

Shared Services Partnership Committee - Part A

Tue 25 March 2025, 10:00 - 12:00

Microsoft Teams



Agenda

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

10 min

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.1. Welcome and Introductions

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.2. Apologies for Absence

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.3. Declaration of Interests

Verbal Professor Tracy Myhill OBE, NWSSP Chair

1.4. Minutes of the Meeting Held on 03 February 2025

Decision Professor Tracy Myhill OBE, NWSSP Chair

For approval

 1.4 Draft SSPC Minutes Part A Public 03 February 2025.pdf (15 pages)

1.5. Action Log

Information James Quance, Assistant Director of Corporate Services

 1.5 SSPC Action Log March 2025.pdf (2 pages)

10:10 - 10:25 **2. Chair/Managing Director's Report**

15 min

Information Professor Tracy Myhill OBE, NWSSP Chair

2.1. Chair's Report

Verbal Professor Tracy Myhill OBE, NWSSP Chair

2.2. Managing Director's Report

Neil Frow OBE, Managing Director

 2.2 Managing Director Report March 2025.pdf (9 pages)

10:25 - 10:55 **3. Deep Dive**

30 min



Information Nicola Phillips, Director of Primary Care Services and Dr Ruth Alcolado, Medical Director

3.1. Deep Dive of Medical Examiner Service (MES)

10:55 - 11:05 4. Item for Approval

10 min

4.1. 2025/26 Service Level Agreements*Decision James Quance, Assistant Director of Corporate Services*

-  4.1 Service Level Agreement March 2025 - CP.pdf (5 pages)
-  4.1 2025-26 OVERARCHING Service Level Agreement March 2025 SSPC.pdf (19 pages)


11:05 - 11:20 5. Items for Noting/Discussion

15 min

5.1. All Wales Pharmacy Update*Neil Frow, Managing Director*

-  5.1 All Wales Pharmacy Update March 2025.pdf (4 pages)

5.2. Chair's Appraisal*Gareth Hardacre, Director of People, Organisational Development and Employment Services*

-  5.2 Chairs Appraisal - March 25.pdf (4 pages)

5.3. Workforce Race Equality Standard*Gareth Hardacre, Director of People, Organisational Development and Employment Services*

-  5.3 NWSSP Workforce Race Equality Standard Update March 2025.pdf (5 pages)
-  5.3 NWSSP Workforce Race Equality Standard March 2025.pdf (18 pages)

11:20 - 11:50 6. Governance, Performance and Assurance

30 min



6.1. Finance Report*Alison Ramsey, Director of Finance and Corporate Services*

-  6.1 Finance Report March 2025.pdf (6 pages)



6.2. People and Organisational Development Report*Gareth Hardacre, Director of People, Organisational Development and Employment Services*

-  6.2 People & Organisational Development Report.pdf (15 pages)

6.3. Performance Information Report*Rebecca Nelson, Director of Planning, Performance and Informatics*

-  6.3 Performance Information Report March 2025 - CP.pdf (2 pages)
-  6.3 Performance Information Report March 2025.pdf (15 pages)

6.4. Outcome Measures Performance Report*Rebecca Nelson, Director of Planning, Performance and Informatics*

-  6.4 Outcome Measures Performance Report March 2025 - CP.pdf (2 pages)
-  6.4 Outcome Measures Performance Report March 2025.pdf (10 pages)

6.5. Project Management Office and Service Improvement Report

Rebecca Nelson, Director of Planning, Performance and Informatics

 6.5 Project Management Office and Service Improvement Update Report.pdf (29 pages)

6.6. Corporate Risk Register

James Quance, Assistant Director of Corporate Services

 6.6 Corporate Risk Register March 2025 - CP.pdf (3 pages)

 6.6 Corporate Risk Register March 2025.pdf (4 pages)

11:50 - 11:50 7. Items for Information

0 min

Information

7.1. Finance Monitoring Returns (Month 10 and 11 2024-25)


Information Alison Ramsey, Director of Finance and Corporate Services

 7.1 Finance Monitoring Return Month 10 NWSSP 2024-25.pdf (9 pages)

 7.1 Finance Monitoring Return Month 11 NWSSP 2024-25.pdf (8 pages)


7.2. Personal Protective Equipment (PPE) Report - February 2025

Information Alison Ramsey, Director of Finance and Corporate Services

 7.2 Personal Protective Equipment (PPE) Report (24.02.2025).pdf (1 pages)

7.3. NWSSP Audit Committee Assurance Report – February 2025

Information James Quance, Assistant Director of Corporate Services

 7.3 NWSSP Audit Committee Assurance Report 05 Feb 2025.pdf (7 pages)

7.4. SSPC Forward Plan 2025-26

Information James Quance, Assistant Director of Corporate Services

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

11:50 - 12:00 8. Any Other Business (AOB)

10 min

Professor Tracy Myhill OBE, NWSSP Chair

12:00 - 12:00 9. Date of Next Meeting: Thursday, 22 May 2025 from 10:00 to 12:00pm, via Microsoft Teams

0 min

Information Professor Tracy Myhill OBE, NWSSP Chair

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON MONDAY 03 FEBRUARY 2025

09:30AM – 11.20AM

MEETING HELD ON MICROSOFT TEAMS

PART A - PUBLIC

| ATTENDANCE | DESIGNATION | ORGANISATION |
|---|--|------------------|
| MEMBERS: | | |
| Tracy Myhill (Chair) | Chair | NWSSP |
| Neil Frow (NF) | Managing Director | NWSSP |
| Chris Turley (CT) | Executive Director of Finance | WAST |
| Claire Osmundsen-Little (COL) | Executive Director of Finance | DHCW |
| David Donegan (DD) | Chief Executive | VUNHST |
| Glyn Jones (GJ) | Director of Finance, Planning & Performance | HEIW |
| Pete Hoppood (PH) | Executive Director of Finance, Capital & Support Services | PTHB |
| Russell Caldicott (RC) | Executive Director of Finance | BCUHB |
| Sarah Jenkins (SJ) | Interim Director of Workforce & Organisational Development | SBUHB |
| Paul Veysey (PV) | Board Secretary and Head of the Board Business Unit | PHW |
| Sarah Simmonds (SS) <i>-in attendance for items 1.5 to 5.6</i> | Executive Director of Workforce & Organisational Development | ABUHB |
| OTHER ATTENDEES: | | |
| Rob Mahoney (RM) | Deputy Director of Finance <i>-Deputising for Catherine Phillips</i> | CAVUHB |
| Rhian Davies (RD) | Assistant Director of Finance <i>-Deputising for Huw Thomas</i> | HDUHB |
| Carl James (CJ) | Executive Director of Strategy & Planning / Interim Deputy Chief Executive Officer | VUNHST |
| Matt Denham-Jones (MDJ) | Deputy Director of Finance | Welsh Government |
| Tanya Bull (TB) | Union Representative | Unison |
| Alison Ramsey (AR) | Director of Finance & Corporate Services | NWSSP |
| Gareth Hardacre (GH) | Director of People & Organisational Development and Employment Services | NWSSP |
| Rebecca Nelson (RN) | Director of Planning, Performance & Informatics | NWSSP |
| Nicola Phillips (NP) | Director of Primary Care Services and Medical Examiner Service | NWSSP |
| Martin Edwards (ME) | Deputy Medical Director | NWSSP |
| Linsay Payne (LP) | Deputy Director of Finance & Corporate Services | NWSSP |
| Helen Wilkinson (HW) | Planning and Change Manager | NWSSP |
| James Quance (JQ) | Assistant Director of Corporate Services | NWSSP |
| Roxann Davies (RD) | Corporate Services Manager (<i>Secretariat</i>) | NWSSP |

| Item | | Action |
|------------|---|--------|
| 1. | Standard Business | |
| 1.1 | <p>Welcome and Opening Remarks</p> <p>TM welcomed members to the February 2025 meeting of the Shared Services Partnership Committee (SSPC) and invited attendees to introduce themselves.</p> | |
| 1.2 | <p>Apologies Received</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Catherine Phillips, Executive Director of Finance (CAVUHB) • Hywel Daniel, Executive Director for People (CTMUHB) • Huw Thomas, Director of Finance (HDUHB) • Dr Ruth Alcolado, Medical Director (NWSSP) | |
| 1.3 | <p>Declarations of Interest</p> <p>In advance of the meeting, and notwithstanding her apologies received, Dr Ruth Alcolado, NWSSP Medical Director, declared an interest in relation to the Medical Examiner Pay Scale as her spouse is a Medical Examiner.</p> | |
| 1.4 | <p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on 21 November 2024 were APPROVED as a true and accurate record of the meeting.</p> | |
| 1.5 | <p>Action Log</p> <p>JQ presented an update on the Action Log:</p> <ul style="list-style-type: none"> • Five out of six items had been completed, as follows: <ul style="list-style-type: none"> ○ Integrating impacts of delayed progress on projects had been completed; ○ Minor amendments to the September 2024 Minutes to reflect an additional apology received had been completed; ○ Deep dive of the Single Lead Employer Model had been delivered to the Committee in November 2024 and therefore had been completed; ○ A biannual update on Decarbonisation had been added to the Committee planner and had been completed; and ○ Best practice and learning from the Decarbonisation programme would be shared through the All Wales Estates Group and was therefore completed. • One item remained in progress, relating to Workforce Race Equality, whereby an update would be provided by GH in March 2025, following the Workforce Race Equality Standard (RES) National Team meeting (week commencing 10 February 2025). | |

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| | The Committee NOTED the update of the Action Log. | |
| 2. | Chair/Managing Directors Update | |
| 2.1 | <p>Chair’s Report</p> <p>TM provided a verbal update regarding recent activities, including:</p> <ul style="list-style-type: none"> • Introducing the All-Wales Planning Programme for Learning Autumn Event hosted by NWSSP in November 2024, which was very successful and received positive feedback from participants; and • Chairing both Welsh Risk Pool Committee meetings that took place on 19 November 2024 and 21 January 2025. <p>The Committee NOTED the Chair’s Report.</p> | |
| 2.2 | <p>Chair’s Appraisal</p> <p>TM provided a verbal update to thank Committee Members who had provided feedback directly to GH, in advance of the Chair’s Appraisal, which was scheduled to take place on 11 February 2025. An update would be provided at the March 2025 Committee.</p> <p>The Committee NOTED the verbal update provided on Chair’s Appraisal.</p> | |
| 2.3 | <p>Managing Director Report</p> <p>NF presented the Managing Director’s report, highlighting the following:</p> <ul style="list-style-type: none"> • Welsh Risk Pool (WRP) Committee: The Committee met on 26 November 2024, ratifying 240 cases with a reimbursement value of £18.6m. WRP continues to face challenges with the timeliness and quality of learning submissions, as well as the provision of additional evidence. Efforts are being made to improve these areas and avoid imposing penalties, although some remain in the system, with 29 recently authorised. Revised consent forms were ratified, addressing ongoing challenges in defending cases. Collaboration with Welsh Government is ongoing to secure funding for the MoNET Wales programme. An update on Covid litigation was provided to Chief Executives in December 2024, noting that the number of cases in Wales is currently low. Further updates will follow the outcome of the Module 3 report of the UK Covid Public Inquiry. • Financial Report: A year-to-date surplus of £3.522m was reported at Month 9, with a surplus of £2.832m in core operational budgets and £0.690m against the recurrent Covid allocation. Capital expenditure to date is £3.703m against a £7.810m limit. Additional funding was approved in December 2024 and we are working with Services to ensure funding can be fully utilised within the financial year, reviewing progress at our Capital Prioritisation meetings. • All Wales Pharmacy Developments: Progress on the South East Radiopharmacy and Hub was noted with a positive review of the plans by the Medicines and Healthcare products Regulatory Agency (MHRA), with minor adjustments to be incorporated. Planning permission is | |

progressing with Newport Council and once confirmed the funding letter from Welsh Government will be issued for next phase of works. For the South East Wales Hub, the business case is being developed in consultation with the Welsh Government and would be brought to the Committee, for approval. Efforts are ongoing to finalise site options in South West Wales. A review of hospital medicines supply and logistics is underway, with a report expected by March 2025.

- **HIV Action Plan:** A pilot project for pre-exposure prophylaxis (PrEP) in Community Pharmacy will commence in 2025, aiming to improve access, whilst reducing inequalities and stigma by normalising the care of people at risk of HIV. The preferred model would be Hub and satellite supply arrangements with specified community pharmacies.
- **Medical Examiners Service:** The establishment of the statutory Service has been successful, with positive early stages despite initial challenges. Recent media coverage highlighted delays in releasing bodies from mortuaries, but the Service has no authority over this process. Efforts are ongoing to clarify the Medical Examiner's role in certifying non-coronial deaths and to address family concerns and we continue to work closely with funeral directors, mortuaries and bereavement services.
- **International Recruitment:** The recent visit to Kerala resulted in 19 appointable doctors, with 7 offered immediate positions in psychiatry, 12 on a holding list, and 30 identified during the interview process. There is confidence that 23 declared vacancies can be filled. The Chief Dental Officer is awaiting an announcement to support dental practitioners. From the June visit, 191 healthcare professionals were recruited.
- **Laundry Service:** Formalising tenure at Church Village and Carmarthen sites to align with North Wales and Greenvale remains ongoing with discussions about maintenance and operating footprint.
- **Accommodation Update:** Leases at Charnwood Court and Companies House to be further extended for the medium term, with a review of space usage to support agile working. The footprint at Companies House will be much reduced.
- **Personal Protective Equipment (PPE):** NWSSP continues to hold the level of stock requested by Welsh Government and we continue to await their decision on the future position. Significant time has been spent in responding to extensive requests relating to the Covid-19 Public Inquiry.
- **Future Electronic Staff Record (ESR) Workforce Solution:** The process remains ongoing, with procurement outcomes expected by June 2025. Wales accounts for 5-6% of the overall contract and the business case is yet to be ratified by His Majesty's Treasury. The first wave is expected in 2027 and organisational rollouts require representatives to attend Programme Board meetings to provide feedback.
- **Decarbonisation:** Installation of photovoltaic (PV) panels at Matrix House and plans for electric vehicle charging points and battery backup are underway. The IP5 Solar Farm is boasting encouraging benefits with nearly 90% of the power being generated from the solar panels on a sunny day in November 2024.
- **Development Sessions:** Sessions with Chief Executives and Peer Group Chairs discussed NHS challenges and future strategies. A Joint Executive Team meeting highlighted the need for funding to support Primary Care Services.

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| | <ul style="list-style-type: none"> • Success of Awards and Events: Nominations for the Staff Recognition Awards have closed, with the ceremony set for 13 February 2025. The virtual Health and Wellbeing Conference on 16 January 2025 was well attended and positively received, focusing on health and wellbeing support for staff, with several key speakers. Additionally, NWSSP has been recognised in multiple categories at the GO Awards Wales, and Millie Tottle won the Rising Star Award at the Shared Services Forum UK Awards. <p>Regarding the Welsh Risk Pool, RM highlighted the impact of delays with reimbursement from the WRP on cash management, and concern that the systems are working in parallel, with limited understanding within Health Boards, other than within finance teams on the co-dependencies. AR confirmed this was discussed at the WRP recently and Directors of Finance meetings, noting the need for improved information flow and reiterating the use of penalties and reimbursement being dependent on evidence of lessons learnt as the levers to ensure the learning can be evidenced. MDJ was in agreement that WG were not in a position to remove the levers until an alternative solution was sought to safeguard capturing of the learning from clinical negligence matters. TM emphasised the importance of securing this learning as efficiently as possible, to prevent recurrence as this directly affects patient care.</p> <p>AR confirmed she had agreed with Directors of Finance that a report would be developed that highlights the timing of cases awaiting reimbursement.</p> <p>The Committee NOTED the Managing Director’s Report.</p> | AR |
| 3. | Deep Dive | |
| 3.1 | <p>Deep Dive of NWSSP Integrated Medium Term Plan 2025-2028</p> <p>RN presented the comprehensive Deep Dive into NWSSP’s Integrated Medium Term Plan 2025-2028 to the Committee.</p> <p>Development of the Plan had been a significant piece of work, highlighting the extensive collaboration and engagement involved, reflecting strategic direction and alignment with Ministerial priorities. In terms of this planning cycle, RN felt it important to record the energy, drive, and tenacity shown by NWSSP divisions, which brought a real sense of ambition to the process.</p> <p>The Planning Framework guidance was released on 20 December 2024, followed by the technical document on 24 December 2024. We have refined the Plan to ensure it aligns with the Framework requirements. The requirement is to prepare a three-year Plan, which will run from April 2025 to 2028. The Plan must be submitted to the Welsh Government by the end of this financial year.</p> <p>The planning phase was launched at an internal staff event in September and further collaborated upon at the SSPC Autumn Development Day in October 2024 at which SSPC members scrutinised and informed the plans on a page and provided renewed strategic direction. At the All-Wales Planning for Learning Event, the Cabinet Secretary for Health and Social Care reinforced the need to ‘adapt, adopt and justify’ and we utilised this and our collaboration with</p> | |

the Future Generations Commissioner, who emphasised prevention as a key aspect of this Plan. Post-guidance, we refined the Plan to reflect the Framework requirements accurately. NWSSP held an internal workshop with the Senior Leadership Group in January 2025, where the Plan was subject to detailed scrutiny and a number of All-Wales Networks have also been afforded the opportunity to engage with the process, including Welsh Government, Directors and Deputy Directors of Planning, Finance and Workforce, respectively. Notwithstanding, there have also been regular internal touchpoint meetings with Directors and divisions.

RN emphasised the importance of encompassing financial sustainability, equality and staff well-being, whilst outlining key contributions NWSSP brings to the NHS in Wales.

In addition, overarching principles such as doing the basics well, converting challenges into opportunities, and supporting our staff and our partners have been embedded. The themes aim to empower staff and enhance efficiency through self-service, standardisation, and consistent outcomes. Throughout the Plan, equality impact assessment and the duty of quality have been embedded. There is a strong focus on maximising returns on digital system investments, ensuring benefits realisation and value for money.

The document addresses how NWSSP can work with the wider NHS Wales and partners, in order to deliver the Ministerial priorities of timely access to care, population health and prevention, building community and capacity, mental health access, women's health and the need to adapt, adopt and justify our actions.

Enabling actions have been reviewed and are included based on productivity, value for money and optimising outcomes. We considered factors where we can support NHS Wales Organisations, including payroll, recruitment, procurement, pharmacy, and specialist estates. Key programmes include:

- Pharmacy service development;
- Procurement and carbon footprint reduction;
- Foundational economy;
- National agency reduction;
- All-Wales contract for cleanroom clothing;
- Primary Care and transformation and digitisation; and
- Identifying support for NHS Wales insofar as:
 - Reducing waiting times;
 - Reducing time to hire; and
 - Timely procurement activity.

The Communications Team is currently working on the final design elements and ensuring the document is accessible, hyperlinked, and user-friendly, it will also be available bilingually. Case studies included provide a foundation highlighting examples of our high-quality services.

AR provided the financial overview and acknowledged the strong foundations built upon whilst noting that NWSSP faced pressures similar to those in the NHS across Wales and the UK. They identified pressures amounting to over £12 million, with more than £7 million expected from Welsh Government funding, primarily due to the pay award. Additionally, NWSSP has identified 2.36%

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| | <p>savings on the core allocation (£90M), amounting to over £2 million. A 1.77% uplift is applied to Service Level Agreements, with other Health Organisations, affecting chargeable income streams such as health courier services, Legal and Risk, and Laundry Services. Despite the anticipated pay award, there were additional inflationary pressures on these services. A breakdown of income anticipated from various sources was set out in the plan, with an expected turnover of £800 million over the next three years.</p> <p>A touch point scrutiny meeting with Welsh Government Finance and the NHS Executive Financial Planning and Delivery Team discussed the risks and opportunities to 2028, including transformational change projects such as the ESR replacement and the Transforming Access to Medicine Services (TrAMS) programme. The discretionary capital pot was small, but an uplift for next year had been received. Several bids were being submitted as part of the process and business cases involving Welsh Government were in progress. The organisation was dependent on the pay award funding, with ongoing discussions with Welsh Government about next year's arrangements. It was critical that divisions delivered on their savings plans, with tight monitoring in place. The Plan reflected the challenges posed by Committee Members and had been developed with extensive engagement from all staff within NWSSP.</p> <p>The long-term strategic direction was illustrated as plans on a page and this highlights the key direction of travel for year one and developing into year two, e.g. establishing new services, exploring benefits and developing capabilities. Year three's plan encompassed exploration of where NWSSP could go in the future. In conclusion, the Plan in its current format is balanced and reflects extensive collaboration, engagement, and reflection.</p> <p>The Committee NOTED the Deep Dive.</p> | |
| 4. | Items for Approval/Endorsement | |
| 4.1 | <p>NWSSP Integrated Medium Term Plan (IMTP) 2025-2028</p> <p>RN presented NWSSP's IMTP for 2025-2028, for the Committee's approval, following the Deep Dive presentation and financial overview provided by AR.</p> <p>GJ appreciated the presentation and the approach taken, expressing an interest in discussing how HEIW could complement some of the priorities identified, such as learning programmes around Women's Health. He also enquired about the approach to achieving the financial savings target of over £2 million.</p> <p>DD expressed that he was not sure whether the item was for endorsement or approval and stated that he felt he was in a position to do neither and required additional time to reflect on the contents of the document. He suggested that Chief Executives should have a specific conversation about its content as this had not been discussed during the last quarter. He emphasised that as he was the host, sponsor, commissioner and Chief Executive, he was taking the view that Velindre was not in a position to endorse the IMTP at the current meeting and he felt it merited rigorous reflection and discussions over February. He reiterated that he had no specific points to raise relating to the document or its content, but despite this felt it was quite a way away from approval status. He concluded to state his suggestion was to digest, reflect and engage with Chief</p> | |

Executives during February to decide what parts, if not all, of the document each representative was comfortable to approve.

COL praised the constructive engagement sessions and the comprehensive nature of the IMTP, highlighting the efficiency demonstrated in the Medicines Unit and value based, sustainable procurement work. She queried the vacancy position and its impact on the plan, seeking confirmation that there would be no residual risk related to vacancies. COL was fully happy to support the approval of the content of the IMTP.

RC endorsed the deep dive presentation and content and requested additional time to review the details with colleagues. He sought clarification on the allocation uplift from Welsh Government and the impact of the Risk Share Agreement on partners, as well as visibility on the savings programme.

TM clarified that it was important to note that Committee Members have been involved and engaged in creating the Plan and the Committee has had significant discussions in terms of its development. TM acknowledged the need for ongoing conversations and engagement but reiterated that the Committee's role is crucial in the approval process and the Committee is the appropriate and correct governance route to approve the IMTP for submission to Welsh Government. It was reinforced that Committee members represent their organisations and are responsible for raising any relevant issues and views on their behalf. In terms of formal governance arrangements, and as Chair of the Committee, it would be fundamentally inappropriate to defer approval to respective Chief Executives, as this would deviate from the agreed appropriate governance route for approval and contravene the Standing Orders for the operation of the Committee.

AR provided responses on the approach to savings, highlighting targeted positions, digital and automated ways of working, and estate rationalisation. She confirmed the 0.5% growth from Welsh Government and the detailed analysis of the Risk Share Agreement, stressing the importance of managing risk and maintaining tight monitoring and scrutiny arrangements. AR agreed to follow up with GJ and RC on any further detail to their queries.

AR

MDJ echoed AR's comments about the constructive financial touchpoint meetings with WG and noted that the approval process would begin upon submission to WG.

GH addressed the recruitment and digitisation challenges, noting that vacancies were being replaced with roles requiring different skill sets. He referenced the ongoing work to improve internal time to hire and the challenges in recruiting for procurement and specialist roles.

DD stated in relation to governance arrangements, while the IMTP isn't specifically outlined in any Orders or Regulations, he believed the governance framework was open to interpretation. He stated that although the Committee may eventually endorse the IMTP, he felt the need to clarify how delegations and functions are undertaken and the expectations of the Committee, concluding that Velindre would not be endorsing at the meeting. DD reiterated he did not believe that the Committee was the appropriate mechanism whereby

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| | <p>NWSSP seeks approval of the IMTP and requested that his difference of opinion be minuted.</p> <p>TM responded insofar as there was a fundamental misunderstanding as to the role of the Committee as the appropriate mechanism to support and approve the IMTP, clarifying that it was not a responsibility for the host organisation to agree or disagree in its role as host. She also confirmed that any significant issues raised by organisations would be addressed promptly, noting that none had been raised at Committee today. TM acknowledged that DD was new to NHS Wales and there would need to be further discussions outside of the Committee meeting, to reinforce the broader fundamentals of the governance and representation on the Committee.</p> <p>TM concluded by reaffirming the importance of the Committee's role in supporting the IMTP and sought clarification that there were no specific issues to be raised by Committee Members. She emphasised that the majority of the Committee Members were in support of the ongoing work to finalise and approve the IMTP, with only one organisation (Velindre) withholding support.</p> <p>The Committee resolved to APPROVE the IMTP for 2025-28.</p> | |
| <p>4.2</p> | <p>Medical Examiner Pay Scale</p> <p>NP introduced the Medical Examiner Pay Scale proposal, which if endorsed would take effect from 1 January 2025. The proposal recommended to the Committee was option 1, as detailed in the overarching report.</p> <p>Since 2019, the basic Consultant pay scale has been used for Medical Examiners due to the absence of separate medical and dental pay scales. The Consultant pay scale changed in 2024, prompting a review. The preferred option is to recognise the entry level for Medical Examiners, requiring at least five years of registration and a licence to practice with the General Medical Council (GMC). This would place Medical Examiners at pay point 4, step 5, with an annual salary of £130,380. This approach is considered fair and equitable, supporting recruitment and retention.</p> <p>TB enquired as to engagement with medical and dental trade unions, such as the British Medical Association (BMA). Committee members, SS, RC and RM, enquired about the financial implications and the modelling to understand the impact on individual organisations.</p> <p>AR clarified that the Service is funded by the UK Government, with no recharge to Health Boards, and that Medical Examiners are employed directly by NWSSP.</p> <p>GH clarified that the model in Wales differs from England, where Medical Examiners are employed by individual trusts. In Wales, a central model is used, which has led to the current issue. He confirmed that the British Medical Association (BMA) has been involved in the discussions and is content with the approach. He reassured Committee members that the proposed changes aim to harmonise pay scales to ensure recruitment and retention of Medical Examiners, aligning with the wider pay scale arrangements.</p> | |

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| | <p>In relation to potential disparities arising in pay for existing Medical Examiners compared to new entrants at the higher pay scale, it was clarified that all Medical Examiners in Wales were assimilated to the same pay point on entry. The proposed changes aim to ensure that this pay point now aligns with the new pay scales, specifically at £130,380 per annum, to maintain equity and support recruitment and retention efforts.</p> <p>ME explained that the proposal would provide a more equitable pay structure for Medical Examiners, particularly given the recent changes in Consultant pay scales, emphasising the importance of offering competitive pay to attract and retain Medical Examiners.</p> <p>Endorsement from COL was received and noted. Other Committee members, RC, SS and RM, requested an opportunity to seek further assurance that Medical Director colleagues had an opportunity to review and provide input on the proposed changes, seeking clarity on the recruitment and cost implications for Health Boards. Therefore, it was agreed to support the proposal in principle, subject to a further week for members to check with their respective colleagues. If no significant feedback is received within this timescale, then it was resolved that proposal for option one be endorsed and proceed to the next stage.</p> <p>The Committee resolved to ENDORSE the proposal for Option 1, as detailed in the Report, subject to any feedback received from Health Boards by 10 February 2025.</p> | |
| <p>4.3</p> | <p>Customer Service Charter</p> <p>RN presented NWSSP’s updated Customer Service Charter, for approval, which had recently been endorsed at the January 2025 Formal Senior Leadership Group meeting. As part of the organisation’s continued attainment of the Cabinet Office trademarked Customer Service Excellence Standard, a recommendation to refresh the Charter was identified. The Charter had been reviewed and refreshed at the SSPC Autumn Development Day, with feedback incorporated to further develop and rebrand. In addition, customer service training would be rolled out to staff, especially in areas with high customer engagement, to support the Charter’s relaunch. Further, a newly appointed Head of Communications would start in March 2025, to help formalise the rollout.</p> <p>CT expressed support for the refreshed Charter, highlighting the positive engagement with Committee Members and the importance of them being involved in the development process. SS supported and expressed interest in the customer service training, hoping to learn from the experience and share insights between organisations.</p> <p>TM concluded thanking RN and the Team for their efforts, reiterating that the Charter and associated training package would be discussed at future Committee meetings.</p> <p>The Committee resolved to APPROVE the Customer Service Charter.</p> | |

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| 5. | Governance, Performance & Assurance | |
| 5.1 | <p>Finance Report</p> <p>AR reported the financial position, as at 31 December 2024, with a year-to-date surplus of £3.522m. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against the recurrent Covid allocation, due to seasonal variations in workload and vacancies. A proposed redistribution of £2m to partners for the current financial year was reported, with any further increase dependent upon pay award funding.</p> <p>Currently a full-year underspend of £0.542 million against the Covid allocation is forecast, with additional costs expected from Months 10-12 (excluding potential changes in PPE stock holding volumes or provisions for PPE expiry). There are ongoing discussions with Welsh Government (WG) colleagues to progress a decision on PPE stocks which we urgently await, and WG has confirmed they will recover the forecast in-year underspend against the Covid allocation. It should be noted that this funding will be required for future years, as outlined in our IMTP assumptions. MDJ acknowledged the reimbursement and the ongoing engagement with NWSSP colleagues around the stockholding position.</p> <p>AR welcomed the additional capital funding announced in January 2025, and confirmed this would enable a number of decarbonisation initiatives to be funded across the estate. Early indications showed anticipated energy savings in 2025-26 and updates from the Wales Energy Group would continue to be fed directly into the Committee.</p> <p>The Committee NOTED the Finance Report.</p> | |
| 5.2 | <p>People & Organisational Development Report</p> <p>GH presented the People & Organisational Development Report including data to 31 December 2024 and stated that since the last meeting we had made good progress with the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:</p> <ul style="list-style-type: none"> • Sickness absence had increased to 3.37%, compared to 2.98% for the same period last year, this was slightly over NHS target of 3.30%. • Turnover was reported at 22.44%, which had decreased by 2.79%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 9.41%, against the NHS Wales average of 7.1% as at September 2024. • Statutory and mandatory e-learning compliance remained very high at 93.45%, excluding the SLE Division. • Agency spend decreased to £6,371 for December 2024, compared to £15,577 in November 2024. One member of staff was engaged via agency within Procurement, during December 2024. • Achievement of the time to hire target at 49.8 days, against the 71 day target, where the NHS Wales average is currently 59.3 days. This progress was thanks to the extensive work done internally. | |

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| | <ul style="list-style-type: none"> • Due to a current vacancy in the data analysis team, Personal Appraisal and Developmental Review (PADR) compliance was not included within the report. However, a comprehensive piece of work reviewing the PADR process would be taken to Formal Senior Leadership Group in March 2025. However, there has been no disruption to managers' ability monitor their own team and direct report compliance. • The Annual Staff Recognition Awards are scheduled for 13 February 2025 and would be held virtually to be as accessible as possible for staff. <p>TM commended the efforts of NWSSP in achieving progress against a number of the statutory indicators, and looked forward to receiving an update on the PADR review work, in due course.</p> <p>The Committee NOTED the Report.</p> | |
| <p>5.3</p> | <p>Performance Report</p> <p>RN presented the Performance Report to provide the Committee with an update on Key Performance Indicators (KPIs) from September to December 2024. Each organisation could expect to receive its individual performance reports for quarter 3 of 2024-25, forthwith, as these were in the process of being issued.</p> <p>There were no significant areas of concern to be brought to the Committee's attention and the Report indicated a stable and positive position with 39 of 42 high-level indicators achieving target, which were explained in detail in the overarching report. Of the three indicators that did not achieve the target:</p> <ul style="list-style-type: none"> • one amber indicator for Audit and Assurance Services relating to management response turnaround time to draft report (at 15 days), at 63% against a target of 80, which was solely the responsibility of Health Organisations; • one amber indicator for Audit and Assurance Services relating to audits delivered for each Audit Committee, at 73% against a target of 80%, which was due to a combination of internal and external processes; and • one red indicator in relation to All Wales Public Sector Payment Policy (PSPP), at 88% against a target of 95%, which was due to a combination of internal and external processes. <p>Professional influence benefits generated by NWSSP amounted to £288m, as at the end of December 2024 and the Time to Hire target within Recruitment continued to be achieved over the past 11 months.</p> <p>TM requested that all Committee members share the key messages within their respective Health Organisations and ask their colleagues to raise awareness and contribute towards achieving these targets locally.</p> <p>The Committee NOTED the Report.</p> | |
| <p>5.4</p> | <p>Outcome Performance Report</p> <p>RN presented the Outcome Measures Performance Report which had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee. The report focussed on outcomes from the IMTP 2024-2027,</p> | |

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| | <p>in terms of impact and importance of what we do, which the measures aim to demonstrate.</p> <p>Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.</p> <p>The report highlights the focus on illustrative reporting and storytelling to engage for outcomes, emphasising our service, people, values, in line with NWSSP's strategic objectives. Reattainment of the Cabinet Office's Customer Service Excellence (CSE) standards was achieved at the year-two assessment, with no partial compliances to report. Website engagement data shows vacancies as the page most accessed. There was a noted drop in call answer rates within Digital Workforce Solutions, due to capacity, staff sickness, and a reported technical issue for which a fix has been sought. The Service is confident in the recovery of the metric, going forward.</p> <p>Sickness rates were 3.3%, against a target of 3.4% in December 2024. Turnover was reported at 9%, which was higher than the All-Wales average, however, analysis of the data has shown a positive impact, due to internal promotions. Performance indicators show financial efficiency in terms of procurement savings and spend in Wales, professional influence benefits, and significant adoption of electric vehicles amongst staff, with 77% of all vehicles acquired through the staff salary sacrifice vehicle scheme being electric.</p> <p>TM praised the change of direction in terms of reporting on outcomes, wherever possible.</p> <p>The Committee NOTED the Report.</p> | |
| <p>5.5</p> | <p>Integrated Medium Term Plan (IMTP) Update Report - Quarter 3 of 2024-25</p> <p>RN presented the IMTP Update Report for Quarter 3 of 2024-25, and provided assurance to the Committee that good progress had been made against the objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Additional scrutiny would be applied to objectives identified as off-track or at risk and actions put in place to support or establish interventions. An overview of progress noted a positive picture, with the majority of objectives remaining on-track for completion, namely:</p> <ul style="list-style-type: none"> • 13 objectives are completed; • 96 objectives are on track to be delivered; • 10 objectives are at-risk of being off track for completion; • 14 objectives are off track due to external factors (where NWSSP were on-track); • 2 objectives are off track for completion; • 1 new objective has been created; • 2 objectives have been deferred to 2025-26; and • 6 objectives have been discontinued. | |

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| | <p>TM was pleased to see that the Report provided assurance as to actions taken to support with corrective action, where projects were off-track or at risk of being off track.</p> <p>PV noted most objectives were on-track for completion during quarter 4 and queried whether this impacted measurement for the year and learning for the forthcoming year. RN confirmed that objectives are set for the financial year and therefore all actions are due to complete by 31 March 2025, acknowledging the mid-year budget financing reviews can affect the progress of objectives, which are subject to regular intense scrutiny. RN summarised that the Plan is a journey and where slippage occurs, corrective action and support is consistently put in place to manage these effectively and efficiently through to delivery.</p> <p>The Committee NOTED the Report.</p> | |
| <p>5.6</p> | <p>Project Management Office & Service Improvement Update Report</p> <p>RN presented the Report which reflected the status of the 23 current projects and the controls in place to ensure effective monitoring. RN noted that around half the projects reported on were All-Wales projects, with the remainder being internal to NWSSP. The Report has been updated to reflect the Committee feedback provided.</p> <p>The majority of the indicators are green and remain stable. Since the last update provided, 2 projects have moved from amber to green status, demonstrating significant progress. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.</p> <p>There was one project with red status, relating to the Primary Care Workforce Intelligence System, for which the completion date is 31 March 2025 and this was currently on-track to be delivered within the timescale. It was explained that despite making good progress, which is noted in a slight reduction in the risk score in the Corporate Risk Register, the reason for the ongoing red status of this project was due to the level of intervention and support required in terms of keeping this project on-track for completion.</p> <p>The Committee NOTED the Report.</p> | |
| <p>5.7</p> | <p>Corporate Risk Register</p> <p>JQ presented the Corporate Risk Register to the Committee. There are 15 risks identified for action, of which there are six red and nine amber risks. JQ drew the Committee's attention to the de-escalation of risk scoring for both the accommodation and the Primary Care Workforce Intelligence System risks, which was a result of positive management actions taken. There was an increase in the risk scoring for the Covid-19 UK Public Inquiry resource demand on key staff in responding to Inquiry Team requests. There are five risks which remain for monitoring, of which there are 2 amber and 3 red risks. The remainder of the Corporate Risk Register position remains stable.</p> <p>TM was pleased to see progress made as regards both the Accommodation and Primary Care Workforce Intelligence System risks.</p> | |

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| | The Committee NOTED the Report. | |
| 6. | Items for Information | |
| 6.1-3 | <p>The Committee received the following items, for information only:</p> <ul style="list-style-type: none"> • 6.1 Finance Monitoring Returns (Months 8 and 9 of 2024-25); • 6.2 Personal Protective Equipment (PPE) Report (December 2024 and January 2025); and • 6.3 Shared Services Partnership Committee Forward Plan. | |
| 7. | Any Other Business (AOB) | |
| 7.1 | No further matters were raised. | |
| 8. | Date of Next Meeting | |
| 8.1 | Tuesday, 25 March 2025 from 10.00AM – 12.00PM, held via Microsoft Teams. | |

Item 1.5

ACTION LOG
SHARED SERVICES PARTNERSHIP COMMITTEE

UPDATE FOR MARCH 2025 MEETING

| List No | Minute Ref | Date | Agreed Action | Lead | Timescale | Status March 2025 |
|---------|------------|----------------|--|------|---------------|---|
| 1. | 2024/09/01 | September 2024 | People & Organisational Development Report An update to the Committee will be provided regarding workforce race equality, covering both core NWSSP and Single Lead Employer. | GH | February 2025 | Complete – Latest update on progress has been included on the meeting agenda. |
| 2. | 2025/02/03 | February 2025 | Managing Director’s Report AR confirmed she had agreed with Directors of Finance that a report would be developed that highlights the timing of cases awaiting reimbursement. | AR | March 2025 | Complete - Draft report being discussed at Welsh Risk Pool Committee on 19 March 2025. This will then be shared with Directors of Finance and Deputy Directors of Finance and developed further, as required. |
| 3. | 2025/02/03 | February 2025 | NWSSP Integrated Medium Term Plan 2025-2028 AR agreed to follow up with GJ and RC on any further detail to their queries. | AR | March 2025 | Complete - GJ confirmed to AR no further queries on the financial plan and will meet with RN once the HEIW remit letter is issued and as part of our regular touchpoint discussions. AR met with RC to discuss his queries. All resolved and BCU have confirmed they are happy to approve the plan as presented to SSPC on 3 February 2025. |

| List No | Minute Ref | Date | Agreed Action | Lead | Timescale | Status March 2025 |
|---------|------------|---------------|---|------|---------------|---|
| 4. | 2025/02/04 | February 2025 | <p>Medical Examiner Pay Scale</p> <p>It was agreed to support the proposal in the paper in principle (Option 1), subject to a further week for members to check with their respective colleagues. If no significant feedback is received within this timescale, then it was resolved that the proposal for option one be endorsed and proceed to the next stage.</p> | GH | February 2025 | <p>Complete - some further clarification has been provided where necessary. No significant feedback has been received. As such, the endorsement of the Committee of option 1 remains and is being taken forward with Welsh Government and NHS Employers.</p> <p><i>It should be noted that Medical Examiners will automatically be included with the Pay Arrangements and Awards with all other Medical & Dental employees going forward. They will receive the Awards (pay uplift) in line with all other Medical groups.</i></p> |



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Managing Director's Report

| | |
|---|--|
| ARWEINYDD: LEAD: | Neil Frow, Managing Director |
| AWDUR: AUTHOR: | 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 February 2025.

Llywodraethu/Governance

| | |
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| 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 Aswiriant: Risk and Assurance: | This report provides an assurance that NWSSP risks are being identified and managed effectively. |
| Safonau Iechyd a Gofal: Health & Care Standards: | Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf . |
| 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 February 2025.

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 28 January 2025. There were 21 attendees, 252 cases ratified and the value of reimbursement was £32.3m. The main areas of business were:

Financial Report Update

The WRP Committee noted the Departmental Expenditure Limit (DEL) forecast update at Month 9 of 2024/25, and the year-to-date expenditure to Month 9.

Reinforced Autoclaved Aerated Concrete (RAAC) in NHS Wales Premises

The Director of Specialist Estates Services (SES) provided an update on RAAC in NHS Wales premises. The current position is that RAAC has been identified in 4 organisations – BCUHB, HDUHB, ABUHB and NWSSP. There has been a challenge in obtaining information from independent primary care contractors regarding RAAC in their premises. Welsh Government are currently seeking advice from their own legal advisors on the best approach to adopt in securing this information. Health Bodies have completed detailed investigations to ascertain the presence of RAAC on NHS operated estates and where appropriate, have drawn up and implemented mitigation measures but it will be necessary to monitor the actions taken to ensure they remain diligent on this. Monitoring will be led by SES with governance from Welsh Government, and annual updates provided from SES to WRP Committee.

Venous Thromboembolism (VTE) Wales National Review

Recent progress and future plans of the VTE Wales programme were discussed. The programme focuses on VTE prevention, diagnosis, and management to reduce avoidable harm and lower the financial impact of claims. Between January 2022 and December 2023, there were 23 VTE claims. The majority of claims were related to Hospital Acquired Thrombosis (HAT), with the remaining stemming from missed diagnosis and other VTE-related claims. As the VTE Wales programme becomes fully embedded in clinical practice, it is anticipated that VTE-related claims will decrease. The committee noted the progress and future plans of the VTE Wales programme, which was agreed.

WRP Assessments in 2024

The progress of assessments was reported, with all draft reports sent to organisations. Site visits were conducted between May and July, and case and document reviews had taken place. Recommendations have been made

based on the findings, highlighting common issues such as the quality of statements, delays in report submissions, and the need for proper completion of Datix reporting. The introduction of the new Putting Things Right (PTR) Regulations will impact processes and an update is scheduled for the March WRP Committee meeting.

Case Reviews

Recent trials in clinical negligence cases have yielded successful outcomes, covering four specific matters that proceeded to trial in 2024. The summary highlights key information about these cases, including assurance in the management of the cases, financial savings for NHS Wales and positive engagement and support for NHS Wales staff.

Penalties

Penalties were applied to cases for significantly late or overdue learning and the impact that delayed learning has on avoidable harm and the litigation profile was highlighted. All penalties were confirmed as triggered but those penalties for cases where learning information had been submitted prior to the WRP Committee would be paused to enable a review of the suitability of learning. It was reiterated that this approach would not be normalised as penalties are intended as an incentive to health bodies to comply with the reimbursement timescales.

Special Claim Item

In relation to the incident at Taith Newydd, where thankfully no persons were injured but there was catastrophic building damage, this is an asset operated by SBUHB, but owned by CTMUHB. A loss of around £2m is expected from this incident. SBUHB applies NHS indemnity to the activities at the site, refunds costs included by CTMUHB and would be the claimant from the WRP. A collective review was delegated to the Finance Business Partner and the Head of Safety & Learning to approve interim reimbursements as they become payable and progress updates would be provided at each Committee meeting, going forward.

Governance

Following the appointment of the new Chief Executive of our host organisation there have been a series of ongoing discussions with Velindre University NHS Trust with regard to understanding / clarifying the hosting arrangements and in particular the legitimate interests of Velindre as the host organisation and to ensure the autonomy of the Partnership Committee and shared services in accordance with the Regulations and decision making processes.

Finance

We reported a year-to-date surplus of £4.302m at Month 11. This was reported as a surplus of £3.577m within our core operational budgets and

£0.725m against our recurrent covid allocation. The £3.379m surplus against core operational budgets is primarily due to ongoing turnover, reduction in the accommodation footprint and delays with recruitment to vacancies.

We have utilised our core underspend to provide our 2024/25 distribution of £3.600m to NHS Wales & Welsh Government. Welsh Government have recovered the in-year surplus against our covid allocation which we forecast will reach £0.750m by the end of the financial year.

At the end of February, we have incurred £5.148m capital expenditure to date against our final 2024/25 £9.365m Capital Expenditure Limit (CEL). We are working with Services to ensure all capital funding can be fully utilised within the financial year and review progress at the Capital Prioritisation Group meetings.

All Wales Pharmacy Developments

South East Radiopharmacy

Detailed design of the unit is complete and has been discussed with the Medicines and Healthcare products Regulatory Agency (MHRA). There are some minor changes needed mainly around air pressure differentials that can be fine turned during the build/validation phase.

Planning permission has been granted and the final funding letter from Welsh Government has been received.

Enabling works started on 3 Feb 2025 and are going well. The purchase order for the cleanroom contract has been requisitioned.

It is anticipated that the physical build and equipping will be completed by the end of Sept 2025. Contractor validation is due for completion by Dec 2025. NHS Validation, regulatory inspection, and approvals mean that the go live of the service is now scheduled for March 2026.

South East Hub

Work continues to be focussed around agreeing the revenue baseline, preferred option operating costs and benefits, and overall revenue funding profile and organisational shares. Good progress has been made over the winter and there is an emergent preferred funding model.

A timeline has been proposed for Outline Business Case (OBC) completion and approval, as follows:

- OBC circulated in SSPC Papers 13 May 2025
- Review at SSPC meeting 22 May 2025
- Health Board and Trust internal governance around approval
- Opportunity for SSPC to approve the case 17 July 2025

South West Hub

We are actively looking for a suitable site within the 2 preferred localities (previously agreed by stakeholders from Hywel Dda and Swansea Bay) of Swansea North and Cross Hands. A preliminary site scoring workshop has been arranged for 2 April 2025.

Review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements

The NWSSP Director of Pharmacy Technical Services) as national lead for the NHS Wales Transforming Access to Medicines (TrAMs) programme has been asked by Welsh Government to commission a review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements. NWSSP has engaged a contractor who is an expert in this field with a view to complete this review by March 2025. The review is almost complete with the report due by 24 March 2025.

Laundry Service

The All-Wales Laundry Capital programme currently has 33 schemes programmed which has been targeted at improving resilience. The 33 schemes comprise of works which will replace Programmable Logic Controllers (PLCs) controlling full sorting and washing processes at Church Village as well as replacing the 6 Continuous Batch Washer (CBW) dryers in Swansea laundry. The replacement of the 6 CBW dryers in Swansea, will see the works starting 12 March 2025 and will result in a scheduled shutdown for 10 days. To maintain supply, we are:

- Pre-sorting at Swansea;
- Transporting pre-sorted sheets and pillowcases to HCS depot where it's taken to Greenvale via a 40 tonne truck;
- Washed and squashed at Greenvale;
- Transported back via a 40 tonne truck to the Swansea HCS depot; and
- Relayed back to Swansea LPU for finishing.

All other products will be washed at Swansea via the washer extractors during a night shift and finished with the sheets and pillowcases during the day. As part of these works, we are also upping the steam pressure from 6 bar to 10 bar to take full advantage of the new steam main we installed, this will increase the ironer output and reduce drying times.

Following the transfer of our laundry production alterations out of Glangwili, minor alterations will complete this month to enable us to operate a small hub base for collections and deliveries.

Medical Examiners Service

A deep dive of the Service has been included on the March SSPC meeting agenda, for Committee Members' assurance.

Accommodation Update

Following lease extensions at Charnwood Court HQ and Companies House, a space review resulted in a significant reduction in the overall footprint to support agile working arrangements. The reconfiguration of Charnwood Court HQ is now complete, with work at Companies House starting on 24 March 2025. The refurbishment of both offices utilised recycled furniture donated by Companies House, contributing to positive environmental benefits.

Personal Protective Equipment (PPE)

The latest PPE stock position is included in the meeting papers for information. We continue to work closely with Welsh Government colleagues to ensure that NWSSP holds the level of stock requested by Welsh Government.

On 6 March 2025, we received confirmation of Cabinet Secretary approval for the new PPE stockholding policy. We await a letter detailing the volumes and specification of products the policy requires us to hold and which we require to assess future warehousing and operational requirements. This will also inform the value of provisions we need to make for PPE stock at 31 March 2025. We have engaged with Welsh Government Finance regarding the potential funding requirements for this in 2024/25 and 2025/26.

In respect of Module 5 of the UK Covid-19 Public Inquiry, the lead up to the public hearings has been a considerable draw on time and we are ensuring that those people called to give evidence are supported as much as possible including minimising the possible disruption to the service at this particularly busy time of year. It is anticipated that NWSSP will give evidence to the Inquiry during the week commencing 25 March 2025.

Decarbonising the NWSSP Estate

A broad range of activities have been progressed across NWSSP since the last report, including live schemes of work which will be completed during March 2025:

- Matrix House: Roof mounted Solar Photovoltaic array project; and
- IP5: Following completion of our ground mounted solar PV installation in the autumn, we have moved to the next phase comprising installation of a battery and electric vehicle charging points.

Regarding Targeted Improvements in the Estates (TEF) bids, along with many organisations in NHS Wales, we have submitted applications for Welsh Government funding across a range of activities. Decarbonisation applications comprise:

- Expanded EV charger installation at Matrix;
- Roof mounted PV solar array at Denbeigh stores;
- Waste heat reclamation installations Green Vale, Church Village and Glan Clwyd; and
- Boiler House upgrade at Church Village.

A decision is expected in the coming weeks, and we are hopeful of securing funds for a good proportion of the above.

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

Leadership Visit to IP5

On 12 February 2025, Newport City Council leader and members of his Cabinet toured the Storage and Distribution Warehouse at IP5, following planning approval for the Radiopharmacy and Hub. The visit was very positive overall with the progress made noted.

Senior Leadership Events

I attended the NHS Wales Leadership Board met on 18 February 2025 and the Chief Executives Management Team – NHS Delivery Planning event organised by the NHS Confederation Wales on 4 February with Senior Leadership Group colleagues.

Staff Recognition Awards

NWSSP held its Annual Staff Recognition Awards on 13 February 2025, celebrating the outstanding contributions of its staff. The event celebrated excellence in 11 categories, including innovation, leadership, teamwork, and long service, providing a platform for showcasing skills, experiences and creatively across disciplines thus allowing every talent to shine. Held virtually and screen centrally across sites, it showcased NWSSP's commitment to inclusivity and technological innovation. The ceremony was a resounding success, filled with inspiring stories and heartfelt gratitude, and it inspired continued excellence within the organisation. To continue the celebrations, we will be hosting in-person ceremonies across sites to personally thank our winners for their outstanding contributions.

Awards Nominations

NWSSP People and Organisational Development have been shortlisted for the HR in Wales Award in Creativity and Innovation, recognising our efforts

in agency reduction, our approach to Bank and the implementation of the Flexible Recruitment Business Case process. Additionally, three members of the team were shortlisted (Millie Tottle and Elena Morris), with James Green, Senior People Planning and Analytics Manager, winning the Rising Star Award. This achievement is a testament to the collaborative efforts of the Resourcing Team and the Business Partners. The winners will be announced at the Awards Ceremony on 14 March 2025.

We are in the process of collating nominations for the NHS Wales Sustainability Conference and Awards 2025, showcasing best practice in projects delivered.

Neil Frow OBE
Managing Director, NWSSP
March 2025



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Update and Agreement of Service Level Agreements

| | |
|---|---|
| ARWEINYDD: LEAD: | Alison Ramsey, Director of Finance & Corporate Services |
| AWDUR: AUTHOR: | James Quance, Corporate Services |
| SWYDDOG ADRODD: REPORTING OFFICER: | James Quance, Corporate Services |
| MANYLION CYSWLLT: CONTACT DETAILS: | james.quance@wales.nhs.uk |

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

To approve the updated Service Level Agreements for the provision of services from NHS Wales Shared Services Partnership for 2025/26.

Llywodraethu/Governance

| | |
|--|---|
| Amcanion: Objectives: | Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement. |
| Tystiolaeth: Supporting evidence: | - |

Ymgynghoriad/Consultation:

NWSSP Senior Leadership Group
Circulation to SSPC Members, Chief Executives and Directors of Corporate Governance
Operational and Peer Groups
Established performance management arrangements throughout the year

Adduned y Pwyllgor/Committee Resolution (insert ✓):

| | | | | | | | |
|----------------------------|---|----------------------------|--|----------------------------|--|-----------------------|--|
| DERBYN/ APPROVE | ✓ | ARNODI/ ENDORSE | | TRAFOD/ DISCUSS | | NODI/ NOTE | |
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| Argymhelliad/ Recommendation | The Committee is asked to APPROVE the Service Level Agreements. |
|---|--|

| 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: | 1.77% inflationary increase agreed with Directors of Finance |
| 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 | Open |

Service Level Agreements – Updates for 2025/26

The agreed service levels and quality standards that NHS Wales Shared Services Partnership (NWSSP) provide to NHS Wales organisations are set out in an overarching Service Level Agreement (SLA) and supporting Service Schedules.

Each year these are reviewed and updated in preparation for approval by the Shared Services Partnership Committee (SSPC) prior to the commencement of the next financial year. This year the over-arching SLA was distributed to SSPC members and Chief Executives and Directors of Corporate Governance for comment in addition to the year round engagement that NWSSP services undertake and discussion in relevant operational and peer groups.

The over-arching NWSSP SLA is included in the papers. There are only minor updates to this document at the current time.

The national SLA uplift was published on 20 December 2024, along with the assumption that the 1.77% uplift be passed through unequivocally. We have assumed all our SLAs and intra- NHS chargeable income will be uplifted by the 1.77%, to cover the inflationary and digital cost pressures that we are facing across our services. This planning assumption has been incorporated into the NWSSP 2025-2028 IMTP.

The individual Service Schedules have been updated following the review by NWSSP and consultation set out above. The key changes are set out below:

- Schedule A: Audit & Assurance – No change;
- Schedule B: Employment Services – No change;
- Schedule C: Specialist Estate Services – updated for:
 - inclusion of a quality statement introducing a 'front and centre' clause to highlight that the services are provided in accordance with our Quality System;
 - inclusion of a capacity statement which provides clarity that whilst our services are broad ranging, they are provided within the constraints of a finite resource, and other obligations we hold to Welsh Government through a direct SLA we have with them; and
 - increased clarity on the timings and details of Achieving Excellence Design Evaluation Toolkit (AEDET) reviews; and introduction of the NHS Wales Estates Database (NWED) tool (replacing the Electronic Property Information Mapping Service ePIMS);

- Schedule D: Legal & Risk Services – updated for agreed 2025/26 charge-out rates;
- Schedule E: Primary Care Services – updated for the following main changes:
 - to reflect systems changes, from National Health Application and Infrastructure Services (NHAIS) and Open Exeter to Primary Care Registration Manager, Family Practitioner Payment System and Common Practitioner Module (CPM);
 - the removal of outdated/expired Standard Operating Procedures and re-introduction of up-to-date appropriate ones;
 - further changes/enhancements to reflect the Welsh General Ophthalmic Services contract reform journey to date;
 - reflection of further enhancements to our remote access approach in Post-Payment Verification, and also reflections of changes to the Hazardous Waste programme; and
 - reference to the annual cleanse of Patient Medical Records and the utilisation of the Transearch system to store the data.
- Schedule F: Procurement – updated in respect of:
 - inclusion of an overall quality statement;
 - supporting the Value & Sustainability Non Pay and Procurement deliverables through additional savings opportunities via rationalisation/standardisation and reducing clinical and non-clinical variation;
 - segmenting national and procurement workplans to target Foundational Economy growth opportunities and initiate procurement activity accordingly;
 - clarity of UHB/Trust and NWSSP responsibilities in respect of foundational economy and decarbonisation;
 - clarity regarding capital procurement, noting major procurements to be delivered by Procurement Services where funding and associated resource has been agreed and provided;
 - warehousing and distribution support to WG for agreed product range to include PPE and related emergency planning and response product requirements and in accordance with separate SLAs where relevant.
- Schedule G: Health Courier Services – updated to include reference to Radiation Protection Advisor (RPA) to oversee regulatory compliance and in-house Radio Protection Supervisors (RPS) to initiate and assist with a response to a Radiological Emergency arising during transport of Class 7 Goods;
- Schedule H: Accounts Payable and e-Enablement – updated to include:
 - establishment of the All Wales P2P Governance Group from May 2024 as the forum to progress a number of quality improvement

- P2P initiatives with a targeted action plan with key deliverables. An example initiative is All Wales No PO No Pay Policy;
- the agreement of processes with Organisations for statement reconciliation adjustments and the introduction of RPA initiatives to improve receipting options;
 - on-boarding suppliers for electronic trading utilizing PEPPOL/GHX and Basware; and
 - co-ordination of the Oracle accounting and NWSSP P2P groups to improve functionality and standardisation of processes within Oracle to improve the quality of outputs and user experiences.

We would like to thank all who contributed to the updated SLA and Service Schedules.

The Shared Services Partnership Committee is asked to **APPROVE** the updated Service Level Agreements for 2025/26.

NWSSP
March 2025

**Service Level Agreement
for the provision of services from NHS Wales Shared Services
Partnership**

NHS WALES SHARED SERVICES PARTNERSHIP(NWSSP)

and

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

and

BETSI CADWALADR UNIVERSITY HEALTH BOARD

and

POWYS TEACHING HEALTH BOARD

and

SWANSEA BAY UNIVERSITY HEALTH BOARD

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

and

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

And

HEALTH EDUCATION AND IMPROVEMENT WALES

And

HYWEL DDA UNIVERSITY HEALTH BOARD

and

VELINDRE UNIVERSITY NHS TRUST

and

PUBLIC HEALTH WALES NHS TRUST

and

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

and

DIGITAL HEALTH AND CARE WALES

Revised March 2025 - Version 14

For the Provision of the Following Services (“the services”):

- A) Audit and Assurance Services
- B) Employment Services
- C) Specialist Estates Services
- D) Legal and Risk Services (including Welsh Risk Pool)
- E) Primary Care Services
- F) Procurement Services
- G) Health Courier Services
- H) Accounts Payable and e-Enablement

Approval Tracking Sheet

| Document Status: DRAFT | | |
|-------------------------------|------------------|-------------------|
| Version | Date | Comments |
| 1 | 10 Sep 2014 | V1 draft for SMT |
| 2 | 18 Sep 2014 | V2 draft for SSPC |
| 3 | 19 Sep 2014 | V3 draft WEDS |
| 4 | 16 October 2015 | V4 draft SMT |
| 5 | 10 November 2015 | V5 SSPC |
| 6 | 27 October 2016 | V6 draft SMT |
| 7 | 26 October 2017 | V7 draft SMT |
| 8 | 2 January 2019 | V8 draft for SSPC |
| 9 | 11 November 2019 | V9 draft for SSPC |
| 10 | 15 March 2021 | V10 draft SSPC |
| 11 | 10 May 2022 | V11 draft SSPC |
| 12 | 12 May 2023 | V12 draft SSPC |
| 13 | 10 May 2024 | V13 draft SSPC |
| 14 | 25 March 2025 | V14 draft to SSPC |

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| | <p>Service Schedules</p> <ul style="list-style-type: none"> A. Audit and Assurance Services B. Employment Services C. Specialist Estates D. Legal and Risk Services (including Welsh Risk Pool) E. Primary Care Services F. Procurement Services G. Health Courier Service (HCS) H. Accounts Payable and e-Enablement | |
|--|--|--|

1. Definitions

The Agreement: The Service Level Agreement (SLA) governs the relationship between the NWSSP and the Partner Organisation.

Integrated Medium-Term Plan (ITMP): The Annual Business Plan sets out the strategy and action plan for the NWSSP. It will include a clear financial picture of where the NWSSP stands and expects to stand in the coming years.

Controller, Processor, Data Subject, Personal Data, Personal Data Breach, processing and appropriate technical and organisational measures: as defined in the Data Protection Legislation.

Customer: An organisation which enters into agreement with the NWSSP for provision of services at a defined cost. For the avoidance of doubt a Customer is different to a Partner Organisation as they are not members of the NHS Wales Shared Services Partnership Committee.

Data Protection Legislation: all applicable data protection and privacy legislation in force from time to time in the UK including the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (UK GDPR); the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended.

Domestic Law means the law of the United Kingdom or a part of the United Kingdom.

Employment Services: These may include Payroll, Recruitment, Expenses and Pensions. The appendices will detail precisely which services are provided to each Partner Organisation/Customer.

Host Trust: The Host Trust for NWSSP is Velindre University NHS Trust. The Host Trust is the legal entity within which NWSSP is contained.

Memorandum of Co-Operation – Shared Services Partnership Committee: Memorandum of Co-Operation of June 2012

NHS Wales Shared Services Partnership (NWSSP): The organisation hosted within Velindre University NHS Trust which provides services to Partner Organisations

Hosting Agreement: The Agreement between Velindre University NHS Trust and Partner Organisations confirming, inter alia, Velindre University NHS Trust's role as host, the role of the NWSSP as hosted organisation within Velindre University NHS Trust and the risk/reward sharing principle between Partner Organisations.

Partner Organisations: The organisations are those to whom NWSSP provides services and are a member of the NHS Wales Shared Services Partnership Committee (SSPC).

Service Variation Request: A request by either a Partner Organisation, a Customer or the NWSSP to alter the scope of services provided by the NWSSP.

Shared Services Partnership Committee (SSPC): The body responsible for overseeing Shared Service Operations.

WG: Welsh Government

2. Introduction

2.1 The NHS in Wales and the Welsh Government has developed and implemented a model for the management of shared services that is used by all NHS Bodies in Wales. Shared Services are professional, administrative, and technical services provided to the health service in Wales. A number of these shared services were originally hosted by individual Local Health Boards and NHS Trusts, with the intention that all NHS Wales organisations can work together collaboratively and make use of their expertise. The services to be provided include:

- Audit and Assurance Services
- Employment Services
- Specialist Estates
- Legal and Risk Services (including Welsh Risk Pool)
- Primary Care Services
- Procurement Services
- Health Courier Services
- Accounts Payable and e-Enablement

2.2 The purpose of this Service Level Agreement (SLA) is to provide clarity on the key services to be delivered by NWSSP and the respective responsibilities of the parties to the Agreement to ensure highly efficient and cost-effective service delivery. The original Agreement was dated 1 June 2012 and is a contract for indefinite duration between the NHS Wales Shared Services Partnership hosted by Velindre University NHS Trust and:

- **ANEURIN BEVAN UNIVERSITY HEALTH BOARD** of St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- **BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD** of Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW;
- **CARDIFF AND VALE UNIVERSITY HEALTH BOARD** of University Hospital of Wales (UHW), Heath Park, Cardiff, CF14 4XW
- **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD** of Ynysmeurig House, Navigation Park, Abercynon, Mid Glamorgan, CF45 4SN;
- **DIGITAL HEALTH AND CARE WALES** of 21 Cowbridge Road East, Cardiff, CF11 9AD;
- **HEALTH EDUCATION AND IMPROVEMENT WALES** of Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ,
- **HWEL DDA UNIVERSITY HEALTH BOARD** of Corporate Offices, Ystwyth Building, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3BB;
- **POWYS TEACHING HEALTH BOARD** of Glasbury House, Bronllys Hospital, Bronllys, Powys, LD3 0LS;
- **PUBLIC HEALTH WALES NHS TRUST** of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ;
- **SWANSEA BAY UNIVERSITY HEALTH BOARD** of One Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR;
- **VELINDRE UNIVERSITY NHS TRUST** of Unit 2 Charnwood Court, Parc Nantgarw, Nantgarw, Cardiff, CF15 7QZ;
- **WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST** Vantage Point House, Ty Coch Industrial Estate, Ty Coch Way, Cwmbran, NP44 7HF

2.3 This Agreement is a Service Level Agreement (Agreement) between National Health Service bodies and pursuant to section 7(5) of the National Health Service (Wales) Act 2006, must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales.

2.4 The Service Schedules to the Agreement describe the services to be provided and respective responsibilities of the parties. The services will be supported by detailed financial, operational and management procedures that will provide a sound basis for the continuous improvement of the services being provided.

2.5 Key performance indicators will provide each party with means of ensuring the service is being provided to the agreed level of performance. The main mechanisms measuring performance are indicated in the relevant schedules. Several performance indicators involve the achievements of deadlines which require that parties collaborate to ensure the deadlines are met.

2.6 It is intended that the service provision, progress, and development of NWSSP services will be reviewed and monitored via the Shared Services Partnership Committee at a national level.

2.7 Any dispute as to the fulfilment of the terms of this Agreement must be dealt with within the framework of the National Health Service as set out more particularly in this Agreement.

2.8 NWSSP shall seek to meet the changing business needs of the stakeholders and will discuss with the Partner Organisations changes in the way existing services are delivered.

2.9 In providing its services, NWSSP will comply with the Standing Orders for the operation of Shared Services contained within the Velindre University NHS Trust Standing Orders. NWSSP will also comply with the Standing Financial Instructions (SFIs), and Employment Policies. In relation to stakeholder organisations NWSSP will comply with individual SOs and SFIs as appropriate.

2.10 The parties acknowledge that the activities of both NWSSP and Partner Organisations take place within the national policy framework of NHS Wales and that policy changes may affect the delivery of services by either party, necessitating changes to this Agreement.

2.11 NWSSP will operate in compliance with the following:

- NHS Standards of Business Conduct;
- Requirements under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004;
- Requirements under the Duty of Quality; and
- The approved Standing Orders and Standing Financial Instructions.

For these areas NWSSP will operate under the legal framework of Velindre University NHS Trust.

2.12 Internal management within NWSSP will be in accordance with the Welsh Language scheme of Velindre University NHS Trust. Services provided on behalf of the individual Partner Organisation will be in accordance with the Welsh Language Scheme of the individual organisation. NWSSP will endeavour to respond (with no additional delay) to all correspondence (written or verbal) in the language of the respondent and will look at how in future developments can be made to improve the bilingual provision of services in accordance with the legislative framework

for Welsh Language and the Welsh Language Standards, best practice from the Welsh Language Commissioner and WG circulars.

2.13 NWSSP shall seek to ensure that the services provided by it are delivered by appropriately qualified and trained staff, in a timely fashion with due skill, care and diligence.

2.14 This Agreement commenced on 1 June 2012 and is a contract of indefinite duration. Performance targets are reviewed annually.

3. Responsibilities of the Parties

3.1 NWSSP will provide services to the specification set and achieve the performance targets as set out in Schedules A-H.

3.2 All organisations will meet their obligation as outlined in the Memorandum of Co-operation – Shared Services Partnership Committee.

3.3 It is the Partner Organisations' responsibility to monitor the Agreement.

3.4 NWSSP is organisationally a separate unit but has no legal identity. It is recognised that NWSSP needs to operate within a legal framework and consequently will be attached to a Trust body.

3.5 Velindre University NHS Trust acts as an employing authority only and the following conditions apply:

- Velindre University NHS Trust will not bear any of the risk or rewards of ownership of NWSSP other than through the Host Organisation's participation as a partner organisation as the risk and rewards are to be shared equally and proportionately between the Partner Organisations;
- HR policies and employment terms and conditions applicable to the Host Organisation will apply to all NWSSP staff, subject to any remaining provisions of the original TUPE transfer.
- The NWSSP Managing Director will have delegated authority in respect of NWSSP as agreed with Velindre University NHS Trust.

3.6 A service level agreement will be in place between NWSSP and Velindre University NHS Trust.

3.7 A hosting agreement is in place between Velindre University NHS Trust and partner organisations.

3.8 Save as agreed with the NWSSP Senior Leadership Group, each party will make available such facilities as are currently used by the Shared

Services immediately prior to the original Commencement Date, on such terms as may be agreed.

3.9 Each Partner Organisation agrees that if the Shared Service is unable at any time to meet a demand for the provision of a service due to lack of capacity or expertise it shall take the appropriate step through the Managing Director of Shared Services in order to secure provision of such services from other persons.

4. Services

4.1 NWSSP shall provide core services in the areas of Audit and Assurance, Employment Services, Specialist Estates Services, Legal and Risk Services, Primary Care Services, Procurement Services, Health Courier Services and Accounts Payable and E-Enablement as set out in schedules A-H.

4.2 In addition to the detailed service schedules, the NWSSP Internal Audit plans will be taken to the Velindre University NHS Trust Audit Committee for Shared Services prior to the start of the financial year.

5. Partnership Management and Monitoring Arrangements

5.1 A Shared Services Partnership Committee (SSPC) has been established under Velindre University NHS Trust which will be responsible for exercising Velindre's shared services functions including the setting of policy and strategy and the management and provision of shared services to University Health Boards, NHS Trusts, and Special Health Authorities in Wales. The Velindre University NHS Trust Shared Services committee is to be known as the Shared Services Partnership Committee.

5.2 The Velindre (University) National Health Service Trust Shared Services Committee (Wales) Regulations 2012 provide that the Committee be comprised of a Chair, the Managing Director of Shared Services and the Chief Officers of each University Health Board and NHS Trusts in Wales (or their nominated representative who must be a member of that organisation's Executive team in order to vote and such nomination must be in writing and addressed to the Chair and must specify whether the nomination is for a specific length of time). This is to ensure that the views of all NHS organisations are taken into account when making decisions in respect of Shared Services activities.

5.3 The Committee must appoint a vice chair of the Committee from amongst the chief officers or their nominated representatives. The Chair and Vice Chair appointments must be subject to the Shared Services Partnership Committee Standing Orders and the Committee must satisfy itself that the person appointed as the chair has the necessary skills and experience to perform the duties of the chair. Chief officers, a nominated representative of a chief officer and a vice chair may only hold office on the Committee provided he or she holds their respective office of a National Health Service Trust or University Health Board. A chair or vice chair may be appointed for a period of no longer than four years, but may, on the

expiration of his or her term of office, be re-appointed, provided that person may not hold office as a chair or vice chair for a total period of more than eight years. The Committee may remove a chair or vice chair from office if it determines that it is not in the interests of the Committee or it is not conducive to the good management of the Committee.

5.4 Velindre University NHS Trust has agreed Standing Orders for the regulation of the meetings and proceedings of the Committee and the meetings and proceedings of the Committee must be conducted in accordance with those Standing Orders.

5.5 The NHS Wales Shared Services Partnership Senior Leadership Group is responsible for the delivery of Shared Services. The Senior Leadership Group is led by the Managing Director of Shared Services, who is an officer of Velindre University NHS Trust. The Managing Director of Shared Services holds accountable officer status and shall assume overall accountability in relation to the management of Shared Services.

5.5 Each of the services set down in Section 4 shall have a Management Group to oversee the delivery of the services and the effective co-ordination of the service relationship between NWSSP and the Partner Organisation.

6. Financial Arrangements

6.1 NWSSP is hosted by Velindre University NHS Trust on behalf of all Partner Organisations within Wales. These organisations are:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Digital Health and Care Wales
- Health Education and Improvement Wales
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Public Health Wales NHS Trust
- Swansea Bay University Health Board
- Velindre University NHS Trust
- Welsh Ambulance Services University NHS Trust

6.2 The charging and financial arrangements will operate within the context of this Agreement and host arrangements as detailed within this Agreement and schedules.

6.3 As a hosted organisation NWSSP will operate as a separate management and reporting entity within Velindre University NHS Trust.

6.4 This Agreement requires that NWSSP and Velindre University NHS Trust are obliged to act in accordance with the Memorandum of Co-operation and in particular clause 13 of the Memorandum of Co-operation.

6.5 Additional services are priced on an individual added cost basis. All pricing to be agreed in writing before a new service is provided.

6.6 The funding for core services will be set out in the annual allocation letter issued by Welsh Government. Pricing for additional services to be agreed in writing with the individual party concerned.

6.7 The Parties agree that the financial and charging arrangements with regard to Legal and Risk Services contained within Schedule D will apply.

7. Duration

7.1 In entering into this Agreement, each stakeholder understands that it is committing to the operation of NWSSP as determined by the Minister for Health & Social Services. The Agreement will continue between NWSSP and Partner Organisations, as until determined by the Cabinet Secretary, in accordance with the Velindre University NHS Trust Shared Services Committee (Wales) Regulations 2012.

7.2 The services support schedules shall be reviewed on a regular basis with Partner Organisations to ensure they continue to meet requirements.

8. Audit Arrangements

8.1 The NWSSP will operate under the internal controls and governance of Velindre University NHS Trust. All internal audit reports are prepared for the Managing Director of Shared Services and the Velindre University NHS Trust who, in turn, will consider all reports at their Audit Committee for Shared Services. Where the internal audit report relates to a review of systems provided for the Partner Organisations and the operation of controls relating to those systems, the relevant details (including the level of assurance) will be made available to the Partner Organisations either by copies of the full report or extracts thereof as advised by the NWSSP Director of Finance.

8.2 Velindre University NHS Trust Audit Committee for Shared Services will provide an annual report which will be provided to each Partner Organisation.

8.3 NWSSP will liaise with Partner Organisation External Auditors to ensure appropriate planning to enable assurances to be provided to avoid unnecessary duplication of work by either internal or external auditors.

8.4 NWSSP will operate within Velindre University NHS Trust arrangements regarding Local Counter Fraud Services (LCFS).

8.5 If a Partner Organisation discovers an alleged fraud committed by Partner Organisation staff or a supplier and requires records held within NWSSP, the Partner Organisation LCFS should contact the NWSSP LCFS contact who will assist to arrange that the records are made available for

inspection. The investigation would be led by the Partner Organisation LCFS with assistance being given as required by the NWSSP LCFS.

8.6 The NWSSP LCFS in the event of an alleged supplier fraud will share information with Partner Organisations' LCFS for the purposes of fraud detection.

8.7 If a fraud is discovered at the Partner Organisation which is alleged to have been committed by NWSSP staff, the NWSSP relevant LCFS will notify the Partner Organisation LCFS. The resultant joint investigation will be led by the NWSSP LCFS (in their capacity as the Host LCFS) to ensure that the CFSMS policy of joint Criminal/ Disciplinary sanctions can be applied.

9. Service Variations

9.1 Service variations may be agreed between the parties during their regular meetings. However, such variations must be recorded in writing confirming the variation required in service provision. A timetable for implementation will be agreed.

9.2 If agreement cannot be reached either as to the nature or implementation of the requested variation, or if wider issues emerge from the proposal, the matter will be brought to the Shared Services Partnership Committee and be subject to the provision of clause 13 (Dispute Resolution).

9.3 Where it is not possible to deliver the service variation requested within the budget for the provision of core services, NWSSP and the Partner Organisation will agree the payment to be made for such a variation. Conversely, should a variation in service specific to a Partner Organisation lead to a cost saving then the principle applies that the specific saving should apply to that Partner Organisation.

9.4 All variations to this Agreement must be confirmed by both parties in writing.

9.5 When a variation to service provision results in a cost saving to NWSSP, this will be reported through the financial reporting mechanisms as described in this Agreement.

9.6 Where no agreement can be reached about a proposed variation to the Agreement then the parties should use their reasonable endeavours to resolve the dispute using the Dispute Resolution mechanism within the Memorandum of Cooperation.

10. Performance Indicators

10.1 The development of appropriate performance indicators is a key element in providing each party with a method of ensuring the service is being provided to the agreed level of performance. These performance indicators will be developed as the services evolve. The main mechanisms

by which the performance will be assessed will vary between the services provided but are appropriately indicated in Schedules A-H.

10.2 Several performance indicators involve the achievements of deadlines and it is essential that all parties collaborate to ensure the deadlines are met.

10.3 Service performance will be a regular item in joint meetings at various levels.

11. Service Disruption

11.1 NWSSP will notify Partner Organisations of any disruption to the service as soon as practicably possible and advise on alternative methods of service provision (where possible), together with an estimated time and date of the resumption of normal service.

11.2 A Business Continuity Plan will be in place and will link, where appropriate to the arrangements in place through Velindre University NHS Trust.

12. Force Majeure

12.1 "force majeure" shall mean any cause preventing either party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions, or accidents beyond the reasonable control of the party so prevented including without limitation; Act of God, war, riot, civil commotion, malicious damage, complaints with any law of governmental order rule regulation, or direction accident breakdown of plant or machinery, fire, flood, storm, or default of suppliers or sub-contractors.

12.2 If either party is prevented or delayed in the performance of any of its obligations under this Agreement for force majeure, that party shall forthwith serve notice in writing on the other party specifying the nature and extent of the circumstances giving rise to force majeure and shall, subject to service of such notice and to paragraph 12.4, have no liability in respect of the performance of such of its obligations as are prevented by the force majeure events during the continuation of such events.

12.3 The party affected by force majeure shall use all reasonable endeavours to bring the force majeure event to a close or to find a solution by which the Agreement may be performed, despite the continuance of the force majeure event.

12.4 If either party is prevented from performance of its obligations for a continuous period in excess of three months, the other party may terminate this Agreement forthwith by written notice, in which case neither party shall have any liability to the other except that rights and liabilities which accrued prior to such termination shall continue to subsist.

13. Dispute Resolution

13.1 The Memorandum of Cooperation sets out the dispute resolution process. For the avoidance of doubt, this Service Level Agreement is an NHS Contract as defined in Section 7 of the National Health Service (Wales) Act 2006. Where a Partner agrees to resolve any dispute which arises out of the Memorandum of Cooperation ("Dispute") by negotiation, then each Partner is to be represented by a person who:

- Is an Executive Director or person of equivalent status with a Partner; and
- has had no direct day to day involvement in the relevant matter to settle the Dispute.

13.2 If the Parties in dispute have not resolved the matter within 14 days then the dispute resolution process as agreed by the Committee will be enacted.

13.3 Dispute resolution is also covered by WHC (2024) 022 which was issued on the 24th April 2024 and covers the "Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales: 2024/25 – 2026/27".

14. Risk Management

14.1 The procedures in the schedules attached to this SLA have been established and set out in such a manner so as to minimise risk to both parties.

14.2 Any risks specific to the NWSSP and Partner Organisation will be discussed directly with Legal and Risk Services to ensure that they are covered in addition to risk sharing arrangements through this document.

15. Client Confidentiality

15.1 The parties to this Agreement will keep confidential all matters relating to other parties' business, staff, patients, and any other matters which may be disclosed to them during the course of this Agreement. Parties to the Agreement will not permit information to be disclosed to any third party or to use or copy any such information except with the relevant party's written consent or as may be reasonably necessary for the proper management or provision of the services.

15.2 The provisions of this clause shall apply during the continuance of the agreement and indefinitely after its expiry or termination.

16. Waiver

16.1 No failure or delay by a party to exercise any right or remedy provided under this Agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it preclude or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall preclude or restrict the further exercise of that or any other right or remedy.

17. Data Protection¹ and Information Security

Data Protection

17.1 The Parties will comply with all applicable requirements of the Data Protection Legislation. This Clause 17 is in addition to, and does not relieve, remove or replace, a Party's obligations under the Data Protection Legislation.

17.2 The Parties acknowledge that where NWSSP is processing personal data under or in connection with this Agreement that for the purposes of the Data Protection Legislation, the relevant Partner Organisation where applicable is the data controller and NWSSP is the data processor. Where NWSSP is processing personal data each of the Services Schedule sets out the scope, nature and purpose of processing by NWSSP, the duration of the processing and the types of Personal Data and categories of Data Subject.

17.3 Without prejudice to the generality of Clause 17.1, each of the Partner Organisations will ensure that it has all necessary appropriate consents and notices in place to enable lawful transfer of the Personal Data to NWSSP for the duration and purposes of this Agreement.

17.4 Without prejudice to the generality of Clause 17.1, NWSSP shall, in relation to any Personal Data processed in connection with the performance by NWSSP of its obligations under this Agreement:

(a) process that Personal Data only on the written instructions of each of the Partner Organisations where applicable unless NWSSP is required by Domestic Law to otherwise process that Personal Data. Where NWSSP is relying on Domestic Law as the basis for processing Personal Data, NWSSP shall promptly notify the relevant Partner Organisation where applicable of this before performing the processing required by the Domestic Law unless the Domestic Law prohibits NWSSP from so notifying the relevant Partner Organisation where applicable;

(b) ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the relevant Partner Organisation where applicable, to protect against unauthorised or unlawful processing of Personal Data and against accidental loss or destruction of, or damage to,

¹ These data protection clauses cover situations where NWSSP is the data processor and the Partner Organisations are the data controllers (clauses 17.1 to 17.6) and where NWSSP is the data controller and the Partner Organisations are also data controller(s), but where no party is processing Personal Data (clauses 17.7 to 17.10) i.e. NWSSP and the Partner Organisations are data controllers in their own right. Clause 17.9 provides for a data sharing agreement. For any other situation, these data protection clauses will require amendment.

Personal Data, appropriate to the harm that might result from the unauthorised or unlawful processing or accidental loss, destruction or damage and the nature of the data to be protected, having regard to the state of technological development and the cost of implementing any measures (those measures may include, where appropriate, pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of its systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the technical and organisational measures adopted by it);

(c) ensure that all personnel who have access to and/or process Personal Data are obliged to keep the Personal Data confidential; and

(d) not transfer any Personal Data outside of the UK unless the prior written consent of the relevant Partner Organisation where applicable has been obtained and the following conditions are fulfilled:

(i) NWSSP or the relevant Partner Organisation has provided appropriate safeguards in relation to the transfer;

(ii) the Data Subject has enforceable rights and effective legal remedies;

(iii) NWSSP complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred; and

(iv) NWSSP complies with reasonable instructions notified to it in advance by the relevant Partner Organisation where applicable with respect to the processing of the Personal Data;

(e) assist the relevant Partner Organisations, in responding to any request from a Data Subject and in ensuring compliance with its obligations under the Data Protection Legislation with respect to security, breach notifications, impact assessments and consultations with supervisory authorities or regulators;

(f) notify the relevant Partner Organisations without undue delay on becoming aware of a Personal Data breach;

(g) at the written direction of the relevant Partner Organisation, delete or return Personal Data and copies thereof to the relevant Partner Organisation on termination of the Agreement unless required by Domestic Law to store the Personal Data; and

(h) maintain complete and accurate records and information to demonstrate its compliance with this Clause 17 and allow for audits by the Partner Organisations or a Partner Organisation's designated auditor.

17.5 Each Partner Organisation does not consent to NWSSP appointing any third-party processor of Personal Data under this Agreement.

17.6 The Parties may, at any time on not less than 30 days' notice, and through agreement revise this Clause 17 by replacing it with any applicable controller to processor standard clauses or similar terms forming part of an applicable certification scheme (which shall apply when replaced by attachment to this Agreement).

17.7 Where NWSSP and the relevant Partner Organisation are each a data controller under or in connection with this Agreement, NWSSP and the relevant Partner Organisation shall duly observe all their obligations under the Data Protection Legislation, which arise in connection with the performance of this Agreement and the provisions of clauses 17.8 to 17.10 inclusive shall apply.

17.8 The relevant Partner Organisation shall perform its obligations under this Agreement in such a way as to ensure that it does not cause NWSSP to breach any of its applicable obligations under the Data Protection Legislation and vice versa.

17.9 If required to do so, NWSSP and the relevant Partner Organisation agree that they shall enter into a data sharing agreement (in a form to be agreed) with each other so as to set out the parties obligations in relation to any Personal Data which may be shared between them.²

17.10 The provisions of this clause 17 (Data Protection) shall apply during the continuance of this Agreement and indefinitely after its expiry or termination.

Information Security

17.11 Without limitation to any other information governance requirements set out in this Agreement, NWSSP shall:

- (a) notify the relevant Partner Organisation where applicable forthwith of any information security breaches or near misses (including without limitation any potential or actual breaches of confidentiality or actual information security breaches); and
- (b) fully cooperate with any audits or investigations relating to information security and any privacy impact assessments undertaken by the Partner Organisations and shall provide full information as may be reasonably requested by each of the Partner Organisations in relation to such audits, investigations and assessments.

17.12 NWSSP shall ensure that it puts in place and maintains an information security management plan appropriate to this Agreement, the type of services being provided and the obligations placed on NWSSP.

² A data sharing agreement will be required where the parties are sharing personal data under the SLA and where each party is using the personal data as a data controller in its own right. The data sharing agreement should set out the protocols that the parties will follow to determine exactly what data will be shared, the means of transmission and how the parties will cooperate with one another to ensure compliance with data protection requirements.

NWSSP shall ensure that such a plan is consistent with any relevant policies, guidance, and good industry practice.

17.13 Where required, NWSSP shall obtain and maintain certification under the HM Government Cyber Essentials Scheme at the level set out in the Specification and Tender Response Document.

18. Freedom of Information

18.1 All parties acknowledge that they are subject to the requirements of the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 and shall assist and co-operate with each other at their own expense in order to enable either party to comply with these information disclosure requirements.

18.2 The provisions of this clause shall apply during the continuance of the Agreement and indefinitely after its expiry or termination.

19. Discrepancies, errors, and omissions

19.1 If any party identifies any discrepancy, error, or omission between the provisions of this Agreement it shall notify the other party in writing of such discrepancy, error, or omission.

19.2 All parties shall seek to agree such amendments to resolve such discrepancy, error, or omission as soon as reasonably practicable.

19.3 Where the parties fail to reach agreement within 21 business days of the notice under clause 19.1 above and any party considers that the discrepancy, error, or omission to be material to its rights or obligations under this Agreement, the matter will be referred to the dispute resolution procedure in accordance with clause 14 (Disputes).

20. Governing Law and Jurisdiction

20.1 This Agreement is made in England and Wales and shall be subject to the laws of England and Wales.



The report is not Exempt

Teitl yr Adroddiad/Title of Report

All Wales Pharmacy Update

| | |
|--|---|
| ARWEINYDD/LEAD: | Colin Powell, Director of Pharmacy Technical Services |
| AWDUR/AUTHOR: | Colin Powell, Director of Pharmacy Technical Services |
| SWYDDOG ADRODD/REPORTING OFFICER: | Neil Frow, Managing Director |

Pwrpas yr Adroddiad/Purpose of the Report:

To provide the Shared Services Partnership Committee (SSPC) with a progress update on Pharmacy Technical Services, including the Radiopharmacy and TrAMS programme.

Llywodraethu/Governance:

| | |
|---|--------------------------------------|
| Amcanion/Objectives: | Our People, Our Services & Our Value |
| Tystiolaeth/Supporting evidence: | N/a |

Ymgynghoriad/Consultation:

Progress Monitored by the Transforming Access to Medicines Programme and Service Management Board

Adduned y Pwyllgor/Committee Resolution (insert ✓):

| | | | | | | | |
|-------------------------------------|---|-----------------------|--|-----------------------|---|------------------|---|
| DERBYN/APPROVE | | ARNODI/ENDORSE | | TRAFOD/DISCUSS | ✓ | NODI/NOTE | ✓ |
| Argymhelliad/Recommendation: | The SSPC are asked to note the progress made in the development of Pharmacy Technical Services. | | | | | | |

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 |

All Wales Pharmacy Developments

Introduction

It is important that the SSPC is regularly updated on the progress being made with All Wales Pharmacy developments and this has been provided through Managing Director Updates at each meeting and programme updates in each Project Management Office and Service Improvement Update Report (as is the case for this meeting) as well as the formal Business Case approval by the Committee.

This report provides an overall position statement for the Committee as the enabling works for the South East Wales Radiopharmacy have commenced and the Outline Business Case for the South East Hub is being developed.

South East Radiopharmacy

Detailed design of the unit is complete and has been discussed with the Medicines and Healthcare products Regulatory Agency (MHRA). There are some minor changes needed mainly around air pressure differentials that can be fine turned during the build/validation phase.

Planning permission has been granted and the final funding letter from Welsh Government has been received.

Enabling works started on 3 February 2025 and are going well. The purchase order for the cleanroom contract has been requisitioned. Costs remain in line with the totals approved by the Committee in the Business Justification Case and the approval provided by the Velindre University NHS Trust Board.

It is anticipated that the physical build and equipping will be completed by the end of Sept 2025. Contractor validation is due for completion by December 2025. NHS Validation, regulatory inspection, and approvals mean that the go live of the service is now scheduled for March 2026.

South East Hub

Work continues to be focussed around agreeing the revenue baseline, preferred option operating costs and benefits, and overall revenue funding profile and organisational shares. Good progress has been made over the winter and there is an emergent preferred funding model.

A timeline is being developed by the programme team for the Business Case completion and approval for the remaining elements of the Hub. This will need to take into account appropriate time for any Health Board and Trust internal governance approval processes before final signoff at the SSPC.

South West Hub

We are actively looking for a suitable site within the 2 preferred localities (previously agreed by stakeholders from Hywel Dda and Swansea Bay) of Swansea North and Cross Hands. A preliminary site scoring workshop has been arranged for 2 April 2025.

Review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements

The NWSSP Director of Pharmacy Technical Services) as national lead for the NHS Wales Transforming Access to Medicines (TrAMs) programme has been asked by Welsh Government to commission a review of opportunities to improve the efficiency of hospital medicines supply and logistics arrangements. NWSSP has engaged a contractor who is an expert in this field with a view to complete this review by March 2025. The review is almost complete with the report due by 24 March 2025.

Assurance Arrangements

Progress is monitored by the Transforming Access to Medicines Programme and Service Management Board and a summary position is provided in each Project Management Office and Service Improvement Update Report to SSPC. The Programme remains red rated due to time taken to deliver production capacity to the service remaining a major concern for the Programme. This is also reflected in the Corporate Risk Register which ensures that the risk is monitored by the NWSSP Senior Leadership Group, SSPC and the Velindre University NHS Trust Audit Committee for Shared Services.

The Director of Pharmacy Technical Services provided a detailed presentation on TrAMS at the SSPC Development Day in October 2024 and the members of the Velindre University NHS Trust Audit Committee for Shared Services received a facilitated tour of the IP5 facility and TrAMs area in July 2024.

An Integrated Audit and Assurance Plan is in place for the Specialist Services Unit of Audit & Assurance to provide advice and assurance on the programme. Work is commencing on a review of the arrangements with the overall objective of the audit

being to evaluate the progression and delivery of the project against the key business case objectives and to assess the adequacy of the systems and controls in place to support the successful delivery of the project.

The Regular touchpoint meetings with Welsh Government continue and the Director of Pharmacy Technical Services recently provided an update to the Quality, Safety and Performance Committee of Velindre University NHS Trust.

We will continue to update the Committee on progress, risks and opportunities at each meeting and welcome any requests for further information or assurance from members of the Committee as we enter the next phase of this critical programme.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

25th March 2025

The report is/is not Exempt

Teitl yr Adroddiad/Title of Report

Update on the Performance Appraisal Review of Chair of NWSSPC

**ARWEINYDD:
LEAD:**

Gareth Hardacre, Director of People, OD & Employment Services

**AWDUR:
AUTHOR:**

Gareth Hardacre, Director of People, OD & Employment Services

**SWYDDOG ADRODD:
REPORTING OFFICER:**

Gareth Hardacre, Director of People, OD & Employment Services

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

The purpose of this report is to update Committee Members on the completion of the appraisal process for the Chair of NWSSPC.

Llywodraethu/Governance:

**Amcanion:
Objectives:**

The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.

**Tystiolaeth:
Supporting evidence:**

Published Best Practice arrangements have been considered as part of the review.

Ymgynghoriad/Consultation:

Chair and Director of People, OD & Employment Services

Adduned y Pwyllgor/Committee Resolution (insert √):

**DERBYN/
APPROVE**

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

√

**Argymhelliad/
Recommendation**

The Committee is asked to note that the process is complete with the appraisal of the Chair.

| Crynodeb Dadansoddiad Effaith: Summary Impact Analysis: | |
|---|--|
| Cydraddoldeb ac amrywiaeth: Equality and diversity: | No direct impact. |
| Cyfreithiol: Legal: | No direct impact. |
| Iechyd Poblogaeth: Population Health: | No direct impact. |
| Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience: | No direct impact. |
| Ariannol: Financial: | No direct impact. |
| Risg a Aswiriant: Risk and Assurance: | No direct impact. |
| Safonau Iechyd a Gofal: Health & Care Standards: | Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability |
| Gweithlu: Workforce: | Ensures that the Chair is afforded an opportunity to gain feedback on performance via the Annual appraisal process. |
| Deddf Rhyddid Gwybodaeth/ FOIA | Open |

Update on the Performance Appraisal Review of Chair of NWSSPC

1. BACKGROUND

The Chair of NWSSPC was recruited in November 2021. At a Committee meeting on the 22 September 2022 arrangements were agreed for the introduction of an annual appraisal framework and process to support the appointment. This report sets out the feedback on their performance and process undertaken.

2. AGREED ARRANGEMENTS

The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.

The management of the appraisal process for the Chair was the responsibility of the Director of People, OD & Employment Services as agreed by NWSSPC. Confidential performance feedback was sought from individual members of the Committee via a multiple stakeholder assessment to provide the Chair with feedback on their performance during the year.

All members were requested to complete the feedback, and on a positive front, we received performance feedback from 7 of our committee members. The feedback received by the Director of People, OD & Employment Services, was compiled and correlated into a single document, in order to provide feedback for the Chair as an integral part of the process. For clarity, none of the feedback from contributors raised any concerns regarding the performance of the Chair.

This document is confidential and not therefore shared beyond the Chair and Director of People, OD & Employment Services. However, the Chair has consented for an overall summary to be provided to the Committee as a measure of assurance and to consider suggested improvements etc.

One section of the form documents 3 principal objectives for the following 12 months, and these will be reported to NWSSPC in order to provide assurance to NWSSPC members that the review has been completed, and to provide transparency around the agreed objectives for the coming year.

The 3 key agreed objectives for this year against which performance are to be measured are those contained within the original role description laid down in the recruitment process. For transparency purposes - we will review the Chairs performance in light of:

-

- Their effectiveness in Chairing SSPC meetings;
- Their effectiveness in establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all SSPC business is conducted in accordance with these SSPC Standing Orders; and
- Their effectiveness in developing positive and professional relationships amongst the SSPC's membership and between the SSPC and each Health Board, Trust, and Special Health Authority Board.

The agreed objectives for the next year will remain consistent with those laid out above.

In summary the feedback was positive, overwhelmingly recognising that they Chair NWSSP Committee meetings well and to time, and ensures focus on the key issues within what is often a very busy agenda and detailed number of papers. There was positive feedback on the recent development of six-monthly away days and development sessions – and this was well organised and facilitated by the Chair. The feedback provided enabled the Chair to receive constructive examples that Committee members had observed during the year. There were also a number of constructive areas suggested, where it was felt the Chair could further influence and improve the working of the committee, and to help position the work of NWSSP with Health Partners in Wales.

These included further developing the away day as a vehicle to enhance the communication and involvement of all partners; and to undertake regular reviews of engagement arrangements to improve the involvement and participation of committee members.

The Chair has reflected on the feedback provided and will use this to influence both her Internal contribution, and the ability to promote the impact that NWSSP can have on the wider NHS Wales performance.

3. RECOMMENDATION

The Committee is asked to note that the appraisal has taken place as per the agreed framework.



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Workforce Race Equality Standard Update

| | |
|--|---|
| ARWEINYDD/LEAD: | Julia Denyer, Head of Organisational Development |
| AWDUR/AUTHOR: | Gareth Hardacre, Director of People, Organisational Development & Employment Services |
| SWYDDOG ADRODD/REPORTING OFFICER: | Gareth Hardacre, Director of People, Organisational Development & Employment Services |

Pwrpas yr Adroddiad/Purpose of the Report:

To share progress against actions as outlined in Welsh Government’s Workforce Race Equality Standard Report 2024.

Llywodraethu/Governance:

| | |
|--|---|
| Amcanion/ Objectives: | Our People, Our Services & Our Value |
| Tystiolaeth/ Supporting evidence: | As per Appendix - NWSSP Workforce Race Equality Standard March 2025 |

Ymgynghoriad/Consultation:

As per report.

Adduned y Pwyllgor/Committee Resolution (insert ✓):

| DERBYN/ APPROVE | ARNODI/ ENDORSE | TRAFOD/ DISCUSS | NODI/ NOTE | ✓ |
|--------------------------------------|--------------------|---|---------------|---|
| | | | | |
| Argymhelliad/ Recommendation: | | The SSPC are asked to note the progress made to date as regards the Workforce Race Equality Standard. | | |

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 |

NWSSP Workforce Race Equality Standard Update

1. Background

In July 2024 Welsh Government released a Workforce Race Equality Standard report to all NHS Wales organisations. The report for NWSSP outlined a number of areas of focus. The initial report did not take account of some of the nuances of the structure of the organisation and following productive conversations with Welsh Government the final report was released in mid August which can be found in Appendix 1.

2. Areas for action identified

The report highlighted the following areas for NWSSP to focus on:

1. Absence of ethnic minority board membership
2. Likelihood of non-clinical ethnic minority staff being appointed after shortlisting
3. Poor levels of declaration of ethnicity, especially by senior staff
4. Poor levels of engagement with the Staff Survey

3. Overview of progress

The following progress has been made against identified areas for action:

Absence of ethnic minority board membership

In recent years progress has been made in relation to the increase in female directors and this has demonstrated that improvement in diversity of senior leaders is important to the organisation. The pipeline of ethnic minority staff needs more attention and the following actions have been taken here:

- Promotion of the Academi Wales Aspiring Board Members Programme which is a 12-month leadership development programme designed to support and prepare people from Black, Asian and minority ethnic backgrounds for Independent Board Member (also called Non-Executive Director) Roles within health bodies in Wales.
- We have developed a Leaders of the Future programme which has ringfenced places for underrepresented groups. Applications have recently closed and the selection process is underway. Early indications show that there are applications from those from the Black and Asian minority groups that can be prioritised. This is a long term strategy to grow staff.

We are engaging with Health Education Improvement Wales on their senior leadership programmes and their new NHS Wales Black, Asian, and Minority Ethnic Future Senior Leader Talent Pool.

Likelihood of non-clinical ethnic minority staff being appointed after shortlisting

We have designed a recruitment development programme which includes a module on Inclusive Recruitment. Uptake has initially been slow but following further targeted promotion there has been an increase in the number of sessions provided for staff and participation has increased.

We are shortly launching an Inclusive Recruitment online module which has been developed by the Employers Network for Equality and Inclusion, which the organisation is a member of.

We are working with Recruitment Services so that we can start to capture data on an ongoing basis to monitor appointments after shortlisting.

Poor levels of declaration of ethnicity, especially by senior staff

Meetings have taken place with Employment Services and Digital and Workforce Productivity teams to look at data whilst People and OD have experienced turnover in the internal Workforce Information team. Work is being undertaken to identify and target specific services where the presence of equality data is lowest and the People & OD team will be targeting those areas with communications and on site visits. The team are additionally working to split the Single Lead Employer data from the NWSSP Core Workforce data and work on ways of specifically targeting this group to improve data quality.

Poor levels of engagement with the Staff Survey

We have sought to increase participation in the staff survey this year although the completion rate is lower than last year. We sent out regular communications to our staff both virtually, via posters and we visited sites. We had video messages from senior colleagues and trade union partners. We also sent communications to our trainees employed via the Single Lead Employer model via their app.

There are a number of factors which may be a cause of the low participation:

- The survey was launched before services had a chance to implement actions from last year.
- Early feedback from staff is that there are too many questions.
- Early feedback from staff is that they do not believe the survey was anonymous as some health boards were offering free coffees for those who had completed. They were not aware that this was based on trust rather than data.
- It is still a challenging time for us to capture trainees who are employed via the Single Lead Employer model as they are onboarding/rotating at this time of year.
- There may be a possibility that trainees employed via the Single Lead Employer Model completed the survey by selecting the organisation they are

situated in. This year saw the lowest number of completions for this staff group with only 4 out of 3731 staff completing the survey.

Additional Actions

NWSSP has also delivered a number of ad hoc Diversity and Inclusion Awareness Training sessions and added a Diversity and Inclusion module to the Leading for Excellence and Innovation programme.

The organisation has trained a group of Diversity and Inclusion Ambassadors who have been introduced to the organisation in February 2025 and will launch a Safe Inclusivity Campaign in March 2025 to enable colleagues to learn more through communicating in a safe and inclusive environment for all.

4. Next Steps

- Send out a pulse survey to all staff to find out more about their choice of whether to complete the NHS Wales Staff Survey.
- Send a bespoke pulse survey to trainees to learn more about their participation in the staff survey.
- Use the new 'Supporting You' roadshows to enable colleagues of all levels to learn more about development opportunities on offer and to hear about any challenges.
- Work with our new workforce information colleagues to look at innovative ways of removing barriers and supporting more colleagues to update their equality data.
- Further develop staff networks to hear the voices of colleagues in underrepresented groups

5. Appendix

- *Workforce Race Equality Standard Report*



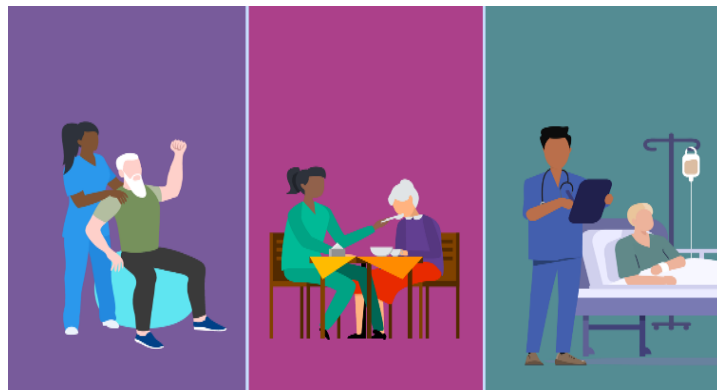
Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

NHS WALES SHARED SERVICES PARTNERSHIP

2024



NHS WALES SHARED SERVICES PARTNERSHIP

Foreword

When the NHS was created in 1948, launched by Tredegar-born Health Secretary, Aneurin Bevan, it was based on three core values: that the services were for everyone, that healthcare was free at the point of delivery and that care would be provided based on need rather than ability to pay. All of these are predicated on principles of fairness and equity and apply to patients and staff equally. Sadly, in the 76 years of the NHS, those ideals have not always been lived up to, not least with regard to race. The COVID pandemic brought to the forefront what had been clear to many minoritised people for a long time. The publication of the Anti-racist Wales Action Plan (ArWAP) by Welsh Government in 2022 was a recognition that to halt this damaging inequity, we needed to actively identify and eradicate the structures and processes that result in worse outcomes for individuals from an ethnic minority.

A key component of the ArWAP was a wide consultation, and it became clear that NHS staff felt that to advance race equality in the service, it was important to have a robust dataset to allow a detailed understanding of the problem, as well as a means of monitoring it. This was the basis of the Workforce Race Equality Standard, and the inaugural data is published in this report. To have achieved this within two years of the launch of the ArWAP is a signal of the commitment of the Welsh government and NHS Wales organisations to this important task, and it is the intention that this data is but the first step in undertaking the transformation of our systems and processes that perpetuate injustice.

This report shows the detail of the workforce in NHS Wales Shared Services Partnership. It is structured around the themes of representation, development, disciplinary equality, and institutional culture. It is the ambition that this allows identification of the areas of greatest deficit, and hence a call to action to develop a local strategy to tackle that. This report is not shared with other NHS organisations, but will complement a published national WRES report displaying the state of these themes across the whole of Wales.

These reports should give pause for brief reflection by national and local leadership, and then a commitment to action to improve both equality for our Black, Asian and minority ethnic staff and the experience of patients.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

KEY FINDINGS WRES 2024

NHS WALES SHARED SERVICES PARTNERSHIP

| | NWSSP | NHS Wales |
|---|--------|------------|
| Undeclared ethnicity rate overall (%) | 17.8% | 10.8% |
| Undeclared ethnicity number Band 8 + | 19 | 579 |
| Staff survey completion rate | 20.4% | 20.7% |
| Workforce reflective of local population | NA | yes |
| Full appointment data (Ind 5) | no | incomplete |
| Ind 1: Board representation | -23.1% | -5.9% |
| Ind 2: ESP representation | -23.1% | -6.4% |
| Ind 2: Disparity ratio lower to middle | 1.58 | 1.51 |
| Ind 2: Disparity ratio middle to upper | 2.69 | 1.81 |
| Ind 2: Disparity ratio upper to senior | zero | 0.72 |
| Ind 3: Equitable perception of progression opportunity (% difference) | 24.0% | 18.8% |
| Ind 5: Equitable likelihood ratio of appointment Overall | 0.38 | 0.57 |
| Ind 5: Equitable likelihood ratio of appointment Non-clinical | 0.34 | 0.47 |
| Ind 5: Equitable likelihood ratio of appointment Clinical | 0.81 | 0.58 |
| Ind 5: Equitable likelihood ratio of appointment Medical | nil | 0.57 |
| Ind 6: Equitable likelihood ratio of accessing non-mandatory training | 0.95 | 0.98 |
| Ind 8: Equitable likelihood of entering formal disciplinary process | 0 | 1.07 |
| Ind 9: Equitable likelihood of entering local capability process | 0.86 | 3.46 |
| Ind 10: Equitable % experiencing harassment from patients/public (% difference) | 118% | 8.54% |
| Ind 11: Equitable % experiencing harassment from colleagues (% difference) | 25.0% | 13.2% |
| Ind 12: Equitable % experiencing discrimination from managers (% difference) | 52.8% | 10.3% |

Colour rating explanation:

Green = within zone of parity of four-fifths rule

Amber = within 2 standard deviations of the mean

Red = outside 2 standard deviations of the range

Introduction

The NHS is the largest employer in Wales with some 111,000 employees. This first WRES data report requires the organisations employing these staff to report against eleven of twelve indicators of race equality. The data is presented in a nuanced fashion with stratification and disaggregation by gender to enable leaders to identify how the intersection of discriminations affects individuals, and where energy should be best directed to reverse inequity. These indicators (detailed in Appendix A) cover the four core domains which experience and the literature show are responsible for differential attainment:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2024)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

NHS Wales Shared Services Partnership (NWSSP) is in a unique situation among organisations in NHS Wales. Related to the single lead employer (SLE) model for trainees, NWSSP holds the contracts and employment responsibility and matters related to disciplinary processes. Such employees account for approximately 60% of the employee role, and as such some of the metrics identified in this dataset may relate to the relevant host organisations, rather than NWSSP. In light of this, the key headline areas of inequality relate to:

- 1. absence of ethnic minority board membership**
- 2. likelihood of non-clinical ethnic minority staff being appointed after shortlisting**
- 3. poor levels of declaration of ethnicity, especially by senior staff**
- 4. poor levels of engagement with the Staff Survey**

The poor levels of staff engagement limit the conclusions that should be drawn from the Indicators about culture (10 to 12). Nevertheless, the dataset as a whole reflects the systematised and complex picture that applies to racial discrimination. It provides both a tool for improvement, and a stimulus to transformational action. Translating data into delivering enduring change is a challenge that must be met by all organisations locally, as well as at a national level.

The data insights must be read and used by HR Directors, Clinical Leaders and Boards to develop evidence-based policy interventions. A foundational principle of change theory is to identify the data that is most unequal and focus actions on improving that – too often we see ineffective action targeted at either trying to make perfect what is already ‘good’, or worse, a continuation of actions unsupported by any data.

The indicators are displayed for your organisation, and shown in comparison to the national picture – this is to help focus intention to those areas of greatest need within the organisation, while comparing it to an all-Wales picture.

The WRES Team is keen to work with NWSSP to draw on the knowledge of what works, based on the literature and on learning from other organisations in Wales. In producing this report, the intention is to support organisations to focus on the approach they will adopt to end the cycle of inequality that harms staff and patients.

Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2023 for the staff survey derived indicators and April 2024 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn't adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes AfC recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

There is no data available for indicator 7, since the anti-racist training programme was not available at the time of data collection. This will however be available for all future data collections.

For indicators 8 and 9, the calculation uses a review of the period April 2023 to April 2024.

The results in this report are as at **31st March 2024**, and revisions were permitted up to 31st May 2024.

Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

NWSSP

| Ethnicity | Workforce Overall | Executive Membership | Non-Executive Membership | Overall Board Membership |
|---------------|-------------------|----------------------|--------------------------|--------------------------|
| Asian | 12.88% | 0.00% | 0.00% | 0.00% |
| Black | 4.44% | 0.00% | 0.00% | 0.00% |
| Mixed & Other | 5.73% | 0.00% | 0.00% | 0.00% |
| White | 59.17% | 57.14% | 100.00% | 62.50% |
| Unknown | 17.79% | 42.86% | 0.00% | 37.50% |
| Total | 100.00% | 100.00% | 100.00% | 100.00% |

NHS Wales

| Ethnicity | Workforce Overall | Executive Membership | Non-Executive Membership | Overall Board Membership |
|---------------|-------------------|----------------------|--------------------------|--------------------------|
| Asian | 5.35% | 2.22% | 2.41% | 2.29% |
| Black | 1.56% | 0.74% | 1.20% | 0.92% |
| Mixed & Other | 2.64% | 0.74% | 0.00% | 0.46% |
| White | 79.67% | 77.78% | 60.24% | 71.10% |
| Unknown | 10.78% | 18.52% | 36.14% | 25.23% |
| Total | 100.00% | 100.00% | 100.00% | 100.00% |

Table 1: Board make up of NWSSP compared with NHS Wales, disaggregated by ethnicity

- Summary:*
1. There are no people identified from an ethnic minority on the Board.
 2. There is a very high rate of non-declaration around ethnicity (37.5%)

Overall, there is a gross deficit between composition of the Black Asian and minority ethnic workforce and composition of the Board in NWSSP, much greater than the national discrepancy (Figure 1).

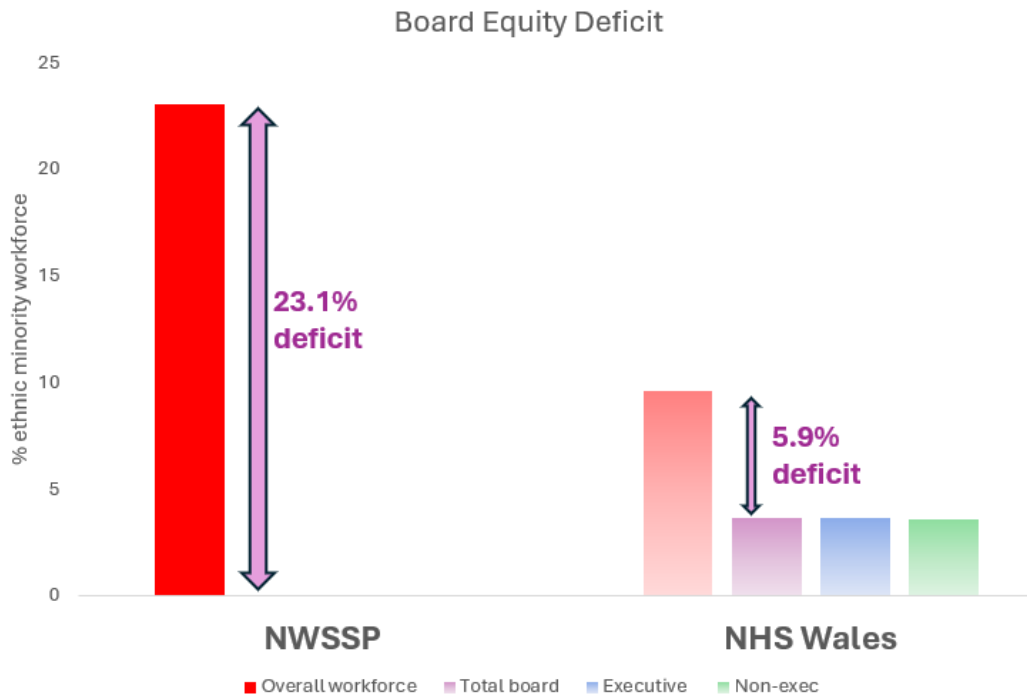


Figure 1: Composition of representation of ethnic minority workforce with board membership in NWSSP and NHS Wales

- Summary:*
- There is a 23.1% deficit in ethnic minority Board representation in NWSSP, considerably greater than the national average.

INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

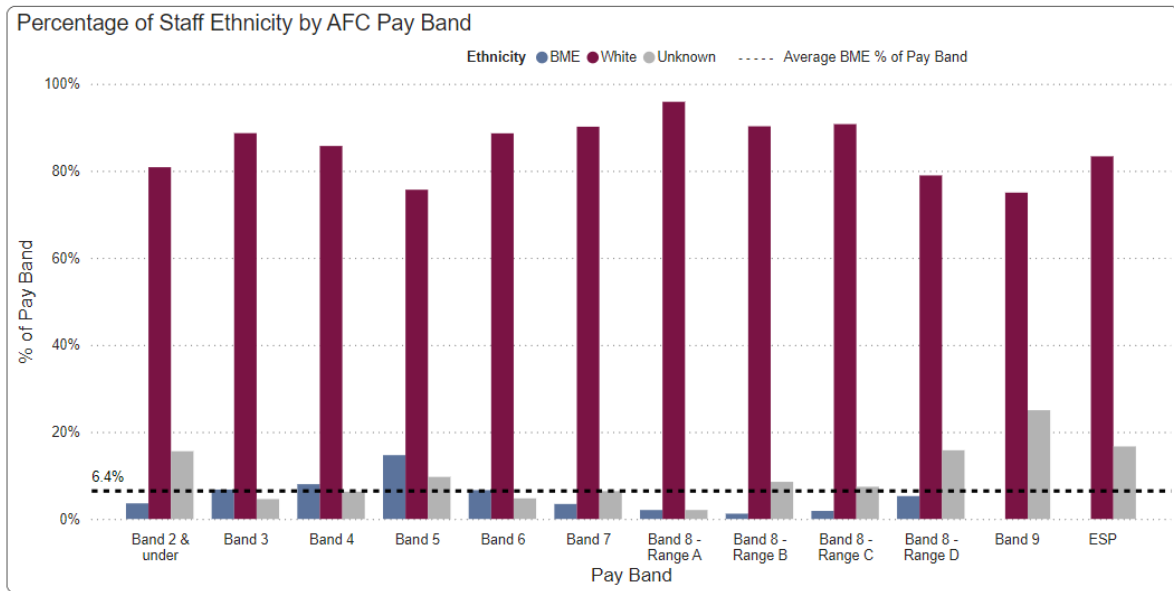


Figure 2: Percentage of staff by AfC pay band and ethnicity for NWSSP

Summary:

1. Ethnic minority staff under-represented above Band 6
2. Overall, the undeclared ethnicity rate is 17.7%, and especially high for senior banded individuals

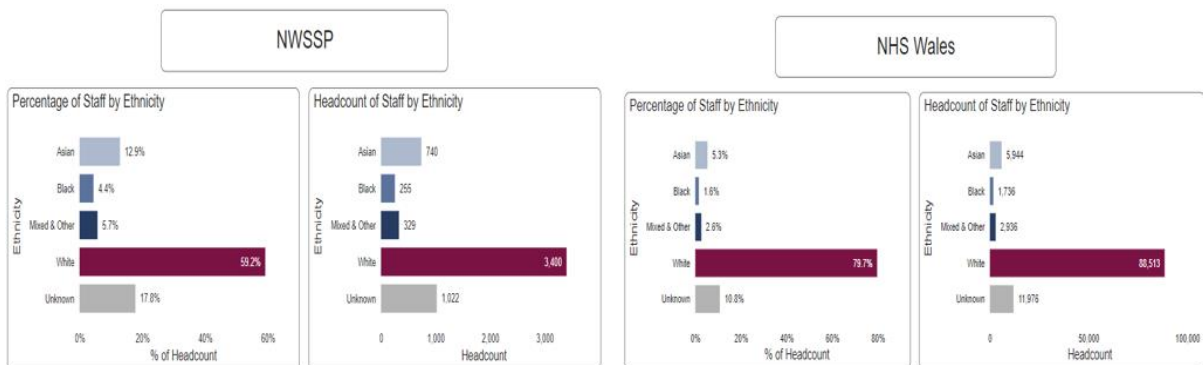


Figure 3: Comparison of ethnicity make up of NWSSP compared to NHS Wales

Summary: Minority ethnic make up of NWSSP significantly more than is seen in the national picture

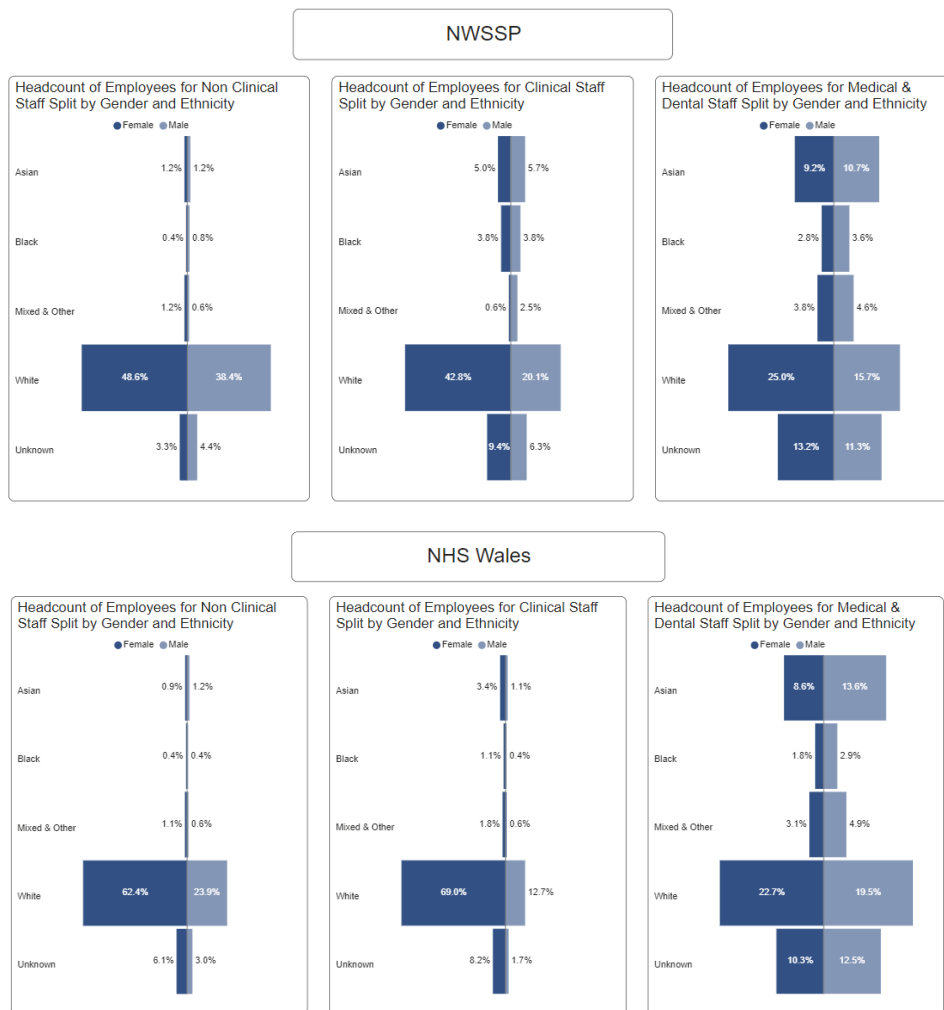


Figure 4: Comparison of ethnicity make up of NWSSP compared to NHS Wales disaggregated by gender for non-clinical, clinical and medical/dental professions

Summary: Minority ethnic make up of NWSSP similar to in relative proportion, but significantly higher than, the national picture

There are zero ethnic minority ESPs in NWSSP, a **23.1% deficit compared to the whole workforce**. This compares to a national figure of 6.3% ethnicity deficit at ESP level.

| | Lower – Middle | Middle – Upper | Upper – Senior |
|-----------|----------------|----------------|---------------------------------|
| NWSSP | 1.58 | 2.69 | No ethnic minority senior staff |
| NHS Wales | 1.51 | 1.81 | 0.72 |

Table 2: Comparing disparity ratio for NWSSP with NHS Wales: the disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. (Lower bands refer to band 5 and below, middle bands 6 and 7, upper bands 8a to 9, and senior relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff.)

Summary: There is marked inequality in ethnic minority representation at all staff grades

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 20.4%

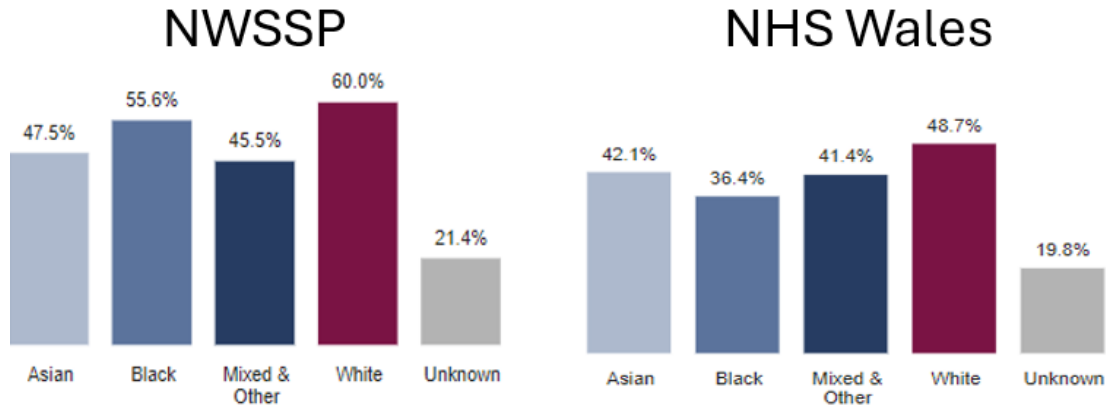


Figure 5: Comparing percentage of staff (in NWSSP versus NHS Wales) believing that they have equal opportunities for career progression or promotion, disaggregated by ethnicity

Summary: Asian, Black and Mixed/Other staff in NWSSP are especially likely to feel disadvantaged in terms of career progression compared to White peers.

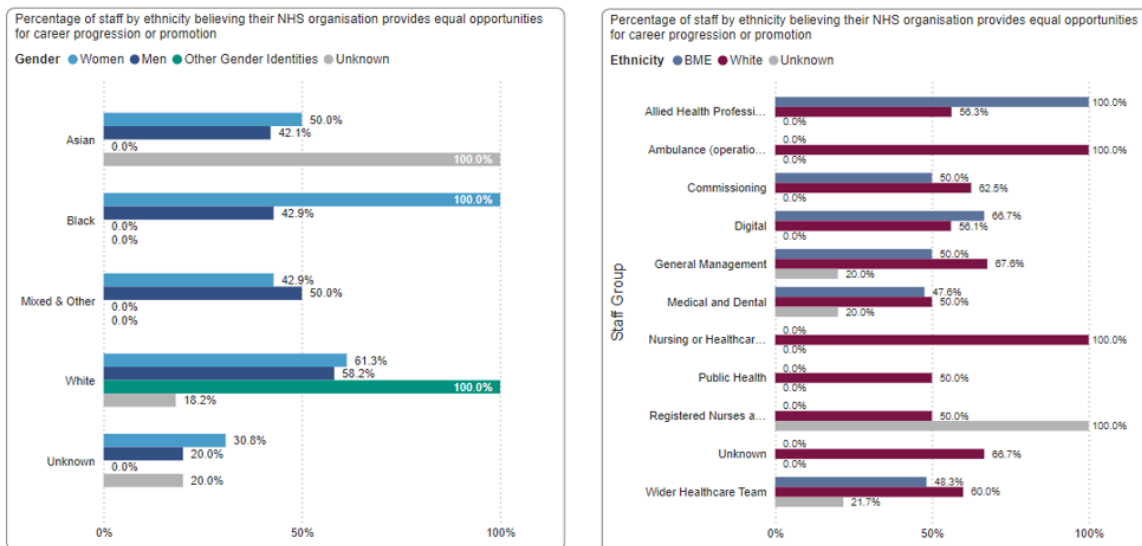


Figure 6: Comparison of gender, ethnicity and profession for staff believing that NWSSP provides equal opportunities for career progression or promotion

Summary: With the caveat of small numbers, Black and ethnic minority staff were more likely to be dissatisfied about career opportunities, especially those in Medical and Dental as well as Wider Healthcare teams.

INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

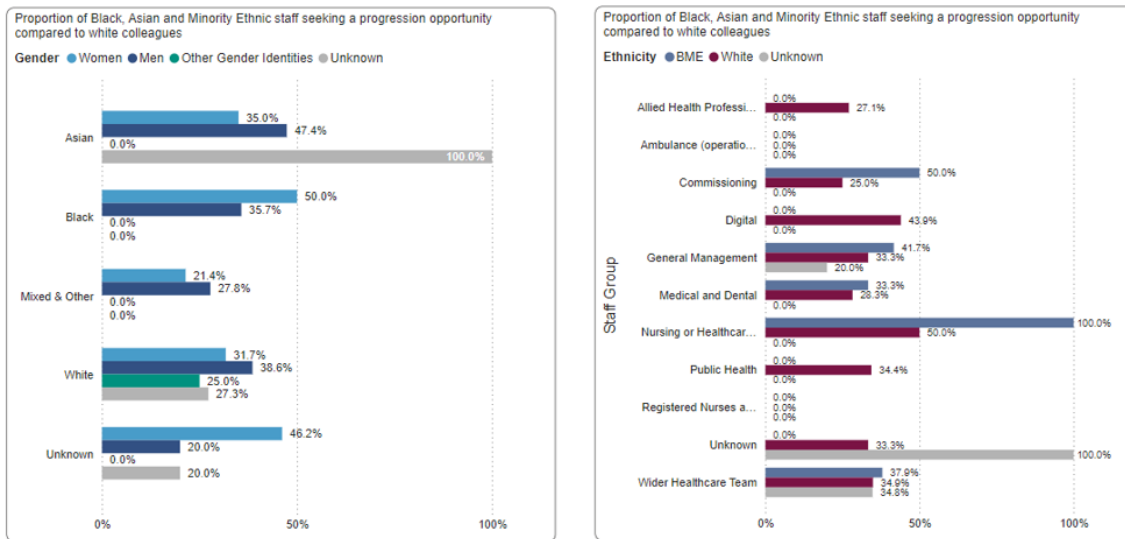
Based on staff survey: response rate 20.4%



Figure 7: Comparing percentage of staff (in NWSSP versus NHS Wales) who have (a) sought progression and (b) would consider seeking a progression, disaggregated by ethnicity

- Summary:*
1. Asian and Black colleagues were more likely to have sought progression in NWSSP compared to White colleagues.
 2. Compared to White colleagues, all Black and ethnic minority staff groups reported that they were intending to seek progression.

(a)



(b)

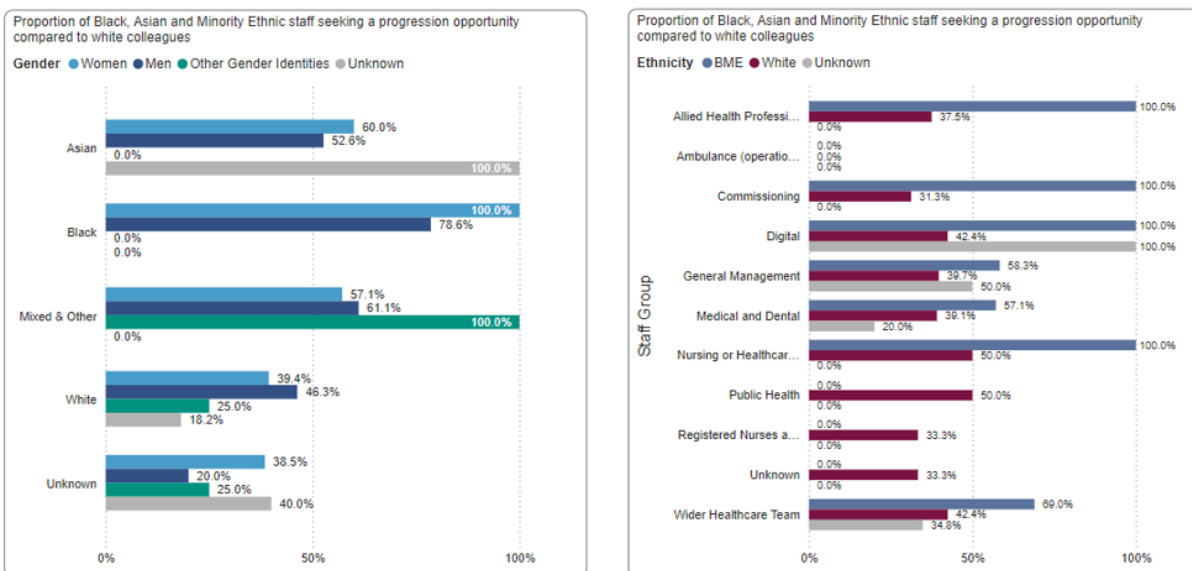


Figure 8: Comparison of gender, ethnicity and profession for staff in NWSSP who have (a) sought progression and (b) would consider seeking a progression, disaggregated by ethnicity

Summary:

1. With the caveat of small numbers, there were no clear trends about ethnicity, gender or professional role that predicted having sought progression.
2. However in terms of the future, ethnic minority staff in NWSSP expressed greater likelihood of planning to seek progression than their White counterparts. This was especially true for Allied Health Professionals and Healthcare Associates, as well as staff in Commissioning and in Digital.

INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

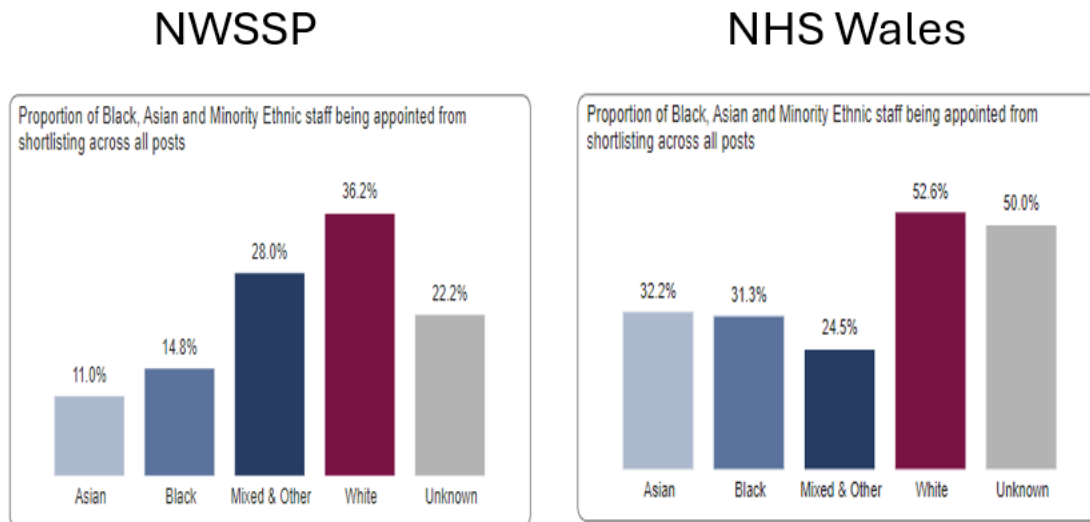


Figure 9: Comparison of ethnicity make up of NWSSP compared to NHS Wales for likelihood of appointment from shortlist

Summary:

1. Rates of recruitment from interview are lower in NWSSP than the national picture: this may reflect numbers of trainee candidates being interviewed.
2. Notwithstanding, Black and Asian applicants are less likely to be appointed than White peers.

Overall in NWSSP, once shortlisted, Black and ethnic minority applicants were only 38% as likely to be appointed as their White peers. This fell to 34% as likely for non-clinical appointments. The data does not include any Medical or Dental appointments (not on Trac).

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

| Likelihood ratio overall | |
|---|--------------------------------|
| NWSSP (%minoritised : %White) | 0.95 (82.0% : 86.5%) |
| NHS Wales (%minoritised : %White) | 0.98 (93.8% : 96.2%) |

Table 3: Likelihood ratio of staff accessing non-mandatory training, by ethnicity

Summary: There is no racial inequality in access to training in NWSSP or NHS Wales

INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

| Likelihood ratio overall | |
|---|--------------------------------|
| NWSSP (%minoritised : %White) | 0 (0.00% : 0.21%) |
| NHS Wales (%minoritised : %White) | 1.07 (0.66% : 0.62%) |

Table 4: Likelihood ratio of staff entering formal disciplinary process, by ethnicity

Summary: In an organisation of a little over 5700 staff, these numbers are lower than anticipated.

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

| Likelihood ratio overall | |
|---|--------------------------------|
| NWSSP (%minoritised : %White) | 0.86 (0.08% : 0.09%) |
| NHS Wales (%minoritised : %White) | 3.46 (0.08% : 0.09%) |

Table 5: Likelihood ratio of staff entering formal disciplinary process, by ethnicity

Summary: In an organisation of a little over 5700 staff, these numbers are lower than anticipated.

An audit of data collation, and corroboration with staff networks (and national regulators) would help give confidence in the robustness of data.

INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues

INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

Based on staff survey: response rate 20.4%



Figure 10: Comparison of experiences of bullying, harassment and discrimination, disaggregated by ethnicity

Summary: Levels of reported bullying and harassment, were lower at NWSSP than the national levels. The exception was for Mixed/Other race staff, and notably also staff not declaring ethnicity. Small numbers preclude strong conclusions being drawn.

Conclusions and Next Steps

If the NHS is to become a model employer the establishment of an equitable and just workplace culture should become a key metric by which leadership is judged. The data shared in this report reflects the current state and complexity of race inequality in NWSSP and the NHS in Wales. This report also takes account of the unique position of NWSSP as the single lead employer contract-holder for trainees in NHS Wales.

If this WRES is to achieve its intended goal in NWSSP, it must speak to the community it affects. It must recognise the context and the need for action to reverse uncomfortable facts presented by the data. The only way to tackle this effectively is for the organisational leadership to prioritise race and gender equality. At a time of low staff morale, and with the knowledge that inclusion benefits all staff, not just the minoritised, it is an ambition that workforce equality should become an indicator of how the system values its workforce.

The detailed demographic analysis of your organisation, juxtaposed with the national data, allows for a focus to be taken on the necessary targets to address. To advance race equality in NWSSP will take a clear and continuous targeting of a small number of key indicators in this first stage. Focussing specifically on the data in NWSSP the following is a list of metrics with the areas of greatest race inequality, and associated possible areas for action to tackle them:

1. absence of ethnic minority board membership
 - talent pipeline management
 - sponsorship of staff by seniors
 - batch recruitment to boards
 - active search strategy for non-executives and use of all-Wales programmes
2. likelihood of non-clinical ethnic minority staff being appointed after shortlisting (especially medical and non-clinical appointments)
 - structured interviews, independently scored
 - use of positive action when needed
 - including at least minimum number of minoritised individuals at interview
 - supporting staff who fail an interview with reapplication
3. poor levels of declaration of ethnicity, especially given that staff reporting worst experiences were those who did not declare ethnicity
 - set targets for declaration for all staff, including specifically senior members
 - programmes to drive increased self-declaration via payslip, outreach, etc
4. poor levels of engagement with NHS Staff Survey
 - consistent and persistent high-profile support from the board and senior leaders
 - strong communication with all staff alongside high-profile engagement
 - working with organisational equality networks, staff side councils and trade unions
 - recognising achievements of staff such that staff feel valued and appreciated

Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data. This requires an understanding of the dataset presented and resourcing a small number of actions. Trying to address too broad a range of actions is not an effective way of delivering meaningful and sustained change.

Additionally, the organisation will want to understand its own data to see whether the above metrics have arisen from a single site or process where focussed action is needed. This sort of curiosity about staff experience is also crucial in delivering effective improvement. Such local intelligence is critical to embedding processes which have buy-in from the relevant teams.

Developing an inclusive workforce which has a sense of belonging requires local action; the function of national structures being to align that with wider regulatory ambitions and to share examples of best practice from other healthcare organisations, and indeed other sectors.

Local implementation will be allied to identifying key measures of success which need to be monitored in a range of ways, including the subsequent annual WRES data collection. The WRES thus represents a recurring and future-focussed catalyst for action, helping organisations improve race and gender equality and fulfil their requirements to both the Equality Act 2010 and the Antiracist Wales Action Plan, challenging us to be better for our workforce and our patients.

A workshop took place at the beginning of June 2024 where examples of data sets within this report were shared with NHS Wales Equality Leads Network, in order to help them to interpret your organisations data and understand the opportunities to respond. Your Equality Leads have a pivotal role with regard to both local action and liaison within the network of their peers in other organisations. Their understanding of the needs of local staff networks and how the data relates to the lived experience of the workforce is vital in terms of defining effective actions. The leadership of the organisation equally have a critical role in setting the tone and in embedding these actions in the fibre of the organisation: translating ideas into actions is what effective leadership teams do, and the data in this report compels a systematic approach to be developed to tackle the systemic nature of inequality and discrimination in our NHS. It is in our individual and joint gift to meet this challenge, and it is in our patients' and national interests for us to do so.

APPENDIX A: The Workforce Race Equality Standards indicators

| Domain | | Indicator |
|---|----|--|
| Leadership and Representation | 1 | Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce |
| | 2 | Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce |
| | 3 | Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion |
| | 4 | Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues |
| | 5 | Relative likelihood of staff being appointed from shortlisting across all posts |
| Professional development and training | 6 | Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues |
| | 7 | Percentage of staff by ethnicity (a) completing anti-racist training and (b) having inclusion objectives set during appraisal |
| Disciplinary and capability | 8 | Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues |
| | 9 | Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues |
| Discrimination, bullying and harassment | 10 | Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues |
| | 11 | Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues |
| | 12 | Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues |

NWSSP Finance Report March 2025

Reporting on the period to 28th February 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 31st August 2024.

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

Revenue

| | Annual Budget £000 | YTD Budget £000 | YTD Expend £000 | YTD Variance £000 |
|-------------------------|-----------------------|--------------------|--------------------|----------------------|
| Income | -792,818 | -704,614 | -702,928 | 1,686 |
| Pay | 413,622 | 380,339 | 374,797 | -5,542 |
| Non-Pay | 239,283 | 217,529 | 217,083 | -446 |
| WRP – DEL | 139,913 | 106,747 | 106,747 | 0 |
| Year to date underspend | 0 | 0 | 4,302 | 4,302 |
| | 0 | 0 | 0 | 0 |

The apportionment of the increased **£3.600m** distribution to NHS Wales & Welsh Government is detailed in the table below.

NWSSP reported a year-to-date surplus of **£4.302m** at Month 11. This was reported as a surplus of **£3.577m** within our core operational budgets and **£0.725m** against our recurrent covid allocation.

Our core underspend is due to ongoing turnover, delays with recruitment to vacancies and slippage on some projects. We also took a prudent approach to vacancy management whilst the 2024/25 pay award funding was being confirmed. We have utilised our core underspend to provide our 2024/25 distribution of **£3.600m** to NHS Wales & Welsh Government. Welsh Government have recovered the in-year surplus against our covid allocation which we forecast will reach £0.750m by the end of the financial year.

On 6th March we received confirmation of Cabinet Secretary approval for the new PPE stockholding policy. We await a letter detailing the volumes and specification of products the policy requires us to hold and which we require to assess future warehousing and operational requirements. This will also inform the value of provisions we need to make for PPE stock at 31st March 2025. We have engaged with WG Finance regarding the potential funding requirements for this in 2024/25.

The in year 2024/25 pay award funding has been confirmed but we continue to await confirmation of recurrent funding. The Welsh Government pay model shared identifies a current shortfall in recurrent funding of **£0.724m** against our calculated budget requirements which remains a risk within our IMTP.

| Health Board /Trust | % | 2024/25 Distribution £ |
|---------------------|---------------|------------------------------|
| Aneurin Bevan | 9.85 | 354,600 |
| Swansea Bay | 8.80 | 316,800 |
| Betsi Cadwaladr | 11.98 | 431,280 |
| Cardiff and Vale | 10.49 | 377,640 |
| Cwm Taf Morgannwg | 10.60 | 381,600 |
| Hywel Dda | 7.77 | 279,720 |
| Powys | 1.95 | 70,200 |
| Velindre | 1.17 | 41,940 |
| Welsh Ambulance | 1.28 | 46,080 |
| Public Health Wales | 0.87 | 31,320 |
| Welsh Government | 35.25 | 1,268,820 |
| Total | 100.00 | 3,600,000 |

| Scheme | Allocation | YTD Spend | Forecast Spend | Forecast Variance |
|------------------------------------|--------------|--------------|----------------|-------------------|
| | £000 | £000 | £000 | £000 |
| PCWIS | 114 | -3 | 114 | 0 |
| DuPont LED Lighting | 183 | 183 | 183 | 0 |
| IT Refresh | 85 | 83 | 83 | -2 |
| Matrix EV | 36 | 36 | 36 | 0 |
| DuPont racking | 26 | 38 | 38 | 12 |
| Cyber Security | 11 | 11 | 11 | 0 |
| Dock Levellers - Lakeside | 12 | 11 | 11 | -1 |
| PCS MEWP | 8 | 0 | 8 | 0 |
| Vehicle Replacement | 54 | 0 | 54 | 0 |
| LARS CMS Return of Funds | -62 | 0 | -59 | 3 |
| Matrix House Adaptations | 112 | 0 | 98 | -14 |
| Screens | 27 | 0 | 29 | 2 |
| VAT Credits | -6 | -6 | -6 | 0 |
| Discretionary Capital Total | 600 | 352 | 600 | 0 |
| IP5 discretionary | 250 | 10 | 251 | 1 |
| Laundry Schemes | 1,186 | 294 | 1,182 | -4 |
| Radiopharmacy | 1,425 | 827 | 1,413 | -12 |
| IP5 PV | 290 | 255 | 259 | -31 |
| Stores Projects | 369 | 0 | 371 | 2 |
| PCS Letter Opener & Racking | 95 | 69 | 100 | 5 |
| Meds Unit - Laminar Flow cabinets | 22 | 11 | 22 | 0 |
| Digital | 875 | 397 | 867 | -8 |
| PV Matrix House | 218 | 118 | 196 | -22 |
| Vehicle Replacement | 1,000 | 0 | 1,000 | 0 |
| IP5 PV battery | 58 | 0 | 58 | 0 |
| Meds Unit - Decontamination Units | 162 | 0 | 165 | 3 |
| PCWIS - Wizard | 0 | 0 | 47 | 47 |
| UPS Batteries | 0 | 0 | 19 | 19 |
| Additional Capital Total | 5,950 | 1,981 | 5,950 | 0 |
| IFRS16 Capital | 2,815 | 2,815 | 2,815 | 0 |
| TOTAL CAPITAL ALLOCATION | 9,365 | 5,148 | 9,365 | 0 |

At the end of February, we have incurred **£5.148m** capital expenditure to date against our final 2024/25 **£9.365m** Capital Expenditure Limit (CEL).

We are working with Services to ensure all capital funding can be fully utilised within the financial year and review progress at the Capital Prioritisation Group meetings. The table identifies forecast variances against individual scheme funding allocations at the end of February which we continue to monitor closely.

We submitted 9 bids against the Targeted Estates Fund. Cwm Taf Morgannwg also submitted 2 bids for Church Village laundry. These are being reviewed by SES and Welsh Government will inform us of the outcome by the end of March.

Our CEL includes funding of £2.815m to capitalise the Right of Use assets that we lease and are within the scope of International Financial Reporting Standard 16 as detailed below.

| Scheme | Allocation |
|--|--------------|
| | £000 |
| IFRS16 – Du Pont Records Storage | 2,580 |
| IFRS16 Tranche 1 - Unit E1 Westpoint Industrial Estate | 22 |
| IFRS16 Tranche 1 - Toyota Forklift | 6 |
| IFRS16 Tranche 2 - franking machine | 2 |
| IFRS16 Tranche 2 - Ford Transit | 18 |
| IFRS16 Tranche 2 - Toyota forklift | 1 |
| IFRS16 Tranche 2 - 4/5 Charnwood Court | 115 |
| IFRS16 Tranche 2 - Brecon House extensions | 50 |
| IFRS16 Tranche 2 - parking at Cwmbran House | 24 |
| IFRS16 Tranche 2 - Dupont Records Storage | -3 |
| IFRS16 Capital | 2,815 |

Welsh Risk Pool

| DEL FORECAST 2024/25 | | £000s |
|--|--|----------------|
| Actual spend to February 2025 | | 106,747 |
| Settled cases – awaiting payment | | 13,164 |
| Joint Settlement/Round Table Meeting/Offer | | 16,768 |
| Periodical Payment Orders to March 2025 | | 78 |
| Sub Total | | 136,757 |
| Future Estimated Settlements | | 2,835 |
| Mth 10 DEL forecast | | 139,592 |
| IMTP DEL Forecast 2024/25 | | 139,913 |

DEL expenditure to Month 11 is **£106.747m** compared to £87.254m at this point last year.

The £139.592m February DEL forecast remains broadly in line with the 2024/25 forecast of £139.913m.

The forecast is based on a detailed review of the cashflows on the Legal & Risk database. Analysis of the database and discussions with case solicitors is ongoing to the end of the year to manage the position and ensure the forecast can be achieved.

The Risk share contribution is forecast to increase to **£36.056m** from 2025/26. The risk share cost drivers have also been updated and approved by the Welsh Risk Pool Committee for use from 2025/26.

We have shared indicative risk share contributions required from Organisations as part of our IMTP planning assumptions. These are noted in the table. These values will change once we have final 2024/25 data to update the risk share cost drivers.

| Organisation | Total RSA % | | Total RSA £000's | | | |
|-------------------------|----------------|----------------|------------------|---------------|---------------|---------------|
| | 24/25 | 25/26 | 24/25 | 25/26 | 26/27 | 27/28 |
| Aneurin Bevan | 16.78% | 18.26% | 5,115 | 6,582 | 6,887 | 7,151 |
| Swansea Bay | 15.25% | 15.28% | 4,649 | 5,510 | 5,766 | 5,986 |
| Betsi Cadwaladr | 19.22% | 19.41% | 5,857 | 6,999 | 7,323 | 7,603 |
| Cardiff & Vale | 15.86% | 15.81% | 4,835 | 5,702 | 5,966 | 6,194 |
| Cwm Taf Morgannwg | 14.76% | 15.50% | 4,499 | 5,589 | 5,847 | 6,071 |
| Hywel Dda | 9.70% | 9.57% | 2,955 | 3,451 | 3,610 | 3,749 |
| Powys | 4.13% | 2.71% | 1,257 | 977 | 1,023 | 1,062 |
| Public Health Wales | 1.14% | 0.64% | 348 | 232 | 243 | 253 |
| Velindre | 1.15% | 0.85% | 352 | 306 | 320 | 332 |
| Welsh Ambulance Service | 2.01% | 1.97% | 612 | 709 | 741 | 770 |
| Totals | 100.00% | 100.00% | 30,478 | 36,056 | 37,726 | 39,169 |

Contact details

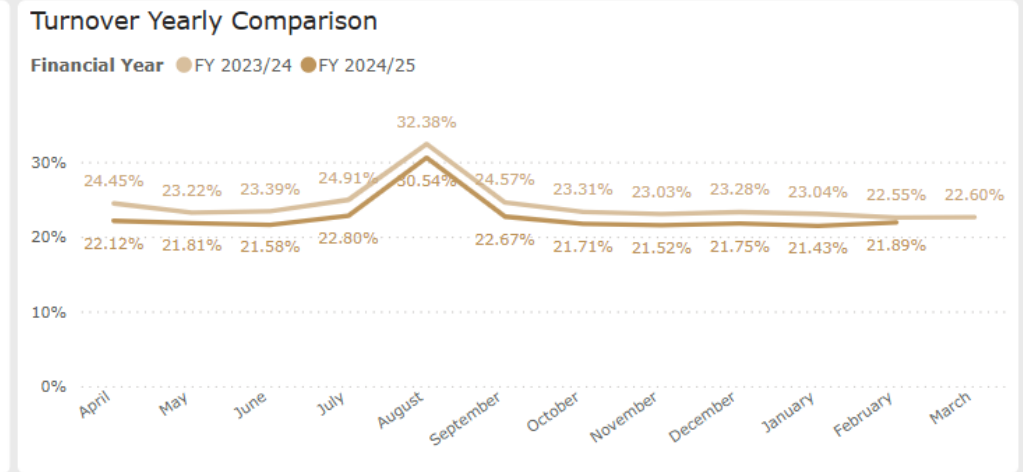
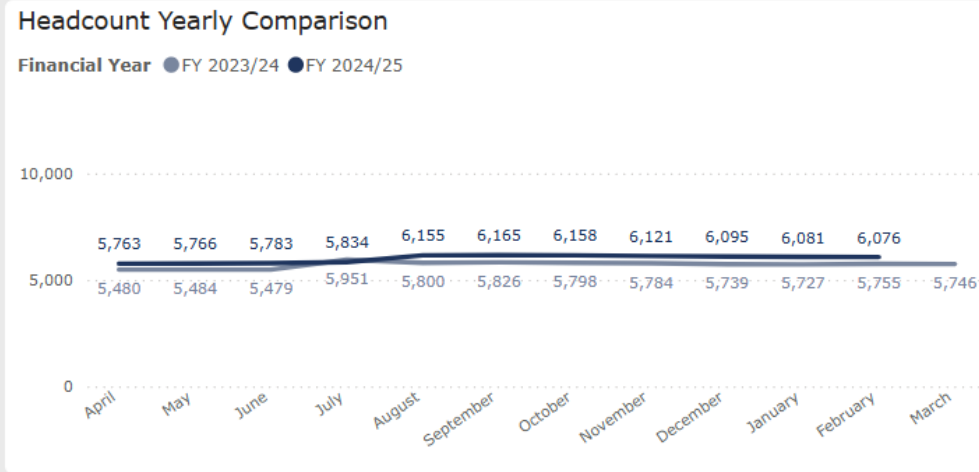
NHS Wales Shared Services Partnership
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Parc Nantgarw
Cardiff
CF15 7QZ

website: nwssp.nhs.wales

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

| | |
|--|---|
| MEETING | Shared Services Partnership Committee (SSPC) |
| REPORT DATE | 28 th February 2025 |
| REPORT AUTHOR | Sarah Evans, Deputy Director of People and OD |
| RESPONSIBLE DIRECTOR OF SERVICE | Gareth Hardacre, Director of People, OD and Employment Services |
| TITLE OF REPORT | Report of the Director of People, OD and Employment Services |
| PURPOSE OF REPORT | |
| <p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 28th February 2025. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity.</p> <p>The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.</p> | |

Including SLE



Headcount

The February headcount including SLE (**6,076**) has decreased from January (**6,081**). The headcount has increased since February 2024 by **5.58%** from **5,755**.

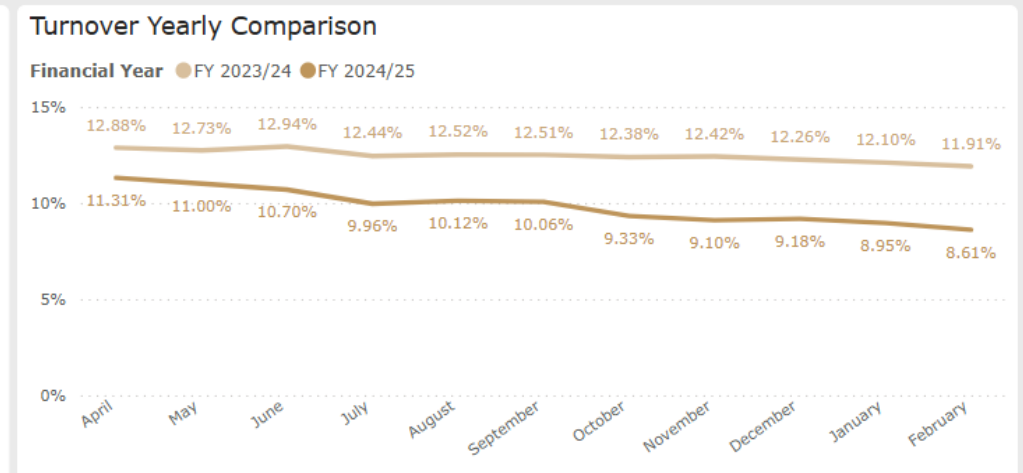
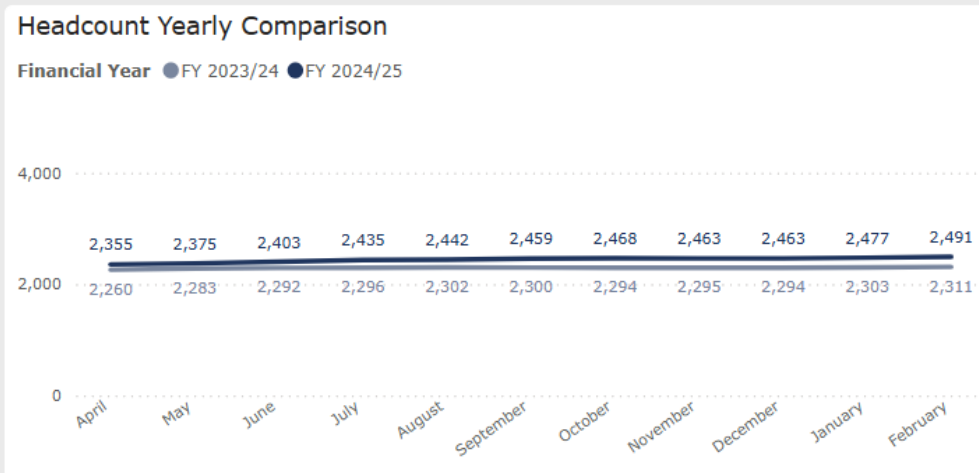
Excluding SLE, the headcount is **2,491** which has increased since January (**2,477**) and has increased since February 2024 by **7.79%** from **2,311**.

Turnover

Including SLE, the February turnover is **21.89%**. This has decreased by **0.66%** from February 2024 (**22.55%**).

Excluding SLE, the February turnover is **8.61%**. This is down by **3.30%** from February 2024 (**11.91%**).

Excluding SLE



NWSSP Monthly Workforce Report Sickness

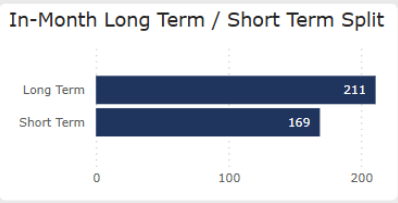


Date: Feb 25 | Division: All | Department: All |
 Absence Occurrences | Exclude SLE |
 FTE Days Lost

In-Month Sickness

3.24%

Previous Year: 3.46% (-0.21%)



Average FTE Days Lost

Long Term: **90.78**

Short Term: **6.35**

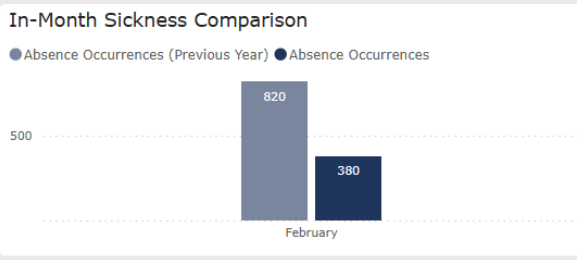
Absence Reason

| Absence Reason | Absence Occurrences | FTE Days Lost |
|---|---------------------|---------------|
| S10 Anxiety/stress/depression/other psychiatric illnesses | 100 | 1,895.80 |
| S13 Cold, Cough, Flu - Influenza | 69 | 528.43 |
| S25 Gastrointestinal problems | 43 | 386.26 |
| S28 Injury, fracture | 17 | 339.40 |
| S12 Other musculoskeletal problems | 21 | 326.40 |
| S17 Benign and malignant tumours, cancers | 11 | 282.00 |
| S26 Genitourinary & gynaecological disorders | 15 | 252.00 |
| S11 Back Problems | 11 | 164.28 |
| S30 Pregnancy related disorders | 14 | 156.00 |
| S16 Headache / migraine | 13 | 138.00 |
| S15 Chest & respiratory problems | 18 | 128.40 |
| S98 Other known causes - not elsewhere classified | 12 | 127.06 |
| S21 Ear, nose, throat (ENT) | 13 | 108.29 |
| S19 Heart, cardiac & circulatory problems | 3 | 62.92 |
| S29 Nervous system disorders | 4 | 58.40 |
| S99 Unknown causes / Not specified | 6 | 56.87 |
| S22 Dental and oral problems | 2 | 50.00 |
| S27 Infectious diseases | 2 | 28.00 |
| S31 Skin disorders | 2 | 18.00 |
| S23 Eye problems | 1 | 5.60 |
| S18 Blood disorders | 2 | 3.00 |
| S20 Burns, poisoning, frostbite, hypothermia | 1 | 1.60 |

12-Month Rolling Sickness

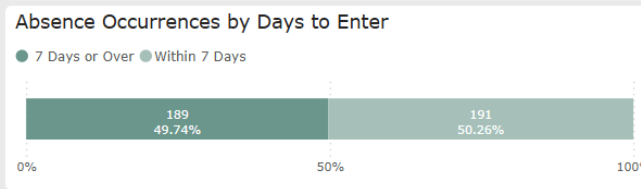
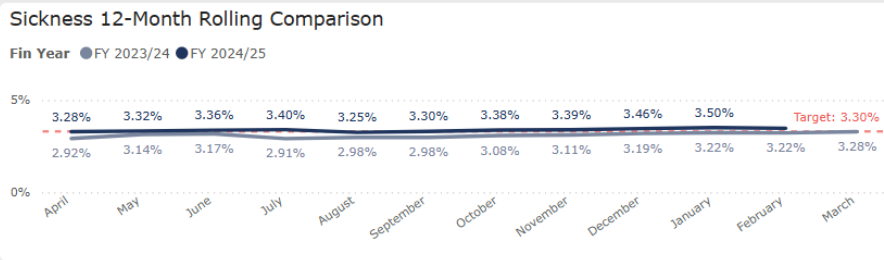
3.47%

Previous Year: 3.22% (+0.25%)



Open Sickness

206



| Division | Sickness % | Target |
|--|------------|--------|
| Laundry Division | 8.25% | 5.55% |
| Medical Examiner Division | 5.31% | 4.15% |
| Procurement Division | 5.29% | 4.03% |
| Primary Care Division | 5.28% | 4.15% |
| Employment Division | 5.19% | 4.15% |
| Digital Workforce Division | 5.05% | 2.00% |
| Accounts Payable Division | 4.59% | 4.15% |
| E-Business Central Team Division | 3.58% | 2.00% |
| Medical Workforce Division | 3.51% | 2.00% |
| Legal & Risk Division | 3.46% | 2.00% |
| People & OD Division | 3.01% | 2.00% |
| Audit & Assurance Division | 2.71% | 2.00% |
| Planning, Performance and Informatics Division | 2.20% | 2.00% |
| Single Lead Employer Division | 2.15% | 1.60% |
| Corporate Division | 1.58% | 2.00% |
| Pharmacy Technical Services Division | 1.55% | 2.00% |
| Finance Division | 1.45% | 2.00% |
| Surgical Materials Testing (SMTL) Division | 1.04% | 2.00% |
| Specialist Estates Division | 0.93% | 2.00% |
| Counter Fraud Division | 0.67% | 2.00% |
| Hosted Services Division | 0.28% | 2.00% |
| Welsh Employers Unit Division | 0.13% | 2.00% |

12-Month Rolling Sickness

The February 12-month rolling sickness, including SLE (**3.47%**) has decreased from January (**3.50%**). The sickness rate has increased since February 2024 by **0.25%** from **3.22%**.

Excluding SLE, the 12-month rolling sickness is **4.78%** which has decreased since February 2024 by **0.11%** from **4.89%**.

Long Term / Short Term

Including SLE, long term sickness has increased since February 2024 from **194** occurrences to **211** occurrences.

The average days lost to long term sickness is **90.78** FTE days.

The average days lost to short term sickness is **6.35** FTE days.

The top reasons for long term sickness remains **Anxiety/stress/depression/other psychiatric illnesses** which accounts for **45.07%** of all long term sickness.

Top 5 Sickness Reasons

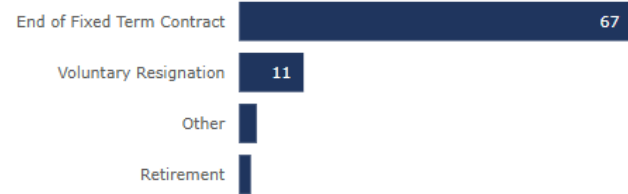
- Anxiety/stress/depression/other psychiatric illnesses
- Cold, Cough, Flu – Influenza
- Gastrointestinal problems
- Injury, fracture
- Other musculoskeletal problems

Including SLE

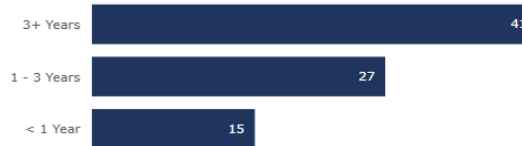
Destination on Leaving



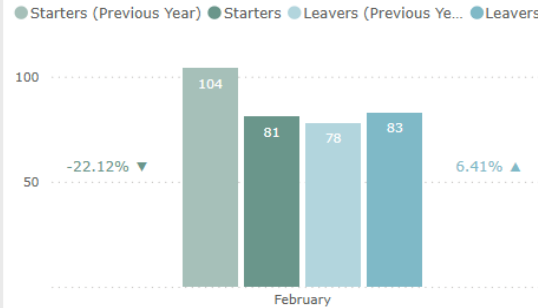
Reason for Leaving



Leavers by Length of Service

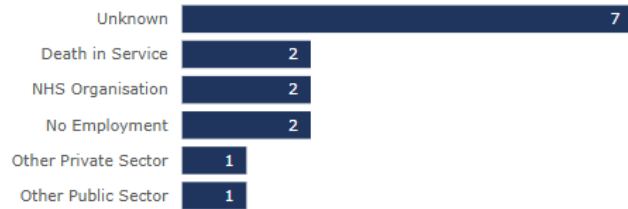


Starters and Leavers Comparison

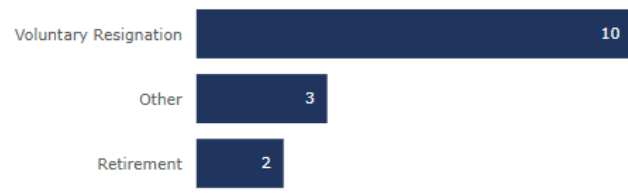


Excluding SLE

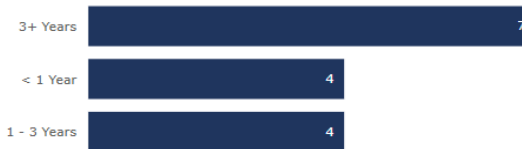
Destination on Leaving



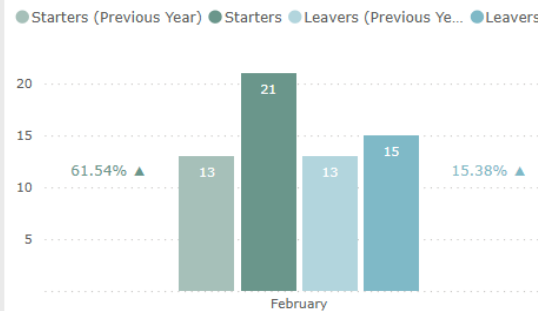
Reason for Leaving



Leavers by Length of Service



Starters and Leavers Comparison



12-Month Rolling Turnover

21.89%
Previous Year: 22.55%
(-0.66%)

Turnover

Including SLE, the February turnover is **21.89%**. This has decreased by **0.66%** from February 2024 (22.55%).

Excluding SLE, the February turnover is **8.61%**. This is down by **3.30%** from February 2024 (11.91%).

12-Month Rolling Turnover

8.61%
Previous Year: 11.91%
(-3.30%)

Starters

Including SLE, there were **81** starters in February 2025. This is down by **22.12%** from **104** starters in February 2024.

Excluding SLE, there were **21** starters in February 2025. This is up by **61.54%** from **13** starters in February 2024.

Excluding SLE, **42.86%** of starters were recruited from **other NHS organisations**. This is down from **46.15%** in February 2024.

Reasons for Leaving

Including SLE, **80.72%** of leavers were due to **end of fixed term contract**. SLE accounts for all end of fixed term contract leavers.

Excluding SLE, **66.67%** of leavers were due to **voluntary resignation**. This is down from **76.92%** in February 2024.

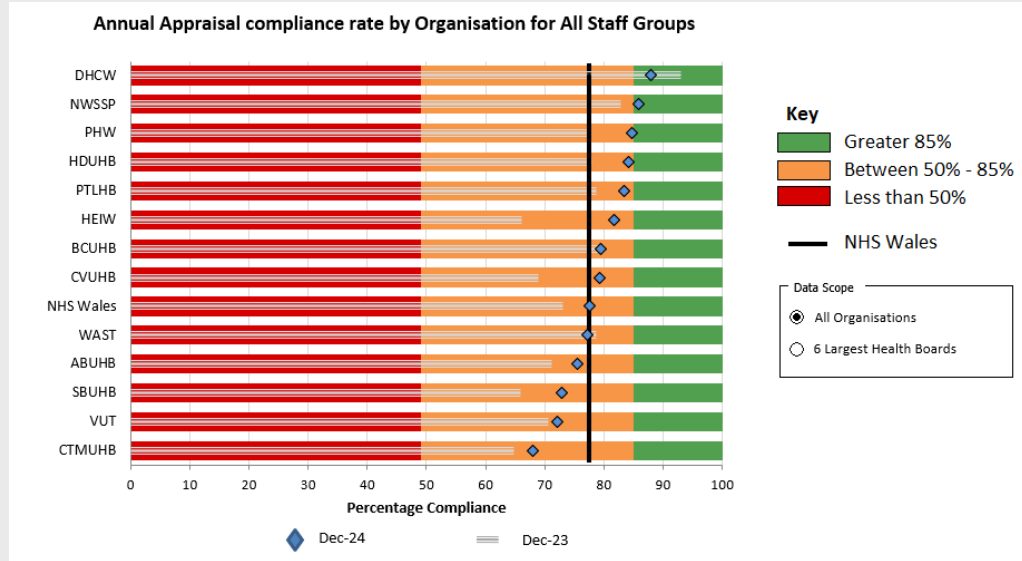
Of the voluntary resignations, **40.00%** of staff were employed by NWSSP for **1 – 3 years**.

Of the voluntary resignations, **13.33%** of staff left to join **another NHS organisation**. This is down from **30.00%** in February 2024.

Recommendation to improve voluntary resignation rates:

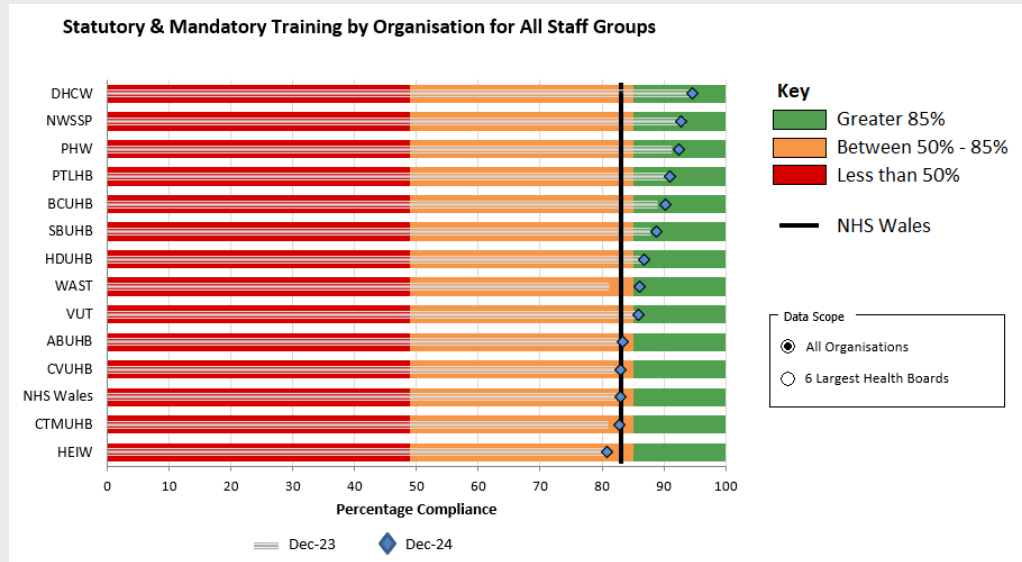
- **Promotion of staff benefits**
- **Retention Program** – invest in employee development and further promotion of flexible working and work-life balance
- **Succession Planning** – prepare for transitions in employee lifecycles

NWSSP Comparison to NHS Wales



Appraisal Review Compliance

In **December 2024** NWSSP had the second highest appraisal review compliance (**85.9%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**77.5%**).

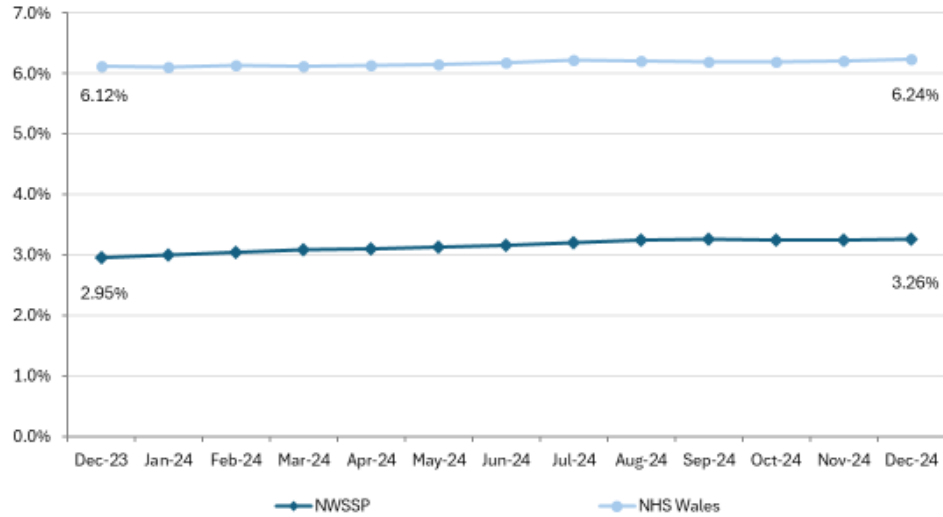


Statutory and Mandatory Training Compliance

In **December 2024** NWSSP had the second highest statutory and mandatory training compliance (**92.8%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**83.1%**).

NWSSP Comparison to NHS Wales

12-Month Rolling Sickness Timeline

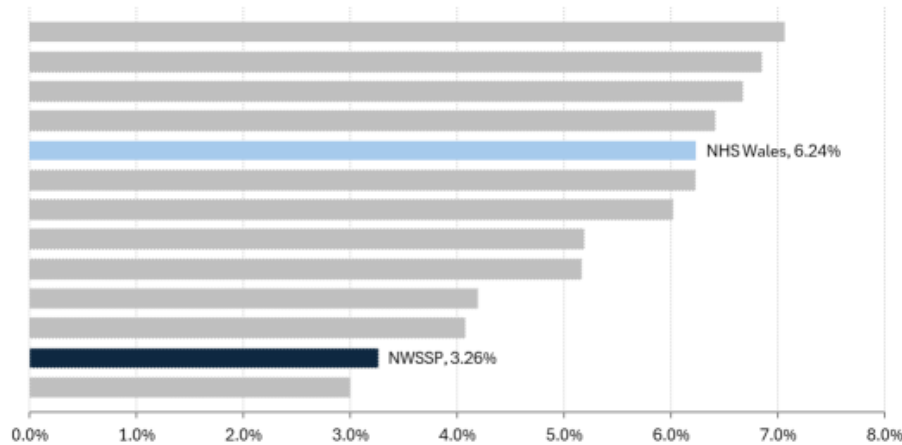


12-Month Rolling Sickness

NWSSP sickness has remained consistently below the NHS Wales overall sickness rate for 1st January 2024 – 31st December 2024.

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

December 2024 Organisation Comparison



Sickness % (FTE) – December 2024

In December 2024, NWSSP had the second lowest sickness absence rate of all NHS Wales organisations (**3.26%**).

E-LEARNING COMPLIANCE

NWSSP Stat & Mand Percentage - 28 February 2025

| Division | Assignment Count | Required | Achieved | Compliance % |
|--|------------------|----------|----------|--------------|
| 043 Accounts Payable Division | 151 | 1510 | 1452 | 96.16% |
| 043 Audit & Assurance Division | 53 | 530 | 501 | 94.53% |
| 043 Corporate Division | 28 | 280 | 264 | 94.29% |
| 043 Counter Fraud Division | 7 | 70 | 70 | 100.00% |
| 043 Digital Workforce Division | 26 | 260 | 256 | 98.46% |
| 043 E-Business Central Team Division | 18 | 180 | 177 | 98.33% |
| 043 Employment Division | 349 | 3490 | 3401 | 97.45% |
| 043 Finance Division | 28 | 280 | 266 | 95.00% |
| 043 Hosted Services Division | 9 | 90 | 85 | 94.44% |
| 043 Laundry Division | 188 | 1880 | 1390 | 73.94% |
| 043 Legal & Risk Division | 190 | 1900 | 1762 | 92.74% |
| 043 Medical Examiner Division | 91 | 910 | 777 | 85.38% |
| 043 Medical Workforce Division | 19 | 190 | 161 | 84.74% |
| 043 People & OD Division | 47 | 470 | 446 | 94.89% |
| 043 Pharmacy Technical Services Division | 33 | 330 | 281 | 85.15% |
| 043 Planning, Performance and Informatics Division | 46 | 460 | 434 | 94.35% |
| 043 Primary Care Division | 306 | 3060 | 3039 | 99.31% |
| 043 Procurement Division | 804 | 8040 | 7409 | 92.15% |
| 043 Specialist Estates Division | 53 | 530 | 502 | 94.72% |
| 043 Surgical Materials Testing (SMTL) Division | 26 | 260 | 260 | 100.00% |
| 043 Welsh Employers Unit Division | 7 | 70 | 67 | 95.71% |
| Grand Total | 2479 | 24790 | 23000 | 92.78% |

Source: ESR

Note: compliance excludes Single Lead Employer Division

E-LEARNING COMPLIANCE

NWSSP Stat & Mand Competencies Summary - 28 February 2025

| Division | NHS CSTF Equality, Diversity and Human Rights - 3 Years | NHS CSTF Fire Safety - 2 Years | NHS CSTF Health, Safety and Welfare - 3 Years | NHS CSTF Infection Prevention and Control - Level 1 - 3 Years | NHS CSTF Information Governance (Wales) - 2 Years | NHS CSTF Moving and Handling - Level 1 - 2 Years | NHS CSTF Resuscitation - Level 1 - 3 Years | NHS CSTF Safeguarding Adults - Level 1 - 3 Years | NHS CSTF Safeguarding Children - Level 1 - 3 Years | NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal |
|---------------------------------------|---|--------------------------------|---|---|---|--|--|--|--|--|
| Accounts Payable Division | 96.03% | 94.70% | 98.68% | 94.04% | 94.04% | 93.38% | 96.69% | 97.35% | 97.35% | 99.34% |
| Audit & Assurance Division | 96.23% | 88.68% | 100.00% | 96.23% | 86.79% | 94.34% | 92.45% | 96.23% | 96.23% | 98.11% |
| Corporate Division | 96.43% | 92.86% | 96.43% | 96.43% | 92.86% | 92.86% | 89.29% | 92.86% | 92.86% | 100.00% |
| Counter Fraud Division | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Digital Workforce Division | 100.00% | 100.00% | 100.00% | 96.15% | 96.15% | 100.00% | 92.31% | 100.00% | 100.00% | 100.00% |
| E-Business Central Team | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 94.44% | 94.44% | 94.44% | 100.00% |
| Employment Division | 98.57% | 96.56% | 97.99% | 97.71% | 95.42% | 96.28% | 97.99% | 97.13% | 97.13% | 99.71% |
| Finance Division | 96.43% | 100.00% | 96.43% | 89.29% | 85.71% | 92.86% | 100.00% | 96.43% | 96.43% | 96.43% |
| Hosted Services Division | 100.00% | 88.89% | 100.00% | 100.00% | 100.00% | 88.89% | 100.00% | 88.89% | 77.78% | 100.00% |
| Laundry Division | 76.60% | 73.40% | 79.79% | 73.94% | 54.79% | 84.04% | 82.45% | 70.74% | 68.62% | 75.00% |
| Legal & Risk Division | 94.74% | 92.63% | 95.26% | 92.63% | 86.32% | 92.11% | 92.63% | 92.11% | 92.11% | 96.84% |
| Medical Examiner Division | 90.11% | 81.32% | 93.41% | 76.92% | 78.02% | 82.42% | 89.01% | 84.62% | 84.62% | 93.41% |
| Medical Workforce Division | 89.47% | 73.68% | 89.47% | 84.21% | 78.95% | 68.42% | 100.00% | 84.21% | 84.21% | 94.74% |
| People & OD Division | 97.87% | 95.74% | 97.87% | 91.49% | 91.49% | 91.49% | 95.74% | 95.74% | 95.74% | 95.74% |
| Pharmacy Technical Services | 84.85% | 81.82% | 93.94% | 81.82% | 81.82% | 84.85% | 87.88% | 81.82% | 84.85% | 87.88% |
| Planning, Performance and Informatics | 97.83% | 97.83% | 97.83% | 93.48% | 89.13% | 93.48% | 95.65% | 91.30% | 91.30% | 95.65% |
| Primary Care Division | 99.02% | 99.35% | 100.00% | 99.02% | 99.02% | 98.69% | 99.35% | 99.67% | 99.67% | 99.35% |
| Procurement Division | 94.53% | 89.43% | 95.90% | 92.41% | 85.70% | 92.41% | 94.65% | 91.79% | 91.54% | 93.16% |
| Specialist Estates Division | 94.34% | 96.23% | 94.34% | 96.23% | 92.45% | 96.23% | 92.45% | 94.34% | 90.57% | 100.00% |
| Surgical Materials Testing (SMTL) | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Welsh Employers Unit | 100.00% | 100.00% | 100.00% | 100.00% | 71.43% | 85.71% | 100.00% | 100.00% | 100.00% | 100.00% |
| NHS Wales Shared Services Partnership | 95.38% | 92.53% | 96.54% | 92.95% | 88.58% | 91.83% | 94.90% | 92.84% | 92.16% | 96.45% |

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

Armed Forces Covenant

NWSSP has met with the Regional Employer Engagement Advisor to discuss a formal submission for our Silver Award as part of this year's piece of work. A follow up meeting has been organised for the end of March to finalise the submission and send for consideration by the National Armed Forces Recognition Scheme.

Long Service Awards

Having spent six months exploring the ability to recognise people proactively through ESR using continuous service start dates and NHS entry point dates we have identified a national issue with the data. As a result, we are unable to proceed with the proposed approach so instead have tried to simplify how people apply for long service recognition and have created a new Microsoft form to simplify how people complete their submissions. We are also adding this onto the monthly divisional senior management team packs.

<https://forms.office.com/Pages/DesignPageV2.aspx?rpring=Business&rpsession=8a2ae544-caf9-46a5-acfa-16c554da78f7&subpage=design&token=a4aedfc9e39c404fa107c31657514b3b&id=uChWuyjjgkCoVkM8ntyPrgQNtaMZbaFCqXAz0xCVKKdUM0lxVVhCODFKWIRWRDIYREIZMzRBUFGzNC4u>

Widening Access

Work Placement

During February, one work experience took place within Primary Care Services.

National Apprenticeship Week

National Apprenticeship Week was held between the 10-16th of February. A week of activities included sites visits at Greenvale Laundry Service and Matrix House, and focused on:

- Building awareness and highlight the benefits for recruiting managers to bring apprentices into the organisation
- Promoting opportunities to existing staff to undertake funded qualifications to develop skillset in their current role or to support career development.

In addition, case studies were also released about the success of recruiting an apprentice into individual teams and professional development they've had since completing their apprenticeship.

NWSSP Early Careers Network

The first meeting on 2025 took place in February, where new members were welcomed. During the network, a draft version of a quiz that can be utilised to drive engagement at career fairs, was shared with ambassadors. The quiz includes both generalised questions about the NHS and more specific ones about NWSSP. Members of the network in attendance shared positive feedback about its suitability for all age groups and target audiences.

Business cards have also been designed to increase ease of accessibility to relevant information/key contacts, as it was established that not everyone who attend career events have on the spot access to digital devices and QR codes.

Amendments based on feedback are being implemented before a finalised version will be shared and available to use.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

| Vacancy Control | Feb-25 | | |
|-----------------------|-----------|---------------|-------------|
| | Vacancy | Business Case | Grand Total |
| Approved | 18 | 6 | 24 |
| Further info required | 1 | 3 | 4 |
| Declined | 3 | 0 | 3 |
| Grand Total | 22 | 9 | 31 |

| 2024/2025 | Approved | Declined | Further Info | Total |
|--------------|------------|-----------|--------------|------------|
| April | 37 | 3 | 0 | 40 |
| May | 43 | 2 | 8 | 53 |
| June | 49 | 0 | 8 | 57 |
| July | 32 | 1 | 7 | 40 |
| August | 50 | 1 | 1 | 52 |
| September | 32 | 3 | 2 | 37 |
| October | 56 | 0 | 3 | 59 |
| November | 37 | 0 | 12 | 49 |
| December | 33 | 0 | 3 | 36 |
| January | 33 | 0 | 3 | 33 |
| February | 24 | 3 | 4 | 31 |
| Total | 426 | 13 | 51 | 487 |

Vacancy Control Process

February saw 18 of the 22 TRAC adverts approved, 1 with further information required and 3 that were declined.

In addition to this, 6 Business Cases were approved and 3 where additional information was required..

The 3 TRAC adverts that were declined were due to the wrong process being followed.

| Trac Report Code | Trac Recruitment Health Check | Average Time in Working Days | |
|------------------|--|------------------------------|--------|
| | | Target | Feb-25 |
| T1a | Time to Approve Vacancy Request | 10 | 7.3 |
| T4 | Time to Shortlist | 3 | 34.4 |
| T5b | Time to Update Interview Outcomes | 3 | 3.0 |
| T9b | Time to Approve References | 2 | 12.0 |
| T13 | Vacancy Creation to Conditional Offer | 44 | 37.0 |
| T14 | Vacancy Creation to Unconditional Offer | 71 | 55.8 |
| T23 | Conditional Offer to Ready for Start date notification | 27 | 17.1 |

Time to Hire

The average time to hire for NHS Wales for February 2025 is 66.7 days against the KPI of 71 days

NWSSP sit at **55.8 days** against a KPI of 71 (Down from 61.4 in last month) We are now green of 5 of the 7 core KPI's

T1a Time to approve – has significantly reduced from 17.5 days to 7.3 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 9.7 days in January, to 34.4 in February. (This was due to a historical Nursing SSP record that has been closed after 818 days, significantly impact our KPI's)

T9b –This has also increased to 12 days against a target of 2 days. (This is due to a historical Expenses Officer record that was not closed for 218 days)

RESOURCE BANK AND AGENCY

General Bank – Monthly Use

Total corporate spend of £170,773 in February

NWSSP Resource Bank spend of £160,120 when excluding Collaborative Bank

This is down from £174,748 in January (excluding Collaborative Bank).

Agency Use

Agency spend for February decreased to £9320 (Up from - £14,048 in January)

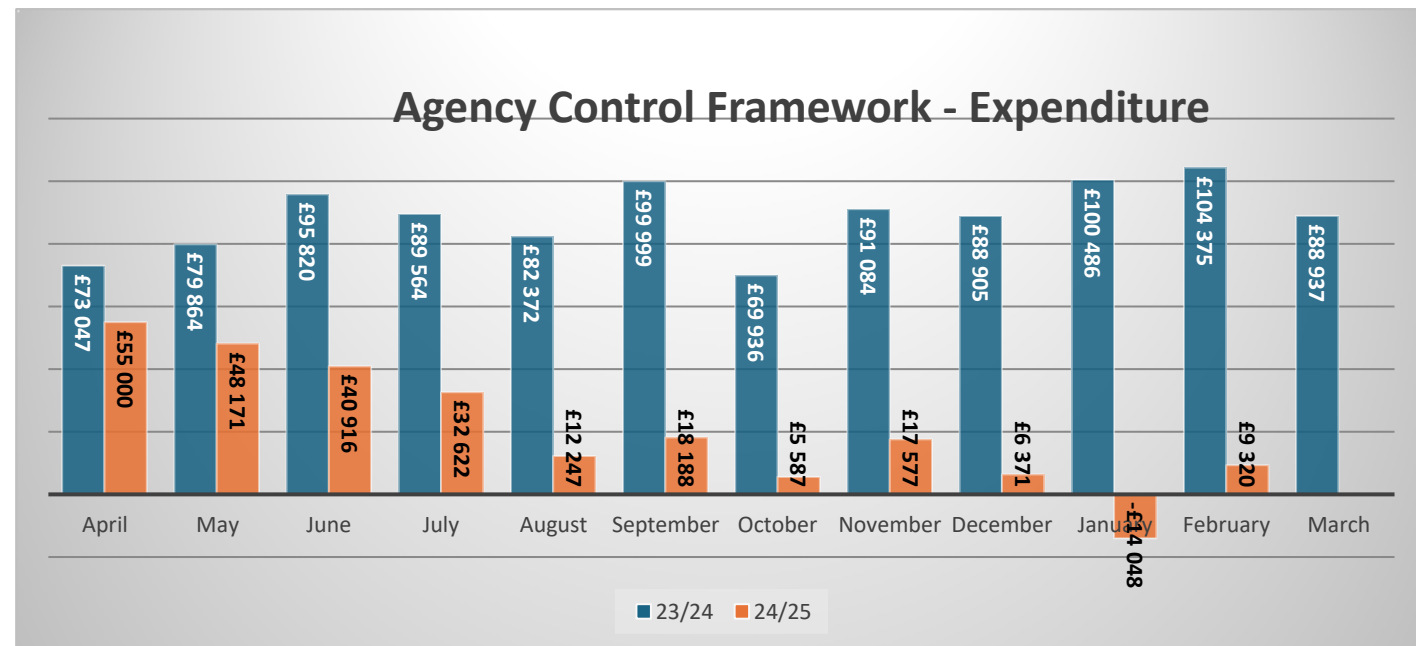
1x staff engaged via Agency in February at a cost of £9703 in Procurement Services

(This sat outside of Resourcing Control Framework process for Agency requests)

Agency Spend by Service

| Division | P09-25 | | P10-25 | | P11-25 | |
|---------------------------------|------------------|------------|------------------|------------|------------------|------------|
| | Cur Month Actual | WTE Actual | Cur Month Actual | WTE Actual | Cur Month Actual | WTE Actual |
| Audit & Assurance Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Central Team eBusiness Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Health Courier Services | 0 | 0 | -22,332 | 0 | 0 | 0 |
| Laundry Services | 0 | 0 | 0 | 0 | -384 | 0 |
| Procurement services | 6,371 | 1 | 8,283 | 1 | 9,703 | 1 |
| Grand Total | 6,371 | 1 | -14,048 | 1 | 9,320 | 1 |

| Division | P09-25 | | P10-25 | | P11-25 | |
|---------------------------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|
| | Sum of Cur Month Actual | Sum of WTE Actual | Sum of Cur Month Actual | Sum of WTE Actual | Sum of Cur Month Actual | Sum of WTE Actual |
| Accounts Payable & E-Enablement | 2,412 | 0.73 | 1,362 | 0.43 | 1,278 | 0.47 |
| Audit & Assurance Services | 142 | 0.21 | 805 | 0.17 | 2,107 | 0.53 |
| Central Team eBusiness Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Collaborative Bank Partnership | 5,787 | 1.29 | 34,868 | 6.47 | 10,653 | 1.06 |
| Digital Workforce Solutions | 0 | 0 | 4,043 | 1.5 | -43 | -0.06 |
| Employment Services | 6,698 | 2.53 | 11,729 | 3.5 | 4,966 | 1.65 |
| Finance and Corporate Services | 12,564 | 1.93 | 9,946 | 1.7 | 10,152 | 1.32 |
| Health Courier Services | 28,699 | 11.67 | 30,595 | 12 | 24,858 | 8.45 |
| Laundry Services | 37,735 | 13.17 | 48,453 | 16.9 | 43,806 | 14.14 |
| Legal & Risk Services | 1,885 | 0.53 | 1,292 | 0.47 | 2,916 | 1.08 |
| Medical Examiner Service | -204 | 0 | 4,723 | 1.79 | 12,365 | 4.02 |
| People & Organisational Development | 1,074 | 1.01 | 3,633 | 0.94 | 3,114 | 1.04 |
| Planning, Performance & Informatics | 0 | 0 | 0 | 0 | 0 | 0 |
| Primary Care Services | 6,368 | 2.48 | 4,109 | 1.09 | -41 | -0.07 |
| Procurement services | 44,949 | 17.68 | 48,188 | 17.83 | 36,900 | 12.29 |
| Surgical Materials Testing Laboratory | -308 | 0 | 1,744 | 0.16 | 4,584 | 0.36 |
| Welsh Employers Unit | 52 | 0 | 2,545 | 0.21 | 470 | 0 |
| Welsh Risk Pool | -5,745 | -0.05 | 1,582 | 1.55 | 12,688 | 2.1 |
| Grand Total | 142,108 | 53.18 | 209,616 | 66.71 | 170,773 | 48.38 |



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**

NWSSP's overall Corporate Induction compliance is **24.87%**. Reminder emails were sent to managers to remind them to Complete and return the new starter toolkits.

Training Needs Analysis (TNA)

Dates were scheduled with NWSSP directorates to share their Training Needs Analysis, based on the training plans submitted to People and OD in January. People and OD will be attending local SMTs between March and May to share the analysis.

Leaders of the Future ... For NWSSP's Rising Stars

Applications closed in February for colleagues to take part in the programme. People and OD completed an initial sift of the applications before sharing final applications with prospective Services.

| Corporate Induction Participation by Division | No of New Starters Since 1 st January 2024 | Attendance at Welcome Induction Workshop | Returned Completed Welcome Induction Toolkits |
|---|---|--|---|
| Audit & Assurance | 3 | 3 | 2 |
| Finance & Corporate | 12 | 12 | 3 |
| Digital Workforce | 3 | 3 | 1 |
| Employment Services | 7 | 7 | 1 |
| Laundry | 1 | | 0 |
| Legal & Risk | 21 | 20 | 11 |
| Medical Examiner | 16 | 9 | 0 |
| People & OD | 10 | 9 | 1 |
| Pharmacy Technical Services | 3 | 3 | 1 |
| PPI | 4 | 3 | 1 |
| Primary Care | 22 | 21 | 9 |
| Procurement | 90 | 60 | 17 |
| Specialist Estates Service | 1 | | 0 |
| Surgical Materials Testing (SMTL) | 2 | 2 | 1 |
| Welsh Employers Unit | 2 | 2 | 0 |
| Grand Total | 197 | 154 | 49 |
| Compliance % | | 78.17% | 24.87% |

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.

People Development – People and OD Training Attendance for February 2025

| | Capability: Policies in Practice | Coffee and Conversations - Health and Well-Being | LEI Module 6 - Effective Teamwork (Essential) | LEI Module 6 - Effective Teamwork (Strategic) | Managers Induction | Performance Appraisal Training | Recruitment Training Session 1 - Preparing to Recruit | Resilience Awareness | Welcome to NWSSP | Total |
|-----------------------|----------------------------------|--|---|---|--------------------|--------------------------------|---|----------------------|------------------|-----------|
| Audit & Assurance | | 1 | 1 | 2 | | | | | | 4 |
| Corporate and Finance | | 2 | 1 | | 3 | 1 | 2 | 1 | 1 | 11 |
| Employment | 3 | | 1 | 3 | | 1 | 1 | 4 | | 13 |
| Laundry | | | | | | 1 | | | | 1 |
| Legal & Risk | 2 | | 3 | | 3 | 2 | 2 | 1 | | 13 |
| Medical Examiner | | | | | | | | 1 | 4 | 5 |
| People & OD | 1 | 2 | | | 2 | | | 1 | | 6 |
| TRaMMs | | | 1 | 1 | | | | | | 2 |
| PPI | | 1 | | 1 | | | | | | 2 |
| Primary Care | | 1 | 2 | 1 | | | 1 | | 2 | 7 |
| Procurement | 5 | 2 | 5 | 3 | 2 | 7 | 2 | 2 | 4 | 32 |
| Specialist Estates | | | | 1 | | | | | | 1 |
| SMTL | | | | | | | | | 1 | 1 |
| Welsh Employers Unit | | | 1 | | | | | | | 1 |
| Total | 11 | 9 | 15 | 12 | 10 | 12 | 8 | 10 | 12 | 91 |

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.

Diversity, Inclusion and Well-being

Diversity and Inclusion Ambassadors

NWSSP’s Diversity and Inclusion Ambassadors have been introduced to the organisation and are contactable via a dedicated email address and also via a telephone number where colleagues can leave a message and have their calls returned. The inbox is monitored via a rota system which includes People and OD Diversity and Inclusion leads and the Diversity and Inclusion Ambassadors.

Reflection and Well-being rooms

Following a piece of scoping work to look at enabling our sites to use dedicated rooms for well-being and reflection, including prayer and breastfeeding, the Nantgarw facility is ready and for use having been furnished with items from the organisation's storage following the remodelling work at Nantgarw and Companies house. The next room to be complete will be Companies house in April.

Time to Change and Time to Talk Day

Time to Change has announced that it will no longer be operating from 31st March 2025 as funding for the organisation has been discontinued. NWSSP has been a pledged Time to Change Organisation since October 2020 and the organisation has accessed Time to Change Champions and resources on an ongoing basis since then. A number of staff members have been previously trained as Time to Change Champions and have supported the programme which raises awareness of the stigma around mental health.

On 6th February People and OD colleagues, Mental Health First Aiders and Time to Change Champions attended a number of sites across the organisation, specifically warehouses and laundries to enable colleagues to see the support on offer and 32 colleagues reached out on this day. The resources will be available on the Time to Change website for one year and options are being explored for other opportunities to demonstrate NWSSPs commitment to mental health support for colleagues.

Mental Health Support for Network 75 Students

As part of the ongoing Network 75 development programme within NWSSP, the organisation's Mental Health Well-being Advisor ran a session with students during February to provide learning and guidance on mental health and the support on offer to them. This supplements the support that the university additionally offers the students.

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

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

Culture and Engagement**Staff Recognition Awards**

The virtual award ceremony took place on the 13th of February, with a total of 297 colleagues (inclusive of those streaming from an NWSSP site) joining the virtual event to celebrate staff successes. The table below shows how many colleagues attended the various streamed locations. The Regional Winner’s Events will take place in March, April, and May. Commencing with North Wales on 19th of March.

| Site | Figures |
|-------------|---------|
| Denbigh | 6 |
| Matrix | 1 |
| Nantgarw | 9 |
| IP5 | 12 |
| Alder House | 0 |

Staff Survey

Key stakeholders met to feed any new findings from the 2024 survey into our Inclusive Culture Action Plan, which will later be released to the organisation. HEIW released the Staff Survey free text comments in late February to Staff Survey Leads only. Suppression has been applied to free text comments so any services with less than 10 responses will not have access to their service free text data. Staff survey leads are currently analysing the data and Business Partners will have access to the comments for their individual services where applicable.

'Supporting You' Roadshows

To drive engagement and support for colleagues across the organisation, NWSSP will be launching ongoing 'Supporting You' Roadshows, where colleagues from People and OD will visit at least one NWSSP site per month to share information on areas including Health and Well-Being, People Development, Widening Access, Culture and Engagement, Speaking up Safely, and Diversity and Inclusion. Trade Union colleagues have also been invited to provide promotional materials for stands and attend the roadshows if they wish.

The first 3 roadshows will be tied in with Staff Awards Regional events in March, April and May. Subsequent dates are being agreed and will be communicated with the organisation via emails, flyers and MS Teams channels.

Staff Engagement & Town Hall Event

As part of the remodelling works to both Nantgarw and Companies House, staff have been updated in various ways and given an opportunity to feedback or ask questions. Communications have included information emails, sent to all affected staff, briefings in the Managing Directors monthly Blog, a dedicated SharePoint page which is a one stop shop for all information and visuals including FAQs, as well as a dedicated mailbox, where staff can ask questions. A decision was made to host a coffee morning /Town-Hall event on the 12th March 2025, which was after the completion of Nantgarw and before commencement of works to Companies House. Here we shared with staff the remodelling of Nantgarw and the new booking app, lessons learnt as well as looking forward to works at Companies House.



The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Performance Information Report

| | |
|--|---|
| ARWEINYDD/LEAD: | Rebecca Nelson, Director of Planning, Performance and Informatics |
| AWDUR/AUTHOR: | Richard Phillips, Head of Performance & Outcome Reporting |
| SWYDDOG ADRODD/REPORTING OFFICER: | Rebecca Nelson, Director of Planning, Performance and Informatics |

Pwrpas yr Adroddiad/Purpose of the Report:

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

Llywodraethu/Governance:

| | |
|--|---|
| Amcanion/ Objectives: | <p>Value for Money - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p>Staff - To have an appropriately skilled, productive, engaged and healthy workforce.</p> |
| Tystiolaeth/ Supporting evidence: | NWSSP IMTP 2024-27 |

Ymgynghoriad/Consultation:

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

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

| | |
|---|---|
| Argymhelliad/ Recommendation | <p>The Shared Services Partnership Committee is requested to NOTE:</p> <ol style="list-style-type: none"> 1. The significant level of professional influence benefits generated by NWSSP to 28 February 2025. 2. The performance against the high-level key performance indicators to 25 February 2025. 3. The continued achievement of the recruitment Time to Hire target in recent months. |
|---|---|

| 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: | Professional Influence Benefits for NHS Wales |
| Risg a Aswiriant/ Risk and Assurance: | Organisation Performance Assurance |
| Dyletswydd Ansawdd/Duty of Quality: | No direct impact |
| Gweithlu/ Workforce: | No direct impact |
| Deddf Rhyddid Gwybodaeth/ Freedom of Information Act: | Open |

NWSSP Performance Information Report

March 2025

*Delivering Value, Innovation
and Excellence through
Partnership*

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Purpose

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

Health Organisations received their individual performance reports for Quarter three at the end of January 2025 and will receive the quarter four reports at the end of April 2025..

Organisational 1:1 performance meetings are being held currently to discuss performance.

Key Messages

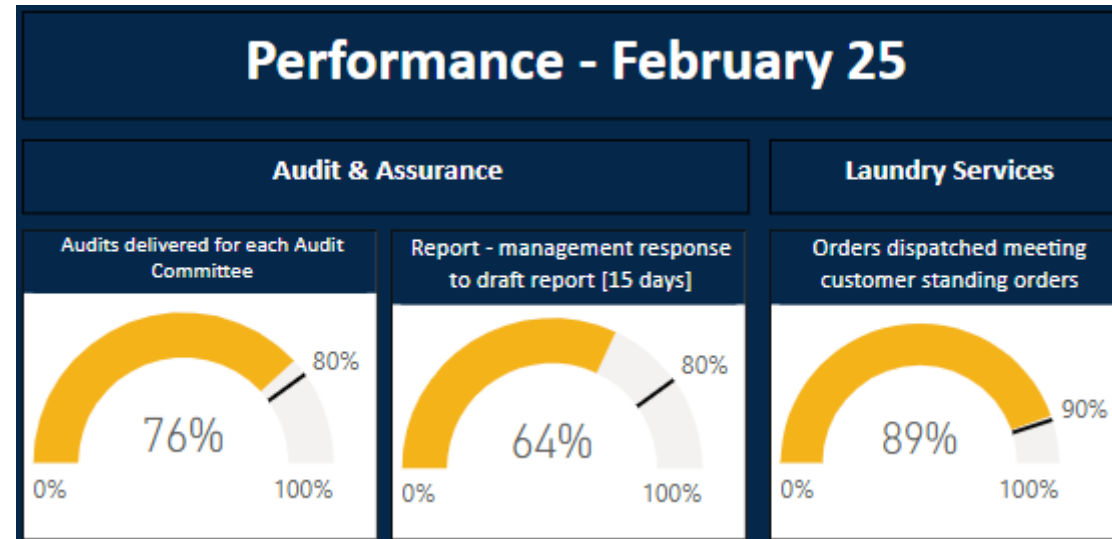
The in-month February performance was generally good with 37 KPIs achieving the target against the total of 40 KPIs reported.

Time to Hire target within Recruitment has been achieved the last twelve months.

However, 2 KPI relating to Audit & Assurance and 1 relating to Laundry did not achieve the target and are considered Amber. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £317M at end of February. This is further broken down on Page 13 of this report.












Summary Position by exception – 3 KPIs off Target



Of the 3 KPI that did not achieve the targets for February

- 1 is solely the responsibility of the health organisations.
- 1 is a combination of both External/Internal processes.
- 1 is the responsibility of NWSSP.

Summary of KPIS

| | | | | 24/25 | | | | |
|-----------------------------------|---|--------|------------|--------------------|-------------|--------------------|--------------------|---|
| KFA | KPIs | Target | | November | December | January | February | 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 | 78% | 76% | 75% | 76% | |
| Our Services | Report turnaround fieldwork to draft reporting [10 days] | 95% | Cumulative | 99% | 98% | 98% | 97% | |
| Our Services | Report turnaround management response to draft report [15 days] | 75% | Cumulative | 65% | 63% | 62% | 64% |  |
| Our Services | Report turnaround draft response to final reporting [10 days] | 95% | Cumulative | 100% | 98% | 98% | 99% |  |
| Procurement Services | | | | | | | | |
| Our Value | Procurement savings *Current Year | £23m | Cumulative | £31,089,745 | £34,240,946 | £32,111,136 | £32,763,432 | |
| Accounts Payable | | | | | | | | |
| Our Value | Savings and Successes | | Monthly | £2,235,226 | £1,112,349 | £1,479,166 | Not Available |  |
| 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 | 88% | Reported Quarterly | Reported Quarterly | |
| Our Services | Accounts Payable % Calls Handled (South) | 95% | Monthly | 97.60% | 98.90% | 98.60% | Not Available |  |
| Employment Services | | | | | | | | |
| Payroll | | | | | | | | |
| Our Services | Overall Payroll Accuracy | 99.60% | Monthly | 99.76% | 99.79% | 99.78% | 99.82% |  |
| Our Services | Payroll % Calls Handled | 95% | Monthly | 95.83% | 97.67% | 98.47% | 99.05% |  |
| Recruitment | | | | | | | | |
| All Wales | | | | | | | | |
| Our Services | All Wales - % of vacancy creation to unconditional offer within 71 days | | Monthly | 64.7% | 70.6% | 67.2% | 67.3% |  |
| Our Services | Average Days Vacancy creation to unconditional offer within 71 days | 71 | Monthly | 60.10 | 59.30 | 62.50 | 66.70 |  |
| Recruitment Responsibility | | | | | | | | |
| Our Services | Recruitment - % of Vacancies advertised within 2 working days of receipt | 95% | Monthly | 100% | 100% | 100% | 100% |  |
| Our Services | Recruitment - % of conditional offer letters sent within 4 working days | 95% | Monthly | 99.9% | 98.3% | 99.6% | 99.8% |  |
| Our Services | Recruitment % Calls Handled | 95% | Monthly | 98.8% | 98.7% | 98.7% | 98.9% |  |

Summary of KPIS

| | | | | 24/25 | | | | |
|------------------------------------|---|--------------------|------------|--------------------|------------|--------------------|--------------------|-------|
| KFA | KPIs | Target | | November | December | January | February | 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 | 98.95% | 97.71% | 97.98% | 97.00% | |
| 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 | 99.68% | 99.77% | 99.77% | 99.84% | |
| Our Services | Urgent medical record transfers actioned within 2 working days | 100% | Monthly | 100% | 100% | 100% | 100% | |
| Our Services | Patient assignment actioned within 24 hours of receipt of request | 100% | Monthly | 100% | 100% | 100% | 100% | |
| Our Services | Category A Cascade alerts to be issued within 4 hours of receipt | 100% | Monthly | 100% | 100% | 100% | 100% | |
| Legal & Risk | | | | | | | | |
| Our Value | Savings and Successes | £65m annual target | Monthly | £24,851,895 | £1,200,902 | £18,046,059 | £1,145,009 | |
| Our Services | Timeliness of advice acknowledgement - within 24 hours | 95% | Monthly | 100% | 98% | 100% | 100% | |
| Our Services | Timeliness of advice response - within 3 days or agreed timescale | 95% | Monthly | 100% | 98% | 100% | 100% | |
| Welsh Risk Pool | | | | | | | | |
| Our Services | Time from submission to consideration by the Learning Advisory Panel | 95% | Monthly | 100% | 100% | 100% | 100% | |
| Our Services | Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee | 100% | Monthly | 100% | 100% | 100% | 100% | |
| Our Services | Holding sufficient Learning Advisory Panel meetings | 90% | Monthly | 100% | 100% | 100% | 100% | |
| Specialist Estates Services | | | | | | | | |
| Our Value | Professional Influence | £16m annual | Monthly | £504,319 | £363,721 | £668,975 | £192,242 | |
| Our Value | Building for Wales/Designed for Life Savings | | Quarterly | Reported Quarterly | £1,459,977 | Reported Quarterly | Reported Quarterly | |
| 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 | | November | December | January | February | Trend |
| Digital Workforce | | | | | | | | |
| Our Services | DWS % Calls Handled | 85% | Monthly | 92.12% | 90.82% | 92.81% | 96.39% | |
| Our Services | Customer Satisfaction | 90% | Monthly | 92.90% | 93.80% | 94.20% | 93.30% | |
| SMTL | | | | | | | | |
| Our Services | % of Monitoring reports completed within 14 days from receipt into the laboratory | 90% | | 100% | 100% | Not Applicable | 100% | |
| Our Services | % delivery of audited reports on time (Commercial) | 87% | Monthly | 100% | 100% | 100% | 100% | |
| Our Services | % delivery of audited reports on time (NHS) | 87% | Monthly | Not Applicable | Not Applicable | 100% | 100% | |
| Our Services | % delivery of Technical assurance evaluations on time | 87% | Monthly | 100% | 100% | 100% | 100% | |
| Pharmacy Services | | | | | | | | |
| Our Services | Complaints | | | 0 | 0 | 1 | 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 | 96% | 95% | 96% | 89% | |
| Our Services | Number of pieces of returned linen by customer not meeting quality standards | <100 Items | Monthly | 0 | 1 | 0 | 0 | |
| Our Services | Microbiological contact failure points | 90% | Monthly | 97% | 97% | 97% | 97% | |

| Division | KPIs | Target | 23/24 Performance | April | May | June | July | 24/25 August | September | October | November | December | January | February | 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 | → | K | |
| Audit & Assurance | Audits delivered for each Audit Committee in line with agreed plan (Excluding External) | 80% | Cumulative | | | | | | | | | 78% | 76% | 75% | 76% | ↑ | K |
| Audit & Assurance | Report turnaround fieldwork to draft reporting [10 days] | 95% | Monthly | 89% | 89% | 100% | 100% | 100% | 97% | 99% | 99% | 98% | 98% | 97% | ↓ | | |
| 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% | ↑ | | |

What is happening?

As at February audits delivered to each Audit Committee performance was reported as 76% (135 of 177) against a target of 80% with 7 of the 13 health organisations achieving the target (The 6 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 February. The target for the 15-day turnaround is 80%, 64% of reports were completed within that time frame (48 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 discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

| Audit & Assurance | |
|-------------------|-----|
| Org | |
| AB | 95% |
| BCU | 83% |
| CV | 54% |
| CTM | 62% |
| HD | 71% |
| HEIW | 80% |
| DHCW | 92% |
| NWSSP | 83% |
| PTHB | 67% |
| PHW | 44% |
| SBU | 88% |
| VEL | 64% |
| WAST | 81% |

Laundry Services

| Division | KPIs | Target | 23/24 Performance | 23/24 March | April | May | June | July | 24/25 August | September | October | November | December | January | February | Trend | Lead KPI |
|-------------------|--|--------|-------------------|-------------|-------|------|------|------|--------------|-----------|---------|----------|----------|---------|----------|-------|----------|
| Our Services | | | | | | | | | | | | | | | | | |
| All Wales Laundry | Orders dispatched meeting customer standing orders | 91% | Monthly | 94% | 99% | 106% | 89% | 102% | 96% | 91% | 91% | 96% | 95% | 96% | 89% | ↓ | K |
| All Wales Laundry | Microbiological contact failure points | 90% | Monthly | 95% | 96% | 96% | 97% | 97% | 97% | 97% | 96% | 97% | 97% | 97% | 97% | → | K |

What is happening?

Orders dispatched meeting customer standing orders failed the 91% target during February reporting 89%. This has been due to some issues at Green Vale with staff shortages.

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

Additional bank staff hours have been approved which will cover the staff shortages in the future. No more delays are anticipated.

Areas of continued success


*Delivering Value, Innovation
and Excellence through
Partnership*

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Employment Services – Recruitment

| Division | KPIs | Target | 23/24 Performance | April | May | June | July | 24/25 August | September | October | November | December | January | February | Trend | Lead KPI |
|------------------|---|--------|-------------------|-------|-------|-------|-------|--------------|-----------|---------|----------|----------|---------|----------|-------|---|
| Our Services | | | | | | | | | | | | | | | | |
| ES - Recruitment | All Wales - % of vacancy creation to unconditional offer within 71 days | TBC | | 71.1% | 69.5% | 73.1% | 69.6% | 67.5% | 67.9% | 65.7% | 64.7% | 70.6% | 67.2% | 67.3% | ↓ | |
| ES - Recruitment | Average Days Vacancy creation to unconditional offer within 71 days | 71 | 73 | 59.4 | 61.0 | 57.7 | 59.2 | 63.5 | 62.5 | 62.4 | 60.1 | 59.3 | 62.5 | 66.7 | ↓ |  K |

What is happening?

The average time to hire (TTH) across NHS Wales for February 2025 is 66.7 days and the target is 71 days which is a slight increase on the previous two months however, 3 organisations missed the target which can be seen on pages 12 and 13. During February activity volumes has decreased, posts advertised decreased (1,413 to 1,377) the number of conditional offers sent decreased (1,423 to 1,379) compared to January. WTE advertised (1,931 to 1,761) also decreased during February 2025.

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

| Division | Activity | April | May | June | July | August | September | October | November | December | January | February | Trend |
|------------------|-----------------------------------|-------|-------|-------|-------|--------|-----------|---------|----------|----------|---------|----------|---|
| ES - Recruitment | Number of Conditional Offers Sent | 1,798 | 1,840 | 2,247 | 2,444 | 1,959 | 1,842 | 1,899 | 1,933 | 1,699 | 1,423 | 1,379 |  |

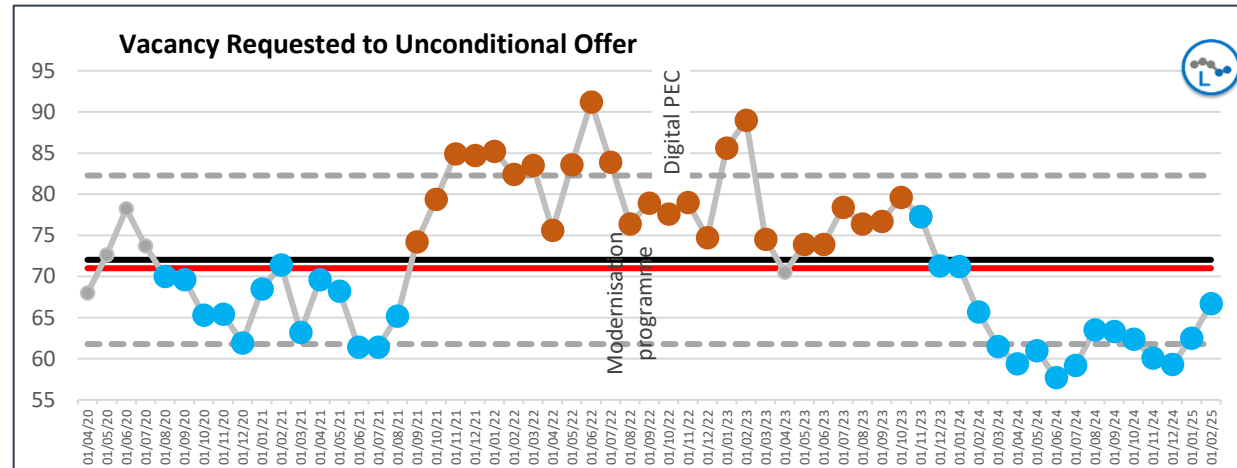
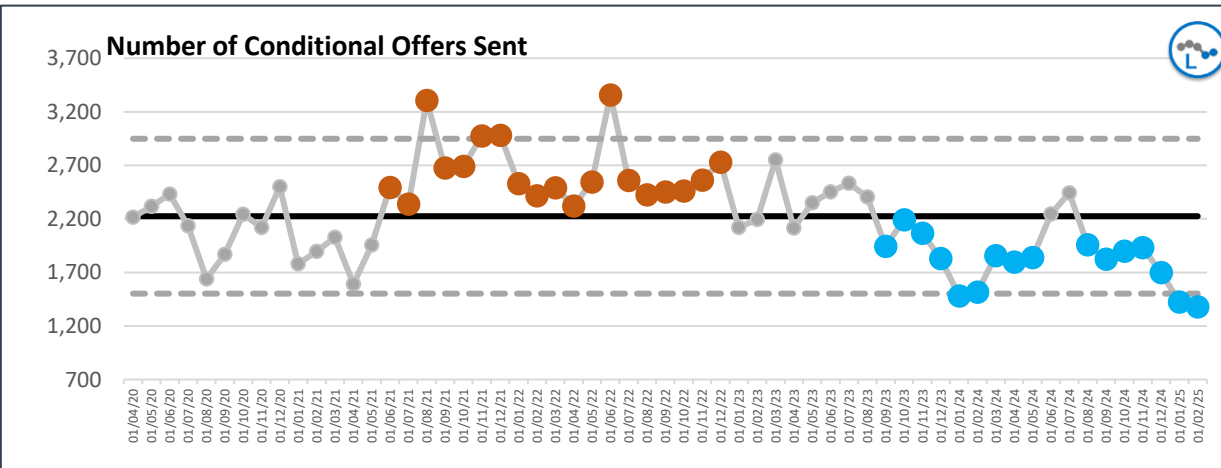
What we continue to do?

Good progress has been made on the older records in the system. 7.3% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days which is a decrease on the previous reported position. To assist with this work please use the Escalation Report which is shared monthly to identify and review these records. It is also important to continue to work on the records that have been in the system for 51-90 days also to ensure they don't tip into the 91+ days category.

For organisations where there is a form of vacancy freeze in place, it is advisable 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. Please reject them in the Trac system and re-enter them as new requests when the freeze is lifted or relaxed and they can be approved to progress. The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

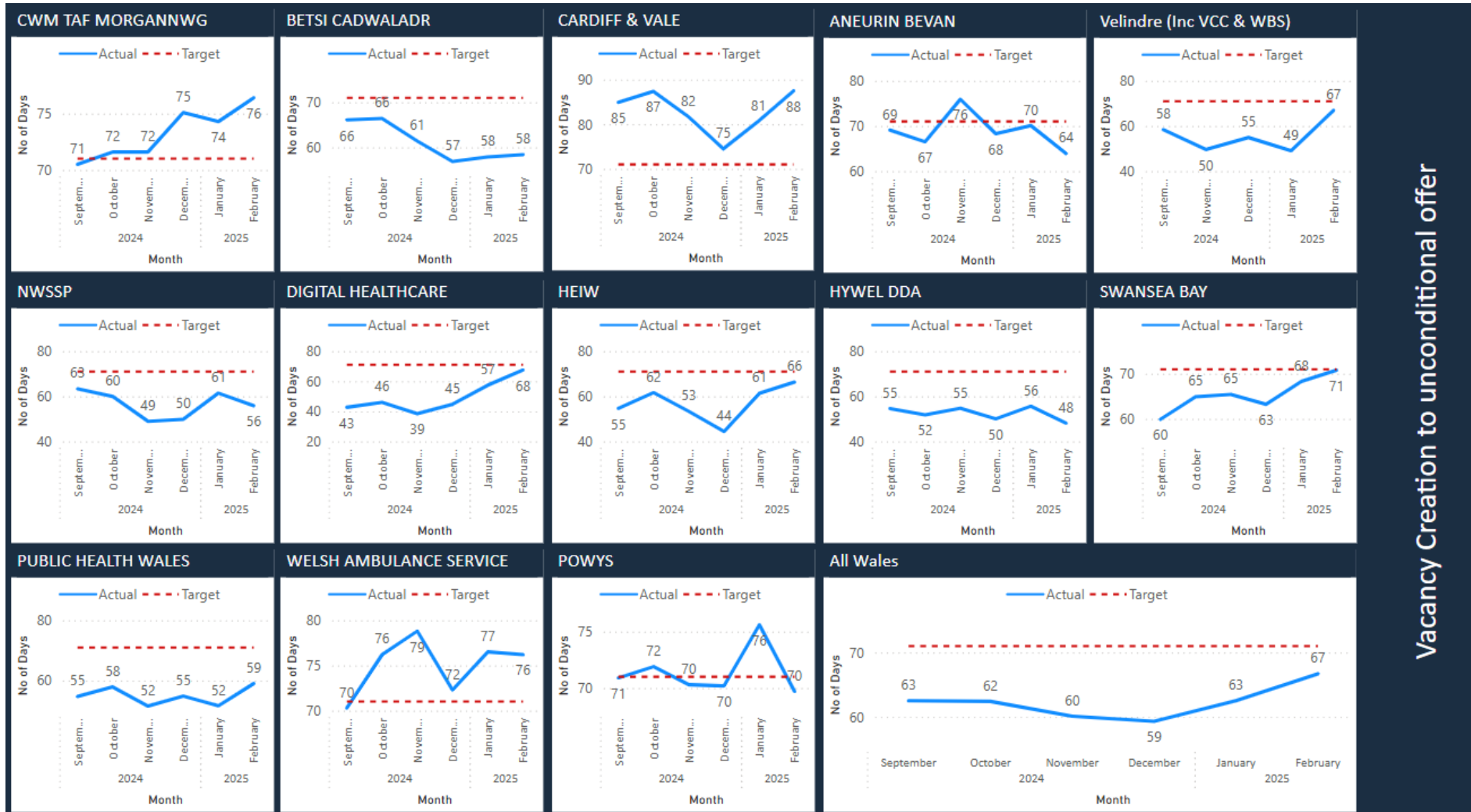
Employment Services – Recruitment

| Recruitment | | Vacancy Creation to Unconditional Offer | | | | | | | | | | | | | |
|-------------|--------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--|
| Org | Target | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Trend | |
| AB | 71 | 71 | 70 | 68 | 69 | 72 | 67 | 69 | 67 | 76 | 68 | 70 | 64 | ↑ | |
| BCU | 71 | 69 | 63 | 68 | 65 | 69 | 71 | 66 | 66 | 61 | 57 | 58 | 58 | ↓ | |
| CV | 71 | 89 | 87 | 84 | 76 | 78 | 82 | 85 | 87 | 82 | 75 | 81 | 88 | ↓ | |
| CTM | 71 | 66 | 67 | 64 | 66 | 70 | 74 | 71 | 72 | 72 | 75 | 74 | 76 | ↓ | |
| HD | 71 | 51 | 51 | 49 | 50 | 51 | 52 | 55 | 52 | 55 | 50 | 56 | 48 | ↑ | |
| HEIW | 71 | 47 | 55 | 51 | 52 | 50 | 51 | 55 | 62 | 53 | 44 | 61 | 66 | ↓ | |
| DHCW | 71 | 58 | 48 | 57 | 37 | 45 | 34 | 43 | 46 | 39 | 45 | 57 | 68 | ↓ | |
| NWSSP | 71 | 56 | 46 | 55 | 56 | 56 | 62 | 63 | 60 | 49 | 50 | 61 | 56 | ↑ | |
| PTHB | 71 | 53 | 68 | 66 | 59 | 59 | 78 | 71 | 72 | 70 | 70 | 76 | 70 | ↑ | |
| PHW | 71 | 58 | 55 | 54 | 47 | 48 | 54 | 55 | 58 | 52 | 55 | 52 | 59 | ↓ | |
| SBU | 71 | 58 | 61 | 57 | 57 | 58 | 62 | 60 | 65 | 65 | 63 | 68 | 71 | ↓ | |
| VEL | 71 | 61 | 49 | 49 | 56 | 56 | 65 | 58 | 51 | 50 | 55 | 49 | 67 | ↓ | |
| WAST | 71 | 66 | 73 | 94 | 65 | 65 | 71 | 70 | 76 | 79 | 72 | 77 | 76 | ↑ | |
| All Wales | 71 | 62 | 59 | 61 | 58 | 59 | 64 | 63 | 62 | 60 | 59 | 63 | 67 | ↓ | |



Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations September – February 25.



Vacancy Creation to unconditional offer

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

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management, cost avoidance etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits across NHS Wales arising in the period April – February 2025 are summarised as follows:

| Service | YTD Benefit £m |
|---|-------------------|
| Specialist Estates Services | 12.8 |
| Specialist Estates Services - Build for Wales | 5.9 |
| Procurement Services | 16.2 |
| Procurement Services – Pharmacy | 16.8 |
| Procurement Services - Cost Avoidance | 16.9 |
| Legal & Risk Services | 234.8 |
| Accounts Payable* | 12.2 |
| Oxygen Finance – PSP* | 0.4 |
| Counter Fraud Services | 0.8 |
| Total | 316.8 |

* Only April – January benefits included

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

- The significant level of professional influence benefits generated by NWSSP to 28th February 2025.
- The performance against the high-level key performance indicators to 28th February 2025.
- The continued achievement of the recruitment Time to Hire target in recent months.



*Delivering
Value, Innovation and
Excellence through
Partnership*



The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Outcome Measures Performance Report

| | |
|--|--|
| ARWEINYDD/LEAD: | Rebecca Nelson, Director of Planning, Performance, and Informatics |
| AWDUR/AUTHOR: | Richard Phillips, Head of Performance & Outcome Reporting |
| SWYDDOG ADRODD/REPORTING OFFICER: | Rebecca Nelson, Director of Planning, Performance, and Informatics |

Pwrpas yr Adroddiad/Purpose of the Report:

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for February 2025 or the most recent annual information.

Llywodraethu/Governance:

| | |
|--|---|
| Amcanion/ Objectives: | <p>Value for Money - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p>Staff - To have an appropriately skilled, productive, engaged and healthy workforce.</p> |
| Tystiolaeth/ Supporting evidence: | NWSSP IMTP 2024-27 |

Ymgynghoriad/Consultation:

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

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

| | |
|--|--|
| Argymhelliad/ Recommendation: | <p>The Shared Services Partnership Committee is requested to NOTE:</p> <ul style="list-style-type: none"> • 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. |
|--|--|

| 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: | Professional Influence Benefits for NHS Wales |
| Risg a Aswiriant/ Risk and Assurance: | Organisation Performance Assurance |
| Dyletswydd Ansawdd/Duty of Quality: | No direct impact |
| Gweithlu/ Workforce: | No direct impact |
| Deddf Rhyddid Gwybodaeth/ Freedom of Information Act: | Open |

NWSSP Outcome Measures Performance Report

March 2025

*Delivering Value, Innovation
and Excellence through
Partnership*



Purpose of the Report


The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for February 2025 or the most recent annual information.

With a bigger focus on Outcomes in the IMTP 24-27 we need to highlight and report the impact and importance of what we do which the Outcome measures aim to demonstrate.

Key Messages

NWSSP demonstrates strong performance across key areas, especially 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.



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



Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Services

Our People

Our Value

RPA Processes

Division

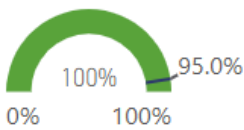
- Central Te... 57
- Employ... 14
- Accounts ... 9
- Other 9
- Primary C... 5



Legal & Risk Services

Case Closure Client Satisf...

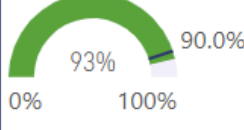
100% → 95.0%



DWS

Customer Satisfaction

93% → 90.0%



Primary Care Services

Customer Satisfaction re...

79% → 75.0%



Central Team

Annual Customer Satisf...

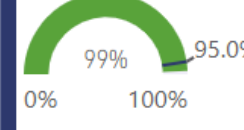
89% → 90.0%



Specialist Estates

Annual Customer Satisf...

99% → 95.0%



Website Bounce Rate

33%

Website Users

12K

Website Page Views

40K

Website Pages - February 25 (Top 3)

1. Current Vacancies - 2,851
2. Student Award Services - 1,380
3. Primary Care Services - 501

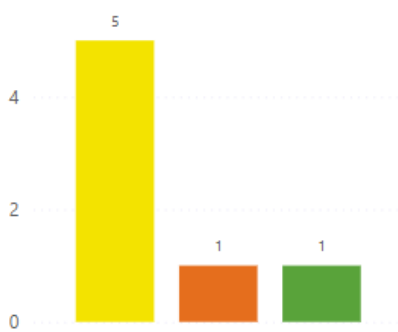
CSE Compliance Met

45

CSE Compliance P...

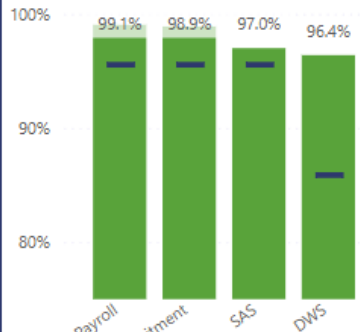
12

NWSSP Assurance Overview - YTD



| Audit Category | Count |
|----------------------------|-------|
| NWSSP Audits - Reasonable | 5 |
| NWSSP Audits - Limited | 1 |
| NWSSP Audits - Substantial | 1 |

Calls Answered



| Department | Actual (%) | Target (%) |
|-------------|------------|------------|
| Payroll | 99.1% | 95% |
| Recruitment | 98.9% | 95% |
| S&S | 97.0% | 95% |
| DWS | 96.4% | 95% |

Customer Satisfaction

- Most divisions met or exceeded their customer satisfaction targets.

Website Analytics

- Website Users decreased and Page views increased in February compared to January (13k and 38k). The top 3 page views were Current vacancies, Student awards and Primary Care Services for the first time in the top 3.

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


- Seven NWSSP audits have been completed so far this year: One with substantial assurance, five with reasonable assurance and one with limited assurance. 86% of Audits carried out within NWSSP have substantial/reasonable assurance compared with 80% for all Wales.

Call Handling

- Call Handling achieved the target in February for all reported areas.

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

Outcomes

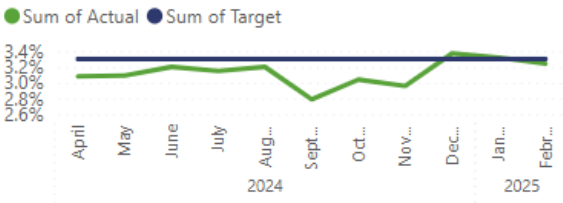
We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.


We will listen and learn from our staff to co-produce innovative solutions with our partners.

Sickness



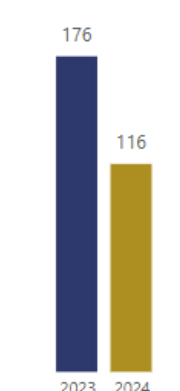
● Sum of Actual ● Sum of Target

NHS Wales Staff Survey



● NWSSP ● All Wales

Staff Award Submissions

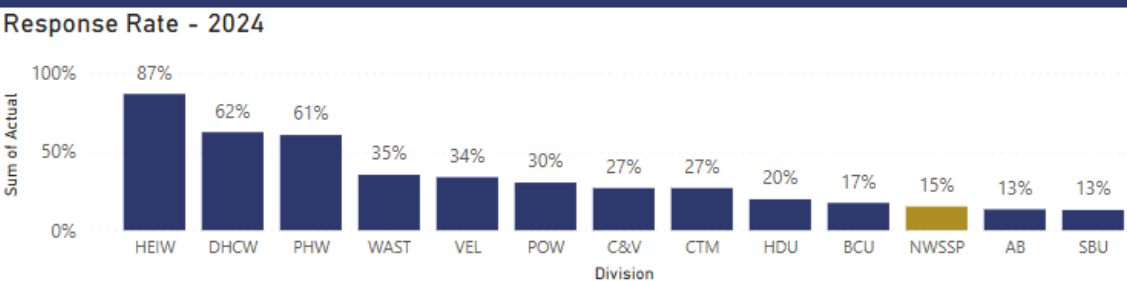


2023: 176
2024: 116

Top 3 Sickness Reasons

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

Response Rate - 2024



Sum of Actual

Division

Response Rate 2024 excluding SLE

38%

Annual Turnover (Excluding SLE)

9%

February 24 - Voluntary Resignation Reasons (Excluding SLE) (Top 3)

1. Promotion
2. Relocation
3. Health

NWSSP Internal Promotion excl SLE (October 23 - September 24)

179

Engagement Score - 2024

77%

Staff Survey

- NWSSP shows a positive trajectory with improved feelings of pride, recognition, valued work, opportunities for knowledge and skill development, and improved health and wellbeing. NWSSP consistently outperformed when compared to the all-Wales average, demonstrating strong employee engagement and positive workplace experiences. Specifically, there's a reduction in reported work-related stress and musculoskeletal problems within NWSSP.

Staff 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 (12%). Turnover does not include internal churn.
- There have been 179 Internal promotion occurrences captured in the last 12 months to September.

Sickness

- Staff sickness rate (3%) achieved the overall target (3.3%) for February however, 14 of the 22 divisions missing the target. Further detail is available in the People & OD report.
- Absence reasons remains consistent, anxiety, stress, depression, colds and Coughs or Gastrointestinal problems are the three main reasons for absence.

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.

Our Services

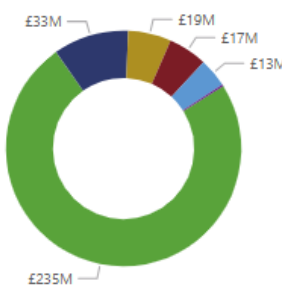
Our People

Our Value

Professional Influence Benefits
2024 YTD

Division

- Legal & Risk Se... (Green)
- Procurement S... (Blue)
- Specialist Estates (Yellow)
- Procurement S... (Red)
- Accounts Paya... (Light Blue)
- Counter Fraud (Purple)



£33M, £19M, £17M, £13M, £235M

£ Spend in with Welsh Suppliers (Q2)

£1.057M

% Spend in with Welsh Suppliers (Q2)

43%

£ Spend in Wales

£2.1bn 2023, £2.1bn 2024

NWSSP Employee Electric Miles (% of Total Miles)

4%

NWSSP Employee Electric Miles

20K

NHS Employee Electric Miles (% of Total Miles)

6%

NHS Employee Electric Miles

225K

Supply Chain Logistics - Electric Miles %

6%

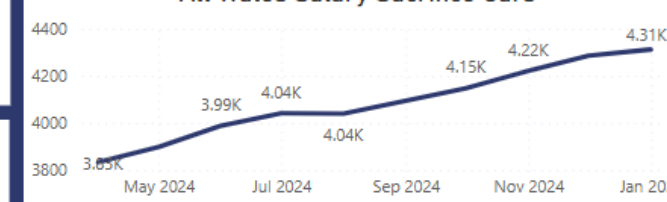
% of Electric Salary Sacrifice Cars

77%

Project/Improvement Work Packages

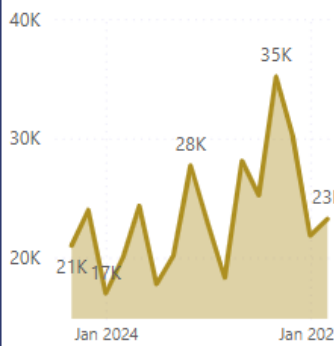
51

All Wales Salary Sacrifice Cars



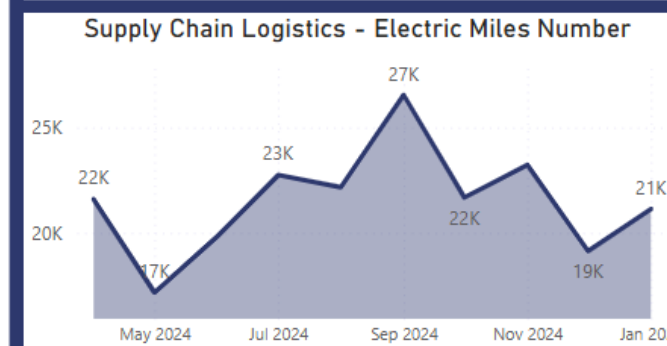
3.65K, 3.99K, 4.04K, 4.04K, 4.15K, 4.22K, 4.31K

Travel & Subsistence (Excluding SLE)
(£'s)



21K, 17K, 28K, 35K, 23K

Supply Chain Logistics - Electric Miles Number



22K, 17K, 23K, 27K, 22K, 19K, 21K

NWSSP Procurement Savings - In Year 2024

£0K, £32K, £28K

NWSSP Procurement Savings - Cost Avoidance 2024

£0, £2,250, £1,182

% Spend in Wales

44% 2023, 43% 2024

Professional Influence Benefits

- Professional Influence for April – February 25 shows significant benefits (£313m) specifically from Legal & Risk Services (£235m). Four detailed case studies have been developed to help explain how these savings are derived.
- Procurement Savings – in year (£33m) with a further £17m identified as cost avoidance (April – February).

Procurement Savings & Spend In Wales

- Procurement Savings is on track for 24/25 for both in year and full year at the end of February for all organisations. Regular discussions are ongoing with Health Organisations to identify further savings.
- NWSSP is on track to achieve the in-year procurement savings target achieving £32k against a target of £28k year to date.

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

- During February £23k (Excluding SLE) of T&S was claimed which is an increase on the January position (£22k). In February NHS Wales employees claimed for 225k electric miles which is 6% of the total miles claimed.
- NWSSP employees claimed 20k miles which is 4% of the total miles claimed.

Salary Sacrifice

- As of January, there are 4,312 salary sacrifice cars in use across All NHS Wales organisations where NWSSP manage the scheme, of these 77% are electric.
- For NWSSP as of January there were 237 cars in use with 78% classed as electric.

Project Management Office (PMO)

- As of January, the PMO/Service Improvement Team (SIT) is supporting 51 Project/Improvement work packages at various stages.

Planned Improvements

Planned improvements for future months (medium/longer term)

- Customer experience
- Benchmarking (work started in January and due to end March 25)

Recommendations

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.

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Project Management Office and Service Improvement Update Report

| | |
|---------------------------|--|
| ARWEINYDD: | Rebecca Nelson, Director of Planning, Performance & Informatics |
| LEAD: | |
| AWDUR: | Tim Knight, Assistant Head of Service Improvement |
| AUTHOR: | |
| SWYDDOG ADRODD: | Ian Rose, Assistant Director Transformation |
| REPORTING OFFICER: | |
| MANYLION CYSWLLT: | ----- |
| CONTACT DETAILS: | Ian.rose@wales.nhs.uk |

Pwrpas yr Adroddiad:
Purpose of the Report:

To provide the Shared Services Partnership Committee with an update on progress with key projects and initiatives undertaken by NWSSP.

Llywodraethu/Governance

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

| | |
|-----------------------------|---|
| Tystiolaeth: | NWSSP IMTP 2024-27 approved in principle by SSPC in Jan-24. |
| Supporting evidence: | |

Ymgynghoriad/Consultation:

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):

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

| | |
|---|---|
| Argymhelliad/ Recommendation | The Committee is asked to NOTE the progress with key projects and programmes undertaken by NWSSP. |
|---|---|

Crynodeb Dadansoddiad Effaith:
Summary Impact Analysis:

| | |
|---|--|
| Cydraddoldeb ac amrywiaeth: Equality and diversity: | No direct impact |
| Cyfreithiol: Legal: | Compliance with procurement regulations where applicable |
| Iechyd Poblogaeth: Population Health: | No direct impact |
| Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience: | No direct impact |
| Ariannol: Financial: | Compliance with financial instructions and processes where applicable |
| Risg a Aswiriant: 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 PMO Update - 06 March 2025

Prepared by: Tim Knight

Summary

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

| | |
|-----------------------|----|
| Projects | 19 |
| Programmes | 1 |
| 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:

- **54% (13 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
- **46% (11 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health Board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

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

There are specific Programme Board or Steering Group arrangements in place for TRAMs and Agile estates, which involve PMs from the PMO but performance is reported separately.

SLG Recommendation

To be manually updated

PMO Dashboard 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 | 31/03/2025 | 84% |
| Primary Care Workforce Intelligence System (Including Reporting and Performers List) | Nicola Phillips | Red | Red | Large | 13/04/2021 | 29/03/2024 | 31/03/2025 | 45% |
| Expansion of Legal Services to Primary Care | Daniela Mahapatra | Green | Green | Medium | 02/02/2023 | 29/03/2024 | 01/10/2025 | 95% |
| NWSSP Electronic Prescription Service-EPS | Nicola Phillips | Amber | Amber | Large | 01/10/2022 | 31/03/2024 | 31/03/2025 | 91% |
| Workforce Intelligence Service | Nicola Phillips | Green | Green | Medium | 08/07/2024 | 28/03/2025 | N/A | 16% |
| Optimising Workforce Transactions (OWT) | Rebecca Jarvis | Green | Green | Large | 01/03/2024 | 31/03/2025 | 15/09/2025 | 5% |
| Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS) | Nicola Phillips | Green | Green | Medium | 18/11/2024 | 31/03/2025 | N/A | 44% |
| Implementation of NWSSP Microbiology Monitoring Service | Laura-Jayne Keating | Green | Green | Medium | 10/12/2024 | 31/07/2025 | N/A | 5% |
| Influenza Vaccine programme 2025 | Jonathan Irvine | Green | Green | Large | 05/02/2024 | 30/09/2025 | N/A | 43% |
| Medicines Homecare Service | Colin Powell | Green | Green | Large | 03/06/2024 | 31/03/2026 | N/A | 38% |
| Digitisation of Patient Medical Records | Nicola Phillips | Green | Green | Large | 11/11/2024 | 31/03/2026 | N/A | 5% |
| 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 | 12% |
| 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 | Amber | Amber | Large | 16/08/2021 | 31/08/2023 | 31/03/2025 | 95% |
| Employee Investigations | Michelle Thomas | Green | Green | Medium | 13/11/2023 | 31/12/2024 | 31/03/2025 | 25% |
| Laundry Memorandum of Terms of Occupancy (MOTO) | Stuart Douglas | Amber | Amber | Small | 21/02/2024 | 16/01/2025 | 31/03/2026 | 50% |
| L&R Case Management System implementation phase | Mark Harris | Green | Green | LargeXOrg | 01/09/2020 | 31/03/2025 | 30/05/2025 | 88% |
| Lease Management Solution | Clive Ball | Green | Green | Small | 13/03/2024 | 31/03/2025 | N/A | 85% |
| Leaders of the Future for NWSSP rising Stars | Julia Denyer | Green | Green | Medium | 02/10/2023 | 01/04/2025 | N/A | 69% |
| Data Management | Scott Lavender | Amber | Amber | Large | 04/04/2022 | 30/09/2025 | 30/09/2025 | 47% |

Service Improvement Key Trend information and Initiative Overview

Initiatives – 4

| NWSSP | Sponsor | Previous RAG | Current RAG | DMAIC Stage | Start Date | Original Completion | Revised Completion |
|-------|---------|--------------|-------------|-------------|------------|---------------------|--------------------|
|-------|---------|--------------|-------------|-------------|------------|---------------------|--------------------|

PMO Dashboard Report

| | | | | | | | |
|-------------------------------|--|-------|-------|---------|------------|------------|------------|
| IOH Review | Neil Frow, Alison Ramsey, Linsay Payne | Green | Green | Improve | 22/06/2023 | 31/03/2025 | N/A |
| L&R Matters Invoicing Process | Stefan Dakovic, Sue Saunders | Amber | Amber | Improve | 06/12/2023 | 30/05/2025 | N/A |
| Greenvale Laundry | Anthony Hayward | Green | Green | Improve | 16/09/2024 | 02/06/2025 | N/A |
| Variable Pay Initiative | Neil Frow | Green | Green | Improve | 01/09/2023 | 31/03/2025 | 31/03/2026 |

Key Individual Project/Programme Updates

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

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

Status Red (Overall) Red (Time) Red (Cost) Red (Quality)

Recent Gateway Review? No

Objective

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)

1) Solution Build

The initial build is on track for 7th April 2025 subject to approval of successful User Acceptance Testing.

Approval has also been granted by Project Board for development of a 'wizard' functionality which prevents duplicate records within the solution. This functionality should be available to test about mid-April. However, it is important to note that the solution will not be able to go live until the wizard has been developed & tested. Deployment of the solution is expected after Easter.

The solution has also been fully translated into Welsh in preparation for deployment.

2) User Acceptance Testing

User Acceptance Testing has been ongoing for two weeks and full end to end testing is required prior to the build being signed off. The project team are striving to complete testing within the next week.

3) Data Migration

Data has migrated successful to date and will be fully tested during end-to-end testing.

4) Training

Training was held on 04 March 2025 for key users from both services within NWSSP. Training will be delivered using the train the trainer approach and training packs can now be developed by NWSSP following completion of the training.

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 Mar-25. - Review options & assess impact to service & customers
- 3) Risk of increase in project costs due to number of items raised & categorised as pot two / three by supplier. For example, the wizard. - Ensure all Project Board & Team members adhere to project governance to prevent any potential scope creep / additional cost.

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 Mar-25.

Key Individual Project/Programme Updates

| Project Name | Project Manager | Project Exec/SRO |
|------------------------|-----------------|------------------|
| TRAMS Programme | Peter Elliott | Neil Frow |

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

Status Red (Overall) Red (Time) Amber (Cost) Green (Quality)

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.
- The tender for the enabling works has been awarded. The contractor started on site on 03 February 2025 for a 16-week scope of work.
- Now that the Planning Permission letter has been received, there are no remaining dependencies to receive the final tranche of funding from Welsh Government for the cleanroom build, validation, and commissioning.
- Outline Business Case (OBC) for the remainder of the hub is being prepared. The capital costings are stable. Work is currently focussed on agreeing with Health Boards and Trusts the Revenue Baseline, Preferred Option, Benefits profile, and revenue funding model. We are still aiming for OBC Approval in Mar-25. The Programme Board has approved tendering for the isolators which are the only remaining major item not under contract. This isolator tender has been published and closes on 14 March 2025. If there are any further delays in OBC compilation we may explore whether Welsh Government will accept a single stage approval (straight to FBC) for the case to recover lost time.
- The South West Hub project is also active. A longlist of 7 sites has been compiled and a surveyor engaged to estimate the costs to bring each of them to a comparable condition. An initial site selection workshop is being planned for April 2025. We will seek a scoping meeting with Government to seek funds for OBC development once an emergent preferred site is identified.
- The programme continued 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 as staffing and funds permit. Staffing for the Micro Monitoring Lab has been identified within the NWSSP 25/26 budget. This facility will be key in bringing the new Radiopharmacy into use.
- The TRAMS Digital Project has prepared tender documents. Programme Board has authorised a tender to be offered, and this was published in Feb-25. We are still aiming to have a Minimum Viable Product live for January 2026. Engagement is ongoing with DHCW to ensure they are fully sighted on the wider implications for medicines software and data flows, and that they 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 August 2024. This model underpins the revenue costings and benefits to be used in the Hub OBC Preferred Option.
- 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 are currently being finalised.
- 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.
- Finance Subgroup of Health Board and Trust representatives is meeting monthly to work on detailed identification of the revenue budgets that support the existing services and validating capital cost option estimates.
- 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

Objective

The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.

This will be achieved by the following project objectives in the discovery phase, which will then 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 Information Governance (IG) review processes
- Existing technical infrastructure

To identify: -

- Opportunities to streamline request / response processes including IG review processes.
- Duplication / inconsistency in the provision of regular reporting.
- Opportunities to drive Statistical Process Control and performance management using existing data sets.
- Opportunities to add value to data provision through the application of domain knowledge.
- Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes.
- Stakeholder groups that have requirements beyond existing information provision
- Inconsistencies in existing data models.
- Potential "quick wins"

Progress Update

The amendments of NWSSP Ophthalmic dashboard are near completion with the aim of being signed-off in March 2025 Project Board meeting.

Once signed off, stakeholder engagement will commence to obtain feedback from Health Boards.

The Data Privacy Impact Assessment is now complete, and the Information Governance Manager will now proceed with approval.

The Project Board will decide during the meeting in March on when to commence the other contractor services, with General Medical Service being the next workstream.

Standard suite of reports is being developed for Ophthalmic to ensure consistency and standardisation across the service is implemented.

Main Issues, Risks & Blockers

None

Impact on Existing Service/Arrangements

No impact to existing service arrangements.

| Project Name | Project Manager | Project Exec/SRO |
|--|-------------------------------------|------------------|
| Patient Medical Records and (Scanning) Service Accommodation Review | Rachel Pember, Julian Bowen-Sargent | Scott Lavender |

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

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

Recent Gateway Review? No

Objective

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.

Progress Update

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 in Mar-25. Staff are now working within Dupont.

Due to works now nearing a close, there is now one sub office group for the move which will cover off elements of Office, Fire, Facilities, H&S, Procurement, IT and Finance to ensure progress/completion of identified tasks. This has been agreed with Project Board and is due to end at the end of Mar-25.

All works are on schedule for successful completion during Mar-25, allowing for the preparation for project closure.

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 Culling of notes for the Infected Blood Enquiry

Early risks have been identified relating to time constraints, costs, staffing resources, health and safety which will be fleshed out as the workstream progresses.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

| Project Name | Project Manager | Project Exec/SRO |
|---|-----------------|------------------|
| NWSSP Electronic Prescription Service-EPS | Daniel Sinderby | Nicola Phillips |

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

Status Amber (Overall) Green (Time) Amber (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: 87% Reimbursement, 94% Smartcards. Overall project completion is 91%.

The focus of plan remains on completing new and residual tasks to enable rollout to GP and Pharmacy System suppliers.

All but one of the planned pharmacy system suppliers have now been assured and given authority to release nationally by the Programme. 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 and Out Of Hours.

There are discussions ongoing regarding the GP Migration. There is potential for the migration to speed up due to Cegedim INPS going into administration. There is currently no update on a new buyer.

EPS is currently live with 40 GP Practices and 254 Pharmacies.

Progress Update

The following progress can be reported against the deliverables of the project plan:

Integration/Development of Internal Applications: Changes have been made to the EPS dashboard and the team are currently working with DHCW to publish it to live. Ad hoc changes are being requested to the team and a formal request process will be put in place for additional configuration. The focus is now on completing the testing of the Quality Control development, development to the e-returns process and the reg app changes for EPS.

Assurance: All of the planned pharmacy system suppliers have now been assured and given authority to release nationally by the Programme. All suppliers successfully completed a First Of Type (FOT) and met the Deployment Verification Criteria (DVC) to be able to roll out to all pharmacies using their Patient Medical Record system.

Service Management: NWSSP is part of a wider group of stakeholders who are continuing to refine the EPS Service Management approach. There are currently discussions ongoing at Programme level around establishing a Service Management Board for EPS, following on from the approval of the Operational Support Guide. The Service Level Agreement (SLA) discussion have progressed resulting in the updating of the current PCS and Health Boards SLA to include elements of EPS. Standard Operating Procedures (SOPs) and Working Instructions will be created for these and will be implemented into BAU. Content is currently being reviewed by DHCW after initial feedback was given to PCS.

Communication Approach: It has been agreed that DHCW will host EPS communications. Web pages are being updated with e-forms for Registration Authority (RA) Agent nominations, Locum Smartcard applications and Single Lead Employer (SLE) Smartcard applications. All of these forms will be included on webpages with accompanying information.

Funding: The BAU Investment Case was submitted to Welsh Government following the 16 January 2025 Programme Board. Approval is currently pending. NWSSP Project Board are in discussion with DHCW Programme Lead regarding the recharge of funding for staff time during the financial year 24/25. The request was initially rejected due to the original funding letter not stating this, however discussions have progressed following on from a prior agreement of deferring the costs. A formal Change Control Notice (CCN) has been submitted to the DHCW Programme Lead.

Smart Cards:

- PCS Smartcards team are supporting the rollout of smartcards to GP Practice staff, Pharmacy staff and Locums.
- All FOT sites have successfully met the DVC and are now Live with EPS.
- All EPS comms materials and smartcard readers have been distributed across Wales.
- The application process for Single Lead Employer has been created with an electronic application form and accompanying information on the NWSSP website.
- The pilot of standardising the EMIS GP Sample Roles is now complete. PCS created the new roles and removed previous roles from the pilot sites to re-apply the new ones. This was tested with over 8 sites and the decision was made to progress with the new roles.
- PCS are currently reviewing feedback from the Programme team to finalise the pharmacy consolidation process for EPS.
- Discussions regarding the Local RA Policy have taken place, specifically relating to what the agreements are within the policy and who owns the policy once it has been signed. PCS are looking at the content to refine.

Main Issues, Risks & Blockers

Risks

The introduction of ePrescribing could have an impact on the workforce due to the anticipated processing efficiencies. A draft implementation plan has been received from DHCW with proposed timescales. Ongoing, regular communication with DHCW is reducing this risk. In addition, the project team is working with the Business Change Team within DHCW as well as continually assessing the impact that EPS is having on current business practices. A Business Impact Assessment is being completed to support this.

Funding may not be secured to procure licences to the virtual SQL Server for the EPS database. Project Manager and IT Lead has escalated to Programme in order to work out appropriate options and next steps.

INPS (Cegedim GP supplier) has now gone into administration which affects the planned GP system migration to EMIS GP leading into 2027. NWSSP were initially notified that if a new buyer was not in place by the end of January 2025, then this would accelerate the migration resulting in significant negative impact on the NWSSP resources required to deliver the Smartcard service with the current capacity. There is currently no confirmation of a new buyer and there has been no agreement on the approach to the migration. This is being closely monitored by NWSSP and DHCW with the Programme team aware of the risk this poses to NWSSP.

Issues

Business as usual funding (post Apr-25) has not yet been agreed. Discussions have commenced with DHCW to ensure inclusion of costs for NWSSP to be included in any funding bids to Welsh Government. DHCW Programme team have procured consultancy to aid with the development of the BAU investment case which NWSSP are feeding into.

Incorrect codes set up on clinical system at Plas Menai Surgery by Locum Dr. A resolution is being looked into by NWSSP and Programme. This is still being worked on by the Data Capture team – issue has been flagged again to programme due to seeing more coming through from Plas Menai.

Temporary Contract staff have resigned impacting resource within PCS working on the EPS Programme. PCS to pursue BANK staff as an option along with utilisation of overtime where possible. PCS are currently reviewing capacity as overtime may be required which would need prior agreement with Programme.

Recharge of funding for PCS staff time spent on EPS in financial year 24-25 was rejected by DHCW EPS Programme Board, which had been previously agreed to defer from the financial year 23-24 due to uncertainty around the impact the Programme would have on resourcing. NWSSP have disputed this and will continue discussion with DHCW.

An issue has been found with December 2024 processing where a Form Type I (0204) Nurse has come through showing the prescriber as a Doctor. This is an issue to PCS as it affects reporting of the numbers of independent prescribers, creates a loss of automation which results in manual keying and potential manual error. This would compromise the data. The issue has been escalated to Programme and discussions have been opened up with NHSE and DHCW Clinical leads to investigate options.

Impact on Existing Service/Arrangements

No impact to existing arrangements.

| 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 (excluding 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 decide 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.

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 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 |
|-----------------------------------|-----------------------------|------------------|
| Demographic Transformation | Gill Bailey, Abbie Shackson | Ceri Evans |

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

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

Recent Gateway Review? No

Objective

The existing National Health Application and Infrastructure Services (NHAIS) system is a business-critical system used across NHS England 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 has moved into closure with a focus on confirming benefits and dis-benefits to inform workforce planning along with lessons learnt. Two workshops have been held to confirm the benefits and dis-benefits. The project team is in the process of gathering measurement data to understand the impact of change. Business Change Manager allocated to support this work.

Key outstanding activity:

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.

All other minor outstanding tasks will be handed over to business as usual by the end of Mar-25.

Main Issues, Risks & Blockers

Risks:

All risks closed down.

Issues:

Data Feeds:

Confirmed costs not available for the management of PCRM.

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)

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

Recent Gateway Review? No

Objective

The Legal & Risk Service (L&RS) current case management system is outdated and requires upgrading in tandem with an integrated document storage solution that replaces our current Commercial Off The Shelf (COTS) solution. The objective of the project is to procure and implement a case management system.

Legal and Risk Services (L&RS) have successfully completed the procurement process and have awarded the contract to a supplier to deliver a configured commercial off the shelf solution. All call-off/joint schedules have been finalised and the contract was signed by NWSSP on the 30 August 2024.

Progress Update

The Legal and Risk Services (L&RS) have awarded a software contract to Civica™ to use their iCasework case management system.

The project is now well into the delivery phase focussing on testing and training.

Project governance agreed to move the Go Live date due to a risk of disruption to the end of financial year reporting and quality of data, therefore the updated Go Live date is 07 April 2025. This has also provided increased time for testing and for adoption within the division.

Sign off/system acceptance is now due on the 14 March 2025, where all testing and remedial actions will need to be completed.

During this reporting period the following actions have been undertaken;

- End User Training for all teams within L&RS is underway and due to complete 07 March 2025.
- User Acceptance Testing (UAT)/Assisted Testing sessions have been undertaken for all L&RS teams.
- Business Support team have completed all configuration training as part of managing the administration of the software post live.
- A second trial migration of L&RS data, Ledger data and sample documents has been completed by Civica. L&RS have provided migration testing feedback to Civica which is currently being reviewed.
- Planning of a third trial migration is in discussion due to initial outcome of the second trial migration.
- All critical IT internal changes have been progressed and solutioned with DHCW (Centre of Excellence and Client services) to integrate the iCasework system within NHS Wales IT systems including Active Directory integration for Single Sign-on (SSO), email integration, Office 365 integration as well as an Application Programming Interface to allow connectivity and enable data sharing among different L&RS applications.
- L&RS are currently finalising the financial/billing functionality within iCasework and requirements for NWSSP prior to training.
- Team Leader Go Live Readiness meetings are taking place to prepare for the decommission of Virtual Cabinet from the 31 March 2025.
- Super User Champions have started to reach out to colleagues offering post training support and adoption help prior to go live.
- Specialist Training is planned prior to Go Live such as Finance/Billing and Reports & Dashboard.
- Currently agreeing Go Live Support options with Civica in line with the new Go Live date.
- Communications of project progress are ongoing via channels such as L&RS Coffee Mornings, Team Leaders meetings, Internal webpages, and virtual newsletters.

Main Issues, Risks & Blockers

Risk

The contract for the current system that is in use is due to expire in Mar-25. There is a risk that the limited timeframe may not allow sufficient time to procure and implement a new system by the required date.

If Civica cannot enable API prior to Go Live then this will have a significant impact on the monthly reporting that LRS undertake, resulting in other NWSSP divisions not receiving the information they require from LRS, as well as potential for L&RS staff to be de-skilled and feel frustrated.

Impact on Existing Service/Arrangements

Project on track with new timescales, no impact to existing arrangements.

| Project Name | Project Manager | Project Exec/SRO |
|---|-----------------|-------------------|
| Expansion of Legal Services to Primary Care | Gill Bailey | Daniela Mahapatra |

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

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

Recent Gateway Review? No

Objective

Background:

In November 2019, the Solicitors Regulation Authority (SRA) introduced the Standards and Regulations (STARS) which has afforded Legal & Risk Services the opportunity to consider expanding the services they provide to primary care providers e.g. General Practices. This aligns to the Welsh Government Primary Care sustainability agenda by extending support to GPs for these services. This project will also complement the support already being provided by NWSSP for primary care.

Objective:

Design and implement a new legal service providing commercial, and employment law advice to GP Practices within NHS Wales.

Progress Update

Service offering defined and processes for the new service are in place. Client Care Letter created and awaiting formal sign-off. Client Referral form developed and awaiting formal sign-off.

Development of Legal & Risk web site is underway with the anticipation that this will be ready Q1 25/26. 'Soft' launch event with GP Clusters that have expressed an interest in the new service has been delayed to Q1 25/26 due to the implementation of the new Legal & Risk case Management System due to go live at the beginning of Apr-25.

Main Issues, Risks & Blockers

Main risk identified:

Limited appetite from GP Practices to utilise new service could result in reputational damage to NWSSP and waste of investment in resource and time. Market research and stakeholder engagement will mitigate this risk.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

| 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)

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

Recent Gateway Review? No

Objective

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.

Progress Update

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, task dates have been extended due to the extension date for applications being moved to Mar-25.

Applications submitted for the Leaders of the Future programme will be reviewed by the People and OD team (POD) in conjunction with the relevant divisional leads and POD will inform all candidates on their application shortly after the closing deadline.

All successful candidates will commence the Leaders of the Future programme end Mar-25.

Main Issues, Risks & Blockers

Risk identified -

- Additional workload capacity to POD Team/Dept to set up LoTF programme.

Issue identified -

- Any financial costs to divisions for upgrading/obtaining licences for any specific IT packages/applications for candidates to undertake work on the LoTF programme.
- Extension timeframe for divisions to submit objectives to LoTF team in order for candidates to apply. This means that programme could not progress until objectives have been received . This due to the Leaders of the Future submission date was out of line with the IMTP IMTP/financial year submission for 25/26 plan.

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)

Recent Gateway Review?

Objective

Implementing a revised approach to ensure employees are supported during investigations, ensuring that there is minimal harm caused.

Progress Update

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.

Main Issues, Risks & Blockers

None over the threshold identified

Impact on Existing Service/Arrangements

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)

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

Recent Gateway Review? No

Objective

The scope of this project has been subject to previous changes.

At the Project Board meeting held on 14 January 2025, the realigned scope and objectives were agreed as follows:

Scope

- To support a full digital experience for optimising workforce transactions in preparation for the new workforce solution by 2026.

Objectives

- Digital Workforce Productivity will explore the opportunity to create an additional portal for non-payroll functionality for development and implementation following the full rollout of SMA and Manager Self Service (MSS) within Electronic Staff Record (ESR).
- Ensure regular communication and collaboration between Digital Workforce and Productivity and other service areas within Employment Services, responsible for delivering on transformation and modernisation programmes, to ensure that any data gaps identified are fed into the specification requirements for the development of the portal.

Progress Update

Further to the last report, work has been undertaken to explore available options to fulfil non-payroll functionality requirements not available through the Staff Movement Advice (SMA) tool or widely used within Manager Self Service (MSS) functionality of the Electronic Staff Record (ESR).

A mapping exercise has been undertaken, aligning data fields that are currently missing, and also incorporating fields that would add value to meet future reporting requirements as directed by Welsh Government. The team has identified two options that would fulfil these functionality requirements:

- The utilisation of existing data tools within NWSSP other than SMA
- Addition to the SMA / consideration for an additional portal, designed by Digital Health Care Wales (DHCW) Centre of Excellence (COE).

A further mapping exercise is planned to utilise the Generic Outbound (GO) file used by Employment Services (Payroll) with minimum data sets currently captured, ensuring that any additional requirements are highlighted and can be incorporated into the preferred forward option.

The available options captured above, incorporating any further requirements from the additional mapping exercise, will be presented and considered at the next meeting of the Project Board on 16 April 2025. The outcome of these discussions will determine the future direction of the project.

Main Issues, Risks & Blockers

Further to the risk to the ESR Transformation Programme as previously detailed, further risks and issues will be captured as necessary following the decision of project board on the future direction of the project based on the options presented.

Impact on Existing Service/Arrangements

None.

| Project Name | Project Manager | Project Exec/SRO |
|--------------|-----------------|------------------|
|--------------|-----------------|------------------|

| | | |
|---|---------------|-----------------|
| Influenza Vaccine programme 2025 | Rachel Pember | Jonathan Irvine |
|---|---------------|-----------------|

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

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

Recent Gateway Review? No

Objective

NWSSP to provide a centralised Flu Programme 2025. To centrally procure, store and distribute the Influenza vaccine for the vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes thereafter, and 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 commenced to appoint a supplier for the lease of refrigerators. An appointed supplier to be awarded est. early Apr-25, with anticipated installation Jun-25.

Main Issues, Risks & Blockers

No risks over the reporting threshold.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

| Project Name | Project Manager | Project Exec/SRO |
|----------------------------------|-----------------|------------------|
| Lease Management Solution | Daniel Sinderby | Clive Ball |

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

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

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 current system, Electronic Property Information Mapping Service (ePIMS), is due to be phased out by Mar-25. SES colleagues who have participated in this process, were informed that the new software would not be a replacement of ePIMS. 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 NWSSP Informatics team have developed a solution using Microsoft Power Platform. Following successful iterative development and User Acceptance Testing cycles with the Property Team, the decision was made to pursue Go Live with the Microsoft Power Platform system under the name of NHS Wales Estates Database (NWED).

The application consists of a database accessible to the Property Team containing all relevant information/documents of the freeholds and leaseholds that NHS Wales is either a tenant or a landlord, as well as a dashboard, reports and automated notifications. The application has specific reports that will be accessible to the Health Boards and Trusts.

The Minimum Viable Product (MVP) requirement of a like-for-like system of the former solution, EPIMS, has been achieved and to provide further assurance and acceptability, the new system has been used in parallel with EPIMS. The NWED system offers potential for additional functionality and opportunities that the EPIMS system would not have. Once the final cut of data is completed, new records of assets/holding are being added to NWED.

As EPIMS will be decommissioned from the 31 March 2025, the NWED system will go live on 01 April 2025 to the Health Boards and Trusts. It has been confirmed that the data will not be removed from EPIMS but will be accessible read only.

From now until 01 April 2025, the focus is on completing should have requirements, resolving any outstanding remedial issues from testing, working with the previous supplier for a final extract of live data from EPIMS (followed up by historical data), upload of documentation relating to each record, NWED branding, user training and development of training guides.

Main Issues, Risks & Blockers

Risks

The previous supplier, CDS, is currently working on the EPIMS replacement project with the UK Cabinet Office, which requires a lot of resource. There is a low risk that communications between NWSSP and CDS may be impacted when requesting the extract of live and archive data which could cause delays. This is a low risk as the end of year finance reporting is complete and the project team have communicated with CDS early regarding this requirement.

| Project Name | Project Manager | Project Exec/SRO | | |
|--|------------------------|---------------------|---------------------|------------------------|
| Medicines Homecare Service | Rachel Pember | Colin Powell | | |
| Monthly Update (key/issues (blockages)/risks) | | | | |
| Status | Green (Overall) | Green (Time) | Green (Cost) | Green (Quality) |
| Recent Gateway Review? | No | | | |
| Objective | | | | |
| Create a new service to purchase, store, dispense and deliver selected medicines to patients at home. | | | | |
| Progress Update | | | | |
| The project team were tasked with submitting a Proof-of-Concept business case proposal to the Senior Leadership Team (SLT) outlining how NWSSP could support the purchase, store, dispensing and delivery of selected Medicines to patients at home. | | | | |
| Project Team members have submitted a high-level Proof of Concept Business Case Feb-25 to informal SLT. Due to funding availability the project has been paused, this will also allow for further business case scrutiny. | | | | |
| Main Issues, Risks & Blockers | | | | |
| Initial risks have been captured but need to be formerly assessed and documented. | | | | |
| Impact on Existing Service/Arrangements | | | | |
| No impact on existing arrangements. | | | | |

| Project Name | Project Manager | Project Exec/SRO | | |
|--|------------------------|---------------------|---------------------|------------------------|
| Workforce Intelligence Service | Bethan Rees | Nicola Phillips | | |
| Monthly Update (key/issues (blockages)/risks) | | | | |
| Status | Green (Overall) | Green (Time) | Green (Cost) | Green (Quality) |
| Recent Gateway Review? | No | | | |
| Objective | | | | |
| The key deliverables are:- | | | | |
| <ul style="list-style-type: none"> 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:- | | | | |
| <ul style="list-style-type: none"> NWSSP and HEIW are collaborating to provide baseline data on the number of leavers in Primary Care. The baseline data will be compared against the Performers List with the objective of establishing if people have actually left Primary Care or if they are 'not active' for maternity reasons etc. The baseline data is expected within the next month. | | | | |

- Discussions have taken place with members of Professional Bodies, such as Optometry Wales & Community Pharmacy Wales in the last month to update on the Strategic Workforce Programme and gain their views on the objectives. The Professional Bodies will update their respective Boards and will feedback to NWSSP. Further discussion with the remaining Professional Bodies is planned for the next few weeks.

Main Issues, Risks & Blockers

Risks Above Threshold

- There are no risks identified above the threshold.

Impact on Existing Service/Arrangements

There is no impact on existing service arrangements.

| Project Name | Project Manager | Project Exec/SRO |
|---|---------------------------|------------------|
| 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

Objective

IMTP 2024/25

- Cease printing Electronic Patient Record (EPR) where GP2GP has been successful. GP2GP allows healthcare workers to transfer patients' electronic health records securely, and quickly between their old and new practices when they change GPs.
 - Review training material.
 - Identify training requirements within General Practice.
- Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, i.e. babies.
- Remove need to routinely print the Electronic Patient Record (EPR) when a patient becomes deceased, or their record is held in suspense (where a patient is deregistered from a practice but does not register with another).
- Benchmark medical records digitisation with Health Boards in NHS Wales.

Progress Update

Work to fully scope the objectives is now complete.

Next steps it to agree Governance and project team is to be established.

Two workshops have been held, with third scheduled 10 March 2025, to continue to document the current as-is process, which aims to identify the options to remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, i.e. babies.

Main Issues, Risks & Blockers

There are currently no risks or issues to report above the threshold of fifteen.

Impact on Existing Service/Arrangements

There is no impact to existing arrangements.

| Project Name | Project Manager | Project Exec/SRO |
|---|-----------------|------------------|
| Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS) | Abbie Shackson | Nicola Phillips |

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

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

Recent Gateway Review? No

Objective

NWSSP is supporting the implementation of the new Wales General Ophthalmic Services contract. This includes offering the provision of a service to manage the removal of clinical waste generated by Optician practices across Wales. To note, this Service is not mandatory but an opportunity for third party Contractors, Opticians, to reduce cost and improve the quality of service.

The objective of the project is to finalise the procurement pathway before the end of Mar-25 whilst establishing and implementing an internal process to manage Clinical Waste arrangements for the Welsh General Ophthalmic Service.

Progress Update

Change Control Note

It was agreed by the Project Board on 07 February 2025 to only enrol practices that are already contracted Stericycle to allow the other practice's current contractual arrangement to run its full cycle. Once their current contractual arrangements conclude, the project team will then enrol them onto the new agreement.

The Change Control Note has been received from Stericycle, however, it does not represent the new agreement, therefore, it has been returned to Stericycle to review.

Internal Process

A draft internal process has been created for Primary Care Services staff to oversee the invoicing of the Clinical Waste. This process will be reviewed at the next Project Team Meeting that is scheduled on 06 March 2025.

Optometry Wales

Optometry Wales created a survey that was sent to all practices in Wales on 11 February 2025. The aim of the survey was to determine what contracts the practices currently have in place, who the contract is with and how long the contract runs for. The survey closed on 03 March 2025 with only 50% of practices completing the survey.

The results of the survey have been shared with the Project Team and will be discussed at the next Project Team Meetings scheduled on 06 March 2025.

Main Issues, Risks & Blockers

Risks

There is a risk that a lack of resource within the NWSSP Primary Care Services team will impact their ability 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

The project team developed a SBAR (Situation, Background, Assessment, Recommendation) to enable an informed decision on whether the MALDI-TOF equipment is moved prior to the new service becoming operational or whether it remains in situ until a later date. The decision outcome of this was for the MALDI-TOF equipment to remain at PHW until the IP5 microbiological facility itself is validated, inspected and the service is fully operational. Recommended Phase 2 of the project plan to include the movement of the MALDI-TOF and the microbial identification service, liaising with PHW to gain support in implementing the service at IP5. Simultaneous to this, the project team will also be liaising with our colleagues in other Health Boards/Trusts, as users of the current service, so they are fully informed. Processes are now being developed to reflect this decision.

A Project Plan has been developed with multiple workstreams. To support these streams, weekly catchups, twice monthly Project Team meetings and monthly Project Boards are all scheduled up until the end of Jun-25.

All of the equipment has been ordered, with the exception of sterile tips and plate holders and it is anticipated that the Standard Operating Procedures (SOPs) will be developed in Apr-25.

A SharePoint folder has been set up for the sharing of documents between SMTL and Pharmacy. SMTL are reviewing as and when documents become available.

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. | Gill Bailey, 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 30th June 2028. (NHS Wales is a named beneficiary of the contract held between NHSBSA and Xerox UK Ltd).

Progress Update

Upon the conclusion of the implementation phase of WGOS, responsibility for decision making was handed to the Eye Care Wales Committee. Three workstreams were retained from the implementation project, as detailed below:

- IT, Data and Digital - Chaired by NWSSP
- Clinical Requirements of Contract Reform - Chaired by Three national clinical leads
- Commissioning of services within Health Boards - Chaired by HDUHB

HEIW also report to the committee on the education element of the programme.

The IT, Data and Digital workstream led by NWSSP, has a wide remit and multiple operational pieces of work falling within this workstream, including:

- Creation of a new payment pathway
- Producing a new claim form
- Developing a new process
- Reviewing data sharing and collection arrangements

To streamline activities and provide a structured programme of work, a workshop was held in Dec-24 to align operational tasks with set IT, Data and Digital workstream objectives.

To date, the following activities have been undertaken:

- A project plan has been produced, consolidating the output from the workshop in 2024 into multiple workstreams, focusing on priority activities and tasks to enable improvement in the first instance. and align the overarching IT, Digital and Data workstream objectives with operational activities.
- Initial risks and issues have been captured and mitigating activities outlined, as necessary.

Project team meetings have been scheduled, subsuming the activities of the regular WGOS operational meeting to enable development activities to be aligned with operational activities.

The team have prioritised the development of processes and subsequent Standard Operating Procedures (SOP's) as key areas of delivery in the initial phase of the project.

Operational activity has focused on the corresponding tasks aligned to the release of Service Insights survey (number 3), sent to contractors on 10 February 2025 and activities that will be initiated on the return of the data, to enable payment.

Main Issues, Risks & Blockers

There are no current risks or issues over the scoring 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.

Service Improvement Initiatives

| Initiative Name | Service Improvement Lead | Service Improvement Sponsor |
|--|--|------------------------------|
| L&R Matters Invoicing Process | Niall Quilton, Tim Knight, Rebecca Bowen | Stefan Dakovic, Sue Saunders |

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

Status Amber (Overall)

Objective

To apply an RPA/M365 Power Apps solution to parts of the NWSSP Finance Legal & Risk Matters approval process to reduce resource time spent on obtaining, sorting, reporting data, and then both emailing and chasing approvers.

Outcomes to be achieved:

- Timely automated process
- Increase in matters approved
- Improved chasing outcomes, including no matters for payment being written-off
- Resource freed for query resolution and relevant value-added tasks
- Improved escalation process
- BI reporting dashboard and output

What other indirect benefits may arise from this work?

- Continuous improvement opportunities identified within the wider process and in other work that NWSSP Finance complete.
- Issues with stakeholders identified, monitored, and reported using Business Intelligence, which will support problem resolution and escalation.

Progress Update

The original Go Live date was scheduled in for November 1st but has had to be rescheduled a number of times, most recently to offer assurances to management that all the data/information needed is currently in the new Power BI summary and also as the staff training requirements and Power Apps gateway permissions need to be signed-off by the Digital Governance group allowing for the RPA Developer to move files from on-premise to cloud through Power Apps.

Additionally, the implementation of this solution has been paused until the implementation of the new NWSSP Legal & Risk iCaseworker system has been completed, scheduled for April 2025. This is because the 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.

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.

There were previously noted issues regarding the Power BI dashboard built to replace the Excel reporting and monitoring summary which have now been addressed.

Benefits:

The improvement is expected to deliver tangible non-cash releasing benefits through the reduction of processing time and the increased availability of resource. The benefits assessment demonstrates a **saving equating to 8 days per month** across both Bands 3 and 4.

These non-cash releasing benefits will be released through the following:

- Automating the initial email chasers for 297 QBS matters will save an average of 14.86 hours of time, based on the timing of the process taking 3 minutes for creating the email, attaching the invoice etc. This equates to an initial saving of approx.. 2 days.
- Automating the saving of each individual PDF from the remote desktop to SharePoint will save 3 days.
- Automating the QBS day one 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

Issues and blockers:

1. Implementation of the Legal & Risk (L&R) iCaseworker system and subsequent review and development of associated apps that impact on the L&R Matters invoice files and data required by Finance.

- 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.

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

| 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

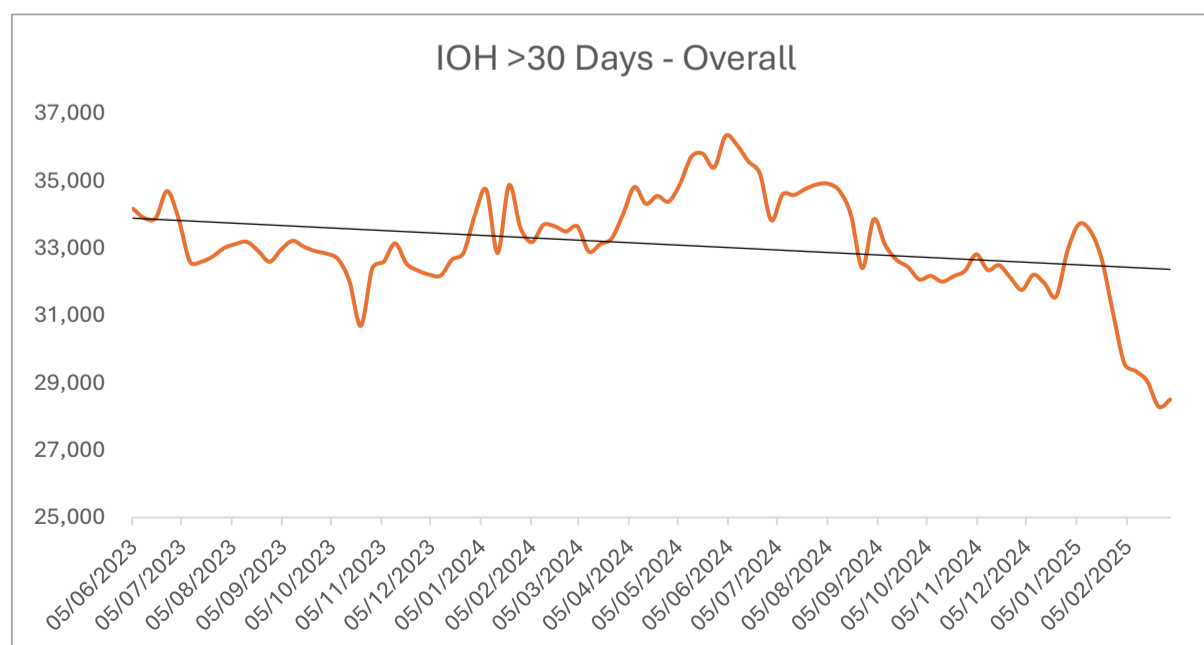
The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

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 is at its lowest point two years, having seen a 21% reduction from its peak of 36328 invoices down to 28501 as of the 03 March 2025. This reduction is reflected in the overall Invoices On Hold position also, which has seen a 17% reduction from its peak of 52261 invoices down to 43145 Invoices as of the 03 March 2025.



The NWSSP IOH steering group are meeting fortnightly to review progress and provide further direction, its members include service leads from Finance, Accounts Payable and Procurement and the Service Improvement team only, with the numbers deliberately kept

small to allow the sessions to be progressive, setting actions to be completed between meetings and the findings/results fed back in.

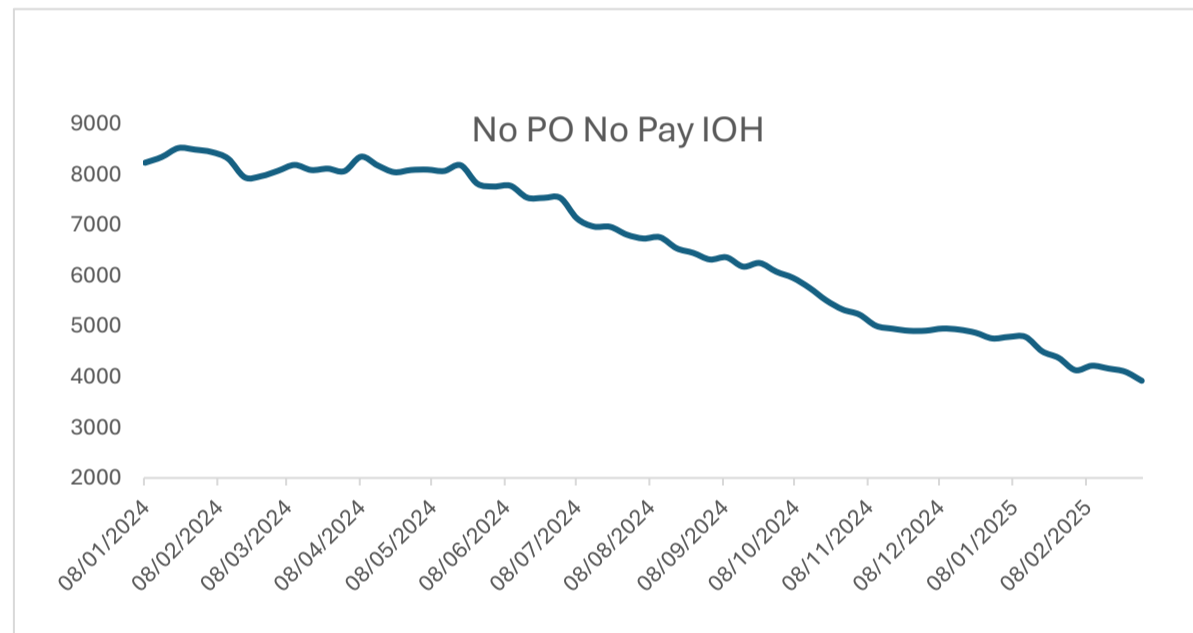
All Wales Procure to Pay Governance Group (AWP2PGG) -

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.

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 52% since commencement on the 20 May 2024, taking the figure from 8187 down to 3923. Additional work has been done in this area to refresh and recirculate the NPNP Policy and send letters to both internal and external stakeholders, including suppliers, to remind them of their responsibilities when making requisitions and submitting invoices.



Max Ship Holds -

As capacity allows, the Service Improvement Team and Accounts Payable e-Enablement Team have begun to look at max ship holds, trying to emulate the success of the work completed in NPNP whilst maintaining any improvements in both spaces. There has been satisfactory progress made in this area and we are meeting with a supplier to collaboratively review our mutual processes to identify further opportunities for improvement.

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 an email that includes an 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.

Main Issues, Risks & Blockers

The continued availability of resource is essential to the successful delivery of improvements.

| 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 eighteen 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 within certain services, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process. This pilot has now started within the Green Vale Laundry, 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 support data led decision making and resource capacity planning.

The Pilot is to be extended in the coming weeks to the remainder of the Laundry service and then into other areas within procurement. Swansea and Church Village Laundries are due to go live on the 17 March 2025.

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 is due to start on the 28 April 2025.

The Task and Finish Group meet regularly 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.

| Initiative Name | Service Improvement Lead | Service Improvement Sponsor |
|-------------------|--|-----------------------------|
| Greenvale Laundry | Kim Eley, Tim Knight, Harvey Simmonds, | |

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

Status Green (Overall)

Objective

To review the existing process within Greenvale Laundry to see where improvements can be implemented to improve the capacity of the process, assisting in the more efficient delivery of services against Service Level Agreements within Operational Hours whilst safeguarding quality.

Progress Update

The Service Improvement Initiative has now moved to the improvement stage. The first improvement session has been scheduled for Mar-25. The Service Improvement team will present the fifty-four improvement opportunities that have been identified throughout the scheduled improvement sessions; however, the first improvement workshop will focus on a significant stage within the process which has been highlighted as the "bottleneck". The Improvement sessions will focus on developing ideas on how to remove sources of variation in the process and identify which opportunities offer the most effective countermeasures to identified problems whilst offering the most potential to improve service delivery.

Site visits have also been conducted with linen rooms within relevant hospitals, enabling us to capture the voice of the customer directly, and from which additional improvement opportunities have since been identified.

Main Issues, Risks & Blockers

Access to relevant data and availability of resource.

Impact on Existing Service/Arrangements

To improve process flow offering a consistent throughput and an increase to potential capacity.

NON PMO 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)

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

Recent Gateway Review? No

Objective

To provide a new Radiopharmacy facility serving the South East region of Wales

Progress Update

The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in Jul-24.

Planning Permission was approved on 13 February 2025.

Funding letter for the balance of funds to complete the project was received on 20 February 2025.

A Project Surveyor and other key advisors and internal resources have been appointed.

Designs and specifications for enabling works has been tendered, covering:

- 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 tender has now been awarded and work started on site on 03 February 2025 for 16 weeks, ending in May-25

A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed. 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 is planned to start on site by 01 June 2025. In order to achieve this the build Purchase Order needs to be issued by 17 March 2025, to enable the contractor to order materials, otherwise the timeline will slip. The cleanroom build is planned to be physically complete by the end of Sept-25. Contractor validation activity is planned to be completed by the end of Dec-25. NHS Validation and regulatory inspection and approval by MHRA is scheduled for January and Feb-26.

Funding for isolators was awarded in May-24. Although the suppliers initially selected by the tender process withdraw, an alternative supplier has been identified and an order placed, recovering the project timeline. The new solution is actually better value than the one initially selected. The funding saved on isolators has now been re-allocated to progress the enabling works. Isolators are due for delivery on site in May-25.

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital systems. We are engaging directly with Nuclear Medicine departments and Chief Pharmacists to ensure that the future model for ordering, delivering, and receipting product is both compliant with the Medicines Act and financially transparent and robust.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. They will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.
2. The identification of an interim standalone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radio pharmacy with other supporting capabilities

CAVUHB has been notified on 20 February 2025 of the final investment decision in order that they can begin consultation on the TUPE transfer.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2, with around 84% of costs now contracted for.

Proceeding at this pace requires acceptance of certain risks, as set out in the following section. These are considered to be justified by urgent patient need and will be carefully managed and reported on.

Project is rated Amber overall to the time constraint, and the impact of this on risk management.

Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- **Issue of the Cleanroom Purchase Order** - A Change Control process is currently being carried out to capture agreed changes from detailed design phase and baseline the cleanroom contract for the build phase. Unless this process is completed and the Purchase Order issued by 17 March 2025, the project will incur time slippage on the build, because the contractor needs to order materials.
- **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.
- **Staffing** is probably the biggest risk to the project. We have now notified CAVUHB to begin the TUPE consultation process with the staff impacted by the new service. This process will need to be completed before we can recruit to the vacant roles not filled by transferring staff. We need the whole staffing establishment to be filled with capable staff by the end of Sep-25 in order to support validation and entry into service. This timeline will remain at risk until TUPE consultation is concluded.
- **MHRA Inspection** - 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) | | | | |
| Status | Green (Overall) | Green (Time) | Green (Cost) | Green (Quality) |
| Recent Gateway Review? | No | | | |
| Objective | | | | |
| Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales | | | | |
| Progress Update | | | | |
| The ESR Transformation Programme led by the NHS Business Service Authority [NHSBSA} continues through its procurement stage against the following timeline: | | | | |
| <ul style="list-style-type: none"> • Invite to Submit Final Tender (ISFT) submissions were received on 14 February 2025 • Evaluation and moderation has now commenced and will run until end of March • Development of the Full Business Case (FBC) is being refined | | | | |

The Organisational Readiness Survey (ORS) were all completed for Wales with a 100% return. The data is currently being analysed with feedback anticipated in May.

All Optimisation Levels of Attainment and Standards follow up meetings are almost complete. Functionalities that need further development and promotion have been included on local action plans. A Wales regional action plan has been developed to drive some of the pieces of work which will be implemented into the optimisation programme.

The Task & Finish Groups of the Career Development Framework have been meeting and workshops are soon to be published for March, April, and May 2025.

Within Wales work continues on the optimisation of ESR. A defined programme of work for Data Quality was presented to the Future Workforce Solution Steering Group in January. Exploration for use of HTML for web portlets and personalised templates. Content using HTML commenced. The All-Wales Establishment control Project group will be reconstituted as a Community of Practice. The repurposed group will provide a forum for operational leads to share best practice and lessons learnt from prior implementation activity, supporting those organisations who have not yet commenced the process. Initial scoping work is being undertaken to ensure the ongoing alignment between implementation of Establishment Control and the wider Data Quality agenda. A review of the standardisation programme is being undertaken to explore the potential of assimilating this work-stream more fully into the wider optimisation programme.

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 to identify patients who may need recalling for review.

Progress Update

The stand-out headline to report during the last quarter is that in December 2024 Scan for Safety Wales scanned and linked products to its 10,000th patient!. The data capture has run since April 2024 and as at the end of December 2024 had linked 77,323 products to 10,012 patients

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.

Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW in respect of developing a Welsh Health Circular to be issued. A series of workshops are underway and draft documents are currently being reviewed.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. 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 a key area of focus for Q4 24/25 to ensure the full benefits of the Programme are recognised.

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:

- 30 units are currently live to payroll.
- Further 6 planned for 24/25
- Testing suitability for a further unit.

Other updates:

- Variable pay report is being reviewed to assess future areas to implement.
- Overtime management is under review with the Service Improvement Team. A new overtime approval process is being piloted in one site. Feedback to date is positive. Full evaluation pending. A review of Rostering system developments scheduled for mid-March.
- NWSSP currently fund 1,100 licenses. As of Nov-24, via Health roster and Bank we are using circa 700 licenses.

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

PHW Roll out

- 15 units currently live to payroll.
- 17 further units have received training and are dual running system and pay returns for one month. The go live date will be the 01 April 2025.
- 4 units to receive training by March 2025 and go live date will the 01 April 2025.
- Loop fully implemented across live units

Other updates:

- An additional 200 licences will need to be purchased from the 01 April 2025 according to the implementation plan
- PHW funding for Rostering Resource ends in Jun-25. Costing and Resource requirements have been provided to PHW for consideration

Main Issues, Risks & Blockers
If PHW funding ends on 30 June 2025, we will lose the Band 5 resource, leaving only one Band 6 to manage the full NWSSP Rostering service

Impact on Existing Service/Arrangements
On track – no impact to customers



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Date of Meeting:

25 March 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Register Update – March 2025

| | |
|---|---|
| ARWEINYDD: LEAD: | James Quance Assistant Director of Corporate Services |
| AWDUR: AUTHOR: | James Quance Assistant Director of Corporate Services |
| SWYDDOG ADRODD: REPORTING OFFICER: | Alison Ramsey Director of Finance & Corporate Services |
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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 Aswariant: Risk and Assurance: | This report provides assurance to the Committee that NWSSP has robust risk management processes in place. |
| Dyletswydd Ansawdd/ Duty of Quality: | No direct impact |
| 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

March 2025

1. INTRODUCTION

The Corporate Risk Register is presented at **Appendix 1** for information.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

| Current Risk Rating | March 2025 |
|----------------------------|-------------------|
| Red Risk | 6 |
| Amber Risk | 9 |
| Yellow Risk | 0 |
| Green Risk | 0 |
| Total | 15 |

2.1 Red-rated Risks

The Corporate Risk Register is updated for and discussed at each meeting of the Senior Leadership Group.

The following red risks remain on the register as follows:

- the Decarbonisation Action Plan risk (A5), split to show the risk in respect of NWSSP's leading role nationally (A5a) and the risk to the delivery of its own Decarbonisation Action Plan (A5b);
- the risk in respect of the impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry (A6);
- the threat to the TRAMs programme and the consequent impact in South-East Wales if funding is not made available (A10);
- the availability of capital funding remains a significant risk (A12); and
- the Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty (A13).

3. RECOMMENDATION

The Committee is asked to:

- **NOTE** the update to the Corporate Risk Register as at March 2025.

Corporate Risk Register

| Ref | Risk Summary | Inherent Risk | | | Existing Controls & Mitigations | Current Risk | | | Further Action Required | Progress | Trend since last review | Target & Date |
|-------------------------|---|---------------|--------|-------------|---|--------------|--------|-------------|--|---|-------------------------|---------------|
| | | Likelihood | Impact | Total Score | | Likelihood | Impact | Total Score | | | | |
| Risks for Action | | | | | | | | | | | | |
| A1 | The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. | 5 | 5 | 25 | Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learn Internal Audit review BCP Action Cards Annual CAF completed Continuing CAF compliance measured via KPIs through a continuous improvement plan. Regular 'Exercise in a box' events. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team. | 2 | 5 | 10 | Complete actions and regular review of continuous improvement plan | Divisional Business Impact Assessments to be completed by Mar 25 Supply chain assurance processes to be agreed by Jun 25. Rolling program to implement Sentinel Security Uincident and Event Monitoring to local and cloud services | ➔ | At target |
| | Strategic Objective - Service Development | | | | | | | | | Risk Lead: Director of Planning, Performance & Informatics | | |
| A2 | There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part. | 3 | 5 | 15 | Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards 19 additional staff recruited within Employment Services (fixed term) Regular reporting to SLG and SSPC. | 3 | 3 | 9 | Complete further resource and activity re-modelling activity for recruitment. Templates being rolled out to support workforce planning. | Positive progress has been continued and we are now achieving the Time to Hire metric across Wales. 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. | ➔ | At target |
| | Strategic Objective - Staff | | | | | | | | | Risk Lead: Director People & OD | | |
| 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. | 2 | 5 | 10 | Continue to pursue links into Local Resilience Forum. Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned in October 2024 and awaiting WG consolidated learning. | Head of Emergency Preparedness commenced in post w/c 13 January 2025. Director of Planning Performance and Informatics attends weekly HCID meetings to represent NWSSP Business continuity exercises continue to be planned. | ➔ | 31/03/2025 |
| | Strategic Objective - Services | | | | | | | | | Risk Lead: Director Planning, Performance & Informatics | | |
| A4 | There is a risk that disruption in the 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 disruption incidents has been implemented wherever possible. | 3 | 3 | 9 | Ensure clarity in contracting arrangements regarding out of hours arrangements with suppliers. | Additional stockholding where required of PPE and essential stock being agreed with Welsh Government. Regular reports continue to be provided from NWSSP to Welsh Government on stockholding levels compared to Wave 2 and current usage levels. An option paper on future stockholding arrangements is with the Cabinet Secretary for approval and NWSSP will be directed by Welsh Government to implement what is agreed. | ➔ | 31/03/2025 |
| | Strategic Objective - Services | | | | | | | | | Risk Lead: Director Finance & Corporate Services | | |
| A5a | Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan. 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 at National Programme Board | 4 | 4 | 16 | The financial position across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team. Team continues to explore finance opportunities. | The financial position across NHS Wales has raised questions around deliverability of DAPs across all organisations and this has been raised at the National Programme Board and the BELP group. 7 TEF bids were submitted by the due date and we have been asked to submit an additional TEF bid in relation to Laundry. A number of late capital bids approved by Welsh Government were related to decarbonisation objectives. | ➔ | 31/03/2025 |
| | Strategic Objective - Service Development | | | | | | | | | Risk Lead: Director, Specialist Estates Services | | |

Corporate Risk Register

| Ref | Risk Summary | Inherent Risk | | | Existing Controls & Mitigations | Current Risk | | | Further Action Required | Progress | Trend since last review | Target & Date |
|-----|---|---------------|--------|-------------|---|--------------|--------|-------------|---|--|-------------------------|---------------|
| | | Likelihood | Impact | Total Score | | Likelihood | Impact | Total Score | | | | |
| A5b | Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency. | 4 | 4 | 16 | Decarbonisation Programme Board Project Execution Plan PMO Support | 4 | 4 | 16 | Submitted updated Action Plan to Welsh Government. Internal Audit review recommendations all implemented. | NWSSP DCR are issuing periodic status updates and reporting into Decarbonisation Programme Board. Work is being done by the Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources. | ➔ | 31/03/2025 |
| | Strategic Objective - Service Development | | | | | | | | | | | |
| A6 | The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services. | 5 | 4 | 20 | Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents 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. | 4 | 4 | 16 | The Inquiry has recently asked for further information and clarification in respect of Module 5 within very challenging timescales which are expected to be met and the Director of Procurement and Health Courier Services has been called to give evidence at the hearing in March. Conferences with counsel, the L&RS legal team and senior colleagues will continue to provide support. | Significant requests for information requiring a large amount of input from the Director of Procurement and HCS and others have been met, with support from the Corporate Services Team, Legal and Risk and Legal Counsel. Monitoring the disclosures from core participants and preparations for the hearings in March are expected to be the most time consuming activity over coming months. | ➔ | 31/03/2025 |
| | Strategic Objective - Services | | | | | | | | | | | |
| A7 | The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2024/27 IMTP. | 5 | 4 | 20 | Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Value and Sustainability Group Vacancy Control Arrangements implemented | 3 | 4 | 12 | Directorates to develop savings programme by start of new financial year. Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. 2024/25 Financial Plan remains on track. Key priorities identified for Non-recurrent investment bids launched in August. Decision on successful bids will be made in September. | Distribution now adjusted to £2.5M for current year. In accordance with our governance arrangements, our draft plan was taken to our Shared Services Partnership Committee on 3 February 2025 for approval. Some points of clarification were raised by one Health Board and it was agreed that they could be discussed more broadly outside of the meeting. We also discussed how we can continue to work closely with other national partners including HEIW and DHCW on common priority areas. At that meeting our plan was approved by a majority, however one organisation was unwilling to support. Consequently, an AO letter was submitted on 14 February 2025 to Welsh Government. Touchpoint meetings with Welsh Government including the Finance and Performance unit have been completed and no immediate concerns raised. | ➔ | 31/03/2025 |
| | Strategic Objective - Services | | | | | | | | | | | |
| A8 | The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulations. | 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. | 3 | 4 | 12 | Map of all regulatory requirements to be developed. New role of Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. | 3 areas of procurement legislation this year are likely to have significant impact on Procurement Services. To be presented to SLG at Informal meeting. | ➔ | At target |
| | Strategic Objective - Services | | | | | | | | | | | |
| A9 | There is a risk due to the volume of data that NWSSP handle that a significant data breach causes significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP. | 3 | 5 | 15 | IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice Regular communications Accountability through breach reporting | 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. | ➔ | At target |
| | Strategic Objective: Services | | | | | | | | | | | |

Corporate Risk Register

| Ref | Risk Summary | Inherent Risk | | | Existing Controls & Mitigations | Current Risk | | | Further Action Required | Progress | Trend since last review | Target & Date |
|-----|---|---------------|--------|-------------|--|--------------|--------|-------------|---|--|-------------------------|---------------|
| | | Likelihood | Impact | Total Score | | Likelihood | Impact | Total Score | | | | |
| 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 Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC. | 3 | 5 | 15 | Progress development of Radiopharmacy service in IP5 (CP 31/03/25) | Risk assessments completed with Chief Pharmacists. Update provided to November SSPC. Funding for Radio Pharmacy Unit at IP5 in SE Wales agreed in principle by WG and business case approved at November SSPC. Radiopharmacy funding confirmed and business case submitted for approval. Planning permission has now been granted however the time lost awaiting the s106 agreement will not be recovered. Timescales for OBC approval process being revised and to be shared with key stakeholders asap. | ➔ | 31/06/2025 |
| | Strategic Objective - Services | | | | | | | | | | | |
| A11 | There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services. | 5 | 5 | 25 | Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App | 2 | 5 | 10 | Implemented recommendations from Internal Audit Report (30 Jun 24) Head of Emergency Preparedness appointed. | Head of Emergency Preparedness appointed and started in post w/c 13 January 2025. | ➔ | At target |
| | Strategic Objective: Services | | | | | | | | | | | |
| A12 | There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities. | 5 | 4 | 20 | Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources | 4 | 5 | 20 | Refinement of Estates risk assessment in preparation for funding announcements including ready to go projects. Head of Estates/Facilities role currently going through job evaluation. | Some additional capital released by WG which has been helpful to address areas of need. Continue to monitor and report into WG and prioritise discretionary capital to areas of greatest need. | ➔ | 31/03/2025 |
| | Strategic Objective - Service Development | | | | | | | | | | | |
| A13 | The Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty. | 5 | 3 | 15 | Legacy system contract extended to 31.03.25 Build assessment plan established Invoices on Hold pending build assessment outcome | 4 | 4 | 16 | 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. | We are currently anticipating that the new system will see Release 1 in place and operational by 1 April 2025, replicating current WNWRS capabilities, with a further release later in 2025 to fulfil agreed contract requirements in relation to Performer's List requirements. The functionality will already have been built in the system but will be released for use later to reduce the demands on users. The Project is behind original timescales but, having been close to failure, is now back on track to deliver a full system build for both WNWRS and Performer's List requirements by 31st March 2025, with payment in full tied to delivery milestones before year end. | ➔ | 31/03/2025 |
| | Escalated Divisional Risk | | | | | | | | | | | |
| 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 | Project Team in place Impacted staff identified Staff communications including virtual coffee mornings Agents engaged Mitigation would be to ask staff to work from home if required | 3 | 4 | 12 | Leases being extended to April 2025 for Companies House and 1 January 2026 for Charnwood Court. | The lease on Charnwood Court has been extended until 1 January 2026 with options to extend if we choose and CoHo until April 2025. The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. This would allow us to take more time to find a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of Charnwood Court completed to accommodate the reduction in footprint at CoHo. | ➔ | At target |
| | Escalated Divisional/Programme Risk | | | | | | | | | | | |

Corporate Risk Register

| Ref | Risk Summary | Inherent Risk | | | Existing Controls & Mitigations | Current Risk | | | Further Action Required | Progress | Trend since last review | Target & Date |
|-----|--------------|---------------|--------|-------------|---------------------------------|--------------|--------|-------------|-------------------------|----------|-------------------------|---------------|
| | | Likelihood | Impact | Total Score | | Likelihood | Impact | Total Score | | | | |

| Key to Impact and Likelihood Scores | | | | | | |
|-------------------------------------|--------------------|---|-------|----------|-------|--------------|
| | | Impact | | | | |
| | | Insignificant | Minor | Moderate | Major | Catastrophic |
| | | 1 | 2 | 3 | 4 | 5 |
| Likelihood | | | | | | |
| 5 | Almost Certain | 5 | 10 | 15 | 20 | 25 |
| 4 | Likely | 4 | 8 | 12 | 16 | 20 |
| 3 | Possible | 3 | 6 | 9 | 12 | 15 |
| 2 | Unlikely | 2 | 4 | 6 | 8 | 10 |
| 1 | Rare | 1 | 2 | 3 | 4 | 5 |
| | Critical | Urgent action by senior management to reduce risk | | | | |
| | Significant | Management action within 6 months | | | | |
| | Moderate | Monitoring of risks with reduction within 12 months | | | | |
| | Low | No action required. | | | | |

| | |
|---|-----------------|
|  | New Risk |
|  | Escalated Risk |
|  | Downgraded Risk |
|  | No Trend Change |

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 10 – JANUARY 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for January 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 10.

Thank you for your letter of 31st January 2025 responding to the Month 9 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial outturn to Month 10 and full year forecast continues to be reported at break-even.

Our balanced financial plan continues to be based on the assumptions included in our IMTP. This previously included a material assumption for anticipated income in respect of the 2024/25 pay award funding which has recently been confirmed on 11th February. We note this funding has only been confirmed for 2024/25 so continue to await confirmation of the recurrent funding position which remains a risk to our IMTP as the funding allocation model shared identifies a £0.724m shortfall in funding against our modelled requirements.

We reported our indicative interim savings distribution to NHS Wales and Welsh Government of £2.000m to the November Shared Services Partnership Committee. At the end of January, we are able to confirm an increase in the distribution to £2.500m. Following the very recent confirmation on pay award funding, we will review the potential for any further increase in the distribution during February and provide a further update in our Month 11 submission, **(Action Point 9.1)**.

1. **Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)**

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

The lower section of the table has been populated with the full year forecast Covid expenditure with further amendments made in Month 10 to the forecast funding requirement which are detailed further below. We will continue to review

this forecast in detail during Quarter 4 to identify any change to the forecast £0.750m surplus against our covid allocation that we anticipate will be recovered.

Additional year to date non-recurrent savings of £3.379m are reported which will be utilised to provide the increased 2024/25 distribution of £2.500m.

The key points to note within the year to date and forecast position are:

- The updated SLE pay and non-pay forecast totals £321.610m which remains in line with the £321.548m that was forecast at Month 9. The updated forecast is detailed below:

| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | TOTAL |
|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| PAY | 20.293 | 19.275 | 20.125 | 20.496 | 21.655 | 45.433 | 23.046 | 36.888 | 24.546 | 24.659 | 24.443 | 24.443 | 305.303 |
| NON PAY | 0.990 | 1.537 | 1.332 | 1.221 | 1.368 | 1.393 | 1.971 | 1.220 | 1.244 | 1.241 | 1.396 | 1.396 | 16.307 |
| TOTAL | 21.284 | 20.812 | 21.457 | 21.718 | 23.023 | 46.826 | 25.017 | 38.108 | 25.790 | 25.900 | 25.839 | 25.839 | 321.610 |

The forecast includes estimates of the additional locum shifts that we will pay through the SLE which will vary each month and cause our forecast to change.

- The full year income forecast for 2024/25 is £791.366m which is circa £2.000m less than the forecast reported at Month 9 due to a reduction in the WIBSS Alliance House claims that we anticipate we will pay during the financial year.
- The WIBSS compensation scheme for the Alliance House applications (legacy schemes) opened at the end of October. There are approximately 400 eligible applicants to the scheme, although these will be received on a piecemeal basis as they have a long application window to submit within.

Income and expenditure totalling £3m (previously £5m) has been included in the forecast to estimate payments we may make or accrue during the remainder of the financial year based on the rate of applications to date. The forecast has been reduced based on the application rates we have evidenced to the end of January. There does, however, remain uncertainty as to how many applications will be received during the rest of 2024/25 to assess the total quantum of potential payments or accruals required during the financial year,

We do estimate that the total value of all potential applications that will be received in this and future financial years could be up to £30m and consideration will also need to be given to the potential value and funding of provisions to be accounted for at 31st March 2025. The WIBSS Manager and Cath Cody, Welsh Government Policy Lead are attending

regular meetings with DHSC and the Compensation Authority to confirm processes, responsibilities and timing of future cashflows.

- 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. The Month 12 increase is larger due to two quarters being included as part of the year end accruals.
- Forecast non-cash charges total £5.820m which reconcile back to the November non-cash submission. We will review these in February prior to the Month 11 submission and confirmation of final funding requirements.
- £100.572m income and expenditure is included to Month 10 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast remains at £139.913m and is phased on a straight-line basis over remaining months.

A detailed review of our forecast undertaken at the beginning of February confirms that the £139.913m forecast we included in our IMTP continues to be a realistic forecast. We will continue to closely monitor cases to ensure any material deviation from forecast can be highlighted at the earliest opportunity and will keep Matt Denham-Jones updated with regard to any forecast movements.

- Our 2024/25 energy costs continue to be forecast at £3.878m following a review of our year to date and forecast costs including indicative values for our laundry energy recharges from UHBs. This identifies that we will require net additional funding of £1.067m for the excess laundry energy costs over the values included in our SLAs which we have commenced invoicing for. This is in comparison to additional costs of £1.286m that were recharged in 2023/24 and reflects the reduction of production units from five to four laundries during this financial year. We will continue to recharge the 2023/24 additional costs due to the reallocation of laundry activity across NHS Wales and apportion and return the forecast £0.210m energy cost savings over the activity by Organisation.
- In December we have commenced purchasing medicines for the buffer stockpile and estimate we will incur expenditure of £0.6m in 2024/25 with a further £0.6m to be purchased in 2025/26. As confirmed in our Month 9 response letter we will raise an invoice for the value of the stock to be purchased this financial year and raise a credit note accrual so that we have the cash coverage for the additional stockholding.

- The 'increase in pre IFRS16 lease dilapidations' of £0.089m that we have phased into Month 12 reflects the annual increase in the dilapidations provision that will be required for leases which were in place prior to the introduction of IFRS16 and the change to the accounting treatment of dilapidations with inclusion in the Right of Use asset value (**Action Point 9.3**)

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh Government income – the in-month decrease is due to the revised profile of the WRP income in line with claims expenditure and the full year forecast reduction is as a result of the reduction in the WIBSS Alliance House claims forecast.
- Provider Services – Non-Pay – the full year forecast has reduced as a result of reduction in the WIBSS Alliance House claims forecast.
- Welsh Risk Pool – the in-month decrease is due to the revised profile of the WRP income in line with claims expenditure. There is no impact on the full year forecast.

Table B3 details the in month and forecast Covid19 additional expenditure and now reports a further reduction in funding anticipated as a result of the confirmation that funding will be recovered to match our forecast expenditure. We will continue to monitor this closely as we progress through quarter 4. We have revised our forecast during January so that we estimate a non-recurrent surplus of £0.750m against the covid allocation can be recovered by Welsh Government. This has been adjusted following a review of expenditure we anticipate we will incur in February/March primarily in relation to reduced external stockholding and disposal costs following delayed decisions on PPE stock holding volumes and further delays in appointing to some posts (**Action Point 9.6**)

We have attended a number of meetings with Welsh Government policy colleagues in recent months and have received some interim direction on stockholding levels. We continue to await the final decision on volumes once this has received Ministerial approval. We will need to review the level of funding required to support any amended stockholding particularly if the volumes increase above current levels. A decision on this is now urgent given that we will need to assess the impact on PPE stock provisions for 2024/25. We did indicate that a decision was required within Quarter 3 to minimise any significant movements in forecasts as we progress towards the end of the financial year and this was further discussed at a meeting on 29th November. At this submission date we are still awaiting a decision on this. We will work through a range of options and the associated provision and funding requirements to share with Matt Denham-Jones and arrange a meeting to discuss this.

The provision of PPE to Primary & Social Care ceased on 31st March 2024. Table B3 includes credits totalling £0.030m due to the return of some PPE items in April, September and November.

At the end of 2023/24 we accrued 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 continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

2. Underlying Position (Table A1)

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We initially mitigated this pressure in 2024/25 through planned recharges to UHBs/Trusts, however following a review of our forecast position we have generated sufficient non-recurring savings to fund this pressure internally within NWSSP during 2024/25.

3. Risk Management (Table A2)

This table has been reviewed at the end of January and a number of amendments to the value of risks and opportunities reported this month (**Action Point 9.2**).

Further details of the risks included in Table A2 are:

- Laundry energy recharges cannot be agreed with UHBs – this has been reduced to zero this month given a number of energy recharges have now been transacted and the process agreed.
- Storage Costs retention of records funding – this has been reduced to zero this month as we have generated sufficient internal non-recurrent savings to fund these additional costs so no further funding is required
- Receipt of anticipated pay award funding– this risk has been reduced to zero for 2024/25 given the in year funding that was confirmed by Welsh Government on 11th February. The risk still remains for future years until recurrent funding is confirmed.

Opportunities included within our financial plan include:

- NWSSP Share of all Wales energy forecast is less than anticipated - £0.100m – this opportunity may crystallise as we update our NWSSP (excluding laundry) energy forecast and will also be impacted with the IP5 solar farm becoming operational in November. The variability of gas usage and costs over the winter months, particularly in IP5 will impact this and we will monitor this monthly.
- Turnover/Vacancy rates are higher than budgeted - £0.500m – this reflects the additional opportunity to release non-recurrent savings in excess of the £2.500m interim distribution we have declared

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 B2 – Sections B & C)

A credit of £0.014m was reported against our agency expenditure in Month 10. This was following a review of agency accruals, invoices received and shifts worked which identified the release of previously accrued expenditure. There now remains only one agency member of staff working within NWSSP who has been engaged on a short-term basis within procurement to support savings delivery for the value & sustainability programme. We have amended our forecast for quarter 4 to reflect this – the future forecast expenditure is more than the December figure due to there being a part-month impact when the agency member of staff was first engaged (**Action Point 9.4**). We continue to deploy controls regarding engagement of agency staff and review agency expenditure in detail to minimise usage, however we may need to engage short term agency resource within our Audit & Assurance service in order to achieve the agreed audit plans which would impact our forecast.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)

We are reporting variable pay expenditure of £0.315m for January which is in line with the forecast included in the Month 9 return. The forecast was not reduced

based on the December spend due to the number of bank holidays and additional variable pay requirements over the Christmas period that were paid in January and included in the forecast (**Action Point 9.5**). The forecast monthly total remains at £0.314m reflecting that we may require more flexibility over the winter months and also as we approach the end of the financial year to support workload pressures.

We continue to strengthen our controls and monitoring of variable pay expenditure across NWSSP with the aim of minimising this as far as possible and we are finalising our variable pay internal audit report and recommended management actions.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)

The savings tracker has been populated per our IMTP. In month 10 we are reporting a year to date non-recurrent overachievement of savings of £3.379m against our planned vacancy factor primarily due to the prudent approach we have taken to vacancy management whilst we await confirmation of recurrent pay award funding and also due to slippage on certain projects due to external factors. We are forecasting that the in month savings will reduce in Months 11 & 12 due to appointments to vacancies and additional workforce costs over the winter months and in preparation for the end of the financial year.

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 amended for the backdated pay awards. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-20 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation or have yet to invoice for, and which were highlighted as income assumptions in our IMTP.

The non-cash depreciation charges continue to reconcile to the November non-cash submission.

The pay award funding anticipated has been amended to report the £2.088m to reconcile back to the balance of funding confirmed on 11th February.

9. Health Care Agreements and Major Contracts

No further updates to report.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 31st January 2025 there were seven invoices outstanding over 17 weeks. At the submission date three of these were still outstanding which we continue to follow up with Organisations as a matter of urgency. We have engaged with CTM during January and they have now agreed the laundry SLA charges with the payment expected imminently to clear this invoice (**Action Point 9.7**). The other invoices over 17 weeks were not disputed as part of the agreement of balances process and payments are expected for these (**Action Point 9.8**).

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)

Tables I & J have been populated with the year to date and forecast expenditure against our current Capital Expenditure Limit of £9.158m. We are grateful for the additional year end capital funding that we have been allocated and which will enable us to progress a number of our objectives and achieve efficiencies across NWSSP.

We continue to monitor our plans in detail to ensure all the capital funding allocated is fully utilised during the financial year.

We continue to await formal planning permission for the Radiopharmacy/TRAMS build at IP5.

14. IFRS 16 & CAME (Table Q)

This table reflects the forecast that we included in our November non-cash submission.

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 10 and 11 monitoring return submissions at the next meeting on 25th March 2025.

16. Authorisation of Return



.....
**NEIL FROW
MANAGING DIRECTOR
NWSSP**



.....
**ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP**

13th February 2025

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 11 – FEBRUARY 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for February 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 11.

Thank you for your letter of 25th February 2025 responding to the Month 10 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial outturn to Month 11 and full year forecast continues to be reported at break-even.

We reported our increased savings distribution to NHS Wales and Welsh Government of £2.500m in our Month 10 return. Following a review of our forecast in early March we can confirm that due to the reserve we have reported and updated in Table A each month not being utilised for reinvestment within NWSSP that the final 2024/25 distribution can be confirmed at £3.600m. The shares by Organisation are shown in the table below (**Action Point 10.1**).

| Health Board /Trust | % | 2024/25 DISTRIBUTION |
|---------------------|---------------|-------------------------|
| Aneurin Bevan | 9.85 | 354,600 |
| Swansea Bay | 8.80 | 316,800 |
| Betsi Cadwaladr | 11.98 | 431,280 |
| Cardiff and Vale | 10.49 | 377,640 |
| Cwm Taf Morgannwg | 10.60 | 381,600 |
| Hywel Dda | 7.77 | 279,720 |
| Powys | 1.95 | 70,200 |
| Velindre | 1.17 | 41,940 |
| Welsh Ambulance | 1.28 | 46,080 |
| Public Health Wales | 0.87 | 31,320 |
| Welsh Government | 35.25 | 1,268,820 |
| Total | 100.00 | 3,600,000 |

1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

The lower section of the table has been populated with the full year forecast Covid expenditure which continues to reconcile to the forecast £0.750m surplus as reported in our Month 10 return. Adjustments have been made to our final allocation invoices for 2024/25 to return this funding to Welsh Government.

Additional year to date non-recurrent savings of £3.577m are reported which will be utilised to provide the 2024/25 distribution of £3.600m.

The key points to note within the year to date and forecast position are:

- The updated SLE pay and non-pay forecast totals £322.260m which is an increase on the £321.610m that was forecast at Month 10 due to training grant arrears and staff changes following the February rotation. The updated forecast is detailed below:

| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | TOTAL |
|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| PAY | 20.293 | 19.275 | 20.125 | 20.496 | 21.655 | 45.433 | 23.046 | 36.888 | 24.546 | 24.659 | 24.353 | 24.443 | 305.212 |
| NON PAY | 0.990 | 1.537 | 1.332 | 1.221 | 1.368 | 1.393 | 1.971 | 1.220 | 1.244 | 1.241 | 2.136 | 1.396 | 17.047 |
| TOTAL | 21.284 | 20.812 | 21.457 | 21.718 | 23.023 | 46.826 | 25.017 | 38.108 | 25.790 | 25.900 | 26.488 | 25.839 | 322.260 |

The forecast includes estimates of the additional locum shifts that we will pay through the SLE which will vary each month and cause our forecast to change.

- The full year income forecast for 2024/25 is £792.818m which is an increase on the £791.366m forecast at Month 10 primarily due to increased SLE income to cover the training grant arrears paid in month and confirmation of the non-cash depreciation and impairment funding.
- The WIBSS compensation scheme for the Alliance House applications (legacy schemes) opened at the end of October. To date we have received 33 applications of which 22 claims, with a value of £2.200m have been paid. 6 claims have been rejected and 5 are in progress. We have further validated the list of eligible claims that we may receive, which is now considerably less than originally assumed total of 390. We have included a forecast of £2.900m for claims that will be received in 2024/25 and either paid or accrued. We are liaising with Welsh Government and Audit Wales regarding the accounting treatment of any required provision for eligible claims not submitted by 31st March 2025.
- 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. The Month 12 increase is larger due to two quarters being included as part of the year end accruals and is the key reasons for the increase in the non pay expenditure forecast (**Action Point 10.4**).

- Forecast non-cash charges total £6.288m which reconcile back to the final non-cash submission made on 7th March 2025.
- £106.747m income and expenditure is included to Month 11 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast remains at £139.913m and a review of cases in early March has confirmed this remains achievable.
- Our 2024/25 energy costs continue to be forecast at £3.878m following a review of our year to date and forecast costs including indicative values for our laundry energy recharges from UHBs. This identifies that we will require net additional funding of £1.067m for the excess laundry energy costs over the values included in our SLAs which we have commenced invoicing for. This is in comparison to additional costs of £1.286m that were recharged in 2023/24 and reflects the reduction of production units from five to four laundries during this financial year. We will continue to recharge the 2023/24 additional costs due to the reallocation of laundry activity across NHS Wales and apportion and return the forecast £0.210m energy cost savings over the activity by Organisation.
- We commenced purchasing medicines for the buffer stockpile in December and to date we have purchased stock with a value of £0.085m. The final stockpile will total £1.200m. Given the low value of purchases to date we will review stock orders placed to ascertain if cash support will be required before the end of the financial year.

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh NHS Local Health Boards & Trusts income – the full year forecast increase is due to the increase in the income for the SLE training grant arrears.
- Welsh Government income – the in-month decrease is due to the net impact of the revised profile of the WRP income in line with claims expenditure and a reprofile of pay award funding into Month 11 (previously profiled into Month 12). The full year forecast increase is primarily due to the confirmed depreciation and impairment funding.
- Provider Services – Non-Pay – the in-month increase is due to the increased SLE training grant arrears and a reprofile of our break-even accrual within the Velindre ledger linked to the reprofiled income targets.
- Welsh Risk Pool – the in-month decrease is due to the revised profile of the WRP income in line with claims expenditure. There is no impact on the full year forecast.

Table B3 details the in month and forecast Covid19 expenditure which continues to estimate a non-recurrent surplus of £0.750m against the covid allocation which has been recovered by Welsh Government.

We have attended a number of meetings with Welsh Government policy colleagues throughout 2024/25 regarding PPE stockholding levels. On 6th March 2025 we received confirmation of Cabinet Secretary approval for the new policy on PPE stockpiling in Wales. Whilst this approval has been given, we await a meeting and formal letter which will include further details on the composition and volumes of stockpiles that we need to work towards before we can progress.

We met with Welsh Government finance colleagues on 5th March 2025 to update on the current PPE provisions that we hold and presented a potential range of options and associated funding requirements for provisions at 31st March 2025.

The provision of PPE to Primary & Social Care ceased on 31st March 2024. Table B3 includes credits totalling £0.030m due to the return of some PPE items in April, September and November.

At the end of 2023/24 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the ongoing increased stock balance we hold. Stock balances have not significantly moved during 2024/25, so this cash support continues to be required. We will continue to review this cash requirement further in 2025/26 when we can assess the impact of the PPE stockpiling policy.

2. Underlying Position (Table A1)

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We initially mitigated this pressure in 2024/25 through planned recharges to UHBs/Trusts, however following a review of our forecast position we have generated sufficient non-recurring savings to fund this pressure internally within NWSSP during 2024/25.

3. Risk Management (Table A2)

This table has been reviewed at the end of February and the following changes reported this month.

- Risks/Opportunities which have reduced to zero have been removed from Table A2 (**Action Point 10.2**)

- NWSSP Share of all Wales energy forecast is less than anticipated – this opportunity has been removed as we continue to forecast that our energy costs will be £3.878m as originally estimated.
- Turnover/Vacancy rates are higher than budgeted– this opportunity has been reduced to zero as this has now been realised in our increased savings achievement and distribution to NHS Wales & Welsh Government. **(Action Point 10.3)**

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 B2 – Sections B & C)

Agency expenditure totalled £0.009m in February and there now remains only one agency member of staff working within NWSSP who has been engaged on a short-term basis within procurement to support savings delivery for the value & sustainability programme. We continue to deploy controls regarding engagement of agency staff and review agency expenditure in detail to minimise usage, however we may need to engage short term agency resource within our Audit & Assurance service in order to achieve the agreed audit plans which would impact our forecast.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)

We are reporting variable pay expenditure of £0.311m for February which is in line with the forecast included in previous returns.

We continue to strengthen our controls and monitoring of variable pay expenditure across NWSSP with the aim of minimising this as far as possible and have finalised our variable pay internal audit report and recommended management actions.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)

The savings tracker has been populated per our IMTP. In month 11 we are reporting a year to date non-recurrent overachievement of savings of £3.577m against our planned vacancy factor primarily due to the prudent approach we have taken to vacancy management whilst we await confirmation of recurrent pay award funding and also due to slippage on certain projects due to external factors. We estimate these savings will reach £3.600m by the end of the financial year. There is a reduction in Month 12 forecast savings due to additional expenditure forecast during the month (**Action Point 10.5**).

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 amended for the backdated pay awards. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-17 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation or have yet to invoice for, and which were highlighted as income assumptions in our IMTP.

The non-cash depreciation charges continue to reconcile to the 7th March returns and invoices will now be raised for this funding.

9. Health Care Agreements and Major Contracts

No further updates to report.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 28th February 2025 there were nine invoices/credit notes outstanding over 17 weeks. At the submission date three of these were still outstanding from Hywel Dda due to a delay in extending a purchase order which we continue to follow up. We are also urgently chasing Organisations for payment of any invoices that will reach 17 weeks before the end of March (**Action Point 10.7**).

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

Tables I & J have been populated with the year to date and forecast expenditure against our current Capital Expenditure Limit of £9.365m.

We continue to monitor our plans in detail to ensure all the capital funding allocated is fully utilised during the financial year. Where minor slippage has been identified against schemes this has been redirected for use on other schemes across the Organisation as updated in the tables this month. This has been agreed in principle with Ian Gunney and a detailed outturn position will be shared with WG capital colleagues in April to confirm the final utilisation of the funding.

We recognise the material step up in spend for Months 11 & 12, which is primarily due to the allocation of funding late in Quarter 3 and early Quarter 4. We regularly review the progress on all schemes and are confident they will be delivered before the end of the financial year (**Action Point 10.6**).

14. IFRS 16 & CAME (Table Q)

This table reflects the final 2024/25 return that we made on 7th March 2025.

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 10 and 11 monitoring return submissions at the next meeting on 25th March 2025.

16. Authorisation of Return



.....
**NEIL FROW
MANAGING DIRECTOR
NWSSP**

12th March 2025



.....
**ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP**

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 23/02/2025 (Updated 24/02/2025)

| 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 | 269,238,750 | 266,225 | 20,747,150 | 155,000 | 246,569 | 84 | 116,194,800 | 9 | 2,282,290 |
| Body Bags | 16,974 | 12 | 9,627 | 0 | 15 | 664 | 5,799 | 57 | 170 |
| Eye Protector | 1,646,572 | 0 | 591,800 | 0 | 0 | - | 748,100 | 578 | 1,023 |
| Type I & Type II Masks | 2,402,370 | 320 | 33,400 | 0 | 695 | 48 | 332,800 | 2 | 15,653 |
| Type IIR Masks | 287,773,577 | 65,375 | 2,598,475 | 2,000,900 | 155,769 | 17 | 132,050,037 | 1 | 2,617,384 |
| FFP2 Masks | 127,144 | 0 | 201,120 | 0 | 0 | - | 8,360 | 272 | 739 |
| FFP3 Masks (3M) | 4,997,978 | 2,160 | 2,437,841 | 0 | 1,151 | 2,118 | 98,760 | 39 | 62,518 |
| FFP3 Masks (Other) | 191,100 | 0 | 0 | 0 | 0 | - | 0 | - | 0 |
| Face Visors | 7,562,885 | 723 | 268,817 | 0 | 296 | 908 | 3,134,316 | 2 | 131,750 |
| Fit Test Kits & Spares | 6,694 | 0 | 382 | 0 | 0 | - | 0 | 13 | 30 |
| Gloves | 1,449,539,630 | 2,951,600 | 174,330,400 | 103,593,300 | 2,965,938 | 59 | 539,926,830 | 21 | 8,446,226 |
| Gloves Cuff | 2,183,150 | 5,900 | 366,900 | 32,000 | 6,363 | 58 | 4,150 | 37 | 9,970 |
| Gowns (Fluid-Resistant) | 5,209,869 | 3,140 | 624,015 | 0 | 3,070 | 203 | 113,650 | 14 | 44,911 |
| Gowns (Other) | 1,305,553 | 1,672 | 41,903 | 0 | 1,515 | 28 | 0 | 3 | 13,975 |
| Hand Sanitizer | 1,205,236 | 2,294 | 166,046 | 2,250 | 2,676 | 62 | 57,358 | 22 | 7,638 |
| Wipes (Universal) | 230,000,600 | 1,518,400 | 10,328,400 | 3,249,600 | 1,445,650 | 7 | 38,000 | 5 | 2,035,123 |
| Wipes (Other) | 137,957,285 | 210,600 | 1,259,550 | 444,800 | 223,304 | 6 | 16,000 | 2 | 540,982 |
| Respirator Hoods | 157 | 0 | 432 | 2,400 | 0 | - | 0 | - | 0 |
| Respirator Filters | 35,273 | 0 | 42,600 | 0 | 0 | - | 0 | - | 0 |
| Total | 2,401,400,797 | 5,028,421 | 214,048,858 | 109,480,250 | 5,053,009 | | 792,728,960 | | 16,210,382 |

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
- f) Issue rate reflects the average number of issues made in the last 4 weeks
- g) 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.
- h) RAG Rating is currently based on 16 Weeks

| |
|--------------|
| ≥16 Weeks |
| 2 - 15 Weeks |
| 1 Week |
| - |



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

25 March 2025

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Audit Committee Assurance Report – February 2025

ARWEINYDD:

James Quance

LEAD:

Assistant Director of Corporate Services, NWSSP

AWDUR:

Carly Wilce

AUTHOR:

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SWYDDOG ADRODD:

Alison Ramsey

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Pwrpas yr Adroddiad:

Purpose of the Report:

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on **05 February 2025**.

Llywodraethu/Governance

Amcanion:

Each of the five key Corporate Objectives

Objectives:

Tystiolaeth:

Individual reports submitted to Audit Committee

Supporting evidence:

Ymgynghoriad/Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):

**DERBYN/
APPROVE**

**ARNODI/
ENDORSE**

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

✓

**Argymhelliad/
Recommendation**

The Committee is asked to **NOTE** the report

Crynodeb Dadansoddiad Effaith:

Summary Impact Analysis:

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

No direct impact

**Cyfreithiol:
Legal:**

No direct impact

**Iechyd Poblogaeth:
Population Health:**

No direct impact

**Ansawdd, Diogelwch a Profiad
y Clef:**

No direct impact

| | |
|---|---|
| Quality, Safety & Patient Experience: | |
| Ariannol: Financial: | No direct impact |
| Risg a Aswiriant: Risk and Assurance: | This report provides assurance to the Committee that NWSSP has robust risk management processes in place. |
| Dyletswydd Ansawdd/ Duty of Quality: | No direct impact |
| Gweithlu: Workforce: | No direct impact |
| Deddf Rhyddid Gwybodaeth/ Freedom of Information | Open |

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on **05 February 2025**, is outlined below:

| | |
|---------------|--|
| ALERT | No matters to alert/escalate. |
| ADVISE | <p>There was one matter to advise to the Board.</p> <p>An Internal Audit Report relating to Procurement Capital Equipping was presented to the Committee. The audit assessed the adequacy of systems and controls in place for Procurement within the Capital Team servicing Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board. The audit received an outcome of limited assurance, with 6 recommendations for action. The Director of Procurement Services was in attendance to provide the Audit Committee with assurance, context and the action taken to address the recommendations.</p> |
| ASURE | <p>NWSSP Update</p> <p>The Managing Director presented the Committee with a comprehensive update as to key developments within NWSSP, since its last meeting in October 2024. The main highlights discussed were as follows:</p> <ul style="list-style-type: none"> • As of month 9, a year-to-date surplus of £3.522m was reported. Capital expenditure reached £3.703m, out of the current Capital Expenditure Limit (CEL) of £7.810m. This includes additional funding approved by the Welsh Government in December 2024 for IT refresh requirements and the purchase and installation of PV (Photovoltaic) panels at Matrix House; • NWSSP confirmed savings of £2m, which would be distributed back to Welsh Government and NHS Wales; • detailed designs of the new South-East Radiopharmacy were complete. The Medicines and Healthcare products Regulatory Agency (MHRA) have reviewed the plans and have confirmed that only minor changes are needed, primarily concerning air pressure differentials. Final issues delaying planning permission have been resolved and the Section 106 Agreement has been signed under the common seal of Velindre University NHS Trust and submitted |

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| | <p>to the Council for processing. Building works have commenced. The Committee requested a firm timeline to be presented to the next Committee meeting in April 2025;</p> <ul style="list-style-type: none"> • discussions remain ongoing to agree on the revenue baseline, operating costs, benefits, overall revenue funding profile and organisational shares for the South-East Hub. Efforts are ongoing to identify a suitable site within the preferred localities, for the South-West Hub; • Welsh Government requested the NWSSP Director of Pharmacy Technical Services to commission a review aimed at improving efficiency of hospital medicines supply and logistics arrangements. A contractor has been appointed and the review is anticipated to be completed by March 2025; • Cardiff and Vale University Health Board is supporting a pilot project during 2025 to provide Pre-exposure Prophylaxis (PrEP) across Community Pharmacies. The initiative aims to improve access, reduce inequalities and decrease stigma. IP5 will supply NHS stock to PrEP to relevant pharmacies at no extra cost under the pilot arrangement; • to ensure consistency and alignment across Laundry Sites, NWSSP will adopt its tenure at Church village and Carmarthen, similar to the arrangements in place at North Wales and Greenvale sites; • the Medical Examiner Service has been successfully established following new legislation on 9 September 2024, despite some initial challenges. Although media coverage highlighted delays in the release of bodies, the Service does not have the authority to authorise or prevent this; • NWSSP has formally agreed to extend its leases at Charnwood Court and Companies House. The overall footprint has significantly reduced following a review of space; • NWSSP continues to collaborate closely with Welsh Government colleagues to ensure the correct level of PPE stock is maintained; and • nominations for NWSSP's staff awards have closed and the award ceremony will be held on Thursday 13 February 2025. |
| <p>ASSURE</p> | <p>Counter Fraud Position Statement</p> <p>NWSSP's Local Counter Fraud Manager presented the Q3 Counter Fraud Position Statement to the Committee, with an overview of activity. As of 31 December 2024, a total of 158.25 days of Counter Fraud work has been completed against the agreed full year 210 days, as detailed in the Counter Fraud Annual Work Plan for the 2024/25 financial year. The Statement summarised the following activity in the last quarter:</p> <ul style="list-style-type: none"> • in the last twelve months, a total of 222 new starters have attended a fraud awareness session; • the NWSSP Local Counter Fraud Service intranet page continues to be updated, with support from the NWSSP Communications team; • two fraud awareness sessions have been delivered to the Legal and Risk Management team and the Health and Safety team; |

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| | <ul style="list-style-type: none"> • a further 264 members of staff have completed the All-Wales Counter Fraud E-learning module in Q3, which equates to 1,017 members of staff in total; • a bespoke fraud awareness session was delivered to 18 trainee doctors employed through the Single Lead Employer Programme; • during the reporting period, two new fraud referrals have been received for investigation; • no Fraud Prevention Notices (FPN) have been issued by the NHS Counter Fraud Authority during Q3 of 2024-25; and • there are six ongoing investigations, which are as follows: <ul style="list-style-type: none"> ○ four relate to overpayment of salary; and ○ two relate to working whist on sick leave. |
| ASSURE | <p>External Audit Position Statement</p> <p>Audit Wales provided an update as to current and planned audit work. Audit and assurance work for 2024-25 had commenced and discussions taken place. The scope of work would remain in line with the 2023-24 programme of work. An outlined position detailing the assurance work for NWSSP would be taken to the next Audit Committee meeting on 15 April 2025.</p> |
| ASSURE | <p>Internal Audit Position Statement</p> <p>The Head of Internal Audit presented the Position Statement together with an overview of other activity undertaken since the previous meeting. Key points to highlight were:</p> <ul style="list-style-type: none"> • five Internal Audit reports from the 2024-25 Internal Audit annual plan had been finalised and were on the agenda; • in addition to the above, one draft report on variable pay had been issued; • planning for the development of the Internal Audit plan for 2025/26 had commenced. The plan would be presented at the Formal Senior Leadership Group meeting, for consideration in April 2025; • planning meetings continue to take place with the Assistant Director of Corporate Services, other Directors and Senior Managers, in line with the planning and delivery of individual audits; and • the new electronic audit system has been implemented, and reporting templates updated to align with the NWSSP Integrated Medium Term Plan 2024/25. The new templates comply with both the current Public Sector Internal Audit Standards and the upcoming new Global Internal Audit Standards, effective from January 2025. |
| ASSURE | <p>Internal Audit Reports</p> <p>The following reports were also presented to the Committee, for consideration:</p> <p><u>Accounts Payable</u></p> |

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| | <p>The audit reviewed the adequacy of the systems and controls in place for key risk areas, including the implementation of actions from previous reports. The audit was concluded as reasonable assurance, with 4 findings that required management action.</p> <p><u>Digital Service Management</u> The purpose of the audit was to provide an opinion of the arrangements in place for the management of Service Level Agreements, relating to the digital provision from Digital Health and Care Wales. It concluded with reasonable assurance and identified 3 recommendations for action.</p> <p><u>Recruitment Services</u> The audit assessed the adequacy of systems and controls in place for NWSSP Recruitment Services. The audit was highly positive, achieving substantial assurance with no recommendations for action.</p> <p><u>Health and Safety</u> The audit reviewed the adequacy of health and safety arrangements within NWSSP. The review achieved reasonable assurance with 2 medium priority recommendations for action.</p> |
| ASSURE | <p>New Global Internal Audit Standards The Director of Audit and Assurance delivered an update on the new Global Internal Standards (GIAS), which would apply to Public Sector Organisations by 1 April 2025, to align with the 2025/26 financial year. The new set of Standards will apply to all Internal Auditing services worldwide. There are 52 standards to comply with. A full assessment has been conducted against the new Standards, and it was concluded that 13 of the 52 standards required further assessment to ensure full compliance.</p> <p>The previous set of Standards have expanded from 40 to 120, becoming far more prescriptive, requiring additional work to record compliance. The purpose of the Standards is to ensure appropriate ethics, professionalism, governance and management of Internal Audit services. The third domain, governance, has been significantly strengthened and focuses on relationships with Boards, Audit Committee Chairs and Internal Audit, with an expectation that Boards and Audit Committees would support Internal Audit functions in fulfilling their responsibilities. It also aims to strengthen, create, protect and sustain value through risk-based independent, and objective assurance, advice and foresight and identify potential areas of research and key areas of focus. Each domain contains principles, broad descriptors of requirements and considerations, with a greater emphasis on behaviours compared to the previous Standards.</p> <p>The Public Sector Internal Audit Standards Advisory Board (IASAB), which includes all Standard setters for internal audit within the UK Public Sector, has assessed the Standard. The Board determined that the Standards could be fully applied across the public sector, with the addition of a few aspects, insofar as the Nolan principles and value for money.</p> |

| | |
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| | <p>The training for all NWSSP Audit & Assurance Services staff on the new Standards is scheduled for the 6 February 2025. A few final changes would be made to Internal Audits approach, including the new electronic paper system, Ezra. A review of progress would be undertaken in September 2025 to ensure compliance, and an update would be brought back to a future meeting.</p> |
| ASSURE | <p>Governance Matters</p> <p>The Governance Matters report detailed the contracting activity for the last quarter. 23 contracts had been let for NWSSP and 26 further contracts for NHS Wales. There were no declarations made as to gifts, hospitality or sponsorship since the last meeting and there was 1 internal audit report concluded as limited assurance, namely Decarbonisation, which was reported to the Audit Committee at its meeting on 25 October 2024.</p> <p>Of 99 audit recommendations, 95 had been implemented, 3 were not yet due and 1 is overdue, but is dependent on a third party to fully implement. The proposed revised target deadline of 31 March 2025 was approved.</p> <p>The Corporate Risk Register contains 6 red risks, 9 amber and no yellow or green risks, for action.</p> |
| ASSURE | <p>Audit Committee Forward Plan of Business</p> <p>The proposed Audit Committee 2025/26 Forward Plan of Business, consistent with the previous year, was received without any changes to report.</p> |
| INFORM | <p>Items for Information</p> <p>The Audit Committee Forward Plan of Business for the 2024-25 period was received for information.</p> |

2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Assurance Report

Shared Services Partnership Committee

Forward Plan of Business

2025-26

| Month | Standing Items | Strategy, Policy & Implementation | Governance | Annual Reports |
|---------------------|---|---|---|--|
| 22 May 2025 | <p>Minutes and Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p> | <p>Deep Dive Session</p> <p>Review of Service Level Agreements (SLAs)</p> <p>IMTP Q4 Update</p> <p>Decarbonisation Update</p> | <p>Corporate Risk Register</p> <p>Audit Committee Highlight Report</p> | <p>Annual Report on Complaints</p> <p>Internal Audit Plan</p> <p>Audit Wales Plan</p> <p>Duty of Quality Annual Report</p> |
| 17 July 2025 | <p>Minutes and Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> | <p>Deep Dive Session</p> | <p>Corporate Risk Register</p> <p>Declarations of Interest</p> <p>Report on Gifts and Hospitality</p> | <p>Health and Safety Annual Report</p> <p>Annual Governance Statement</p> <p>Annual Review</p> |

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|--------------------------|---|--|---|---|
| | <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p> | | <p>Approve Annual update of Audit Committee Terms of Reference</p> <p>Annual Governance Statement</p> | <p>Audit Committee Annual Report</p> <p>Annual Report on Welsh Language</p> <p>WIBSS Annual Report</p> <p>Counter Fraud Service Annual Report</p> |
| 18 September 2025 | <p>Minutes and Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service</p> | <p>Deep Dive Session</p> <p>IMTP Q1 Update</p> | <p>Corporate Risk Register</p> <p>Audit Committee Assurance Report</p> | |

| | | | | |
|--|---|--|--|--------------------------------------|
| | <p>Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p> | | | |
| <p>October 2025 <i>Date TBC</i></p> | Autumn Development Workshop | | | |
| <p>20 November 2025</p> | <p>Minutes and Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> | <p>Deep Dive Session</p> <p>IMTP Q2 Update</p> <p>Decarbonisation Update</p> <p>Duty of Quality Update</p> | <p>Corporate Risk Register</p> <p>Audit Committee Assurance Report</p> | <p>Audit Wales Management Letter</p> |

| | | | | |
|------------------------|--|-------------------------------------|---|-----------------|
| | Monthly Monitoring Returns PPE Report | | | |
| 21 January 2026 | Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report | Deep Dive Session IMTP Q3 Update | Corporate Risk Register | IMTP – Approval |
| 19 March 2026 | Minutes and Action log Declarations of Interest | Deep Dive Session | Corporate Risk Register Audit Committee Highlight Report | |

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| | <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p> | | | |
|--|---|--|--|--|