

Shared Services Partnership Committee Part A (1)

Thu 17 July 2025, 10:00 - 12:00

By Microsoft Teams



Chaired by Professor Tracy Myhill OBE

Agenda

10:00 - 10:10
10 min

1. Standard Business

Professor Tracy Myhill OBE, NWSSP Chair

1.1. Welcome and Introductions

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.2. Apologies for Absence

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.3. Declarations of Interest

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.4. Minutes of Last Meeting Held on 22 May 2025

Decision Professor Tracy Myhill OBE, NWSSP Chair

 Draft SSPC Minutes Part A Public 22 May 2025.pdf (12 pages)

1.5. Action Log

Information Professor Tracy Myhill OBE, NWSSP Chair

 SSPC Action Log July 2025.pdf (2 pages)

10:10 - 10:20
10 min

2. Chair/Managing Director's Report

Discussion

2.1. Chair's Report

Verbal Professor Tracy Myhill OBE, NWSSP Chair

2.2. Managing Director's Report

Information Neil Frow OBE, NWSSP Managing Director

 NWSSP Managing Director Report SSPC July 2025.pdf (11 pages)

10:20 - 10:35
15 min

3. Deep Dive

Discussion

3.1. Operational Planning for the Central Procurement of Flu Vaccines

Information Louise Lewis, IP5 Pharmacy Lead

10:35 - 10:45 4. Items for Approval

10 min

Decision

4.1. Transforming Access to Medicines Service (TrAMs) Programme Board Terms of Reference

Decision Laura-Jayne Keating, Deputy Director of Pharmacy Technical Services

 TrAMS Programme Board Terms of Reference CP v3.pdf (3 pages)

 Appendix 1 - TrAMS Programme Board Terms of Reference v3.0 09 07 2025.pdf (10 pages)

4.2. NWSSP Student Awards Services' Service Level Agreement 2025

Decision James Quance, Assistant Director of Corporate Services

 Student Awards Service Level Agreement (SLA) CP.pdf (4 pages)

 Appendix A - Schedule B NWSSP Employment Services SLA Student Award Services 2025.pdf (11 pages)

10:45 - 10:50 5. Items for Noting / Discussion

5 min

Noting / Discussion

5.1. NWSSP Decarbonisation and Adaptation Activity Update

Noting Stuart Douglas, Director of Specialist Estates Services

 NWSSP Decarbonisation and Adaptation Activity Update CP.pdf (3 pages)

 Appendix 1 - NWSSP Decarbonisation and Adaptation Activity Update.pdf (9 pages)

10:50 - 11:30 6. Governance, Performance and Assurance

40 min

Discussion, Noting or Endorsement

6.1. NWSSP Annual Review 2024-25

Noting and Endorsement James Quance, Assistant Director of Corporate Services

 NWSSP Annual Review 2024-25 SSPC CP.pdf (3 pages)

 Appendix 1 - NWSSP Annual Review 2024-25.pdf (110 pages)

6.2. Finance Report

Discussion Linsay Payne, Deputy Director of Finance and Corporate Services

 SSPC Finance Report July 2025 (1).pdf (7 pages)

6.3. People and Organisational Development Report

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

 People and Organisational Development Report SSPC.pdf (16 pages)

6.4. Performance Information Report

Discussion Rebecca Nelson, Director of Planning, Performance and Informatics

 Performance Information Report July 2025.pdf (14 pages)

6.5. Outcome Report

Discussion Rebecca Nelson, Director of Planning, Performance and Informatics

 Outcome Performance Report July 2025.pdf (12 pages)

6.6. Transformation Management Office Update Report

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

 Transformation Management Office Update Report.pdf (32 pages)

6.7. NWSSP Corporate Risk Register

Discussion *James Quance, Assistant Director of Corporate Services*

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

 Appendix 1 - NWSSP Corporate Risk Register July SSPC 2025.pdf (9 pages)

6.8. NWSSP Annual Governance Statement 2024-25

Discussion *James Quance, Assistant Director of Corporate Services*

 NWSSP Annual Governance Statement 2024-25.pdf (40 pages)

6.9. NWSSP Head of Internal Audit Opinion 2024-25

Discussion *James Quance, Assistant Director of Corporate Services*

 NWSSP Head of Internal Audit Opinion and Annual Report 2024-25.pdf (22 pages)

6.10. NWSSP Audit Committee Annual Report 2024-25

Discussion *James Quance, Assistant Director of Corporate Services*

 NWSSP Audit Committee Annual Report 2024-25.pdf (12 pages)

11:30 - 11:30

0 min

7. Standing Items for Information

Information

Please note that the following Annual Reports will be shared in a separate bundle entitled Part A (2)

- *NWSSP Concerns and Complaints Annual Report 2024-25*
- *NWSSP Conflicts of Interest Declarations and Gifts and Sponsorship Annual Report 2024-25*
- *NWSSP Information Governance Annual Report 2024-25*
- *NWSSP Welsh Language Annual Report 2024-25*
- *NWSSP Local Counter Fraud Services Annual Report 2024-25*

7.1. Finance Monitoring Returns - Month 2 of 2025-26

Information

 a. Monitoring Return Commentary Month 2 NWSSP 2025-26 FINAL.pdf (8 pages)

 b. Table A Movement.pdf (1 pages)

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

 d. Table C3 Tracker.pdf (1 pages)

7.2. Personal Protective Equipment (PPE) Reports

Information

 NWSSP PPE Dashboard May 2025.pdf (1 pages)

 NWSSP PPE Dashboard June 2025.pdf (1 pages)

7.3. SSPC Forward Plan 2025-26

Information

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

11:30 - 11:30
0 min

8. Any Other Business

Verbal

Professor Tracy Myhill OBE, NWSSP Chair

- **Autumn Committee Development Day:** Friday 10 October 2025

11:30 - 11:30
0 min

9. Date and Time of Next Meeting: Tuesday 30 September 2025 from 10.00am to 12.00pm via Microsoft Teams

Information

Professor Tracy Myhill OBE, NWSSP Chair

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 22 MAY 2025

10:00AM – 12:00PM

MEETING HELD ON MICROSOFT TEAMS

PART A - PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Executive Director of Workforce & Organisational Development	ABUHB
Claire Osmundsen-Little (COL)	Executive Director of Finance and Business Assurance	DHCW
Glyn Jones (GJ)	Director of Finance, Planning & Performance / Deputy Chief Executive	HEIW
Huw Thomas (HT)	Director of Finance	HDUHB
Chris Turley (CT)	Executive Director of Finance and Corporate Resources	WAST
OTHER ATTENDEES:		
Rob Mahoney (RM)	Deputy Director of Finance <i>-Deputising for Catherine Phillips</i>	CAVUHB
Sarah Jenkins (SJ)	Director of Workforce & Organisational Development	SBUHB
Matt Denham-Jones (MDJ)	Deputy Director of Finance	WG
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Ruth Alcolado (RA) <i>-in attendance for item 1 and 3.2</i>	Medical Director	NWSSP
Samantha Wright (SW)	Deputy Director of People & Organisational Development	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Roxann Davies (RD)	Corporate Services Manager (<i>Secretariat</i>)	NWSSP
PRESENTER:		
Colin Powell (CP) <i>-in attendance for item 3.1</i>	Director of Pharmacy Technical Services	NWSSP

Item		Action
1.	Standard Business	
1.1	Welcome and Opening Remarks TM welcomed members to the May 2025 meeting of the Shared Services Partnership Committee (SSPC) and invited attendees to introduce themselves.	

	A number of deputy representatives were in attendance, as follows: • Rob Mahoney, Deputy Director of Finance (CAVUHB); • Sarah Jenkins, Director of Workforce and Organisational Development (SBUHB); and • Sam Wright, Deputy Director of People and Organisational Development (NWSSP).	
1.2	Apologies Received Apologies for absence were received from: • Russell Caldicott, Executive Director of Finance (BCUHB); • Catherine Phillips, Executive Director of Finance (CAVUHB); • Sally May, Executive Director of Finance (CTMUHB); • Hywel Daniel, Executive Director for People (CTMUHB) (<i>deputising for Sally May</i>); • Paul Veysey, Board Secretary and Head of the Board Business Unit (PHW); • Pete Hopgood, Executive Director of Finance, Capital & Support Services (PTHB); • David Donegan, Chief Executive (VUNHST); and • Tanya Bull, Head of Health (Union Representative), Unison Cymru. There was no representation from BCUHB, CTMUHB PHW, PTHB or VUNHST.	
1.3	Declarations of Interest No declarations of interest were received.	
1.4	Minutes of Previous Meeting The minutes of the meeting held on 25 March 2025 were APPROVED as a true and accurate record of the meeting.	
1.5	Action Log The Committee received the Action Log and confirmed that all four actions listed had been completed, as follows: • Complete - Deep Dive of the Medical Examiner Service: Committee Members to receive a copy of the presentation following the meeting. The Committee NOTED the update of the Action Log.	
2.	Chair / Managing Directors Update	
2.1	Chair's Report TM provided a verbal update regarding recent activities, including: • continued regular duties expected of the Chair, including oversight and engagement with Committee matters; • regular meetings with NF to discuss ongoing governance and operational issues; • participating in NWSSP Senior Leadership Group meetings; • attended multiple Cabinet Secretary events covering Ministerial Priorities;	

	- representing NWSSP at the NHS Wales event following the publication of the Ministerial Advisory Group Report on Performance and Productivity; - NF and I meeting with the Chair and Chief Executive of VUNHST to clarify hosting arrangements; - participating in follow-up engagement through the Chairs' Peer Group on 29 April. - chairing the Welsh Risk Pool Committee meetings on 19 March and 21 May. - upcoming participation in a Chairs' Meeting next week, which will include an agenda item on the Welsh Risk Pool; and - undertaking Chairs' Action, as required, between formal meetings. The Committee NOTED the Chair's Report.	
2.2	Chair's Action: All Wales e-Rostering Contract TM presented the Chair's Action Report regarding the renewal of the All Wales e-Rostering Contract. TM confirmed that the Chair's Action was endorsed by the Vice Chair and NWSSP's Managing Director and that in accordance with the Standing Orders, the decision requires formal ratification by the Committee. Due to the timing of the matter, it was necessary for the action to be taken outside of a scheduled Committee meeting. TM expressed appreciation for the support received from colleagues in progressing the matter appropriately. The Committee RATIFIED the Chair's Action for the All Wales e-Rostering Contract.	
2.3	Managing Director's Report NF presented the Managing Director's Report, highlighting the following: - Welsh Risk Pool Committee (WRPC): The WRPC met on 19 March and 22 May. During this period, £27 million was reimbursed, and the reported year-end expenditure totalled £145 million, subject to external audit. Discussions covered risk share contributions, a high value case supported by Welsh Government (WG), collaborative work with BCUHB and CTMUHB on penalty reduction, legacy and delegated cases including the Swansea Bay fire incident, and agreement of the 2025–26 assessments programme with a confirmed timetable for fieldwork and reporting. - Governance Arrangements: Discussions are ongoing with Velindre regarding hosting arrangements and there has been correspondence from Judith Paget to confirm that current arrangements are to remain in place pending the outcome of the governance review. - Financial Position: A balanced year-end position for 2024-25 was reported, subject to audit, as covered in the Finance Report. - Integrated Medium-Term Plan Submission: NWSSP's IMTP has been acknowledged by WG, with no requirement for resubmission. - Decarbonisation: Progress reported in Laundry Services and capital investment supported by slippage funding. Improvements at Swansea have led to enhanced performance, with further plans to reduce carbon footprint and generate savings. Successful Targeted Estates Fund (TEF) bids will support the rollout of water/wastewater heat recovery systems	

	in North Wales, Greenvale, and Church Village, Laundry site, following a successful pilot in Swansea. • Medical Examiner Service: Recent deep dives highlighted ongoing system challenges. There is further engagement planned with organisations to improve the death certification process. Challenges were noted around post-bank holiday notification backlogs and additional resources and structural changes are being explored. • Winter Planning: An event is planned later in the year to address winter pressures, focusing on communication, record transfer, and responsiveness. • Accommodation: The remodelling of HQ and Companies House was completed using surplus repurposed furniture, supporting sustainability and partnership working. The project forms part of a wider estate strategy promoting agile working through a hub and spoke model. • Personal Protective Equipment (PPE) Storage: Discussions remain ongoing with WG regarding optimal storage solutions, including potential integration with the West Wales Medicines Hub. • UK COVID-19 Public Inquiry: NWSSP's Director of Procurement Services, Supply Chain, Logistics, Transport and Laundry Services gave evidence on to the Inquiry on 25 March in respect of Module 5, PPE and Procurement. We await the Inquiry's final report on Module 5 to be published. • Staff Awards: Regional face-to-face events were successfully held in Denbigh Stores, Matrix House (Swansea), and IP5 (Newport), following the main virtual event in February. HT acknowledged the significant work undertaken and expressed appreciation for the services received from NWSSP. He noted the potential impact of the ongoing governance review on staff beyond the directorate level and raised concern about the effect on the wider team. NF confirmed that whilst the review will undoubtedly have an impact, efforts are being made to minimise disruption to service delivery. TM welcomed the review, noting it is expected to conclude by the end of July and confirmed that support will be provided to the Governance Team, as required. Members were encouraged to contribute to the review, and to share their experiences. COL offered support to NWSSP and commended the organisation's achievements, including IMTP approval and recent awards. The Committee NOTED the Managing Director's Report.	
3.	Items for Noting	
3.1	RadioPharmacy and Transforming Access to Medicines (TrAMS) Update The Committee received a comprehensive update on the Transforming Access to Medicines (TrAMS) programme, with a focus on the Radiopharmacy (RP) project, presented by CP. The programme represents a significant transformation in the production and supply of aseptic medicines across NHS Wales, aiming to address longstanding challenges in capacity, regulation and sustainability. CP outlined the rationale for TrAMS, noting that current aseptic facilities are outdated, fragmented and under increasing regulatory pressure. Demand,	

	particularly in chemotherapy, is rising by 11% year on year and staffing challenges persist due to the nature of aseptic work. The programme seeks to centralise production through regional hubs, improve resilience, and enhance patient experience. TrAMS is not only about facilities and technology, but also about workforce development, new ways of working and improving patient outcomes. The RP unit in Southeast Wales is at an advanced stage, with planning permission granted in February 2025 and the detailed design completed. Enabling works, including roof over cladding, fire wall upgrades and staff facilities, are due for completion by 23 May 2025. The cleanroom contractor is scheduled to begin on site in June 2025. Practical completion is expected by the end of September 2025, with validation and regulatory inspections concluding by March 2026 and the Service go live is planned for April 2026. Dependencies include the establishment of a microbiological laboratory (inspection due July 2025), TUPE and recruitment of staff, training and validation. The current support from SBUHB is under pressure and unsustainable, with some diagnostic scans already delayed due to capacity issues. The South East Hub has completed concept design and planning permission was secured as part of the RP submission. An Outline Business Case (OBC) has been developed and issued to partners and Specialist Estate Services. The Full Business Case (FBC) is expected in Quarter 4 of 2025–26. Key areas of development include staffing structures, clinical trial support, isolator procurement and a digital system tender. The digital solution will initially focus on a minimum viable product (MVP), prioritising a functional ordering portal, with future integration into Electronic Prescribing and Medicines Administration (EPMA) and ChemoCare systems. The South West Hub has faced challenges in site selection with several shortlisted sites sold before evaluation. A revised scoring workshop is planned for May 2025 to progress site selection. The TrAMS operating model has been updated from the 2021 version. It includes a hybrid approach of stock and patient specific items, with hospitals continuing to dispense to patients. A new ordering schedule has been agreed with Chief Pharmacists, categorising products by urgency, aiming to improve efficiency and reduce risk associated with patient data handling. HT queried the integration potential of the MVP and its alignment with wider digital medicines systems and CP confirmed that the digital roadmap is being led by DHCW and that the MVP is designed to be functional from day one, with future enhancements planned. HT also raised the importance of aligning with research and development opportunities. CP confirmed that the Clinical Lead is engaged with the All Wales Research and Development Group and that early engagement is key to ensuring trial design is deliverable. GJ sought clarification on workforce planning and the engagement with HEIW. CP confirmed there is strong collaboration in place, with alignment to the 2026–27 Education and Training Plan, noting that HEIW has provided substantial support, including funding for Band 3, Level 3 roles and the Scientist Training Programme (STP), which recently attracted 140 applicants.	
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	SS and AR provided updates on TUPE and Organisational Change Process (OCP) discussions with CAVUHB and ABUHB, confirming that legal and HR considerations are being addressed collaboratively. NF and SS emphasised the importance of partnership working across the three organisations involved. AR highlighted the role of the Chief Pharmaceutical Officer in leading the programme board and stressed the patient safety risks associated with current capacity constraints. She noted that internal governance processes, particularly in the SE region, are being mapped to ensure timely progression of the business case. TM reminded the Committee that the next meeting on 17 July would consider the OBC and that early identification of any issues would be essential. Concerns were noted regarding the level of engagement from VUNHST, particularly in relation to internal governance and approval processes. AR and NF acknowledged that while colleagues have contributed to sub-group work, there remains a degree of uncertainty that the Committee should be aware of. NF emphasised the importance of progressing the Business Case within the current planning window to maintain momentum and ensure timely consideration. It was noted that WG colleagues continue to be supportive and recognise the strategic importance of investment in this area. All procurement activity and planning permissions are in place and the programme is now focused on ensuring all documentation and governance steps are completed. TM requested that a clear summary of governance routes, group involvement and decision making processes be prepared to support the July meeting. In response to a query from TM regarding the red RAG status on the Transformation Management Office dashboard, CP confirmed that the programme will remain red until the FBC is approved and funding is secured. As the risk is time based, there is also a red risk in the current system due to capacity constraints. The TrAMS programme offers a solution but delivery is still some way off. The Committee noted the update and thanked CP and the wider Team for their work. Members were asked to ensure any outstanding queries or governance issues are addressed ahead of the July meeting to avoid delays in approval. The Committee NOTED the RadioPharmacy and Transforming Access to Medicines (TrAMS) Update.	CP
	NWSSP Duty of Quality Annual Report 2024-25 Update RA presented the second NWSSP Duty of Quality Annual Report 2024-25 to the Committee, which retains the interactive video format to reflect that quality is the responsibility of all staff across NWSSP. The Report is designed as a public-facing document and will be submitted as a chapter to the VUNHST Quality, Safety and Performance QSP report, while also being suitable for wider use to demonstrate organisational involvement in quality. TM and Committee Members welcomed the engaging format, particularly the interactive wheel and praised the inclusion of real staff voices. COL commended the Report for clearly illustrating compliance with the Quality Bill	

	in a service organisation and HT noted its value in demonstrating the contribution of support services to the duty of quality. Committee Members were invited to submit any final comments by 27 May to RA or Shelley Jones, Business Manager, directly. TM thanked all contributors, particularly SJ and the Communications Team for their work in producing the Report. The Committee NOTED the NWSSP Duty of Quality Annual Report 2024-25 Update.	
4.1	Governance, Performance & Assurance	
4.1	Finance Report AR presented the month 12 financial position, noting a reported underspend of £15k, following the distribution of £3.6m to partners. A further £750k of COVID-related funding was returned to WG due to timing issues, although this will be required in the current year. Public Sector Payment Policy (PSPP) targets were met and progress was reported on variable pay controls, including a new overtime approval app currently being trialled. Capital expenditure of £11.2m was achieved, including £4.4m related to IFRS 16 lease adjustments. The final Welsh Risk Pool outturn was £145m, up from £136m the previous year, with increases in clinical negligence payouts noted. The Risk Sharing Agreement was triggered and long term provisions now stand at £1.7bn. TM thanked the Team for their efforts in achieving a strong financial position. MDJ confirmed the position aligned with expectations and noted it remains subject to audit. The Committee NOTED the Finance Report.	
4.2	People & Organisational Development Report SW presented the People & Organisational Development Report which presents the latest position as regards workforce metrics to May 2025. SW noted a slight increase in rolling 12 month sickness absence to 3.46% (from 3.28% in March 2023). Turnover (excluding SLE) had decreased to 9.82% (from 12.64%), with overall turnover, including SLE, also reduced to 21.64% (from 22.6%), reflecting ongoing work on retention and exit interview analysis. Statutory and mandatory training compliance remains high at 92.62%, above the NHS Wales average of 83.3%, and PADR compliance stands at 84.9%, the second highest in NHS Wales. SW highlighted the employee experience section, including the Staff Recognition Awards, outcomes from the 2024 Staff Survey and the launch of engagement roadshows across NWSSP sites. COL queried the indicators for Laundry Services, including sickness absence, training compliance and staff engagement. SW confirmed this area is a focus for cultural improvement, with targeted support being developed to address access to training, shift based challenges and Team cohesion. SS offered to share interventions used in ABUHB with SW to improve training compliance and expressed interest in the overtime app, suggesting	SW / GH

	shared learning across organisations. SW agreed and noted plans to include data on staff participation in learning opportunities in future reports. NF acknowledged the operational challenges in Laundry Services, including equipment breakdowns and capital investment, which have impacted training access. TM emphasised the importance of prioritising fire safety training in that environment and encouraged benchmarking against similar staff groups in other organisations. TM also raised the need for more meaningful comparisons between NWSSP and equivalent divisions across NHS Wales. As regards time to hire indicators, SW explained that performance fluctuates depending on application volumes and internal processes and confirmed that the 71 day clock starts at authorisation to advertise. TM asked RN and GH to ensure there is consistency between Performance and POD reports. The Committee NOTED the People & Organisational Development Report.	
4.3	Performance Information Report RN presented the Performance Information Report, providing an update on Key Performance Indicators (KPIs) from December 2024 to March 2025. Performance remains strong, with 40 of 44 KPIs achieving target. Individual performance reports have been shared with partners and are followed up with level discussions to review service delivery and address any issues or feedback. Time to hire continues to be a key success, with the average now at 62.2 days against a target of 71, down from historic levels of over 100 days. RN noted that discussions are underway with peers to consider whether the current target remains ambitious enough. TM welcomed the progress and encouraged continued challenge in this area. Professional influence benefits totalled £338m at year end, with further breakdowns and case studies to be included in future reports to support transparency and shared learning. Of the four KPIs that did not meet the target: • Audit & Assurance: Two indicators remain amber – audit delivery (77% against an 80% target) and management response turnaround (62% against an 80% target). RN and TM emphasised the importance of timely responses, with TM noting that 15 working days is a reasonable expectation. • Accounts Payable: PSPP compliance remains below the 95% target, currently at 88.8%, with 10 organisations not meeting the KPI. NWSSP continues to work with partners to improve performance. • Central Team e-Business Services: The annual customer satisfaction index scored 82% against a target of 90%. Follow-up discussions are planned with organisations to explore improvements. The Committee welcomed the continued focus on performance improvement and the intention to share case studies and learning and NOTED the update on the Performance Information Report.	
4.4	Outcome Measures Performance Report RN presented the Outcome Measures Performance Report which detailed outcomes aligned to NWSSP's Strategic Objectives of our services, people, and	

	value. The Report reflects a shift from purely numerical metrics to demonstrating impact and value through outcome based reporting. Key highlights included increased engagement with the NWSSP website (notably for vacancies, Student Awards and Primary Care), improved call handling performance and enhancements to Digital Workforce Solutions. Customer satisfaction and continued compliance with the Customer Service Excellence accreditation were noted. Internal assurance performance remains above the all-Wales average. The Report reflects positive trends from the staff survey, including improvements in pride, recognition and staff feeling valued. The success of the Staff Awards was highlighted, with strong nominations and recognition across the organisation. Despite a decrease in internal award nominations, overall staff well-being indicators were positive and turnover has decreased to 9%. NWSSP maintained a 43% Welsh spend within the foundational economy, with total spend reaching £1.057b. Benchmarking work has been commissioned to compare NWSSP against similar organisations, with results expected by 31 March 2025. TM welcomed the continued development of outcomes reporting and noted the importance of storytelling and visual representation in demonstrating impact. The Committee NOTED the Outcome Measures Performance Report.	
4.5	Transformation Management Office Update Report RN provided an update on the Transformation Management Office, noting the rebranding of the Project Management Office and Service Improvement Team under a single identity to reflect their hybrid role in project delivery and service transformation across NWSSP and the wider NHS Wales. The Committee noted that RAG ratings remained stable, with 102 objectives on track or complete. Two projects remained red, including the Primary Care Workforce Intelligence System (PCWIS). RN confirmed that user acceptance testing had been signed off, the pilot phase had commenced and it was scheduled due to go live at the end of June 2025. She advised that further development would require internal upskilling and investment, which may introduce additional risk. TM queried the criteria for de-escalating red ratings, emphasising the need for clear triggers and actions to move away from persistent red status. AR highlighted issues transitioning from test to live environments and suggested wider sharing of lessons learned. COL stressed the importance of having the right expertise in place with digital projects and offered support to ensure successful delivery. The Committee noted the update and welcomed the progress made, particularly the delivery of key objectives in Quarter 4. Further updates on PCWIS and RAG status transitions will be brought to future meetings. The Committee NOTED the Transformation Management Office Update Report.	

4.6	Integrated Medium Term Plan (IMTP) Update Report Quarter 4 of 2024-25 RN presented the Quarter 4 update on the IMTP and advised that 76% of objectives were reported as on track, showing a slight improvement from 75% in the previous year. RN noted that each division had been engaged as part of the reporting process, with the SLG providing challenge and support to ensure progress was being maintained or escalated, where necessary. RN highlighted that 19 objectives had not been completed and would be carried forward, the key themes emerging included timing issues and technical barriers in Accounts Payable, ongoing investment and workforce model development in Laundry Services and reprioritisation within Pharmacy. It was noted that 12 objectives were being carried forward due to external factors, with common challenges including engagement, resourcing and time constraints. These areas will receive targeted focus in the year ahead. The report also provided updates on thematic areas including progress on decarbonisation, foundational economy initiatives, and workforce priorities such as diversity and inclusion, staff engagement, and speaking up safely. RN confirmed that these areas reflect wider themes raised by the Committee and demonstrate progress. TM welcomed the Report and noted its close alignment with the Transformation Management Office update. She commented that the presence of some carried forward objectives was not unexpected and could reflect appropriate levels of ambition and challenge. The Committee noted the update and expressed appreciation for the progress made across multiple areas. The Committee NOTED the IMTP Update Report.	
4.7	NWSSP Corporate Risk Register JQ presented the NWSSP Corporate Risk Register to the Committee and summarised the latest position as 16 risks identified for action, of which there are six red and nine amber risks. There are five risks which remain for monitoring, of which there are 2 amber and 3 red risks. JQ drew attention to the link with the earlier discussion on PCWIS and advised that the associated risk is expected to reduce to yellow by the end of June, acknowledging that while the risk will not be fully resolved, this reflects a positive direction of travel. JQ noted that the Senior Leadership Group (SLG) continues to review and scrutinise the Register at each meeting. TM welcomed the update and highlighted the importance of maintaining clear links between the Register and other reports presented to the Committee, reiterating the value of regular and meaningful review of the Register. The Committee NOTED the NWSSP Corporate Risk Register.	
4.8	Draft Annual Governance Statement 2025-25 JQ introduced the draft Annual Governance Statement (AGS) for 2024–25 and stated that, as a non-statutory organisation, although NWSSP is not required to produce an AGS, it does so voluntarily for assurance purposes. This provides	

	transparency for both internal stakeholders and external partners, including the host organisation. JQ confirmed that the format and approval route remain consistent with previous years. The draft had been updated and reframed to improve clarity and flow, while continuing to reflect the governance framework within which NWSSP operates. He invited comments from Committee members either during the meeting or by 6 June, to allow incorporation ahead of final approval in July. He also confirmed that the final version would include the carbon footprint data and Head of Internal Audit Opinion, which is expected to provide a reasonable assurance rating, in line with previous years. HT queried how the ongoing governance review would be reflected in the final document, noting the tight timing. JQ confirmed that the draft already acknowledges the review as a material post balance sheet event and that any further findings would be incorporated as appropriate, depending on the timing of the final report. TM noted that while the document relates to 2024–25, the governance review would also reflect on past performance. TM further highlighted attendance data in Figure 4 as an area for reflection, particularly in relation to organisational representation at meetings. While quorum had always been maintained, she suggested this may be an issue to monitor going forward. The Committee NOTED the progress made on the Draft Annual Governance Statement 2025-25 and agreed to provide any feedback to JQ directly by 6 June 2025.	
5.	Items for Information	
5.1-6	The Committee received the following items, for information only: • 5.1 Finance Monitoring Returns (Month 12 of 2024-25 and Month 1 of 2025-26) • 5.2 Personal Protective Equipment (PPE) Report – March and April 2025 • 5.3 2024-25 Audit Assurance Arrangements - NHS Wales Shared Services Partnership • 5.4 NWSSP Counter Fraud Annual Plan 2025-26 - been through NWSSP Audit Committee - • 5.5 NWSSP Internal Audit Plan 2025-26 – been through NWSSP Audit Committee - • 5.6 SSPC Forward Plan 2025-26 In relation to Item 5.2, PPE Report, AR informed the Committee that WG had confirmed future PPE stockholding requirements in March. Work is underway on procurement and fit testing in collaboration with Public Health Wales, alongside exploration of appropriate storage solutions. AR has written to WG to request wider communication of the agreed arrangements to NHS bodies in Wales to ensure clarity on responsibilities and the role of shared services. JQ confirmed that items 5.4 and 5.5, had been approved by the NWSSP Audit Committee on 13 May 2025. The associated Assurance Report was not included in the Committee papers due to a rescheduling of the Audit Committee. The Assurance Report will be presented at the next meeting.	

6.	Any Other Business (AOB)	
6.1	Proposed Date for Autumn Committee Development Day: 10 October 2025 JQ confirmed that arrangements are being made for the proposed Autumn Committee Development Day. Committee Members were asked to advise of any potential conflicts or issues with this date as soon as possible, to allow final confirmation.	
6.2	HFMA Conference Date: 18 September 2025 JQ highlighted that the Committee meeting on 18 September currently clashes with the HFMA conference. Given the number of finance colleagues who may attend, Committee Members were asked to confirm their attendance intentions promptly. TM noted that, while rescheduling is not preferred due to logistical challenges, the meeting will be rearranged if necessary. A follow-up email will be issued to gather responses.	RD
7.	Date of Next Meeting	
7.1	The next meeting is scheduled to take place on Thursday 17 July 2025 from 10.00AM to 12.00PM, held via Microsoft Teams.	

Item 1.5

ACTION LOG
SHARED SERVICES PARTNERSHIP COMMITTEE
UPDATE FOR JULY 2025 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status July 2025
1.	2025/05/22	May 2025	RadioPharmacy and Transforming Access to Medicines (TrAMS) Update TM requested that a clear summary of governance routes, group involvement and decision-making processes be prepared to support the July meeting.	CP	July 2025	Complete: This request has been integrated into the overarching Outline Business Case being presented to the Committee on 17 July 2025. Additionally, an executive summary of risks was included in the document following the stakeholder engagement workshop held in June 2025.
2.	2025/05/22	May 2025	People & Organisational Development Report SS offered to share interventions used in ABUHB with SW to improve training compliance and expressed interest in the overtime app, suggesting shared learning across organisations.	SW/SS	July 2025	Complete: SW and SS had initial discussions on 4 July 2025 and made internal enquiries to identify the most appropriate contacts for each item, with next steps focused on



No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status July 2025
						formalising knowledge exchange and exploring implementation opportunities.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	17 July 2025
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<i>The report is not Exempt</i>
Teitl yr Adroddiad / Title of Report
Managing Director's Report

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

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on NWSSP activities and issues since the last meeting in May 2025.

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

Ymgynghoriad / Consultation:
Shared Services Partnership Committee

Adduned y Pwyllgor / Committee Resolution (insert ✓):							
DERBYN / APPROVE		ARNODI / ENDORSE		TRAFOD / DISCUSS	✓	NODI / NOTE	✓
Argymhelliad / Recommendation:		The Committee is to NOTE and DISCUSS the report.					

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

Introduction

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

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 21 May 2025. There were 22 attendees, 297 cases ratified and the value of reimbursement was £20.6m. There were 50 instances where penalties were authorised. The main areas of business were:

Financial Report Update

The Committee reviewed the 2024/25 WRP financial outturn and noted the performance of Legal & Risk Services, including the professional savings achieved. The increase in total provisions for clinical negligence and personal injury claims was noted, as well as the uplift in structured settlement provisions. The forecast outturn for 2025/26 was reviewed, alongside the three-year forecast and the Risk Sharing Agreement included in the 2025–2028 Integrated Medium-Term Plan (IMTP).

Decision Making and Consent – Digital Platform Pilot

Dr Ben Thomas presented an update on the national consent work programme, which includes training development, peer reviews and a national review. A pilot of a digital consent platform was announced with a demonstration provided by EIDO Healthcare. The co-production approach was welcomed the potential to improve governance and efficiency was noted. The Committee recalled the 2020 Risk Management Alert on Consent, which emphasised the use of EIDO leaflets and the risks of using non-indemnified materials. In light of ongoing planned care reviews, a refresh and reissue of the Alert was approved and updates on the pilot and implementation will be provided at the next meeting.

All-Wales Venous Thromboembolism (VTE) Strategy and Plans

An update was provided on the All-Wales VTE programme, including key objectives such as standardisation of practice and data reporting across health bodies, with a particular focus on maternity services. The Committee noted the progress made to date and endorsed the future direction of the programme.

Maternity and Neonatal Education and Training Wales (MoNET) Programme

An update was provided on the implementation of the MoNET Wales programme, which aims to improve patient safety and reduce preventable incidents through standardised training. Since its launch in January 2025, 38 training days have been delivered. The Committee noted the positive feedback and outcome measures. It was also noted that CVUHB has not yet launched the programme, despite preparing faculty and resources.

Discussions with the Executive team are ongoing and implementation plans are being developed. A business case for national team funding has been submitted to Welsh Government. The Committee acknowledged the progress and commended the efforts of all involved.

Legal Services Improvement Plan – BCUHB

The Committee received a presentation from BCUHB outlining improvements in legal services following previous concerns. Actions taken include restructuring, dedicated teams and enhanced data analysis. Significant progress in reducing penalties and improving case management processes was noted.

WAST Indemnity – CPSS and Symptom Checker

The Committee approved the application of NHS indemnity for two software systems developed by WAST: the Clinical Pathways Support System (CPSS) and the Symptom Checker. The request was deemed appropriate and practical and it was agreed that relevant Technical Notes will be updated accordingly.

Organisational Learning and Case Management

An update was provided on Health Bodies' performance, including deferred cases and late submissions. Penalties were applied where deadlines were missed, reinforcing the importance of timely learning and reporting. The Committee delegated authority to the NWSSP Head of Safety and Learning to waive penalties if further information becomes available.

Joint Executive Team (JET) Meeting

The NWSSP Leadership Team met with the Welsh Government Leadership Team on 25 June as part of the agreed bi-annual JET meetings. The focus of this meeting was NWSSP performance relating to the 2024-25 operational year.

No performance concerns were raised by Welsh Government during the meeting and positive feedback received on the initiatives and savings being generated by NWSSP to support the wider NHS in Wales.

During the meeting, the Welsh Government confirmed that feedback on our IMTP submitted at the end of March 2025 would be issued in the next few weeks.

Finance

The latest financial position as at Month 2, NWSSP reported a surplus of £1.138m. The Departmental Expenditure Limit (DEL) forecast remains at £145.491m in line with our IMTP. We have identified some emerging factors associated with the Welsh Risk Pool which may increase this forecast which would impact the Welsh Risk Pool risk sharing contributions, which we are

reviewing in detail. This has been discussed with Welsh Government and Directors and Deputy Directors of Finance Groups.

Our current Capital allocation remains at £7.830m, including £0.342m discretionary funding after the reduction for the 30% Targeted Estates Funds (TEF) contributions and £7.488m additional capital funding.

The Public Sector Payment Policy (PSPP) target was achieved for Non-NHS invoices (99.43%) but narrowly missed the NHS target (94.74%). Both targets are still achieved cumulatively, to date. Risks remain around confirmation of recurrent 2024/25 and 2025/26 pay award funding in addition to the Employer's National Insurance increase. Welsh Government intend to issue clarification on the ERs NI and 2024/25 pay award risks to all bodies in time for Month 3 reporting. Agency staff expenditure is at zero, ensuring we continue to meet the Ministerial Priority target to eliminate agency expenditure on Administrative and Clerical staff by September 2025. Work is being undertaken as regards variable pay and an Overtime Request Application Procedure has recently been agreed by SLG and is scheduled to be agreed with Local Partnership Forum on 2 July.

During 2024/25, we returned £0.750m of the covid funding allocation to Welsh Government and we are forecasting this will be fully utilised during the financial year. We continue to liaise with Welsh Government regarding the wider implications of the Personal Protective Equipment (PPE) Stockholding Policy and how this impacts anticipated costs and expenditure for the current year.

Year-End Finance Performance

A thank you is extended to the Finance team and all colleagues involved in the year-end process. Their outstanding performance under tight timescales enabled the successful completion and approval of the accounts. This achievement reflects the strength of our financial processes and the dedication of everyone involved in reaching this critical milestone.

Transforming Access to Medicines Service (TrAMs) Programme

South East Radiopharmacy

Enabling works started on 3 February 2025 and Practical Completion was reached on 30 May 2025. The Cleanroom contractor started on site on 23 June 2025 and it is anticipated that the physical build and equipping will be completed by the end of September 2025. Contractor validation is due for completion by December 2025. NHS Validation, Regulatory inspection, and approvals mean that the go-live date of the service is now scheduled for April 2026.

South East Hub

The Outline Business Case (OBC) has been completed and circulated in v1.0 to the Health Boards and Trust on 13 May 2025. Following review and

comments an updated version v1.1 was issued for approval on 9 June 2025. The OBC v1.1 has been endorsed by South East Wales Project Board and TrAMS Programme Board. The aim is for the OBC to be brought to the Shared Services Partnership Committee meeting on 17 July 2025, for approval. All associated Health Board and Trust internal governance processes are planned to be complete by 31 July 2025. An application for fees to develop the Full Business Case (FBC) will then be lodged with Welsh Government.

South West Hub

We are actively looking for a suitable site within the two preferred localities (previously agreed by stakeholders from Hywel Dda and Swansea Bay) of Swansea North and Llanelli. A preliminary site ranking workshop has been arranged for 16 July 2025. There are currently 6 sites on the longlist. Possible synergies with a project for contingency stock storage are being investigated. Once a potentially viable site has been identified, a scoping meeting with Welsh Government will be held, and an application made for fees to develop the OBC.

Laundry Service

A number of capital schemes relating to Laundry were completed during 2024-25. Further works committed for 2025-26 include the following examples:

- Programmable Logic Controllers (PLCs) controlling full sorting and washing processes at Church Village, scheduled for 25 July 2025;
- Bulk detergent tanks at Swansea, programmed for the end of August;
- Three Continuous Batch Wash dryers at North Wales, programmed for 29 August 2025;
- Monorail and sorting system at Swansea, programmed for the beginning of September; and
- Main low voltage distribution panel at North Wales, which was completed on 5 June 2025.

The projects listed above require complete plant shut down and will require the redistribution of linen processed to the remaining sites in the All Wales service as well as using bulk stock injections to maintain supplies.

As a result of the downtime required for the installation and commissioning of the new plant the service will be ensuring there is adequate phasing between each project to ensure we do not take more than one plant down at a time, as well as allowing the service time to recover the backlog of returned linen.

Another scheme completed was the replacement of the six Continuous Batch Wash dryers in Swansea. One of the benefits from this installation is the improved drying times and, as a consequence, the increased capacity of the Swansea plant.

The Service is now going to take advantage of this increased capacity by reversing the 'Shift East' of Morriston and Neath Port Talbot Hospitals, from Church Village back to Swansea. This action will result in operating cost savings and reduce the carbon footprint through reduced mileage associated with the distribution of clean and dirty linen. A trial is programmed to finalise the required operational hours within the Swansea plant at the same time as we take Church Village out of operation for the replacement PLCs on July 25 July 2025.

Progress is also being made on the projects awarded under the Targeted Estates Funding, with specifications being finalised in readiness for tendering.

Medical Examiner Service

An internal deep dive planning session was held with the Director of Primary Care and Medical Examiner Service, Lead Medical Examiner, the regional Medical Examiners and Service Leads, on 3 April 2025, to reflect on lessons learned from the first six months of the statutory service and to assess the impact of winter pressure workloads. The session, facilitated by NWSSP's Head of Emergency Planning and Response, was well received and generated a set of findings and proposed next steps.

A comprehensive action plan arising from the session has been developed to support continuous improvement across the service, identifying key opportunities across stakeholder engagement, process optimisation, digital systems, operational efficiency, training and system integration. Priorities include:

- enhancing pan-Wales communication;
- streamlining death certification processes;
- improving data management through automation and live reporting; and
- strengthening workforce planning and training.

The plan also emphasises collaboration with partners, including Health Boards, Welsh Government and NWSSP's Transformation Management Office to ensure a consistent, high-quality service. Implementation of the proposed actions will be monitored by the Director of Primary Care and Medical Examiner Service, with several initiatives already underway.

In parallel, we continue to play an active role as a key stakeholder in the Welsh Government's Strategic Oversight Board, which is now in the final stages of publishing its findings and lessons learned. This work extends beyond the Medical Examiner Service to encompass the broader programme of death certification reform.

Accommodation Update

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

At the NWSSP Senior Leadership Group meeting on 26 June 2025, approval was given to extend the lease of Charnwood Court for a further five years. A paper will be presented to the Shared Services Partnership Committee on 17 July 2025 and the Velindre Trust Board on 31 July 2025 for approval and consent to seal. NWSSP Corporate Services and Specialist Estates Services will instruct NWSSP Legal and Risk to prepare the necessary legal documentation.

Personal Protective Equipment (PPE)

Welsh Government has confirmed to NWSSP the stockholding position for Personal Protective Equipment (PPE) as part of resilience arrangements. A project group and respective sub-groups have been established to implement the policy decision including procurement, storage and distribution arrangements. Public Health Wales are working with NWSSP on fit testing arrangements.

Decarbonisation

The biannual update for decarbonisation has been included within the agenda for the Committee's attention and noting. Since the last report, a broad range of activities have been progressed across NWSSP, including completion of the following projects:

- Roof mounted Photovoltaic installation to Matrix House: This has been commissioned and with the fine weather, is meeting a high proportion of our on-site needs, and at times, we are actually feeding the grid. The total capacity potential is 137kW.
- EV Chargers and Battery Installation at IP5: Using end of year slippage funds from Welsh Government, we were able to introduce 12 dual EV chargers giving 348kW of charging capacity, together with a 100kWh storage battery to operate in conjunction with the previously installed PV array.

We were delighted to learn that all of our bids submitted through the Transforming the Estate Fund (TEF) for 2025/6-2026/7 were successful. They comprised of expanded EV charger installation at Matrix, roof mounted PV solar array at Denbigh stores, waste heat reclamation installations Green Vale, Church Village and Glan Clwyd and boiler House upgrade at Church Village. Work is progressing, at pace, to implement these schemes.

Additionally, the IP5 roof over-cladding proposal has now received internal approval and is scheduled for final consideration at the Velindre University NHS Trust Board.

Going forward, we will continue to invest time and any available funds in researching more opportunities to reduce carbon in of our activities.

Cabinet Secretary Visit to IP5

On 4 June 2025, the Cabinet Secretary for Health and Social Care, Jeremy Miles MS, visited IP5 in Newport, to view the progress on the £7.6m Radiopharmacy facility, which will transform how treatments are manufactured in South East Wales. The Cabinet Secretary met with staff and acknowledged the facility's role in strengthening the region's capacity to deliver specialist medicines. The visit was very positive overall with the progress made noted. He also visited the storage and distribution arrangements that operate from IP5.

Governance

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

As the current arrangements continue, it is pleasing that for another year I can take confidence as Accountable Officer for NWSSP that there were no findings from the work of Audit Wales in respect of 2024-25 to report resulting from their work at NWSSP and that the Head of Internal Audit has provided an annual opinion of reasonable assurance for 2024-25. My gratitude is extended to all NWSSP staff for their continued commitment to quality and for maintaining effective systems of internal control.

Senior Leadership Events

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

- Life Sciences Hub Wales Board on 28 May 2025
- NHS Wales Chief Executives Meeting on 3 June 2025

- Cabinet Secretary visit to Radiopharmacy at IP5 on 4 June 2025
- met with Simon Dean regarding the NWSSP Governance and Assurance Review on 9 June 2025
- site Visit to Matrix House, Swansea on 16 June 2025
- NHS Wales Leadership Board on 17 June 2025
- NHS Wales Value and Sustainability Board on 19 June 2025
- NHS Wales Sustainability Conference in Swansea on 20 June 2025
- Health and Social Care Climate Emergency Transport and Procurement Project Board on 23 June 2025
- Climb Summit in Swansea on 24 June 2025
- year-end Joint Executive Team meeting on 25 June 2025
- Touch point meetings with the Leadership Teams of NWSSP and Cwm Taf University Health Board, Powys Teaching Health Board and Swansea Bay University Health Board were held during June 2025.

Staff Recognition Awards

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

Awards Nominations and Success

NWSSP was shortlisted in multiple categories at the 2025 NHS Wales Sustainability Conference and Awards, recognising best practice across a range of projects. At the ceremony on 20 June, NWSSP won the award for Best Sustainability Network/Community for its work with the Welsh Health Environmental Forum.

We have also recently submitted nominations for the following:

- the NHS Wales Awards, celebrating excellence in quality and improvement across health and care in Wales. The awards showcase the incredible quality and safety improvement work that is transforming experiences and outcomes for people in Wales; and
- the Shared Services Forum UK Future Vision Awards, recognising outstanding achievements in the shared services industry, with this year's theme being Invigorate, Regenerate.

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

- Ystadau Cymru Awards (closing Friday 5 September 2025) - A chance to celebrate collaborative asset management, showcasing value and sustainability across the Welsh public estate.
- St David Awards (closing 26 September 2025) – As Wales' national awards, these honour exceptional public service and innovation, recognising people and projects that go above and beyond.

Neil Frow OBE
Managing Director, NWSSP
July 2025



Operational Planning for the Central Procurement of Flu Vaccines (CPoF):

Louise Lewis (IP5 Pharmacy) | Tracey Prothero (Procurement) | Gildas Griffiths (Logistics)

Our performance to date:

OVERVIEW:

During & since COVID:

10.3 million +

vaccines stored & delivered by
NHS Wales, IP5 Pharmacy
and SCLT

x7 Vaccination Campaigns 2020
> present day

650+ participating sites

9,700+ orders and deliveries
(to date)

Delivery Planning for the All Wales Flu Immunisation Programme (Sept 2025):

912,000+

Flu Vaccines to be packed & delivered
by NWSSP



Flu Vaccine to be delivered to

1,083

locations across Wales

Cymru | Wales:



3.1million



20,779 Km2

CPoF estimated Saving:

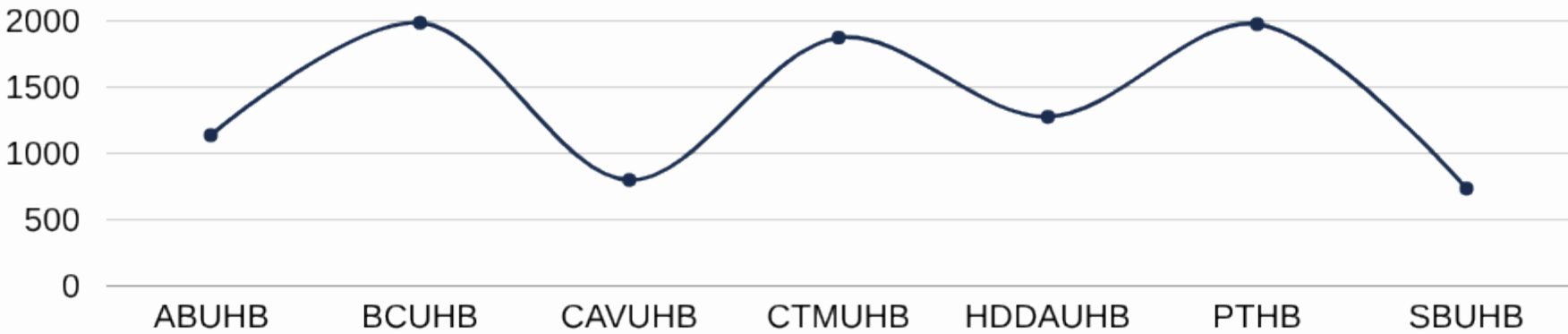
£1.5 to £2m

CENTRAL PROCUREMENT OF FLU VACCINES > 912,000 FLU VACCINES

65 and over > Adjuvanted trivalent influenza vaccine (aTIV).

18-64 (including pregnant women) > Trivalent cell culture influenza vaccine (TIVc).

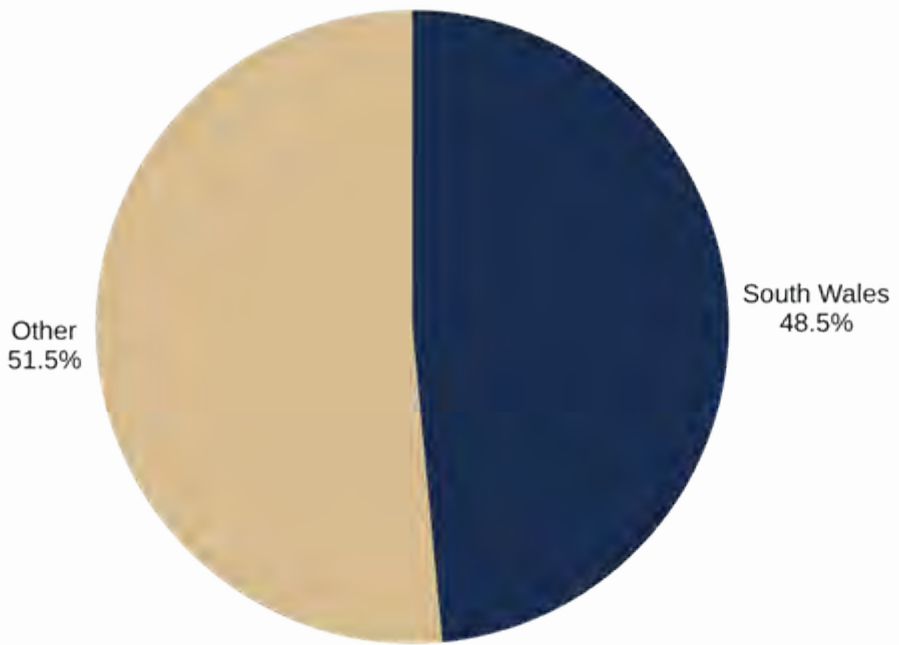
Historical (COVID) Supply & Demand by HB area (average deliveries made):



Flu vaccine count of orders & initial deliveries > Sept 2025:



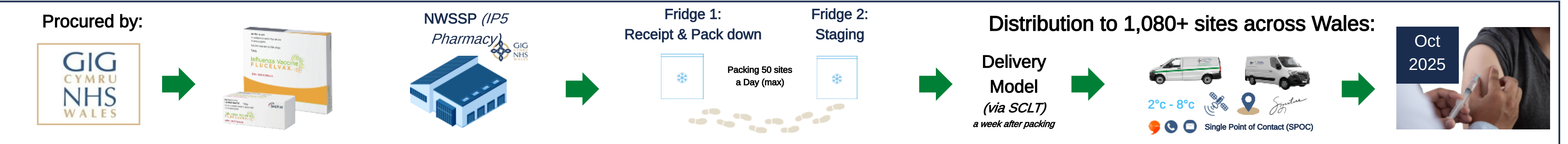
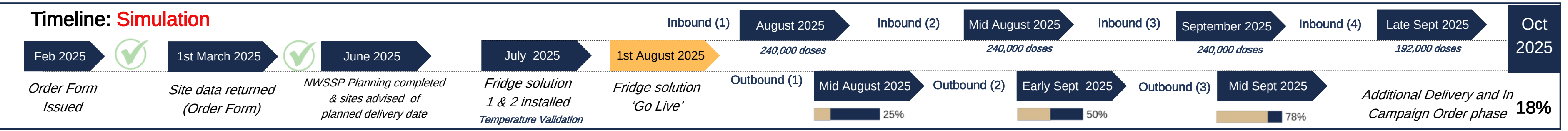
Packing & Delivery demand by areas > Sept 2025:



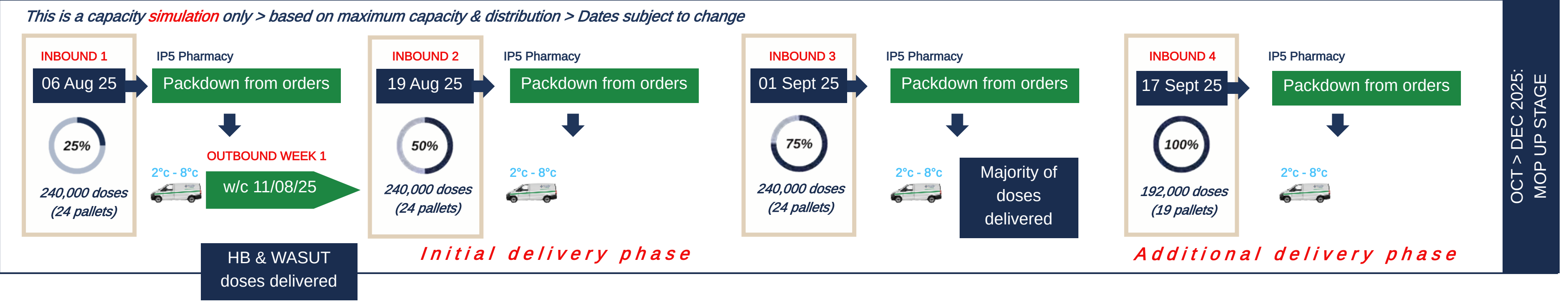
Other = BCUHB, HDDA and PTHB

PROCUREMENT, IP5 PHARMACY & SCLT
METHODOLOGY & MILESTONES:

HIGH LEVEL: NHS Wales FLU Programme 2025 > WG | NHS WALES | NWSSP > PHARMACY > PROCUREMENT & SCLT



NWSSP capacity and timeline: (based on fridge storage solution model) IP5 Pharmacy > packing up to 50 (Max) site orders per day HCSW DELIVERIES (Max) > 250 sites per week





- ✓ Verified vaccine split QTYs
- ✓ Site Lead contact details
- ✓ Fridge capacity data
- ✓ Initial delivery requirements
- ✓ Access and Egress data
- ✓ Additional delivery data

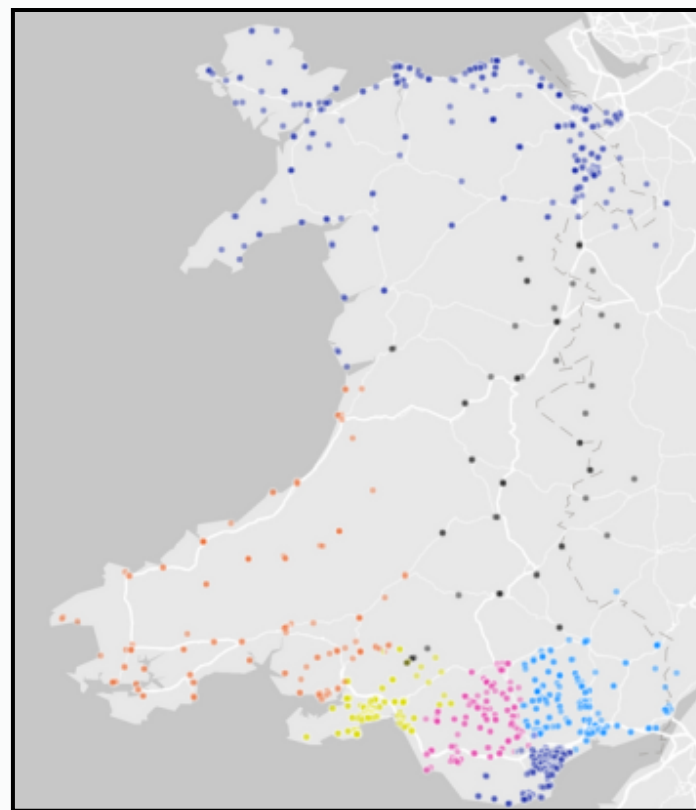
Inbound Date	Inbound QTY	aTIV	TIVc	Outbound
6 Aug 2025	240,000	140,990	96,780	237,770
19 Aug 2025	240,000	155,200	65,560	220,760
1 Sept 2025	240,000	176,020	80,530	256,550
Initial delivery Total	720,000	472,260	242,910	715,080

Last delivery QTYs	Inbound QTY	aTIV	TIVc	Outbound
17 Sept 2025	192,000	83,880	48,200	132,980

Total	848,060
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Total Inbound	912,000
Total Outbound	848,150
Unallocated	63,940

- To note:
- 🔔 No in campaign orders approved until 'initial delivery' phase completed (NWSSP working at 100% capacity).
 - 🔔 Amendments to orders will not be approved, however cancellations will be.
 - 🔔 If sites have a technical issue (fridge failure) during the initial delivery, proposal is that they link with their HBs sites for stock / advice.



PROCUREMENT, IP5 PHARMACY & SCLT

THE NUMBERS:



- Note: There are no associated consumables
- Note: We have already started to receive cancellations

Breakdown of sites by HBs, Primary Care & WASUT

HB AREA	No of GPs	No of CPs	HB Sites	WAST	Total Sites
ABUHB	72	123	5	1	201
BCUHB	104	139	4	1	248
CAVUHB	56	100	5	0	161
CTMUHB	49	108	1	0	158
HDDAUHB	47	88	4	0	139
PTHB	17	23	1	0	41
SBUHB	45	88	1	1	136
	390	669	21	3	1083

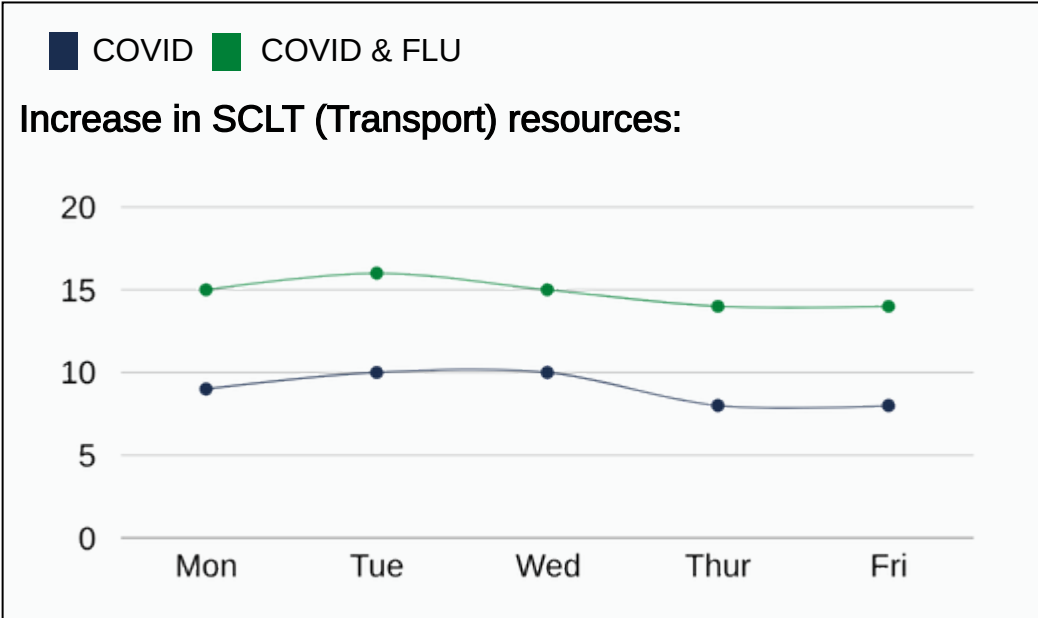
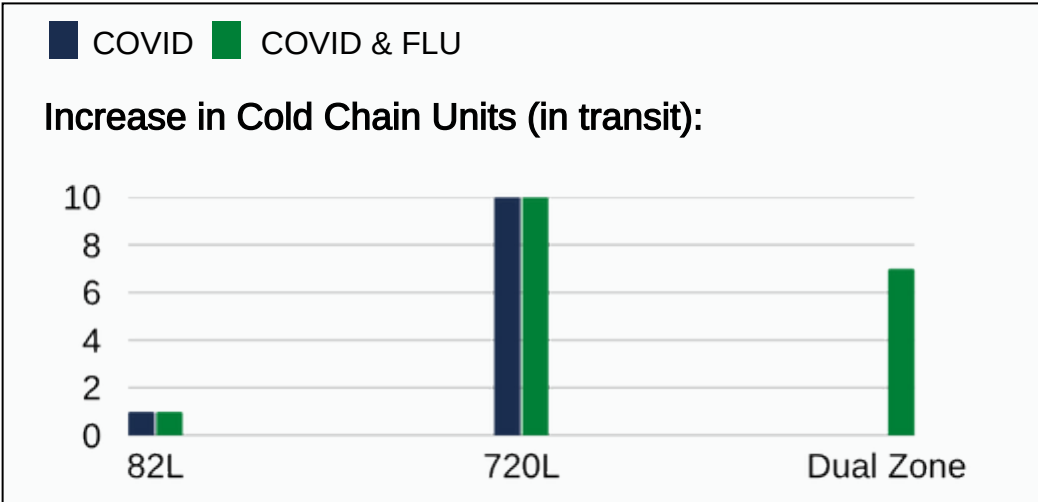
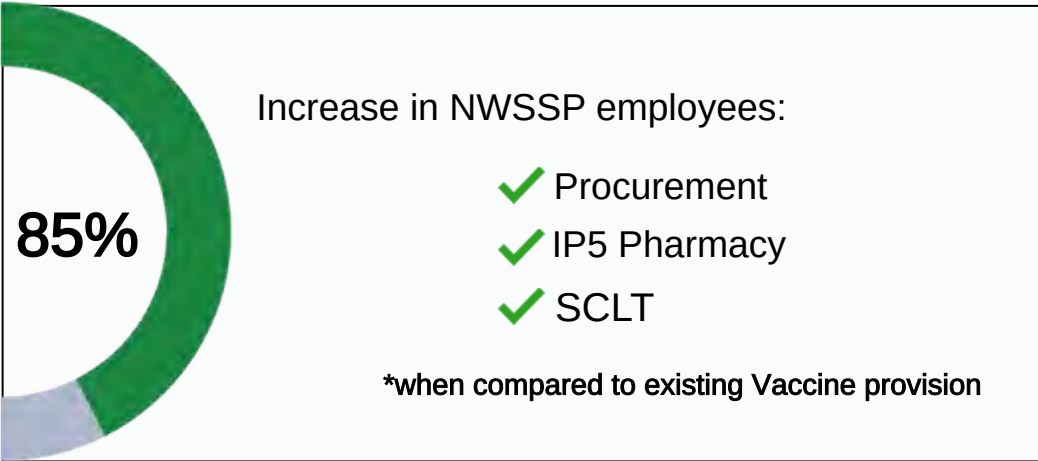
Breakdown of > Vaccine Split > No of Small > No of Medium > No of Outers in preparation for IP5 Pharmacy Pack downs

Healthboard	Sum of aTIV_req	Sum of TIVc_req	Sum of Total_Small	Sum of Total_Medium	Sum of Total_Outer	Sum of Total_Packs
ABU	10447	5730	154	257	309	720
BCU	13452	6673	133	428	353	914
CaV	6720	4505	131	212	208	551
CTM	7777	4015	108	272	196	576
HDU	7772	3333	94	159	212	465
PTHB	2909	1293	29	81	75	185
SBUHB	6497	3632	83	218	177	478
Grand Total	55574	29181	732	1627	1530	3889

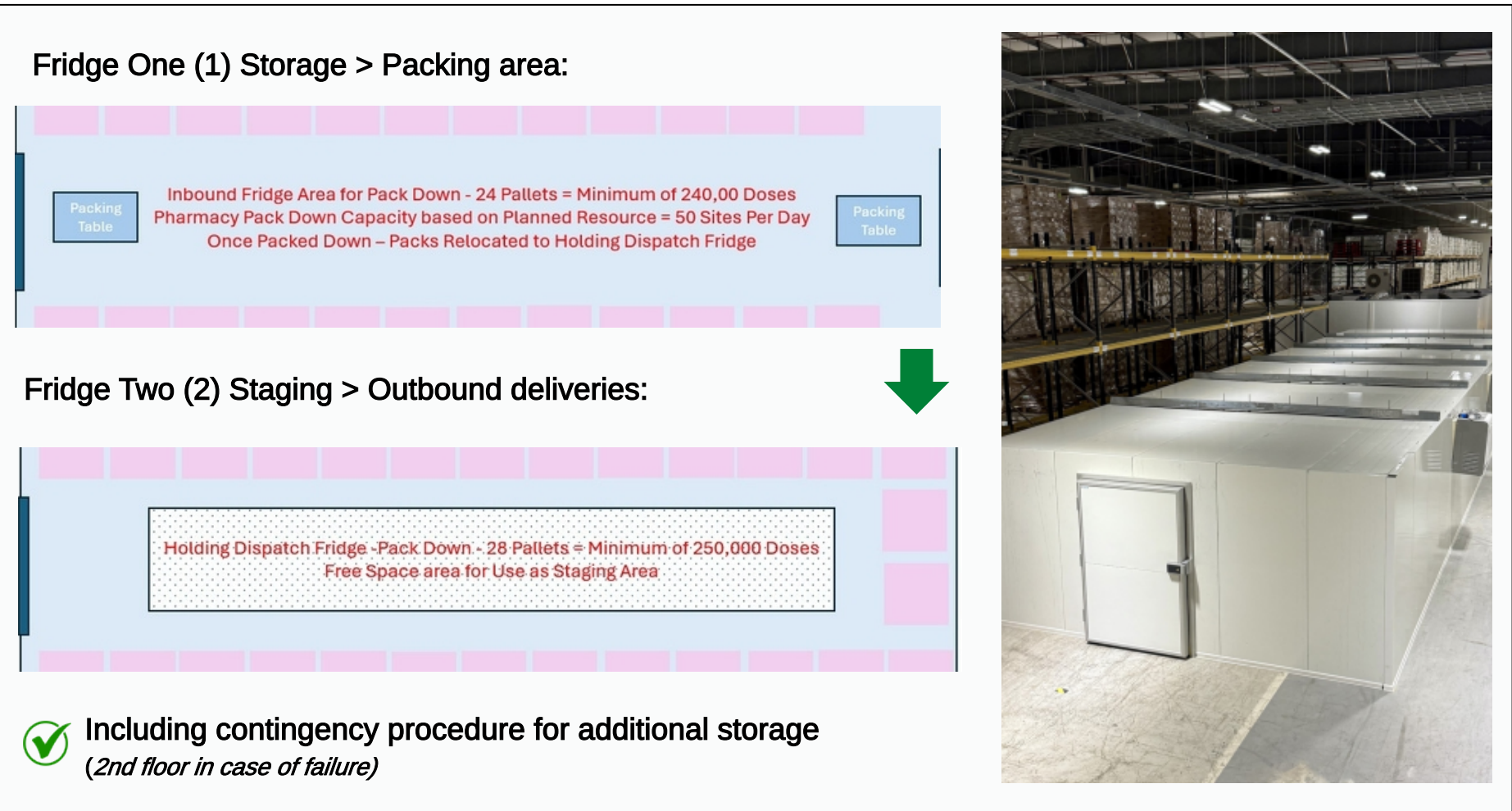
PROCUREMENT, IP5 PHARMACY & SCLT

THE NUMBERS:

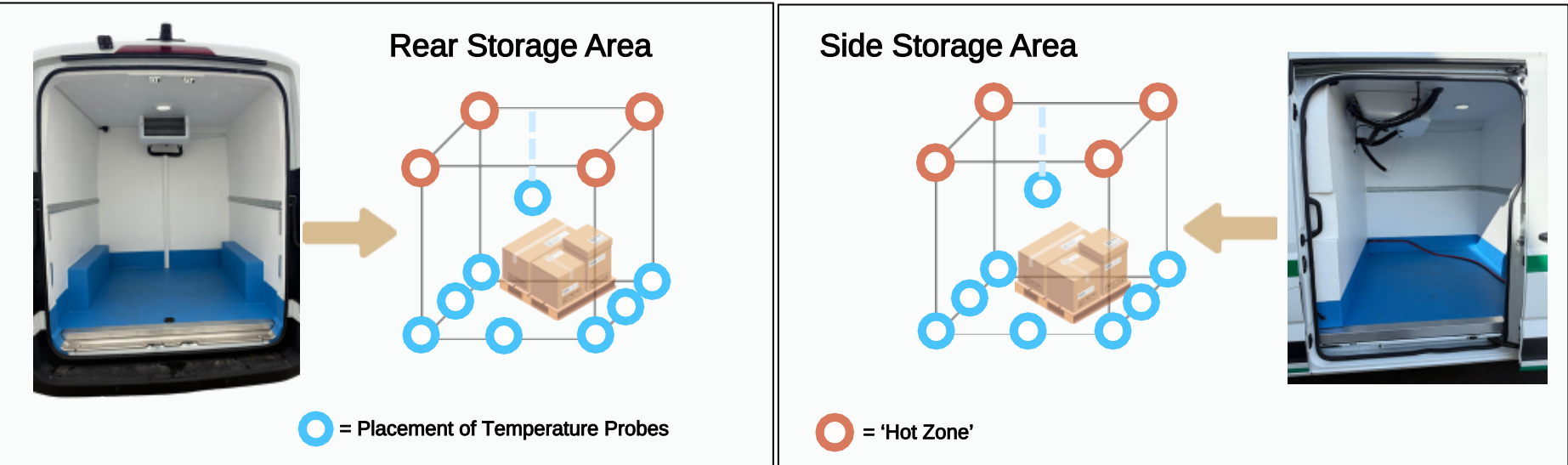
Flu Programme Workforce:



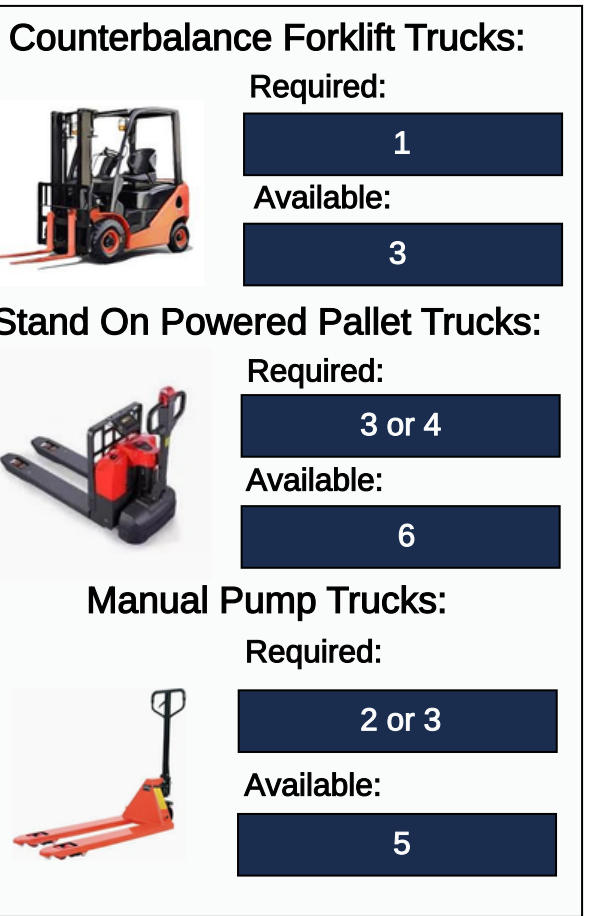
IP5 Pharmacy capability:



Dual Zone Vehicle > Cold Chain Validation: > reduction in storage capacity



Inbound Delivery Requirements:



Timings:



HGV to Fridge 1 > per pallet:

2 minutes (average)

HGV to Fridge 1 > Full Load:

Counterbalance Forklift Trucks:

16 minutes (average)

Stand On Powered Pallet Trucks:

12 minutes (average)

PROCUREMENT, IP5 PHARMACY & SCLT
Packing Database, Delivery Dates & Email Feedback

Example of our Packing Optimisation Formula: *(designed by the VPW Informatics Team)*

DeliveryDate	Healthboard	Type of Location	location	aTIV_req	TIVc_req	Total_Small	Total_Medium	Total_Outer	Total_Packs	Pack_Instructions
Initial Delivery	ABU	Community Pharmacy Site	Layanson Pharmacy 124-125 Osborne Road, Pontypool NP4 6LT	10	5	1	1	0	2	1 Medium_10aTIV 1 Small_5TIVc

Outbound Distribution:

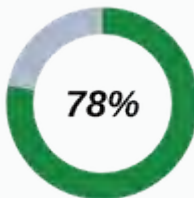


Type	Start	End
All HB Sites	11 Aug 2025	15 Aug 2025
BCUHB (GPs and CPs)	18 Aug 2025	22 Aug 2025
PTHB (GPs and CPs)	26 Aug 2025	
HDdaUHB (GPs and CPs)	27 Aug 2025	28 Aug 2025
ABUHB (GPs and CPs)	1 Sept 2025	4 Sept 2025
SBUHB (GPs and CPs)	8 Sept 2025	9 Sept 2025
CTMUHB (GPs and CPs)	12 Sept 2025	16 Sept 2025
CaVUHB (GPs and CPs)	18 Sept 2025	19 Sept 2025

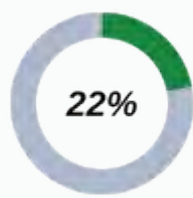
Capacity Planning > 6 weeks to Pick & Pack 'Initial Delivery'



ALL HB & WASUT orders
delivered by 15/08/2025



of stock delivered before
1st October 2025



Allocated to
'Additional Deliveries'
inc. In Campaign orders



Power Automate > Site Delivery Dates > Initial Deliveries:



x1,083 emails issued on 1st July 2025 (in line with VPW milestone)

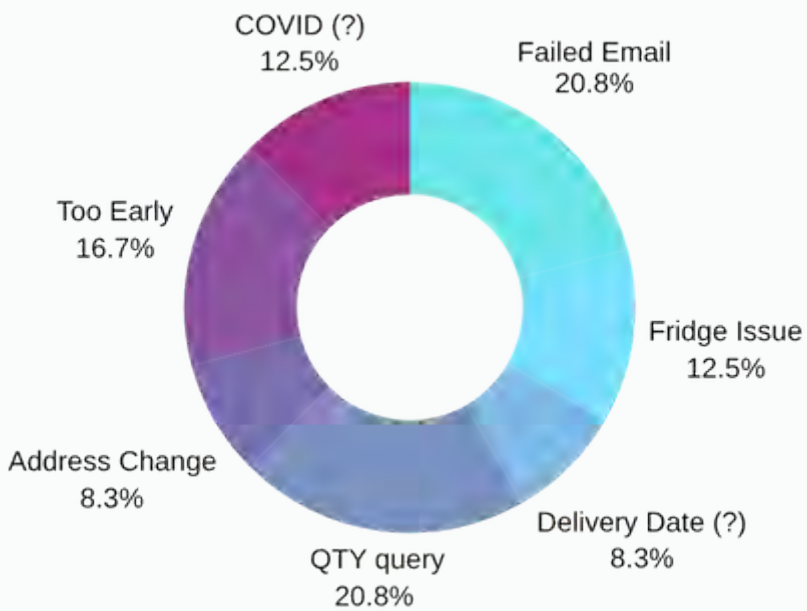


of total sent resulted in misdirection (PTHB) & now rectified

Thank you

to Rhys Lane at Central Team eBusiness Services

Summary of queries raised (to date):



We will also:



Send email reminder 48 hrs in advance of
delivery



Telephone 'On the delivery Day re AM or PM
arrival

PROCUREMENT, IP5 PHARMACY & SCLT
COLD STORAGE BUILD (Fridge 1 & 2):

Fridge 2: as delivered



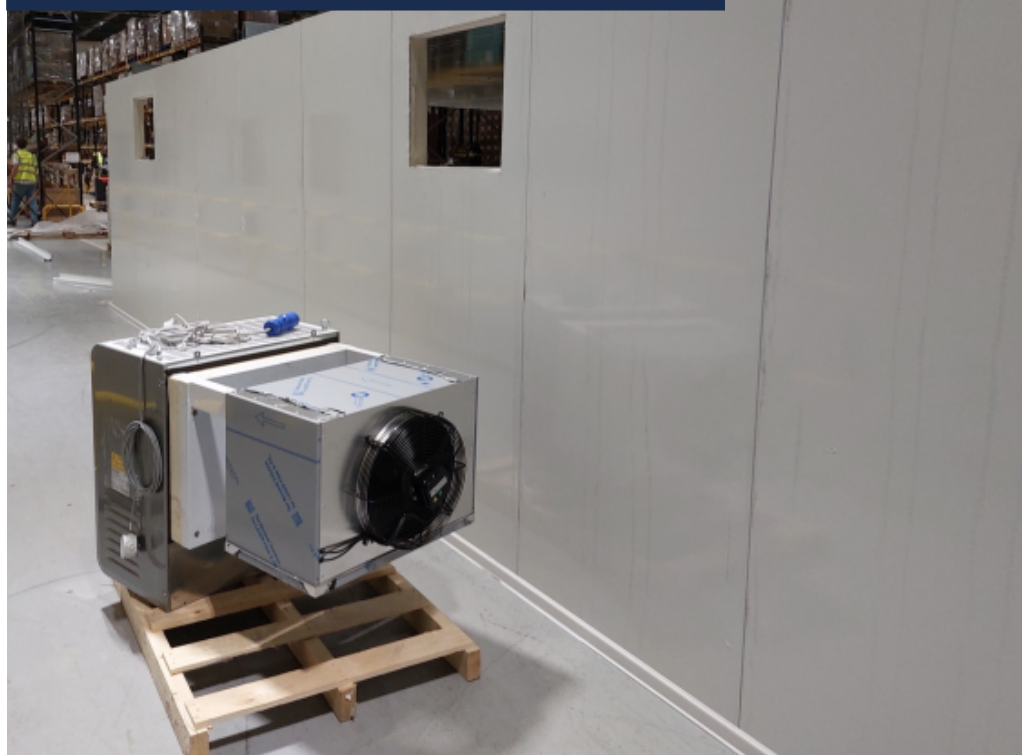
Fridge 1: pre-build



Fridge 2: pre-build



Fridge 2: Fridge fan pre-installation



Fridge Fan installed

Front view of Fridge 1:



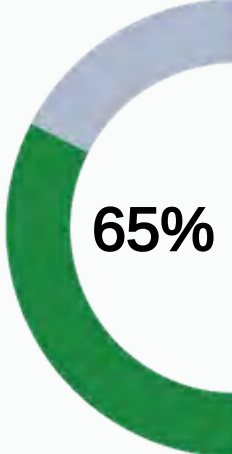
Ariel view of Fridge 1:



DUAL ZONE > MAXUS D9

7
Vehicles

NEW



2°c - 8°c
Capacity:

40,000

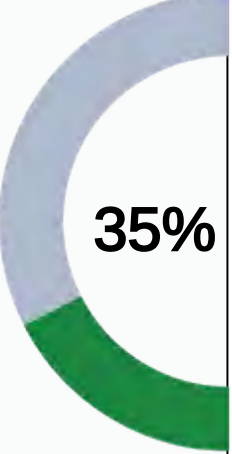
Doses

SINGLE ZONE (TCU) > MAXUS E7

10
Vehicles

NEW

Note: Transit Custom for non-suitable EV runs



2°c - 8°c
Capacity:

4,000

Doses

Fitted with:
720 Litre (TCU)



Additional Fleet Technology to improve data capture and governance:



'Live Vehicle Tracking'



360 view Dash Camera



Live Temperature Reporting



eSignature capture



SOS Alarms

Diolch | Thank you

Contact Details

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GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Date of Meeting:
17 July 2025

The report is not exempt

Teitl yr Adroddiad / Title of Report:

Transforming Access to Medicines
Programme Board Terms of Reference v3.0

**Arwynydd /
Lead:**

Neil Frow – Managing Director NWSSP

**Awdur /
Author:**

Peter Elliott – TRAMS Programme Manager

**Swyddog Adrodd /
Reporting Officer:**

Laura Jayne Keating – Deputy Director Pharmacy
Technical Services

Pwrpas yr Adroddiad / Purpose of the Report:

The purpose of this paper is to seek the Partnership Committee APPROVAL on the revised Terms of reference for the Transforming Access to Medicines programme.

Llywodraethu / Governance:

**Amcanion /
Objectives:**

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

**Tystiolaeth /
Supporting
evidence:**

Ymgynghoriad / Consultation:

- Transforming Access to Medicines Programme Board

Adduned y Pwyllgor / Committee Resolution (insert ✓):

DERBYN /
APPROVE

✓

ARNODI /
ENDORSE

TRAFOD /
DISCUSS

NODI /
NOTE

**Argymhelliad /
Recommendation:**

The Committee is asked to APPROVE the revised Terms of Reference for the Transforming Access to Medicines programme.

Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:

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

Considered where appropriate

Cyfreithiol / Legal:

Considered where appropriate

**Iechyd Poblogaeth /
Population Health:**

Considered where appropriate

**Ansawdd, Diogelwch a
Profiad y Claf /
Quality, Safety &
Patient Experience:**

Considered where appropriate

Ariannol/Financial:	Considered where appropriate
Risg a Aswiriant / Risk and Assurance:	Considered where appropriate
Dyletswydd Ansawdd /Duty of Quality:	Considered where appropriate
Gweithlu / Workforce:	Considered where appropriate
Deddf Rhyddid Gwybodaeth /Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Transforming Access to Medicines, Programme Board Terms of Reference v3.0

1. INTRODUCTION

The Transforming Access to medicines Programme (TrAMs) has been in place since June 2021, following endorsement by the Cabinet Secretary for Health and Social Care of Programme Business Case v1.2 in March 2021.

The programme falls under the governance of the Partnership Committee and Programme Board Terms of Reference are subject to periodic re-approval by the Committee.

The Programme Board has always been planned to execute a dual role during implementation of the service which includes taking on the role and duties of a Service Management Board during the transitional period, which has been outlined within the Terms of Reference from v1 onwards.

2. CURRENT POSITION

The new Radiopharmacy Service for South East Wales is planned to go live in April 2026. The Outline Business Case for the South East Wales Hub is being presented for approval at this meeting, with a Full Business Case planned for preparation and approval later this financial year.

The Programme joint SROs consider that as the new service go live approaches, the Programme and Service Management Board should be strengthened through the following changes

- The addition of key decision making representatives from each Health Board and Trust.
- Must be of sufficient seniority and remit to make substantive recommendations both within their own organisations and to SSPC.

This version of the Terms of Reference also adds the new roles to the board.

Participating organisations are also invited to nominate suitable individuals to fill those roles, by letter to the joint Programme SROs.

3. GOVERNANCE AND RISK ISSUES

It is considered that strengthening the Programme and Service Management Board in this way will improve Programme and Service Governance and reduce the actual and perceived risk of the new service failing to deliver on Health Board and Trust priorities and patient needs.

4. RECOMMENDATION

The Committee are asked to:

- APPROVE the revised Terms of Reference for the Transforming Access to Medicines Programme and Service Management Board v3.0.



Transforming Access to Medicines

Programme and Service Management Board

Terms of Reference

Version: 3.0
Date: 17/06/2025
Status: Proposed additional membership DRAFT for SSPC approval
Author: Peter Elliott

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Service Status

Transforming Access to Medicines is a transformational service change programme, which will create a shared Pharmacy Technical Service for Wales.

The Programme Business Case (PBC) has set out the Revenue and Capital funding needs of the service.

PBC version 1.2 has been **endorsed** by the Chief Pharmacist Group, the Shared Services Partnership Committee, and the Minister for Health and Social Services.

- The status of the Implementation Programme is in Delivery
- The status of the new Shared Service is currently non-operational.

Before the service can become operational a number of key readiness assessments and controlled service migrations need to take place.

[The existing NWSSP Medicines service has its own separate management arrangements, which are expected to continue unchanged until migration is approved]

Revenue funding arrangements will be reviewed and confirmed in future annual iterations of the PBC

Capital funding draw down will be confirmed by 3 tranches of Outline and Full Business Cases (OBC/FBC).

Governance and Statutory Accountability

The service is a Professional and Technical Service, operated by NWSSP, in line with its standing orders of operation, as contained within Velindre Trust's standing orders, particularly Schedule 5.

In accordance with those standing orders, statutory accountability for Strategy, Policy & Management, is held **equally by all** the participating statutory organisations in NHS Wales via the mechanism of the Shared Services Partnership Committee.

Clinical Responsibility resides with the patient facing statutory organisations of NHS Wales. The bilateral relationship between the clinical organisations and TRAMS Service will be one of purchaser and supplier. As is normal in medicines supply it is the responsibility of the purchaser to satisfy themselves as to the quality of the products which they procure.

In order to facilitate this the TRAMS service will operate on an open book basis with its service stakeholders and will share all relevant documentation underpinning its regulatory approvals and quality standards.

The Chief Pharmacists Group (CPG) is a key professional stakeholder and will act as assurance group in satisfying the Clinical Organisations individually and collectively that the necessary quality and regulatory standards are being met.

Prior to the service going live, stakeholder accountability will be delivered by a Programme Board, which will control a Programme Team, organised according to

tailored MSP principals, to organise a series of delivery projects. Once the service becomes live, the Board will also take on the functions of a Service Management Board. Once the transformational change has been accomplished the delivery Programme will close, but the Service Management Board will remain in place.

These relationships are summarised in the following 3 Governance Diagrams:

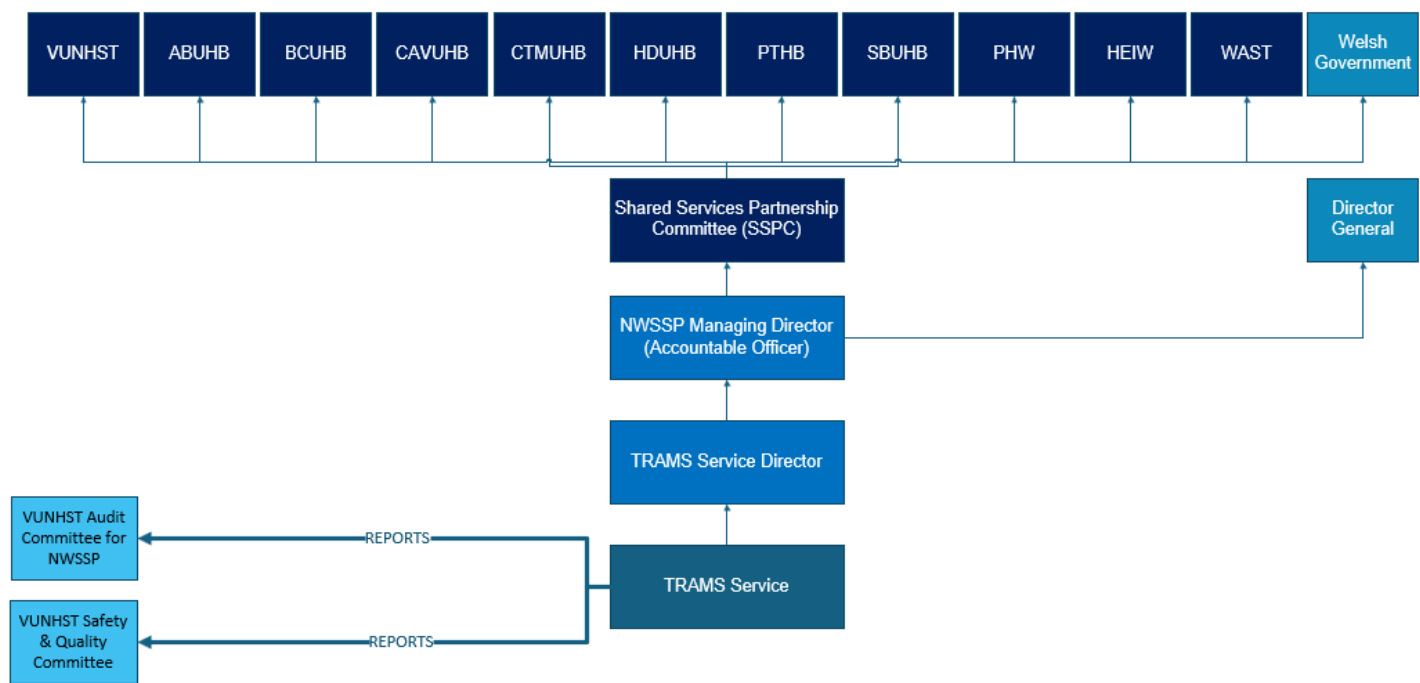


Fig 1: Organisational lines of accountability

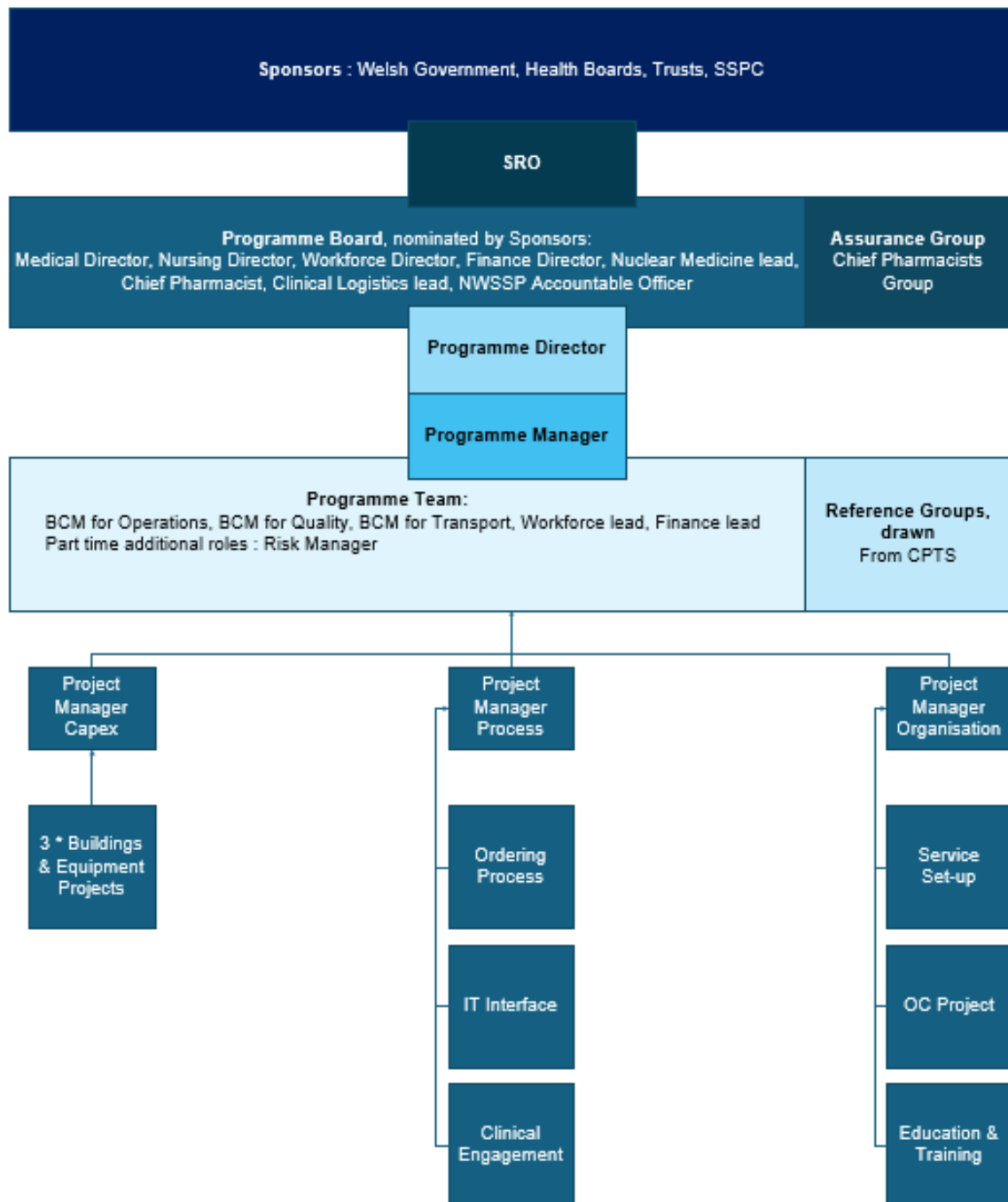


Fig 2: Programme Structure, to deliver the organisational accountability during the implementation period.

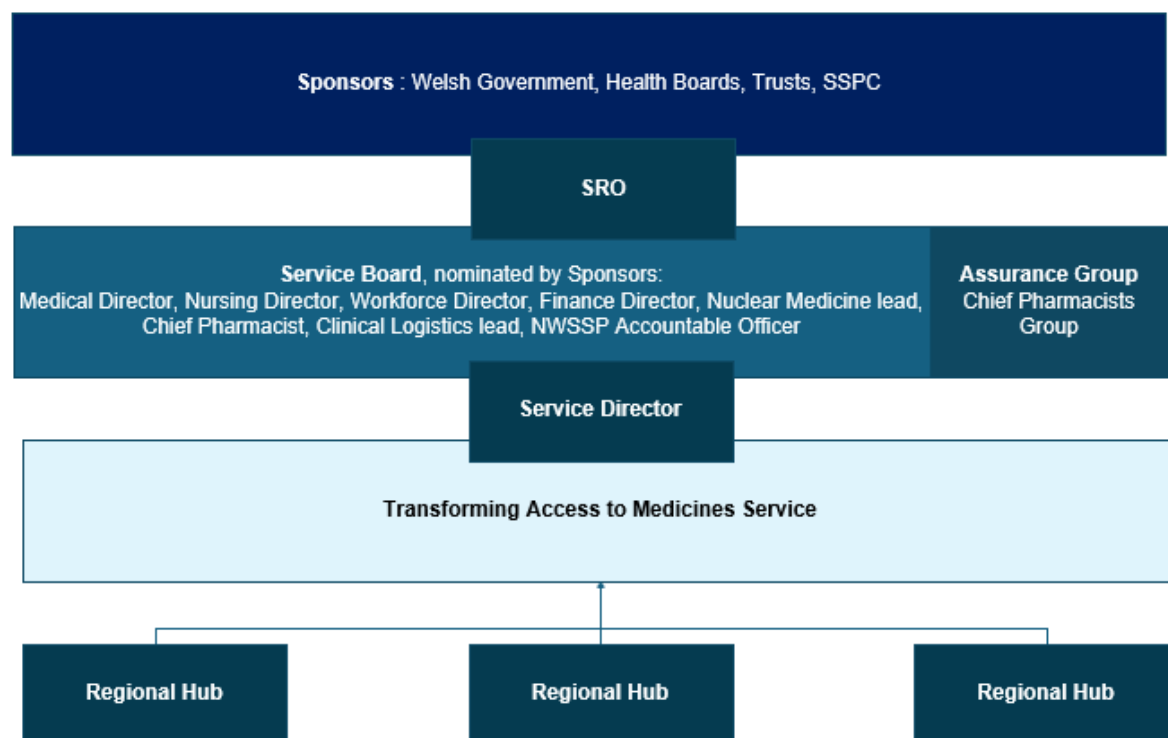


Fig 3 Accountability structure after the implementation period.

NB – To achieve continuity the roles of Programme Director and Service Director will be filled by the same person.

Dual Role of the Board

There is expected to be an overlap of around 3 years, during which the Implementation Programme will still be underway, while parts of the service will have gone “live” within the first and second hubs.

To achieve coherence and control during this period, the Programme and the Service will both be overseen by the same Board, with dual role of:

- Programme Board for the Implementation Programme
- Service Management Board for the operational service

This will ensure a controlled entry into service, and that the key conditions of readiness are met before medicine is supplied from each new part of the service.

Membership

The membership of the Programme & Service Management Board will include:

Post	Organisation	Programme Role	Current Occupant
Managing Director	NWSSP	Accountable Officer, and joint SRO	Neil Frow
Chief Pharmaceutical Officer	Welsh Government	Joint SRO, Professional Report for Service Director	Andrew Evans
TRAMS Service Director	NWSSP	TRAMS Programme Director and BCM	Colin Powell
Representative of CPG	SBUHB	Assurance Lead	Judith Vincent
Representative of CPG	VELUNHST	Board Member	Bethan Tranter
Nuclear Medicine Lead	SBUHB	Board Member	Neil Hartman
Assistant Director of Capital Funding	Welsh Government	Funding Stakeholder	Ian Gunney
Wales lead for Quality Assurance	NHS Wales	Quality Lead	Emma Davies
Director of Finance	ABUHB	Board Finance Lead	Robert Holcombe
NWSSP Finance Director	NWSSP	Board Member	Alison Ramsey
NWSSP Specialist Estates Lead	NWSSP	Board Member	Mike Travers
NWSSP Medical Director	NWSSP	Board Member	Ruth Alcolado
NWSSP Director of Workforce	NWSSP	Board Member	Gareth Hardacre
NWSSP Clinical Logistics Lead	NWSSP	Board Member	Tony Chatfield
Representative of Organisation	ABUHB	Board member	To be nominated
Representative of Organisation	BCUHB	Board member	To be nominated
Representative of Organisation	CAVUHB	Board member	To be nominated
Representative of Organisation	CTMUHB	Board member	To be nominated
Representative of Organisation	HDUHB	Board member	To be nominated
Representative of Organisation	PTHB	Board member	To be nominated
Representative of Organisation	SBUHB	Board member	To be nominated

Representative of Organisation	VELUNHST	Board member	To be nominated
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- The quorum for a meeting will be 8 members with at least one SRO and a minimum of one Health Board or Trust stakeholder in attendance.
- One deputy only can be nominated in advance by each member, and may then attend by advance permission of the chair
- Additional members may be co-opted by resolution of the board
- Meetings will be scheduled at least quarterly, and must take place at least 3 time per year
- Meetings can be either virtual or in person
- The Programme Manager will act a secretary to the Board

Duties of the Board

Duties of the board will include:

With Reference to the Implementation Programme

- To satisfy themselves that the Implementation Programme is being run in a safe and appropriate way
 - To review and approve Programme Documentation including
 - Vision and Blueprint
 - Programme Plan
 - Project Scope Documents
 - Programme Approaches
 - Programme Level Risk and Issue logs
- To ensure the programme remains in alignment with the strategic needs of the wider service, as outlined in the Programme Business Case
 - To ensure that the PBC is updated as may be appropriate during the period of Programme Implementation
- To adopt a strategic planning framework for the future guidance of the service, including timely preparation and approval of an annual Service Business Plan, setting out the strategic priorities, resources, and goals of the service on an ongoing basis
- Ensure the implementation programme is delivered on time and on budget
- To ensure that that arrangements for the supply of medicines when the service goes live safe and appropriate
 - To ensure that NWSSP, Health Boards, Trusts and Special Health Authorities, all prepare diligently in line with the approved programme and project plans
 - To ensure that all necessary regulatory permissions are obtained in a timely way
 - To receive and consider readiness assessments prior to any service migrations
 - To issue direction as may be required to ensure that all issues are addressed

- o To **recommend to stakeholders**' migrations of service once the necessary conditions are satisfied
 - o To receive post migration reports, consider lessons learned, and ensure that lessons are incorporated into the remaining migration plans
- To conclude the implementation programme with a Post Implementation Review, and ensure lessons are documented and disseminated to assist other transformational change programmes in the future

With Reference to Service Delivery

- To maintain and develop the service planning framework
 - o Contribute to the NWSSP Integrated Medium Term Plan or other strategic plans on behalf of the Medicines Service
 - o To develop annually in partnership with stakeholders the Service Management Plan, and associated financial pricing calculations, Technical Agreements, and Service Level Agreements
- To receive and consider service management, and financial reports
 - o To approve proposed actions arising from those reports
 - o To share performance information with key internal stakeholders in line with the approved Communications Approach
- To receive audit, quality, incident and other assurance reports
 - o To consider and approve actions in respect of the same
 - o To report and escalate issues as appropriate to SSPC
- To communicate with and to receive advice from CPG, in respect of relevant medicines management issues
 - o To delegate Assurance issues to CPG to consider as may be appropriate
- To take responsibility for the wellbeing of employees of the service
- To ensure sound financial management and reporting of the service in line with standing financial instructions

Additional Groups

The following groups will act in an advisory role to the Programme Board:

- The **Chief Pharmacist Group** (CPG) will act as Assurance Group to the Programme Board, especially in matters relating to continuity of medicines supply, and the impact of the Programme on the existing Pharmacy Service. The Chair of CPG sits on the Programme Board and will act as the formal link to this group. The CPG already meets on a regular basis.
- The **Clinical Reference Group** (CRG) will advise Programme Board on alignment with related clinical change and standardisation agendas, including but not limited to:
 - o Prescribing standardisation
 - o Protocol and Regimen standardisation
 - o Developments in the delivery of aseptic products closer to home
 - o Needs of nurses and clinicians in respect of the proposed product catalogue
 - o Planned Reconfigurations of the clinical service

The NWSSP Medical Director will convene the CRG and will act as the link to Programme Board. The CRG will be convened to meet on a quarterly basis.

- The **Finance Reference Group** (FRG) will advise Programme Board on matters of cost, benefit, and value, regarding both capital and revenue accounts. The FRG will allow ad hoc direction to be sought by the Programme Finance Lead, regarding issues that may arise between meetings of the Programme Board. The NWSSP Finance Director will convene the FRG, which may also include input from NWSSP Specialist Estates Service, and invited funding stakeholders from Welsh Government. Any ad hoc direction given by FRG will be reported for confirmation at the following meeting of Programme Board. The FRG will meet as required.

Document Review

This document will be reviewed and re-approved after 6 months and on an annual basis thereafter.

 GIG CYMRU NHS WALES Partneriaeth Cydwasaethau Shared Services Partnership		Date of Meeting: 17 July 2025	
<i>The report is <u>not exempt</u></i>			
Teitl yr Adroddiad / Title of Report:			
Student Awards Service Level Agreement (SLA)			
Arwinydd / Lead:		Gareth Hardacre Director of People, Organisational Development and Employment Services	
Awdur / Author:		Alison Ramsey Director of Finance and Corporate Services	
Swyddog Adrodd / Reporting Officer:		James Quance Assistant Director of Corporate Services	
Pwrpas yr Adroddiad / Purpose of the Report:			
To ask SSPC to approve the Student Awards Service Level Agreement between Health Education and Improvement Wales and NWSSP.			
Llywodraethu / Governance:			
Amcanion / Objectives:		The provision of a Service which will be responsive to customer requirements and will seek to provide improved delivery (the principles of continuous improvement) within allocated budgets and resources.	
Tystiolaeth / Supporting evidence:		Appendix A – Copy of the signed SLA	
Ymgynghoriad / Consultation:			
Arising from an Internal Audit recommendation			
Adduned y Pwyllgor / Committee Resolution (insert ✓):			
DERBYN / APPROVE	X	ARNODI / ENDORSE	TRAFOD / DISCUSS
Argymhelliad / Recommendation:		To approve the arrangements agreed as part of the Service Level Agreement for 2025-26.	
Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:			
Cydraddoldeb ac amrywiaeth / Equality and diversity:		Ensure an accessible process and support arrangements are in place for students in Wales to access financial support in an appropriate manner and timeframe to access their studies.	

Cyfreithiol/Legal:	Standard SLA template has been used consistent with NWSSP overarching SLA templates approved in March 2025.
Iechyd Poblogaeth/Population Health:	N/A
Ansawdd, Diogelwch a Profiad y Claf/Quality, Safety & Patient Experience:	Ensure a positive experience amongst students in Wales applying for financial support.
Ariannol/Financial:	The bursary team budget is part of NWSSP core allocation. The payments of the actual bursary awards are processed by the Higher Education Institutions and recharged to HEIW.
Risg a Aswiriant/Risk and Assurance:	Regular monitoring of performance will be undertaken through agreed KPIs and scheduled performance meetings.
Dyletswydd Ansawdd/Duty of Quality:	The service aims to be person centred to ensure that applicants receive a clear and responsive experience. The service also aims to be efficient and effective making best use of investment in technology to provide a user-friendly bilingual service. Processes ensure that limited funding is allocated in line with Welsh Government guidance and safeguards are in place to recover funding if students no longer meet the criteria of the award.
Gweithlu/Workforce:	To support talent pipeline for students and workforce across NHS Wales.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Student Awards Service Level Agreement

1. INTRODUCTION

The Partnership Committee is asked to approve the arrangements agreed between NWSSP and Health Education and Improvement Wales (HEIW) to oversee the delivery of the Student Awards Service.

2. BACKGROUND

Prior to the creation of HEIW the end-to-end arrangements for the provision of a Student Awards Service for NHS Wales sat solely within NWSSP. There was no Service Level Agreement (SLA) required to be in place with any other partner organisation, as the service had transferred in from legacy organisation NLIAH in 2013.

The creation of HEIW in 2018-19 saw some responsibilities transferred to the new body, but others remained within NWSSP. Service delivery has continued in the intervening period with regular meetings and staff interactions taking place.

An internal audit review identified that an SLA arrangement should be established between HEIW and NWSSP to set out the governance arrangements to ensure appropriate processes are in place that clarify respective roles and responsibilities, service delivery objectives including Key Performance Indicators and the route for escalation of concerns if required.

The service is delivered as part of the Employment Services Division, Gareth Hardacre, Director of People and OD and Employment Services, is the responsible Director.

3. GOVERNANCE AND RISK ISSUES

The purpose of the SLA is primarily in response to a recommendation from a recent internal audit report to clarify the governance arrangements.

Key Deliverables include:

- Provision of a timely and accurate Student Award Assessment Scheme
- Issuing Notice of Awards to Students
- Updating IT systems with Course Details
- Supplying Higher Education Institutions with completed application for Students.
- Compliance with the rules of the NHS Bursary Scheme as directed by HEIW.
- Provide advice and support where required.
- To respond to Change Requests via the Change Request Database (CRD)
- To ensure completed applications are assessed within 20 working days.
- Timely response to any student award enquiries

Arrangements are in place to monitor performance and to discuss any future need to amend the service delivery model due to any external changes such as changes in Welsh Government.

4. CONCLUSION

The SLA has, in accordance with the NWSSP Scheme of Delegation been agreed and signed by the NWSSP Director of Finance and Corporate Services.

In future years, this SLA will be taken through the Partnership Committee for approval in sync with the timing of the core SLA arrangements usually agreed in the March Committee meeting.

5. RECOMMENDATION

The Committee are asked to:

- APPROVE the Service Level Agreement for provision of Student Awards Service agreed between HEIW and NWSSP.



(SERVICE SCHEDULE B) STUDENT AWARDS

Version: 1

Date: January 2025

SERVICE OBJECTIVES/DELIVERABLES
The provision of a Service which will be responsive to customer requirements and will seek to provide improved delivery (the principles of continuous improvement) within allocated budgets and resources.
EMPLOYMENT SERVICES VISION:
<i>To deliver a highly efficient, cost-effective and quality service that is open and transparent to our customers and trusted partners through a culture of user centred design</i>

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1. FINANCIAL GOVERNANCE, COMPLIANCE & AUDIT

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW/WG	Quality Standards/ Key Performance Indicators
• Director of People, OD and Employment Services must ensure compliance with Special Health Authority SOs, SFIs and FCPs • Director of People, OD and Employment Services to support the Audit Process, attend any meetings required, including Audit Committee • Apply Velindre Audit Policy including actioning recommendations applicable to NWSSP process • HEIW notified immediately if any issues affecting Governance or internal controls occur	• Ensures Director of People, OD and Employment Services is advised of Audit Plans, dates of visits etc. • Action Audit Recommendations applicable to the Special Health Authority part of the end-to-end process • Ensure NWSSP Student Awards Team, are given the parameters and rules set to ensure the Student Awards Team to assess application for Bursary award on this principle • HEIW are responsible for agreeing and instructing NWSSP Student Awards Team on any payments made outside of the standard rules	• Provision of a Student Awards Team that meets audit requirements of financial control and compliance. • To notify HEIW within 14 days of the end of a month where an application for Bursary has not been assessed with 20 working days.

2. STUDENT ASSESSMENT

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW	Quality Standards/ Key Performance Indicators
The Director of People, OD and Employment Services is responsible for ensuring: • All correctly completed applications are assessed within 20 working days. • To provide the student with a Notice of Award • To provide the University via the Student Award System with a breakdown of the award • To assess the application for Fees Only, Dependents Allowances, Childcare and Disability Support Allowance • To assess applications and where meets the criteria set by HEIW to approve them.	• Where there is a disputed claim by a Student or University by NWSSP, then the claim will be forwarded to HEIW to investigate and the decision on the outcome to be given in the formal instruction to the NWSSP Student Award Team • To ensure that the NWSSP Student Awards Team are made aware of any changes to the rules on the Bursary Scheme. • To work with NWSSP Student Award Team to ensure any potential changes to scheme that has a material impact on time to process, or changes required to be discussed to minimise disruption to the services and where possible	• To notify HEIW within 14 days of the end of month where an application for Bursary has not been assessed within 20 working days.

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW	Quality Standards/ Key Performance Indicators
- Where there is ambiguity on an application which NWSSP cannot resolve or disputed by a student - this will be referred to HEIW for a formal Decision - NWSSP Student Awards is the administrator of the scheme based on the rules set by HEIW, any clarity on the rules is the responsibility of HEIW.	give advance notice so the service can accommodate the volume or the change to IT system. Where changes are required - any costs to Service provision or IT to discussed with HEIW and agreed by Welsh Government.	

3. MANAGEMENT OF INFORMATION AND KPIs – Student Award

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW/WG	Quality Standards/ Key Performance Indicators
- To ensure Applications are assessed in accordance with the Policy set by HEIW within 20 working Days - To ensure the Student Portal is updated with Notice of Awards, Financial support and outcomes - To ensure FRSL numbers are updating in the portal - To ensure Student Finance Wales are updated monthly where students have opted back into the Bursary Scheme - To monitor and action Change Requests via the Change request Database - To notify HEIW within 14 days of the end of month where an application for Bursary has not been assessed with 20 working days. - Frequent performance reviews focusing on service modernization and delivery of efficient paper-lite processes.	- Agree KPIs and Monitoring measures - KPI Monitoring is well established (as set out in Appendix 2) which would be applicable to both the Provider and Customer in the Shared Service Arrangement - To ensure that the Change Request database is monitored Weekly and to make decision on applications - To ensure that the Change request is updated with instructions for NWSSP Student Award Team to progress	- As set out in SLA for Student Awards Services - Ensure acceptable performance against agreed KPIs

4. SYSTEMS SUPPORT

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW/WG	Quality Standards/ Key Performance Indicators
• To ensure the current IT system is robust and meets the needs of the Student Assessment Process • To meet on a regular basis with the software supplier to action system changes and developments • To work with HEIW and HEI's on changes required to the system. • To ensure a six-monthly review of users in the Student Awards Team and HEI's	• Delegate responsibility to NWSSP for process Student Award Applications • Provide system and hardware support in line with Business Continuity plans.	• As set out in agreed HEIW and Student Awards Team

5. Student Award Services

SERVICE OBJECTIVES / DELIVERABLES
◆ Provision of a timely and accurate Student Award Assessment Scheme ◆ Issuing Notice of Awards to Students ◆ Updating IT systems with Course Details ◆ Supplying HEI's with completed application for Students. ◆ Compliance with the rules of the NHS Bursary Scheme as directed by HEIW. ◆ Provide advice and support where required. ◆ To respond to Change Requests via the Change Request Database (CRD) ◆ To ensure completed applications are assessed within 20 working days. ◆ Timely response to any student award enquiries

6. Student Awards deadlines and HEI services

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW/WG	Quality Standards/ Key Performance Indicators
• Process completed assessments in accordance with policy within the agreed timescales. • Ensure Payments schedules are processed to the HEI's for payments to the students. • Ensure any claims that do not meet the criteria are escalated to HEIW for a decision.	• To ensure the CRD database is updated with directions on individual claims for the student Award Team to action. • To work collaboratively with HEIW to ensure engage with HEI's to encourage students to apply for the Student Bursary as the earliest opportunity.	• Ensure applications are assessed in accordance with policy. • Ensure all applications for Child Care received a second check to ensure probity. • To undertake random audit checks to ensure compliance

7.Student Award Charges

Responsibilities of NWSSP Employment Services	Responsibilities of HEIW	Quality Standards/ Key Performance Indicators
• Where the volume of student assessments exceeds the level of 5000 students per annum + 10% then a review of the funding for staffing in Student Awards will be triggered. • Where the service provision is changed at the request of HEIW, which results in a change to either the IT infrastructure or staffing levels to accommodate the change; details of additional costs will be provided to HEIW	• HEIW to work collaboratively with NWSSP to scope any costing and operational challenges going back to Welsh Government for approval.	• Where the increase is +10% of assessments

APPENDIX 2

Student Award Key Performance Measures:

Performance Measure	HEIW	NWSSP
20 Working Day turnaround of completed applications.	To engage with HEI's to ensure students submit applications before commencing University	Report to HEIW within 14 days at the end of any month; where the 20 working days have not been met.

APPENDIX 3

Data Processing

Scope	Student Awards
Nature	<i>Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.</i>
Purpose of processing	<i>Student Awards Bursary namely:</i> <i>To administer the Bursary Award</i> <i>To maintain the Change Request Data base</i> <i>To provide a direct contact with the Student Awards Teams for Students and HEI's Helpdesk management</i> <i>Student Awards System administration</i> <i>Communication (Student Awards email inboxes – helpdesk</i> <i>To supply HEI's with a Student Award Bursary value</i>
Duration of the processing	<i>Continuous requirement to process data for management of the Student Awards Bursary payment but only in line with legal processing (with consent where required) and retained under Records Management principles.</i>
Types of personal data	<i>Title, Surname/Family name. Middle Name(s), First Name,</i> <i>Marital Status, Date of status change, Date of Marriage / Civil Partnership</i> <i>Are you living with a partner as if married?</i> <i>Email Address, Secondary Email address</i> <i>House Number / Name, Address Line 1, Address Line 2, Town / City, Country, Post Code</i> <i>Landline Telephone Number, Mobile Telephone Number</i> <i>National Insurance Number</i> <i>Nationality</i> <i>Ethnic Origin</i> <i>Religion/ Belief</i> <i>Gender</i> <i>Do you consider yourself to have a disability?</i> <i>Date of your first arrival in the United Kingdom</i> <i>Reason for coming to the United Kingdom</i> <i>Please provide the name of the family member:</i> <i>Relationship to the person:</i> <i>Is your nationality Irish?</i> <i>If you have received an NHS bursary during or prior to academic year 09/10, please provide your Student Bursary Reference Number (if known)</i> <i>University / College, Course, Study Year, Course Year</i> <i>Do you intend to live in the Parental Home during term-time?</i> <i>Will you receive sponsorship from your employer?</i> <i>Tell us the amount of money you expect to receive via sponsorship in the forthcoming academic year (£)</i> <i>Name and address of the employer providing sponsorship</i> <i>Have you been ordinarily resident in the United Kingdom, Channel Islands or Isle of Man throughout the three years preceding the prescribed date (the first day of the first academic year)?</i>

NWSSP – EMPLOYMENT SERVICES – STUDENT AWARDS
SERVICE SCHEDULE B EMPLOYMENT SERVICE

	<i>Will you be ordinarily resident in the United Kingdom (excluding Channel Islands, Isle of Man) on the prescribed date (the first day of the first academic year)?</i> <i>Name of Bank or Building Society, Address of Bank or Building Society, Name of Account Holder(s), Sort Code, Account Number, Building Society Number (if applicable)</i> <i>Sponsorship / Scholarship / Cadetship (£)</i> <i>Any Income from your Employer (Before Tax) (£)</i> <i>Any Income from your Self Employment (Before Tax) (£)</i> <i>Pension (Before Tax) (£)</i> <i>Bank / Building Society Interest (After Tax) (£)</i> <i>Profit from Lettings or Lodgings (After Tax) (£)</i> <i>Other Unearned Income (After Tax) (£)</i> <i>Taxable Benefits (£)</i> <i>Income Tax from Employment and/or Pensions (£)</i> <i>National Insurance Contributions (£)</i> <i>Employee Pension Contributions (£)</i> <i>Personal Pension / Retirement Annuity Payments (£)</i> <i>Life Assurance Premiums (£)</i> <i>Mortgage Payments (£)</i> <i>Rent (£)</i> <i>Wages for Domestic Help (assistance resulting from the care of a member of the household with a disability or illness) (£)</i> <i>On the first day of the forthcoming Academic Year, will: you be married, in a civil partnership, separated, divorced or widowed?</i> <i>On the first day of the forthcoming Academic Year, will: you be irreconcilably estranged from your parents (See website for details on estrangement)?</i> <i>both of your parents be deceased?</i> <i>you have had care of a child or children?</i> <i>you have supported yourself from your own earnings for an aggregate total of 36 months prior to the start of the first academic year? Please note that this must exclude any periods of full-time education.</i> <i>Full details of employer, dates of employment, full time part time and number of months</i> <i>Relationship to student</i> <i>Are you living with the student's other parent/legal guardian?</i> <i>Reason:</i> <i>Income from Employment, Income from Self Employment (£)</i> <i>Taxable Allowances (£)</i> <i>Income from Self Employment or Company directorship (£)</i> <i>Income from Land, Property or Furnished Lettings (£)</i> <i>Pensions (£)</i> <i>Bank or Building Society Interest (After Tax) (£)</i> <i>Other unearned income (£)</i> <i>Person 1 If you have indicated that you are Employed or Self Employed, and not declared a Salary, Wage or Self-Employment income, please provide further information</i> <i>Person 2 If you have indicated that you are Employed or Self Employed, and not declared a Salary, Wage or Self-Employment income, please provide further information</i> <i>Professional subscriptions and any other expenses attracting tax relief (£)</i> <i>Wages for Domestic Help (assistance resulting from the care of a member of the household with a disability or illness) (£)</i>
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	<i>Child's Name, Date of Birth, Full Time Education</i> <i>Further Education</i> <i>Name of Funding Authority (if Higher Education)</i> <i>Do you have a spouse/civil partner/partner who will be wholly or mainly financially dependent on you during your training?</i> <i>Do you wish to claim Dependants allowance for your spouse/civil partner/partner?</i> <i>Do you have a child / children who will be wholly or mainly financially dependent on you during your training?</i> <i>Are you a lone parent?</i> <i>Do you wish to claim Dependants allowance for your child/children?</i> <i>Forename, Surname</i> <i>Relationship to you</i> <i>Who the child lives with</i> <i>Estimated net income</i> <i>Will your spouse, civil partner or partner be living with you during term-time?</i> <i>Relationship to you</i> <i>Will your spouse, civil partner or partner be undertaking a course in further or higher education in the forthcoming academic year?</i> <i>Name of college or university</i> <i>Will this person receive any funding whilst in training?</i> <i>Details of any funding whilst in training</i> <i>Will your child/children be receiving registered or approved childcare?</i> <i>Will you, your spouse, civil partner or partner claim Working Tax Credit during the forthcoming academic year?</i> <i>Will you, your spouse, civil partner or partner claim the childcare element of Working Tax Credit during the forthcoming academic year?</i> <i>Do you wish to claim Childcare Allowance?</i> <i>Maintenance Received (Before tax) (£)</i> <i>Name of Childcare Provider</i> <i>Please give full details of the nature and extent of your disability</i> <i>What date was your disability last assessed?</i> <i>Who carried out the assessment?</i> <i>Date of application</i> <i>Who did you apply to?</i> <i>Full details of support received</i> <i>Have you previously had your disability assessed?</i> <i>Have you previously applied for Disabled Students Allowance?</i>
Categories of data subject	<i>General and Special Category Personal Data as defined in Articles 4, 9 and 10 of UK General Data Protection Regulation</i>

Signed for and on behalf of **NHS SHARED**

SERVICES PARTNERSHIP

Signature:



....

.....

Name:

Alison Ramsey

Position:

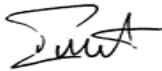
Director of Finance and Corporate Services

Date:

17/06/2025

Signed for and on behalf of **HEALTH EDUCATION
AND IMPROVEMENT WALES**

Signature:



Name:

Ian Mathieson

Position:

Director of Education Strategy & Transformation

Date:

13/06/25

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	17 July 2025
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<i>The report is not Exempt</i>
Teitl yr Adroddiad / Title of Report
NWSSP Decarbonisation and Adaptation Activity Update

ARWEINYDD: LEAD:	Stuart Douglas, Director of Specialist Estates Services
AWDUR: AUTHOR:	Paul Thomas, Project Manager, Transformation Management Office
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Thomas, Project Manager, Transformation Management Office
MANYLION CYSWLLT: CONTACT DETAILS:	Paul.Thomas4@wales.nhs.uk

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the biannual update for Shared Service Partnership Committee to note the Decarbonisation and Adaptation activity.

Llywodraethu / Governance	
Amcanion: Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth: Supporting evidence:	See attached Presentation

Ymgynghoriad / Consultation :
NWSSP Decarbonisation and Adaptation Programme Board NWSSP Decarbonisation Delivery Group Quarterly engagement with NWSSP Decarbonisation Leads

Adduned y Pwyllgor / Committee Resolution (insert ✓):							
DERBYN / APPROVE		ARNODI / ENDORSE		TRAFOD / DISCUSS		NODI / NOTE	✓
Argymhelliad / Recommendation		The Committee are asked to NOTE the Progress of the Decarbonisation activity.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Considered where appropriate
Cyfreithiol: Legal:	Considered where appropriate
Iechyd Poblogaeth: Population Health:	Considered where appropriate
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Considered where appropriate
Ariannol: Financial:	Considered where appropriate
Risg a Aswariant: Risk and Assurance:	Considered where appropriate
Dyletswydd Ansawdd / Duty of Quality:	Considered where appropriate
Gweithlu: Workforce:	Considered where appropriate
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. BACKGROUND

This paper has been prepared at the request of the SSPC to provide a brief update on Decarbonisation and Adaptation workstream for the 6 month period to April 2025.

The NHS Wales Decarbonisation Strategic Delivery Plan, (Strategic Plan) published in March 2021, sets out 46 initiatives and targets which will contribute to reducing our impact on the Global Health Emergency. The plan and progress against the plan will be reviewed in 2025 and 2030 alongside the overall carbon reduction targets for these periods (16% reduction by 2025 and 34% reduction by 2030).

The Programme is structured into six main activity streams: Carbon Management, Buildings Estates and Planning, Transport, Procurement, Land Use, and Approach to Healthcare.

NWSSP has an essential role at both a local and national level in supporting the delivery of the Strategic Delivery Plan:

1. At a local level the programme coordinates the delivery of the actions in the NWSSP Decarbonisation Action Plan, and the NWSSP led national initiatives. The Decarbonisation & Adaptation Programme Board oversee the implementation and progress of these initiatives, together with the adopted complementary workstream of Climate Adaptation.
2. Nationally, the programme operates as the Climate Action Partnership Team, (previously known as the Decarbonisation Coordination Reporting Team); and are the formal interface between Welsh Government and all NHS Wales on decarbonisation and adaptation reporting.

Work completed over the period is set out in the presentation attached to this paper. In summary:

1. Locally (NWSSP): Significant progress has been made with completion of various schemes, including:
 - Matrix House Roof mounted solar voltaic panel array
 - IP5 EV charging and battery installation
 - Progression of salary sacrifice scheme for staff to access low carbon emissions vehicles
 - Procurement initiative to reduce carbon in an ED, leading to wider adoption
 - Laundry services waste-water heat recovery installation programme

Risks and associated mitigation plans are under constant review, with robust escalation arrangements as required.

2. Nationally: Reporting is up to date and progress has an overall status ranking of AMBER.

2. RECOMMENDATION

The Committee is asked to NOTE the Progress of Decarbonisation and Adaptation activity.

NWSSP Decarbonisation Update

April 2025

*Delivering Value, Innovation and
Excellence through Partnership*



- A second iteration of NWSSP's Decarbonisation Action Plan (DAP) was produced for the period 2024-2026
- The Decarbonisation Delivery Group (DDG) meets bi-monthly to co-ordinate delivery of decarbonisation activities for NWSSP and those which we facilitate across NHS Wales.
- Performance for 24/25 WG review- NWSSP reported previously the Decarbonisation Programme as an Amber status. The Programme is currently still Amber.
- A Decarbonisation Coordination Reporting (DCR) Team was established in NWSSP as part of the Mobilisation activities within the Strategic Plan. The team's national role is to drive the focused implementation of all initiatives through its coordination reporting role. The team were established in early 2023 and are the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales. They provide leadership, oversight, coordination, monitoring, and reporting of the delivery of the Strategic Plan on an NHS Wales wide basis.



- Overall RAG Status of the NWSSP Decarbonisation Programme is Amber.
- Breakdown per workstream:
 - Carbon Management - **Green**
 - Buildings, Estates Land use and Planning (BELP) – **Amber**
 - Transport - **Red**
 - Procurement - **Amber**
 - Approach to Healthcare – **Green**
 - Adaptation - **Green**
- There is no change in RAG status for Carbon Management, BELP and Procurement since the previous period.
- Transport remains on Red primarily due to funding.
- Approach to Healthcare workstreams have seen an improving RAG during this period to Green.
- Adaptation work has commenced and is Green.
- Public Sector Net Zero Reporting is an annual report therefore, the next iteration is due Summer 2025. NWSSP's Carbon Footprint will be available following this report.
- The Adaptation Toolkit has been published and NWSSP has held its first cross-divisional Workshop in March 25. This began the development of an internal Adaptation risk register and in turn, the development of an Adaptation delivery plan.
- Decarbonisation communication and engagement has been progressed as follows:
 - Decarbonisation awareness is now included in new starters Induction from April 25.
 - A dedicated Intranet page for Sustainability is in place.
 - A bespoke NWSSP DAP informational video was published in Nov 24



Solar PV at Matrix House installed, March 2025

Electric vehicle Chargers installed at IP5, March 2025

Case Study 1 – NWSSP Salary Sacrifice Team

Within the NHS Wales Decarbonisation Strategic Delivery Plan (SDP), The first action in Initiative 21 states, all organisations are to;

"Consult staff to establish appropriate actions that can be taken to encourage wider uptake of BEVs/ULEVs and disincentivise high emission travel."

There is a dedicated Salary Sacrifice / Staff Benefit Team embedded within NWSSP that concentrates solely on the benefit scheme's available to NHS Wales employees. All Diesel and Diesel Hybrid vehicles are excluded from the scheme - only cars with CO2 emissions of 124g/km or less are available.

The car scheme aims at increasing the number of cleaner cars on the road thus reducing the pollution created by high Co2 emission cars.

Carbon savings are being achieved by:

- Increase in uptake of the scheme by 74 % in four years. Vehicles registered in the scheme increased from 2508 (2021) to 4,388 (2024) - 1880 vehicles in total.
- In 2021, 24.7 % of all vehicles in the scheme were Petrol/Diesel. In 2024 despite growth of 74 % overall - only 4.6 % of all vehicles in the scheme are Petrol/Diesel.



Case Study 2 – NWSSP Procurement Spread and Scale bid

NWSSP Procurement were invited to attend the Spread and Scale Academy in November 24.

The aim of the Academy was to develop a decarbonisation project, plan the success of the project, then expand and spread the scale of the project to other areas within NHS Wales.

There was also an opportunity, where the Projects from the Academy were presented at a Senior leadership day during February in Cardiff.

NWSSP Procurements Spread and Scale Project:

The Aim - By March 2025 we will have proven our concept by achieving a reduction of 12,000kg of CO2e with one Emergency Department.

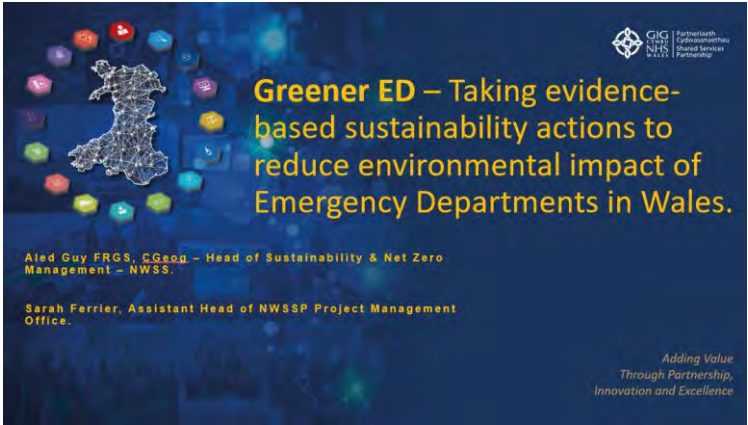
The Project completed in one HB during the period Oct 24 – Dec 24 identified £9,000 of expired stock, that is 1,620kg of CO2e Annually.

All Wales potential unnecessary spend £468,000 equates to 84,240kg CO2e of avoidable emissions.

The Ask in Senior Leadership day was to:

Maximise the opportunity to REDUCE unnecessary consumption by supporting an IMPROVED stock management in our Emergency Departments.

Embracing the FIVE WAYS OF WORKING to enable the long-term sustainability of OUR NHS and OUR Future Generations.



Case Study 3 – Laundry Services Wastewater Heat Recovery

The All-Wales-Laundry Services cleaned over 100,000 pieces of linen a week in 23/24 at the Swansea laundry in Llansamlet.

The main process is through a Continuous Batch Washer (CBW). The linen is thermally disinfected, the water is required to be heated in excess temperatures of 70 degrees centigrade, when the wash process is complete this heated water is then discharged down the drain.

Highly heated water being drained can have a high environmental impact as well as a financial impact as it will affect trade effluent bills.

With a WasteWater Heat Recovery System (WWHRS), the heat from this water can be captured and used to assist in the heating of water in further wash processes saving on utility usage.

A WWHRS has been procured for Llansamlet Laundry in Swansea and implemented in April 24 as a pilot.

Outcome of pilot:

- Despite an increase in production to 125,000 pieces of linen per week from 24/25 (Up 25 %) the following was still achieved:
- Electric usage savings – Decrease in Electric usage by 4,000 **kWh's** (1.5 %) over the 10-month period.
- Oil usage saving – reduction in 24,700 litres (8 %) of oil over the 10-month period.



Llansamlet

Electricity Usage May 23 - Feb 24



Llansamlet

Heating Oil Usage May 23 - Jan 24



Detailed Performance Summary Q3/Q4 24/25

Carbon Management		
1	2	3

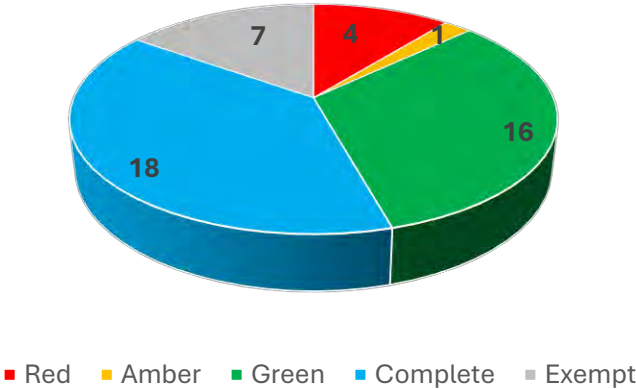
BELP			
4	5	6	7
8	9	10	11
12	13	14	15
16			
33	34	35	

Transport				
17	18	19	20	21
22	23	24		

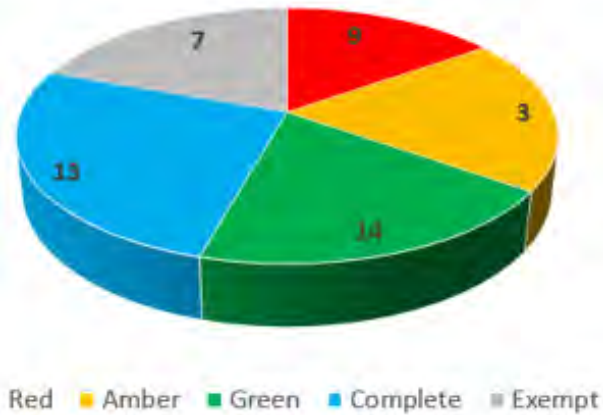
Procurement			
25	26	27	28
29	30	31	32

Approach to Healthcare			
36	37	38	39
40	41	42	43
44	45	46	

Q3 & Q4 24/25 NWSSP Progress RAG Status



Q1 & 2 24/25 NWSSP Progress RAG Status



Risks and Issues

Risks (15+)		
Area	Residual Risks 15+	Response Action
Transport	None	None
Procurement	Risk to achieving action if NHS Wales continue to commit to purchasing 100% Gas Offset by 2030 we will fail to meet the target by 2030	Escalated risk to TaP Monitor at TaP/ WEOG
	Impact upon delivery If global supply chain issues and increasing costs of goods and services continues.	Collate Tier 2 return data / work on potential 4 Nations approach/ Establish a Sustainability Procurement Working Group / Continue building national stock range
BELP	If there is a lack of capital funding to support to deliver larger scale programme initiatives.	1. Prioritise areas for any capital underspend. 2. Finance officials are working with organisations . 3. Working with NHS Capital, Estates and Facilities team to have prioritised investments ready to go as and when funding is available. 4. TEF funding available for decarbonisation of the NHS has been confirmed for (2024-25 / 2025- 26).

Issues (Red)					
Area	Issue				Response Action
Procurement	None				None
Transport	NWSSP Vehicle replacement Issue due to lack of Capital .				Headline Business Case (linked to IMTP and capital Prioritised Bid) with costs has been developed and shared with WG.
	Fin Year	Required	Procured	C/F	
	23/24	32	9	23	
	24/25	33 (Inc 10 new)	19	14	
	25/26	44 (Exc C/F's)			
	Funding required for Charging infrastructure				Funding required
Transport / BELP	If the Distribution Network Operator (DNO) does not provide the infrastructure into and across Wales at the appropriate pace for capacity on sites where necessary to support an increase in EV Charging infrastructure, heat pumps & electricity will not support the service across Wales whilst large scale renewal energy projects are in development.				Moved from Risk to Issue register, DNO meeting has been paused due to issues with grid capacity.

Planned Activity for next 6 months

- Finalise NWSSP Adaptation Risk register and develop an associated Adaptation delivery plan.
- Review and re-alignment of Internal Supply Chain distribution to closer Operating Bases / Distribution centres to reduce carbon output.
- Increase our Electric Vehicle fleet and infrastructure – Finalise a Strategic Outline Case for capital funding, with view of a 10-year capital investment plan for vehicle replacement to move towards Net Zero.
- Complete Feasibility studies for the upgrade of energy and heat provision in buildings owned and controlled by NWSSP – Funding dependent.
- Undertake an activity to determine air / shipping / land transport miles for services / products over a set value.
- Target specific activities that are deemed suitable to champion the local supply chain. Challenge the local supply chain to produce sustainable products to encourage and develop the local circular economy. Score a reduction in transport mileage as a way of reducing carbon.

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	17 July 2025
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<i>The report is not Exempt</i>							
Teitl yr Adroddiad / Title of Report:							
NWSSP Annual Review 2024-25							
ARWEINYDD / LEAD:		Alison Ramsey Director of Finance & Corporate Services					
AWDUR / AUTHOR:		Roxann Davies Corporate Services Manager					
SWYDDOG ADRODD / REPORTING OFFICER:		James Quance Assistant Director of Corporate Services					
MANYLION CYSWLLT / CONTACT DETAILS:		James.Quance@wales.nhs.uk					
Pwrpas yr Adroddiad / Purpose of the Report:							
To provide the Partnership Committee with the NWSSP Annual Review for 2024-25, for NOTING and ENDORSEMENT.							
Llywodraethu / Governance:							
Amcanion / Objectives:		Our Value, Our Services and Our People					
Tystiolaeth / Supporting evidence:		Not applicable					
Ymgynghoriad / Consultation:							
Feedback sought and formal approval confirmed at Senior Leadership Group on 26 June 2025, subject to minor amendments as included within the final version. This has also been shared with the Local Partnership Forum on 2 July 2025.							
Adduned y Pwyllgor / Committee Resolution (insert ✓):							
DERBYN / APPROVE		ARNODI / ENDORSE	✓	TRAFOD / DISCUSS		NODI / NOTE	✓
Argymhelliad / Recommendation:		The Committee is asked to NOTE and ENDORSE the NWSSP Annual Review for 2024-25.					
Crynodeb Dadansoddiad Effaith / Summary Impact Analysis:							
Cydraddoldeb ac amrywiaeth: / Equality and diversity:		The NWSSP Annual Review 2024-25 includes a specific section in relation to Equality, Diversity and Inclusion.					

Cyfreithiol / Legal:	As a non-statutory hosted body, NWSSP does not have a statutory duty to prepare an Annual Report and therefore as a matter of good governance and best practice, opts to create an Annual Review to provide assurance to its customers, partners, and hosting organisation.
Iechyd Poblogaeth / Population Health:	Projects, programmes and initiatives covered in the case studies and achievements sections can be linked to population health and the wider well-being goals. There is a specific section on Well-being.
Ansawdd, Diogelwch a Profiad y Claf / Quality, Safety & Patient Experience:	Whilst there is no direct link to patients, the Duty of Quality features as a key theme throughout the document, incorporating Health and Safety and staff experience.
Ariannol / Financial:	There is a specific section relating to financial reporting in the Financial Management of the Budget section.
Risg a Aswiriant / Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Health and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com) . These Standards drive the approach that we take to making decisions in our work, featuring in its own section focussing on Duty of Quality.
Gweithlu / Workforce:	Workforce is a key theme in this document and there are specific sections reporting on the demographics of Our People, Staff Recognition and Health and Well-being, as well as highlighting key staff-led initiatives and case studies.
Deddf Rhyddid Gwybodaeth / Freedom of Information:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Annual Review 2024-25

1. BACKGROUND

NWSSP has prepared an Annual Review for a number of years, although, as a non-statutory hosted body, there is no obligation to do so. It is viewed as an opportunity to demonstrate best practice in governance, accountability and transparency and provides a platform to showcase our performance and promote the difference we make to the NHS in Wales. It also highlights those areas within our Integrated Medium-Term Plan where we intend to do more

work to improve efficiency and effectiveness for the benefit of staff and customers.

The review highlights key areas of performance, progress and improvements we have made over the period 1 April 2024 to 31 March 2025 and provides an insight into the wide range of support that NWSSP offers to NHS Wales, so they may, in turn, focus on more effective local delivery of frontline services.

The Annual Review provides a form of assurance of the benefits NWSSP brings to NHS Wales which are substantial. These range from administrative cost reductions, efficiencies from introducing common processes and sharing good practice, through to the considerable savings and improvements in quality within NHS Wales organisations, created through our professional and technical services.

The Annual Review for 2024-25 is attached at Appendix 1.

2. RECOMMENDATION

The Committee is asked to NOTE and ENDORSE the NWSSP Annual Review 2024-25.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



Rydym yn falch o g,

Ueolladau Gwalth / Pr
Cynllir

Er mwyn ddis
cymhwysr

Annual Review 2024-2025



NHS Wales Shared Services Partnership Annual Review 2024-25

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Introduction from the Chair & Managing Director



Neil Frow OBE

Managing Director



**Professor
Tracy Myhill OBE**

Chair

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2024-25. This is our fourteenth annual report, showcasing our continuous improvement in services to meet the demands of our partners and customers. Our commitment to adding value through partnership working, innovation, and excellence remains steadfast.

During 2025-25 we made significant progress towards achieving our Integrated Medium-Term Plan (IMTP) objectives that form part of our 3-year plan. We have achieved an overall good performance on our Key Performance Indicators (KPIs) including achieving the Time to Hire timescales across NHS Wales recruitment services. This is key to getting the right staff into vacancies at the right time to support NHS service delivery. We achieved a balanced financial position, reporting a small surplus position of **£0.015m**. This was after providing a **£3.600m** savings distribution to NHS Wales partners and Welsh Government. Our total turnover was **£892m**, with capital expenditure of **£11.572m**. We have delivered **£47m** in direct procurement savings in 2024-25 and **£338m** in professional influence savings to the NHS in Wales.



Our core customers are the Welsh Government and NHS partner organisations, and we have adapted to support them in meeting their priorities. Our work has a wide impact on the quality and wider effectiveness of services provided by NHS Wales.

We have continued to take a lead on several initiatives:

- Procurement and non-pay expenditure across NHS Wales; looking at reducing unwarranted variation in addition to targeting savings opportunities alongside supporting growth in the foundational economy.
- Medicines management and more effective purchasing of drugs for use in the treatment of patients within Wales.
- Effective NHS workforce arrangements through our payroll and recruitment services and taking the lead on international recruitment activity.
- Making the case for change in Transforming Access to Medicines with the design and initial groundworks completed for a Radiopharmacy unit to support South East Wales.

We introduced a statutory Medical Examiners Service in September 2024. We also continued with work to support the implementation of changes to the General Ophthalmic Service and roll out of the e-prescribing service in Wales. We have advanced our decarbonisation efforts across our sites, including fitting photovoltaic panels at Matrix House and IP5 sites, installing electric vehicle charging points, and commissioning additional electric fleet vehicles.

In retaining our organisational certifications to both the BS EN ISO14001:2015 Standard for Environmental Management and the Customer Service Excellence Standard, we notably achieved 12 Compliance Pluses, 45 Compliances and zero Partial or No Compliances identifying areas for improvement.

We continued to promote health and well-being through various initiatives and training programmes and hosted our annual Health and Well-being conference in January 2025. Our Staff Recognition Awards ceremony took place in February 2025 and recognised the exceptional efforts across NWSSP and hosted a successful All Wales Planning for Learning event and Partnership Committee Development Session in the Autumn of 2024.

This report captures examples of how we are adapting to the use of AI and digital transformation across services. The implementation of new systems and ways of working provided challenges which we will learn from to inform future initiatives. Additionally, our case studies provide insight into how our work to strengthen our workplace culture and continued partnership approach with our Trade Union partners empowers our staff to innovate, continuously improve and deliver positive change.

NWSSP was created in 2011 to deliver a range of professional, technical and administrative services to our partners, and has grown in scope and scale with the support of our partners year on year. We have secured a good reputation for delivering on time, within budget and to a high quality. We hope this report demonstrates our 'can do' approach to address the challenges faced by our NHS partners and wider priorities set by Welsh Ministers.

About NWSSP



GIG
CYMRU
NHS
WALES

NWSSP At A Glance

Our Year in Numbers

6057

members of staff
(2,502 staff excluding Single
Lead Employer model)



Operated from

17

buildings



£892m

revenue budget



Continue to reinvest
savings for the benefit
of NHS Wales



95%

of all NHS Wales
expenditure is processed
through NWSSP systems
and processes



Achieved

£338m

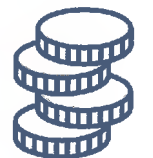
in professional
influence savings



Provided a

£3.6m

savings distribution to
NHS Wales partners and
Welsh Government



Prepared

6,182

ready to use injectable
medicines for critical care
and cancer services



£24m

in total cash releasing
saving achieved for
medicines procurement



Processed more than

84m

prescriptions



Over
54m

prescription forms
scanned



Processed over
2.1m

invoices with a value
of almost £8.8m



Handled over
29m

items of laundry



Processed over
1.7m

payslips



Sent over
21,870

conditional recruitment
offers



Registered

470

international
registered nurses



Travelled over
263,000

miles in electric
fleet vehicles



Electric van milage saved

90.22

metric tons of CO₂e
(in comparison to a diesel
van of same size).



Vehicle solar developments generated

1,320 kWh

of solar power, avoiding the need to keep
engines running, saving:

1785

litres of diesel



81

litres of AdBlue



13kw

of electricity



4.6

tonnes of Co₂



Our Services

Delivering Value, Innovation and Excellence through Partnership

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

NWSSP is an integral part of the NHS Wales family supporting delivery of services to the staff and patients of Health Boards, Trusts and Special Health Authorities in Wales. We also provide a range of services to primary care: GP practices, dentists, opticians and community pharmacies and from 1 April 2023 we started to provide services to the Citizens Voice Body, Llais, via a service level agreement.

 Audit and Assurance Services	 Laundry Services	 Finance and Corporate Services
 Accounts Payable	 Lead Employer for Medical, Dental & Pharmacy Trainees	 Planning, Performance and Informatics
 Counter Fraud Wales	 Legal and Risk Services	 People and Organisational Development
 Central e-Business Team	 Medical Examiner	 Surgical Materials Testing Laboratory
 Digital Workforce Solutions	 Primary Care Services	 Staff Benefits
 Employment Services	 Procurement and Supply Chain Services	 Student Awards Services
 e-Enablement	 Pharmacy Technical Services	 Welsh Risk Pool
 Finance Academy (Hosted)	 Specialist Estates Services	 Wales Infected Blood Support Scheme
 Health Courier Services		

Strategy Map

Our Values



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



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



Working Together
Inclusively with colleagues, customers, and suppliers.



Innovating
To be courageous and creative through continuous improvement.

Our Strategic Objectives



Our People
Working together to be the best that we can be



Outcomes

- We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.
- We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.
- We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.
- We will listen and learn from our staff to co-produce innovative solutions with our partners.



Our Services
Driving the pace of innovation and consistently providing high quality services



Outcomes

- We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.
- We will drive innovation, setting the standard for good practice, and enhance our processes through automation.
- We will cultivate partnerships with industry leaders and academic institutions and seek University status.
- We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.



Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners



Outcomes

- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

How did we do this year?





Key Performance Indicators

Internal KPIs:

High Level KPIs and Targets	2024 - 25 Actual	2024 - 25 Target
Finance and Corporate Services		
Balanced Financial Position	-15k	Breakeven
Balanced Capital Financial Position	Within CEL	Within CEL
Planned Distribution	£3.6M	£0M
% of non-NHS invoices paid within 30 days	98%	95%
People & Organisational Development		
Staff Sickness	3.46%	3.30%
Performance and Development Review Compliance	84%	85%
Statutory and Mandatory Training Compliance	93%	85%
Agency %	0.22%	<0.8%
NWSSP Organisational KPIs Recruitment		
Staff Sickness	56.3	71
Performance and Development Review Compliance	8.6	10
Statutory and Mandatory Training Compliance	7.6	3
Agency %	4.5	3

External KPIs:

High Level KPIs and Targets	2024 - 25 Actual	2024 - 25 Target
Professional Influence		
Professional Influence Benefits	£338M	£110m
Procurement Services		
Procurement Savings *In year	£35M	£16M
Procurement Savings *Full Year	£47m	£42m
Accounts Payable		
Savings and Successes	£15M	
All Wales % of invoices paid within 30 days	96.6%	95%
Employment Services		
NWSSP Payroll Accuracy	99.94%	99.6%
Overall Payroll Accuracy	99.77%	99.6%
Payroll % Calls Handled	98%	95%
Recruitment All Wales Organisational KPIs		
Average Days Vacancy creation to unconditional offer within 71 days	61.4	71
Recruitment % Calls Handled	99%	95%
Recruitment All Wales Organisational NWSSP KPIs		
% of Vacancies advertised within 2 working days of receipt	99.8%	95%
% of Conditional offer letters sent within 4 working days	99.4%	95%
Student Awards Services		
Student Awards % Calls Handled	98%	95%
% of NHS Bursary Applications processed within 20 days	100%	100%
Central Team eBusiness Services		
High priority incidents raised with the Central Team are responded to within 20 minutes	100%	85%
BACS Service Point tickets received before 14.00 will be processed the same working day	100%	95%

High Level KPIs and Targets	2024 - 25 Actual	2024 - 25 Target
Primary Care Services		
Primary Care payments made in accordance with Statutory deadlines	100%	100%
Prescription - keying accuracy rates	99.73%	99%
Urgent medical record transfers actioned within 2 working days	100%	100%
Patient assignment actioned within 24 hours of receipt of request	100%	100%
Category A Cascade alerts to be issued within 4 hours of receipt	100%	80%
Audit & Assurance (June - March 23)		
Audit Opinions/Annual Reports on track	Yes	Yes
Audits delivered for each Audit Committee in line with agreed plan	77%	80%
Report turnaround fieldwork to draft reporting [10 days]	99%	95%
Report turnaround management response to draft report [15 days]	64%	80%
Report turnaround draft response to final reporting [10 days]	99%	95%
Special Estates Services		
Professional Influence Savings	£19M	
Legal & Risk Services		
Savings and Successes	£249m	£65M
Timeliness of advice acknowledgement - within 24 hours	99.6%	95%
Timeliness of advice response – within 3 days or agreed timescale	99.6%	95%
Welsh Risk Pool		
Time from submission to consideration by the Learning Advisory Panel	100%	95%
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	95%
Holding sufficient Learning Advisory Panel meetings	100%	95%

High Level KPIs and Targets	2024 - 25 Actual	2024 - 25 Target
Surgical Materials Testing Laboratory		
% of Investigation reports completed within 40 days from receipt into the laboratory	93%	90%
% delivery of audited reports on time (Commercial)	98%	89%
% delivery of Technical assurance evaluations on time	100%	89%
Digital Workforce Solutions		
Customer Satisfaction	94%	90%
% Calls Handled	94%	85%
All Wales Laundry Services		
Orders dispatched meeting customer standing orders	95%	91%
Deliveries made within 2 hours of agreed delivery time	100%	85%
Microbiological contact failure points	97%	90%
Medical Examiner Services		
Number of cases referred into Medical Examiner Services	100%	100%
Never Events	0	0

Over the past 18 months there has been significant development of Outcome-Based Reporting, in partnership with the Shared Services Partnership Committee. The inaugural outcome-focused report was published in May 2024, marking a strategic shift towards measuring the impact and value of services in addition to our traditional reporting of performance measures. This aligns performance data more closely with outcomes and our strategic objectives.

Audit and Assurance

-  Audits are delivered for each Audit Committee in line with agreed plan and Report turnaround management response to draft report (15 days) which measures the performance of turnaround times within the health organisation. The targets have slightly been missed, however, Heads of Audit continually discuss these delays directly with health organisations.
- Our Heads of Audit continue to work closely with NHS organisations to help improve turn around times on management responses. All progress on audit plans is discussed and agreed with Board Secretaries and Chairs of Audit Committee.

Recruitment

- There has been improvements in the overall time to hire through the modernisation work and the cleansing of older records in the recruitment system. The time to hire was on average for 24/25 was 61 days against a target of 71 days for All Wales. However, there is still some improvements that can be made within individual processes of the time to hire journey.

Recruitment Modernisation Process changes have been implemented in all the health organisations and improvements in manager and candidate experience is being seen.

Our Heads of Audit continue to work closely with NHS organisations to help improve turn around times on management responses. All progress on audit plans is discussed and agreed with Board Secretaries and Chairs of Audit Committee.

People & Organisational Development

Performance Appraisal and Development Renew

- Recognising that we are below target for PADR compliance, we have identified areas that need support and are working with our hard to reach staff and hosted services to enable them to ensure that meaningful conversations and are taking place to support staff performance and development.

Financial Management of Budget

Targets

- ⦿ NWSSP provides services to all NHS bodies across Wales, and we must use our budget allocation to meet our running costs with a requirement to at least break even each financial year.
- ⦿ In addition, NWSSP will distribute savings achieved during the financial year to health bodies across Wales.
- ⦿ As well as ensuring revenue income and expenditure is balanced, there is also the requirement to ensure any capital expenditure is within the Capital Expenditure Limit (CEL) provided by the Welsh Government.
- ⦿ NWSSP has a statutory obligation to perform its functions within available financial resources. There is a requirement to keep developing and improving Budgetary Control in line with NWSSP’s Financial Control Procedure.
- ⦿ The All Wales No Purchase Order, No Payment Policy (No PO, No Pay Policy) ensures that NHS Wales pays only for properly authorised goods, services, and works, in line with procurement rules and financial instructions. It also streamlines invoice processing to minimise delays in payments to suppliers.
- ⦿ Finally, the Public Sector Payment Policy (PSPP) requires NWSSP to pay invoices to non-NHS suppliers within 30 days of either an invoice being issued or the goods/ services being received.

During 2024-25 we achieved all our financial performance targets, exceeded our savings target and were able to distribute £3.6million of savings to NHS Wales and Welsh Government.

Outturn



Success



£11.261m Capital Expenditure Limit achieved



Distribution of savings was £3.6m



QlikSense Budget Holder Dashboard went live for budget holders, enabling better financial oversight, faster decision-making, and enhanced accountability for budgetary control



52% Reduction of No PO No Pay holds in Financial Year



Achieved target for Public Sector Payment Policy, at 98%

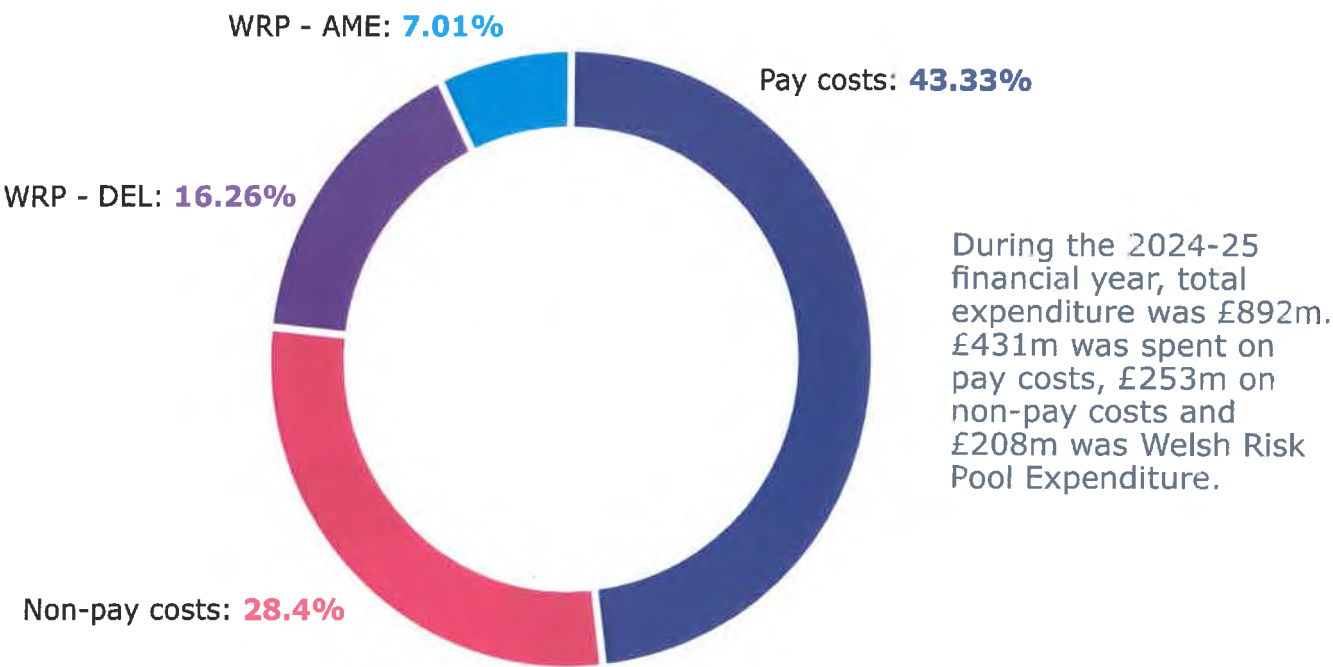
NWSSP income and expenditure can be summarised as follows:

	2024-25 £m	2023-24 £m
Income	891.988	855.922
Expenditure	684.457	554.272
WRP - DEL	145.011	135.966
WRP - AME	62.505	165.673
Surplus	0.015	0.012

**Departmental Expenditure Limit (DEL) to meet in year costs associated with settled claims. Expenditure above the annual allocation is recouped from Health Boards and Trusts using a risk sharing agreement approved by the Shared Services Partnership Committee for core claims growth.*

***Annually Managed Expenditure (AME) to meet the cost of accounting for the long-term liabilities of claims. This budget is based on estimates provided directly to the Welsh Government by the Welsh Risk Pool.*

Revenue Spend

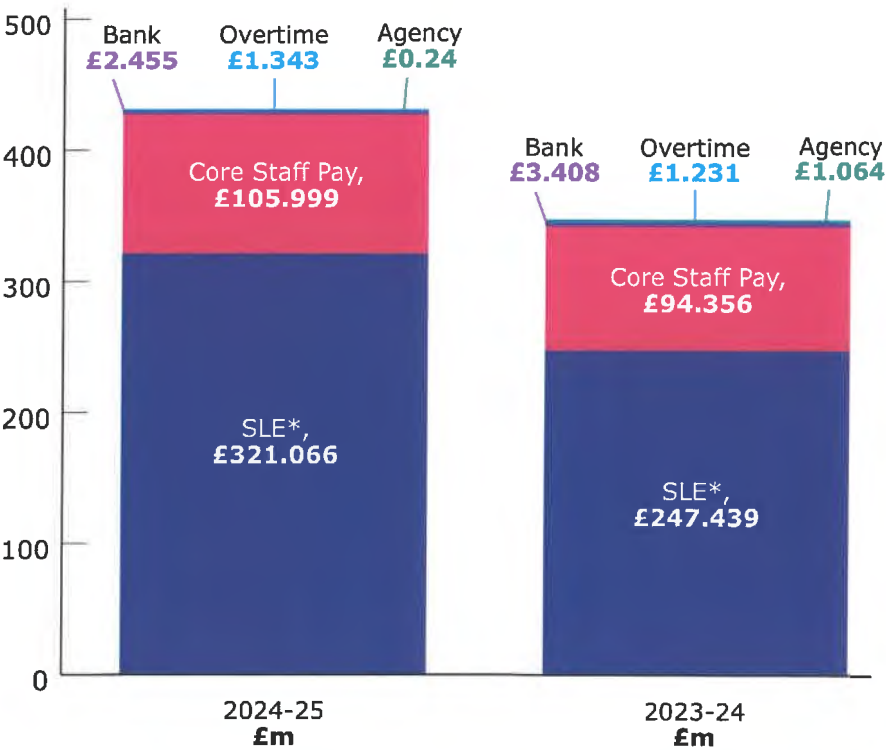


Pay Spend

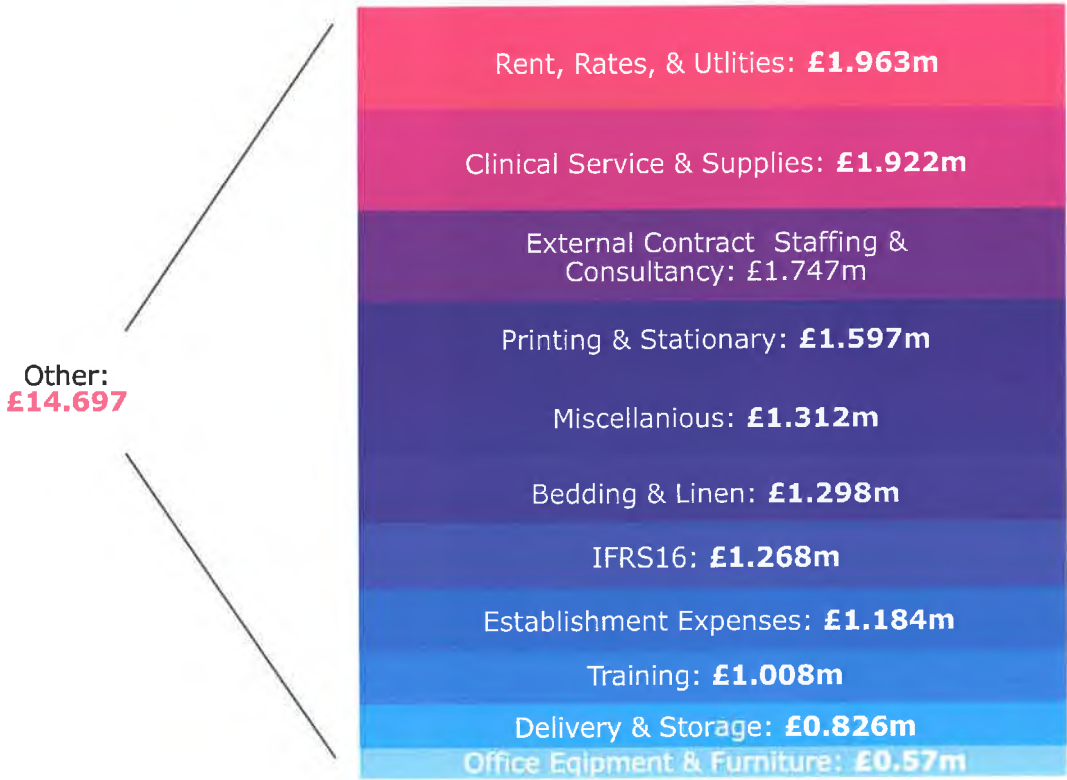
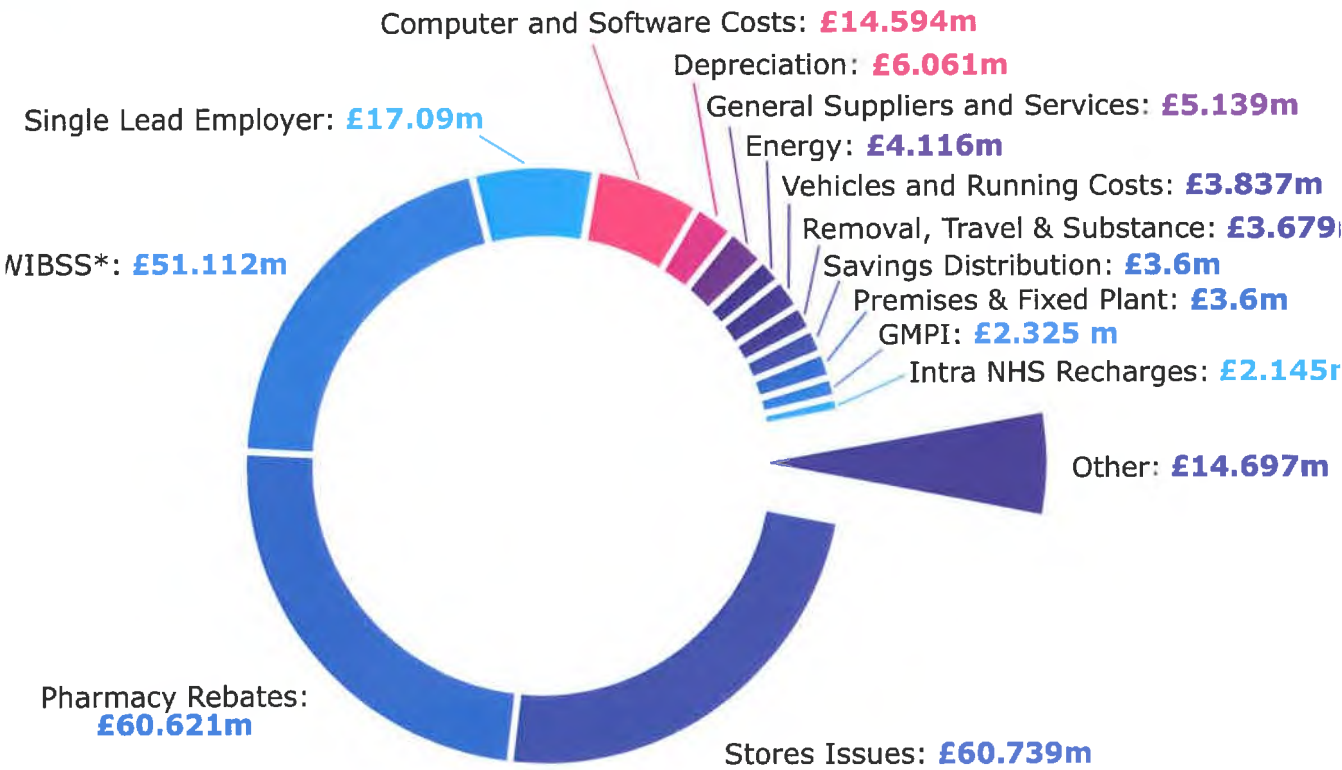
£321m of our pay expenditure relates to the Single Lead Employer costs. Spend on bank, overtime and agency staff is generally in relation to the covering of vacant posts or long-term sickness. Expenditure on premium rate pay is minimised as far as possible, and we have seen reductions in this expenditure during 2024-25 following increased grip and control processes.

Over the last year we have implemented scrutiny panels to tackle variable pay costs. Each bank post request must be justified and taken to panel to approve the request. Considerations of business continuity, funding and alternatives are discussed. As at 31 March 2025 agency spend has been eradicated in the organisation.

**Single Lead Employer (SLE) is an employment arrangement that was put in place to effectively manage and support all Medical and Dental trainees across Wales for the duration of their training programme.*



Non-Pay Spend



**Established in October 2017, the Wales Infected Blood Support Scheme aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue in the 1980s and 1990s.*

Taking over from the existing 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 Well-being Service.

On 21st May 2025, 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). On 21st May, WIBSS was asked, by Welsh Government, to make further interim compensation payments of £210,000 before the end of June. These payments were to living "infected" beneficiaries only. A total of 185 payments were made to the 31st March 2025 for a total value of £38,850,000.

On 24 October, 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. WIBSS was asked 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 for a total value of £2,300,000, 6 were rejected due to ineligibility and a further 8 were in progress as at the year-end date.



Capital investments

During the 2024-25 financial year, NWSSP received £11.261m capital funding. £6.826m facilitated investments in capital projects including the new Radiopharmacy unit, Laundry and warehouse modernisations, vehicle replacements and our decarbonisation, digitalisation and estates rationalisation strategies. We also received and expended capital funding of £4.435m in respect of the capitalisation of leases required under IFRS16.

Capital Expenditure	Radiopharmacy	Laundry	Supply Chain/ Warehousing	Decarbonisation	Digital/ Automation	Estates Rationalisation	TOTAL
£000							
Radiopharmacy Unit	1,602						1,602
Laundry modernisation		1,134		61			1,195
Vehicle Replacement			116	938			1,054
IT Refresh					999		999
Stores & Matrix House works			431			113	544
IP5 PV & battery				316			316
IP5 Estates including EV Charging			114	135			249
Legal & Risk Case Management System					196		196
Matrix House PV				191			191
DuPont LED Lighting				182			182
Primary Care Workforce System					162		162
Letter Inserter					69		69
Matrix House EV Charging				36			36
Health & Safety			20				20
Cyber Security					11		11
TOTAL	1,602	1,134	681	1,859	1,437	113	6,826



Matrix House Solar Panels

HCS Fleet replacement scheme (Incl. Electric Vehicles)

Laundry Lavatec Tumblers

Governance Framework

NWSSP is not a statutory organisation in its own right. It operates within a governance and accountability framework set out by Welsh Ministers, ensuring it functions in true partnership with NHS Wales. NWSSP is hosted by Velindre University NHS Trust, which provides the legal and administrative foundation for NWSSP operations. All NHS organisations in Wales, including Health Boards, NHS Trusts, and Special Health Authorities, collaborate through a Memorandum of Co-operation to ensure shared services are delivered effectively and in line with the Shared Services Partnership Committee (SSPC) strategy.

The SSPC is responsible for ensuring NWSSP consistently follows the principles of good governance, including the oversight and development of systems and processes for financial control, organisational control, governance, and risk management. The SSPC assesses strategic and corporate risks through review of the Corporate Risk Register at each meeting and monitors performance against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. Deep Dive sessions are often on the agenda to explore opportunities, risks, and issues within NWSSP services.

The SSPC sets the policy and strategy for NWSSP within the legal framework under which the Trust operates as host, monitors service delivery through the Managing Director, and seeks to improve the delivery of shared services that are effective, efficient, and provide value for money for NHS Wales and Welsh Government. It also ensures strong leadership, direction, and control of NWSSP, with a focus on delivering savings that can be re-invested in direct patient care.

The SSPC ensures that NWSSP consistently follows the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial control, organisational control, governance, and risk management. The SSPC assesses strategic and corporate risks through review of the Corporate Risk Register at each meeting.

The SSPC membership comprises an Independent Chair, Managing Director of NWSSP and either the Chief Executive or another nominated representative, acting on behalf of each NHS Wales Health Board or Trust and Special Health Authority.



The Velindre University NHS Trust Audit Committee for NWSSP, is responsible for reviewing and reporting on the effective operation of overall governance and the internal control system. This includes the management of risk, operational compliance controls, and related assurances that support the delivery of objectives and maintain standards of good governance. The management and control of resources during 2024-25 is evidenced within the **Annual Governance Statement**. The Statement details the extent to which we complied with our own governance requirements, summarising all disclosures relating to governance, risk, and control. **Committee Papers** and **Executive Declarations** are published and available on our website.

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control, and governance processes in NWSSP, which was Reasonable Assurance for 2024-25.



Forthcoming Independent Review of NWSSP Accountability & Governance Arrangements

On 9 April 2025, the Director General of Health, Social Care & Early Years Group and NHS Wales Chief Executive formally announced an independent review of the governance and accountability arrangements of NWSSP. This initiative aligns with the strategic direction set out in A Healthier Wales (2018), which highlighted the increasing complexity of NHS Wales and called for a review of national functions to ensure clarity and cohesion.

Similar reviews have already been conducted across other NHS Wales bodies. Given NWSSP's significant growth in scale and complexity since its original governance framework was established, this review is both timely and welcomed. It will assess whether current arrangements remain fit for purpose or require strengthening. Importantly, NWSSP continues to operate fully within its existing governance structure pending the outcome of the review.



Lessons Learned and Challenges

As can be seen in the performance data, NWSSP continues to have a strong track record of delivery and achieving the objectives set for it by the SSPC and operating within budget, delivering savings to be re-invested in the development of NWSSP services and to support the wider NHS Wales financial position.

Operating across the breadth of services and in complex systems, not everything will go according to plan and there are challenges that NWSSP has faced and continues to face. When things go wrong, as they sometimes do, NWSSP has a strong culture of learning lessons and putting things right.

During 2024–25, NWSSP received 35 formal concerns, an increase from 26 the previous year, with 88% responded to within the 30-working-day target. In addition, 20 early resolution complaints were addressed locally within 24 hours, avoiding the need for formal escalation.

Concerns largely related to pay, pensions, and expenses, reflecting NWSSP's role in supporting NHS Wales staff, rather than delivering direct patient care. However, following the statutory introduction of the Medical Examiner Service (MES) in September 2024, there was a noticeable rise in complaints, particularly around delays in issuing Medical Certificates of Cause of Death (MCCDs), which we acknowledge has been an ongoing challenge. In March 2025, the Shared Services Partnership Committee received a Deep Dive in relation to the Medical Examiner Service to explore where, together with partners, improvements can be made. This is re-enforced through regular performance meetings with partner organisations, participation in professional networks and liaison with Welsh Government.

In the spirit of continuous improvement and aligned with the principle of the gift of complaints, we strengthened our reporting mechanisms to capture root causes and any lessons learned from each concern received and these are discussed on a monthly basis. We also launched a feedback mechanism for complainants relating to the concerns handling process.

Lessons learned from upheld complaints led to several improvements, including enhanced accessibility in training modules, strengthened email response protocols and clearer communication processes within the MES. In Primary Care Services, actions were taken to prevent errors in medical records handling, improve communication with bereaved families, and ensure accurate prescription payments.

There was a notable decrease in the number of payroll concerns received following the rollout of the All Wales Overpayment Policy on 1 October 2024 which is a national approach led by NWSSP but we continue to work on ensuring that, whilst payroll accuracy is consistently over 99%, occasions where overpayments require recovery can impact significantly on the individuals concerned. We work with NHS organisations to ensure that accurate information is provided to payroll on a timely basis to prevent overpayments occurring in the first place.

During the financial year, one concern was referred to the Public Services Ombudsman for Wales, which was resolved satisfactorily. NWSSP remains committed to learning from feedback and continuously improving the quality and responsiveness of its services.

Collaboration with the NWSSP Senior Leadership Group (SLG), including the facilitation of a dedicated workshop on lessons learned from the COVID-19 pandemic, provided a valuable opportunity to reflect on strategic responses and organisational resilience. Additionally, the SLG participated in an informal session to consider potential implications arising from the findings of the UK COVID-19 Public Inquiry's Module 1 report. In 2024–25, we also appointed a Head of Emergency Response and Resilience to strengthen our preparedness.

In 2024–25, the NWSSP Transformation Office continued to support the successful delivery of a diverse portfolio of strategic projects and programmes for NWSSP. These initiatives spanned a wide range of types including accommodation, construction, IT systems, fleet management, and service transformation, each contributing to the broader vision of organisational excellence and innovation. A number of lessons and key insights were identified including:

- The importance and role of accurate data in enabling informed, evidence-based decision-making across all stages of project delivery.
- The power of proactive stakeholder engagement and transparent communication in fostering trust, alignment, readiness and sustained momentum for change.
- The importance of clearly articulated end-user requirements, ensuring that solutions are purpose-built to meet both operational needs and strategic service outcomes reducing operational risk and increasing service satisfaction.
- The necessity of rigorous system testing, which plays a critical role in mitigating risks and ensuring seamless implementation with minimal disruption.
- The value of identifying whole-life costs, which strengthens the development of robust, future-proof business cases that support long-term sustainability.
- The centrality of people and change management, recognising that successful transformation hinges on preparing, supporting, and empowering staff through periods of change.

These lessons will continue to inform and shape our approach, reinforcing our commitment to delivering high-impact, sustainable transformation across NHS Wales.



Duty of Quality

"Quality is defined as continuously, reliably, and sustainably meeting the needs of the population" that we serve."

The 2024–2025 reporting year marks the second full year of NWSSP’s implementation of the Duty of Quality, following its introduction in April 2023. This report highlights our continued commitment to embedding quality across its diverse, non-clinical service portfolio. The Duty has been integrated into strategic planning, operational delivery and performance assurance to align with our core values and strategic objectives.

Key achievements include maintaining the Customer Service Excellence accreditation across the organisation, achieving and retaining multiple ISO and regulatory accreditations and embedding quality principles into the Integrated Medium-Term Plan (IMTP). Divisions have adopted tailored Quality Management Systems and “always on” reporting to ensure continuous improvement and accountability. Staff engagement has been central, with quality champions in each division and the use of accessible formats such as bilingual videos and blogs to share best practices.

NWSSP has demonstrated innovation in quality-driven reporting, data-informed decision-making, and sustainability initiatives. Examples include the development of bilingual digital tools, decarbonisation efforts in laundry services, and national collaboration on mortality reviews and workforce planning. The organisation continues to use quarterly divisional reviews and KPIs to drive quality control and improvement, ensuring services remain safe, effective, efficient, timely, equitable, and person-centred.

Looking ahead, NWSSP will enhance its quality reporting through improved data dashboards, continued engagement and refined self-assessments and the reporting to the Velindre University NHS Trust Quality, Safety and Performance Committee continues to evolve. The report reaffirms NWSSP’s role in supporting NHS Wales through the delivery of high-quality, non-clinical services and its ongoing commitment to delivering value, innovation, and excellence.



You can read more about how we have embedded quality as an organisation in the **NWSSP Duty of Quality Annual Report for 2024-25.**

Health and Safety

Our Aim for Health and Safety

To provide and maintain a safe and healthy environment for all that use our services and create a positive culture.

NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is essential that management and staff work together to ensure that there is a positive health and safety environment.

To achieve our aims, we need a highly skilled, motivated, engaged and healthy workforce. Staff engagement and health and safety is a priority and will be delivered in an environment where staff are well managed and valued for their contribution. This is achieved through effective leadership by senior managers, participation of all staff and open and responsive communication channels.

The Director of Corporate and Finance leads on the overall direction of health and safety for NWSSP and in conjunction with the Health and Safety Manager continues to improve performance through monitoring progress, reviewing processes and discussions at the NWSSP All Wales Health and Safety Group.

Health and Safety Incident Trends 2024-2025

During 2024/2025, the Health and Safety Incident Trends Remain as:



Trend Category	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Trend
Contact with an object/struck by an object	11	11	26	30	18	16	↓
Violence and Aggression	14	10	10	15	20	11	↓
Manual Handling	14	12	23	16	16	17	↓
Slips, Trips, and Falls	14	10	10	15	6	16	↑

↓ - a decrease can be seen in the number of incidents reported in the following categories:

Contact with an Object/Struck by an Object

- There has been a **reduction in the number of incidents** during the period 2024-2025 which can provide assurance of improvement.

Violence and Aggression

- There has been a **reduction in the number of incidents** during the period 2024-2025 which can provide assurance of improvement.

↑ - an increase can be seen in the number of incidents reported in the following categories:

Manual Handling

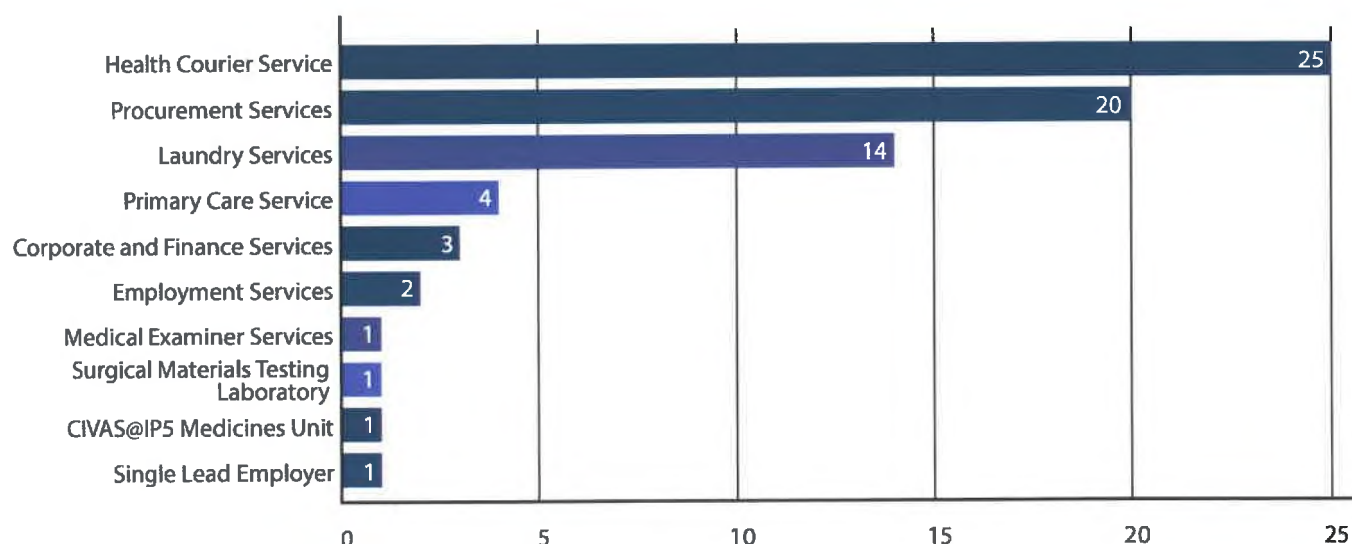
- Despite the slight increase in the number of incidents reported for 2024-2025, NWSSP **continues to achieve its aim** to reduce work related manual handling incidents in the workplace, aspiring to the 10% reduction over two years. This can provide assurance of improvement.

Slips, Trips and Falls

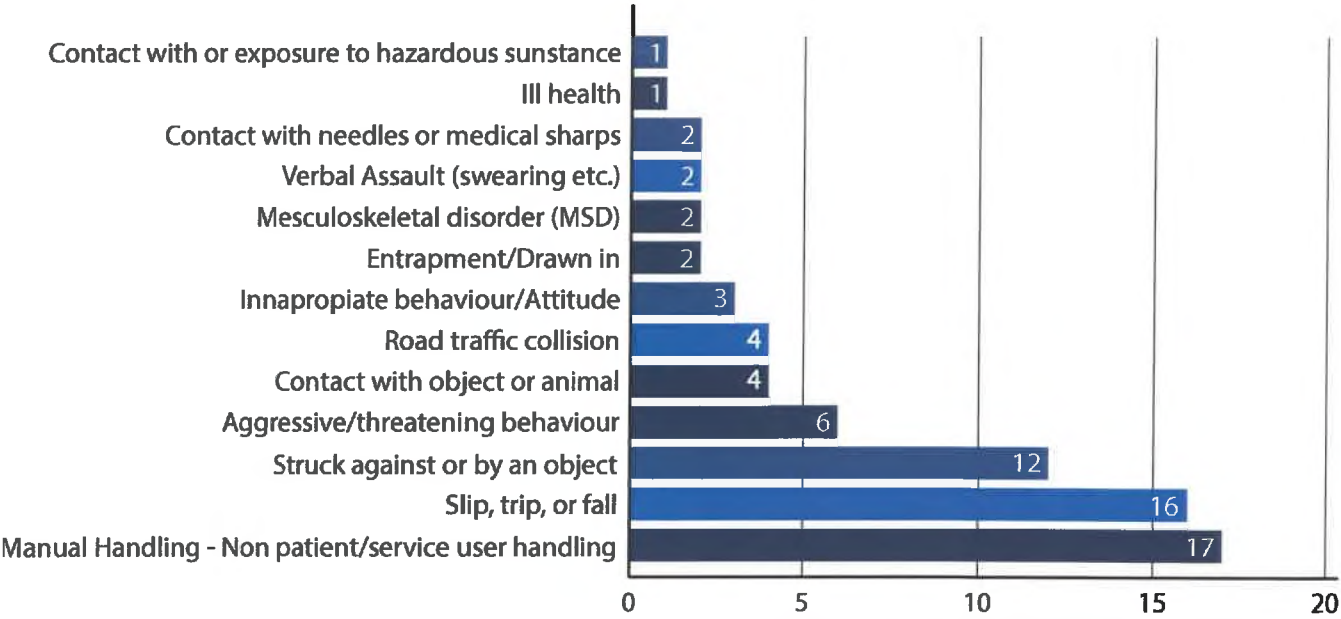
- Despite the increase in the number of incidents reported for 2024.2025, NWSSP **continues to achieve its aim** to reduce work related slips, trips and falls in the workplace, aspiring to the 10% reduction over two years.

During the period, a schedule of health and safety internal audits were undertaken by the Health and Safety Manager and Health and Safety Support Officers, at NWSSP.

Health and Safety Incidents by Service Group 2024-2025



Health and Safety Incidents by Category 2024-2025



Information Governance

In 2024/25, the following activities were delivered with the Information Governance function:



16

Face-to-face IG classes were attended by staff using Microsoft Teams.



89.5%

Average IG eLearning core skills compliance across NWSSP.



138

Freedom of Information requests received.



250

Actionpoint calls logged on the dedicated service platform.



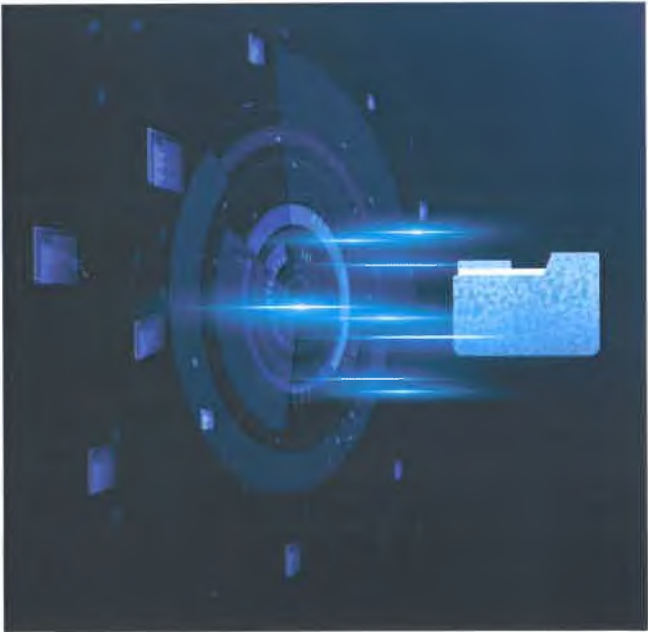
95.5%

Compliance in responding to Freedom of Information requests within 20 working days.



477

Staff attended an IG training session.



- Privacy Notices and protocols reviewed, where applicable
- Regular communications developed to provide updates on all IG topics
- Low numbers of IG breaches throughout the year, with no severe incidents reported
- Substantial assurance with the annual IG assessment toolkit
- New IG guidance and protocols launched
- Policies and Procedures reviewed in line with review dates
- Privacy Impact Assessments completed and updates to the Medical Examiner Service following statutory establishment
- Workplan completed in full
- Internal IG meetings held every quarter

Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development and works closely with all divisions and services across NWSSP.

A Welsh Language Unit has been established to support our divisions and services with translation and interpretation services as well as providing advice and guidance on how best to plan service provision through the medium of Welsh.

We have established a self-assessment process to assess our compliance status with the [Welsh Language Standards](#) and [Code of Practice](#). Local improvement plans are agreed and implemented in the following year based on the assessment and evidence provided to support the assessment. This process assists us to provide assurance and accurate information about our compliance levels.

Our overall compliance status as at the end of March 2025 was as follows:

Standards	Level of compliance
Service Delivery Standards	Medium to High level of compliance
Policy Making Standards	Medium level of compliance
Operational Standards	Medium to High level of compliance
Record Keeping Standards	High level of compliance

Welsh Language Impact Assessment

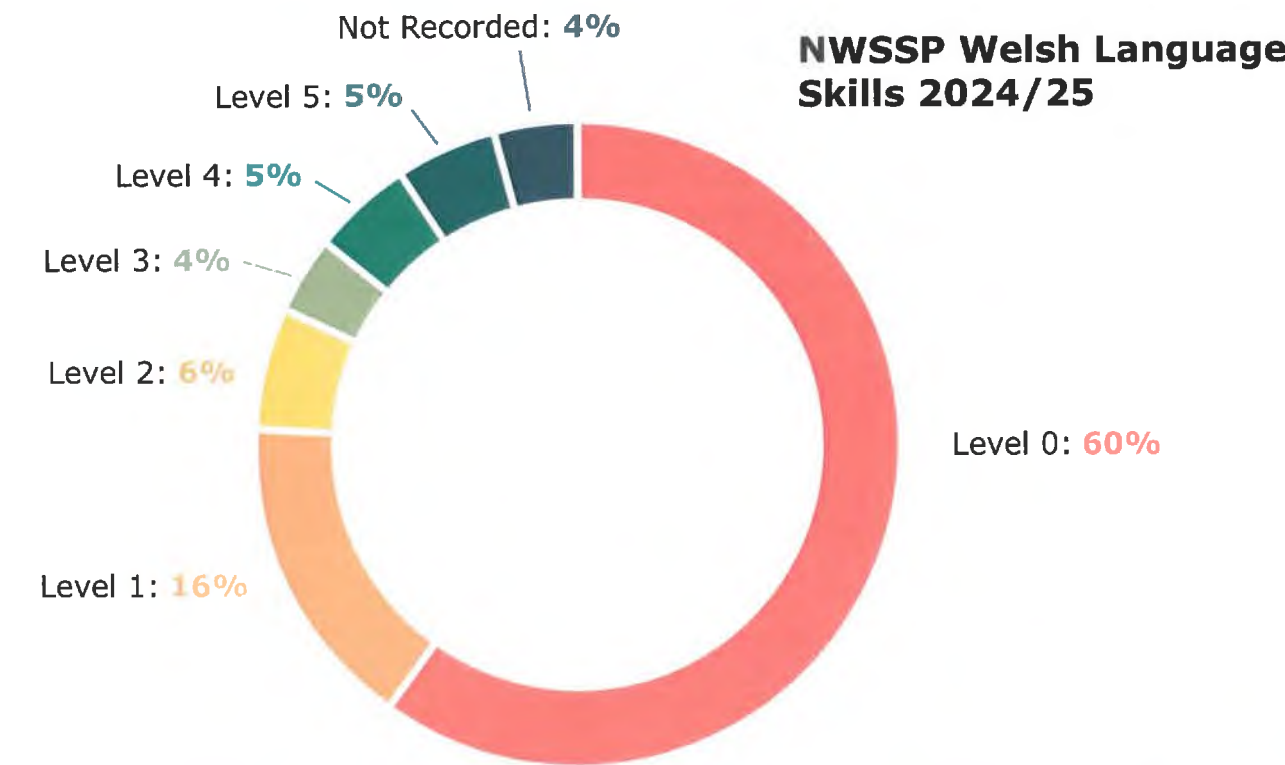
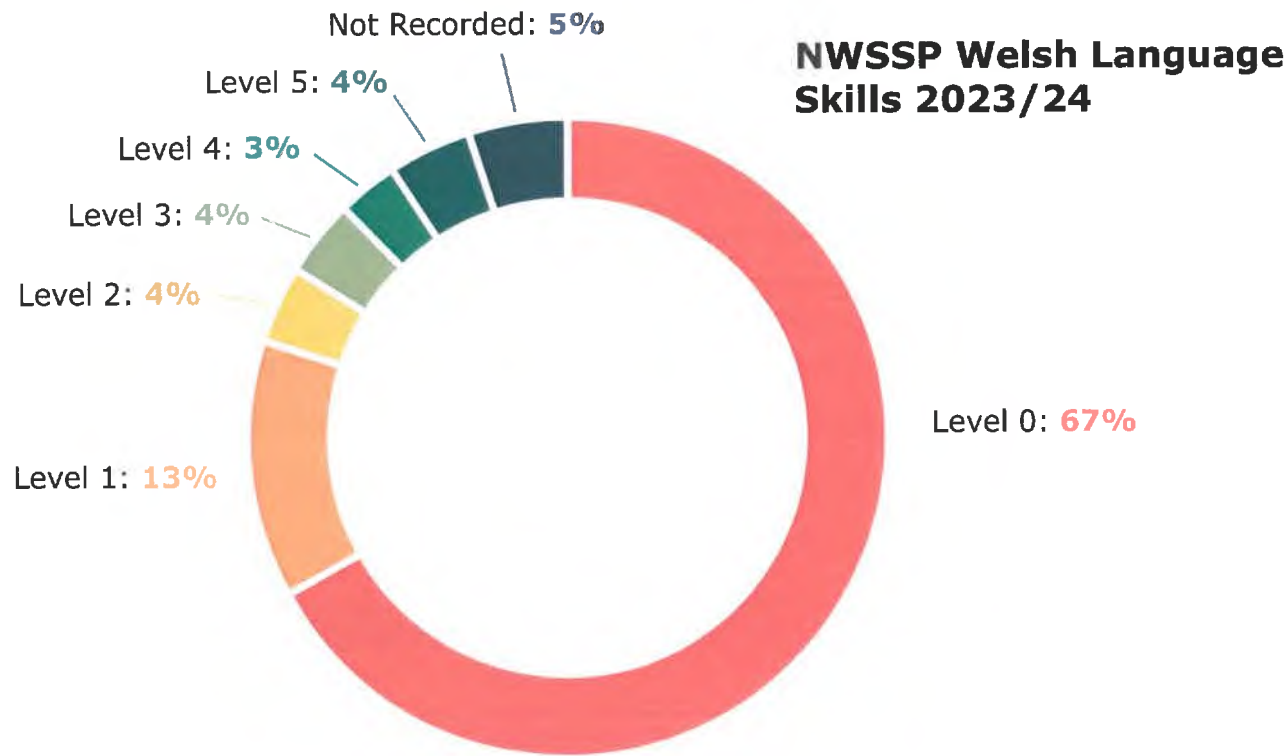
Following a seminar with the Welsh Language Commissioner's Office in November 2023 and a further workshop in April 2025, we reviewed the Welsh Language Impact Assessment tool we previously had and incorporated it fully into our Organisational Change Policy work, including providing key statistics on population demographics and highlighting key documents that should be consulted by authors when completing a Welsh Language Impact Assessment including but not limited to:

- Census data from 2021
- Welsh Language Measure 2011
- Welsh Language Standards Compliance Notice for Velindre University NHS Trust
- The Code of Practice for the Welsh Language Standards
- Cymraeg 2050 Strategy
- The More Than Just Words Strategy' and
- Well-being of Future Generations (Wales) Act 2015
 - As well as considering the demographic profile of our staff across Wales.

We have also reviewed the process, whereby any proposed Organisational Change Policy work must be sighted by the Head of Welsh Language Services and Compliance for guidance and advice prior to consultation.

Welsh Language Skills at NWSSP

Welsh language skills have increased within the organisation by comparison to 2023/24:



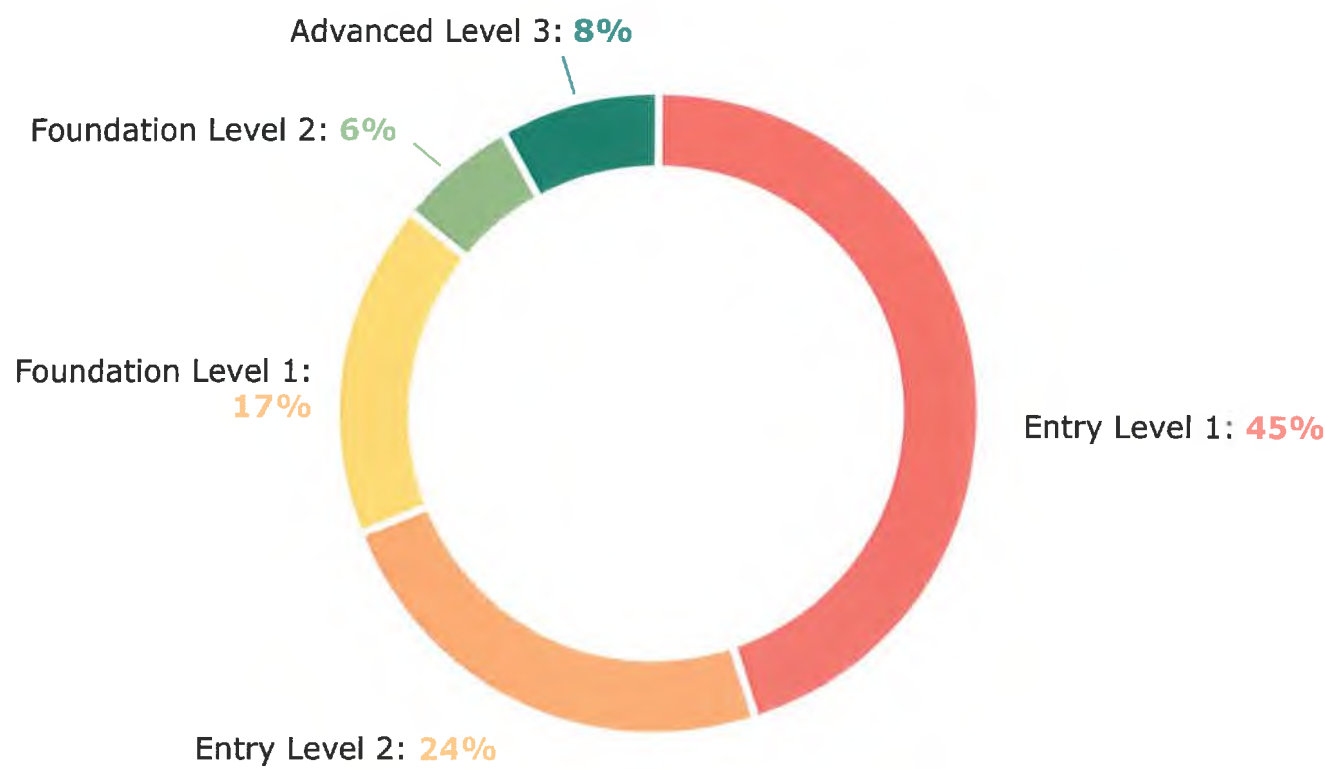
Welsh Language Skills at NWSSP

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	435
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	0
Total Number of vacancies advertised 01/04/2022 - 31/03/2023	
	437

Staff Learning Welsh

During 2024/25 we've had 73 members of staff Learning Welsh at the following levels:

Dysgu/Learning Cymraeg

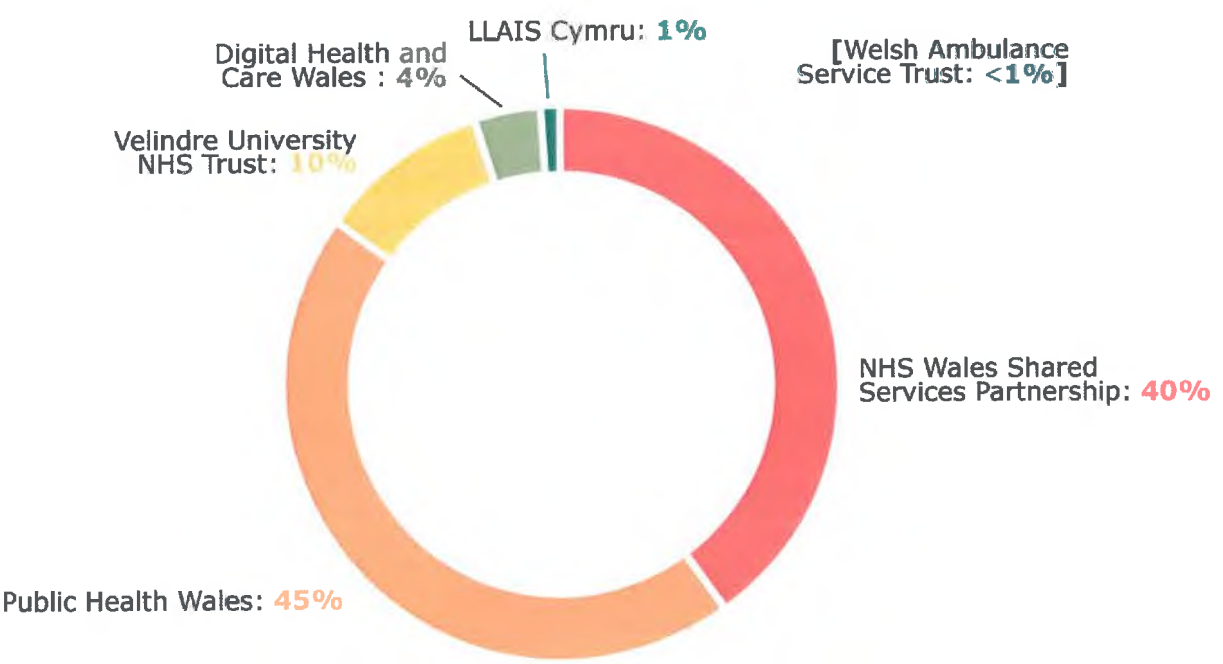


Review of the Concerns and Complaints Protocol

The Welsh Language Team participated in the Corporate review of the NWSSP Concerns and Complaints Management Protocol and updated guidance to all staff on how to manage concerns and complaints in line with the policy. Managing concerns and complaints raised in Welsh or about Welsh Language Protocol Services is covered in the Protocol and associated guidance document.

Translation Services to our clients:

NWSSP Translation Service 2024/25



During 2024/25, the trend for translation services continued to increase. Our overall translation total was over 8 million words dispersed between our clients, as detailed above.



Communications

In 2024 to 2025, the Communications Team supported NWSSP’s aims and delivery through a range of bilingual activities and offering advice and our expertise to colleagues across NWSSP.

Our work ranged from managing complex media enquiries to designing major reports, such as our Integrated Medium-Term Plan, and content to website updates and organising internal communications and events within tight timescales.

The Team edited and created videos, Sharepoint pages, infographics and website content as well as organising and supporting internal staff Coffee Morning events for strategic projects and priorities.

In early March 2025, we welcomed a Head of Communications and Engagement, a new role for NWSSP. Plans are underway to increase the Team’s strategic communications output, planning, and impact for staff and our breadth of external audiences in 2025 to 2026. Team member, James Ward, also won a highly commended in an internal staff award for his work promoting the Welsh language and culture.

Website hits (reporting period April 2024 to March 2025)



433,899, a decrease of **68%**

**Please note, we have changed how we report and measure our website statistics.*

Top pages



Current vacancies - **33,328**

How do I access a bursary? - **27,102**

Student awards - **30,603**

Average engagement time



1 minute and 6 seconds

Number of users



140,915

Social Media Statistics



4760

X (formally Twitter) Followers



2.8%¹

**Please note, in line with other NHS Wales organisations, we stopped proactively posting on X in December 2024 due to concerns about the platform’s content and ethics.*



7758

LinkedIn Followers



13.2%²

More than 50,000

impressions

More than a third of our LinkedIn audience is based in **Cardiff, London, Swansea, Newport** and **Bridgend**, but we also have audiences based in **India** and the **South West** and **North of England**.

¹Decrease from 4,760

²Followers captured on 1 May 2025. Followers in the 2023 to 2024 report were 6,851. The rise to 7,758 makes it a 13.2% increase in followers.

Key Projects

- Designing the Integrated Medium-Term Plan
 - Supporting the hosting of the NHS Wales Planning Programme for Learning autumn event for planning staff across NHS Wales
 - Developing the NHS Wales Staff Benefits Portal (to be published 2025)
 - Surgical Material Testing Laboratory web migration
 - Supporting communications for the Wales General Ophthalmic Services
 - Developing the Datix Down automated process
- Designing departmental and organisational annual reviews
 - Development of the decarbonisation action plan supporting materials
 - Overseeing the accommodation refresh and desk booking communications
 - Designing and issuing the Managing Director’s monthly newsletter
 - Organising and hosting internal Coffee Mornings on key projects
 - Supporting editing videos for the NWSSP staff awards

Health and Well-being



Annual Health and Well-Being Conference

We celebrated our Annual Health and Well-being Annual Conference on 16 January 2025 which proved to be a remarkable success. The event featured a variety of insightful workshops with inspiring guest speakers, offering attendees valuable strategies to enhance their health and well-being. Participants had the flexibility to join the full day or specific sessions, with recordings available for later access. Highlights from the agenda included:

- ✎ Workshops on menstrual health issues and menopause.
- ✎ A trade union organiser from UNISON shared her expertise in education, equalities, and workplace support.
- ✎ A Clinical Reflexologist, explaining reflexology's benefits and principles.
- ✎ George King known as "the shard climber," discussed fear management, ADHD, and harnessing hyper-focus.
- ✎ David E. Hull-Watters conducted a holistic workshop on mental health and well-being, providing practical information, support strategies, and tools for personal and collective benefit.
- ✎ The conference concluded with a session on everyday practices inspired by Dr. Michael Mosley, sparking lively discussions on well-being topics.

The event was broadcast at Nantgarw Headquarters and IP5 Newport, ensuring accessibility for all staff. With high attendance and active participation, this annual initiative from the Health and Well-being Staff Partnership Group highlighted the importance of collective learning and taking actionable steps toward a healthier, more balanced life.



Equality, Diversity and Inclusion

NWSSP remains firmly committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity across all areas of its work. As a non-statutory hosted organisation within Velindre University NHS Trust, NWSSP's offering aligns with the Trust's Equality and Diversity Policy and Strategic Equality Plan, ensuring compliance with legislative duties and a shared commitment to fostering an inclusive culture.

Throughout 2024 to 2025, NWSSP continued to play a leading role in national equality efforts, contributing to the NHS Wales Equality Leadership Group and supporting All-Wales services such as Procurement and Recruitment. The organisation also hosts a range of staff networks to promote workforce inclusion and continues to expand its internal inclusion offer, such as the Proud/Balch network.

The Equality, Diversity and Inclusion (EDI) Group, established through the "This is Our NWSSP" culture programme, has been instrumental in shaping the organisation's EDI Strategy. This strategy is informed by the Welsh Workforce Race Equality Standard, the Anti-Racist Wales Action Plan, and the LGBTQ+ Wales Action Plan. NWSSP's membership in the Employers Network for Equality and Inclusion further supports its continuous improvement journey. Dedicated Diversity and Inclusion Ambassadors have also been introduced to help foster a positive and equitable working environment.

NWSSP's Equality Integrated Impact Assessment process has matured significantly. It now robustly considers the needs of protected characteristics under the Equality Act 2010, the Public Sector Equality Duty in Wales, and the Human Rights Act 1998. It also incorporates wider enablers such as sustainability, ethical employment, Welsh language, information governance, health and safety, and the Well-being of Future Generations (Wales) Act 2015. The Socio-Economic Duty, in effect since March 2021, is also embedded in strategic decision-making.

Equality data is managed through the Electronic Staff Record system, with staff responsible for maintaining their own diversity profiles. NWSSP's recruitment practices are fully compliant with the Equality Act, with quality checks in place to ensure fairness and remove bias from job adverts and supporting materials.

Training remains a cornerstone of NWSSP's approach. All staff complete the NHS Wales "Treat Me Fairly" e-learning module as part of induction, and managers receive additional training through the Core Skills for Managers programme, which includes modules on dignity at work and conflict management. In line with Welsh Government guidance (WHC 2024/044), NWSSP has also implemented mandatory anti-racism training for all staff, including those in non-patient-facing roles.

Workforce Race Equality Progress

In 2024, NWSSP responded to the Welsh Government's inaugural Workforce Race Equality Standard (WRES) report, which identified key areas requiring focused action. These included the absence of ethnic minority board representation, disparities in recruitment outcomes for non-clinical ethnic minority staff, low levels of ethnicity declaration—particularly among senior staff—and limited engagement with the NHS Wales Staff Survey. In response, NWSSP has taken a range of targeted steps to address these challenges.

We have promoted leadership development opportunities such as the Academi Wales Aspiring Board Members Programme and launched our own “Leaders of the Future” initiative, with ringfenced places for underrepresented groups. Inclusive recruitment practices have been strengthened through training modules and improved data monitoring. Efforts to improve ethnicity data quality are ongoing, with targeted outreach and system improvements. Despite a dip in staff survey participation, we implemented a multi-channel engagement strategy and plan to follow up with pulse surveys to better understand barriers to participation. Additionally, we introduced Diversity and Inclusion Ambassadors and embedded inclusive practices into leadership programmes, reinforcing our commitment to creating a fair and equitable workplace for all.



Inclusive Culture Action Plan

In response to increasing legislative and policy requirements around equality, diversity, and inclusion, NWSSP has developed a comprehensive Inclusive Culture Action Plan for 2025–2027. This unified plan consolidates overlapping actions from multiple workstreams, including the NHS Wales Staff Survey, Workforce Race Equality Standard (WRES), Speaking Up Safely, and Welsh Government feedback on strategic equality initiatives such as the Anti-Racist Wales and LGBTQ+ Action Plans. It also addresses new legislative duties under the Worker Protection Act 2023 and supports the implementation of flexible working and well-being best practices.

The plan was co-produced by a working group comprising People and OD colleagues, Trade Union representatives, Culture Change Champions, and staff survey leads. It sets out 15 targeted actions aimed at improving morale, retention, and representation, while fostering a compassionate, inclusive, and psychologically safe working environment. Key initiatives include the launch of the “Leaders of the Future” programme, enhanced coaching and mentoring, inclusive recruitment training, and the introduction of a new appraisal model focused on compassionate leadership. The plan also prioritises increasing demographic data reporting, raising awareness of sexual safety, and supporting staff to speak up safely.

Progress will be monitored through regular reporting to the Senior Leadership Group, Partnership Committee, and Welsh Government, with updates shared across the organisation. The plan is fully aligned with NWSSP’s strategic objectives and core values, reinforcing a culture where all colleagues feel valued, supported, and empowered to thrive.



Learning and Development

Learning and development remain central to our mission at NWSSP, with a strong emphasis on creating inclusive, accessible and impactful opportunities for staff growth. This year, we conducted a thorough Annual Training Needs Analysis with all divisions to ensure our development offerings align with both organisational priorities and individual aspirations.

We've continued to invest in coaching and mentoring programmes, fostering a culture of peer support and continuous improvement. Our focus on digital capability skills has helped staff adapt to evolving technologies and hybrid working environments. Through a range of free and low-cost education and development options, including funded qualifications, we've supported staff in pursuing formal learning without financial barriers.

NWSSP has proudly supported two major graduate schemes; the All Wales General Graduate Management Scheme, hosted by Health Education and Improvement Wales (HEIW) and the Finance Graduate Scheme, hosted by the Finance Academy. These programmes have provided structured pathways into NHS careers for talented graduates across Wales.

We've also made strides in widening access to NHS careers through initiatives like the Network 75 Scheme, which combines academic study with work-based learning, and a variety of apprenticeships across departments. Additionally, we piloted Short Term Experience Placements within different teams, offering valuable exposure to NHS working environments. Our work placement programmes have further supported individuals looking to gain hands-on experience and explore career options within NWSSP.

A wide range of in-house training courses, complete with detailed descriptions and scheduled dates and times, has ensured that learning is both relevant and timely. We've also prioritised leadership and management development, offering a suite of programmes such as:

- Leaders of the Future
- Aspiring Leaders
- Leading for Excellence & Innovation Programme
- Compassionate Leadership
- How to be an Inclusive Leader
- Induction for Leaders
- Coffee and Conversation Sessions
- Wider Leadership Opportunities

These initiatives have helped nurture emerging talent, embed values-based leadership, and promote strategic thinking across the organisation.

Our regular webinars have provided flexible learning opportunities on key topics, allowing staff to engage in professional development at their own pace. These sessions have complemented our broader learning strategy and supported continuous growth across NWSSP.



Staff Benefit Schemes

Within NWSSP’s Staff Benefit Team, we offer the following schemes for staff:



Staff Lease Vehicle Scheme

Run in association with NHS Fleet Solutions and designed to provide all eligible NWSSP staff with the option of access to vehicles of their choice at a very competitive prices, whilst at the same time providing savings for the organisation that will support the services provided to patients.



Loans Repaid Through Salary

The scheme offers loans at affordable rates with higher acceptance than banks, as an affordable alternative to credit cards and overdrafts, it could also be used to cover an unexpected expense or help to achieve long-term financial goals.



Home Electronics Scheme

Run association with Home Electronic Solutions and designed to provide all eligible NWSSP staff with the option of access to home electrical items of their choice at a very competitive prices from Currys/PCWorld, whilst at the same time providing savings for the organisation that will support the services provided to patients. There is no deposit and costs are fixed for all elements of the term.



Cycle to Work Scheme

Offering staff a fantastic opportunity to save money on bikes and cycling equipment while promoting a healthier, more sustainable commute. Through this initiative, employees can spread the cost of a new bike over monthly payments, making it easier than ever to embrace active travel, further supporting NHS Wales’ commitment to staff well-being and greener, healthier workplaces.

Our Achievements



Staff Recognition

NWSSP held its Annual Staff Recognition Awards on 13 February 2025, provided an opportunity for the Senior Leadership Group to formally acknowledge the incredible commitment, dedication and professionalism of all our staff. This was the ninth annual event, and forth held virtually, celebrating the commitment and hard work of individuals and teams who have gone above and beyond in their roles, ensuring the delivery of high-quality services across NHS Wales. Staff were recognised in a variety of categories, with each recipient demonstrating exceptional dedication and excellence in their respective fields, contributing significantly to the overall success and efficiency of NWSSP.

Key highlights included the NWSSP Core Value Awards (Innovating, Working Together, Listening & Learning and Taking Responsibility), Welsh Language Culture Champions, Leadership, Hidden Heroes, Health and Well-being, Role Modelling Diversity and Inclusion, Team of the Year, Environmental Contribution to Sustainability, Trade Union Partnership Award, Managing Director's Star Awards, and Long Service Awards.

The event was an organisational celebration, filled with inspiring stories and heartfelt gratitude. It provided an opportunity for colleagues to come together, reflect on their achievements, and look forward to future successes. The atmosphere was one of camaraderie and pride, as everyone celebrated the collective accomplishments of the NWSSP family.



The ceremony was held virtually via Microsoft Teams, allowing staff from various locations to participate and celebrate together, regardless of their geographical location. Additionally, the event was screened across various NWSSP sites, ensuring that everyone had the opportunity to join in the celebrations. This virtual format ensured the event was both accessible and inclusive for staff, demonstrating NWSSP's commitment to leveraging technology to bring people together.



As NWSSP continues to strive for excellence, the event serves as a reminder of the incredible talent and dedication within the organisation. These awards not only honour individual and team achievements but also inspire others to pursue excellence in their roles. The ceremony was a resounding success, showcasing the best of what the organisation has to offer and setting a high standard for the future. To continue the celebrations, we hosted in-person 'face to face' regional events across Wales, where the Senior Leadership Group could personally thank our winners and present them with their awards and certificates.



Achievements



Bone Age AI software evaluation for NHS Wales



BS EN 14065 in the All Wales Laundry Service



Delivery of Optometry Pathways



Electronic System for Recording Audits (ESRA)



Embedding the Duty of Quality into everyday life in NWSSP – sharing the voices



Employee Investigations Event - Putting People at the Heart of our Processes



Mental Health First Aider Training



Microbiological testing of air in conventional ventilated operating theatres



Postgraduate Engineering Scheme for Network 75 students



Recruitment Modernisation Programme



Primary Care Expansion

Highlights from 2024-25

Menopause Buddy Role

Menopause Buddies are trained volunteers offering non-judgmental support and information to anyone needing assistance related to menopause. They provide empathetic listening, signpost resources, and suggest relevant contacts for more in-depth help. For managers, Buddies can guide them to workplace policies and support but do not offer clinical advice—medical concerns should be directed to a GP. A list of Buddies is available on the Health and Well-being intranet page, with posters in some offices displaying their contact details. Anyone can contact a Buddy, even outside their team, making it a widely accessible support system.



Men's Mental Health Group

There has been great development in progressing of Men's Mental Health Group which provides an opportunity for them to come together in a safe, supportive environment. NWSSP were thrilled to hear from Andrew Jenkins from "The Traitors" and Time to Change Wales who came to deliver an inspiring mental health presentation to our Men's Support Group meeting. His journey was and is a remarkable example of resilience which saw him face many challenges but through deep reflection and self-discovery, he emerged stronger than ever. Andrew was an inspirational speaker who has turned his story into a beacon of hope for others.



Speaking Up Safely: Promoting a Culture of Trust and Transparency



Following feedback from the Staff Survey, NWSSP took proactive steps to ensure a safer more transparent working environment. A Speaking Up Safely Lead was appointed and a follow-up questionnaire was conducted. To further encourage open communication, an anonymous reporting form was introduced. This ensures that employees feel secure and supported when voicing issues, creating a workplace where staff are empowered to report concerns, whether related to patient care, safety, or overall well-being, without fear of retaliation. Going forward, in 2025 / 2026, a new anonymous reporting platform "Work in Confidence" will be launched to enhance patient safety, strengthen workplace culture, and improve the overall quality of care.

Violence in Healthcare: Strengthening Safety Through Partnership and Prevention

In response to growing concerns around staff safety, NHS Wales has joined forces with all Welsh police forces and the Crown Prosecution Service (CPS) to take a firm stand against violence and aggression in healthcare settings. On 30 May 2024, a landmark meeting brought together key stakeholders to reaffirm their shared commitment to protecting NHS staff and emergency workers. This collaborative approach focuses on improving response protocols, enhancing support for affected staff, and ensuring that incidents are taken seriously and acted upon swiftly. Looking ahead, this partnership will continue to evolve, with new initiatives aimed at fostering a culture of zero tolerance for violence, reinforcing staff confidence, and ensuring that healthcare environments remain safe, respectful and supportive for all.



Committee Development

A Development Day was held in October 2024 with Committee Members, Senior Leadership and key individuals within NWSSP, and offered a valuable opportunity for reflection, collaboration and forward planning. With contributions from NHS Wales partners, the session explored key developments, from pharmacy innovation and risk management to refreshed commitments to customer service and strategic planning. The day fostered open dialogue and shared learning, reinforcing a collective focus on continuous improvement and partnership working. As we look ahead, the insights gained will help shape a more responsive, efficient, and collaborative approach to delivering shared services that support the evolving needs of NHS Wales and the communities it serves.



Planning Programme for Learning

The event, held in November 2024, brought together NHS Wales colleagues for a dynamic day of learning, discussion, and collaboration, featuring keynote speakers and practical workshops on topics ranging from international recruitment to sustainable pharmacy practices. Reinforcing NWSSP's commitment to continuous improvement, the event's resources were made widely accessible online.



Certifications and External Assurance

NWSSP continues to demonstrate its commitment to quality, accountability, and continuous improvement through a robust programme of external certifications and independently verified audits across its services. At a corporate level, the organisation retained its Customer Service Excellence (CSE) Accreditation and achieved certification to the ISO 14001:2015 Environmental Management Standard, reinforcing its focus on customer satisfaction and environmental responsibility.

A wide range of external audits were undertaken during the year, including assessments for STS Food Safety, Carriage of Dangerous Goods Licensing and compliance with Public Sector Internal Audit Standards (PSIAS). Several services also maintained regulatory oversight from the Medicines and Healthcare products Regulatory Agency (MHRA), covering both Good Distribution Practice (GDP) and Good Manufacturing Practice (GMP).

Across the organisation, divisions continued to hold certifications in ISO 27001 (Information Security Management), ISO 9001 (Quality Management), ISO 11014 (Material and Safety Data Sheets), and ISO 45001 (Health and Safety Management). Notably, the Surgical Materials Testing Laboratory (SMTL) successfully completed its four-yearly inspection to ISO/IEC 17025, a globally recognised standard for testing and calibration laboratories, with zero non-compliances.

Additional accreditations include Lexcel for Legal & Risk Services, which undergoes rigorous annual and triannual assessments and ISO/IEC 20000-1 and BACS certification for Central E-Business Services, which also achieved 100% customer satisfaction. NWSSP also holds the Mental Health First Aid Accreditation as a Trainer Organisation, further supporting staff wellbeing.

During the year our Finance team was also awarded the ACCA Approved Employer – Professional Development status, recognising our commitment to supporting the continuous professional development of ACCA members. This prestigious accreditation from the global accounting body highlights NWSSP's dedication to nurturing professional growth.

These certifications are not only a testament to the high standards maintained across NWSSP but are also closely aligned with the organisation's Duty of Quality principles. They are actively used to inform internal assurance, continuous improvement, and cross-organisational learning—supported by tools such as SharePoint and feedback from external assessors. Collectively, they provide assurance to our partners, customers, and the public that NWSSP operates with integrity, safety, and excellence at its core.



Awards and Recognition

Staff and divisional awards, both internal and external, continued to highlight the quality of services across NWSSP. This included the Annual Staff Recognition Awards in January 2025 and a series of regional in-person roadshows.

At the GO Awards Wales 2024, NWSSP was recognised for excellence in public procurement, receiving Highly Commended honours in three categories; the Collaborative Procurement Initiative Award (Electronic Prescribing and Medicines Administration), Procurement Team of the Year Award, and Best Procurement Delivery Award (Compounded Aseptic Medicines). NWSSP was also shortlisted for the Social Value Award, Best Net Zero Initiative Award, and Individual of the Year Award.

In November 2024, at the Shared Services Forum UK Future Vision Awards in Aintree, NWSSP was a finalist in four categories; the Community Award (NWSSP Resource Bank Team), Customer Collaboration Award, and Well-being Impact Award (International Recruitment). Millie Tottle, People and Organisational Development Assistant, won the Rising Star Award, recognising her significant contribution within five years in shared services.

In March 2025, NWSSP People and Organisational Development (POD) was shortlisted for the HR in Wales Award in the Creativity and Innovation category, for work on agency reduction, Bank staffing improvements, and the Flexible Recruitment Business Case process. James Green, Senior People and Planning Analytics Manager, was awarded Rising Star of the Profession.

These achievements reflect NWSSP's ongoing commitment to excellence, innovation and continuous improvement across NHS Wales.



Sustainable Development



Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 sets out ambitious, long-term goals that reflect the Wales we want to see, both now and in the future. We fully recognise the importance of this vision, particularly in the context of our role within NHS Wales and the broader influence we hold through the shared services we provide. The principles of the Act continue to underpin our policies, strategies, and plans, serving as a guiding framework for our work.

In line with this, we have integrated our well-being objectives with our strategic priorities to ensure they are embedded across all aspects of our service delivery. This alignment reinforces our commitment to a supportive and resilient workforce, enhancing staff engagement and satisfaction while contributing to the quality and sustainability of the services we deliver.

We embedded the five ways of working ensures we safeguard the needs of future generations without compromising those of the present. It ensures our robust governance arrangements improve the cultural, social, economic, and environmental well-being of Wales, through the Sustainable Development Principle. Aligned to this approach is the need to tackle climate change and to promote the Foundational Economy.

Decarbonisation underpins our strategy for delivering services and developing a Foundational Economy within Wales not only helps to reduce the carbon footprint, it also provides greater resilience and promotes local businesses and jobs.



Sustainable Development Principle

We are highly committed to developing and implementing a Once for Wales approach, where appropriate. It is vital that we embed the Sustainable Development Principles of the Well-being of Future Generations Act and in highlighting the best practice of integrated reporting, we have mapped our highlights and achievements against the 'Five Ways of Working'. These require us to think about the long term, integrate with the wider public sector, involve our partners and work in collaboration, in order to prevent problems and take a more joined up approach to service delivery.



Long Term



Integration



Involvement



Collaboration



Prevention

Long Term

- Implementation of new recycling and waste reciprocals across all sites to ensure compliance with new Welsh Waste Regulations which came into effect on 1 April 2024.
- Maintaining recertification to ISO14001:2015 for the environment.
- To expand upon our work supporting the Foundational Economy in Wales, working with Welsh suppliers.
- Greater emphasis and consideration for the life-cycle perspective of waste associated with our activities from within divisions.
- The ongoing project implementation of solar panel PVs at IP5 and Matrix House has now commenced and establishment of the associated management system for the energy data arising from the site.
- Reduction of emission limits across the Salary Sacrifice Car Scheme for vehicles to promote the attraction of electric vehicles and hybrid vehicles.
- Promotion of Cycle2Work scheme for staff via Staff Benefits Team.

Integration

- Decarbonisation is embedded into the Integrated Medium-Term Plan (IMTP) planning process, Strategic Objectives, and key deliverables merge with our Well-being Goals; integration and embedding of the agenda; greater focus on integrated reporting.
- Our carbon footprint monitoring is a well-integrated process and with the continued adoption of agile working, we are looking to create a new benchmark and improve the data collection and accuracy across all sites.
- Strengthening links and aligning our Sustainable Development & ISO14001 agenda, including the Decarbonisation Action Plan, working in partnership with interested parties and key stakeholders to deliver the goals.
- Annual Staff Recognition Awards Ceremony held with inclusion of Environmental Sustainability and Health and Well-being categories.
- Equality Integrated Impact Assessments completed for all projects, to include environmental sustainability and ethical employment.

Involvement

- Roll out of the NHS Wales Achieving Net Zero Level 1 e-learning package via ESR and Level 2 courses.
- Communications for decarbonisation agenda prepared for staff, including a promotional video and awareness sessions in the form of coffee mornings.
- Successful Health and Well-being Staff Partnership Group chaired by the Director of Finance & Corporate Services with regular communications published.
- Director of People and Organisational Development and Employment Services acting in capacity as our Anti-Slavery and Ethical Employment in Supply Chain Champion signed our Ethical Employment Statement.
- Opportunities for staff to get involved in the agenda and make a difference through becoming a volunteer Environmental Champion or Health and Well-being Champion. A variety of Staff Networks held and initiatives such as Menopause Cafes.

Collaboration

- NHS Wales Decarbonisation Programme and associated Action Plan, in its entirety, including Programme Board meetings.
- Working in partnership with NHS Wales colleagues, customers and partners to take part in initiatives such as NHS Sustainability Day, Keep Wales Tidy, WRAP Cymru, etc.
- Sustainability website revamp conducted to be a single hub of information that is up to date and relevant for users; conducted through engagement with interested parties and key stakeholders.
- Working with mental health and well-being providers to deliver sessions for our workforce, to achieve a Healthier and Resilient Wales (e.g. health and links to eating more sustainably).
- Collaborating with public and private bodies across primary and social care on support systems to aid recruitment.

Prevention

- Upgrade of lighting across NWSSP sites, to LED lighting in an effort to future-proof. Sustainability Risk Assessments undertaken for all procurement activity over £25,000 and audits of this process are carried out.
- Continued implementation of the Agile Working Toolkit and associated approach, allowing staff to work flexibly in line with organisational requirements. Reducing usage of scarce and finite resources, such as paper and energy and reducing staff commuting and travel for business purposes.
- Energy sourcing for the forthcoming financial year 2025-26 confirmed to stay with the current provider, Zero Carbon for Business, with the medium to long term plan to work towards zero based sources.
- Further installation of additional Electric Vehicle Charging Points across sites and plans to implement further Electric Vehicle Charging Points to support fleet development.
- Establishment of RAMIS (Random Access Management Information System) Compliance Management System at IP5 site in Newport, and further roll-out planned for sites, where possible.



Sustainability Performance

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment.

We successfully achieved recertification to the Standard through UKAS accredited certification body, Simply Certification Ltd and completed the year one surveillance audit in March 2025. Going forward, in line with NWSSP's Decarbonisation Action Plan, we will look to extend our scope of certification to include Laundry Service sites.

During 2024/25, we have achieved an overall reduction of 4.3% of our carbon footprint across our sites, against a target of a 3% reduction, year-on-year.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. Investments in environmentally friendlier technologies such as LED lighting, installation of solar panels and electric vehicle charging infrastructure have been a significant contributor to the organisation's reduction in carbon emissions.

The Environmental Champions and the Green Team continue to identify ways to reduce our impact and where savings can be made, in addition to utilising technology to improve data collation and reporting. The increase in adoption of agile working arrangements, has resulted in a reduction in staff headcount on sites, and this combined with increased education and awareness of NWSSP carbon footprint aims and targets and the difference staff can make no matter how small, has made a welcome contribution to the reduction. We have also encouraged staff to undertake e-learning modules such as Achieving Net Zero in NHS Wales, promoting environmental awareness.



- Electricity usage has decreased overall by 16.6%, due to targeted efficiency measures such as the installation of solar panels, LED lighting installation and motion sensor technology across a number of sites. These projects, including behaviour changes and the continued agile working approach, demonstrate a proactive and co-ordinated approach to reducing electricity consumption.



- In relation to the total electricity consumption, 2.4% relates solely to utilising Electric Vehicle Charging Units (EVCUs) across our estate. Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 6% overall. The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier Services' fleet having priority as "the wheels of the NHS in Wales". In terms of increased demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality the environment and the reduction of the carbon footprint for the commute of NWSSP staff. This contributes to a Healthier and Globally Responsible Wales as there are Co2e reductions from charging electric vehicles, compared with burning fuel from petrol and diesel engines.



- Gas consumption decreased overall by 8.0% during the period, achieved across several sites through a combination of operational changes, infrastructure issues and seasonal factors. A notable decrease was attributed to a malfunction in the warehouse gas heating system at Denbigh Stores, which remained out of service for several months. Going forward, there are operational plans in place for IP5 to replace ageing heaters with more efficient systems.



- We used kerosene oil used to heat the Westpoint Industrial Estate site during the period and the usage increased by 32.44% (variation of 2,479kg of CO2e) during the year. This is the only site that uses oil to heat the building, and the increase can be attributed to a colder winter and extended operational hours during peak months. These factors led to higher heating demand to maintain indoor comfort levels, particularly during early mornings and evenings when temperatures were at their lowest.
- Water consumption decreased by 33.7%, due to a proactive maintenance and staff engagement. During the period, identification of early leaks and associated repairs were undertaken at Alder House. Surgical Materials Testing Laboratory began group laundering of lab coats in order to minimise water usage, coupled with installation of a pressure sensor valve. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.

- The total waste generated across all of our sites has increased by 8.4% (variation of 2,496kg of Co2e). During the year we continued to build on the work undertaken to reform segregation of waste streams and associated behavioural changes. However, due to a number of refurbishment projects, such as Charnwood Court and Companies House, and initiatives undertaken across our sites, coupled with the move from Brecon and Cwmbran House to DuPont, the overall waste generated has understandably increased.
- Confidential waste increased overall by 27.2% (variation of 3,399 kg of Co2e). The increase can be attributed to the refurbishment projects that were undertaken across sites, coupled with the DuPont relocation. In addition, services which typically generate significant volumes, such as Accounts Payable and Primary Care Services, completed scanning projects and review of storage areas. Surgical Materials Testing Laboratory also implemented a paperless IT system during the period and introduced a process for printing documentation. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations. Going forward, we will continue advancing digital processes to reduce paper use, conserve resources and strengthen data security, reflecting our wider commitment to minimising use of scarce resources (i.e. paper).
- We saw an increase in pool vehicle usage of 32.1% (400kg of Co2e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are eco-friendly, such as electric or hybrid vehicles, further mitigating our environmental impact.
- Likewise, delivery transport usage increased by 57.5% and this can be apportioned to operational changes, particularly during site relocations. At Brecon House, delivery transport was used extensively to support the move to DuPont, involving the transfer of equipment and materials between sites. This included the movement of items to other locations as part of the decommissioning process. In addition to this, at Stores sites where we saw an increase, this is due to operational demands and expansion of services. Going forward, we will continue to advance the fleet modernisation programme to further mitigate emissions, improve fuel efficiency and support the transition to low-emission and electric vehicles across our operations.
- Business mileage travelled increased by 6.28% during the period. Despite this increase, this figure remains low compared to figures reported prior to March 2020, given continued agile working arrangements and increased use of technology to host online meetings, with 861,043 miles being travelled.

Ethical Employment in Supply Chain and Modern Slavery

The Code of Practice was established by Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector organisations in receipt of public funds. The Code is designed to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, and International laws.

It covers employment issues such as modern slavery, human rights abuses, blacklisting, false self-employment, unfair use of umbrella schemes, zero hours contracts and paying the living wage. We have committed to ensuring that procurement activity conducted on behalf of NHS Wales is done so in an ethical way.

We will ensure that workers within the supply chains through which we source our goods and services are treated fairly. We signed up to the Code and developed an action plan to monitor our progress. We appointed our Director of People and Organisational Development and Employment Services as our Ethical Employment Champion.

Transparency in Supply Chains (TiSC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. These Statements are used during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments. The site allows NWSSP to publicly declare our anti-slavery stance and associated policies. The site is sponsored by the Welsh Government and acts as a step towards eradicating modern slavery in supply chains.

To date, NWSSP has:

- Embedded the Ethical Employment Code of Practice into standard operating procedures
- Provided training to those involved in buying / procurement on modern slavery, ethical employment practices.
- Aligned the Code of Practice within our broader Sustainable Procurement Code of Practice.
- Became a signatory to the Transparency in Supply Chains (TISC) register and published the NWSSP Ethical Employment Statement.
- Encouraged suppliers to sign up to the commitments of the Ethical Employment in Supply Chains Code of Practice and also to the TISC register to publicise their commitment and their Modern Slavery / Ethical Employment statements.
- Engaged with wider NHS Scotland, NHS Northern Ireland, and NHS England colleagues to continue to develop and share best practice.



The Welsh Government is currently revising its Code of Practice on Ethical Employment in Supply Chains, with an updated version anticipated in Autumn 2025. In support of this work, NWSSP continues to play an active role in the National stakeholder group, contributing to the development of enhanced ethical standards.

In preparation for the revised Code, we are revisiting our commitments for 2025–26. This may include segregation of internal employment and supply chain employment commitments, consideration of the Living Wage Foundation’s Living Wage and the integration of these commitments within wider policy.

Additionally, going forward, NWSSP will adopt the suite of procurement metrics to monitor progress and impact, in alignment with the Social Partnership and Public Procurement (Wales) Act 2023. These actions underscore our continued commitment to ethical, transparent, socially responsible, and sustainable procurement practices.



Social Partnership

NWSSP continues to uphold the principles of the Social Partnership and Public Procurement (Wales) Act 2023, working collaboratively with staff, trade unions, and stakeholders to promote fair work, enhance well-being, and support the delivery of high-quality public services. As a key enabler of NHS Wales, NWSSP delivers a wide range of non-clinical services and places strong emphasis on inclusive workforce engagement.

Throughout the reporting period, NWSSP maintained regular and meaningful dialogue with staff and trade union representatives through established partnership forums and divisional structures. These mechanisms enabled staff to actively contribute to service development and quality improvement, particularly through the Duty of Quality framework, which included divisional self-assessments and continuous reporting.

NWSSP values the role of trade unions in shaping a positive working environment. By working in partnership with unions such as GMB, UNISON, Unite, BMA, and MiP, the organisation benefits from improved mutual understanding, more effective policy implementation, and high standards of employment practices. Staff are encouraged to become union members, recognising the importance of transparent and streamlined engagement between employers, unions, and employees.

In prioritising staff well-being and inclusion, NWSSP delivered training aligned with the Welsh Language Standards and inclusive practices. Initiatives such as the Speaking Up Safely programme and evaluations of staff experience supported a culture of openness and continuous improvement. Staff contributions were celebrated through the Annual Staff Recognition Awards, regional roadshows, and the Annual Health and Well-being Conference.

Aligned with fair work principles, NWSSP continued to offer secure employment, fair pay, and development opportunities. Workforce plans were co-produced with input from across all divisions, and staff-led innovation projects were piloted to improve service delivery. Equality, diversity, and inclusion remained a priority, with inclusive recruitment policies, working groups, and training on unconscious bias and cultural competence.

NWSSP also retained its Customer Service Excellence Accreditation, which was cited in the Duty of Quality report as evidence of the organisation's commitment to quality and customer focus. Feedback from external assessors informed internal improvements and helped share best practice across divisions.

In procurement, NWSSP embedded social value and ethical employment standards, supporting local suppliers and contributing to the foundational economy. Through collaboration, transparency, and shared decision-making, NWSSP continues to advance the social partnership agenda and support the wider goals of NHS Wales.



Our People



Our People

Staff In Post by Divisions

Divisions	Headcount	FTE
043 Accounts Payable Division	152	146.77
043 Audit & Assurance Division	54	51.33
043 Corporate Division	28	24.31
043 Counter Fraud Division	7	7.00
043 Digital Workforce Division	26	25.67
043 E-Business Central Team Division	18	17.53
043 Employment Division	343	301.66
043 Finance Division	28	27.03
043 Hosted Services Division	9	7.91
043 Laundry Division	188	163.76
043 Legal & Risk Division	191	176.89
043 Medical Examiner Division	97	64.69
043 Medical Workforce	19	18.80
043 People & OD Division	48	44.33
043 Pharmacy Technical Services Division	31	30.60
043 Planning, Performance and Informatics Division	45	44.52
043 Primary Care Division	306	283.27
043 Procurement Division	824	760.89
043 Single Lead Employer Division	3554	3332.95
043 Specialist Estates Division	54	53.36
043 Surgical Materials Testing (SMTL) Division	26	23.92
043 Welsh Employers Unit Division	6	5.33
Grand Total	6054	5612.53

NWSSP Assignment Category Summary

Assignment Category	Headcount	%	FTE
Fixed Term Temp	3594	59.37%	3359.16
Permanent	2460	40.63%	2253.38
Grand Total	6054	100.00%	5612.53

NWSSP Age Profile Summary

Age Band	%
<=20 years	0.23%
21-25	11.83%
26-30	21.67%
31-35	22.70%
36-40	13.35%
41-45	7.17%
46-50	5.38%
51-55	5.98%
56-60	6.48%
61-65	3.87%
66-70	1.02%
>=71 years	0.33%
Grand Total	100.00%

NWSSP Gender Summary

Gender	Headcount	%	FTE
Female	3299	54.49%	3034.57
Male	2755	45.51%	2650.03
Grand Total	6054	100%	5684.59

NWSSP Employee Category with Gender Split

Full Time/ Part Time	Female %	Male %
Full Time	36.32%	37.31%
Part Time	18.17%	8.19%
Grand Total	54.49%	45.51%

NWSSP Ethnic Group Summary

Ethnic Group	%
Not Stated	2.00%
Unspecified	6.97%
White	67.69%
Global Majority	23.34%
Grand Total	100.00%

NWSSP Marital Status Summary

Marital Status	Headcount
Civil Partnership	1.27%
Divorced	2.44%
Legally Separated	0.21%
Married	30.62%
Single	27.02%
Unknown	38.02%
Widowed	0.40%
Grand Total	100.00%

NWSSP Sexual Orientation Summary

Row Labels	%
Bisexual	2.20%
Gay or Lesbian	2.03%
Heterosexual or Straight	68.17%
Not stated (person asked but declined to provide a response)	5.02%
Other sexual orientation not listed	0.18%
Undecided	0.03%
Unspecified	22.37%
Grand Total	100.00%

NWSSP Religious Belief Summary

Religious Belief	%
Atheism	21.36%
Buddhism	0.79%
Christianity	28.54%
Hinduism	2.02%
Do not wish to disclose my religion/belief	9.61%
Islam	7.38%
Jainism	0.03%
Judaism	0.10%
Other	6.21%
Sikhism	0.25%
Unspecified	23.70%
Grand Total	100.00%

A Forward Look



Overarching Principles for 2024-25

Doing the Basics Well

NWSSP is committed to provide a robust foundation for the Welsh NHS, by providing reliable services to our partners. A focus on excellence is integral to the overall success of our IMTP and we understand the impact this has on healthcare delivery across Wales. In 2024 NWSSP maintained corporate accreditation for Customer Service Excellence, highlighting our continued dedication to ensuring excellence is as at the heart of our services.

Equality, Diversity and Inclusion

Equality, diversity and inclusion are fundamental to creating a fair, just, and respectful workplace. By embracing these areas NWSSP aims to foster a culture where everyone feels valued, respected, and empowered to contribute their best. This involves recognising and valuing differences, challenging biases, and creating inclusive practices that benefit both staff and service users. Through equality, diversity and inclusion, NWSSP strives to improve health outcomes, enhance service delivery, and build a stronger, more resilient organisation.

Staff Wellbeing

We will continue to provide support to all our staff to promote physical, mental and financial well-being. We will maintain the strong partnership approach we have been building with our trade unions as we navigate ongoing change, ensuring that the voices of our staff are not only heard but also addressed.

Overarching Principles for 2024-25

Financial Sustainability

We remain committed to a balanced budget, compliance with our break-even duty and a targeted reinvestment plan for those NWSSP services that directly support Ministerial Priorities. Within the Value and Sustainability work streams we are taking the lead in three areas: workforce, medicines and prescribing, and non-pay and procurement. Additionally, we are assessing the impact of unwarranted variation using our Service Improvement Team's expertise to challenge and enhance our services.

Duty of Quality

This is a key priority for NWSSP as it aligns with our overarching goal of Delivering Value, Innovation and Excellence through Partnership. We understand the crucial role we play in supporting various aspects of healthcare delivery, including procurement, pharmacy and workforce services. Our alignment with the Duty of Quality reinforces our dedication to enhancing the overall quality and effectiveness of our services across Wales.

We are committed to maximising opportunities to improve quality, reduce waste, and ensure consistency across all our services. While the current economic climate presents challenges, we remain confident in our plan's ability to drive innovation and excellence in the services we provide.



 Our Services

 Our Value

 Our People

Continue with Learning Programmes, with a focus on Women’s Health in maternity and neonatal services.

Support the transfer of the WIBBS scheme to the Infected Blood Compensation Authority.

Support the re-procurement and implementation of a Health Roster Solution on an All-Wales Basis.

Move to mobilisation stage of the Workforce Transformation Solution.

Review reporting in the Medical Examiner Service to meet customer requirements and alignment to the Duty of Quality.

Further embed the recruitment improvement programme to advance service efficiencies through innovation and digital automation.

Work with Welsh Government to extend the All-Wales International Recruitment Programme.

Enhance the use of data analytics in the work of internal audit.

Develop Primary Care Workforce Intelligence Services.

Support NHS Wales to deliver patient facing services through enhanced emergency preparedness and resilience.

Continued development of Transforming Access to Medicines.

Continued development of Scan for Safety as part of the modernisation programme for NHS Wales.

Identify solutions to drive automation and support embedding of the Wales Ophthalmic contract.

Lead a group looking at central procurement of reusable gowns for Health Boards.

Establishing a robust service model for national delivery of seasonal vaccination Programmes.

Deliver agreed Procurement Foundational Economy workplan for NHS Wales, with milestones and deliverables being developed with Welsh Government.

Continue to deliver NWSSP decarbonisation actions and support more widely decarbonisation across Wales.

Undertake a full review of Engineering maintenance services to develop a more resilient and efficient laundry service.

Establish a Radiopharmacy Unit from South East Wales to support NHS Wales.

Continue with National Logistics Model for NHS Wales with a focus on rationalisation and standardisation.

Provide revised guidance and support to NHS Wales in relation to Putting Things Right.

Developing services and specialities under the Single Lead Employer model.

Review and report on the long-term strategic options for Financial Management System services.

Upskill staff to prepare for increased digital and automation in the workplace.

Launch a new Welsh Language Strategy to support ‘More Than Just Words’ and Welsh Language standards.

Enhance our commitment to the armed forces community as a workplace to support the Armed Forces.

Continued roll out of Duty of Quality principles and embedding across the divisions.

Implement Speaking up Safely with Health Education and Improvement Wales.

Continue developing our Employee Value Proposition.

Through the NWSSP’s Inclusive Culture Action Plan continue to embed Anti Racist Wales Action Plan.

Our Strategic Priorities 2025-28



Value

Maximising the benefit, efficiency, and social impact of what we do for our partners.

We are committed to maximising the value, efficiency, and social impact of our services for our partners. By reducing waste and variation, we aim to optimise resource utilisation, freeing up capacity and time to support improved patient care.

Recognising our crucial role in the Value and Sustainability agenda, we will strengthen our All-Wales programmes and collaborate with partners to achieve greater consistency.

The following key initiatives outlined in our IMTP illustrate our commitment to these objectives, building upon the progress made in 2024-25.





Service improvement, benefits realisation and customer service excellence



What will this mean to our customers?

More efficient and value for money services from across our divisions.

The Project Management Office and Service Improvement Team continued to support the implementation of benefits realisation through projects and improvement initiatives, which include setting measurable targets, regular monitoring and reporting.

During 2024-25 the Service Improvement Team supported the development of an inaugural NWSSP Service Improvement Plan directly aimed to support the organisations approach to the overarching Value and Sustainability All-Wales group.

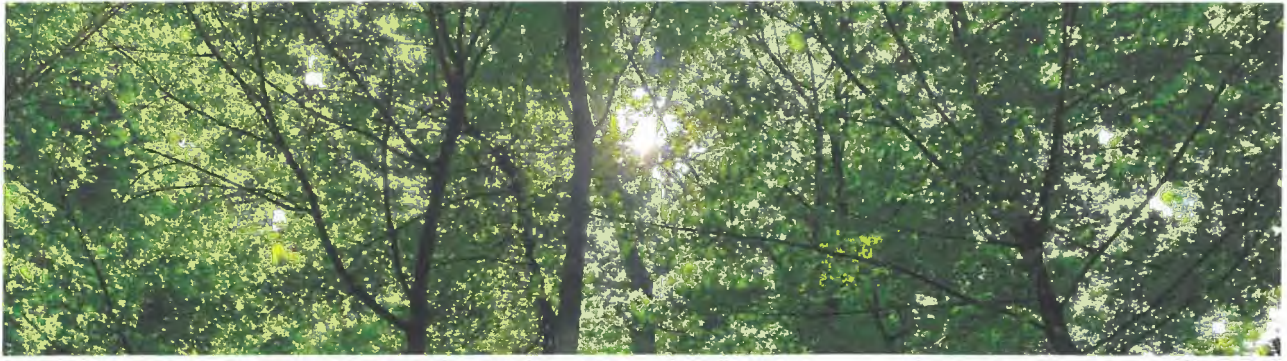
In addition, the Project Management Office supported the development of the NWSSP Capital Prioritisation Group which aims to support our approach to developing business cases which also supports the wider organisational approach to benefit realisation and evidenced based investment.

The team continue to support the delivery of key organisations initiatives such as Customer Service Excellence and other key initiatives including:

- Laundry Services review
- Variable Pay
- Capital investment prioritisation

Moving into 2025-26 we will:

- Further enhance the services and capabilities provided of the Project Management Office and Service Improvement Team through knowledge and capability development.
- Increase the visibility and availability of Project Management Office and Service Improvement services.
- Increase the application of the Change Management framework working in conjunction with projects and change initiatives.



Decarbonisation



What will this mean to our customers?

We are supporting our partners to reduce their carbon emissions and deliver on their local Decarbonisation Action Plans.

The NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 (the 'Plan') was developed to drive a reduction in carbon emissions from NHS Wales's operations. The Plan identifies five workstreams: Carbon Management; Transportation and Procurement; Buildings and Estate Planning, Land Use; and Approach to healthcare, with a detailed road map for NHS Wales. The Plan has 46 initiatives which help facilitate or directly reduce carbon emissions, which are further divided into tasks. NWSSP plays a critical role in supporting the delivery of the Plan and Welsh Government's ambition of a net zero public sector by 2030, at both a national and local level, by leading on 36 tasks in the Plan. These include all procurement initiatives, numerous transport initiatives and several initiatives distributed across the remaining work streams.

Transport Task and Finish Group

NWSSP chairs and facilitates the All-Wales Transport Task and Finish Group. Following the successful delivery of an NHS Wales Guidance document for Electric Vehicle charging infrastructure in 2023, the group is now focused on Initiative 18. In collaboration with NHS Organisations, the group will establish a standardised system of vehicle management for owned and leased vehicles. This will allow organisations to plan, manage, and assess vehicle performance.

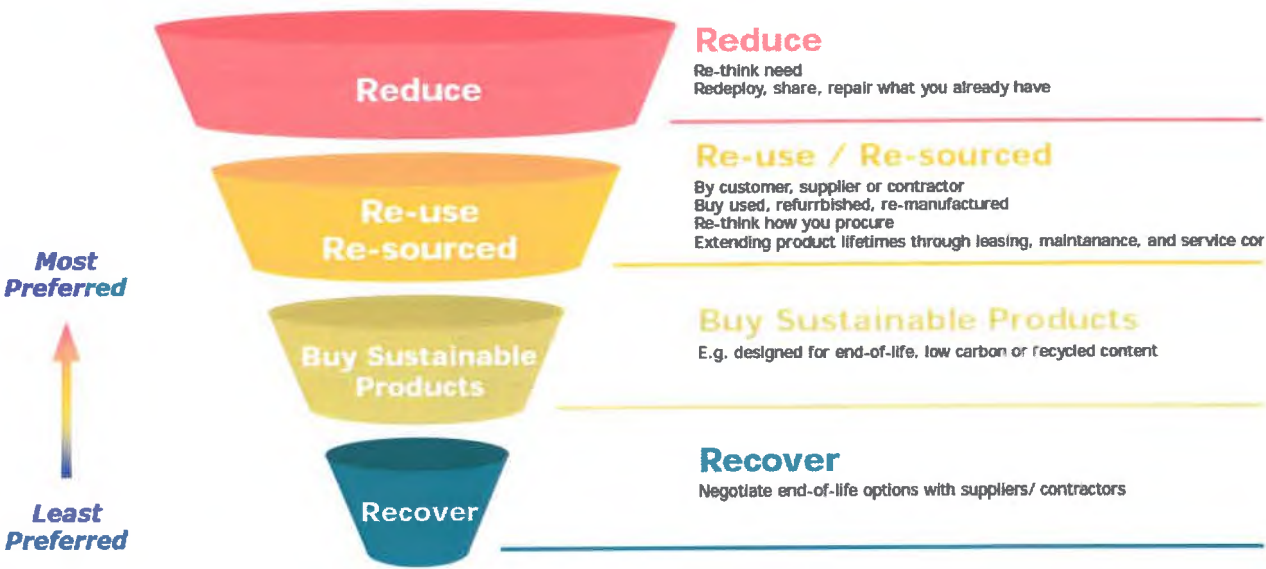
NWSSP Procurement

In parallel with the prioritisation of financial efficiency, the Procurement Service continues to work on the delivery of the NHS Wales Decarbonisation Strategy Delivery Plan in relation to identifying and reducing carbon emissions associated with procurement activity.

The teams across Wales are continuing to undertake a targeted approach on the national procurements that have the most potential to impact on reducing the carbon footprint either by changing the source of manufacture, the type of product or take measures to reduce consumption and demand.

A key goal for NWSSP Procurement is to embed the principle set out in the Sustainable Procurement Hierarchy across NHS Wales.

Sustainable Procurement Hierarchy



Source: Wrap Cymru (2021)



NWSSP Carbon Footprint

All NHS organisations in Wales have developed individual Decarbonisation Action Plans detailing their response to the Plan and the 46 initiatives. NWSSP has gained a substantial amount experience through delivering its previous action plan, however there is still a risk of not achieving NHS Wales targets. In March 2024, the local Decarbonisation Action Plan was fully refreshed, providing an ambitious and deliverable road map, aimed at decarbonising our own facilities and activities.

Achievements for the previous period include:

- Trial application of Solar Photovoltaic panels to vehicle roofs to provide auxiliary back up power and reducing engine idling.
- 90% of all NWSSP owned Properties have been converted to LED lighting.
- E-Learning awareness training 'Achieving Net Zero' Level 1 has been created and is available to all staff on the Electronic Staff Records (ESR) platform.
- Implementation of vehicle tracking. Tracking has been fitted to all known NWSSP Supply Chain, Logistics and Transport fleet and analysis of vehicle routine schedules has helped inform where we get optimal use and location of the Electric Vehicle fleet.
- Food waste recycling has been introduced at NWSSP facilities where more than 5kg is produced per week.

The refreshed approach has been to develop plans which are fully aligned with the National Plan and working within the following themes:

Theme	Example NWSSP Decarbonisation Action
Leadership / management	Roll out of Carbon Awareness Level 2 face-to-face training to 80% of identified staff, to be undertaken between 2024 and 2026.
Energy and buildings	Reduce office space to reflect modernised 'agile' working arrangement, reducing carbon use for heating and lighting.
Laundry services	Undertake a review of Route Consolidation, aligned to local sites for laundry distribution once laundry services are fully transferred to NWSSP.
Waste management	Review Supply Chain Recycling at Warehouse sites, via waste consolidation e.g. Cardboard reduction, Plastics.
Procurement, Logistics & Supply Chain	The approach to accounting for emissions in procurement will continue to transition to a 'market based' method.
Transport and travel	Increase our electric vehicle fleet and infrastructure.
Clinical Process	On behalf of Primary Care Services, undertake service re-design (Medical Records etc.) to optimise distribution between Primary Care sites to the closest Primary Care Support Services Centre.
Green infrastructure / biodiversity	Identify and support any green initiatives and sustainability innovations across NWSSP.



Climate Change Adaptation

NWSSP understands the need for NHS Wales to be well-adapted to climate change, that delivering on net zero and emissions reductions must happen alongside adaptation to mitigate the changes in climate already being experienced. Adapting to current and predicted changes to our climate, both at national and local levels is vital across health and social care and recognising that the actions taken for decarbonisation and adaptation are connected and have potential co-benefits.

Utilising the Climate Adaptation Guidance and Toolkit for Health and Social Care published in October 2024, NWSSP will develop a strategy for Adaptation, to include the development and implementation of climate focused health and well-being risk and opportunity assessments. By sharing its approach to adaptation and utilising the established network of customers and partners to facilitate engagement, NWSSP aims to support organisations across NHS Wales.

Further actions include evolving climate response plans, drawing on lessons learned to date and ensuring a joined-up approach between mitigation and adaptation, ensuring our route to Net Zero fully recognizes the need to ensure long-term health and social care resilience, and service delivery impacts of climate change.



Foundational Economy and Wellbeing Impacts



What will this mean to our customers?

Our aim is to increase resilience in the supply chain and increase the expenditure and contracts awarded to Welsh Suppliers.

NWSSP understands that our procurement services must deliver the best possible service to Health Boards and Trusts and the patients and communities they serve. This means ensuring that products, services, and provisions are sourced efficiently and at the best value. We are committed to sourcing and delivering high-value goods and services through working in social partnership with our customers, stakeholders and suppliers. In the face of economic and financial challenges, we aim to support reinvestment into the Welsh economy, as outlined in the "A Healthier Wales Plan".

Our procurement strategy reflects the principles of the Foundational Economy encouraging local resilient supply chains, through fair open and transparent competitive exercises.

The Procurement Services Sustainability Team continues to focus on advancing the following key workstreams:

- Providing wider sustainability training and support to procurement teams.
- Undertake an outreach programme to engage with Welsh suppliers directly and offer support.
- Enhancing data and reporting in Procurement Services.
- Promoting innovation and best practices.
- Integrating wider circular economy and decarbonisation principles into procurement processes across NHS Wales.

The Sustainability Team works closely with procurement teams to foster change and contribute to the growth of the Foundational Economy. Given the financial pressures faced by Health Boards and Trusts, there is an increasing need to implement cost-saving initiatives creating a tension between cost and wider sustainability. To address this, Procurement Services have segmented our contract programme to identify Foundational Economy and Decarbonisation opportunity contracts.

As part of our ongoing commitment, we continue to award contracts to local suppliers, benefiting the Welsh economy. We assign a 15% weighting in our tender criteria to ensure our contracts deliver wider Well-being and Foundational Economy impacts, where relevant and proportionate. Furthermore teams, with identified contracts opportunities, have continued to develop innovative competitive tender strategies to maintain or expand the Foundational Economy impact of their contracts.

NHS Wales is committed to the Well-being of Future Generations (Wales) Act 2015 (WBFGA) and the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP). Over the coming year, we will work closely with our suppliers to expand our data collection and reporting in line with the requirements of the statutory measures associated with SPPP, which are due to be finalised in 2025.

NHS Wales will continue to invest in the Foundational Economy and this focus has led to the award of significant contracts to Welsh suppliers: £101 million worth of spend being awarded to Welsh based contractors in 2023-24. This, along with other initiatives, has resulted in over £2.1 billion or 43% of NHS Wales's non-pay expenditure being directed to Welsh suppliers in 2023-24.

In response to further queries regarding Foundational Economy, NWSSP has started to measure the performance of individual Health Boards and Trusts as well as the spend associated within Welsh regions as well as the individual Health Board geographical footprint.

Looking ahead to 2025-26 and beyond, our priorities include:

- **Reviewing Current Suppliers Well-being Impacts:** We will engage with our suppliers to assess the additional value they bring through their contracts. This process will become continuous as we review our suppliers through the lens of the SPPP Act and will also encompass wider sustainability and decarbonisation metrics.
- **Contract Pipeline Review:** A new pipeline will be published, highlighting Foundational Economy and Decarbonisation opportunities and the potential for additional Well-being Impacts.
- **Influencing competitive tender processes:** We will seek to leverage our procurement activities to deliver the best value for money outcomes, whilst also looking to deliver positive social, economic, cultural and environmental outcomes from our procurement processes.



Procurement



What will this mean to our customers?

Supporting our customers to realise cost efficiencies and save staff time enabling a focus on patient care.

Savings and Financial Efficiency

NWSSP Procurement Services remains committed to delivering cash releasing savings for NHS Wales Organisations, with a commitment to delivering £42 million in the 2024-25 financial year. This target is composed of local, regional and national savings plans developed by the teams across Wales for a range of goods and services. In the context of the very challenging financial environment facing NHS Wales and the need to facilitate further savings opportunities, the service is providing advice to the NHS Wales Value and Sustainability Board identifying areas where senior Board Executive and Welsh Government support will be required to address clinical preference and unlock the full potential of the additional savings pipeline.

In some areas of medical and clinical non-pay expenditure, variation in the use of manufacturers' brands across Wales has created price variations between Health Boards which need to be challenged and wherever possible a standardised product range agreed for future use which maximises the potential of a national approach to procurement.

Moving into 2025-26 we will be developing an agreed national, local, financial and non-financial savings and reporting strategy.

Legislative Changes

The legislative framework within which the Procurement Service operates is also changing significantly in February 2025 with the introduction of the Social Partnership and Public Procurement (Wales) Act 2023 and the Procurement Act 2023.

The Procurement Act 2023 will replace in its entirety the current, European Union derived, public procurement regime for the UK following Brexit. The changes are designed to increase flexibility for buyers when engaging with the market and improve transparency in decision making. The Social Partnership and Public Procurement (Wales) Act 2023 will cover some of the areas within the Procurement Act 2023 but focus more specifically on issues relating to social value through partnership, socially responsible procurement, fair work and sustainable development. The introduction of these pieces of legislation will require significant training and awareness for procurement practitioners, stakeholders and suppliers within the market. Training modules have now been completed by all NWSSP procurement staff alongside detailed deep dive sessions.





Recruitment Modernisation



What will this mean to our customers?

A modernised and efficient recruitment service that meets the needs of our customers.

Reducing the Time to Hire

The Recruitment Modernisation Programme was developed in 2022, whereby several changes and improvements have been made to processes, education and technology.

Key process changes that have been implemented to date include:

- Reducing the number of pre-employment checks that are mandatory prior to start date.
- Booking a provisional start date with the candidate at the time of verbally offering the post.
- No reference requirements for internal to organisation appointments.
- Recruitment teams can approve references if they contain no sickness or disciplinary information.
- The implementation of Digital Identity Validation software (Trust ID).
- Supporting the roll out of the new Occupational Health system (OPAS G2) to be completed by December 2023.

During 2024-25 we have and will continue to in 2025-26:

- Review 'owning the journey' progress across NHS Organisations and evaluating the benefits.
- Explore ideas through consulting with other organisations and recruiting managers.
- Review implemented changes to ensure they are effective.
- Utilise digital technology available to support further reductions in 'time to hire'.

Reducing Time to Hire – Owing the Recruitment Journey

Whilst the changes to process and the implementation of Digital Identity validation software is showing positive results, there is additional activity that both NHS Organisations and recruiting managers can undertake to support a reduction in the time to hire, including planning recruitment activities in advance and streamlining the number of vacancy approvals required. These activities have been agreed and work has started across Wales. A key activity to ensure Time to Hire is real time, is for organisations to cleanse older records in the system, this work has seen a reduction from 25% of records being older than 91 days since offer to 7%.

The Recruitment Service will continue to hold engagement sessions with recruiting managers on the Reducing the Time to Hire, including communicating tips and myth busting. A key component to the recruitment process is managers participation. Managers are advised to keep in touch with their appointee and review the Trac recruitment system regularly to reduce delays.





Payroll Modernisation



What will this mean to our customers?

A reduction in overpayments and associated process and an increase in Management Self Service, resulting in increased payroll accuracy.

Staff Movement Advice

The Staff Movement Advice (SMA) App has been developed in conjunction with DHCW, to replace the old payroll forms. The SMA has been built on the Microsoft 365 platform in a digital application and has been deployed successfully to 10 Health Organisations with plans to deploy to a further one in January 2025, leaving two remaining Health Organisation to commit to moving.

The benefits of the SMA include:

- A significant reduction in administration work for both Health Organisations and NWSSP.
- Reduction in payroll errors.
- Ease of use.
- Changes made and actioned by the payroll team, are notified back to the user.
- Reduced calls to payroll - in some areas a reduction of 50%.

Phase two of the project will commence in mid 2025 where the data will be digitally input direct into ESR via Power automate, further reducing burdensome administration related tasks.

Over payments portal

Our Employment Services team have developed a payroll overpayments portal to support NHS Organisations to reduce the frequency of these payments, as over 90% of overpayments are generated by the employing organisations through late or incorrect submissions.

The portal benefits include:

- Targeted support for managers who may require retraining and additional support.
- Information is captured on the recovery element undertaken by each Health Board finance team and a complete history is available on every overpayment from discovery to recovery.
- Directors can view overpayments in their organisation instantly.
- The system is based in live environment.
- Overpayments have reduced as a result.

Moving into 2025-26 we will be:

- Entering Phase 2 of the Payroll service improvement.
- Testing and deploying the direct entry into ESR to significantly reduce administration and errors and ultimately offer our user a better customer journey.
- Working with Health Boards, using the overpayments digital Portal to further reduce overpayments.





Workforce Transformation Solution Preparedness



What will this mean to our customers?

Monitor programme requirements and provide payroll and recruitment expertise and insight to support NHS Wales transition plan of services to the new people portal.

Our Modernisation Programme's for payroll and recruitment has released efficiencies to our customers and has been a step change towards the Workforce Transformation Solution preparedness. 2025 will see these programmes mature into a continuous service improvement delivery model.

Our Teams will continue to monitor the ambition of the transition programme providing insight into current services, advising on opportunities and professional influence in service design.

Moving into 2025-26 we will collectively:

- Assess the functionality against legacy NHS Wales payroll and recruitment processes.
- Advise on critical service points and design.
- Prepare for Employment Services transition and digital skills plans for 2026-27.

Phase two of the project will commence in mid 2025 where the data will be digitally input direct into ESR via Power automate, further reducing burdensome administration related tasks.



Duty of Quality



What will this mean to our customers?

We continue to focus on quality, reliable, safe, and effective services in line with standards and regulations as appropriate, supporting the overall health system in partnership.

The Health and Care Standards

Our first annual report demonstrated how we have implemented and embedded the 12 Health and Care Quality Standards across NWSSP. We have introduced this to areas which are non-clinical and to whom this is a new way of thinking, and a new way of demonstrating our Quality Management Systems.

Health and Care Quality Standards



Quality Standards

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

Quality Enablers

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

We have sought feedback on the Duty's impact and how it has improved our work across NWSSP. Key words from colleagues include; refreshed, impact, reflection, supportive, sharp, improvement and focus. This demonstrates that not only is the Duty being used constructively in planning and implementing services, it is also having a positive impact on the way our people think and act and how it benefits the culture of the organisation.

Evidence that demonstrated our commitment to quality in 2023-24 included:

- Maintaining ISO accreditations and therefore achieving external audit standards.
- Whole Organisation Customer Service Excellence Award.
- Submission of our first Annual Duty of Quality Report.
- Quality Driven reporting into Health Boards and Trusts for example the Medical Examiner Service and Audit and Assurance.
- Excellence in the use of quality data to inform quality improvement, including Time to Hire, Digital Overpayments Solutions and contributions to Thematic Learning Reports.

These are explained further in the Duty of Quality Annual Review 2023-2024 and a list showing some of our accreditations are in the table below.

Achievement	Division	Quality Domains	Quality Enablers
Decision to seek, and achievement of, NWSSP wide customer service excellence accreditation (CSE)	NWSSP wide	• Equitable • Person Centred	• Leadership • Culture • Information
Development of a water and energy recovery system for Laundry Services BS14065:2016 for biocontamination control systems	Specialist Estates Laundry Services	• Efficient • Effective • Safe	• Information • Whole System • Learning, improvement and research
Maintaining ISO accreditations – these act as a visible assurance of quality	NWSSP wide	• Person Centred • Safe	• Learning, Improvement and research • Leadership • Culture • Whole System
Speaking up safely	People and Organisational Development	• Safe • Equitable	• Leadership • Workforce • Culture
SMTL have achieved ISO/IEC 17025:2017 and BS EN ISO 14001 Testing and calibration and environmental management systems	Sytems Testing and Materials Laboratory	• Safe • Timely • Efficient • Effective	• Information • Whole System • Learning, Improvement and research
Monitoring and managing quality across business and identifying areas for improvement ISO 9001	Primary Care Services	• Efficient • Effective • Equitable • Safe • Timely	• Information • Leadership • Culture

Duty of Quality E-learning Module

NWSSP supported the production of an All-Wales Duty of Quality e-learning module, launched in December 2023. We continue to champion the use of the module internally, through the Duty of Quality Implementation group, which is made up of representatives from each of the NWSSP Divisions. During 2025-26 all divisions and areas will be offered access to face to face or teams training sessions on the Duty of Quality and its importance to our everyday work. ESR will capture uptake and will be reported via the Duty of Quality implementation team meetings also via the Senior Leadership Group.

Quality Driven Decision making

We continue to implement the Quality Impact Assessment demonstrating the importance we place on assessing quality at the strategic planning level. We have also mapped the standards through this document utilising the relevant icons, where they apply and ensuring that it is relevant in all NWSSP divisions.

Embedding the 12 Health and Care standards as more formal considerations in our day-to-day decision making, as well as writing in quality metrics for commissioned and procured services is a task we will continue to pursue through the coming year. An example of this can be demonstrated by the recently implemented water and energy recovery system which is proving to be financially and ecologically successful and sustainable. This will influence the rollout of the system across the NHS Wales laundry estate.

Quality Management Systems

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

Reporting

Monthly 'always on' reporting began in 2023 with divisions preparing presentations demonstrating how they embed quality across their service. These presentations are hosted on the NWSSP SharePoint site, which also serves as a learning resource across the organisation. Relevant presentations and YouTube videos will be made available on the NWSSP internet site for public information.

Example of how we are meeting the duty moving into 2025-26 include:

- Reporting will increase with all divisions highlighting how they integrate quality into their services, this will provide us with a comprehensive overview of our organisational approach to the Duty.
- A self-assessment tool (maturity matrix) for each division has been developed and will be used to support and inform divisional reporting against the quality agenda, linking to both Quality Driven Decision making and Quality Management Systems.
- The Audit and Assurance team will continue training and upskilling of their workforce to ensure that audit effectiveness is enhanced and that a broader range of NHS Wales data can be utilised.
- Specialist Estates Services will provide Principal Building Surveyor support across the NHS in Wales, providing leadership on the Building Safety Act and Estates Code 6 facet building surveys.
- Legal and Risk and Welsh Risk Pool will implement a new case and document management system providing customers with a more effective and efficient service
- Single Lead Employer will work towards implementing processes to ensure timely onboarding and payment for trainees, preventing delays and increasing employee satisfaction.

Further examples of a wide-ranging body of work being undertaken within NWSSP that support our Duty of Quality work includes:

- Setting up a national homecare medicines delivery service.
- Developing an operational model for radiopharmacy.
- Delivering enhanced services across the NHS to support decarbonisation.
- Working towards embedding the Wales Ophthalmic contract.
- Researching the feasibility of an All-Wales Estates risk register.

We are continuing to embed Duty of Quality as part of planning across NWSSP, working with divisions, teams and individuals to reinforce the role of quality assurance to support robust Key Performance Indicators. Our external communications are gradually developing to ensure that the general public has access to quality information about the role of NWSSP in supporting the NHS across the whole of Wales and providing assurance regarding a high standard of service delivery.



Our People

Working together to be the best that we can be

We are committed to creating an engaging and supportive workplace where our people feel valued and empowered to make a positive impact for the people of Wales. We are also dedicated to developing our future workforce from within the communities we serve, aligning with the principles of the Foundational Economy. Our People Plan set out in **Appendix C**, continues to be developed with the health and well-being of our people at the heart and builds upon the strong foundations we have already created.





What will this mean to our customers?

A commitment to promote diversity, equity and fairness.



A dedicated working group has focussed on the development of an overarching inclusive culture action plan that captures the Anti Racist Wales Action Plan requirements.

Through the development of our recently published Diversity and Inclusion Action Plan, we have identified several opportunities to increase the diversity of the organisation to better reflect the communities we serve. Alongside this we are committed to providing an inclusive workplace into which we can attract and retain talent, where people feel welcomed, safe, and that they belong.

In response to the publication of the Anti Racist Wales Action Plan in June 2022, we have additionally developed NWSSP's Anti-Racist Wales Action Plan. This plan focusses specifically on the following goals:

- The NHS in Wales will be Anti Racist and will not accept any form of discrimination or inequality for employees or service users.
- Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.



Accommodation Strategy in an agile work environment



What will this mean to our customers?

We are driving efficiencies across our organisation and promoting a culture of open communication.



The organisation remains committed to an agile working strategy for staff which has clearly demonstrated several benefits as we have adapted post the Covid-19 period. The review of our estate has continued as we seek to ensure the buildings we have are fit for purpose and at the same time offer staff a good working environment. We continue to look at the efficient running of our Estate and how we can make this more sustainable and cost effective into the future.

Building on the agile practices NWSSP will continue to develop the estate through the following:

- A continued investment in Solar panels following the huge success of the IP5 project, with Matrix house next in line.
- To consolidate the space in Matrix house through the movement of Primary Care Services to the ground floor, the relocation of Health Courier Services from Llansamlet and the additional space for Welsh Ambulance Service Trust.
- The groundbreaking development in IP5 of the Radiopharmacy and TrAMS project to support the delivery of cancer and pharmaceutical services.
- To deploy a desk booking App across several of our main operating sites to support both agile working for staff and space utilisation.
- To continue to explore the accommodation options in South Wales for staff currently residing in both Nantgarw and Companies house.



Health and Well-being



What will this mean to our customers?

A commitment to promote and support a healthy and engaged workforce.

Progress has continued in the development and implementation of our Health and Well-being Strategy. We continue to partner and collaborate with a number of organisations who enhance our Mental Health Provision including, Mind, Silver Cloud, Time to Change Wales and Headspace.

In 2025-26, we will further our support of a healthy and engaged workforce, ensuring our people have a voice and that we listen to that voice. In conjunction with other activities within the 'This is Our NWSSP' and Inclusive Culture Action Plan, we will provide a working environment that enables our people to thrive.

Moving into 2025-26 we will:

- Publish a refreshed version of our Health and Wellbeing Framework.
- Increase the numbers of Mental Health First Aiders within the organisation.
- Increase our delivery of health and well-being awareness sessions to all staff with dedicated sessions for managers.
- Embed the NHS Wales Health and Wellbeing Best Practice Guide throughout our programmes.





What will this mean to our customers?

Improved medical, dental and pharmacy trainee experience leading to improved retention across Wales.

The Single Lead Employer (SLE) is an arrangement that was put in place to manage and support all Doctors and Dentists in Postgraduate training and Pharmacy trainees across Wales in collaboration with Health Education Improvement Wales (HEIW). A suite of Employment Manager Agreements have been developed and distributed to HEIW and all host organisations including Health Boards, GP Practices and Dental and Pharmacy Providers.

The Trainee Hub and Mobile App remains a key communication method and close working relationships have been developed with trainee representatives to improve the engagement and promotion of this method of communication.

Following stakeholder feedback and an internal service review we have implemented a number of key improvements to enhance the trainees experience which include:

- Designated onboarding team which has resulted in efficiencies with onboarding times and timescales in providing information to host organisations and HEIW.
- Creation of a citizenship form to easily identify trainees who will be new to the country.
- Creation of an explanatory dummy pay slip.
- Streamlining the incremental credit process by the creation of Microsoft Lists.
- Working with partners to reduce the late notification of pay impacting information to payroll, resulting in a significant reduction in overpayments.
- Regular trainee surveys to continuously monitor trainee satisfaction with the SLE Model.



We continue with the ongoing engagement with trainees, staff representatives, HEIW and host organisations, to ensure we continue to focus on improving and streamlining the Single Lead Employer model.

Key Performance Indicators have been agreed with partners (NWSSP, HEIW and NHS host organisations) and 2025-26 will focus on automating and embedding these into a monthly reporting process for stakeholders.



Improving the customer journey?

In order to improve and enhance our customers journey we continually explore efficient ways in improving and developing our service, this could be with HEIW, our host organisation as well as our doctors and dentists in training and pharmacy trainees.

We continue to promote the SLE app and look at the most effective ways to promote the app and include pertinent employment information such as key policies, salary scales, Speaking Up Safely updates and importing recordings such as the SLE induction.

We regularly engage with key stakeholders on the customer journey through meetings with HEIW, host organisations, trainee representatives and the BMA. We have become key speakers to enhance engagement in speciality webinars and speciality conferences to ensure we promote the services that are available to our doctors and dentists in training and the pharmacy trainees.

We continue the cycle of automating our processes to ensure economies of scale are generated, recent automations have included data sets for onboarding and pay banding; incremental credit approvals and the generation of maternity and shared parental leave documentation.



Reducing overpayments?

As part of the Employment Management Agreements a robust set of timescales need to be adhered to on a monthly basis to ensure overpayments are reduced. It is imperative that any changes to a trainees employment arrangement are reported in a timely manner.

A monthly validation process has been set up to ensure reports that are maintained by all parties are consistent and any anomalies are identified and rectified in order to minimise overpayments.

As a result of the newly developed Overpayments Policy a discrepancy that is identified within the first month can be resolved through an adjustment rather than identifying as an overpayment. The monthly validations should therefore reduce the need for these instances to be classified as overpayments.

An automated system has been developed to respond to overpayments and to identify the root of the overpayment, this will ensure action can be taken and lessons learnt implemented.

Expanding services/specialties?

We continue to engage with HEIW to discuss opportunities that may arise whereby the Single Lead Employer will expand their model to incorporate more services. Engagement with key parties and stakeholders is critical in this process.



Growing our future workforce



What will this mean to our customers?

The provision of resilient, futureproofed services alongside employment opportunities within our local communities.

We continue to find ourselves challenged by the offerings of competing with private and public sector organisations for the best talent, especially in our professional services and the volume of vacancies in today's labour market continues to see recruitment becoming more and more challenging.

We are committed to growing our future workforce through a number of workstreams, including the widening access agenda to ensure we provide opportunities for employment and growth to those communicates we serve, continuing to improve our Employee Value Proposition and ensuring our people have the knowledge, skills and experience through develop competencies across our services.

Moving into 2025-26 we will:

- Embed a Talent Management Framework which will enable divisions to implement local succession plans and identify critical roles.
- Development of tools to enable career conversations and identification of individuals with the desire to progress.
- Implement a Learning and Development Strategy to address the learning needs of staff across the organisation, focussing on:
 - » Growing our leadership and people management capabilities
 - » Core capabilities including Welsh language
 - » Agile working
 - » Digital literacy
 - » Customer service excellence
 - » Project management



Services

Driving the pace of innovation and consistently providing high quality services.

We recognise the transformative impact of data and outcome driven services and how they contribute to improving experiences for Welsh NHS patients and the broader population. Our case studies, achievements and innovations on page 12 highlight how we are working towards this objective, incorporating the use of technology, our innovation hub and partnership working.





Future NHS Workforce Solution Programme



What will this mean to our customers?

A flexible, agile Human Management system that is more responsive to the needs of NHS Wales which interfaces seamlessly to other NHS Wales e-systems.

We are working closely with NHS Business Service Authority (NHSBSA) to lead, on behalf of NHS Wales, the development and implementation of the Future NHS Workforce Solution, which will subsequently replace the current Electronic Staff Record (ESR) for more than 1.8 million NHS colleagues across England and Wales. The programme will run throughout the three-year term of this IMTP.

The contract with the current service provider ends in 2025 and the Oracle e-business suite on which ESR is built moves to 'end of support' in 2033. Procurement activities are well underway with the invite to submit final tender issued in November 2024 and contract award anticipated for delivery in the autumn 2025.

Year 1 and into year 2 of our IMTP, will see us working with the new supplier to build and commence migration to the new solution, working with a number of early adopters across Wales. It is vital that NHS Wales is able to capitalise on the benefits of the Future Workforce Solution. Therefore, NWSSP are already working with NHS Wales organisations through an Optimisation and Enabling Readiness programme of work to prepare them for the transition to the new solution between 2027-2030.

A business case is currently under development, which outlines the identified resource required to support the Optimisation and Enabling Readiness stages of the programme.

Year 3, will see the start of that implementation with our early adopters, whilst continuing to work with our remaining organisations in preparing them for the migration.

We will continue to engage with NHS Wales Colleagues and strategic leads through the newly established All Wales Steering Group.



What will this mean to our customers?

They will be supported through NWSSPs actions as a result of the inquiry and will continue to receive expert legal advice to support careful decision-making and legal and risk management.



We are committed to learning from the COVID-19 inquiry to strengthen our pandemic response strategies. The inquiry identified gaps in preparedness across the UK with specific recommendations for improving health system resilience coordination and risk management. We have appointed a Head of Emergency Preparedness Resilience and Response to support NWSSP to embed resilience, strengthen response strategies and cross collaboration with our partners and customers across NHS Wales.

We understand the criticality of stockpiling and distribution in relation to learning from the inquiry. We are working closely with Welsh Government on strengthening our approach on the critical need for maintaining sufficient stockpiles of personal protective equipment and medicines manufacture and supply.

Our Legal and Risk teams have continued to support NHS organisations in Wales in relation to litigation arising from the COVID-19 pandemic, including legal claims concerns investigated under putting things right regulations on the UK COVID-19 public inquiry. We are very mindful of the financial burden the COVID-19 public inquiries placing on the NHS in Wales the cost in terms of staff time and the emotional impact on those staff involved, we will continue to work together with every NHS organisation across Wales to share learning and minimise the impact on NHS staff and patients.

Supporting the digitisation of paper medical records



What will this mean to our customers?

Remove the need to print and transport medical records saving resources in general medical practice.

We have recognised the need to engage with critical partners and key stakeholders to understand how the service can embrace opportunities to modernise and automate under current operational and legislative requirements.

We are reviewing opportunities presented by technological advances to support the sustainability agenda and reduce the need to generate and transport paper medical records across the system.

Continuous improvement of embedded changes through the Transformation Programme in Primary Care



What will this mean to our customers?

Delivery of high quality and efficient transaction processes.

The transformation programme is enabling service/business change and with continuous review we are able to identify efficiencies and realign resource to support growth areas within the division. As we embrace technological advances including new systems and lean process, we have the ability to support new and growing business opportunities whilst provide learning and development opportunities to staff within the division.

The Primary Care Team are advancing the green agenda and decarbonisation programme principles through taking advantage of automation, agile and remote working principles.



Pharmacy Services



Transforming Access to Medicines (TrAMS)



What will this mean to our customers?

Establishing cost-effective resilience in our medicines supply, improving the patient experience through the provision of high-quality medicines and services.

We are continuing to lead on this comprehensive national programme of transformation including workforce, processes and capital investment to reconfigure Pharmacy Technical Services across NHS Wales into a single shared Pharmacy Technical Service.

This transformation will demonstrate improvements in quality, safety and regulatory compliance, ultimately ensuring equitable access for patients across Wales to critical medicines and improve patient outcomes and enhance pharmaceutical care.

The TrAMS Programme is referenced in the Wales Cancer Action Plan as a key enabler for securing supply of Systemic Anti-Cancer Therapies.

During 2023, the programme was able to complete the Organisational Change Phase 1 process and recruitment of the national leadership structure.

Work planned for 2025 – 2028 will include:

- Building three regional medicines manufacturing hubs, selecting the preferred localities for them, progress design work, and preparing Business Cases to support investment decisions. The status of the plan depends on the availability of capital funding and is expected to be as follows:
 - » 2025-26 will see the development of a South-East Wales Radiopharmacy service based within IP5. (Radiopharmacy involves preparing radioactive injectable medicines, mostly in support of diagnostic scanning.)

- » 2025-26 - South East Wales Systemic Anti-Cancer Therapy (SACT – injectable chemotherapy) suite and Central IntraVenous Additives and Parenteral Nutrition (CIVA/PN – injectable medicines) Suite. Continue Business Case development in readiness for investment.
- » 2025-26 South West Wales site selection early stage business case development.
- Supporting and stabilising legacy aseptic preparation services across Wales including the development of a transitional plan.
- Working in partnership with Health Education and Improvement Wales to review education and skills needed to develop and expand the current workforce.
- Continuing the organisational change processes with full staff engagement.
- Working in partnership with Digital Health and Care Wales, development, and deployment of digital and stock control and workflow systems.
- Ongoing clinical engagement to develop a standardised product portfolio removing unwarranted variation across NHS Wales.
- Working in partnership with the other UK Nations on standardisation of the product catalogue, stability research, and sharing best practice to build resilience across the UK.

Medicines Value Unit



What will this mean to our customers?

We are enhancing value and optimising resources efficiently to the benefit of our partners and patients.

The Medicines Value Unit, after completion of the staff recruitment phase, is now undertaking a programme of targeted commercial procurement activity aimed at securing new and innovative pharmaceuticals and therapies for NHS Wales and the patient population, adding value and efficient resource utilisation. The activity will be clinically led and grounded in evidence-based approaches to secure outcomes that matter to patients.

The current programme of work within the Medicines Value Unit is focussed on several key activities including:

- Targeting of unlicensed medicines contracting by developing nationally standardised product specifications and undertaking market engagement to bring 80% of Wales's unlicensed medicines off-contract expenditure under once-for-Wales contract agreements.

- Currently undertaking a national review process in relation to Homecare Medicines to understand the opportunities for an All-Wales approach to provision of homecare medicines.
- Supporting NHS Wales with the implementation of efficiency opportunities arising from medicines where there is loss of exclusivity. This work is undertaken with key stakeholders such as the All-Wales Medicines Strategy Group and All-Wales Therapeutics and Toxicology Centre.



Transformation of Laundry Services



What will this mean to our customers?

An efficient and resilient Laundry Service providing clean linen to NHS Wales.

The constraints on the NHS Wales capital budget required us to review and amend our transformation plans for Laundry Services. The original plans offered the potential for significant improvements to ensure legislative compliance but required substantial capital investment.

The challenge now is to achieve as many of the benefits for NHS Wales as is possible, on a much-reduced scale in terms of investment. In the previous year BSEN14065 has been achieved as a standard in 3 of the 4 laundries, work will begin in one of the laundries to achieve the standard, so all sites hold it.

In the past year we have successfully decommissioned one laundry and TUPed several staff into NWSSP. We look to continue to roll out an All-Wales Operating Model whilst continuing make investments to improve resilience across the service.



All Wales Laundry Programme



What will this mean to our customers?

Provide NHS Wales with an efficient, resilient and flexible Laundry Service.

We are continuing to drive forward modernising the All-Wales Laundry Services with the newly formed central management service working well in driving standards and outputs whilst offering greater flexibility and consistency during the maturity of the transformation process. The new Operating Model will continue to drive forward safety and quality whilst ensuring best value for money for NHS Wales that's fair for all. We remain committed to ensuring that we continue to provide all NHS Wales organisations with an efficient and flexible model whilst achieving the new clean and safe laundry standards BSEN 14065 across all sites as a primary objective. Secondary objectives include increased value for money, consistency in supply and a lower carbon footprint along with improved facilities for our staff.

Work planned for 2025 – 2028 will include:

- Actions on identified health and safety improvements reducing risks.
- Achieve BSEN14065; quality controls, including the recording and monitoring of potential biocontamination hazards, in the remaining laundry sites to hold the accreditation as an All-Wales Service.
- Plans to minimise supply disruption and risk from aged plant and equipment.
- Implementation maturity of the new All-Wales Operating Model.
- Seek efficiencies and resilience across the service whilst looking at operating model for each site individually to achieve best throughput.



Scan for Safety Wales Programme



What will this mean to our customers?

A more resilient and transparent supply chain reducing risk to patients and service disruption.

In June 2021 the Minister for Health and Social Services approved a full business case and associated investment as the first steps to embedding Scan for Safety principles and practices across Wales. With patient safety at the heart of the programme, data standards and data capture technology are being introduced across NHS Wales. NWSSP are rolling out SupplyX an All-Wales Inventory Management solution which utilises these standards together with handheld scanning technology.

Inventory optimisation financial benefits are integral to SupplyX, at the same time making ordering and replenishment far less labour intensive and returning clinical time back to patient care. In addition, patient safety is enhanced with the introduction of barcode scanning of uniquely identified products, places, and people, providing real-time data at the point of care and instant traceability of implantable medical devices should a product or patient recall be required.

Moving into 2025-26 and beyond we will:

- Continue to roll-out of Scan for Safety to cover all theatres and treatment laboratories across NHS Wales.
- Implement improved data standards in relation to patient and product traceability.
- Improve linkage across patient pathways to outcome measures.
- National supply visibility of critical products across the whole of NHS Wales.



Modernising National Distribution Centres



What will this mean to our customers?

A resilient and efficient National Distribution Centre enabling customers to deliver effective patient services.

In support of Brexit, NWSSP with the support of Welsh Government purchased IP5 in Newport, a large warehouse capable of multiple stockholdings. It came into its own through Covid-19 pandemic, and allowed us to expand bulk holding of key Personal Protective Equipment (PPE) products to support frontline care via a National Distribution Centre (NDC).

Post Covid-19, the opportunity now allows us to develop the site further and continue our work on stock consolidation, realignment of product codes to improve stock management and further review what medical products we can hold to improve both stock resilience and ensure value for money linked to bulk purchasing.

What has been achieved to date?

- We have re-aligned stock codes across Wales for the same product to have the same code at all our warehouses. This will improve our data quality to inform more accurate product usage.
- Warehouse re-design has commenced to improve management of product throughput i.e. receipt, put away, product pick and staging for distribution.
- A review of our services has been benchmarked independently against 9 external criteria, with us matching or exceeding 7 of the 9 areas assessed. This benchmarking will help inform our modernisation planning going forward.

Work planned for 2025-26 and beyond includes:

- Continued review of products held with improved monitoring of product throughput, item criticality, date life management, out of stock items and where it is identified obsolete item management.
- Addition of products as part of a Nationally Stocked Product Range to add additional products to support services across NHS Wales and maximise savings opportunities.
- Improved Distribution model to support more effective utilisation of fleet resources, aligning closest delivery point to most appropriate warehouse.
- Implementation of improved data standards in relation to patient and product traceability linked to Scan for Safety and National supply visibility of clinical products across the whole of NHS Wales.
- The requested recurring funding will Support NDC modelling and capture some of the costs incurred from increased product throughput and distribution, with proposal to add a further 300 lines longer term and closing some of the operating costs that will be incurred.

Thank you for reading our Annual Review. 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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shared.services@wales.nhs.uk



www.nwssp.wales.nhs.uk



NHS Wales Shared Services Partnership



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This document was designed by the NWSSP Communications Team.
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NWSSP Finance Report

July 2025

Reporting on the period to 30th June 2025

*Delivering Value, Innovation and
Excellence through Partnership*



The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 30th June 2025

Any detailed queries please contact:

linsay.payne@wales.nhs.uk

2025/26 Financial Position to 30th June 2025

Revenue

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD Variance £000
Income	-798,109	-155,105	-154,802	303
Pay	422,177	101,288	99,438	-1,850
Non-Pay	230,441	42,630	42,437	-194
WRP – DEL	145,491	11,187	11,187	0
Year to date underspend	0	0	1,741	1,741
	0	0	0	0

NWSSP reported a year-to-date surplus of **£1.741m** at Month 3. This primarily relates to a sustained high level of vacancies across a number of our services. **£0.744m** of this will be utilised in year to fund the shortfall in Employers National Insurance Contributions (£1.679m funding received in contrast to a £2.423m budgeted requirement) – this has only been funded non-recurrent in 2024/25 so will remain a recurrent pressure within our financial plan.

An element of the underspend will also relate to our health protection funding allocation. We returned £0.750m of this allocation to Welsh Government in 2024/25 and we are required to monitor expenditure against this allocation again in 2025/26. At Month 3, we are forecasting this allocation will be fully utilised during the financial year, however we have noted that we will need to work through the wider implications of the PPE stockholding policy and how this impacts our anticipated costs this year. We will liaise with Welsh Government regarding this allocation when we have more information to estimate our 2025/26 expenditure.

We continue to await confirmation of our recurrent funding allocation for the 2024/25 (£5.974m) and 2025/26 (£4.464m) pay awards which continue to represent a significant risk to our financial plan totalling £10.438m.



Financial Position and Key Targets

KPI	Target	June	July	August	September	October	November	December	January	February	March	April	May	June	Trend
Financial Position – Forecast Outturn	Break even Monthly	-£524k	-£524k	-£524k	-£524k	-£524k	-£542k	Breakeven	Breakeven	Breakeven	-£15k	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	
Distribution	0 Annually	On Target	On Target	On Target	On Target	On Target	£2m	£2m	£2.5m	£3.6m	£3.6m	On Target	On Target	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	97.28%	98.26%	97.66%	99.03%	98.35%	98.47%	97.86%	96.24%	98.45%	97.95%	98.35%	99.43%	99.40%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.43%	97.64%	97.64%	97.86%	97.94%	98.00%	97.99%	97.83%	97.88%	97.89%	98.35%	98.94%	99.09%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	94.35%	93.81%	97.25%	93.27%	96.96%	95.31%	96.69%	93.78%	94.63%	98.10%	97.85%	94.74%	92.94%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.06%	94.78%	95.22%	94.94%	95.43%	95.42%	95.55%	95.30%	95.30%	95.64%	97.85%	96.36%	95.26%	
Retrospective Purchase Orders	0 Monthly	52	65	62	47	58	63	57	54	88	61	56	59	68	

Corporate

KPI	Target	June	July	August	September	October	November	December	January	February	March	April	May	June	Trend
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	2	6	9	2	7	9	6	7	9	2	4	2	1	
Variable Pay – Overtime	<£100k Monthly	£108k	£117k	£107k	£133k	£88k	£118k	£88k	£105k	£140k	£142k	£94k	£80k	£83k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	1.33%	1.44%	1.32%	1.61%	1.07%	1.06%	1.03%	1.18%	1.60%	0.88%	1.07%	0.88%	0.93%	
Agency % to date	<0.8% Cumulative	0.17%	0.16%	0.13%	0.11%	0.09%	0.08%	0.08%	-0.04%	0.03%	0.01%	0.00%	0.00%	0.00%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.60%	0.55%	0.47%	0.43%	0.38%	0.34%	0.31%	-0.16%	0.11%	0.05%	0.00%	0.00%	0.00%	

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Corporate	0	5	5
Medicines Unit	22	0	-22
Procurement	0	1	1
Unallocated	320	0	-320
Discretionary Capital Total	342	6	-336
IP5 discretionary	250	102	-148
Laundry Discretionary	200	37	-163
Discretionary Capital Total	5,511	439	-5,072
SE Wales TrAMS Programme	264	0	-264
TEF - Decarbonisation	806	0	-806
TEF - Infection Prevention Control	721	0	-721
Additional Capital Total	7,752	578	-7,174
IFRS16 Capital	0	0	0
IFRS16 Capital	0	0	0
TOTAL CAPITAL ALLOCATION	8,094	584	-7,510

At the end of June, we have incurred **£0.584m** capital expenditure against our current Capital Expenditure Limit (CEL) of **£8.094m**.

An additional **£0.264m** of capital funding has been approved in June to support the TRAMS Programme.

Our discretionary funding has been reduced from £0.800m to **£0.342m** in respect of the 30% (£0.458m) Organisational contribution required to the Targeted Estates Fund (TEF) schemes.

We have confirmed to Welsh Government that we can bring forward our two 2026/27 laundry TEF schemes into 2025/26 if the 30% contribution can remain in 2026/27. We have also submitted a late application for TEF funding for push back racking in Bridgend Stores.

The current TEF approvals are summarised below:

					NWSSP		WG	
			TOTAL BID		30% CONTRIBUTION		70% CONTRIBUTION	
SERVICE	SCHEME	CATEGORY	25-26 £m	26-27 £m	25-26 £m	26-27 £m	25-26 £m	26-27 £m
Laundry	Waste Water Heat Reclamation System Green Vale	Decarbonisation	0.282		0.085		0.197	
Procurement	NWSSP Denbigh Stores roof mounted PV	Decarbonisation	0.253		0.076		0.177	
SES	Matrix House EV Charging Points & associated infrastructure	Decarbonisation	0.271		0.081		0.190	
Laundry	Waste Water Heat Reclamation System Church Village	Decarbonisation		0.334		0.100		0.234
Laundry	Waste Water Heat Reclamation System Glan Clwyd	Decarbonisation		0.273		0.082		0.191
Laundry	Glan Clwyd Ventilation	IP&C	0.442		0.133		0.309	
Laundry	Macron Stand Alone dryers Greenvale	IP&C	0.142		0.043		0.099	
Laundry	Washer Extractors Greenvale	IP&C	0.137		0.041		0.096	
	TOTAL		1.527	0.607	0.458	0.182	1.069	0.425



Welsh Risk Pool

Expenditure type	Position as at M3 2024/25 £m	Position as at M3 2025/26 £m
Claims reimbursed & WRP Managed Expenditure	19.744	44.083
Periodical Payments made to date	0.573	0.827
Redress Reimbursements	0.283	0.460
EIDO – Patient consent	0.000	0.000
Clinical Negligence Salary Subsidy	0.083	0.102
WRP Transfers, Consent, Prompt, CTG	0.105	0.102
Movement on Claims Creditor	-1.807	-34.387
Year to date expenditure	18.981	11.187

DEL expenditure to Month 3 is **£11.187m** compared to £18.981m at this point last year.

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

A detailed review during Quarter 1 of the cases due to settle in 2025/26 has indicated that the forecast may need to increase to **£187.5m**, meaning an additional **£42m** would need to be funded under the risk share mechanism. Directors of Finance have agreed to report their additional indicative risk share contributions as a risk to their financial positions from Month 3 as shown in the table to the right.

2025/26 WRP RISK SHARE AGREEMENT		Planning Assumptions	Revised Forecast @ Month 2	Increase above IMTP Forecast
	RSA % *	RSA £m	RSA £m	RSA £m
Aneurin Bevan	18.26%	6.582	14.253	7.671
Swansea Bay	15.28%	5.510	11.927	6.417
Betsi Cadwaladr	19.41%	6.999	15.151	8.152
Cardiff & Vale	15.81%	5.702	12.341	6.639
Cwm Taf Morgannwg	15.50%	5.589	12.099	6.510
Hywel Dda	9.57%	3.451	7.470	4.019
Powys	2.71%	0.977	2.115	1.138
Public Health Wales	0.64%	0.232	0.500	0.267
Velindre	0.85%	0.306	0.663	0.358
Welsh Ambulance	1.97%	0.709	1.538	0.829
DHCW	0.00%	-		-
HEIW	0.00%	-		-
TOTAL	100.00%	36.056	78.056	42.000
* Risk share percentages will change in Summer 2025 following audit of 2024/25 accounts				

Key factors contributing to the increase in the forecast are:

- An increase in confirmed trial dates for 2025/26 with case values >£1m (11 cases 24/25 and 22 cases 25/26)
- Increasing case values and lump sum settlements:
 - there are 6 cases forecast for settlement in 2025/26 with lump sum elements in excess of £5m – there were none in 2024/25
 - there are 30 cases with a forecast settlement > £1m in 2025/26 with an in-year quantum estimate of £94m, compared to 19 cases with a £39m estimate in 2024/25

The impact of the number and value of these factors could not have been known when the forecast was initially calculated and shared.

Contact details

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

website: nwssp.nhs.wales

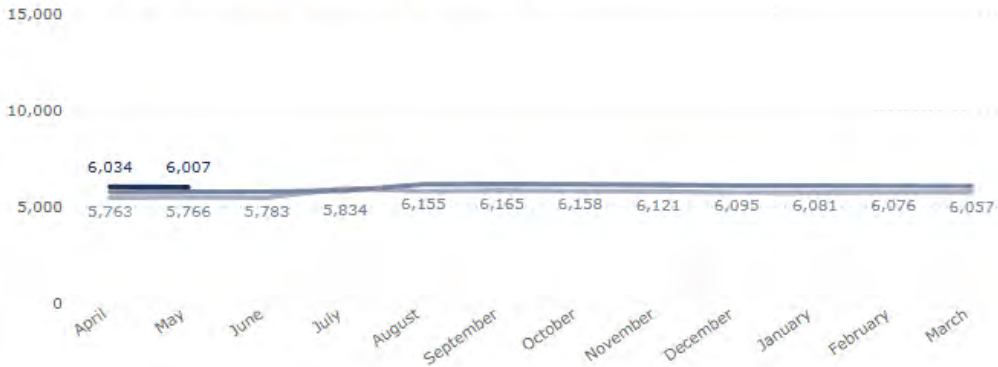
NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE
People and Organisational Development (OD) Report

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	May 2025
REPORT AUTHOR	Samantha Wright, Interim Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
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 May 2025. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity. 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.	

Including SLE

Headcount Yearly Comparison

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



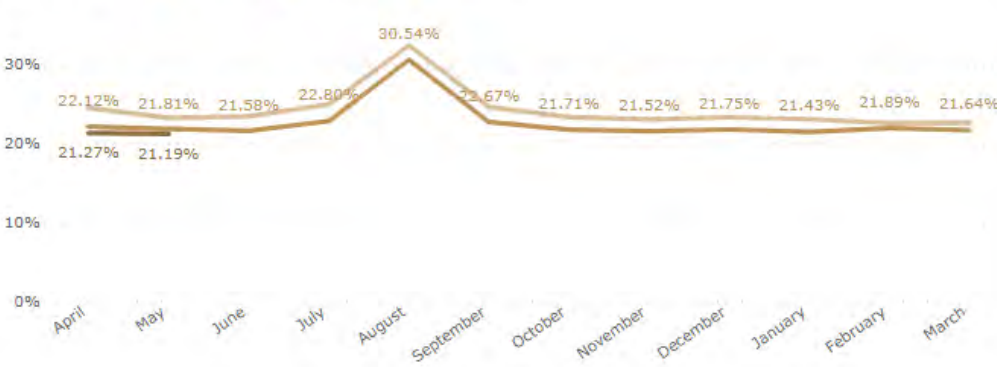
Headcount

The May headcount including SLE (**6,007**) has **decreased** from April (**6,034**). The headcount has **increased** since May 2024 by **4.18%** from **5,766**.

Excluding SLE, the headcount is **2,503** which has **remained** since April (**2,503**) and has **increased** since May 2024 by **5.39%** from **2,375**.

Turnover Yearly Comparison

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



Turnover

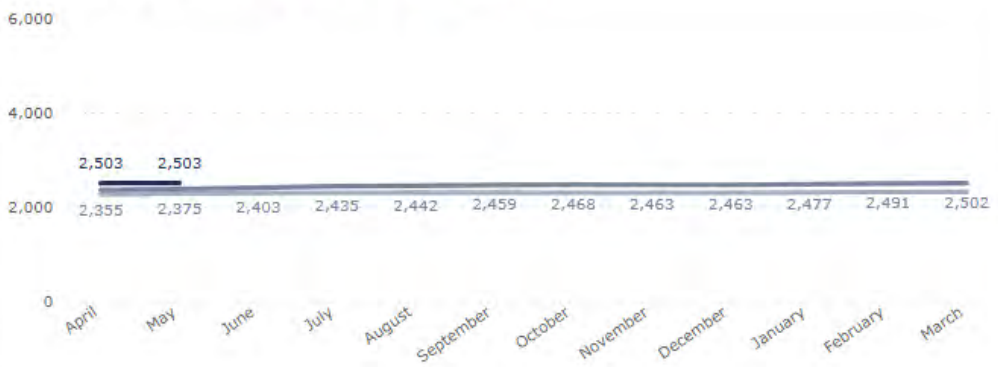
Including SLE, the May turnover is **21.19%**. This has **decreased** by **0.62%** from May 2024 (**21.81%**).

Excluding SLE, the May turnover is **9.04%**. This is **down** by **2.51%** from May 2024 (**11.55%**).

Excluding SLE

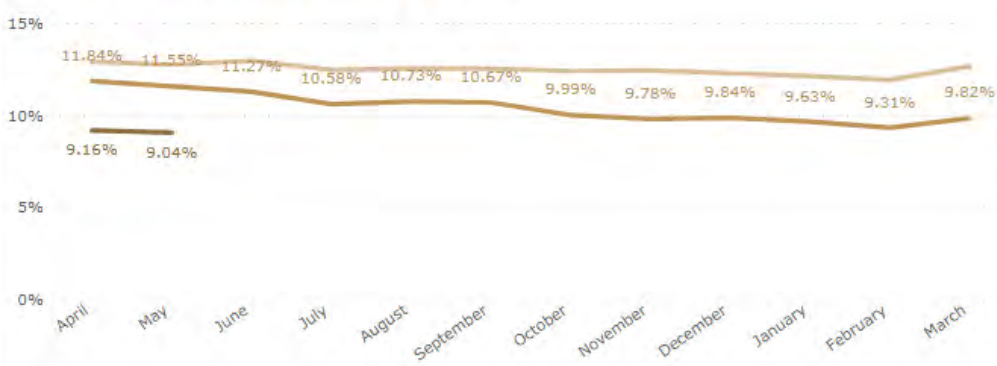
Headcount Yearly Comparison

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



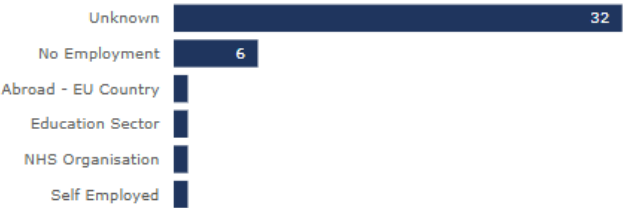
Turnover Yearly Comparison

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

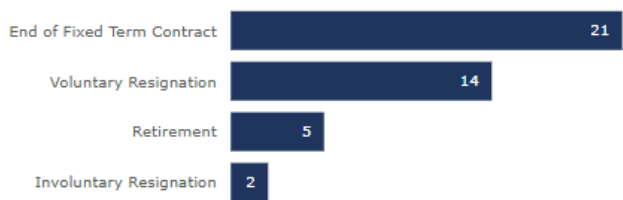


Including SLE

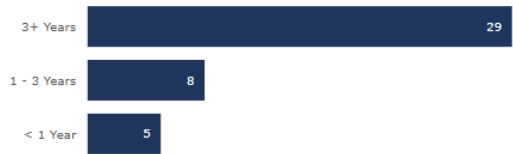
Destination on Leaving



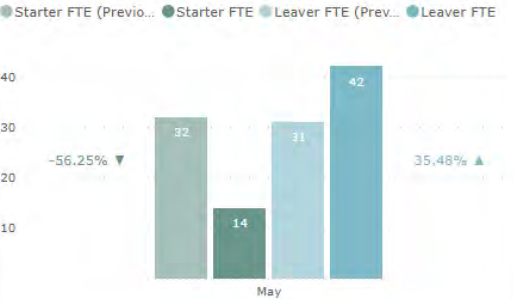
Reason for Leaving



Leavers by Length of Service

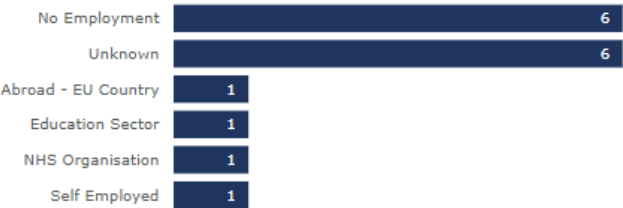


Starters and Leavers Comparison

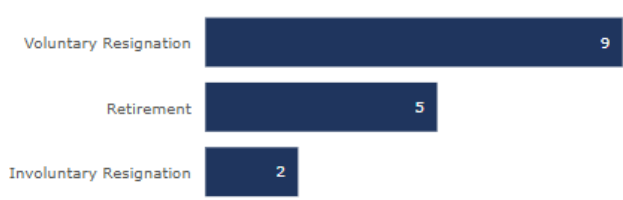


Excluding SLE

Destination on Leaving



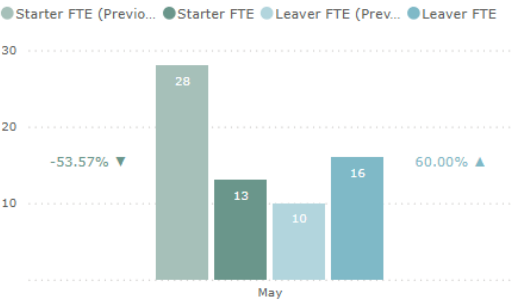
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



Turnover

Including SLE, the May turnover is **21.19%**. This has **decreased** by **0.62%** from May 2024 (**21.81%**).

Excluding SLE, the May turnover is **9.04%**. This is **down** by **2.51%** from May 2024 (**11.55%**).

Starters

Including SLE, there were **14** starters in May 2025. This is **down** by **56.25%** from **32** starters in May 2024.

Excluding SLE, there were **13** starters in May 2025. This is **down** by **53.57%** from **28** starters in May 2024.

Excluding SLE, **46.15%** of starters were recruited from **other NHS organisations**. This is **down** from **57.14%** in May 2024.

Reasons for Leaving

Including SLE, **50.0%** of leavers were due to **end of fixed term contract**. SLE accounts for **100.00%** of end of fixed term contract leavers.

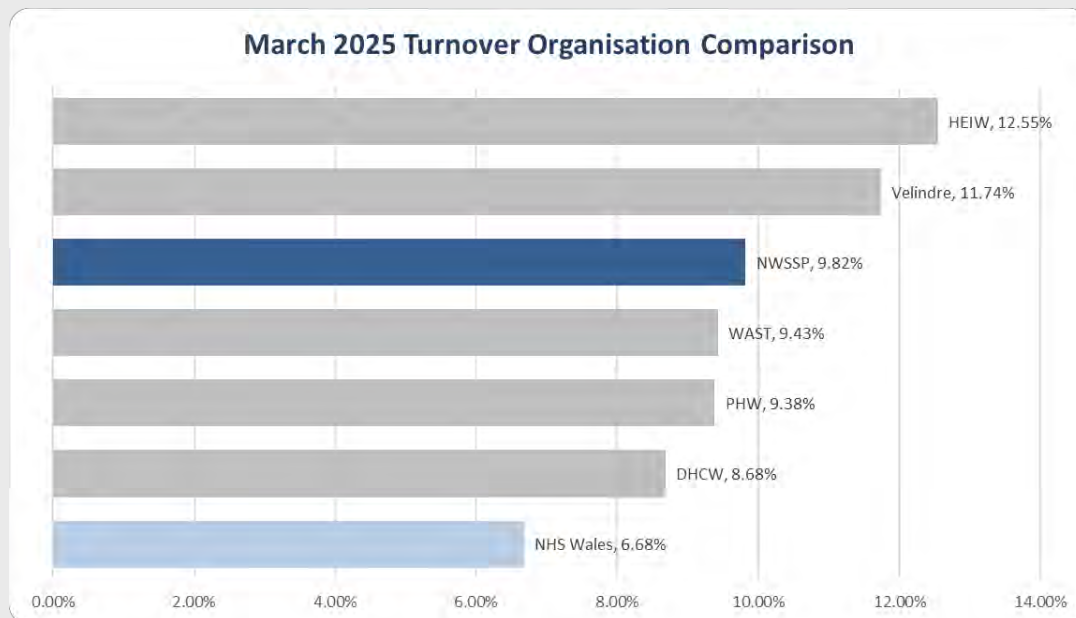
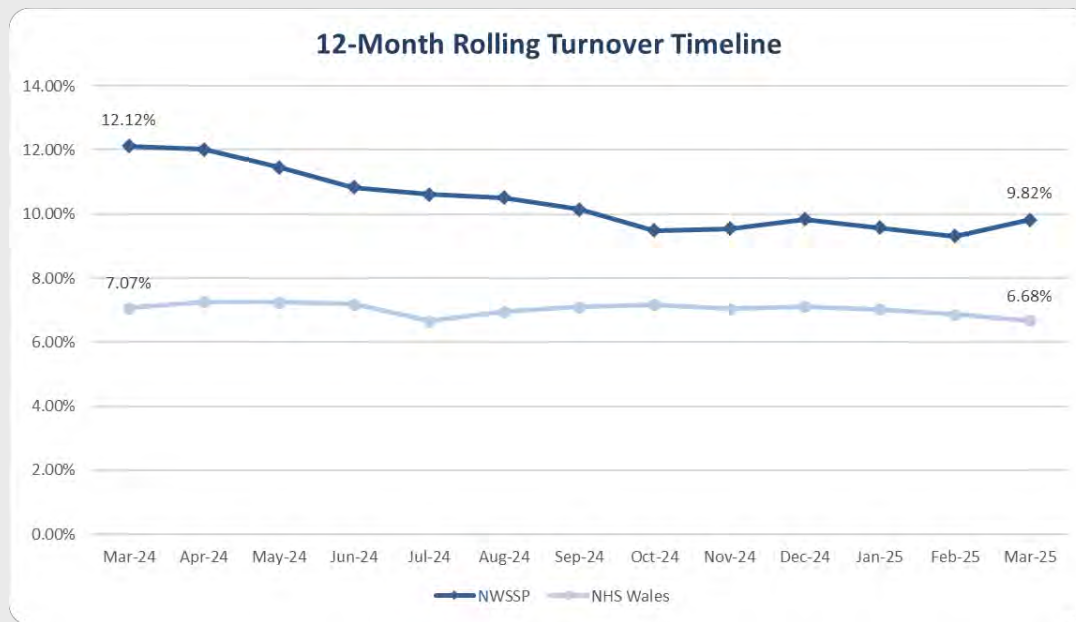
Excluding SLE, **56.25%** of leavers were due to **voluntary resignation**. This is **down** from 60.00% in May 2024.

Of the voluntary resignations, **100.00%** of staff were employed by NWSSP for **1 or more years**.

Of the voluntary resignations, **0.00%** of staff left to join **another NHS organisation**. This is down from **50.00%** in May 2024.

In May 2025 there was a large percentage of leavers due to **retirement (31.25%)**.

NWSSP Turnover Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

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

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

12-Month Rolling Turnover

NWSSP turnover is **47% higher** than the overall NHS Wales turnover rate for **1st March 2024 – 31st March 2025**.

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

NHS Wales turnover has a **consistent trend** since 1st March 2024.

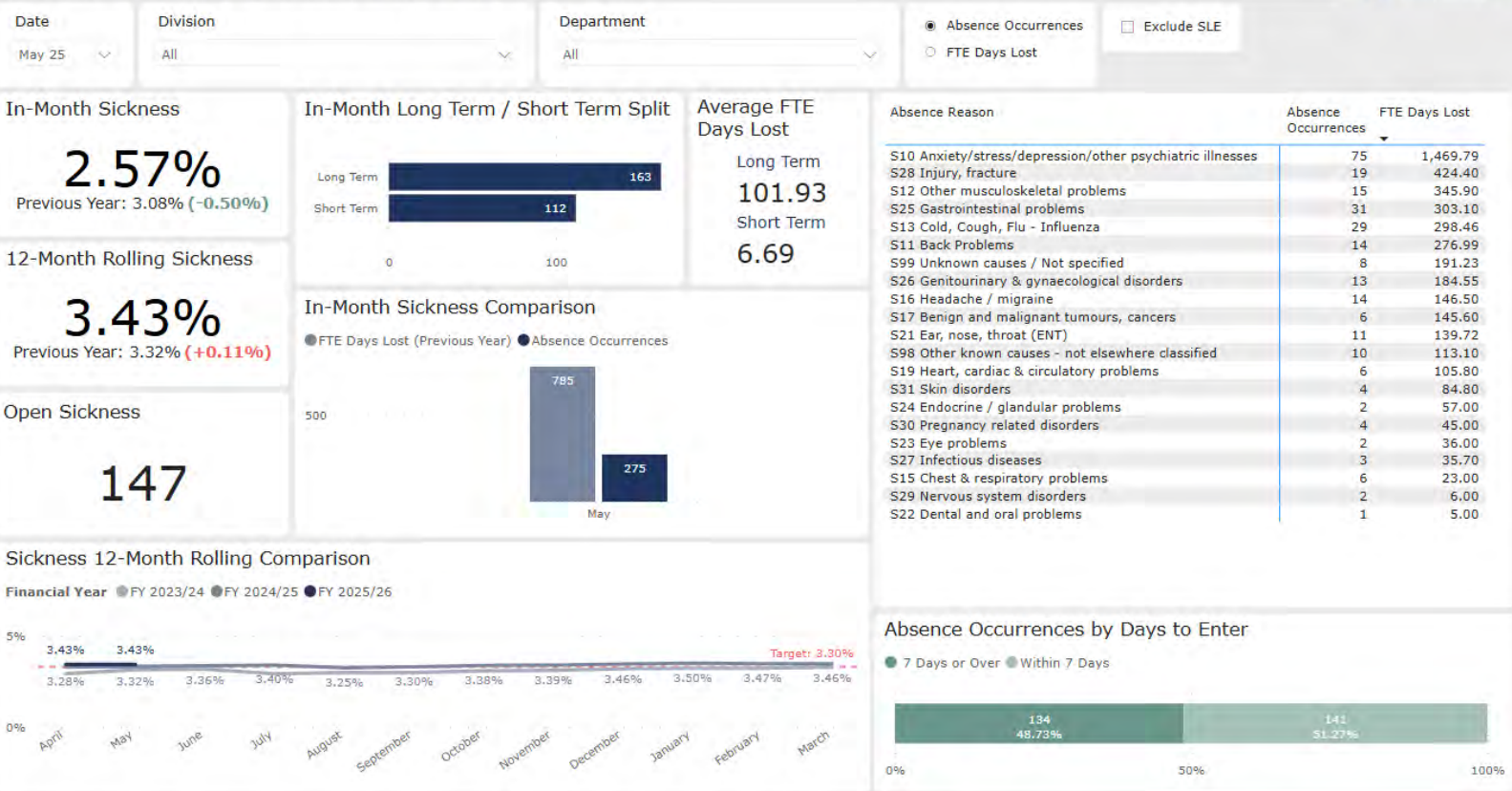
NWSSP turnover has a **decreasing trend** since 1st March 2024.

12-Month Rolling Turnover – March 2025

In March 2025, NWSSP had the **third highest** turnover rate in comparison to similar size NHS Wales organisations.

Please note NWSSP is currently unable to compare data to specific divisions across NHS Wales e.g. the NWSSP People and OD Team against the Public Health Wales People and OD Team. We have no access to divisional data through the HEIW Workforce observatory.

NWSSP Monthly Workforce Report Sickness



Division	Sickness %	Target
Laundry Division	9.43%	5.55%
Procurement Division	6.03%	4.15%
Employment Division	5.85%	4.03%
Medical Examiner Division	5.72%	4.15%
Primary Care Division	5.63%	4.15%
Accounts Payable Division	4.85%	4.15%
Digital Workforce Division	4.35%	2.00%
Medical Workforce Division	4.24%	2.00%
Legal & Risk Division	3.33%	2.00%
Audit & Assurance Division	3.29%	2.00%
E-Business Central Team Division	3.15%	2.00%
People & OD Division	2.71%	2.00%
Planning, Performance and Informatics Division	2.25%	2.00%
Single Lead Employer Division	2.16%	2.00%
Corporate Division	1.72%	2.00%
Finance Division	1.58%	2.00%
Hosted Services Division	1.20%	2.00%
Pharmacy Technical Services Division	1.07%	2.00%
Specialist Estates Division	0.81%	2.00%

12-Month Rolling Sickness

The May 12-month rolling sickness, including SLE (3.43%) has **remained** from April (3.43%).

The sickness rate has **increased** since May 2024 by 0.11% from 3.32%.

Excluding SLE, the 12-month rolling sickness is 5.26% which has **increased** since May 2024 by 0.42% from 4.84%.

Long Term / Short Term

Including SLE, long term sickness has **increased** since May 2024 from 152 occurrences to 163 occurrences.

The average days lost to long term sickness is 101.93 FTE days.

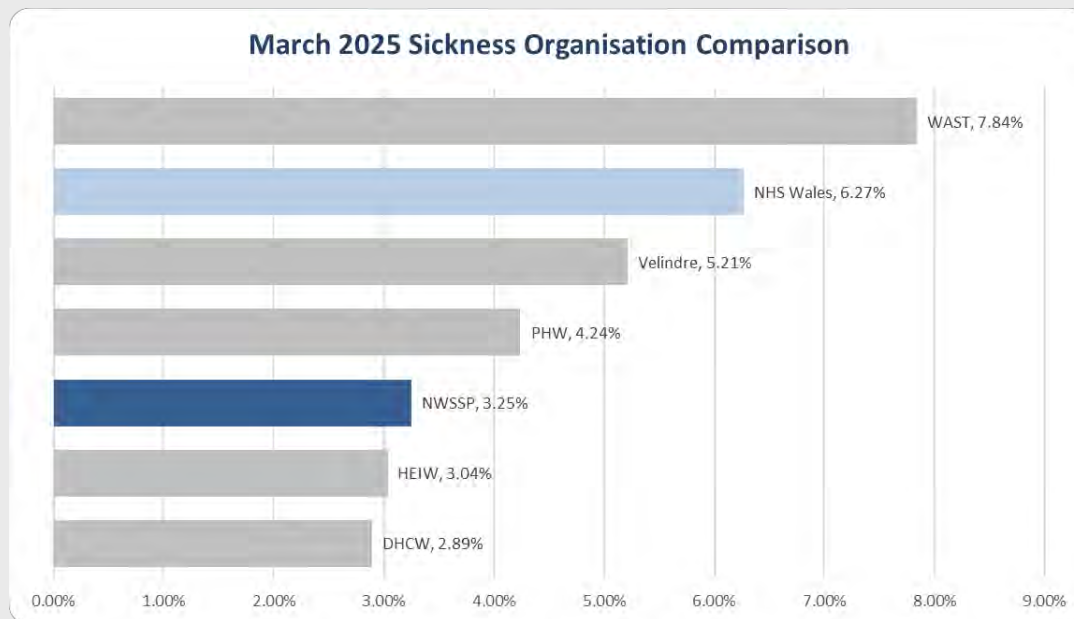
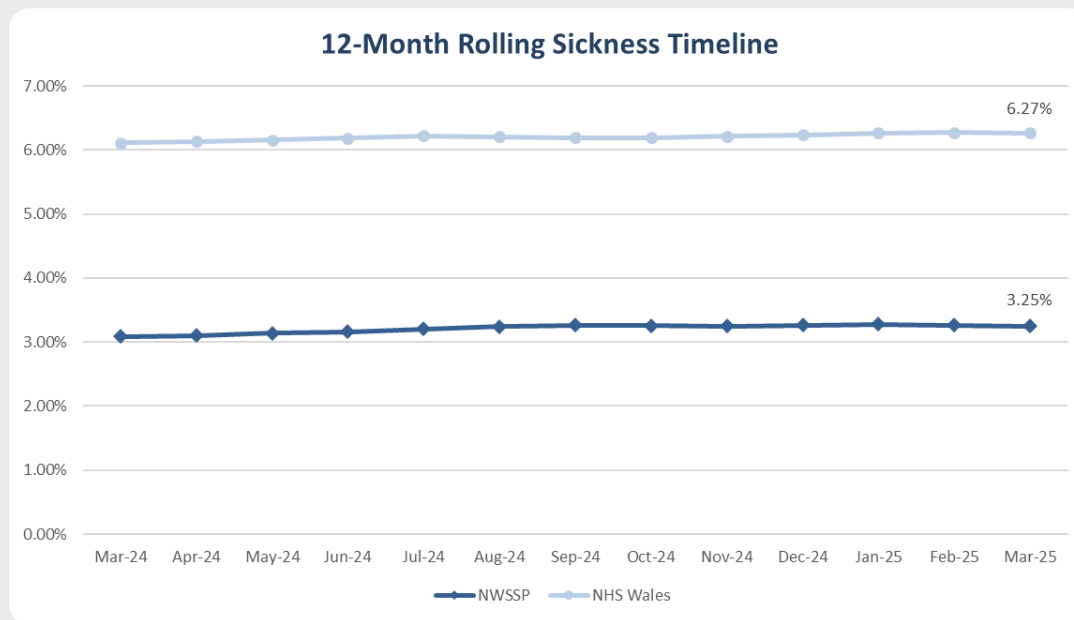
The average days lost to short term sickness is 6.69 FTE days.

The top reason for long term sickness remains **Anxiety/stress/depression/other psychiatric illnesses** which accounts for 34.97% of all long term sickness.

Top 5 Sickness Reasons

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

NWSSP Sickness Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

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

** The NWSSP sickness submission includes SLE.*

12-Month Rolling Sickness

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

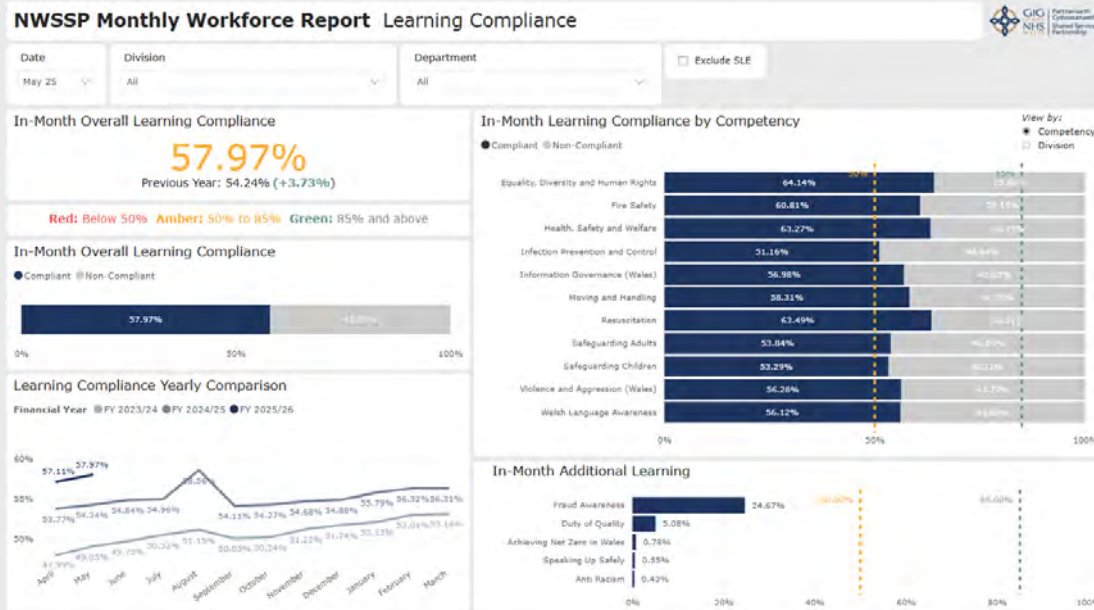
NWSSP sickness has remained relatively consistent since **October 2024**.

Sickness % (FTE) – March 2025

In March 2025, NWSSP had the **third lowest** sickness absence rate in comparison to similar size NHS Wales organisations.

Please note NWSSP is currently unable to compare data to specific divisions across NHS Wales e.g. the NWSSP People and OD Team against the Public Health Wales People and OD Team. We have no access to divisional data through the HEIW Workforce observatory.

Including SLE



The May learning compliance including SLE (**57.97%**) has **increased** from March (**57.11%**).

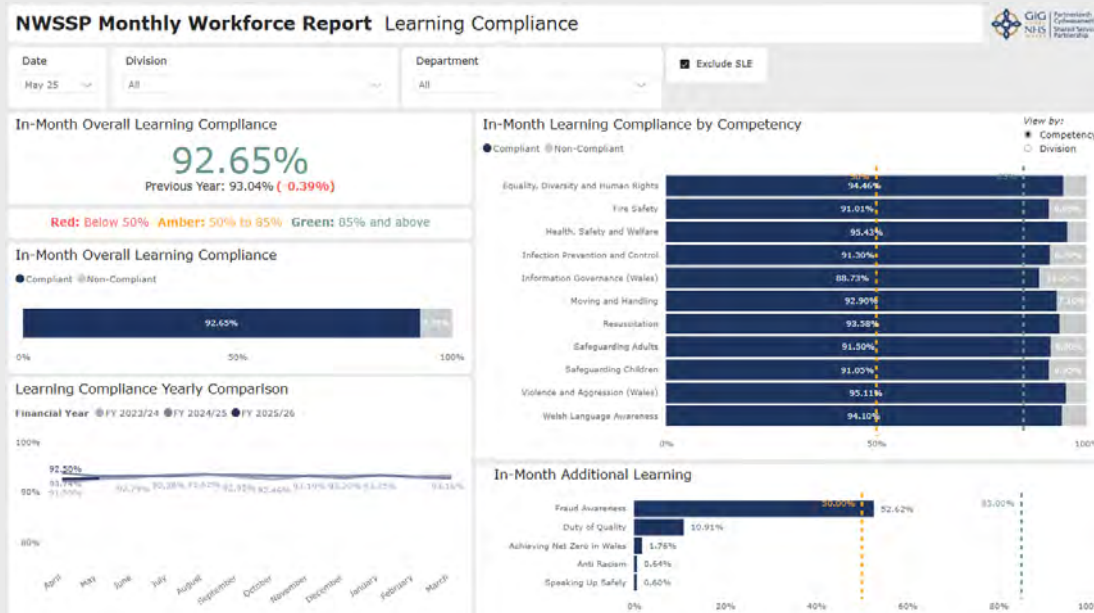
The compliance has **increased** since May 2024 by **3.73%** from **54.24%**.

For additional learning courses, Fraud Awareness completions have **increased** to **24.67%** from the May 2024 figure of **9.83%**.

Duty of Quality reached **5.08%** in May 2025, also an **increase** from **2.24%** in May 2024.

Achieving Net Zero, Anti-Racism, and Speaking up Safely all remain low at **below 1.00%** completion in May 2025.

Excluding SLE



Excluding SLE, the May learning compliance (**92.65%**) has **increased** from April (**92.50%**).

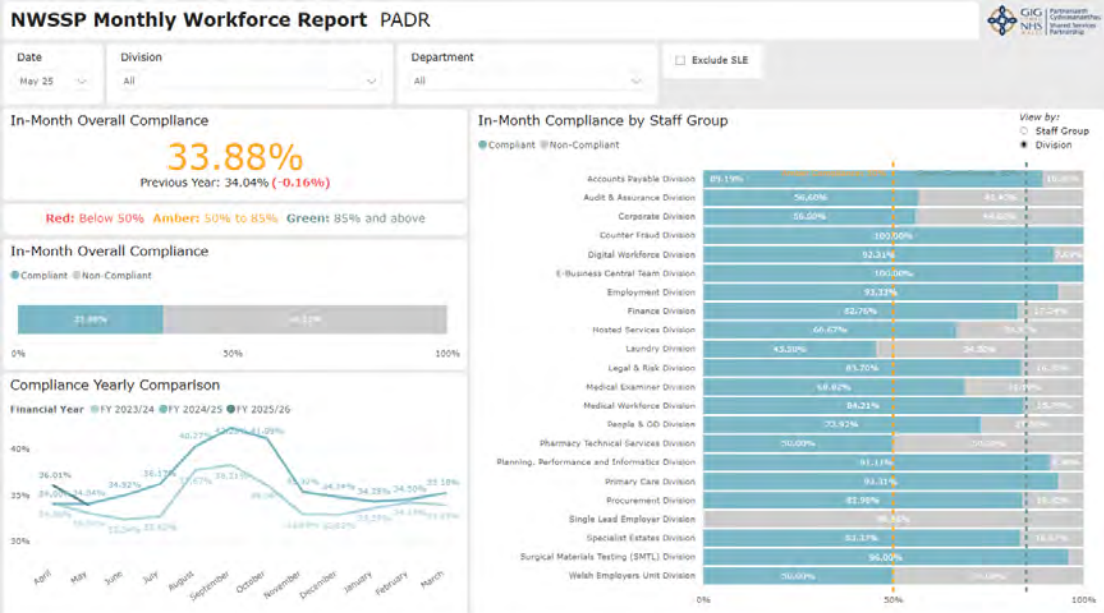
The compliance has **decreased** since May 2024 by **0.39%** from **93.04%**.

For additional learning courses, Fraud Awareness completions have **increased** to **52.62%** from the May 2024 figure of **19.12%**.

Duty of Quality reached **10.91%** in May 2025, also an **increase** from **5.31%** in May 2024.

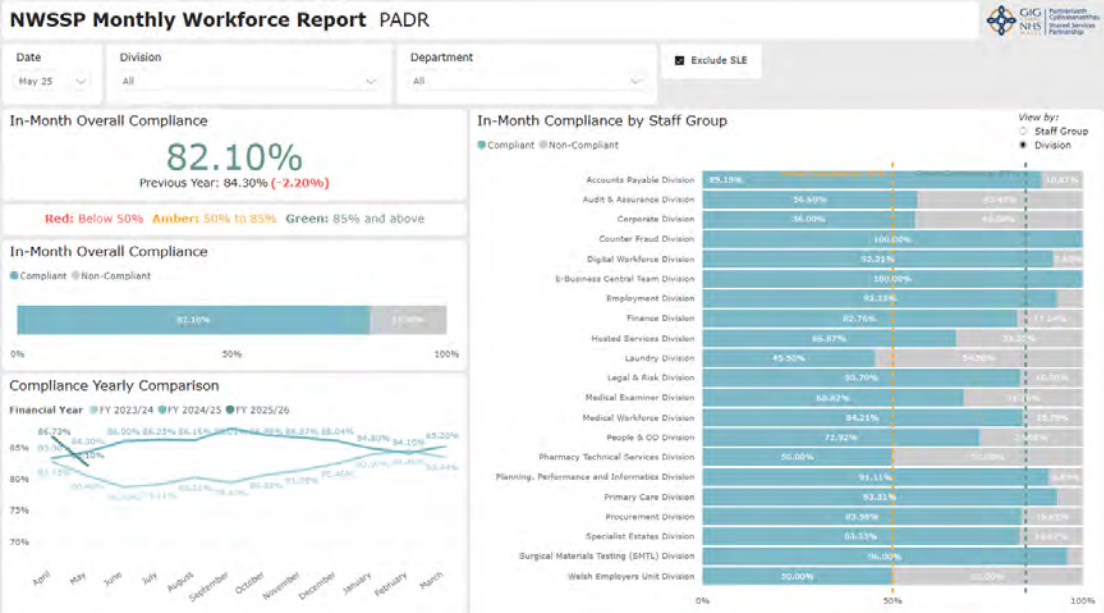
Achieving Net Zero, Anti-Racism, and Speaking up Safely all remain low at **below 2.00%** completion in May 2025.

Including SLE



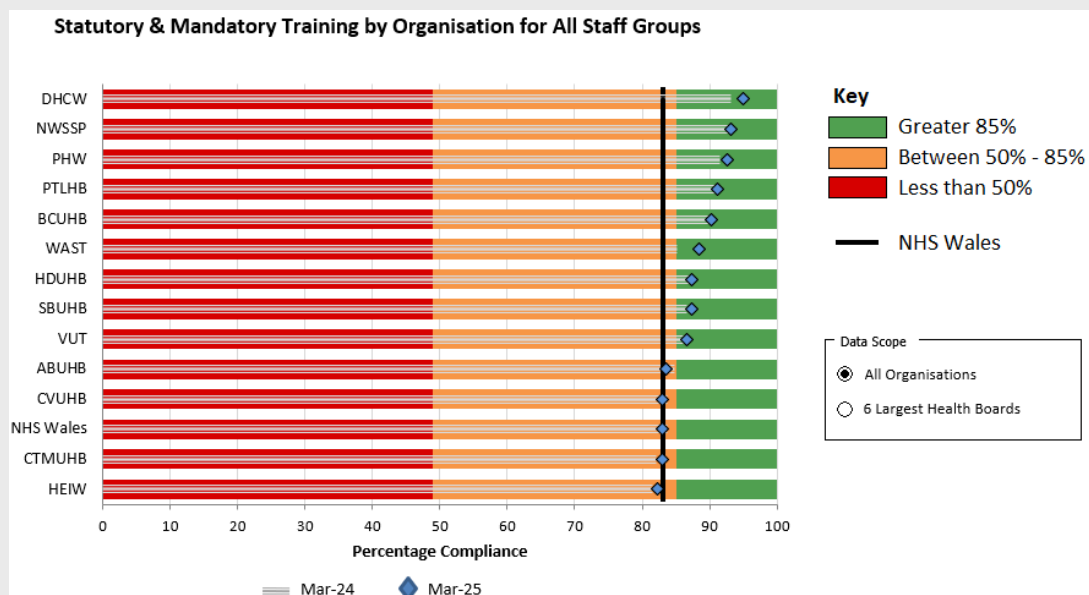
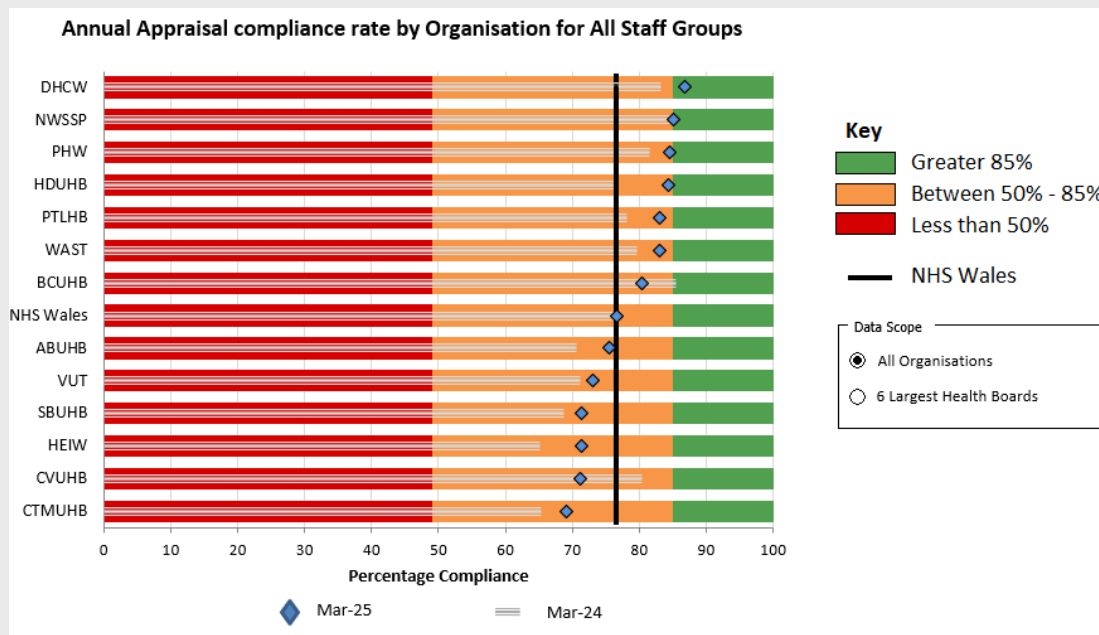
The May PADR compliance including SLE (33.88%) has **decreased** from April (36.01%).
The compliance has **decreased** since May 2024 by 0.16% from 34.04%.

Excluding SLE



Excluding SLE, the May PADR compliance (82.10%) has **decreased** from April (86.73%).
The compliance has **decreased** since May 2024 by 2.20% from 84.30%.

NWSSP Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

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

*The NWSSP data does not include SLE

Appraisal Review Compliance

In **March 2025** NWSSP had the second highest appraisal review compliance (**85.2%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**76.6%**).

Statutory and Mandatory Training Compliance

In **March 2025** NWSSP had the second highest statutory and mandatory training compliance (**93.2%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**83.1%**).

Please note NWSSP is currently unable to compare data to specific divisions across NHS Wales e.g. the NWSSP People and OD Team against the Public Health Wales People and OD Team. We have no access to divisional data through the HEIW Workforce observatory.

EMPLOYEE VALUE PROPOSITION

What we mean by Employee Value Proposition:

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

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

Recruitment, Attraction & Retention

Following several conversation with the new Head of Communications and Engagement about how we bring the organisation to life; with a shared aim of people starting to understand who NWSSP are, the work that we do and focus on long term social media brand building. A working group has been set up for July to focus on how the People and OD and Communications team can work collaboratively to make this happen.

Armed Forces

NWSSP’s pledge to the Armed Forces Covenant now has a full project plan for 2025-2026 and is being shared with the Armed Forces community over the coming weeks. Key highlights include increased focus on job advertising, updates on the recruitment managers guides and organisational awareness/understanding for recognition of the [uk military rank comparison chart.pdf](#) for demonstrable equivalent experience as part of Essential Skills recruitment criteria.

Widening Access

Career Events: NWSSP’s Early Careers Network members attended the following events to promote our organisation and employment opportunities.

Event	Location	Target Audience	Attended by
Eisteddfod yr Urdd – 26 th - 31 st of May (NWSSP had a stand for the full week)	Margam Park	People seeking a change of career, starting their career or seeking an apprenticeship	People & OD

Network 75: The Career Development Officer attended the new Network 75 applicant day hosted at the University of South Wales. NWSSP and other employers had the pleasure of meeting the new students at USW who have been accepted onto the N75 degree scheme. They had the opportunity to speak with them about the ongoing support and opportunities we could offer at NWSSP. It was a successful event, with around 50 students attending overall. Our stand had significant interest in all the placements we are offering from September 2025, including:

- Specialist Estates Services
- Planning Performance and Informatics
- Central Team E-Business

The university will share student applications with services in June, with interviews commencing shortly afterwards.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control	May 2024			
Row Labels	Business Case	Vacancy	Grand Total	
Approved	3	26	29	
Further info req	1		1	
Grand Total	4	26	30	

2025	Approved	Declined	Total	Further Info
April	33	1	34	0
May	29	0	30	1

Vacancy Control Process

May saw 26 of the 26 TRAC adverts approved.

In addition to this, 4 business cases were approved, 1 was declined as needed to go through the Trac process

Job Evaluation Modernisation

Emails were sent at the end of May to service Directors and their Business Partnering team where job description were identified as most advertised and over 3 years old.

28 Job descriptions fall in this criteria.

The email asks services to review and update within 3 months.

Further work is ongoing to establish how many job descriptions need to be updated, but it is circa 600 job descriptions.

Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days			
		Target	May-25	Apr-25	Mar-25
T0a	Notice Date to Authorisation Start Date	5	2.0	69.6	22.4
T1a	Time to Approve Vacancy Request	10	8.8	10.1	6.9
T4	Time to Shortlist	3	7.8	5.5	4.5
T5b	Time to Update Interview Outcomes	3	2.8	4.2	3.8
T9b	Time to Approve References	2	2.3	0.9	12.0
T13	Vacancy Creation to Conditional Offer	44	44.6	45.5	47.2
T14	Vacancy Creation to Unconditional Offer	71	54.4	58.3	61.2
T23	Conditional Offer to Ready for Start date notification	27	7.2	15.8	18.5

Time to Hire

NWSSP sit at **54.4 days** against a KPI of 71 (down from 58.3 in last month) We are now achieving 5 of the 7 core KPI's, up from 3 last month.

T1a Time to approve – has reduced from 10.1 days to 8.8 month on month and has been a key focus for the People and OD team in the last month.

T4 Time to Shortlist – This has increased from 5.5 in April to 7.8 in May. This was due to a workloads in one service impacting shortlisting time for 3 vacancies, which lead to timescales of 22,52 and 60 days. We remind managers to ensure they plan time to shortlist, prioritise and make sure candidates are informed if there are any delays.

T9b –This has remained on 2.3 days against a target of 2 days.

RESOURCE BANK AND AGENCY

General Bank – Monthly Use

Total spend of £101,351 in May, £93,948 excluding Collaborative Bank which compares to £114,203 in April (excluding Collaborative Bank).

May saw 17 EOIs being submitted, 9 being extensions of engaged Bank Workers and 8 requests for 15 new Bank Workers

Agency Use

Agency spend for May remaining on £0 for the second month in a row.

We are expecting spend in June due to a shortage of HGV Drivers. Both substantive and Bank Recruitment adverts are ongoing.

Agency Control Framework - Expenditure



Division	P12-25		P01-26		P02-26	
	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual
Accounts Payable & E-Enablement	622	0.29	1,280	0.43	2,973	1.14
Audit & Assurance Services	-785	-0.05	0	0.00		
Central Team eBusiness Services	0	0.00	0	0.00		
Collaborative Bank Partnership	6,035	1.99	15,254	3.06	7,403	1.39
Corporate Reserves	135,908	0.00	0	0.00		
Digital Workforce Solutions	0	0.00	0	0.00	0	0.00
Employment Services	19,862	4.64	6,066	2.45	338	0.15
Finance and Corporate Services	28,476	3.33	3,515	1.03	14,608	1.71
Health Courier Services	21,044	7.80	21,480	7.95	17,829	6.24
Laundry Services	42,437	15.50	25,941	9.21	24,814	8.29
Legal & Risk Services	5,081	1.74	5,468	1.96	62	0.23
Medical Examiner Service	9,763	3.90	8,366	3.00	292	0.02
People & Organisational Development	4,426	1.22	5,458	1.67	9,185	2.39
Planning, Performance & Informatics	0	0.00	0	0.00		
Primary Care Services	0	0.00	0	0.00		
Procurement services	43,596	17.55	31,962	11.68	23,500	8.43
Surgical Materials Testing Laboratory	0	0.00	3,228	0.13	-62	0.13
Welsh Employers Unit	1,346	0.10	2,015	0.13	673	0.05
Welsh Risk Pool	-1,230	0.64	-574	0.42	-264	0.56
Grand Total	316,580	58.65	129,457	43.12	101,351	30.73

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

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

People Development

Corporate Induction Compliance: People and OD continue to engage with new starters and their managers to request the completion of all mandatory documentation and training aligned to Corporate Induction. **New starters attendance at the Welcome Session, and their return of the Welcome Toolkit are both required to ensure compliance.** A new Microsoft Forms declaration form has been included in the Welcome Toolkit to simplify the compliance process. Communications will be sent out to all managers to make them aware of these changes. **NWSSP's current overall Induction Compliance as of May 2025 is 23.92%.**

Corporate Induction Participation by Division	No of New Starters Since 1 st January 2024	Attendance at Welcome Induction Workshop	Returned Completed Welcome Induction Toolkits
Accounts Payable Division	5	5	1
Audit & Assurance Division	3	3	2
Corporate Division	3	2	1
Digital Workforce Division	2	2	1
E-Business Central Team Division	1	1	
Employment Division	7	7	2
Finance Division	3	3	1
Laundry Division	1		
Legal & Risk Division	21	21	11
Medical Examiner Division	17	11	
Medical Workforce Division	2	2	
People & OD Division	9	9	1
Pharmacy	2	2	
Pharmacy Technical Services Division	1	1	1
Planning, Performance and Informatics Division	4	4	1
Primary Care Division	23	20	9
Procurement Division	96	69	17
Specialist Estates Service	1	1	
Surgical Materials Testing (SMTL) Division	2	2	1
Welsh Employers Unit Division	2	2	
Graduate	2	2	1
Unknown	2	2	0
Total	209	171	50
		81.81%	23.92%

Training Needs Analysis: Colleagues have now attended local SMTs for all services that have submitted training plans for 2025-6. As part of these sessions, services were provided with slide decks which included:

- A statistical overview for NWSSP
- Key learning needs identified across the organisation
- Statistics and learning identified for the individual service
- Supportive links and signposting for services to utilise to embed training plans over the year.

A report is currently being produced in readiness to share with the informal Senior Leadership Group, highlighting the key learning themes identified and the actions planned in response.

People and OD are working closely with those services that were unable to submit training plans for 2025-6 to understand how we can support them going forward.

Aspiring Managers Training: To support colleagues currently aspiring to be NWSSP managers, training has been developed which will provide practical support relating to development, application and interview. Training will commence from June 2025 and will run monthly until the end of the year. The frequency of the delivery of training for 2026 will be reviewed towards the end of the calendar year.

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

People Development – People and OD Training Attendance for May 2025:

	Capability: Policies in Practices 14/05/2025	Coffee and Conversations Leading Quality - 12/05/2025	Customer Service Training - 22/05/2025	Equality, Diversity and Inclusion Training 27/05/2025	Introduction to Service Improvement - Virtual Class - 22/05/2025	Managers Induction: Virtual Class 15/05/25	Managing Attendance at Work: Policies in Practice 01/05/2025	Recruitment Training Session 4 - Welcome to NWSSP 13/05/25	Retirement Education in the Workplace 12/05/2025	Stress Awareness - Virtual Class 20/05/2025	Welcome to NHS Wales Shared Services Partnership 01/05/2025	Speaking Up Safely 07/05/2025	Speaking Up Safely 16/05/2025	Total
Accounts Payable Division			16	5				1	1				1	24
Audit & Assurance Division									1		1			2
Corporate and Finance Division	1								2		1		1	5
Digital Workforce Division		1			1									2
E-Business Central Team									1					1
Employment Division	5	5	3	3	3	1	5	1		2				28
Laundry Division		1							1			1		3
Legal & Risk Division		1				3			1	3	1	3		12
Medical Examiner Division					1		1				1	1		4
People & OD Division		1										4	2	7
Pharmacy Technical Services											4			4
Planning, Performance and Informatics Division		1			4								1	6
Primary Care Division		3				1	2	1		2		1		10
Procurement Division	4	2			2	5	3	3		3	4			26
Specialist Estates Division									2					2
Surgical Materials Testing (SMTL) Division													1	1
Welsh Employers Unit Division													1	1
Total	10	15	19	8	11	10	11	6	9	10	12	10	7	208

EMPLOYEE EXPERIENCE

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

Culture and Engagement

Speaking Up Safely

- Speaking Up safely training has commenced with sessions for those likely to be spoken up to which include Diversity and inclusion Ambassadors, Mental Health First Aiders, Menopause Buddies, Health and Well-being Champions and Culture Change Champions, with further training planned to be rolled out to all staff.
- A Coffee and Conversations session for managers is scheduled for 4th July.
- The Work in Confidence platform has been purchased and planning is underway for the onboarding process. In addition to the Speaking Up Safely Steering Group, a Decision Group has been set up to look at details of the platform including identifying conversation recipients and categories of concern. The onboarding process will take 6-8 weeks once started. Services have been approached to identify volunteers for conversation recipients for the platform from each of the divisions.
- There is a Microsoft Form in place for staff to report concerns anonymously as an interim measure.
- The Speaking Up Safely policy is now available on SharePoint and communications have been sent out informing staff of this.

Diversity, Inclusion and Well-being

- The TIDE (Talent Inclusion Diversity Evaluation) benchmarking activity has been completed with Employers Network for Equality and Inclusion (ENEI) and results should be received in the summer. This will be able to demonstrate our progress in diversity and inclusion since this work started in 2023 and also provide a comparison to other organisations that have also completed TIDE this year.
- Our Mental Health and Well-being Advisor attended Suicide Awareness and prevention training and is working with Legal and Risk Services to deliver lunch and learn sessions around the topic.
- During Mental Health Awareness Week, People and OD delivered virtual sessions, including Helping One Another in the Workplace, and with support from our Mental Health First Aiders, held stands across our sites inviting people to learn more about mental health and signposting when needed. These events were all well attended and positive feedback has been received from the Mental Health First Aiders who took part.
- Delivery of the first corporate Equality, Diversity and Inclusion training was delivered and received well. All future dates are fully booked with a growing waiting list. Attendee spaces are being increased, and further dates are being added to address this, while also offering to work with divisions for bespoke training.
- The Anti Racism E-Learning module which has been available in ESR for some time will become mandatory for staff from 1st July and compliance will be reported in the People and OD Senior Leadership Group Report at the August 2025 meeting. Staff have previously been made aware of the learning and how to access it and given the opportunity to complete it prior to July. Further communications are being distributed to raise awareness. It is expected that compliance will be low during the first few months of this being a mandatory course.

EMPLOYEE EXPERIENCE

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

Culture and Engagement

NHS Wales Staff Survey: Work was undertaken with NWSSP services to confirm service hierarchies in readiness for the October launch of the 2025 survey. Whilst many hierarchies are remaining unchanged from 2024, some services have made amendments due to suppression rules applied by HEIW. Collaboration with our communications team is underway to prepare promotion and engagement strategies on behalf of NWSSP for the November launch.

The area with the lowest participation rate was identified as being the Trainees employed via the Single Lead Employer model. Work is underway with the Medical Workforce team to establish an easier pathway to enable trainees across health boards to complete the survey, with accompanying instructions and targeted communications.

Staff Recognition Awards: A short survey was circulated to all staff to understand how we can support people with submitting nominations. Of those who have completed, it has been identified that the main barriers to submitting a nominations were:

- Lack of time/not a priority.
- Unsure of how to submit a successful nomination.

To support colleagues, the team will be reviewing the guidance on how to submit a successful nomination and promoting the importance and benefits of reward and recognition strategies.

Supporting You Roadshows: Following a soft launch via the Staff Recognition Awards Regional Events in March, April and May, People and OD will be launching ongoing 'Supporting You' Roadshows in June 2025, visiting at least one NWSSP site per month, to drive engagement and support colleagues across NWSSP and to share information on:

- Health and Well-Being,
- People Development,
- Widening Access,
- Culture and Engagement,
- Speaking up Safely
- Equality, Diversity and Inclusion.

Compassionate Cultures Training: Between August 2024 and March 2025, People and OD colleagues attended Compassionate Leadership ‘Train the Trainer’ courses, led by Professor Michael West and Health Education and Improvement Wales. To ensure NWSSP has a supportive, compassionate, resilient and high-performing workplace culture, People and OD have created two training modules for all staff. Colleagues can attend one or both modules but will need to complete both modules to receive certification. The delivery of training will commence from June 2025.

NWSSP Performance Information Report

July 2025

*Delivering Value, Innovation
and Excellence through
Partnership*



Purpose

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

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

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

Key Messages

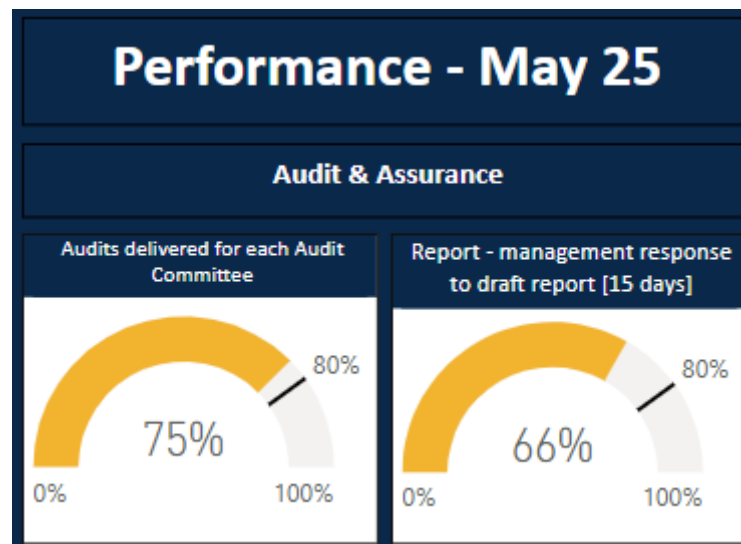
The in-month May performance was generally good with 38 KPIs achieving the target against the total of 40 KPIs reported.

Time to Hire target in Recruitment has been consistently met for over twelve months.

However 2 KPI relating to Audit & Assurance did not achieve the target. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £19M at end of May. This is further broken down on Page 12 of this report.

Summary Position by exception – 2 KPIs off Target



Of the 2 KPI that did not achieve the targets for May

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

Summary of KPIS

				24 / 25				
KFA	KPIs	Target		February	March	April	May	Trend
Audit & Assurance								
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	76%	77%	77%	75%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	97%	99%	99%	99%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	64%	62%	64%	66%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	99%	98%	98%	98%	
Procurement Services								
Our Value	Procurement savings *Current Year	£7m	Cumulative	£32,763,432	£34,807,848	£5,969,768	£9,700,108	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£680,796	£2,848,907	£283,892	£112,275	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	97%	Reported Quarterly	Reported Quarterly	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	89%	Reported Quarterly	Reported Quarterly	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	98%	99%	98%	96%	
Employment Services Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.81%	99.82%	99.82%	99.84%	
Our Services	Payroll % Calls Handled	95%	Monthly	99.05%	98.67%	98.10%	98.51%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	67.3%	64.7%	72.0%	70.4%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	66.70	62.20	61.50	61.80	
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	99.8%	99.9%	99.9%	99.8%	
Our Services	Recruitment % Calls Handled	95%	Monthly	98.9%	98.6%	99.4%	99.5%	

Summary of KPIS

				24 / 25				
KFA	KPIs	Target		February	March	April	May	Trend
Student Awards								
Our Services	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	97.00%	98.92%	96.41%	99.22%	
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	99.84%	99.84%	99.81%	99.79%	
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%	99%	
Legal & Risk								
Our Value	Savings and Successes	£65m annual target	Monthly	£2,385,811	£12,745,117	£0	£0	
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	£192,242	£283,803	£629,954	£268,906	
Our Value	Building for Wales/Designed for Life Savings		Quarterly	Reported Quarterly	Not Available	Reported Quarterly	£1,293,691	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
Our Services	Issues and Complaints	0	Monthly	0	0	0	0	
CTES								
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	100%	100%	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	100%	100%	

Summary of KPIS

								24 / 25			
KFA		KPIs		Target		February	March	April	May	Trend	
						Digital Workforce					
Our Services	DWS % Calls Handled		85%	Monthly		96.39%	96.47%	93.62%	94.88%		
Our Services	Customer Satisfaction		90%	Monthly		93.30%	92.00%	93.00%	93.60%		
						SMTL					
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory		90%			100%	100%	100%	100%		
Our Services	% delivery of audited reports on time (Commercial)		87%	Monthly		100%	100%	99%	100%		
Our Services	% delivery of audited reports on time (NHS)		87%	Monthly		100%	100%	100%	Not Applicable		
Our Services	% delivery of Technical assurance evaluations on time		87%	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%	100%		
Our Services	Never Events		0	Monthly		0	0	0	0		
						All Wales Laundry					
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly			89%	94%	93%	97%		
Our Services	Number of pieces of returned linen by customer not meeting quality standards		<100 Items	Monthly		0	0	0	0		
Our Services	Microbiological contact failure points		90%	Monthly		97%	97%	97%	97%		

Division	KPIs	Target		April	May	June	July	August	September	October	November	December	January	February	March	25-26 April	May		Trend	Lead KPI
Our Services																				
Audit & Assurance	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	➡		K
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative								78%	76%	75%	76%	77%	77%	75%	⬇		K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	89%	89%	100%	100%	100%	97%	99%	99%	98%	98%	97%	99%	99%	99%	➡		
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	68%	68%	Not Applicable	67%	55%	70%	70%	65%	63%	62%	64%	62%	64%	66%	⬆		

What is happening?
95% of the audits in the annual plans were delivered to at least draft stage by the end of May with 5% still in progress but they will be completed in the next few weeks as part of the 2025/26 work. As at May audits delivered to each Audit Committee performance was reported as 75.11% (166 of 221) against a target of 80% with 5 of the 13 health organisations achieving the target (The 8 organisations missing the target are highlighted in the table). The reasons highlighted for the target to be missed were either fully or partly down to delays in carrying out field work due to resource issues, more testing requested and fieldwork taken longer than envisaged.

Report turnaround management response to draft report (15 days) - Management Response to draft reporting turnaround times was missed in May. The target for the 15-day turnaround is 80%, 66% of reports were completed within that time frame (78 missing the target). **This KPI is the responsibility of the health organisation and dependent on client engagement.**

What are we doing about it and when is performance expected to improve?
Heads of Audit continue to discuss any delays directly with the health organisations and are made aware of any revised timings of reports and submission to committees.

Audit & Assurance	
Org	
AB	95%
BCU	90%
CV	47%
CTM	55%
HD	77%
HEIW	67%
DHCW	92%
NWSSP	77%
PTHB	81%
PHW	44%
SBU	88%
VEL	64%
WAST	76%

Areas of continued success

Employment Services – Recruitment

Division	KPIs	Target		April	May	June	July	August	September	24 / 25 October	November	December	January	February	March	25-26 April	May	Trend	Lead KPI
Our Services																			
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	71.1%	69.5%	73.1%	69.6%	67.5%	67.9%	65.7%	64.7%	70.6%	67.2%	67.3%	64.7%	72.0%	70.4%	↓	
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	59.4	61.0	57.7	59.2	63.5	62.5	62.4	60.1	59.3	62.5	66.7	62.2	61.5	61.8	↑	 K

What is happening?

The average time to hire (TTH) across NHS Wales for May 2025 is 61.8 days and the target is 71 days which is an improvement on the previous month however, 3 organisations missed the target which can be seen on pages 10 and 11. During May activity volumes decreased slightly, posts advertised (1,502 to 1,419) the number of conditional offers sent increased (1,452 to 1,517) compared to April. WTE advertised (1,868 to 1,922) Increased during May 2025.

The chart below highlights the Number of Conditional Offers sent over the last 12 months with a further breakdown of activity on Page 9.

Division	Activity		April	May	June	July	August	September	October	November	December	January	February	March	April	May	Trend
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,798	1,840	2,247	2,444	1,959	1,842	1,899	1,933	1,699	1,423	1,379	1,399	1,452	1,517	

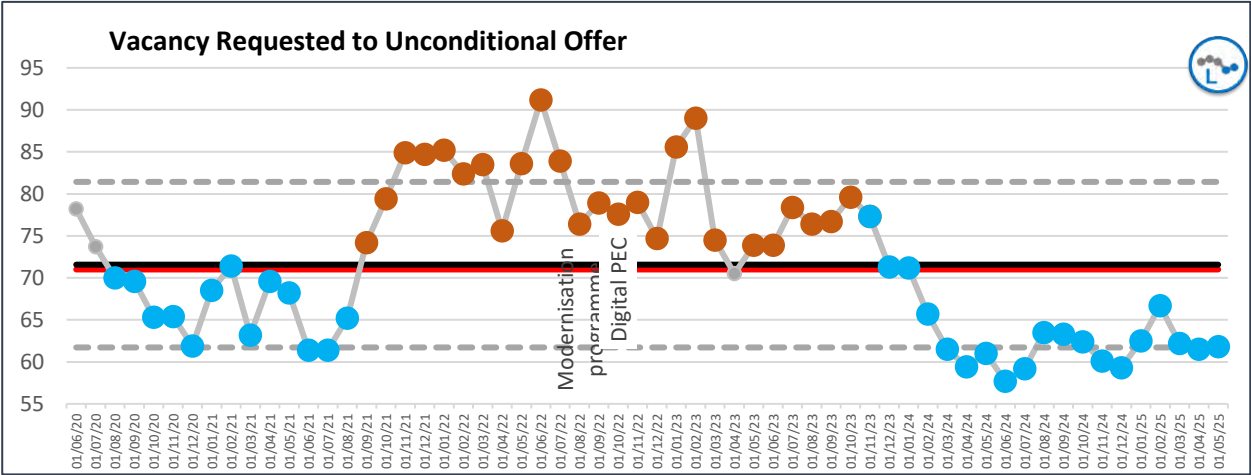
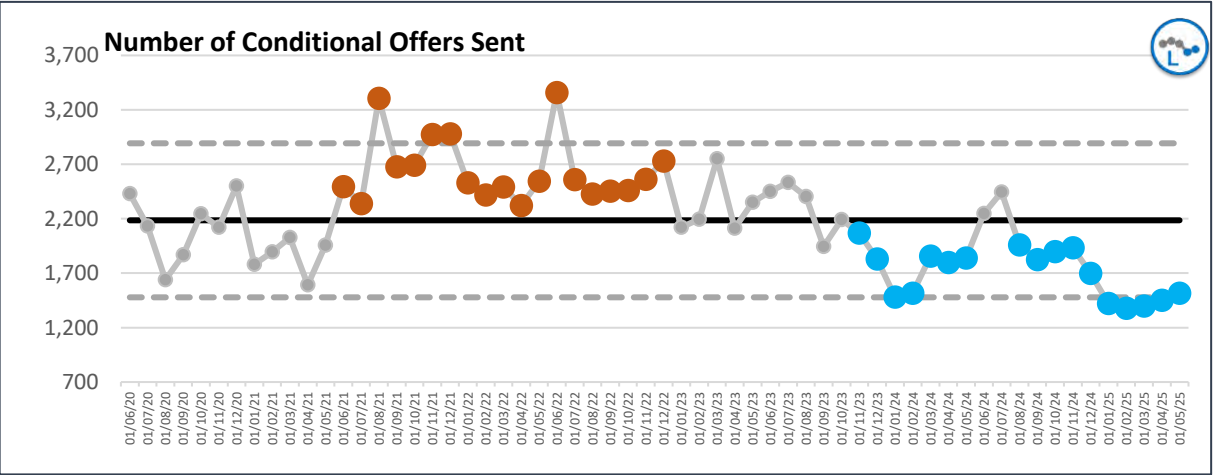
What we continue to do?

There were 1,482 applicants who completed checks in May 2025. Whilst good progress has been made on the older records in the system 9.5% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter. To assist with this work recruitment, share an escalation report monthly. Organisations are also reminded where applicable 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.

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

Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer														
Org	Target	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Trend		
AB	71	69	72	67	69	67	76	68	70	64	64	58	59		↓	
BCU	71	65	69	71	66	66	61	57	58	58	56	60	58		↑	
CV	71	76	78	82	85	87	82	75	81	88	95	88	86		↑	
CTM	71	66	70	74	71	72	72	75	74	76	74	70	68		↑	
HD	71	50	51	52	55	52	55	50	56	48	51	48	49		↓	
HEIW	71	52	50	51	55	62	53	44	61	66	47	60	48		↑	
DHCW	71	37	45	34	43	46	39	45	57	53	32	34	58		↓	
NWSSP	71	56	56	62	63	60	49	50	61	56	61	58	54		↑	
PTHB	71	59	59	78	71	72	70	70	76	70	81	65	68		↓	
PHW	71	47	48	54	55	58	52	55	52	59	63	55	59		↓	
SBU	71	57	58	62	60	65	65	63	68	71	72	76	73		↑	
VEL	71	56	56	65	58	51	50	55	49	67	54	55	50		↑	
WAST	71	65	65	71	70	76	79	72	77	76	76	84	96		↓	
All Wales	71	58	59	64	63	62	60	59	63	67	62	62	62		→	



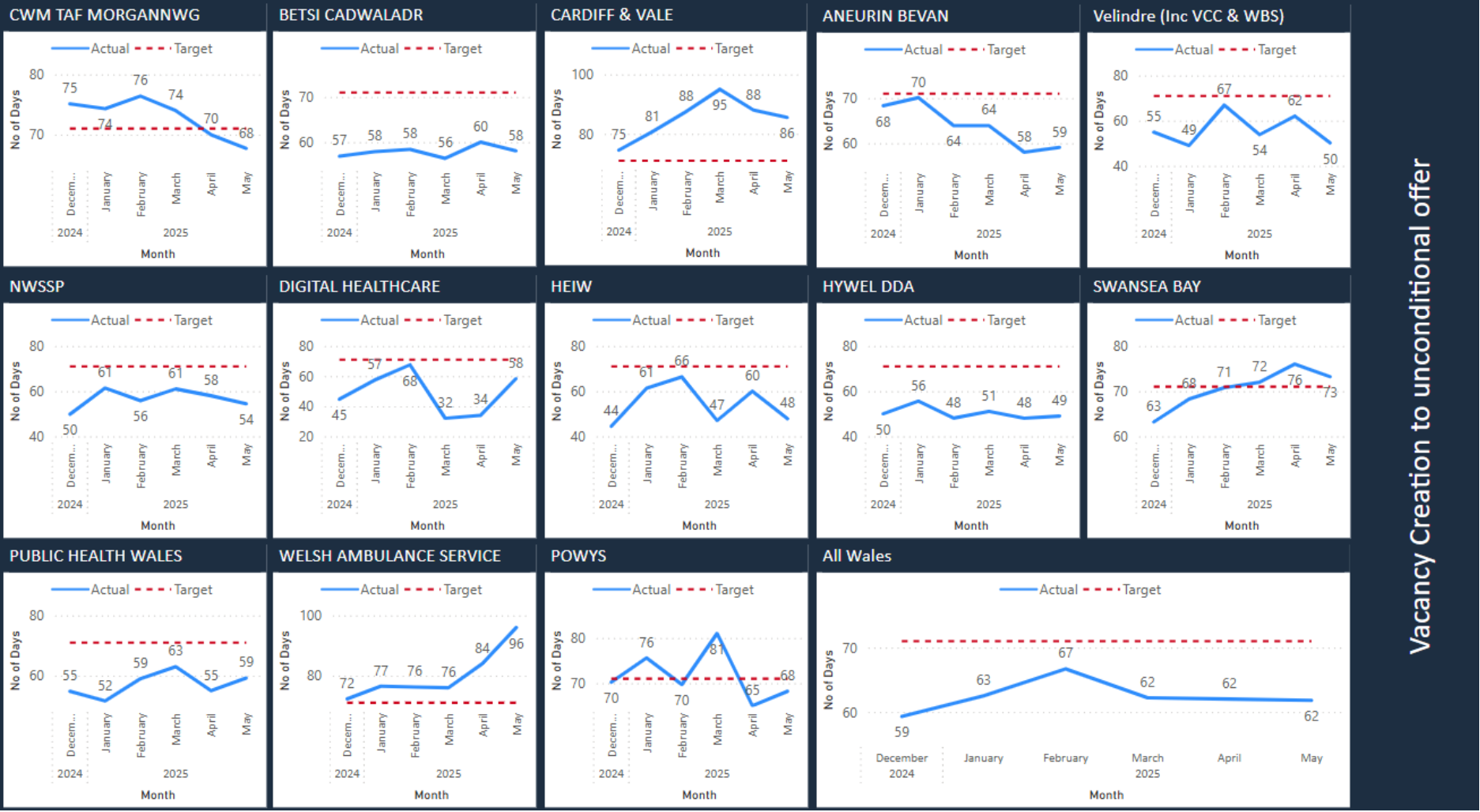
Employment Services – Recruitment



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Cydwasaethau
Shared Services
Partnership

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



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

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

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

Service	YTD Benefit £ m
Specialist Estates Services	0.9
Specialist Estates Services - Build for Wales**	1.2
Procurement Services	7.3
Procurement Services – Pharmacy	2.3
Procurement Services - Cost Avoidance	6
Legal & Risk Services	Not Available
Accounts Payable	0.3
Oxygen Finance – PSP	0.1
Counter Fraud Services*	N/A
Total	19

- *Reported quarterly
- ** This relates to Q4 24/25 Build for Wales

Other points to note

- Reporting on **Legal & Risk** savings and successes is expected to resume in July 25, following the implementation of the new case management system and alignment with other system priorities.

Recommendations

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

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



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NWSSP Outcome Measures Performance Report

July 2025

*Delivering Value, Innovation
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Purpose of the Report

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

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

Appendix A captures recent Voice of the Customer insights from performance meetings, included in the report to keep our customer perspectives front of mind.

Key Messages

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

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



Customer Satisfaction

- Most divisions met or exceeded their customer satisfaction targets.
- Primary Care Services are currently reviewing their target.

Website Analytics

- Website Users and Page views increased in May (13k and 41k) compared to April (10k and 29k). The top 3 page views were current vacancies, Student awards and How to apply for a Bursary.
- Page views for Student Awards and bursaries has increased by 42% compared to April.

Robotic Processes

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

Audit & Assurance

- Nine NWSSP audits have been completed so far this year: three with substantial assurance, five with reasonable assurance and one with limited assurance. 89% of Audits carried out within NWSSP have substantial/reasonable assurance compared with 80% for all Wales.

Call Handling

- Call Handling achieved the target in May for all reported areas.
- Call volume data is now included in the dashboard, segmented by division, to provide clearer visibility of demand across these service areas.



Staff Survey

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

Staff Awards

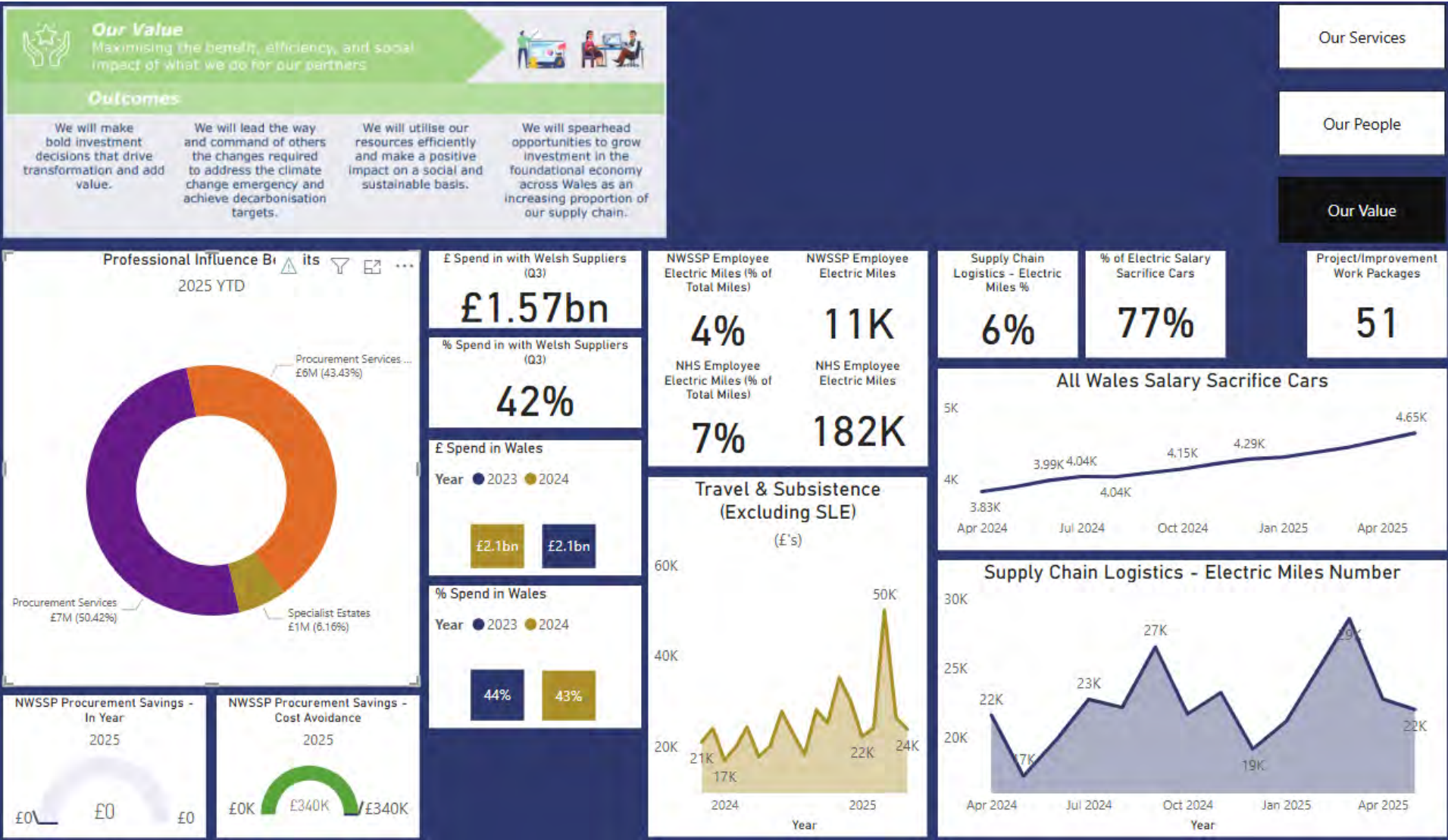
- Staff Award Submissions decreased from 176 in 2023 to 116 in 2024. To better understand the decrease, it would be helpful to gather more information on divisions and categories to identify possible reasons.

Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%) which is a considerable improvement on the previous 12 months (11.6%). Turnover does not include internal churn.
- There have been 179 Internal promotion occurrences captured in the last 12 months to September.
- 56% of leavers excluding SLE were voluntary (100% of these who left were employed for over a year) with a further 31% left due to retirement.

Sickness

- Staff sickness rate (2.6%) achieved the overall target (3.3%) for May however, 14 of the 19 divisions still missing their target. Further detail is available in the People & OD report.
- Top 3 absence reasons are, anxiety, stress, depression, injury/fracture or other musculoskeletal problems.



Professional Influence Benefits

- Professional Influence for May 25 shows significant benefits (£14m) across Procurement and Specialist Estates. Legal & Risk savings and successes will likely to be reported from July due to the new Case management system and other priorities.

Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for May for both in year and full year.
- NWSSP has achieved £340k procurement cost avoidance savings in the first 2 months of the year. Further cash releasing savings will be identified throughout the year working with the Head of Procurement.

Transformation Management Office (PMO)

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

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

- During May £24k (Excluding SLE) of T&S was claimed which is a decrease on the April position (£26k). In May NHS Wales employees claimed for 182k electric miles which is 7% of the total miles claimed.
- NWSSP employees claimed 11k miles which is 4% of the total miles claimed.
- Electric vehicle (EV) mileage for NHS Wales and NWSSP has remained static over recent months at 7% and 4% respectively.

Salary Sacrifice

- As of May, there are 4,647 salary sacrifice cars in use across All NHS Wales organisations where NWSSP manage the scheme, of these 77% are electric.
- For NWSSP as of May there were 280 cars in use with 77% classed as electric.

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

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

Voice of the Customer

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

Areas of Strength

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

Areas of Consideration

Theme	Summary of Customer Voice
Recruitment Efficiency	High applicant volumes causing delays. Desire for automation, AI screening, possible use of filter questions and system usability.
Audit & Assurance Timeliness	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.
Procurement Transparency	Requests for details breakdowns of savings.
Payroll Communication	Feedback highlighted opportunities to improve response times and enhance clarity in Payroll communications
Legal & Risk Services	Breakdown of Savings to be provided routinely.
Customer Satisfaction Insight	Interest in more qualitative satisfaction data across services – not just cost or performance metrics.
System & Process Development	Improvements in internal systems, smarter forms, and innovation in service delivery.
Benchmarking & Best Practice	Interest in learning from high-performing areas by sharing success stories and comparative performance insights.
KPI Clarity & Performance Data	Some users requested clearer visibility of SLA performance, metric ownership, and opportunities for better reporting granularity.

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



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 GIG CYMRU NHS WALES Partneriaeth Cydwasaethau Shared Services Partnership	01/07/2025
The report is not Exempt	
Teitl yr Adroddiad / Title of Report	
Transformation Management Office Update Report	

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

Pwrpas yr Adroddiad: Purpose of the Report:	
To provide the Shared Services Partnership Committee with an update on progress with key projects and initiatives undertaken by NWSSP.	
Llywodraethu / Governance	
Amcanion: Objectives:	Our value - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. Our services - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation, and the use of technology. Our people - To have an appropriately skilled, productive, engaged, and healthy workforce.
Tystiolaeth: Supporting evidence:	NWSSP IMTP 2025-28 approved in principle Feb-25
Ymgynghoriad / Consultation:	
Senior Leadership Group	

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:
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TMO Dashboard Report

Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Compliance with procurement regulations where applicable
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact
Ariannol: Financial:	Compliance with financial instructions and processes where applicable
Risg a Aswariant: Risk and Assurance:	Assessed, monitored, and managed within each project
Safonau Iechyd a Gofal: Dyletswydd Ansawdd / Duty of Quality:	Duty of Quality assessed within each project
Gweithlu: Workforce:	Capacity constraints are highlighted against each project where applicable
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open

NWSSP TMO Update - 01 July 2025

Prepared by Oliver Rix

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	18
Programmes	2
SI Initiatives	4
The schemes have different SRO/Project Executive Leads across a number of NWSSP directorates and Health boards.	
Also, within the schemes the breakdown of scheme size and coverage ranges from:	
46 % (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 54 % (13 Schemes) NWSSP – Typically serving internal purpose for one or more NWSSP Divisions 0 % (0 Schemes) Health board – Typically supporting schemes for health boards but where NWSSP play a role in the service provision	
A number of initiatives are in the pipeline for onboarding which will increase the number of ongoing supported activities.	
SSPC Recommendation	
SSPC are requested to note the contents of the report.	

Key Trend information and Initiative Overview

Initiatives – 20

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Demographic Transformation	Ceri Evans	Green	Green	Large	21/06/2021	31/07/2023	31/07/2025	84%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Red	Amber	Large	13/04/2021	29/03/2024	31/03/2026	65%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	Large	01/10/2022	31/03/2025	11/07/2025	85%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	25/08/2025	45%
Implementation of NWSSP Microbiology Monitoring Service	Laura-Jayne Keating	Green	Green	Medium	10/12/2024	31/07/2025	N/A	75%
Optimising Workforce Transactions (OWT)	Rebecca Jarvis	Green	Green	Large	01/03/2024	29/09/2025	15/09/2025	5%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	N/A	43%
Workforce Intelligence Service	Nicola Phillips	Amber	Amber	Medium	08/07/2024	31/12/2025	N/A	16%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	31/03/2026	N/A	50%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Green	Green	Medium	05/11/2024	31/03/2026	N/A	39%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Green	Green	Large	16/08/2021	31/08/2023	31/07/2025	97%
Employee Investigations	Michelle Thomas	Green	Green	Medium	13/11/2023	31/12/2024	31/07/2025	75%
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	31/03/2026	50%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	31/03/2025	31/07/2025	92%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	30/04/2025	11/07/2025	99%
Nantgarw HQ and Companies House refurbishment	Alison Ramsey	Green	Green	Small	01/01/2025	30/04/2025	01/08/2025	95%
Leaders of the Future for NWSSP rising Stars	Julia Denyer	Green	Green	Medium	02/10/2023	02/06/2025	31/07/2025	89%
Data Management	Scott Lavender	Amber	Amber	Large	04/04/2022	30/09/2025	30/09/2025	64%
Fleet Modernisation Programme Business Case	Tony Chatfield	Green	Green	Medium			N/A	5%

Service Improvement Key Trend information and Initiative Overview

Initiatives – 4

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Amber	Amber	Improve	06/12/2023	30/05/2025	06/10/2025
Greenvale Laundry	Anthony Hayward	Green	Green	Improve	16/09/2024	02/06/2025	02/10/2025
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/12/2025	N/A
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	N/A

Project Name		Project Manager		Project Exec / SRO	
TRAMS Programme		Peter Elliott		Neil Frow	
Monthly Update (key/ issues (blockages) / risks)					
Status		Red (Overall)		Red (Time)	
				Amber (Cost)	
				Green (Quality)	
Recent Gateway Review?		No			
Objective					
To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.					
Progress Update					
• Concept design work has verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power. • Planning application has been approved covering both the South East Radio pharmacy and the South East Hub. • Detailed design of the Radio pharmacy has concluded and scrutiny has been completed, and build is in progress. • Enabling works covering both Radio pharmacy and Hub have been completed as part of the Radio pharmacy project. • Outline Business Case (OBC) for the remainder of the hub has been circulated to Health Boards and Trust. The capital costings are stable and a revenue funding model based on "Fair shares" has been proposed. The OBC v1.1 has been endorsed by Project and Programme Boards and will be considered by SSPC at its meeting on 17 July 2025. Health Board governance may extend the approval time to 31 July 2025, by which time Main Board meetings will have been completed. • Programme Board has approved tendering for the Hub isolators which are the only remaining major item not under contract. This isolator tenders are currently being analysed, and a median cost from the tender has been used in the OBC costings. • The South West Hub project is also active. A longlist of 5 sites has been compiled and a surveyor engaged to estimate the costs to bring each of them to a comparable condition. An initial site ranking workshop is being planned for Jul-25. We will seek a scoping meeting with Government to seek funds for OBC development once a viable site is identified. Opportunities to co-locate with contingency stock storage are being explored. • The programme continues to interface with BCUHB to understand their plans for clinical transformation of their Nuclear Medicine service, and to understand the implications for the future North Medicines Hub. • Laboratory space in IP5 is being brought into use. Staffing for the Micro Monitoring Lab has been recruited and mobilised. This facility will be key in bringing the new Radio pharmacy into use, and an MHRA inspection of the Lab has been requested. • The TRAMS Digital Project is also analysing tender bids. We are aiming to have a Minimum Viable Product live for Jan-26. Engagement is ongoing with DHCW to ensure they are fully sighted on the wider implications for medicines software and data flows, and are prepared to support integration where required. Central Team eBusiness Services are also sighted on the likely need for Oracle integration. The NWSSP Chief Digital Officer is sighted. Project costs are included within South East Hub Business Case. • Validation of the proposed product catalogue with clinical groups is ongoing. A pack describing the proposed Service Model v1.0 was issued to Chief Pharmacists at the end of May-24. The model was updated following discussion to v1.1 in Aug-24. A schedule of medicines in scope and the agreed ordering arrangements is included within the Hub OBC. • Planning of Organisational Change Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in Mar-24 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts will be updated again based on 2024/5 numbers for the Hub FBC. Resource workshops have been planned from Aug-25 - Dec-25 to finalise these numbers. • Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles. • The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives. • Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.					
Main Issues, Risks & Blockers					
• Time taken to deliver production capacity to the service remains a major concern for the Programme. ◦ We must have new aseptic cleanroom capacity for Cancer Therapies open before the new Velindre Cancer Centre opens, and their legacy aseptic unit closes. ◦ Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least four Health Boards in this position. ◦ The Swansea Radio pharmacy currently represents a single point of failure for twelve major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested. • Current staffing pressures throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. The proposed level of staffing to operate the TRAMs service model is also being actively reviewed to ensure the project as a whole remains affordable. • We are exploring with the IP5 Programme how the power resilience of IP5 can be improved. The new TRAMs facilities will be Grade 1 in accordance with WHTM 06-01 4.30. If capital investments are needed to improve power resilience these will be included in the Hub Business Case, but the engineering design of the power resilience solution must also be suitable for the needs of all building users. • Based on current position, the programme is rated “Red”.					
Impact on Existing Service/Arrangements					

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

Project Name	Project Manager	Project Exec / SRO		
Data Management	Alison Lewis	Scott Lavender		
Monthly Update (key / issues (blockages) / risks)				
Status	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
<u>Objective</u>				
The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.				
This will be achieved by the following project objectives in the discover phase which will inform the next phases of the project.				
To catalogue: -				
- Existing delivery mechanisms and solutions. - Current arrangements for the supply of regular reports.				
To review: -				
- Data request / response processes including IG review processes - Existing technical infrastructure				
To identify: -				
- Opportunities to streamline request / response processes including IG review processes. - Duplication / inconsistency in the provision of regular reporting. - Opportunities to drive Statistical Process Control and performance management using existing data sets. - Opportunities to add value to data provision through the application of domain knowledge. - Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes. - Stakeholder groups that have requirements beyond existing information provision - Inconsistencies in existing data models. - Potential “quick wins”				
<u>Progress Update</u>				
The NWSSP Ophthalmic dashboard is in full operation and has been published on NWSSP PCS Website.				
The whitelisting requirement for Optometry Wales to access the ophthalmic dashboard, a code of connections has been signed, and they now have full access.				
The General Medical Service dashboard is complete and awaiting sign off at Jul-25 Project Board meeting.				
The General Medical Service dashboard has been demonstrated to internal stakeholders, and the project has received initial feedback.				
The role-based access has been successfully implemented and is functioning as expected to enforce access permissions.				
Process for requesting access went Live 30 June 2025.				
<u>Main Issues, Risks & Blockers</u>				
No risks or issue over the threshold of rating of >15.				
<u>Impact on Existing Service / Arrangements</u>				
No impact to existing service arrangements.				

Project Name	Project Manager	Project Exec / SRO		
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Bethan Rees, Lisa Williams	Nicola Phillips		
Monthly Update (key/ issues (blockages) / risks)				
<u>Status</u>	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).				

Progress Update

Project Update - Phase One (Workforce Reporting)

Argyle Extension

The Argyle contract extension was declined for approval on 23 June 2025, meaning that the Argyle contract will officially end on 30 June 2025. Procurement are liaising with Argyle regarding the contract exit and the final data extraction will take place from Argyle on 30 June 2025.

Data Migration / Reconciliation

The Optometry data was successfully loaded in production. The data was reconciled and all issues rectified in time for the product launch to users.

Go Live & Comms

Following completion of the data load and data reconciliation for the Optometry profession, the first 10 users went live on 20 June 2025. This was followed by 350 users across the remaining practices in Wales during 23 and 24 June 2025. Comms were issued to users to provide guidance on how to access the eLearning, solution and report any issues access or training. With optometry going live this has allowed the project to move from Red to Amber.

Optometry Wales welcomed the implementation of Primary Care Workforce Intelligence System (PCWIS) and provided additional resource for comms via the Optometry Wales weekly newsletter. Feedback from Optometry Wales on PCWIS has been extremely positive to date which is extremely encouraging.

PCWIS communications have also taken place with the professions and Heads of Primary Care at Committee meetings. Further communications will be issued to solution users and Health Boards in line with the project communication and implementation plan.

The next profession to go live will be Dental week commencing 07 July 2025

Main Issues, Risks & Blockers

Risks Over Threshold

- 1) Project timescales for solution build and data migration are extremely tight & there is a risk to project delivery if this activity is not completed on time - Monitor throughout & liaise with Finance for payment milestones.
- 2) Risk of disruption to service continuity due to contract extension expiring in Jun-25. - Review options & assess impact to service & customers

Issue

Due to the change in contract at December, there is no commercial cover for project from 14 April 2025. Therefore, the implication of no contract cover is that there will be no technical resources from Credera to support the go live dates in May-25 & June-25. - Several Commercial meetings have taken place and Softcat have assured NWSSP they will support the go live activity to get the project over the line.

Impact on Existing Service/Arrangements

Due to slippage with project timescales, there will be a period of a fortnight without an IT solution for Workforce Reporting when the current legacy solution contract expires at the end of Jun-25.

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

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

Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
Recent Gateway Review?	No			
Objective				

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

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

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

respective Health Boards.

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

1.

Transfer of staff from CTMUHB (Church Village) to NWSSP (delivered Apr-24)
2.

Transfer some Laundry staff from HDDUHB (Glangwili) to NWSSP to deliver a hub base service model (delivered Apr-24)
3.

Conversion of the Glangwili Laundry to provide a hub for NWSSP services (in progress)

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

Progress Update

Work Stream 1 (Church Village)

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

Given that NWSSP has no funds to address the backlog, nor resource to manage it, this is not a viable proposition. In light of the situation, NWSSP are yet to make a decision on the future direction of travel.

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

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

The project is still awaiting a decision on Church Village to progress.

Work Stream 2 (Glangwili)

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

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

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

Main Issues, Risks & Blockers

Issues

No issues

Risks

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

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

Buy-in Risk

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

Impact on Existing Service/Arrangements

No impact to existing service/arrangements

Project Name		Project Manager		Project Exec / SRO	
Workforce Intelligence Service		Bethan Rees		Nicola Phillips	
Monthly Update (key/issues (blockages) / risks)					
<u>Status</u>	Amber (Overall)		Amber (Time)		Amber (Cost)
<u>Recent Gateway Review?</u>	No				Amber (Overall)

Objective

Key Deliverables:

The key deliverables are:-

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

Progress Update

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

The following progress has been made during the last month:-

- Staff Benefits – This objective has been investigated extensively and can now be closed.
- Exit Process – No progress has been made in this period, as HEIW have not been able to share the data with NWSSP to complete analysis for the baseline position. However, discussions have taken place between HEIW and NWSSP and a data sharing agreement tis in the process of being developed to allow data to be shared between the two organisations.
- Temporary Staffing Solutions – Discussions have taken place with the three professions to explore the option of extending Locum Hub (originally developed for indemnity purposes) to other professions such as Ophthalmic and Pharmacy. However, there was limited support for extending the Locum Hub at the present time. Therefore, there is no further action required for this objective.

Main Issues, Risks & Blockers

Risks Above Threshold

- There are no risks identified above the threshold.

Impact on Existing Service/Arrangements

There are no impact on existing service arrangements.

Project Name	Project Manager	Project Exec / SRO		
Demographic Transformation	Abbie Shackson	Nicola Phillips		
Monthly Update (key/issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Amber (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			

Objective

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

Implementation of replacement functionality such as:

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

Progress Update

The Project is in closure.

A project closure document has been created and shared with project team for comment.

Key outstanding activity for Business as Usual:

NHSE have completed the development of a data feed obtained directly from Personal Demographic Service (PDS) to inform global

sum (GSum) calculations to enable payment to General Practitioners based on practice list sizes. The data feed has been made available to PCS who are in the process of undertaking a comparison to provide quality assurance of data.

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

NHSE has tested reconciliation figures for 5 practices resulted in 10,000 mismatches, of which 4,000 were for names differences.

The options are

- Do nothing but these figures are not maintainable by the team
- Ignore the mismatches (same as we now do with Mr/Master)
- Accept the version with the name (Automate it to replicate the practice system)

All options could have a cost associated with it.

There are 4-5 options for the development team to consider, NHSE will request that the 3 options with the higher results are to be included in the development team’s consideration.

Main Issues, Risks & Blockers

Risks:
All risks closed down.

Issues:

Data Feeds:

Confirmed costs not available for the management of PCRM. The issue has been handed over to BAU, the team are still awaiting confirmed costs. Project Board has agreed to continue to profile existing budget until position known.

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

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

No impact on stakeholders as PCRM is operational.

Impact on Existing Service / Arrangements

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

Project Name	Project Manager	Project Exec / SRO		
L&R Case Management System implementation phase	Daniel Sinderby	Mark Harris		
Monthly Update (key / issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
The objective of the project was to procure and implement a case management system.				
<u>Progress Update</u>				
On 07 April 2025, Legal and Risk Services (L&RS) have deployed the iCasework Legal Case and Document Management System across the division.				
Go Live Support sessions with Civica have concluded and the Project Team are now working with Civica towards handover to BAU. Once this is confirmed the Project Board will agree whether to move to formal project closure.				
During this reporting period the following actions have been undertaken;				
End User Training for all teams within L&RS was completed.				

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

Main Issues, Risks & Blockers

None

Impact on Existing Service/Arrangements

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

Project Name	Project Manager	Project Exec / SRO		
Patient Medical Records and (Scanning) Service Accommodation Review	Rachel Pember	Scott Lavender		
Monthly Update (key/issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
The responsibility of the Medical Records Accommodation review Group is to find suitable alternative accommodation for all staff, equipment and medical records currently residing in Brecon House. The scope has been expanded to include the relocation of the Document Scanning Team and equipment based in Companies House.				
Background				
An initial business case sought funding to secure additional space to expand the Patient Medical Record (PMR) Service to GP Practices across NHS Wales. The business case was submitted and approved by NWSSP Senior Leadership Group in Aug-22 and subsequently Velindre Trust Board. As the investment was to purchase a capital asset, the business case was submitted to Welsh Government for ratification. Welsh Government responded requesting additional information on the fire suppression requirement for the new building. Whilst a report was obtained, a critical issue arose.				
The business case was prepared on the basis that Primary Care Services (PCS) would be able to extend the lease of Brecon House, Mamhilad Park Estate. Since then, it was discovered that the building contains Reinforced Autoclaved Aerated Concrete (RAAC) Panels in the roofing Structure. The landlord initiated a monitoring and remedial works program for the RAAC panels but failed to provide a plan, risk assessment or work schedule. Some interventions, such as steel fixings and nettings, have been implemented but only cover a small portion of the necessary actions. As a result, the requirement for an exit strategy and plan to remove items from the affected areas of Brecon House is now crucial and a refresh version of the Business Case was submitted in Apr-23.				
In addition, the PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, relocation to the CP2 building is not a suitable option for the Document Scanning service and it is prudent to consider merging the Document Scanning team onto one, although options are being explored.				
<u>Progress Update</u>				
Medical records from Brecon House to DuPont, Mamhilad (new accommodation)				
The lease for the new premises, Dupont, commenced from 06 August 2024.				
All works have now been completed and keys handed back to Landlord Mar-25. Staff are now working wholly within Dupont.				
DuPont now operational, all working groups and sub groups have been decommissioned at the end of Mar-25, as agreed by Project Board.				
Lesson Learnt meeting took place at the end of Apr-25, with the draft Project Closure Document now being prepared.				
Medical Records Culling of Notes relating to Infected Blood Enquiry				
Phase 1 - The established workstream are working to facilitate the first phase of the culling of notes - COMPLETED Jan-25.				

Phase 2 / 3 - The culling of notes has been stopped. Works commenced Jan-25 but has now been paused. Notice has been given to the contractor to stop all destruction of records. Welsh Government have identified that culling can only take place if there is a digital copy of the medical record. This has only been identified Feb-25 and Primacy Care Services are awaiting notice from Welsh Government on formal procedure to be taken.

Main Issues, Risks & Blockers

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

Ongoing risks have been identified with the continued growth of deceased records each year from GPs will result in lack of storage capacity at DuPont in the future. All new record boxes to have a reduced weight, as recommended by H&S. The overall storage capacity at DuPont will reduce due to the increased number of reduced weight record boxes. New weight limit to be 6-10kg per box and this would need to be part of new SLA agreement.

Issue identified with PMR re-costing model, a review as not been undertaken for last 10-12 years. Additional capital costs incurred with re-location from Brecon House to DuPont. Review to take into consideration operational costs, staff, estates and other costs associated with PMR work.

Medical Records Culling of notes for the Infected Blood Enquiry

Early risk has been identified due to the Welsh Government decision that prevented any medical records from being destroyed due to the blood borne diseases enquiry, this has exasperated the capacity issue for Brecon House and has now resulted in a waiting list of records that cannot be stored which is resulting in lost revenue due to records not being culled. At IP5, there is approximately 1,500 pallets x 24 boxes (per pallet) so 36,000 boxes currently being held in storage, work is being undertaken to look at alternative storage locations.

Impact on Existing Service/Arrangements

No impact on existing arrangements. With the project closing and it being handed to BAU the overall status has now changed to Green.

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

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

Objective

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

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

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

Progress Update

To note the percentage completion is based on an average of both Reimbursement and Smartcards workstreams. With the addition of Dispensing Doctors tasks: 94% Reimbursement, 77% Smartcards. Overall project completion is 85%.

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

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

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

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

Discussions are ongoing within the PCS Project Team regarding project closure activities outstanding.

TMO Dashboard Report

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

Integration / Development of Internal Applications: The live link to the public facing dashboard has been deployed and DHCW are going to release a communication piece. The User Acceptance Testing (UAT) of EPS changes to existing applications is still underway. Options are being investigated regarding Agency Nurse independent prescribers obtaining J numbers.

Assurance: Salts Healthcare Dispensing Appliance Contractors (DACs) site is now live which marks all DACs as EPS enabled. Urgent & Emergency Care (Out of Hours) scoping has been completed for NWSSP and DHCW have established a task & finish group with the Health Board leads regarding service management, ODS and Smartcards. The Dispensing Drs FOT sites for Invatech and EMIS are still unconfirmed, therefore there will be no further movement until these have been agreed.

Service Management: The two EPS elements outstanding (EPS data and EPS service support) to be included in an SLA are still being investigated, to determine the most suitable. Standard Operating Procedures (SOPs) and Working Instructions will be created for these and will be implemented into BAU. The Change of Ownership process for EPS to EPS enabled pharmacies has been agreed/signed off between NWSSP and DHCW.

Communication Approach: DHCW are currently developing EPS information web pages to be deployed this month. NWSSP web pages have been updated with e-forms for Registration Authority (RA) Agents nominations, Locum Smartcard applications and Single Lead Employer (SLE) Smartcard applications, with accompanying information. The EPS Change of Ownership process checklist for contractors will be made available on NWSSP webpages.

Funding: Funding letter has been received for 2025/26 which has now been signed and returned to DJCW Finance.

Smart Cards:

- Temporary Access Cards (TACs) guidance has been updated.
- Investigation into the validating the Superintendent Pharmacist when nominating RA Agents process is ongoing. Further agreements with Contracts Management needed and testing to be undertaken.
- Dispensing Drs Smartcard provisions have been discussed pending the confirmation of a First Of Type site.

Main Issues, Risks & Blockers

Issues

Temporary Contract staff have resigned impacting resource within PCS working on the EPS Programme, resulting in the Smartcards Team operating at 50% capacity. Funding has been allocated for 2025/26 and 3 posts have been filled within the Smartcards Team, start date Jul-25/Aug-25 to be confirmed.

Impact on Existing Service / Arrangements

No impact to existing arrangements. Project status returned to Green since confirmation of 2025/26 funding.

Project Name	Project Manager	Project Exec / SRO		
Leaders of the Future for NWSSP rising Stars	Rachel Pember	Julia Denyer		
Monthly Update (key/ issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
The purpose of the project is to create and manage a Leadership development programme for Leaders of the Future For NWSSP' Rising Stars. The aim is to develop and grow staff within NWSSP, giving them the opportunity to step outside their current roles and take on new initiative to develop their leadership skills.				
<u>Progress Update</u>				
NWSSP People and Organisational Development Senior Leadership Team have agreed for the project to progress at pace with a view to bringing forward the launch to within 24/25.				
Project team members are working to complete tasks within the project plan, tasks dates have been extended due to the extension date for applications Mar-25.				
Twenty two applications submitted for the Leaders of the Future programme, these have be reviewed by the People and OD team (POD) in conjunction with the relevant divisional leads.				
After the review, five candidates were successful and commenced on the programme on 07 April 2025.				
The Leaders of the Future Programme now implemented and deployed, with the programme now transferred to the People and OD Team as business as usual.				
A lesson learnt and benefits realisation meetings held in Jun-25.				
The draft Project Closure Document to be completed with the next few weeks.				

Main Issues, Risks & Blockers

No risks or issues reported over threshold.

Impact on Existing Service / Arrangements

No impact to existing service arrangements.

Project Name	Project Manager	Project Exec / SRO		
Employee Investigations	Myra Jones	Michelle Thomas		
Monthly Update (key/issues (blockages) / risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>				
<u>Objective</u>				
Implementing a revised approach to ensure employees are supported during investigations, essentially ensuring that there is minimal harm caused.				
<u>Progress Update</u>				
Two launch events were held on 13 September 2024 and 18 September 2024, in North and South Wales respectively.				
Work is underway with the Project Manager, Project Executive and the Task and Finish Group. The project team are continuing to finalise on the internal project plan which now includes recommendations from delegates at the two launch events.				
The project team will also work with the National Team to capitalise on the fantastic engagement at the launch events and send further communications to the attendees to promote the cascading of the online training sessions and drafting a news story from the events.				
Further Task and Finish groups and project team meetings have been scheduled in the diaries to progress this work. Actions of multiple workstreams are ongoing, and the project is progressing in line with the Project Plan.				
<u>Main Issues, Risks & Blockers</u>				
None over the threshold identified				
<u>Impact on Existing Service/Arrangements</u>				
This project is on target, therefore there is no impact on existing service/arrangements.				

Project Name	Project Manager	Project Exec / SRO		
Optimising Workforce Transactions (OWT)	Rhiann Iles	Rebecca Jarvis		
Monthly Update (key/ issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
The objectives and scope of this project were subject to recent review in recognition of current and future business needs within the People, Organisational Development and Employment Services Division. Revised objectives and confirmation of scope are detailed below:				
Current Needs				
- To address pre- identified gaps in workforce data within ESR. The known data gaps are: - Change (of post) Reason - Nationality - Emergency Contact - Ethnicity* - Sexual Orientation * - Disability* - Marital Status* - Religion *				
Conflict of Interest data has also been identified, however this is not presenting as an immediate issue. There is an expectation placed on NWSSP by Health boards to fulfil data requirements.				
1. To have high quality, accurate data available in the current ESR solutions, to migrate to the Future Workforce Solution circa 2027.				
2. To digitally prepare users/customers in readiness for the implementation of FWS. The new system will be a completely different experience for users.				

Future Needs

1. To identify a solution to address gaps within other areas such as Single Lead Employer and general workforce data gaps under the remit of People and Organisational Development.

Scope

The scope of the project remains unchanged and continues to focus on the development of a solution to fulfil identified data gaps in preparation for the new workforce solution by 2027. Any development to the SMA to address identified data gaps is out of scope and any proposed development/solution must not to impact the stability of the SMA Application in any way. The primary function of the SMA remains the remuneration of staff.

Following a further exercise in data scrutiny, additional data fields were identified, requiring population in ESR in preparation for the transition to the future workforce solution. The fields are marked with an Asterix (*) within objective 1.The project scoping document has been subjected to further amendments to reflect the above changes and it is anticipated that the final scoping document will be agreed and ratified at the next Project Board meeting on 14 July 2025.

Progress Update

The project purpose was redefined to align with current and future business needs, with new representatives from key services welcomed in Apr-25. Several options to address data gaps were discussed, including Power BI, custom applications, and Office 365 tools. Initial development scoping began internally, followed by a meeting with Digital Health Care Wales- Centre of Excellence (DHCW-CoE) and NWSSP Informatics. Agreements reached included initial testing of any development to be conducted within NWSSP and the need to address both current and historical data gaps. It was confirmed that CoE are not currently in a position to support development without additional funding.

A subsequent meeting revealed further gaps identified by Digital Workforce Solutions from updated ESR data. NWSSP Informatics supported developing an immediate solution to stop further data loss, followed by retrospective fixes. Greater involvement from Recruitment Services and Service Improvement was recommended to inform solution development, utilising specialist system knowledge and the potential use of Robotic Process Automation (RPA) in solution development.

On 17 June 2025, the project board reviewed progress. With no CoE capacity, NWSSP Informatics will lead interim solutions. A communication campaign will focus on encouraging staff to populate/check their own details within ESR to address data gaps. It was suggested that the objectives of the project are amended to recognise the additional data fields subject to gaps.

Longer-term goals include the ability to provide complete data records for all staff members within NHS Wales, with the addition of functionality to record change reason data within the SMA once full implementation is achieved and stability can be ensured.

Confirmation of Service Improvement support is expected imminently and meetings and activities will continue to work towards identifying a solution.

Main Issues, Risks & Blockers

There is a risk that missing data will not be available in advance of the implementation of the Future Workforce Solution in 2027.

There is also a risk of indirect impact to the SMA if payroll/employment services do not remain engaged within continued solution development meetings. Exploring the development of a third-party solution to address pre-identified data gaps without full consideration of all factors of staff hiring process causes a threat to the project and could overlook wider dependencies, causing issues internally to NWSSP and subsequently to NHS Wales Organisations. The solution identified should not be with one department's objectives in mind but the most appropriate, streamlined and effective delivery of services to the end user. The absence of a cohesive approach between teams involved in the staff hiring process, results in a disjointed and confusing experience for end users (all NHS Wales employees).

A solution developed without a full understanding of any potential risks could potentially cause NWSSP reputational damage, increasing tensions and frustrations within NHS organisations who hold NWSSP accountable for the transactional processing of employee records. This could also result in further delays to the development and implementation of a solution to address data gaps in advance of the ESR Optimisation and Transformation Programmes of work.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO		
Influenza Vaccine programme 2025	Rachel Pember	Jonathan Irvine		
Monthly Update (key/issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>	NWSSP to provide a centralised Flu Programme 2025. To centrally procure, store and distribute the Influenza vaccine for the			

TMO Dashboard Report

vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes going forward, to all General Practice, Community, and Local Health Boards (LHBs) Trusts.

Progress Update

Following Welsh Government approval of the NWSSP proposal, Project Team members have commenced tasks within the project plan for the project to remain on target.

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

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

A Procurement tender exercise has been completed to appoint a supplier for the lease of refrigerators, a supplier appointed and refrigerators will be delivered within agreed timeframe. Electrical requirements for the refrigeration units have been installed and ready to go live.

Main Issues, Risks & Blockers

A critical risk has recently been identified which relates to the approval of a purchase order in order to vaccine. This may delay purchasing deadlines being achieved, may potentially shift the delivery dates/schedule and impact the vaccination delivery to distribution outlets.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

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

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

Status	Green (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

Objective

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

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

Progress Update

The NHS Wales Estates Database (NWED) was launched within the SES Property Team on the 02 May 2025, after the final data set was provided. Testing of functionality and comparison between the datasets has been underway since with some live issues that have needed to be resolved prior to releasing the reporting dashboard and notifications to the Health Boards and Trusts. This comparison is being undertaken in the live environment, but it is controlled with only project team members being application users.

Once the live issues are resolved and agreement has been made to release to the Health Boards and Trusts, the focus will be on upload of documentation relating to each record, NWED branding, user training and development of training guides.

Time status is set to amber as the original planned end date has been passed, with no immediate risk other than eventually the reports will need to be run for the health boards. Also, previous supplier is shutting down access to the legacy system so there is a need to ensure all information is taken out of previous system before this happens.

Main Issues, Risks & Blockers

There is a risk around the transfer of knowledge throughout NWSSP Informatics as the Chief Digital Officer is scheduled to leave the organisation. The Project Team will liaise with Informatics resources to ensure that ongoing support arrangements have been made.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec / SRO		
Digitisation of Patient Medical Records	Bethan Rees, Alison Lewis	Nicola Phillips		
Monthly Update (key/ issues (blockages) / risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
<u>Objective</u>				
IMTP 2024 / 25				
1. Cease printing Electronic Patient Record (EPR) where GP2GP has been successful. GP2GP allows healthcare workers to transfer patients' electronic health records securely, and quickly between their old and new practices when they change GPs. i. Review training material. ii. Identify training requirements within General Practice. 2. Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, 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. Benchmark medical records digitisation with Health Boards in NHS Wales.				
<u>Progress Update</u>				
Testing phase was successfully completed with a pilot site.				
Workstream 1 and 2 successfully went live on 06-May with all practice sites to remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants and to cease printing Electronic Patient Record (EPR)				
Communication alerts were sent to all key stakeholders and provided in the bags to ensure the communication filters down to all relevant stakeholders.				
The All-Wales Patient medical records, Task and Finish Group meetings have been re-scheduled by the Project Manager Alison Lewis, with aim to review the next objectives and agree priorities in meeting on 09 July 2025.				
Workstream 3 - cease deceased printing - The Director of Primary Care and Medical Examiner Services has been liaising with relevant stakeholders and is currently with heads of Primary Care. A meeting has been arranged for June to discuss this further. Legal advice has been sought which has been shared with Claire Cullen so we can get a view on a potential approach to support this change whilst remaining within the regulations.				
<u>Main Issues, Risks & Blockers</u>				
There are currently no risks or issues to report above the threshold of risk rating 15.				
<u>Impact on Existing Service/Arrangements</u>				
There is no impact to existing arrangements.				

Project Name	Project Manager	Project Exec / SRO		
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Abbie Shackson	Nicola Phillips		
Monthly Update (key/issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
NWSSP is supporting the implementation of the new Wales General Ophthalmic Services contract. This includes offering the provision of a service to manage the removal of clinical waste generated by Optician practices across Wales. To note, this Service is not mandatory but an opportunity for third party Contractors, Opticians, to reduce cost and improve the quality of service.				
The objective of the project is to finalise the procurement pathway before the end of Mar-25 whilst establishing and implementing an internal process to manage Clinical Waste arrangements for the Welsh General Ophthalmic Service.				
<u>Progress Update</u>				
Implementation				
Procurement advised the project team to contact out-of-contract practices to confirm their contractual arrangements had not changed				

TMO Dashboard Report

since the previous survey, as only these practices could transition to the new arrangement. The project team has now reached out to all out-of-contract practices and developed a new implementation plan that includes the appropriate practices.

Additionally, the project team collaborated with Procurement to draft communications informing practices that their current providers will have the opportunity to tender for the All Wales Clinical Waste framework within the next two years, as the contract is due to expire.

The phased implementation plan is as follows:

Phase 1 - will include moving all practices already with Stericycle and out of contract practices.

Phase 2 -Will include all practices whose contracts expire in the later months of 2025.

Phase 3 -Will include all practices from 2026 onwards. .

Optometry Wales

The project team have collaborated with Optometry Wales and domiciliary providers to develop a new process for the collection of Domiciliary clinical waste. The team attended the All Wales Domiciliary Forum to gain insights into their current processes. Additionally, we have partnered with Stericycle to help establish a streamlined process for domiciliary providers.

We are working closely with Optometry Wales to finalise the current contract arrangements for practices, ensuring their inclusion in the implementation plan at the appropriate stage. Optometry Wales has also assisted with communications to practices.

Optometry Wales has contacted practices across Wales that did not complete the initial expression of interest survey to inquire if they would like to participate in the new arrangement.

Timescales

Due to the phased implementation of the contract, the revised end date for the project is now August 2025. This will allow time for the Project Team to implement Phase 1 and Phase 2 whilst also allowing time to review the internal process.

Main Issues, Risks & Blockers

Risks

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

Impact on Existing Service/Arrangements

Project on target therefore no impact to stakeholders.

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

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

Objective

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

Progress Update

COMARK installed the new system week commencing 02 July 2025. All team members have received login credentials and are actively using the system. Daily updates are being issued. Expansion work in the pharmacy area was completed concurrently at additional cost. Originally planned as to take 2 days but took 4.5 days. The further installation supports the upcoming vaccine programme needs.

The license application has been submitted and is currently awaiting confirmation of an assessment date. In preparation, the team has scheduled an internal audit for 02 July 2025 to review current documentation and processes, ensuring all necessary information is available to support any required improvements. Following recent staffing changes, Laura Jayne-Keating will serve as the interim Quality Lead until the new permanent team member joins in September.

Development of Standard Operating Procedures (SOPs) is underway, which will include a comprehensive data integrity assessment to ensure full traceability and compliance with system and regulatory standards.

To support preparations for the internal audit and to provide continued oversight, project meetings have been extended through August.

Main Issues, Risks & Blockers

To be identified.

Impact on Existing Service / Arrangements

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

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

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

Objective

The objectives of the project are:

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

Progress Update

Work has continued throughout the reporting period to deliver the objectives of the project, developed in close alignment with goals set within the IT, Data and Digital Workstream of the Welsh General Ophthalmic Service programme, governed by the Eye Care Wales Committee (ECWC).

IT, Data and Digital subgroup

This group met on 17 June 2025. Members agreed on the need for a dedicated Informatics/Digital Strategy for ophthalmic services, citing that current digital tools delay progress, highlighting difficulties with collaboration and integration between stakeholders and across services.

The Welsh Government’s mandate to implement OpenEyes across NHS Wales by March 2026 was discussed, with concerns raised about the absence of detailed timelines and the need for centrally coordinated implementation to support existing efforts, such as those by Cardiff and Vale UHB.

The group recognised that Open Eyes alone does not meet all WGOS needs, particularly the goal of enabling electronic claims submission. There was strong support for a strategy to address these gaps, alongside discussions about resourcing, governance, and the potential creation of a WGOS Digital Board. Regardless of upcoming decisions by ECWC, the subgroup will continue progressing current objectives and adjust plans as needed, in addition to providing feedback to ECWC of the collective views and concerns raised within the subgroup.

Activities within Reporting Period

- The project team have developed multiple Standard Operating Procedures (SOP’s) and work instructions in support of operational practices and processes implemented through WGOS contract reform and this work is nearing overall completion.
- Previously identified SMT priorities for WGOS have been recently reviewed and updated accordingly.
- Consumables process for 25/26 has been agreed (subject to any changes made by WG re uplift in payments). Queries arising from the sessions will be included in an SBAR for further consideration.
- Work focussed on the implementation of Signed Orders has started and discussions regarding the design/contents of the form resume on 08 July 2025.
- Extra areas of work have been identified and captured within the plan for the audit and return of underutilised Low Vision Equipment.

It was agreed on 27 June 2026 that the project plan will be subject to review, ensuring that the wide remit of work covered within the WGOS Programme is fully captured, streamlining where possible.

It is also recognised that some objectives within the IT, Data and Digital subgroup were directly dependent on functionality to be provided within PCWIS. Due to delays with system implementation, adaptation activities to ensure objectives could be fulfilled were drafted within the project plan and these will require update/review now that the system is being implemented.

TMO Dashboard Report

The revised plan will be shared with the project team for consideration in advance of the next meeting.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

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

Project Name	Project Manager	Project Exec/SRO
Nantgarw HQ and Companies House refurbishment	Abbie Shackson	Alison Ramsey

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

Status Green (Overall)

Recent Gateway Review? No

Objective

To refurbish the desk layout, introduce agile spaces where practical across Charnwood Court and Companies Houses and deploy a new desk booking app.

Progress Update

Both sites have been refurbished using predominantly recycled furniture, in accordance with the project scope. The proposed desk layout has been implemented at both locations, and both sites are now fully operational. Agile workspaces have been created where feasible, and the desk booking system is fully deployed and in use at both sites. A staff survey has been distributed to gather feedback on the refurbishment. The data collected from this survey will be used to identify potential lessons learned and areas for improvement.

The Project Team is currently exploring the integration of meeting room bookings into the desk booking application. Surplus furniture from the refurbishment at Companies House is being offered to NHS Wales staff. The project team is collaborating with HDUHB to facilitate the collection of furniture for their workspaces. The deadline for furniture collection by NHS Wales staff is 01 August 2025, after which any remaining furniture will be recycled.

The project is now moving towards closure, with certain elements being transitioned to business as usual. A lessons learned document has been drafted.

Main Issues, Risks & Blockers

None

Impact on Existing Service/Arrangements

None

Project Name	Project Manager	Project Exec/SRO
Fleet Modernisation Programme Business Case	Tim Knight	Tony Chatfield

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

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

Recent Gateway Review? No

Objective

A shortened version of the programme vision is to have a fully operational fleet, which meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan. Therefore, the fleet should utilise battery electric and ultra-low emissions vehicles wherever practicably possible, 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:

- Replace existing vehicles that have both reached the seven-year vehicle maintenance profile and are no longer fit for purpose with either Battery Electric or Ultra Low Emissions Vehicles, increasing our operational resilience whilst reducing our carbon emissions and our fuel/maintenance costs and meeting the expectations of the NHS Wales Decarbonisation Strategic Delivery Plan.
- To have sufficient and robust vehicle maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.
- Install new, or upgrade existing, charging infrastructure to allow for effective fleet optimisation with new Vehicles.
- To have sufficient and robust infrastructure maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.

Progress Update

We are working to deliver an initial draft of the Business Justification Case for year one of the programme. In the interest of time, this Business Justification Case will be submitted prior to the Programme Business Case following guidance from Welsh Government.

The governance route for the annual Business Justification Case’s will be determined following the options appraisal and having determined the capital requirements of the preferred way forward against each, and at that time.

Main Issues, Risks & Blockers

Time is the biggest risk to progress at the moment, with submission to Welsh Government required at the start of August.

Impact on Existing Service/Arrangements

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

Service Improvement Initiatives

Key Individual Project / Programme Updates				
Project Name		Project Manager		Project Exec / SRO
SMA RPA		Niall Quilton		Stephen Withers
Monthly Update (key / issues (blockages) / risks)				
<u>Status</u>	Blue (Overall)	Green (Time)	None (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
To review the workstreams that feed into the Starters Movers and Advice App and automate processes where possible.				
<u>Progress Update</u>				
Final data obtained from Payroll on 02 May 2025 – benefit realisation report can now be completed and published as Payroll no longer require TMO support and will proceed by themselves using Power Automate Desktop (PAD).				
NWSSP Payroll are currently concentrating on rolling-out the SMA App to all remaining NHS organisations that have agreed to implement the app. The aim was to complete this by January 2025 and then commence the back-end automation of payroll tasks driven by the output from the SMA App. This is still on-going and will take several months to complete.				
NWSSP Payroll have decided to change direction on the use of Blue Prism RPA software and licenses, and instead are going to purchase Microsoft Power Automated Desktop (PAD) licenses and complete the remaining automation of processes through PAD. The cost benefit equates to five PAD licenses to the price of one Blue Prism license. This has meant that the General New Hires development and other scheduled development will be on-hold until all remaining HHS organisations are using the SMA App and the PAD licenses is in place.				
In the meantime, NWSSP Service Improvement Team are supporting Payroll with the benefit realisation and BI dashboard reporting, ensuring that we map all reporting measures for building the BI dashboards to report benefits and provide operational monitoring and control.				
Terminations RPA:				
The Terminations RPA is fully live for all NHS organisations using the SMA App. NWSSP Payroll have also fully automated the download of the RPA input data from the app using Power apps, sending it to the RPA Team, then extracting the RPA output and loading it back into the app. This has eliminated the need for Payroll staff to complete this daily manual task, which demonstrates the end-to-end RPA process can be fully automated adding additional benefits to NWSSP Payroll.				
Benefits:				
Conservative benefits forecasts indicate a 9 minute reduction to the handling time of 9000 (2023-2024 data) yearly items that go through the SMA and are currently handled by the relevant Payroll teams, equating to 0.76 WTE or £25,000 using a Band 3 salary costing.				
As of the end of April 2025, the RPA has processed 1577 terminations, completing 1120, with the remaining 457 marked as exceptions by the RPA for Payroll to complete manually. This equates to 236 hours saved by Payroll, in cost savings this equates to £3,715 based on a Band 3 salary.				
Since the SMA App went live the live, 4576 terminations have been processed, 3456 by Payroll staff and 1120 by the RPA.*				
*The RPA was incrementally introduced from July 2024 after the SMA was implemented, and we would expect the RPA completed to outstrip the Payroll completed data over time.				
SLE Hires RPA:				
In conjunction with the Termination RPA, the Single Lead Employer (SLE) New Starters RPA development was completed, tested and implemented into the live RPA environment in July 2024.				
Benefits:				
The RPA completed over 900 of the expected 1200 (circa) hires, which saved the Payroll team 330 hours of manual input for the August and September 2024 SLE intake.				
The yearly benefits forecast indicates a 22 minute reduction to the handling time of 1323 hires (2023-2024 SLE Hires data) that are currently handled by NWSSP Payroll. This equates to a potential 485 hours of work, costed as £7,440 using a Band 3 salary.				

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

<u>Main Issues, Risks & Blockers</u>
Issues: - Delays in implementing the automation plan as the Payroll Service is now changing course to use Microsoft Power Automated Desktop (PAD), and will only commence once all remaining NHS organisations are on the SMA App. - Terminations completed by Payroll staff still high, need to reduce the manual workload.
Risks: - Loss of benefits through delaying the RPA development - Microsoft Power Automated Desktop (PAD) development delays due to Payroll capacity and capability - By pursuing the Microsoft Power Automated Desktop (PAD) development through Payroll and not the RPA Team, there is a risk that the appropriate framework documents, governance and oversight (Corporately) is not in place or has not involved to Services pursuing this internally. - Payroll delays with data, support, collective Payroll management decision making - Payroll not investing in updating their business continuity planning and disaster recovery - Payroll not developing a comprehensive RPA admin SWI/SOP for post implementation RPA management - Competing interests with the ESR Management Self Service roll-out - Reliance on SLE New Starters process and data management. SLE Service initiating the sending of the SMA App starter forms to the appointees on completion of their pre-employment checks, plus the successful interface of appointee data from the HEIW Intrepid system to ESR. Plus, there is still a risk that changes in process related data is not also communicated or updated in the SLE tri-partite arrangement.
<u>Impact on Existing Service/Arrangements</u>

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
L&R Matters Invoicing Process	Niall Quilton, Tim Knight, Rebecca Bowen	Stefan Dakovic, Sue Saunders
Monthly Update (key/ issues (blockages) / risks)		
<u>Status</u> Amber (Overall)		
<u>Objective</u> We aim to apply an RPA/M365 Power Apps solution to parts of the NWSSP Finance Legal & Risk Matters approval process to reduce resource time spent on obtaining, sorting, reporting data, and then both emailing and chasing approvers. Outcomes to be achieved: - Timely automated process - Increase in matters approved - Improved chasing outcomes, including no matters for payment being written-off - Resource freed for query resolution and relevant value added tasks - Improved escalation process - BI reporting dashboard and output What other indirect benefits may arise from this work? - Continuous improvement opportunities identified within the wider process and in other work that NWSSP Finance complete. - Issues with stakeholders identified, monitored and reported using Business Intelligence, which will support problem resolution and escalation.		
<u>Progress Update</u> The original Go Live date was scheduled in for 01 November 2024 but has had to be rescheduled a number of times, most recently to after receiving an email from NWSPP Digital on 13 February 2025 proposing that the implementation of this solution was paused until the implementation of the new NWSSP Legal & Risk (L&R) iCaseworker system, which went live 07 April 2025. NWSSP Legal & Risk and NWSPP Digital concluded that Quarter Billing System (QBS) and the processes (one of which is the data for Finance) that are place around it will be impacted by the go live of the iCasework Solution, and that the technical landscape will change either in the immediate or medium term significantly enough to cause an impact the design and work being done for our Finance power apps solution. Legal & Risk are currently developing the reporting function through the iCasework system to provide the output required for the Finance L&R Matters process and have confirmed that they will inform us when the reporting function is operational, so that we can proceed with implementation planning. This is likely to be in Jul-25.		
<u>Benefits:</u> The improvement is expected to deliver tangible non-cash releasing benefits through the reduction of processing time and the		

increased availability of resource. The benefits assessment demonstrates a saving equating to 8 days per month across both Bands 3 and 4.

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

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

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

Main Issues, Risks & Blockers

The main issues and blockers:

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

The risks are as follows:

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

Impact on Existing Service / Arrangements

None.

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

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

Status Green (Overall)

Objective

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

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

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

Progress Update

The Invoice On Hold over 30 Day position has increased through March and April, from 29340 to 31793, which is 8% lower than the same time last year.

The trend indicated that May's performance would be crucially important to demonstrating the overall impact of this initiative, in that we were expecting a further increase of 7% in line with last years performance and as the invoices submitted through the end of year push hit the over 30 day threshold. The increase was expected to plateau somewhere around 31,116 (compared to 36,058 seen on the 03/06/2024), and the actual figure for the 02 June 2025 was 30,664, coming in under forecast and representing a 15% year on

year improvement, unfortunately though the IOH over 30 day figure has not yet plateaued and work needs to be done to understand this.

The NWSSP IOH steering group, consisting of Heads of Service from Finance, Accounts Payable, and Procurement, have now been rescheduled to start. These meetings will recommence again in the second week in July.

All Wales Procure to Pay Governance Group (AWP2PGG) -

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

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

The AWP2PGG is no longer facilitated by the Transformation Management Office (TMO) and has been handed over to the eEnablement and Service Improvement team forming part of their BAU.

The TMO will still attend the monthly meetings on a contributory basis and to provide updates on any inflight initiatives which offering guidance on other matters as required.

No Purchase Order No Pay -

Resource has been provided by both Procurement and Planning Performance & Informatics to focus on the reduction of invoices that sit under No Purchase Order No Pay (NPNP) holds, looking to work with suppliers to identify invoices that have been submitted without a purchase order number but where one exists in the system. Through this work, the improvement group have reduced the No PO No Pay numbers by 44% since commencement on the 20 May 2024, taking the figure from 8187 down to 4613. This is considerable higher than the 3842 low in early April 2025 and this will be picked up as part of the NWSSP IOH steering group agenda in July, though a certain increase was to be expected with the influx of invoice being submitted as a result of year end.

Temporary resource managed by Procurement finished at the end of March, and there is reasonable assumption that this is in part explains the increase in NPNP holds since that date. The resource from NWSSP TMO and eEnablement remain in place.

Max Ship Holds -

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

Quantity Received Holds - Receipting Reminder Automation

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

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

Medtronic -

Meetings are taking place with our fifth largest supplier, Medtronic, in terms of IOH, and we are looking to work collaboratively to explore opportunities for both organisations to improve their processes in order to improve the number of invoices that are submitted and are processed without human intervention (increasing out straight through processing metric). Maxship and Quantity Received holds form more than 70% of the Invoices that are on hold for Medtronic and we are currently reconciling statements against that they have provided, whilst also completing further analyses before coming back with suggestions for improvement.

Transformation Management Office Support -

The support provided by the Transformation Management Office was due to end at the end of April, other than to attend the AWP2PGG and complete any inflight initiatives. That said, the Assistant head of Service Improvement has offered a six month extension from the start of July to reactivate the IOH Steering Group and to identify improvements to change the course of current trends.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

None.

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

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

Status Green (Overall)

Objective

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

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

Progress Update

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

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

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

Overtime Request Form - We have launched the pilot of an overtime request form across 35% of our service, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process. This information is helping relevant stakeholders to understand when overtime is being requested, in what section, and for what reason, which is all to be pulled together in a live dashboard. This offers improved visibility to strategic and operational leads helping to identify potential problems, support data led decision making, and resource capacity planning.

The Pilot currently has 35% Organisational coverage and is to be extended in the coming weeks to different services areas, increasing our coverage to 85% of overtime requests being raised.

In parallel, a procedure document has been developed to formalise our approach as an organisation pending the successful pilot, this procedure has been co-created with partners from People and Organisational Development, Information Governance, Finance, and Union representatives, and was approved through our Formal Senior Leadership Group.

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

This pilot was due to start on the 28 April 2025, but has been delayed due to data and resource availability and is now scheduled for the end of Jul-25.

The Task and Finish Group regularly meet to update each other on the initiatives which are currently in flight, with the Assistant Director of Transformation reporting progress into the Director of Finance on a bi-monthly basis.

Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

Impact on Existing Service/Arrangements

None.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Greenvale Laundry	Kim Eley, Tim Knight, Harvey Simmonds,	Anthony Hayward

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

Status Green (Overall)

TMO Dashboard Report

<u>Objective</u> To review the existing process within Greenvale Laundry to see where improvements can be implemented to improve the capacity of the process, assisting in the more efficient delivery of services against Service Level Agreements within Operational Hours whilst safeguarding quality. <u>Progress Update</u> The Service Improvement Initiative remains in the improvement stage. Currently, 17 live improvement opportunities are in progress, with 3 already implemented. Implementation of these opportunities has been notably delayed due to high levels of sickness, annual leave, and staff rotation (role changes). To support these improvement opportunities, subgroups will be established in the following areas: Finance Staff Management HCS/Drive Scheduling <u>Main Issues, Risks & Blockers</u> Access to relevant data and availability of resource.
<u>Impact on Existing Service/Arrangements</u> None.

NON TMO Managed Initiatives

Key Individual Project/Programme Updates				
Project Name		Project Manager		Project Exec/SRO
TRAMS - Radio Pharmacy		Peter Elliott		Neil Frow
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
To provide a new Radiopharmacy facility serving the South East region of Wales				
<u>Progress Update</u>				
The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options, and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in July 2024. Planning Permission was approved on 13 Feb 2025. Funding letter for the balance of funds to complete the project was received on 20 Feb 2025. A Project Surveyor and other key advisors and internal resources have been appointed. The enabling works tender covered: • Removal of racking from the work area • Rectification of the dividing wall for fire compartmentation • Refurbishment of staff toilet and locker room facilities • Connection of new drains for the production area • Over cladding the roof above the pharmacy production area This work package completed on 30 May 2025. A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed. A contract change notice is now being progressed, to capture changes resulting from the design cycle, and provide a clean baseline for the build phase. Cleanroom build started on site on 23 June 2025. The cleanroom build is planned to be physically complete by the end of Sep-25. Contractor validation activity is planned to be completed by the end of Dec-25. NHS Validation and regulatory inspections are scheduled for Jan to March-26. Isolators have passed Factory Acceptance Tests (FAT) and been delivered to site ready to be integrated into the build. Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital				

systems. We are engaging directly with Nuclear Medicine departments and Chief Pharmacists to ensure that the future model for ordering, delivering, and receipting product is both compliant with the Medicines Act and financially transparent and robust.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. They will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.
2. The identification of an interim stand alone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radio pharmacy with other supporting capabilities

CAVUHB are formally consulting their staff, with a target TUPE transfer date of 04 August 2025. Key management posts have been recruited to, other recruitment is ongoing, and we are targeting having the full staffing establishment in post by 01 October 2025, ready to support validation activity.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2. We continue to manage construction risks pro-actively, and are report the spend position to Welsh Government

Project risks are now falling, in line with maturity of the design and construction.

Project is rated Amber overall to to the time constraint, the delay from original timelines largely having been driven by 8 months awaiting planning permission.

Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- IP5 Power – assessments are that the available power margin will be sufficient to support the entire SE Hub Scope. This risk will continue to be monitored and reported on. We continue to engage actively with the IP5 Programme about power resilience for the site as a whole, and this will be deconflicted with power resilience proposals in the Hub Case.
 - A specialist contractor is being engaged to design options to improve the power resilience of the site.
- Regulatory - We need the approval of 3 regulators to be able to open the service:
- MHRA License to manufacture medicine (MS Specials)
- NRW Permit for radiation particularly in regard to foul drainage
- HSE Consent for storing and handling radioactive materials.
- While the MHRA regulator has indicated informally that our design is likely to be acceptable, they have also warned about the timescale for inspections. They require 2 months notice of an inspection, and these can only be booked once everything is ready including all staff in post and fully trained. There is currently only 1 inspector in the UK who does radio pharmacy inspections. There will then be a further 6-8 weeks after the inspection for defect rectification and final approval to make medicine for patients. Therefore there is an overall 4 month period from being "inspection ready" to being "service ready". This has two principal risks (1) of delay to patients in going live and (2) financial risk, if all the capital funding for staff doing validation has been consumed, and yet no income is being generated because no patient doses have yet been supplied. NWSSP will be vigilant on this risk and report any unfunded deficit to SSPC in a timely way.

Impact on Existing Service/Arrangements

Currently 12 major hospitals and cancer centres in South and West Wales are being supplied with diagnostic Tc99m injections, used on all patients needing a Gamma Camera scan, from a single isolator in a single cleanroom in Swansea. Any interruption to this service will result in us being unable to carry out Gamma Scans in these hospitals. Building this new facility provides capacity and resilience and will contribute to cut waiting lists as well as reducing the risk of not being able to scan patients at all.

Project Name	Project Manager	Project Exec / SRO		
ESR Transformation Programme	Rebecca Jarvis	Gareth Hardacre		
Monthly Update (key/ issues (blockages) / risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales				
<u>Progress Update</u>				
The ESR Transformation Programme led by the NHS Business Service Authority (NHSBSA) continues as follows:				
Programme Update				
• Negotiations with potential new suppliers have been completed. • A preferred bidder has been identified and official notification of who the new supplier is will be announced in early Sep-25. Contract signing is scheduled for 6 October.				

- Transition to supplier of new agreement will commence in Autumn 2025, with design, development and build of new solution to commence at the same time.
- The Full Business Case (FBC) has been drafted and submitted to DHSC, and we are waiting on approval from Welsh Government and DHSC, which will include financial modelling.
- Approval of the FBC by Cabinet and HM Treasury is anticipated by 01 September 2025

Early Readiness Survey/Baselining

NHSBSA undertook a baselining exercise in Jan-25 to build a deeper understanding of organisations readiness to transition to the Future NHS Workforce Solution. This was in the form of the ‘Organisational Readiness’ survey. This intelligence and insight, in addition to the ESR optimisation standards and levels of attainment will be shared with the successful supplier, to help inform plans for implementing the future solution. NHS Wales had a 100% return rate.

Workforce Directors have received a copy of the submissions that were completed by their organisation’s contributors.

Optimisation Update

As part of the Readiness and implementation, organisations are required to continue to optimise the existing ESR system. We have and will continue to focus on:

Data Quality - A comprehensive data quality work programme has been established structured around four key pillars, Structured Data, Operational and Interoperability Standards, Analytical Standards and Data Quality Standards. Initial focus is on the Nursing & Midwifery staff group. Due to the diversity within group, work is being sub-divided by job family, with support from subject matter experts (SMEs). The data quality team is also collaborating with the NHS Wales Job Evaluation Lead to ensure job titles remain aligned with ESR standards.

Establishment Control – The All Wales Establishment control Project group will be reconstituted as a Community of Practice. This group will serve as a forum for operational leads to share best practice and lessons learned, supporting organisations yet to begin implementation. An initial strategic workshop has been scheduled for 11th July.

Self Service – Efforts continue to maximise existing functionality and address data gaps. A campaign is being developed to encourage individuals to update their personal data in ESR. The team is working with NWSSP informatics to develop a solution to prevent further data gaps.

What’s next?

As we move into this new phase of the programme, the Readiness and Implementation teams within the NHSBSA are currently being established, with one specifically dedicated to NHS Wales.

A series of innovation hubs in the Autumn are currently being planned, whereby you will have an opportunity to meet the team from the NHSBSA who will be working with us through this next phase. The innovation hubs will explore change readiness transformation, assessing implications and benefits, and shaping local readiness plans. The data collected earlier this year will enable these discussions.

In addition to the Innovation Hubs, the NHSBSA are seeking Volunteers from across NHS Wales to support the design and build stage that will commence in the Autumn. A profile of expertise the NHSBSA are seeking can be found in the accompanying brief. Registration closes 31 August 2025.

Main Issues, Risks & Blockers

Significant culture and process change
Consideration to existing processes including payroll to ensure no disruption to service
No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Impact on Existing Service/Arrangements

On track - no impact to customers

Project Name		Project Manager		Project Exec / SRO		
Scan 4 Safety		Andrew Smallwood		Andy Smallwood		
Monthly Update (key / issues (blockages) / risks)						
Status	Green (Overall)		Green (Time)		Green (Cost)	Green (Quality)
Recent Gateway Review?	No					
Objective						
The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same						

data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

Progress Update

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly patient safety wise.

All Health Boards are now up and running with scanning products to patients following Cwm Taf Morgannwg and Betsi Cadwaladr University Health Boards both going live in the last Quarter.

Current run rates are as follows:

Value of monthly S4S transactions c£6.2m

Volume of monthly requisition lines automated c85k

Number of patients scanned and linked to products per month c1,400

Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases a alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW is respect of developing a Welsh Health Circular to be issued. A publication date is not known, but expected to be within 2025.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. Additional moratoriums on non-medical or nursing staff recruitment are in place at a number of organisations. This is being worked around with each organisation based on local pressure, but impacting the speed of rollout.

Health Board calculation and reporting of benefits remains a challenge with significant variation of approaches. This is also a common theme across S4S implementations in the rest of the UK. A four Nations group is working together to learn from each other to help capture and quantify the benefits realised.

Impact on Existing Service / Arrangements

No detrimental impact

Project Name	Project Manager	Project Exec / SRO
Health Roster Implementation	Vicki Harris	Rebecca Jarvis

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

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

Objective

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

Progress Update

NWSSP Roll Out:

- 37 units are currently live to payroll.
- Further 2 planned for 2025/26

Other updates:

- Variable pay will be reviewed and presented to the relevant director to determine whether the proposed areas wish to transition to Health Roster
- NWSSP currently fund 1,100 licenses. As of Jun-25, via Health roster and Bank we are utilising circa 700 licenses.
- Working with services to get rosters signed off 12 weeks ahead from the circular from Welsh Government (WG)

Resource Bank Team

Work is ongoing to review processes and onboarding information ahead of the Employment Rights Bill reforms which we expect to come in in 2025.

Public Health Wales (PHW) Roll out

- 35 units currently live to payroll.

Other updates:

- An additional 200 licences will need to be purchased from the 01 July 2025 according to the implementation plan
- PHW funding for Rostering Resource has been secured until 31 March 2026.

Main Issues, Risks & Blockers

If PHW funding ends on 31 March 2025, we will lose the Band 5 resource, leaving only one Band 6 to manage the full NWSSP Rostering service. Paper to be submitted to SLG in Q2

Impact on Existing Service/Arrangements

On track – no impact to customers

 GIG CYMRU NHS WALES	Partneriaeth Cydwasaethau Shared Services Partnership	Date of Meeting: 17 July 2025
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<i>The report is not Exempt</i>
Teitl yr Adroddiad / Title of Report
NWSSP Corporate Risk Register Update – July 2025

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	Sharon Edwards Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services
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Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

Llywodraethu / Governance	
Amcanion: Objectives:	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement.
Tystiolaeth: Supporting evidence:	-

Ymgynghoriad / Consultation:
The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

Adduned y Pylori/Committee Resolution (insert ✓):							
DERBYN / APPROVE		ARNODI / ENDORSE		TRAFOD / DISCUSS		NODI / NOTE	✓
Argymhelliad / Recommendation		The Committee is asked to NOTE the report.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonnau Ansawdd Iechyd a Gofal: Health & Care Quality Standards:	Health and Care Quality Standards
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth / Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE

July 2025

1. INTRODUCTION

The NWSSP Corporate Risk Register is presented at Appendix 1 for information. Of the 17 risks identified, 15 remain unchanged from the previous meeting.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

Current Risk Rating	July 2025
Red Risk	4
Amber Risk	12
Yellow Risk	1
Green Risk	0
Total	17

2.1 Red-rated Risks

The Corporate Risk Register is updated for and discussed at each meeting of the Senior Leadership Group.

Following the review and subsequent updates since the last meeting of the Committee the number of critical (red) risks on the NWSSP Corporate Risk Register has reduced from six to four. The four red risks are:

- the threat of a successful cyber-attack leading to potential loss of systems and /or sensitive data which could have an impact of service delivery (A1);
- the risk that there may be disruption to the supply of pharmaceuticals caused by external factors resulting in significant restrictions to provision (A4b);
- the threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations (A10); and
- The planned development of the TRAMs Pharmacy Service is adversely impacted due to financial and staffing challenges (A15).

The following two risks, previously rated as high risk (critical), have been downgraded to medium (significant), reflecting their reduced score and the progress made to date. These include:

- resource restraints, most notably capital funding, preventing the ability of NWSSP to deliver its own Decarbonisation Action Plan and associated climate planning measures. (A5b); and
- the delayed implementation of the Primary Care Workforce Information System due to a supplier dispute which will lead to increased cost and extended timelines. (A13).

RISKS FOR MONITORING

There are four risks which are retained on the NWSSP Corporate Risk Register to be monitored and are rated as follows:

Current Risk Rating	July 2025
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
Total	4

In addition, four emerging risks have been identified. Although these risks are not yet formally recorded on the NWSSP Corporate Risk Register, they continue to be closely monitored due to their potential impact.

These relate to:

- public concerns regarding the perceived impact of the Medical Examiners service introduction on death certification timescales;
- delays encountered by HEIW in rolling out their new CODI system to replace the former Intrepid system. This could cause potential disruption to Single Lead Employer services, including onboarding new trainees and the accurate and timely recharging payroll costs to Health Boards;
- recent challenges in the relationship with our host Velindre University NHS Trust, which we anticipate being addressed through the Welsh Government review of accountability and governance arrangements announced in April, which is set to commence in May. The Welsh

Government has clarified that current arrangements will remain in place until the review is completed; and

- the Welsh Risk Pool (WRP) claims settlement values and profiles do not follow prior year trends. Early trigger warnings have been identified with regard to increasing claim volumes and settlement values for cases scheduled to settle in 2025/26. These are combined with increased certainty of settlement of these cases, due to scheduled Round Table Meetings and/or trial dates. This is out of line with previous year trends that have been accurately predicted, using the complex WRP forecasting model. It indicates that the 2025/26 WRP forecast is likely to be exceeded, with an increased funding requirement due from Health Boards/Trusts, under the agreed WRP risk share mechanism.

3. RECOMMENDATION

The Committee is asked to:

- NOTE the update to the Corporate Risk Register as of July 2025.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
3													
4	Risks for Action												
5	A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. This could impact on service delivery within other NHS organisations dependent on our services and support as well as reputational damage.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learning monitored through Quarterly Reviews Internal Audit review BCP Action Cards Annual Cyber Assurance Framework (CAF) completed Continuing CAF compliance measured via KPIs through a continuous improvement plan; reported to SLG quarterly. Regular 'Exercise in a box' exercises with SLG and targeted service areas. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team to 4 WTE. Ongoing monitoring of existing controls is in place.	3	5	15	More disaster recovery and scenario testing is required across all Divisions linked to work on Business Continuity Planning. NWSSP needs assurance on DHCW scenario testing regime of the national infrastructure and systems they run on which NWSSP is dependent.	The volume of cyber attacks globally and those targeting public sector infrastructure and systems is increasing. This is triggered by political instability and rise in state sponsored terrorism. So the likelihood of an attack is increasing in spite of controls in place. Advice ongoing to divisions to assist in completion of their Divisional Business Impact Assessments. Head of EPPR attending SLG in June to provide an update on progress. Rolling program to implement Security Information and Event Monitoring to local and cloud services being led by DHCW. CAF remediation actions all cleared and reported to the Cyber Resilience Unit. Next CAF audit is due in Q3.		31/03/2026
6		Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance and Informatics		
7	A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part.	3	5	15	Regular reporting to SLG and SSPC through POD report looking at recruitment and retention data. Changes made to use of social media to target interest in NWSSP roles.	2	3	6	Workforce planning strategy for NWSSP roles has been approved and templates being rolled out to support Divisional workforce planning. A programme of learning and development opportunities to nurture NWSSP talent pipeline and retain staff has been put in place.	NWSSP continues to develop it's own programme via "This is our NWSSP" action plan – and we are having success in attracting new recruits in most areas. There are 2 hard to fill areas in Procurement and Audit that we are continuing to focus on, and would reflect a higher risk profile in their Divisional registers. This will be monitored through Quarterly Review process. Time to hire activity now shows NWSSP sitting at 55.8 days against a KPI of 71. We are now green of 5 of the 7 core KPI's (February 2025). Alongside the ongoing efforts on recruiting innovatively, through our employee value proposition work programme and our Agency scrutiny and subsequent reduction, we have seen improvements in all areas. However, while our turnover data shows a decrease of circa 35 we must now focus on a number of our professional roles/divisions where we still experience difficulty attracting high calibre applicants.		At target
8		Strategic Objective - Staff									Risk Lead: Director People and Organisational Development and Employment Services		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
3													
9	A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services.	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned from the COVID Inquiry in October 2024 and awaiting WG consolidated learning. Head of Emergency Preparedness commenced in post w/c 13 January 2025.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. Further action may be required in response to the COVID Inquiry. Further clarity required from Welsh Government on the links into UK response modelling.	➡	At target
10		Strategic Objective - Services											
11	A4a	There is a risk that disruption in the PPE supply chain caused by external factors or supplier failure results in significant restriction in service provision.	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from COVID pandemic and any subsequent disruption incidents has been implemented wherever possible.	3	3	9	The Welsh Government Director of Public Health wrote to the Managing Director on 25 March to confirm that the Cabinet Secretary for Health and Social Care agreed that stockpiles of all PPE products should have at least 12 weeks of supply.-NWSSP currently working through with Welsh Government on interim stockholding levels, and there is now greater clarity.	A PPE project will be put in place to work through the next steps and include the procurement, future warehousing arrangements and in partnership with PHW fit testing arrangements.	➡	31/03/2026
12		Strategic Objective - Services											
13	A4b	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular monitoring of stock levels is in place. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales.	5	4	20	No new actions planned at this time other than heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments.	➡	31/03/2026
14		Strategic Objectives - Services											

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
15	A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan and associated Climate planning measures. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Regular reporting of the risk through to the National Programme Board through the NWSSP CAP team. Support to the WG SDP refresh process. Promotion of success through case studies. Additional capital funding has been made available to NHS Wales for 2025-2027 through the Targeted Estates Fund which should help to enable some objectives within local DAPs.	Agreed reporting processes are being maintained Whilst the availability of finance is the principal risk, there is also a requirement to change custom and practice which requires behavioural change. This too is difficult to influence and change. The need to recoup investment over relatively short financial planning cycles makes this more difficult to achieve. NWSSP will continue to raise risks and opportunities through the National Programme Board. NWSSP are fully engaged with the SDP refresh process. NWSSP have developed case studies for recently completed schemes and will be usig various forums (Estates, TAP etc. to encourage partners to do the same). NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored.	➔	30/06/2025
16	Strategic Objective - Service Development										Risk Lead: Director of Specialist Estates Services		
17	A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan and associated climate planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	NWSSP Decarbonisation Programme Board in place - Project Execution Plan and PMO Support in place. NWSSP DAP published and submitted to Welsh Government. Regular monitoring of progress against objectives is in place. Internal audit review was limited assurance but recommendations have been implemented.	3	4	12	Work is being done by the NWSSP Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources. The NWSSP Costed Decarbonisation Programme Plan has been developed to guide investment planning and will be regularly updated. Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set. Climate Adaptation Risk Assessments are required.	DAP: During 2024-25 a number of capital bids were approved by Welsh Government that related to decarbonisation objectives including EV chargers, Matrix Roof mounted PV installation, new vehicles, which included 11 full EV, 6 Hybrid and two specialist converted refrigerated vehicles. All new fleet is fitted with the TRAILAR solar panel system, which will further reduce emissions and carbon footprint. The following TEF funded schemes are being implemented over 2 financial years: a) Denbigh Stores RM PV b) Matrix House EV Charging and Infrastructure Upgrade c) Waste Water Heat Reclamation Systems (GV, CV and YGC laundries) Following receipt of WG approval to progress with a business case for re-covering the IP5 roof, work has commenced on researching feasibility of installing roof mounted PV; this will be progressed incrementally to reflect increased demand following phased TRAMS implementation. Adapataion risk assessment in preparation.	⬇	31/03/2027
18	Strategic Objective - Service Development										Risk Lead: Director of Specialist Estates Services		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
19	A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. We will also monitor the Senedd Committee which may require submissions or evidence in the future if it deems that there are gaps in the coverage of Module 5 or the rest of the Inquiry. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. NWSSP will need to reassess the risk arising from the Senedd Committee hearing once the COVID Inquiry publishes its recommendations and the likely scope of any additional scrutiny is known.		At target
20		Strategic Objective - Services									Risk Lead: Director of Finance and Corporate Services		
21	A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2025-2028 IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Report to SSPC and to Audit Committee through Managing Directors update Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. These have helped informed 2025-2028 plans. Vacancy Control Arrangements implemented	3	4	12	80% of savings plans relating to 2025-26 are in place at the start of the financial year and classed as Green with the remainder on Amber including business cases submitted but awaiting approval by Welsh Government.	Touchpoint meetings with Welsh Government including the Finance and Performance unit have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. Discussions with one organisation are ongoing, but the majority of partners supported the decision to approve and submit the plan. A clearer overview of residual risk expected by the end of Q1 2025-26. At that stage, we will be in a stronger position to assess our ability to manage remaining risks or determine whether our assumptions need to be revisited.		31/03/2026
22		Strategic Objective - Services									Risk Lead: Director of Finance and Corporate Services		
23	A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	3	4	12	Map of all regulatory requirements being developed. Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Procurement Division is on track with preparedness arrangements for the new regulations in terms of services it delivers to others including NWSSP.	Procurement Services to run an awareness session to be presented to Informal SLG meeting to ensure compliance requirements are understood by Heads of Service. Internal audit programme to consider governance reviews of new or more recent areas of business on a cyclical basis.		At target
24		Strategic Objective - Services									Risk Lead: Responsible Directors		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
25	A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice egular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning.		At target
26		Strategic Objective: Services									Risk Lead: Director of Finance and Corporate Services		
27	A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations.	5	5	25	TRAMs Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TRAMs unit. The Radiopharmacy BJC was approved by partners through the SSPC in July 2024. Some further delays incurred in achieving sign offs through our hosting arrangements, and it is essential there are no further delays to internal approval processes. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board.	The format and timeframes for the TRAMs OBC are currently being finalised through the Programme Board and with Welsh Government finance and CPO office. NWSSP has been asked to consider how time can be recovered due to the pressures faced by the unit is Swansea and consequent impact on patient care. There is also an impact on the opening of the NnVCC that we are aware of. Good progress was made on the Outline Business Case (OBC) in Q4 of 2024-25 and broad agreement on the revenue model methodology by the finance sub group. We are targeting the July SSPC meeting for approval of the next business case stage to allow partners to take the proposals through their local governance arrangements. This target deadline is tight and is being monitored weekly. Concerns have been raised by our host about the Quality and Patient Safety reporting arrangements, whilst these continue to be discussed, lack of support for the OBC by Velindre risks further delay to the OBC timeframes.		30/06/2025
28		Strategic Objective - Services									Risk Lead: Director of Pharmacy Technical Services		
29	A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services.	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App All departments are now required to carryout a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity	2	5	10	Implemented recommendations from Internal Audit Report (30 Jun 24) Business Impact assessment workshops have been delivered to Business Continuity Champions. Training and organisational development is now aimed at alignment to the principles and requirements of ISO 22301. Further work to embed this in the organisation will enhance preparedness and response to Business Continuity events.	A series of courses have been published to provide Business Continuity Impact Assessment and Business Continuity Plan development guidance and courses to prepare managers for the management of business continuity and major incident event management. A desk top exercise is planned with the SLG for later in Q1, in readiness for a planned national exercise likely later this year. We need to conduct scenario testing to validate our assumptions.		At target
30		Strategic Objective: Services									Risk Lead: Director of Planning, Performance and Informatics		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
31	A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement can commence early in the financial year. Head of Facilities and Estates starts on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.	NWSSP Capital Priority Group will continue to refine the internal arrangements. A Capital Financial Control Procedure has been drafted and submitted to Audit Committee for approval to support larger capital schemes. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. With increased funding available for 2025-2027, the responsibility falls on NWSSP to deliver effectively		31/03/2026
32		Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services		
33	A13	The risk that the delayed implementation of the Primary Care Workforce Information System will lead to increased cost and time.	5	3	15	Project Board in Place Legacy system contract extended to 30.06.25 Build assessment plan implemented Parallel running being implemented, to ensure we can migrate users and data from the current solution in a safe and controlled manner.	3	4	12	There have been significant contractual and subcontractor issues that have affected the progress of this project through its life cycle that have meant delays to anticipated completion. The Project Board has overseen the management of these issues and implemented mitigating measures, including providing more internal resources to support the build. The contract with the previous supplier was extended by 3 months to ensure there was some reporting functionality for Q1.	There continues to be challenges in managing the contractor and sub contractor relationship. The deadline for User Acceptance Testing has needed to be pushed back to 1 May 2025. Progress on agreement of outstanding costs has been time consuming and whilst some progress has been made in recent days, there remains some areas of dispute to be worked through. Monitoring arrangements are still operating on a weekly basis. There are plans to commence the launch of the product in a control manner during June 25. This will be an incremental launch plan with releases to each contractor discipline in a rolling programme. We have put a project reset in and a Commercial and technical workstream to ensure we can maintain momentum . We are also engaging with the professional committees to start the conversations about the launch plans so all of this early signalling and preparation in in place to reduce the risk identified.		30/06/2025
34		Escalated Divisional Risk									Risk Lead: Director of Primary Care and Medical Examiner Services		
35	A14	There is a risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff and a corresponding fall in quality and responsiveness of the services impacted.	4	4	16	Lease extended by 1 year for HQ. Agreement in principle to extend lease arrangements in CoHo for up to 3 years. Project Team scope of work was adjusted to focus on refurbishment of arrangements within HQ and CoHo in Q4 of 2024-25.	3	4	12	Discussions with HQ landlord progressing to extend the existing lease to a medium term arrangement. Head of Facilities and Estates starting in post on 1 May to oversees future plans.	The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. Discussions with Government Property Agency are slow but progressing positively and revised costings have informed 2025-26 IMTP. This provides a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo.		At target
36		Escalated Divisional/Programme Risk									Risk Lead: Director of Finance and Corporate Services		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
37	A15	The planned development of the TRAMs Pharmacy Service is adversely impacted due to financial and staffing challenges.	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	Good progress has been made by the Finance Sub Group and the Outline Business Case (OBC) is targeted to be completed for submission to stakeholders by May 2025. Regular updates on progress are discussed at NWSSP Capital meetings with Welsh Government in terms of the timing and approval of capital funding cashflows.	SSPC will consider the South East Hub Outline Business Case (OBC) for approval in July 2025; this will be dependent on support from partner organisations. There OBC will then be submitted to Welsh Government for consideration. The next stage then will be the FBC document. There will be an Organisational Change Process put in place to engage with affected staff and support them through any transitional arrangements. Our host Velindre has raised some queries about this which we are discussing further.		31/03/2026
38		Escalated Divisional Risk									Risk Lead: Director of Pharmacy Technical Services		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
39	Risks for Monitoring												
40	M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation to DoF Group is planned for June. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource.	➔	
41		Strategic Objective - Value For Money											
42	M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities will be picking up longer term storage solution for records currently in the CoHo.. A project Group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused whilst discussions are ongoing with Welsh Government in relation to potential future IBCA claims. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Agreement in place to move racking to Bridgend Stores in next few weeks. FFP3 masks have temporarily been moved to other areas within IP5 awaiting sale at auction.	➔	
43		Strategic Objective - Service Development											
44	M3	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards.	➔	
45													
47											Risk Lead: Director of Finance and Corporate Services		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
48	M4	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites and additional H&S resources appointed to support changes required on the sites. Glangwilli site closed in March 2024 and a new stock holding hub established on the site instead.	2	3	6	The additional H&S resource is supporting staff on sites, actions are reported monthly in a All Wales Laundry Service (AWLS) H&S meeting and quarterly via the All Wales Health and Safety meeting. H&S manager also attends Laundry Managers meeting on a regular basis to support delivery of agreed actions. Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks.	Laundry stock has been converted from the existing laundry site into a hub (completed 31st Mar'25) with the provision of 2 days stock held (this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.	➡	
49		Strategic Objective - Service Development											
50													

Annual Governance Statement 2024 / 25

NHS Wales Shared Services Partnership

1	SSPC 22 May 2025 <i>Draft for comment</i>
2	Formal Senior Leadership Group 29 May 2025 <i>Draft for Endorsement</i>
3	Formal Senior Leadership Group 26 June 2025 <i>Final for Endorsement</i>
4	Audit Committee 8 July 2025 <i>Final For Noting</i>
5	SSPC 17 July 2025 <i>Final for Noting</i>

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1. SCOPE OF RESPONSIBILITY

This Annual Governance Statement details the arrangements in place during 2024-25 to discharge my responsibilities as the Managing Director of the NHS Wales Shared Services Partnership (NWSSP) and to manage and control its resources in my capacity as Accountable Officer within the governance and accountability framework in place throughout the year and through a hosting arrangement with Velindre University NHS Trust (the Trust).

NWSSP does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to partners and, in particular, to the Trust, as its host organisation, in relation to its governance and accountability arrangements.

As Accountable Officer, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned to me by the Accountable Officer of NHS Wales.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NWSSP's services. This is achieved through a combination of "hard" systems and processes including Standing Orders, policies, protocols, and processes; and "soft" characteristics of effective leadership and high standards of behaviour (driven by the Nolan principles).

In addition to my responsibilities as Accountable Officer I am accountable for my performance and that of NWSSP to the Shared Services Partnership Committee (SSPC) and its Chair in relation to those functions delegated to it.

I also have responsibility with the Chief Executive of Velindre University NHS Trust (the Trust) to co-operate together to ensure the success of the hosting arrangement in the interest both of the NHS in Wales generally and the local interests of the Trust as host. In practice this means that I have a responsibility to provide information to the Chief Executive of the Trust where he has a legitimate interest as Accountable Officer of the Trust, whilst ensuring that he does not intervene in the activity of shared services.

The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the

Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP.

Myself (as the Accountable Officer for NWSSP) and the Chief Executive of the Trust (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of our roles, as set out in our respective Accountable Officer Memoranda. Both Accountable Officers co-operate with each other to ensure that full accountability for the activities of NWSSP and the Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

2. GOVERNANCE FRAMEWORK

NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, as set out below, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

Model Standing Orders are issued by Welsh Ministers to Local Health Boards and Welsh NHS Trusts using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006.

Velindre University NHS Trust (the Trust) must agree Standing Orders for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC Standing Orders form an Annexe to the Trust's own Standing Orders and have effect as if incorporated within them.

They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261 (W.156)) and the Trust's Standing Order 3 into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and the two Special Health Authorities (have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in

accordance with the policy and strategy set out above, determined by the SSPC.

A Hosting Agreement dated June 2012 between the Partners provides for the terms on which Velindre University NHS Trust will host NWSSP and an Interface Agreement between the Chief Executive of the Trust (as the Accountable Officer for the organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated June 2012 defines the respective roles of the two Accountable Officers.

These documents together form the basis upon which the SSPC governance and accountability framework has developed. Together with the adoption of the Trust's Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

2.1 Forthcoming Independent Review of NHS Wales Shared Services Accountability & Governance Arrangements

On 9 April 2025 the Director General Health, Social Care & Early Years Group/NHS Wales Chief Executive wrote to the Chief Executive of the Trust and Managing Director of NWSSP to announce the intention to commission an independent review of NHS Wales Shared Services accountability and governance arrangements.

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

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

Such reviews have been undertaken across other parts of the NHS in Wales in recent years and it is now considered timely to review NWSSP governance and accountability arrangements. This is welcome and recognises that NWSSP has grown significantly in terms of scale and complexity since the governance arrangements were established and it is important to see whether the existing arrangements require strengthening or amendment to ensure that they are fit for purpose going forward.

It is important to stress that pending this review, NWSSP has and continues to operate within the requirements of the existing arrangements.

2.2 Shared Services Partnership Committee (SSPC)

Whilst the SSPC acts on behalf of all NHS organisations in undertaking its functions, the responsibility for the exercise of NWSSP functions is a shared responsibility of all NHS bodies in Wales.

The purpose of the SSPC is set out below:

- to set the policy and strategy for NWSSP within the legal framework the Trust, as host, operates under;
- to monitor the delivery of shared services through the Managing Director of NWSSP;
- to seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for NHS Wales and Welsh Government;
- to ensure the efficient and effective leadership, direction, and control of NWSSP; and
- to ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The SSPC monitors performance against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. Deep Dive sessions are often on the agenda to learn more about the opportunities, risks and issues of services within NWSSP.

The SSPC ensures that NWSSP consistently follows the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial control, organisational control, governance, and risk management. The SSPC assesses strategic and corporate risks through review of the Corporate Risk Register at each meeting.

The composition of the SSPC includes an Independent Chair, the Managing Director of Shared Services, and the Chief Executive of each partner organisation. There is provision in the SSPC Standing Orders for Chief Executives to nominate a deputy to act on their behalf which has been exercised by most organisations. Nominated deputies for Chief Executives should be an Executive Director of the same organisation and formally contribute to the quorum and have delegated voting rights.

The membership of the SSPC during the year ended 31 March 2025 is outlined in Figure 3 below.

Figure 3: Membership of the NHS Wales Shared Services Partnership Committee during 2024-25

Name	Position	Organisation	Full/Part Year
Professor Tracy Myhill OBE, Chair of SSPC	SSPC Chair	NHS Wales Shared Services Partnership	Full Year
Huw Thomas (Vice Chair)	Director of Finance	Hywel Dda University Health Board	Full Year
Neil Frow OBE	Managing Director and NWSSP Accountable Officer	NHS Wales Shared Services Partnership	Full Year

Name	Position	Organisation	Full/Part Year
Sarah Simmonds	Executive Director of Workforce and Organisational Development	Aneurin Bevan University Health Board	Full Year
Russell Caldicott	Executive Director of Finance	Betsi Cadwaladr University Health Board	Full Year
Catherine Phillips	Executive Director of Finance	Cardiff and Vale University Health Board	Full Year
Hywel Daniel	Executive Director for People	Cwm Taf Morgannwg University Health Board	Part Year
Sally May	Executive Director of Finance	Cwm Taf Morgannwg University Health Board	Part Year
Claire Osmundsen-Little	Director of Finance	Digital Health and Care Wales	Full Year
Glyn Jones	Director of Finance, Planning and Performance	Health Education and Improvement Wales	Full Year
Pete Hopgood	Executive Director of Finance and Business Assurance	Powys Teaching Health Board	Full Year
Paul Veysey*	Board Secretary and Head of the Board Business Unit	Public Health Wales	Full Year
Sarah Jenkins	Interim Director of Workforce and OD	Swansea Bay University Health Board	Full Year
Steve Ham	Chief Executive	Velindre University NHS Trust	Part Year
Carl James	Interim Chief Executive	Velindre University NHS Trust	Part Year
David Donegan	Chief Executive	Velindre University NHS Trust	Part Year
Chris Turley	Executive Director of Finance and Corporate Resources	Welsh Ambulance Services NHS Trust	Full Year

**Not an Executive Director*

The Committee meets bi-monthly and Welsh Government and Trade Union representatives, whilst not members of the Committee, have a standing invitation and are in regular attendance.

The Committee also requires the attendance of the following NWSSP officers: the Director of Finance and Corporate Services; the Director of People, Organisational Development and Employment Services; the Medical Director; the Director of Planning, Performance and Informatics; and the Assistant Director of Corporate Services.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2024-2025

Organisation	16/05/ 2024	18/07/ 2024	19/09/ 2024	21/11/ 2024	03/02/ 2025	25/03/ 2025
SSPC Chair	✓	✓	✓	✓	✓	✓
NWSSP Managing Director and Accountable Officer	✓	✓	✓	✓	✓	✓
Aneurin Bevan University Health Board	✓	✓	✓	✓*	✓	✓
Betsi Cadwaladr University Health Board	x	x	✓**	✓**	✓	✓**
Cardiff and Vale University Health Board	✓**	✓**	✓**	✓**	✓**	✓**
Cwm Taf Morgannwg University Health Board	✓**	✓	✓	✓	x	✓
Digital Health & Care Wales	✓**	✓	✓	✓**	✓	✓
Health Education & Improvement Wales	✓	✓	✓	✓**	✓	✓
Hywel Dda University Health Board	✓	✓	x	✓	✓**	✓**
Powys Teaching Health Board	x	✓	✓	✓	✓	✓**
Public Health Wales	x	x	x	✓**	✓**	✓**
Swansea Bay University Health Board	✓**	✓	✓	✓	✓	x
Velindre University NHS Trust	x	✓*	✓	x	✓	x
Welsh Ambulance Service Trust	✓	x	✓	x	✓	✓
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	x	x	x	x	✓	✓

✓ Denotes the nominated member was present

✓* Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf

✓** Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Member of their Board.

x Denotes Health Body not represented

All meetings of the SSPC during the 2024-25 met the quoracy requirements of the SSPC Standing Orders. Following each meeting the SSPC Chair provides an assurance report to partner organisation boards.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the SSPC is required to meet in public. Arrangements are made for the public to attend should a request be received. We did not receive any requests from the public to attend the SSPC in 2024-25 but to ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- the dates of all meetings are published on the NWSSP website prior to the start of the financial year;
- the agenda is published at least seven days prior to the meeting; and
- all papers are published in English on the website, and minutes and agendas are also provided in Welsh, shortly after the meeting has taken place.

2.3 SSPC Performance

At the start of 2024-2025, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
 - o Finance, Workforce and Outcome Measures and Performance information;
 - o Quarterly Integrated Medium-Term Plan progress reports;
 - o Corporate Risk Register;
 - o Welsh Risk Pool; and
 - o Programme Management Office updates.
- Annual review and/or approval of:
 - o Integrated Medium-Term Plan;
 - o Annual Governance Statement;
 - o Audit Wales Management Letter;
 - o Annual Review;
 - o Standing Orders; and
 - o Service Level Agreements.
- Deep Dives (nominated and suggested topics from SSPC members as events dictate)
 - o Recruitment Modernisation Programme;
 - o Developments in Audit and Assurance Services;
 - o Single Lead Employer Model;
 - o Integrated Medium-Term Plan; and
 - o Medical Examiner Service.
- Autumn SSPC Development Day.

There are a number of sources of feedback and assurance over the operation of the SSPC which were in place during the year:

- the annual Chair's Appraisal reported to the March 2025 SSPC meeting;
- a session on SSPC operation at the Autumn Development Day;
- Assurance Reports from each SSPC meeting to each partner organisation;
- regular liaison with SSPC members by the Chair, Managing Director and members of the Senior Leadership Team; and

- review of agendas and papers by external and internal audit for the purposes of their audits.

The Chair of SSPC and Managing Director are committed to continuous improvement and where identified changes are made to improve the operation of the Committee. In general terms, feedback received from members continues to be positive and members are content that the SSPC covers the areas expected, meetings are chaired well and contributions and discussion are appropriate.

2.4 SSPC Sub-Committees

The SSPC has established a Sub-Committee structure that meets its own advisory and assurance needs and utilises the Trust's committee arrangements to assist it in discharging its governance responsibilities. The arrangements in place ensure that the SSPC Sub-Committee structure meets the needs of the Trust, as the host organisation, and also the needs of its Partners.

As a minimum, the SSPC Standing Orders require an Audit Committee to be in place. In addition, the SSPC has established the Welsh Risk Pool Committee as a formal Sub-Committee.

2.4.1 Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services Partnership (the Audit Committee) is to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This is set out in the Audit Committee Terms of Reference, which were reapproved in July 2024 to ensure these key functions were embedded within the SSPC Standing Orders and governance arrangements.

The Audit Committee reviews the effective local operation of internal and external audit, as well as Local Counter Fraud Services. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resources are effectively used.

The Audit Committee supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

After each meeting of the Committee, the Chair provides an Assurance Report to the SSPC and the Chair of the Committee reports to each meeting of the Trust Board.

The Audit Committee attendees during 2024-25 comprised of two Independent Members of the Trust (the members of the Committee), with representatives of both Internal and External Audit and Senior Officers of NWSSP and the Trust in attendance. The Audit Committee met formally on four occasions as planned during the year.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2024-2025

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Members					
Gareth Jones, Chair & Independent Member	✓	✓	✓	✓	4 / 4
Vicky Morris, Independent Member	✓	✓	✓	✓	4 / 4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4 / 4
NWSSP Audit and Assurance Services					
Director of Audit & Assurance	✓	✓	✓	✓	4 / 4
Head of Internal Audit	✓	✓	✓	✓	4 / 4
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	x	✓	✓	✓	3 / 4
NWSSP					
Professor Tracy Myhill OBE, Chair of SSPC	✓	✓	✓	x	3 / 4 *
Neil Frow OBE, Managing Director	✓	✓	✓	✓	4 / 4
Andy Butler, Director of Finance & Corporate Services (until 30 April 2024)	✓	-	-	-	1 / 1
Alison Ramsey, Director of Finance & Corporate Services (from 1 May 2024, previously Director of Planning, Performance and Informatics)	✓	✓	✓	✓	4 / 4
Lindsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	4 / 4
Peter Stephenson, Head of Finance & Business Development (until 30 April 2024)	✓	-	-	-	1 / 1
James Quance, Assistant Director of Corporate Services (from 1 May 2024)	✓	✓	✓	✓	4 / 4
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	4 / 4
Velindre University NHS Trust					
Matthew Bunce, Executive Director of Finance Services	✓	x	x	✓	2 / 4
Lauren Fear, Director of Corporate Governance and Chief of Staff	✓	-	-	-	1 / 4
Carl James, Interim Chief Executive Officer	-	✓	✓	-	2 / 4
Non Gwilym, Assistant Director of Communications	-	✓	-	-	1 / 4

*Unable to attend due to the February meeting being re-arranged to ensure quoracy

The Terms of Reference of the Committee provide for there to be three members who are Independent Members of the Trust. However, for 2024-25 there were two dedicated Independent Members, both of whom attended every meeting of the Committee ensuring that each meeting was quorate.

2.4.2 Reviewing Effectiveness of Audit Committee

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey reported to the October 2024 Committee had a 60% response rate (9 responses received) and identified the following:

- very positive feedback on the chairing of the Committee; members feel it is well chaired, efficient, and effective;
- meetings have a conducive atmosphere for open and productive debate; behaviour is courteous and professional;
- the Chair has a clear understanding of main issues and key risks the Committee could encounter;
- Audit Plans are developed from clear processes based on risk assessment, with links to the system of assurance;
- sufficient time is allocated for planned matters, questions, and discussions;
- the blended approach of virtual and at least one face-to-face meeting per year works well; and
- the Committee is generally provided with sufficient authority and resources to perform its role effectively, but some members suggest that Velindre University NHS Trust should recruit a third independent member to comply with the Terms of Reference and avoid potential quoracy issues.

2.4.3 The Welsh Risk Pool Committee

On 1 April 2019, the National Health Service Clinical Negligence Scheme Wales Regulations 2019 came into force. The Regulations created a Scheme for Clinical Negligence Claims in Wales and were brought into force among other things for the management of clinical negligence claims in Wales, operating under sections 41, 42 and 50 of the National Health Service Wales Act 2006.

The scheme is operated by NWSSP through Legal and Risk Services with the support of the Welsh Risk Pool using its powers as a shared service

function under the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012.

NWSSP has responsibility for the administration of the Welsh Risk Pool Service including the management of the Welsh Risk Pool Budget. The Welsh Risk Pool is funded through the NWSSP financial allocation from Welsh Government supplemented by a Risk Sharing Agreement with Health Boards and Trusts.

The Welsh Risk Pool Committee comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services and the Welsh Government. The Terms of Reference of the Committee explain the primary role of the Welsh Risk Pool Committee:

- to reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
- to provide oversight of the GP Indemnity Scheme;
- to oversee the work and expenditure of the Welsh Risk Pool; and
- to help to promote best clinical practice and lessons learnt from clinical incidents.

Reporting from the Welsh Risk Pool to the SSPC has been standardised during the year and recognising that this can be a complex area a detailed deep dive session was held for SSPC members at the Autumn SSPC Development Day in October 2024.

2.5 SSPC Advisory Groups

The SSPC is supported by two advisory groups:

- Local Partnership Forum (LPF)

The LPF is a formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions as set out in the SSPC Standing Orders. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

- Welsh Energy Group (WEG)

The WEG is a Task and Finish Advisory Group as set out in the Shared Services Partnership Committee (SSPC) Standing Orders. Its role is to:

- o to ensure a consistent approach to the procurement / sourcing of Gas and Electricity throughout all aspects of the NHS in Wales;
- o to input into the development of a strategic procurement model for Gas and Electricity contracts within NHS Wales;
- o to provide a platform for the framework provider to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales;
- o to develop, agree and manage the Purchasing Strategy for the All-Wales Gas and Electricity contracts having received market

- intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice);
- o to monitor contract performance with the Welsh Energy Operating Group (WEOG) representative/s providing an update of performance of the Gas and Electricity contracts;
- o to monitor NHS Wales Gas and Electricity forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations; and
- o to nominate NHS Wales member(s) as required for participation in the suppliers External Risk Management (ERM) group.

In addition to the above, NWSSP report regularly to the Velindre Quality and Safety Committee. Quarterly reports are presented on our performance and compliance with the requirements of the Duty of Quality.

In May 2024, we established the new All Wales Purchase to Pay (P2P) Governance Forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance operating through the Shared Services Partnership Committee.

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

In addition to the above, NWSSP reports regularly to the Velindre Quality and Safety Committee. Bi-annual reports are presented on our performance and compliance with the requirements of the Duty of Quality. Annual reports are also provided to the Committee on the work of the Welsh Infected Blood Support Scheme (WIBSS) by the lead Trust Director and Medical Examiner Service. The Committee during the year increasingly requested assurance on All Wales Pharmacy developments which will continue into 2025-26.

2.7 All Wales Purchase to Pay (P2P) Governance

In May 2024, we established the new All Wales P2P Governance Forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance operating through the Shared Services Partnership Committee during 2024-25.

2.8 Senior Leadership Group

The Managing Director reports to the Chair of the SSPC and is responsible for the overall performance of NWSSP and is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing

Director determines and leads a Senior Leadership Group to deliver the SSPC's annual Business Plan as set out in the Integrated Medium Term Plan approved by SSPC. The Managing Director is the designated Accountable Officer for NWSSP and is accountable, through the leadership of the Senior Leadership Group, for:

- the performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium-Term Plan (IMTP) based on the policies and strategy set by the SSPC and the preparation of Service Improvement plans;
- leading the SLG to deliver the IMTP and Service Improvement Plans;
- establishing an appropriate Scheme of Delegation for the SLG; and
- ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

The SLG during 2024-25 comprised:

Figure 7 – Composition of the Senior Leadership Group during 2024-25

Name	Designation
Neil Frow, OBE	Managing Director
Andy Butler	Director of Finance and Corporate Services (to 30 April 2024)
Alison Ramsey	Director of Planning, Performance and Informatics (to 30 April 2024) Director of Finance and Corporate Services (from 1 May 2024)
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Rebecca Nelson	Director of Planning, Performance and Informatics (from 5 August 2024)
Jonathan Irvine	Director of Procurement, Supply Chain Logistics and Transport and Laundry Services
Simon Cookson	Director of Audit and Assurance Services
Mark Harris	Director of Legal and Risk Services and Welsh Risk Pool
Nicola Phillips	Director of Primary Care Services and Medical Examiner Services
Stuart Douglas	Director of Specialist Estates Services
Dr Ruth Alcolado	Medical Director
Dr Gavin Hughes	Director of Surgical Materials Testing Laboratory
Colin Powell	Director of Pharmacy Technical Services
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

The Terms of Reference of the SLG were reviewed and updated in December 2024 in order to ensure that they are fit for purpose.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2025 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2024-25 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2023-24; and
- Assurance Arrangements 2024-25.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to internal NWSSP issues, the Audit Committee has been kept apprised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

NWSSP's Internal Audit service is provided by the Audit & Assurance Division of NWSSP, as it is for all NHS Wales organisations. The Audit Committee review and consider the work and findings of the Internal Audit team at each meeting and progress against the approved Internal Audit Plan. The Director of Audit and Assurance and the Head of Internal Audit attend Audit Committee meetings to discuss their work and present their findings. The Audit Committee is satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received in July 2016.

During 2024-25, two internal audit reports were rated as limited, as detailed below and there were zero internal audit reports with no assurance.

- Decarbonisation
- Procurement Services – Capital Equipping Team

For both internal and external audit, the Audit Committee has ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans require Audit Committee approval. A report on the position with implementation of audit recommendations is monitored at each monthly meeting of the SLG and each meeting of the Audit Committee.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, the internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales.

The required five-yearly external quality assessment of Internal Audit was most recently undertaken by the Chartered Institute of Public Finance & Accountancy during the 2023/24 period against the Public Sector Internal Audit Standards (the Standards) and resulted in the highest possible rating being awarded to the Service. There were no areas of either partial or non-compliance noted with the Standards.

The Director of Audit & Assurance reports annually to the Audit Committee with the results of an internal quality review, the most recent of which was reported to the Committee in October 2024 providing an update on the two external quality assessment advisory findings and a quality review of 16 audit files covering all NHS Wales organisations. Overall, the results were positive and demonstrated a high level of quality consistent with recent years. In a small number of instances, discussions were needed with the Head of Internal Audit to confirm findings and minor exceptions were noted. Based on the reviews undertaken, there were no specific matters that needed to be reported in the Annual Head of Internal Audit opinion in terms of compliance with the Standards.

3.3 Counter Fraud

The work of the Local Counter Fraud Service (LCFS) is undertaken to help reduce and maintain the incidence of fraud and/or corruption within NWSSP to an absolute minimum. Counter Fraud activity in NWSSP is primarily undertaken by its own dedicated Local Counter Fraud Manager with links to the wider network of counter fraud professionals in NHS Wales and the National Counter Fraud Service.

Regular reports were received by the Audit Committee to monitor progress and demand against the agreed Counter Fraud Plan, including the following:

- Annual Report 2023-24;
- Progress Update at each meeting; and
- Counter Fraud Work Plan 2024-25.

As part of his work, the Local Counter Fraud Manager has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work Plan which is approved by the Director of Finance and Corporate Services and Audit Committee annually. The balance of the plan is weighted towards proactive and preventative activity, education and awareness.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to whom fraud can be reported are outlined. During 2024-25, these sessions have been provided both in face-to-face sessions and virtually. In total during 2024-25 there were 1,557 fraud awareness interactions with staff (937 in 2023-24).

In addition to this, and to continue to promote an Anti-Fraud Culture within NWSSP, a quarterly newsletter is produced which is available to all staff on the intranet and all successful prosecutions are publicised in order to obtain the maximum deterrent effect. The SLG targeted staff groups to complete the e-learning module on Counter Fraud, with over 1,000 staff having completed the module at the end of March 2025.

3.4 Integrated Governance

The Audit Committee maintains oversight of the maintenance and effectiveness of the system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- Quality Assurance and Improvement Plan arising from the 2023-24 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2024-25, the Audit Committee reported any areas of concern to the SSPC and Trust Board and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality Assurance

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the Duty of Quality which came into effect from the 1 April 2023. The new Duty applies to clinical and non-clinical NHS Services, and

therefore the services and functions of NWSSP will be captured by this legislation. There is a requirement to produce an Annual Report.

Under the requirements of the Act, primary responsibility rests with the Managing Director as the Accountable Officer, and the Medical Director is the lead for strategic direction and oversight. Oversight is through the SSPC. The responsibility to report is two-fold – both internally in respect of our own quality measures but also externally in terms of providing information for Health Boards and Trusts to report their own performance. In addition, the Trust as our host has a legitimate interest in our quality arrangements.

The SSPC gives attention to assuring the quality of services by including a section on “Quality, Safety and Patient Experience” as one of the core considerations on the committee report template when drafting reports for SSPC meetings.

The Velindre Quality, Safety and Performance Committee gives over part of its meetings to NWSSP matters and particularly those relating to All Wales Pharmacy developments.



In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors. With the introduction of the Duty of Quality, this has become a more prominent feature, and bi-annual presentations on this subject have been made to the Shared Services Partnership Committee.

In addition to corporate governance arrangements for risk management and control, Procurement Services maintains compliance and certification with a number of national and international standards as appropriate to the provision of its services. They include ISO 9001 Quality Management Standard, BS ISO 45001 Occupational Health and Safety and Customer Service Excellence. Our regional warehouses and national distribution centre at Newport are also accredited to the STS Food Safety Standard for the storage and distribution of food products. The receipt, storage and distribution of pharmaceuticals and controlled drugs at designated warehouses are compliant with Good Distribution Practice and Medicines and Healthcare products Regulatory Agency (MHRA) licence conditions. Compliance with these standards and their associated audit by external bodies is supported and assured by a robust internal audit plan that highlights any areas of non-compliance and improvement opportunities. Our Quality Plan includes improvement objectives that are reviewed each year to ensure that they are aligned and continue to support strategic objectives for the Division.

3.6 Certifications

The organisation holds a number of certifications corporately that support the delivery and continual improvement of quality services, including attainment of organisational accreditations to the Cabinet Office accredited Customer Service Excellence (CSE) Standard and International Organisation for Standardisation (ISO) 14001:2015 Environmental Management Standards.

Many Services within NWSSP also hold independently verified certifications and standards, including ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management, ISO14065 Risk Analysis and Biocontamination Control (RABC) in Laundries and ISO17025 Testing and Calibration of Laboratories Standards. External audit reviews included Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS) and NWSSP is also an accredited Mental Health First Aid Trainer organisation.

Key organisational achievements for embedding the Duty of Quality in 2024/25 included continued raising of awareness with dedicated sessions held with the Shared Services Partnership, Senior Leadership Group and divisions, staff coffee mornings, Quality Champions Network for sharing best practice, creation of video submissions by Services detailing their quality measures, quality driven reporting and consideration of our 'always on' performance measures, quality control and using data for quality improvement and external quality reviews, certifications and awards as a source of assurance and opportunity for further improvement.

3.7 Customer Service Excellence

In October 2023, NWSSP was accredited with an organisational level Customer Service Excellence (CSE) Award, making it the first organisation within NHS Wales to achieve the highly valued government standard.

The CSE accreditation assesses organisations and measures customer focused areas that research has identified as a priority to customers with a particular focus on:

- Customer Insight;
- Culture of the Organisation;
- Information and Access;
- Delivery and Timeliness; and
- Quality of Service.

Within this framework, CSE also prioritises three distinct areas, as a driver of continuous improvement, as a skills development tool and, as an independent validation of achievement.

The first annual reassessment took place in September 2024, the activity was conducted remotely for all Divisions. An assessment plan for 5 days of

evidence gathering activity was agreed for two Assessors with representation from each Division (managers, staff, and customers).

As part of the reassessment process, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required. NWSSP also achieved 45 Compliances, where in each instance the standard required was met, with zero Partial Compliances to consider as areas of improvement.

3.8 Looking Ahead

As a result of its work during the year the Audit Committee is satisfied that NWSSP has appropriate and robust internal controls in place and that the systems of governance incorporated in the Standing Orders are fully embedded within NWSSP.

Looking forward to 2025-26, the Audit Committee will continue to explore the financial, management, governance and quality assurances that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP and also by its major providers;
- Work closely with the Chairs of Audit Committee group on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors on issues arising from both the current and future agenda for NWSSP;
- Ensure the SSPC is kept aware of its work including both positive and adverse developments; and
- Request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

4. CAPACITY TO HANDLE RISK

The Corporate Risk Register is reviewed at each meeting of the Formal SLG, SSPC and Audit Committee to ensure that the key risks are aligned to delivery and are appropriately considered and scrutinised. The register is divided into two sections as follows:

- Risks for Action – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and
- Risks for Monitoring – this is for risks that have achieved their target score, but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these risks the focus is on monitoring both any changes in the nature of the

risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

As at 31 March 2025, there were six red rated risks on the Corporate Risk Register, as set out below:

- The threat to patient services if funding is not made available to develop the Transforming Access to Medicine Services programme in South-East Wales;
- Insufficient capital funding to support development of services and delivery of the Integrated Medium-Term Plan and Ministerial priorities;
- The Primary Care Workforce Information System supplier dispute causing a delayed go-live date and build specification uncertainty;
- The impact on staff time and resources as a requirement of responding to the COVID-19 UK Public Inquiry;
- Resource restraints preventing the ability of NWSSP to meet expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan; and
- The lack of capital funding available to support the delivery of key initiatives, including decarbonisation.

The SSPC has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The Lead Director for risk is the Director of Finance and Corporate Services who is responsible for establishing systems and processes needed for the management of risks within the organisation.

The Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with its host's strategy providing a clear systematic approach to the management of risk within NWSSP.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of NWSSP including financial, health and safety and environmental functions.

It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as red within individual directorate registers trigger a referral for review, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register for oversight by the SLG, SSPC and Audit Committee.

Assurance maps are in place for each of the directorates to provide a view on how the key operational, or business-as-usual risks are being mitigated. The Audit Committee review all assurance maps periodically and they are due to be reviewed and reported in the summer of 2026.

The SSPC also has a documented Risk Appetite Statement for NWSSP. A detailed review took place during the year both within NWSSP and also at the Shared Services Partnership Committee (SSPC) Development Day held in Autumn 2024. SSPC members continue to challenge NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the November 2024 meeting of the SSPC and is due to be reviewed by the Audit Committee. The SLG continues to undertake informal deep dive sessions, reviewing its approach to managing risk and the Corporate Risk Register.

NWSSP's approach to risk management therefore ensures that:

- leadership is given to the risk management process;
- staff receive training on how to identify and manage risk;
- risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the Corporate Risk Register;
- the effectiveness of key controls is regularly assured; and
- there is full compliance with the Orange Book on Management of Risk.

5. THE CONTROL FRAMEWORK

NWSSP's commitment to the principle that risk is managed effectively means a continued focus to ensure that:

- there is compliance with legislative requirements where non-compliance would pose a serious risk;
- all sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;
- damage and injuries are minimised, and staff health and wellbeing is optimised; and
- lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

The detailed procedures for the management of corporate risk have been outlined above. Generally, to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- the SSPC and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- the effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- the front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Well-being of Future Generations, Health and Care Quality Standards (Duty of Quality) and workforce;
- the Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's Services to them and are reviewed on an annual basis; and
- the responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

NWSSP follows the policies and procedures of the Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal Intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. The Trust ensures that NWSSP has access to all the Trust's policies and procedures and that any amendments to the policies are made known as they are agreed. NWSSP participates in the development and revision of workforce policies and has established procedures for staff consultation.

The SSPC will, where appropriate, develop its own protocols or amend policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the Trust Scheme of Delegation.

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report, and specific Records Management Principles. The General Data Protection Regulations increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP. NWSSP has an Information Governance Manager who has the objective of facilitating the effective use of controls and mechanisms to ensure that staff comply with Information Governance fundamental principles and procedures. This work includes awareness by delivery of an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups, developing, and reviewing policies and protocols to safeguard information, and advising on and investigating Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point for any requests for advice, training, or work.

NWSSP has an Information Governance Steering Group (IGSG) that comprises representatives from each directorate who undertake the role of Information Asset Administrators for NWSSP. The IGSG discusses quarterly issues such as GDPR and Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, training compliance, new guidance documentation and training materials, areas of concern and latest new information and law.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols, and general guidance for staff. There is also a documented Privacy Impact Assessment (or "Privacy by Design") process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or work streams proposing to use identifiable information in some form.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender, and religion) on the various types of Information Governance protocols.

The Information Governance Manager works closely with the Trust Data Protection Officer as the Head of Information Governance within the Trust, and attends various meetings including the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by Digital Health and Care Wales (DHCW) which is attended by all NHS Wales Health Bodies.

5.4 Health and Safety

NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with

the provision of the highest quality services to staff and visitors where health hazards to staff and visitors and others are minimised, so far as is reasonably practical.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. This is achieved through effective leadership by senior managers, participation of all staff and open and responsive communication channels.

NWSSP has a well-established network of Health and Safety champions in each division who meet with the Health and Safety Manager on a quarterly basis. In addition, the all-Wales Health and Safety group is an internal group of senior managers from all divisions, chaired by the Director of Finance and Corporate Services which also meets on a quarterly basis.

A comprehensive report of all incidents and activity is provided to the SLG at the end of each quarter and an annual report is reported to the SLG and SSPC. There were 72 health and safety incidents reported for 2024-25 (72 in 2023-24).

During the period, a schedule of health and safety internal audits was undertaken by the Health and Safety Manager and Health and Safety Support Officer using the Health and Safety Management System Framework (HSG65). Compliance reported at the end of March on average was 94%.

The Health and Safety manager is a member of the Trust Health and Safety Group and liaises closely with the Trust Health and Safety Manager in order to ensure that the Trust is aware of health and safety risks in NWSSP.

5.5 Internal Audit

The NWSSP hosting agreement provides that the SSPC will establish an effective internal audit service as a key source of its internal assurance arrangements, in accordance with the Public Sector Internal Auditing Standards.

Accordingly, for NWSSP, an internal audit plan has been approved by the Audit Committee which provides coverage across NWSSP functions and processes sufficient to assure the Managing Director of NWSSP and in turn the SSPC and the Trust as host organisation on the framework of internal control operating within NWSSP.

The delivery of the internal audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of assurance for the Managing Director when reporting to the SSPC and partner organisations.

5.6 Duty of Quality

During the year, work around embedding the Duty of Quality (DoQ) continued across NWSSP. We have focussed on ensuring that quality assurance is integrated into existing mechanisms, such as the IMTP for 2025-28, and as per the measures detailed in the Quality Assurance section above. NWSSP's second Annual Report on Duty of Quality for the 2024-25 period sets out the key achievements against the Health and Care Quality Standards, including:

- Quality planning and decision making;
- Quality management systems;
- Quality driven reporting;
- Quality driven reporting into Health Boards and Trusts;
- Quality control and using data for quality improvement;
- External quality reviews, accreditations and awards; and
- Staff voices.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan (the Plan) is approved by the SSPC and performance against the plan is monitored throughout the year. The 2024-27 plan was submitted to Welsh Government in accordance with required timescales, and the submission of the current 2025-28 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2024-25 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan quarterly and also through Joint Executive Team (JET) meetings.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis.

The IMTP was submitted to the NHS Wales Chief Executive and Welsh Government before 31 March 2025 and there were no significant amendments to the Plan following the approval of the Committee earlier at its February 2025 meeting and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit prior to submitting the Plan.

7. DISCLOSURE STATEMENTS

7.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the

contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion.

NWSSP is a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver, and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment. We host a range of staff networks, and we continue to develop our inclusion offering for our workforce.

In the spirit of continuous improvement, NWSSP are members of the Employers Network for Equality and Inclusion (ENEI), which supports organisations in their equality and inclusion journey. Based on the Anti-Racist Wales Action Plan, NWSSP has developed a specific plan to address the actions that tie into the NWSSP Diversity and Inclusion Action Plan. Part of this work is informed by the Welsh Workforce Race Equality Standard (WRES), which was discussed at SSPC in March 2025. NWSSP's LGBTQ+ Wales Action Plan also links directly to the organisation's Diversity and Inclusion Action Plan. We have also introduced dedicated Diversity and Inclusion Ambassadors to support the creation of a positive and equitable working environment.

The development of the Equality, Diversity and Inclusion Group (EDI Group) was a result of the 'This is Our NWSSP' culture programme, where staff recognised the need for the organisation to prioritise the equality agenda and support employees. The EDI Group is currently developing an Equality, Diversity and Inclusion Strategy to support and drive change within the organisation.

The process for undertaking Equality Integrated Impact Assessments (EQIIA) has matured, and considers the needs of the protected characteristics identified under the Equality Act 2010, the Public Sector Equality Duty in Wales and the Human Rights Act 1998, whilst recognising the potential impacts from key enablers such as Well-being of Future Generations (Wales) Act 2015, incorporating Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety.

With effect from 31 March 2021, the Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes ethnicity; nationality, country of birth, religious belief, sexual orientation, and Welsh language competencies. All-Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a statutory and mandatory induction programme for its workforce, including the NHS Wales “Treat Me Fairly” e-learning module, which forms part of a national training package and the statistical data captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, and the Managing Conflict module includes an awareness session on Dignity at Work. Further, to support the Anti-Racist Wales Action Plan (ArWAP), Welsh Government mandated the completion of the accompanying training module for all NHS staff, including those who do not directly interact with patients or service users (*WHC 2024/044*).

7.2 Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development and works closely with all divisions and services across NWSSP.

A Welsh Language Unit has been established to support our divisions and services with translation and interpretation services as well as providing advice and guidance on how best to plan service provision through the medium of Welsh.

We have established a self-assessment process to assess our compliance status with the Welsh Language Standards and Code of Practice. Local improvement plans are agreed and implemented in the following year based on the assessment and evidence provided to support the assessment. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2025 was as follows:

Standards	Level of compliance
Service Delivery Standards	Medium to High level of compliance
Policy Making Standards	Medium level of compliance

Operational Standards	Medium to High level of compliance
Record Keeping Standards	High level of compliance

Following a seminar with the Welsh Language Commissioner’s Office in November 2023 and a further workshop in April 2025, we reviewed the Welsh Language Impact Assessment tool we previously had and incorporated it fully into our Organisational Change Policy work, including providing key statistics on population demographics and highlighting key documents that should be consulted by authors when completing a Welsh Language Impact Assessment including, but not limited to, the following:

- Census data from 2021
- Welsh Language Measure 2011
- Welsh Language Standards Compliance Notice for VUNHST
- The Code of Practice for the Welsh Language Standards
- Cymraeg 2050 Strategy
- The More Than Just Words Strategy’ and
- Well-being of Future Generations (Wales) Act 2015
- We also consider the demographic profile of our staff across Wales

We reviewed the overarching process, whereby any proposed Organisational Change Policy work must be sighted by the Head of Welsh Language Services and Compliance, for guidance and advice prior to consultation.

7.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its partners. The NWSSP Concerns and Complaints Management Protocol is reviewed annually. The Protocol aligns with the Velindre University NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance.

During 2024-25, 55 concerns were raised with NWSSP, of which:

- 35 were Formal Complaints received, whereby 100% of complaints were responded to within 30 working days; and
- 20 were Early Resolution Concerns received, where matters were able to be resolved within 48 hours, to the complainant’s satisfaction.

The total number of formal complaints received represents a significant and continuing decrease on the total for previous years (100 in 2021-22; 68 in 2022-23, 46 in 2023-24).

7.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector,

especially for those who are accountable for decisions made on behalf of patients and service users.

There were 138 requests received within NWSSP during 2024/25, 98% of which were responded to within the 20-day deadline for compliance.

7.5 Data Security and Governance

In 2024-25 there were 33 (compared to 42 in 2023-24) information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

All breaches are recorded in the Datix risk management software and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the General Data Protection Regulation (GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported. The Information Governance Manager also provides quarterly reports to the Trust Data Protection Officer for assurance and provides performance information which forms part of the performance reporting to the Quality, Safety and Performance Committee.

There was one Information Governance breach referred to the Information Commissioner's Office (ICO) for further investigation, but the ICO was content to close the case with no further action being taken.

7.6 Carbon Footprint

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and

demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment.

We successfully achieved recertification to the Standard through UKAS accredited certification body, Simply Certification Ltd and completed the year one surveillance audit in March 2025.

During 2024/25, we have achieved an overall reduction of 4.3 % of our carbon footprint across our sites, against a target of a 3% reduction, year-on-year.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. Investments in environmentally friendlier technologies such as LED lighting, installation of solar panels and electric vehicle charging infrastructure have been a significant contributor to the organisation's reduction in carbon emissions. The Environmental Champions and the Green Team continue to identify ways to reduce our impact and where savings can be made, in addition to utilising technology to improve data collation and reporting. The increase in adoption of agile working arrangements, has resulted in a reduction in staff headcount on sites, and this combined with increased education and awareness of NWSSP carbon footprint aims and targets and the difference staff can make no matter how small, has made a welcome contribution to the reduction. We have also encouraged staff to undertake e-learning modules such as Achieving Net Zero in NHS Wales, promoting environmental awareness.

Electricity usage has decreased overall by 16.6%, due to targeted efficiency measures such as the installation of solar panels, LED lighting installation and motion sensor technology across a number of sites. These projects, including behaviour changes and the continued agile working approach, demonstrate a proactive and co-ordinated approach to reducing electricity consumption.

In relation to the total electricity consumption, 2.4% relates solely to utilising Electric Vehicle Charging Units (EVCUs) across our estate. Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 6% overall. The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier Services' fleet having priority as "*the wheels of the NHS in Wales*". In terms of increased demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality the environment and the reduction of the carbon footprint for the commute of NWSSP staff. This contributes to a Healthier and Globally Responsible Wales as there are Co2e reductions from charging electric vehicles, compared with burning fuel from petrol and diesel engines.

Gas consumption decreased overall by 8.0% during the period, achieved across several sites through a combination of operational changes, infrastructure issues and seasonal factors. A notable decrease was attributed to a malfunction in the warehouse gas heating system at Denbigh

Stores, which remained out of service for several months. Going forward, there are operational plans in place for IP5 to replace ageing heaters with more efficient systems.

We used kerosene oil used to heat the Westpoint Industrial Estate site during the period and the usage increased by 32.44% (variation of 2,479kg of CO₂e) during the year. This is the only site that uses oil to heat the building, and the increase can be attributed to a colder winter and extended operational hours during peak months. These factors led to higher heating demand to maintain indoor comfort levels, particularly during early mornings and evenings when temperatures were at their lowest.

Water consumption decreased by 33.7%, due to a proactive maintenance and staff engagement. During the period, identification of early leaks and associated repairs were undertaken at Alder House. Surgical Materials Testing Laboratory began group laundering of lab coats in order to minimise water usage, coupled with installation of a pressure sensor valve. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.

The total waste generated across all of our sites has increased by 8.4% (variation of 2,496kg of Co₂e). During the year we continued to build on the work undertaken to reform segregation of waste streams and associated behavioural changes. However, due to a number of refurbishment projects, such as Charnwood Court and Companies House, and initiatives undertaken across our sites, coupled with the move from Brecon and Cwmbran House to DuPont, the overall waste generated has understandably increased.

Confidential waste increased overall by 27.2% (variation of 3,399 kg of Co₂e). The increase can be attributed to the refurbishment projects that were undertaken across sites, coupled with the DuPont relocation. In addition, services which typically generate significant volumes, such as Accounts Payable and Primary Care Services, completed scanning projects and review of storage areas. Surgical Materials Testing Laboratory also implemented a paperless IT system during the period and introduced a process for printing documentation. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations. Going forward, we will continue advancing digital processes to reduce paper use, conserve resources and strengthen data security, reflecting our wider commitment to minimising use of scarce resources (i.e. paper).

We saw an increase in pool vehicle usage of 32.1% (400kg of Co₂e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are eco-friendly, such as electric or hybrid vehicles,

further mitigating our environmental impact. Likewise, delivery transport usage increased by 57.5% and this can be apportioned to operational changes, particularly during site relocations. At Brecon House, delivery transport was used extensively to support the move to DuPont, involving the transfer of equipment and materials between sites. This included the movement of items to other locations as part of the decommissioning process. In addition to this, at Stores sites where we saw an increase, this is due to operational demands and expansion of services. Going forward, we will continue to advance the fleet modernisation programme to further mitigate emissions, improve fuel efficiency and support the transition to low-emission and electric vehicles across our operations.

Business mileage travelled increased by 6.28% during the period. Despite this increase, this figure remains low compared to figures reported prior to March 2020, given continued agile working arrangements and increased use of technology to host online meetings, with 861,043 miles being travelled.

7.7 Decarbonisation Action Plan

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each of which has been assessed for the potential to help facilitate or directly reduce carbon emissions. NWSSP led the development and publication of the Strategic Plan which sets out the NHS Wales response to the 2030 net zero ambitions. The organisation has an All-Wales lead role in Buildings, Transport, Procurement, Estates Planning and Land Use but also has responsibilities across other activity streams at both a national and local level due to our significant direct influence on key aspects of the Plan.

NWSSP has also developed its own action plan which was summarised in the IMTP for 2022-25 and progress reporting integrated into the IMTP monitoring process. The plan sets out how the organisation is decarbonising our own activities. Key actions include reducing the impact of our buildings, fleet, and new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

NWSSP produced a second iteration of its Decarbonisation Action Plan for the period 2024-2026. The Decarbonisation Delivery Group (DDG) meets bi-monthly to coordinate decarbonisation activities for NWSSP and those facilitated across NHS Wales. The Decarbonisation Coordination Reporting (DCR) Team, established in early 2023, plays a crucial role in driving the focused implementation of all initiatives through its coordination and reporting role. This team serves as the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales, providing leadership, oversight, coordination, monitoring, and reporting of the Strategic Plan's delivery on an NHS Wales-wide basis.

7.8 Business Continuity Planning and Emergency Preparedness

NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. NWSSP recognise its contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders.

As a hosted organisation, NWSSP is required to take note of the Trust's Business Continuity Management Policy, supported by local guidance, in order to ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues; and
- Suppliers internal and external to the organisation.
- In addition, all Divisions have now been required to extend their Business Impact Assessments to identify department specific business continuity risk, and to plan and mitigate for them.

NWSSP has a network of Business Continuity Planning (BCP) Champions who meet bi-monthly with representatives from all Divisions. The Group is chaired by the Director of Planning, Performance, and Informatics.

NWSSP complete the Welsh Government Health Emergency Planning Report annually, on a calendar year basis. This provides assurance that measures are in place within NWSSP to manage and respond to major disruptive incidents and reaffirms the robust arrangements in place within the Supply Chain, Logistics and Transport Division, who are well versed in this area.

Previous reporting highlighted the need to ensure that all Divisions and relevant individuals within NWSSP were appropriately trained, communicated with, and engaged with key external stakeholders, where appropriate. A full training programme is in place to provide the following courses, which are delivered by the newly appointed Head of Emergency Planning Resilience and Response (EPRR):

- Business Continuity Planning for Managers;
- Major Incident Management;
- Major Incident and Business Continuity Loggist course; and
- Departmental Exercises.

Full engagement with external stakeholders is achieved by the Head of EPRR and other designated staff attending a variety of Welsh Emergency Planning Forums and Groups, including NHS Executive Emergency Planning Advisory Group, Welsh Resilience Partnership, the 4 Local Resilience Forums in Wales and Health, Social Care and Early Years System Resilience Group. Attendance at the groups ensures NWSSP is fully integrated into the Welsh Resilience Frameworks.

A previously implemented BCP application, aimed at promoting effective communication has been under review to improve functionality. Lessons learned reports are completed after every incident and are routinely reported to both the Business Continuity Champions and the SLG.

The previous Internal Audit Report achieved Reasonable Assurance and contained helpful recommendations for updating departmental action cards and updating aspects of business continuity documentation, as well as suggesting consideration of investment in dedicated resource which will be taken forward in 2025-26.

Commencement of actions to address these recommendations has resulted in the following developments:

- the appointment of the Head of EPRR;
- new guidance on departmental Business Impact Assessment and Business Continuity Plan development;
- work has commenced on developing/implementing a document management system capable of reporting and monitoring BCP documentation reviews, BCP Plan exercises and Audits; and
- further work to evaluate the full resource requirements to enable enhance levels of compliance with legislative, regulatory requirements and Welsh Government expectations.

Staff continue to work flexibly where possible and have been provided with appropriate IT equipment to enable them to do so effectively. For staff who were required, or preferred to attend NWSSP sites, safe systems of working were implemented and enhanced to keep them as safe as possible, and in compliance with national guidance.

7.9 Cyber Security

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service and to respond to the recommendations of the NWSSP's Cyber Assessment Framework report.

An ongoing plan has been constructed covering the areas of Identify, Protect, Detect, Respond and Recover. Each task in the plan is aligned to the Cyber Assessment Framework and to industry standard indicators of good practice. A key performance indicator with linked progress targets has been attached to each indicator and progress against targets is reported to the SLG on a quarterly basis.

The tasks in the plan cover Cyber Security of the supply chain, policy, process and procedure development, business impact assessment and continuous monitoring of assets to find anomalies, indicators of compromise, and other potentially adverse events through implementation of the national Security Incident and Event Management product. NWSSP has a robust virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems. This infrastructure has recently been migrated to the two national data centres to improve availability and geographic resilience.

During the year training has been provided at a number of levels, including a desktop exercises with the SLG and phishing exercise campaigns continue to run. In response to heightened concerns over cyber security, regular communications are sent to staff reminding them of best practice when dealing with IT systems and responding to e-mails and other forms of electronic communication. NWSSP is also represented on the all-Wales Cyber Security Network.

7.10 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. NWSSP is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code.

7.11 NHS Pension Scheme

As NWSSP administers the payroll function for NHS Wales, there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Additionally, I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP. Each Committee develops an annual report of its business and the areas that it has covered during the last year, and these are reported in public to the Trusts, Health Boards and Special Health Authorities.

8.1 Internal Audit Opinion

Internal Audit provide me and the SSPC through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2024-2025 was that the Partnership Committee can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

Reasonable assurance 	The Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
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In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been

assessed as providing reasonable assurance. During the year, there were two internal audit reports issued with a rating of limited (Decarbonisation and Procurement Services Capital Equipping Team). There were zero reports with no assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

The challenges to deliver the Decarbonisation agenda within limited resources, as noted in the Risk Management section, has been recognised in the limited assurance Internal Audit review. Internal Audit highlight the root cause of the rating is the impact of financial restraints on the ability of NWSSP to both deliver its own Decarbonisation Action Plan and to support the wider delivery in NHS Wales should be recognised. The Internal Audit review did not highlight significant weaknesses in internal control.

8.2 Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer, I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the SSPC.

8.2.1 NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- **Governance Procedures** – As a hosted organisation, NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP.
- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.
- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers and other NHS organisations. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and

associated controls can be monitored, and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

9. CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2024-25 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

I confirm that I am aware of my ongoing responsibilities and accountabilities to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2024-25.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:

Head of Internal Audit Opinion & Annual Report 2024/25

NHS Wales Shared Services Partnership



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Audit Committee:	July 2025



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Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services

1. Executive Summary

1.1 Purpose of this Report

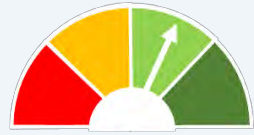
The Managing Director of NHS Wales Shared Services Partnership (NWSSP) is accountable to the Shared Services Partnership Committee (SSPC) for maintaining a sound system of internal control that supports the achievement of NWSSP’s objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This Head of Internal Audit Opinion is based upon the work delivered in accordance with the risk based Internal Audit Plan for 2024/25 year, which was presented to and approved by the Audit Committee (Velindre University NHS Trust Audit Committee for the NHS Wales Shared Services Partnership) in April 2024 (minute 4.3).

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

1.2 Head of Internal Audit Opinion 2024/25

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Managing Director as Accountable Officer and the Shared Services Partnership Committee which underpin NWSSP’s own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore NWSSP will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Governance Statement. The overall opinion for 2024/25 is:

Reasonable assurance		The SSPC can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
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1.3 Delivery of the Audit Plan

The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. In addition, regular audit progress reports have been submitted to the Audit Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2024/25 year, was presented to the Audit Committee in April 2024. Changes to the plan have been made during the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at DHCW, that support the overall opinion for NWSSP and NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we ‘Fully Conform’, and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to ‘generally conform’ to the requirements of the Public Sector Internal Audit Standards for 2024/25. We can state that our service ‘conforms to the IIA’s professional standards and to PSIAS.’

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on strategic and operational risk areas, along with key national systems & services; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the SSPC that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited or Unsatisfactory Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Governance Statement where it is appropriate to do so.

In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2024 / 25

Substantial Assurance	- Recruitment Services - Payroll Services - Primary Care Services (PCS) – Pharmacy
Reasonable Assurance	- Specialist Estates Services - Building for Wales Framework – Invitation to Tender - Accounts Payable - Health Safety - IT/Digital – Service Management - Variable Pay
Limited Assurance	Procurement Services Capital Equipping (SB & CTM UHB’s only)
Unsatisfactory	N/A
Advisory/Non-Opinion	- Procurement Services – Stores /Stock Requisition - PCS Pharmacy Advisory Underpayment Review - Medicines Unit - All Wales Contract Management - Decarbonisation Follow up

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work.

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

As noted above, the Managing Director of NHS Wales Shared Services Partnership is accountable to the Shared Services Partnership Committee (SSPC) for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the SSPC, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The NWSSP's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the NWSSP. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the SSPC considers but is not intended to provide a comprehensive view.

The Managing Director, on behalf of the SSPC, and through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the SSPC which underpin their own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist NWSSP in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the SSPC in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit Opinion is based upon the work delivered in accordance with the risk based Internal Audit Plan for 2024/25 year, which was presented to and approved by the Audit Committee (Velindre University NHS Trust Audit Committee for the NHS Wales Shared Services Partnership) in April 2024 (minute 4.3).

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2024/25 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at Appendix B.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the SSPC and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

Scope of opinion

The Head of Internal Audit Opinion is based upon the work delivered in accordance with risk based Internal Audit Plan for 2024/25 year, which was presented to and approved by the Audit Committee (Velindre University NHS Trust Audit Committee for the NHS Wales Shared Services Partnership) in April 2024 (minute 4.3).

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below.

Reasonable assurance		The SSPC can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
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This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to any Unsatisfactory and Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there were one audit in 2024/25) as well as addressing implementation of recommendations from previous year reviews.

Basis for Forming the Opinion

The audit work undertaken during 2024/25, and reported to the Audit Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the organisation has arrived at its declaration in respect of the self-assessment for the leadership standard.

Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).

- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; attendance at meetings; review of key documents including Partnership Committee agendas and papers; meetings with Executive Directors, the Assistant Director Corporate Governance, senior managers and the Audit Committee; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the NHS Wales Shares Services Partnership.

In reaching this opinion we have identified some reviews during the year concluded positively with effective control arrangements operating in some areas.

From the opinions issued during the year, three was allocated Substantial Assurance, five were allocated Reasonable Assurance, one was allocated Limited Assurance with none allocated an Unsatisfactory assurance opinion and five advisory or non-opinion tbc report was also issued.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the audit findings by National System / Service Audits and NWSSP specific audits, are show below.

NATIONAL AUDITS

The assurance ratings from the national system and services audits are a key component of the overall NWSSP opinion.

The audit of Primary Care Services Contractor Payments (Pharmacy) concluded Substantial with assurance. Sample testing confirmed that prescriptions had been processed accurately and reimbursed in accordance with the drugs tariff. Key performance indicators for net cash value and keying accuracy report 99.88% and 99.73% accuracy respectively, exceeding the targets stipulated within the service level agreement. We have identified one matter requiring management attention relating to the Quality Audit process required enhancing to include an independent accuracy check of post-audit adjustments/amendments prior to processing.

PCS Pharmacy Additional Underpayment Review. This review advisory was undertaken to assess the adequacy of action taken in response to an underpayment of reimbursements to community pharmacies, and the controls in place to prevent recurrence. The audit work highlighted actions already undertaken and an action for management to consider for further enhancement.

Recruitment Services - The audit was given a Substantial Assurance rating. We identified no matters for reporting in our review. The Employment Services Service Level Agreement (SLA) establishes a structured approach for providing a thorough recruitment and selection service. The SLA defines the key responsibilities of both NWSSP Recruitment Services and the NHS Wales organisations. These responsibilities are in accordance with established quality standards and key performance indicators. Standard operating procedures (SOPs) have been developed in partnership with the NHS Wales organisations to provide a standardised recruitment service across Wales. Recruitment Services produces the All-Wales Performance and Volumes Report, which outlines performance metrics in relation to key performance indicator (KPI) targets. The audit highlighted the successful attainment and the consistent high performance by recruitment services in meeting all five of the established KPIs. Furthermore, the audit review confirmed that recruitment and selection services are being undertaken in alignment with the specifications outlined in the SLA and in compliance with the NHS Employee Check Standards. Customer satisfaction surveys are distributed to applicants and recruiting managers via an automated email from the TRAC system. The insights and analysis gathered from these surveys are communicated to the recruitment managers, enabling them to address any identified issues effectively.

Payroll Services – The audit was given a Substantial Assurance rating. The controls in place for the administration of Payroll Services are designed and operating effectively and this is reflected in the continued high levels of payroll accuracy reported in KPIs (over 99%) during 2024-25. The rollout of the Staff Movement Advice and the All-Wales Overpayments Reporting platforms offers improved efficiency and information for both Payroll Services and the organisations it serves. Our sample testing confirmed that new starters, leavers and changes were processed in an accurate and timely manner, whilst overpayments had been promptly addressed.

The audit of Accounts Payable concluded with reasonable assurance. Our testing confirmed accuracy of supplier masterfile amendments and invoice processing. We have identified four findings requiring management action: compliance with bank verification and approval requirements for additions/amendments to the supplier masterfile; compliance with the No PO No Pay Policy; authorisation of non-PO invoices and approval arrangements for data loads.

Capital Equipping Procurement (SB & CTM UHBs only)– We concluded Limited assurance overall with three high priority findings relating to: Weakness in the arrangements for obtaining and evidencing health board approval for expenditure, including approval of amendments to user specification/requirements; failure to properly engage framework suppliers via the relevant framework due to non-completion of required documentation; Instances of order splitting resulting in inappropriate use of quotations and breach of SFI's.

The audit of NHS Building for Wales Framework Renewal - Invitation to Tender stage concluded with Reasonable Assurance. It was clear that lessons had been learned from previous framework renewal exercises and the previous internal audit review undertaken at the PQQ stage, which were incorporated into the current ITT stage. Also, ongoing professional advice and engagement with NWSSP: Legal Services and NWSSP: Procurement Services was evident. However, the review highlighted a potential delay of five months from that previously reported at the PQQ report). Other key matters arising

at the review included: One of the three additional declaration of interest forms for the ITT stage needed to be completed in full and the planned lessons learned exercise should incorporate items such as the appraisal of third-party engagement, standardisation of evaluator returns, and budgetary considerations.

NWSSP AUDITS

Health & Safety – Reasonable Assurance was given for the audit. NWSSP has in place a Health and Safety (H&S) Procedure that aligns to the Velindre University NHS Trust Health, Safety and Welfare Policy. The procedure outlines aims, roles and responsibilities that is supported by a suite of documents on the organisation SharePoint site. All H&S statutory and mandatory training compliance rates exceed the targets, and all H&S incidents are recorded on Datix including RIDDOR incidents that were compliant with the regulatory reporting requirements. Corporate and local registers are in place to capture H&S related risks whilst HSCG65 inspections are undertaken by the H&S Team to monitor the health and safety performance within NWSSP. The organisation has an established governance structure. Two matters requiring management attention were raised relating to policies and inspection actions.

The Variable Pay audit concluded with Reasonable Assurance – The audit highlighted that the processes and controls for managing and controlling bank and agency use, as set out within the Resource Framework are robust and this is supported by the significant reduction in agency spend. However, there is weakness in the control framework for the management of overtime. Variable pay is regularly monitored with a clear drive to achieve a continual reduction in variable pay spend.

The audit of the IT Service Management concluded with Reasonable Assurance. We have concluded reasonable assurance on this area. The matters requiring management attention highlighted: There are no clear metrics for the provision of services that cover the quality and value of services provided; the SLA monitoring process does not cover all services provided by DHCW; there has been no delegation for monitoring the performance of services provided by DHCW.

An advisory review of Stores Stock Requisitions was undertaken. Four actions for management consideration relating to: Administration of blanket purchase orders; Scheme of Delegation; Management oversight of stores orders and an opportunity to strengthen existing procedural guidance relating to stock orders

Medicines Unit – An initial scoping review was undertaken on controls systems in place particularly relating to risk and regulatory compliance. Both of these areas will be covered in separate audits across NWSSP during 25/26.

Decarbonisation Follow Up – The review confirmed that good progress had been with each of the three agreed actions have been implemented, whilst noting the ongoing risk regarding the availability of funding.

The All Wales Contract Management advisory review has highlighted areas for improvement across all organisations.

2.5 Approach to Follow Up of Recommendations

As part of our Follow-up of Previous Recommendations audit work, we consider the progress made in implementing the actions agreed from our previous reports for which

we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on other high priority findings in reports and also a sample of recommendations made in prior year audits of the All Wales Transactional Systems where appropriate.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

As part of the governance arrangements within NWSSP an audit recommendation tracker was in operation during 2024/25. This is monitored and reported to Audit Committee on a regular basis, providing the ongoing position of recommendations implemented and the level of recommendations still to be actioned, with reporting highlighting a high percentage of recommendations implemented.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Audit Committee, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to NWSSP and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with NWSSP, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2024/25 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the NWSSP's Annual Report and accordingly will be completed and reported to management and the Audit Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2024/25.

2.9 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the Standards.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at NWSSP in conformance with the Public Sector Internal Audit Standards for 2024/25.

Our conformance statement for 2024/25 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2024/25 which will be reported formally in the Summer of 2025; and
- The results of the External Quality Assessment.

We have set out, in Appendix A, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2024/25 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP’s Audit & Assurance Service who undertook work on NWSSP’s audit programme for 2024/25.

The Head of Internal Audit has unfettered access to the Managing Director, Chair of the Audit Committee and Chair of the NWSSP Partnership Committee.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the SSPC need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the SSPC’s own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to NWSSP

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation’s audit programme, will cover activities relating to other health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at:

- Digital Health & Care Wales; and

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to NWSSP. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Financial Sustainability	Substantial	To review the financial management arrangements in place to ensure the ongoing sustainability of services and project delivery, with a particular focus on sustainable funding requirements for projects (e.g. DPIF, WASPI).
Programme Management	Reasonable	To establish the effectiveness of the portfolio management model used by DHCW and the controls

Audit	Opinion	Outline scope
		that are in place to ensure it operates across the range of active projects.
Mission One – National Data Resource	Reasonable	To provide assurance over the National Data Resource (NDR) Platform programme of work, including progress towards implementing local datastores, and reference, demographics and medicines data.
Mission One – Cloud Services	Substantial	To provide assurance over the programme of work to move live services from datacentres into the cloud.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme and are summarised in the DHCW Head of Internal Audit Opinion and Annual Report. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

While these audits do not form part of the annual plan for NWSSP, they are listed here for completeness as they do impact on the organisation’s activities. The Head of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2024/25 operational audit plan.

The audit plan approved by the Committee in April 2024 contained fifteen planned reviews. Changes have been made to the plan with one audit added and two deferred. All these changes have been reported to, and approved by, the Audit Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across NWSSP. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2024/25	G	April 2024	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2024/25	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to discussion & draft report [15 working days]	G	85%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 14 audit reviews were reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings

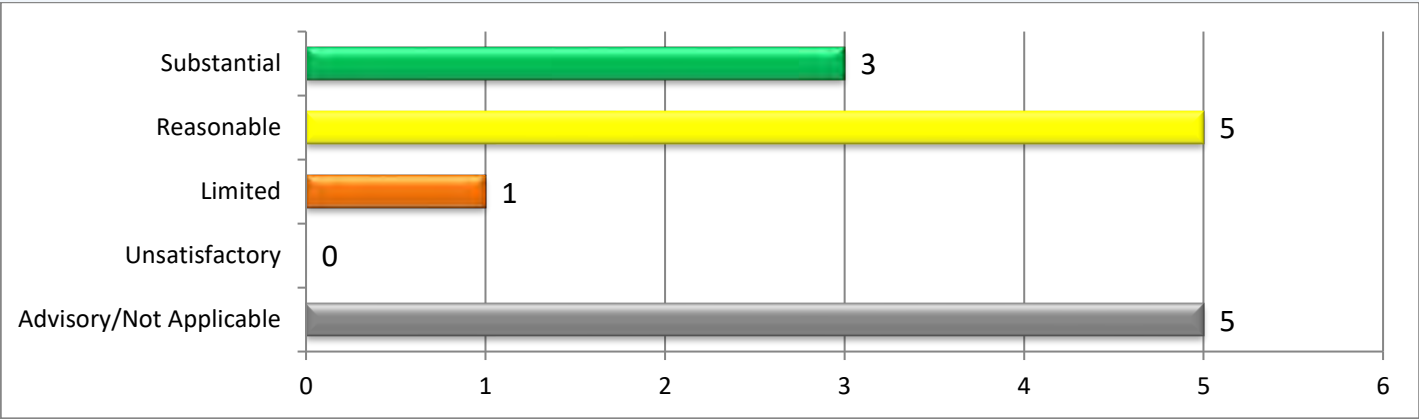


Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the NHS Wales Joint Commissioning Committee.

The assurance ratings and definitions used for reporting audit assignments are included in Appendix B.

In addition to the above, there were several audits which did not proceed following preliminary planning and agreement with management. In some cases, it was recognised that there was action required to address issues and/or risks already known to management and an audit review at that time would not add additional value. These audits are documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)



In the following review areas, the SSPC can take substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Payroll Services	This audit will evaluate the design and operation of the systems and controls in place within payroll services.
Recruitment Services	Review the adequacy of systems and controls in place for recruitment services.
Primary Care Services (PCS) Pharmacy Payments	The purpose of this review is to provide assurance that PCS is maintaining a robust system to facilitate timely and accurate payments to primary care pharmacy contractors.

5.3 Reasonable Assurance (Light Green)



In the following review areas, the SSPC can take reasonable assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Accounts Payable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report (NWSSP-2324-01).
Health & Safety	Review the adequacy of health and safety arrangements within NWSSP.
IT Service Management	The objective of the audit is to provide an opinion over the arrangements in place for the management of the service level agreements for digital provision from DHCW, including, but not limited to, performance monitoring, quality targets, financial performance and escalation processes.
Variable Pay	Review the arrangements in place for variable pay to ensure appropriate controls are in place to monitor, manage and control temporary staff usage and variable pay spend.
NHS Building for Wales Framework – Invitation to Tender Stage	The purpose of the audit was to evaluate the processes and procedures put in place by NHS Wales Shared Services Partnership: Specialist Estates Services (NWSSP: SES) for the next generation of the NHS Building for Wales framework arrangements. This review focussed on the systems and controls in place in respect of the Invitation to tender stage (ITT)

5.4 Limited Assurance (Amber)



In the following review areas, the SSPC can take only limited assurance that arrangements to secure governance, risk management and internal control, within those

areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Capital Equipping (SB & CTM UHB’s only)	To review the adequacy of systems and controls in place for procurement within the Capital Team servicing SBUHB & CTMUHB.

5.5 Unsatisfactory (Red)



No reviews were assigned an ‘unsatisfactory’ opinion.

5.6 Advisory / Assurance Not Applied (Grey)



The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Contract Management (All Wales review)	To assess whether NWSSP has appropriate contract management arrangements in place within the organisation.
Stores Stock Requisitions	Review of the stock order approval process to assess and advise on the appropriateness of purchase order approval controls.
PCS Pharmacy (advisory underpayment review)	The advisory review was to understand the sequence of events leading to the pharmacy underpayment and assess the appropriateness of action taken following identification of the underpayment. Assess the appropriateness of controls in place to prevent recurrence
Medicines Unit	An initial scoping review was undertaken on controls systems in place particularly relating to risk and regulatory compliance.
Decarbonisation Action Tracking Follow up - WIP	The overall objective of this follow up review is to assess the progress in implementing the actions agreed with management to address the issues identified in the previous audit.

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Objective
Risk Management	Risk management arrangements including responsibilities, risk appetite, monitoring, escalation and assurance reporting are clearly defined. Risks are identified, managed and monitored in line with the Risk Protocol, with significant risks escalated from directorate level to the corporate risk register where appropriate. Management requested referral due to operational pressures.
Digital Strategy Implementation	To provide assurance over the implementation of the Digital Strategy. Management requested referral due to operational pressures.

In addition, at the time of this annual report there were no reviews that were ‘work in progress’.

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the NHS Wales Shared Services Partnership to support delivery of the Internal Audit assignments undertaken within the 2024/25 plan.

James Johns
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit
Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership
June 2025

Appendix A

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing Orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive (Manging Director NWSSP) and Audit Committee chair. There have been no impairments to our independence during 2024/25.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. An EQA was undertaken in 2023.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee.

	Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with Audit Wales and LCFS.
2100 Nature of work	The risk-based plan is developed, and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee. An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition, audit reports are followed up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management, it would be discussed and will be escalated to NHS Wales Partnership Committee level for resolution.

Appendix B

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the NHS Wales Shared Services Partnership. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Annual Report 2024-2025

1. FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. It outlines the coverage and results of the Committee's work for the year ending 31 March 2025.

I have acted as the Chair of the Audit Committee since 1 February 2024 and have been ably supported by Independent Member, Vicky Morris, throughout the year. I would like to take this opportunity to put on record my sincere thanks to Vicky for her significant contributions made during the year.

I would also like to express my thanks to all the Officers of the Committee who have supported and contributed to the work carried out on its behalf and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by Internal Audit at NWSSP, Local Counter Fraud Services and by Audit Wales.

During 2024-25 NWSSP has continued to grow both in terms of size and complexity. The total revenue spend for the year was £892m, compared to less than £50m when NWSSP was first established in 2011. The wide range of services provided by NWSSP significantly changes its risk profile and requires the Committee to work with its auditors in particular, in ensuring that appropriate assurances are in place.

Most meetings continue to be held virtually and have worked well, albeit that we have reintroduced one face-to-face meeting annually. A characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems, and day-to-day working practices. This approach is to be welcomed and is very much appreciated by the Committee.

I am keen to foster and promote a culture of continual improvement and, as a Committee, we continued to conduct a brief effectiveness review session at the end of each meeting and introduced topical service presentations to the agenda in order to strengthen and engage in a meaningful way with this process. Looking forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of NWSSP, in order to achieve better value for money and high quality, sustainable outcomes for NHS Wales.



Mr Gareth Jones
Chair of the Velindre University NHS Trust Audit
Committee for NWSSP

2. INTRODUCTION

The Committee's business cycle runs from the closure of the Annual Accounts in one financial year to the next. This reflects its key role in the development and monitoring of the Governance and Assurance framework for NWSSP, which culminates in the production of the Annual Governance Statement.

This report sets out the role and functions of the Audit Committee and summarises the key areas of business undertaken during the year. In addition, the report sets out some of the key issues, which the Committee will be focussing on over the next few years.

3. ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES

3.1 Role

The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC Assurance Framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

NWSSP's system of internal control has been designed to identify the potential risks that could prevent NWSSP achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur and seeks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the SSPC (and Velindre University NHS Trust, where appropriate) and the Accountable Officer(s) on where and how the Assurance Framework may be strengthened and developed further.

The Committee's Terms of Reference are reviewed annually and are included within the Standing Orders for the SSPC and Velindre University NHS Trust.

3.2 Governance Framework

NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, as set out below, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative

services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

Model Standing Orders are issued by Welsh Ministers to Local Health Boards and Welsh NHS Trusts using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006.

Velindre University NHS Trust (the Trust) must agree Standing Orders for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC Standing Orders form an Annex to the Trust's own Standing Orders and have effect as if incorporated within them.

They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261 (W.156) and the Trust's Standing Order 3 into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and the two Special Health Authorities (have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the SSPC.

A Hosting Agreement dated June 2012 between the Partners provides for the terms on which Velindre University NHS Trust will host NWSSP and an Interface Agreement between the Chief Executive of the Trust (as the Accountable Officer for the host organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated June 2012 defines the respective roles of the two Accountable Officers.

These documents together form the basis upon which the SSPC governance and accountability framework has developed. Together with the adoption of the Trust's Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

3.2 Membership

The Audit Committee for NWSSP is a sub-committee of Velindre University NHS Trust and sits alongside Velindre's own Audit Committee. The same two Independent Members sit on both Audit Committees, with one being the Chair.

3.3 Attendees

The Committee's work is informed by reports provided by Audit Wales, Internal Audit, Local Counter Fraud Services and NWSSP personnel. Although

they are not members of the Committee, auditors, and other key personnel from both Velindre University NHS Trust and NWSSP are invited to attend each meeting of the Audit Committee. Invitations to attend the Committee meeting are also extended where appropriate to staff where reports relating to their specific area of responsibility are discussed.

3.4 Attendance at Audit Committee 2024-25

During the year, the Committee met on four occasions. All meetings were quorate and were well attended as shown in **Figure 2** overleaf:

Figure 2: Meetings and Member Attendance 2024-25

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Members					
Gareth Jones, Chair & Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit and Assurance Services					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	x	✓	✓	✓	3/4
NWSSP					
Professor Tracy Myhill OBE, Chair of SSPC	✓	✓	✓	x	3/4*
Neil Frow OBE, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services (until 30 April 2024)	✓	-	-	-	1/1
Alison Ramsey, Director of Finance & Corporate Services (from 1 May 2024, previously Director of Planning, Performance and Informatics)	✓	✓	✓	✓	4/4
Lindsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development (until 30 April 2024)	✓	-	-	-	1/1
James Quance, Assistant Director of Corporate Services (from 1 May 2024)	✓	✓	✓	✓	4/4
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Matthew Bunce, Executive Director of Finance Services	✓	x	x	✓	2/4
Lauren Fear, Director of Corporate Governance and Chief of Staff	✓	-	-	-	1/4
Carl James, Interim Chief Executive Officer	-	✓	✓	-	2/4
Non Gwilym, Assistant Director of Communications	-	✓	-	-	1/4

*Unable to attend due to the February meeting being re-arranged

3.5 AUDIT COMMITTEE BUSINESS

The Audit Committee provides an essential element of NWSSP's overall assurance framework. It has operated within its Terms of Reference in accordance with the guidance contained within the NHS Wales Audit Committee Handbook.

The Audit Committee agenda broadly follows a standard format, comprising four key sections; External Audit, Internal Audit, Counter Fraud Services and 'Internal Control and Risk Management'. These are discussed further below.

3.5.1 EXTERNAL AUDIT (AUDIT WALES)

Audit Wales provides an Audit Position Statement at each meeting, summarising progress against its planned audit work. The following additional reports were presented during the year:

- Audit Wales Nationally Hosted NHS IT Systems Assurance Report
- Audit Wales Management Letter
- Audit Assurance Arrangements

Audit Wales have stated that the findings of their work enable them to place reliance on the services provided by NWSSP.

3.5.2 INTERNAL AUDIT

Internal Audit have continued to support NWSSP in the development and improvement of its governance framework by providing proactive advice and support on new developments and ensuring that the existing systems and processes of control are reviewed, weaknesses identified, and suggestions for improvement made.

Internal Audit reports were generated during 2024-25 and they achieved assurances as follows:

- Three reports achieved Substantial Assurance;
- Five reports achieved a Reasonable Assurance;
- One achieved Limited Assurance;
- Three were Advisory/Non-Opinion; and

- None were rated as No Assurance.

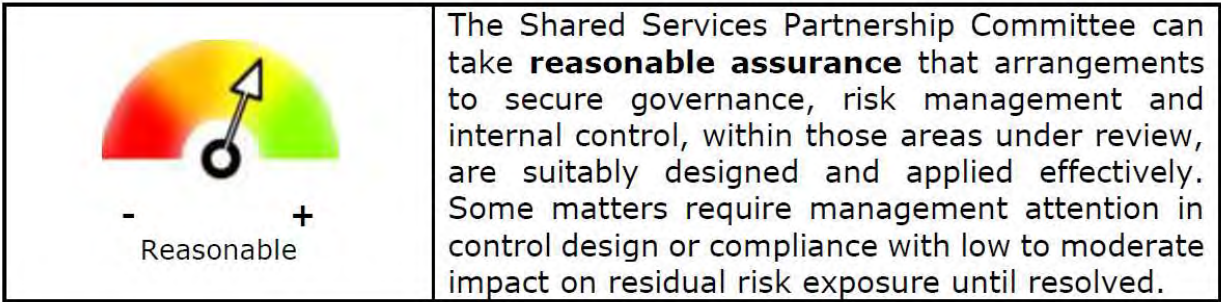
Figure 3: Internal Audit Reports 2024-25 by Assurance Rating



During 2024-25, the reports to Committee on Internal Audit’s programme of work included:

- Internal Audit Position Statement at each meeting;
- Head of Internal Audit Opinion and Annual Report;
- Quality Assurance and Improvement Programme Report;
- Internal Audit Operational Plan; and
- Internal Audit Reports, as detailed in Appendix A.

Figure 4: Head of Internal Audit Opinion: Reasonable Assurance



3.5.3 LOCAL COUNTER FRAUD SERVICES

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum. Regular reports were received by the Committee to monitor progress against the agreed Counter Fraud Plan, including the following:

- Counter Fraud Work Plan 2024/25
- Counter Fraud Progress Update at each meeting; and
- Counter Fraud Annual Report 2024/25.

NWSSP's dedicated local Counter Fraud specialist operates a regular annual programme of raising fraud awareness, for which a number of days are allocated and included as part of a Counter Fraud Work Plan which is approved annually by the Audit Committee. In addition to this a quarterly newsletter is produced which is available to all staff on NWSSP's intranet; all successful prosecution cases are publicised to obtain the maximum deterrent effect.

3.5.4 INTERNAL CONTROL AND RISK MANAGEMENT

In addition to the audit reports dealt with by the Committee during the reporting period, a wide range of internally generated governance reports/papers were produced for consideration by the Audit Committee including:

Annual Governance Statement: During 2024-25, NWSSP produced its Annual Governance Statement which explains the processes and procedures in place during the year to enable NWSSP to carry out its functions effectively. The Statement brings together all disclosures relating to governance, risk, and control for the NWSSP.

Tracking of Audit Recommendations: The Committee has continued focus on the timely implementation of audit recommendations. The overall position with this is very positive but occasionally requests are made to extend the date of an agreed action due to a change in circumstance. All such requests have to be approved by the Committee.

Audit Committee Effectiveness Survey: An anonymised Committee Effectiveness Survey was undertaken to obtain feedback from Committee members on performance and potential areas for development. The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook and aligned with the statements used by Velindre University NHS Trust for its Effectiveness Survey.

The survey response rate was slightly lower than in previous years, with only nine out of fifteen members responding. This may be attributed to new members joining the Audit Committee during the period, who may have felt unable to provide constructive feedback. The survey results were very positive, particularly regarding the chairing of the meetings. It was a common theme that members feel the Committee is very well chaired, both efficiently and effectively. The majority of members agreed that the Committee is provided with sufficient authority and resources to perform its role effectively.

However, some members did not agree and suggested that Velindre University NHS Trust must recruit a third Independent Member to comply with its Terms of Reference and to avoid any issues with quoracy at future meetings. The majority of participants agreed that the current arrangements, which include a blended approach of virtual meetings and at least one face-to-face meeting per year, work well.

Private Meeting with Auditors

In line with recognised good practice, an annual private meeting was held in January 2025 between Audit Committee members, Internal Audit, External Audit, and the Local Counter Fraud Specialist. This provided an opportunity for any matters of concern to be raised without the involvement of Executives. No issues of concern arose from the meeting. All auditors are also aware that they can directly approach the Chair at any time with any matters that concerns them.

5. REPORTING AND COMMUNICATION OF THE COMMITTEE'S WORK

The Committee reports a summary of the key issues discussed at each of its meetings to the Senior Leadership Group, Shared Services Partnership Committee and to Velindre University NHS Trust Board by way of an Assurance Report. In addition, this Annual Report seeks to bring together details of the work carried out during the reporting period, to review and test NWSSP's Governance and Assurance Framework. The outcome of this work has helped to demonstrate the effectiveness of NWSSP's governance arrangements and underpins the assurance the Committee was able to provide.

6. CONCLUSION AND FORWARD LOOK

The work of the Audit Committee in 2024-25 has been varied and wide-ranging. The Committee has sought to play its part in helping to develop and maintain a more effective assurance framework in a constantly changing and developing organisation, and improvements have been evidenced by the findings of internal and external audit.

Looking forward to 2025-26 the Audit Committee will continue to explore the financial, management, governance and quality arrangements that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- continue to examine the governance and internal controls of NWSSP;
- monitor closely risks faced by NWSSP;
- work closely with external and internal auditors, on issues arising from both the current and future agenda for NWSSP;
- ensure that the SSPC and Velindre's Trust Board is kept aware of its work including both positive and adverse developments; and
- request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

APPENDIX A
List of Internal Audits Undertaken and Assurance Ratings

Internal Audit Assignment	Assurance Rating 2024-25	Date Presented To Audit Committee
Employment Services – Recruitment Services	Substantial	
Employment Services – Payroll Services	Substantial	
Primary Care Services -Pharmacy	Substantial	
Specialist Estates Services - Building for Wales Framework – Invitation to Tender	Reasonable	
Accounts Payable	Reasonable	
Health and Safety	Reasonable	
IT/Digital - Service Management	Reasonable	
Variable Pay	Reasonable	
Procurement Service Capital Equipping (SB & CTM UHB's only)	Limited	
<i>Substantial Assurance Rating</i>	3	
<i>Reasonable Assurance Rating</i>	5	
<i>Limited Assurance Rating</i>	1	
<i>No Assurance Rating</i>	0	
<i>Assurance Not Applicable</i>	3	
Total	12	

APPENDIX B**Internally Generated Assurance Reports/Papers**

Report/Paper	Every Meeting	Annually	As Appropriate
Tracking of Audit Recommendations	✓		
Governance Matters	✓		
Corporate Risk Register	✓		
Audit Committee Forward Plan	✓		
Annual Governance Statement		✓	
Audit Committee Effectiveness Review and Results		✓	
Audit Committee Annual Report		✓	
Audit Committee Terms of Reference		✓	
Assurance Mapping		✓	
Information Governance Annual Report		✓	
NWSSP Integrated Medium Term Plan (IMTP)		✓	
NWSSP Annual Review		✓	
Welsh Language Annual Report		✓	
Review of Stores Write-Offs		✓	
Review of the Shared Services Partnership Committee's Standing Orders (SSPC SOs)			✓

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 2 - MAY 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for May 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 2.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 2 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, the outstanding confirmation of the recurrent 2024/25 pay award funding allocation (£5.974m) and funding for the 2025/26 increase in employer national insurance contributions (£2.423m) remain key risks to the delivery of our financial plan. Also, the assumption that the 2025/26 pay award will be fully funded is critical to the achievement of our balanced financial plan.

1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

Our IMTP included one saving scheme to be identified with a value of £0.104m. This was amended in Month 1 to reflect additional savings of £0.135m achieved on our desktop support SLA with DHCW which were not previously included in our financial plan. These have now been corrected in the savings tracker to correctly report the opening plan per the MDS (**Action Point 1.1**)

Year to date non-recurrent savings of £1.138m are reported primarily due to variable pay savings and ongoing high vacancies across our services. We have identified that these could reach £3.138m by the end of the financial year and this is noted in Table A. As suggested, the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales has now

been included on the unplanned cost pressure line in Table B2 (**Action Point 1.2**)

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2025/26 is £783.168m. This is an increase from the £780.975m reported at Month 1 primarily due to an increase in the forecast vaccine income and inclusion of income for the Real Living Wage uplift which was paid in May. This is partially offset by reduced stores issues and income during the month.
- The SLE pay and non-pay forecast totals £307.657m (£307.756m at Month 1) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	24.325	24.309	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	24.331	291.941
NON PAY	1.316	1.239	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	1.316	15.716
TOTAL	25.641	25.549	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	25.647	307.657

The forecast will vary as we progress through the financial year with the August and February rotations and intakes, and also with the variable locum shifts paid to SLE trainees each month. We will review and update the forecast as we progress through the financial year.

- Anticipated funding of £5.974m for the 2024/25 pay awards, £2.423m for the 2025/26 Employers National Insurance contributions and £0.512m for the 2025/26 Real Living Wage uplift has been incorporated into our forecast and the income has been anticipated in Table E1 (**Action Point 1.7**).
- Welsh Government income increases in Months 4, 5 & 6 as we anticipate we will invoice for the influenza vaccines in July and defer income in line with the delivery and payment profile of the invoices. The cost of the vaccines has now been confirmed at £12.832m (£10.500m was included in our IMTP) and our income forecast has been updated to reflect this.
- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
- Forecast non-cash charges of £6.414m have been included based on an updated projection for 2025/26 and excludes any unapproved capital schemes. These will be reviewed in detail for the June non-cash submission.
- £7.228m income and expenditure is included to Month 2 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 balances to the £145.491m as included in our IMTP and is phased on a straight-line basis over remaining months. We are undertaking a detailed review of cases during Quarter 1 to update this forecast and will advise any amendment once completed. As a general point, we are seeing evidence of Round Table Meetings being booked earlier this financial year which will impact the settlement profile. We also aren't seeing any evidence of reductions in lump sum settlements as a result of the PIDR change from January 2025 which we would have anticipated. Both these factors may lead to an increase in the DEL forecast for 2025/26.

The IMTP forecast of £145.491m assumed that the WRP risk share agreement will be invoked for £36.056m as detailed below (**Action Point 1.8**). This also includes a comparator to the £30.478m contributions for 2024/25:

	2024/25	2024/25	2025/26	2025/26
	RSA %	RSA £m	RSA %	RSA £m
Aneurin Bevan	16.78%	5.115	18.26%	6.582
Swansea Bay	15.25%	4.649	15.28%	5.510
Betsi Cadwaladr	19.22%	5.857	19.41%	6.999
Cardiff & Vale	15.86%	4.835	15.81%	5.702
Cwm Taf Morgannwg	14.76%	4.499	15.50%	5.589
Hywel Dda	9.70%	2.955	9.57%	3.451
Powys	4.13%	1.257	2.71%	0.977
Public Health Wales	1.14%	0.348	0.64%	0.232
Velindre	1.15%	0.352	0.85%	0.306
Welsh Ambulance	2.01%	0.612	1.97%	0.709
DHCW	0.00%	-	0.00%	-
HEIW	0.00%	-	0.00%	-
TOTAL	100.00%	30.478	100.00%	36.056

- At Month 2 we are reporting a break-even full year forecast against our Covid/Health Protection allocation. There are several variables that will influence this forecast as we progress through the financial year and we will update the forecast when we have more information available.

At the end of 2024/25 we continued to accrue a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will review this further when the cash and stock implications of the new PPE

stockholding policy can be identified and have a meeting arranged with Welsh Government Finance team on 16th June 2025 to review this.

Table B1 key movements identified are primarily due to:

- Welsh Government Income – In month income reduction is due to the reprofile of WRP, WIBSS and GMPI income to match expenditure, and the full year forecast increase is due to an increase in the income required to fund the confirmed vaccination costs and the inclusion of anticipated income for the Real Living Wage pay uplift for 2025/26.
- Other Income – in month reduction is due to a reprofile of the pharmacy rebate income
- Provider Services – Pay – the forecast expenditure has reduced due to additional pay savings we forecast we will achieve for variable pay and vacancies and is offset by the additional Real Living Wage costs included in the forecast from Month 2.
- Provider Services – Non-Pay – the in-month expenditure has reduced due to a reprofile of WIBSS, GMPI & Pharmacy Rebate expenditure and the full year forecast has increased due to the increase in the vaccine costs in excess of what we included in our IMTP and the assumption of additional costs/distribution to utilise the identified savings over-achievement in year.
- Losses, Special Payments & Irrecoverable Debts – the in-month reduction is due to the WRP payment profile changing from what was forecast with no impact of the full year forecast

Table B2 has been amended in Month 2 to reflect the MDS values and movements are now reported against these:

- The cumulative values have been included to Month 2 so that Month 1 figures remain as reported.
- Line 54 reflects the indicative savings overachievement we are forecasting of £3.138m.
- Line 58 reflects the reprofile of £10.500m vaccination costs which were profiled monthly in our IMTP and the amendment to £12.832m reprofiled over July, August & September in line with the anticipated delivery profile.
- The other movements from plan relate to the equivalent income and expenditure adjustments for WIBSS, National Insurance, Pharmacy Rebates and SLE. A full reconciliation is available if required (**Action Point 1.4**)

2. Underlying Position (Table A1)

Table A1 has been completed to reflect the recurrent overachievement of savings due to new savings being identified in year over and above the savings that were noted as 'to be identified' in our IMTP.

3. Risk Management (Table A2)

This table has been critically reviewed and updated in Month 2 with the following changes (**Action Point 1.3**):

- (i) Given the financial performance and non-recurring savings achieved to date, the following risks have been removed, as if they materialise they can be covered by additional non-recurrent savings achieved/forecast:
 - Turnover rates are less than budgeted
 - Unable to achieve savings targets
 - Income targets cannot be achieved
 - Inflation is greater than budgeted
- (ii) The risk regarding the lack of central funding for ESR replacement has been removed as we will only appoint to a team to undertake this work when/if funding is agreed
- (iii) The risk of not receiving funding for the 2025/26 Real Living Wage of £0.512m has been added in Month 2.

4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure again in Month 2 in line with our IMTP forecast. This has been achieved following the increased controls and plan to eliminate agency expenditure that we implemented during 2024/25. We have, however, identified a potential need for some agency HGV drivers to be utilised to ensure service continuity and our forecast will be updated when/if this is confirmed. These are estates & ancillary staff so do not impact the requirement to eliminate admin & clerical agency staff by September 2025.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)

The variable pay table has been populated with actual data to Month 2 and forecast data per our IMTP. We are reporting £0.224m in April and £0.182m in May against the £0.310m forecast from our IMTP which was based on 2024/25 average expenditure. We have amended our monthly forecast to £0.260m from Month 3 to reflect the additional savings we are making. We continue to strengthen our controls on variable pay expenditure across NWSSP and we are introducing an overtime principles procedure and control process to enhance this further in quarter 2. We will review the forecast again at the end of quarter 1 to identify if we can reduce the forecast further.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The savings tracker has been populated per our IMTP with the removal of the one amber scheme, which has now been replaced with a new scheme that has been achieved for £0.135m in respect of DHCW SLA desktop support savings.

To month 2 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £1.138m due to the number of vacancies we are in the process of recruiting to and the additional controls we have implemented for variable pay. Given our savings overachievement to Month 2, we have included an indicative over-achievement of savings of £0.200m from Month 3. Our forecast savings over-achievement now totals £3.138m (**Action Point 1.5**).

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-26 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation, and which were highlighted as income assumptions in our IMTP. This table now includes anticipated income for the 2025/25 Real Living Wage uplift which was paid in May (**Action Point 1.7**)

The values for depreciation have been updated per our updated review in Month 2 and will be reviewed in more detail as part of the June non-cash submission.

The IFRS16 revenue recovery value has been updated as requested in Month 2
(Action Point 1.6)

9. Health Care Agreements and Major Contracts

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25th March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 31st May 2025 there was one invoice, and one credit note outstanding over 17 weeks. The invoice has now been paid, and the aged credit note remains outstanding due to an allocation of cash issue. Despite chasing Organisations to pay invoices agreed in the Month 12 Agreement of Balances exercise, a number of invoices remain outstanding for payment, and we are urgently following these up **(Action Point 1.9)**

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

These tables have been completed based on our current forecast capital expenditure profile and will be updated as we progress through the financial year.

14. IFRS 16 & CAME (Table Q)

Table not required for completion until Month 3

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 2 Financial Monitoring Return, along with the return for Month 3 at the July Committee meeting.

16. Authorisation of Return



.....
NEIL FROW
MANAGING DIRECTOR
NWSSP
NWSSP

12th June 2025



.....
ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4 Other Income Uplift / (Reduction)	0	0		
5 RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6 Planned (Finalised) Green and Amber Savings Plan	3,019	308	2,712	2,712
7 Planned (Finalised) Net Income Generation	1,863	362	1,501	1,501
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
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	0	0	0	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	184	215	-31	0
17 Additional In Year Identified Savings - Forecast	2,954	2,923	31	31
18 Variance to Planned RRL	0	0		
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-5,294	-5,294		
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	7,626	7,626	0	0
22 Unplanned Cost Pressures	-3,138	-3,138	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	-2,332	-2,332	0	0
26 NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	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	0	0	31

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0
2	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-2,088
3	637	637	637	637	637	637	637	637	637	637	637	637	1,274
4													0
5												0	0
6	252	252	252	252	252	252	252	252	252	252	252	252	503
7	155	155	155	155	155	155	155	155	155	155	155	155	310
8													0
9													0
10													0
11													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
15	0	0	0	0	0	0	0	0	0	0	0	0	0
16	81	216	-11	-11	-11	-11	-11	-11	-11	-11	-11	-11	296
17	502	339	211	211	211	211	211	211	211	211	211	211	842
18													0
19		-9,425	-1,501	2,753	2,701	3,419	-574	-775	-776	-715	-558	157	-9,425
20	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	7,675	626	649	701	-17	-301	-100	-99	-160	-317	-1,032	7,675
22	0	-1,138	-200	-200	-200	-200	-200	-200	-200	-200	-200	-200	-1,138
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	1,750	875	-3,402	-3,402	-3,402	875	875	875	875	875	875	1,750
26	-583	583											0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : May 25

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Effect of Recurring Savings £'000		
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recurring	recurring			
1	Pay	Budget/Plan	190	190	190	190	190	190	190	190	190	190	190	390	2,277							6	2,073
2		Actual/Fcast	672	613	381	381	381	381	381	381	381	381	381	381	1,288	5,087	25.22%	5,087	0	3,024	2,073		
3		Variance	482	423	191	191	191	191	191	191	191	191	191	191	898	2,818	238.64%	5,087	0				
4	Non-Pay	Budget/Plan	62	62	62	62	62	62	62	62	62	62	62	124	742							6	670
5		Actual/Fcast	163	194	71	71	71	71	71	71	71	71	71	358	1,061	33.55%	1,061	0	422	639			
6		Variance	101	132	9	9	9	9	9	9	9	9	9	9	232	319	187.84%	319	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
8		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
11		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
14		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
17		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
20		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
23		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
26		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0								
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0								
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0							6	0
29		Actual/Fcast	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								
34	Total	Budget/Plan	250	250	250	250	250	250	250	250	250	250	250	500	3,019							6	2,712
35		Actual/Fcast	835	807	450	450	450	450	450	450	450	450	450	1,641	6,158								
36		Variance	585	555	200	200	200	200	200	200	200	200	200	200	1,138	3,138							
37 Variance in month		231.71%	220.59%	79.50%	79.50%	79.50%	79.50%	79.50%	79.50%	79.50%	79.50%	79.50%	79.50%	79.50%	226.15%								
38 In month achievement against FY forecast		13.55%	13.10%	7.33%	7.33%	7.33%	7.33%	7.33%	7.33%	7.33%	7.33%	7.33%	7.33%	7.33%									

Period : May 25

Table C1- Savings Schemes Pay Analysis

		Month													Total YTD	Full-year forecast	Assessment				Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
																	Green	Amber	non recurring		recurring		
																	£'000	£'000	£'000	£'000			
			1	2	3	4	5	6	7	8	9	10	11	12			£'000	£'000	£'000	£'000			
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000										
1		Budget/Plan	190	190	190	190	190	190	190	190	190	190	190	190	390	2,277		0	0				
2	Pay - General & Substantive	Actual/Fcast	672	613	381	381	381	381	381	381	381	381	381	381	1,288	5,087		3,026	2,078		2,078		
		Variance	482	423	191	191	191	191	191	191	191	191	191	191	898	2,818		5086	525113				
4	Pay - Variable	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
		Actual/Fcast	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				
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
		Actual/Fcast	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				
10	Total	Budget/Plan	190	190	190	190	190	190	190	190	190	190	190	190	390	2,277							
		Actual/Fcast	672	613	381	381	381	381	381	381	381	381	381	381	1,288	5,087		3,026	2,078		2,078		
		Variance	482	423	191	191	191	191	191	191	191	191	191	191	898	2,818							

Table C2- V&S Saving Categories

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment	Full In-Year forecast	Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar						
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000						
1	Workforce	Budget/Plan	190	190	190	190	190	190	190	190	190	190	190	190	390	2,277				
		Actual/Fcast	672	613	381	381	381	381	381	381	381	381	381	381	1,288	5,087				
		Variance	482	423	191	191	191	191	191	191	191	191	191	191	898	2,818				
2	Medicines Management	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
		Actual/Fcast	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				
10	Procurement & non-pay	Budget/Plan	62	62	62	62	62	62	62	62	62	62	62	124	742					
		Actual/Fcast	163	194	71	71	71	71	71	71	71	71	71	358	1,061					
		Variance	101	132	9	9	9	9	9	9	9	9	9	232	319					
11	CHC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
		Actual/Fcast	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				
12	Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
		Actual/Fcast	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				
16	Other - Commissioning	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
		Actual/Fcast	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				

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 19/05/2025 (Updated 20/05/2025)

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)
Aprons	272,532,425	271,450	20,086,050	677,000
Body Bags	17,141	5	9,425	0
Eye Protector	1,646,572	0	566,600	0
Type I & Type II Masks	2,408,660	50	17,710	0
Type IIR Masks	288,852,427	77,725	3,771,475	0
FFP2 Masks	127,144	0	201,120	0
FFP3 Masks (3M)	5,008,438	3,547	2,426,652	0
FFP3 Masks (Other)	191,100	0	0	0
Face Visors	7,565,997	151	265,648	0
Fit Test Kits & Spares	6,694	0	382	0
Gloves	1,485,369,680	3,201,150	242,411,050	14,039,200
Gloves Cuff	2,242,900	6,750	270,650	24,000
Gowns (Fluid-Resistant)	5,234,421	1,280	575,331	0
Gowns (Other)	1,325,471	1,292	29,023	0
Hand Sanitizer	1,235,567	2,547	167,434	2,082
Wipes (Universal)	247,257,400	1,475,800	11,117,200	7,200
Wipes (Other)	140,637,276	220,203	1,395,850	106,600
Respirator Hoods	157	0	442	0
Respirator Filters	35,273	0	42,600	0
Total	2,461,694,743	5,261,950	283,354,642	14,856,082

Key Notes & Assumptions

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
 - Gloves where a unit is reported based on the unit size of a pack (single or pair)
 - Hand sanitiser where a unit is a bottle regardless of the size
- e) The dashboard output is a snapshot at a point in time of a dynamic position

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 09/06/2025 (Updated 09/06/2025)

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand (Weeks)	Social Care Units Issued since 09/03/2020 - 31/03/2024	Stock on Hand (Weeks) based on 2nd Wave Issues	Average 2nd Wave Weekly Issue Rate
Aprons	273,280,950	263,200	20,178,650	245,000	254,994	79	116,194,800	9	2,282,290
Body Bags	17,171	9	9,397	0	9	1,074	5,799	55	170
Eye Protector	1,646,572	0	566,600	0	0	-	748,100	554	1,023
Type I & Type II Masks	2,411,500	1,940	14,770	0	723	20	332,800	1	15,653
Type IIR Masks	289,042,177	74,275	3,591,725	0	66,869	54	132,050,037	1	2,617,384
FFP2 Masks	127,144	0	201,120	0	0	-	8,360	272	739
FFP3 Masks (3M)	5,012,153	1,530	2,421,117	0	1,816	1,334	98,760	39	62,518
FFP3 Masks (Other)	191,100	0	0	0	0	-	0	-	0
Face Visors	7,566,549	250	265,093	0	176	1,508	3,134,316	2	131,750
Fit Test Kits & Spares	6,696	2	380	0	1	-	0	13	30
Gloves	1,494,007,230	2,958,450	234,152,700	169,031,000	2,959,675	79	539,926,830	28	8,446,226
Gloves Cuff	2,253,450	5,100	262,750	28,000	4,325	61	4,150	26	9,970
Gowns (Fluid-Resistant)	5,243,877	5,263	567,437	0	2,684	211	113,650	13	44,911
Gowns (Other)	1,330,031	1,952	24,291	0	1,463	17	0	2	13,975
Hand Sanitizer	1,242,307	2,675	164,519	6,720	2,322	71	57,358	22	7,638
Wipes (Universal)	251,974,650	1,506,100	11,373,350	988,200	1,507,038	8	38,000	6	2,035,123
Wipes (Other)	140,645,980	99,704	521,275	141,800	98,452	5	16,000	1	540,982
Respirator Hoods	157	0	432	0	0	-	0	-	0
Respirator Filters	35,273	0	42,600	0	0	-	0	-	0
Total	2,476,034,967	4,920,450	274,358,206	170,440,720	4,900,544		792,728,960		16,210,382

Key Notes & Assumptions

- The reported stock holding does not include stock physically held within the receiving organisations.
- The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- The reporting of stock is based on individual units, except for:
 - Gloves where a unit is reported based on the unit size of a pack (single or pair)
 - Hand sanitiser where a unit is a bottle regardless of the size
- The dashboard output is a snapshot at a point in time of a dynamic position
- Issue rate reflects the average number of issues made in the last 4 weeks
- Stock on hand (Weeks) reflects the number of weeks stock in hand based on the average issues made in the last 4 weeks, without considering orders to be received.
- RAG Rating is currently based on 16 Weeks

>=16 Weeks
7 - 15 Weeks
< 7 Weeks
0

Shared Services Partnership Committee

Forward Plan of Business

2025-26

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
30 September 2025	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Information Report Outcome Measures Report Transformation Management Office Report People and Organisational Development Update Monthly Monitoring Financial Returns Personal Protective Equipment Dashboard	Deep Dive Session Integrated Medium-Term Plan Update Report Quarter 1	NWSSP Corporate Risk Register Declarations of Interest Audit Committee Assurance Report Outcome of Governance and Assurance Review	Welsh Infected Blood Support Scheme Annual Report Medical Examiner Annual Report Health and Safety Annual Report
October 2025	Autumn Development Workshop - <i>Provisional date of Friday 10 October 2025</i>			
20 November 2025	Minutes and Action Log Declarations of Interest	Deep Dive Session Decarbonisation Update	NWSSP Corporate Risk Register	Audit Wales Management Letter

	Chair's Report	Duty of Quality Update	Audit Committee Assurance Report	
	Managing Director's Report	Integrated Medium-Term Plan Update Report Quarter 2	Approve Annual Update of Audit Committee Terms of Reference	
	Finance Report			
	Performance Information Report			
	Outcome Measures Report			
	Transformation Management Office Report			
	People and Organisational Development Update			
	Monthly Monitoring Financial Returns			
	Personal Protective Equipment Dashboard			
21 January 2026	Minutes and Action Log	Deep Dive Session	NWSSP Corporate Risk Register	IMTP – Approval
	Declarations of Interest	Integrated Medium-Term Plan Update Report Quarter 3		
	Chair's Report			
	Managing Director's Report			
	Finance Report			

	Performance Information Report Outcome Measures Report Transformation Management Office Report People and Organisational Development Update Monthly Monitoring Financial Returns Personal Protective Equipment Dashboard			
19 March 2026	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Information Report Outcome Measures Report Transformation Management Office Report	Deep Dive Session	NWSSP Corporate Risk Register Audit Committee Assurance Report	

	People and Organisational Development Update Monthly Monitoring Financial Returns Personal Protective Equipment Dashboard			
May 2026 <i>Date TBC</i>	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Information Report Outcome Measures Report Transformation Management Office Report People and Organisational Development Update Monthly Monitoring Financial Returns Personal Protective Equipment Dashboard	Decarbonisation Update Duty of Quality Update Review of Service Level Agreements (SLAs) Integrated Medium-Term Plan Update Report Quarter 4	NWSSP Corporate Risk Register Audit Committee Assurance Report	Internal Audit Plan Audit Wales Plan Duty of Quality Annual Report

July 2026 Date TBC	Minutes and Action Log	Deep Dive Session	NWSSP Corporate Risk Register	Annual Governance Statement
	Declarations of Interest		Declarations of Interest	Annual Review
	Chair's Report		Approve Annual Update of Audit Committee Terms of Reference	Audit Committee Annual Report
	Managing Director's Report		Annual Governance Statement	Annual Report on Complaints
	Finance Report		Audit Committee Assurance Report	Annual Report on Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship
	Performance Information Report			Welsh Infected Blood Support Scheme Annual Report
	Outcome Measures Report			Local Counter Fraud Service Annual Report
	Transformation Management Office Report			Information Governance Annual Report
	People and Organisational Development Update			Welsh Language Annual Report
	Monthly Monitoring Financial Returns			
	Personal Protective Equipment Dashboard			