach, risk reference numbers will no longer be reallocated following the closure of a risk. Instead, each risk will retain its unique reference number throughout its lifecycle, enabling consistent tracking, monitoring, and trend analysis over time.

This revised approach is reflected within the current NWSSP Corporate Risk Register, as demonstrated by the transfer of Risk A5 to the closed section, with its reference number retained and not reassigned.

Risk Register Transparency

Two new columns have been added to the NWSSP Corporate Risk Register; 'Date risk added' and 'Date risk last reviewed'. These enhancements will strengthen transparency and oversight by providing a clearer audit trail of each risk's lifecycle, supporting more effective monitoring of long-standing risks and helping to demonstrate that risks are being reviewed regularly and remain subject to appropriate scrutiny.

4. RECOMMENDATION

- The Committee is asked to NOTE the current position and updates outlined above to the NWSSP Corporate Risk Register.

NWSSP Corporate Risk Register

Ref	Date Risk Added	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Last Review Date	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					
Risks for Action														
A1	**April 2019**	If NWSSP does not maintain an effective and continually improving cyber security control environment (including cyber hygiene, vulnerability management, monitoring and incident response), then there is an increased likelihood of a successful cyber attack impacting NWSSP systems and services, resulting in loss of confidentiality, integrity and availability of critical data and national systems, disruption to essential NHS Wales services, regulatory penalties, financial loss, and reputational damage.	5	5	25	Security Information and Event Management (SIEM) Monitoring: provides real-time visibility of security events across NWSSP systems, enabling early detection and response to potential cyber threats. M365 Enhanced Security Controls: strengthen identity, access management and threat protection across core productivity services, reducing the risk of compromise and data exfiltration. Operating System Patching: ensures timely remediation of known vulnerabilities, reducing the exposure window to widely exploited threats. Vulnerability Management: identifies, assesses and prioritises security weaknesses across the environment, enabling targeted remediation and reduction of attack surface. Cyber Assessment Framework (CAF) Baseline Assessment: provides a structured view of current cyber maturity and control effectiveness, informing prioritised improvement planning.	3	5	15	CAF Remediation Programme Delivery: implements prioritised improvements across all CAF domains to strengthen overall cyber resilience and control maturity, including: Access logs for NWSSP tested successfully, and to be progressed to completion Vulnerability Remediation: addresses identified vulnerabilities in line with risk prioritisation, reducing exploitable weaknesses across systems and services. Business Impact Assessments (BIA): defines critical services, dependencies and recovery requirements, improving organisational resilience and incident response planning. Incident response workshops are scheduled for 09/2026	CAF Remediation Planning: a structured remediation plan has been developed, aligned to CAF domains, providing a clear roadmap for improving cyber control maturity. Service catalogue being released w/c 22/06/2026 Oracle Cloud and Cleric logs being passed to the SIEM Active Control Improvements: delivery of vulnerability management, SIEM enhancement, patching and resilience activities is underway to reduce risk exposure and strengthen operational controls, including: Performance Monitoring and Reporting: cyber KPIs have been defined and will be reported through SLG governance, providing regular oversight of control effectiveness and risk position. Assurance and External Engagement: ongoing engagement with Heads of Cyber Security sub-group and the National Cyber Resilience Unit continues to provide external challenge, alignment with national expectations, and independent assurance of progress.		→	**31/12/2026**
		Strategic Objective - Service Development									**Risk Lead: Director of Planning, Performance and Informatics**			
A2	**May 2024**	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	Training sessions on the Chemical Biological Radiological and Nuclear (CBRN) equipment and processes needs to be completed with HCS staff and an exercise testing the distribution and handling of drugs is required in conjunction with the Pharmacy Business Continuity Lead, NWSSP Pharmacy unit of NWSSP and HBs. This will be planned and executed following the completion of pharmacy works on the Radiopharmacy unit as there is currently no capacity to run the exercise. NWSSP have requested that HBs collate and forward their Highly Contagious Infectious Disease (HCID) stock requirements for their training programmes to ensure that demand can be met, and that NWSSP are assured that if the equipment is procured that HBs will requisition it appropriately and not increase stock holding risks to NWSSP. The planning and exercising of internal plans will be highlighted in the programmed Business Continuity Compliance Reviews. In addition NWSSP will be engaged in the Exercise Programme of the NHS P&I, which will test plans against the NHS Wales Health Risk Register.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. NWSSP was part of Operation Pegasus which took place Sept-Nov 2025. NWSSP participated in the NHS P&I debrief and has received, commented upon and responded to the draft debrief. A newly named audit programme now called Compliance and Support Review has commenced which will further support managers to achieve enhanced compliance of requirements of good BCMC practice aligned to ISO 22301 along with continued training, development and excursive. PPE stock is now nearing achievement of the agreed WG levels. There are no actions for NWSSP from the Modules of the Covid Inquiry to date that need specific actions. NWSSP will continue to ensure preparedness through engagement with the NHS P&I and exercising with HBs. Highly Contagious Infectious Disease (HCID) equipment has been distributed to HBs. NWSSP have are working with WG and PHW to ensure that the future demand and procurement of replacement HCID equipment is clear and HBs informed of the process. NWSSP have responded to a demand for additional HCID equipment as part of the Hantavirus response by BCUHB and successfully managed redistribution of equipment to ensure potential replenishment could meet set timescales.	04/08/2026	→	**At target**
		Strategic Objective - Services									**Risk Lead: Director of Planning, Performance and Informatics**			
A3a	**May 2025**	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular and ongoing monitoring of stock levels and supplier performance to identify risks early. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales. Contract reallocation, insofar as when awarded suppliers withdraw, the National Medicines Procurement Team reallocates contracts to alternative manufacturers able to supply. We have introduced and manage a contingency stockpile which is a controlled reserve of critical pharmaceutical products is maintained to mitigate short-term supply chain disruptions. Despite these measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. This risk has also been considered as part of overarching business continuity planning.	5	4	20	Whilst further actions remain limited at this time in terms of pharmaceuticals, largely due to the fact that NWSSP are dealing with global manufacturers and therefore, also subject to the geopolitical pressures and wider market forces, we will continue to conduct heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments. Despite the existing controls and mitigation measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. Continued visibility remains essential at this time. No change to the stated position as at 26.05.26. Agreed actions, insofar as they are within the control of NWSSP, as they relate to contract management and stockpile remain as stated within the existing controls and mitigations.		→	**30/09/2026**
		Strategic Objectives - Services									**Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical Services**			

Ref	Date Risk Added	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Last Review Date	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					
A4a	May 2024	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the newly published 2025 NHS Wales SDP for Decarbonisation and associated Climate Adaptation planning measures. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Development and implementation of a new reporting format for monitoring progress against the updated SDP initiatives; followed by reporting of the risk through to the National Programme Board through the NWSSP CAP team. Leadership of national / joint SDP initiatives. 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.	A new reporting arrangement and format has been developed for use with the updated SDP for the Decarbonisation and Adaptation workstreams. 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 engaged with delivery and coordination of relevant national initiatives listed in the updated SDP. NWSSP have developed case studies for schemes and will use various forums (Estates, BELP, TAP etc) to promote wider application. NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored with no significant delays to report.		➔	31/08/2026
		Strategic Objective - Service Development									**Risk Lead: Director of Specialist Estates Services**			
A4b	May 2024	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, updated SDP initiatives and associated climate Adaptation planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and TMO Support in place. NWSSP DAP published and submitted to Welsh Government. Regular monitoring of progress against objectives is in place. Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024	3	4	12	Progression of activities listed within the 2025 SDP. Work is being done by the NWSSP Decarbonisation & Adaptation Delivery Group to target deliverable amounts for investment within the current environment and to continue research into potential wider funding sources. A new Decarbonisation Action Plan will be developed in the coming months with estimated costs for inclusion in the 27/28 IMTP update. Following on from Risk Assessments in 2025, Adaptation Option appraisals and associated costs are being progressed and proposals will be submitted to WG by Dec 2026 (and inclusion of costs within the IMTP as appropriate). Progress on Decarbonisation Training in NWSSP to be monitored. Introduction of deep dive assurance exercises on project reports.	The following schemes have been funded through the WG TEF Programme 25/26 - 26/27. a) Denbigh Stores RM PV and infra-red heating: Completed Mar 26. b) Matrix House EV Charging & Infrastructure Upgrade: Completed Mar 26. c) Waste Water Heat Reclaim Systems (GV,CV&YGC laundries): Completed Feb 26. It is anticipated that details of the 2027/28-2028/29 TEF Programme will be released in the coming months. Work continues on oversheeting the roof at IP5 and should complete in July 2026. A professional design team is being appointed to examine the feasibility and cost of incremental roof mounted PV development. NWSSP CAP team are progressing with delivery and oversight of the NWSSP obligations as listed in the SDP. Two deep dive assurance exercises have been held in recent weeks to test reporting - this has led to some revisions and also determination of points at which some projects (reliant on external factors) should be escalated if anticipated approvals etc have not been secured. The NWSSP Climate Adaptation risk assessment was completed in December 2025 and following Programme Board and SLT approval was issued to WG. The D&A Delivery Group are leading a process of option generation and appraisal so as to have investment proposals ready for the Autumn IMTP planning round. Progress on implementation of Decarbonisation Training is being monitored as appropriate. We are preparing submission of a funding bid for Denbigh EV chargers, with a 10% contribution required from NWSSP for delivery in 2026/27. We await an update in October of any TEF slippage for decarbonisation that we could bid for and the Capital Prioritisation Group is working to ensure business cases are prepared and ready to deliver if additional year end slippage monies become available.	18/08/2026	➔	31/08/2026
		Strategic Objective - Service Development									**Risk Lead: Director of Specialist Estates Services**			
A6	September 2023	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 2026-2029 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	All savings plans have been identified to meet the IMTP target requirement and are on track to be achieved. At the end of June 2026, NWSSP reported a surplus of £1.104m which will either be used to fund pressures within NWSSP, be reinvested within NWSSP and/or distributed to NHS Wales/WG	The IMTP for 2026-2029 was submitted to Welsh Government before 31 March 2026 and we await a response. Reporting to SLG has commenced on progress to recurrently identify savings to reduce vacancy/turnover factors that have been budget set. Directors have also been tasked with reviewing establishments and to identify vacancies that can be recurrently removed to ensure additional savings can be generated to fund additional investments internally or provide additional savings to NHS Wales. We are progressing work on our Opportunities Pipeline which was presented to the Shared Services Partnership Committee on 16th July. Opportunities are being progressed in two categories: short- to medium-term efficiencies, including automation, process redesign and expansion of existing NWSSP services; and longer-term new service opportunities. SSPC agreed to progress discovery and design work. A review of the 20 opportunities has since assessed their status, project support requirements and alignment with current or future IMTP objectives. The review confirmed that six opportunities are progressing through Programme, Project and Service Improvement frameworks; seven are already reflected in the IMTP; four partly align to existing priorities; sixteen remain pre-delivery, with SBARs and/or business cases in development; and four are in delivery. Progress against the opportunities pipeline will continue to be monitored and reported through established governance arrangements, including the quarterly IMTP progress reports and the Transformation Management Office's bi-monthly reporting cycle. This will help ensure visibility of delivery progress, alignment with strategic priorities, and timely escalation of any issues or dependencies.	14/08/2026	➔	At Target
		Strategic Objective - Services									**Risk Lead: Director of Finance and Corporate Services**			
A7	June 2024	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. Assurance maps updated for all Divisions. Internal audit programme will now consider governance reviews of new or more recent areas of business on a cyclical basis.	3	4	12	Development of Register of all regulatory requirements is nearing completion. Hosting assurance mapping is being undertaken as part of the implementation of the Welsh Government Accountability and Governance review which will inform the development of assurance arrangements further in NWSSP.	Register or regulatory requirements and Hosting assurance mapping due to be completed in the next quarter. Reviews to support the Annual Governance Statement and other annual reports produced for the 2025-26 financial year do not identify areas for concern regarding compliance and the Managing Director has provided the annual declaration of compliance to the Trust for hosting assurance. Radiopharmacy go live will be supported by reporting of arrangements for compliance with licensing and permit requirements for assurance.		➔	30/09/2026
		Strategic Objective - Services									**Risk Lead: Responsible Directors**			

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			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					
A8	March 2024	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	Further monitoring required to ensure funding for the SE Hub is awarded. Work will continue to scale the North and South West Hub projects accordingly.	11/08/26 Following successful approvals at South East Public and Trust Boards, the South East Hub Full Business Case was submitted to Welsh Government on 04 August 2026 for scrutiny, this will determine any funding limitations to the TrAMs hub service. Construction of the South East Radiopharmacy facility is complete, with all equipment successfully installed. Qualification activities and NWSSP commissioning remain underway, with increasing focus on system validation and operational readiness. Following extensive testing across the facility, fluctuations in pressure balancing have now been resolved, ensuring full compliance with regulatory standards and long-term operational resilience. Some delay has been experienced to the commissioning timeline due to fluctuating pressures alongside the hot weather conditions, which is now resolved. North and South West projects have been mobilised in February 2026, with dedicated Project teams to further reduce the risk of poor hub service progression.	13/08/2026	➔	**31/10/2026**
		Strategic Objective - Services									**Risk Lead: Director of Pharmacy Technical Services**			
A9	March 2024	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services.	5	5	25	Head of Emergency Preparedness and Planning and a Business Continuity Co-ordinator post in place. Network of Business Continuity Champions. Business Continuity Plan and Impact. All departments are now required to carryout a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity. Directorate Action Cards were appropriate are being utilised. Internal Compliance Review and Support Programme in place to identify opportunities for improvement at departmental level leading to organisational risk management improvement. BCP App available and SLG What's app available and has been tested through incident escalation in 2025/26. A training programme is in place to provide training to managers in: Major Incident and Business Continuity Response, Business Continuity Management, Major Incident and Business Continuity Loggist and Incident/Exercise Debriefing. A number of departments have tested their plans during 2025/26 a total of 20 exercises have been carried out since May 2025. A lessons learned log is now in place to highlight incident and exercise learning outcomes - reported to the SLG. 14 Incidents reported to date. There is a generic risk register for potential risk impact from risks on national risk registers to NWSSP. This along with the training and exercise programme that is being developed with the NHS P&I will ensure that NWSSP is part of National Testing of plans for registered risks. In addition NWSSP internal exercises.	2	5	10	Implemented recommendations from Internal Audit Report (30 June 2024) have been largely completed. 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. Business Impact assessment workshops have been delivered to Business Continuity Champions. Mass Causalities Management Report was presented to SLG in November 2025. Impact analysis of Martyns Law presented to SLG In 2025 and planned programme of Departmental BCM Compliance and support visits commences in July 2026 which will further enhance the compliance of departments to the requirements of good BCMS practice aligned to ISO22301 along with continued training and development and exercising. Implementations of the recommendations from Internal Audit Report (30 June 2024) has been largely completed: 1.1. A new BIA process and guidance is in place. 1.2 Pharmacy are in the process of new BCPs. 1.3 NWSSP HCS & Supply chain have an effective On Call Handbook detailing BCP responses. 2.1 Dedicated posts are now in place. 3.1 There is now an expectation and support for regular testing of departmental BCPs. In addition to this the NWSSP are overseen by the NHS P&I Team within who's remit is the training and exercising of Welsh Health Plans. Departments who have not completed a BCP test within a 12 period will be picked up in the compliance reviews and regular monitoring of departmental activity via the BC Champions Group. 4.1. All SLG members except one newly appointed role have completed the Major Incident and Business Continuity Response Course which covers and exceeds the aspects of the Introduction To Emergencies on line learning. BC Champions and Tactical Leads are now being targeted for training and development. 5.1 The engagement of the NWSSP Communications Team and individual stakeholder contact and communications are covered in the new BCP templates. A cyber Incident Management Plan is being reviewed and developed by the Cyber Team, this will have escalation and response processes clearly guiding managers and staff in the correct processes to carryout in the case of ICT failure or cyber attack.	04/08/2026	➔	**At target**
		Strategic Objective: Services									**Risk Lead: Director of Planning, Performance and Informatics**			
A10	April 2024	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG. Close contact maintained with WG Capital Team Track record of delivery and effective use of resources. NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group (CPG) supported successful capital bids into Welsh Government for 2025-26 which we are continuing into 2026-27.	NWSSP Capital Prioritisation Group (CPG) will continue to refine the internal arrangements. The Capital Monitoring Financial Control Procedure (FCP 4) was approved by NWSSP Audit Committee in May 2025 to support larger capital schemes and an updated version of this is planned for submission to the October Audit Committee for approval along with the rewritten FCP3 for Capital Investment. 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. We submitted funding requests for estates and digital backlog schemes to WG in June 2026 and are also seeking TEF slippage monies if available. WG confirmed on 13th August their intention to approve funding of £0.645m for backlog bids in 2026/27 against the £1.623m funding requested.	17/08/2026	➔	**At Target**
		Strategic Objective - Service Development									**Risk Lead: Director of Finance and Corporate Services**			
A11	Split in June 2026	Due to nationwide shortages of staff across pharmacy, it is possible there will be insufficient trained staff to complete simultaneous operation of legacy service and validation of new hubs. Potentially impacting both TrAMs service provision and legacy services continuing within Health Boards and Trust during transition phase and ongoing beyond TrAMs go-live.	5	5	25	Existing mitigations centre on proactive workforce expansion, accelerated training and skills uplift, and structured transition planning. This includes funded training programmes, recruitment of additional staff to support double running, phased deployment (new staff prior to transfers), and formal TUPE-based workforce planning. Further controls include development of validation plans with QA leads, alignment of staffing with build timelines, and programme phasing to reduce peak workforce pressure. Collectively, these measures are intended to increase workforce supply, capability, and resilience to support both legacy services and hub validation during transition.	5	4	20	Continue to scale workforce capacity through sustained training and skills development, finalise and implement the transition plan (including phased deployment of new and transferring staff), progress the next organisational change plan to enable recruitment and headroom, and complete QA-led validation planning to support compliant double running, with ongoing national workforce engagement and alignment to programme timelines to maintain service continuity.	11/08/26 Decommissioning planning with South East Organisations has intensified, with an emphasis on coordinated workforce planning, to ensure there is minimal risk to current arrangements and future TrAMs operations. In addition, service readiness documents are being developed and shared with organisations to ensure proactive steps are being taken to align workforce planning wherever possible. 20/04/26 Workforce principles agreed by NHS Wales organisations to support staff transition and workforce planning.	13/08/2026	➔	**30/09/2026**
		Escalated Divisional Risk ***RISKS SPLIT INTO TWO AS PREVIOUSLY**									**Risk Lead: Director of Pharmacy Technical Services**			

Ref	Date Risk Added	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Last Review Date	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					
A12	Split in June 2026	Due to a sustained shortage of trained pharmacy staff across NHS Wales, the SE Hub aseptic unit may be unable to recruit and retain the workforce required to operate at its planned capacity once fully live, resulting in a widening gap between the staffing available and the staffing needed for safe, compliant production. This could lead to failure to meet licensing requirements, reduced production throughput, and interruptions to product availability for patients and services.	5	5	25	Existing controls focus on increasing workforce supply, capability and resilience through coordinated national workforce planning. This includes funded recruitment and training programmes, delivery of skills uplift initiatives, and implementation of a centralised workforce model designed to account for demand, leave and training requirements. Workforce Principles (including TUPE arrangements) underpin staff transfer and retention, supported by ongoing engagement and consultation. Capacity risk is further mitigated through phased programme delivery, resource mapping and alignment with build timelines, alongside development of QA-led validation plans. Collectively, these measures aim to ensure sufficient trained staff are available to operate the SE Hub safely and in compliance with licensing requirements.	4	4	16	Further action is required to implement a coordinated national workforce plan to improve recruitment, retention and skill mix; optimise the regional operating model and maximise cross Wales capacity utilisation; strengthen TUPE and transition arrangements to secure workforce supply to the SE Hub; and maintain robust QA, audit and contingency arrangements (including outsourcing and demand prioritisation) to ensure regulatory compliance and continuity of patient supply during periods of workforce constraint.	11/08/26 Staff engagement sessions continue across NHS Wales to minimise the risk to those currently in NHS Employment leaving the service. Training pathways for new recruits continue to form an integral part of the Workforce Project Plan. 20/04/26 Workforce principles agreed by NHS Wales organisations to support staff transition and workforce planning.	13/08/2026	➔	**30/09/2026**
		Escalated Divisional Risk ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***									**Risk Lead: Director of Pharmacy Technical Services**			
A13	Split in June 2026	There is a risk that workforce capacity, capability, and transitional impacts arising from the Future Workforce Solutions Programme adversely affects the organisation's ability to deliver safe, effective and sustainable services. This is compounded by ongoing funding uncertainty, delays within the national programme, and lack of clarity regarding workforce requirements, which may impact workforce planning, service resilience, and delivery of core operational and transactional services.	5	5	25	The Full Business Case (FBC), informed by the preferred bidder, includes provision for the resource required by each user organisation to prepare for and support transition to the Future Workforce Solution (FWS). This assumes up to two additional Agenda for Change Band 8a full-time equivalent (FTE) resources per organisation, for a defined period, reflecting organisational size and implementation complexity, to support local project and change management activity. The total allocation for Wales £86k p.a. Workforce planning processes in place to assess capacity and capability requirements Operational performance monitored through governance and escalation routes	4	5	20	Seek and document clarity from the national programme on workforce requirements, including scale, timing, and impact on Employment Services and transactional services. Confirm sufficiency and allocation of funding for NHS Wales to support required workforce capacity. Clearly define and monitor escalation triggers (e.g. funding slippage, lack of documentation, programme delays) and ensure these are formally recorded, noting thresholds have been reached. Strengthen workforce modelling and scenario planning to quantify service impact and identify mitigation requirements. Align workforce assumptions and plans with updated national programme milestones as clarity improves.	Workforce assumptions were established through the Full Business Case (FBC), equating to £86k p.a for Wales. Agreement has been secured via Workforce Directors (WODs), the All Wales Steering Group and SSPC to establish a central transformation team within NWSSP. This team will support a safe transition and ensure the availability of skilled implementation capability. Funding is confirmed through to the completion stages C3 and C4 including handover to Hypercare. A separate case has been made for resource o support Employment Services, MWSSP. Work us underway to map resource requirements against current team capacity with the aim of identifying the scale of the recruitment effort required. NWSSP along side NHSBSA and consortium partners is working with early adopters organisations on Foundational Readiness. This includes supporting the completion of a defined set of readiness activities such as demonstrating Board-level commitment. Successful completion of the scoping document enabled four organisations to formally enter the Early Adopter stage in July 2026. Phase II of Foundational Readiness commences August 2026 and runs to 13 November 2026. Four critical roles identified and are due to be advertised.	05/08/2026	➔	**At Target April 2026 to support Early Adopter Organisations** **Programme completion date 2030.** **Interim target milestones TBC**
		Strategic Objective: Services ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***									**Risk Lead: Director of People, Organisational Development and Employment Services**			
A14	Split in June 2026	There is a risk that there is insufficient assurance and confidence in the delivery of the national Future Workforce Solutions Programme, including its governance, progress, and ability to realise intended outcomes, which may impact the organisation's ability to plan effectively and achieve its strategic workforce objectives. This is compounded by ongoing funding uncertainty, delays within the national programme, and a lack of clarity regarding contract management and associated funding arrangements from Welsh Government, which may impact financial planning, delivery readiness, and decision-making.	5	5	25	NWSSP is represented on the Future Workforce Solutions Transformation Programme Board, CEO Board, and Advisory Board, providing oversight and early visibility of emerging risks and required responses. Regular engagement is in place with NHSBSA Senior Leadership Team, alongside ongoing liaison with Welsh Government, including via Joint Executive Team (JET) meetings. The programme is reflected within the IMTP and subject to scrutiny through the quarterly performance review process. A Wales Steering Group has been established, with governance routed through SSPC, Workforce Organisational Development (WOD) groups, and Directors of Finance (DoFs).	4	5	20	Seek and document formal clarification from Welsh Government on contract management responsibilities and funding arrangements. Clearly define and maintain escalation triggers (including funding slippage, lack of programme documentation, and delivery delays) and ensure these are actively monitored and formally recorded. Formally document and escalate NWSSP concerns in writing to NHSBSA regarding funding delays, lack of clarity, and missing programme documentation, copying Welsh Government colleagues. Strengthen assurance reporting from the national programme, including clarity on milestones, delivery progress, benefits realisation, and programme documentation. Seek and confirm clarity on national programme milestones, task allocation, and workforce requirements, including impacts on Employment Services and transactional services. Update internal plans and risk assessments in line with confirmed national assumptions and timelines.	Governance and engagement arrangements remain in place, with continued NWSSP representation at national boards and regular engagement with NHSBSA and Welsh Government. Six-weekly meetings with Welsh Government are established to support ongoing dialogue and escalation. Formal updates are anticipated following discussions at the Transformation Programme Board (end of June) NWSSP concerns regarding funding uncertainty, programme delays and gaps in documentation formally documented with the NHSBSA. Formal response received from Chief Executive Officer of the NHSBSA outlining a requirement for additional time to ensure the successful delivery of the programme. NHSBSA have reprofiled the timelines with independent assurance from NISTA review, extending the Early Adopter phase by circa 8 months. Consideration of impact on future wave organisations is currently under review by NHSBSA.	05/08/2026	➔	**April 2026 to support Early Adopter Organisations** **Programme completion date 2030.** **Interim target milestones TBC**
		Strategic Objective: Services ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***									**Risk Lead: Director of People, Organisational Development and Employment Services**			
A15	November 2025	There is a reputational risk for NWSSP regarding the accuracy of the forecast for the Welsh Risk Pool which, materially impacts the financial position of NHS Wales Organisations due to the costs they are required to fund under the Risk Sharing agreement.	3	4	12	Experienced business partner in place with support from Management Accountant. Regular reporting to Shared Services Partnership Committee and Welsh Risk Pool Committee. During 2025/26 additional reporting to Chief Executive Offices, Directors of Finance and Deputy Directors of Finance commenced because of increasing financial pressure on the Welsh Risk Pool contributions from NHS Organisations being insufficient to meet the value of settlements. This will continue into future years. Touchpoint meetings with NHS Resolution to compare trends and approaches etc. New case management system implemented in April 2025 and staff training provided, this should improve the accuracy and timeliness of information used for forecasting.	4	4	16	Work with FP&D data science team to facilitate additional insights into forecasting options they can support. Working with NHSR colleagues to understand their forecasting model in more detail. Monthly forecast meetings with senior LARS colleagues to ensure understanding of key cases, timings and values that will impact the forecast. Regular communications with DoFs & DDoFs on any risks to the forecast position.	Significant pressure on the Welsh Risk Pool for 2026/27 and future years. The 2026/27 Welsh Risk Pool risk share contributions as included in out IMTP are £162m. A WRP Programme of work has been agreed with 3 workstreams being taken forward to: (1) Stress test the current forecast and model (with NHSP&I input) (2) Develop specific actions to appropriately challenge and mitigate pressure in 2026/27 (3) Develop preventative actions to address the challenge over the longer term. Workstream 1 is within the remit of Finance and TMO support has been utilised to manage the workstream - 2 meetings have been held with NHS P&I and key trend data shred with them. A DPIA has been signed and NHS P&I will have access to key WRP files to enable regression model to be developed to support understanding of key variables that have changed over the years that have impacted the increase in the forecast costs. An update was provided to DoFs on 19 June 2026, SSPC on 23 July and WRPC on 29 July. An improving position has been reported in Mth 4 MMR to Welsh Government, but no change has yet been made to the forecast, and there remains uncertainty in the forecast at this relatively early stage of the year.	17/08/2026	➔	**31/03/2027**
		Escalated Divisional Risk									**Risk Lead: Director of Legal & Risk Services & Director of Finance & Corporate Services**			

Ref	Date Risk Added	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Last Review Date	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					
A16	March 2026	There is a risk that NWSSP and NHS Wales organisations will not achieve the required readiness to support implementation of the Wales Resident Doctor Contract Reform Programme, resulting in delays to contract activation, rota compliance, payroll accuracy and supporting system delivery. **Strategic Objective - Services**	5	4	20	Contract documentation and associated policies are in final refinement; onboarding and payroll processes are progressing well; rota compliance work continues with Health Boards; and joint work with RLDatix and Health Boards is ongoing. Engagement from organisations has improved, and Guardians of Safe Working recruitment is underway.	2	3	6	Completion of remaining document refinements; continued assurance of rota compliance; finalisation of ESR, E-Rostering alignment activities; and ongoing engagement with Health Boards to ensure consistent operational adoption. Lessons learned and forward planning sessions will support full stabilisation.	The first implementation phase in August 2026 has taken place successfully, with all core systems live and functional across Health Boards and Trusts. Workforce arrangements, including Guardian appointments and onboarding, are in place. While the programme has moved into a stable operational position, some activities may still require refinement to ensure full consistency and assurance across organisations. We expect some queries following the first pay day on the new contract (21 July 2026) but extensive work has taken place to assess pay for all trainees on the new contract, communications has gone out to explain pay and a validation exercise has taken place with finance to identify and rectify any potential overpayments. The risk therefore remains open but at a reduced level. **Director of People, Organisational Development and Employment Services**	18/08/2026	↓	**30/09/2026 At Target**
Risks for Monitoring														
M1	April 2019	Suppliers, Staff or the general public committing fraud against NWSSP. **Strategic Objective - Value For Money**	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation was provided to DoFs in October. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource when it goes live, hopefully in the calendar year. **Risk Lead: Director of Finance and Corporate Services**		→	**For Monitoring**
M2	April 2021	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 **Strategic Objective - Service Development**	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities is exploring longer term storage solution for records currently in the CoHo. A project group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused as a consequence of the decision by UK government and Welsh government on retention requirements for potential future IBCA claims.. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Options for document storage preferably as part of PPE storage are being actively explored and will form part of IMTP for 2026-2029. **Risk Lead: Director of Finance and Corporate Services**		→	**For Monitoring**
M3	January 2022	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the NWSSP Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards. **Risk Lead: Director of Finance and Corporate Services**		→	**For Monitoring**
M4	March 2024	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP. **Strategic Objective: Services**	3	**5**	15	Established arrangements in place including: Information Governance Manager Information Governance Steering Group (IGSG) On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. More training is being arranged nationally. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning. Need to link to work on Cybersecurity and our supply chain. **Risk Lead: Director of Finance and Corporate Services**		→	**For Monitoring**
M5	October 2025	There is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by Health Boards to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles. **Strategic Objective: Services**	4	**3**	12	Graduate Summit held with WG, HBs and HEIs to consider options available to support unmatched graduates. Heath Boards - Workforce, Nursing and Finance Directors to support HEIW and NWSSP on the Streamlining Programme and ensure that vacancies match commissioning numbers for nursing and midwifery identifying additional vacancies before 11.05.26. NWSSP provided HEIW colleagues with early notice of low vacancy numbers being released into Streamlining. HEIW commitment to engage Health Boards to increase activity resulted in c300 Nursing (unconfirmed) and c20 Midwifery (unconfirmed). HEIW communicated to students informing of postponed release. HEIW established a Strategic Oversight Board with the aim of improving visibility and planning for the pipelines of students in the Education Commissioning system.	2	3	6	Support 108 unallocated students in Stage 2. Assess final allocation position for 24.08.26.	Closure of the scheme to vacancies resulted in a shortfall of 251 nursing and Midwifery vacancies, which was a much better position than expected. On 18th June a Graduate Summit was held with WG, HBs and HEIs. From this Summit a number of suggestions were put forward to maximise graduate allocations. Scheme allocation outcomes were issued on the 25th June, with unsuccessful graduates advised of Stage 2 next steps. NWSSP engaged HEIW Train, Work, Live Team to explore opportunities for unsuccessful graduates in South East Wales to take up vacancies within Hywel Dda and Betsi UHB. HEIW, HB, HEI's and Union representatives will also meet to address policy opportunities and concerns raised by students. HEIW conducted collective discussions in July 2026 with HB, HEI's and Union representatives to address policy opportunities and concerns raised by students. NWSSP progressed with 300 students in Stage 2 with a revised closing date, this was further extended to 24.08.26. As of 14.08.26 192 of the 300 students have been allocated with 77 posts remaining and 108 unallocated students. **Risk Lead: Director of People, Organisational Development and Employment Services**		→	**For Monitoring**

Key to Impact and Likelihood Scores

Ref	Date Risk Added	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Last Review Date	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					

		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5

Critical	Urgent action by senior management to reduce risk
Significant	Management action within 6 months
Moderate	Monitoring of risks with reduction within 12 months
Low	No action required.

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 3 – JUNE 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for June 2026 and should be read in conjunction with the Monitoring Return tables submitted for Month 3.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 3 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 a number of income streams which are still to be confirmed. In particular £4.402m has been anticipated to be received from Welsh Government for the 2026/27 A4C, Real Living Wage, Band 3 entry point and Medical & Dental pay awards but funding allocations have not yet been confirmed.

1. Actual Year to Date and Forecast Under/Overspend and C/F Underlying position (Tables A, A1, 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.

There are some unplanned spend reductions which are offset by reductions in income anticipated that are noted in the table.

Additional year-to-date non-recurrent overachievement of savings and income generation of £1.104m is reported, primarily due to the continued focus on grip and control measures which further impact on the higher vacancy levels across several of our services. These savings are offset in Table A by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales, which is reported under the "Other" category on Row 25. We have included an indicative forecast overachievement of non-recurrent savings for Months 4–12 to total £2.000m in 2026/27 and are progressing work at pace with services during Quarter 2 to confirm any further additional in-year savings we can include in our forecast **(Action Point 2.1).** We are also progressing work on our opportunities pipeline to identify further savings to NWSSP and wider NHS Wales organisations,

and a presentation on this will be made to the next Partnership Committee meeting on 16 July 2026. The forecast for future months is lower than the current run rate, reflecting the risk that additional cost pressures and volatility may impact the level of savings achieved. These risks include potential fuel and energy price increases and a possible reduction in the E-Prescribing funding allocation, which remains subject to confirmation from DHCW and Welsh Government. Controls remain in place to manage discretionary expenditure, vacancy-related savings and variable pay, with further review taking place during Quarter 2 to confirm the extent to which additional savings can be safely reflected in the forecast.

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

- The full year income forecast for 2026/27 is £987.310m. This is a small reduction from the £987.436m forecast at Month 2 due to the underachievement of legal and risk income targets as a result of vacancies within the income generation teams that we are in the process of reviewing.

- The SLE pay and non-pay forecast continues to total £343.384m as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOTAL**
PAY	25.814	25.660	28.003	26.724	27.481	27.481	27.481	27.481	27.481	27.481	27.481	27.481	**326.047**
NON-PAY	1.097	1.324	1.380	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	**17.336**
TOTAL	**26.911**	**26.984**	**29.383**	**28.227**	**28.985**	**28.985**	**28.985**	**28.985**	**28.985**	**28.985**	**28.985**	**28.985**	**343.384**

The Month 3 costs increased due to the payment of the 2026/27 Medical & Dental pay award backdated to 1 April 2026. The forecast remains in line with our IMTP assumptions, although this will be impacted by:

  - The rotation and new trainee intake in August 2026 and February 2027
  - Commencement of the migration to the new Resident Doctor Contract from August 2026
  - The variable locum shifts paid to SLE trainees each month.

We will review and update the forecast as we progress through the financial year.

- Anticipated income and expenditure of £4.402m for the 2026/27 A4C and Medical & Dental pay awards has been incorporated into our forecast and included in Table E1.

- Welsh Government income increases in Month 4 and 5 as we anticipate we will invoice for the £12.673m influenza vaccines in July per the agreed SLA

and defer the income as required to match the delivery and expenditure profile.

- The profile of other income and non-pay spikes in Months 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Month 12 profile is greater than Months 6 and 9 due to two quarters being accrued at financial year end as the actual data is issued a quarter in arrears **(Action Point 1.4)**:

- Forecast non-cash charges of £6.683m have been included based on our IMTP forecast excluding any unapproved capital schemes. These will be reviewed in detail for the first non-cash submission in August.

- £17.496m income and expenditure is included to Month 3 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 remains at £271.466m as included in our IMTP and is phased on a straight-line basis over the remaining months. A detailed review of cases currently forecast to incur expenditure in 2026/27 has confirmed that this remains appropriate and a minimum of £255m is anticipated to be required this financial year based on current case status and anticipated settlement timelines. Cases may settle earlier than forecast or for different values, or delays may be incurred which will impact the forecast. The IMTP forecast of £271.466m has therefore remained in our Month 3 return until we can obtain further certainty on the forecast as we progress through the financial year. We have, however, identified three cases with combined cashflow estimates of £15.581m in 2026/27 that we are monitoring as there is potential that these will delay until 2027/28. This would reduce the minimum forecast to £240m if these do not settle in 2026/27.

  The Senior Management Team within Legal & Risk continue their monthly reviews of all cases with cashflows expected in excess of £0.5m during 2026/27. They are also identifying opportunities to mitigate the cost pressure in 2026/27 as part of the remit of Workstream B of the Welsh Risk Pool Programme of Work. The outcome of this review will inform an updated forecast range to be provided in Quarter 2. The IMTP forecast of £271.466m requires funding of £162.031m under the WRP risk share agreement and is based on the 2025/26 risk share percentages, which will be updated in September 2026, so contribution shares required from organisations will change as a result.

Table B1 key movements identified are primarily due to:

- Welsh Government income – in-month forecast movement is due to the adjusted profile of the WRP and GMPI income, with no impact on the full-year forecast
- Other income – in-month forecast movement is due to a rephasing of pharmacy rebate income and the Vertex rebate "true-up" being greater than anticipated in-month, with no impact on the full-year forecast
- Provided Services Pay – in-month forecast is reduced due to the in-month SLE pay award arrears costs being less than forecast and overall NWSSP pay cost savings in-month. The full-year forecast reduction is due to the additional savings forecast for 2026/27.
- Provided Services – Non-Pay – the increase is the net impact of the reduction in the GMPI rephasing and the increase in pharmacy rebate repatriation due to the Vertex true-up. The increase in the full-year forecast is the offset utilisation of the additional savings forecast, either via reinvestment or distribution to NHS Wales.
- Losses, Special Payments & Irrecoverable Debts – in-month forecast movement is due to the adjusted profile of the WRP payments, with no impact on the full-year forecast.

Table B2 has been amended in Month 3 to reflect our summary position– key points to note are:

- Additional spend associated with in-year funding is attributable to the A4C and Medical & Dental pay awards for 2026/27.
- The material non-pay virement reported for August and September relates to the vaccine purchases which were phased equally in our plan.
- The unplanned spend reductions total £3.565m at Month 3 and relate to the reduction in our forecast expenditure compared to our IMTP expenditure assumptions, which have been noted for future planning purposes. These primarily relate to:
    - £1m – WIBSS – due to the net impact of the anticipated reduction in estates payments and increased beneficiary payments forecast
    - £0.7m – Digital recharges – Organisations now being invoiced directly rather than through NWSSP
    - £0.6m – Recharges to Velindre that are included as income in our IMTP, but which are transacted within the same ledger as non-pay recharges
    - £0.5m – International Recruitment – adjustment to forecast recruitment numbers in 2026/27. This is not a pay-related issue as it relates to recruitment agency and certificate of sponsorship cost reductions in non-pay. The Month 2 reduction of £0.280m related to the legal and risk staff costs reduction per the last bullet point detailed below **(Action Point 2.4)**.
    - £0.6m – reduction in the value of stores issues to date
    - £0.5m – reduction in legal and risk staff costs in the income generating teams which is offset by a reduction in income.

2. Underlying Position (Table A1)

We do not have any underlying deficit position to report in Table A1.

3. Risk Management (Table A2)

This table has been updated in Month 3 and the risks that have been eliminated have been removed from the table **(Action Point 2.2).** The summary below outlines amendments to the risks and opportunities **(Action Point 1.2)**:

- Risk of non-achievement of income targets/savings/turnover rates/inflation assumptions – given our performance in Quarter 1, this risk has been reduced to zero in Month 3
- Recurrent pay award funding – whilst this may appear pessimistic, this risk remains recognising that in previous years we have not always received the full value of our calculated funding requirements
- E-Prescribing BAU funding – this risk has been increased to £0.340m in-month, reflecting 50% of the funding requirement following confirmation from DHCW that they only received 50% of the funding requested, although we await confirmation of the NWSSP share of this.
- FWS implementation funding – this has been reduced to only reflect the risk above the level of funding that NHSBSA have to date confirmed will be available for early adopters and pro-rated to the anticipated start date of the posts
- The potential additional Radiopharmacy transition cost risk remains as we have committed expenditure for the unit but no income streams until the service goes live which has been delayed
- The additional storage contract costs for PPE risk remains as the new contract tenders are due back in July which will enable us to update this
- GMPI staffing – the pressure has been updated to reflect the unavoidable part year effect cost pressure linked to a role that is currently also supporting WIBSS which will end in January 2027. The full year value of the risk remains for 2027/28.
- The energy and fuel costs risk has been amended to reflect the potential pressure that may impact us in 2026/27 in Quarters 2–4

The opportunity that turnover/vacancy rates are higher than budgeted has been reduced to £1.000m in-month, given the forecast overachievement of non-recurrent savings has been increased to £2.000m in-month. The £1.000m opportunity reflects an estimate of additional savings we are aiming to identify as part of the grip and control, opportunities pipeline and review of vacancies work that we are undertaking **(Action Point 2.3)**.

4. Ring Fenced Allocations (Tables B, M, N & O)

NWSSP does not have any ring-fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure in Month 3 in line with our IMTP forecast.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)

The variable pay table has been populated with actual Month 3 data and forecast data per our IMTP. We are reporting £0.192m expenditure in June against the £0.202m monthly forecast we included in our IMTP. We continue to strengthen our controls on variable pay expenditure across NWSSP and continue to progress the rollout of our overtime app to further enhance control and monitoring of expenditure. We will review expenditure in the coming months with a view to reducing the forecast if possible.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The savings tracker has been populated per our IMTP submission.

In Month 3 we are reporting a non-recurrent net year-to-date overachievement of income generation/non-recurrent savings against our planned vacancy factor of £1.104m, due to the number of vacancies we are in the process of recruiting to and the improved grip and control measures we are implementing. We currently anticipate that this non-recurrent overachievement of savings will reach £2.000m in 2026/27 and this will be updated when we have finalised our review of vacancies with services.

8. Income Assumptions (Tables D, E & E1)

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

The table has been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP. The non-cash funding categories have been amended

and report the net impact after the £3.799m baseline funding has been included although the invoice for this has not yet been raised **(Action Point 2.5)**

9. Health Care Agreements and Major Contracts

Approval of the 2026/27 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 19 March 2026. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.11%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & L)

At 30 June 2026 there were no invoices outstanding over 17 weeks. The return includes three 2025/26 invoices/credit notes that were raised at the end of March; two of these have now been paid and one credit note remains outstanding with Powys **(Action Point 2.7)**.

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)

The capital tables have been completed to reconcile to our £6.176m Capital Expenditure Limit, with £1.075m expended to date. The tables are based on our current expenditure forecast which we will refine as we progress through the financial year.

The original master template version has been restored in the return **(Action Point 2.6)**

The IP5 roof scheme is currently forecast to fully utilise all available funding within the MMR tables, however due to an adjustment to the VAT recovery we anticipate there will be an underspend on this project which we are awaiting the final works

statement to be able to finalise. To utilise the underspend, we would like to be able to commence works on other IP5 projects within the financial year including PV roof mounted panels and a replacement heating system (which would need to commence in July for the project to be delivered within the financial year), and we are liaising with capital colleagues regarding the feasibility to progress these.

14. IFRS 16 & CAME (Table P)

This table has been completed for the first time in Month 3.

15. Other Issues

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

The Shared Services Partnership Committee will receive the Month 3 Financial Monitoring Returns at the September Committee meeting.

16. Authorisation of Return

…… ……..

NEIL FROW
MANAGING DIRECTOR
NWSSP

ALISON RAMSEY
DIRECTOR OF FINANCE
& CORPORATE SERVICES

13 July 2026

NHS Wales Shared Services Partnership **Period : Jun 26**

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)	-8,059	-2,270	-5,789	-5,789
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	1,916	1,607	309	309
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	3,230	261	2,969	2,969
7	Planned (Finalised) Net Income Generation	2,077	375	1,702	1,702
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	836	27	809	809
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	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		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-122	0	-122	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	2,080	2,080	0	0
17	Additional In Year Identified Savings - Forecast	39	39	0	0
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-3,563	-3,563		
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	3,565	3,565	0	0
22	Unplanned Cost Pressures	0	0	0	0
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	-2,000	-2,000	0	0
26		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	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**122**	**-122**	**0**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-2,015	-8,059
3	160	160	160	160	160	160	160	160	160	160	160	160	479	1,916
4													0	0
5												0	0	0
6	270	270	270	270	270	270	270	270	270	270	270	260	810	3,230
7	172	172	172	172	172	172	172	172	172	172	172	182	517	2,077
8													0	0
9	70	70	70	70	70	70	70	70	70	70	70	70	209	836
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	-40	-40	-41	0	0	0	0	0	0	0	0	0	-122	-122
16	507	356	322	100	100	100	100	100	100	100	100	95	1,185	2,080
17	47	-17	10	0	0	0	0	0	0	0	0	-1	40	39
18													0	0
19	-225	-913	-407	-232	-232	-232	-232	-233	-213	-212	-213	-220	-1,545	-3,563
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	226	912	407	232	232	232	232	233	213	212	213	222	1,545	3,565
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	-515	-298	-291	-100	-100	-100	-100	-100	-100	-100	-100	-96	-1,104	-2,000
26													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

NHS Wales Shared Services Partnership

Period : Jun 26

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	552	2,205		2,205	0				
2		Actual/F'cast	692	570	516	284	284	284	284	284	284	284	284	275	1,778	4,325	41.12%	4,325	0	2,381	1,944	0	1,944
3		Variance	508	386	332	100	100	100	100	100	100	100	100	94	1,226	2,120	*222.17%*	2,120	0				
4	Non-Pay	Budget/Plan	86	86	86	86	86	86	86	86	86	86	86	79	258	1,025		1,025	0				
5		Actual/F'cast	132	39	86	86	86	86	86	86	86	86	86	79	257	1,024	25.10%	1,024	0	-1	1,025	0	1,025
6		Variance	46	(47)	0	0	0	0	0	0	0	0	0	0	(1)	(1)	*(0.39%)*	-1	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	270	270	270	270	270	270	270	270	270	270	270	260	810	3,230		3,230	0				
35		Actual/F'cast	824	609	602	370	370	370	370	370	370	370	370	354	2,035	5,349		5,349	0	2,380	2,969	0	2,969
36		Variance	554	339	332	100	100	100	100	100	100	100	100	94	1,225	2,119		2,119	0				

37	Variance in month	205.33%	125.56%	122.96%	37.04%	37.04%	37.04%	37.04%	37.04%	37.04%	37.04%	37.04%	36.15%	151.28%		
38	In month achievement against FY forecast	15.41%	11.38%	11.25%	6.92%	6.92%	6.92%	6.92%	6.92%	6.92%	6.92%	6.92%	6.62%			

NHS Wales Shared Services Partnership

Period : Jun 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	170	170	170	170	170	170	170	170	170	170	170	165	510	2,035	2,035	0			
2		Actual/F'cast	678	526	492	270	270	270	270	270	270	270	270	259	1,696	4,115	4,115	0	2,341	1,774	1,774
3		Variance	508	356	322	100	100	100	100	100	100	100	100	94	1,186	2,080	2,080	0			
4	Pay - Variable	Budget/Plan	14	14	14	14	14	14	14	14	14	14	14	16	42	170	170	0			
5		Actual/F'cast	14	44	24	14	14	14	14	14	14	14	14	16	82	210	210	0	40	170	170
6		Variance	0	30	10	0	0	0	0	0	0	0	0	0	40	40	40	0			
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Total	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	552	2,205	2,205	0			
11		Actual/F'cast	692	570	516	284	284	284	284	284	284	284	284	275	1,778	4,325	4,325	0	2,381	1,944	1,944
12		Variance	508	386	332	100	100	100	100	100	100	100	100	94	1,226	2,120	2,120	0			

NHS Wales Shared Services Partnership

Jun 26

3

Table C2 Summary

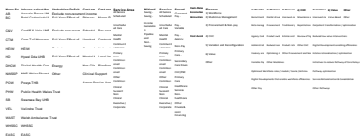
	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	270	270	270	270	270	270	270	270	270	270	270	260	810	3,230	261	2,969	0	2,969
	Month 1 - Actual/Forecast	777	626	592	370	370	370	370	370	370	370	370	355	1,995	5,310	2,341	2,969	0	2,969
	Variance	507	356	322	100	100	100	100	100	100	100	100	95	1,185	2,080	2,080	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	(17)	10	0	0	0	0	0	0	0	0	(1)	40	39	39	0	0	0
	Variance	47	(17)	10	0	0	0	0	0	0	0	0	(1)	40	39	39	0	0	0
	Total Plan	270	270	270	270	270	270	270	270	270	270	270	260	810	3,230	261	2,969	0	2,969
	Total Actual/Forecast	824	609	602	370	370	370	370	370	370	370	370	354	2,035	5,349	2,380	2,969	0	2,969
	Total Variance	554	339	332	100	100	100	100	100	100	100	100	94	1,225	2,119	2,119	0	0	0
Net Income Generation	Month 1 - Plan	172	172	172	172	172	172	172	172	172	172	172	182	517	2,077	375	1,702	0	1,702
	Month 1 - Actual/Forecast	132	132	131	172	172	172	172	172	172	172	172	182	395	1,955	375	1,580	122	1,702
	Variance	(40)	(40)	(41)	0	0	0	0	0	0	0	0	(0)	(122)	(122)	0	(122)	122	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	172	172	172	172	172	172	172	172	172	172	172	182	517	2,077	375	1,702	0	1,702
	Total Actual/Forecast	132	132	131	172	172	172	172	172	172	172	172	182	395	1,955	375	1,580	122	1,702
	Total Variance	(40)	(40)	(41)	0	0	0	0	0	0	0	0	(0)	(122)	(122)	0	(122)	122	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	442	442	442	442	442	442	442	442	442	442	442	442	1,327	5,307	636	4,671	0	4,671
	Month 1 - Actual/Forecast	909	758	723	542	542	542	542	542	542	542	542	537	2,390	7,266	2,716	4,549	122	4,671
	Variance	467	316	281	100	100	100	100	100	100	100	100	95	1,064	1,959	2,080	(122)	122	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	(17)	10	0	0	0	0	0	0	0	0	(1)	40	39	39	0	0	0
	Variance	47	(17)	10	0	0	0	0	0	0	0	0	(1)	40	39	39	0	0	0
	Total Plan	442	442	442	442	442	442	442	442	442	442	442	442	1,327	5,307	636	4,671	0	4,671
	Total Actual/Forecast	956	741	733	542	542	542	542	542	542	542	542	536	2,430	7,305	2,755	4,549	122	4,671
	Total Variance	514	299	291	100	100	100	100	100	100	100	100	94	1,104	1,998	2,119	(122)	122	0

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)
All Service Areas	0
Scheduled Care	0
Unscheduled Care	0
Mental Health	0
Community Services	0
Primary Care	0
Commissioned Services - CHC	0
Commissioned Services - Specialised Services	0
Other Commissioned Services	0
Clinical Support	0
Non Clinical Support	4,325
Executive / Corporate Areas	0
Total	**4,325**

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	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

Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
1,024	0	**5,349**	1,955	0
0	0	**0**	0	0
1,024	**0**	**5,349**	**1,955**	**0**



NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 4 – JULY 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for July 2026 and should be read in conjunction with the Monitoring Return tables submitted for Month 4.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 4 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 a number of income streams which are still to be confirmed £4.402m has been anticipated to be received from Welsh Government for the 2026/27 A4C, Real Living Wage, Band 3 entry point and Medical & Dental pay awards but funding allocations have not yet been confirmed.

1. Actual Year to Date and Forecast Under/Overspend and C/F Underlying position (Tables A, A1, 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.

There are some unplanned spend reductions which are offset by reductions in income anticipated that are noted in the table.

Additional year-to-date non-recurrent overachievement of savings and income generation of £1.275m is reported, primarily due to the continued focus on grip and control measures which further impact on the higher vacancy levels across several of our services. These savings are offset in Table A by the establishment of a reserve for reinvestment into opportunities, funding of pressures and/or distribution to NHS Wales, which is reported under the "Other" category on Row 25. We have included an indicative forecast overachievement of non-recurrent savings for Months 5–12 to total £2.075m in 2026/27 and are progressing work at pace with services during Quarter 2 to confirm any further additional in-year savings we can include in our forecast.

The Opportunities Pipeline was presented to the Shared Services Partnership Committee on 16th July. Opportunities are being progressed in two categories: short- to medium-term efficiencies, including automation, process redesign and expansion of existing NWSSP services; and longer-term new service opportunities. SSPC agreed to progress discovery and design work. A review of the 20 opportunities has since assessed their status, project support requirements and alignment with current or future IMTP objectives.

.The review confirmed that six opportunities are progressing through Programme, Project and Service Improvement frameworks; seven are already reflected in the IMTP; four partly align to existing priorities; sixteen remain pre-delivery, with SBARs and/or business cases in development; and four are in delivery.

Progress against the opportunities pipeline will continue to be monitored and reported through established governance arrangements, including the quarterly IMTP progress reports and the Transformation Management Office's bi-monthly reporting cycle. This will help ensure visibility of delivery progress, alignment with strategic priorities, and timely escalation of any issues or dependencies **(Action Point 3.1).**

The forecast additional savings for future months are lower than the current run rate, reflecting the risk that additional cost pressures and volatility may impact the level of savings achieved. These risks include potential fuel and energy price increases and income/funding assumptions. Controls remain in place to manage discretionary expenditure, vacancy-related savings and variable pay, with further review taking place during Quarter 2 to confirm the extent to which additional savings can be safely reflected in the forecast.

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

- The full year income forecast for 2026/27 is £991.474m. This is an increase from the £987.310m forecast at Month 3 due to the inclusion of £4.025m for impairments as included in our August non-cash submission.

- The SLE pay and non-pay forecast continues to total £343.384m as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOTAL**
PAY	25.814	25.660	28.003	26.232	27.557	27.557	27.557	27.557	27.557	27.557	27.557	27.557	**326.164**
NON-PAY	1.097	1.324	1.380	1.387	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	**17.220**
TOTAL	**26.911**	**26.984**	**29.383**	**27.619**	**29.061**	**29.061**	**29.061**	**29.061**	**29.061**	**29.061**	**29.061**	**29.061**	**343.384**

The Month 3 costs increased due to the payment of the 2026/27 Medical & Dental pay award backdated to 1 April 2026. The forecast remains in line with our IMTP assumptions, although this will be impacted by:

- The rotation and new trainee intake in August 2026 and February 2027.
- Commencement of the migration to the new Resident Doctor Contract from August 2026.
- The variable locum shifts paid to SLE trainees each month.

We will review and update the forecast as we progress through the financial year.

- Anticipated income and expenditure of £4.402m for the 2026/27 A4C and Medical & Dental pay awards has been incorporated into our forecast and included in Table E1.

- Welsh Government income increases in Month 5 and 6 as we anticipate we will invoice for the £12.673m influenza vaccines in August and defer the income as required to match the delivery and expenditure profile.

- The profile of other income and non-pay spikes in Months 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.

- Forecast non-cash charges of £6.537m for depreciation and £4.025m for impairments have been included to reconcile to our August non-cash submission. A year-to-date adjustment for depreciation charges has been undertaken in Month 4 to remove unapproved schemes.

- £23.140m income and expenditure is included to Month 4 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 remains at £271.466m as included in our IMTP and is phased on a straight-line basis over the remaining months. A detailed review of cases currently forecast to incur expenditure in 2026/27 has confirmed that based on current case status and anticipated settlement timelines £244m is currently anticipated to be required this financial year. When including identified risks, and potential delays to case settlements, the forecast ranges from £230m - £246m. Cases can settle earlier than forecast or for different values, or delays may be incurred which will impact the forecast, which cannot always be foreseen. The IMTP forecast of £271.466m has therefore remained in our Month 4 return with an updated forecast to be provided at the end of Quarter 2 with the revised risk share requirement and updated risk share percentages.

Legal & Risk colleagues have also identified fourteen cases with combined cashflow estimates of £27.1m in 2026/27 where there is potential that payments/settlements could be deferred until 2027/28. Legal & Risk will discuss these cases with the relevant Health Boards in the next few weeks, as any deferment will require their agreement and instruction. Those discussions will fall under legal privilege.

Whilst any action to defer payments or settlement of these cases could potentially reduce the 2026/27 minimum forecast to £203m, it is important to note this will increase the forecast for 2027/28.

Table B1 key movements identified are primarily due to:

- Welsh NHS income – the full year forecast increase is due to an increase in stores issues and recruitment income.
- Welsh Government income – in-month forecast movement is due to the adjusted profile of the WRP and GMPI income, with no impact on the full-year forecast for these areas. The full year forecast has increased due to the inclusion of income for impairments included in our August non-cash submission.
- Other income – the full year forecast reduction is primarily due to the delay in the opening of the new Radiopharmacy unit and the loss of income during this period.
- Provided Services Pay – in-month forecast is reduced due to the in-month SLE costs being less than forecast and overall NWSSP pay cost savings in-month.
- Provided Services – Non-Pay – the in-month reduction is due to the GMPI rephasing with no impact on the full year forecast. The increase in the full-year forecast is the offset utilisation of the additional savings forecast, either via reinvestment or distribution to NHS Wales.
- Losses, Special Payments & Irrecoverable Debts – in-month forecast movement is due to the adjusted profile of the WRP payments, with no impact on the full-year forecast.
- Impairments – the increase in the full year forecast is due to the inclusion of the impairments to reconcile to the August non-cash submission.

Table B2 has been amended in Month 4 to reflect our summary position– key points to note are:

- Additional spend associated with in-year funding is attributable to the A4C and Medical & Dental pay awards for 2026/27.
- The material non-pay virement reported for August and September relates to the vaccine purchases which were phased equally in our plan.
- The unplanned spend reductions total £3.622m at Month 4 and relate to the reduction in our forecast expenditure compared to our IMTP expenditure

assumptions, which have been noted for future planning purposes. These primarily relate to:

- £1m – WIBSS – due to the net impact of the anticipated reduction in estates payments and increased beneficiary payments forecast
- £0.7m – Digital recharges – Organisations now being invoiced directly rather than through NWSSP
- £0.6m – Recharges to Velindre that are included as income in our IMTP, but which are transacted within the same ledger as non-pay recharges
- £0.5m – International Recruitment – adjustment to forecast recruitment numbers in 2026/27.
- £0.4m – reduction in the value of stores issues to date
- £0.5m – reduction in legal and risk staff costs in the income generating teams which is offset by a reduction in income.

The narrative reconciles back to the values in the table although roundings to the nearest £0.1m can often cause a difference when totalled **(Action Point 3.4)**

The unplanned pay expenditure reduction in Table B2 section C relates to legal and risk vacancies not international recruitment. It is anticipated that we will recruit to posts in the coming months to eliminate the unplanned pay expenditure adjustment **(Action Point 3.5)**

2. Underlying Position (Table A1)

We do not have any underlying deficit position to report in Table A1.

3. Risk Management (Table A2)

This table has been updated in Month 4 and the risks that have been eliminated have been removed from the table**.** The summary below outlines amendments to the risks and opportunities:

- E-Prescribing BAU funding – this risk has been reduced to £0.098m to reflect the value of the funding shortfall we expect DHCW to confirm to us.
- FWS implementation funding – this risk has been removed in month following an update on confirmed funding from NHSBSA. There is an additional outstanding request for funding for dual running of payroll and recruitment systems during the FWS roll out period but posts will not be recruited to until funding is confirmed so has not currently been included as a risk.
- The potential additional Radiopharmacy transition cost risk remains as we have committed expenditure for the unit but no income streams until the service goes live which has been delayed.
- The additional storage contract costs for PPE risk remains as the new contract tenders are being assessed which will enable us to update this risk

- GMPI staffing – this pressure has been removed due to the small value for 2026/27, however there is a recurrent cost pressure linked to a role that is currently also supporting WIBSS which will end in January 2027. The full year value of the risk remains for 2027/28. John Evans and Matt Denham Jones have been contacted with regards to this issue, and we await an update **(Action Point 3.2)**

The inflation opportunities we are assessing relate to contract renewals and rates reviews where we have budgeted for increases which may not be incurred **(Action Point 3.3)**.

4. Ring Fenced Allocations (Tables B, M, N & O)

NWSSP does not have any ring-fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure in Month 4 in line with our IMTP forecast.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)

The variable pay table has been populated with actual data to Month 4 and forecast data per our IMTP. We are reporting an increase to £0.264m expenditure in July due to a year-to-date adjustment to include the WRP learning and safety pool who were previously not included in the reported values for variable pay due to a coding issue. The 4-month average is now £0.208m so approximately in line with the £0.202m forecast **(Action Point 3.6)**

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The savings tracker has been populated per our IMTP submission.

In Month 4 we are reporting a non-recurrent net year-to-date overachievement of income generation/non-recurrent savings against our planned vacancy factor of £1.275m, due to the number of vacancies we are in the process of recruiting to and the improved grip and control measures we are implementing. We currently anticipate that this non-recurrent overachievement of savings will reach £2.075m in

2026/27 and this will be updated when we have finalised our review of vacancies with services. These savings may be utilised as investment in the opportunities pipeline initiatives referenced earlier.

8. Income Assumptions (Tables D, E & E1)

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

The table has been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP. The non-cash entries have been updated to reconcile with the August non-cash submission.

9. Health Care Agreements and Major Contracts

Approval of the 2026/27 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 19 March 2026. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.11%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & L)

At 31st July 2026 there were no invoices outstanding over 17 weeks. 9 invoices over 11 weeks remain outstanding for payment which we are escalating with the relevant organisations.

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)

The capital tables have been completed to reconcile to our updated £6.231m Capital Expenditure Limit, with £1.310m expended to date. The tables are based on our current expenditure forecast which we will refine as we progress through the financial year.

The IP5 roof scheme is currently forecast to fully utilise all available funding within the MMR tables, however due to an adjustment to the VAT recovery we anticipate there will be an underspend on this project. This has been reflected in an adjustment to the in-year 'minimum' column as requested **(Action Point 3.7)**

14. IFRS 16 & CAME (Table P)

This table has been updated in Month 4.

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 3 and 4 Financial Monitoring Returns at the September Committee meeting.

16. Authorisation of Return

…… ……..

ALISON RAMSEY
DIRECTOR OF FINANCE
& CORPORATE SERVICES AND
DEPUTY MANAGING DIRECTOR
N.B. Neil Frow on annual leave

LINSAY PAYNE
DEPUTY DIRECTOR OF FINANCE
& CORPORATE SERVICES

12 August 2026

NHS Wales Shared Services Partnership **Period : Jul 26**

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)	-8,059	-2,270	-5,789	-5,789
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	1,916	1,607	309	309
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	3,230	261	2,969	2,969
7	Planned (Finalised) Net Income Generation	2,077	375	1,702	1,702
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	836	27	809	809
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	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		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-163	0	-163	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	2,231	2,231	0	0
17	Additional In Year Identified Savings - Forecast	-1	-1	0	0
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-3,615	-3,615		
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	3,622	3,622	0	0
22	Unplanned Cost Pressures	0	0	0	0
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	-2,075	-2,075	0	0
26		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	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**163**	**-163**	**0**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-2,686	-8,059
3	160	160	160	160	160	160	160	160	160	160	160	160	639	1,916
4													0	0
5												0	0	0
6	270	270	270	270	270	270	270	270	270	270	270	260	1,080	3,230
7	172	172	172	172	172	172	172	172	172	172	172	182	689	2,077
8													0	0
9	70	70	70	70	70	70	70	70	70	70	70	70	279	836
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	-40	-40	-41	-41	0	0	0	0	0	0	0	0	-163	-163
16	507	356	322	251	100	100	100	100	100	100	100	95	1,436	2,231
17	47	-17	10	-40	0	0	0	0	0	0	0	-1	0	-1
18													0	0
19	-225	-913	-407	-288	-232	-232	-232	-233	-213	-212	-213	-216	-1,833	-3,615
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	226	912	407	289	232	232	232	233	213	212	213	222	1,834	3,622
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	-515	-298	-291	-171	-100	-100	-100	-100	-100	-100	-100	-100	-1,275	-2,075
26													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**

NHS Wales Shared Services Partnership

Period : Jul 26

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	736	2,205		2,205	0				
2		Actual/F'cast	692	570	516	395	284	284	284	284	284	284	284	275	2,173	4,436	48.99%	4,436	0	2,492	1,944	0	1,944
3		Variance	508	386	332	211	100	100	100	100	100	100	100	94	1,437	2,231	*195.30%*	2,231	0				
4	Non-Pay	Budget/Plan	86	86	86	86	86	86	86	86	86	86	86	79	344	1,025		1,025	0				
5		Actual/F'cast	132	39	86	86	86	86	86	86	86	86	86	79	343	1,024	33.50%	1,024	0	-1	1,025	0	1,025
6		Variance	46	(47)	0	0	0	0	0	0	0	0	0	0	(1)	(1)	*(0.29%)*	-1	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	270	270	270	270	270	270	270	270	270	270	270	260	1,080	3,230		3,230	0				
35		Actual/F'cast	824	609	602	481	370	370	370	370	370	370	370	354	2,516	5,460		5,460	0	2,491	2,969	0	2,969
36		Variance	554	339	332	211	100	100	100	100	100	100	100	94	1,436	2,230		2,230	0				

37	Variance in month	205.33%	125.56%	122.96%	78.15%	37.04%	37.04%	37.04%	37.04%	37.04%	37.04%	37.04%	36.15%	133.00%	
38	In month achievement against FY forecast	15.10%	11.15%	11.02%	8.81%	6.78%	6.78%	6.78%	6.78%	6.78%	6.78%	6.78%	6.48%		

NHS Wales Shared Services Partnership

Period : Jul 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	170	170	170	170	170	170	170	170	170	170	170	165	680	2,035	2,035	0			
2		Actual/F'cast	678	526	492	421	270	270	270	270	270	270	270	259	2,117	4,266	4,266	0	2,492	1,774	1,774
3		Variance	508	356	322	251	100	100	100	100	100	100	100	94	1,437	2,231	2,231	0			
4	Pay - Variable	Budget/Plan	14	14	14	14	14	14	14	14	14	14	14	16	56	170	170	0			
5		Actual/F'cast	14	44	24	(26)	14	14	14	14	14	14	14	16	56	170	170	0	0	170	170
6		Variance	0	30	10	(40)	0	0	0	0	0	0	0	0	0	0	0	0			
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Total	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	736	2,205	2,205	0			
11		Actual/F'cast	692	570	516	395	284	284	284	284	284	284	284	275	2,173	4,436	4,436	0	2,492	1,944	1,944
12		Variance	508	386	332	211	100	100	100	100	100	100	100	94	1,437	2,231	2,231	0			

4

Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	270	270	270	270	270	270	270	270	270	270	270	260	1,080	3,230	261	2,969	0	2,969
	Month 1 - Actual/Forecast	777	626	592	521	370	370	370	370	370	370	370	355	2,516	5,461	2,492	2,969	0	2,969
	Variance	507	356	322	251	100	100	100	100	100	100	100	95	1,436	2,231	2,231	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	(17)	10	(40)	0	0	0	0	0	0	0	(1)	0	(1)	(1)	0	0	0
	Variance	47	(17)	10	(40)	0	0	0	0	0	0	0	(1)	(0)	(1)	(1)	0	0	0
	Total Plan	270	270	270	270	270	270	270	270	270	270	270	260	1,080	3,230	261	2,969	0	2,969
	Total Actual/Forecast	824	609	602	481	370	370	370	370	370	370	370	354	2,516	5,460	2,491	2,969	0	2,969
	Total Variance	554	339	332	211	100	100	100	100	100	100	100	94	1,436	2,230	2,230	0	0	0
Net Income Generation	Month 1 - Plan	172	172	172	172	172	172	172	172	172	172	172	182	689	2,077	375	1,702	0	1,702
	Month 1 - Actual/Forecast	132	132	131	131	172	172	172	172	172	172	172	182	526	1,914	375	1,539	163	1,702
	Variance	(40)	(40)	(41)	(41)	0	0	0	0	0	0	0	(0)	(163)	(163)	0	(163)	163	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	172	172	172	172	172	172	172	172	172	172	172	182	689	2,077	375	1,702	0	1,702
	Total Actual/Forecast	132	132	131	131	172	172	172	172	172	172	172	182	526	1,914	375	1,539	163	1,702
	Total Variance	(40)	(40)	(41)	(41)	0	0	0	0	0	0	0	(0)	(163)	(163)	0	(163)	163	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	442	442	442	442	442	442	442	442	442	442	442	442	1,769	5,307	636	4,671	0	4,671
	Month 1 - Actual/Forecast	909	758	723	652	542	542	542	542	542	542	542	537	3,042	7,376	2,867	4,508	163	4,671
	Variance	467	316	281	210	100	100	100	100	100	100	100	95	1,273	2,069	2,231	(163)	163	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	(17)	10	(40)	0	0	0	0	0	0	0	(1)	0	(1)	(1)	0	0	0
	Variance	47	(17)	10	(40)	0	0	0	0	0	0	0	(1)	(0)	(1)	(1)	0	0	0
	Total Plan	442	442	442	442	442	442	442	442	442	442	442	442	1,769	5,307	636	4,671	0	4,671
	Total Actual/Forecast	956	741	733	612	542	542	542	542	542	542	542	536	3,042	7,375	2,866	4,508	163	4,671
	Total Variance	514	299	291	170	100	100	100	100	100	100	100	94	1,273	2,067	2,230	(163)	163	0

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)
All Service Areas	0
Scheduled Care	0
Unscheduled Care	0
Mental Health	0
Community Services	0
Primary Care	0
Commissioned Services - CHC	0
Commissioned Services - Specialised Services	0
Other Commissioned Services	0
Clinical Support	0
Non Clinical Support	4,436
Executive / Corporate Areas	0
Total	**4,436**

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	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

Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
0	0	**0**	0	0
1,024	0	**5,460**	1,914	0
0	0	**0**	0	0
1,024	**0**	**5,460**	**1,914**	**0**

NHS Wales Shared Services Partnership
Table C3 - Savings Tracker   This Table is currently showing 0 errors

4

ID	Organisation	Scheme / Opportunity Title	Division	Business Unit	Savings Scheme Number	Recurrent (R) / Non Recurrent (NR)	Definition	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000	Risk of Under Delivery (Amber Schemes only)	Scheme Identified: By Month 1 or In Year (AG only In Year)	Forecast FYE (Recurring Schemes only) £'000	Scheme Start Date	Date Scheme Expected to go Green	Scheme RAG rating	Service Area	MMR Category (Do not complete for Income Generation items)	V&S Board Category	Scheme Type
1	NHS Wales Shared Services Partnership	Accommodation Savings	Corporate Services	Corporate Services	NWSSP1	R	Cash-Releasing Saving	145	145	145		Month 1	145	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Estates and facilities efficiencies
2	NHS Wales Shared Services Partnership	Fleet Fuel Savings	Health Courier Services	Health Courier Services	NWSSP2	R	Cash-Releasing Saving	70	70	70		Month 1	70	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other Procurement and Non-Pay
3	NHS Wales Shared Services Partnership	Fleet Optimisation	Health Courier Services	Health Courier Services	NWSSP3	R	Cash-Releasing Saving	0	0	0		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other Procurement and Non-Pay
4	NHS Wales Shared Services Partnership	Income Generation	NWSSP Wide	NWSSP Wide	NWSSP4	R	Income Generation	230	230	230		Month 1	230	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
5	NHS Wales Shared Services Partnership	Laundry Energy Savings	Laundry Services	Laundry Services	NWSSP5	R	Cash-Releasing Saving	173	173	173		Month 1	173	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other Procurement and Non-Pay
6	NHS Wales Shared Services Partnership	Laundry Shift West Savings	Laundry Services	Laundry Services	NWSSP6	R	Cash-Releasing Saving	261	261	261		Month 1	261	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other Procurement and Non-Pay
7	NHS Wales Shared Services Partnership	Non Pay Savings	NWSSP Wide	NWSSP Wide	NWSSP7	R	Cash-Releasing Saving	296	296	296		Month 1	296	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other Procurement and Non-Pay
8	NHS Wales Shared Services Partnership	Non Pay Savings - Contract Renewals	NWSSP Wide	NWSSP Wide	NWSSP8	R	Cash-Releasing Saving	80	80	80		Month 1	80	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Improved contract management
9	NHS Wales Shared Services Partnership	Payroll Modernisation	Employment Services	Employment Services	NWSSP9	R	Cash-Releasing Saving	64	64	64		Month 1	64	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
10	NHS Wales Shared Services Partnership	Staffing Structure Changes - A&A	Audit & Assurance	Audit & Assurance	NWSSP10	R	Cash-Releasing Saving	25	25	25		Month 1	25	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
11	NHS Wales Shared Services Partnership	Staffing Structure Changes - ES	Employment Services	Employment Services	NWSSP11	R	Cash-Releasing Saving	6	6	6		Month 1	6	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
12	NHS Wales Shared Services Partnership	Staffing Structure Changes - FA	Finance Academy	Finance Academy	NWSSP12	R	Cash-Releasing Saving	29	29	29		Month 1	29	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
13	NHS Wales Shared Services Partnership	Staffing Structure Changes - Laundry	Laundry Services	Laundry Services	NWSSP13	R	Cash-Releasing Saving	0	0	0		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
14	NHS Wales Shared Services Partnership	Staffing Structure Changes - LRS	Legal & Risk Services	Legal & Risk Services	NWSSP14	R	Cash-Releasing Saving	267	267	267		Month 1	267	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
15	NHS Wales Shared Services Partnership	Staffing Structure Changes - PCS	Primary Care Services	Primary Care Services	NWSSP15	R	Cash-Releasing Saving	686	686	686		Month 1	686	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
16	NHS Wales Shared Services Partnership	Staffing Structure Changes - PS	Procurement Services	Procurement Services	NWSSP16	R	Cash-Releasing Saving	0	0	0		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
17	NHS Wales Shared Services Partnership	Staffing Structure Changes - PTS	Pharmacy Services	Pharmacy Services	NWSSP17	R	Cash-Releasing Saving	54	54	54		Month 1	54	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
18	NHS Wales Shared Services Partnership	Staffing Structure Changes - WRP	Welsh Risk Pool	Welsh Risk Pool	NWSSP18	R	Cash-Releasing Saving	10	10	10		Month 1	10	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Optimised Workforce roles / models / teams /skill-mix
19	NHS Wales Shared Services Partnership	Vacancy Management	NWSSP Wide	NWSSP Wide	NWSSP19	NR	Cash-Releasing Saving	261	0	2,492		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Vacancy and Recruitment Controls
20	NHS Wales Shared Services Partnership	Vacancy Management	NWSSP Wide	NWSSP Wide	NWSSP20	R	Cash-Releasing Saving	633	633	633		Month 1	633	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - General & Substantive	1) Workforce	Vacancy and Recruitment Controls
21	NHS Wales Shared Services Partnership	Variable Pay Savings	NWSSP Wide	NWSSP Wide	NWSSP21	R	Cash-Releasing Saving	170	170	170		Month 1	170	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - Variable	1) Workforce	Variable Pay controls
22	NHS Wales Shared Services Partnership	Income Generation - ES	Employment Services	Employment Services	NWSSP22	R	Income Generation	5	5	5		Month 1	5	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
23	NHS Wales Shared Services Partnership	Increased Audit Work	Audit & Assurance	Audit & Assurance	NWSSP23	R	Income Generation	23	23	23		Month 1	23	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
24	NHS Wales Shared Services Partnership	Income Generation - WRP	Welsh Risk Pool	Welsh Risk Pool	NWSSP24	R	Income Generation	43	43	43		Month 1	43	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
25	NHS Wales Shared Services Partnership	Income Generation - LRS	Legal & Risk Services	Legal & Risk Services	NWSSP25	R	Income Generation	485	485	322		Month 1	485	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
26	NHS Wales Shared Services Partnership	EPS Project Funding	Primary Care Services	Primary Care Services	NWSSP26	R	Income Generation	325	325	325		Month 1	325	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
27	NHS Wales Shared Services Partnership	Income Generation - PCS	Primary Care Services	Primary Care Services	NWSSP27	R	Income Generation	171	171	171		Month 1	171	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
28	NHS Wales Shared Services Partnership	Income Generation - SMTL	SMTL	SMTL	NWSSP28	R	Income Generation	27	27	27		Month 1	27	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
29	NHS Wales Shared Services Partnership	Income Generation - Corp	Corporate Services	Corporate Services	NWSSP29	R	Income Generation	25	25	25		Month 1	25	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
30	NHS Wales Shared Services Partnership	Increased Salary Sacrifice Income	AP & e-Enablement	AP & e-Enablement	NWSSP30	R	Income Generation	113	113	113		Month 1	113	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
31	NHS Wales Shared Services Partnership	SLA 1.11% Uplift	NWSSP Wide	NWSSP Wide	NWSSP31	R	Income Generation	255	255	255		Month 1	255	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
32	NHS Wales Shared Services Partnership	Income Generation	NWSSP Wide	NWSSP Wide	NWSSP32	NR	Income Generation	375	0	375		Month 1	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support		Other	Other
33	NHS Wales Shared Services Partnership	Non Pay Savings - Non Recurrent	NWSSP Wide	NWSSP Wide	NWSSP33	NR	Cash-Releasing Saving	0	0	(1)		In Year	0	01-Apr-26	01-Apr-26	Green	Non Clinical Support	Non-Pay	3) Procurement & Non-pay	Other Procurement and Non-Pay
34	NHS Wales Shared Services Partnership	Additional Variable Pay Savings	NWSSP Wide	NWSSP Wide	NWSSP34	NR	Cash-Releasing Saving	0		0		In Year		01-Apr-26	01-Apr-26	Green	Non Clinical Support	Pay - Variable	1) Workforce	Variable Pay controls
35	NHS Wales Shared Services Partnership							0		0										
36	NHS Wales Shared Services Partnership							0		0										

ID	Apr Plan £'000	May Plan £'000	Jun Plan £'000	Jul Plan £'000	Aug Plan £'000	Sep Plan £'000	Oct Plan £'000	Nov Plan £'000	Dec Plan £'000	Jan Plan £'000	Feb Plan £'000	Mar Plan £'000	Annual Plan £'000	Apr Act/For £'000	May Act/For £'000	Jun Act/For £'000	Jul Act/For £'000	Aug Act/For £'000	Sep Act/For £'000	Oct Act/For £'000	Nov Act/For £'000	Dec Act/For £'000	Jan Act/For £'000	Feb Act/For £'000	Mar Act/For £'000	YTD Actual Savings £'000	Annual Forecast Savings £'000
1	12	12	12	12	12	12	12	12	12	12	12	13	145	12	12	12	12	12	12	12	12	12	12	12	13	48	145
2	6	6	6	6	6	6	6	6	6	6	6	4	70	6	6	6	6	6	6	6	6	6	6	6	4	24	70
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	19	19	19	19	19	19	19	19	19	19	19	21	230	19	19	19	19	19	19	19	19	19	19	19	21	76	230
5	14	14	14	14	14	14	14	14	14	14	14	19	173	14	14	14	14	14	14	14	14	14	14	14	19	56	173
6	22	22	22	22	22	22	22	22	22	22	22	19	261	22	22	22	22	22	22	22	22	22	22	22	19	88	261
7	25	25	25	25	25	25	25	25	25	25	25	21	296	24	25	25	25	25	25	25	25	25	25	25	22	99	296
8	7	7	7	7	7	7	7	7	7	7	7	3	80	7	7	7	7	7	7	7	7	7	7	7	3	28	80
9	5	5	5	5	5	5	5	5	5	5	5	9	64	5	5	5	5	5	5	5	5	5	5	5	9	20	64
10	2	2	2	2	2	2	2	2	2	2	2	3	25	2	2	2	2	2	2	2	2	2	2	2	3	8	25
11	1	1	1	1	1	1	1	1	1	1	1	-5	6	1	1	1	1	1	1	1	1	1	1	1	-5	4	6
12	2	2	2	2	2	2	2	2	2	2	2	7	29	2	2	2	2	2	2	2	2	2	2	2	7	8	29
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	22	22	22	22	22	22	22	22	22	22	22	25	267	22	22	22	22	22	22	22	22	22	22	22	25	88	267
15	57	57	57	57	57	57	57	57	57	57	57	59	686	57	57	58	57	57	57	57	57	57	57	57	58	229	686
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	5	5	5	5	5	5	5	5	5	5	5	-1	54	4	4	4	4	4	4	4	4	4	4	4	10	16	54
18	1	1	1	1	1	1	1	1	1	1	1	-1	10	1	1	1	1	1	1	1	1	1	1	1	-1	4	10
19	22	22	22	22	22	22	22	22	22	22	22	19	261	531	379	344	274	123	123	123	123	123	123	123	103	1,528	2,492
20	53	53	53	53	53	53	53	53	53	53	53	50	633	53	53	53	53	53	53	53	53	53	53	53	50	212	633
21	14	14	14	14	14	14	14	14	14	14	14	16	170	14	14	14	14	14	14	14	14	14	14	14	16	56	170
22	0	0	0	0	0	1	0	0	0	0	0	4	5	0	0	0	0	0	0	0	0	0	0	0	5	0	5
23	2	2	2	2	2	2	2	2	2	2	2	1	23	2	2	2	2	2	2	2	2	2	2	2	1	8	23
24	4	4	4	4	4	4	4	4	4	4	4	-1	43	4	4	4	4	4	4	4	4	4	4	4	-1	16	43
25	41	41	41	41	41	40	40	40	40	40	40	40	485	0	0	0	0	41	41	41	41	41	41	41	33	0	322
26	27	27	27	27	27	27	27	27	27	27	27	28	325	27	27	27	27	27	27	27	27	27	27	27	28	108	325
27	14	14	14	14	14	14	14	14	14	14	14	17	171	15	15	14	14	14	14	14	14	14	14	14	15	58	171
28	2	2	2	2	2	2	2	2	2	2	2	5	27	2	2	2	2	2	2	2	2	2	2	2	5	8	27
29	2	2	2	2	2	2	2	2	2	2	2	3	25	2	2	2	2	2	2	2	2	2	2	2	3	8	25
30	9	9	9	9	9	9	10	10	10	10	10	9	113	9	9	9	9	9	9	9	9	9	9	9	14	36	113
31	21	21	21	21	21	21	21	21	21	21	21	24	255	21	21	21	21	21	21	21	21	21	21	21	24	84	255
32	31	31	31	31	31	31	31	31	31	31	31	31	375	31	31	31	31	31	31	31	31	31	31	31	34	124	375
33	0	0	0	0	0	0	0	0	0	0	0	0	0	47	-47	0	0	0	0	0	0	0	0	0	-1	0	-1
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	10	-40	0	0	0	0	0	0	0	0	0	0
35													0													0	0
36													0													0	0

ID	Apr Variance £'000	May Variance £'000	Jun Variance £'000	Jul Variance £'000	Aug Variance £'000	Sep Variance £'000	Oct Variance £'000	Nov Variance £'000	Dec Variance £'000	Jan Variance £'000	Feb Variance £'000	Mar Variance £'000	Total over/under achievement £'000	Validations: All fields to be completed if scheme has value	Is Scheme Number Unique?	Monitoring Return Category selected for	Monitoring Return Category not selected for IG	Has date to go Green passed and still Amber	Have plan values been completed	Is FYE of R Schemes >= In Year Plan	Is FYE of R Schemes >= In Year Forecast
1	0	0	0	0	0	0	0	0	0	0	0	0	0								
2	0	0	0	0	0	0	0	0	0	0	0	0	0								
3	0	0	0	0	0	0	0	0	0	0	0	0	0								
4	0	0	0	0	0	0	0	0	0	0	0	0	0								
5	0	0	0	0	0	0	0	0	0	0	0	0	0								
6	0	0	0	0	0	0	0	0	0	0	0	0	0								
7	-1	0	0	0	0	0	0	0	0	0	0	1	0								
8	0	0	0	0	0	0	0	0	0	0	0	0	0								
9	0	0	0	0	0	0	0	0	0	0	0	0	0								
10	0	0	0	0	0	0	0	0	0	0	0	0	0								
11	0	0	0	0	0	0	0	0	0	0	0	0	0								
12	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								
14	0	0	0	0	0	0	0	0	0	0	0	0	0								
15	0	0	1	0	0	0	0	0	0	0	0	-1	0								
16	0	0	0	0	0	0	0	0	0	0	0	0	0								
17	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	11	0								
18	0	0	0	0	0	0	0	0	0	0	0	0	0								
19	509	357	322	252	101	101	101	101	101	101	101	84	2,231								
20	0	0	0	0	0	0	0	0	0	0	0	0	0								
21	0	0	0	0	0	0	0	0	0	0	0	0	0								
22	0	0	0	0	0	-1	0	0	0	0	0	1	0								
23	0	0	0	0	0	0	0	0	0	0	0	0	0								
24	0	0	0	0	0	0	0	0	0	0	0	0	0								
25	-41	-41	-41	-41	0	1	1	1	1	1	1	-7	-163								
26	0	0	0	0	0	0	0	0	0	0	0	0	0								
27	1	1	0	0	0	0	0	0	0	0	0	-2	0								
28	0	0	0	0	0	0	0	0	0	0	0	0	0								
29	0	0	0	0	0	0	0	0	0	0	0	0	0								
30	0	0	0	0	0	0	-1	-1	-1	-1	-1	5	0								
31	0	0	0	0	0	0	0	0	0	0	0	0	0								
32	0	0	0	0	0	0	0	0	0	0	0	3	0								
33	47	-47	0	0	0	0	0	0	0	0	0	-1	-1								
34	0	30	10	-40	0	0	0	0	0	0	0	0	0								
35	0	0	0	0	0	0	0	0	0	0	0	0	0								
36	0	0	0	0	0	0	0	0	0	0	0	0	0								

Month 1 R
In Year NR

Green
Amber

Has FYE been entered on NR Scheme?	Has FYE been entered on Scheme with no Ir	Has at risk Amount been entered on Green	Is Risk Amount of Amber less than remaining	Pay/ Non Pay
				Non Pay
				Non Pay
				Non Pay
				Non Pay
				Non Pay
				Non Pay
				Non Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Pay
				Non Pay
				Pay

AB		Exclude non-recurrent income		
BC				
C&V	Cardiff & Vale UHB			
CTM				
HEIW	HEIW			
HD	Hywel Dda UHB			
DHCW		Energy		
NWSSP		Other	Clinical Support	
POW	Powys THB			
PHW	Public Health Wales Trust			
SB	Swansea Bay UHB			
VEL	Velindre Trust			
WAST	Welsh Ambulance Trust			
WHSSC	WHSSC			
EASC	EASC			

Service Area

All Service
Scheduled
Unscheduled Care
Mental Health
Community Services
Primary Care
Commissioned
Commissioned
Other Commissi
Clinical Support
Non Clinical
Executive / Corporate

Saving -
Saving -
Income Generation
Pipeline and
Non-Saving

All Service
Scheduled
Unscheduled Care
Mental Health
Community Services
Primary Care
Commissioned
Commissioned
Other Commissi
Clinical Support
Non Clinical
Executive / Corporate

Pay -
Pay - Variable
Pay - Agency
Non-Pay
Primary Care -
Secondary Care Drugs
CHC/FNC
Primary Care
Healthcare Services
Non-healthcare
Other Private & Joint Financing

Cash-Relea
Income Gen
Accountan
Cost Avoid

1) Workforce
2) Medicines Management
3) Procurement & Non-pay
4) CHC
5) Variation and Reconfiguration
6) Value
Other

			4) CHC		6) Value	Other
Recruitment	Digital drive	Improved co	Maximising	Improved ma	Value Based	Other
Rota manag	Procuremen	Traditional	Repatriation	Outpatient transformation / optimisation		
Agency Cont	Product swit	Estates and	Review of hi	Reduced low value interventions		
Administrati	Reduced nor	Product rati	Other CHC	Digital Developments enabling efficiencies		
Vacancy and	Optimising	Other Procurement and No		Estates rationalisation / optimisation		
Variable Pay	Other Medicines			Initiatives to reduce Pathway of Care Delays		
Optimised Workforce roles / models / teams /skill-mix				Pathway optimisation		
Digital Developments that enable workforce efficiencies				Service Rationalisation & Consolidation		
Other Pay				Other Pathways		

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 24/08/2026 (Updated 24/08/2026)

Product Type	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand based on Target Stock	Target Stock Holding (16 or 12 Weeks Plus 4 Weeks BAU)	Target Stock - on hand plus orders placed	Procurement Update
Splash Proof Aprons (Roll)	14,313,600	403,000	169,900	94.8%	15,100,000	97.5%	Further orders placed to fulfill target stockholding position
Splash Proof Aprons (Flat Pack)	15,647,900	0	37,950	118.5%	13,200,000	118.5%	
Type IIR Masks	28,629,800	0	40,238	90.6%	31,600,000	90.6%	Optimum bulk order quantity being calculated to cover both stockpile and BAU requirements - order to be placed early September for Autumn delivery
FFP3 Masks (Un-Valved)	358,920	0	1,255	35.9%	1,000,000	35.9%	ITT tender issued and closed. Tender submissions moving to evaluation and testing stage. Contract commencement following award expected early October. Subsequent purchase orders will be placed to replace expired stock andmove to the target stockholding position.
FFP3 Masks (Valved)	1,596,608	0	46	N/A	0	N/A	
FFP3 Masks Total	***1,955,528***	***0***	***1,301***	195.6%	***1,000,000***	195.6%	
Face Shields/Visors	215,209	1,600,800	345	13.5%	1,600,000	113.5%	Product on sea/in transit. Delivery through successive landings in October. Lead time length due to re-route of sea freight via Cape of Good Hope to avoid Red Sea (+5-6 weeks transit time).
Gloves	203,387,900	50,800	2,696,450	139.0%	146,300,000	139.1%	
Full Body Gowns	382,200	221,172	3,115	76.4%	500,000	120.7%	Balance of order to complete delivery during September
Wipes	17,864,700	9,162,000	1,371,675	58.8%	30,400,000	88.9%	Additional order placed with to supplement bulk orders due to increased business as usual demand
Hand Sanitizer	324,129	960	1,064	324.1%	100,000	325.1%	
Detergent Tablets	326,100	108,000	10,350	81.5%	400,000	108.5%	
Liquid Soap	13,606	0	647	87.4%	15,576	87.4%	Additonal order to be placed - lead time 3-4 weeks - complete September
Clinical Waste Bags	218,525	0	0	104.1%	210,000	104.1%	
Total	**283,279,197**	**11,546,732**	**4,333,033**		**240,425,576**		

Key Notes & Assumptions

a) The reported stock holding does not include stock physically held within the receiving organisations.
b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
d) The reporting of stock is based on individual units, except for:
- Hand sanitizer where a unit is a container regardless of size
e) The dashboard output is a sanpshot at a point in time of a dynamic position
f) Issue rate reflects the average number of issues made in the last 4 weeks
g) Stock on hand reflects the percentage based on the target stock holding
h) RAG Rating is currently based on 12 Weeks for Aprons, Type IIR Masks, Face Shields, Full Body Gowns, Hand Sanitizer & Wipes. 16 Weeks for FFP3s and Gloves. Plus 4 Weeks of BAU based on Average issues in June 25

At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is not Exempt

Teitl yr Adroddiad / Title of Report

NWSSP Audit Committee Assurance Report – 15 June 2026

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services, NWSSP
AWDUR: AUTHOR:	Carly Wilce Corporate Services Manager, NWSSP
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services, NWSSP
MANYLION CYSWLLT: CONTACT DETAILS:	Alison Ramsey Director of Finance & Corporate Services, NWSSP 02921 501500 / Alison.ramsey@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:

The purpose of this paper is to provide the SSPC with assurance on, and details of, the key issues considered in Part A by the NWSSP Audit Committee at its meeting on 15 June 2026.

Llywodraethu / Governance

Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee

Ymgynghoriad / Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

Adduned y Pwyllgor / Committee Resolution (insert ✓):

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

Argymhelliad / Recommendation	The Committee is asked to NOTE the report

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	No direct impact
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Clef:	No direct impact

Quality, Safety & Patient Experience:	
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd / Duty of Quality:	No direct impact
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT – 15 JUNE 2026, PART A

1. SITUATION

To provide the Shared Services Partnership Committee (SSPC) with details of the key issues considered in Part A by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership (NWSSP Audit Committee), at its meeting on 15 June 2026 for NOTING.

2. BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership provides assurance to the SSPC on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed in Part A at the meeting held on 15 June 2026, is outlined below:

3. SUMMARY OF MATTERS FOR CONSIDERATION

ALERT / ESCALATE	There were no matters for **alert/escalation** to the Committee.
ADVISE	There were no matters for **advice/escalation** to the Committee.
ASSURE	**Internal Audit Progress Report** The Head of Internal Audit presented an update on delivery of the 2025–26 Internal Audit Plan. The Committee received assurance that delivery of the Plan was progressing appropriately, with six audit reports finalised during the reporting period and presented for Committee consideration.

	The Audit Committee further noted that the only remaining report from the 2025–26 Internal Audit Plan was in progress and was expected to be finalised for presentation at the next Audit Committee meeting on 7 July 2026.
ASSURE	**Internal Audit Reports** The Committee received assurance from the Internal Audit reports that the key systems and controls reviewed were generally operating effectively, with all reviews reported to the meeting receiving either Substantial or Reasonable Assurance. Where findings were identified, agreed management actions had been established and will continue to be monitored through the NWSSP Agreed Management Action Tracker. • **Procurement Services - Single Tender Actions and Declarations of Interest:** The audit provided Reasonable Assurance on the adequacy and effectiveness of the control arrangements, with four key findings identified for management action. • **Health Courier Services - Vehicle Management:** The audit provided Reasonable Assurance on fleet compliance and the arrangements in place for vehicle maintenance and incident management, with five key findings identified for management action. • **Recruitment and Retention:** The audit provided Substantial Assurance on the adequacy of recruitment and retention arrangements within NWSSP, with no findings identified. • **Capital – Radiopharmacy Phase 2:** The audit provided Reasonable Assurance on progress against plans to deliver the South-East Wales Radiopharmacy Unit, in line with the Audit Plan and approved Business Case. Four medium priority findings were identified for management action. • **Budget Setting:** The audit provided Substantial Assurance on compliance with the NHS Finances (Wales) Act 2014 and the extent to which the NWSSP Integrated Medium Term Plan supports delivery of the financial break-even duty over a three-year period. One key finding was identified for management action. • **Cyber Security Governance Arrangements:** This item was considered during the Part B private session and is therefore not detailed within the public highlight report.
ASSURE	**NWSSP Head of Internal Audit Opinion & Annual Report 2025-26** The Head of Internal Audit presented the 2025–26 Audit Opinion and Annual Report. The report provides assurance that NWSSP has maintained a sound system of internal control and supports the assurances provided to the Managing Director, as Accountable Officer. The opinion is based on the programme of work delivered in accordance with the risk-based Internal Audit Plan, which was presented to and approved by the NWSSP Audit Committee. The overall opinion for 2025–26 was that Reasonable Assurance could be provided.
ASSURE	**Draft 2025-26 NWSSP Annual Governance Statement (AGS)** The Assistant Director of Corporate Services presented the Annual Governance Statement (AGS) for the Audit Committee's consideration and approval. The AGS set out NWSSP's arrangements for governance, risk management and internal control, providing assurance to the Welsh Government, the Shared Services Partnership Committee, Velindre University NHS Trust as the host organisation, and Audit Wales that NWSSP had operated in accordance with established governance and accountability frameworks. The AGS concluded that NWSSP had operated effectively within its governance and accountability arrangements during the reporting period. A significant feature of the

	statement was its reference to the Welsh Government's Independent Governance and Accountability Review of NWSSP, which concluded that governance arrangements were fundamentally sound while identifying a number of areas for further enhancement. Work to implement the review's recommendations was ongoing through the Working Group established by Welsh Government. The Chief Executive Officer of Velindre University NHS Trust advised that he had not yet had the opportunity to review the document and wished to do so to ensure that its wording was clear, concise and accurate, and that any potential ambiguity was avoided. Consequently, it was agreed that approval of the AGS would be progressed by Chair's Action outside the meeting, subject to any agreed amendments being incorporated. The revised AGS was circulated to members on 18 June 2026 and was subsequently approved by Chair's Urgent Action.
INFORM	No items were received for information.
APPENDICES	Not applicable

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	Date of Meeting: 15 September 2026

The report is not Exempt

Teitl yr Adroddiad / Title of Report

NWSSP Audit Committee Assurance Report – July 2026

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services, NWSSP
AWDUR: AUTHOR:	Carly Wilce Corporate Services Manager, NWSSP
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services, NWSSP
MANYLION CYSWLLT: CONTACT DETAILS:	Alison Ramsey Director of Finance & Corporate Services, NWSSP 02921 501500 / Alison.ramsey@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on 7 July 2026.

Llywodraethu / Governance

Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee

Ymgynghoriad / Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

Adduned y Pwyllgor / Committee Resolution (insert ✓):

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

Argymhelliad / Recommendation	The Committee is asked to NOTE the report

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	No direct impact
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Clef:	No direct impact

Quality, Safety & Patient Experience:	
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd/ Duty of Quality:	No direct impact
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT – 07 JULY 2026

1. SITUATION

To provide the Shared Services Partnership Committee (SSPC) with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership (NWSSP Audit Committee), at its meeting on 07 July 2026 for NOTING.

2. BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership provides assurance to the SSPC on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 07 July 2026, is outlined below:

3. SUMMARY OF MATTERS FOR CONSIDERATION

ALERT / ESCALATE	There were no matters for alert/escalation to the Board.
ADVISE	There were no matters for alert/escalation to the Board.
ASSURE	Update from NWSSP Managing Director The Managing Director provided a comprehensive update on developments across NWSSP. Key updates include: • A new Chair of the Shared Services Partnership Committee (SSPC) has been appointed following a robust recruitment process. The

	successful candidate is Dr Sue Barnes, Chief Executive of the Wales Air Ambulance Charity. • At Month 2, NWSSP reported a stable financial position, with a surplus of £0.813m. Opportunities to identify further recurring savings continued to be explored and were scheduled for discussion at the July SSPC meeting. • No further queries have been received from Welsh Government regarding the purchase of Sandringham Park for the South-West TrAMS Hub following the feedback provided by NWSSP. • The launch of the Future Workforce Solution (FWS) system had been delayed by approximately eight months. Concerns have been escalated to the Chief Executive Officer of the NHS Business Services Authority regarding programme definitions, scope, funding arrangements and financial assumptions. • Progress continued on the implementation of the new Resident Doctor contract in NHS Wales, although challenges remained in relation to funding and rota arrangements. NWSSP's contribution remained on track to support the planned go-live dates. • Despite the recent red weather health alert, measures implemented within Laundry Services had effectively supported staff wellbeing while maintaining service delivery.
ASSURE	Audit Wales Update Audit Wales presented an update confirming the completion of its assurance work for NWSSP. A positive outcome was reported, with no concerns raised. The management letter will be submitted to the NWSSP Audit Committee in October 2026.
ASSURE	Internal Audit Progress Update The Head of Internal Audit and Assurance Services presented the progress report, providing an update on delivery of the 2026-27 Internal Audit Plan and other activity undertaken since the previous meeting. One internal audit report was submitted for the Audit Committee's consideration.
ASSURE	Internal Audit Reports The Audit Committee received the Internal Audit report for Medical Examiner Services, which was awarded a Reasonable Assurance rating. The review assessed compliance with key system controls and the effectiveness of risk management and governance arrangements within the service. Three medium-priority recommendations were identified, with progress against agreed actions to be monitored through the NWSSP Agreed Management Action Tracker.
ASSURE	Counter Fraud Annual Report 2025-26 The NWSSP Counter Fraud Manager presented the Counter Fraud Annual Report 2025-26, which included the Counter Fraud Functional Standard Return. The return was assessed as Green, with two areas receiving an Amber rating, and has been submitted to the NHS Counter Fraud Authority. It was also noted that a Service Level Agreement had been established with Swansea Bay University Health Board to support fraud risk assessments. As

	a result, it is anticipated that the return will achieve a fully Green rating next year. The NWSSP Audit Committee APPROVED the Draft Counter Fraud Annual Plan 2026–27.
ASSURE	Counter Fraud Progress Update Q1 The NWSSP Counter Fraud Manager presented the Counter Fraud Update for Q1. Key points to highlight include: • A divisional review of compliance with Fraud Awareness e-learning had identified several gaps, which were being actively targeted. • No notices had been received from the Counter Fraud Authority during the period. The next National Fraud Initiative (NFI) data-matching exercise was due to commence shortly. • A Counter Fraud coffee morning and bespoke training sessions had been conducted and would be reflected in future performance reports.
ASSURE	Grip and Control Arrangements The Director of Finance and Corporate Services presented the findings of the 2026 Grip and Control Assessment, undertaken in accordance with the NHS Grip and Control Framework. The assessment will be submitted to NHS Performance and Improvement. Key areas identified for further attention included workforce planning, vacancy management, VAT recovery arrangements, write-off procedures, and the documentation of service cessation processes. The importance of ensuring effective benefits realisation from both revenue and capital investments was also highlighted. An update on progress against the associated action plan will be provided at future meetings.
ASSURE	Annual Declarations of Interest, and Gifts, Hospitality and Sponsorship 2025-26 The Assistant Director of Corporate Services presented the Annual Declarations of Interest and Gifts, Hospitality and Sponsorship Report 2025-26. The report highlighted that all NWSSP staff are required to submit a declaration via ESR, including a nil return where no interests exist. Compliance rates remained low in some service areas, and a targeted approach to improving completion rates was underway. Members noted that a further update on compliance levels within the underperforming areas would be provided at the next meeting.
ASSURE	Governance Matters The Director of Finance and Corporate Services presented the Governance Matters report, which detailed contracting activity for the last quarter. There were two occasions where a contract award was not progressed in accordance with Standing Orders and the Scheme of Delegation. There were 21 contracts let by NWSSP and 14 further contracts let on an All-Wales basis for NHS Wales. Eight declarations had been made in relation

	to gifts, hospitality or sponsorship since the last meeting, and one internal audit report concluded as Limited Assurance had been reported to Welsh Government. Of the 132 audit recommendations, 118 had been implemented, 13 were not yet due, and one remained overdue. The overdue recommendation was reliant on a third-party organisation for full implementation and was therefore outside NWSSP's direct control. The Audit Committee approved an extension to the target date. The NWSSP Corporate Risk Register contains 8 red risks and 10 amber risks for action. Following engagement with the Director of Corporate Governance at Velindre University NHS Trust to ensure alignment with existing arrangements, the revised NWSSP Risk Management Protocol was considered and approved. The Committee received assurance that robust governance, control and risk management arrangements are operating effectively across NWSSP. The NWSSP Audit Committee APPROVED the revised NWSSP Risk Management Protocol.
ASSURE	NWSSP Audit Committee Annual Report 2025-26 The Assistant Director of Corporate Services presented the Audit Committee Annual Report 2025-26, prepared in accordance with the Audit Committee's Terms of Reference. The report provided a summary of the Committee's work during 2025-26 and the assurance it provides to the Shared Services Partnership Committee (SSPC) and the Accountable Officer in support of the Annual Governance Statement. The report was progressed to the SSPC meeting on 16 July 2026.
INFORM	Items for Information The following item was received for information: • NWSSP Welsh Language Annual Report 2025-26.
APPENDICES	Not applicable

Shared Services Partnership Committee

Forward Plan of Business

2026-28

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
Thursday 19/11/2026 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session on Single Lead Employer Duty of Quality Update Integrated Medium-Term Plan Update Report	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Approval of Annual Update of NWSSP Audit Committee Terms of Reference Amendments to Governance Documents, Standing Orders, Reservation and Delegation of Powers and Scheme of Delegation Welsh Government Review of Accountability and Governance closure report	Audit Wales Management Letter Annual Report for Welsh Risk Pool and Legal & Risk Services
Thursday 21/01/2027 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report	Deep Dive Session Decarbonisation and Adaptation Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Committee Effectiveness Survey	Integrated Medium-Term Plan (IMTP) – Approval

	Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
18/03/2027 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report	Deep Dive Session Review of Overarching Service Level Agreements (SLAs) Integrated Medium-Term Plan Update Report Strategic Equality Plan Update Climate Action Plan	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Committee Effectiveness Survey Feedback Report	

	Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
2027 – 2028				
Tuesday 11/05/2027 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns	Deep Dive Session Integrated Medium-Term Plan Update Report	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	Internal Audit Plan Audit Wales Plan Duty of Quality Annual Report Counter Fraud Plan

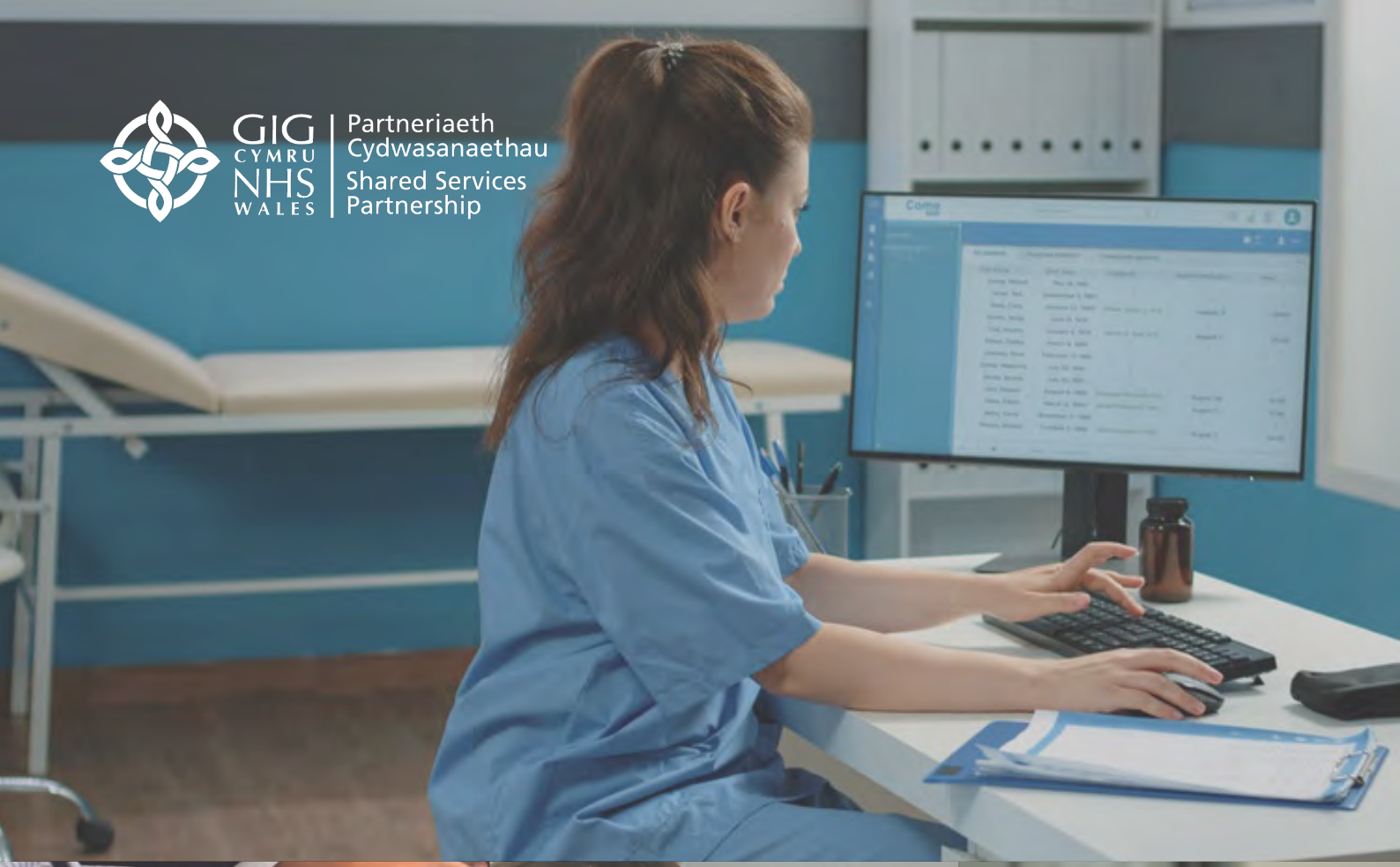
	Personal Protective Equipment Stockholding Position Update			
Tuesday 13/07/2027 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Decarbonisation and Adaptation Update Integrated Medium-Term Plan Update Report (Q1 of 2026-27)	Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations NWSSP Corporate Risk Register Approve NWSSP Annual Update of Audit Committee Terms of Reference NWSSP Audit Committee Assurance Report	Annual Governance Statement NWSSP Annual Review Annual Reports for: • NWSSP Audit Committee • Concerns and Complaints • Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship • Emergency Planning, Resilience & Response • Local Counter Fraud Service • Information Governance • Welsh Language • Health and Safety • Welsh Infected Blood Support Scheme • Medical Examiner Service • Surgical Materials Testing Laboratory • Welsh Risk Pool and Legal & Risk Services

Tuesday 14/09/2027 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Strategic Equality Plan Update Decarbonisation and Adaptation Update	NWSSP Corporate Risk Register Committee Members' Declarations of Interest NWSSP Audit Committee Assurance Report	
Tuesday 16/11/2027 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report	Deep Dive Session Duty of Quality Update Integrated Medium-Term Plan Update Report	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Approval of Annual Update of NWSSP Audit Committee Terms of Reference	Audit Wales Management Letter

	People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update		Review of Standing Orders, Reservation and Delegation of Powers and Scheme of Delegation	
Tuesday 18/01/2028 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report	Deep Dive Session Decarbonisation and Adaptation Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Committee Effectiveness Survey	Integrated Medium-Term Plan (IMTP) – Approval

	Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
Tuesday 14/03/2028 10.00am to 12.00pm	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Review of Overarching Service Level Agreements (SLAs) Integrated Medium-Term Plan Update Report Strategic Equality Plan Update Climate Action Plan	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Committee Effectiveness Survey Feedback Report	

Additional Meeting Dates for Diary	• 2026 Autumn Committee Development Day – Friday 9 October 2026
	• Committee Meetings Scheduled for 2027-28
	  o Tuesday 16/11/2027
	  o Tuesday 18/01/2028
	  o Tuesday 14/03/2028



NHS WALES SHARED SERVICES PARTNERSHIP

Information Governance Annual Review 2025-26

Executive Summary

NHS Wales Shared Service Partnership's (NWSSP's) Information Governance (IG) function continues to provide strong assurance that identifiable, confidential and commercially sensitive information is handled lawfully, securely and appropriately.

In 2025/26, NWSSP maintained full compliance with national IG requirements, including 100% compliance with the Welsh Information Governance Toolkit submitted by the statutory deadline, supported by consistently strong performance across key Information Governance controls.

Compliance with statutory and national requirements

NWSSP remains compliant with the UK General Data Protection Regulation (UK GDPR), has a full suite of IG protocols and procedures and compliant when answering Freedom of Information Act (2000) requests ensuring adherence to NHS Wales Information Governance standards.

The NWSSP IG function ensures that Data Privacy Impact Assessments (DPIAs), Information Sharing, Confidentiality breach reporting, Freedom of Information request handling and staff education, advice and training are embedded within the organisations and operating effectively, supported by clear documentation, active oversight and routine monitoring.

Data Protection Impact Assessments (DPIAs) and Risk Management

The DPIA ("Privacy by Design") process continues to assure that new projects, service changes and uses of identifiable data are assessed early in any process of change or improvement. In 2025/26, DPIAs continued to support a wide range of operational and national services that included the introduction of Radiopharmacy, new workforce systems and volunteer management, this demonstrates that Information Governance is built into change, implementation and transformation.

Information risks are documented through the NWSSP IG Risk Register and routine oversight via the Information Governance Steering Group (IGSG), reporting to the Senior Leadership Group as necessary.

Incident management and breaches

NWSSP's confidentiality breach framework is clear and supported by staff guidance and escalation protocols. In 2025/26, 41 low level data breaches were reported (up from 36 in 2024/25). All were

managed in line with procedure, with no evidence of systemic failure, significant harm or regulatory non compliance; staff awareness activity remains a key mitigation as the main concern for the majority of reported breaches remains as simple human error.

Staff are given education and advice to ensure that email addresses of the intended recipients are thoroughly checked to include any attachments to the communication before sending. Incidents are reported and reviewed to identify any trends and to put actions in place to either reduce or remove any harm.

Freedom of Information and transparency

The Freedom of Information function continues to be well managed. In 2025/26, NWSSP received 166 Freedom of Information requests (which was an increase on the previous year) and completed 98.7% within the statutory 20 working day timeframe which was an improvement on the previous year. Requests varied from prescribing activity to procurement services, scrutiny summaries from the Medical Examiner Service to assist bereaved families and arrangements around the management of staff and payroll services and functions.

Training, culture and awareness

A strong Information Governance culture is reinforced through training and awareness. In 2025/26, 649 staff attended IG training sessions and average IG eLearning compliance for Core Skills reached 90.15%.

Delivery via Microsoft Teams supports accessibility and consistent coverage and provides the platform to communicate the responsibilities of new starters and existing staff when using identifiable and commercially sensitive information within NHS Wales.

Advice and assistance

The NWSSP IG function uses actionpoint and a dedicated email address (NWSSPinformationgovernance@wales.nhs.uk) to record all Information Governance queries. The total number of calls for assistance registered within the system in 2025/26 was 292 (241 in 2024/25). This demonstrates that NWSSP are reliant as an organisation on Information Governance advice and assistance. This increase in calls identifies that early IG engagement is sought which may lead to reduced risk and provide assurance that the learning and sharing around Information Governance and proactive approach is recognised.

Use of Artificial Intelligence (AI)

AI adoption using Microsoft Copilot, is supported by clear organisational guidance to ensure ethical, secure and compliant use. Controls are in place to prevent inappropriate use of sensitive or commercially sensitive information, with staff accountability reinforced through existing IG and Information Security policies that enables innovation without weakening confidentiality.

Guidance has been provided to staff, as well as access to the full AI policy.

Conclusion

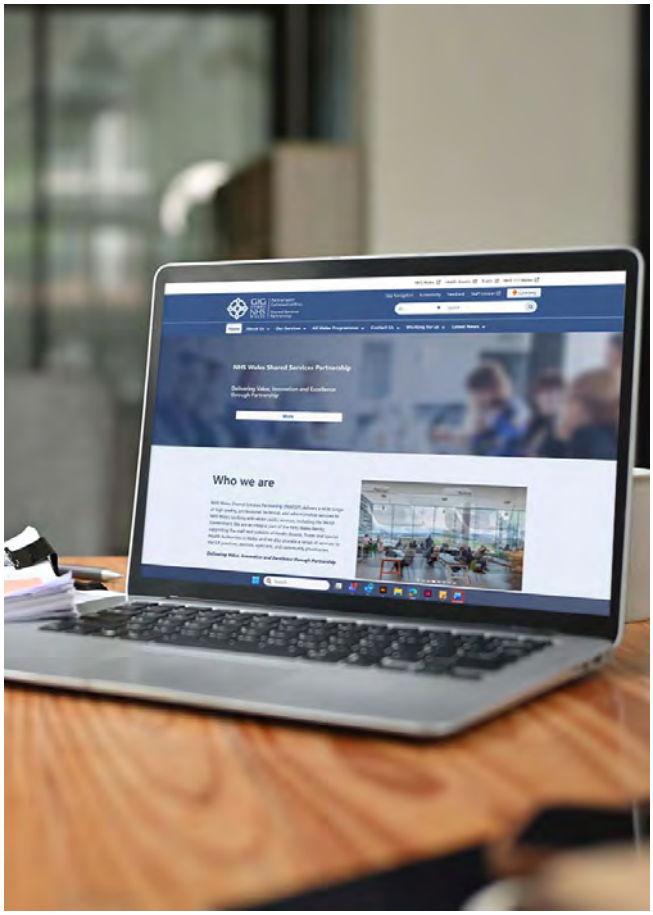
Based on the evidence in this review, NWSSP can take assurance that its Information Governance framework remains effective and well embedded, with no weaknesses identified in 2025/26.

NWSSP is well positioned to manage emerging challenges that may include increased data access, AI use and rising information requests while continuing to meet statutory obligations to remain compliant.

Key priorities

Key priorities for 2026/27 are to further reduce low level breaches through education, sustain and improve training compliance, and strengthen governance for increased data access and AI use. As well as these areas, ensuring DPIAs and risk assurance are compliant, completion of the new IG toolkit and consideration of any gaps in compliance will be prioritised in 2026/27.

The Data Use and Access Act (DUAA) 2025 has been reviewed, and small changes were made to NWSSP's current controls including changes to the Data Subject Access and the inclusion of a Data Protection Complaints protocol. The DUAA provides opportunities to simplify and clarify practice while continuing to protect individual rights which are also accompanied with the relevant guidance.



Tim Knifton

NWSSP Information Governance Manager
July 2026

Introduction

The Information Governance (IG) Review 2025/26 details what work the Information Governance function has completed and how the NWSSP IG Manager has worked to continue the management of the IG function and provide support and achieve compliance within NHS Wales Shared Services Partnership (NWSSP).

This review (and those that precede it) explains the importance of working in collaboration with departments within NWSSP to add value through IG advisory services and work associated towards achieving compliance ensuring that the organisation handles identifiable information in the correct manner by creating a culture of confidentiality.

This review document details the achievements and progress made in 2025/26 (for the time period between April 2025 and March 2026) within the Information Governance function.

Information Governance within the NWSSP has the following fundamental aims:

- To promote the effective and appropriate use of information (including confidential, patient and personal information, and commercially sensitive data) in the NHS;
- To provide staff with the appropriate tools and support to enable them to manage information in a responsible and professional way; and
- To ensure that all processing of information (both personal, patient, commercially sensitive and corporate) is done fairly, effectively and in accordance with the law.

The NWSSP's ultimate goal is to help the organisation and individuals to be consistent in the way it handles identifiable, commercially sensitive and corporate information, avoid duplication of effort and lead to improvements in:

- Work to achieve compliance in line with current and future legislation;
- Patient and service user confidence in the NHS;
- Assess and provide assurance on projects and changes to the uses of identifiable information through Data Privacy Impact Assessments (DPIAs);
- Continued employee awareness, training and development;
- Continuing to ensure that there is culture of confidentiality within NWSSP; and
- Introduction of use of Artificial Intelligence tools within NHS Wales.

The Information Governance Manager also works in collaboration with other NHS Wales' organisations staff within the same field to provide assurance across the NHS Wales estate that National / All Wales processes involving identifiable information are considered and to promote "once for Wales" where possible.

In the financial year 2025/26, there continued to be an increased use of Microsoft Teams for everyone to support homeworking and agile working arrangements and the use of this by Information Governance was no exception. Training requirements for all staff, were and continued to be delivered, using this platform and a high level of compliance for staff was retained as a result.

New projects and changes to services introduced within NWSSP were supported by Information Governance through their initial assessments and their signing up to specific processes to assist with the operations.

Education around data quality, accuracy and attention to detail has been highlighted throughout the organisation and included in staff awareness sessions.

The introduction of AI functionalities within NHS Wales by use of Microsoft Copilot has also introduced new challenges to how data is handled and used.

NWSSP Information Governance Steering Group (IGSG)

The NWSSP Information Governance Steering Group (IGSG) was established in 2015 and has gone from strength to strength in the years that have followed. The IGSG is accountable to the NWSSP Senior Leadership Group (SLG) and its purpose is to support and drive the broader Information Governance agenda and provide the Shared Services Partnership Committee (SSPC) with the assurance that effective Information Governance best practice mechanisms are in place within the organisation.

The group met regularly during the year with good divisional coverage providing oversight, challenge and assurance in respect of IG matters.

Topics discussed include:

Policies and Procedures

Freedom of Information

Privacy Impact Assessments

Information Sharing

Records Management

Training and Awareness

Risk Management

Statistical Activity and Performance

National Work and Meetings

Advice and Guidance

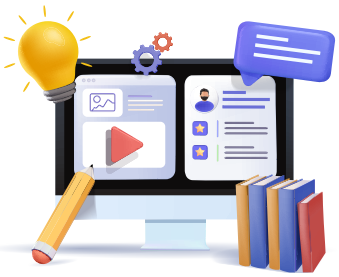
The NWSSP IG Manager uses a dedicated service email linked to the actionpoint system to record requests for advice, work and training accompanied by resulting actions, decision and work completed to resolve calls seeking assistance from Information Governance. Actionpoint has been used since 2016 and provides a useful snapshot of the advice given and the levels of activity within the function.

The total number of calls for assistance registered within the system in 2025/26 was 292 (241 in 2024/25). This demonstrates that NWSSP are reliant as an organisation on Information Governance advice and assistance. This increase in calls considered that early IG engagement is sought which may lead to reduced risk and provide assurance that the learning and sharing around Information Governance and proactive approach is recognised.

If staff have any queries then the contact email for IG queries can be raised with the Information Governance Manager (tim.knifton@wales.nhs.uk) or by using service email NWSSPInformationGovernance@wales.nhs.uk

Record of Achievements

In 2025/26:



Information Governance training 11 classes were run

Staff attended IG training 649 (477 in 2024/25)

IG eLearning core skills 90.15% yearly average compliance across NWSSP (89.5% in 2024/25)

98.7% Compliance within 20 working days (95.25% in 2024/25)

IG assessments completed to 100% compliance

166 Freedom of Information Requests received (138 in 2024/25)

Training

To ensure compliance with confidentiality and information processing, related legislation is essential for everyone working in the NHS. To ensure that health information and other identifiable data is used effectively and legally, suitable training was provided by the NWSSP Information Governance Manager to assure the organisation that staff are knowledgeable in these areas and that confidentiality is at the forefront of their minds.

Training is provided to all staff to be aware of their own responsibilities in relation to compliance with good practice and organisational policy, and to be extra vigilant in the way they manage information, ensuring that good governance and security is paramount.

The training provided to staff includes good practice guidelines and legislation with Information Governance, Freedom of Information, email, records management and social media.

To support agile working, Information Governance training sessions in 2025/26 continued to be facilitated using Microsoft Teams. The NWSSP Information Governance Manager reports that using this functionality continues to be beneficial and allows all staff requiring refresher sessions or new starters to attend the short session. In 2025/26 (April 2025 to March 2026):

148

staff attended
for the first time
(113 in 2024/25)

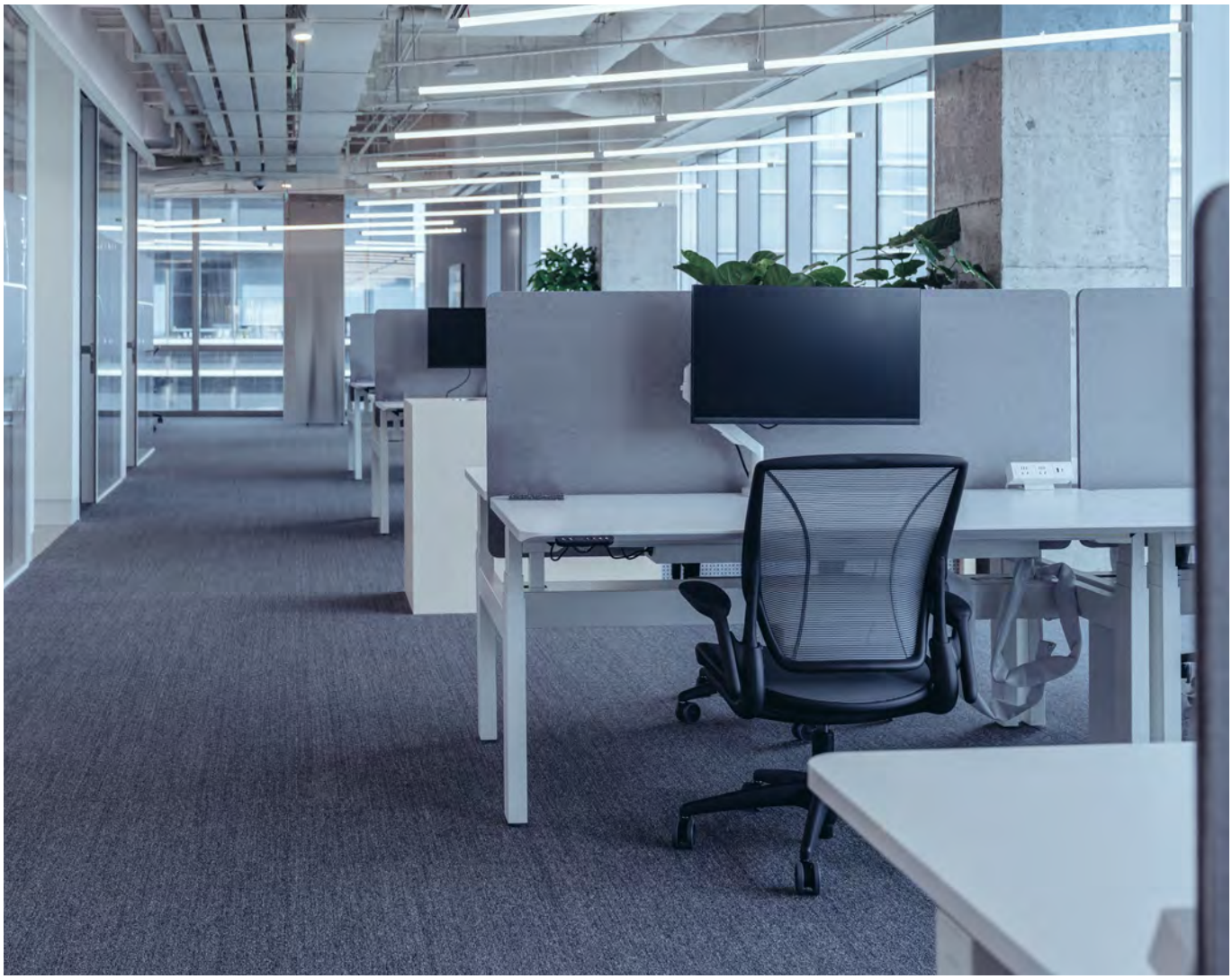
501

staff attended
as a refresher
(365 in 2024/25)

Clear Desk and Remote Working procedures

A clear desk procedure is in place to provide guidance to all employees to ensure that they clear their desks at the end of each workday (or when an employee is away for a period of time) of any confidential information.

Clear desk guidance helps the NWSSP to reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view. This was written for those who also use "hotdesking" arrangements for working and any remote working that may be planned for the near future.



NHS Wales Shared Services Partnership (NWSSP) Clear Desk Best Practice

All employees should clear their desks at the end of each workday. The following clear desk best practice will help NWSSP reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view.

- Where practically possible, any paper and computer media should be stored in suitable locked safes, cabinets or other forms of lockable furniture when not in use, especially outside working hours.
- Where lockable filing cabinets, drawers, cupboards etc. are not available, office doors must be locked if left unattended.
- Hard copy documents containing any personal data, or confidential, restricted or sensitive information should be stored as appropriate e.g. Workforce files. Where appropriate, documents should always be scanned to PDF and stored within the appropriate folders on NWSSP's secure servers. Original paper copies should be securely disposed of in Confidential Waste Bins for destruction.
- Employees are required to ensure that all confidential, restricted or sensitive information in hardcopy or electronic form is secured at the end of the day or when they are expected to be away from their desk for an extended period to attend meetings.
- Any confidential, restricted or sensitive information must be removed from desks and locked in a drawer when a desk is left unoccupied at any time with the exception of tea making, comfort breaks, etc.
- Confidential, restricted or sensitive information, when printed, should be collected from printers immediately. Where possible printers with a 'locked job' facility should be used.
- Reception areas can be particularly vulnerable to visitors. This area should be kept as clear as possible at all times. No personally identifiable information should be kept on desks within reach or sight of visitors.
- Upon disposal, any document containing any personal data or confidential, restricted or sensitive information should be placed in confidential waste bins. Confidential waste must not be left on desks, in filing trays or placed in regular waste bins.
- Keys used for access to confidential, restricted or sensitive information must not be left in or on an unattended desk. Keys for desk drawers, cabinets and other secure areas must be stored in a dedicated key safe or location.

Artificial Intelligence (AI)

AI tools are referred to as Microsoft Copilot but also other AI tools that staff may use for their work ethically, securely and productively. By establishing standards for responsible use, it has been identified that we can utilise the benefits of AI while protecting the organisation, our service users, contractors and employees from risks related to data security and confidentiality while being compliant.

Using AI can boost productivity by automating routine tasks, improving research, and enhancing creativity as well as assisting those who are neurodivergent in areas such as email and translation of text. However, it is essential to use it responsibly and understand its limitations.

Do use Microsoft Copilot to:

- draft initial ideas or outlines;
- draft initial emails, reports or presentations;
- help with tasks like summarising documents, researching and organising information;
- assist with compiling meeting minutes, summarising discussions and note taking;
- enhance efficiency for routine tasks;
- conduct initial research or gather general knowledge; and
- rephrasing text or emails for clarity or to understand business or technical discussions.

Do not use Microsoft Copilot to:

- automate or influence critical decisions, especially in sensitive areas like recruitment or legal judgements, without significant human review;
- misrepresent AI-generated content as your original work;
- create content that infringes on copyright or intellectual property rights; or
- automate human-centred processes where interaction is key to the service.

Guidance

- Never blindly trust AI-generated content. Always review and refine the output to ensure accuracy and relevance, applying your own human expertise and critical thinking.
- Employees must only use AI tools that are available on our systems within NHS Wales (i.e. Microsoft Copilot). Certain identified external AI tools that represent a cyber risk will be blocked. Use of other AI tools is also acceptable; however inputting anything relating to NWSSP business such as sensitive or confidential information and commercially sensitive data must always be avoided. Staff should note that existing IT security and Internet usage policies still apply.
- All staff are responsible for ensuring that AI tools are used appropriately and observe existing guidance around organisational confidentiality and information security policies.
- When logged in using your NADEX ID and password, all NHS Wales staff are connected to Microsoft Copilot chat which is secure on the NHS Wales tenancy but it is recommended that care is still taken in regard to what is input and how it is used.
- The quality of AI output depends on the quality of your input. Experiment with clear, detailed, and specific instructions to get the best possible results.

General Data Protection Regulation (GDPR)

The GDPR was implemented by NWSSP on the 25th May 2018 and this continues to be the legislation that the organisation works within. This legislation applies to all Public Authorities and those companies and organisations that process personal information in any form.

The elements of GDPR that the NWSSP continues to work by are:

Awareness

Staff within NWSSP are aware of the legislation and what this means to each department.

Accountability

NWSSP have developed and continue to demonstrate compliance and use accountability measures such as Privacy Impact Assessments.

Communication

Providing service users (and staff) with meaningful information on how we use their data.

Legality

Consideration of all legal uses of identifiable data.

Consent

The assessment of whether we need to ask for permission (consent).

Individual's rights

The right to request information, have it corrected, deleted and possibly erased.

Data Breaches

The assurance that the NWSSP has protocols to detect, investigate and report data breaches.

The 7 principles of the General Data Protection Regulation (GDPR)

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The UK GDPR sets out seven key principles and these should lie at the heart of everyone's **approach to processing identifiable / personal data. Service user can be defined as a patient, contractor, member of staff, supplier, member of the public or anyone who** provides information to NWSSP.

1 Lawfullness, Fairness and Transparency

"Data must be processed lawfully, fairly and in a transparent manner"

The intended use of data needs to be disclosed clearly and efficiently in a way that allows the service user to understand exactly how their information is being collected and processed by NWSSP. This creates transparency in data sharing so that no one involved can be upset or unaware on how their data was processed.

2 Purpose Limitation

"Data must be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes. Further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes can be considered if it is compatible with the initial purposes"

This means that data cannot be stored and reused for other things other than what was initially disclosed by the service user. This goes back to the first principle in that data usage needs to be clearly explained by use of a Privacy Notice. This prevents NWSSP from using data for other undisclosed means at a later date.

3 Integrity and **Confidentiality**

Data should be processed on a needto-know basis. Only NWSSP staff who require access to the information should be given access to it. This builds trust with the service user as well as limiting unnecessary loss or inappropriate access.

"Data must be processed using appropriate technical or organisational measures to ensure appropriate security, including protection against unauthorised or unlawful processing and accidental loss, destruction or damage"

Confidentiality means keeping service users' privacy as the forefront of NHS Wales business practices and using data in a way that is discrete and respectful of the service users' information and privacy.

4 Accountability

"The Data Controller must be responsible for, and able to demonstrate compliance"

Anyone who is handling data needs to be properly trained and fully aware of exactly what GDPR compliance means. Ultimately it is the job of each NHS Wales organisation (including the NWSSP) to ensure that GDPR compliance is maintained and that service user privacy is held with the utmost importance.

The 7 principles of the General Data Protection Regulation (GDPR)

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5 Accuracy

The information you are collecting on service users' needs to be correct.

"Data must be accurate and, where necessary, kept up to date. Every reasonable step must be taken to ensure that inaccurate personal data can be erased or rectified without delay"

Whether it is a typo or outright misinformation, it needs to be identified correctly as soon as possible. This ensures that the data that NWSSP is utilising is clearly tied to the subject as well as ensuring professionalism when interacting with the service user in regards to their data. Nothing is worse than sending a letter containing sensitive information to a wrong postal address or sending confidential information to an incorrect email address.

6 Storage Limitation

his is a crucial part of GDPR compliance.

"Data must be kept in a form which permits identification of service users for no longer than is necessary for the purposes for which the personal data is processed. Personal data may be stored for longer periods if it is processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes. These exceptions must implement appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals"

NWSSP must clearly explain to service users how long we will be storing their data as well as ensuring it is properly destroyed after it has been utilised for its intended purpose. This creates clear expectations for all service users' and an added level of trust knowing that once their information is used it is not just going to be stored away waiting to be leaked or stolen in a breach. It limits exposure as well as loss in the event of a data breach.

7 Data Minimisation

Data minimisation essentially means the use of data needs to be limited to its essential needs.

"Data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed. In short, the NWSSP should identify the minimum amount of personal data needed to fulfil the purpose and nothing more"

Data retention, processing, and sharing needs to be limited and strongly considered before it is collected in any form from the service user.

DPR compliance serves to better protect customer's privacy and ensure everyone is aware of exactly how their data is being utilised.

Information Governance Workplan

The Information Governance work plan highlights a significant number of areas that cover off or contribute to compliance with IG.

The 2025/26 workplan focused on a programme of Information Governance work for the NWSSP to include but not limited to:

- Management of the Information Asset function;
- Consideration of work around Artificial Intelligence;
- Communication of Information Governance topics throughout the organisation;
- Training and awareness;
- Continued compliance with legislation;
- Identifying areas for improvement;
- All new or existing identifiable information use and processes are Privacy Impact Assessed ("Privacy by Design") and involve Information Governance input at the earliest possible juncture;
- Communication with IG colleagues and reporting mechanisms;
- Supporting new services and initiatives;
- Supporting other organisations and forums including involvement in National work;
- Information Governance Risk Register;
- Breach reporting duties; and
- Data Subject Access.

These work plans demonstrate compliance in many areas and those where progress can be measured. Inclusion of a Health Check function has ensured that a report on progress has been included for all areas and a financial year end summary.

Information Governance assessment toolkit 2025/26

The Welsh Information Governance Toolkit is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation.

The NWSSP has completed their assessment for 2025/26 and this was submitted by the deadline of the 31st March 2026 and achieved 100% compliance across all areas.

The assessment helps identify those areas which require improvement and assist in informing organisations' IG Improvement Plans for the coming year. The aim is to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information.

This will provide reassurance to staff and patients that their information is processed securely and appropriately, and assure other organisations where sharing is made that appropriate IG arrangements are in place.

The IG Toolkit consists of simple to follow assessments, comprising of a range of rudimental questions requiring tick box answers, one-line statements and the facility to upload or link to documents as evidence.

The Welsh IG Toolkit is completed by General Practices, Health Boards, Trusts and Special Health Authorities and Community Pharmacies.

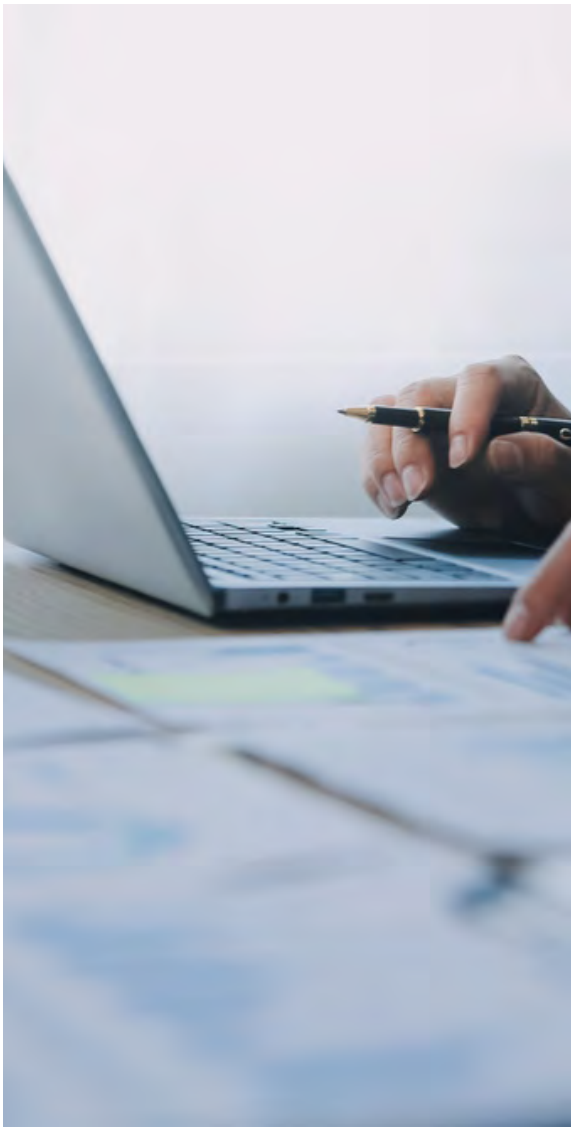
Information Governance assessment toolkit 2025/26

Under the General Data Protection Regulation, NWSSP uses a Data Privacy Impact Assessment (DPIA) process. This is also known as "Privacy By Design" and the process involves the assessment and assurance of any proposed projects, new workstreams or changes to existing work that includes the use of identifiable data.

A DPIA is used to detail the proposals and provide recommendations to ensure that all identifiable data is secure and remains compliant. The NWSSP Information Governance Manager has worked on DPIAs in 2025/26 that included areas such as:

- CCTV Upgrades
- Changes to the Medical Examiner Service
- Radiopharmacy
- Gluten Free Subsidy Service All Wales
- Volunteer Management System
- Quail
- Community Pharmacy Wales Audit Data
- LIMS
- Learning @NHSWales Agency Project
- Service User Feedback review
- PC Workforce Information System
- e-Scheduling
- Speaking up Safely
- Radiology Incident Reporting
- Payroll App

Plus further assessment for the requirements were completed for projects that had the potential for sharing or use of identifiable information. Early IG involvement through the DPIA process reduced information risks at design stage and supported timely progression of projects.



What is confidential information?

Information Governance concerns the protection of confidential, identifiable information regardless of the form it takes. Following a recent Information Governance audit, the NWSSP Information Governance Manager has compiled a brief summary of some of the areas that are classed as confidential/non-confidential as below.

Confidential information can include:

- Patient information – Medical information, test results.
- Personnel/Workforce records including Employee number.
- Home address.
- Student Bursary details.
- Commercially sensitive information (cost of an item, market pricing, trade secrets).
- Financial information - Payroll/ Pension/Bank/Salary Sacrifice details.
- Recruitment information.
- Credit card details.
- Legal proceedings.
- Deceased patient records.
- Internal staff databases of contact information.
- Documents marked as 'Private' or 'Confidential'.
- Invoices containing pricing/ identifiable details/personal information.

What isn't classed as confidential?

- Job descriptions.
- Advertised jobs on NHS Wales.
- Annual reports and accounts.
- Freely published information in a newspaper/on websites.
- Newsletters.
- Contract/Purchase information (contract values).
- Freely available public information (usually through Freedom of Information requests).
- Externally provided staff contact information.
- Privacy Notices.

Remember, information should be used for the purpose it was collected for, and for compatible, lawful purposes. There are legal basis in place for the identified and recorded processing responsibilities within NWSSP, however it is important that if you have any concerns to discuss them with the NWSSP Information Governance Manager.

Remember: All staff are personally responsible for the information they hold, access, process and share. This is regardless of location.

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Information Sharing / Data Processing Agreements

Information Sharing or Processing Agreements are required to ensure that information that is identifiable is given the right level of consideration. When drafting a sharing or processing agreement this will typically include:

- The context of the share or processing;
- The types of data involved;
- The parties involved; and
- The legislation concerned.

It is important that all parties consider their roles and responsibilities in appropriate and confidential data use.

Any requests for data sharing or processing (either from NWSSP or your requirement for requesting data) can be discussed with the NWSSP Information Governance Manager.

Breach reporting

As part of the organisation's reporting duties, it is important that all staff identify an incident defined as a data breach and also know how to report it.

In 2025/26, there were 41 low level data breaches reported in NWSSP (36 in 2024/25). This provides assurance that no systematic or high severity level breaches were experienced. However, recommendations are given to all breaches reported and trends are monitored to ensure that staff are aware of the impact that a data breach can have on the organisation and the individual.

The NWSSP has a full confidentiality breach reporting protocol that is available on the NWSSP intranet and sharepoint sites and detail when and how to report a breach.

Although not an exhaustive list, a few examples of typical breaches of confidentiality is defined as any event that has resulted or could result in:

- A staff member who has accessed their own patient records or other held records.
- A staff member who has accessed the GP records, demographic information or details of a family member.
- A staff member who has accessed records of another staff member.
- A staff member who has accessed confidential information and altered it without permission or under a fair and lawful process.
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it.
- A staff member who has either lost a laptop or other NHS equipment or had it stolen from the possession.
- A staff member who has told another person not connected to the business (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has published confidential information on the internet or made such information publicly available.

With any breach, this could cause an adverse impact due to a breach of confidentiality that can be defined for example as:

- A threat to personal safety or privacy.
- Enforcement action or a large monetary penalty from the Information Commissioner's Office.
- Disruption of NHS business.
- Reputational damage or embarrassment to the NHS.

Any concerns or questions relating to a potential or identified breach of confidentiality can be directed to the NWSSP Information Governance Manager for discussion.

Reporting a confidentiality Breach

NHS Wales Shared Services Partnership (NWSSP) has a commitment to ensuring that correct, legal use of confidential information is observed at all times and any suspected breaches and errors in using confidential, identifiable data (defined as personal or sensitive personal data, and commercially sensitive data) is acted upon.

It is vitally important that if you experience a confidentiality breach in your place of work, regardless of where that may be, that you inform the NWSSP Information Governance Manager as soon as possible and also report using the DATIX incident reporting form using the link below.

Useful links

The DATIX incident reporting form can be found on the NWSSP intranet or using this link datixweb.cymru.nhs.uk/live/index.php

Information Governance policies including the Confidentiality Breach Reporting protocol can be found on the Information Governance pages on the NWSSP intranet.

To discuss or report any concerns please contact Tim Knifton, Information Governance Manager - Tim.Knifton@wales.nhs.uk.

It is important to note any suspected or **confirmed breaches of confidentiality and to** report them as soon as possible so that action can be taken in line with current legislation.

Some examples of typical breaches of **Information Governance or confidentiality** are as follows:

- Issues around Data accuracy, availability or quality of data.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has emailed the wrong confidential information/or too much identifiable data to another recipient.
- A staff member who has accessed confidential information and altered it without permission.
- Use, access or sharing information without permission (consent).
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it or had it stolen (including laptops and other IT equipment).
- A staff member who has told another person not connected to the NWSSP (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has published confidential information on the internet or made such information publicly available.
- A staff member who has published confidential information to another work colleague who is not authorised to recieve it or has no legal requirement or entitlement.

The Data Use and Access Act 2025 (DUAA)

What does it mean for NWSSP?

The DUAA is a new Act of Parliament that updates some laws about digital information matters.

It changes Data Protection laws in order to promote innovation and economic growth and make things easier for organisations, whilst it still protects people and their rights.

Most of the changes offers NWSSP an opportunity to do things differently, rather than needing you to make specific changes to comply with the law.

The DUAA might make things easier for us in the following ways:

New 'recognised legitimate interests' lawful basis:

When we use personal information for certain 'recognised legitimate interests', it removes the need for us to balance the impact on the people whose personal information we use, against the benefits arising from that use. For example, when protecting public security or vital interests.

Disclosures that help other organisations perform their public tasks:

It allows us to give personal information to organisations such as the police, without having to decide whether that organisation needs the information to perform its public tasks or functions. Instead, the organisation making the request is responsible for this decision.

Subject access requests (SARs):

It makes it clear that NWSSP only has to make reasonable and proportionate searches when someone asks for access to their personal information.

Assumption of compatibility:

It allows us to assume that some re-uses of personal information are compatible with the original purpose the NWSSP collected it for, without having to do a compatibility test. This includes disclosing personal information for the purposes of archiving in the public interest, even if NWSSP originally only got consent for a different purpose.

Making things clearer:

It improves the way the law is written and structured to make it easier for NWSSP to follow and apply, but without materially changing how we can use personal information. For example: it clarifies that direct marketing can be a legitimate interest; and it rewords the test you need to apply when transferring personal information outside the UK.

Are there any new requirements for us to meet?

Data protection complaints:

The DUAA requires you to take steps to help people who want to make complaints about how NWSSP uses their personal information, such as providing an electronic complaints form. We also have to acknowledge complaints within 30 days and respond to them 'without undue delay'.

Individual's rights

For general data processing under the UK GDPR, individuals have specific rights. The NWSSP has a full set of guidance documents for reference.

The rights of individuals concern the following:

Data Subject Access

A Data Subject Access request is simply a request made by or on behalf of an individual for the information that he or she is entitled to ask for under applicable Data Protection Legislation. Data Protection Legislation requires the NHS Wales Shared Services Partnership (NWSSP) to process personal data in accordance with the rights of living individuals.

Right to be informed

Part of the Data Protection legislation is to inform all service users on the use of their data (accountability). The NWSSP informs those who we use data for:

- why we are able to process information;
- what purpose we are processing it for;
- whether service users have to provide it to us;
- how long we store it for;
- whether there are other recipients of their personal information;
- whether we complete any automated decision-making or profiling;

The privacy notices we have developed include data subjects' rights to request their data, have inaccuracies corrected or data erased (in certain circumstances).

Right to rectification

Under Article 16 of the UK General Data Protection Regulation (GDPR) individuals have the right to have inaccurate personal data rectified. An individual may also be able to have incomplete personal data completed, although this will depend on the purposes for the processing.

Data portability

The right to data portability gives individuals the right to receive personal data they have provided to a controller in a structured, commonly used and machine readable format. It also gives them the right to request that a controller transmits this data directly to another controller.

Restriction of processing

Article 18 of the UK GDPR gives individuals the right to restrict the processing of their personal data in certain circumstances. This means that an individual can limit the way that an organisation uses their data. This is an alternative to requesting the erasure of their data.

Right to erasure

Under Article 17 of the UK GDPR individuals have the right to have personal data erased. This is also known as the 'right to be forgotten'. The right is not absolute and only applies in certain circumstances.

Freedom of Information Act (FOIA)

The Freedom of Information Act (2000) supports the principles of openness and transparency and welcomes the rights of access to information relating to policy, procedure and decision making. The FOIA covers public authorities that use public money to make decisions and therefore have to be accountable for those.

NWSSP has created a climate of openness by providing improved access to information about the organisation and facilitates the development of such an environment year after year.

In 2025/26, NWSSP received 166 Freedom of Information requests (138 in 2024/25). These included requests for information relating to:

- Accounts payable;
- Corporate Services processes;
- Language Services translations;
- Medical Examiner scrutinies;
- Minimum wage and cost of living;
- Procurement processes and purchasing;
- Primary Care prescribing activity;
- Salary Sacrifice schemes;
- Senior Salaries.

Links

2025/26 Annual Review and previous annual reviews
https://nhswales365.sharepoint.com/sites/SSP_Intranet/SitePages/IG-Annual-Reviews.aspx

NWSSP Information Governance pages
https://nwssp.nhs.wales/about-us/information-governance/

NWSSP Information Governance Steering Group
https://nhswales365.sharepoint.com/sites/SSP_Intranet/SitePages/Information-Governance-Steering-Group-(IGSG).aspx

The Information Commissioner's Office
https://ico.org.uk/

Contact

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

Tim Knifton

NWSSP Information Governance Manager
Tim.knifton@wales.nhs.uk

Cynllun Cynorthwyo Gwaed Heintiedig Cymru

Wales Infected Blood Support Scheme

Wales Infected Blood Support Scheme

Annual Report 2025-26

Cynllun Cynorthwyo Gwaed Heintiedig Cymru

Wales Infected Blood Support Scheme

Wales Infected Blood Support Scheme (WIBSS)

Annual Report 2025-2026

VELINDRE UNIVERSITY NHS TRUST

THROUGH

NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

AND

VELINDRE CANCER SERVICES

Contents

Introduction

Established in October 2017, the Wales Infected Blood Support Scheme (WIBSS) provides support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue.

Taking over from the previous UK schemes (Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and Caxton Foundation), now referred to as the Alliance House Organisations (AHOs), WIBSS aims to provide both a streamlined financial payment service and personalised support for Welsh beneficiaries. WIBSS also offers a dedicated Welfare Rights Service and a Psychology and Wellbeing Service.

As of 31 March 2026, WIBSS supports 171 beneficiaries, including bereaved spouses and partners. The welfare team and wellbeing and psychological team support is also provided to wider family members of our beneficiaries.

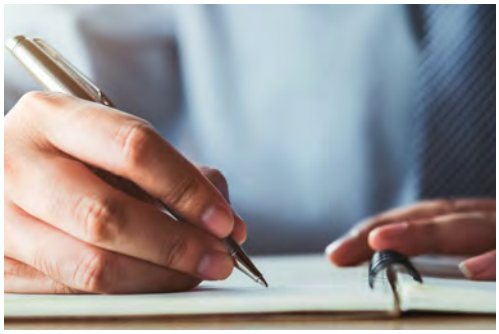
Purpose of the Report

The purpose of the report is:

To provide an update on the finance and support services provided during 2025-26 as part of the Wales Infected Blood Support.

To detail the work carried out by WIBSS during 2025-26.

Key Matters Arising During 2025-26



Although staff continued agile working, home visits and face-to-face appointments were reinstated. There were no major changes to the service, the team continued to process additional interim compensation payments, on behalf of the UK Government and the additional Infected Blood Interim Estates Payments introduced in October 2025.

The setting up of the Infected Blood Compensation Authority (IBCA) by the UK Government, to administer the compensation payments, also involved significant involvement of the team. The setting up of IBCA has also had an impact on the beneficiaries. Some have been suspicious of communication received from IBCA and have contacted WIBSS for reassurance that it is legitimate, others have felt retraumatised, as they have had to retell their story, and have sort support from the wellbeing and psychology team.

Public Inquiry - The Infected Blood Inquiry (IBI)

This was an independent public statutory inquiry established to examine the circumstances in which men, women and children treated by the National Health Service in the United Kingdom were given infected blood and infected blood products, since 1970. It was Chaired by Sir Brian Langstaff.

WIBSS co-operated fully with the inquiry and responded to all Rule 9 requests within the required timeframe.

On 5 April 2023 the Chair published an interim report on compensation.

The UK Government and devolved administrations stated that they would consider the recommendations in this report, alongside the recommendations made in the final report.

Second Interim Report | Infected Blood Inquiry

On 3 February 2023, the Inquiry Chair closed the Inquiry's public hearings, explaining that he would now be focused on writing his report. Some additional hearings were held in July 2023.

The Inquiry's final report was published on 20 May 2024.

The Inquiry Report | Infected Blood Inquiry

On 21 May, the UK Government announced a Compensation Scheme and the setting up of a new Arm's Length Body (ALB) to administer the compensation scheme, called the Infected Blood Compensation Authority (IBCA).

Infected Blood Compensation Scheme Summary - GOV.UK (www.gov.uk)

The WIBSS website was updated with a link to the Infected Blood Compensation Authority landing page, the Final Report of the Infected Blood Inquiry Report and a link to information for the "worried well".

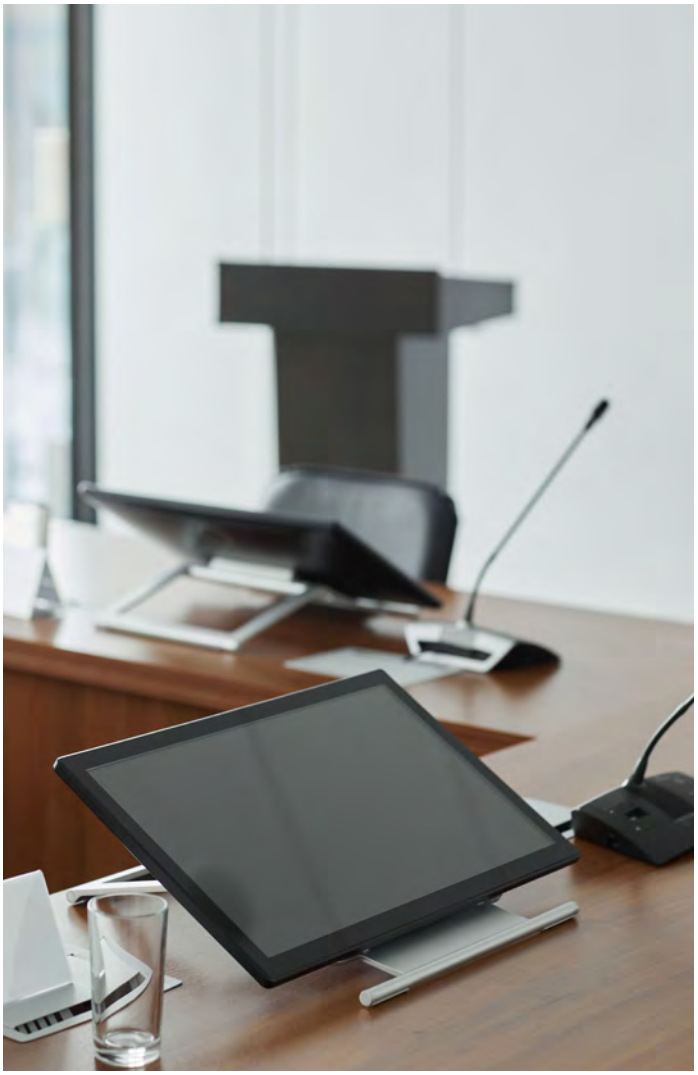
Publication of the final report and the announcement about the compensation scheme resulted in a significant increase in the number of calls to the WIBSS team from people known and unknown to us.

The Welsh Government confirmed no changes would be made to the current criteria of WIBSS. WIBSS continued to consider applications from those who met the criteria of the scheme. As agreed, across the four UK Governments, all the support schemes closed to new applications on 31 March 25.

In August 2024, the UK Government laid regulations to establish the Infected Blood Compensation Scheme, as required by the Victims and Prisoners Act 2024.

These regulations gave the Infected Blood Compensation Authority (IBCA) the powers to pay compensation through the Core Route to infected persons, both living and deceased, as set out in the Infected Blood Compensation Scheme Summary: August 2024. The Government expected the IBCA to begin making payments to infected persons by the end of 2024, and this expectation was achieved.

On 24 October 2024, IBCA launched the Infected Blood Interim Estates Payments (IBIEP). This was for estates of people who died when registered with a current Infected Blood Support Scheme (IBSS) or an Alliance House Scheme on or before 17 April 2024; the person who died, their bereaved partner or their estate had not already received an interim compensation payment of £100,000, and the person was living in the UK or Republic of Ireland at the time of their death.



The Welsh Government, on behalf of the UK Government, asked WIBSS to administer these applications for those estates where the infected deceased was infected in Wales.

A total of 37 Estates applications were processed to 31st March 2025. 23 were successful, totalling £2,300,000, 6 were rejected due to ineligibility and a further 8 were in progress as at the year-end date.

On 21st May 2025, the Welsh Government, on behalf of the UK Government, asked WIBSS, to make further interim compensation payments of £210,000 before the end of June. These payments were to living "infected" beneficiaries only. Letters were sent to those affected.

Before the payments were made a second letter was issued to beneficiaries to explain what the payment was for and how it will impact any future compensatory amount.

The payments were not to be means tested or carry any tax implications.

On 21 July 2025 the UK Government announced that a further interim compensation payment of £210,000 will be made to the estate representatives of an infected person who died as a result of receiving contaminated blood or blood products from the NHS.

A total of 81 additional Estates applications were processed to 31st March 2026. 73 were successful, totalling £15,730,000, 4 were rejected due to ineligibility and a further 4 were in progress as at the year-end date.

In addition to the estates works for UK Government, WIBSS has regular meetings with Welsh Government, UK Cabinet Office and IBCA regarding the setting up and administration of the new body.

Three data sharing agreements have been put in place to allow us to access the legacy data, the probate data and to share our data with IBCA, to enable it to start processing the compensation payment. All WIBSS beneficiaries were notified that to enable the compensation service to be as simple as possible, WIBSS would share all the information we hold about recipients of WIBSS payments with IBCA.

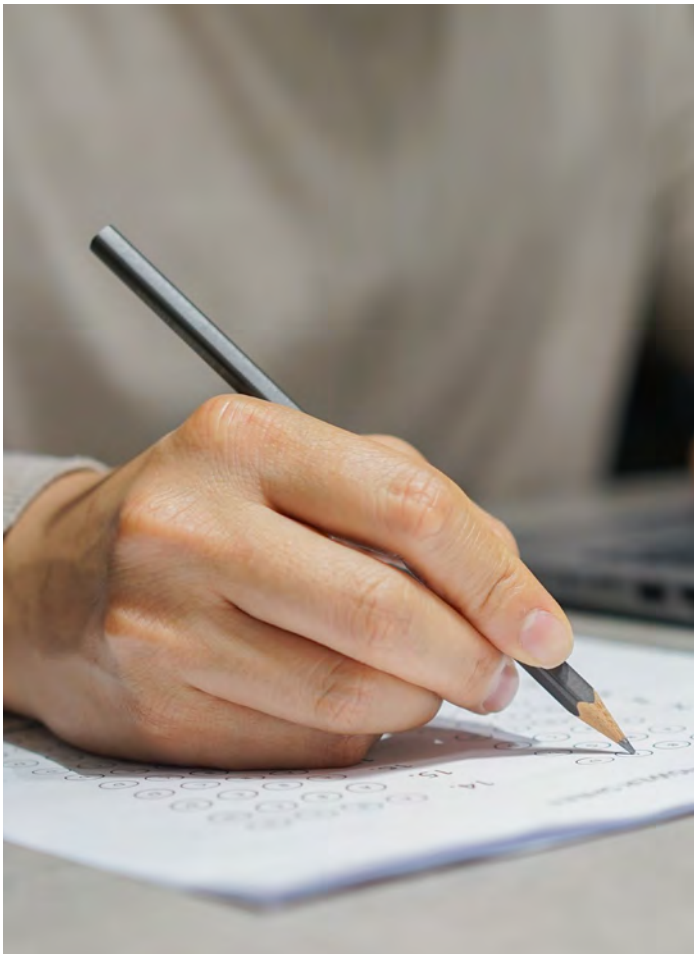
We stated the information we would share with IBCA would include details such as name, address and contact information, the type and severity of infection, and payments received to date.

The option to notify us if they did not want their data to be shared was also offered.

WIBSS is a member of the Welsh Government's Infected Blood Inquiry (IBI) Oversight Group which is tasked with ensuring that the recommendations are implemented in Wales where necessary. This includes 4 nations working.

As part of this work WIBSS and Welsh Government meet with Haemophilia Wales regularly to hear firsthand the issues and concerns of our beneficiaries and work together to resolve these or escalate to the 4 nations policy meetings.

On 31 March 2026, having fulfilled its terms of reference, the Infected Blood Inquiry closed. In response to the announcement of the closure, the UK Government stated that "The Inquiry's closure does not mean our work is over, and the Government remains committed to engaging with the community and acting on the Inquiry's findings".



Governance Group

The Governance Group monitors the operational management of WIBSS and provides governance, leadership and accountability for the scheme, on behalf of Welsh Government (WG), through Velindre NHS Trust.

The WIBSS Governance Group is authorised to:

- Investigate or have investigated any activity within its Terms of Reference, and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust, relevant to the Governance teams' remit, subject to any restrictions imposed by General Data Protection Regulations (GDPR).
- It can seek any relevant information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the Board.

It has a responsibility for:

- Reviewing and advising on the management of the WIBSS budgets, including running costs, the annual beneficiaries' budgets and provisions.
- Advising Welsh Government on rate changes and the potential financial and service implications of policy changes, both within Wales and other areas within the UK.
- Implementation of Welsh Government policy.
- Ongoing negotiation and partnership with Welsh Government to ensure the smooth running of the service.

The membership of the WIBSS Governance Group is as follows:

- Director of Place, Portfolio and Partnership
  Velindre University NHS Trust (Chair)
- Deputy Director, Head of Planning, Performance and Support Service
  Velindre Cancer Service
- Director of Planning, Performance and Informatics
  NWSSP
- WIBSS Service Manager
- Welsh Government Finance Representative
- Welsh Government Policy Representative
- Consultant Psychologist

During 2025-26 the Governance Group met twice on 18th June 2025 and 16th October 2025.

Financial Support

The scheme recognises that individuals living with hepatitis C and/or HIV face extra costs for things like insurance, travel insurance, care costs and travel costs to attend hospital appointments etc. Financial support is available for:

- Current members of the scheme
- Members of previous legacy schemes

There are varying levels of financial support available to beneficiaries of the scheme. These are set out in the Finance Section of this report and are also published on our website.

Home - WIBSS (wales.nhs.uk)

Appeals Process

If an application to join the scheme is unsuccessful, an applicant can appeal if they disagree with the outcome of their application. Appeals are heard by a panel of independent medical experts with relevant clinical or similar experience in the field.

An appeal will not be considered in cases where it is acknowledged that the applicant is not eligible under the current eligibility criteria, but the applicant disagrees with those criteria (in such cases, the application could only be reconsidered if the Welsh Government agreed to amend the eligibility criteria).

During 2025-26, one appeals panel was convened. The panel considered all the documentation received by WIBSS from the applicant and scrutinised the decision-making process of WIBSS.

The panel then considered all the evidence.

The panel also spoke to the appellant.

The appeal was not successful.

Beneficiaries' activity 2025-26

There are 171 beneficiaries & bereaved partners registered for support through the scheme. This is broken down into the following groups. (Valid as at 31st March 2026).

Beneficiary Group	Number of registered Beneficiaries
Hepatitis C Stage 1	22
Hepatitis C Enhanced Stage 1+	74
Hepatitis C Stage 2	19
HIV	1
HIV & Hep C Stage 1 (Co-infected)	1
HIV & Enhanced Stage 1+ (Co-infected)	4
HIV & Hep C Stage 2	2
Bereaved Spouse/Partner	48*
Child Payments	2

**1 beneficiaries are classified as both existing beneficiaries and as bereaved spouse/ partners.*

Payment Rates 2025-26

The levels of payments available to beneficiaries in 2025/26 are set out in the table below.

Beneficiary Group	Annual Payments
Hepatitis C Stage 1	£23,294
Hepatitis C Enhanced Stage 1+	£35,327
Hepatitis C Stage 2	£35,327
HIV	£35,327
HIV & Hep C Stage 1 (Co-infected)	£47,952
HIV & Enhanced Stage 1+ (Co-infected)	£55,518
HIV & Hep C Stage 2 (Co-infected)	£55,518
Child Payment; 1st Child	£3,000
Child Payment; 2nd & Subsequent Children	£1,200

WIBSS pay annual payments monthly or quarterly, depending on beneficiary preference. Payments are made on or before the 20th of the month. Where the 20th falls on a bank holiday or weekend, payment will be the nearest working day prior to the 20th.

One-off non-discretionary lump sum payments are also paid to successful new applicants to the scheme. A new applicant who is Hep C Stage 1 would be entitled to a £50,000 lump sum payment.

A beneficiary who moves from Hep C Stage 1 to Hep C Stage 2 would receive an additional £20,000 lump sum payment.

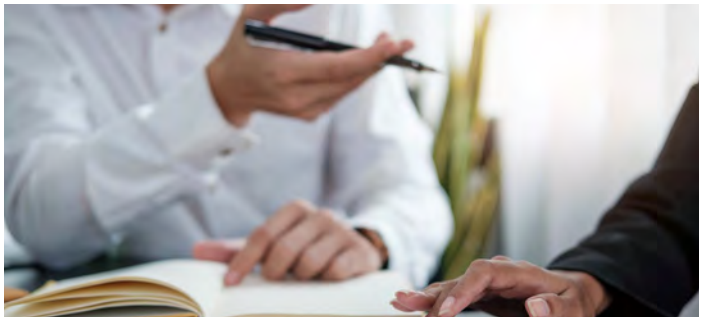
A new applicant who had already progressed to Hepatitis C Stage 2 would receive a £70,000 lump sum payment.

A new applicant who has HIV would be entitled to a lump sum payment of £80,500. If they were co-infected HIV and Hep C Stage 1, the lump sum would be £80,500 + £50,000 = £130,500 and Stage 2 would be £80,500 + £70,000 = £150,500.

With effect from 1st October 2025, WIBSS closed to new applications for bereaved partners. All bereaved partners and estates now need to apply directly to the Infected Blood Compensation Authority (IBCA), who are responsible for paying out the entitled compensation.

https://www.gov.wales/sites/default/files/publications/2025-11/welsh-infected-blood-support-scheme-directions-changes-october-2025.pdf

The estate of a deceased infected beneficiary will, however, be able to apply for a funeral grant of up to £4,500. The funeral grant payment will be deducted from any compensation payment made in respected of the deceased infected person by the IBCA.



Child Payments 2025-2026

Child payments were introduced by Welsh Government, via WIBSS, with effect from 1st January 2023. These discretionary payments are only available to those beneficiaries in Wales and England, although the payments made to EIBSS beneficiaries are means tested, those in Wales are not.

The payment is intended for the care and support of a child/children, up to the age of 18 or 21, if in full-time education, who are either the biological child or form part of the household of an infected beneficiary.

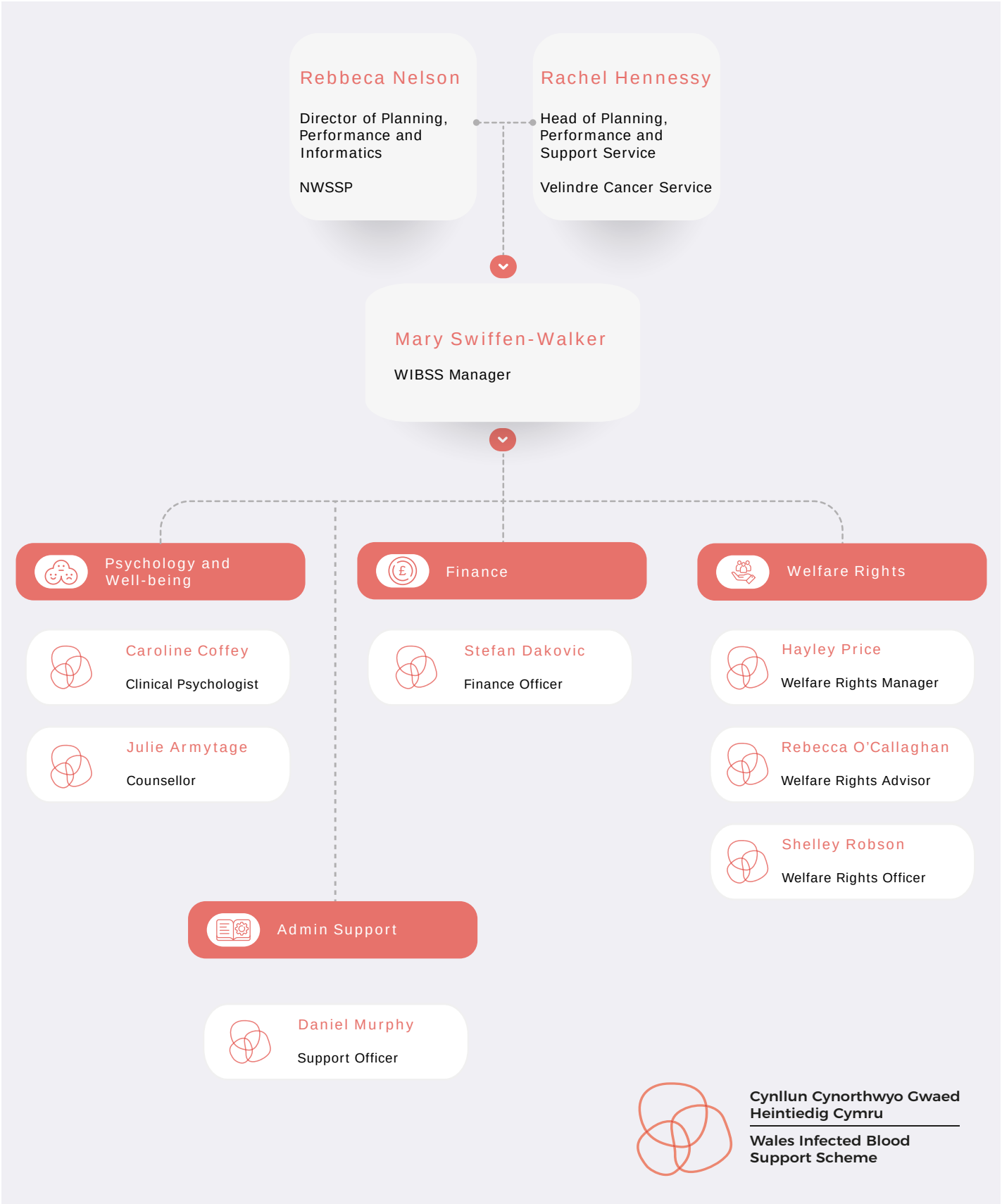
WIBSS child payments are £3,000 for the first child, and £1,200 for the second and subsequent children.

As of 31st March 2026, the total cost of child payments is £7,200. This relates to 3 children paid to 2 beneficiaries. Payments are being paid monthly or quarterly.

Once a beneficiary has agreed they compensation package, with IBCA, either through the Core Route or Adjusted Route, these payments cease.

WIBSS Structure

The day-to-day WIBSS team consists of eight members of staff, led by the WIBSS Service Manager.



Financial Report

The table below summarises the claims expenditure for 2025-26.

The regular payments to beneficiary figure for 2025-26 has reduced compared to the 2024-25 comparative figure due to 57 beneficiaries deregistrating from WIBSS after settling their compensation claim with the Infected Blood Compensation Authority via the Core Compensation route. These costs include widows and small grants payments.

These costs include widows and small grants payments.

WIBSS Claims Expenditure	2025-26	2024-25
No. of Beneficiaries	171	231
Regular Payments	£6,834,527	£8,348,078
£100K Interim Compensation Payments	£400,000	£800,000
£210K Additional Living Infected Compensation Payments	£0	£38,850,000
Estates Interim Compensation Payments and Legal Cost Reimbursement	£16,675,803	£3,100,609
Total Payments to **Beneficiaries**	£23,910,330	£51,098,687

Please note the figures above have been subject to in year movements i.e., new applications, deaths in year, ad hoc requests etc.

NWSSP provide the Health and Social Services Finance Team within Welsh Government with regular updates on forecasts throughout the year. The administration of the scheme i.e., claims expenditure, is cost neutral to both NWSSP and Velindre Cancer Centre, with Welsh Government funding the scheme in full.

Running Costs for 2025-26

A summary of the running costs for 2025-26 is set out below with a 2024-25 comparative:

WIBSS Running Costs	2025 -26	2024-25
Pay	£336,112	£297,177
Expenditure	£14,155	£13,131
Total	£350,267	£310,308

**The increase in pay costs for 2025/26 is due to the NHS pay award in August 2025, and due to additional increased WTE staffing costs as a result of the Infected Blood Inquiry.*

Performance Report

WIBSS performance against Key Performance Indicators is set out below.

Descriptor of Key Performance Indicator	2025-26 Target	Status
Responding to Welsh Government & General correspondence within set time limits	Within 4 working days	100%
Responding to Freedom of Information requests within required deadlines	In-line with Trust Policy	100%
Dealing with applications within required timescales	Within 28 days from receipt of complete information	100%
Dealing with appeals within set time limits	1 appeal held in 2025/26	100%
Payments made on a timely basis	100% of payments to be made 0-2 days before the due date.	100%

Description of Key Welfare Rights Incidents	Status
Total Welfare Rights Cases opened in previous 12 monts	» 38
Income generated for beneficiaries (1st April 2022 - 31st March 2026)	» £91,482
Outstanding Outcomes March 2026	» NS ESA (Support group) element » 2 PIP claims » 1 Tax credit review - Compliance » 1 x PIP MR
Appeals and Onward Referrals	» 8 Referrals to WIBSS Wellbeing Service » 1 x PIP Tribunal » 4 x Mortgage support letters » 7 x DWP Compliance support letters » 1 x Referral to local Health advocacy service » 1 x referral to local Age Cymru

New Applications for Financial Support

The Wales Infected Blood Support Scheme (WIBSS) closed to new applications for anyone who has historically been infected with hepatitis C, HIV or both, from NHS blood or blood products on 31 March 2025.

WIBSS had one application from a bereaved partner in 2025/26. Newly bereaved partners in cases where the infected person was already a scheme member, and died between 1 January 2025 and 31 March 2025, had the option to apply to the WIBSS, for support payments, up to three months from the date of death. This was to allow a grace period after the 31 March 2025 deadline for new applications.

Support and Assistance Grants Scheme

In 2025-26 WIBSS did not receive any applications for support. This compared to five applications in 2024-25.

The level of small grant applications has decreased in 2025/26 due to 57 beneficiaries opting to deregister from the WIBSS scheme after receiving their full compensation payment from the Infected Blood Compensation Authority (IBCA) and a further 104 beneficiaries who opted to settle their compensation claim by taking the adjusted route. Once compensation has been agreed, beneficiaries are no longer eligible to apply for support and assistance grants.

Welfare Rights Service

Estates Applications

The Welfare team continues to assist with the processing of Infected Blood Interim Estate Payments (IBIEP) claims, checking applications are completed correctly, all the required evidence is included, recording the application onto a monitoring spreadsheet, checking the infected deceased was registered with a legacy scheme or IBSS, checking the with the probate office the probate matched and issuing the appropriate letters. The welfare team continues to deal with requests for support on how and where to find the application forms, how to apply for probate and what evidence was needed to support an application.

Infected Blood Compensation Authority (IBCA)

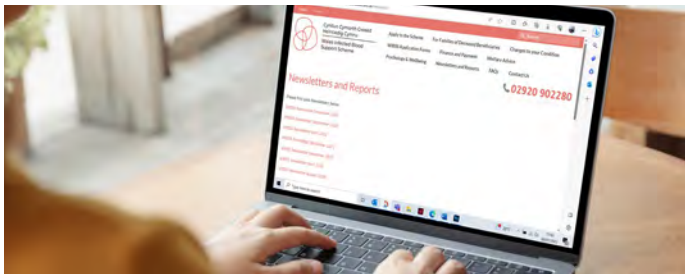
The welfare rights team continue to receive calls from beneficiaries and non-beneficiaries regarding IBCA, however this has decreased over the last 6 months. The welfare rights team receive calls to check that their IBCA invite is authentic and questions about the next cohort to be considered, alongside the process of claiming. Many find it confusing having different WIBSS and IBCA reference numbers and stressful sharing information with a new organisation, with people who are unaware of their circumstances.

Those who have taken core route have reported that they relied on the support provided by the Welfare Rights team, particularly with migration to Universal Credit etc. Beneficiaries who have not gone through their IBCA claim and those who took the adjusted route have also expressed concern over losing a Welfare Rights service in January 2027.

Key Working

The welfare team continued to receive calls from individuals wanting help or advice on issues including migrating to Universal Credit, often starting a compliance review. Compliance reviews in 2025/26 grew due to the migration deadline and were practically difficult for beneficiaries as they would often need to prove where their compensation funds came form as they migrated and again after their IBCA claim was finalised. The Welfare team continue to offer benefit checks to ensure beneficiaries are receiving all the benefits they are entitled to claim. The welfare team often speak to beneficiaries who are low, and or anxious. These people would be offered emotional support by signposting to the wellbeing and psychology service.

Newsletter



Newsletters were sent out quarterly to all beneficiaries who had opted to receive them. They were sent out electronically or by post, depending on preference. They continued to be available on the WIBSS website.
Home - WIBSS (wales.nhs.uk).

Newsletters this year provided information on the following:

- Revised Payment Rates
- Help with Energy and Water Costs
- Welfare Rights Support
- Psychology & Wellbeing Service
- Infected Blood Compensation Authority Updates
- WIBSS closing date
- Fraud and Scams Information
- Pension Credit
- Money Safety Information
- Online Safety Advice and Organisations
- Digital literacy support organisation

Case Study A

The Welfare Right team referred A to the WIBSS wellbeing team after talking to A's family member and advising on the services open to the family member and their immediate family. The WIBSS team conducted a benefit calculation and recommended that A initiate claims for New Style Employment and Support Allowance (NS ESA) and Personal Independence Payment (PIP).

A was supported with all claim forms and supported at assessments. A had never claimed any benefits previously and were shocked that they could claim anything. A had used all their savings over the past year and was genuinely concerned about paying bills and being able to live.

A could no longer work due to health issues. A has had a positive result from NS ESA, being placed in the support group allowing A to afford life's basics. A was however declined PIP the team have completed a Mandatory Reconsideration (MR) and will add A's recent NS ESA Health Care Assessment to the PIP MR as further evidence.

A is aware that the Welfare Rights team can support A with a PIP appeal should the MR be unsuccessful and if A would like to take this route.

Case Study B

B called the service for support with a Universal Credit (UC) Migration from B's Employment and Support Allowance (ESA), single person claim. ESA were querying Bs Compensation funds again, (compliance case). B was very anxious about the ESA compliance case and asked for the Welfare Rights team to take over both cases, the Migration, and the Compliance case.

The team gained the single and couples consent to consult with both DWP departments as UC migration could move them into a joint claim. The team conducted a benefit check for the couple and supported Bs partner to claim Attendance Allowance. The team then contacted ESA, provided a confirmation of payments letter.

ESA struggled to marry WIBSS funds with Bs bank statement funds. The team consulted with ESA compliance team and advised how to marry the funds. The welfare officer advised that WIBSS payments do not show up on bank statements as paid by WIBSS but another source, for confidentiality reasons. WIBSS confirmed how the payments would appear on the bank statements. ESA compliance team could then link the statements with the confirmation of payments letter and could close the compliance case. WIBSS asked ESA to provide all relevant information to UC to reduce workload and anxiety for B before the compliance case was closed.

The team supported the couple to migrate to UC joint claim and started a compliance case requiring B to provide all bank statements again. The team consulted with UC and provided evidence of compensation funds being exempt from benefit calculations. Unfortunately, the UC case worker did not understand that the compensation funds are exempt from benefit calculations and suspended the claim. The Welfare Rights team contacted A's local partnership manager and asked them to get involved and requested that the UC claim was not closed until the issue was resolved, as a closure would mean that the couples Council Tax reduction claim would also be stopped.

Despite this UC closed the case. B was to remain on ESA, however the couples Council Tax claims was stopped when they were on a long holiday. The team supported B to reapply for Council Tax reduction and backdate the claim, explaining the issues B had experienced with a UC compliance case, and provided all the relevant information needed for Council Tax to be aware of the compensation exempt status, and to apply the reduction.

Despite the months of distress, B felt the outcome was good as the couple were now in receipt of full benefits they are entitled to claim. The Team advised that they had initiated communication with the DWP partnership manager to prevent further claimants going through the same thing. The partnership manager confirmed they had initiated training for UC claim handlers and the WIBSS team amended our confirmation of payments letters to state how WIBSS payments will show up as on beneficiary bank statements.

Psychology and Emotional Well-being Service

The psychology and wellbeing team continued to take on referrals both new and previous clients. It was a positive endorsement of the service that people want to re-engage and feel supported and that there were people making contact who had not previously received support.

The main issue raised by clients was the trauma of having to retell their story. Some felt there was a lack of understanding of what they had been through.

The service supported 45 clients – 27 infected and 18 affected. Of these, 25 were new referrals.

The Clinical Psychologist continued to build links with English Psychological Service and developed new links with services in Ireland and Scotland.

Discussions took place regarding onward referral for intervention based on locality.

Things We Will Do in 2026-27

The workplan for 2026-2027 will include the following –

- Continue to deliver a responsive WIBSS service to existing beneficiaries until the WIBSS closure date of 15th January 2027.
- Work with the Welsh Government, Cabinet Office and IBCA to inform decisions regarding the expanding up of the new body and to facilitate the operation of the compensation process and the smooth transition of WIBSS into IBCA.
- Continue to administer the Infected Blood Estate Interim Payments on behalf of the Infected Blood Compensation Authority (IBCA), and administer the additional payments, to the estates, announced by UK Government on 21 July 2025.
- A Transfer Project Group was set up in 2025-26 to manage the closure of the WIBSS. This was paused following the announcement the scheme would be extended for an additional year. This has now been reinstated and will manage the procedures to close the scheme on 15 January 2027.

Acknowledgements

This will be the final WIBSS Annual Report. It has been a privilege to administer the scheme, on behalf of the Welsh Government. The staff have striven to provide an exemplar service to all our beneficiaries.

During the eight years the scheme has been in operation, we have met and helped many inspirational people, formed bonds with many and have learned a lot.

We have also had 8 WIBSS babies during that time, with another one on the way.

I would like to take this opportunity to thank all the staff, who have worked for WIBSS and supported us, for all their hard work and dedication.

I wish them well in their future careers, because wherever, they end up, will be extremely lucky to have them!

Cynllun Cynorthwyo Gwaed Heintiedig Cymru

Wales Infected Blood Support Scheme

Thank you for reading our Annual Report. If you would like to find out more, please visit our website, our social media channels, or use the contact details provide below:

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