Shared Services Partnership Committee (SSPC) Part A

Thursday 16 July 2026, 10:00 - 11:40

Microsoft Teams

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Agenda

10:00 - 10:10
10 min

1. Standard Business

1.1. Welcome and Introductions

Verbal *Dr Susan Barnes, Chair*

1.2. Apologies for Absence

Verbal *Dr Susan Barnes, Chair*

1.3. Declarations of Interest

Verbal *Dr Susan Barnes, Chair*

1.4. Draft Minutes of Last Meeting held on 14 May 2026

Decision *Dr Susan Barnes, Chair*

Draft SSPC Minutes Part A Public 14 May 2026.pdf (13 pages)

1.5. Action Log

Information *Dr Susan Barnes, Chair*

SSPC Action Log July 2026.pdf (2 pages)

10:10 - 10:15
5 min

2. Chair and Managing Director's Reports

Information

2.1. Managing Director's Report

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

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

2.1.1. Senior Appointments

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

10:15 - 10:35
20 min

3. Deep Dive Presentation of Foundational Economy

Information *Jonathan Irvine, Director of Procurement Services & Health Courier Services and Aled Guy, Head of Sustainability & Net Zero Carbon Management*

Foundational Economy SSPC July 2026.pdf (10 pages)

10:35 - 11:10
35 min

4. Items for Approval

Decision

4.1. Scan for Safety Wales Programme

Decision *Andrew Smallwood, Assistant Director of Procurement*

- Scan for Safety Wales Programme SSPC CP July 2026.pdf (5 pages)

4.2. Student Awards Bursary System

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

- Student Bursary Award System SSPC CP July 2026.pdf (6 pages)

4.3. NWSSP Material Handling Equipment Lease, Hire and Maintenance

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

- Material Handling Equipment Lease Hire and Maintenance SSPC CP July 2026.pdf (8 pages)
- Appendix 1 - SSP-FTS-60006 - Procurement Outcome Report (Signed).pdf (12 pages)

4.4. NWSSP Annual Review 2025-26

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

- NWSSP Annual Review 2025-2026 SSPC CP July 2026.pdf (4 pages)
- Appendix 1 - Draft NWSSP Annual Review 2025-26 SSPC July 2026.pdf (80 pages)

4.5. NWSSP Digital Strategy

Decision *Bryn Harries, Chief Digital Officer*

- NWSSP Digital Strategy SSPC CP July 2026.pdf (3 pages)
- Appendix 1 - NWSSP Digital Strategy SSPC July 2026.pdf (39 pages)

4.6. Opportunities Pipeline

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

- NWSSP Opportunities Pipeline SSPC CP July 2026.pdf (3 pages)
- Appendix 1 - NWSSP Opportunities Pipeline SSPC July 2026.pdf (10 pages)

4.7. NHS Wales Preparedness, Resilience and Response Annual Report 2025-26

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

- NHS Wales EPRR Annual Report 2025-26 SSPC July 2026.pdf (4 pages)
- Appendix 1 NHS Wales EPRR Annual Report 2025-26 SSPC July 2026.pdf (19 pages)

11:10 - 11:15
5 min

5. Items for Noting

Noting

5.1. Welsh Risk Pool Assurance Programme

Noting *Neil Frow, NWSSP Managing Director*

- Welsh Risk Pool Assurance Progamme SSPC CP July 2026.pdf (3 pages)
- Appendix 1 - Welsh Risk Pool Assurance Programme Progress Update July 2026.pdf (9 pages)

11:15 - 11:35
20 min

6. Governance, Performance and Assurance

Noting/Discussion

6.1. Finance Report

Noting/Discussion *Linsay Payne, Deputy Director of Finance and Corporate Services*

- Finance Report SSPC July 2026.pdf (8 pages)

6.2. People and Organisational Development Report

Noting/Discussion *James Green, Interim Head of People Strategy and Planning*

- People and Organisational Development SSPC July 2026.pdf (13 pages)

6.3. Performance Information Report

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

- Performance Information Report SSPC July 2026.pdf (17 pages)

6.4. Outcome Measure Performance Report

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

- Outcome Measures Report SSPC July 2026.pdf (18 pages)

6.5. Transformation Management Office and Service Improvement Report

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

- Transformation Management Office and Service Improvement Report SSPC July 2026.pdf (38 pages)

6.6. Integrated Medium-Term Plan Update Report (Quarter 4 of 2025-26)

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

- Integrated Medium Term Plan Update Report Quarter 4 of 2025-26.pdf (20 pages)

6.7. NWSSP Annual Governance Statement 2025-26

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

- NWSSP Annual Governance Statement 2025-26 SSPC CP July 2026.pdf (2 pages)
- Appendix 1 - NWSSP Annual Governance Statement 2025-26 SSPC July 2026.pdf (44 pages)

6.8. NWSSP Corporate Risk Register

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

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

11:35 - 11:35
0 min

7. Items for Information

Information

7.1. Finance Monitoring Returns

Information

7.1.1. Month 1 of 2026-27

Information

- Monitoring Return Commentary Month 1 NWSSP 2026-27.pdf (7 pages)
- Table A Movement MMR Month 1.pdf (1 pages)
- Table C, C1 and C2 Savings Schemes MMR Month 1.pdf (1 pages)
- Table C3 Tracker MMR Month 1.pdf (2 pages)

7.1.2. Month 2 of 2026-27

Information

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

7.2. Personal Protective Equipment (PPE) Dashboard

Information

- Personal Protective Equipment Dashboard SSPC July 2026.pdf (1 pages)

7.3. NWSSP Audit Committee Assurance Report (28 April 2026)

Information

- NWSSP Audit Committee Assurance Report 28 April 2026 SSPC July 2026.pdf (6 pages)

7.4. SSPC Forward Plan 2026-27

Information

- SSPC Forward Plan of Business 2026-27.pdf (5 pages)

11:35 - 11:35
0 min

8. Any Other Business

Verbal *Dr Susan Barnes, Chair*

- *No matters raised in advance of meeting*

11:35 - 11:35
0 min

9. Date and Time of Next Meeting - Tuesday 15 September 2026 at 10.00am to 12.00pm, held via Microsoft Teams

Information *Dr Susan Barnes, Chair*

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 14 MAY 2026

10:00AM – 11:50AM

MEETING HELD ON MICROSOFT TEAMS

PART A – PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Huw Thomas (HT)	Executive Director of Finance (*Vice Chair*)	HDUHB
Neil Frow (NF)	Managing Director	NWSSP
Russell Caldicott (RC)	Executive Director of Finance	BCUHB
Sally May (SM)	Executive Director of Finance	CTMUHB
Chris Moreton (CM)	Interim Director of Finance	DHCW
Sian Richards (SR)	Executive Director of Digital, Data and Engagement	HEIW
Tina Ricketts (TR)	Director of Workforce & Organisational Development	SBUHB
Gillian Knight (GK)	Executive Director of Nursing, Allied Health Professionals and Health Science *(deputising for Carl James)*	VUNHST
Chris Turley (CT) *(present to item 3.2)*	Executive Director of Finance and Corporate Resources	WAST
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
OTHER ATTENDEES:		
Shelley Williams (SW)	Deputy Director of Workforce (*deputising for Sarah Simmonds*)	ABUHB
Andrew Gough (AG) *(present from item 3.1)*	Deputy Director of Finance (*deputising for Catherine Phillips*)	CAVUHB
Hywel Pullen (HP) *(present to item 6.2)*	Deputy Director of Finance & Corporate Services (*deputising for Pete Hopgood*)	PTHB
Matt Denham-Jones (MDJ) *(not present for items 3.2-4.2)*	Deputy Director of Finance	Welsh Government
Claire Daw (CD)	Trade Union Representative (*deputising for Tanya Bull*)	NWSSP/Unison Cymru
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & Organisation Development and Employment Services	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Martin Edwards (ME)	Medical Director	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP

James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Roxann Davies (RD)	Corporate Services Manager (*Secretariat*)	NWSSP
Hilary Sharp (HS) *(Presenting item 3.1)*	Project Manager for Single Lead Employer	NWSSP
Laura-Jayne Keating (LJK) *(Presenting item 3.2)*	Director of Pharmacy Technical Services	NWSSP
Sarah Crawford (SC) *(Presenting item 3.2)*	Head of Quality - Pharmacy	NWSSP
Rhys Hamer (RH) *(Presenting item 3.2)*	Head of Production - Pharmacy	NWSSP

Item		Action
1.	**STANDARD BUSINESS**	
1.1	**Welcome and Opening Remarks** HT welcomed Committee Members to the May 2026 meeting of the Shared Services Partnership Committee (SSPC). A number of deputy representatives were in attendance, as follows: • Shelley Williams, Deputy Director of Workforce at Aneurin Bevan University Health Board (ABUHB), deputising for Sarah Simmonds. • Andrew Gough, Deputy Director of Finance at Cardiff and Vale University Health Board (CAVUHB), deputising for Catherine Phillips. • Hywel Pullen, Deputy Director of Finance and Corporate Services at Powys Teaching Health Board (PTHB), deputising for Pete Hopgood. • Gillian Knight, Executive Director of Nursing, Allied Health Professionals and Health Science at Velindre University NHS Trust, deputising for Carl James. • Claire Daw, Union Representative for Unison Cymru, deputising for Tanya Bull.	
1.2	**Apologies Received** Apologies for absence were received from: • Tracy Myhill, NWSSPC Chair • Sarah Simmonds, Executive Director of Workforce and Organisational Development at ABUHB. • Catherine Phillips, Executive Director of Finance at CAVUHB. • Glyn Jones, Director of Finance, Planning and Performance at HEIW. • Pete Hopgood, Executive Director of Finance, Capital and Support Services at PTHB. • Carl James, Interim Chief Executive at VUNHST. • Tanya Bull, Union Representative for Unison Cymru.	
1.3	**Declarations of Interest** Chair invited Committee Members to declare any interests and specify the relevant agenda item to which they related. No declarations of interest were received from Committee Members.	
1.4	**Minutes of Meeting Held on 19 March 2026** The minutes of the meeting held on 19 March 2026 were reviewed and **APPROVED** as a true and accurate record of the meeting.	

1.5	**Action Log** The Committee received the Action Log, which reported eight matters arising, of which two were complete and six were not yet due. The narratives provided were self-explanatory and outlined the latest position updates. The Committee **NOTED** the update to the Action Log.	
2.	**MANAGING DIRECTOR'S UPDATE**	
2.1	**Managing Director's Report** NF presented the Managing Director's Report, highlighting key developments across NWSSP since the last meeting, to complement the overarching report, as follows: • **Celebrating 15 Years of NWSSP:** NWSSP marked 15 years since its establishment on 1 April 2026, celebrating its role in driving value, innovation and partnership across NHS Wales. Over this period, the organisation has grown significantly. • **Governance and Accountability Arrangements**: The Implementation Group continues to progress work, with ongoing engagement and regular meetings. • **Welsh Risk Pool**: Ongoing engagement has taken place with WG, Chief Executives and the National Leadership Board regarding the Welsh Risk Pool, which has remained a key focus in recent months. WG confirmed additional funding of up to £49m for 2025/26 and the majority was utilised to support the year-end financial position. Further work is underway, to address emerging pressures, including anticipated increases in reimbursement pressures in 2026/27 and 2027/28. A comprehensive update would be provided in part B. • **Finance:** NWSSP reported a break-even financial position, subject to audit, and reported a small surplus of £0.009m. This position was achieved after delivering the £6.000m savings distribution to NHS Wales and WG. Capital funding allocated has been fully utilised with investment supporting key infrastructure, digital, estates, decarbonisation and service resilience priorities. • **Transforming Access to Medicines (TrAMS):** The TrAMS Full Business Case (FBC) is expected to be issued to Health Boards and Trusts shortly. Risks remain in progressing the FBC through organisations' internal governance processes and subsequent WG approval, with potential delays linked to the formation of the new government. Progress continues in the South East, with quality assurance testing underway. CAVUHB were acknowledged for their support, particularly in relation to radioactive licencing expertise. Development of the South West Hub is ongoing, including submission of further information to WG regarding the acquisition of accommodation. The North Wales Hub project has commenced, with the first meeting held on 27 April and positive progress reported. The digital project has improved significantly following completion of the discovery phase, with a viable all-Wales solution identified. • **NHS Wales Influenza Vaccination Programme**: Building on the experience from the 2025-26 programme, preparatory work is underway for 2026/27, with planning activity progressing to support timely and effective delivery. • **Future Workforce Solution:** The programme continues at pace, although further clarity is required on system functionality. Delays have been	

	experienced due to late documentation from the NHS Business Services Authority (NHSBSA), though early adopter clarification has now been received. Engagement continues with DHCW regarding licensing, alongside ongoing dialogue with the NHSBSA regarding programme timelines and readiness guidance. • **Single Lead Employer (SLE):** An internal audit of the SLE model concluded with reasonable assurance; however, improvements are required in relation to sickness management, specifically the timely completion of return-to-work interviews and operational reviews. NWSSP Audit Committee Members requested this issue be formally highlighted and emphasised that improvement is dependent on shared accountability between NWSSP and host Health Boards, with further work to be undertaken with Workforce Directors through partnership governance arrangements to drive compliance and improvement. • **IP5 Visit**: A positive visit to IP5 from Jacqueline Totterdell, Chief Executive of NHS Wales and Director General for Health, Social Care and Early Years, was noted, which included engagement with the Senior Leadership Group and a review of strategic priorities. Committee Members recognised the significant impact of emerging pressures associated with the implementation of the Resident Doctors' contract reform, including increased rest requirements, financial implications, and risks of non-compliant rotas, with implementation expected from August. A comprehensive presentation in relation to the implementation was scheduled at item 3.1. The Committee **DISCUSSED** and **NOTED** the Managing Director's Report.	
2.1.1	**Senior Appointments** The overarching Managing Director's Report picked up on the following updates in relation to Senior Appointments: • The appointment of Dr Martin Edwards as Medical Director, following the retirement of Dr Ruth Alcolado in March 2026. • The ongoing recruitment process for the Deputy Medical Director post, with the stakeholder panel and face-to-face interviews scheduled. • The Chair recruitment process, for which applications closed on 30 April 2026, was progressing well, with interviews scheduled for 15 June 2026. NF advised that he awaited confirmation that Tracy Myhill OBE would be in a position to continue in the role until 30 June 2026. GH provided a further update under item 5.1, Chair's Appointment. The Committee **NOTED** the update on Senior Appointments.	
3.	**DEEP DIVE PRESENTATIONS**	
3.1	**Implementation of the Resident Doctor Contract Reform** The Committee received a presentation from Hilary Sharp, Programme Manager for the implementation of the Welsh Resident Doctor Contract, supported by GH. HS provided an overview of the background and current status of the programme, confirming that implementation commenced earlier in the year, with delivery against a challenging timetable aligned to the agreed August 2026 go-live date. Progress was reported across a range of workstreams, including system development, contractual documentation, policy	

development and engagement with organisations. It was noted that the e-rostering system remains a key dependency, with revised timelines in place to accommodate additional testing. Interim arrangements, including pre-production environments and manual validation processes, are in place to support ongoing work.

The majority of contractual terms have been agreed with the British Medical Association (BMA), with final documentation expected to be published shortly, following legal review. Associated policies, including study leave, job planning and operational procedures, are advancing through governance processes, with ratification planned via the Medical and Dental Business Group. Variability in local readiness across organisations was acknowledged, alongside ongoing work to ensure compliance with rota requirements and to evidence workforce requirements.

Key risks were highlighted, including potential workforce capacity pressures arising from reduced working hours, the need for additional locally employed doctors, and the associated financial implications. Mitigating actions were outlined, including enhanced workforce planning, use of bank arrangements and continued scrutiny of additionality requirements. It was also noted that programme governance arrangements remain robust, with an active risk register and clear escalation arrangements in place.

GH provided additional context, recognising HS' contribution to the programme and noting the significant progress made in recent months. It was reported that approximately 1,700 Resident Doctors are expected to transfer to the new contract in August, with further cohorts transitioning over the following two years. Improved engagement and momentum across organisations was highlighted, providing increased confidence in delivery, although it was acknowledged that implementation remains challenging and closely managed. In addition, the high recruitment fill rates reported by HEIW and the mitigating actions in place to support transition, including system solutions to minimise duplication and support data transfer, were noted.

Committee Members raised a number of queries in relation to governance arrangements, local and national assurance, readiness assessment, benefits realisation, rota impact scoping and workforce additionality.

- TR queried how the governance structure adequately covers the third strand relating to directly employed doctors within Health Boards, and whether there is sufficient focus on this area to ensure readiness.
- TR further queried whether Health Boards need to take additional local action to secure assurance on this aspect, or whether this should sit within the existing governance structure.
- TR also queried whether there is a formalised checklist and ongoing mechanism to assess and track Health Board readiness against implementation requirements.
- GK queried how organisations would measure whether the contract reform is delivering its intended benefits, including workforce experience, training quality and patient safety, and whether there is a defined approach or accountability for this.
- SR queried the confirmed deadline for completion of the Health Board scoping exercise on rota impacts, noting that this was required to inform onward planning and dependencies.

	• SW queried whether there is a clear national position on the level of additional workforce required and the associated system-wide risk relating to this additionality. In response, it was confirmed that readiness is being monitored through regular reporting and structured assessment processes, and that additional workforce requirements largely reflect existing service pressures now formalised within contractual limits. It was further noted that post-implementation evaluation and audit will be undertaken to assess delivery and inform subsequent phases of implementation. **Owing to time constraints, it was agreed that these queries would be addressed in full by email following the meeting. Committee Members were also invited to submit any further questions that may arise upon reflection, via email.** Chair summarised that assurance could be taken from the progress reported and the actions in place to manage risks and support delivery of the programme. The Committee **NOTED** the update provided in relation to the Implementation of the Resident Doctor Contract Reform.	**GH/HS**
3.2	**Radiopharmacy at IP5** The Committee received a presentation from Laura-Jayne Keating, supported by Rhys Hamer (Head of Pharmacy Production) and Sarah Crawford (Head of Pharmacy Quality), providing an overview of the progress on the development of the new Radiopharmacy facility at IP5. The Radiopharmacy is a highly specialised service supporting diagnostic imaging and, to a lesser extent, targeted treatments, with medicines having very short shelf lives, necessitating robust manufacturing, quality assurance and distribution processes. The new purpose-built facility at IP5 was completed and formally handed over in April, with commissioning now underway. The facility has been designed to meet stringent regulatory, safety and operational requirements, including clean room environments, specialist equipment and controlled workflows for materials, staff and waste. It was reported that the programme is currently in the internal qualification phase, comprising a structured 12-week process to verify that the facility, equipment, processes and staff meet all regulatory and operational standards. This includes detailed environmental and process testing, with strict validation requirements prior to progression. The complex regulatory landscape governing Radiopharmacy was noted, including oversight from multiple bodies (e.g. MHRA, HSE, Natural Resources Wales), and the requirement to balance environmental, staff safety and medicines regulation considerations. The overall plan remains for service go-live in summer 2026, with a phased implementation approach. Initial supply will be limited to Aneurin Bevan UHB to support workforce training and operational readiness, before scaling to other health boards. Arrangements are in place to maintain continuity of supply, with ongoing collaboration with Swansea Bay UHB during transition.	

	A virtual tour of the facility was provided, demonstrating the layout, clean room environments, and technical infrastructure supporting operations. Chair thanked colleagues, acknowledged the quality of the work and recognised the progress achieved to date, reflecting the significant work undertaken to deliver the new facility. In closing, he expressed a positive outlook on the future development of the Radiopharmacy, noting that this represents an important and exciting development for NWSSP, commending the achievements made to date. The Committee **NOTED** the update provided in relation to the Radiopharmacy at IP5.	
4.	**ITEMS FOR APPROVAL**	
4.1	**NWSSP Performance Management Framework** RN presented the NWSSP Performance Management Framework, outlining the performance reporting arrangements, in response to a finding from the recent Welsh Government Independent Review of NWSSP's Governance and Accountability Arrangements. The Committee noted its satisfaction that performance reporting is in place and operating, as intended. Committee Members were reminded that the Committee receives regular performance information, including performance outcomes and quarterly reports against the Integrated Medium-Term Plan (IMTP), alongside workforce metrics, customer service excellence updates, and thematic deep dives, as required. The Committee noted that regular performance meetings are held with NHS Wales organisations, supported by data tailored to each organisation and ongoing dialogue regarding performance. It was confirmed that the Managing Director, as Accountable Officer, retains overall responsibility for NWSSP performance. Current arrangements are underpinned by principles, including: • Clear oversight by the Committee; • Alignment with IMTP approval processes; • Regular, transparent reporting aligned to NHS Wales priorities; • A focus on delivery outcomes; • A culture of continuous learning and improvement; and • Engagement through Welsh Government Joint Executive Team (JET) meetings. The Committee further noted that these arrangements may be subject to change pending any future revisions to Welsh Government accountability frameworks. The Committee **DISCUSSED** and **APPROVED** the application of the NWSSP Performance Management Framework as set out in the paper. The Committee also **NOTED** that the section referring to Joint Executive Team (JET) accountability meetings would be subject to change once the revised NHS Wales accountability arrangements applied to NWSSP are confirmed formally.	
4.2	**NWSSP Duty of Quality Annual Report 2025-26** ME presented the NWSSP Duty of Quality Annual Report 2025-26, for the Committee's approval, noting that this represents the third Annual Report	

	produced under the statutory duty. It was acknowledged that, whilst NWSSP does not deliver frontline care, it has a significant system-wide impact on safety, effectiveness and efficiency across NHS Wales. ME advised that minor amendments had been made to the document, which were non-substantive in nature, including corrections to terminology, formatting, headings and clarification of assurance provided by Audit Wales. The key messages arising from the Annual Report included: • The approach to quality across NWSSP is maturing, with strengthened governance arrangements and increased visibility of quality alongside performance and financial reporting; • a proportionate and flexible approach is being adopted, recognising the diversity of services, supported by the development of an overarching quality management system aligned to existing divisional arrangements; and • a clear focus on delivery, demonstrating how quality improvement translates into tangible outcomes across NHS Wales. Examples were highlighted evidencing this delivery-focused approach, including improvements in system resilience, transparency, procurement outcomes, data accuracy and patient experience. The report forms part of the wider assurance framework reporting through Velindre University NHS Trust's Quality and Safety Committee, to Welsh Government, following the Committee's approval. Looking ahead, it was noted that priorities include the implementation of an overarching quality management system, strengthening the integration of quality within planning and decision-making, enhancing quality reporting alongside performance, and continuing to embed a culture of continuous improvement. Committee Members welcomed the clarity and quality of the document. The Committee **APPROVED** the NWSSP Duty of Quality Annual Report 2025-26.	
5.	**ITEMS FOR NOTING AND/OR ENDORSEMENT**	
5.1	**Chair's Appointment** GH provided a verbal update to the Committee on the progress of the Chair's appointment process, noting that arrangements are progressing, with interviews scheduled for 15 June 2026. Feedback on the shortlisting process had been received from the independent panel member and one panel representative, with a consistent position emerging. Final feedback was awaited to confirm the shortlist. The Committee noted that the current Chair will remain in post, in the interim. The Committee **NOTED** the update regarding the Chair's Appointment.	

6.	GOVERNANCE, PERFORMANCE AND ASSURANCE	
6.1	**Finance Report** LP presented the Finance Report and provided an update on the draft financial position for 2025/26, noting that the figures remain subject to the ongoing annual audit process. It was reported that the revenue position closed in line with forecast, achieving a small surplus of £9,000. During the year, savings of £6.7 million were delivered, of which £0.7 million was applied to address the National Insurance funding shortfall, with the remaining £6 million returned as a contribution to partners. The capital expenditure target of £11.7 million was achieved, with a planned overspend on laundry schemes offset through an underspend in discretionary funding. LP highlighted the delivery of several capital schemes, including developments within Radiopharmacy, as well as targeted investments funded through the Targeted Estates Fund. These included the installation of solar panels at Denbigh Stores, electric vehicle charging infrastructure at Matrix House, and significant hot water reclamation schemes across three Laundry sites, contributing to decarbonisation objectives. Further improvements to ventilation and equipment across laundry sites were also highlighted, supporting operational efficiencies. In respect of the Welsh Risk Pool, the outturn was reported at £192 million, in line with the forecast previously communicated, albeit higher than earlier expectations in June 2025. This position was funded through a combination of £109 million Welsh Government allocation, £36 million via the Risk Share Agreement, and £46.6 million drawn from the £49 million additional funding provided during the year. Continued growth in provisions for claims was also highlighted, with liabilities for probable and certain cases increasing by £246 million to a total of £1.957 billion, as at 31 March 2026. Contingent liabilities also rose by approximately £80 million to £1.2 billion at the year end. Committee Members acknowledged the achievement of a balanced year-end position and noted the scale and trajectory of liabilities within the Welsh Risk Pool as a significant pressure for NHS Wales. The Committee **NOTED** the Finance Report.	
6.2	**People & Organisational Development Report** GH presented the People & Organisational Development Report, noting that the reporting format had been revised to provide a more streamlined and concise presentation, with a summary section introduced at the front to highlight key indicators. It was reported that overall sickness levels remained relatively stable, although some areas were above target. Turnover was marginally higher than the NHS Wales average; however, when benchmarked against comparable national organisations, performance was broadly in line and showing a slight downward trend. PADR compliance was reported at 85.62%, representing the highest level achieved since April 2025. Time to hire performance remained strong at approximately 55 days, against a target of 71 days. Non-mandatory learning uptake continues to increase, supported by targeted activity in areas such as cyber security and counter fraud, and that changes had been made to corporate induction arrangements, which would be monitored for impact.	

	GH advised that where improvement was required in a small number of areas identified within the report, these had been escalated to divisional Senior Management Teams for action. Updates were also provided on workforce planning activity, including continued work with divisions and the introduction of revised data sets and enhancements to the leavers' dashboard. It was reported that changes to the leavers questionnaire process had already resulted in a significant increase in response rates, improving the quality of feedback available. In response to Committee Members' queries, it was confirmed that sickness targets had been reset in January 2026, with an expectation of a 10% reduction across all divisions, noting that stretch targets had resulted in some divisions being flagged as above target. It was highlighted that performance is actively monitored and challenged through local dashboards and formal quarterly review processes, with scrutiny led by Senior Leadership, with a tailored approach applied across divisions to reflect differing operational environments. **GH agreed to provide GK with detailed workforce data, at divisional level, following the meeting.** The Committee **NOTED** the People and Organisational Development Report.	**GH**
6.3	**Performance Information Report** RN presented the Performance Information Report, providing an update on key performance indicators (KPIs) across NWSSP services for the period December 2025 to March 2026. RN advised that quarter four reports had been issued to health organisations and engagement meetings were ongoing, with quarter one reporting scheduled for July 2026. It was highlighted that this would be the final year of reporting in the current format, following the introduction of a fourth strategic objective for 2026/27. The overarching report summarised that performance metrics including time to hire, were performing well, continued to be monitored and discussed individually with organisations and are supported by benchmarking data. Three performance targets were reported at an amber level. The Audit and Assurance Service turnaround target of 80% remained at approximately 65%, with ongoing engagement with organisations to reinforce expectations regarding timeliness of management responses. The Digital Workforce Solutions customer satisfaction target was reported at approximately 91% against a 95% target, attributed primarily to system issues following the migration from Learning@Wales, alongside some staffing pressures, with mitigations being noted as in place. The Central Team e-Business (CTeS) customer satisfaction score was reported at 85% against the 90% target. It was noted that the current scoring methodology requires the equivalent of a 9/10 rating to achieve target, which represents a challenging threshold and can make targeted corrective action difficult to determine. Notwithstanding this, work will continue in partnership with organisations to drive improvement in performance. The Committee **NOTED** the Performance Information Report.	
6.4	**Outcome Measures Report** RN presented the Outcome Measures report, structured around NWSSP's strategic objectives of our services, our people and our value, noting	

	enhancements to include additional statistical process control data and increased reporting on operational volumes and customer engagement metrics. RN reported that most service areas met their customer satisfaction targets, with the exception of Digital Workforce Solutions and CTeS, as previously noted. Call handling performance achieved its target, with activity increasing to approximately 17,000 calls, representing a month-on-month increase. Turnover and sickness levels were reported, with turnover broadly aligned to shared services sector benchmarks. Value-based measures reported included foundational economy performance, with 44% of spend directed to Welsh suppliers. She drew the Committee's attention to Appendix A – Voice of the Customer, which summarises individual customer conversations, offering assurance that urgent matters are addressed promptly while also highlighting the key themes emerging from customer feedback. In relation to Committee Member queries, CM sought clarification on the integration of the Social Partnership and Public Procurement Act requirements into the reporting framework, and RN confirmed that an update would be presented at the July meeting. GK enquired about the proportion of staff on fixed-term contracts, and in response, GH advised that the majority of the workforce is employed on a permanent contract and that fixed-term arrangements are only used in specific circumstances. **GH agreed to provide overarching figures following the meeting.** HT welcomed the reporting on electric vehicle mileage claimed across NHS Wales and recognised the organisations making the highest contributions, including DHCW, BCUHB, WAST, NWSSP and HEIW. The Committee **NOTED** the Outcome Measures Report.	**GH**
6.5	**Transformation Management Office (TMO) Update Report** RN presented the TMO Update Report, which supports NWSSP's portfolio of programmes, projects and service improvement initiatives. An update was provided on the refreshed approach to reporting benefits arising from the TMO, noting that enhancements would be incorporated into the forthcoming reporting cycle to provide clearer articulation of value and impact. The TMO is currently supporting 17 live projects, 2 programmes and 6 service improvement initiatives, with delivery status, key risks and mitigations reported across major programmes, of which 74% were All Wales schemes and 26% were NWSSP specific. RN drew the Committee's attention to three projects with changes in RAG status. The TrAMS Radiopharmacy project had progressed to post-project evaluation, with lessons learned being developed in conjunction with the supplier and was nearing completion. The Welsh General Ophthalmic Service (WGOS) contract reform programme had shown improved delivery momentum. The Legal and Risk case management system project remained delayed, at approximately 99% completion, with ongoing issues relating to Application Programming Interface (API) stabilisation. Active engagement was in place to support completion. RN provided assurance that the remainder of the project portfolio remained within expected parameters and welcomed the improved focus on benefits realisation within the reporting framework. The Committee **NOTED** the TMO Update Report.	

6.6	**Draft NWSSP Annual Governance Statement (AGS) 2025-26** JQ presented the draft AGS for 2025/26 for comment and discussion, noting that an extended period had been provided for Committee Members to submit further feedback following the meeting. It was highlighted that the AGS forms a key element of the organisation's assurance framework, providing transparency to the public and supporting assurance to the Committee and Velindre University NHS Trust as host organisation and wider stakeholders, alongside the annual Compliance Statement. The AGS sets out the governance, risk management and internal control arrangements in place during the year and includes reference to the Welsh Government Review of Governance and Accountability (the Review), with associated emerging work, and a balanced assessment provided of areas of strong performance and those requiring further development. Committee Members were invited to provide any additional comments to inform finalisation of the document. HT noted that a number of organisations had not always been represented by voting Members at meetings and in response, JQ confirmed that this aligns with a recommendation from the Review and work was already underway to write to Chief Executives to reaffirm expectations regarding representation. JQ invited further Committee Member comments, ahead of finalisation and formal approval, scheduled at the NWSSP Audit Committee meeting on 15 June 2026. The Committee **NOTED** the Draft NWSSP Annual Governance Statement 2025-26.	
6.7	**NWSSP Corporate Risk Register** JQ presented the NWSSP Corporate Risk Register and noted that the accompanying cover paper was more detailed than usual, reflecting the dynamic operating environment. He advised that changes since the previous review had been clearly set out, including consideration of emerging risks, notably within the geopolitical context, which are being actively monitored. JQ advised that of the 17 risks currently identified for action, six are rated as red and 11 as amber. The six red-rated risks relate to the ongoing threat of a cyber-attack, disruption to pharmaceutical supply, risks to patient services should the Radiopharmacy and TrAMS developments not progress as planned, financial and workforce pressures impacting the TrAMS Pharmacy Service, challenges in scaling support for the Future Workforce Solution (replacement of ESR), and risks associated with the accuracy of Welsh Risk Pool forecasting. It was reported that a number of risks, including cyber security, are being managed at a consistent level in line with the organisation's risk appetite, recognising that certain risks cannot be fully mitigated to zero. JQ highlighted the ongoing approach to maintaining risk levels within agreed tolerances, while adapting to a rapidly evolving external environment. Assurance was provided that the Committee agenda is informed by the NWSSP Corporate Risk Register, with risk priorities influencing forward planning and future agenda items. This alignment supports both Committee and wider Senior Leadership discussions, ensuring that key risks are appropriately scrutinised and addressed. The Committee acknowledged the significance of cyber security as a key risk area and noted that further detailed consideration would be scheduled for a future meeting.	

	The Committee **NOTED** the NWSSP Corporate Risk Register.	
7.0	**ITEMS FOR INFORMATION**	
7.1-7.6	The Committee received the following items for information: • 7.1 Finance Monitoring Returns (Month 12 of 2025-26) • 7.2 Personal Protective Equipment (PPE) Report • 7.3 Audit Wales Audit Assurance Arrangements for NWSSP 2025-26 • 7.4 Audit Wales Audit Assurance Arrangements for NWSSP 2025-26 • 7.5 SSPC Counter Fraud Plan 2026-27 • 7.6 SSPC Forward Plan 2026-27	
8.0	**ANY OTHER BUSINESS (AOB)**	
8.1	The Committee considered whether the September meeting date should be revised due to a potential clash with the HFMA meeting, in order to support improved attendance. **RD would therefore scope a revised date for the September Committee meeting to take place.**	**RD**
9.0	**DATE OF NEXT MEETING**	
9.1	HT thanked Committee Members for their contributions and confirmed that the next meeting is scheduled to take place on Thursday 16 July 2026 from 10.00AM to 12.00PM, held via Microsoft Teams.	

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SHARED SERVICES PARTNERSHIP COMMITTEE ACTION LOG
UPDATE FOR JULY 2026 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status
Part A – Public						
1.	2026/03/19-a Item 5.3 and 5.5	March 2026	**Performance Information Report** To reflect upon whether targets and delivery timescales should be refined, whilst providing assurance where performance is already appropriately stretching.	RN	July 2026	**Complete** – The report has been refined to capture the new financial year, from the July 2026 Committee meeting onwards.
2.	2026/03/19-a Item 5.6	March 2026	**Integrated Medium-Term Plan Quarter 3 of 2025-2026 Update** AR to update Andy Smallwood on the need to accelerate delivery and the risk of system replacement prior to full roll-out of Scan for Safety Wales, and report back to the Committee.	AR/AS	July 2026	**Complete –** An update on Scan for Safety Wales is included within the July 2026 Committee meeting agenda.
3.	2026/03/19-a Item 5.7	March 2026	**NWSSP Corporate Risk Register** A deep-dive discussion on cyber resilience, extending beyond disaster recovery to consider the robustness of business continuity arrangements, is to be held.	RN	September 2026	**Not Yet Due –** Deep dive scheduled for Committee meeting in September 2026, post approval of the NWSSP Digital Strategy at the July meeting.
4.	2026/03/19-a Item 3.1	March 2026	**Chair's Recruitment** Consideration to be given at a future meeting in respect of rotation and continuity arrangements for the role of Committee Vice Chair.	JQ	September 2026	**Not Yet Due** – Progress will be taken forward through the Implementation Group, with an update to be provided to a future Committee meeting following completion of the Chair's recruitment process.
5.	2026/03/19-a Item 5.2	March 2026	**People and Organisational Development Report** Outcomes from engagement and shared learning with Health Boards in respect of Single Lead Employer model data to be reflected upon and brought back to a future Committee meeting, for consideration.	GH	November 2026	**Not Yet Due** – A deep dive is scheduled for the SSPC meeting in November 2026.

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status
Part A – Public						
6.	2026/05/14-a Item 3.1	May 2026	**Presentation on Implementation of the Resident Doctor Contract Reform** Owing to time constraints, it was agreed that Committee Member queries would be addressed in full by email following the meeting. Committee Members were also invited to submit any further questions that may arise upon reflection, via email.	GH/HS	July 2026	**Complete** – Following the meeting, responses to the substantive queries raised on 21 May 2026 were provided to Committee Members by email.
7.	2026/05/14-a Item 6.2 and 6.4	May 2026	**People and Organisational Development Report and Outcome Measures** GH agreed to provide GK with further workforce information following the meeting, comprising detailed divisional-level workforce data and separate overarching figures relating to fixed-term contract arrangements.	GH	September 2026	**Not Yet Due –** This action is progressing. The relevant data has been extracted and is currently being disaggregated and reviewed by the People and Organisational Development team. The analysed position will be shared as soon as this work has been completed.
8.	2026/05/14-a Item 8.1	May 2026	**Any Other Business** RD to scope a revised date for the September Committee meeting to take place.	RD	July 2026	**Complete –** The meeting has been rearranged to Tuesday 15 September 2026, and revised diary appointments have been issued.
Part B – Private						
9.	2026/03/19-b Item 2.2	March 2026	**Linen Products** AR to follow up with Jonathan Irvine, Director of Procurement, on the foundational economy and SME considerations within the wider procurement strategy, and a discussion on procurement strategy and the foundational economy to be held at a future Committee meeting, using this and other contracts as examples.	AR/JI	July 2026	**Complete –** A deep dive is scheduled on the agenda for the SSPC meeting in July 2026.

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

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

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on key NWSSP activities, developments and matters arising since the last substantive meeting held on 14 May 2026, and the extraordinary meeting held on 25 June 2026.

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

Ymgynghoriad/Consultation:
Shared Services Partnership Committee

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	There are no direct equality or diversity impacts arising from this report. The report provides an update for information and assurance, and any equality considerations associated with specific programmes or service developments will be addressed through the relevant project governance arrangements.
Cyfreithiol: Legal:	There are no direct legal impacts arising from this report. Any legal considerations linked to individual matters referenced within the report will continue to be managed through established governance, contractual and advisory routes as appropriate.
Iechyd Poblogaeth: Population Health:	There are no direct population health impacts arising from this report. The updates provided support wider system assurance, with any population health implications associated with specific programmes considered through the relevant planning and delivery arrangements.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	There are no direct quality, safety or patient experience impacts arising from this report. Where relevant, matters affecting quality, safety or patient experience are subject to the appropriate service, programme and governance assurance arrangements.
Ariannol: Financial:	There are no direct financial impacts arising from this report. Financial matters referenced within the report are provided for assurance and will continue to be monitored through the established financial governance and reporting framework.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com). These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
Gweithlu: Workforce:	There are no direct workforce impacts arising from this report. Workforce-related matters referenced within the report are subject to the relevant programme, service and organisational governance arrangements.

Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Managing Director's Report
July 2026

Introduction

This paper provides an update on the key issues, developments and activities undertaken by NWSSP since the last ordinary meeting on 14 May 2026 and the extraordinary meeting held on 25 June 2026. It highlights the principal areas of assurance, the key risks requiring continued oversight, and progress across major programmes, financial stewardship, operational resilience and support for colleagues. It also reflects wider organisational themes recently shared with staff, including our continued focus on wellbeing, recognition, partnership working and the positive contribution NWSSP makes across NHS Wales.

Governance and Accountability Arrangements

The Welsh Government (WG)-commissioned independent review of NWSSP's governance and accountability arrangements has now concluded, with the report published in December 2025. The review confirmed that the existing governance framework is fundamentally sound, while identifying recommendations aimed at strengthening clarity, assurance and accountability.

NWSSP remains fully engaged in the work of the Implementation Group and welcomes the opportunity to contribute constructively to the next phase, ensuring that governance, assurance and accountability arrangements remain robust, proportionate and fit for purpose. Implementation work is progressing, although some challenges have been identified and further meetings are planned to work through the detail. Updates will continue to be reported through the relevant governance arrangements, with the latest position included as a separate agenda item for today's Committee meeting.

Senior Appointments

At its extraordinary meeting on 25 June 2026, the Shared Services Partnership Committee (SSPC) noted that the appointment process for the new Chair had been undertaken in accordance with the SSPC Standing Orders and approved the recommendation of the appointment panel chaired by an Independent Assessor.

Since the last meeting, we have also successfully appointed Dr Helen Lane to the position of Deputy Medical Director, with effect from 1 July 2026.

I would also like to place on record my thanks to Tracy Myhill OBE for her leadership and support as Chair of the Partnership Committee. Tracy has provided strong and constructive leadership over the last four and a half years and leaves a positive legacy for NWSSP. We now look forward to welcoming Dr Sue Barnes as the new Chair in July and supporting a smooth transition into the role.

During the period we have also continued to recognise the contribution of our staff across Wales, including through local staff awards activity and wider organisational communications. These events provide an important opportunity to celebrate the commitment, innovation and professionalism of colleagues who continue to deliver high-quality services for NHS Wales in a challenging operating environment.

Welsh Risk Pool (WRP) Committee

The WRP Committee meeting scheduled for 27 May 2026 was cancelled. A focused meeting was subsequently held on 15 June 2026 to consider and progress WRP Committee payment matters.

Finance

NWSSP has maintained a stable financial position at the start of 2026/27, reporting a year-to-date surplus of £0.813m at Month 2. This primarily reflects the impact of vacancies across a number of services, partially offset by underachievement of income in areas such as Legal and Risk where staffing shortfalls constrain delivery. This position is consistent with the trajectory delivered in 2025/26 and continues to rely on tight pay control, vacancy management and strengthened financial discipline. Directors are being required to further enhance grip and control arrangements, with a renewed focus on understanding cost drivers, maximising recurrent savings opportunities and ensuring robust forecasting across all divisions.

Clinical negligence costs met through the WRP remain a significant financial risk within the system. Month 2 expenditure totalled £7.430m, with a minimum full-year forecast of £255.588m identified following a detailed case review, against an IMTP planning assumption of £271.466m. This continues to require substantial support through the risk-sharing arrangement, with £162.031m assumed within the plan. Although current forecasts remain within the agreed range, the position remains highly sensitive to changes in the timing and value of high-cost claims. Further work is ongoing with Welsh Government to strengthen forecasting, assurance and longer-term system responses.

Capital expenditure of £0.823m has been incurred to Month 2 against a £6.176m Capital Expenditure Limit (CEL), with delivery focused on key strategic priorities including the Transforming Access to Medicines (TrAMS) programme, estate infrastructure at Imperial Park, and specialist developments such as Radiopharmacy. Capital prioritisation processes are actively reviewing discretionary allocations and pipeline schemes, alongside preparation of further funding submissions to WG for backlog estates and digital investment.

Operational financial controls remain broadly stable, with no agency expenditure incurred to date and reductions in overtime and bank usage compared to the prior month, demonstrating improved cost discipline. Performance against the Public Sector Payment Policy remains strong for non-NHS invoices at 97.12% in-month, although NHS performance at 81.71% remains below the 95% target and continues to require focused improvement.

Looking ahead, the financial context for 2026/27 remains challenging. Delivery of recurrent savings, reduction in reliance on vacancy factors, and strengthened grip and control arrangements will be critical to sustaining financial balance. In addition,

emerging cost pressures, particularly in relation to energy and fuel (estimated at up to £0.407m), alongside ongoing volatility within the WRP, present continued risks which will require close monitoring and active management throughout the year.

Overall, the key assurance message for the Committee is that NWSSP remains financially controlled at this early point in the year, but the position is dependent on sustained grip across pay, non-pay, income delivery and WRP volatility. The focus for the next reporting period will be to convert non-recurrent underspends into recurrent opportunities where possible, improve NHS PSPP performance, and maintain a no-surprises approach with Welsh Government and partner organisations.

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

Transforming Access to Medicines (TrAMS)
Progress across the TrAMS Programme continues at pace, with a particular focus on the South-East Hub following completion and circulation of the Full Business Case (FBC) and supporting Estates Annex. The programme remains focused on maintaining delivery momentum, actively managing risks and ensuring robust governance as the South-East Hub progresses through formal approval stages.

South East Radiopharmacy
Construction of the South-East Radiopharmacy facility is complete, with all equipment successfully installed. Qualification activities and NWSSP commissioning remain underway, with increasing focus on system validation and operational readiness.

Extensive testing continues across the facility, with a particular focus on pressure balancing, maintaining stable pressures and environmental validation to ensure full compliance with regulatory standards and long-term operational resilience. Some delay has been experienced in the commissioning timeline due to fluctuating pressures alongside recent hot weather conditions, which are being investigated. Discussions are ongoing with key stakeholders regarding updated timelines, with Swansea Bay University Health Board (SBUHB) continuing to support service continuity arrangements to ensure resilience during transition.

Significant progress has been made over the reporting period, with the South-East Hub Full Business Case (FBC) now fully developed and formally circulated to all relevant organisations for review, supported by a comprehensive Estates Annex and a set of Frequently Asked Questions (FAQs) to aid engagement and understanding. The FBC has now been approved at both the South-East Hub Project Board and the TrAMS Programme Board, confirming that the proposal aligns with the agreed scope of the TrAMS Programme and can be escalated to the next stage of governance.

A structured governance pathway is now in progress, with the FBC due to be presented to the Committee for approval at the meeting on 16 July 2026.

A feedback loop remains open, enabling all organisations to submit queries. These are being collated and shared via weekly question and answer circulars with Programme Board members. The TrAMS Programme Team continues to respond at

pace to ensure that outstanding queries are addressed promptly and do not impact the governance timeline.

South-West Hub

The South-West Hub programme continues to progress through site selection and due diligence activity. Further responses have been provided to Welsh Government following initial feedback on the submitted business case to Sandringham Park. The project team has undertaken detailed site engagement activity, including in-depth visits with SBUHB and Hywel Dda University Health Board (HDUHB), to fully understand current service models and ensure that the 'as-is' baseline is accurately captured. This will support a robust and evidence-based approach to service design and future business case development.

North Hub

The North Hub programme continues to mobilise positively, with ongoing stakeholder engagement to inform service model development.

During the period, the South-East Hub FBC has been presented to Betsi Cadwaladr University Health Board (BCUHB) to support alignment, build familiarity with the proposed model and national principles, and ensure consistency of approach across the TrAMS Programme. This was well received.

Work is finalising to define the proposed product range for the North Hub production, with further detail scheduled to be presented at the North Hub Project Board on 1 July 2026. Baseline development and 'as-is' service mapping activities also continue in collaboration with BCUHB and wider stakeholders.

Digital

The TrAMS Digital project remains rated green, with preparatory work continuing to ensure readiness for mobilisation, subject to confirmation of funding approval. The programme maintains close alignment between digital, workforce and hub developments to support an integrated service model.

Overall Position

The programme continues to demonstrate strong progress across all workstreams. The successful development, circulation and initial approval of the South-East Hub FBC represents a significant milestone, positioning the programme for progression through final governance and funding approval. Focus remains on maintaining momentum through governance pathways, responding proactively to stakeholder feedback, and ensuring operational readiness across Radiopharmacy and Hub services.

The overall position remains positive. The South-East Hub FBC has completed initial programme governance and is progressing through the formal approval route; Radiopharmacy construction and equipment installation are complete; the Digital workstream remains rated green; and the North and South-West Hub workstreams are progressing through baseline, site and service model development. The principal risks remain commissioning delays, workforce availability, funding and approval dependencies, and the need to maintain service continuity during transition. The programme remains a visible example of NWSSP's ability to lead complex, multi-organisation transformation on behalf of NHS Wales.

Future Workforce Solution

The programme has progressed into the foundational readiness phase, with NWSSP working in close partnership with NHS Business Services Authority (NHSBSA) as a key delivery partner to support a consistent, all-Wales approach. Early adopter organisations are engaged to validate the implementation approach, with strong levels of engagement and evolving governance arrangements in place to support delivery. Initial scoping activity is underway to establish agreed scope, resources and governance ahead of implementation, alongside the development of a centrally hosted NHS Wales Change Team to support delivery across early adopters and future waves. Next steps focus on finalising readiness outputs, mobilising the Change Team and progressing engagement with subsequent organisations.

I have proactively written to the Chief Executive Officer of the NHSBSA to highlight a number of concerns regarding the programme from an NHS Wales perspective. While reaffirming our ongoing commitment as an early adopter, the correspondence reflects that current uncertainties are impacting confidence, planning and assurance, and emphasises the need for strengthened senior-level engagement to support clarity and alignment as the programme progresses. This remains an important national programme for NWSSP and NHS Wales, and our approach continues to be constructive, focused on securing clarity on scope, funding, benefits and implementation requirements.

From an assurance perspective, the programme is now moving from concept and engagement into delivery readiness. Key measures of progress over the next period will include confirmation of scope and governance, mobilisation of the centrally hosted NHS Wales Change Team, clarity on funding and programme milestones, and evidence that early adopter learning is being translated into a scalable implementation approach for subsequent organisations.

Implementation of the New Resident Doctors Contract in Wales

A comprehensive deep-dive update on the latest position regarding implementation of the new Resident Doctors' contract in NHS Wales was presented at the Committee meeting on 14 May. Implementation across NHS Wales remains a dynamic and evolving programme of work. Ongoing engagement with key stakeholders, including Health Boards and the British Medical Association (BMA), continues to inform the approach and requirements as arrangements develop. An Implementation Board meeting was held on 2 July 2026, following further discussions at the Medical Directors Governance Board, to review progress, consider emerging issues and support the ongoing development of the approach. The Implementation Group is continuing to meet fortnightly to track progress. Outputs will inform subsequent reporting through the Committee, in line with its forward cycle of business.

The Committee should note that the key dependency remains all-Wales readiness for safe implementation, including rota compliance, system readiness, payroll accuracy and consistent local engagement. Continued reporting through the Committee will provide assurance on progress against these dependencies and any residual risks ahead of planned implementation milestones.

Medical Examiner Service

The Medical Examiner Service (MES) continues to provide robust assurance across the death certification process, supporting early identification and escalation of patient safety concerns, improving engagement with bereaved families and ensuring comprehensive information is available to key stakeholders, thereby strengthening learning and prevention of future harm.

Primary Care Services

Primary Care Services (PCS) are progressing key governance and infrastructure developments, including updated Service Level Agreements and KPI frameworks. Both services remain operationally stable while continuing to prioritise workforce resilience, digital enablement and consistency of processes across Wales. Known pressures relating to timeliness, system dependencies and cross-organisational coordination (e.g. certification timelines, payment processing and record transfers) are understood and actively managed through existing governance arrangements.

Laundry Service

As previously reported, capital investment within the Laundry Service continues to progress positively. The installation of a sheet picker at Church Village Laundry will help reduce manual handling risks, while the new ironer and feeder line installed in North Wales Laundry will further strengthen operational resilience. The Service has now fully recovered from the major disruption referenced in the previous report, and there have been no recent major plant outages.

A range of measures has been put in place by the Laundry senior team to support staff welfare during recent periods of hot weather. There has been no impact on service delivery as a result of these interventions.

The key assurance point is that resilience has improved following recent investment and recovery actions. Continued monitoring will focus on plant reliability, workforce wellbeing, service continuity and delivery of planned capital schemes that reduce manual handling risk and strengthen operational capacity. This work also reinforces the wider message shared with staff that investment in core infrastructure, equipment and working environments remains essential to sustaining safe, reliable and modern shared services.

Extreme Weather Conditions

During the recent period of exceptionally high temperatures, NWSSP demonstrated a proactive and compassionate approach to supporting staff across all service areas. Recognising the operational and personal challenges posed by the heatwave, services implemented a range of practical measures to safeguard staff wellbeing while maintaining service continuity.

This included local flexibility in working arrangements where operationally feasible, adjustments to shift patterns, additional rest breaks in line with health and safety guidance, and practical support for colleagues working in more challenging operational environments such as laundry, transport, stores and other frontline services.

Estates and Facilities teams worked closely to optimise building environments, including monitoring ventilation, deploying cooling equipment where available, and ensuring access to hydration.

Clear and timely communications were circulated to all staff, reinforcing guidance on heat-related risks, personal wellbeing, and available support mechanisms. In addition, line managers were encouraged to maintain regular contact with their teams to provide support, identify any concerns early, and take responsive action as required. Collectively, these actions reflect NWSSP's continued commitment to prioritising staff wellbeing, demonstrating organisational agility and a strong duty of care during periods of increased environmental and operational pressure.

I would like to thank colleagues across NWSSP for the professionalism, flexibility and care they showed during this period. Their response ensured that essential services continued to be delivered safely while also demonstrating the values and culture we want to sustain across the organisation.

Decarbonisation and Adaptation

Following Welsh Government approval of the business case for investment in the roof overlay at IP5 in mid-December 2025, work commenced on site in February 2026 and remains on track for completion in mid-July 2026. Work has also started to examine the optimal level of investment in roof-mounted photovoltaic (PV) infrastructure to address projected loads from planned future investment in electric vehicle (EV) charging facilities and the IP5 TrAMS scheme.

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

During the year, our team has worked across the breadth of our operations to explore and appraise options for responding to climate change risks. We anticipate completing this workstream within the Welsh Government target of December 2026.

This work reinforces NWSSP's dual role as both a direct delivery organisation and a national system leader. The immediate metrics for Committee oversight are completion of the IP5 roof overlay, progression of PV feasibility work, publication of the NHS Wales Waste Strategy, and completion of climate adaptation work within the December 2026 Welsh Government target.

Wider Engagement and System Leadership

Over the last two months, I have continued to represent NWSSP across a range of national and partnership forums, ensuring that our role, contribution and key risks are visible within wider NHS Wales discussions. This has included attendance at

NHS Wales Leadership Board meetings, the NHS Executive Team and Peer Group Development Day, CEO Management Team Peer Group meetings, the All-Wales Quality and Safety Chair Peer Group, and the Future Workforce Solution CEO Group. These forums provided opportunities to reinforce NWSSP's contribution to system-wide delivery, collaboration and transformation.

I have also chaired or participated in key programme and governance meetings directly relevant to the matters set out in this report, including the Shared Services Partnership Committee, the NWSSP Implementation Group, the TrAMS Programme Board, the Welsh Risk Pool Programme Oversight Meeting, the Future Workforce Solution Implementation Board and senior discussions on the new Resident Doctors' contract. These meetings have supported active oversight of major programmes, strengthened escalation routes and enabled NWSSP to influence national decision-making at an early stage.

This wider engagement remains an important part of NWSSP's leadership role. It ensures that operational issues, financial risks, workforce implications and programme dependencies are considered in the appropriate all-Wales forums, while also enabling NWSSP to continue to build constructive relationships with Welsh Government, NHS Wales organisations, and external partners.

Neil Frow OBE
Managing Director, NWSSP
July 2026

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Foundational Economy 25/26

Getting the most out of every pound spent in Wales

- Increasing Welsh expenditure
- Growing the number of Welsh contracts
- Job growth within the local economy
- Supporting skills development within Wales
- Retained spend in Wales
- Additional income to NWSSP with potential for further jobs

Adding Value
Through Partnership,
Innovation and Excellence

Context

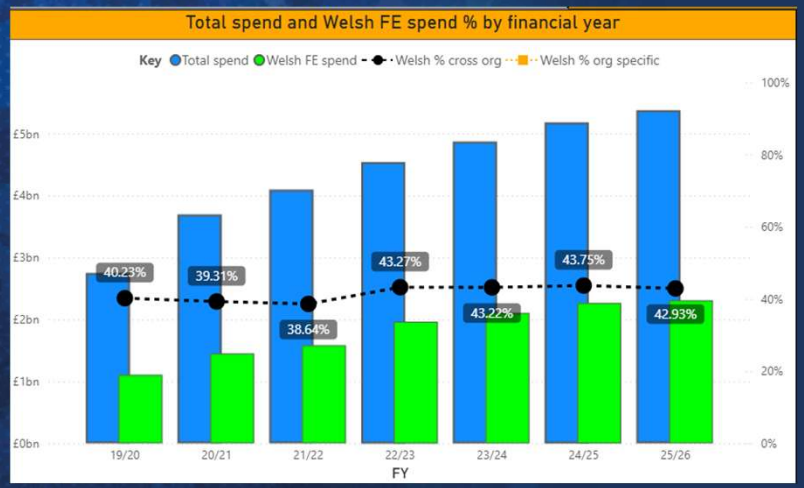
Procurement Deliverables – “the ask”….

- Legal/Regulatory Compliance –
  - Public Contract Regulations 2015 (transitional arrangements and legacy contracts)
  - Procurement Act 2023
  - The Health Services (Provider Selection Regime) (Wales) Regulations 2025
  - Social Partnership and Public Procurement (Wales) Regulations 2026
- Social Value
- Decarbonisation of the Supply Chain
- Value & Sustainability – Financial Efficiency & “Cash out savings”/Reduction in Clinical Variation
- Procurement of Clinical Services - reduce RTT and wider WLI
- Supply Chain Resilience – ensuring goods and services “get from A to B”

Reported Foundational Economy – 7 Year Position

Spend figures

FY	Total spend	Welsh FE spend	Welsh %
19/20	£2,749,256,906	£1,105,990,428	40.23%
20/21	£3,692,365,730	£1,451,473,537	39.31%
21/22	£4,093,748,005	£1,581,909,834	38.64%
22/23	£4,541,114,120	£1,965,055,668	43.27%
23/24	£4,870,447,657	£2,105,083,918	43.22%
24/25	£5,177,624,298	£2,265,195,796	43.75%
25/26	£5,377,372,389	£2,308,366,138	42.93%



25/26 Health Board or Trust Non-Pay Spend with Welsh Suppliers – Expenditure and Percentage

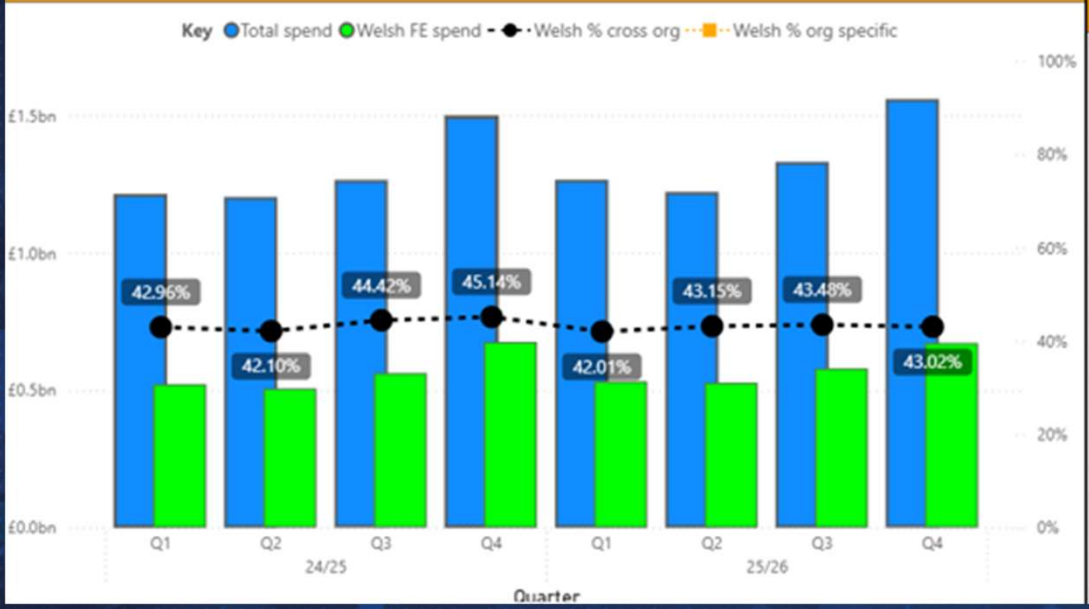
Welsh spend % - Individual Org position by financial year - Min/Max highlighted

Green = above, orange = around, red = below average for the year

Org	19/20	20/21	21/22	22/23	23/24	24/25	25/26
AB	32.3	42.0	44.2	50.2	53.4	54.0	50.6
BCU	37.6	40.2	33.5	39.5	38.6	39.1	41.6
CTM	40.4	48.3	46.7	46.6	47.3	47.0	46.6
CVB					37.5	54.3 !!	55.7
CVT	39.4	34.6	36.8	39.4	38.6	41.1	39.5
DHCW			5.6	7.2	9.3	4.8	3.6
HDT	60.2	56.3	41.0 !!	49.6	51.5	52.4	50.3
HEIW	96.3	96.2	95.4	94.7	92.2	91.8	92.2
NHS P&I						64.2	48.8 !!
NWSSP						24.8	18.2
PHW	31.0	41.0	21.4 !!	30.9	28.3	24.3	26.7
POW	54.0	51.4	49.6	58.6	56.6	53.9	55.9
SBU	34.6	40.3	35.0	40.9	42.3	42.7	40.6
VEL	12.0 !!	15.4	18.5	20.5	12.9	9.7	8.5
WAS	40.4	37.2	42.9	42.8	39.7	41.1	42.4
WHSS	16.7	15.0	15.2	13.8	10.8	12.5	10.9

FE Spend Quarterly Report

Total spend and Welsh FE spend % by financial year



Welsh spend % - Individual Org position by financial year and quarter - Min/Max highlighted

Green = above, orange = around, red = below average for the quarter

FY	24/25				25/26			
Org	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AB	54.5	53.0	54.4	54.0	52.7			
BCU	35.7	38.8	39.6	41.6	41.9			
CTM	43.8	46.4	44.1	51.9	47.9			
CVB	67.9 !!	41.8 !!	50.3	48.9	63.8			
CVT	41.9	37.0	44.0	41.2	38.2			
DHCW	9.7	1.3	2.6	12.2	1.1			
HDT	53.4	50.5	52.8	52.4	47.9			
HEIW	90.5	95.2	94.0	87.8	93.5			
NHS P&I	76.0	36.6 !!	68.4 !!	55.5	61.3			
NWSSP	23.1	31.4	29.4	16.8	18.4	10.9	31.0 !!	12.5 !!
PHW	20.8	24.4	25.1	26.8	25.4	27.1	27.7	26.8
POW	51.2	57.2	53.4	53.6	52.0	59.4	57.9	54.1
SBU	41.3	43.2	42.8	43.3	41.0	41.7	41.2	38.9
VEL	8.5	10.6	7.2	12.3	7.9	6.1	8.0	11.7
WAS	33.4	41.9	47.4	42.3	40.3	41.8	41.4	44.8
WHSS	16.3	13.0	10.9	10.7	13.8	10.4	11.8	8.8

Copy
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Exclude
Drill through
Unfreeze row headers

Spend Map
Analyse Welsh %

Drill-through from any data point

Example

Drill Through – AB – Q2 25/26

Countries
12
Suppliers
33

Global spend

	Suppliers	Spend
Guernsey	1	£2,282,274
Ireland	5	£75,526
Jersey	1	£26,641
United States of America	8	£23,111
Switzerland	5	£20,491
Germany	4	£16,980
Norway	1	£5,052
The Netherlands	2	£4,478
Italy	1	£1,554
Australia	1	£168

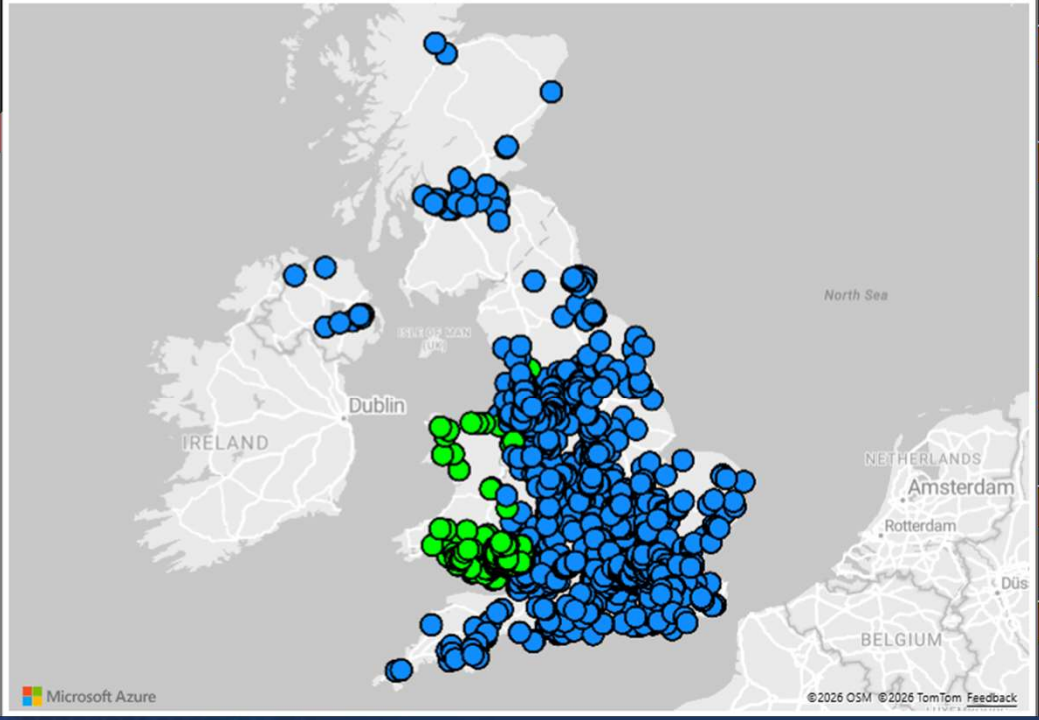
Non-GB supplier counties

FY selected	Quarters selected	Months selected
25/26	Q2	04-Jul, 05-Aug, 06-Sep

Orgs selected
AB Only

PCGIG Caffael Tim Cynaliadwyedd
NWSSP Procurement Sustainability Team

GB suppliers spend location (Top 5000 by spend only)



Welsh spend
£92,984,487
All spend
£183,966,787
Welsh % spend
50.54%
GB Welsh suppliers
699
GB Non-Welsh suppliers
1,366
Non-GB suppliers
33
All supplier count
2,098

Contract Pipeline report 26/27

Note; derived value £1.1bn

**Derived value is a calculated value from the Bravo data set. It uses either the total value in the Bravo data (if present) or the annual value multiplied by the number of years between start and end date. If no end date given then annual value is used.

Pot. reportable emissions reduction (KG CO2e)	Summary / drill through records
461,447,896	1158 / 1748

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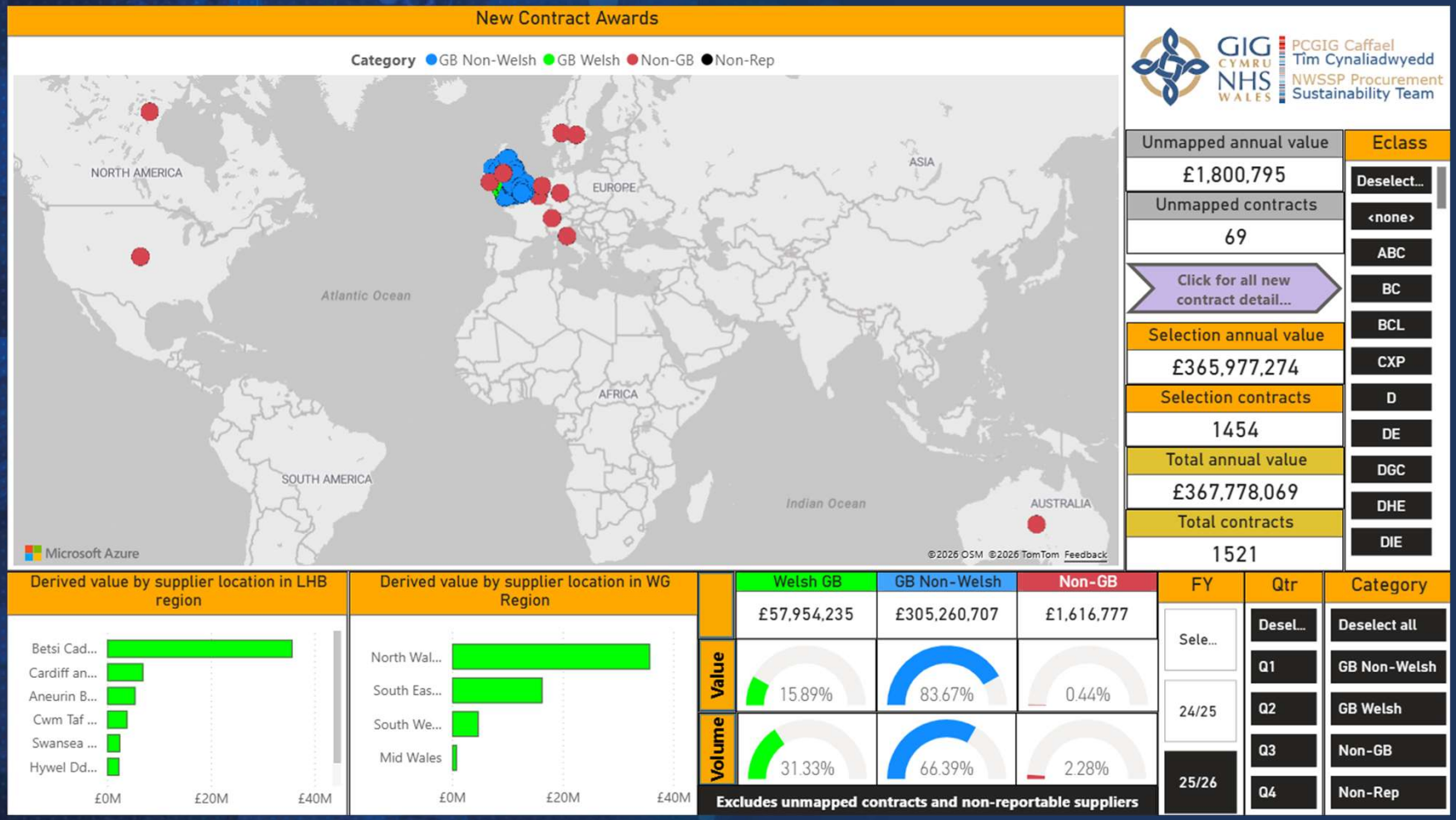
Tim Cynaliadwyedd
NWSSP Procurement
Sustainability Team

Summary of "ACTIVE" Bravo contracts by end date, title, eClass and team. Plus DHCW data. Any contracts aggregated under the project summary tab are excluded from this report tab.

End date	Title	Eclass Category	Eclass Sub Category	Team	**Derived value	Opp.
26-27 Q4	CLI-OJEU-46491 ALL WALES ORTHOPAEDIC, TRAUMA AND JOINT R...	Medical & Surgical Equipment	Medical Prostheses	NATIONAL SOURCING - CLINICAL	£92,284,427	77
26-27 Q4	NATIONAL COLLABORATIVE FRAMEWORK FOR ADULT MH LD & CA...	Purchased Healthcare	Purchase Healthcare Services	NATIONAL SOURCING - COMMISSI...	£75,283,044	42
26-27 Q4	SOCIAL CARE SYSTEM MOSAIC & RIO EPR & AICP HOSTING LICEN...	-	-	-	£73,200,000	3
26-27 Q4	P675 GP System and Services Framework	Office Equipment Telecomms C...	Computer Software Specialised Be...	DHCW	£68,600,000	3
26-27 Q2	FROZEN FOOD FRAMEWORK	Provisions	Fruit & Vegetables	NATIONAL SOURCING - PROVISIONS	£67,077,834	22
26-27 Q4	COLLECTION, TRANSPORTATION AND DISPOSAL OF CLINICAL WAS...	Hotel Services Equipment Mate...	Contracted out Services	SBUHB INTEGRATED PARTNERSHIP	£47,606,960	2
26-27 Q1	ASEPTICALLY PREPARED SYSTEMIC ANTI-CANCER TREATMENT (SAC...	-	-	NATIONAL SOURCING - PHARMACY	£47,243,664	10
26-27 Q4	CLI-OJEU-46286 - LOT 1 CARDIOLOGY	Medical & Surgical Equipment	Cardiology & Vascular imaging int...	NATIONAL SOURCING - CLINICAL	£42,147,106	58
26-27 Q4	CLI-OJEU-46286 LOT 2 - RADIOLOGY	Medical & Surgical Equipment	Cardiology & Vascular imaging int...	NATIONAL SOURCING - CLINICAL	£33,321,208	63
26-27 Q1	WAS-DCO-53929 - G CLOUD SOFTWARE FOR NEPTS	Office Equipment Telecomms C...	Computer Hardware & Software	BCU INTEGRATED PARTNERSHIP [W...	£30,000,000	3
26-27 Q4	LAPAROSCOPIC INSTRUMENTS & CONSUMABLES	Medical & Surgical Equipment	Laparoscopy	NATIONAL SOURCING - MEDICAL	£28,227,612	8
26-27 Q1	GENERIC DRUGS - INJECTIONS/INFUSIONS	Pharmaceuticals Blood Product...	Malignant Disease Immunosupresi...	NATIONAL SOURCING - PHARMACY	£21,954,480	56
26-27 Q3	INFLUENZA VACCINE SEASON 2025 & 2026	Pharmaceuticals Blood Product...	Immunological Products And Vacci...	NATIONAL SOURCING - PHARMACY	£21,385,920	2
26-27 Q1	CLI-OJEU-46286(153712) SBUHB CATH LAB COMMITMENT	Medical & Surgical Equipment	Cardiology & Vascular imaging int...	NATIONAL SOURCING - CLINICAL	£17,600,000	2
26-27 Q4	CLI-OJEU-46286 - LOT 3 ENDOSCOPY	Medical & Surgical Equipment	Medical & Surgical Equipment	NATIONAL SOURCING - CLINICAL	£16,236,203	39
Total					**£1,153,753,649**	

Derived value	End date	Team		
B: 10K - 30K	26-27 Q1	Deselect all	-	ANEURIN BEVAN INTEGRATED PARTNERSHIP
C: 30K - 100K	26-27 Q2	BCU INTEGRATED PARTNERSHIP	BCU INTEGRATED PARTNERSHIP [PHW]	BCU INTEGRATED PARTNERSHIP [POWYS]
D: 100K - 1M	26-27 Q3	BCU INTEGRATED PARTNERSHIP [WAS]	CARDIFF & VALE INTEGRATED PARTNERSHIP	CARDIFF & VALE INTEGRATED PARTNERSHIP [VELINDRE]
E: 1M - 6M	26-27 Q4	CWM TAF INTEGRATED PARTNERSHIP	DHCW	HYWEL DDA INTEGRATED PARTNERSHIP
F: over 6M	27-28 Q1	NATIONAL SOURCING - CLINICAL	NATIONAL SOURCING - COMMISSIONING, HEIW, ENERGY AND PR...	NATIONAL SOURCING - ICT & OE

New Contracts Awarded 25/26



Analysing contract awarded and future opportunities

Contract award quarter

24/25 Q3
24/25 Q4
25/26 Q1
25/26 Q2
25/26 Q3
25/26 Q4

L1	L2	L3
D...	D...	Des...
0	00	000
A	AB	ABC
B	AC	ACI
C	BC	BC_
D	CX	BCL
E	D_	CXP
F	DE	D__
G	DG	DE_
H	DH	DGC
I	DI	DHE
J	DR	DIE
K	DX	DR_
L	EL	DXA
M	F_	DXH
P	FB	ELZ
R	FD	F__
S	FF	FB_

Dervied value by eClass and derived value Welsh %

Eclass	Lowest Eclass description	Derived annual value	Welsh %	Supplier count	Welsh supplier count	Alt Welsh suppliers
DHE	Other Immunosuppressants	£146,648,929	0.0%	85	1	
000	No Eclass provided	£27,581,101	58.2%	174	95	319
PZE	Minor Works	£24,881,741	95.5%	71	42	266
FBF	General Medical Surgical Equipmen...	£18,499,954		29	1	137
R	Purchased Healthcare	£15,674,946	2.8%	4	1	
ZMD	Management Consultancy Informat...	£11,829,138	3.6%	10	3	5
DE	Infections Drugs	£9,201,162		10		
D	Pharmaceuticals Blood Products & ...	£8,249,710		51		
RPB	Part of care pathway Medical and A...	£7,725,795		1		
MXK	Contract Waste Disposal Services	£7,007,796	0.4%	4	1	63
WAM	Computer Peripherals Terminals M...	£4,589,789	3.7%	28	2	65
ZOM	Non-NHS GPs Services	£4,331,068		1		
ZOP	Non-NHS Ophthamology Services	£3,999,999	33.3%	3	1	

Supplier breakdown of selected eClass(es)

ECM contract code	Eclass(es)	Supplier name	Category	Contract end	Derived annual value
ecm_137999	KBB,KFB	SYSMEX UK LTD	GB Non-Welsh	31/32 Q4	£108,183
ecm_142802	MXO	SOLO SERVICE GROUP LTD	GB Welsh		£115,470
ecm_143337	FYY	TOPCON GREAT BRITAIN MEDIC...	GB Non-Welsh	28/29 Q4	£8,712
ecm_144362	P	HONEYWELL CONTROL SYSTEM...	GB Non-Welsh	26/27 Q1	£97,740
ecm_145331	ELZ	OTC DIRECT LTD NORTH WEST ...	GB Non-Welsh	28/29 Q3	£0
ecm_146788	FY	LITECHNICA LTD	GB Non-Welsh	27/28 Q1	£5,533
ecm_146993	ZOU	ADFERIAD RECOVERY	GB Welsh	26/27 Q4	£66,853
ecm_146994	ZOU	CARERS TRUST CROSSROADS ...	GB Welsh	26/27 Q4	£103,000
ecm_146995	ZOU	POWYS CARERS SERVICE LTD T/...	GB Welsh	26/27 Q4	£66,950
ecm_146996	ZOU	ADFERIAD RECOVERY	GB Welsh	26/27 Q4	£29,825
ecm_146997	ZOU	CARERS TRUST CROSSROADS ...	GB Welsh	26/27 Q4	£49,852
ecm_146998	ZOU	POWYS CARERS SERVICE LTD T/...	GB Welsh	26/27 Q4	£20,142
ecm_147001	ZOB	SWANSEA COUNCIL VOLUNTAR...	GB Welsh	27/28 Q1	£60,415
ecm_147169	PZJ	STATIC SYSTEMS GROUP LTD	GB Non-Welsh		£41,678
ecm_147186	KBX	WHITE HORSE SCIENTIFIC LTD	GB Non-Welsh		£11,040

Open E-class ref data

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Sustainability Team

Welsh suppliers referenced by selected eClass in PO data

Eclass	Supplier	Welsh	Non Cat Flag	PO Amount
ZOA	121 MEDICAL SERVICES	Y	CAT	£724,713
000	121 MEDICS	Y	NONCAT	£400
XDC	121 MEDICS	Y	NONCAT	£300
PMS	121 SECURITY	Y	NONCAT	£11,821
PMU	121 SECURITY	Y	NONCAT	£1,189
PTX	121 SECURITY	Y	NONCAT	£4,644
PZD	121 SECURITY	Y	NONCAT	£70
PZE	121 SECURITY	Y	NONCAT	£3,592
ZWM	168 DENTAL PRACTICE	Y	NONCAT	£7,548
ZWM	1ST BARRY SEA SCOUT GRO...	Y	NONCAT	£140
ZWM	1ST CHOICE TRANSPORT LTD	Y	NONCAT	£280
ZXO	1ST COWSHACC	Y	CAT	£3,598
ZXO	1ST COWSHACC	Y	NONCAT	£13,489
ZXO	1ST HAWARDEN SCOUT GR...	Y	NONCAT	£4,917
PZD	24 7 POWERED ACCESS SUP...	Y	NONCAT	£1,500
ZOA	3 CIRCLES CARE LTD	Y	NONCAT	£2,910
PZC	3DE BIM LTD	Y	NONCAT	£9,750
MXK	4 COLOUR DIGITAL LTD	Y	NONCAT	£182
PTX	4 COLOUR DIGITAL LTD	Y	NONCAT	£945
ZWH	4 COLOUR DIGITAL LTD	Y	NONCAT	£30

Reset selections

PO data catalogue status

Deselect all | CAT | NONCAT

Diolch

Thank you

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **16 July 2026**

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

Teitl yr Adroddiad/Title of Report:

Scan for Safety Wales Programme

Arwwinydd/ Lead:	Jonathan Irvine, Director of Procurement and Health Courier Services
Awdur/ Author:	Andy Smallwood, Assistant Director of Procurement
Swyddog Adrodd/ Reporting Officer:	Andy Smallwood, Assistant Director of Procurement

Pwrpas yr Adroddiad/Purpose of the Report:

The Committee is asked to **APPROVE** the extension of the Scan for Safety Programme and its supporting Inventory Management Contract with Omnicell by utilising the 36 months available as per the Full Business Case and current contract terms.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
Tystiolaeth/ Supporting evidence:	• The expansion of the All-Wales Scan for Safety Wales Programme has led to greater and continuing service efficiency and efficacy across NHS Wales, including far greater traceability of medical devices. Evidence of this is included in the Quality Impact Assessment in Appendix A • The FBC was approved by SSPC in March 2021 following consultation with Welsh Government and Directors of Finance. Velindre Trust Board approved the FBC in July 2021.

Ymgynghoriad/Consultation:

The option to utilise the contract extension was established within the original Full Business Case approved by the NHS Wales Shared Services Partnership Committee on 18th March 2021 and subsequently agreed by Welsh Government. Further engagement and consultations have subsequently been undertaken with key stakeholders, including:

- Health Board Project teams, reflecting operational delivery experience and implementation progress across organisations.
- Welsh Government Quality and Nursing Directorate, ensuring alignment with regulation compliance, national patient safety and quality priorities.

• Financial planning processes, with associated costs and assumptions incorporated within IMTP submission.							
Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE	√	**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	
Argymhelliad/ Recommendation:	The Committee is asked to APPROVE the extension of the All-Wales Scan for Safety Programme for 3 years and to **APPROVE** the extension of the supporting Inventory Management System contract with Omnicell by utilising the 36-month extension option available under the original contract from 21st September 2026 to 20th September 2029 at a cost of £987,694 which was part of the original approved Full Business Case.						
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:							
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No impact identified.						
Cyfreithiol/Legal:	No impact as option is available under the original contract.						
Iechyd Poblogaeth/ Population Health:	Improvements to patient safety through tracking of medical devices to ensure the right product is provided to the right patient and that products can, where required, be swiftly identified and recalled in the event of product safety alerts						
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	The product information captured at patient level will improve patient flow, drive best clinical practice and enhance the ability to swiftly identify and address product safety issues.						
Ariannol/Financial:	The contract is administered through NWSSP and funded from the Programme recharges to health organisations as per the Full Business Case apportionment model agreed at the outset. The Programme has been managed to budget since its inception in 2021, and the extension is in-line with projections made within the original Full Business Case therefore no additional financial risk to NWSSP/Velindre.						
Risg a Aswiriant/ Risk and Assurance:	The failure to provide adequate traceability of implantable medical devices poses a critical risk to the ability of Health Boards/Trusts to deliver safe and effective patient care. Without a supporting Inventory Management System, visibility of recalled and/or expired items is more complex and time consuming. Additionally, c £8m of orders placed each month will need to be managed directly in Oracle, causing resource bottlenecks and delayed orders.						

Dyletswydd Ansawdd/Duty of Quality:	Assists NHS organisations to prevent patient harm by having the ability to identify recalled or expired implants and avoid 'never events'.
Gweithlu/ Workforce:	Enables clinicians to release administration time back to patient care.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Scan for Safety Wales Programme

1. BACKGROUND

In March 2021, NHS Wales Shared Services Partnership Committee approved submission of a full business case (FBC) to Welsh Government. The FBC mapped out requirements, including associated investment as the first steps to embedding Scan for Safety principles and practices across Wales. The FBC was approved and, the then, Minister for Health and Social Services, Eluned Morgan provided a supporting statement to launch the Programme;

"Patient safety is at the heart of the NHS Wales Scan for Safety programme. The introduction of barcode scanning and the automation of the link between uniquely identified products, places and people, provides real-time data at the point of care and instant traceability of implanted medical devices should a product or patient recall be required. The investment in this Once for Wales initiative will also deliver significant financial savings, improved stock management, removal of time-consuming administrative tasks from clinical staff at the same time as safeguarding our patients from avoidable harm"

In September 2021 a contract was signed with Omnicell for the provision of SupplyX as the platform to deliver the All-Wales Inventory Management Solution to underpin the Scan for Safety Wales Programme.

2. SITUATION

The Programme continues to be rolled out across NHS Wales with all Health Boards and Trusts being live to some extent, and implementation continuing to complete coverage of all theatres and patient treatment areas where implantable medical devices are used.

NHS Wales is now well positioned to be compliant with the new Medical Devices (Amendment) Regulations 2026 as drafted by MHRA, and if passed into law will come into effect in July 2027 (with a transition period). The changes in the regulations essentially ask for Implantable Medical Devices to be traceable from the point of manufacture to patient at a Unique Device Identification (UDI) level. Scan for Safety Wales Programme already enables capture of UDIs and linkage to patients therefore allowing the NHS in Wales to fulfil its obligations. At the point of writing this paper 293,372 products have been digitally linked to 40,487 patient procedures.

Benefits delivered to date:

- c£6.49m of quantifiable benefits across health organisations
- Expired stock removed from shelves at each implementation, avoiding patient harm
- Clinician time returned to patient care
- Each scan of a product barcode captures batch and serial numbers together with expiry dates allowing for prompted stock management rather than relying on manual label interrogation
- A number of Medical Device Alerts and Product Recall Notices have been acted upon allowing the swift removal and quarantine of products to avoid patient harm e.g.
    - Medtronic Octopus Tissue Stabilizer,
    - Microport, Profemur Modular Necks,
    - Gore, Acuseal Vascular Graft
    - Medline surgical gowns
- Enabled complete replacement of the Automated Demand Capture (ADC) system across NHS Wales with SupplyX due to ADC being out of support and a risk recorded on the risk register.
- Swift identification of stock to allow mutual aid for areas not yet live with scan for safety to avoid cancelled procedures or compromised patient care. E.g. Feeding Tubes needed by the Children's Hospital for Wales. Stocks of product instantly identified and shipped to avoid any patient harm.
- Improved stock management reducing the need to carry excess stock. Brecon Hospital returned a room to patient use for pre-operative assessment after removal of excess stock.

Developments to be delivered during the proposed extension period:

- Work is underway with Omnicell and the National Joint Registry that will allow a pre-operative scan of orthopaedic implants selected for a patient to be checked that they are compatible with each other, and that there is no recall notice in place. This is a consultant request and one that is seen as key in helping avoid 'Never events'. The development is on track to be available in October 2026 with Cardiff and Vale Orthopaedic Centre to be the pilot site, with other orthopaedic centres preparing to use the option shortly afterwards.
- An offshoot of the Programme potentially allows the SupplyX scanners to be used to receipt all Purchase Orders not just the ones that it generates. A pilot is being developed to test whether this functionality may help address the significant number of invoices on hold due to lack of receipting at the hospitals. Powys Teaching Health Board will run the pilot from November 2026 with a view to wider rollout should it deliver the expected benefits.
- Omnicell are developing an AI inventory monitoring solution and have asked NWSSP if it would be interested in being a pathfinder organisation at no additional cost. This is of great interest and potential significant benefit and will be accepted during the extension.

Omnicell contact extension:

- The contract commenced on 21st September 2021 for a period of 60 months to 20th September 2026 with an additional 36-month extension option to 20th September 2029. Omnicell have performed well over the contract and see NHS Wales as one of their key customers in Europe. The value of the 36-month extension is a total of £987,694 and was included within the December 2025 IMTP planning assumptions that NWSSP shared to allow NHS Organisations to incorporate into their own IMTP financial plans.

3. RECOMMENDATION

The Committee is asked to **APPROVE** the extension of the Scan for Safety Programme and its supporting Inventory Management Contract with Omnicell by utilising the 36 months available as per the Full Business Case and current contract terms.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 16 July 2026

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

Teitl yr Adroddiad/Title of Report:

Student Bursary Award System
Extension of Contract

Arwwinydd/ Lead:	Darren Rees, Deputy Director of Employment Services
Awdur/ Author:	Stephen Withers, Deputy Director of Employment Services, Payroll, Pensions, Expenses and SAS
Swyddog Adrodd/ Reporting Officer:	Gareth Hardacre, Director of People, OD and Employment Services

Pwrpas yr Adroddiad/Purpose of the Report:

The Committee is asked to **APPROVE** the Student Bursary Award System contract extension for three (3) years with effect from 1st April 2027 to 31st March 2030 with a total cost of £382,515.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement
Tystiolaeth/ Supporting evidence:	Outline business case approval and Shared Services Partnership Committee ratification (July 2021); contract performance and extension options as set out in the report.

Ymgynghoriad/Consultation:

- Senior Leadership Group – NWSSP
- Shared Services Partnership Committee
- Welsh Government

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to **APPROVE** the Student Bursary Award System contract extension for three (3) years with effect from 1st April 2027 to 31st March 2030 with a total cost of £382,515.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Considered as part of the original implementation of the System.
Cyfreithiol/Legal:	No legal implications the extension is within the original scope of the contract.

Iechyd Poblogaeth/ Population Health:	Not Applicable
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Not Applicable
Ariannol/Financial:	The funding for the system is already in place as this is an extension to an existing system.
Risg a Aswiriant/ Risk and Assurance:	Risks of not renewing the contract or seeking a new supplier have been considered.
Dyletswydd Ansawdd/Duty of Quality:	Remaining with the current system removes the requirement for additional training and to provide continuity to students under the obligations of our SLA with HEIW, whilst the Welsh Government consultation on Student Bursary is finalised.
Gweithlu/ Workforce:	Not Applicable
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

STUDENT BURSARY AWARD SYSTEM EXTENSION OF CONTRACT

1. INTRODUCTION

The Student Awards System is a critical service delivered under the Service Level Agreement (SLA) between NHS Wales Shared Services Partnership (NWSSP) and Health Education and Improvement Wales (HEIW). The system provides a digital portal through which Higher Education Institution (HEI) students apply for NHS bursary funding to support the future NHS Wales workforce. The current contract was approved for a four (4) year period to 31 March 2027, with three extension options of 12 months each to 31 March 2030. The Outline Business Case was approved through Chair's Urgent Action on 21 July 2021 and ratified by the Shared Services Partnership Committee on 22 July 2021.

At the time of the initial contract award, the future of the bursary payments in NHS Wales were uncertain. Welsh Government has recently commenced consultation on the future of NHS bursary arrangements in Wales.

Whilst the outcome of this consultation remains uncertain, the existing Student Awards System will continue to be required to support bursary administration until at least August 2029 to support current students in training. Extending the current contract provides the flexibility required to continue delivering services whilst allowing sufficient time for Welsh Government to determine future policy direction. This approach avoids unnecessary investment in replacement technology that may

subsequently require significant redesign or replacement to accommodate future national changes.

2. CONTRACT PERFORMANCE

The current system was procured through a competitive tender process, with two suppliers submitting bids. GP UK was awarded the contract following a robust evaluation process and has successfully delivered the solution currently in operation.

The system was specifically designed to manage the complex eligibility rules and assessment algorithms associated with NHS bursary funding. By automating these processes, it significantly reduces administrative burden, improves accuracy, and provides a simplified, user focused customer journey through technological innovation.

The implementation of the new Student Awards System formed a key part of the transformation of the NHS Wales Bursary Service, addressing the risks associated with legacy software that had reached end of life while supporting the policy direction established by the Minister for Health and Social Services at the time, Eluned Morgan.

This continues to represent an improvement from the previous system that relied heavily on manual assessment processes, resulting in lengthy processing times and a poor customer experience, with students often waiting up to one month to receive confirmation of their bursary entitlement.

The current system provides real time assessment and confirmation of funding, enabling students to make informed decisions regarding their education and financial support without unnecessary delay. Assessment times have reduced significantly, delivering a substantial improvement in both operational efficiency and customer satisfaction.

In addition, the system incorporates streamlined processes that support students' progression from higher education directly into NHS employment across Wales. This contributes to protecting the NHS bursary investment while supporting workforce planning and recruitment across Welsh health organisations.

Since implementation, the Student Awards System has developed into a mature, stable and reliable platform supporting the delivery of bursary funding across Wales.

The volume of student applications remains consistently high, and the system continues to effectively manage the complexity of the bursary schemes while maintaining robust integration with Higher Education Institutions (HEIs) and Health Education and Improvement Wales (HEIW).

The Student Awards System is now a critical operational service supporting NWSSP's contractual obligations and the delivery of an essential national service.

Its functionality extends beyond application processing by supporting the wider objective of developing the future NHS Wales workforce through efficient and timely funding decisions.

3. GOVERNANCE AND RISK ISSUES

3.1 System Stability and Service Continuity

The Student Awards System supports a high volume, business critical service where continuity is essential.

Failure to process student applications promptly would have significant operational and reputational consequences, potentially delaying students' academic progression and impacting the future supply of qualified healthcare professionals into NHS Wales.

The current system has demonstrated consistent operational stability and has significantly improved service performance through:

- Real time bursary eligibility assessments.
- Reduced processing times from several weeks to immediate funding decisions.
- Improved customer experience and engagement.
- Reduced manual administration and associated operational risk.
- Robust integration with partner organisations.
- Maintaining service continuity is essential to ensure uninterrupted delivery of bursary funding and compliance with NWSSP's contractual obligations.

3.2 Market Limitations

The Student Awards System is a specialist solution developed to support the unique complexity of NHS Wales bursary schemes.

Alternative market solutions are limited and would require significant procurement, implementation, configuration and testing before becoming operational. Transitioning to an alternative supplier would introduce considerable cost, operational risk, implementation timescales and uncertainty.

Replacing the current system at this stage would also require substantial investment and time, while potentially duplicating work that may subsequently need to be revised following future Welsh Government policy decisions regarding NHS bursaries.

3.3 Contractual Enhancements and Supplier Commitment

GP UK has consistently demonstrated strong commitment throughout the life of the contract by delivering a high-quality solution and working collaboratively with NWSSP to continuously improve the service.

Through the contracted development days, GP UK has implemented system enhancements, legislative changes and service improvements that have continued to strengthen the customer experience and operational effectiveness.

NWSSP and GP UK maintain regular governance arrangements, including weekly operational meetings and monthly performance and development reviews, ensuring that system performance, enhancements and future requirements are actively monitored and managed.

The supplier has established a detailed understanding of the bursary schemes, operational processes and stakeholder requirements, providing continuity, responsiveness and ongoing support.

3.4 Dependency on Future National changes

Welsh Government has recently commenced consultation on the future of NHS bursary arrangements in Wales.

Whilst the outcome of this consultation remains uncertain, the existing Student Awards System will continue to be required to support bursary administration until at least 2029 to support current students in training.

Extending the current contract provides the flexibility required to continue delivering services whilst allowing sufficient time for Welsh Government to determine future policy direction. This approach avoids unnecessary investment in replacement technology that may subsequently require significant redesign or replacement to accommodate future national changes.

Commencing a procurement exercise for a replacement solution at this stage would likely require up to two years to complete. This would create a significant risk of investing considerable time and resources in developing and implementing a system that could require substantial redesign or modification following the Welsh Government's decision on its future proposals for the scheme. A three-year extension therefore represents the most proportionate and cost-effective approach, mitigating procurement risk while avoiding unnecessary expenditure and ensuring continuity of service until the future direction of the scheme is confirmed.

This approach will:

- Maintain continuity of a high-volume, business-critical national service.
- Continue to support students applying for NHS bursary funding and the future NHS Wales workforce.
- Retain access to contracted development days to support ongoing enhancements and legislative changes.
- Avoid unnecessary procurement and implementation costs associated with replacing a proven system.
- Provide sufficient flexibility and time to respond to any future Welsh Government decisions regarding NHS bursary arrangements.
- Protect NWSSP's contractual obligations while maintaining a high-quality customer journey for students.

- Exercising the available extension within the existing contract provides the most efficient, proportionate and low risk approach to maintaining service continuity while supporting future strategic planning.

4. COSTS

The table below details the initial contract and contract extension costs. These are funded through NWSSP budgets and there are no financial implications for other NHS Wales organisations.

		INITIAL CONTRACT					EXTENSION OPTIONS			
		One-off	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	TOTAL
Licences			11,670	11,903	12,141	12,384	12,632	12,885	13,142	86,758
Bursary	Implementation costs	261,503								261,503
	Support/Helpdesk		32,180	32,824	33,480	34,150	34,833	35,529	36,240	239,235
	Annual Fee		19,720	20,114	20,517	20,927	21,346	21,772	22,208	146,604
Streamlining	Implementation costs	227,287								227,287
	Support/Helpdesk		21,453	32,824	33,480	34,150	34,833	35,529	36,240	227,287
	Annual Fee		19,720	20,114	20,517	20,927	21,346	21,772	22,208	146,604
	TOTAL	**488,790**	**104,743**	**117,779**	**120,135**	**122,538**	**124,988**	**127,488**	**130,038**	**1,336,499**
	TOTAL OF OPTIONS					**953,985**			**382,515**	**1,336,499**

5. CONCLUSION

The Student Awards System has become an essential component of NHS Wales operational service delivery, providing a stable, reliable and efficient platform that supports students, Higher Education Institutions, HEIW and NHS Wales workforce planning.

Given the critical nature of the service, the maturity of the existing solution, the limited availability of suitable market alternatives and the uncertainty surrounding future Welsh Government policy, extending the existing contract represents the lowest risk and most cost-effective option.

6. RECOMMENDATION

The Committee are asked to **APPROVE** the Student Bursary Award System contract extension for three (3) years with effect from 1st April 2027 to 31st March 2030 with a total cost of £382,515.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 16 July 2026

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

Teitl yr Adroddiad/Title of Report:

SSP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance – Approval to Award

Arwwinydd/ Lead:	Mike Burns, Deputy Head of Supply Chain, Logistics and Transport
Awdur/ Author:	Phil Jones, Procurement Business Manager
Swyddog Adrodd/ Reporting Officer:	Jonathan Irvine, Director of Procurement and Health Courier Service

Pwrpas yr Adroddiad/Purpose of the Report:

The Committee is asked to:

- **APPROVE** the recommendation to award Contract SSP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance to Toyota Material Handling UK Limited.
- **APPROVE** the maximum estimated contract value of £1,040,000 excluding VAT over the full five-year term, inclusive of the initial three-year term and both optional one-year extensions.
- **NOTE** that the Agreement is demand-led, with no guaranteed minimum spend or minimum equipment volumes and that all expenditure will be controlled through approved purchase orders.
- **NOTE** the risks identified within the Procurement Outcome Report, including the single tender response, equipment availability, mobilisation and contract management risks, together with the associated mitigations. Also note that the initial supplier financial standing concern has been reassessed following an updated Dun & Bradstreet report, which confirmed an improved failure score above the NWSSP recommended exclusion threshold.
- **NOTE** that no award, contract execution or purchase order will be progressed until all required internal approvals, Velindre approvals, Welsh Government approval or confirmation to proceed, standstill obligations and procurement notice requirements have been completed.

Llywodraethu/Governance:

Amcanion/ Objectives:	The objective of this report is to seek approval to award a contract for the lease, short-term hire and maintenance of Material Handling Equipment to support NWSSP Supply Chain, Logistics and Transport warehouse operations across Denbigh, Bridgend, Picketston and Newport National Distribution Centre. The contract will provide a compliant, structured and demand-led route for Material Handling Equipment

	requirements, supporting operational continuity, health and safety, equipment standardisation, maintenance assurance and cost control.
Tystiolaeth/ Supporting evidence:	Appendix 1 - Procurement Outcome Report for SSP-FTS-60006

Ymgynghoriad/Consultation:

Consultation has taken place with NWSSP Supply Chain, Logistics and Transport operational representatives and the evaluation panel. The evaluation panel included representatives with relevant warehouse, logistics and operational knowledge.

Procurement advice and governance support has been provided by NWSSP Procurement Services. The Procurement Outcome Report has been approved by the evaluation panel, Deputy Head of National Sourcing, Assistant Director of Procurement, Director of Procurement, Director of Finance & Corporate Services and Managing Director Shared Services.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:

The Committee is asked to:

- **APPROVE** the recommendation to award Contract SSP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance to Toyota Material Handling UK Limited
- **APPROVE** the maximum estimated contract value of £1,040,000 excluding VAT over the full five-year term, inclusive of the initial three-year term and both optional one-year extensions
- **NOTE** that the Agreement is demand-led, with no guaranteed minimum spend or minimum equipment volumes and that all expenditure will be controlled through approved purchase orders
- **NOTE** the risks identified within the Procurement Outcome Report, including the single tender response, equipment availability, mobilisation and contract management risks, together with the associated mitigations. Also note that the initial supplier financial standing concern has been reassessed following an updated Dun & Bradstreet report, which confirmed an improved failure score above the NWSSP recommended exclusion threshold.
- **NOTE** that no award, contract execution or purchase order will be progressed until all required internal approvals, Velindre approvals, Welsh

	Government approval or confirmation to proceed, standstill obligations and procurement notice requirements have been completed.
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No adverse equality or diversity impacts have been identified. The procurement was undertaken through an open competitive procedure, supporting transparency, equal treatment and fair market access. The contract relates to operational warehouse equipment and does not directly change patient access, clinical service delivery or service eligibility.
Cyfreithiol/Legal:	The procurement has been undertaken as an open competitive procedure in accordance with the Procurement Act 2023, the Trust's Standing Financial Instructions and internal governance requirements. No award, contract execution or purchase order should be progressed until all required internal approvals, Velindre approvals, Welsh Government approval or confirmation to proceed, standstill obligations and procurement notice requirements have been completed.
Iechyd Poblogaeth/ Population Health:	The contract has a positive indirect impact on population health by supporting the NHS Wales supply chain infrastructure that enables goods and supplies to be moved through the warehouse network and onward to healthcare services. It does not directly alter clinical pathways or patient-facing services.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	The proposal has a positive indirect impact on quality and safety. Material Handling Equipment is essential to the safe and efficient operation of warehouse and distribution activity, including goods receipt, storage, picking, loading and movement of stock. Failure or unavailability of equipment could create operational disruption and a health and safety risk, which may indirectly affect the timely supply of goods to NHS Wales services.
Ariannol/Financial:	The estimated annual value of the contract is £208,000 excluding VAT. The estimated total value over the maximum five-year term, including both optional extension periods, is £1,040,000 excluding VAT. This is an estimated value only and does not create a guaranteed spend commitment. The Agreement is demand-led, with no guaranteed

	minimum volumes. Actual expenditure will depend on operational demand and will be controlled through approved purchase orders from existing NWSSP Supply Chain, Logistics and Transport operational budgets.
Risg a Aswiriant/ Risk and Assurance:	The overall risk is assessed as Medium. Key risks include single tender response, equipment availability and operational downtime, mobilisation across multiple sites and health, safety and statutory compliance. These risks are mitigated through the open procurement process, the demand-led structure of the Agreement, no guaranteed minimum spend, no advance payment commitment, approved purchase order controls, agreed service and maintenance arrangements, contract review meetings, KPI monitoring, statutory inspection records and ongoing supplier performance and financial monitoring.
Dyletswydd Ansawdd/Duty of Quality:	A Quality Impact Assessment has been completed in support of the proposal. The contract is not a direct clinical service change, but it has a positive indirect impact on the delivery of healthcare services by supporting the safe, timely, effective and efficient movement of goods through the NHS Wales supply chain.
Gweithlu/ Workforce:	The contract has a positive workforce impact. Access to suitable, maintained and compliant Material Handling Equipment supports safer warehouse operations, reduces manual handling risk, supports equipment familiarisation and enables staff to carry out warehouse duties more efficiently.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

SP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance – Approval to Award

1. INTRODUCTION

This report seeks approval from the Shared Services Partnership Committee to award Contract SSP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance to Toyota Material Handling UK Limited.

The contract is required to support NWSSP Supply Chain, Logistics and Transport warehouse operations across Denbigh, Bridgend, Picketston and Newport National Distribution Centre. Material Handling Equipment is essential to the safe and efficient operation of warehouse and distribution activity, including goods receipt, storage, picking, loading and movement of stock.

2. CURRENT POSITION

Background

NWSSP Supply Chain, Logistics and Transport require a structured and compliant contract route for the lease, short-term hire and maintenance of Material Handling Equipment. The scope includes equipment such as powered pallet trucks, reach trucks, counterbalance forklifts, order picking equipment, scrubber dryers and related equipment.

The Agreement also allows NWSSP to access short-term hire, service and maintenance support for Authority-owned equipment and training services where these are operationally or commercially advantageous. The contract will be demand-led, with no guaranteed minimum volumes or minimum spend.

Procurement process

The requirement was procured through an open competitive procedure in accordance with the Procurement Act 2023.

The opportunity was published on eTenderWales on 4th February 2026. The original tender submission deadline of 5th March 2026 was extended to 1st April 2026 to allow bidders additional time to submit a response. The opportunity was also advertised through the relevant public procurement notice routes to support transparency, equal treatment and open market access.

Sixteen potential suppliers accessed the tender documentation. One tender response was received from Toyota Material Handling UK Limited.

Evaluation outcome

The tender was evaluated in accordance with the published Most Advantageous Tender award criteria:

Qualification – Pass / Fail
Technical Stage 1 – Pass / Fail
Technical Stage 2 – 40%
Commercial – 60%

Toyota Material Handling UK Limited passed the qualification and mandatory technical requirements and progressed to the scored evaluation.

Toyota achieved a weighted technical score of 25% out of the available 40% and achieved the full commercial score of 60%, resulting in a total combined score of 85%. Toyota Material Handling UK Limited was therefore the highest ranked compliant tender and is recommended for award.

Financial position

The estimated annual value of the contract is £208,000 excluding VAT. This figure has been calculated using the previous 12 months' expenditure on Material Handling Equipment lease, short-term hire, maintenance and associated requirements.

The estimated value over the initial three-year term is £624,000 excluding VAT. If both optional one-year extensions are utilised, the maximum estimated value will be £1,040,000 excluding VAT.

This value is an estimate only and does not represent a commitment to spend. The Agreement is demand-led and there are no guaranteed minimum volumes. Orders will only be placed where there is an identified operational requirement, approved budget and confirmation that the order is within the scope and pricing of the Agreement.

Contract term

The proposed contract term is:

Initial Term: 01/09/2026 – 31/08/2029
Extension One: 01/09/2029 – 31/08/2030
Extension Two: 01/09/2030 – 31/08/2031

The maximum total contract term is five years.

3. GOVERNANCE AND RISK ISSUES

Governance

The current approval timetable is:

SSPC meeting: 16th July 2026
Velindre Trust Board meeting: 30th July 2026

Following receipt of the required Velindre and Welsh Government approvals, NWSSP will issue the required assessment summary to the assessed supplier and publish the UK6 Contract Award Notice. Publication of the UK6 Contract Award Notice will commence the applicable standstill period.

Subject to there being no successful challenge during the standstill period, NWSSP will proceed to enter into the Agreement with the successful supplier. Following contract signature, the required UK7 Contract Details Notice will be published in accordance with the Procurement Act 2023 requirements and within the applicable statutory timeframe.

Risk

The overall risk is assessed as Medium.

A single tender response was received. This risk is mitigated by the fact that the requirement was advertised through an open procedure using the published notice route, allowing the wider market the opportunity to bid.

An initial Dun & Bradstreet report identified a supplier financial standing concern during the qualification stage. A further Dun & Bradstreet report was subsequently run on 3rd July 2026, which confirmed an improved failure score of 56, representing a low to moderate risk of severe financial stress.

The difference between the initial and updated reports is understood to be due to a timing issue with Dun & Bradstreet's records, as Toyota Material Handling UK Limited's latest filed accounts had not been reflected in the Dun & Bradstreet assessment at the time of the previous check. The updated score is above the NWSSP recommended exclusion threshold and the supplier financial standing position is not considered to prevent award. Supplier performance and financial standing will continue to be monitored throughout the Agreement.

Equipment availability and operational downtime are also risks. These will be managed through agreed service and maintenance arrangements, response times, replacement equipment where required, contract review meetings and KPI monitoring.

Mobilisation across multiple sites will be managed through phased implementation, site-level engagement, agreed delivery plans, asset registers and clear communication between Toyota, NWSSP Supply Chain, Logistics and Transport and warehouse management.

Health, safety and statutory compliance will be managed through the supplier's obligation to comply with all relevant requirements. Compliance will be monitored through inspection records, service reporting and contract review meetings.

4. CONCLUSION

The procurement has been undertaken through an open competitive procedure in accordance with the Procurement Act 2023. Toyota Material Handling UK Limited submitted the highest ranked compliant tender and is recommended for award.

The proposed Agreement will provide NWSSP Supply Chain, Logistics and Transport with a compliant and structured route for the lease, short-term hire and maintenance of Material Handling Equipment across Denbigh, Bridgend, Picketston and Newport National Distribution Centre.

The Agreement will support operational continuity, equipment standardisation, improved asset visibility, planned maintenance, health and safety compliance and cost control. The contract is demand-led and spend will be controlled through approved purchase orders from existing NWSSP Supply Chain, Logistics and Transport operational budgets.

Award of the Agreement remains subject to receipt of the required Velindre and Welsh Government approvals, completion of the applicable standstill period and publication of the required procurement notices.

5. RECOMMENDATION

The Committee is asked to:

- **APPROVE** the recommendation to award Contract SSP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance to Toyota Material Handling UK Limited

- **APPROVE** the maximum estimated contract value of £1,040,000 excluding VAT over the full five-year term, inclusive of the initial three-year term and both optional one-year extensions

- **NOTE** that the Agreement is demand-led, with no guaranteed minimum spend or minimum equipment volumes and that all expenditure will be controlled through approved purchase orders

- **NOTE** the risks identified within the Procurement Outcome Report, including the single tender response, equipment availability, mobilisation and contract management risks, together with the associated mitigations. Also note that the initial supplier financial standing concern has been reassessed following an updated Dun & Bradstreet report, which confirmed an improved failure score above the NWSSP recommended exclusion threshold.

- **NOTE** that no award, contract execution or purchase order will be progressed until all required internal approvals, Velindre approvals, Welsh Government approval or confirmation to proceed, standstill obligations and procurement notice requirements have been completed.

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GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau Gwasanaethau Caffael

Shared Services Partnership Procurement Services

PROCUREMENT OUTCOME REPORT

MATERIAL HANDLING EQUIPMENT LEASE, HIRE AND MAINTENANCE

SSP-FTS-60006

Docusign Envelope ID: C362B812-D2C3-8D1C-8244-AC7826694352

Agreement Type ***Framework/Contract***	Contract
Brief Agreement Description	Provision of a comprehensive, fully managed solution for the lease, short-term hire and maintenance of Material Handling Equipment (MHE) for NWSSP Supply Chain, Logistics and Transport, including optional service and maintenance support for Authority-owned MHE and optional training services.
Agreement Duration Initial Term and Extension Option	Three (3) year initial term with the option to extend by two (2) further periods of twelve (12) months.
Contract Dates ***Initial Term & Extension Option***	**Initial Term:** 01/09/2026 – 31/08/2029 **Extension One:** 01/09/2029 – 31/08/2030 **Extension Two:** 01/09/2030 – 31/08/2031
Planned / Unplanned	Planned
No. of Tenders Issued	Open Procedure
No. of Tenders Received	One (1)
Annual Value of Current Agreement	N/A - No current single agreement
Annual Value of New Agreement	£208,000 (ex VAT)
Total Value of New Agreement ***Including Extensions***	**Initial Term:** £624,000 (ex VAT) **Extension One:** £208,000 (ex VAT) **Extension Two:** £208,000 (ex VAT) **Total:** £1,040,000 (ex VAT)
Savings / Increase ***Cash Releasing*** ***Cost Avoidance*** ***Cost Pressure***	N/A – Demand-led requirement
Lead Body LHB or Trust	NHS Wales Shared Services Partnership
Impact of Change	Risk Identified - Medium

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Docusign Envelope ID: C362B812-D2C3-8D1C-8244-AC7826694352

1. Product / Market Overview

This procurement is for the lease, short-term hire and maintenance of Material Handling Equipment (MHE) to support NWSSP Supply Chain, Logistics and Transport operations across Wales. The requirement covers the four regional warehouse sites at Denbigh, Bridgend, Picketston and Newport (NDC).

MHE is essential to the safe and efficient operation of warehouse and distribution activity, including goods receipt, storage, picking, loading and movement of stock. Failure or unavailability of equipment would create operational disruption, reduced throughput and health and safety risk.

The scope includes equipment such as powered pallet trucks, reach trucks, counterbalance forklifts, order picking equipment, scrubber dryers and related equipment. The Agreement also allows NWSSP to access short-term hire, service and maintenance support for Authority-owned equipment and training where this is operationally or commercially advantageous.

The market for MHE is established, with national manufacturers, dealers and rental providers able to supply lease, hire and maintenance solutions. The procurement was structured around clear equipment specifications, service responsiveness, statutory compliance, asset reporting, sustainability and commercial flexibility. No minimum volumes are guaranteed under the Agreement, allowing NWSSP to place orders only where there is a confirmed operational need and budget approval.

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2. Procurement Process

The requirement was procured through an open competitive procedure in accordance with the Procurement Act 2023.

The opportunity was published on eTenderWales on 4th February 2026, with a tender submission deadline of 5th March 2026, this was later extended to 1st April 2026 to allow bidders more time to submit a response. The opportunity was also advertised through the relevant public procurement notice routes to support transparency, equal treatment and open market access.

The contract is for a single supplier award. This approach supports consistency of service, standardisation of equipment, simplified ordering, improved asset visibility and robust business continuity across the NWSSP Supply Chain.

Bidders were assessed on the following Most Advantageous Tender (MAT) award criteria:

Award Criteria	Percentage Weighting
Qualification	Pass / Fail
Technical (Stage 1)	Pass / Fail
Technical (Stage 2)	40%
Commercial	60%

Sixteen (16) potential suppliers viewed and accessed the tender document, with one (1) supplier submitting a bid:

- Toyota Material Handling UK Limited

After the publication of the tender notice, all potential suppliers were able to raise clarification questions until 4th March 2026, later extended to 31st March 2026, following the tender extension. Clarification questions, together with the responses provided, were documented and issued to all bidders via eTenderWales. Ten (10) tender clarifications were received and answered.

3. Evaluation	
Qualification	The qualification evaluation was undertaken by Phil Jones – Procurement Business Manager. During the evaluation, it was noted that Toyota Material Handling UK Limited had a Dun & Bradstreet failure score of 6, which represents a high risk of severe financial stress. NWSSP Procurement recommends excluding suppliers with a score below 30. This position was therefore brought to the attention of NWSSP SCLT for consideration. Following review, NWSSP determined that the risk was sufficiently mitigated by the structure of the Agreement. This is due to the demand-led nature of the Agreement, with no guaranteed minimum spend, orders being placed by approved purchase order only, no advance payment commitment and ongoing supplier performance and financial monitoring throughout the life of the Agreement. Toyota Material Handling UK Limited satisfied all other qualification requirements and was therefore progressed to the technical and commercial evaluations in accordance with the published evaluation methodology.
Evaluation Panel(s)	The evaluation panel included four (4) representatives with relevant operational, warehouse and logistics knowledge from NWSSP SCLT: • Mike Burns – Deputy Head of Supply Chain, Logistics and Transport (North Wales) • Christopher Johns – Regional Supply Chain Manager • Nick Hailes – Supply Chain Area Manager • Rob Watts – Regional Supply Chain Manager – South / South West

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Technical & Commercial Scores	**Technical Evaluation**: Prior to the scored evaluation, the bidder was assessed against the mandatory pass / fail technical requirements of the specification. The bidder was deemed to have submitted compliant responses and was therefore progressed to the scored technical evaluation. The scored technical evaluation was undertaken in accordance with the published evaluation methodology and award criteria. The technical element of the tender accounted for 40% of the overall score, made up of 30% technical quality and 10% social value. SSP-FTS-60006 - Technical Evaluations. Toyota achieved a weighted technical / quality score of 25% out of the available 40%. The evaluation identified that their response met the requirement. **Commercial Evaluation:** The commercial element accounted for 60% of the overall score. Bidders were required to complete a commercial pricing schedule which requested pricing against a basket of goods and services representative of the anticipated requirements under the Agreement. This included pricing for a range of material handling equipment lease, hire and maintenance requirements, enabling the commercial evaluation to be undertaken on a consistent and comparable basis. The basket of goods approach was used for evaluation purposes only and does not represent a guaranteed level of spend or a commitment to purchase all listed items. Actual requirements will be demand-led and ordered as and when required by NWSSP through approved purchase orders. SSP-FTS-60006 - Commercial Evaluatio Toyota Material Handling UK Limited submitted the only commercial response and achieved the full commercial score of 60%. The evaluated commercial basket total was £34,057.48 excluding VAT, based on the submitted pricing schedule.

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	Combined Evaluation: Following completion of the qualification, technical, social value and commercial evaluations, the scores were combined in accordance with the published evaluation methodology. SSP-FTS-60006 - Combined Evaluation. Toyota Material Handling UK Limited achieved a score of 85% and were the highest ranked compliant tender and are therefore recommended for award.

4. Price Benchmarking Information

Direct price benchmarking is limited because only one tender submission was received and the requirement is demand-led, with no guaranteed equipment volumes. The procurement was nevertheless advertised openly and evaluated against a structured commercial pricing schedule, allowing each equipment and service element to be assessed consistently.

Toyota submitted lease pricing for each required equipment type for one (1) to five (5) year lease periods and hire pricing for short-term hire periods. The evaluated commercial basket total was £34,057.48 excluding VAT. This comprised lease pricing of £6,814.08, hire pricing of £18,730.66, service and maintenance pricing for Authority-owned equipment of £4,903.74, and training pricing of £3,609.00. The service, maintenance and training elements are captured for visibility and future use where required, but do not commit NWSSP to purchase those services.

The Agreement will operate against the awarded rate schedule. All spend will be controlled through approved purchase orders, with orders raised only where there is an identified operational requirement and budget approval.

5. Financial Implications

The estimated total value of the Agreement is £1,040,000 (ex VAT) over the maximum five (5) year term, including both extension options.

This value is an estimate and does not represent a commitment to spend. The Agreement is demand-led and there are no guaranteed minimum volumes. Actual expenditure will depend on the number and type of lease, hire, service and training orders placed by NWSSP SCLT during the term.

Orders will be placed through official purchase orders in accordance with NWSSP Standing Financial Instructions and local budget approval processes. No order should be placed unless there is a confirmed operational requirement, approved

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budget and confirmation that the order is within the scope and pricing of the Agreement.

The commercial structure provides NWSSP with a consistent pricing mechanism for planned lease requirements and short-term hire needs, while retaining flexibility to use service / maintenance and training options only where they provide operational or commercial value.

6. Sustainable Procurement

Sustainability formed part of the technical evaluation, including assessment of asset management, reporting, sustainability outcomes, the Well-being of Future Generations (Wales) Act 2015, the Foundational Economy and carbon reduction.

Toyota's proposal included electric material handling equipment across the submitted range, service support, I_Site fleet / truck management functionality, pre-operational checks and reporting tools to support asset visibility, utilisation monitoring, safety and preventative maintenance.

The supplier also provided information on its sustainability approach, including a commitment to reducing environmental impact, use of lower-carbon equipment options such as lithium-ion and fuel cell technology and reference to its sustainability reporting and EcoVadis Platinum level assessment.

The Agreement supports sustainable procurement by enabling NWSSP to standardise equipment, improve utilisation visibility, reduce avoidable downtime, manage equipment lifecycle more effectively and only place orders where there is a confirmed operational requirement.

7. Risks and Mitigations

Risk	Rating	Mitigation
Single tender response	Medium	The requirement was advertised through an open procedure using the published notice route, allowing the wider market the opportunity to bid.
Supplier financial standing	Medium	The Agreement structure limits NWSSP's financial exposure as there is no guaranteed spend, no advance payment commitment and orders will be placed by approved purchase order only. Supplier performance and financial standing will be monitored

		throughout the Agreement, with further financial assurance sought if required.
Equipment availability and operational downtime	Medium	This will be managed through agreed service and maintenance arrangements, response times, replacement equipment where required, contract review meetings and KPI monitoring.
Mobilisation across multiple sites	Low	This will be managed through phased implementation, site-level engagement, agreed delivery plans, asset registers and clear communication between Toyota, NWSSP SCLT and warehouse management.
Health, safety and statutory compliance	Medium	The Supplier will be required to comply with all relevant health, safety and statutory requirements. Compliance will be monitored through inspection records, service reporting and contract review meetings.

8. Recommendations

It is recommended that approval is granted to award contract SSP-FTS-60006 - Material Handling Equipment Lease, Hire and Maintenance to Toyota Material Handling UK Limited.

The recommended award is for an initial term of three (3) years from 1st September 2026 to 31st August 2029, with the option to extend by two (2) further periods of twelve (12) months, taking the maximum term to 31st August 2031.

The estimated total value of the Agreement is £1,040,000 (ex VAT) over the maximum term. This is an estimated value only and does not create a guaranteed spend commitment. Actual expenditure will be controlled by approved purchase orders and will depend on operational demand.

No award, contract execution or purchase order should be progressed until all required internal approvals, notice requirements and any applicable standstill obligations have been completed.

Docusign Envelope ID: C362B812-D2C3-8D1C-8244-AC7826694352

9. Contract Management

Contract management will be led by NWSSP Supply Chain, Logistics and Transport, supported by NWSSP Procurement Services where required. A named contract manager will act as the primary point of contact and oversee supplier performance, ordering, pricing, service levels and issue resolution.

The supplier will be required to provide appropriate management information and participate in contract review meetings as required. Contract monitoring should include equipment availability, planned preventative maintenance, breakdown response, statutory inspection compliance, replacement equipment, reporting, sustainability and training activity where used.

Any performance issues, pricing queries, scope changes or requests outside the awarded Agreement should be referred to Procurement before any commitment is made.

10. Contract Delivery

The Agreement covers the provision of leased and short-term hired Material Handling Equipment across the Denbigh, Bridgend, Picketston and Newport (NDC) sites. Lease arrangements may be placed for periods between one (1) and five (5) years, subject to the requirements being within the scope, pricing, term and governance of the Agreement. Short-term hire may be used for periods of up to twelve (12) months.

Toyota will provide equipment in accordance with the submitted specifications and agreed pricing schedule. Delivery, mobilisation and transition activity should be coordinated with relevant site leads to minimise operational disruption.

Service and maintenance for Authority-owned equipment and training services may be accessed under the Agreement where NWSSP considers this to be operationally or commercially advantageous. These elements remain optional and must be ordered separately through approved purchase orders.

11. Approvals Process & Next Steps

The Procurement Outcome Report will be subject to the required internal approvals prior to award. This will include sign-off by the end users / evaluation panel to confirm acceptance of the evaluation outcome and recommendation to award. Procurement approval will also be required from the Deputy Head of National Sourcing, Assistant Director of Procurement and Director of Procurement.

Following completion of the internal approval process, the report will be submitted through Velindre governance for the necessary approvals. The current approval timetable is as follows:

Paper deadline: 2nd July 2026
SSPC meeting: 16th July 2026

It should be noted that the Contract Briefing Paper was submitted to Welsh Government for Ministerial Approval on 27th November 2025, but confirmation of approval remains outstanding at the time of writing. Award of the Agreement will remain subject to receipt of the required Welsh Government approval / confirmation to proceed.

Following receipt of the required internal, Velindre and Welsh Government approvals, NWSSP will issue the required assessment summary to the assessed supplier and publish the UK6 Contract Award Notice. Publication of the UK6 Contract Award Notice will commence the applicable standstill period.

Subject to there being no successful challenge during the standstill period, NWSSP will proceed to enter into the Agreement with the successful supplier. Following contract signature, the required UK7 Contract Details Notice will be published within 30 days of entering into the contract in accordance with the Procurement Act 2023.

12. Working Group Members

Name	Title	Organisation
Phil Jones	Procurement Business Manager	NWSSP
Mike Burns	Deputy Head of Supply Chain, Logistics and Transport (North Wales)	NWSSP
Christopher Johns	Regional Supply Chain Manager	NWSSP
Nick Hailes	Supply Chain Area Manager	NWSSP
Rob Watts	Regional Supply Chain Manager – South / Southwest	NWSSP

13. Attachments

Appendix 1 - Toyota Material Handling UK Limited Dun & Bradstreet Report

TOYOTA MATERIAL HANDLING UK LIMITE

14. Contact Information

If you have any issues you wish to discuss, please do not hesitate to contact:

Prepared by	
Name:	Phil Jones
Contact Details:	Philip.Jones12@wales.nhs.uk
Date:	29/06/2026
Reviewed by	
Signed:	
Name:	Ian Emptage
Role:	Deputy Head of National Sourcing
Date:	30/06/2026
Procurement Approval	
Signed:	
Name:	Andrew Smallwood
Role:	Assistant Director of Procurement
Date:	30/06/2026
Procurement Approval	
Signed:	FW_ SSP-FTS-60006 - Material Handling Ec
Name:	Jonathan Irvine
Role:	Director of Procurement
Date:	01/07/2026

15. Acceptance

Please confirm your acceptance to participate in this procurement and your agreement to the proposal either by signing and returning this Procurement Outcome Report. NB. Your prompt response to this document is critical to maintain agreed timelines.

Agreement to participate:

I confirm acceptance of the outcome detailed in this report, and that the expenditure has an identified budget and will not cause any financial pressure which could result in the Organisation not delivering its financial breakeven duty.

NHS Wales Shared Services Partnership	Signed:	RE_ SSP-FTS-60006 - Material Handling Equ

CONFIDENTIAL

	Name:	Mike Burns
	Role:	Deputy Head of Supply Chain, Logistics and Transport (North Wales)
	Date:	30/06/2026
NHS Wales Shared Services Partnership	Signed:	RE_ SSP-FTS-60006 - Material Handling Equ
	Name:	Christopher Johns
	Role:	Regional Supply Chain Manager
	Date:	30/06/2026
NHS Wales Shared Services Partnership	Signed:	RE_ SSP-FTS-60006 - Material Handling Equ
	Name:	Nick Hailes
	Role:	Supply Chain Area Manager
	Date:	30/06/2026
NHS Wales Shared Services Partnership	Signed:	RE_ SSP-FTS-60006 - Material Handling Equ
	Name:	Rob Watts
	Role:	Regional Supply Chain Manager – South / Southwest
	Date:	30/06/2026
NHS Wales Shared Services Partnership	Signed:	Alison Ramsey
	Name:	Alison Ramsey
	Role:	Director of Finance & Corporate Services
	Date:	01-Jul-26
NHS Wales Shared Services Partnership	Signed:	Neil Frow
	Name:	Neil Frow
	Role:	Managing Director Shared Services
	Date:	01-Jul-26

CONFIDENTIAL

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting: 16 July 2026**

The report is not Exempt	
Teitl yr Adroddiad/Title of Report:	
NWSSP Annual Review 2025-2026	
ARWEINYDD/ LEAD:	Alison Ramsey, Director of Finance & Corporate Services
AWDUR/ AUTHOR:	Roxann Davies, Corporate Services Manager
SWYDDOG ADRODD/ REPORTING OFFICER:	Alison Ramsey, Director of Finance & Corporate Services
MANYLION CYSWLLT/ CONTACT DETAILS:	Alison.Ramsey@wales.nhs.uk
Pwrpas yr Adroddiad/ Purpose of the Report:	
To present the NWSSP Annual Review 2025-26 to the Committee for **APPROVAL**, in accordance with the requirements of the SSPC Standing Orders, following endorsement by the NWSSP Senior Leadership Group at its formal meeting in May 2026.	
Llywodraethu/Governance:	
Amcanion/ Objectives:	The Annual Review supports delivery of NWSSP's strategic objectives by demonstrating how the organisation delivers value for NHS Wales, strengthens and develops services, supports and recognises its people, and responds to the needs of customers and partners. It provides an overview of performance, improvement, innovation and assurance across 2025-26, evidencing NWSSP's contribution to high-quality, efficient and sustainable shared services for NHS Wales.
Tystiolaeth/ Supporting evidence:	The Annual Review is supported by performance information, service achievements, improvement activity, case studies, financial reporting, workforce information, and governance and assurance content covering the period 1 April 2025 to 31 March 2026. It reflects the contribution made across NWSSP and provides evidence of progress against the organisation's strategic objectives, including the value delivered to NHS Wales, the development and

	performance of services, the support provided to our people, and the benefits realised for customers and partners.

Ymgynghoriad/Consultation:							
The NWSSP Annual Review 2025-26 was considered and endorsed by the NWSSP Senior Leadership Group at its formal meeting in May 2026.							
Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	✓	**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	
Argymhelliad/ Recommendation:	The Committee is asked to **APPROVE** the NWSSP Annual Review 2025-26, in accordance with the requirements of the SSPC Standing Orders, prior to final design formatting, translation and publication.						

Crynodeb Dadansoddiad Effaith/ Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth:/ Equality and diversity:	The NWSSP Annual Review 2025-26 includes a specific section in relation to Equality, Diversity and Inclusion.
Cyfreithiol/ Legal:	As a non-statutory hosted body, NWSSP does not have a statutory duty to prepare an Annual Report and therefore as a matter a good governance and best practice, opts to create an Annual Review to provide assurance to its customers, partners, and hosting organisation. This requirement is included in the Standing Orders for the SSPC.
Iechyd Poblogaeth/ Population Health:	Projects, programmes and initiatives covered in the case studies and achievements sections can be linked to population health and the wider well-being goals. There is a specific section on Well-being.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Whilst there is no direct link to patients, the Duty of Quality features as a key theme throughout the document, incorporating Health and Safety and staff experience.
Ariannol/ Financial:	There is a specific section relating to financial reporting in the Financial Management of the Budget section.
Risg a Aswiriant/ Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Dyletswydd Ansawdd / Duty of Quality:	The Annual Review evidences the Duty of Quality through the enabling actions of leadership, culture, engagement, learning, improvement and whole-system working. It also demonstrates

	alignment with the domains of safe, timely, effective, efficient, equitable and person-centred care, through the services, improvement activity, workforce initiatives and customer-focused outcomes described throughout the document.
Gweithlu/ Workforce:	Workforce is a key theme in this document and there are specific sections reporting on the demographics of Our People, Staff Recognition and Health and Well-being, as well as highlighting key staff-led initiatives and case studies.
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Annual Review 2025-26

1. BACKGROUND

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

The review highlights key areas of performance, progress and improvement made over the period 1 April 2025 to 31 March 2026 and provides an insight into the wide range of support that NWSSP offers to NHS Wales, enabling organisations to focus on the effective local delivery of frontline services.

In developing the 2025-26 publication, NWSSP has sought to strengthen the narrative by incorporating case studies which bring the impact of our services to life through storytelling, illustrating the practical benefits delivered for NHS Wales, our people, customers and partners. The Review has also taken account of feedback received from partners in previous years, with greater emphasis placed on lessons learned, challenges encountered and the actions being taken to support continuous improvement, service transformation and resilience in an increasingly complex operating environment.

A new section on clinical governance has also been included, reflecting the increasing breadth of NWSSP's contribution to quality, safety and assurance across NHS Wales and providing a clearer line of sight between the services delivered by NWSSP and the wider governance, quality and risk environment in which the organisation operates.

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

Overall, the Annual Review provides a balanced and forward-looking account of NWSSP's contribution during 2025-26, bringing together performance, impact, learning and improvement through a transformation lens. It demonstrates how NWSSP continues to adapt, modernise and strengthen its services to deliver value, quality and resilience for NHS Wales in an increasingly complex operating environment. Looking forward, the Review also reinforces NWSSP's commitment to building on this progress, supporting service transformation and continuing to respond to the evolving needs of NHS Wales, our people, customers and partners.

The Annual Review for 2025-26 is attached at **Appendix 1**. Following Committee approval, the Annual Review will be subject to final design formatting and translation into a bilingual Welsh publication and, once both versions are available, published on the NWSSP website.

2. RECOMMENDATION

The Committee is asked to **APPROVE** the NWSSP Annual Review 2025-26, prior to final design formatting, translation and publication.

Annual Review
2025-2026

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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Note for Graphic Designer: Please update contents page with interactive bookmarks and page numbers once the design element is finalised.

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NHS Wales Shared Services Partnership
Annual Review 2025–26

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Delivering Value, Innovation and Excellence through Partnership

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Heol Billingsley,
Parc Nantgarw,
Cardiff,
CF15 7QZ

Managing Director And Chair's Introduction

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2025-26. 2025–26 has been a significant year for us as we marked fifteen years of supporting NHS Wales with nationally delivered specialist services, celebrating our role in driving value, innovation and partnership working. Over this period, we have grown significantly in both scale and the range of services we provide, with services supporting the majority of NHS Wales expenditure. This year also marks the 30-year anniversary of Legal & Risk Services in NHS Wales.

Throughout the year, we continued to play a vital role in enabling the health system to function effectively, delivering high-quality services at scale, responding to national priorities, and supporting partners during a period of sustained operational, financial and workforce pressure. Across all services, we have maintained a clear focus on quality, safety, value and resilience, delivering major national programmes, strengthening governance and assurance arrangements, progressing significant capital and digital investment, and supporting organisations through complex and evolving challenges. This included delivery of £58.3m savings through our national procurement team, 936,000 vaccinations delivered through our logistics and vaccination programmes, continued progress on the Transforming Access to Medicines Service (TrAMS) and strong performance against our decarbonisation and adaptation objectives. Alongside this, we continued to demonstrate strong financial stewardship, operational grip and system leadership, underpinned by a commitment to partnership working and continuous improvement.

We also continued to strengthen our professional influence, supporting NHS Wales through specialist advice, shared learning and the development of high-quality standards and practice across services. This extends the benefits of a national shared service partnership approach beyond direct delivery, helping to build capability and resilience across the wider system. In addition, we enabled value to be reinvested in frontline care through the distribution of £6m cash savings back to NHS Wales organisations.

During the year, the Welsh Government commissioned an independent review of NWSSP's governance and accountability arrangements, in line with the ambitions of *A Healthier Wales* and wider system reform. The review provided assurance that the organisation's governance framework is fundamentally sound and supports effective decision-making, clear accountability and robust risk management. It also recognised the challenge of balancing the need to strengthen governance arrangements while maintaining organisational stability and continuity of delivery during a period of wider system pressure and change.

The work delivered during 2025–26 reflects the professionalism, expertise and dedication of our people. Our staff have worked collaboratively with partners, customers and key stakeholders to deliver practical solutions that improve consistency, efficiency and outcomes across NHS Wales. This has been complemented by sustained stakeholder engagement; recognition of staff contribution through awards, celebrations and formal sources of assurance such as accreditations and independent audits. We have continued to invest in organisational development, well-being and sustainability, including our Health and Well-being Annual Conference. Staff sickness levels remain stable and on a downward trajectory, with performance consistently below NHS Wales and wider public sector benchmarks, demonstrating sustained improvement and effective management of both long and short-term sickness.

Marking our 15-year anniversary provided an important opportunity to reflect on how far the organisation has come and to reaffirm our commitment to improving services, strengthening partnerships and giving our very best to NHS Wales.

We also made several senior leadership appointments to support continuity, resilience and the continued delivery of complex national programmes, while ensuring the organisation remains well placed to respond to future priorities. This included the appointment of Laura-Jayne Keating as Director of Pharmacy Technical Services and Dr Martin Edwards as Medical Director.

2025–26 also marked the conclusion of Tracy Myhill OBE's tenure as Chair of NWSSP, following four and a half years of outstanding service. During her time with the organisation, Tracy provided confident, values-driven leadership, guiding NWSSP through periods of significant change and challenge, including organisational growth, system reform and increased national expectations. Her tenure was characterised by a strong focus on governance, partnership working, staff engagement and the importance of compassionate, inclusive leadership. NWSSP is grateful for her commitment, insight and contribution, which have left a legacy for the organisation and the wider NHS Wales system.

As we look ahead, the organisation remains committed to building on the foundations established over the past fifteen years. The achievements demonstrate both the scale of our contribution and its importance as a trusted national partner, supporting NHS Wales to meet current demands while preparing for the challenges and opportunities ahead.

Neil Frow OBE

NWSSP Managing Director

Tracy Myhill OBE

NWSSP Chair

NWSSP At A Glance

Note for Graphic Designer: Please create a section divider using genuine photographs from NWSSP events and real NWSSP staff, rather than stock imagery. This is just a placeholder.

NWSSP Partneriath Cydwasanaethau
Shared Seevices Partnership

Our Year in Numbers

NWSSP delivers a wide range of high-quality professional, technical and administrative services for and on behalf of NHS Wales, also working with the wider public services, including Welsh Government. This is a snapshot of the scale, value and impact of our services during 2025–26.

Note for Graphic Designer: Please make this an infographic utilising information below:

During 2025-26, total expenditure was £1.155bn. £452m was spent on pay costs, £266m on non-pay costs and £438m was Welsh Risk Pool Expenditure.

Continued reinvestment of savings for the benefit of NHS Wales

£6m savings distributed to NHS Wales partners and Welsh Government

3,640 ready-to-use injectable medicines prepared for critical care and cancer services

£39.5m in total cash-releasing savings achieved through medicines procurement

More than 85,834,011 prescriptions processed

36,095,285 prescription forms scanned

More than 2.04 million invoices processed, with a value of almost £9.3bn

More than 29,892,539 items of laundry handled

More than 1,746,544 payslips processed

19,712 conditional recruitment offers issued

423,805 miles travelled in electric fleet vehicles

112,339 miles travelled in plug-in hybrid electric vehicles (PHEV)

130 metric tonnes of CO2e saved through the use of electric vans, compared with equivalent diesel vans

936,000 vaccinations delivered through our logistics and vaccination programmes

241,167,770 items of Personal Protection Equipement (PPE) were delivered

£333m in professional influence savings achieved, of which:

- *Specialist Estates Services generated savings of £4.2m*
- *Specialist Estates Services' Building for Wales generated savings of £1.2m*
- *Procurement Services generated savings of £16.9m*
- *Procurement Services' Pharmacy team generated savings of £33.4m*
- *Procurement Services achieved cost avoidance savings of £18.3m*
- *Legal & Risk Services generated savings of £244.7m*
- *Accounts Payable generated savings of £12.4m*
- *The Oxygen Finance Priority Supplier Programme generated savings of £0.6m*
- *Counter Fraud Services generated savings of £0.9m*
- *The National Procurement Team achieved savings of £58.3m*

Our Services

NWSSP delivers a comprehensive portfolio of services that support the delivery of safe, effective and efficient healthcare across NHS Wales. These services, set out below, span operational, clinical support and assurance functions, providing national consistency, specialist expertise and economies of scale to Welsh Health Boards, Trusts and Special Health Authorities. Collectively, they play a critical role in strengthening governance, enabling service delivery and supporting improved outcomes for patients and the public.

Delivery of these services is underpinned by NWSSP's corporate directorates, Finance and Corporate Services, People and Organisational Development, and Planning, Performance and Informatics, which provide the essential infrastructure, capability and oversight required to ensure a cohesive, high-performing organisation. Together, this integrated model enables NWSSP to deliver sustainable value and continuous improvement for NHS Wales.

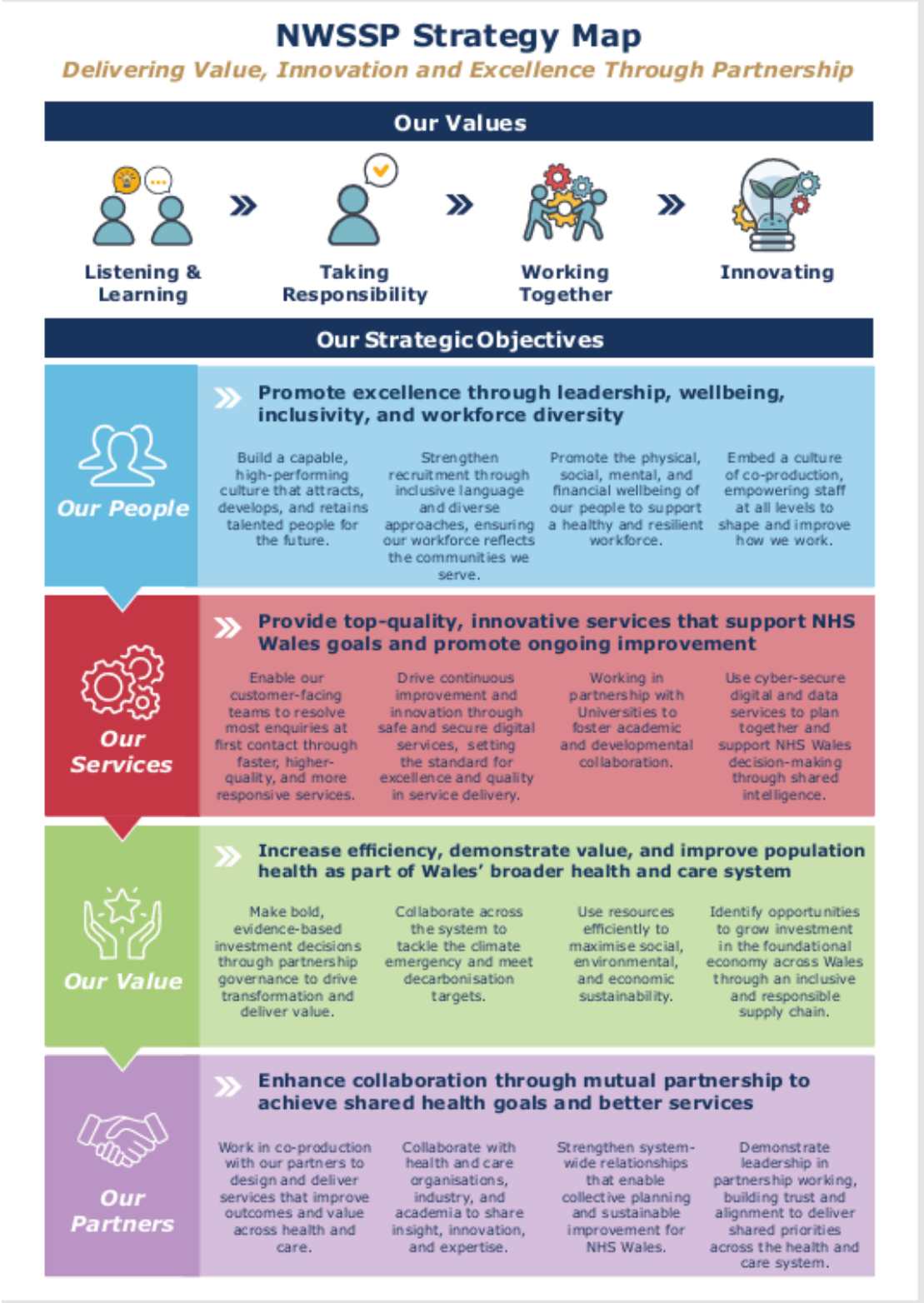
During 2025-26, work continued to embed Laundry Services and Medical Examiner Services within NWSSP, alongside the continued expansion of Pharmacy Technical Services and progression of the associated Transforming Access to Medicines Services (TrAMS) programme and Radiopharmacy. Focus also broadened to securing business-as-usual efficiencies across other areas of the organisation, ensuring that service integration, transformation and operational value were advanced in parallel.

Note for Graphic Designer: the below/overleaf map of Our Services to be taken from the source document of the NWSSP IMTP 2026-29 – please recreate but leave out Finance and Corporate Services, People and Organisational Development, and Planning, Performance and Informatics as per narrative above they are supporting divisions of NWSSP.

NWSSP Strategy Map

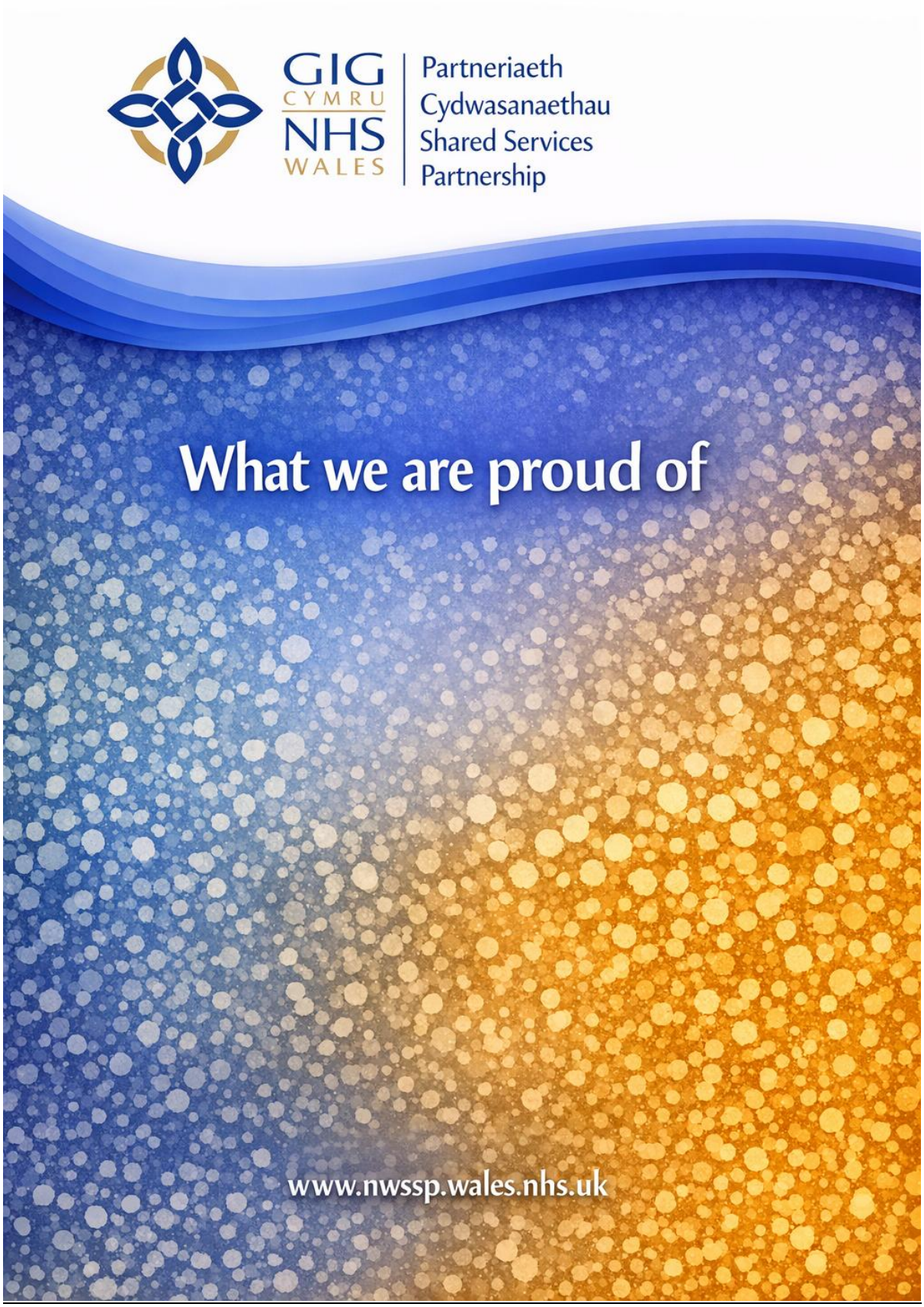
The NWSSP Strategy Map provides a clear line of sight between the organisation's values, its strategic objectives and the delivery of services to NHS Wales, setting out how value, innovation and excellence are achieved through partnership. During 2025–26, the Strategy Map was further strengthened through enhancements to the *Our Partners* objective, reinforcing NWSSP's commitment to collaboration, co-production and system leadership, and ensuring a continued focus on building strong, effective partnerships to support the delivery of high-quality, sustainable services and improved outcomes for NHS Wales.

Note to Graphic Designer: to add in from the source document- the NWSSP IMTP 2026-29.



What We Are Proud Of

Note to Graphic Designer: Please create a section divider using genuine photographs from NWSSP events and real NWSSP staff, rather than stock imagery. This is just a placeholder.



Achievements – Case Studies

Note to Graphic Designer: See source document NWSSP IMTP 2026-26 and please include hyperlinks to ensure interactive.

Achievements, Innovation and Case Studies

Case Studies aligned with our strategic objectives:

Our Value

- Delivering Decarbonisation innovations across NWSSP: Achievements and impact 2024-2025
- Primary Care Workforce Intelligence System Phase 1
- Pandemic Personal Protective Equipment (PPE) Stockpile
- Assisting in the development of an overpayment of salary policy for NHS Wales

Our Services

- Keeping Wales Safe: National NHS Wales Influenza Vaccination Procurement and Distribution Programme 2025
- Laundry services 'Shift West' to maximise efficiencies whilst delivering financial and environmental benefits
- Establishing a pharmacy environmental microbiology service to support Transforming Access to Medicines (TRAMS)

Our Partners

- Development of an All Wales Translation Memory System
- Pathway to Partnership Programme and GP ST3 Training – Property training support
- National Insourcing Procurement for Outpatient first appointments – Making a difference for Patients in Wales

Our People

- Launching our new People & Culture Consultancy Service
- The launch of "Work in Confidence": A Platform for Anonymous Speaking Up

Highlights from 2025-26

Note to Graphic Designer: Please make a visually engaging infographic.

New Science Manufacturing Technician Role Introduced

- A new aseptic processing qualification established a new technical role, strengthening pharmacy workforce capability in Wales.

New Legal Case Management System Launched

- A digital system was introduced to improve efficiency, automation and oversight across Legal & Risk Services.

Radiopharmacy Investment and Ministerial Visit

- A £7.5m Radiopharmacy facility at IP5 was announced, enhancing capacity to deliver specialist medicines and improve patient outcomes.

National Engagement at Urdd Eisteddfod

- NWSSP promoted NHS Wales careers and services at the Urdd, strengthening engagement and partnership working.

Welsh Government Recognition for Decarbonisation

- Positive ratings were received from Welsh Government for progress on decarbonisation and adaptation activities.

Progress on Transforming Access to Medicines (TrAMS)

- Approval of the South East Wales Hub business case advanced plans to modernise medicines manufacturing.

Energy-efficient Laundry Upgrades

- Investment in new dryers improved environmental performance and operational efficiency.

Counter Fraud Partnership Strengthened

- A formal agreement with South Wales Police enhanced collaboration to prevent and investigate fraud.

Supporting Employment Through Partnership

- Collaboration with Serco supported individuals into NHS roles, strengthening workforce supply and inclusivity.

Increasing Outpatient Capacity Through Insourcing

- A national procurement initiative enabled 164,000 appointments, improving access and reducing waiting times.

GP Property Management Training Delivered

- Training supported GPs in understanding estates and contractual responsibilities within primary care.

Positive Audit Wales Findings on GP Lists

- Audit Wales confirmed strong controls and accuracy in managing GP patient lists, with no significant fraud concerns.

Targeted Capital Funding Delivered Key Improvements

- Additional Welsh Government capital funding was utilised to deliver a range of targeted investments across estates, digital infrastructure, and operational equipment, including facilities upgrades (e.g. IP5, Laundry and Radiopharmacy), TrAMS development, decarbonisation initiatives, and IT refresh programmes, supported in-year by an underspend within the discretionary capital allocation, enabling delivery across multiple priority schemes.

Hosted an Autumn Committee Development Day

- Members agreed to strengthen the strategic framework by introducing a fourth strategic objective focused on Our Customers, reinforcing the organisation's commitment to service quality and stakeholder outcomes.

Certifications and External Assurance

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

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

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

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

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

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

Awards and Recognition

Across the reporting period, NWSSP has demonstrated a strong and consistent focus on recognising excellence, celebrating staff contributions, and achieving external acknowledgement for its services and people.

Internally, the organisation's Staff Recognition Awards programme remains a central mechanism for celebrating achievement. Annual awards ceremonies were held to recognise outstanding contributions across categories such as innovation, leadership, teamwork, and long service, with events delivered both virtually and through a series of in-person ceremonies across regional sites to personally acknowledge winners. The programme continues to play a significant role in reinforcing organisational values, with high levels of engagement evidenced through substantial nomination submissions and ongoing promotion of categories reflecting leadership, inclusion, sustainability, and outstanding contribution.

This internal recognition has been complemented by broader organisational celebration activity, including preparations to mark NWSSP's 15-year anniversary in April 2026. This milestone provides an opportunity to reflect on the organisation's achievements and recognise the contribution of staff over time, with colleagues invited to share stories and milestones to support this commemoration. In addition, wider engagement events such as the Health and Well-being Conference have reinforced recognition of staff contribution in terms of well-being, inclusion and engagement, demonstrating a continued commitment to valuing staff beyond formal awards structures.

Externally, NWSSP has secured significant recognition across a wide range of regional, national and sector-specific awards. The organisation has been consistently shortlisted across multiple high-profile award programmes, including the NHS Wales Sustainability Conference and Awards, Shared Services Forum UK Future Vision Awards, NHS Wales Awards, Ystadau Cymru Awards and the St David Awards. These nominations span a broad range of categories, recognising excellence in areas such as sustainable procurement, capital project delivery, innovation, social value, service delivery, estates management, and cross-sector collaboration.

Notable success has also been achieved, including an award win for Best Sustainability Network/Community for work delivered through the Welsh Health Environmental Forum. Further external recognition includes success at the Health Care Supplies Association awards, where Procurement Services secured multiple accolades, including category wins and several highly commended awards across logistics, sustainability, procurement excellence and innovation.

Recognition has also extended to individual staff and specialist teams. This includes an Innovator's Award received at the FISCAL Technologies Empower customer forum in recognition of contributions to improving digital systems and processes. National recognition was also captured through a Diabetes Award for a staff member's contribution to diabetes care, through procurement leadership. In addition, teams across NWSSP have been shortlisted for sector-leading awards, including the LexisNexis Legal Awards, recognising high performance, service improvement, innovation, and impact within Legal & Risk and Welsh Risk Pool services. Individual nominations have also been secured for national professional awards, reflecting leadership and excellence in workforce and people management.

Further achievement has been reflected through benchmarking and accreditation, including the award of a Bronze TIDE Award from the Employers Network for Equality and Inclusion, recognising progress in equality, diversity and inclusion practice. NWSSP has also successfully maintained its Customer Service Excellence accreditation, demonstrating a sustained commitment to high-quality service delivery and continuous improvement, supported by positive external feedback.

Collectively, these achievements demonstrate sustained organisational recognition across multiple domains, including people, services, sustainability, innovation and leadership. This breadth of internal and external recognition highlights the impact of NWSSP across NHS Wales and the wider public sector, while reinforcing a strong organisational culture that values, celebrates and recognises the contribution of its people at all levels.

Staff Recognition

NWSSP held its Annual Staff Recognition Awards on 13 January 2026, provided an opportunity for the Senior Leadership Group to formally acknowledge the incredible commitment, dedication and professionalism of all our staff. This was the tenth annual event, and fifth held virtually, celebrating the commitment and hard work of individuals and teams who have gone above and beyond in their roles, ensuring the delivery of high-quality services across NHS Wales. Staff were recognised in a variety of categories, with each recipient demonstrating exceptional dedication and excellence in their respective fields, contributing significantly to the overall success and efficiency of NWSSP.

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

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

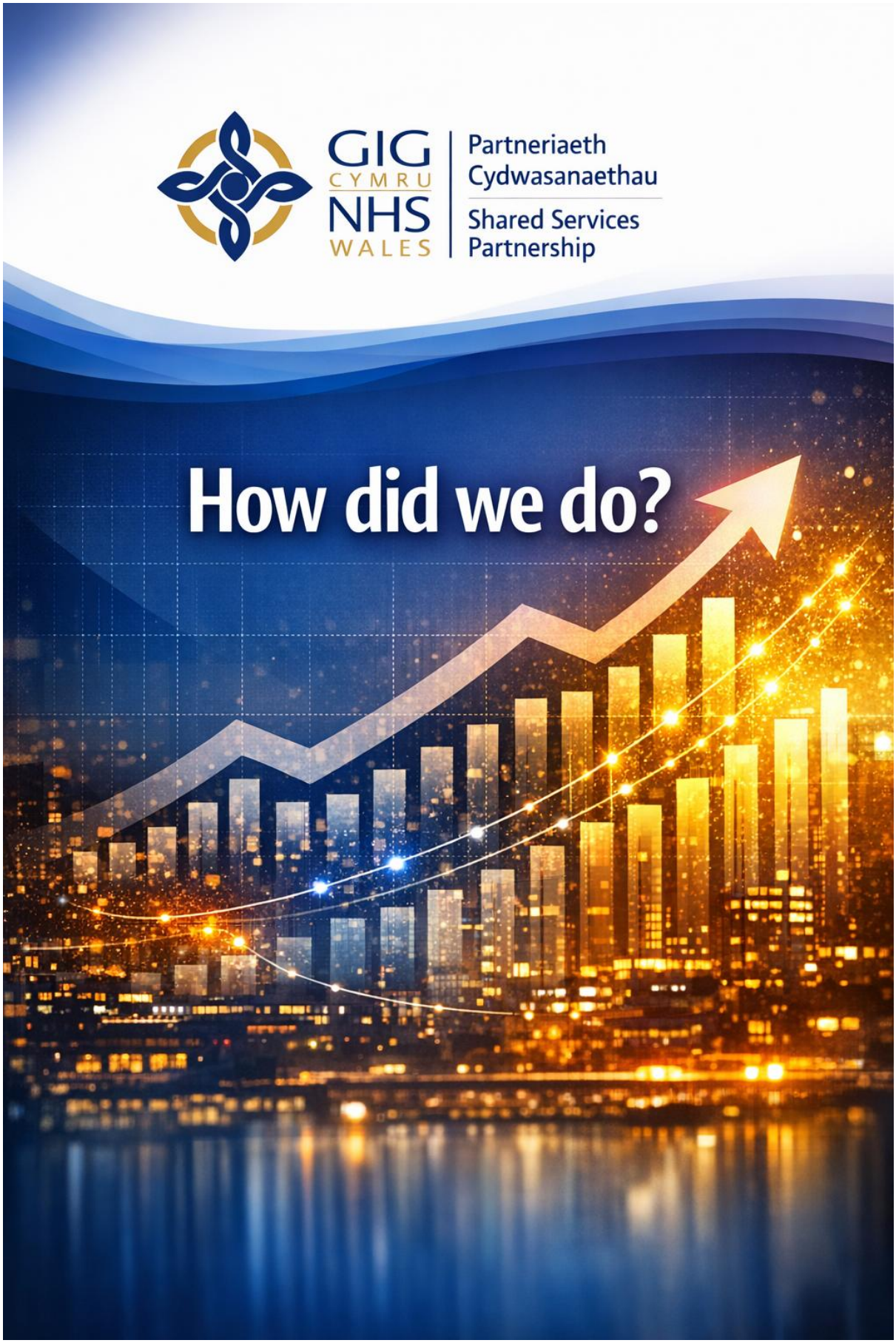
The ceremony was held virtually via Microsoft Teams, allowing staff from various locations to participate and celebrate together, regardless of their geographical location. Additionally, the event was screened across various NWSSP sites, ensuring that everyone had the opportunity to join in the celebrations.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

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

Note for Graphic Designer: Example below but please use real photos here of Staff Awards Recognition Ceremony In-Person Events please.

How Did We Do?

Note for Graphic Designer: Please create a section divider using genuine photographs from NWSSP events and real NWSSP staff, rather than stock imagery. This is just a placeholder.



Key Performance Indicators

The table below outlines our key performance indicators and targets for the financial reporting period from 1 April 2025 to 31 March 2026. Where targets have not been met, an explanation has been provided.

During the financial year, there has been significant development of Outcome-Based Reporting with members of the Shared Services Partnership Committee. The outcome-focused report marks a strategic shift towards measuring the impact and value of services alongside traditional performance measures. This approach aligns performance data more closely with our outcomes and our strategic objectives.

Audit and Assurance

Audits are delivered for each Audit Committee in line with the agreed plan and report turnaround management response to draft a report within 15 days, which measures the performance of turnaround times within the health organisation. The target has been missed at 72% against an 80% target, however, Heads of Audit continually discuss these delays directly with health organisations.

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

Recruitment

There have been improvements in the overall time to hire through the modernisation of processes and the cleansing of older records in the recruitment system. The time to hire was on average for 2025-26 was 63 days, against a target of 71 days for All Wales. However, there are still some improvements that can be made within individual processes of the time to hire journey.

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

NHS Wales has seen a rise in applications for job vacancies, which has affected managers' ability to complete shortlisting within the target timeframe, with 6.5 days against a target of 3. This increase in application volumes reflects continued interest in NHS roles but has also created additional pressure within the recruitment process at the shortlisting stage.

Timeliness in updating interview outcomes has also remained an area for improvement, with 4.1 days against a target of 3, as this stage is dependent on recruiting managers confirming decisions promptly following interviews. Work will continue with health organisations to support more timely updates and improve the overall candidate journey.

Digital Workforce Solutions

Customer satisfaction for 2025-26 was slightly below target, at 94% against a target of 95%. Analysis of the responses indicates that neutral scores, which impacted overall performance, were primarily linked to system-related issues rather than the quality of service delivery.

Key Performance Indicators (KPIs)

Internal KPIs

High Level KPIs and Targets	2025 - 26 Actual	2025 - 26 Target
Finance and Corporate Services		
Balanced financial position	£-9k	Breakeven
Balanced capital financial position	Within CEL*	Within CEL*
Distribution to partners and Welsh Government	£6m	No Target
Non-NHS invoices paid within 30 days (%)	98%	95%
People and Organisational Development		
Staff sickness (%)	3.06%	3.30%
Performance and development review compliance (%)	86%	85%
Statutory and mandatory training compliance (%)	94%	85%
Organisational agency spend compared to total pay spend (%)	0.01%	<0.8%
Recruitment Services NWSSP Organisational KPIs		
Time to hire (days)	56.3	71
Time to approve vacancy (days)	7.8	10
Time to shortlist (days)	6.5	3
Time to update interview outcomes (days)	4.1	3

**CEL – Capital Expenditure Limit*

External KPIs

High Level KPIs and Targets	2025 - 26 Actual	2025 - 26 Target
Professional Influence		
Professional influence benefits	£333m	No Target
Procurement Services		
In-year procurement savings (cash releasing and cost reduction)	£50m	£27m
In-year procurement savings (cost avoidance)	£18m	£4m
Full year procurement savings (includes carry forward)	£58m	£41m
Accounts Payable		
Professional influence benefits (statement reconciliation, priority supplier programme, duplicate payment prevention)	£13m	No Target
All Wales invoices paid within 30 days (%)	96.6%	95%
Employment Services		
NWSSP payroll accuracy	99.96%	99.6%
Overall payroll accuracy (includes Health Organisation errors)	99.83%	99.6%
Payroll calls handled (%)	99%	95%
All Wales Organisational Recruitment Services		
Time to hire (days)	63	71
Recruitment calls handled (%)	99%	95%
All Wales Organisational NWSSP Recruitment Services		
Vacancies advertised within 2 working days of receipt (%)	99.8%	95%
Conditional offer letters sent within 4 working days (%)	99.7%	95%
Student Awards Services		
Student Awards calls handled (%)	98%	95%
NHS bursary applications processed within 20 days (%)	100%	100%
Central Team eBusiness Services		
High priority incidents raised with the Central Team are responded to within 20 minutes	100%	90%
BACS Service Point tickets received before 14:00 will be processed the same working day	100%	95%

Primary Care Services		
Primary Care payments made in accordance with statutory deadlines	100%	100%
Prescription keying accuracy rates	99.73%	99%
Urgent medical record transfers actioned within 2 working days	100%	100%
Patient assignment actioned within 24 hours of receipt of request	100%	100%
Category A Cascade alerts to be issued within 4 hours of receipt	100%	80%
Pharmacy Technical Services		
Complaints received by the Service	0	0
Audit & Assurance Services (June - March 2026)		
Audit Opinions/Annual Reports on track	Yes	Yes
Audits delivered for each Audit Committee in line with agreed plan (excluding External Audits)	92%	80%
Audit Report turnaround fieldwork to draft reporting (10 days)	100%	95%
Audit Report turnaround management response to draft report (15 days)	72%	80%
Audit Report turnaround draft response to final reporting (10 days)	100%	95%
Specialist Estates Services		
Professional Influence Benefits (property management/lease/rates negotiated reductions)	£5.5m	No Target
Legal and Risk Services		
Professional influence benefits (settled claims savings, damages and cost savings)	£245m	No Target
Timeliness of advice acknowledgement - within 24 hours (%)	100%	95%
Timeliness of advice response – within 3 days or agreed timescale (%)	99%	95%
Welsh Risk Pool		
Time from submission to consideration by the Learning Advisory Panel (%)	100%	95%
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee (%)	100%	95%

Holding sufficient Learning Advisory Panel meetings (%)	100%	95%
Surgical Materials Testing Laboratory		
Investigation reports completed within 40 days from receipt into the laboratory (%)	100%	91%
Delivery of audited reports on time (commercial) (%)	100%	92%
Delivery of technical assurance evaluations on time (%)	100%	90%
Digital Workforce Solutions		
Customer satisfaction (%)	94%	95%
Calls handled (%)	95%	85%
All Wales Laundry Services		
Orders dispatched meeting customer standing orders (%)	95%	91%
Customer concerns receive response within 24 hours (%)	100%	100%
Microbiological contact failure points (%)	96%	90%
Medical Examiner Services		
Number of cases referred to Medical Examiner Services (%)	100%	100%
Never events	0	0

Financial Management of Budget

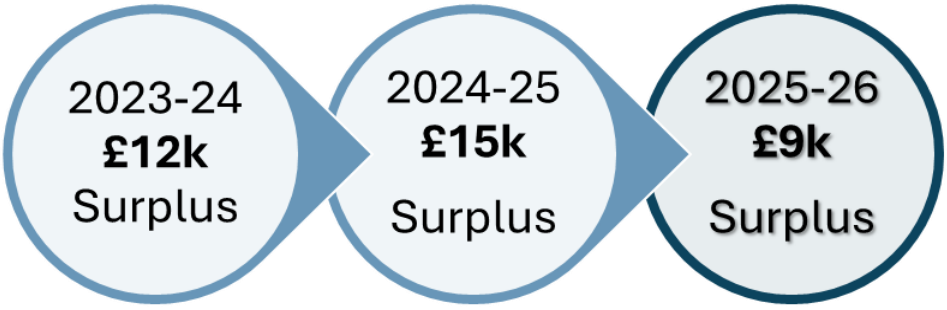
Note: Draft unaudited status until confirmed.

Targets

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

During 2025-26 we achieved all our financial performance targets, exceeded our savings target and were able to distribute £6million of savings to NHS Wales and Welsh Government.

Outturn



Success

- £11.661m Capital Expenditure Limit achieved
- Distribution of savings was £6m
- Achieved target for Public Sector Payment Policy at 98%
- Increased income to £1.155bn
- Breakeven outturn achieved
- 32% reduction in variable pay

NWSSP Income and Expenditure

The income and expenditure for NWSSP during 2025-26 can be summarised as follows:

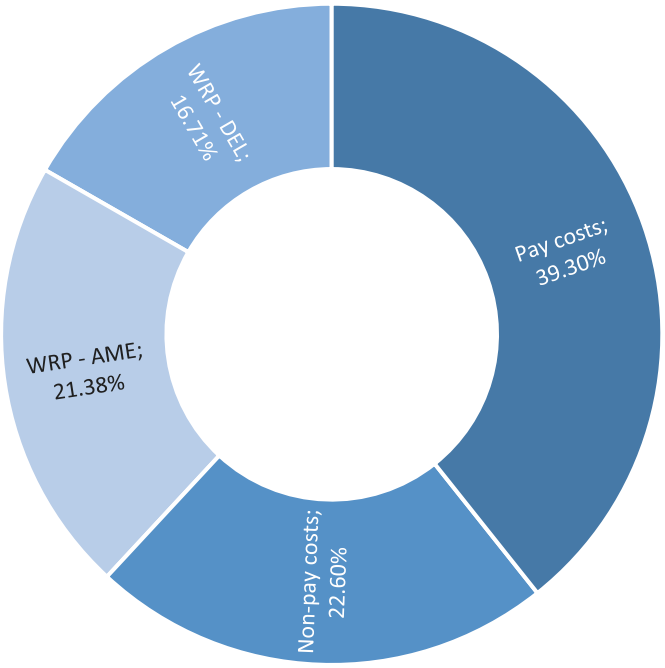
	2025-26 £m	2024-25 £m
Income	1,155.121	891.988
Expenditure	717.313	684.457
Welsh Risk Pool (WRP) – DEL*	192.067	145.011
Welsh Risk Pool (WRP) – AME**	245.732	62.505
Surplus	0.009	0.015

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

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

Revenue Spend

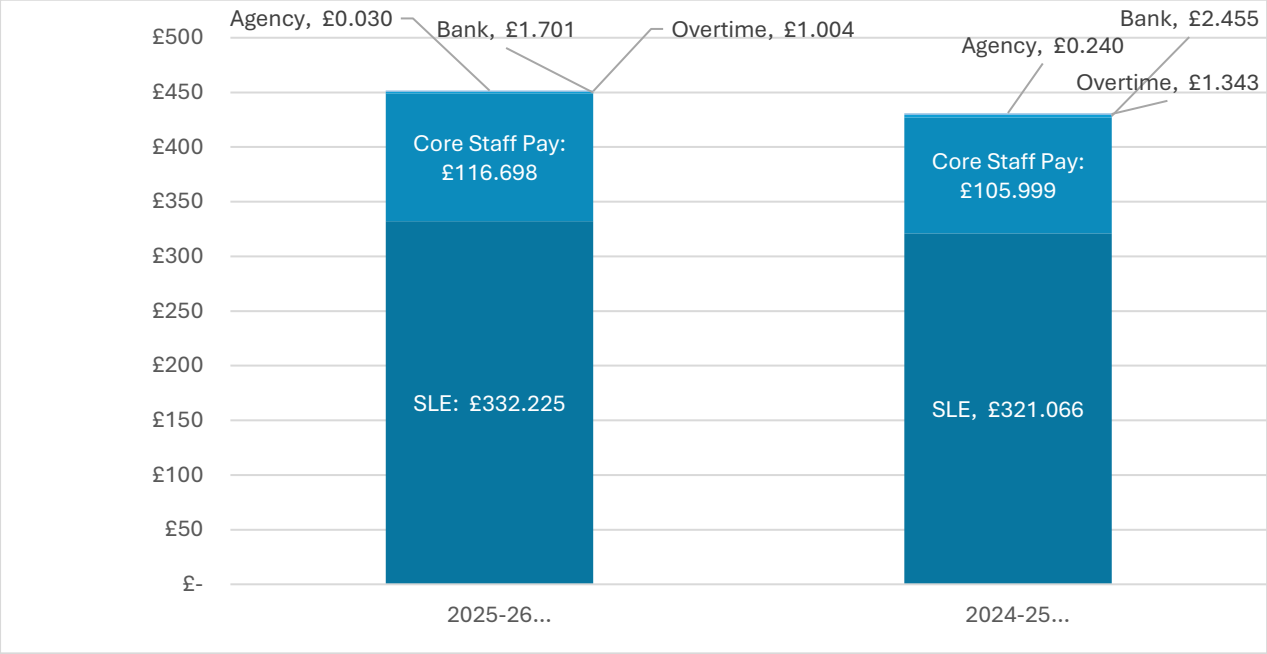
During the 2025-26 financial year, total expenditure was £1.155bn. £452m was spent on pay costs, £266m on non-pay costs and £438m was Welsh Risk Pool expenditure.



£332m of our pay expenditure relates to the Single Lead Employer* costs. Spend on bank, overtime and agency staff is generally in relation to the covering of vacant posts or long-term sickness. Expenditure on premium rate pay is minimised as far as possible, and we have seen reductions of 88% in agency and a 29% in bank & overtime expenditure during 2025-26 following increased grip and control processes.

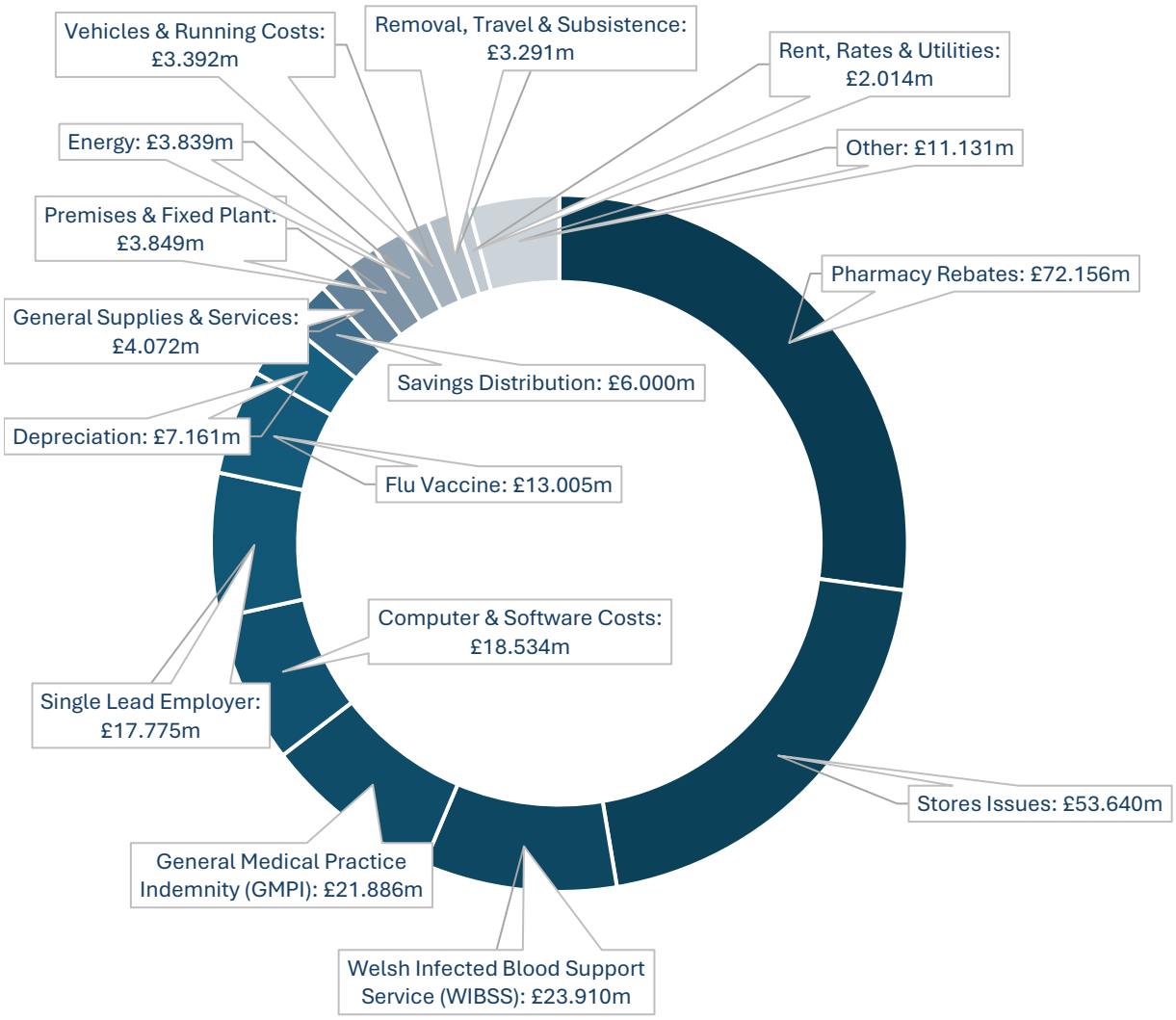
Each bank post request must be justified and taken to panel to approve the request and an overtime app has been introduced during 2025-2026 requiring upfront approval of additional hours. Considerations of business continuity, funding and alternatives are discussed. As at 31 March 2026 agency spend has been eradicated across the organisation.

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



**Note for Graphic Designer: Please remove the "…" after the labels above for 2025-26 and 2024-25. The above should all be "m" to represent million please can you make this clear in the above table when redesigned. Also redesign graph overleaf please.*

Non-pay Spend



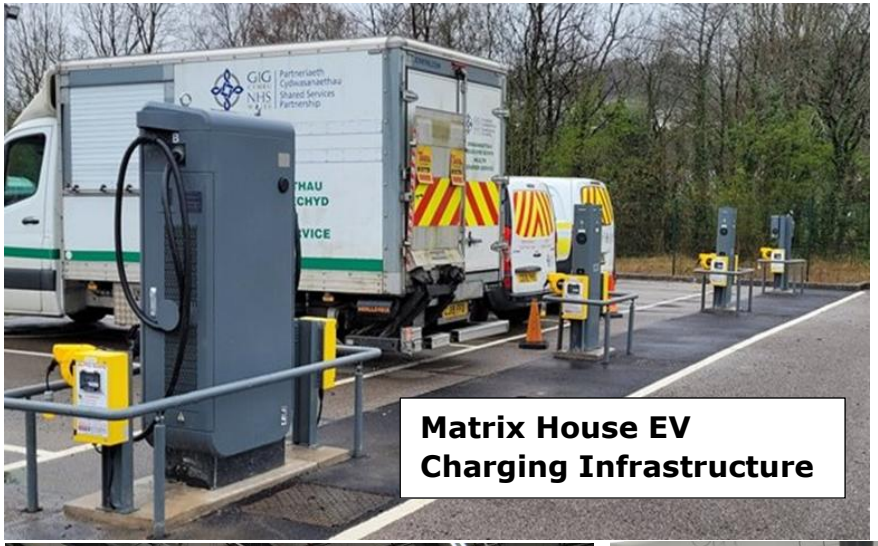
Capital Investments

During the 2025-26 financial year, NWSSP received £11.661m capital funding. £10.894m facilitated investments in capital projects including the new Radiopharmacy unit, Laundry and warehouse modernisations, vehicle replacements and our decarbonisation, digitalisation and estates rationalisation strategies. We also received and expended capital funding of £0.767m in respect of the capitalisation of leases required under International Financial Reporting Standard 16 (IFRS16).

Note for Graphic Designer: please put the above narrative on Capital Investments and the table overleaf on continuation of page / section please.

Capital Expenditure	Radiopharmacy	TrAMS	Estates	Decarbonisation	Equipment	Digital/ Automation	IFRS16	TOTAL
	£000	£000	£000	£000	£000	£000	£000	£000
Radiopharmacy Facility at Imperial Park 5 (IP5)	4,404							**4,404**
Laundry Modernisation			470	765	958	9		**2,202**
Transforming Access to Medicines Services (TrAMS)		855						**855**
IT Refresh						767		**767**
Matrix House Works & Electric Vehicle (EV) Infrastructure			24	233				**257**
IP5 Roof Overlay			1,511					**1,511**
IP5 Estates including Power Resilience			358					**358**
Denbigh Stores roof mounted Photovoltaic (PV)				254				**254**
Supply Chain & Warehousing			112		99			**211**
Temporary Medicines Unit (TMU) /Surgical Materials Testing Laboratory (SMTL) Equipment					44			**44**
Health & Safety & Security			31					**31**
IFRS16 Leases							767	**767**
TOTAL	**4,404**	**855**	**2,506**	**1,252**	**1,101**	**776**	**767**	**11,661**

Note to Graphic Designer: examples of photos / captions that can be used to support this section as they are photos of capital investments implemented in 2025-26.



Matrix House EV Charging Infrastructure

Denbigh Stores Roof Solar Photovoltaic (PV)

Radiopharmacy at IP5

Radiopharmacy at IP5

Laundry Services Waste Water Heat Recovery

Governance and Accountability

NWSSP operates within a governance and accountability framework set out by Welsh Ministers, ensuring it functions in true partnership with NHS Wales. NWSSP is hosted by Velindre University NHS Trust, which provides the legal and administrative foundation for NWSSP operations. All NHS organisations in Wales, including Health Boards, NHS Trusts, and Special Health Authorities, collaborate through a Memorandum of Co-operation to ensure shared services are delivered effectively and in line with the Shared Services Partnership Committee (SSPC) strategy which is set out in the Integrated Medium-Term Plan (IMTP).

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

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

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

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

The Velindre University NHS Trust Audit Committee for NWSSP, is responsible for reviewing and reporting on the effective operation of overall governance and the internal control system. This includes the management of risk, operational compliance controls, and related assurances that support the delivery of objectives and maintain standards of good governance. The management and control of resources during 2025-26 is evidenced within the Annual Governance Statement. The Statement details the extent to which NWSSP complied with its own governance requirements, summarising all disclosures relating to governance, risk, and control. Committee Papers and Executive Declarations are published and available on our website.

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control, and governance processes in NWSSP, which was Reasonable Assurance for 2025-26.

During the year, the Welsh Government commissioned an independent review of NWSSP's governance and accountability arrangements, which you can read more about in the *Lessons Learned and Challenges* section. The review also provided an important context for reflecting on NWSSP's relationship with Velindre University NHS Trust as host organisation. This relationship remains important in providing the

statutory and administrative framework within which NWSSP operates and in supporting effective governance, accountability and organisational support arrangements. At the same time, the year highlighted challenges within aspects of the relationship, reinforcing the importance of continuing to strengthen mutual clarity, communication, respective roles and shared understanding between NWSSP and its host organisation.

Quality Arrangements

As a national shared services organisation, NHS Wales Shared Services Partnership (NWSSP) plays a critical enabling role in the delivery of safe, effective and sustainable patient care across Wales. While our services are non-clinical in nature, their design, reliability and quality have a direct and material impact on clinical services, patient safety and outcomes. During 2025–26, we have continued to strengthen our governance arrangements to reflect this responsibility and to ensure appropriate assurance, accountability and learning across services with direct or indirect clinical impact.

NWSSP delivers and hosts a number of services that either contain clinical components or have a direct influence on patient care and safety. These include Pharmacy Technical Services, the Medical Examiner Service, the Single Lead Employer (SLE) model for doctors and dentists in training, elements of Legal and Risk Services, and national programmes such as Transforming Access to Medicines (TrAMS).

During the year, we continued to develop a more explicit and consistent governance framework across these services. This included:

- Clear identification of clinical leadership and accountability arrangements;
- Alignment with NHS Wales quality assurance expectations;
- Defined escalation and assurance routes through NWSSP governance structures and into host and system-level committees where appropriate; and
- Strengthened links between service-level quality oversight and organisational assurance, including the Duty of Quality.

This work has been informed by the Welsh Government–commissioned Independent Review of NWSSP governance and accountability, which highlighted the importance of clarity and consistency in governance arrangements for services with clinical components. Progressing this work remains a key priority into 2026–27.

Patient Safety and Learning

NWSSP's contribution to patient safety is indirect but significant. Reliable access to medicines, safe logistics and supply chains, timely workforce deployment, effective concerns management and robust learning from claims and incidents all underpin the delivery of safe care across NHS Wales.

During 2025–26, we continued to strengthen our approach to learning from concerns, complaints, incidents and claims. This included:

- Thematic review of concerns and complaints to identify recurring issues, particularly around communication, timeliness and process consistency;
- Strengthened governance of learning from events and claims within the Welsh Risk Pool, recognising the increasing complexity and financial exposure associated with clinical negligence;
- Continued development of national systems and digital tools to support improved data quality, timeliness and shared learning; and
- Regular oversight of themes and actions through the Senior Leadership Group to ensure learning is translated into service improvement.

We recognise that learning systems must move beyond assurance and reporting to demonstrably influence practice, behaviour and system design. Further strengthening of learning loops and feedback into service improvement will be a focus for the coming year.

Quality and Outcomes

The Duty of Quality provides the overarching framework through which NWSSP assures itself, its partners and the public that quality is embedded across all services. During 2025–26, quality considerations were integrated into strategic planning, operational delivery and performance reporting, with quality treated as an equal strand alongside finance and performance.

While much of our reporting has historically focused on activity and output measures, we have continued to shift towards a more outcome-focused approach. This includes:

- Greater use of outcome-based reporting within committee assurance;
- Linking service performance to system impact, such as improved access, reduced delays and enhanced resilience; and
- Strengthening the articulation of how shared services contribute to patient safety, experience and outcomes.

This remains an evolving area, and further work is planned to develop more consistent outcome and impact measures that reflect the contribution of shared services to frontline care.

Workforce Health and Safety

A healthy, supported and engaged workforce is fundamental to safe and effective services. During the year, NWSSP continued to invest in staff wellbeing, inclusive leadership and proactive attendance management. While overall sickness absence rates have shown improvement when measured against workforce growth, long-term sickness absence remains an area of focus, reflecting wider system pressures and the complexity of health and wellbeing challenges faced by staff.

Our approach recognises the close relationship between staff wellbeing, service quality and patient safety. Continued emphasis will be placed on early intervention, supportive management practices and access to appropriate occupational health and wellbeing support.

Looking Ahead

Looking forward, NWSSP will continue to strengthen its governance and quality arrangements, with particular focus on:

- Finalising and embedding a clear, organisation-wide governance framework;
- Enhancing learning from harm and claims to support prevention and system improvement;
- Further developing outcome-based measures that demonstrate patient and system benefit; and
- Strengthening the visibility and influence of clinical leadership within organisational decision-making.

Through this work, NWSSP will continue to support NHS Wales not only by delivering high-quality shared services, but by actively contributing to safer care, better outcomes and a more resilient health system.

Lessons Learned and Challenges

The year has reinforced the importance of robust governance and clear accountability, supported by the findings of the Welsh Government-commissioned Independent Review. Continued challenges in organisational learning highlight the need for improved data quality, timeliness and embedding learning into practice.

Large-scale programmes have demonstrated the importance of early stakeholder engagement and strong programme governance, while national service delivery has shown the value of collaboration, flexibility and operational resilience. The increasing role of digital systems and data-driven approaches has supported improved decision-making and service performance.

Key Challenges

- Sustained significant financial pressures across NHS Wales, particularly within the Welsh Risk Pool, continue to impact affordability and long-term planning.
- Delivery risks within major capital and transformation programmes remain, particularly where dependencies such as site availability and external approvals are factors.
- Workforce and capacity pressures continue across services, alongside the need to implement new regulatory and policy requirements.
- Operational risks, including infrastructure failures and service pressures during peak periods, highlight the need for ongoing resilience and contingency planning.
- External risks, including supply chain uncertainty and global factors, continue to present challenges to procurement and logistics services.

Welsh Government Independent Review of NHS Wales Shared Services Partnership Accountability & Governance Arrangements

In April 2025, Welsh Government commissioned an independent review of NWSSP accountability and governance arrangements, recognising the increasing scale, complexity and maturity of the organisation since the current framework was established. This followed commitments set out in *A Healthier Wales (2018)* to review hosted and national functions to consolidate national activity and provide greater clarity of governance and accountability.

The Independent Review, published in December 2025, concluded that the overall governance framework for NWSSP is fundamentally sound, while making recommendations to strengthen clarity of accountabilities, assurance to NHS Boards, and the effectiveness of key governance arrangements. This included particular emphasis on the operation of the Shared Services Partnership Committee (SSPC) and the relationship between NWSSP and Velindre University NHS Trust, as the statutory host organisation.

Welsh Government accepted, subject to further consideration, the majority of the Review's recommendations and published its Initial Response alongside the Review. The recommendations include several core themes, including:

- strengthening the appointment, role clarity and performance oversight of the SSPC Chair, including appropriate involvement of Velindre;
- clarifying Integrated Medium-Term Plan (IMTP) approval and assurance arrangements, including formal endorsement or noting by NHS Boards following SSPC approval;
- strengthening performance reporting and assurance routes from NWSSP, through the SSPC, to constituent NHS Boards;
- ensuring appropriate and consistent governance arrangements where services are provided that are deemed to contain clinical components, with clear links to Board-level assurance;

- clarifying processes for the addition of new services to the shared services portfolio through established planning and approval mechanisms, including the IMTP; and
- updating governance documentation.

Further information on the Independent Review and Welsh Government's Initial Response is published on the Welsh Government website.

In response to the Review, Welsh Government established a Welsh Government-led Review Implementation Group to oversee, co-ordinate and support delivery of the accepted recommendations. The Implementation Group includes senior representation from Welsh Government, NWSSP and Velindre University NHS Trust, with governance and legal advisers attending as appropriate. The Group does not hold formal decision-making authority; where approvals are required, these continue to be progressed through established governance routes, including the SSPC and constituent NHS Boards, until any changes are formally agreed and implemented.

The Group first met in February 2026, agreed its terms of reference and translated the Review recommendations into a structured, time-bound programme of work with the intention to complete the implementation of the recommendations over a six-month timescale. Progress is reported regularly to the SSPC, with items requiring SSPC consideration or approval being brought forward through formal committee papers.

Throughout the review and implementation process, NWSSP has continued to operate within the requirements of the existing, approved governance framework, maintaining effective accountability and assurance arrangements. The Review and its ongoing implementation provide an opportunity for governance arrangements to be actively strengthened and future-proofed, with continued oversight through established governance structures into 2026–27.

Performance Management

As can be seen in the performance data, NWSSP continues to demonstrate a strong track record of delivery against the objectives set by the Shared Services Partnership Committee (SSPC), while operating within budget and maintaining a clear focus on value, quality and continuous improvement. Performance management arrangements provide a structured framework through which services are monitored, challenged and supported to improve, helping to ensure that delivery remains aligned with organisational priorities and the needs of NHS Wales partners. This includes regular reporting against key performance indicators, review of trends over time, and scrutiny of areas where performance is below target so that underlying causes can be understood and appropriate remedial action taken. During 2025–26, we also strengthened our use of benchmarking information, making greater use of comparative data from similar organisations to provide additional context for performance, support challenge and identify further opportunities for learning and improvement.

This disciplined approach to performance oversight has supported NWSSP in sustaining service quality, delivering efficiencies and generating savings that can be reinvested both in the development of NWSSP services and in support of the wider NHS Wales financial position. It also strengthens accountability by ensuring that performance information is used not only to report what has been achieved, but also to inform decision-making, prioritise improvement activity and identify where additional support or intervention may be needed. During the year, we also introduced a voice of the customer section within the performance reporting presented to committees, reflecting the incorporation into our strategy map of a fourth strategic objective, Our Partners, arising from the Committee development day held in October 2025. Taken together, the evidence from 2025–26 reflects an organisation that is performing strongly in a complex environment while continuing

to strengthen the maturity of its performance management arrangements. For more information, please refer to the Key Performance Indicators section.

Concerns Management

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

During 2025–26, NWSSP received 35 formal concerns, which is consistent with the previous year, with 77% responded to within the 30-working-day target. Where we could not meet the target deadline, usually due to complexity of matters, or circumstances where a third party is involved, a holding response is issued in each circumstance. In addition, 2 early resolution complaints were addressed locally within 48 hours, avoiding the need for formal escalation, compared to 20 in the 2024-25 period. This is a positive indicator of strengthened local resolution, suggesting that more issues are being addressed promptly and effectively at source, reducing the need for escalation through the early resolution process.

A thematic review of concerns and complaints received during the reporting period identified a small number of consistent, overarching themes. Complaints were primarily driven by communication issues, timeliness and delays, and the consistent application of processes, with a proportion of concerns relating to matters outside the remit of NWSSP and therefore requiring signposting to other organisations. During the year, concerns received for the Medical Examiner Service and Primary Care functions remained consistent with the previous year and primarily relating to delays in the issuing of Medical Certificates of Cause of Death, cross-border transfer of medical records, and processing of payments or prescriptions. The SLG receives regular reports on concerns and complaints at each meeting, enabling appropriate scrutiny, oversight, and timely management action. This structured approach provides assurance that emerging themes are identified, addressed, and used to inform service improvements and strengthen operational performance.

A review of the concerns identified a number of recurring themes, which have informed targeted service improvements through learning and strengthened governance arrangements. In the spirit of continuous improvement and aligned with the principle of the gift of complaints, we continued established reporting mechanisms to capture root causes and any lessons learned from each concern received and these are discussed with the Senior Leadership Group on a monthly basis.

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

During the financial year, no concerns were referred to the Public Services Ombudsman for Wales, which was resolved satisfactorily. NWSSP remains committed to learning from feedback and continuously improving the quality and responsiveness of its services.

Stakeholder Engagement and Collaborative Working

Stakeholder engagement has emerged as a critical lesson for the Transformation Management Office (TMO) during 2025–26, demonstrating that successful transformation is dependent upon the structured and continuous involvement of those affected by change.

This includes early identification and inclusion of stakeholders, the development of clear and targeted communication plans, well-defined governance pathways, and the establishment of regular feedback mechanisms to ensure that concerns are captured and addressed appropriately.

Experience has shown that sustained engagement throughout delivery, rather than at initial stages or on a one-off basis, supports the early identification of risks, reduces potential tensions, and ensures alignment between strategic intent and operational delivery.

The consistent application of these principles strengthens trust, supports effective collaboration across NWSSP and partner organisations, and increases the likelihood of successful adoption of change, realisation of intended benefits, and the delivery of sustainable improvements within a complex healthcare environment.

Financial Stewardship and Value Delivery

NWSSP has demonstrated robust financial management throughout 2025–26, maintaining financial balance positions and delivering planned savings. Early in the year, a surplus position was reported, driven by workforce vacancies and cost control measures, with subsequent performance stabilising to a break-even position following delivery of significant non-recurrent distributions and absorption of funding pressures. The organisation also returned significant value to NHS Wales and Welsh Government, while maintaining strong performance against capital expenditure limits and payment performance targets.

However, ongoing significant financial pressures were evident across the system, particularly within the Welsh Risk Pool, driven by increasing case complexity, higher value claims and rising risk share contributions. The Welsh Risk Pool continued to play a critical national role in managing clinical negligence and risk, with sustained high levels of activity and financial exposure throughout the year. Work has progressed to strengthen organisational learning and case management, including improved governance of Learning from Events Reports and strengthened emphasis on timely submission and data quality. Significant developments also included progression of digital consent solutions, embedding of national concerns management systems, and preparation for revised regulatory requirements relating to complaints and redress.

Transforming Access to Medicines (TrAMs) Programme

The TrAMs Programme has remained a major strategic priority, with significant progress made across all regional elements. The South East Radiopharmacy has progressed through construction and validation phases, with plans for phased service delivery. The South East Hub has advanced through Outline Business Case approval into detailed design and Full Business Case development.

Progress on the South West Hub has been more complex, with ongoing site identification challenges impacting delivery timelines, while work in North Wales has focused on exploring opportunities to repurpose existing infrastructure to improve resilience. Governance arrangements across the programme have been strengthened to reflect increasing complexity and ensure effective oversight and risk management.

Laundry Services

During the year, the Laundry Service capital programme continued to improve operational capacity, efficiency and environmental sustainability. However, in February 2026 the service experienced an unprecedented number of significant site failures within a single week. This included the loss of the Swansea Laundry Production Unit (LPU) for seven days following failure of the press basket, a five-hour loss of production at Greenvale due to failure of the dirty linen lift, and several hours

of disruption at both the Church Village and North Wales LPUs as a result of steam generation plant failures.

Despite these incidents, the impact on customer supply was minimised through the use of available stock and by transferring production, where possible, to neighbouring plants. These events highlighted both the operational risks associated with critical infrastructure failure and the importance of maintaining resilience across an All-Wales Laundry Service, without which the disruption could have been much more significant and widespread in terms of impact on service continuity.

Duty of Quality

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

The 2025–2026 reporting year marks the third full year of NWSSP's implementation of the Duty of Quality, following its introduction in April 2023. This report highlights our continued commitment to embedding quality across its diverse, non-clinical service portfolio. The Duty has been integrated into strategic planning, operational delivery and performance assurance to align with our core values and strategic objectives. During the year, work around embedding the Duty continued and reporting against the Health and Care Quality Standards included:

- Quality planning and decision making;
- Quality management systems;
- Quality driven reporting;
- Quality driven reporting into Health Boards and Trusts;
- Quality control and using data for quality improvement;
- External quality reviews, accreditations and awards; and
- Staff voices.

Key achievements include maintaining the Customer Service Excellence accreditation across the organisation, achieving and retaining multiple ISO and regulatory accreditations and embedding quality principles into the Integrated Medium-Term Plan (IMTP). Divisions have adopted tailored Quality Management Systems and "always on" reporting to ensure continuous improvement and accountability. The scope has widened to include quality as an expected and equal strand within the quarterly reporting programme, again adding to always on reporting, which is measured against the IMTP. Staff engagement has been central, with quality champions in each division and the use of accessible formats such as bilingual videos and blogs to share best practices.

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

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

The Duty of Quality reporting for next year is already being planned, to capture the work the divisions are doing in as near real time as possible. This aligns well with the expectation that assurance of the duty will continue to become business as usual for NWSSP.

You can read more about how we have embedded quality as an organisation in the NWSSP Duty of Quality Annual Report for 2025-26.

Health and Safety

Our Aim for Health and Safety: To provide and maintain a safe and healthy environment for all that use our services and create a positive culture.

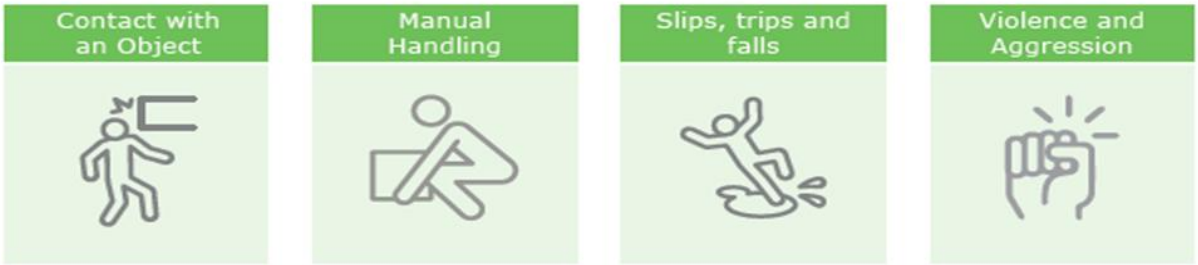
NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is essential that management and staff work together to ensure that there is a positive health and safety environment.

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

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

Health and Safety Incident Trends 2025-2026

During 2025-2026, the significant Health and Safety Incident trends remain as:



Trend Category	2019 - 20	2020 - 21	2021 - 22	2022 – 23	2023 - 24	2024 -25	2025-26	Trend
Contact or /Struck by an Object	11	11	26	30	18	16	29	↑
Violence and Aggression	14	10	10	15	20	11	17	↑
Manual Handling	14	12	23	16	16	17	19	↑
Slips, Trips and Falls	14	10	10	15	6	16	14	↓

A decrease can be seen in the number of incidents reported in the following categories:

Slips, Trips and Falls

- NWSSP **continues to achieve its aim** to reduce work related slips, trips and falls in the workplace, aspiring to the 10% reduction over two years.
- The number of reported incidents has reduced over the years, supporting NWSSP's aim of achieving a 10% reduction over two years. This indicates positive progress and improved workplace safety.

An increase can be seen in the number of incidents reported in the following categories:

- **Manual Handling**
  - Despite the slight increase in the number of incidents reported for 2025-2026, NWSSP **continues to achieve its aim** to reduce work related manual handling incidents in the workplace, aspiring to 10% reduction over two years. This can provide assurance of improvement.
  - Although incidents increased in 2025-2-26, NWSSP is still on track with its long-term goal of reducing manual handling incidents by 10% over two years.

- **Contact with or Struck by an Object**
  - NWSSP **has not achieved its aim** to reduce work related contact with an object/struck by and object per 100 employees.

- **Violence and Aggression**
  - Incidents have risen, however, NWSSP actively encourages reporting, reinforces its **NO EXCUSE FOR ABUSE** message, and contributes to the Anti-Violence Collaborative Wales.

Information Governance

Information Governance (IG) remains a key enabler in supporting NWSSP to manage information safely, legally and effectively. Throughout 2025-2026, the IG function continued to provide guidance, training and oversight to ensure compliance with relevant legislation and best practice. The following section outlines the key activities, performance metrics and highlights from the year, reflecting the ongoing commitment to maintaining high standards of confidentiality, transparency and accountability across the organisation.

In 2025-2026, the following activities were delivered:

- 12 face-to-face classes were attended by staff using Microsoft Teams
- 91% average IG eLearning compliance core skills compliance across NWSSP
- 166 Freedom of Information requests received
- 292 ActionPoint calls logged on the dedicated service platform
- 98% compliance in responding to Freedom of Information requests within 20 working days
- 649 staff attended an IG classroom training session

Highlights during 2024-25 have included:

- Privacy Notices and protocols reviewed, where applicable
- Regular communications developed to provide updates on all IG topics
- Low numbers of IG breaches throughout the year
- Substantial assurance with the annual IG assessment toolkit
- New IG guidance and protocols launched
- Advice provided around Artificial Intelligence (AI)
- Privacy Impact Assessments completed
- Workplan completed in full
- Internal IG meetings held every quarter

Welsh Language

Welsh Language Assurance and Compliance Report 2025-2026

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

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Welsh Language Annual Performance Report.

Our work is largely driven by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development. The Head of Welsh Language Services and Compliance works closely with the Managing Director, Senior Leadership Team and all divisions and services across NWSSP.

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

For audit and compliance purposes, we have established a self-assessment process to monitor our compliance status with the Welsh Language Standards and Code of Practice and to measure our ability to provide Welsh language services that are equal to English language services. This process is bi-annual where the assessment is undertaken in year 1 followed by the development of local improvement plans, followed by the implementation of the improvement plan in year 2. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2026 was as follows:

Standards	**Level of compliance**
Service Delivery Standards	Medium to High Level of Compliance
Policy Making Standards	Medium to High Level of Compliance
Operational Standards	Medium to High Level of Compliance
Record Keeping Standards	High Level of Compliance
Supplementary Standards (whereby the Commissioner will request additional information when required).	High Level of Compliance

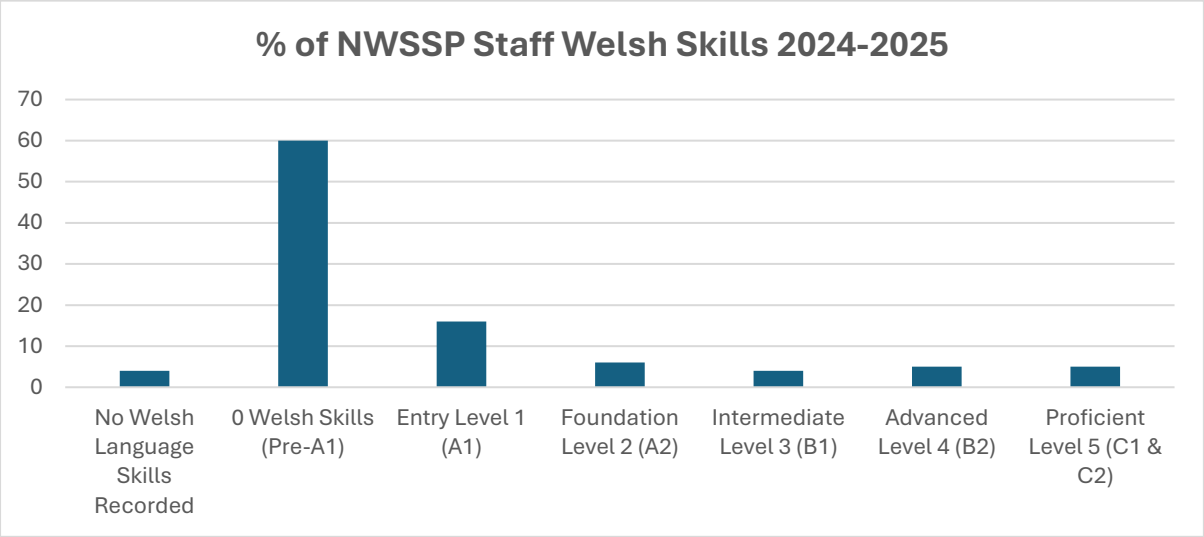
During 2025-2026 we have reviewed the process of how scheduled procurement contracts can be assessed to include Welsh language service and delivery requirements in the specification of the Invitation to Tender Documents as well as an assessment tool to establish whether the Tender Documents need to be published in Welsh.

We have been developing a new Internal Use of the Welsh Language Policy during 2025-2026 to ensure that we increase our compliance to a High Level of Compliance in 2026-2027 on the use of the Welsh language internally. This is following seminars and conferences attended with the Welsh Language Commissioner.

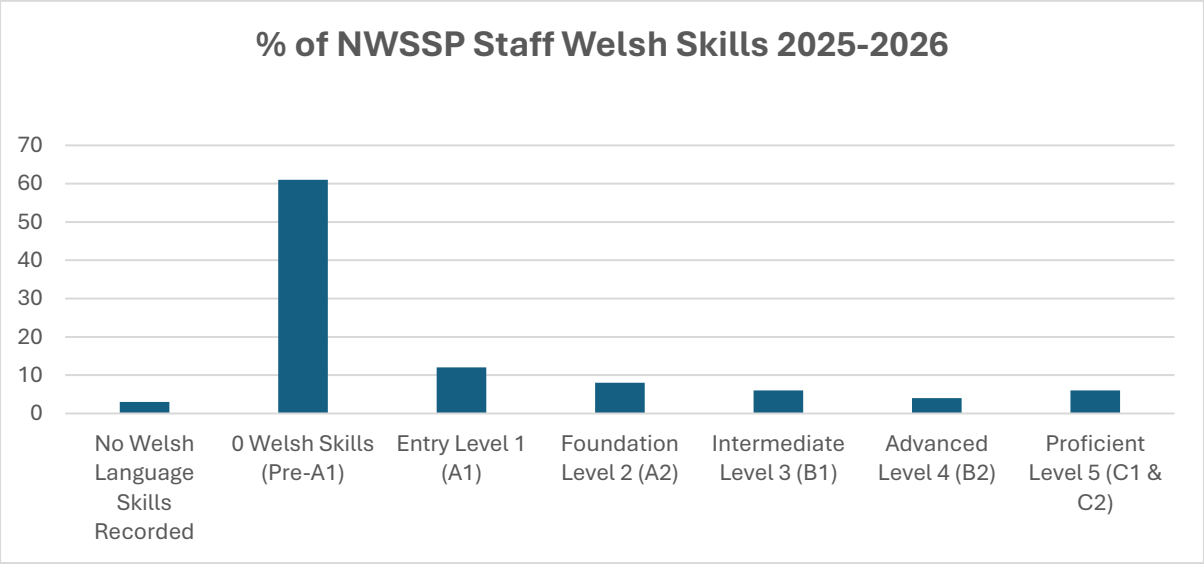
Our Welsh Language Impact Assessment as part of the EQIIA was reviewed and improved in 2024-2025, and consequently the assessments are more meaningful and robust in our considerations of the Welsh language beyond the practice of translating. Consideration of persons, individuals and delivery of services are impacted by the Welsh language in our decision-making processes go beyond the requirements of translation alone. We make well informed decisions based on facts and key strategies and not on assumptions and opinions. During 2025-2026, 14 Welsh Language Impact Assessments were undertaken.

Welsh Language Skills at NHS Wales Shared Services Partnership

There is a mandatory requirement for all members of staff to record their Welsh skills in the Electronic Staff Record System. In 2024-2025 the percentage of staff who had recorded their Welsh skills (speaking and understanding, reading and writing in Welsh were as follows:



During 2025-2026 we saw a slight flux in Welsh language skills:

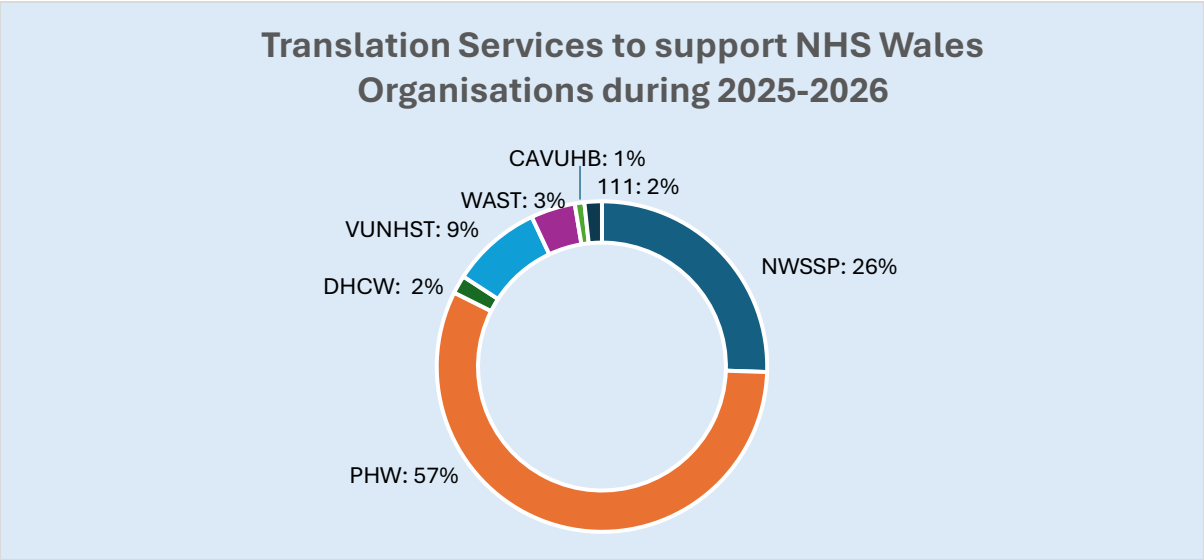


Staff Learning Welsh 2025-2026

We promote and offer Welsh language courses to our staff as required by Standards 99, 100 and 101. The number of staff learning in 2025-2026 fell from 73 in 2024-2025 to 62. The decrease is due to staff not wishing to progress further or leaving the organisation.

CEFR Learning Level	**Number of staff registered on courses**
Entry Level 1 (A1)	16
Entry Level 2 (A1)	12
Foundation Level 1 (A2)	13
Foundation Level 2 (A2)	0
Intermediate Level 1 (B1)	5
Intermediate Level 2 (B1)	4
Advanced Level 1, 2 and 3 (B2)	9
Proficiency (C1/C2)	3
Total	**62**

Translation Services & Shared Translation Memory System



During the year we have procured a shared translation memory system for the following organisations in the NHS Wales system:

- NHS Wales Shared Services Partnership (NWSSP) – 20% share
- Public Health Wales (PHW) – 25% share
- Digital Health and Care Wales (DHCW) – 7.5% share
- Welsh Ambulance Services NHS Trust (WAST) – 4.5% share
- Velindre University NHS Trust (VUNHST) – 7.5% share
- Cardiff and Vale University Health Board (CAVUHB) – 15% share
- Swansea Bay University Health Board (SBUHB) – 16% share
- Powys Teaching Health Board (PTHB) – 4.5% share

This in turn will reduce the need for many organisations to translate documents already translated. The system stores previous documents to avoid duplication and recurring costs.

Vacancies Assessed and Advertised

NWSSP assessed and advertised the following number of vacancies during 2025-2026:

Total number of vacancies advertised as:	
Welsh language skills are essential	6
Welsh language skills are desirable	373
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	0
Total number of vacancies advertised 01/04/2025 - 31/03/2026	**379**

Communications

2025-26 was a busy and successful one for the NWSSP Communications Team.

We launched our Communications and Engagement Plan and developed supporting guidance and protocols to enable its effective implementation. The Plan establishes clear priorities and sets out the scope of work the service can provide, ensuring resources are focused on activity that delivers the greatest impact.

Communications key highlights

- Developing and implementing the Communications and Engagement Plan, and guidance to support it, including guidelines on working with the media.
- For the first time NWSSP worked with ITV Wales during August to tell the story of how NWSSP procure, deliver and distributes flu jabs to NHS Wales.
- A strengthened LinkedIn presence through increased proactive content, resulting in continued growth, as reflected in the "Year in Numbers" below.
- Supporting communications around key visits to NWSSP sites. This includes supporting communications for visits by the NHS Wales Chief Executive and Director General for Health, Social Care and Early Years Jaqueline Totterdell and then Cabinet Secretary for Health and Social Care Jeremy Miles.
- A bilingual weekly staff newsletter was launched in a format that works for staff who are desk-based and those who work in non-digital roles such as our laundries and courier services. This newsletter has reduced email traffic to our desk-based staff, helping to bridge the communications gap between colleagues who work digitally and those who do not.
- Delivering complex design work for projects including our Integrated Medium-Term Plan and our Annual Review.
- The Communications SharePoint page was relaunched, improving staff access to information and branded templates, with an expanded suite of templates now available for key outputs such as presentations and reports.
- Developing the Communications Team business continuity plan.

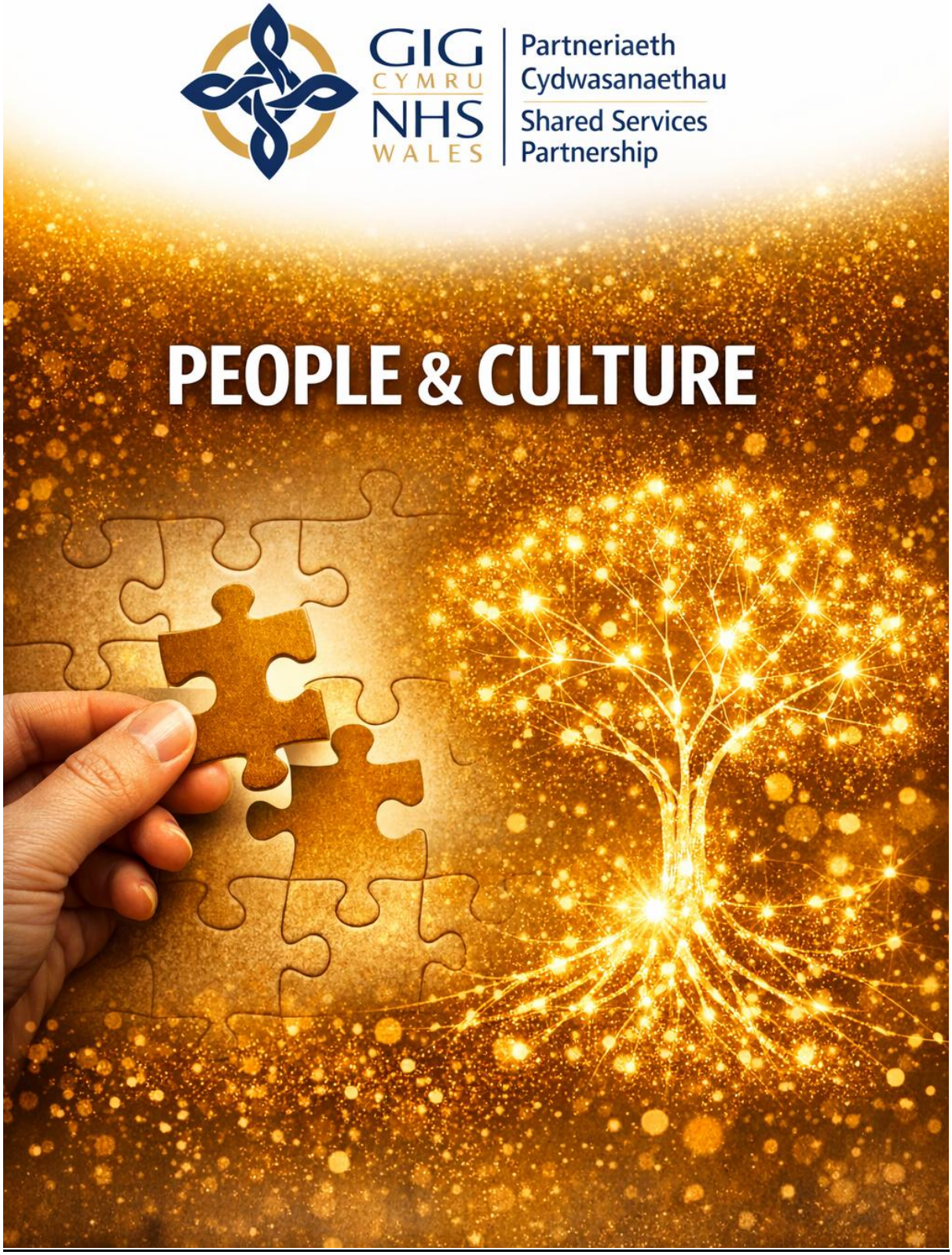
Our year in numbers and key insights (reporting period April 2025 to March 2026)

- 91 media requests
- *8,953 LinkedIn followers, an increase of 1,398 (15%). This compares to a year-on-year increase of 13.2% the previous reporting year showing an upwards trend.
- *NWSSP's LinkedIn content had more than 98,000 impressions compared to more than 50,000 impressions in 2024-2025, an increase of 96%. This shows our focus on more consistent, high-quality posting and using analytics to shape our approach is working.
- NWSSP's website had 402,001 page views during the year with an average 1 minute and 7 second engagement rate. The top pages viewed on NWSSP's website were current vacancies, student award services and how do I apply for a bursary.

**Data taken from 30 April 2025 to 28 April 2026 due to LinkedIn data availability.*

People and Culture

Note to Graphic Designer: Please create a section divider using genuine photographs from NWSSP events and real NWSSP staff, rather than stock imagery. This is just a placeholder.



People and Culture

During 2025-26, our People and Culture work continued to focus on creating an inclusive, compassionate and high-performing organisation in which staff feel supported to thrive. Across health and well-being, equality, learning and development and staff benefits, we have continued to invest in the experience of our people and in the culture that underpins service delivery across NWSSP.

This work was also reflected in a broader set of people and culture themes across NWSSP, including compassionate and inclusive leadership, strengthening staff voice and staff networks, and creating safe spaces for colleagues to speak up through initiatives such as Speaking Up Safely and Work in Confidence. We continued to develop our appraisal and PADR approach, support a positive agile working culture, and invest in learning, leadership development and early careers pathways. Alongside recruitment and retention activity, recognition and celebration, and tailored People and Organisational Development support to divisions, these developments have helped strengthen a culture in which colleagues feel valued, supported and able to contribute to continuous improvement.

The 2025 NHS Wales Staff Survey provided an important opportunity for colleagues across NWSSP to share their experiences of working in the organisation and to help shape future improvement activity. Feedback from the survey has informed further analysis at organisational and divisional level, with action plans being developed to respond to themes raised by staff and to support continuous improvement in the working environment. This has also complemented wider work already underway through the Inclusive Culture Action Plan, helping to ensure that staff voice remains central to how we develop our culture, improve staff experience and strengthen engagement across NWSSP.

Health and Wellbeing

We celebrated another successful Health and Well-being conference on 25 February 2026, with approximately 350 attendees and a variety of speakers to support the different elements of health and well-being in NWSSP. The agenda included NWSSP's Medical Director, Martin Edwards, who delivered a session on health and well-being trends in social media, and delivered the results of the first NWSSP Step Challenge. Anthony Bennett also delivered a motivational talk on resilience and mental health, followed by an awareness session on deaf culture and an introductory British Sign Language lesson along delivered by the British Deaf Association. The day has received positive feedback with good representation across NWSSP divisions.

We released Menopause and Menstruation Guidance in October 2025 to support individuals and managers in navigating menstrual health in the workplace. This guidance has been received well and is supported by an increase in our Menopause Café attendance as well as bespoke education sessions for male managers in the workplace. We continued to train employees across divisions in Mental Health First Aid and now have a total of 32 people trained to support initial conversations. These initiatives aim to support attendance in work and mitigate the risk of long-term sickness absence.

Initiatives included continued support through the Health and Well-being Champions network and the Staff Partnership Group, helping to promote local engagement and shared ownership of well-being priorities across NWSSP. We also used campaigns, regular communications and themed awareness activity to highlight the support available to staff, encourage early intervention and signposting to support, and create more opportunities for colleagues to engage with well-being in ways that were accessible, practical and relevant to them. This included support for managers to have wellbeing conversations with confidence, an ongoing emphasis on inclusive wellbeing support, and recognition of hybrid and agile working as an important enabler of work-life balance and staff wellbeing. This included a continued emphasis on inclusive wellbeing support, recognising that staff experience health and well-being in different ways and may need different forms of support at different times.

Alongside these specific initiatives, we continued to promote a proactive approach to staff health and well-being throughout the year through awareness activity, regular communications and opportunities for colleagues to access support early. Our focus has been on normalising conversations about physical health, mental health and wider well-being, while also supporting managers to respond confidently and compassionately to the needs of their teams.

This work reflects our wider commitment to creating a healthy workplace culture in which staff feel valued, listened to and able to flourish. By combining high-profile events with practical year-round support, NWSSP has continued to strengthen the foundations for a resilient workforce and a positive organisational culture during 2025-26.

Collectively, these activities help to improve awareness of support, encourage earlier help-seeking and strengthen staff confidence to have open conversations about health and well-being. This can improve staff experience, support attendance at work, reduce the risk of concerns escalating into longer-term absence, and help managers respond earlier and more effectively to wellbeing issues. In turn, this contributes to a more compassionate and resilient workforce and helps sustain high-quality service delivery.

Equality, Diversity and Inclusion

NWSSP continues in its journey to create an inclusive culture that values diversity and works to eliminate discrimination. NWSSP ensures compliance with its legislative duties and aligns with our actions detailed in our Strategic Equality Plan and Diversity and Inclusion Action Plan. NWSSP continues to play a leading role in national equality efforts, contributing to the NHS Wales Equality Leadership Group and sub-groups working on specific areas of development across Wales.

The Equality, Diversity and Inclusion (EDI) Group continues to support ongoing work in creating inclusive cultures, along with the Diversity and Inclusion Ambassadors and other key networks. Examples of this work include the introduction of Equality, Diversity, and Inclusion training across divisions, as well as bespoke training including Navigating Sensitive Conversations, to enable education on discrimination and different cultures, and promote a change in approach across the organisation. NWSSP also launched the Safe Inclusivity Campaign which created opportunities for individuals to ask questions in a safe environment free of judgement. The questions from this campaign have been used to further educate colleagues across NWSSP.

NWSSP's management of the Equality Integrated Impact Assessment process is continuing to consider legal requirements as well as changes to streamline processes where possible. Further guidance and education will be developed to support this in future.

Equality data remains an important part of understanding NWSSP culture, and the development of a new Equality, Diversity and Inclusion Dashboard enables the People and OD division and other Senior Leaders to consider their demographic make-up when decisions are made. The organisation is continuing to build on trust with employees to ensure people are comfortable in completing their data, being transparent on why we're asking and how the data is used.

In 2026, the Welsh Government integrated the Workforce Race Equality Standard (WRES) into an intersectional report that considers all aspects of identity, the Workforce Equality Standard (WES). This report considers representation across the organisation, recruitment, development and other areas for all aspects of equality and diversity. This not only enables the organisation to review areas of success and improvement but also understand the intersectional aspect of individual journeys. NWSSP will use this data when it's available to inform NWSSP's Strategic Equality Plan and define specific actions to improve where needed.

This work helps create a fairer and more inclusive working environment by improving awareness, supporting more informed decision-making and strengthening the organisation's understanding of staff experience and representation. The benefits for staff include greater confidence that equality issues are being recognised and addressed, more inclusive policies and processes, and improved opportunities to

contribute and progress. It also helps mitigate risks relating to discrimination, inequity, poor staff experience and weak decision-making by ensuring that equality considerations are better embedded across the organisation.

Inclusive Culture Action Plan

NWSSP developed a comprehensive Inclusive Culture Action Plan for 2025–2027, that considers actions from various workstreams across NWSSP including requirements from Welsh Government. We are now a year into the plan and have been able to achieve the following since 2025:

- Supporting You Roadshows across sites, highlighting opportunities and offering support.
- Delivery of Leaders of the Future programme with ringfenced posts for underrepresented groups.
- Introduced a new approach to annual appraisals.
- Launched training on Compassionate Cultures.
- Introduced Speaking up Safely training, and implementation and promotion of the Work in Confidence platform.

We are continuing to work through the plan and deliver on actions that will positively impact NWSSP culture. We remain committed to transparency on this plan and keep employees up to date with what we're doing to support them and improve working environments.

The Inclusive Culture Action Plan provides a clearer route from ambition to delivery by translating cultural priorities into practical actions that staff can see and experience. This can help improve psychological safety, inclusion, confidence in leadership and access to development opportunities, particularly for underrepresented groups. It also helps mitigate risks associated with disengagement, barriers to speaking up, inconsistent staff experience and a lack of organisational follow-through on culture commitments, while supporting a more open, compassionate and accountable workplace.

Learning and Development

Learning and Development remains a central focus to us at NWSSP, with a strong emphasis on creating inclusive, accessible, and impactful opportunities for all our people. In 2025-26 we conducted our Annual Training Needs Analysis with all divisions to ensure our development aligned with both organisational priorities and individual aspirations. The analysis identified three corporate priorities within Learning and Development: Continuation of Access to Funded Qualifications, Digital Skills Capability and Leadership Development.

To better understand our digital capability skills, we have engaged with staff and incorporated the NHS Wales Digital Capability Review into the Appraisal process. The data accessible to us enabled us to develop our Digital Skills online support page, serving as a supportive tool for our people to access on-demand learning to develop their digital skills. Over time, the learning available will help staff adapt to evolving technologies and hybrid working environments.

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

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

The table below summarises staff participation across key programmes during 2025–26:

Training Classes	Number of staff attending
Aspiring Managers Training	73
Coffee and Conversations	62
Compassionate Culture Modules 1 and 2	66
Leaders of the Future	4
Leading for Excellence & Innovation Programme Leadership Essentials Cohort	16
Leading for Excellence & Innovation Programme Strategic Cohort	14
Managers Induction	30
Performance Appraisal Training	31
Valuing Performance & Development Conversation (PADR)	171
Total Staff Engagements	**467**

Through a range of free and low-cost education and development options, including funded qualifications, we've supported staff in pursuing formal learning without financial barriers. We continue to work closely with Divisions and staff to help them identify the right learning for their personal development, and the needs of the organisation.

NWSSP has proudly supported two major graduate schemes; the All Wales General Graduate Management Scheme, hosted by Health Education and Improvement Wales (HEIW) and the Finance Graduate Scheme, hosted by the Finance Academy. These programmes have provided structured pathways into NHS careers for talented graduates across Wales. In 2025-26, we hosted graduate placements through both schemes.

We've also made strides in widening access to NHS careers through initiatives like the Network 75 Scheme, which combines academic study with work-based learning, and a variety of apprenticeships across Divisions. Through NWSSP's Early Career Network, we engaged with local communities across Wales at 30 events, showcasing the variety of roles and opportunities available at NWSSP. In the upcoming financial year, we will be gathering data to better understand the impact of our commitment and engagement. In addition, we continue our offering of work experience placements to support individuals looking to gain hands-on experience and explore career options within NWSSP.

Following feedback from the NHS Wales Staff Survey, in addition to continued engagement with our staff, in 2025, we reviewed and updated our PADR form and accompanying guidance. Our new form has been developed to support colleagues in having regular-ongoing development conversations throughout the year, where they can review the progress and adapt priorities and objectives regularly. We are continuing to engage with staff on the new approach and form and will conduct a full impact review in 2026 to enable continuous improvement.

These initiatives have helped nurture emerging talent, embed values-based leadership, and promote strategic thinking across the organisation. Our regular webinars have provided flexible learning opportunities on key topics, allowing staff to engage in professional development at their own pace. These sessions have complemented our broader learning strategy and supported continuous growth across NWSSP.

These learning and development activities help build the skills, confidence and leadership capability needed to support both individual growth and organisational performance. For staff, this can improve access to development, career progression and readiness to adapt to new roles, technologies and ways of working. For the organisation, it helps mitigate risks associated with skills gaps, limited leadership pipelines, poor succession planning and reduced workforce resilience, while supporting retention, talent development and continuous improvement.

Staff Benefit Schemes

NWSSP continues to support workforce wellbeing, financial resilience and sustainability through a range of staff benefit schemes delivered on an all-Wales basis. These schemes provide accessible, cost-effective options for staff while supporting organisational value and wider NHS Wales objectives.

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

- **Staff Lease Vehicle Scheme**: Delivered in partnership with NHS Fleet Solutions and designed to provide all eligible NWSSP staff with the option of access to vehicles of their choice at a very competitive prices, whilst at the same time providing savings for the organisation that will support the services provided to patients.
- **Loans Repaid Through Salary:** The scheme offers loans at affordable rates with higher acceptance than banks, as an affordable alternative to credit cards and overdrafts, it could also be used to cover an unexpected expense or help to achieve long-term financial goals.
- **Home Electronics Scheme**: Run association with Home Electronic Solutions and designed to provide all eligible NWSSP staff with the option of access to home electrical items of their choice at a very competitive prices from Currys/PCWorld, whilst at the same time providing savings for the organisation that will support the services provided to patients. There is no deposit and costs are fixed for all elements of the term.
- **Cycle to Work Scheme:** Offering staff a fantastic opportunity to save money on bikes and cycling equipment while promoting a healthier, more sustainable commute. Through this initiative, employees can spread the cost of a new bike over monthly payments, making it easier than ever to embrace active travel, further supporting NHS Wales' commitment to staff well-being and greener, healthier workplaces.

An overview of key performance indicators for the schemes during the financial year is set out below. Where detailed metrics are available, these can be incorporated to provide additional assurance on uptake, value delivered and contribution to wellbeing and sustainability outcomes. Collectively, these schemes continue to provide tangible benefits to staff while supporting organisational priorities, including workforce wellbeing, financial inclusion and environmental sustainability.

Note to Graphic Designer: tables to be redesigned please, making an infographic. Below are placeholders only.

<u>Cycle to Work Scheme</u>

Note to Graphic Designer: source data below for design

NHS Wales Organisation	No. of Orders	Total Value
Cardiff and Vale University Health Board (*Joined June 2025*)	55	£83,491
Cwm Taf Morgannwg University Health Board	70	£145,066
Digital Health and Care Wales	15	£17,667
Hywel Dda University Health Board	28	£46,079
NHS Wales Shared Services Partnership	53	£107,470
Powys Teaching Health Board (*Joined August 2023*)	12	£24,416
Public Health Wales (*Joined May 2023*)	29	£47,222

NHS Wales Organisation	No. of Orders	Total Value
Swansea Bay University Health Board	106	£188,176
Velindre University NHS Trust	15	£24,598
Welsh Ambulance Services NHS Trust	44	£76,237
TOTAL	**427**	**£760,422**

Note to Graphic Designer: table to be redesigned please, making an infographic. Below is placeholder only for purpose of draft document.

Home Electronics Scheme

Note to Graphic Designer: source data below for design

NHS Wales Organisation	No. of Orders	Total Value
Aneurin Bevan University Health Board (*Joined August 2023*)	444	£286,162
Cwm Taf Morgannwg University Health Board	532	£325,836
Digital Health and Care Wales *(Included within Velindre figures to March 2021)*	88	£56,320
Hywel Dda University Health Board (*Joined April 2025*)	294	£157,586
NHS Wales Shared Services Partnership	162	£106,853
Powys Teaching Health Board (*Joined August 2023*)	68	£45,173
Swansea Bay University Health Board (*Joined April 2024*)	260	£163,964
Velindre University NHS Trust	47	£28,648
Welsh Ambulance Services NHS Trust	351	£218,144
TOTAL	**2,246**	**£1,388,686**

Staff Lease Vehicle Scheme

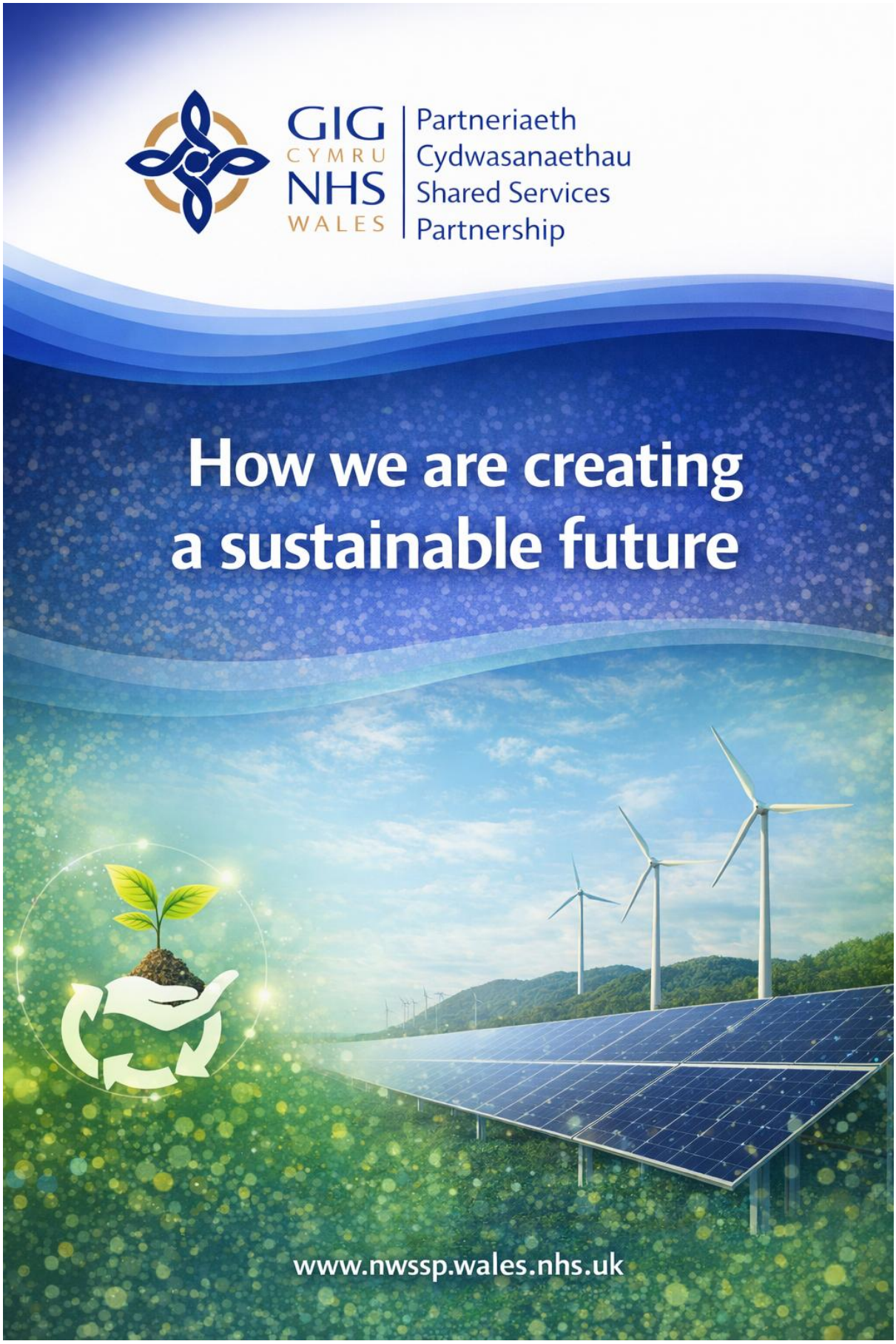
Note: source data below for design

Organisation	Live Fleet Solutions Cars	Live Electric	Live Hybrid	Live Petrol	Cars on Order	On Order Electric	On Order Hybrid	On Order Petrol
Aneurin Bevan University Health Board	1,060	835	200	25	141	117	23	1
Cardiff and Vale University Health Board	1,080	822	218	40	125	93	30	2
Cwm Taf Morgannwg University Health Board	964	716	206	42	118	85	30	3
Digital Health and Care Wales	155	123	28	4	22	18	4	0
Health Education and Improvement Wales	79	62	15	2	5	2	3	0

Organisation	Live Fleet Solutions Cars	Live Electric	Live Hybrid	Live Petrol	Cars on Order	On Order Electric	On Order Hybrid	On Order Petrol
NHS Wales Shared Services Partnership Single Lead Employer	360	280	79	1	39	32	7	0
Powys Teaching Health Board	120	88	25	7	19	11	7	1
Public Health Wales	174	137	33	4	21	17	4	0
Swansea Bay University Health Board	1,024	751	225	48	124	92	32	0
Velindre University NHS Trust	138	107	28	3	17	16	1	0
Welsh Ambulance Services NHS Trust	506	394	100	12	72	57	15	0
TOTAL	**5,660**	**4,315**	**957**	**188**	**703**	**540**	**156**	**7**

How We Are Creating A Sustainable Future

Note to Graphic Designer: Please create a section divider using genuine photographs from NWSSP events and real NWSSP staff, rather than stock imagery. This is just a placeholder.



Well-being of Future Generations

Our Integrated Medium-Term Plan (IMTP) sets out how we are delivering value, innovation and excellence through partnership across all our services, while incorporating key policy requirements for NHS Wales. This includes embedding the principles of *A Healthier Wales* and the Well-being of Future Generations (Wales) Act 2015, as well as responding to the Ministerial Action Group review to support NHS Wales in delivering against its recommendations. Through this approach, we have aligned our well-being objectives with our strategic priorities so that they are embedded across service delivery, workforce development and organisational planning, reinforcing our commitment to a supportive and resilient workforce and to the quality and sustainability of the services we provide.

We continue to play a leading role in advancing cross-government priorities within NHS Wales, including decarbonisation and climate change, equality and anti-racism, support for the Welsh language and embedding the principles of the Well-being of Future Generations Act in all that we do. The IMTP demonstrates how these priorities are integrated through sustainable procurement, inclusive workforce practices, proactive Welsh language support and responsible partnership working. Embedding the five ways of working helps ensure that we safeguard the needs of future generations without compromising those of the present, while strengthening governance arrangements that improve the cultural, social, economic and environmental well-being of Wales through the sustainable development principle. Aligned to this approach is the need to tackle climate change and promote the foundational economy within Wales, recognising that these ambitions are closely linked to long-term resilience and sustainable public services.

This approach is underpinned by the Duty of Quality, external accreditations and a culture of continuous improvement, helping to support safe, effective and person-centred services. During the year, we continued to accelerate the rollout of digital solutions in areas such as payroll, Scan4Safety and digital medical records to improve efficiency and modernise services. Decarbonisation also underpins our approach to service delivery, while our commitment to developing a foundational economy within Wales helps not only to reduce carbon emissions, but also to strengthen resilience and support local businesses and jobs. Our IMTP also reflects important regional and service-specific commitments, including the TrAMS Programme, Laundry Services and the Single Lead Employer model. Throughout the plan, case studies and key initiatives demonstrate our commitment to transformation, technology, efficiency and productivity, showing the real-world impact of our work for NHS Wales.

Sustainability

Sustainable Development Principle

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

Long Term

- Maintaining recertification to ISO14001:2015 for the environment.
- Supporting Foundational Economy in Wales, working with Welsh suppliers and small and medium-sized enterprises (SMEs).
- Installation of infrared heating system at Denbigh Stores.
- Greater emphasis and consideration for the life-cycle perspective of waste associated with our activities from within divisions.
- Ongoing programme to install solar panel PVs across a range of sites reached completion
- Approval sought for the fleet modernisation programme which will transform the sustainability of our fleet over a 10-year programme
- Promotion the attraction of electric and hybrid vehicles through the Salary Sacrifice Car Scheme and promotion of Cycle2Work scheme and its benefits for staff
- Longer-term investment in sustainable infrastructure and operational efficiency, including EV charging (adoption of fast charging units), LED upgrades, sensor lighting, reusable storage systems, reduced paper dependency and ongoing waste and energy improvements across sites.

Integration

- Decarbonisation is embedded into the Integrated Medium-Term Plan (IMTP) planning process, Strategic Objectives, and key deliverables merge with our Well-being Goals; integration and embedding of the agenda; greater focus on integrated reporting.

- Our carbon footprint monitoring is a well-integrated process and with the continued adoption of agile working.
- Strengthening links and aligning our Sustainable Development & ISO14001 agenda, including the Decarbonisation Action Plan, working in partnership with interested parties and key stakeholders to deliver the goals.
- Annual Staff Recognition Awards Ceremony held with inclusion of Environmental Sustainability and Health and Well-being categories.
- Equality Integrated Impact Assessments completed for relevant programmes and projects, to include environmental sustainability and ethical employment.
- Joined-up improvements across Matrix House, Bridgend Stores, and Du Pont, where estate changes, environmental measures, equipment reuse and updated records and printing processes support more connected ways of working.

Involvement

- Continued promotion of the NHS Wales Achieving Net Zero Level 1 e-learning package via ESR and Level 2 courses.
- Communications for decarbonisation agenda prepared for staff, including a promotional video and awareness sessions in the form of coffee mornings.
- Successful Health and Well-being Staff Partnership Group chaired by the Director of Finance & Corporate Services with regular communications published.
- Director of People and Organisational Development and Employment Services acting in capacity as our Anti-Slavery and Ethical Employment in Supply Chain Champion, endorsing the Ethical Employment Statement.
- Opportunities for staff to get involved in the agenda and make a difference through becoming a volunteer Environmental Champion or Health and Well-being Champion, with a variety of Staff Networks held and initiatives.
- Supported by changes that encourage staff involvement in sustainable day-to-day behaviours, such as using water bottles, recycling correctly, reducing colour printing and adopting safer ways to manage spills, batteries and toner waste.

Collaboration

- Collaboration through the Welsh Health Environmental Forum and wider NHS Wales decarbonisation networks to share learning, align approaches and support consistent delivery across organisations.
- Partnership working with Welsh Government, NHS Wales organisations and external assurance bodies in maintaining and strengthening ISO14001 certification arrangements.
- Joint working across estates, procurement, fleet and operational teams to support delivery of decarbonisation priorities through capital investment, infrastructure changes and service planning.
- Collaboration with suppliers and service partners to improve waste management arrangements, recycling routes and opportunities to reduce landfill use.
- Working with site leads, divisional teams and environmental champions to identify local improvement opportunities and embed sustainable practices across the estate.
- Cross-organisational collaboration to support the development and implementation of the NHS Wales Decarbonisation Strategic Delivery Plan and associated reporting arrangements.
- Partnership working to support the foundational economy in Wales, including engagement with Welsh suppliers and SMEs through sustainable procurement activity.
- Collaboration between sustainability, communications and staff networks to raise awareness, promote behavioural change and support staff involvement in the decarbonisation agenda.

Prevention

- Sustainability Risk Assessments undertaken for all procurement activity over £25,000 and audits of this process are carried out.
- Continued implementation of the Agile Working Toolkit and associated approach, allowing staff to work flexibly in line with organisational requirements.
- Reducing usage of scarce and finite resources associated with our activities, such as reduction of paper and confidential waste collection frequency at sites.
- Energy sourcing through Zero Carbon for Business, backed by zero-carbon nuclear generation and evidenced through Renewable Energy Guarantee of Origin (REGO) certification, with the medium to long term plan to work towards zero based sources.
- Further installation of additional Electric Vehicle Charging Units (EVCUs) across sites and plans to implement further EVCUs to support fleet development.
- Reuse and relocation of racking from IP5 in Newport to Bridgend Stores.
- Continued use of RAMIS (Random Access Management Information System) Compliance Management System.
- Demonstrated through actions that prevent waste, hazards and unnecessary consumption, including digital alerts, reduced printing, LED and sensor lighting, spill kits, battery and toner recycling, and avoidance of waste being sent to landfill.
- Confidential waste generated is shredded and repurposed into items such as notebooks, toilet paper and tissues.
- Proposal to plant a wild seed meadow at IP5 as per the planning requirements, boosting biodiversity on site.
- Primary Care Service alerts distribution modernised, transitioning from a paper-based process to a fully electronic system, thus significantly reducing paper notifications, from 900 premises to four.

Sustainability Performance

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and embedding the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO 14001 as its Environmental Management System (EMS) in accordance with Welsh Government requirements and has maintained certification since August 2014 through operation of the Plan, Do, Check, Act model of continuous improvement.

Maintaining certification to the internationally recognised ISO 14001:2015 Environmental Management Standard provides assurance that robust arrangements are in place to identify, manage and monitor environmental impacts, supported by annual surveillance audits, internal audit activity and commitment to top-down leadership. This also provides independent external validation that the Environmental Management System is operating effectively and is subject to regular challenge, review and continual improvement. The Standard places increased emphasis on environmental protection, continuous improvement, a risk-based approach and effective management of the needs and expectations of interested parties.

NWSSP successfully achieved recertification to the Standard through the UKAS-accredited certification body, Simply Certification Ltd, and completed the Year One surveillance audit in March 2025. During 2025–26, changes were made to certification arrangements following the loss of UKAS accreditation by Simply Certification's accrediting partner. To ensure continuity of certification and retain the existing auditor, NWSSP transferred its ISO 14001 certification to Perry Johnson Registrars (PJR) in October 2025. The year three surveillance audit was undertaken by PJR in April 2026, supported by scheduled internal audit activity to ensure ongoing compliance and readiness, and the findings identified six opportunities for improvement. This provides further assurance that certification arrangements

remained effective throughout the transition and that no material compliance issues were identified during external review.

Performance

During 2025–26, NWSSP achieved an overall reduction of 10.59% in its carbon footprint across ISO14001-certified sites, significantly exceeding the year-on-year target of 3%. This equates to a reduction of 208,830kg of CO2e (carbon emissions) over the financial year, demonstrating strong and sustained progress against organisational objectives.

Area	2025–26 headline metric	Trend
Overall carbon footprint	**10.59% reduction across sites**	↓
Electricity usage	3.66% decrease	↓
EV charging electricity use	4.62% increase	↑
Gas usage	0.67% decrease	↓
Kerosene oil usage	54.02% decrease	↓
Waste to landfill	28.27 tonnes (8.5% of total waste)	↓
Waste diverted from landfill	304.64 tonnes (91.5% of total waste)	↑
Confidential waste	28.8% decrease	↓
Water usage	Estimated 45.37% increase	↑
Delivery vehicle emissions	8.46% decrease	↓
Business mileage	0.27% increase	↑
Pool vehicle usage	4.20% decrease	↓
Staff vehicle recharging on site	2.04% increase	↑

Electricity usage decreased by 3.66% (which is equivalent to 18,543 Co2e saved). For sites within NWSSP's remit and operational control, electricity is procured through the *Zero Carbon for Business* tariff. This supply is backed by zero-carbon nuclear generation and evidenced through Renewable Energy Guarantee of Origin (REGO) certification, providing assurance that the electricity purchased is matched to verified low/zero-carbon generation in line with reporting requirements.

In relation to total electricity consumption, 4.65% relates to the use of Electric Vehicle Charging Units (EVCUs) across our estate, with EVCU usage increasing by 4.62% overall during the year. The 24/7 availability and ease of access to charge points is encouraging their use by NHS Wales staff (with the Health Courier Services' fleet retaining priority access as "the wheels of the NHS in Wales"). Increased utilisation of EVCUs is viewed positively for the wider community in terms of air quality and reduced tailpipe emissions; however, it should be noted that expansion and use of on-site charging infrastructure contributes to increased electricity demand. It is anticipated that, over time, this increase will be increasingly offset by electricity generated through installed solar photovoltaic (PV) systems.

Gas usage decreased by 0.67% (which is equivalent to 925kg CO2e saved). Kerosene oil used to heat the Westpoint Industrial Estate site also decreased by 54.02% (a reduction of 5,145kg CO2e) during the year. This is the only site that uses oil to heat the building, and the reduction can be attributed to a warmer winter and reduced heating demand.

To achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. Investments in environmentally friendlier technologies, such as the installation of solar panels and electric vehicle charging infrastructure, have been a significant contributor to the organisation's reduction in carbon emissions. The Environmental Champions and the Green Team continue to identify ways to reduce our impact and where savings can be made, in addition to utilising technology to improve data collation and reporting.

The continued adoption of agile working arrangements has resulted in a reduction in staff headcount on sites, and this, combined with increased education and awareness of the environmental aims and targets and the difference staff can make, no matter how small, has made a welcome contribution to the reduction. We have also encouraged staff to undertake e-learning modules such as Achieving Net Zero in NHS Wales, promoting environmental awareness. Collectively, these actions provide assurance that progress is being driven through a combination of capital investment, behavioural change, staff engagement and improved management information.

These projects, including behaviour changes and the continued agile working approach, demonstrate a proactive and co-ordinated approach to reducing electricity consumption. The combined reduction of energy usage reflects a combination of targeted interventions and initiatives implemented across the estate, including estate rationalisation, the relocation from Brecon House to Du Pont and the removal of Samlet Road from scope, following its reassignment to Welsh Ambulance NHS Services Trust (WAST), as well as the installation of solar energy generation at key sites, including IP5 in Newport, Matrix House in Swansea and Denbigh Stores in North Wales, which will create new baseline figures, going forward.

Waste generated totalled 332.90 tonnes, of which, 28.27 tonnes (8.5%) was sent to general/landfill. Landfill disposal came from only two sites: IP5 at 22.18 tonnes (6.09%), and Companies House at 6.09 tonnes (1.8%). All other sites show zero under waste sent to landfill meaning the remaining 304.64 tonnes (91.5%) was managed through non-landfill routes.

Companies House has confirmed its policy is not to send waste to landfill and has corrected this with its waste service provider. In contrast, all other sites reported zero landfill, ensuring that their waste was fully diverted into recycling and recovery routes (e.g., cardboard, mixed recycling, metals, paper/cardboard and plastics/metals/cartons). During the year, we continued to build on the work undertaken to improve segregation of waste streams and associated behavioural changes. Overall, 306.86 tonnes were handled through responsible recycling and recovery routes, showing that landfill use is concentrated in a small number of locations while most sites achieve complete landfill diversion. This provides additional assurance that exceptions have been identified, challenged and addressed, and that controls over waste segregation and disposal are operating effectively across the wider estate.

Confidential waste decreased overall by 28.8% (which is equivalent to 7,451Co2e saved). Companies House followed the removal of surplus confidential waste bins. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations. Going forward, we will continue advancing digital processes to reduce paper use, conserve resources and strengthen data security, reflecting our wider commitment to minimising use of scarce resources (i.e. paper).

Water usage increased by an estimated 45.37%, which is approximately 499 CO2e. The data has had to be estimated as the billing process is six-monthly. Water consumption is largely static and varies occasionally due to operational impacts of an increased headcount on site. Where water is able to be reported, this is retrospective from invoices, and it should be noted that these are fixed-usage invoices rather than

meter readings based on actual site usage. Accordingly, this figure should be treated as an estimate. The limitation is known, transparent and consistently applied within the reporting methodology.

Transport mileage for delivery vehicle emissions decreased by 8.46% (which is equivalent to 68,839 CO2e saved). Notably, delivery vehicle emissions at IP5 reduced significantly, representing the largest contribution to carbon reduction, with the introduction of additional electric vehicles (EVs) to support the fleet modernisation programme and investment. Going forward, we will continue to advance the fleet modernisation programme to further mitigate emissions, improve fuel efficiency and support the transition to low-emission and electric vehicles across our operations. This provides assurance that a significant proportion of the reduction is linked to tangible operational changes rather than forecast assumptions alone.

Business mileage increased slightly by 0.27% during the period, despite the continued agile working arrangements and the increased use of technology to host online meetings.

We saw a decrease in pool vehicle usage of 4.20% (which is equivalent to 49 litres of fuel or 10kg CO2e). This is positive because it mitigates the use of staff vehicles for commuting and encourages car sharing where possible, and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are environmentally friendlier vehicles, such as electric or hybrid models, further mitigating our environmental impact. Staff recharging their vehicles on NWSSP sites increased by 2.04% during the period. Together, these trends provide further assurance that travel behaviours are gradually shifting in support of lower-emission transport options.

Looking Forward

Going forward, our focus will be on strengthening the quality, accuracy and timeliness of sustainability data so that performance trends can be tracked more consistently and used more effectively to inform decision-making. This will include improving baseline data where estate changes have affected comparability, making better use of metered and site-specific information where available, and continuing to refine the way emissions, utilities, travel and waste data are captured and reported across the organisation.

Alongside this, we will continue to progress targeted improvement activity through the Decarbonisation Action Plan, including fleet modernisation, increased use of renewable and low-carbon technologies, improved waste segregation and reduction, and further action to support energy efficiency across the estate.

In relation to the ISO 14001 certification, our focus will be not only on maintaining recertification, but also on extending the scope of certification to include the four All-Wales Laundry Service sites and preparing for transition to the updated ISO 14001:2026 standard, building on the arrangements already established through our existing certification. Together, these steps will help strengthen assurance, improve performance management and support delivery of further carbon reductions during 2026–27.

Decarbonisation Action Plan & Climate Adaptation

The NHS Wales Decarbonisation Strategic Delivery Plan (DSDP) 2021–2030, was originally published in March 2021, and set out a comprehensive roadmap for achieving NHS Wales' net-zero ambitions by 2030. The Plan was structured around 46 national initiatives spanning carbon management, buildings, transport, procurement, estates planning, land use and climate adaptation. NWSSP led development and publication of the DSDP on behalf of NHS Wales, establishing the system-wide framework for delivery and reporting. An update was published in November 2025, to provide focus for the remaining period ending in 2030.

Following the original DSDP publication NWSSP mobilised to deliver a national leadership role across several key delivery streams, including buildings, transport, procurement, estates planning and land use, while also providing strategic and operational support across other workstreams in recognition of the organisation's significant influence on NHS Wales activity, decision-making and spend. This includes leadership on system-wide co-ordination, performance monitoring and reporting, and acting as the principal interface with the Welsh Government Health and Social Care Climate Emergency Programme. This role is expected to continue for the life of the DSDP programme.

In parallel with its national role, NWSSP developed and maintained its own Decarbonisation Action Plans: The first covering 2022-2024 was formulated to address emissions arising directly from its activities. The Plan focussed on reducing the environmental impact of buildings, fleet operations, logistics and laundry services, alongside initiatives to embed sustainable behaviours and awareness across the organisation. Progress against the Action Plans is integrated into the organisational planning and performance framework, including monitoring through the Integrated Medium-Term Plan (IMTP).

A second iteration of the NWSSP Decarbonisation Action Plan (DAP) covering the period 2024–2026 was developed to reflect learning from earlier phases of delivery, increased maturity of data, and emerging national expectations on climate resilience and adaptation. Progress and risks associated with delivery of the Plan are overseen through the Decarbonisation Delivery Group (DDG), which meets bi-monthly to co-ordinate activity across NWSSP, and the wider NHS Wales system. During this period NWSSP also played a leading role in development of the national DSDP update and this was adopted in November 2025.

Central to all our work in this area has been The Climate Action Partnership (CAP) (previously known as the Decarbonisation Coordination and Reporting (DCR) Team. The CAP continues to play a central role in supporting delivery of the DSDP. The Team provides leadership, co-ordination, analytical support and national reporting, ensuring consistent data collection, progress tracking and assurance across NHS Wales. This includes supporting reporting to SSPC and Welsh Government, strengthening the link between decarbonisation, capital planning, service transformation and climate adaptation.

During 2025–26, the Shared Services Partnership Committee (SSPC) received updates on progress against the Decarbonisation Strategic Delivery Plan, including emerging system-wide challenges relating to capital availability, affordability, and the pace of delivery, alongside the increasing need to align decarbonisation activity with estates resilience and climate adaptation planning. These discussions reinforced the importance of prioritisation, effective governance and continued national coordination as NHS Wales transitions from planning into sustained delivery.

Looking ahead, NWSSP will continue to:

- provide national leadership and coordination of the NHS Wales decarbonisation programme;
- strengthen links between decarbonisation, adaptation, estates strategy and capital planning;
- support NHS Wales organisations to meet reporting and assurance requirements; and
- embed the sustainable development principle across organisational and system-wide decision-making

Euro Commercials
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ICS

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Ethical Employment in Supply Chain and Modern Slavery

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

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

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

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

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

The Welsh Government is currently in the process of revising its Code of Practice on Ethical Employment in Supply Chains. In support of this work, NWSSP continues to play an active role in the national stakeholder group, contributing to the development of enhanced ethical standards. In preparation for the revised Code, we are revisiting our commitments. This may include segregation of internal employment and supply chain employment commitments, consideration of the Living Wage Foundation's Living Wage and the integration of these commitments within wider policy. Additionally, going forward, NWSSP will adopt the suite of procurement metrics to monitor progress and impact, in alignment with the Social Partnership and Public Procurement (Wales) Act 2023. These actions underscore our continued commitment to ethical, transparent, socially responsible, and sustainable procurement practices.

Social Partnership

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

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

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

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

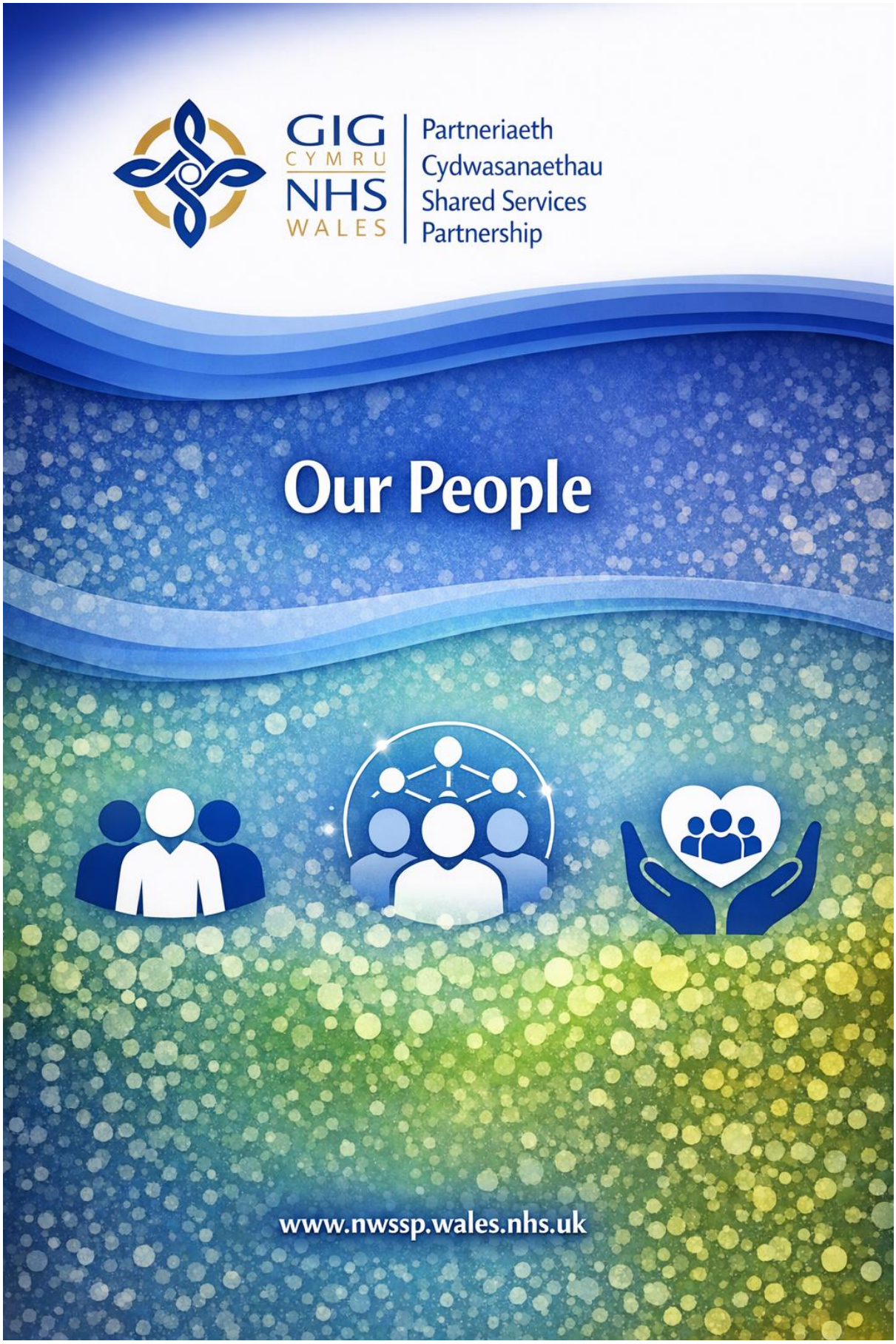
Aligned with fair work principles, NWSSP continued to offer secure employment, fair pay, and development opportunities. Workforce plans were co-produced with input from across all divisions, and staff-led innovation projects were piloted to improve service delivery. Equality, diversity, and inclusion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

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

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

Our People

Note to Graphic Designer: Please create a section divider using genuine photographs from NWSSP events and real NWSSP staff, rather than stock imagery. This is just a placeholder.



Our People

*Note: please use tables to create an overarching infographic as summary of at a glance for Our People - At A Glance**

NWSSP Staff in Post Headcount and Full Time Equivalent (FTE) Summary

Division	Headcount	FTE
Accounts Payable	155	149.19
Audit & Assurance Services	57	53.71
Corporate Services	27	23.91
Counter Fraud	7	6.93
Digital Workforce	27	26.67
E-Business Central Team	17	16.53
Employment Services	336	295.67
Finance Academy	8	6.71
Finance	30	28.43
Laundry Services	195	169.39
Legal & Risk Services	187	174.11
Medical Examiner	95	65.20
Medical Workforce	21	20.25
People & Organisational Development	47	43.41
Pharmacy Technical Services	55	53.20
Planning, Performance and Informatics	49	47.85
Primary Care Services	305	281.26
Procurement Services	809	745.96
Single Lead Employer	3641	3388.23
Specialist Estates Services	55	54.02
Surgical Materials Testing (SMTL)	26	23.92
Welsh Employers Unit	7	6.33
Total	**6156**	**5680.89**

NWSSP Assignment Category Summary

Assignment Category	Headcount	FTE	%
Fixed Term Temporary	3685	3422.78	59.86%
Permanent	2471	2258.11	40.14%
Total	**6156**	**5680.89**	**100.00%**

NWSSP Age Profile Summary

Age Band	%
<=20 Years	0.21%
21-25	11.79%
26-30	21.49%
31-35	23.21%
36-40	13.30%
41-45	7.28%
46-50	5.43%
51-55	5.69%
56-60	6.12%
61-65	4.21%
66-70	0.96%

>=71 Years	0.31%
Total	**100.00%**

NWSSP Gender Summary

Gender	Headcount	FTE	%
Female	3439	3109.20	55.86%
Male	2717	2571.69	44.14%
Total	**6156**	**5680.89**	**100.00%**

NWSSP Employee Category with Gender Split

Employee Category	Female	Male
Full Time	63.48%	80.79%
Part Time	36.52%	19.21%
Grand Total	**100.00%**	**100.00%**

NWSSP Ethnic Group Summary

Ethnic Group	%
BME	23.44%
White	66.29%
Not Stated	2.26%
Blank	8.01%
Total	**100.00%**

NWSSP Marital Status Summary

Marital Status	%
Civil Partnership	1.22%
Divorced	2.60%
Legally Separated	0.26%
Married	29.94%
Single	30.73%
Widowed	0.39%
Unknown	34.86%
Total	**100.00%**

NWSSP Sexual Orientation Summary

Sexual Orientation	%
Bisexual	2.42%
Gay or Lesbian	2.10%
Heterosexual or Straight	72.09%
Other sexual orientation not listed	0.15%
Not stated (person asked but declined to provide a response)	4.08%
Undecided	0.03%
Unspecified	19.14%
Total	**100.00%**

NWSSP Religious Belief Summary

Religious Belief	%
Atheism	17.41%
Buddhism	0.62%
Christianity	24.53%
Hinduism	1.53%
Islam	5.26%
Jainism	0.03%
Judaism	0.06%
Sikhism	0.16%
Other	5.72%
Does not wish to disclose religion/belief	22.87%
Unspecified	21.80%
Total	**100.00%**

Sickness Absence Trends

Sickness absence trends during 2025–26 reflect a combination of positive movement and ongoing challenge.

While total Full Time Equivalent (FTE) days lost increased slightly, this was alongside growth in the overall workforce, meaning the average working days lost per FTE reduced from 12.53 to 11.98, when including Single Lead Employer (SLE) staff, and from 18.66 to 18.30, when excluding SLE. The data also shows that long-term absence remained the main driver of lost days, increasing year on year, while short-term absence reduced slightly. At the same time, the proportion of staff with no sickness absence fell, indicating that absence was experienced by a greater proportion of the workforce during the year.

Taken together, this suggests that although overall absence levels improved slightly when measured against workforce size, long-term sickness absence continues to be the principal factor influencing the trend and remains an important area of focus for ongoing support, attendance management and staff wellbeing activity.

NWSSP Staff Average FTE

Including SLE	Employees	Inward Secondments	Agency Staff	Bank Staff	Total
2024-2025	5,363.65	2.14	3.94	66.44	5,436.17
2025-2026	5,774.87	6.89	1.47	46.71	5,829.94

Excluding SLE	Employees	Inward Secondments	Agency Staff	Bank Staff	Total
2024-2025	2,179.05	2.14	3.94	66.44	2,251.57
2025-2026	2,314.18	6.89	1.47	46.71	2,369.25

Including SLE	2024-2025	2025-2026
FTE days lost (long term)	44,637.38	47,154.89
FTE days lost (short term)	22,590.99	22,050.15
Total FTE days lost	67,228.38	69,205.04
Average staff employed in period (FTE)	5,363.65	5,774.87
Average working days lost (FTE)	12.53	11.98
Total staff employed in period (Headcount)	7,324	7,510

Total staff employed in period with no sickness absence (Headcount)	3,683	3,474
Percentage staff with no sickness absence	50.29%	46.26%

Note: excludes seconded in agency and bank

Excluding SLE	**2024-2025**	**2025-2026**
FTE days lost (long term)	30,543.28	32,525.79
FTE days lost (short term)	10,114.29	9,828.70
Total FTE days lost	40,657.58	42,354.49
Average staff employed in period (FTE)	2,179.05	2,314.18
Average working days lost (FTE)	18.66	18.30
Total staff employed in period (Headcount)	2,694	2,778
Total staff employed in period with no sickness absence (Headcount)	1,377	1,232
Percentage staff with no sickness absence	51.11%	44.35%

Note: excludes seconded in agency and bank

Forward Look

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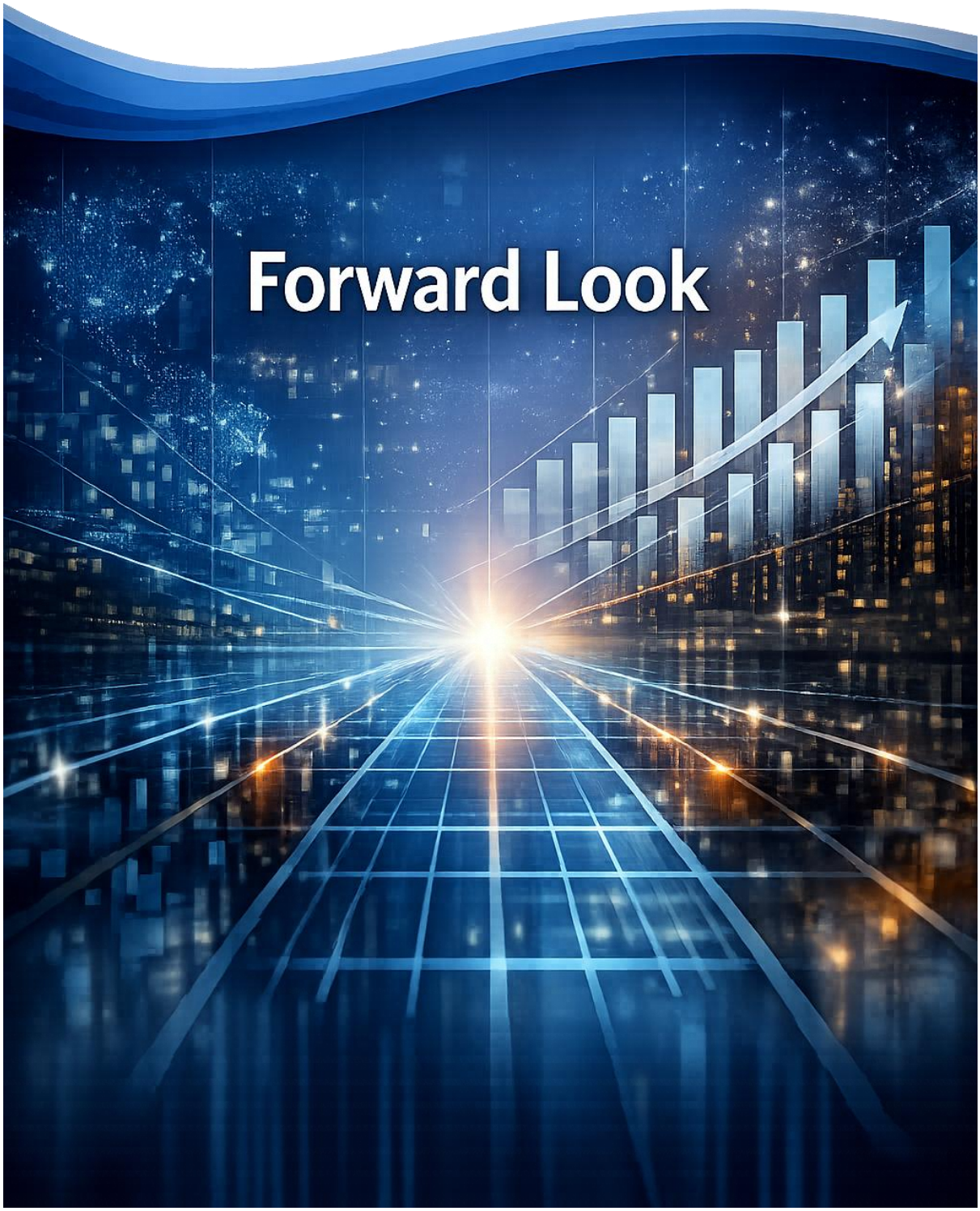
NWSSP Partneriacth Cydwaranaethau
Shared Services Partnership



Forward Look

As we reflect on our achievements over the past year, we also look ahead to the priorities and ambitions that will shape our future. This section outlines our strategic direction and planned developments, aligned with the goals set out in our Integrated Medium-Term Plan (IMTP) for 2026-2029. You can explore the full IMTP here:

Note to Graphic Designer: these three items to be taken from source document NWSSP IMTP 2026-29 please – note the typo on 'Callaboration' to collaboration which needs to be amended for this document please:

- *Overarching Principles for 2026-27*
- *Year 1 Plan on a Page*
- *Our Strategic Priorities 2026-29*

Overarching Principles for 2026-27

Our Principles:

Digital Transformation and Innovation

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

Workforce Development, Leadership & Culture

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

Operational Efficiency & Service Modernisation

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

Callaboration, Governance & Strategic Partnerships

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

Sustainability, Decarbonisation & Resilience

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

Year 1 Plan on a Page

Year 1 Plan on a Page - *Aligned with our strategic objectives and outcomes*

Our People

Embed the Inclusive Culture Action Plan to ensure a sexually safe, anti racist, inclusive and compassionate workplace.

Deliver the Welsh Strategy and Policy across the organisation with support from a Welsh Language Tutor and the appointed Welsh Language Facilitation Officer.

Evaluate a new Welsh Pharmacy Medicines Procurement Induction Training package for roll out to all HB and Trust Pharmacy Departments for medicines procurement.

Develop, implement and embed divisional workforce plans that align with the Talent Management Framework, the Corporate Workforce Strategy and succession planning for critical roles.

Implement any recommendations from the Single Lead Employer operational service review.

Launch the staff benefits portal across NHS Wales.

Award Workforce Systems on an All Wales Basis.

Our Services

Work with other nations to share knowledge and good practice about the management of clinical negligence claims.

Continue to advance our service efficiencies across the division through innovation and digital automation of legacy and new systems to better support a shared service model.

Develop the MES data reporting tool to assist WG in understanding mortality data by adding ICD11 coding to allocate deaths into chapters.

TRAMS Digital System Project.

Modernise National Distribution Centres, warehousing, hospital inventory management, Transport & Logistics Model for NHS Wales, and expand the Nationally stocked product range.

Undertake a strategic review of future capital project procurement for the NHS in Wales.

Review audit approach to ensure it remains in line with NHS Wales Requirements and The Global IIA Standards in readiness for External Quality Assessment.

Our Value

Introduction of Scan4Safety as part of the modernisation programme for Wales.

Re-procurement of Once for Wales Concerns Management System (OFWCMS).

Transforming Access to Medicines (TRAMS) develop operational model for Radiopharmacy unit.

Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.

Development of agreed national, local, financial and non-financial savings and reporting strategy with ongoing delivery.

Commence the NHS Wales Financial Management System (FMS) Managed Service Tender preparation.

Delivery of agreed long term PPE Plan for Health and Social Care sites in Wales.

Our Partners

Lead the development of the People Portal Transformation Programme; moving from procurement to planning and mobilisation stage.

Support the National Agency Reduction Programme.

Continue the design, implementation, evaluation and analysis of the impact of Safety & Learning programmes.

Delivery of seasonal vaccination programmes via a national model for vaccine delivery.

Support health boards in the management of medicines shortages and supply chain issues and reduce duplication of effort.

Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting things Right (PTR), to be renamed Listening To People (LTP).

Community By design: Continue engagement with the programme to determine what estate data is available and may support programme.

Our Strategic Priorities 2026-29

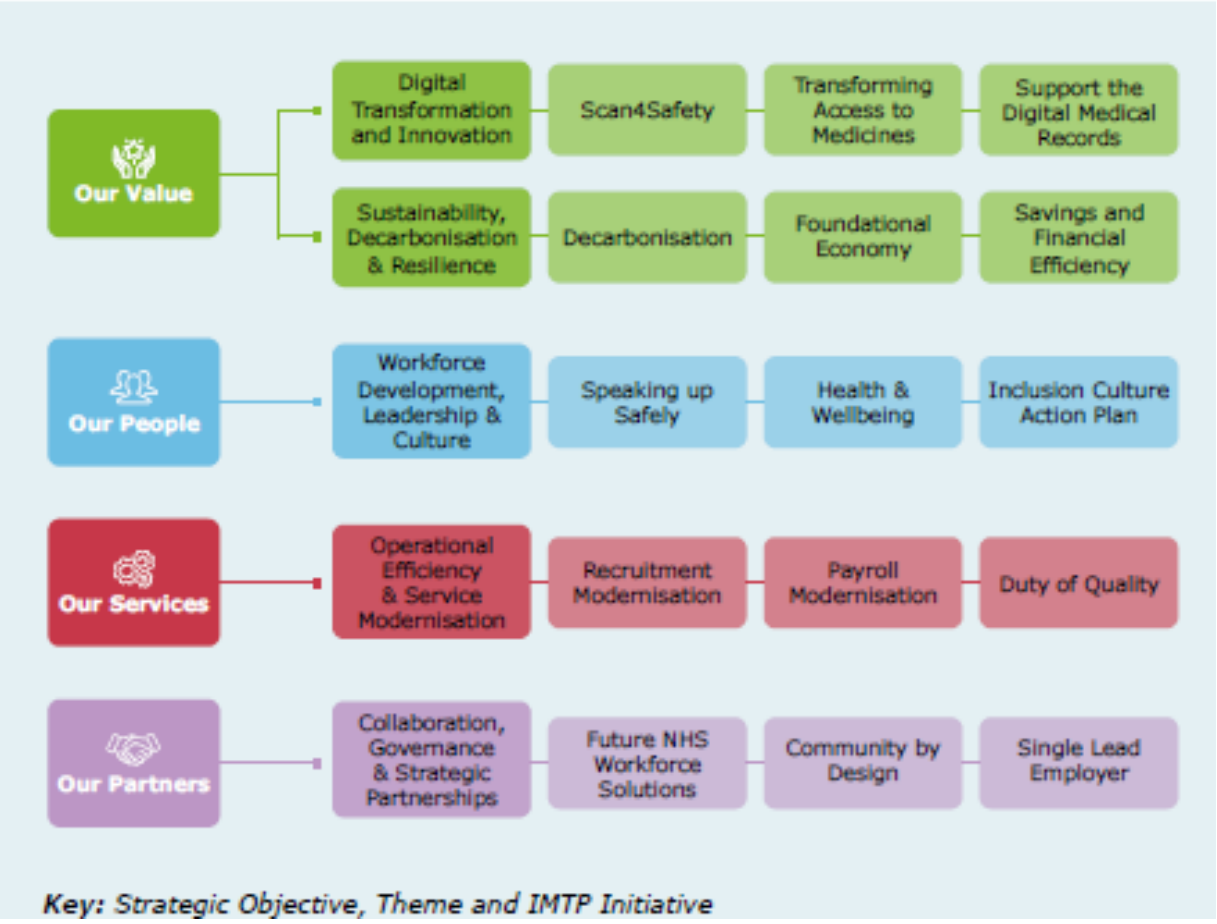
Strategic Objectives

Our strategic objectives serve as the foundation for our key focus areas over the next three years. We have integrated these objectives into our divisional plans, ensuring alignment with Ministerial Priorities, the wider government programme, and the specific needs of our customers and partners.

This section explores some of the key activities outlined in our plans and demonstrates how they contribute to our strategic objectives and outcomes. By highlighting the positive impact on our customers and partners across NHS Wales, we confirm our commitment to delivering exceptional service.

Our plans for year one are organised into five themes, each of which aligns with ministerial priorities and our strategic objectives. The five themes are:

- Digital Transformation and Innovation
- Sustainability, Decarbonisation & Resilience
- Workforce Development, Leadership & Culture
- Collaboration, Governance & Strategic Partnerships
- Operational Efficiency & Service Modernisation


Our Value
Digital Transformation and Innovation
Scan4Safety
Transforming Access to Medicines
Support the Digital Medical Records
Sustainability, Decarbonisation & Resilience
Decarbonisation
Foundational Economy
Savings and Financial Efficiency
Our People
Workforce Development, Leadership & Culture
Speaking up Safely
Health & Wellbeing
Inclusion Culture Action Plan
Our Services
Operational Efficiency & Service Modernisation
Recruitment Modernisation
Payroll Modernisation
Duty of Quality
Our Partners
Collaboration, Governance & Strategic Partnerships
Future NHS Workforce Solutions
Community by Design
Single Lead Employer
Key: Strategic Objective, Theme and IMTP Initiative

NHS Wales Strategic Priorities 2026-29
Timely Access to Care
Population Health & Prevention
Community by Design
Mental Health Access
Women's Health
Quality and Safety

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

This document was designed by the NWSSP Communications Team:

nwssp.communications@wales.nhs.uk

NHS Wales Shared Services Partnership Annual Report 2025-2026

Thank you for reading our Annual Review. If you would like to find out more, please visit our website, our social media channels, or use the contact details provided below:

02921 500500

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Hoel Billingsley,
Parc Nantgarw,
Cardiff,
CF15 7QZ

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 16/07/2026

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

Teitl yr Adroddiad/Title of Report:	
Digital Strategy Refresh	
Arwwinydd/ Lead:	Rebecca Nelson, Director of Planning, Performance and Informatics
Awdur/ Author:	Bryn Harries, Chief Digital Officer
Swyddog Adrodd/ Reporting Officer:	Bryn Harries, Chief Digital Officer
Pwrpas yr Adroddiad/Purpose of the Report:	
The Committee is asked to **APPROVE** the Digital Strategy 2026-2029.	
Llywodraethu/Governance:	
Amcanion/ Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth/ Supporting evidence:	Not applicable
Ymgynghoriad/Consultation:	
The purpose of this report is for the Committee to **APPROVE** the refreshed Digital Strategy	

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE	√	**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	
Argymhelliad/ Recommendation:	The Committee is asked to **APPROVE** the Digital Strategy 2026-2029.						

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Implementation of the strategy supports NWSSP's commitment to developing a skilled workforce and fostering an inclusive workplace culture.
Cyfreithiol/Legal:	No direct impact.
Iechyd Poblogaeth/ Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf/	Implementation of the strategy, and achievement of the digital objectives described will have a

Quality, Safety & Patient Experience:	positive impact on the quality of services NWSSP is able to deliver.
Ariannol/Financial:	No direct impact.
Risg a Aswiriant/ Risk and Assurance:	The Strategy sets out NWSSP's cyber security foundations, which will server to mitigate the organisation's cyber security risk, as described in the corporate risk register.
Dyletswydd Ansawdd/Duty of Quality:	No direct impact.
Gweithlu/ Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

DIGITAL STRATEGY 2026-27

1. INTRODUCTION

The refreshed Digital Strategy 2026–2029 sets out a clear direction for how digital, data and informatics capability will support NWSSP's priorities over the next three years. It responds to changing organisational needs, the growing importance of cyber resilience, and the need for consistent and dependable digital services across NHS Wales.

2. SUMMARY

The refresh builds on the previous digital strategy rather than replacing it. It reflects organisational learning, simplifies areas that have been difficult to embed consistently, and ensures the digital agenda remains aligned to current organisational, national and regulatory expectations. Workshops with the NWSSP Senior Leadership Group in Q1 2026 helped shape the refresh, exploring service challenges, capability needs and the role of digital, automation and insight in improving resilience, productivity and service quality.

3. ASSESSMENT

The strategy is structured to connect the conditions for change, the capabilities NWSSP must build, and the outcomes it expects to achieve. It is organised into three linked sections: Foundations, covering cyber security, digital services and data; Capabilities, describing how workforce confidence, delivery discipline, data literacy, automation and intelligent systems will be developed; and Outcomes, setting out the intended service, organisational and system-wide benefits.

It also sets out eight objectives for 2026–2029: establishing a predictable, value-driven digital operating model; strengthening cyber security and service resilience; building workforce confidence in digital and AI; improving digital inclusion; enabling data-led decision making; strengthening NWSSP's role as a system data steward; scaling automation and AI as a trusted improvement capability; and reducing digital complexity while improving leadership assurance.

The strategy supports NWSSP's Integrated Medium Term Plan by aligning with digital transformation and innovation, workforce development, operational efficiency, collaboration and partnerships, and sustainability and resilience. It also reflects NWSSP's values through its emphasis on partnership, service improvement, accountability, inclusion, transparency and responsible stewardship of resources and information.

4. GOVERNANCE AND RISK ISSUES

The strategy has been developed within existing governance arrangements and provides a framework for future prioritisation, delivery planning and assurance. Its implementation will require continued oversight through established leadership, performance and risk management routes, particularly in relation to cyber resilience, service continuity, workforce capability and investment choices.

5. RECOMMENDATION

The Shared Services Partnership Committee are asked to **APPROVE** the revised 2026-2029 Digital Strategy.

NHS WALES SHARED SERVICES PARTNERSHIP

Digital Strategy 2026-2029

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Introduction

NWSSP's digital operating model must continue to evolve in response to the organisation's changing needs. This strategy refresh sets out how digital, data and informatics capability should support NWSSP's wider ambition to deliver value, innovation and excellence through partnership, while responding to the increasing need for resilience, consistency, productivity and trusted system working across NHS Wales. It builds on the direction of the previous strategy, but takes a practical and integrated view of what now needs to be strengthened so that cyber resilience, digital services, data and automation become more dependable, more scalable and more clearly aligned to organisational and national priorities.

The strategy is intended to support NWSSP's strategic objectives across four connected domains. For **Our People**, it supports the development of a confident, capable workforce that can participate fully in digital ways of working and adapt safely to change. For **Our Services**, it sets out how user-centred, cyber-secure and data-informed digital services can improve quality, responsiveness and continuous improvement. For **Our Value**, it emphasises more disciplined investment, service modernisation, efficient use of resources, automation, sustainability and stronger decision-making through trusted insight. As technology, cyber risk and digital expectations continue to evolve at pace, the strategy sets a clear direction for NWSSP while remaining adaptable in how priorities are delivered and refined over time, helping to maximise the value we deliver through digital, data and technology. For **Our Partners**, it positions digital, data and automation capability as part of how NWSSP works in co-production with health boards, trusts, national bodies, universities and other partners to support shared priorities, stronger planning and better outcomes across NHS Wales.

The strategy is structured around three linked stages. **Foundations** focus on the baseline conditions needed for secure, reliable and sustainable digital delivery. **Capabilities** describe how NWSSP will build the workforce confidence, delivery discipline, data literacy and automation maturity needed to turn those foundations into everyday practice. **Outcomes** describe the practical effect this should have over time for services, the organisation and the wider NHS Wales system. Taken together, these describe how digital and informatics development can support NWSSP's IMTP objectives in a way that is realistic, strategically aligned and focused on long-term organisational and system value.

Foundations

Stabilise - Align - Prepare

Foundations

- Cyber Security
- Digital Services
- Data

The foundations set out in this strategy describe the conditions NWSSP must establish to deliver safe, reliable and sustainable digital services by stabilising critical services, aligning to national expectations and preparing to scale capability. It focuses on cyber resilience, a simpler Digital and Informatics operating model and stronger data foundations in line with Welsh Government and NHS Wales direction.

1.1 CYBERSECURITY FOUNDATIONS

Cybersecurity Foundations sets the baseline for cyber resilience across NWSSP's shared services, using the Cyber Assurance Framework (CAF) and stronger governance, assurance and preparedness to support trust and safe digital delivery. It positions cyber as an organisational responsibility and strengthens the assurance needed for future capability growth.

Organisational cyber resilience baseline
NWSSP treats cyber security as a primary organisational risk, as any disruption to our services can affect NHS Wales system-wide. Resilience depends on governance, prioritisation, assurance and day-to-day operational behaviour, not just technical controls.

CAF assessments have shown that NWSSP must address key cyber gaps through a structured, organisation-wide resilience baseline. That baseline should replace inconsistent, capability-led practice with something leaders can see and that assurance processes can test.

NWSSP's cyber baseline will align with NHS Wales expectations and the Cyber Resilience Unit's assurance approach under NIS regulations. It will also use a small set of meaningful KPIs to track our cyber security posture and progress across key domains.

Establishing the cyber baseline requires explicit leadership ownership, with cyber resilience treated as a business responsibility and not just a technical one. Senior leaders must be able to see material risks, understand service impacts and make informed decisions on investment, priorities and residual risk.

Cyber resilience will be supported by consistent governance and assurance focused on service continuity, safety and organisational exposure. Incident response will be coordinated with business continuity and national arrangements, with learning used to strengthen resilience over time.

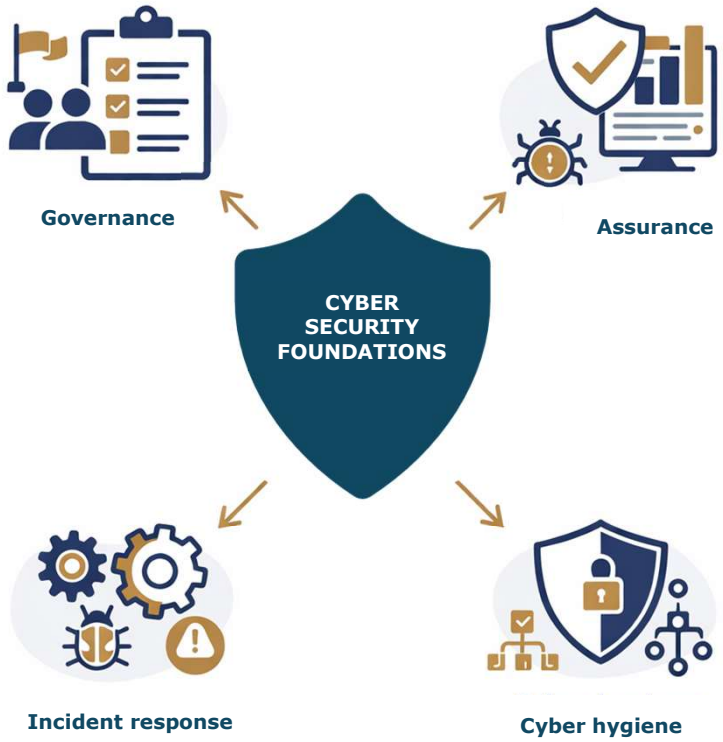
This approach supports Welsh Government's emphasis on resilient infrastructure and stronger cyber security as foundations for digital-first services and trusted data use. For NWSSP, an agreed resilience baseline is essential to reliable services, national collaboration and future scaling of digital, data and automation capability.

Alignment with national cyber assurance and regulatory expectations

NWSSP will continue to align its cyber foundations with the NHS Wales assurance model led by the Cyber Resilience Unit, using CAF as the common framework for resilience and compliance. This creates a single reference point for defining, evidencing and explaining cyber resilience across shared services.

For NWSSP, alignment to CAF is a continuous discipline that supports safe, reliable service delivery rather than a periodic compliance exercise. It helps translate technical controls into organisational assurance and improves comparability across time and organisations.

Assurance activity and external feedback will help NWSSP target improvement effort at systemic cyber risks rather than isolated issues. The CAF-aligned KPI framework will give leaders and Boards clearer evidence of whether resilience is improving in the areas that matter most.



Cyber governance, accountability and leadership visibility
We will refresh our cyber governance so that organisational leadership has transparent, consistent oversight of cyber risk and resilience. Defined governance routes will ensure cyber risk exposure is reported routinely to senior leadership and the Partnership Committee as an organisational risk. Leadership accountability will make cyber part of wider assurance, performance and risk management rather than being solely the domain of specialists.

Cyber reporting will give leaders pertinent information on posture, risks and likely service impacts, supported by a small number of CAF-aligned indicators. This will strengthen scrutiny and help NWSSP demonstrate credible oversight to partners and regulators.

Cyber risk management and organisational assurance
Cyber risk will continue to be managed within NWSSP's wider organisational risk framework so that it is treated as a core corporate risk with clear ownership and routine review. This will help connect technical issues to service dependencies and organisational consequences across NHS Wales.

Organisational assurance will give leaders a clear view of cyber posture, progress and residual risk using common NHS Wales frameworks such as CAF. This will make reporting more defensible, comparable and meaningful to non-specialists and governance forums.

We will maintain an annual cyber posture view that brings together maturity, risks and critical dependencies into a coherent organisational picture. This will shift reporting from fragmented, incident-led updates to a consistent cycle of insight, scrutiny and improvement.

Incident preparedness, response and recovery expectations
NWSSP will continue to set clear expectations for cyber incident preparedness, response and recovery because resilience must work in real conditions, not just on paper. As a provider of national and shared services, it must protect continuity and maintain partner confidence when incidents occur.

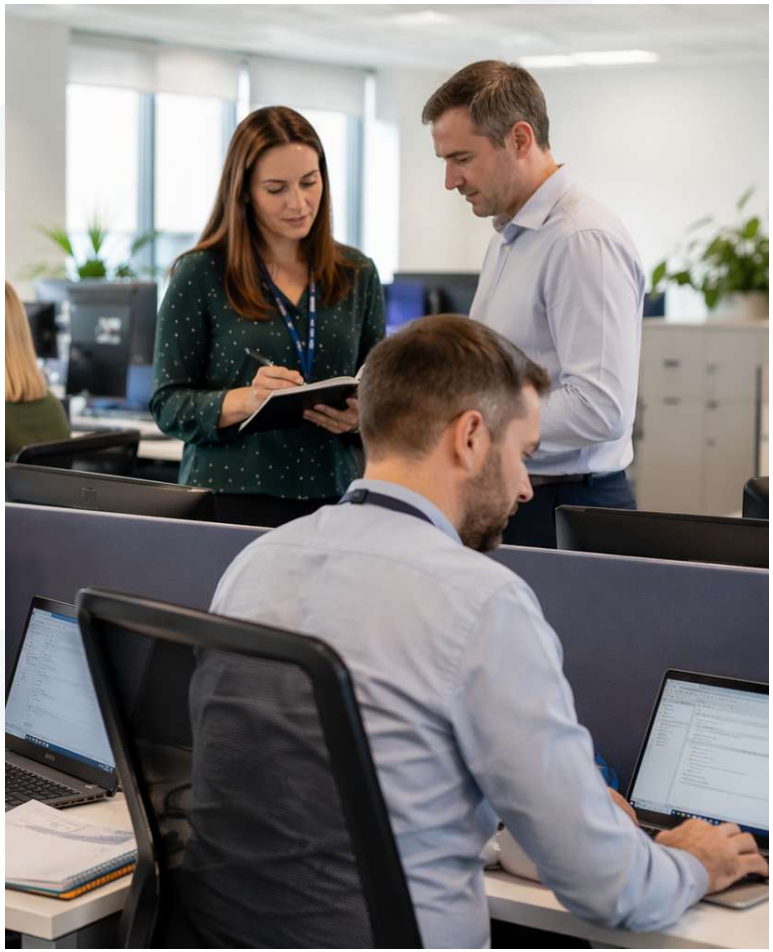
Preparedness will rely on documented and approved arrangements that integrate cyber response with disaster recovery and business continuity. Alignment with national incident management arrangements is essential for smooth escalation, communication and decision-making across organisational boundaries.

Regular exercising and testing will show whether response and recovery arrangements work in practice and will help identify learning before real incidents happen. This reinforces preparedness as a routine organisational discipline rather than an exceptional technical task.

Enterprise wide cyber hygiene and shared responsibility
Cyber resilience depends on consistent everyday practice, so we will set organisation-wide expectations for cyber hygiene across services and functions. This matters because weaknesses in routine behaviour across people, devices, data and suppliers can undermine stronger technical safeguards.

Cyber hygiene expectations will be proportionate to role, access and service criticality and reinforced through policy, communications and leadership behaviour. The aim will be to reduce avoidable risk by making good practice clear and easier for staff to follow.

We will frame cyber culture as supporting patient safety, service continuity and digital transformation rather than blocking progress. This will in turn strengthen shared ownership and improve decisions where usability, pace and risk need to be balanced.



1.2 DIGITAL SERVICES FOUNDATIONS

NWSSP's digital operating model must continue to evolve in response to the organisation's changing needs. The previous strategy set a clear direction, but in practice some elements remain too complex, unevenly embedded or insufficiently joined up to support the consistency and responsiveness now required. We must therefore build a simpler, shared and sustainable Digital and Informatics operating model through stronger partnering, standardised workflows, disciplined platforms, cloud adoption and service management.

Continuity and focus from the previous strategy
This strategy refresh builds on the previous NWSSP Digital Strategy rather than resetting it. The earlier direction was positive, but progress has been uneven and hard to sustain where approaches were too complex or not consistently embedded.

The next three years will build on this work by simplifying adoption, reinforcing what works and reducing unnecessary variation. This supports stability and future growth without creating fatigue from repeated redesign.

A simplified Target Operating Model for Digital and Informatics
We will adopt a simplified, shared Target Operating Model so divisions and partners understand clearly how digital support and change will work. The goal in this is to reduce ambiguity, build trust and make digital change easier to plan and deliver in a constrained environment.

The Target Operating Model will focus on consistently clear responsibilities, transparent demand routes and visible, repeatable decision-making. It is intended as a practical model that supports service stabilisation, delivery optimisation and long-term sustainability.

Business partnering and engagement with divisions
Digital and Informatics teams will work as a partner to all divisions so priorities, risks and outcomes are owned jointly and shaped by operational reality. This matters because digital value depends on service process improvement as much as on technology.

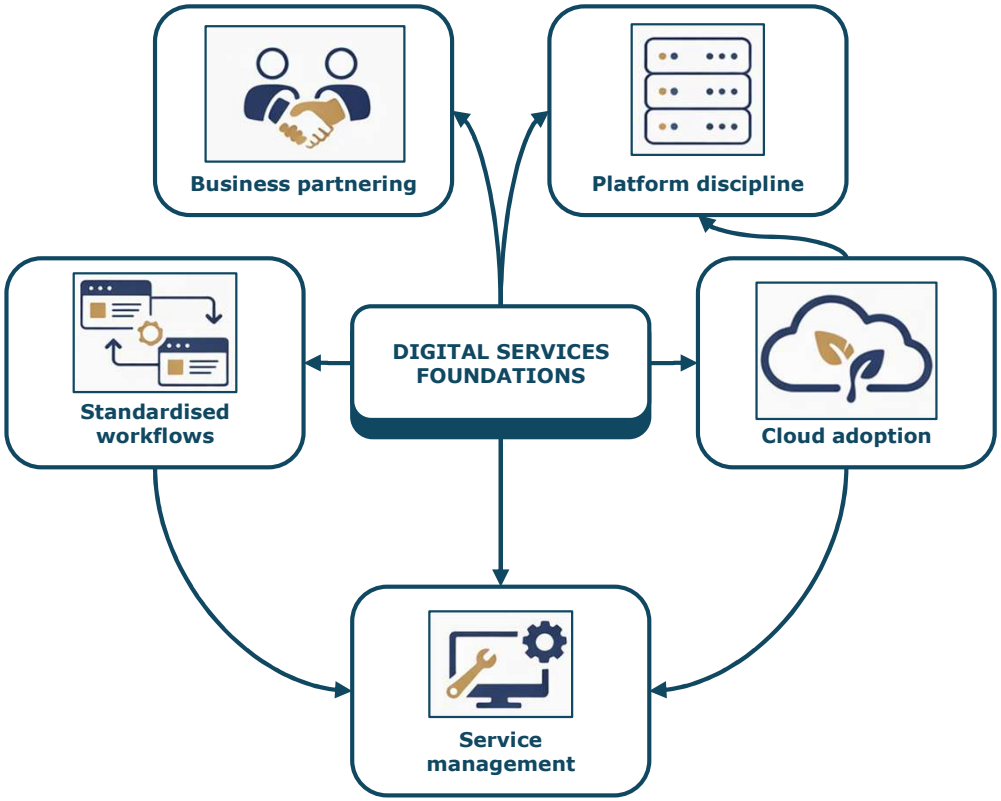
Business partnering will provide a consistent interface into Digital and Informatics and a structured way to turn service needs into well-formed demand. This will improve prioritisation, reduce reliance on informal escalation and manage delivery risk more effectively.

Standardisation of core digital workflows
We will standardise our core digital workflows so change is delivered more predictably, safely and transparently across services. Consistent approaches to demand, design, approval and release will reduce variation, rework and assurance gaps.

Process discipline will be presented as an enabler of pace and resilience rather than bureaucracy, with repeatable workflows supported by appropriate governance. The strategic intent is to set organisation-wide expectations for consistent adherence, while detailed process design follows later.

Platform discipline and consolidation
We will apply strong platform discipline to reduce complexity, improve supportability and control long-term cost. Building on proven platforms and reducing bespoke solutions will also strengthen resilience and cyber posture.

Successful consolidation will be used as a reference pattern, and any departure from agreed platforms will need clear justification and governance approval. This is in line with national direction toward shared platforms and reduces our future support and integration risk.



Cloud adoption and service sustainability
We will continue adopting cloud services where they improve resilience, scalability and sustainability. Cloud adoption decisions will be driven by service outcomes, risk and alignment with national architecture. This also supports NWSSP's IMTP principle on Sustainability, Decarbonisation and Resilience by favouring more efficient digital infrastructure choices that can reduce environmental impact while strengthening the continuity and adaptability of critical services.

Cloud adoption will need to consider whole-life cost, security, resilience, supplier dependency and exit from the outset. NWSSP will apply cloud-first principles pragmatically while protecting continuity of critical services, and will look to use cloud adoption as part of a wider shift toward more sustainable, resilient and lower-carbon digital service models where this is practical and proportionate.

Service management and operational interfaces
NWSSP will strengthen service management so that live digital services have clear ownership, predictable operational handling and better visibility of service health and risk. This will improve reliability and provide a practical interface with services, partners and suppliers.

Operational interfaces will reflect service criticality and user needs, recognising that some services operate beyond standard working patterns. The aim is to ensure support models and processes match risk and importance, with detailed arrangements developed later.

1.3 DATA FOUNDATIONS

NWSSP needs to be able to use data confidently, consistently and responsibly for its own services and act as a steward of system-wide information. These foundations focus on national alignment, disciplined reporting platforms and stronger governance so that data can become a managed organisational asset and support reusable information assets over time.

Organisational data maturity and direction
NWSSP's data capability is developing, but current approaches remain uneven across the organisation. In a national shared services context, strengthening data maturity will help NWSSP improve confidence in how information is used, managed and understood, while supporting our wider role as a trusted steward of information. The strategic direction is to treat data as a managed organisational asset by setting clear expectations for creation, description, governance and reuse. This also requires stronger information management capability so staff can interpret data responsibly and use insight to improve services and assurance.

Improving data maturity aligns with national direction that treats trusted data as essential to digital-first services and joined-up care. For NWSSP, this is a foundation for more consistent service delivery, adoption of AI and credible system-level contribution.

Alignment with the National Data Resource and National Target Architecture
We will align our data foundations with the National Data Resource programme and National Target Architecture so that our services remain compatible with national standards, platforms and interoperability patterns. This will reduce the risk of local choices creating future barriers and strengthens NWSSP's contribution to system-wide data initiatives. Designing local data structures with national expectations in mind will foster a sustainable model and ensure confidence in our data.

NWSSP will position itself as a contributor to national data platforms and an early adopter of agreed standards where appropriate. Whilst this section sets strategic compatibility and readiness, detailed integration planning is discussed later within the Capabilities domain.

Enterprise data and reporting platforms
NWSSP will retain a limited, controlled set of enterprise data and reporting platforms to minimise duplication and avoid unnecessary cost and fragmented capability. Platform discipline will help leaders rely on consistent organisational insight instead of reconciling competing versions of the truth.

Power BI will remain NWSSP's main enterprise reporting platform, while Qlik Sense will continue where it is integral to core finance reporting. This provides clear defaults, supports reusable skills and assets, and helps governance stay consistent.

New analytics or reporting tools will need to be tightly constrained and will need a clear strategic case with architectural and governance approval. This approach will avoid short-term local optimisation resulting in long-term cost, complexity or misalignment with NHS Wales direction.

Data governance, ownership and stewardship
Working with information governance, we will establish proportionate data governance so data is defined consistently, managed transparently and trusted for decisions. Strong governance is essential for safe, lawful handling of data and for reducing fragmented reporting and rework.

Governance will follow a federated model in which divisions remain accountable for their data while the organisation sets and assures common standards. This should support consistent definitions, data quality and documentation so data can be understood and reused more reliably.

We will build on the established information governance roles in each division to protect data quality, meaning and context. The intent will be to make governance an enabling function and to strengthen readiness for national alignment, with capability development handled later.

Central data leadership and coordination
NWSSP will create a central data leadership function to provide coherence, assurance and strategic alignment across divisional activity. The goal will be not to centralise all data work, but to ensure consistent standards, ownership, priorities and risk management where they matter most.

A Head of Data role will provide accountable leadership for enterprise data standards, cross-cutting issues and escalation. This role will work closely with Information Governance so data quality, privacy, security and sharing are treated as normal organisational controls, and will be key to how NWSSP interfaces on data matters with partners, national bodies and other organisations.

A cross-organisational Data Steering Group chaired by the Head of Data will oversee enterprise priorities and standards and connect divisional needs to national programmes. This should reduce duplication, strengthen assurance and support local capability within a shared framework.

Stewardship of system wide data and "Once for Wales" opportunities
NWSSP holds significant data on behalf of the wider NHS Wales system, and has a stewardship responsibility for datasets used beyond its own services. How these datasets are governed and assured directly affects confidence in shared insight and national reporting.

We will treat key datasets as system assets and design information products and flows for reuse where they have wider value to NHS organisations. This sets an expectation of consistent definitions, documentation and governance without centralising all data activity.

Where appropriate, NWSSP will contribute to reusable information assets and avoid duplicating emerging national solutions. Decisions on reuse and contribution will be guided by system value, national architecture and sustainability, with delivery detail addressed later in this strategy.

Capabilities

Grow - Embed - Enable

Capabilities

- Workforce Skills & Digital Confidence
- Digital Service Capability
- Data Capability & Literacy
- Automation & Intelligent Systems Capability

NWSSP will need to turn strong foundations in cyber, digital services and data into everyday practice by building the skills, behaviours and methods needed to embed consistency, strengthen confidence and enable scale within shared organisational and NHS Wales frameworks. This also underpins NWSSP's IMTP principle on Digital Transformation and Innovation by focusing capability development on the practical adoption of user-centred, data-informed and scalable digital ways of working.

Capability development approach
Capability development will be treated as a deliberate multi-year journey using a Grow, Embed and Enable model. The aim is to build baseline confidence first, then make good practice routine so change becomes repeatable, sustainable and less dependent on individuals.

2.1 WORKFORCE SKILLS & DIGITAL CONFIDENCE

All NWSSP staff need to be able to participate fully in digital ways of working through practical, role-relevant skills development. Digital inclusion measures and communities of practice will support this so that capability can be sustained and embedded more consistently across services.

Building practical, role relevant digital skills

NWSSP needs to establish a practical approach to digital capability. Staff are motivated to improve but often lack time, exposure and role-relevant examples. The goal will be to build confidence and competence so staff can use digital tools, data and automation safely in their own context.

NWSSP will adopt a more standardised multi-modal training approach that combines short targeted content, guided practice and service-based examples in a consistent learning design. Deeper and more specialist capability will be supported through structured learning packages delivered through identified training platforms, so staff can access the right level of development in a more coherent and sustainable way.

Learning will be designed as modular pathways so staff can build confidence in manageable steps, while more advanced packages support deeper specialist development where needed. This should make capability development more consistent, scalable and easier to support across NWSSP through agreed learning platforms and shared training patterns.

Role specific upskilling across services

Role-specific upskilling will reflect the fact that NWSSP services use digital tools in different ways and under different constraints. A generic training offer is not enough, so learning and support must match each service context.

Upskilling will focus on areas where stronger digital confidence can release capacity, reduce avoidable risk and improve reliability across operational, corporate and specialist services. This will also support inclusion by reaching teams whose ability to access learning can otherwise be overlooked.

Training will focus on better use of existing tools and data, understanding digital risks and dependencies, and improving confidence in working with Digital and Informatics. The aim will be to help staff improve local processes safely without depending on central teams for every change.

Digital inclusion and confidence enablers
NWSSP will treat digital inclusion as a practical capability enabler. Staff cannot build confidence or adopt new ways of working without equitable access to tools, support and learning time. Without this, capability work risks widening existing digital divides.

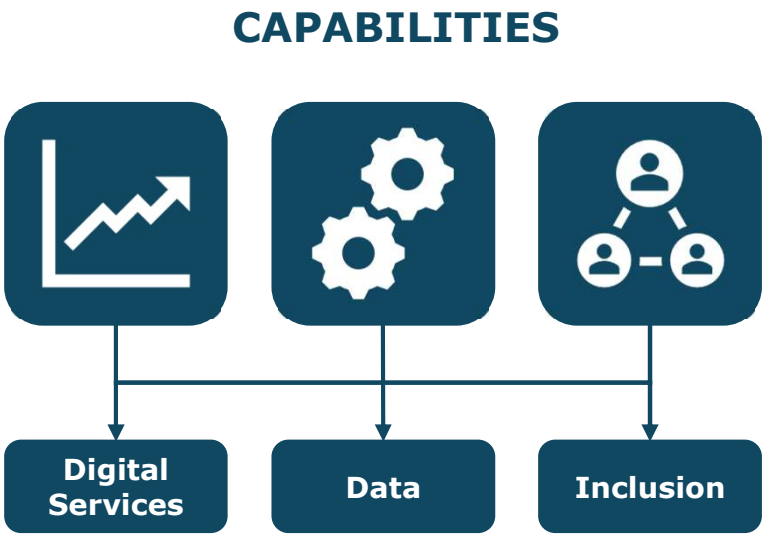
We will remove common structural barriers by ensuring appropriate equipment, enabled tools, encouraging protected learning time and safe opportunities to practice. These practical conditions are necessary for staff to participate fully in digital ways of working.

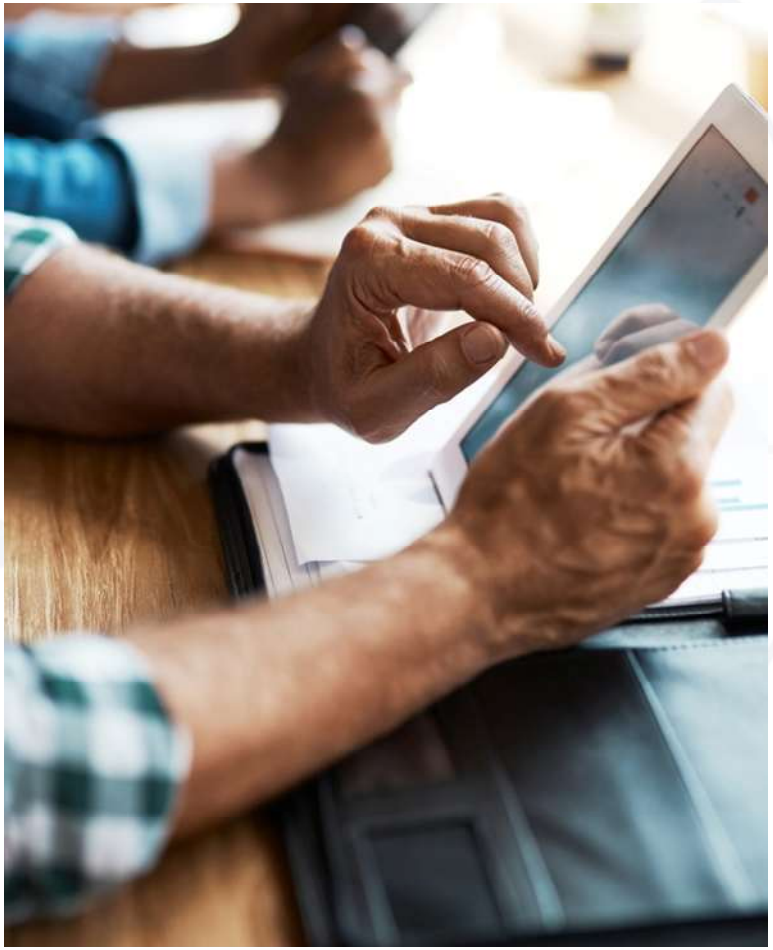
Support will be identified especially for staff with lower digital confidence, using guided help and peer support rather than relying only on self-service learning. Together, these enablers should keep capability development inclusive, sustainable and tied to service improvement.

Communities of practice and informal expertise
We will support communities of practice as a core way to build and sustain capability because formal training alone cannot keep pace with changing tools and methods. Communities help turn isolated good practice into repeatable organisational patterns.

Initial communities will focus on data and analytics, automation and RPA, and Microsoft 365 productivity, including Power Platform. They will provide peer support and spread proven solutions while keeping work aligned to standards, security and information governance.

We will connect existing informal expertise into formal support and governance routes so staff can share components, access guidance and learn from specialists and national partners. The aim will be to encourage experimentation and learning without creating unmanaged risk or hidden support costs.





2.2 DIGITAL SERVICE CAPABILITY

Digital service delivery across NWSSP needs to become more consistent, supportable and trusted. To achieve this, we will place an increasing emphasis on user-centred design, stronger delivery discipline, better business partnering, and clearer visibility of service quality, performance and risk.

User centred service design as standard practice
NWSSP will make user-centred service design the default so that digital services reflect real user needs and operational realities. This will help to reduce avoidable rework, lower support demand and improve trust and uptake.

In practice, services will need to be designed around end-to-end journeys and real-world constraints such as hand-offs, information quality, device access and support arrangements. Welsh language requirements will be built in from the start, as will accessibility and digital inclusion.

Making user-centred design routine will improve adoption, resilience and long-term value by getting to workable solutions faster. It will also align NWSSP with wider public-sector digital service principles.

Project, product and delivery discipline
NWSSP will strengthen our digital project, product and delivery discipline so that digital change becomes more predictable, better assured and less dependent on individual working styles.

Capability uplift will focus on shared, repeatable methods that are proportionate to complexity and risk. Building on a portfolio approach and digital framework will ensure the right level of oversight from feasibility through delivery, transition and benefits realisation.

Delivery discipline will be treated as an enabler of pace and innovation by improving ownership, visibility of risk and line of sight to benefits. This should help NWSSP prioritise and resource change more confidently while supporting consistent assurance for leaders.

Strengthened business partnering capability
The business partnering model will be strengthened so divisions experience a consistent, high-quality interface into Digital and Informatics and so risks and dependencies are identified early. Without this, demand fragments, expectations drift and change is driven through informal routes.

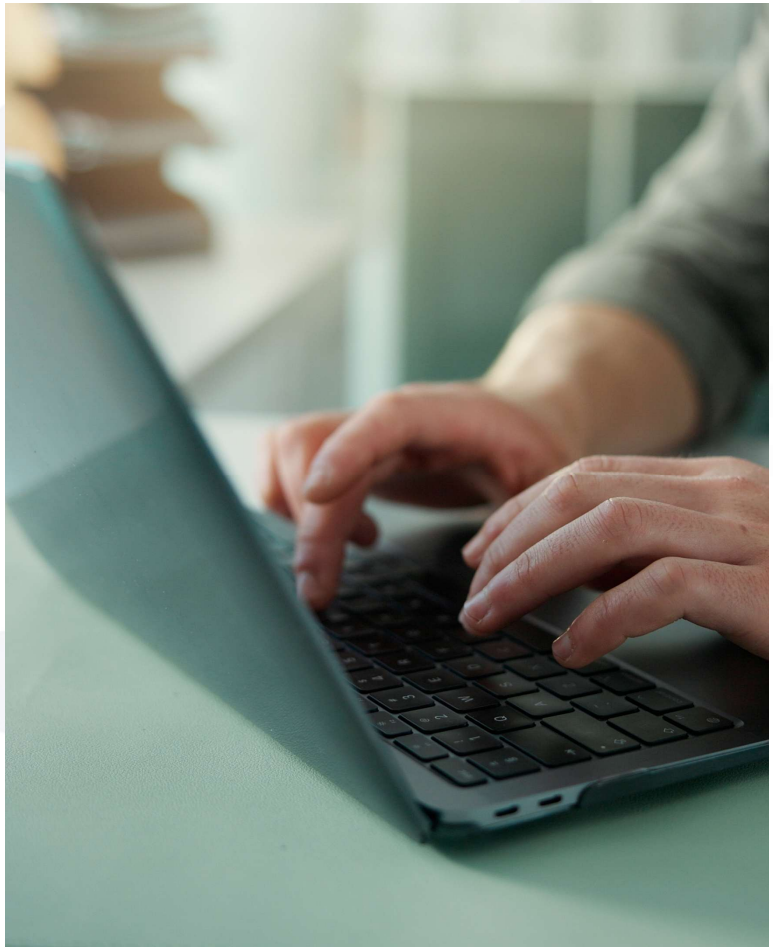
Business partners will use consistent methods to shape demand, options, prioritisation and trade-offs and will stay linked to service management and delivery teams. This will create joined-up engagement from early discovery through live service and improvement.

Over time, stronger business partnering should help divisions operate with more autonomy within shared frameworks because they will have clearer advice, standards and understanding of platform impacts. It also continues the previous strategy's emphasis on business relationship management as a key coordination mechanism.

Service quality, performance and risk awareness
We will build service quality, performance and risk awareness into how digital services are designed, operated and improved. This is essential because nationally relied-on services need early visibility of health and emerging risk to avoid reactive management and user disruption.

Services will be aligned to NHS Wales design principles, and be designed to be measurable, with clearer signals of good performance and degradation, and with stronger routines for surfacing risk early. This should help leaders make timely, proportionate decisions based on service oversight and learning.

The outcome of this capability will be greater confidence in service health information across the organisation, including at leadership level. This section defines the behaviours and methods that support that visibility, while detailed reporting products sit elsewhere.



2.3 DATA CAPABILITY & LITERACY

By emphasising practical data literacy, shared learning, proportionate governance and reusable insight, NWSSP can improve consistency and prepare for stronger national expectations.

Data literacy for operational decision making
NWSSP will build practical data literacy so operational decisions are informed by trusted insight rather than intuition or ad-hoc reporting. This is important because managers need to understand both what the data shows and its limits.

Development will focus on understanding data in context, asking better questions and interpreting insight for action, especially for operational and service managers. This should support earlier intervention, clearer prioritisation and more consistent oversight.

This will help us to use insight confidently in real service contexts rather than simply accessing reports and help NWSSP shift from producing information to improving understanding and operational assurance.

Communities, governance and access models
We will strengthen the conditions that make data capability practical by combining communities of practice, proportionate governance and clear access models. Confident data use depends on support, shared methods and trusted standards as well as skills.

A Data Community of Practice will support shared learning, while role-based access models will clarify who should see what data and why. Together, these should support appropriate use and stronger information governance without driving local workarounds.

A consistent data governance toolkit will make good practice easier to adopt through reusable guidance and artefacts. This should reduce variation, strengthen assurance and prepare NWSSP for stronger national expectations around reusable insight.

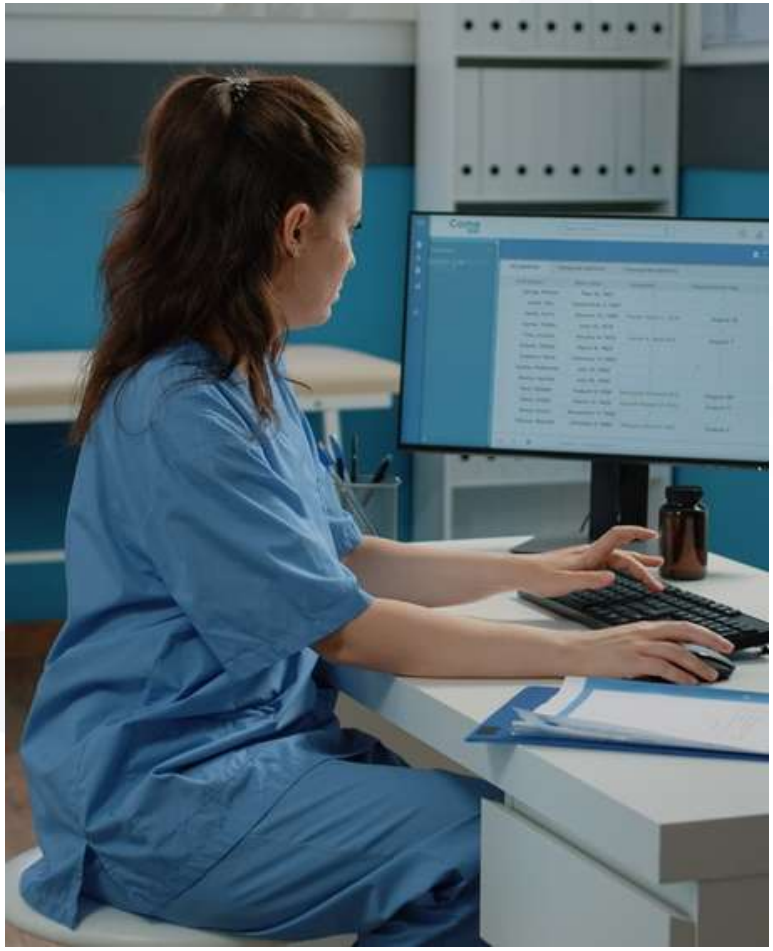
Reusable insight and analytical assets
We will develop reusable analytical assets so teams can build on shared, trusted foundations. This will help to reduce duplication, improve consistency and make performance and risk easier to compare across services.

These assets will be extendable locally without losing comparability and will stay aligned to governance, standards and platform discipline. Making them easier to discover and reuse should speed up insight generation and reduce reliance on ad-hoc spreadsheets and bespoke dashboards.

This approach also prepares NWSSP to meet rising national expectations for comparable, reusable insight across NHS Wales. Aligning assets conceptually to national standards should support future integration without turning this section into a technical delivery plan.

Insight acceleration and future integration
NWSSP will help divisions accelerate insight creation through practical guidance and reusable approaches for forecasting, demand modelling and performance analysis. This should reduce one-off bespoke work and help teams move more quickly from questions to action.

This work will also prepare NWSSP for future national integration by promoting methods that align with the National Data Resource and National Target Architecture, helping to build readiness and coherence now while leaving detailed sequencing to delivery governance.



2.4 AUTOMATION & INTELLIGENT SYSTEMS CAPABILITY

Scaling Robotic Process Automation (RPA) and intelligent systems will require a repeatable, supportable and well-governed approach, underpinned by a stronger governance model, responsible Artificial Intelligence (AI) guardrails, predictive insight and wider automation opportunities to improve productivity, resilience and trust.

Scaling automation capability
NWSSP will continue to scale automation as a core capability to release capacity, reduce manual error and improve resilience under financial and workforce pressure. Well-governed automation should reduce dependency on individual availability in high-volume processes.

We will strengthen our RPA governance model to provide standards, reusable patterns and specialist support while helping divisions develop automation opportunities locally. This will ensure automation is delivered consistently, securely and supportably, with clear expectations for governance, documentation and handover.

Automation will focus on repeatable, high-value and reusable use cases, with transparent cross-divisional prioritisation and support planned from the outset. This positions RPA as both a productivity tool and a resilience enabler for NWSSP and wider NHS Wales.

System wide automation opportunities
We will explore offering automation as a shared NHS Wales capability so organisations can reuse proven patterns, governance and specialist support instead of duplicating effort. This would help speed adoption and increase value from common platforms and standards.

In a constrained environment, shared automation should improve system efficiency by reducing fragmented local development and making reusable assets easier to find, adopt and maintain. It also positions NWSSP as a practical system enabler aligned with national digital, data and platform direction. Any wider automation offer will be demand-led, governed and bounded by clear limits on scope, capacity and assurance.

Safe and responsible use of AI
We will seek to enable AI use through clear expectations for transparency, accountability and information governance. Establishing trust depends on AI being used lawfully, ethically and safely, and although AI can improve productivity and knowledge work, it also brings distinct risks including bias, over-reliance and reduced control over sensitive information.

We will ground AI adoption in existing guidance covering fairness, transparency, privacy, security, safety and human oversight. These principles will be applied proportionately, with stricter scrutiny where AI could affect important decisions, rights or service users.

Initial AI adoption will focus on augmenting staff capability in areas such as process optimisation, decision support and insight generation without removing human accountability. Use will be controlled through clear tool and data-handling boundaries so NWSSP can learn safely now while preparing for more advanced future adoption.

Predictive and system level insight
NWSSP will build predictive and system-level insight so services can anticipate pressure instead of mainly reacting to it. Better forecasting and early warning should improve decision-making, day-to-day management and resilience across shared services. Early predictive work will focus on high-value use cases such as demand forecasting, inventory management and capacity planning by applying repeatable analysis to existing operational data. Over time, this will support earlier intervention, better cross-divisional coordination and clearer conversations with partners about shared pressures.

Predictive capability will be governed around data quality, transparent assumptions and human oversight so insight remains safe, resilient and trustworthy in operational use. It will also align with national data and analytics direction so that our work stays interoperable, reusable and low risk.

Outcomes

Deliver - Optimise - Demonstrate Value

Outcomes

Service-level

Organisation

System

The practical effect of stronger foundations and capabilities should be seen over time in improved services, greater organisational resilience and stronger system-level contribution across NWSSP and the wider NHS Wales system, rather than in a fixed delivery timetable.

Outcome model
The outcome model presents progress as cumulative, moving from dependable delivery to optimisation and then to demonstrable system value as foundations and capabilities mature. It is meant to explain the pattern of progress without implying a fixed delivery timetable.

Outcomes will be evidenced through service performance, organisational assurance and system-level contribution so different audiences can see practical value clearly. Together, these views link the strategy's foundations and capabilities to benefits for services, NWSSP and the wider system.

3.1 SERVICE LEVEL OUTCOMES

These service-level outcomes describe how the implementation of the strategy will improve the reliability, efficiency, supportability and decision-making of the services NWSSP delivers. They also show how shared, well-governed platforms can accelerate safe innovation and strengthen service quality, resilience and user experience.

More reliable, supportable digital services
Strengthened foundations and service capability will make NWSSP's digital services more reliable, predictable and resilient in day-to-day operation. Because these are shared services, better reliability benefits multiple organisations across NHS Wales rather than only NWSSP itself.

Supportability will be built in through disciplined platform choices, stronger delivery methods and better service management, reducing dependence on fragile bespoke solutions. Over time, this should lower operational risk, ease support demands and improve the user experience.

Clearer ownership and accountability for live services will make service health, decisions and improvement easier to manage, including where suppliers or national platforms are involved. This should strengthen assurance and help issues be identified and addressed earlier rather than only after disruption.

Improved service efficiency and throughput
NWSSP expects better service efficiency and throughput as digital, data, AI and automation capabilities become routine in daily operations. In high-volume services, even small improvements should increase responsiveness and support sustainability under financial pressure.

Efficiency gains will come from reducing manual effort and variation through standard workflows, shared platforms and better use of trusted data, with automation applied where appropriate under clear governance. This should help services handle demand more consistently and reduce rework from inconsistent local practices. This also supports NWSSP's IMTP principle on Operational Efficiency and Service Modernisation by linking service improvement to streamlined processes, reduced unwarranted variation and more consistent use of digital tools and evidence.

Over time, these changes should release staff capacity, improve resilience and strengthen the experience of teams relying on timely and accurate services. Progress will be shown through service performance and operational assurance rather than through isolated technology deployments.

Better service level decision making
NWSSP services will make better decisions when managers and teams can routinely use trusted insight that reflects real operations. This is especially important in shared services, where weak information can drive reactive management and disruption across NHS Wales.

As data foundations improve, teams should rely less on ad-hoc reporting methods and inconsistent local reporting as definitions, sources and data quality become clearer and more trusted. This will reduce time spent reconciling data and allow managers to focus more on decisions and action.

With more reliable insight embedded in routine management, services should be better able to anticipate demand, spot emerging pressure and manage performance proactively. This outcome is linked to stronger data governance, literacy, reusable assets and predictive insight rather than to specific reporting products.

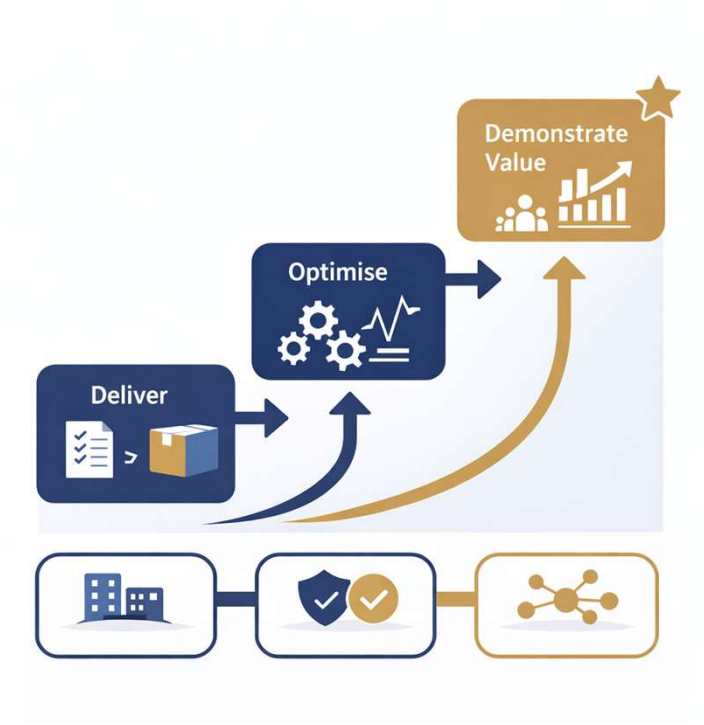
Innovation on shared platforms
NWSSP services will be able to innovate faster and more safely by building on shared, supported platforms and reusing proven patterns. Controlled platform-based innovation is easier to secure, support and scale than fragmented bespoke solutions.

Where NWSSP has well-governed, widely adopted platforms, services will be able to improve more quickly without rebuilding technical foundations each time. Innovation is therefore accelerated by clear architectural guardrails, user-centred design and disciplined delivery rather than by adding more platforms.

Over time, this approach should reduce duplication by making it easier to reuse components, configurations and proven ways of working across services. It will also help NWSSP keep local innovation aligned with wider NHS Wales standards and evolving national services.

3.2 ORGANISATIONAL OUTCOMES

These organisational outcomes describe NWSSP becoming a more productive, resilient and confident national shared services organisation through simpler operations, stronger assurance, a more capable workforce and better decision-making. Together, they show how disciplined platforms, resilience practices, digital confidence and shared insight support sustainable performance under pressure.



Increased organisational productivity and sustainability
We aim to increase productivity and sustainability by making digital change consistent and repeatable across services rather than leaving it as isolated improvement. This is essential for maintaining service quality and responsiveness in a financially constrained environment.

Productivity gains will come from scaled automation, more efficient digital and data workflows, and stronger service management. The goal will be to reduce manual effort, shorten cycle times and improve throughput without creating unmanaged burden or reliance on workarounds.

Sustainability will improve through disciplined technology choices and platform consolidation that reduce cost, complexity and support overhead while strengthening cyber posture. Over time, this should help NWSSP plan investment more confidently and align digital services to long-term priorities and NHS Wales direction.

Stronger organisational resilience and assurance
We will strengthen organisational resilience and assurance by improving oversight of cyber risk, service resilience and the ability of critical services to withstand disruption. Because its services are relied on nationally, resilience is a core accountability issue as well as a technical one.

Assurance will be strengthened through decision-grade visibility of cyber posture and organisational risk, supported by regular testing of incident response, disaster recovery and business continuity. This will provide practical evidence of resilience and ensure that learning leads to stronger controls and behaviours over time.

As a result, NWSSP should be better able to demonstrate to regulators, auditors and partners that it has credible oversight and continuous improvement focused on service continuity, safety and organisational exposure. This will strengthen trust and support more confident governance and investment decisions.

More confident, capable workforce
NWSSP aims to build a more confident and capable workforce by making digital capability part of routine practice across services rather than concentrating it in a few teams or individuals. Greater everyday digital competence should improve resilience, consistency of change adoption and reduction of avoidable risk. This also supports NWSSP's IMTP principle on Workforce Development, Leadership and Culture by helping create a more confident, skilled and resilient workforce that is better able to engage with change and deliver high-quality services.

Staff will be better able to use digital tools and trusted data in their own context because the strategy invests in practical skills, inclusion enablers and communities of practice. As capability grows, we will rely less on ad-hoc workarounds and more on consistent methods and supported platforms.

This will help to create a workforce that can engage more confidently with digital change, automation and service improvement. For NWSSP, this will provide a strong base for continuous improvement, innovation and contribution to a digitally ready NHS Wales workforce.

Better organisational decision making
NWSSP will make better organisational decisions when leadership can rely on a consistent organisation-wide view of performance, demand and risk. As data foundations, literacy and reusable analytical assets mature, NWSSP should spend less time reconciling competing views and more time acting on shared evidence. This will support decision-grade insight across governance forums while still preserving service-level context.

This will help us to prioritise investment more transparently, balance cost, risk and service impact, and connect strategy more clearly to operations. Embedding shared insight into leadership routines should also improve the timeliness and quality of decisions while maintaining assurance and accountability.

3.3 SYSTEM LEVEL OUTCOMES

These system-level outcomes describe how NWSSP will contribute reusable capability, assurance patterns and expertise across NHS Wales beyond its own organisational boundaries. The focus is on alignment with national direction, reduced duplication and collaborative system value within clear governance limits.

Contribution to national data and digital architecture
NWSSP will contribute to national data and digital architecture by aligning its data practices and assets with the National Data Resource programme and National Target Architecture. As a shared services organisation managing data used beyond itself, this helps strengthen national planning, assurance and improvement.

Over time, our data and insight should become more reusable beyond organisational boundaries as they become governed, documented and structured for safe interpretation and use. This will support NHS Wales in developing comparable system-wide insight without every organisation repeating the same analytical work.

A more coherent national contribution should reduce duplicated analytics across Wales by encouraging reuse of shared data models, measures and reporting patterns. This reinforces NWSSP's role as a system enabler and helps focus effort on service improvement instead of rebuilding information assets repeatedly.

System wide assurance and resilience opportunities
We will support system-wide assurance and resilience by sharing approaches and patterns that improve confidence in the continuity of critical services across NHS Wales. A more coordinated approach should reduce duplicated assurance effort while improving its quality and comparability.

This includes opportunities to standardise cyber assurance, risk reporting and service resilience using CAF-aligned expectations and national assurance approaches. Shared patterns and evidence requirements should make assurance clearer, more decision-grade and less bespoke across organisations.

Over time, this could reduce duplicated assurance effort, improve visibility of dependencies and residual risk, and strengthen system confidence in critical shared services. NWSSP's role is collaborative and contributory, with detailed service models and reporting products left to governance and delivery assurance.

Automation and insight as shared capabilities
NWSSP aims to offer automation and insight as shared capabilities so NHS Wales organisations can adopt proven approaches more quickly and consistently. Reusing patterns, methods and governance should let organisations focus more on service improvement than on repeatedly solving the same problems.

Reusable automation and insight assets should reduce duplication by giving organisations clearer starting points, shared patterns and more consistent assurance expectations. This should improve system-wide efficiency while still allowing local adaptation within agreed frameworks.

Where appropriate and governed, these shared capabilities could also support wider public sector partnerships beyond NHS Wales. The intent is to enable collaboration and reuse where there is mutual value while keeping sustainability and NHS Wales service commitments paramount.

Strengthened system partnership role
NWSSP aims to strengthen its system partnership role by being recognised as a trusted delivery partner and source of expertise in digital, data and automation across NHS Wales. High-trust relationships are essential if shared services are to provide consistent, supportable capability and help address system priorities collaboratively. This also supports NWSSP's IMTP principle on Collaboration, Governance and Strategic Partnerships by reinforcing the importance of transparent partnership working, shared accountability and alignment with national partners across Wales.

Over time, this should position digital capability as a shared system asset by making it easier to reuse methods, patterns and specialist support where there is common value. It also reinforces that collaboration and reuse must be governed in ways that protect sustainability and service continuity.

Stronger partnership should be visible through clearer collaboration with Health Boards, Trusts, national bodies and Welsh Government, aligned to shared digital, data and assurance expectations. The aim is to reduce duplication and fragmentation by contributing NWSSP capability transparently where it adds value across organisational boundaries.

Digital Objectives

The objectives set out here turn this strategy into a small set of clear commitments that connect the Cyber Security, Digital Services and Data pillars to the strategy's Foundations, Capabilities and Outcomes structure. They reflect feedback calling for greater clarity, shared ownership and stronger measurable outcomes aligned with IMTP priorities and NWSSP's national shared-services role.

Establish a predictable, value-driven digital operating and delivery model

Strengthen cyber security and end to end digital service resilience

Build workforce confidence to safely exploit digital and AI capabilities

Improve digital inclusion through access, mobile enablement and confidence

Enable data-led decision making across services and leadership

Strengthen our role as a system data steward

Scale automation and AI as a trusted, system wide improvement capability

Reduce digital complexity and strengthen leadership assurance

Establish a predictable, value-driven digital operating and delivery model

Why is this important?
Delivering this objective will give NWSSP a clearer and more dependable way to plan, prioritise and deliver digital change, reducing ambiguity for services and making ownership, decision-making and delivery expectations more consistent across the organisation. In practice, this should improve the predictability and supportability of digital services, reduce rework and informal escalation, strengthen leaders' visibility of performance, risk and value, and create a stronger line of sight between investment and measurable organisational benefit.

Measuring success
Success will be evidenced through adoption of the operating model and standard delivery methods across services, improved service performance and reliability, clearer benefits realisation for digital investments, more consistent demand and prioritisation processes, and stronger organisational assurance that digital change is being delivered in a controlled, transparent and value-driven way.

- At least 80% of in-scope digital change initiatives using the agreed operating model and standard delivery methods by the end of year 2.
- At least 90% of priority digital investments with defined benefits measures and quarterly benefits reporting in place.

Strengthen cyber security and end to end digital service resilience

Why is this important?
Delivering this objective will strengthen NWSSP's ability to protect and sustain critical digital services by making cyber security and service resilience visible, governed and routinely managed as core organisational responsibilities rather than isolated technical concerns. In practice, this should improve service continuity, reduce the likelihood and impact of disruption, strengthen recovery and response arrangements, and give leaders greater confidence that resilience risks are understood, tested and acted on in proportion to service criticality.

Measuring success
Success will be evidenced through clearer leadership oversight of cyber and service resilience, stronger assurance against agreed resilience standards, regular testing of incident response, disaster recovery and business continuity arrangements, improved visibility of service health and risk, and demonstrable improvement in the recoverability, assurance and resilience of critical digital services over time.

- 100% of critical digital services with documented incident response, disaster recovery and business continuity arrangements reviewed annually.
- At least one resilience tests or exercises completed each year for every critical service or service group.
- A year-on-year reduction in high-risk cyber or service resilience gaps against agreed assurance standards.

Build workforce confidence to safely exploit digital and AI capabilities

Why is this important?
Delivering this objective will help NWSSP build a more confident, capable and adaptable workforce that can use digital tools, data, automation and AI safely and effectively in everyday work, rather than relying on a small number of specialists or informal workarounds. In practice, this should improve staff confidence, reduce avoidable risk, support more consistent adoption of digital ways of working, and enable services to realise greater value from existing and emerging technologies.

Measuring success
Success will be evidenced through increased participation in role-relevant learning and communities of practice, improved staff confidence and self-reported capability, safer and more consistent use of approved digital and AI tools, reduced reliance on unsupported local practices, and clearer examples of digital, data and automation capability being applied to improve service quality, productivity and resilience.

- At least 75% of staff completing role-relevant digital, data or AI learning each year.
- A 20% improvement in staff confidence scores for using approved digital and AI tools by year 3.

Improve digital inclusion through access, mobile enablement and confidence

Why is this important?
Delivering this objective will help ensure that all staff, including those in operational and mobile roles, can participate fully and confidently in digital ways of working by removing practical barriers related to devices, access, connectivity, time and support. In practice, this should improve inclusion, reduce frustration and reliance on informal workarounds, increase the consistency of digital adoption across services, and enable more staff to benefit from digital tools in ways that improve productivity, service quality and resilience.

Measuring success
Success will be evidenced through improved access to appropriate devices and enabled tools, greater participation in digital systems and mobile ways of working, reduced reports of access-related barriers, improved staff confidence and satisfaction with digital enablement, and clearer signs that more inclusive access is supporting safer, more consistent and more effective service delivery.

- At least 95% of staff in identified roles with access to appropriate devices and enabled digital tools by the end of year 2.
- A 30% reduction in reported access, device or connectivity barriers in staff surveys or service feedback over three years.

Enable data-led decision making across services and leadership

Why is this important?
Delivering this objective will help NWSSP move from fragmented reporting and ad-hoc interpretation toward a more confident, consistent and routine use of trusted data in day-to-day management and strategic leadership. In practice, this should reduce time spent reconciling competing information, improve visibility of performance, demand and risk, support earlier and better-informed decisions, and strengthen organisational confidence that action is being guided by shared evidence rather than local interpretation alone.

Measuring success
Success will be evidenced through more consistent use of agreed data and insight in operational and leadership forums, reduced reliance on manual reconciliation and local workarounds, improved confidence in the quality and usefulness of reporting, clearer evidence that insight is informing prioritisation and intervention, and measurable improvement in the timeliness, consistency and quality of decision-making across services and leadership.

- A 40% reduction in time spent on manual data reconciliation for recurring performance reporting in targeted services.
- A 20% improvement in user confidence scores for the quality and usefulness of management reporting by year 3.

Strengthen our role as a system data steward

Why is this important?
Delivering this objective will strengthen NWSSP's role as a trusted steward of data used beyond its own services, improving confidence that system-wide information is governed consistently, described clearly and managed in ways that support safe reuse and national alignment. In practice, this should reduce duplication, make trusted information assets easier to share and build on, strengthen assurance around data quality, ownership and stewardship, and position NWSSP to contribute more effectively to Once for Wales approaches and wider NHS Wales planning, reporting and improvement.

Measuring success
Success will be evidenced through clearer data ownership and stewardship arrangements, stronger alignment of key datasets and information assets with national standards and architecture, improved confidence in the quality, consistency and reusability of shared information, and visible examples of NWSSP contributing trusted, reusable data assets that support organisational, system and national decision-making.

- 100% of identified priority system datasets with named owners, stewards and documented governance arrangements by the end of year 2.

Scale automation and AI as a trusted, system wide improvement capability

Why is this important?
Delivering this objective will help NWSSP move from isolated experimentation toward a more trusted, governed and scalable use of automation and AI that improves productivity, resilience and service quality across services. In practice, this should reduce manual effort and avoidable variation, make high-value improvement patterns easier to reuse, strengthen confidence that automation and AI are being applied safely and responsibly, and position NWSSP to support wider NHS Wales adoption where there is clear shared value.

Measuring success
Success will be evidenced through increased use of approved automation and AI approaches in priority services, clearer governance and guardrails for safe adoption, more reusable assets and repeatable delivery patterns, measurable improvement in service efficiency, quality or resilience from deployed use cases, and stronger confidence among leaders and services that automation and AI are being used in a controlled, sustainable and value-driven way.

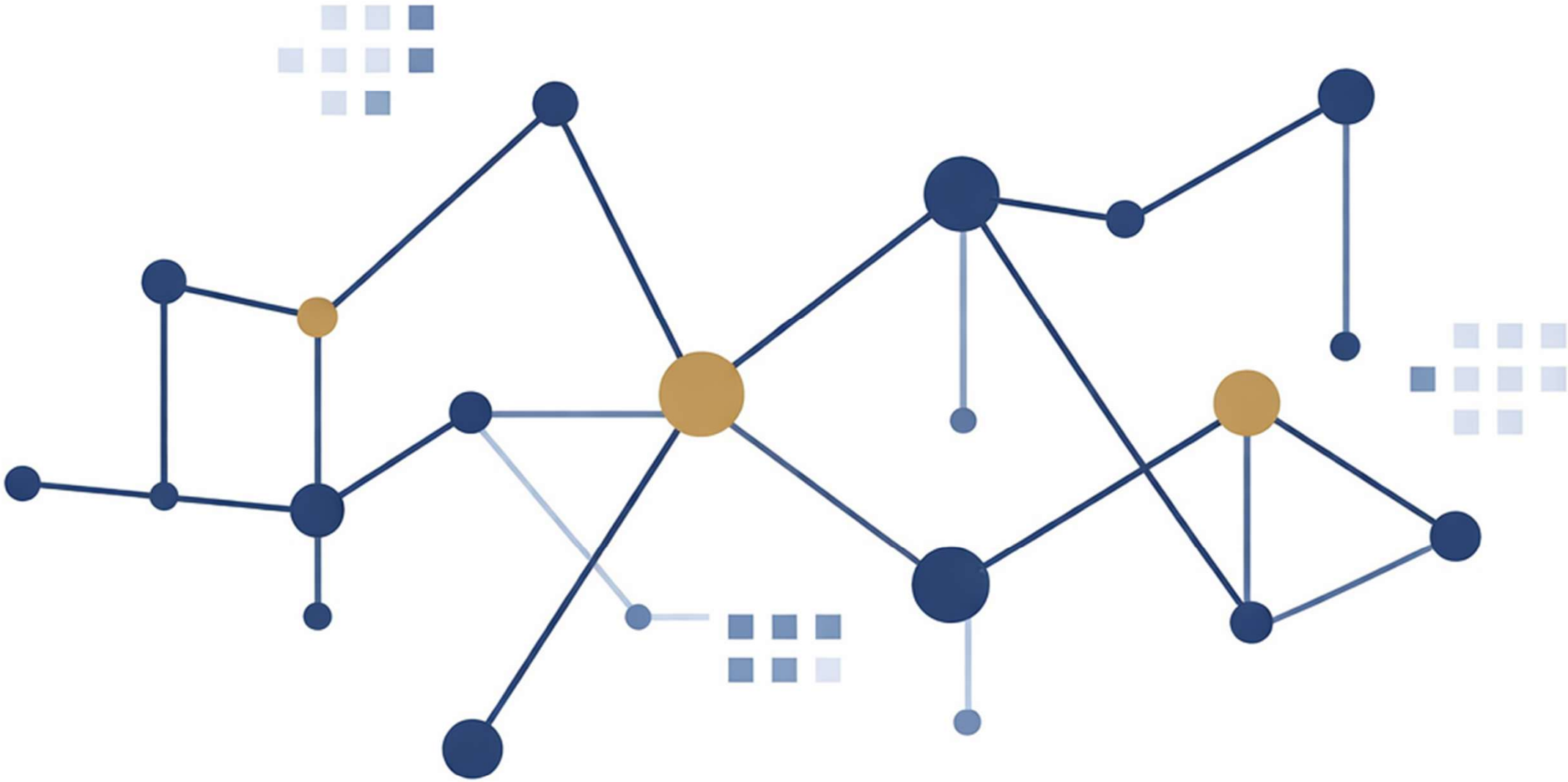
- At least 15 priority automation or AI use cases deployed into live service by year 3.
- A measurable 20% improvement in cycle time, effort or throughput in services supported by priority automation or AI use cases.

Reduce digital complexity and strengthen leadership assurance

Why is this important?
Delivering this objective will help NWSSP reduce avoidable complexity in its digital estate and ways of working, making services easier to support, improve and govern while giving leaders a clearer and more integrated view of performance, risk and value. In practice, this should reduce confusion caused by platform sprawl and inconsistent processes, strengthen line of sight between live service health and organisational priorities, and improve confidence that digital investment, change and risk are being managed in a more coherent and disciplined way.

Measuring success
Success will be evidenced through a more controlled and sustainable set of digital platforms and processes, clearer leadership reporting on service performance, resilience, risk and value, reduced reliance on fragmented local solutions, improved consistency in governance and assurance routes, and stronger organisational confidence that digital services and investments are being managed in a transparent, supportable and strategically aligned way.

- A 30% reduction in the number of unsupported, duplicate or non-strategic digital platforms or approaches in scope by year 3.
- All leadership forums receiving a standard integrated digital assurance report covering performance, risk, resilience and value each quarter.



GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 16/07/2026

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

Teitl yr Adroddiad/Title of Report:

Opportunities Pipeline

Arwwinydd/ Lead:	Rebecca Nelson, Director of Planning, Performance and Informatics
Awdur/ Author:	Rebecca Nelson, Director of Planning, Performance and Informatics
Swyddog Adrodd/ Reporting Officer:	Rebecca Nelson, Director of Planning, Performance and Informatics

Pwrpas yr Adroddiad/Purpose of the Report:

To provide the Committee with an update on the NWSSP Opportunities Pipeline, including initiatives already in hand for 2026/27 for **NOTING**, and to seek **APPROVAL** of the proposed approach to undertaking discovery work on medium- to longer-term opportunities before any final decision on development and implementation.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
Tystiolaeth/ Supporting evidence:	Appendix 1 – NWSSP Opportunities Pipeline

Ymgynghoriad/Consultation:

Discussed and supported at SLG in June 2026.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to: • **NOTE** the update on initiatives already in hand for 2026/27. • **APPROVE** the proposed approach to undertaking discovery work on medium- to longer-term opportunities before any final decision on development and implementation.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Implementation of the strategy supports NWSSP's commitment to developing a skilled workforce and fostering an inclusive workplace culture.

Cyfreithiol/Legal:	No direct impact.
Iechyd Poblogaeth/ Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Successful implementation of the pipeline opportunities will have a positive impact on the quality of services NWSSP is able to deliver.
Ariannol/Financial:	Potential savings will be identified.
Risg a Aswiriant/ Risk and Assurance:	Outlined below.
Dyletswydd Ansawdd/Duty of Quality:	Successful implementation of the pipeline opportunities will have a positive impact on the quality of services NWSSP is able to deliver.
Gweithlu/ Workforce:	Successful implementation of the pipeline opportunities may require a change in workforce needs.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

OPPORTUNITIES PIPELINE

1. SITUATION

Following IMTP touchpoint meetings with NHS Performance and Improvement and Welsh Government in February 2026, NWSSP developed an opportunities pipeline to enhance support to NHS Wales. In March 2026, initiatives were identified to improve efficiency and user experience through innovation, automation, service expansion, and process redesign. Additional opportunities have been identified through ongoing engagement and require further discovery and Committee consideration.

2. ASSESSMENT

The pipeline includes initiatives already underway, medium-term opportunities, and longer-term developments. These aim to improve quality, deliver cost savings and income generation, enhance efficiency, and strengthen resilience across NHS Wales. Delivery will be phased, with some initiatives embedded in existing programmes and others requiring further scoping.

3. GOVERNANCE/RISKS

Key risks include capacity constraints, dependency on discovery work, funding approvals, and interdependencies with major programmes such as Future Workforce Solution, TrAMs, and Oracle systems. Governance will be through TMO, IMTP monitoring, and Committee oversight with formal approval stages.

4. RECOMMENDATION

The Committee is asked to:

- **NOTE** the update on initiatives already in hand for 2026/27.
- **APPROVE** the proposed approach to undertaking discovery work on medium- to longer-term opportunities before any final decision on development and implementation.

NHS Wales Shared Services Partnership Opportunities Pipeline

Situation

The purpose of this paper is to provide the Committee with oversight of the opportunities pipeline for 2026/27 and future years, including initiatives already under way and opportunities requiring further development.

Background

As part of the IMTP touchpoint meetings held with NHS Performance and Improvement and Welsh Government in February 2026, NWSSP was asked to develop an opportunities pipeline setting out how it could provide additional support to the NHS in Wales. In March 2026, the Senior Leadership Group identified a number of initiatives intended to improve efficiency and end-user experience through innovation, service expansion, automation and process redesign. These initiatives reflect the continuous development of existing NWSSP services and progress will be reported to the Committee during 2026/27.

Further discussions have also identified a number of medium- to longer-term opportunities through regular performance review meetings, peer discussions and direct engagement with partner organisations. Some of these opportunities would represent a more significant change in the scope or nature of services currently provided by NWSSP and will therefore require further consideration with, and input from, Committee members. At this stage, they are included for information and to signal the intention to undertake discovery-phase scoping work. Committee approval will be sought before any opportunity progresses to detailed design and implementation. The development session planned for autumn 2026 is expected to provide an opportunity to explore these initiatives further.

Separately, NWSSP is completing the Grip and Control self-assessment exercise, which focuses on the control framework underpinning budgetary management across the organisation. This will be reported to the Committee and Audit Committee in July 2026, alongside an action plan setting out where controls can be strengthened and implemented more consistently across all divisions.

Assessment

Key risks and dependencies: Delivery of the pipeline will depend on the timely completion of discovery work, the availability of leadership and specialist capacity, staff transfer arrangements where applicable, and agreement on funding and business case requirements. Progress will also need to be managed alongside interdependencies with wider programmes, including the Future Workforce Solution, TrAMs and Oracle Financial Management System developments. These factors may affect the pace at which individual opportunities progress from scoping to implementation.

2026/27 work already commenced

The table below summarises the opportunities already under way. These will be incorporated into standard TMO progress reporting arrangements to the NWSSP Senior Leadership Group and to the Committee, or added to the IMTP progress monitoring report as new objectives for 2026/27.

Initiative	Strategic benefit	Impact	Status	Next milestone	Lead	Target date
Estate rationalisation	Rationalise the estate footprint and secure sustainable accommodation solutions across South East and North Wales.	£ cost saving	Search activity is under way in South East Wales. Engagement with partner organisations is planned to test North Wales options, including Llandudno Junction.	Complete the option appraisal and confirm the preferred estate solution.	Jonathan Nettleton Head of Estates and Facilities	Q2
Laundry service efficiency review	Improve the sustainability of laundry services through service	Operational efficiency	An option appraisal is in progress to assess service consolidation	Conclude the appraisal and identify the	Anthony Hayward Assistant Director of	Q2

Initiative	Strategic benefit	Impact	Status	Next milestone	Lead	Target date
	reconfiguration or external income generation.	£ income generation	and wider market opportunities.	recommended delivery model.	Laundry Operations	
Accounts Payable redesign	Increase efficiency and release capacity through automation and a standardised operating model.	£ Cost saving Operational efficiency	A baseline assessment has been completed and is informing the wider change approach. New Head of Accounts Payable appointed to start in post in October 2026.	Develop the change plan and confirm implementation timetable.	Linsay Payne Deputy Director of Finance with responsibility for Accounts Payable	Q3/Q4
Fleet optimisation review	Identify opportunities to improve fleet efficiency, utilisation and value for money.	£ Cost saving Operational efficiency	Delivery is linked to the external review commissioned through the agreed PBC for 2025/26.	Receive the review findings and agree the priority improvement actions.	Jonathan Irvine Director of Procurement & Health Courier Services	Q2
Payroll modernisation	Modernise payroll delivery and release capacity in advance of the Future Workforce Solution.	£ Cost saving Operational efficiency	Progress is dependent on Swansea Bay's transition to SMA App, which remains a key prerequisite.	Confirm the dependency timeline and agree the scope of modernisation.	Darren Rees Deputy Director of Employment Services	Q2
Procurement framework access model	Generate additional income through framework access arrangements for non-	£Income generation	The opportunity has been identified and now requires development	Develop the business proposition, pricing approach and	Jonathan Irvine Director of Procurement &	Q2

Initiative	Strategic benefit	Impact	Status	Next milestone	Lead	Target date
	NHS Wales organisations.		into a deliverable commercial model. Engagement has been undertaken with 3rd parties and we are awaiting final confirmation.	implementation plan.	Health Courier Services	
Direct purchasing agreements	Strengthen supply resilience through direct purchasing arrangements with manufacturers. Value and Sustainability on non-pay.	Quality £Cost saving	The opportunity has been identified and is ready for prioritisation and market scoping. Engagement has begun with potential manufacturers.	Confirm priority categories and commence market engagement.	Jonathan Irvine Director of Procurement & Health Courier Services	Q2
TrAMs programme delivery – Additional benefits	Improve resilience and deliver cash-releasing benefits through the TrAMs programme.	Quality £Cost savings	Delivery is progressing through the existing programme, with South West and North hub projects now mobilised.	Monitor hub delivery milestones and confirm the associated benefit profile. Additional opportunities on ward boxes and pharmacy offerings.	Laura Jayne Keating Director of Pharmacy Services	Yr1-Y3

Initiative	Strategic benefit	Impact	Status	Next milestone	Lead	Target date
Future Workforce Solution delivery	Reduce external dependency and streamline transactional HR services through a centralised delivery model.	Operational Efficiency	This work sits within the wider FWS programme and now requires clearer definition of scope and expected benefits.	Confirm scope, dependencies and anticipated service and financial benefits.	Gareth Hardacre Director of Workforce, OD and Employment Services	Yr1-Yr3
Oracle Finance point release	Support the Finance Operating Model through improved use of existing Oracle functionality.	Operational Efficiency	The opportunity has been defined and now requires formal agreement of scope and delivery requirements.	Agree the requirements and approve the delivery plan.	Alison Ramsey Director of Finance and Corporate Services	Q2
Medicines value procurement	Deliver targeted savings through enhanced analytics and more focused medicines procurement.	£Cost savings Quality Operational Efficiency	The opportunity has been identified, with investment required to enable the necessary analytical capability. Awaiting approval of business case by Welsh Government.	Develop the investment case and confirm the benefits profile.	Laura Jayne Keating Director of Pharmacy Services	Q2
Primary care low vision service	Improve user experience through a more responsive product access model.	Quality £Cost saving	The opportunity has been identified and now requires definition of the operational delivery model.	Confirm the operating model and implementation requirements.	Nicola Phillips Director of Primary Care Services	Q2

Additional opportunities

The table below summarises additional opportunities identified for further discussion and initial scoping, prior to any subsequent decision on development and implementation.

Initiative	Strategic benefit	Impact	Status	Lead
Medical workforce recruitment	Consistency of approach across NHS Wales. Alignment with workforce planning including international recruitment.	Quality £Cost Saving Operational Efficiency	A number of WODs have requested that NWSSP consider this opportunity.	Gareth Hardacre Director of Workforce, OD and Employment Services
All Wales Staff Bank	Easier cover for sickness, vacancies and busy periods. Less reliance on agency. Keeps experienced NHS workers within the service.	Quality £Cost Saving Operational Efficiency	Project scoping exercise established.	Gareth Hardacre Director of Workforce, OD and Employment Services
Primary Care procurement	Improved compliance with new Procurement Act. Consistency of approach across NHS Wales.	Quality	Primary Care Directors have raised concerns about compliance driven by capability and capacity concerns in their local teams. A recent Audit Wales report highlighted weaknesses in an isolated case. Lack of capacity within NWSSP to absorb this without additional resource.	Jonathan Irvine Director of Procurement & Health Courier Services Nicola Phillips Director of Primary Care Services

Initiative	Strategic benefit	Impact	Status	Lead
	Alignment with Community by Design principles. Knowledge of GP practice arrangements and established stakeholder relationships within Primary Care Services.			
Estates procurement	Improved compliance with new Procurement Act. Consistency of approach across NHS Wales. Could be developed on a regional footprint, not necessarily a national footprint.	£Cost saving Operational Efficiency	Lack of capacity within NWSSP to absorb this without additional resource.	Jonathan Irvine Director of Procurement & Health Courier Services Stuart Douglas Director of Specialise Estates Services
Local Counter Fraud Services – South West Wales	Regional collaboration model, whilst not mandating a national model.		Request from DoFs in the South West region for NWSSP to host local counter fraud services under a Lead LCFS. Draft paper prepared by the DoFs shared with NWSSP in June 2026 for further development.	Alison Ramsey Director of Finance and Corporate Services

Initiative	Strategic benefit	Impact	Status	Lead
	Consistency of approach to service delivery and risk assessment. Resilience in the workforce. Career development opportunities. Aligns with Counter Fraud Strategy for NHS Wales.		Professional leadership and support from the Head of Counter Fraud Wales.	
Accounts Receivable	Processing consistency with standardised policies for invoicing, credit checks, collections and write-offs. Improved customer experience with a single point of contact. Single source of truth for AR data allowing improved monitoring, benchmarking and analytics.	Operational Efficiency	Early stage of exploration	Alison Ramsey Director of Finance and Corporate Services

Longer-term initiatives

Initiative	Strategic benefit	Impact
All Wales Decontamination Services	Centralisation would reduce bureaucracy and present best service based upon locality and clinical need rather than organisational need. It provides an opportunity to reduce certification and accreditation costs by operating a single quality management system across Wales, thereby reducing the overhead in the maintenance of SOPS, equipment, training, and potentially spreading the costs of third party inspections. It also provides resilience by ensuring that the specialist expertise required is available across the whole of the Welsh NHS rather than being siloed within Health Boards.	Quality £Cost saving Operational Efficiency
Shared Business Services for Wider Public Sector	NWSSP already provides high-quality administrative and professional services across NHS Wales. By widening the scope of our services, NWSSP will be able to	£Income generation

Initiative	Strategic benefit	Impact
	generate a public sector distribution back into NHS Wales. Investment may be needed for new systems/process in order to provide services to non-NHS bodies.	

Recommendation

Taken together, the opportunities set out in this paper provide a structured basis for strengthening NWSSP's contribution to service improvement, efficiency and resilience across NHS Wales, while ensuring that more significant opportunities are progressed in a measured way with appropriate Committee oversight.

SSPC is asked to:

- NOTE the update on initiatives already in hand for 2026/27.
- AGREE the proposed approach to undertaking discovery work on medium- to longer-term opportunities before any final decision on development and implementation.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 16 July 2026

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

Teitl yr Adroddiad/Title of Report:

NHS Wales Emergency Preparedness, Resilience & Response Annual Report 2025/26

Arwwinydd: Lead:	Andrew Francis, Head of Emergency Planning Resilience and Response
Awdur: Author:	Andrew Francis, Head of Emergency Planning Resilience and Response
Swyddog Adrodd: Reporting Officer:	Rebecca Nelson, Director of Planning Performance and Informatics

Pwrpas yr Adroddiad: Purpose of the Report:

For the Shared Services Partnership Committee to consider and **APPROVE** the report prior to submission to the NHS Performance and Improvement Division.

Llywodraethu/Governance:

Amcanion: Objectives:	To provide assurance to the Shared Services Partnership Committee that NWSSP's arrangements for business continuity and emergency planning are robust, effective, and fit for purpose.
Tystiolaeth: Supporting evidence:	A copy of the report to be submitted to the NHS Performance and Improvement Division can be found at **Appendix 1**.

Ymgynghoriad/Consultation:

This report has been considered and agreed by the NWSSP Senior Leadership Group meeting at its meeting in June 2026.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	Members are asked to consider and **APPROVE** the report prior to its submission to the NHS Performance and Improvement Division.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact.
Cyfreithiol/Legal:	This report provides evidence of NWSSP's compliance to Welsh Government Directives under the NHS Act 2006 to carryout emergency planning and business continuity activities. And whilst

	NWSSP are not legally required, the attached report satisfies the duties of the Civil Contingencies Act 2004 and the commitment to align the activities and functions of NWSSP to the International Standard for Security and Resilience Business Continuity Management Systems requirements.
Iechyd Poblogaeth/ Population Health:	Mitigates/reduces risk of service failures to NHS Wales.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Ensures provision of services as far a reasonably practicable during disruptions to business functions that support patient care.
Ariannol/Financial:	No additional financial implications.
Risg a Aswiriant/ Risk and Assurance:	Provides evidence of a commitment to risk management and continual improvement of the business continuity activities of NWSSP.
Dyletswydd Ansawdd/Duty of Quality:	Provides evidence of alignment to international standards.
Gweithlu/ Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

NHS WALES EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE ANNUAL REPORT 2025/26

1. INTRODUCTION

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS Wales Performance and Improvement Division, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience of NWSSP.

For clarity, references to Emergency Preparedness, Resilience and Response are abbreviated to EPRR, and references to the Joint Emergency Services Interoperability Principles are abbreviated to JESIP, throughout this report.

2. BACKGROUND

The attached report highlights the progress and activity made by NWSSP in 2025/26. It provides evidence of activities and plans that show that NWSSP is fully committed and engaged and embedding emergency planning and business continuity within its organisation business processes.

It highlights the improvements made on the 2024/25 report which received a very favourable response by the NHS Performance and Improvement.

The response to the NWSSP from the NHS Wales Emergency Preparedness, Resilience and Response Annual Report of 2024/25 stated:

> *"NWSSP has made **notable progress in establishing a more formalised and coordinated EPRR capability**, supported by the appointment of a dedicated Head of EPRR providing strategic leadership and operational guidance. This is complemented **by a network of Business Continuity Champions across directorates,** ensuring local ownership of resilience planning and regular review of a structured work programme.*
>
> *Governance and integration with wider NHS Wales arrangements are well established, with active participation **in national EPRR groups, Local Resilience Forums, and cross-sector partnerships,** strengthening alignment and information sharing. Operationally, NWSSP has clear arrangements for incident response, including **a Planning and Response Group aligned to JESIP principles,** and ongoing review of corporate business continuity arrangements to enhance command and control structures.*
>
> *There has been significant **progress in cyber resilience and assurance**, including completion of the Cyber Assessment Framework (CAF), development of action plans, regular vulnerability testing, phishing exercises, and participation in national cyber networks. **This is supported by a programme of training, exercising (including "exercise in a box"), and continuous improvement activity**. A recent internal audit made three recommendations to strengthen and improve the governance and reporting of cyber, all of which have been implemented."*

3. GOVERNANCE AND RISK ISSUES

If NWSSP does not continue to maintain high levels of emergency planning and business continuity, the services it provides will be at risk. The risk assessment and planning processes must be maintained to respond to the impact of business disruptions or the requirements of external plans reliant on the services of NWSSP, i.e. pandemic or mass casualty response.

The benefits of an established business continuity management system have already begun to be realized through evidence of effective pre-planning and response within incident debriefs, and the actions to improve when lessons learned are identified.

The continued activity and progress ensure that NWSSP will attain a "Significant" assurance status.

4. CONCLUSION

NWSSP have continually improved its business continuity management system (BCMS) during 2025/26. It is progressing well toward full alignment of ISO 22301

(International Standard for Business Continuity). NWSSP whilst not designated under the Civil Contingencies Act (CCA) as a Category 1 or 2 responder, NWSSP complies with the duties of the CCA and has proven to be highly capable of working within National and Welsh multi-agency incident response structures.

NWSSP is well prepared for the Welsh Governments/NHS Performance and Improvement future intention to introduce new "Welsh Emergency Planning Standards" and continues to encourage managers to embed the ethos of emergency planning and business continuity into business-as-usual processes.

5. RECOMMENDATION

- The Shared Services Partnership Committee is asked to:
    - **APPROVE** the NHS Wales Emergency Preparedness, Resilience and Response (EPRR) Annual Report for NWSSP 2025-26; and
    - **NOTE** that, following approval, the Managing Director of NWSSP will sign the report prior to its submission to the NHS Performance and Improvement Division.

GIG CYMRU NHS WALES | Perfformiad a Gwella Performance and Improvement

NHS WALES EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE ANNUAL REPORT 2025/26

Name of NHS Organisation	**NHS Wales Shared Services Partnership**	**Date**	
Signature of the Managing Director NHS Wales Shared Services Partnership			

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, NHS Wales Performance & Improvement and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. NHS P&I will review reports from across the system, seeking assurance that organisations:

- **Mitigate where possible against the risks identified within the NSRA and Wales Risk and Preparedness Register;**
- **Have a robust emergency plan in place for responding to major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber-attacks etc);**
- **Have appropriate business continuity management arrangements in place;**
- **Regularly test the efficacy of organisational plans through training and exercise; and**
- **Ensure staff have the appropriate training in command-and-control processes and maintain their skills and knowledge including through CPD opportunities.**

Governance

1. **Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.**

Rebecca Nelson, Director of Planning, Performance and Informatics

2. **Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

As Above

3. **Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

Andrew Francis Head of Emergency Planning Resilience and Response.

4. **Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

As above supported by Lauren Vicary Business Continuity and Planning Co-ordinator and Business Continuity Champions in each Division.

5. **Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).**

Gareth Hardacre, Director of People & Organisational Development.

6. **Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

The Head of Emergency Planning Resilience and Response (EPRR) is available for day-to-day advice and strategic guidance to directorates.

There is a network of business continuity champions covering each directorate and which meet on a quarterly basis. This network is chaired by the Head of EPRR. There is a BCP work plan reviewed at every meeting.

The Head of EPRR and the Executive Lead are engaged in NHS P&I Executive and Tactical Level meetings, HSCEY System Resilience Group, Welsh Government and National Emergency Planning Groups. NWSSP are available to be called into the Local Resilience Forum's on an ad-hoc basis if requested.

Procurement and Resourcing teams are engaged in the 4 Nations approach to procurement and supply chain management through representation on the National Supply Disruption Response Network (NSDR) and for medicines our Pharmaceutical Sourcing and Pharmacy Business Continuity leads represent NWSSP/NHS Wales on the medicines management forum such as the Medicines and Healthcare products Regulatory Agency (MHRA)

A Planning and Response Group, comprising the Senior Leadership Group and other key staff, can be stood up immediately in the event of an emergency. This is the NWSSP process documented in our NWSSP Overarching Business Continuity Plan. This plan has been reviewed to improve command and control structures in line with the JESIP principles.

The Head of Cyber Security is part of the public sector and health leads of digital groups with information shared across NHS Wales via the Operation Security Service Management Board and through Cymru Warp to the wider public sector.

Our Cyber competent authority is Welsh Government with monitoring and audit being undertaken by the Cyber Resilience Unit hosted in DHCW.

7. **How does your organisation record EPRR related risks and how are these overseen by the Board? Please provide a copy of your organisation's EPRR risk register or equivalent.**

An analysis is made of the risks in the NSRA and Wales Risk Outlook to evaluate what risks may impact NWSSP. This is discussed at our Business Continuity Champions Meeting and presented to SLG when significant issues are highlighted. It is available on our Business Continuity and Emergency Planning SharePoint page.
In addition, NWSSP have guidance on the process of Business Continuity Impact Assessment as part of the individual departmental BCP development process. This ensures that departments do not just consider generic risks, but evaluate potential impacts to product/services, process/systems and activities. This serves to identify departmental specific risks in addition to generic risks. Significant risks can be placed in the corporate risk register, and Directors can take significant risks to the Senior Leadership Group (SLG).
A lessons learned update is now presented to the SLG meetings if significant lessons learned or residual risks are identified through exercise or incident. The lessons learned log is also available on our Business Continuity and Emergency Planning SharePoint page.

Key Areas of Progress 2025/26

8. **For each priority detailed in your 2024/25 Emergency Planning Annual Report, please provide details of progress made in delivering these alongside barriers encountered and how these have been addressed.**

- **An improved system of business continuity and emergency planning document management and reporting.**
  - Microsoft Teams has been used to collate BCMS documents and to provide a central repository for BIA and BCPs along with minutes of meetings, risk assessments and other relevant documentation.
  - Each division/department has their own folder.
  - Work is underway to identify a more automated system. The aim is to further advance document management not only on for the BCMS but also for corporate document management.

- **Improved system of testing and exercising of BC plans and reporting.**
  - Exercises are programmed by the EPRR team where Departments require or request facilitation to test their BIAs, BCPs and DRPs. The EPRR Team work with Heads of Department to design exercises that test their preparedness for their BIA risk profile.

- **Review and improve command and control structures in line with the JESIP principles.**
  - The JESIP principles have been embedded in our Business Continuity and Major Incident management courses, Loggist course, the NWSSP BCP, and included in the departmental BCP template and guidance. This was tested during Exercise Pegasus.

- **An organisationally accessible lessons learned register embedded into the organisation**
  - A post incident/exercise briefing template is now available for managers to highlight good practice or opportunities for Improvement/lessons learned. There is now a Live Lessons Learned register on the Business Continuity Teams Channel which is linked for viewing on our Business Continuity and Emergency Planning SharePoint page.
  - Lessons learned are presented to the Senior Leadership Group (SLG).

- **Commencement of organisational wide departmental BCMS compliance reviews aligned to ISO22301**

- A programme of Departmental ISO 22301 compliance reviews has been published for 2026/27 with an SOP for the Compliance Review Process, Review Check lists, and manager information in place.
- The outcomes of the compliance reviews will be reported to the SLG and feed the EPRR departmental support programme.

- **Review the need for an on-call rota requirement.**
  - An initial evaluation of the need for an on-call rota system was completed. The outcome was that there is currently sufficient assurance with the established Health Courier Service receiving calls and escalating to the relevant directors or the Head of EPRR or Executive Lead OOHs. This will be re-evaluated prior to the new radio pharmacy system commencing operations as there may be a need for a different response mechanism in this area.

Business Continuity Management

9. Describe your organisation's business continuity management system which ensures the continuation of critical functions during disruptive incidents / events that would require escalation to NHS P&I EPRR team / National Security and Resilience function within Welsh Government.

NWSSP departments have been developing their BCPs to deal with disruptive events.

NWSSP are represented on several groups with established methods of incident response with partners detailed in "All Wales" and National Response Plans. These include CBRN Countermeasures, Pandemic PPE distribution, Mass Casualty and Supply Chain response etc. which NWSSP have tested their role previously.

NWSSP are part of groups such as; NHS P&I, Executive Civil Contingencies Group, The Health Emergency Planning Advisory Group, The Health, Social Care and Early Years System Resilience Group, The National Supply Chain Disruption Response Group, Department of Health and Social Care, Medicines and Health products Regulatory Agency and will attend the Local Resilience Forums (LRFs) on request, to assess risk, develop and test plans.

Should there be need to ensure a multi health agency approach there was a need to escalate to the NHS P&I team to assist co-ordinate a response, this has been included in the new draft NWSSP BCP.
NHS P&I will now be included general communications updates during incidents to ensure that NHS P&I are fully briefed as to the situation and able to be a central point for incident information for other departments in Health and Welsh Government.

ICT systems are subject to separate ICT escalation procedures and Disaster Recovery Plans (DRPs) that will involve either the escalation and activation of third-party suppliers or DHCW. If there is a need to inform the WG with an Early Warning Notification due to the significance of the incident, this will be managed either by DHCW or the NWSSP Internal ICT/Cyber team via the NWSSP Communications Team. The NHS P&I team are not identified as having any action within ICT escalation and response processes. However, NHS P&I have been added to the circulation of ICT Incident communications.

Major Incident / Emergency Plan

10. What activation systems, action cards and suitably trained and equipped staff does your organisation have in place to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

The response to an external alert from HB's or WAST is received by the Health Courier Service (HCS) On-Call system. The managers will then be made aware of the type of issue and will either deal with the issues within the HCS duty system or escalate to the relevant Director, the Director of Performance Planning and Informatics or the Head of EPRR.

Premises issues i.e. power or utility loss, flooding will activate specific premises BCPs with managerial escalations detailed.

Other departmental impacts/disruptions have their own individual BCPs with levels of the impact activating requisite levels of Command and Control that mirror the JESIP doctrine. Action cards are part of the BCPs.

Multi Agency Plans and All Wales plans will have specific actions and activation methods for NWSSP i.e. CBRN Countermeasures, Pandemic, Mass Casualty etc,

Activating Business Continuity Plans

All Incident Response Levels in the table below will be used by NWSSP to ensure consistent notification, escalation and co-ordination of incidents.

1	**A business continuity incident that can be locally managed, (at a specific service level) i.e. Bronze level, without invocation of a declared business continuity incident.**
2	**A business continuity/emergency incident that requires invocation of specific service(s) and specific BCP's and Management Co-ordination that ensures tactical incident co-ordination. The Division may need to set up a Tactical Coordination Team.**
3	**A business continuity/significant incident that requires invocation of more than one Division BCP's, requiring invocation of the NWSSP Strategic level co-ordination arrangements.**

Threat Mitigation/ Security

11. What written procedures does your organisation have in place that may be needed to respond to a change in threat level to critical?

12. Please provide details of any actions undertaken to prepare for the introduction of Martyn's Law (Terrorism (Protection of Premises) Act 2025)

Our premises are not open to the public as with some Health Board sites and hospitals. However, NWSSP has new lockdown guidance for managers. This details triggers and action to be considered to protect staff and premises from unauthorised access. Within this guidance, the escalation to UK Threat level to Critical is mentioned as a trigger for increased consideration of lockdown procedures.

An assessment of the impact of Martyn's Law has been conducted and presented to the NWSSP Senior Leadership Group in 2025. The assessment has been placed on the BC and EPRR SharePoint Page. No significant issues for NWSSP due to its operating model. (Assessment included in submission)

Power Outage

13. What business continuity arrangements does your organisation have in place for maintaining critical services in the event of a major power outage?

Specific critical sites have alternative power supplies.
There are specific BCPs for each NWSSP premises coupled with individual departmental business continuity plans that consider loss of premise/power supplies etc.
There is also an overarching National Power Outage (NPO) BCP being progressed in conjunction with the progress of the additional generator installation and solar panel installations etc. This plan will also have a section on Electric Vehicles.

14. Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g. protocols, guidance, exercising etc) to respond to a major power outage?

NWSSP commissioned a full power supply report on its main warehouse resulting in the installation of new generators being procured. Reuse of existing generators at its main warehouse will be utilised at another site to increase capacity.
The estates department has produced BCPs for each of the NWSSP sites with details of what to do in case of power failure.
As part of the decarbonisation programme NWSSP considers alternative power solutions such as Solar during the decision making and design of premises modifications.

15. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

The main areas of risk, i.e. vaccine stores pharmacy, temperature-controlled and key warehouse activity areas are covered by alternative power supplies, and local UPS for specialist equipment requiring specific safeguards.

Other specialist equipment such as the Primary Care Scanners which are hosted on a landlord managed site, are now subject of mutual arrangements with another Health Organisation to enable NWSSP access to their scanning facilities if required.

The power assessment was carried out in 2025 as part of the new radio pharmacy project and general site BCP requirements.

Mass Casualty Incidents

16. Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness or effectiveness of response.

NWSSP are part of the 6 monthly Major Incident Communications test. This tests the NWSSP ability to receive and respond to incident notified via WAST. This includes mass casualty incidents in addition to other types of incidents which may require emergency supplies to be dispatch including assisting the WBS in sending bloods to replenish the Wales Air Ambulance Service.

NWSSP also have procedures in place to dispatch CBRN Countermeasures and other specific actions to respond to HB and WG/PHW requirements, such as supply of drugs to ITU/HDU, Pandemic consumables if required and requested via establish protocols.

NWSSP also have their contact details on the ABM OD weekend on call contact sheets to ensure weekend availability is maintained.

The Medical Examiners Service also consider the impact to services in a mass casualties' incident and consider the potential loss of medical examiners if they are called back to HBs to respond to a mass casualty event and have surge plans in place for this and other types of surge impacts.

17. Is the organisation able to operate effectively within NHS Wales Mass Casualty Incident Arrangements, including surge capacity, clinical coordination and command and control, as part of a Wales wide response?

NWSSP is not affected by the same impacts of a mass casualty event as a Health Boards. However, it has the capacity to respond to blue light responses for the WBS, CBRN Countermeasures if required, convey Mass casualty bags for WAST, and Pharmacy can activate buffer stock of specific drugs used in the ITU/HDU.
Additionally, our non-medicine and medicine (Pharmacy) Procurement Teams would be able to assist in urgent consumables and medical supplies should the need arise.

Cyber Resilience

18. What are your business continuity arrangements for responding to a cyber-attack / ICT incident impacting across the organisation?

NWSSP have a dedicated Cyber Response Team with Cyber monitoring systems in place.

The Head of Cyber Security is part of the public sector and health heads of digital groups. Information is shared across NHS Wales via the Operation Security Service Management Board and through Cymru Warp to the wider public sector.

Risks, Threats and Vulnerabilities are raised through a network of Cyber Organisations such as the National Cyber Security Centre, and The Welsh Government Cyber Security unit, DHCW and other Bonafide sources. This feeds the NWSSP Threat assessment and response.

Our competent authority is Welsh Government with monitoring and audit being undertaken by the Cyber Resilience Unit hosted in DHCW.

NWSSP have carried out the Cyber Assessment Framework (CAF). From this activity, a Cyber improvement plan is already underway.

In cases of Cyber-attack, NWSSP will work with relevant parties i.e. Suppliers, DHCW or others to activate the appropriate Disaster Recovery Plans.

There is an escalation flow chart for the Cyber Team to follow.
Included in the Cyber response is engagement of the NWSSP Communications team to ensure that any early warning notifications are provided to the WG.

Each department has BCP plans to where possible, maintain a level of service during ICT system disruption or failure.

19. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

Cyber Security risk is the number one risk on the risk register and divisions also hold and monitor in their own risk register. A CAF improvement programme of works is in place**.**

20. Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.

Over the previous 12 months, NWSSP has strengthened its cyber resilience through a structured programme aligned to national standards and best practice. An independent assessment against the Cyber Assessment Framework has informed a prioritised improvement plan, supported by enhanced governance, policies and risk management arrangements.

Operational preparedness has been improved through the development of incident response guidance, playbooks and workshops, alongside the establishment of dedicated response capabilities and continuous monitoring.

NWSSP has actively participated in national cyber exercises and undertaken scenario-based testing to validate response arrangements, complemented by ongoing staff training and engagement

Technical resilience has been enhanced through investment in security monitoring and threat detection, while supply chain risks have been addressed through procurement improvements. A recent internal audit made three recommendations to strengthen and improve the governance and reporting of cyber security, all of which have been implemented.

These activities are integrated with business continuity and major incident arrangements, ensuring a coordinated, organisation-wide approach to resilience.

Outbreak of an Emerging Infectious Disease and Pandemics

21. Please describe the plans you have in place to respond to an outbreak of an emerging infectious disease or pandemic.

NWSSP have protocols in place to provide Vaccines, PPE and HCID equipment to HBs on instruction of the Welsh Government who instruct NWSSP in consultation with PHW.
NWSSP 12 weeks and 16 weeks supply of specific products for pandemic stock.

There is a specific medicine "buffer stock" maintained by our Pharmacy department, in the case of global shortages or supply chain issues.

NWSSP have a National Contingency Planning Pharmacist who liaises with the Service Director of Pharmacy Technical Services. They provide pharmaceutical response and also review stock to ensure minimal loss due to stock going out of date and maintaining operational readiness.

NWSSP has a well-established Supply Chain, Logistics and Transport and Procurement teams who are well versed in emergency response and capable of blue light transportation for emergency medical supplies.

22. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

Supply chain risks are managed as well as can be reasonably practicably achieved through both non-medical sourcing and procurement teams and the medicines sourcing teams being part of the NSDR, DHSC, and MHRA health groups who maintain constant monitoring of supply chain issues as part of BAU supply chain security.

Therefore, this risk is as well managed as possible, however supply chain can be interrupted through many issues such as the restriction of countries releasing stock held. The pandemic PPE stock is intended to provide a buffer to any supply chain interruption that may be caused by excess demand in a pandemic situation.

23. What action has the organisation taken following Exercise Pegasus to implement learning from the exercise?

In terms of the activities required of NWSSP, NWSSP proved the capability to service 4 LRF's. However due to NWSSP not being considered as a member by some LRF's and not properly included in the exercise along with the subsequent confirmation from NHS P&I that NWSSP is not a designated Cat1 or 2 responder under the Civil Contingencies Act 2004 (CCA), NWSSP will now send representatives to any HSCEY/NHS P&I co-ordination planning and response meetings and set up internal Operational Tactical and Strategic co-ordination to ensure a proportionate internal command and control structure. NWSSP will respond to specific requests from LRF for information or assistance in normal planning times if required on an ad hoc nature.

CBRN

24. What business continuity arrangements does the organisation have in place to respond to a chemical, biological or radiological incident?

There are plans in place that include our Pharmacy Teams, Health Courier Service and WAST to ensure timely distribution of CBRN countermeasures. There is also an overarching PHW Countermeasures plan that feeds into the NWSSP response flow charts and procedures.

25. Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

Reviews of the current processes have been concluded with no changes made by Pharmacy. NWSSP are currently in discussions around the renewal of the WG/NWSSP SLA for the storage and distribution of CBRN countermeasures, with the possibility of agreeing response and delivery KPI's.

26. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

Stable Iodine stock – (Potassium Iodide/ate). All stock held is in South Wales, with the assumption of delivery to Radiated areas. There is a need for review and clear instructions from WG as to dispersal plans. There is a risk to NWSSP staff entering Radiation Zone etc. Further engagement from Robert Griffiths of WG for guidance in conjunction with NHS P&I is needed. A Patient Group Directive may also be required.

Training, Exercise and Lessons Management

27. What arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Management Register) does the organisation have in place?

Please describe these below and provide a copy of your lessons identified register if one is held locally.

NWSSP have a process for the debrief of incidents and exercises. There is now a lesson learned register available on the Business Continuity Champions Teams Channel, and it is linked to the EPRR SharePoint page for open access. To assist managers and business continuity champions, and exercise debrief course has now been devised.

Lessons Learned are presented to the SLG.

28. What actions has the organisation in the previous 12 months taken in response to the recommendations identified in any national public inquiries?

There have been no specific outcomes impacting NWSSP from any public inquiries in the last 12 months other than as 23 above.

29. Please provide the dates during 2025/26 when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Details of communications/activation test undertaken			
Clinical Capacity Comms Alert	Stand up of CC Group	Health Courier Service (HCS) team, Senior Leadership Team (SLG) and key response staff	29/07/2025
Clinical Capacity Group Comms Test	Test of WAST alert receipt and NWSSP internal escalation	HCS, SLG and key response staff	04/06/2026

b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Details of tabletop training exercise			
POD Exercise	Surge requirement for mass recruitment	Members of POD Away Day	03/06/2025
North Wales LRF Cyber Exercise	Cyber Attack Multi agency involved	EPRR and ICT/Cyber teams	06/06/2025
WAST Comms Exercise	Receipt of MI Alert	HCS system, EPRR, Comms and SLG Staff	16/06/2025
SWLRF Cyber Exercise	Cyber Multi Agency	EPRR and Accounts Payable ICT Lead	23/06/2025
PCS Departments	Loss of multiple ICT/Cyber attack	PCS staff X9	08/07/2025
Laundry	Loss of Bundle Connect	Laundry managers, ICT/Cyber and EPRR staff	24/07/2025
Clinical Capacity Comms Alert	Stand up of CC Group	HCS team & EPRR	29/07/2025
DHCW Cyber Exercise	Cyber/Active Directory loss	EPRR, Cyber and ICT staff	16/09/2025
Accounts Payable	Loss of Oracle via TEAMs	101 Account sPayable staff - Division Development Day. Morning exercise session	02/10/2025
Accounts Payable	Loss of Oracle via TEAMs	109 Accounts Payable staff - Division Development Day. Afternoon exercise session	02/10/2025
North Wales LRF	Loss of Telecommunications	EPRR, Cyber staff LRF Partners	07/10/2025
PHW Exercise Bite Back		EPRR staff	18/11/2025

WAST Major Incident Alert Test	Test of Everbridge and NWSSP What's App response	HCS and other NWSSP staff response	26/11/2026
All Wales Pharmacy Exercise	Loss of Staff and Loss of ICT	All Wales Pharmacy Directors & NWSSP EPRR	27/02/2026
Fuel and Supply Chain TTX and Discussion	Fuel Shortage and Supply Chain Disruption	HCS, Procurement and EPRR	23/03/2026
Counter Fraud Service Exercise	ICT loss	All Wales Counter Fraud Team and EPRR	07/05/2026
Clinical Capacity Group Comms Test	Test of WAST alert receipt and NWSSP internal escalation	HCS and other Staff	04/06/2026

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Details of major live or simulated exercises undertaken			
Pegasus Phase 1 Emergence	Pandemic Emergence	EPRR, Business Continuity Champions, Procurement, TMO, PPI , PCS, Legal, Finance and Pharmacy BC Lead.	22/09/2025
Pegasus Phase 2 Emergence	Pandemic Emergence	Procurement, PCS, EPRR, Andrew Smallwood, Jonathan Irvine, Finance, Corporate, POD, Communications, Accounts Payable and Pharmacy BC Lead.	13/10/2025
Pegasus Phase 3 Emergence	Pandemic Emergence	MES, PCS, Pharmacy, National Clinical Logistics, Procurement, PPI, Communications, Pharmacy BC Lead, Medical Dir, EPRR and PPI Staff	03/11/2025

30. Has your organisation had to initiate your major incident / emergency plan between April 2025 to March 2026?

YES and individual Business Continuity Plans included for information.

a. If YES, what was the nature of the incident?

Medical Examiners Service (MES) BCP Activation	Loss of secure ShareFile across all HB in Wales	28-Apr-25
MES BCP Activation	Loss of Teams for external calls across the service.	23/05/2025
Primary Care Service (PCS) BCP activation	Loss of servers in Companies house	16/06/2025
PCS BCP activation	Loss of Specialist Equipment – Franking machine locked in SE and M&W	05/12/2025
PCS BCP activation	4 PCS desktop scanners becoming non-operational between 15/12 and 18/12 due to licensing issues and export failures, impacting the ability to complete the scanning process of medical records including urgent requests.	15/12/2025
Laundry BCP activation	Multiple outages across LPUs in Wales	24/02/2026
Legal and Risk BCP activation	Loss of Icasework system	05/01/2026 - 15/01/2026
Procurement and Major Incident 4 Nations Response	Stryker Cyber Attack on 3rd Party	12th March 2026
MES BCP activation	The loss of clinical systems launcher prevising access to EMIS & VISION	24th March 2026
Orthopaedic Cement Major Incident 4 Nations Response	Loss of Supplier	Feb-26
PCS BCP activation	Loss of Power to Cwmbran House	22-24 March 2026

MES BCP activation	Loss of DATIX over a period of 8 hours at the weekend	14/04/2026

b. Were post-event reports produced for these incidents?

YES

c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

The Stryker and Bone Cement incidents were subjected to internal debrief (See Lessons Learned evidence) and the NHS P&I conducted an NHS Wales Debrief. The other incidents can be seen the Lessons Learned Log. (Included with this report)

31. Has your organisation undertaken a staff training needs analysis in relation to your Major Incident /Emergency Plan?

YES

Please provide further information of the needs identified through this process.

Strategic, Tactical and key operational personnel have been identified and are subject to the Training needs analysis and KPIs within the training recording system.

Strategic Managers:
Major Incident and Business Continuity Response Course. (Recommended/Targeted)

Tactical Managers:
Major Incident and Business Continuity Response Course. (Recommended/Targeted)
Business Continuity Planning (Optional)
Exercise and Incident Debrief Courses (Optional)

Key Operational and Business Continuity Champions:
Business Continuity Planning Course. (Recommended/Targeted)
Major Incident and Business Continuity Response Course. (Optional)
Loggist Course. (Optional/Nominated by manager)
Exercise and Incident Debrief Course (Optional)

All courses delivered are available to all staff if the managers request or nominate staff attendance.

32. Please provide the following details of staff training in the last 12 months.

Gold Rota - No of staff	Gold Rota - No of staff completed internal training	No of staff on Gold Rota who've attended Wales Gold in last 3 years	Silver Rota - No of staff	Silver Rota - No of staff completed internal training	No of Silver rota attended Wales Silver in last 3 years	Bronze Rota - No of staff	Bronze Rota - No of staff completed internal training	Comments
NWSSP do not have a strategic rota in the same way as the Health Boards Our Target is for all **12** to receive the Internal Major Incident and Business Continuity Response Course	**11 (92%) (Target 85%)**	**NA None as NWSSP not Cat1 or 2 under CCA hence unable to access courses.** However, the internal course covers all aspects of JESIP and Major incident Structures and incident Management	NWSSP do not have a Tactical rota in the same way as the Health Boards Our Target is for **85% of the current 41** to receive the Internal Major Incident and Business Continuity Response Course	**25 (61%) (Target 85%)**	NA None as NWSSP not Cat1 or 2 under CCA hence unable to access courses. However, the internal course covers all aspects of JESIP and Major incident Structures and incident Management	**43 BC Champions (Bronze)** NWSSP do not Train all Bronze however target our BC Champions with specific Business Continuity Management Training.	BCM Training 46 Trained Loggist 22 Trained Major Incident Training. 18 Trained	There is a focus on increasing the BCM course take up for BC Champions in 2026

33. Please provide details of review dates and exercising of any organisational plans in response to the risks below.

Risk Area	Plan	Date Reviewed	Date Exercised
Major Incidents	2 major incident responses already this year no further MI exercise planned until 26/27	3 yearly if no incidents	See Incidents 29C
Threat Level / Security	Not applicable in same way as HBs however, new SOP guidance provided to managers on Lockdown	May 2026	Tested at the POW (CTMUB) site when our Bridgend stores where subject to the site lockdown. Learning outcomes forwarded to CTMUHB 19/03/2026 Specific site will be tested in the autumn of 2026. Namely Laundry and Pharmacy/IP5 in 2027.
Business Continuity	Individual BCPs Overarching NWSSP BCP	Generally individual BCP will be tested annually if not subject to live inc test.	Multiple tests done in 2025/26 see 29b above
Power Outage	The power assessment was carried out in 2025 as part of the new radio pharmacy project at IP5 and general site BCP requirements. A live incident was dealt with at Cwmbran House March 2026.	Sept 2025. New Premises Plans with Power outage reviewed and written January 2026 New NPO plan in development for 2026	As part of full review table to top discussions Sept 2025. Live incident 24/3/2026.
Cyber	New CIMP being developed	March 2026	Stryker Incident March 2026

CBRN	CBRN counter measures medicine response	11/12/2025	11 December 2025 as part of NWSSP/NHS P&I meeting. Currently under discussion/review with NHS P&I.
Pandemic / Communicable Diseases	Vaccine and PPE response test HCID response	Sep, Oct, Nov 2025 11/05/2026	Active part of exercise Pegasus and internal 3c participation. Hantavirus – HCID Live incident – NWSSP provided addition HCID cabinets to BCHUB
Mass Casualties	NWSSP have a roll in the MC Plan, to supply MC Bags and support WBS etc	Dec 2024	HCS supplied out of hours emergency response to WBS
Supply Chain Failure	NWSSP is linked to the NSRD, DHSC and MHSA supply disruption	Reviewed as part of the Iran Crisis Impact analysis. And Stryker and Bone Cement incidents	Bone Cement Shortage, Stryker Incidents and Iran Crisis Feb - March 2026

Assurance

34. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide evidence to support your answer
1) Assess risks to inform your contingency arrangements	√		A business impact analysis of Welsh Resilience Outlook and national risk registers has been compiled to identify any significant impacts to NWSSP (Attached as Evidence) In addition each department must complete individual business impact assessments (BIA) of all its activities/service/products etc.
2) Put in place Emergency Plans	√		Departmental Plans and or action cards are available in departments based on their BIA
3) Put in place Business Continuity Management arrangements	√		NWSSP is developing and setting its Business Continuity Management System to align with ISO 22301. There is a compliance programme in

			place with checklists for ISO Clauses, which are also aligned to other legislation and guidance such as the CCA and NHS Wales Emergency Planning Core Guidance 2015.
4) Share information with other organisations to enhance co-ordination and efficiency	√		NWSSP has the Communications team detailed as part of the MI/BC response.
5) Cooperate with other organisations to enhance co-ordination and efficiency	√		NWSSP are members of the Emergency Planning Advisory Group
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	√		Our Overarching Major Incident and Business Continuity Plan includes our Communications Department in the Command and Control.
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds into EPAG?	√		An internal Lessons learned is presented to SLG and anything of wider impact can be taken by the EPRR lead to the EPAG.

Priorities

35. What are your priorities for 2026/27 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

- Target Training needs Gap analysis and reduce KI's for Tactical Major Incident Management and BCM courses
- Commence Departmental ISO 22301 Compliance Reviews and develop an improvement support programme from the outcomes
- Roll out an enhanced Document Management System
- Publish an updated Cyber Incident Management Plan

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan;**
- **an organisational chart setting out your organisation's emergency preparedness structure;**
- **a copy of your local EPRR risk register;**
- **an organisational chart setting out your organisation's emergency response structure; and**
- **any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.**

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

Completed and signed report forms with any attachments to be returned by 1 August 2026.

By email to: nhspi.eprr@wales.nhs.uk

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **16 July 2026**

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

Teitl yr Adroddiad/Title of Report:

Welsh Risk Pool Assurance Programme

Arwwinydd/ Lead:	Neil Frow, Managing Director
Awdur/ Author:	Oliver Rix, Assistant Head of Transformation Management Office
Swyddog Adrodd/ Reporting Officer:	Neil Frow, Managing Director

Pwrpas yr Adroddiad/Purpose of the Report:

The Committee is asked to **NOTE** the progress made against the Welsh Risk Pool Assurance Programme, including delivery across the three workstreams, the governance arrangements now in place, and the next steps required to maintain progress during 2026/27.

Llywodraethu/Governance:

Amcanion/ Objectives:	The programme supports the NHS Wales Leadership Board objective to improve Welsh Risk Pool forecasting accuracy, strengthen assurance over high-value claims, mitigate 2026/27 financial pressures, and accelerate learning, engagement and prevention across NHS Wales.
Tystiolaeth/ Supporting evidence:	Supporting evidence is provided through the attached Welsh Risk Pool Assurance Programme progress update, programme highlight reporting, workstream plans, Oversight Group governance arrangements, forecasting analysis, assurance panel development work, and learning and engagement activity undertaken during Quarter 1 of 2026/27.

Ymgynghoriad/Consultation:

The programme has been developed and progressed through engagement with NHS Wales stakeholders, including Welsh Risk Pool, NHS Wales Shared Services Partnership Finance, Legal and Risk Services, NHS Performance and Improvement, health body representatives, Welsh Government and relevant clinical and governance networks.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to **NOTE** the progress made in establishing and delivering the Welsh Risk Pool Assurance Programme, including the work undertaken to strengthen forecasting and modelling, develop assurance arrangements for high-value claims, support financial mitigation, and progress learning, engagement and prevention activity.
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	There are no direct equality and diversity implications arising from this progress update. Future programme outputs, including learning and engagement activity, will be considered through appropriate equality and accessibility lenses where required.
Cyfreithiol/Legal:	The programme includes consideration of legal and governance issues relating to clinical negligence claims, including litigation privilege, confidentiality, General Data Protection Regulation requirements and cases subject to anonymity orders.
Iechyd Poblogaeth/ Population Health:	The programme supports population health indirectly by strengthening the use of claims and redress learning to inform prevention, patient safety improvement and wider system learning across NHS Wales.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	The programme has clear relevance to quality, safety and patient experience, particularly through Workstream C, which is focused on learning, engagement and prevention, and through the development of assurance reviews to identify learning from high-value clinical negligence claims.
Ariannol/Financial:	The programme is directly linked to the management and mitigation of 2026/27 Welsh Risk Pool financial pressures, including improved forecasting, review of high-value claims and strengthened scrutiny of settlement assumptions and in-year cashflow risks.
Risg a Aswiriant/ Risk and Assurance:	The programme strengthens risk and assurance arrangements by improving visibility of Welsh Risk Pool expenditure drivers, developing a proportionate assurance panel model for high-value claims, and embedding programme governance through the Oversight Group and existing Welsh Risk Pool and Shared Services governance structures.

Dyletswydd Ansawdd/Duty of Quality:	The programme supports the Duty of Quality by using claims learning and assurance activity to inform prevention, improvement and organisational learning across NHS Wales.
Gweithlu/ Workforce:	There are no immediate workforce implications arising from this update. Delivery will continue to rely on input from existing NHS Wales Shared Services Partnership, Welsh Risk Pool and wider NHS Wales colleagues through established governance and workstream arrangements.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Welsh Risk Pool Assurance Programme - Progress Update

Author: Oliver Rix, Assistant Head of TMO

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Background

The NHS Wales Leadership Board endorsed a single programme approach in April 2026 to improve forecasting accuracy, strengthen assurance, mitigate 2026/27 financial pressures and accelerate learning and prevention. The programme is organised through three workstreams, supported by a central Oversight Group and existing governance arrangements. Since approval, governance has been embedded, reporting established and all workstreams have moved into active delivery.

Progress Against Workstream A – Forecasting and Modelling

Workstream A has adopted a two-phase approach: a review of recent forecasting movements and a longer-term programme to improve methodology and reporting. Phase 1 is reviewing the movement between the 2024/25 outturn, the original and revised 2025/26 forecasts, and emerging 2026/27 assumptions. The work, undertaken jointly by NWSSP Finance, Legal & Risk Services and NHS Performance & Improvement (NHS P&I), draws on financial and case-level information to improve confidence in the Welsh Risk Pool position, clarify the drivers of expenditure growth and identify improvements to future forecasting.

Significant analysis has been completed, including movements between the 2024/25 outturn and 2025/26 forecasts, growth in high-value claims, settlement activity, the impact of Periodic Payment Orders

(PPOs), and trends by specialty, Health Board and claim progression. The work has focused particularly on the increase in probable and certain cases, the growing number of cases with cashflows exceeding £1 million, and their impact on in-year expenditure and longer-term liabilities. Work completed to date indicates that the forecast increase reflects several interacting factors rather than a single cause.

Directors of Finance were provided with an update in June 2026 as part of wider discussion on the current Welsh Risk Pool position and the developing 2026/27 forecast. The presentation set out forecast expenditure, including high-value claims, periodic payment obligations, scheduled Round Table Meetings and claims highly likely to settle in-year. It also highlighted the concentration of financial risk in a relatively small number of high-value cases and the need for clearer visibility of key cost drivers to support local and national decision-making.

Phase 1 remains subject to completion of further NHS P&I analysis. Further reconciliation is required between the Legal & Risk Services Case Management System (CMS) and the financial ledger used for reporting and forecasting. NHS P&I are continuing to work with Finance and Legal & Risk Services to complete the reconciliation before final outputs are agreed. The differences relate mainly to older settled cases and some differences in case identifier references rather than any material discrepancies in claims values.

Early findings suggest the need for better alignment between financial and case-management information, and opportunities to redesign reporting at a national and local level for Directors of Finance, the Welsh Risk Pool Committee and wider NHS Wales stakeholders. Future work will focus developing dashboard-style reporting on claims trends, organisational performance and emerging financial pressures. A follow-up meeting will be convened once reconciliation is complete to review final outputs, agree conclusions and determine the next phase of model and reporting development. Phase 1 is planned to conclude before end of July.

The 2026/27 current forecast – as per IMTP 2026-2029 can be seen below:

	IMTP Forecast £m
45 cases with >£1m cashflows	167.721
Periodic Payment Orders	31.768
Cases with <£1m cashflows	67.725
Other charges to DEL	4.252
TOTAL FORECAST	**271.466**

This model uses historic trend data to support IMTP forecasting. For 2026/27, it has been adjusted to reflect high-value cases with forecast cashflows expected to be paid out during the year. The source data is the Legal & Risk Services Case Management System.

As of 31 May 2026 the month 2 forecast update can be seen below:

	IMTP FORECAST 26/27 £m	M2 £m
Paid - charged to DEL	-	7.430
Settled awaiting payment	-	3.883
Round Table Meetings in diary or offer made	60.934	111.261
PPO's 2026/27	31.768	29.105
SUB TOTAL	**92.702**	**151.679**
Highly likely but no offer/RTM yet	98.990	60.260
Likely but awaiting further updates	46.293	20.341
Estimate 40% of Probable/Certain claims <£200K	24.529	15.434
PI/Managed Claims/DEL recharges/Nosocomial & Redress	8.952	7.874
TOTAL	**271.466**	**255.588**
Allowance for possible cases not included in the forecast	-	15.878
FORECAST PER MMR	**271.466**	**271.466**

The in-year forecast is based on claims likely to settle within the next 12 months and includes solicitor updates for all cases exceeding £200,000. At the end of May 2026, the minimum forecast for Probable or Certain cases was £255.588 million. A contingency allowance of £15.878 million has also been included for potential changes in the

probability, value or timing of claims not currently captured in the detailed forecast. This includes nine Possible cases, valued at approximately £8.9 million, which may move to Probable or Certain during the year.

The largest forecast value categories relate to:

- Cases where RTMs are diarised or offers made - £111.261m
- Cases considered highly likely to incur cashflows in year, but where no RTM has been scheduled or offer made yet - £60.260m

Progress Against Workstream B – Assurance and Financial Mitigation

Workstream B was established to challenge and mitigate 2026/27 financial pressures, recognising that a relatively small number of high-value clinical negligence claims account for a significant proportion of Welsh Risk Pool expenditure and risk. The workstream has agreed a proportionate independent assurance model based on an NHS Wales stakeholder review panel. This was preferred because it provides assurance, learning and challenge while remaining cost-effective, practical and deliverable through existing NHS Wales expertise and governance.

The panel will undertake structured post-settlement reviews of a small number of the highest-value clinical negligence claims, with an anticipated focus on approximately six cases during 2026/27. The reviews will not revisit liability decisions, challenge legal advice retrospectively or re-open settled matters. They will provide assurance on decision-making, settlement strategy, expert evidence, Periodic Payment Orders, organisational engagement, legal costs and learning from individual claims. The aim is to improve understanding of the factors driving high-value settlements, strengthening confidence in the management of significant claims across NHS Wales.

The assurance model has moved from concept to operational readiness. Governance arrangements, objectives and scope have been established; draft review methodologies and assurance criteria have been developed; and supporting documentation, including review templates,

panel packs and reporting mechanisms, is being finalised so that outputs can be captured and translated into organisational learning.

The original checklist approach has been refined following discussion within the workstream, moving from a simple compliance-based assessment towards a more narrative-driven review process capable of generating richer insight and learning. Work has also been undertaken to address complex issues relating to confidentiality, litigation privilege, GDPR compliance and claims subject to anonymity orders, ensuring that the proposed model operates within the appropriate legal and governance frameworks.

Panel membership has been identified from across NHS Wales, including finance, patient safety, nursing, governance, patient experience and Welsh Government. Engagement has been positive and membership is largely confirmed. The first assurance panel will be scheduled once a suitable cohort of settled cases and participant availability are confirmed, ensuring the initial reviews deliver meaningful assurance and learning rather than being driven by timing alone.

In parallel, the team has introduced operational interventions to improve management of financial pressures and strengthen grip and control over key cost drivers. All claims with anticipated in-year cashflows exceeding £500,000 are reviewed monthly by the Head of Healthcare Litigation. The reviews consider settlement timing, quantum, litigation progress and the reasonableness of forecasting assumptions. Where necessary, case handlers are asked to clarify assumptions and expected timelines. Outputs are then discussed at a monthly meeting between senior NWSSP Finance and Legal & Risk Services representatives, providing regular scrutiny of the most significant claims affecting the financial position.

Forecast accuracy has also been reviewed by asking lawyers to revisit cases currently forecast to settle in 2026/27 and challenge assumptions where more detailed review indicates that settlement may reasonably fall into later financial year. Where appropriate, cases have been moved into future financial years to better reflect realistic settlement timing, recognising that some may later progress more quickly and return to the current-year forecast. It is important to note that cases can also move from possible to probable and need to be brought forward from

future years into 2026/27. Litigation strategy and settlement decisions remain the responsibility of individual Health Boards and must continue to reflect the clinical, legal and organisational circumstances of each case.

Together, the assurance panel and operational management activity provide a more systematic approach to forecast assumptions and high-value claims oversight. They strengthen the programme's wider objective of improving visibility, control and understanding of the factors affecting Welsh Risk Pool expenditure, and establish the foundations for improved assurance and financial management.

Progress Against Workstream C – Learning, Engagement and Prevention

Workstream C has adopted a pragmatic, phased approach that recognises current funding constraints while maintaining progress against longer-term objectives. Activity to date has focused on engagement, governance, organisational ownership and awareness of the Welsh Risk Pool (WRP), alongside development of future proposals requiring investment and wider system support. The workstream focusses on enhancing support for health bodies and government to promote learning & improvement from claims and redress cases and providing a framework for organisations to share and collaborate on learning.

During Q1 of 2026/27 a learning conference, aimed at all NHS bodies in Wales, was held. This was very well supported with a diverse attendance and a clear passion for learning among the participants. The conference explored how health bodies can become high performing learning organisations and maximise use of the large amount of data which is available from claims and redress cases. Sharing learning to prevent adverse events in a different health body was identified as a key aim for 2026/27.

Enhancing strategic awareness of the WRP and its programmes continues to be a priority. A board development session has been with CVUHB and the Accountable Officer, supported by the Head of Safety & Learning, presented to the Chairs of Quality, Safety & Experiences

Committees. A presentation has also been given to Directors and Asst Directors of Allied Health Professionals and Health Sciences.

The WRP is working with a number of clinical networks, to help identify themes and trends from cases. This has resulted in a workstream being established with the Wales Orthopaedic Network, which will review thematic learning.

As part of the review of the WRP process, all board members in NHS Wales health bodies will be invited to undertake a short survey aimed at capturing ideas and areas for development. This survey will be launched in August 2026 with results intended to be presented to the September WRP Committee for the development of recommendations. The outputs will inform future engagement, governance development and targeted learning interventions.

Longer-term opportunities include Learning and Improvement from Trends Cymru (LIFT Cymru), enhanced reviews of claims-related learning, training and learning programmes, and stronger translation of claims learning into patient safety and quality improvement. These proposals will be developed as the evidence base emerges and funding opportunities are explored.

Programme Governance and Oversight

The Oversight Group has met since April 2026. Governance arrangements have been approved, Terms of Reference finalised and standardised reporting implemented across all workstreams. Reporting continues through existing Welsh Risk Pool and Shared Services governance structures, with programme plans, highlight reports and reporting mechanisms now established.

Assessment Against Initial Objectives

The programme has made good progress against the Leadership Board's original objectives. Forecasting methodology and reporting have been strengthened; assurance arrangements for high-value claims have been developed; active case management and financial mitigation have commenced; and foundations for longer-term learning and prevention have been established. Some deliverables remain ongoing, but all

workstreams are progressing and remain aligned to their intended outcomes.

Next Steps

Complete NHS P&I reconciliation and finalise Phase 1 forecasting outputs; progress future-state forecasting and reporting design; finalise assurance panel readiness and schedule initial reviews; complete and launch the Board-level survey; continue monthly review of high-value claims; and report progress through existing governance arrangements.

NWSSP Finance Report July 2026

Reporting on the period to 31st May 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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

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

Finance Summary to 31st May 2026

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD Variance £000
Income	-987,436	-109,584	-109,187	397
Pay	450,677	72,251	71,019	-1,232
Non Pay	265,689	29,903	29,925	23
WRP – DEL	271,466	7,430	7,430	0
Year to Date Underspend	0	0	813	813
	397	0	0	0

As our year to date surplus indicates, we are making good progress with Cost Improvement Programmes and vacancy controls. We are continuing work to:

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

At the end of May 2026, NWSSP reported a year-to-date surplus of **£0.813m**. This continues the trend we evidenced in 2025/26 despite increased vacancy and turnover factors being budgeted for 2026/27.

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

The under achievement of income primarily relates to Legal & Risk due to vacancies within the income generation teams so they cannot achieve the budgeted income targets. Posts are in the process of being appointed to where demand for services requires this and commercial income achievement per solicitor is monitored.

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

- E-prescribing recurring funding confirmation awaited from DHCW
- Future Workforce Solution implementation funding
- Increased Radiopharmacy transitional costs due to reprofiling of costs and income streams due to unanticipated delays in opening date
- Energy and Fuel prices increases

Financial Position and Key Targets

KPI	Target	May	June	July	August	September	October	November	December	January	February	March	2026/27 April	May	Trend
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	-£9k	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Achieved	On Target	On Target	
Distribution	0 Annually	On Target	On Target	On Target	On Target	On Target	On Target	On Target	£6m	£6m	£6m	£6m	On Target	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	99.43%	99.40%	97.95%	97.85%	97.91%	98.33%	98.30%	98.37%	98.25%	98.91%	95.48%	98.09%	97.12%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	98.94%	99.08%	98.73%	98.57%	98.46%	98.44%	98.43%	98.42%	98.40%	98.44%	98.18%	98.09%	97.67%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	94.74%	92.94%	94.38%	92.22%	90.74%	89.94%	94.21%	94.21%	71.43%	89.42%	96.83%	90.44%	81.71%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	96.36%	95.26%	95.05%	94.72%	94.04%	93.41%	93.49%	93.56%	91.48%	91.22%	91.61%	90.44%	87.16%	
Retrospective Purchase Orders	0 Monthly	59	68	56	61	54	39	42	46	33	42	-	69	60	

Corporate

KPI	Target	May	June	July	August	September	October	November	December	January	February	March	2026/27 April	May	Trend
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	2	1	0	2	0	0	5	1	0	5	0	1	0	
Variable Pay – Overtime	<£100k Monthly	£80k	£83k	£93k	£71k	£70k	£66k	£75k	£141k	£62k	£65k	£103k	£82k	£69k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	0.88%	0.93%	1.03%	0.68%	0.76%	0.72%	0.80%	1.49%	0.67%	0.69%	0.60%	0.84%	0.70%	
Agency % to date	<0.8% Cumulative	0.00%	0.00%	0.03%	0.02%	0.02%	0.02%	0.00%	0.00%	0.01%	0.01%	0.01%	0.00%	0.00%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.00%	0.00%	0.10%	0.08%	0.07%	0.05%	0.04%	0.04%	0.05%	0.04%	0.03%	0.00%	0.00%	
Invoices on hold		411	680	509	462	346	581	617	625	628	622	506	661	636	
Invoices awaiting authorisation		92	99	97	83	83	65	40	82	78	59	97	74	80	

Capital

Scheme	Allocation £000	YTD Spend £000	Balance Outstanding £000
Climatic chamber equipment SMTL	6	4	-2
TrAMS 25/26 underspend	55	0	-55
PCS Fire Door Cwmbran House	10	0	-10
Stores Tablets	45	0	-45
SMTL Incubator	24	0	-24
Corporate Comms - Laptops	6	0	-6
Unallocated	626	0	-626
Discretionary Capital Total	**772**	**4**	**-768**
IP5 Discretionary	250	0	-250
Laundry Discretionary	200	6	-194
Roof Overlay works at Imperial Park 5	1,634	595	-1,039
NWSSP - Fleet	1,190	0	-1,190
Power Resilience at IP5	1,406	5	-1,401
Trams Fees	283	0	-283
South East Wales TRAMS	298	176	-122
SE Wales Radiopharmacy - IP5	143	37	-106
Additional Capital Total	**5,404**	**819**	**-4,585**
IFRS16	0	0	0
IFRS16 Capital	**0**	**0**	**0**
TOTAL CAPITAL ALLOCATION	**6,176**	**823**	**-5,353**

As at the end of May, capital expenditure totalled **£0.823m** against a Capital Expenditure Limit (CEL) of **£6.176m**.

Expenditure during the month is primarily attributable to ongoing IP5 roof works and the South-East Wales Transforming Access to Medicines (TRAMS) Programme.

Initial allocations of discretionary funding have been agreed by our Capital Prioritisation Group which primarily relate to schemes which could not be finalised in 2025/26 with the balance of expenditure requiring funding in 2026/27. We are reviewing the findings from our estate condition appraisal survey which was completed at the end of 2025/26 to inform prioritisation of investment and funding allocations in 2026/27.

We made backlog capital funding submissions to Welsh Government on 26th June for Estates (5 schemes £0.835m) and Digital (6 schemes £0.788m). We also noted backlog works identified from the condition appraisal survey on two laundry sites and Picketson stores which are Health Board/Welsh Government owned buildings which are outside of NWSSP control.

Welsh Risk Pool

Expenditure type	Position as at M2 25/26 £m	Position as at M2 26/27 £m
Claims reimbursed & WRP Managed Expendit	23.716	15.021
Periodical Payments made to date	0.807	0.742
Redress Reimbursements	0.188	0.122
EIDO – Patient consent	0.000	0.000
Clinical Negligence Salary Subsidy	0.069	0.044
WRP Transfers, Consent, Prompt, CTG	0.064	0.063
Movement on Claims Creditor	-17.616	-8.562
Year to date expenditure	**7.227**	**7.430**

DEL expenditure to Month 2 is **£7.430m** compared to **£7.227m** at this point last year.

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

A detailed review of case values, cash flows, timings and probabilities at the end of May has identified a **minimum** resource requirement in 2026/27 of **£255.588m.** There remains several high value 'possible' status cases which are not currently included in this forecast which may increase this minimum forecast if settlement likelihood changes.

DEL FORECAST 2026/27	Position as at M2 26/27 £000s
Actual spend to May	**7.430**
Settled cases – awaiting payment	3.883
Round Table Meeting in diary or offer made	111.261
Periodic Payment Orders	29.105
Sub Total	**151.679**
Highly likely – RTM planned/offers	60.260
Likely settlement - awaiting further updates	20.341
Estimate – 40% of Probable & Certain Claims <£200K	15.434
Personal Injury cases	2.500
Old Health Authority Managed Claims	1.667
DEL recharges/Nosocomial/Redress cases	3.707
Minimum Forecast	**255.588**
Potential increases to forecast	15.878
2025/26 Outturn/2026/27 Forecast	**271.466**

Grip & Control

During May and June, discussions took place across NWSSP to review current Grip & Control arrangements against the 8 key assessment areas in the framework.

The exercise reviewed and evidenced controls and processes that are currently in place and assessed whether these were optimal or required either minimal or significant improvements to maximise assurance.

Recommendations were developed and RAG rated for importance and impact. The results will be presented to the next Audit Committee on 7th July 2026.

Area of review	Green Actions	Amber Actions	Red Actions
Framework & Guidance	-	9	2
Establishment & Vacancies	2	4	-
Sickness & Leave Management	-	2	-
Rostering, Rotas & Job Planning	1	-	-
Temporary Staffing	-	-	-
Other Staff Payments	1	1	-
Procurement	2	6	-
Other items including VAT, Income & Stock etc	4	3	3
Total Actions	**10**	**25**	**5**

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Contact details

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CF15 7QZ

website: nwssp.nhs.wales

People and OD
SSPC Report
June 2026 Meeting

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE

People and Organisational Development (OD) Report

MEETING	Shared Services Partnership Committee (SSPC)
REPORT AUTHOR	James Green, Head of People Planning, Strategy and Insight
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services

PURPOSE OF REPORT

The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31st May 2026. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity.

The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.

People and OD

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

1. **Update to Monthly Workforce Dashboard**: The front summary page of the dashboard has been enhanced to include headcount by Band for each Division (See pages 3 & 4 of this report).

2. **Sickness Deep Dives:** Divisions are asked to note the updates on slide 5, with progress, emerging themes and impact to be shared in Q1 performance reviews.

3. **Corporate Induction Compliance:** With only 2 Divisions complaint and performance currently at 30.77%, Divisions are asked to review their own performance on slide 12. A detailed report can be provided by your Business Partnering team in your SMT.

4. **Laundry Statutory and Mandatory Training:** The Business Partnering Team will support the service in identifying sites with low compliance rates through BI reporting. The team will engage with managers across these sites to provide recommendations and support to improve compliance. Updates will be shared via SMT meetings and quarterly reviews.

People and OD

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

1. **Qualification Changes:** The following qualifications will be stood down by Agored Cymru:
   - L3 Dip in Health Informatics Diploma in Health Informatics
   - L4 Dip in Healthcare Informatics Diploma in Health Informatics
   - L4 Dip in Clinical Coding (Wales) Clinical Coding

   The team would be grateful if you could contact Elena Morris directly by 26th June on whether your Division was hoping to utilise these qualifications.

2. **Workforce Planning:** As part of the Corporate Workforce Planning cycle launched in April, Divisions must review their SMT pack and implement any actions by the end of June 2026, ahead of a review in July 2026 SLG.

3. **Welsh Language Awareness Mandatory Training:** Divisions are asked to prioritise and address this core mandatory learning in July as a matter of priority.

4. **Equality, Diversity and Inclusion** – Divisions are asked to encourage their services to complete the: Strategic Equality Plan Engagement Survey – Fill in form

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Headcount & Turnover

Including SLE

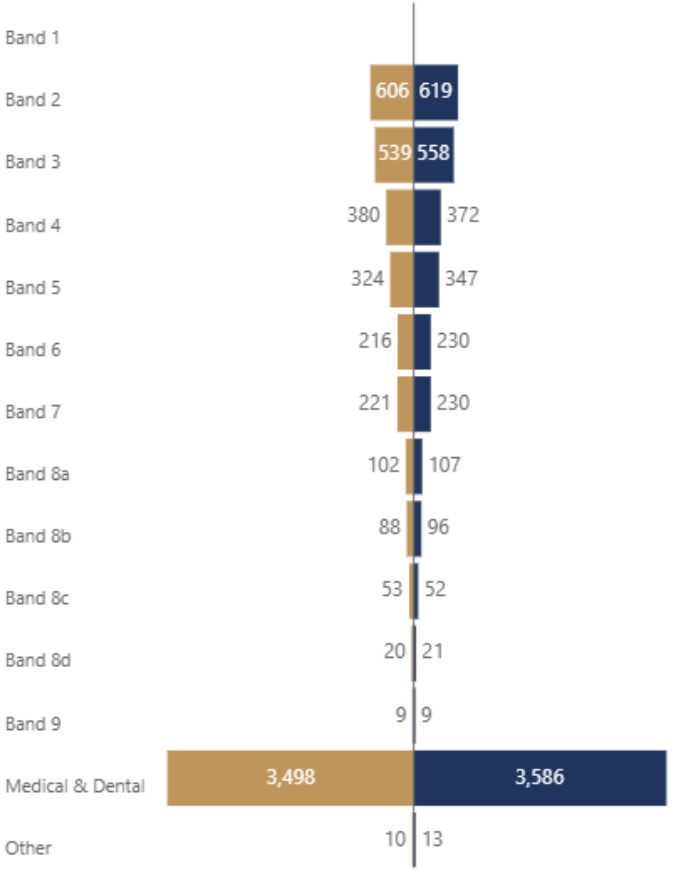
NWSSP Monthly Workforce Report Summary

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

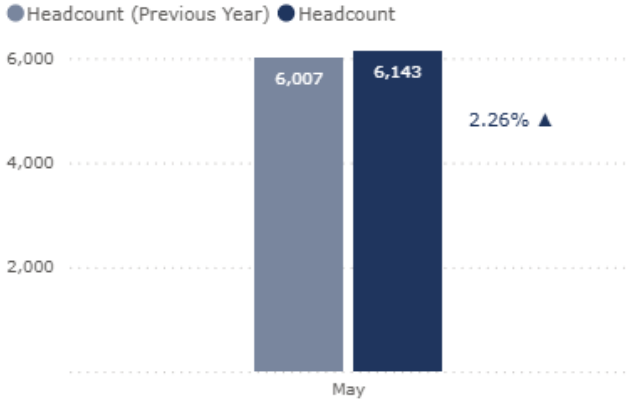
Date: May 26 | Division: All | Service, Area, Department: All | Headcount / FTE | Exclude SLE

Headcount by Pay Band

Select Financial Years: Multiple selections



Headcount Comparison



12-Month Rolling Sickness

3.10%
Previous Year: 3.43%
(-0.33%)

12-Month Rolling Turnover

20.24%
Previous Year: 21.19%
(-0.95%)

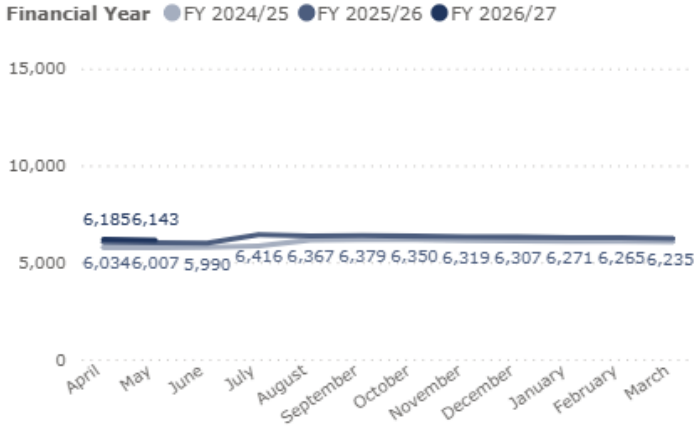
In-Month Learning Compliance

58.69%
Previous Year: 57.97%
(+0.72%)

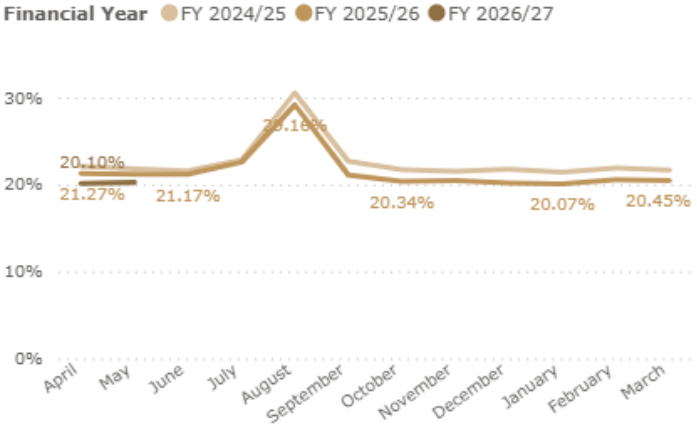
In-Month PADR Compliance

35.09%
Previous Year: 33.88%
(+1.21%)

Headcount Yearly Comparison



12-Month Rolling Turnover Yearly Comparison



PEOPLE & OD WORKFORCE SUMMARY

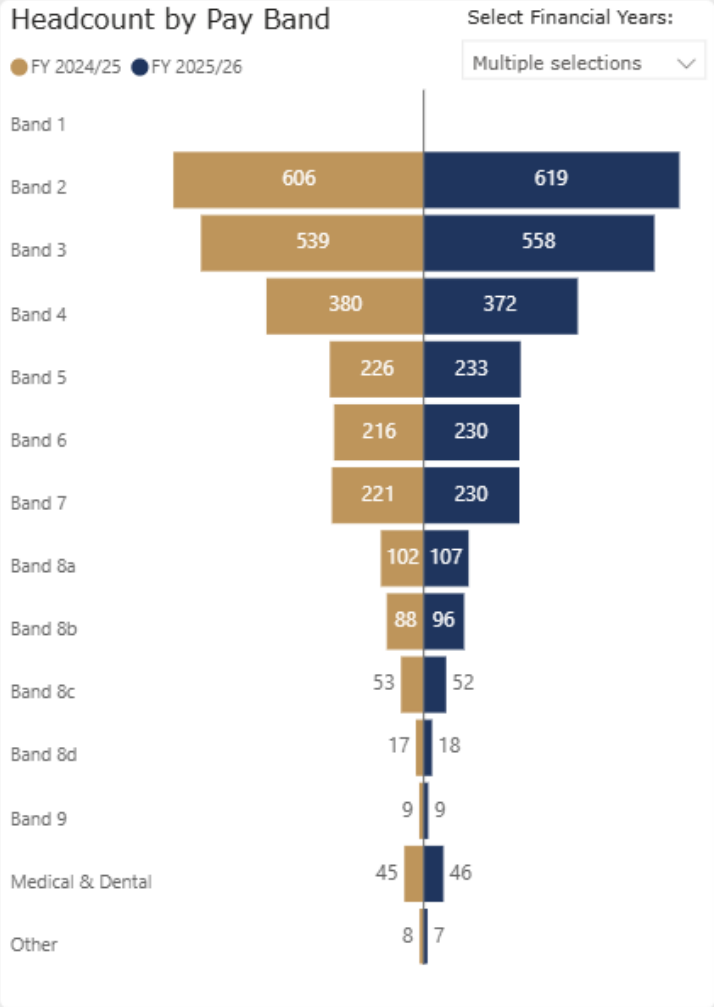
Headcount & Turnover

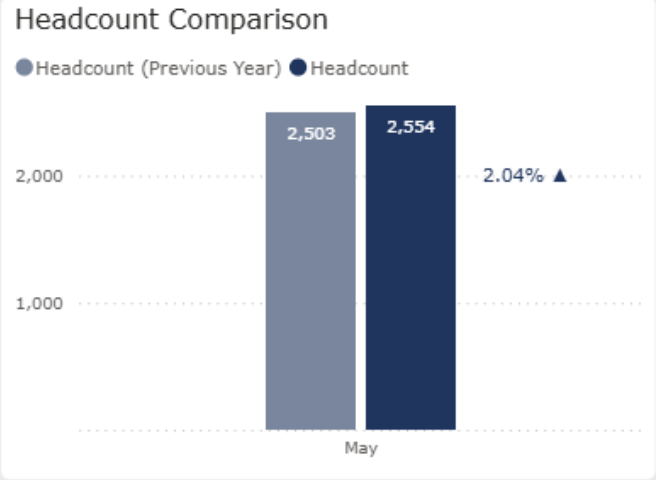
Excluding SLE

NWSSP Monthly Workforce Report Summary

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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





12-Month Rolling Sickness

5.16%

Previous Year: 5.26%

(-0.11%)

12-Month Rolling Turnover

9.05%

Previous Year: 9.04%

(+0.01%)

In-Month Learning Compliance

93.29%

Previous Year: 92.65%

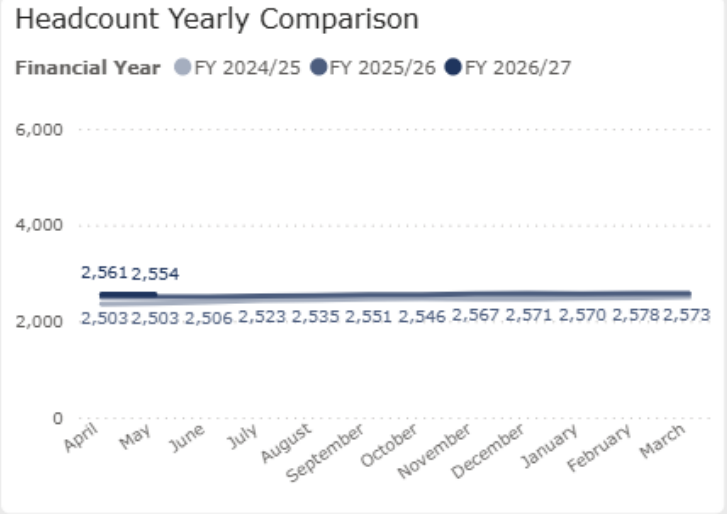
(+0.64%)

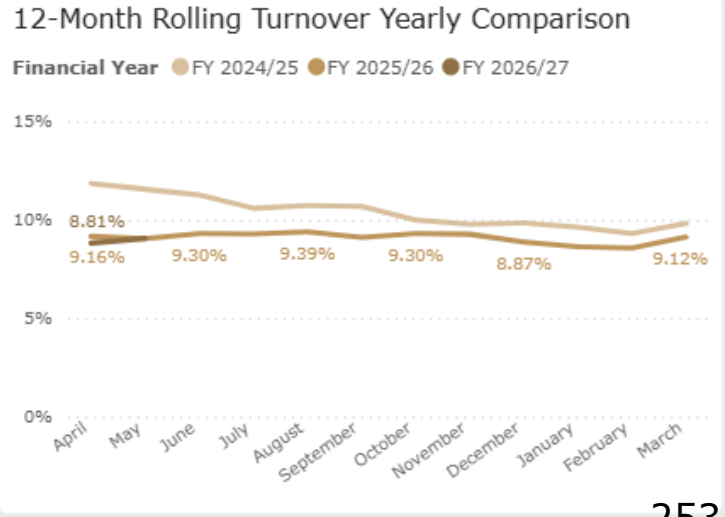
In-Month PADR Compliance

84.61%

Previous Year: 82.10%

(+2.51%)





Sickness

Excluding SLE

NWSSP Monthly Workforce Report Sickness

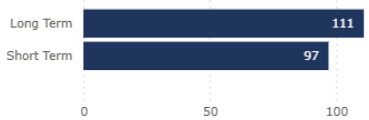
Date: May 26 | Division: All | Service, Area, Department: All | Absence Occurrences | FTE Days Lost | Exclude SLE

In-Month Sickness
4.26%
Previous Year: 4.34% (-0.08%)

12-Month Rolling Sickness
5.16%
Previous Year: 5.26% (-0.11%)

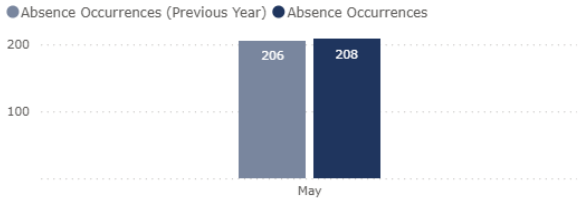
Open Sickness
101

In-Month Long Term / Short Term Split



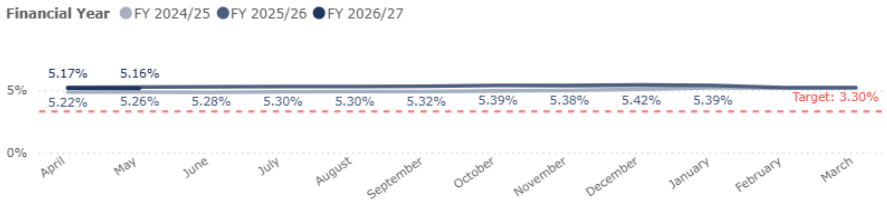
Average FTE Days Lost
Long Term 83.01
Short Term 7.29

In-Month Sickness Comparison

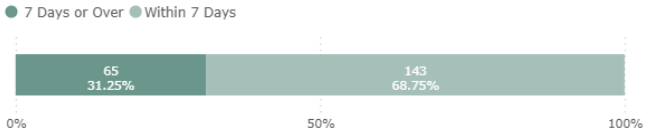


Absence Reason	Absence Occurrences	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	67	1,258.66
S25 Gastrointestinal problems	24	143.78
S12 Other musculoskeletal problems	20	369.60
S13 Cold, Cough, Flu - Influenza	15	143.72
S11 Back Problems	13	181.60
S26 Genitourinary & gynaecological disorders	13	228.44
S16 Headache / migraine	8	45.15
S28 Injury, fracture	8	172.53
S21 Ear, nose, throat (ENT)	6	38.00
S23 Eye problems	6	81.08
S19 Heart, cardiac & circulatory problems	5	138.91
S15 Chest & respiratory problems	4	29.92
S30 Pregnancy related disorders	4	57.44
S98 Other known causes - not elsewhere classified	4	40.40
S17 Benign and malignant tumours, cancers	3	56.95
S31 Skin disorders	3	69.00
S14 Asthma	2	6.00
S24 Endocrine / glandular problems	1	1.20
S27 Infectious diseases	1	9.60
S29 Nervous system disorders	1	1.00

Sickness 12-Month Rolling Comparison



Absence Occurrences by Days to Enter



- Sickness absence deep dives are currently being undertaken by the Business Partnering Team across all services. For each service, two to three 'hot spot' areas are being identified based on absence data trends.
- BI reports are used to identify employees from both short-term and long-term sickness absence within these areas. Targeted deep dives are then conducted through on-site visits and detailed reviews of personnel files to assess compliance with the Managing Attendance at Work Policy.
- Findings from each deep dive are formally reported, highlighting areas of non-compliance or concern, alongside specific recommendations for improvement and targeted support interventions.
- Progress and key themes will be reported through quarterly service reviews, with a follow-up evaluation at six months to assess the impact of interventions and any resulting improvement in sickness absence levels.

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

Division	Sickness %	Target
Laundry Division	10.17%	7.50%
Medical Workforce Division	9.91%	4.00%
Employment Division	5.84%	5.00%
Procurement Division	5.90%	5.50%
Medical Examiner Division	4.95%	4.50%
Surgical Materials Testing (SMTL) Division	5.27%	2.00%
Primary Care Division	4.63%	4.50%
Finance Academy Division	3.21%	2.00%
Planning, Performance and Informatics Division	3.03%	2.00%
Corporate Division	3.25%	2.00%
Legal & Risk Division	3.43%	2.50%
Audit & Assurance Division	2.41%	2.50%
Finance Division	2.60%	2.00%
Accounts Payable Division	3.72%	3.50%
E-Business Central Team Division	3.23%	3.00%
Digital Workforce Division	3.01%	3.00%
People & OD Division	3.02%	3.00%
Specialist Estates Division	1.86%	2.00%
Single Lead Employer Division	1.67%	2.00%
Welsh Employers Unit Division	1.11%	3.50%
Pharmacy Technical Services Division	0.81%	2.00%
Counter Fraud Division	0.16%	2.00%

PEOPLE & OD WORKFORCE SUMMARY

Mandatory Learning

Including SLE

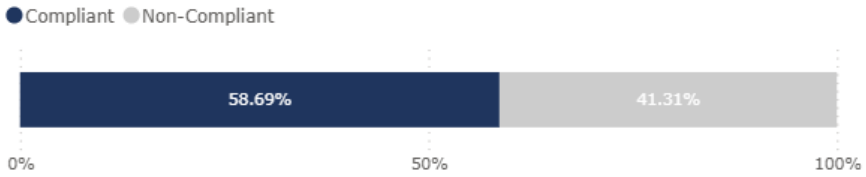
In-Month Overall Learning Compliance

58.69%

Previous Year: 57.97% (+0.72%)

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

In-Month Overall Learning Compliance



Excluding SLE

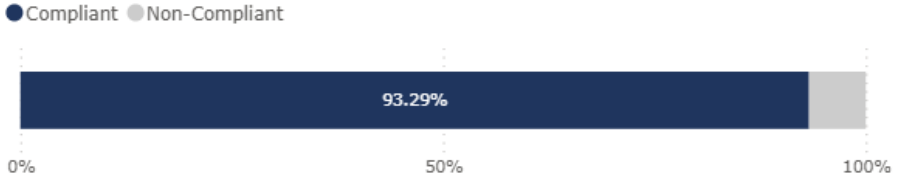
In-Month Overall Learning Compliance

93.29%

Previous Year: 92.65% (+0.64%)

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

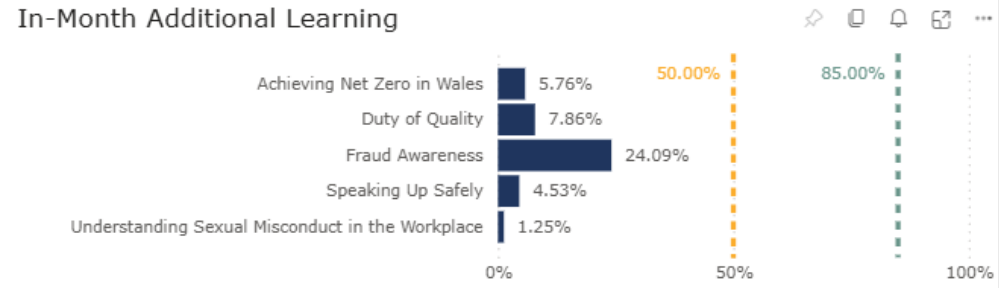
In-Month Overall Learning Compliance



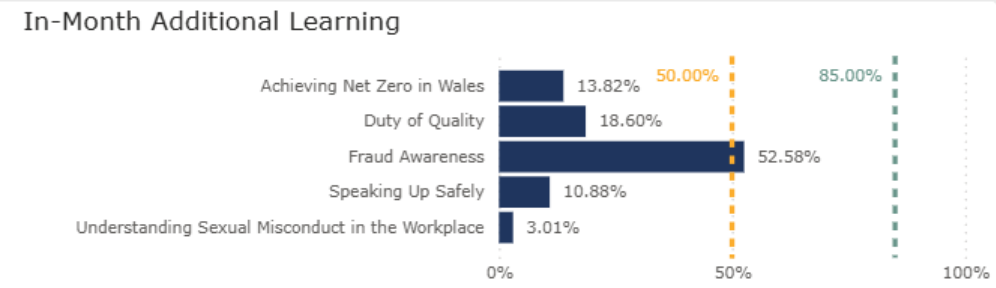
Division	Anti-Racism	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Prevention and Control	Information Governance (Wales)	Moving and Handling	Resuscitation	Safeguarding Adults	Safeguarding Children	Violence and Aggression (Wales)	Welsh Language Awareness
Accounts Payable Division	99.35%	97.42%	96.77%	95.48%	96.77%	95.48%	94.84%	95.48%	95.48%	94.84%	99.35%	87.74%
Audit & Assurance Division	94.74%	96.49%	91.23%	94.74%	92.98%	92.98%	85.96%	89.47%	87.72%	89.47%	100.00%	87.72%
Corporate Division	92.31%	96.15%	84.62%	88.46%	92.31%	88.46%	88.46%	96.15%	88.46%	88.46%	96.15%	84.62%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	85.71%	100.00%	85.71%
Digital Workforce Division	100.00%	96.30%	92.59%	100.00%	100.00%	85.19%	88.89%	96.30%	92.59%	92.59%	100.00%	92.59%
E-Business Central Team Division	100.00%	100.00%	100.00%	100.00%	94.44%	94.44%	94.44%	100.00%	94.44%	94.44%	94.44%	94.44%
Employment Division	98.22%	98.82%	97.93%	98.82%	96.75%	98.22%	97.63%	98.22%	97.93%	97.93%	99.70%	97.04%
Finance Academy Division	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%
Finance Division	100.00%	96.43%	92.86%	100.00%	96.43%	85.71%	92.86%	96.43%	96.43%	96.43%	96.43%	82.14%
Laundry Division	71.86%	74.37%	89.95%	78.89%	71.86%	81.91%	84.92%	77.89%	66.83%	66.83%	80.90%	57.79%
Legal & Risk Division	97.45%	96.94%	94.90%	96.94%	93.88%	91.33%	91.84%	95.92%	95.92%	94.90%	97.96%	93.88%
Medical Examiner Division	91.58%	92.63%	93.68%	95.79%	91.58%	90.53%	90.53%	91.58%	92.63%	90.53%	93.68%	86.32%
Medical Workforce Division	95.24%	90.48%	90.48%	85.71%	76.19%	85.71%	90.48%	90.48%	80.95%	80.95%	90.48%	71.43%
People & OD Division	93.75%	91.67%	91.67%	93.75%	87.50%	89.58%	93.75%	91.67%	93.75%	93.75%	100.00%	83.33%
Pharmacy Technical Services Division	92.98%	89.47%	89.47%	87.72%	82.46%	85.96%	80.70%	94.74%	87.72%	85.96%	94.74%	85.96%
Planning, Performance and Informatics Division	96.00%	98.00%	92.00%	100.00%	92.00%	98.00%	96.00%	100.00%	94.00%	94.00%	96.00%	94.00%
Primary Care Division	99.01%	100.00%	98.01%	99.34%	98.34%	98.01%	98.34%	99.34%	98.68%	98.34%	100.00%	96.69%
Procurement Division	94.53%	94.78%	94.41%	94.90%	91.98%	92.22%	93.32%	93.44%	91.74%	91.86%	96.96%	86.03%
Specialist Estates Division	100.00%	96.36%	94.55%	100.00%	98.18%	87.27%	96.36%	100.00%	100.00%	100.00%	100.00%	92.73%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	96.15%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	62.50%	100.00%	100.00%	87.50%	87.50%	50.00%	100.00%	100.00%	75.00%	75.00%	100.00%	62.50%

Non-Mandatory Learning

Including SLE



Excluding SLE



Division	Achieving Net Zero in Wales	Duty of Quality	Fraud Awareness	Speaking Up Safely	Understanding Sexual Misconduct in the Workplace
Accounts Payable Division	60.65%	77.42%	94.84%	78.06%	9.68%
Audit & Assurance Division	1.75%	38.60%	68.42%	3.51%	1.75%
Corporate Division	34.62%	23.08%	80.77%	7.69%	3.85%
Counter Fraud Division	100.00%	100.00%	100.00%	0.00%	71.43%
Digital Workforce Division	74.07%	96.30%	88.89%	0.00%	0.00%
E-Business Central Team Division	84.21%	100.00%	89.47%	0.00%	26.32%
Employment Division	1.48%	1.19%	91.39%	5.93%	0.59%
Finance Academy Division	0.00%	0.00%	0.00%	0.00%	0.00%
Finance Division	42.86%	17.86%	85.71%	17.86%	0.00%
Laundry Division	0.00%	0.50%	3.50%	1.00%	0.00%
Legal & Risk Division	3.57%	8.16%	19.90%	2.04%	0.51%
Medical Examiner Division	1.03%	12.37%	16.49%	1.03%	0.00%
Medical Workforce Division	0.00%	4.76%	4.76%	0.00%	0.00%
People & OD Division	35.42%	41.67%	41.67%	54.17%	25.00%
Pharmacy Technical Services	0.00%	26.32%	22.81%	0.00%	0.00%
Planning, Performance and Informatics Division	16.00%	12.00%	56.00%	62.00%	2.00%
Primary Care Division	24.92%	60.33%	65.90%	16.07%	5.90%
Procurement Division	2.42%	0.48%	48.55%	1.57%	0.00%
Specialist Estates Division	92.73%	1.82%	7.27%	0.00%	1.82%
Surgical Materials Testing (SMTL) Division	34.62%	23.08%	92.31%	3.85%	57.69%
Welsh Employers Unit Division	0.00%	0.00%	14.29%	14.29%	0.00%

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

PADR Compliance

Excluding SLE

NWSSP Monthly Workforce Report PADR

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Date: May 26

Division: All

Service, Area, Department: All

☑ Exclude SLE

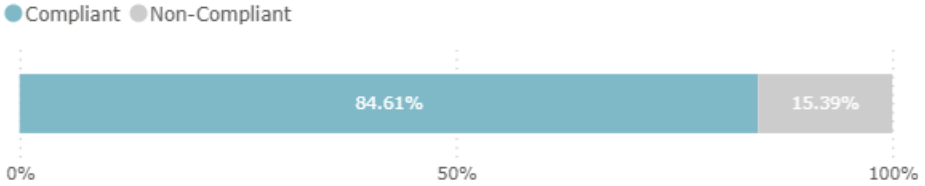
In-Month Overall Compliance

84.61%

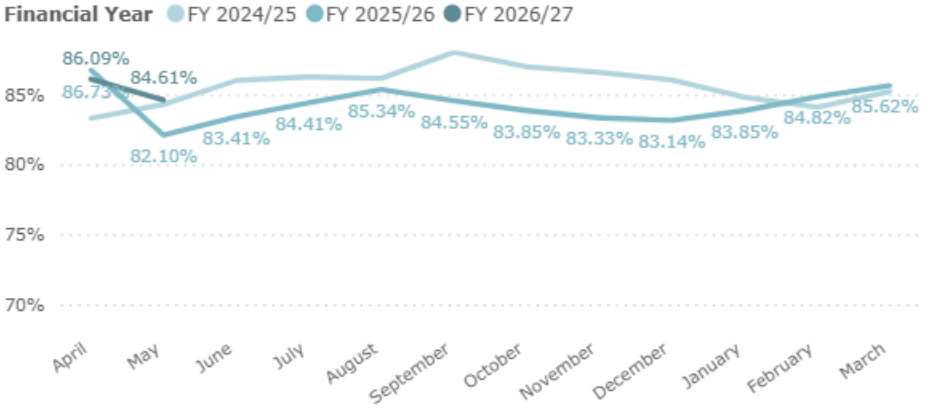
Previous Year: 82.10% (+2.51%)

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

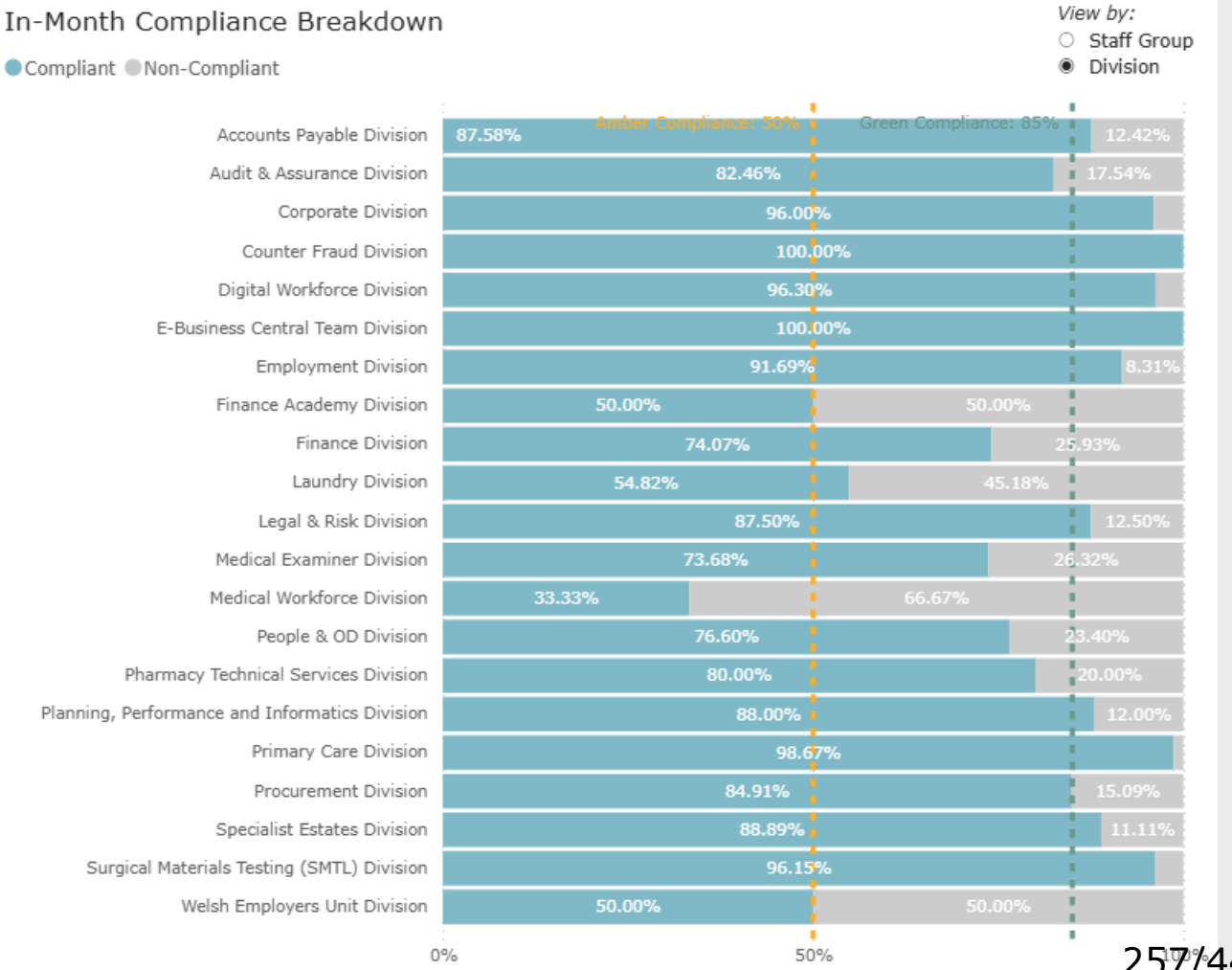
In-Month Overall Compliance



Compliance Yearly Comparison



In-Month Compliance Breakdown



People Services - Resourcing

Resourcing Control

In May 25 vacancies were taken to Vacancy Control:-

- 1 required further information and was then approved.

11 Business Cases were submitted to Vacancy Control:-

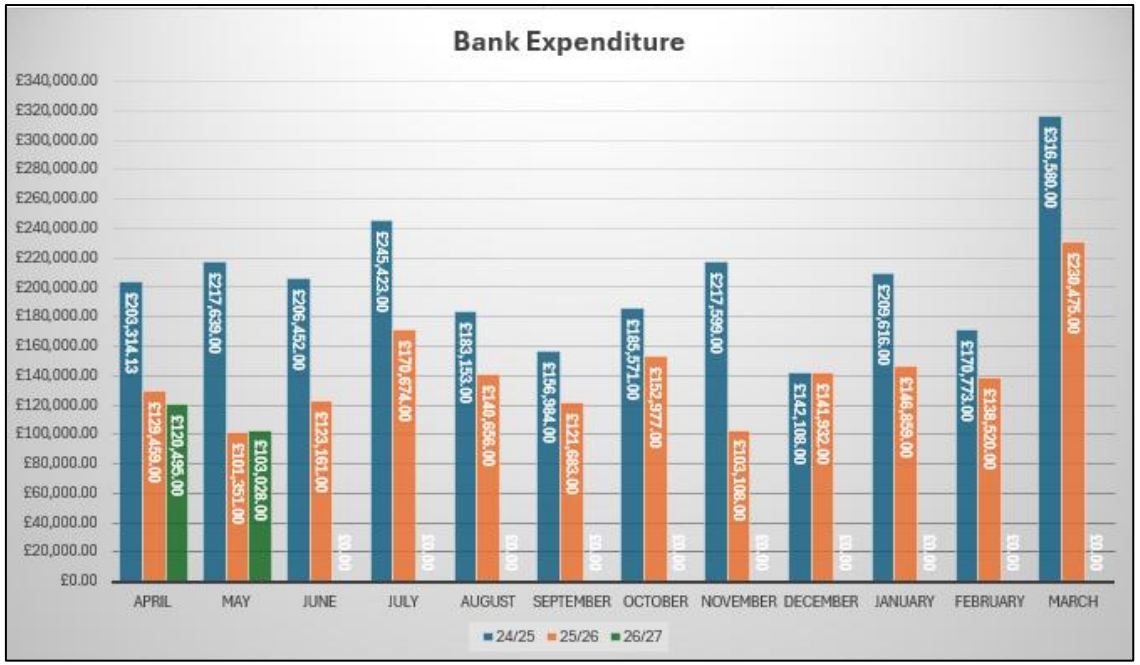
- 2 were Bank to Substantive
- 3 were temporary arrangements made permanent
- 5 were increase in hours to full time
- 1 extension to FTC

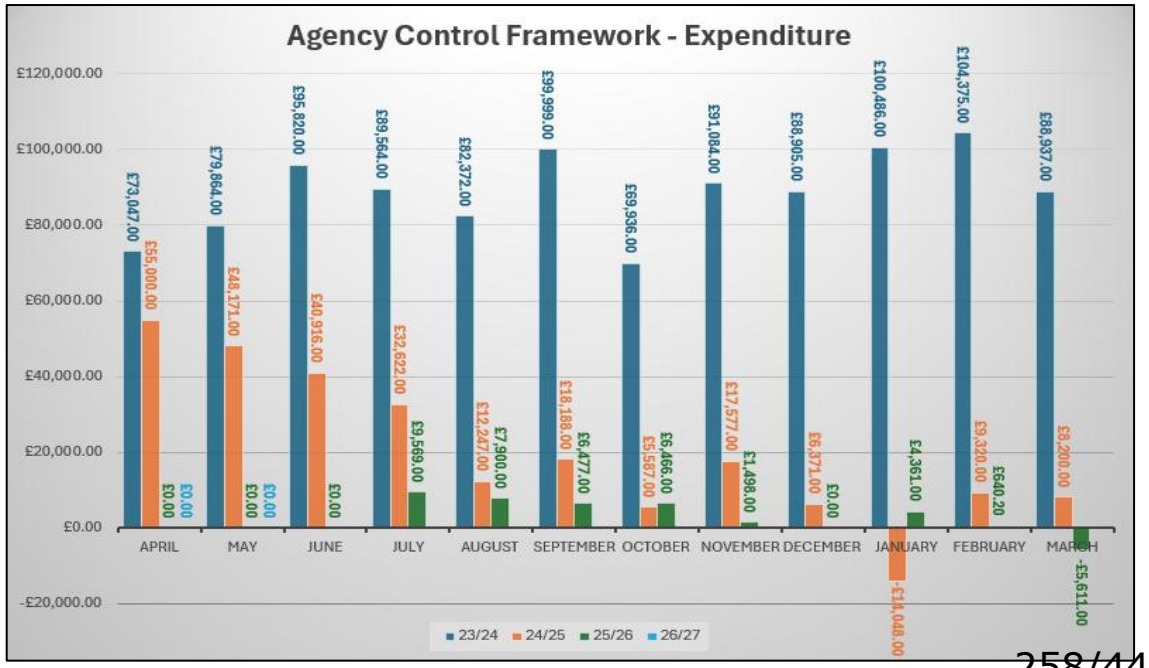
Bank

May saw 28 EOI requests (10 new workers and 18 extensions).

People & OD are now analysing service-level use of Bank, overtime and vacancies to inform actions aimed at stabilising variable pay and improving workforce sustainability.

			Average Time in Working Days					
Trac Report Code	Trac Recruitment Health Check	Target	May-26	Apr-26	Mar-26	Feb-26	Jan-26	Dec-25
T0a	Notice Date to Authorisation Start Date	5	46.7	14.0	48.0	61.6	24.3	31.8
T1a	Time to Approve Vacancy Request	10	7.3	7.3	10.2	10.2	8.5	5.1
T4	Time to Shortlist	3	4.3	7.2	6.2	4.7	7.4	7.7
T5b	Time to Update Interview Outcomes	3	3.3	3.7	2.4	4.3	3.0	5.6
T9b	Time to Approve References	2	1.6	1.3	3.1	1.9	2.3	1.1
T13	Vacancy Creation to Conditional Offer	44	46.1	41.5	44.7	44.8	39.9	34.4
T14	Vacancy Creation to Unconditional Offer	71	55.0	56.9	55.7	54.3	55.1	50.7
T23	Conditional Offer to Ready for Start date notification	27	12.8	14.6	13.4	13.6	16.0	13.3





Employee Value Proposition

Attraction & Retention

The recent Internal Audit of Recruitment & Retention (April–May 2026) has now concluded. The audit received **substantial assurance** across all areas assessed, representing the highest level of assurance available.

The audit recognised the strength of our Corporate Workforce Planning, our data-driven approach to our people and the positive impact of our recruitment and retention initiatives for NWSSP. It also acknowledged the breadth of activity delivered across the Team including work on reducing avoidable employee harm, divisional deep dives into areas of concern and hotpots, health and wellbeing initiatives through to the development of clear career pathways and people development.

Armed Forces Community

NWSSP has successfully achieved the Defence Employer Recognition Scheme (ERS) Silver Award for 2026, recognising sustained commitment to supporting the Armed Forces community. This achievement reflects a focussed effort to embed inclusive practices for veterans, reservists and service families across NWSSP, including strengthened policies, active network leadership and increased organisational visibility in Armed Forces initiatives. The award further reinforces strategic commitment through NWSSP's evolving Employee Value Proposition (EVP), ensuring we continue to attract, support and retain Armed Forces talent while fostering a culture of flexibility, inclusion and opportunity for all staff.
Please click here for a recent example of the Armed Forces Community work in action:- NWSSP Armed Forces Community

Widening Access

Career Events: NWSSP was represented at the following Careers Event during May:

Event	Location	Target Audience	Attended by
Next Steps Careers Fair – Careers Wales	Careers Wales, Churchill House, Cardiff	The event is designed to support young people as they consider their next steps in education, training, volunteering or employment.	P&OD

Apprenticeships:

Throughout May, Medr hosted a series of conferences across Wales to highlight the changes being made to apprenticeships.

Planned changes include the introduction of a new apprenticeship offer from August 2027, covering Levels 2 to 5, with a more flexible, learner-centred approach that recognises prior learning and focuses on outcomes. Programme duration will have a minimum of 12 months with no maximum timeframe.
A new integrated framework library will be launched, including certification, alongside a reduction in apprenticeship sectors to 18. There will also be a review of degree apprenticeship funding and progression pathways, an increase in Welsh-language provision, and a stronger focus on capturing and measuring the learner journey.

PEOPLE & OD MOMENTS THAT MATTER

People Development

Corporate Induction Compliance: New starters attendance at the Welcome Session, and their return of the Welcome Induction Toolkit Declaration Form are both required to ensure compliance. **NWSSP's Corporate Induction is currently at 30.77%**. As of May 2026, two of our divisions (highlighted below) are fully compliant.

Division	New Starters Since April 2026	Attendance at Welcome Induction Workshop	Returned Welcome Induction Toolkit Declaration Forms
043 Accounts Payable Division	2		1
043 Corporate Division	1	1	1
043 E-Business Central Team Division	1		1
043 Employment Division	2		
043 Laundry Division	3		
043 Legal & Risk Division	5	3	1
043 Medical Examiner Division	2		
043 Medical Workforce Division	2	2	2
043 People & OD Division	1	1	
043 Pharmacy Technical Services Division	3	2	1
043 Primary Care Division	3		
043 Procurement Division	13	2	6
043 Specialist Estates Division	1	1	
Total	**39**	**12**	**13**
		30.77%	**33.33%**

Training Classes

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

- 7 in house workshops delivered with 73 staff attending
- 8 staff Did Not Attend despite enrolling onto the workshop
- 17 staff withdrew before the start date of the workshop

Organisational Development

Culture and Engagement

NHS Wales Staff Survey

Free-text responses have been analysed, and the key themes have been identified. Our People and OD Business Partners are actively reviewing divisional-level results and are sharing with Services to develop local action plans if required. Communications of our "You Said, Together We Did" infographic have been shared, alongside launching the Inclusive Culture Action Plan SharePoint page. HEIW led a lessons learned session on 21st May, with Staff Survey Leads contributing feedback to help strengthen future design and delivery.

Next steps

- The timing of the national report is still being confirmed with HEIW and the Welsh Government.
- A coffee morning is to be arranged to discuss staff survey results and create space for open conversations on the results.

Staff Recognition Awards

The final regional event took place on 21st May at Denbigh Stores. Our planning team have scheduled lessons learnt sessions in the coming weeks in readiness for the launch of nominations this September.

Speaking up Safely

We now have of 87 people registered on the Work in Confidence platform, with a total of 19 concerns raised in the system. The top reasons selected when raising a concern are currently 'Bullying and Harassment' and 'Attitudes and Behaviours (organisational culture)'.

Diversity, Inclusion and Well-being

Strategic Equality Plan Engagement

The in-person engagement sessions for the Strategic Equality Plan have now concluded with further responses being received via the anonymous form until the end of June 2026. People and OD are asking for engagement from all services to share their voices on equity and inclusion via this form so that we can capture more voices, the form can be accessed here: Strategic Equality Plan Engagement Survey – Fill in form. All this feedback will be used to develop NWSSP's Strategic Equality Plan that will be presented to Welsh Government in the next EDI Matrix submission in October 2026.

Mental Health First Aid Training

The first set of training sessions were delivered via the new provider, Mental Health First Aid Wales, using their system and materials. The training went smoothly with 10 new Mental Health First Aiders welcomed which brings our total to 50 across NWSSP.

NWSSP Performance Information Report

July 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for February – May 2026.

Health Organisations received their individual performance reports for Quarter 4 at the end of April 2026 and will receive the Quarter 1 reports at the end of July 2026.

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

Key Messages

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

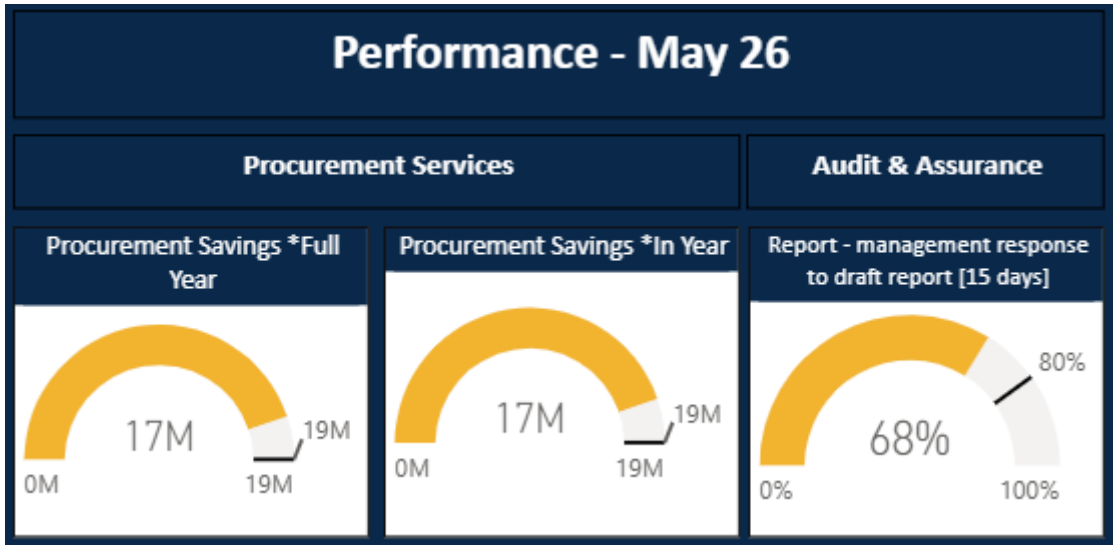
Performance for May was good with most reported KPIs achieving the target.

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

However, three KPIs did not achieve the target. One within Audit and Assurance and two related to Procurement savings. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £57M at end of May. This is further broken down on Page 14 of this report.

Summary Position by exception – 3 KPIs off Target



Of the 3 KPIs that did not achieve the targets for May 26

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

Summary of KPIs

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

KFA	KPIs	Target		25/26 February	March	April	May	Trend
				Audit & Assurance				
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	87%	87%	83%	83%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	66%	65%	66%	68%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
				Procurement Services				
Our Value	Procurement savings *Current Year	£19m	Cumulative	£46,455,326	£50,422,477	£16,239,851	£16,993,354	
				Accounts Payable				
Our Value	Savings and Successes		Monthly	£3,070,280	£1,749,749	£107,429	£3,559,717	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	97%	Reported Quarterly	Reported Quarterly	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	89%	Reported Quarterly	Reported Quarterly	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	99%	99%	98%	98%	
				Employment Services Payroll				
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.89%	99.84%	99.85%	99.86%	
Our Services	Payroll % Calls Handled	95%	Monthly	98.90%	99.01%	99.17%	98.96%	
				Recruitment All Wales				
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	58.6%	64.4%	67.8%	63.0%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	64.50	62.30	62.40	65.30	
				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	100.0%	100.0%	99.9%	99.9%	
Our Services	Recruitment % Calls Handled	95%	Monthly	99.0%	99.1%	99.4%	99.4%	

Summary of KPIs

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

KFA	KPIs	Target		25/26 February	March	April	May	Trend
				Student Awards				
Our Services	% of NHS Bursary Applications processed within 20 days	100%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	98.08%	99.25%	99.21%	98.65%	
				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	99.82%	99.70%	99.70%	99.68%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
				Legal & Risk				
Our Value	Savings and Successes		Monthly	£30,710,574	£34,246,581	£15,651,514	£16,550,039	
Our Services	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	100%	100%	100%	100%	
Our Services	Timeliness of advice response – within 3 days or agreed timescale	95%	Monthly	100%	100%	100%	100%	
				Welsh Risk Pool				
Our Services	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Our Services	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
				Specialist Estates Services				
Our Value	Professional Influence		Monthly	£213,006	£290,510	£566,076	£426,169	
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	Not Applicable	100%	100%	Not Applicable	
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

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

KFA	KPIs	Target		25/26 February	March	April	May	Trend
				Digital Workforce				
Our Services	DWS % Calls Handled	85%	Monthly	92.07%	91.28%	92.44%	91.70%	
Our Services	Customer Satisfaction	90%	Monthly	93%	91%	93%	93%	
				SMTL				
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	91%		Not Applicable	100%	100%	100%	
Our Services	% delivery of audited reports on time (Commercial)	92%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	92%	Monthly	100%	100%	Not Applicable	Not Applicable	
Our Services	% delivery of Technical assurance evaluations on time	90%	Monthly	100%	100%	100%	100%	
				Pharmacy Services				
Our Services	Complaints			0	0	0	0	
				Medical Examiners Service				
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	One Month Reporting Lag	
Our Services	Never Events	0	Monthly	0	0	0	One Month Reporting Lag	
				All Wales Laundry				
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	86%	94%	89%	91%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	0	0	0	
Our Services	Microbiological contact failure points	90%	Monthly	98%	97%	94%	93%	

Procurement Savings

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Division	KPIs	Target		2025-26 May	June	July	August	September	October	November	December	January	February	March	2026-27 April	May	Trend	Lead KPI
Our Value																		
Procurement	Procurement savings *In Year	£5m	Cumulative	£7,361,666	£9,151,065	£9,046,890	£12,218,832	£12,204,376	£13,447,343	£14,028,837	£14,801,823	£15,663,789	£16,550,227	£17,079,574	£2,566,765	£3,320,268		K
Procurement	Procurement savings *In Year - Pharmacy	£14m	Cumulative	£2,338,442	£9,114,991	£18,139,499	£18,139,499	£23,609,011	£23,609,011	£23,622,536	£28,214,233	£29,905,099	£29,905,099	£33,342,903	£13,673,086	£13,673,086		K
Procurement	Procurement savings *Full Year	£19m	Cumulative	£9,720,114	£18,493,499	£30,525,196	£33,887,817	£42,728,580	£44,377,101	£45,184,642	£50,584,304	£53,450,258	£54,352,901	£58,319,831	£16,239,851	£17,037,299		K

What is happening?

Procurement Savings *In Year (Excluding Pharmacy) failed to meet the monthly profiled target of £5m during May reporting savings of £3.3m.

Procurement savings *Full Year also failed to meet the £19m target during May reporting savings of £17m.

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

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

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

Audit & Assurance

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Division	KPIs	Target		2025-26 May	June	July	August	September	October	November	December	January	February	March	2026-27 April	May	Trend	Lead KPI
Our Services																		
Audit & Assurance	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		K
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Monthly	75%	100%	100%	100%	92%	92%	91%	89%	85%	87%	87%	83%	83%		K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	66%	Not Applicable	88%	80%	79%	70%	69%	68%	66%	66%	65%	66%	68%		
Audit & Assurance	Report turnaround draft response to final reporting [10 days]	95%	Monthly	98%	Not Applicable	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%		

What is happening?

*Report turnaround man*agement response to draft report (15 days) - Management Response to draft reporting turnaround times was not achieved in May. The target for the 15-day turnaround is 80%, however, only 68% of reports were completed within that timeframe (77 missing the target to date). **This KPI is the responsibility of the health organisation and dependent on client engagement.**

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

While May KPI reporting indicated that around 5% of our audits were still in progress at the end of May.

Audit & Assurance expect a small number of audits to remain in progress during June; however, the majority have reached the reporting stage.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Audit & Assurance performance at end of May 26.

Client	Total Reviews Planned	Audits Reported (Draft / Final)	Audits in Progress	On Track/ Achieved Proposed Audit Committee	Report turnaround fieldwork to draft reporting [10 days]	Report turnaround management response to draft report [15 days]	Report turnaround draft response to final reporting [10 days]
Aneurin Bevan	25	88.0%	12.0%	82.61%	100.0%	50.0%	100.0%
Betsi Cadwaladr	34	97.1%	2.9%	82.35%	100.0%	60.0%	100.0%
Cardiff & Vale	33	97.0%	3.0%	66.67%	100.0%	70.4%	100.0%
Cwm Taf Morgannwg	29	86.2%	13.8%	42.31%	100.0%	36.8%	100.0%
DHCW	12	100.0%	0%	83.33%	100.0%	70.0%	100.0%
HEIW	11	100.0%	0%	81.82%	100.0%	72.7%	100.0%
Hywel Dda	29	100.0%	0%	73.08%	100.0%	72.0%	100.0%
Joint Commissioning Committee	3	66.7%	33.3%	33.33%	100.0%	100.0%	100.0%
NHS Wales Performance & Improvement	4	100.0%	0%	75.00%	100.0%	66.7%	100.0%
NWSSP	16	93.8%	6.3%	57.14%	100.0%	73.3%	100.0%
PHW	12	100.0%	0%	83.33%	100.0%	91.7%	100.0%
Powys THB	21	95.2%	4.8%	71.43%	100.0%	83.3%	100.0%
Swansea Bay	26	92.3%	7.7%	80.77%	100.0%	66.7%	100.0%
Velindre	17	94.1%	5.9%	73.33%	100.0%	66.7%	100.0%
WAST	20	100.0%	0%	75.00%	100.0%	80.0%	100.0%
Total	**292**	**94.9%**	**5.1%**	**72.14%**	**100.0%**	**67.5%**	**100.0%**

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

83.47%

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

Areas of success

Employment Services – Recruitment

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Division	KPIs	Target		May	June	July	August	September	October	November	December	January	February	March	April	May		Trend	Lead KPI
				2025-26										2026-27					
Our Services																			
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	70.4%	67.9%	67.3%	66.6%	67.7%	63.4%	68.1%	68.4%	61.9%	58.6%	64.4%	67.8%	63.0%	↑		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	61.8	62.4	61.0	63.8	63.7	64.0	63.4	62.3	64.7	64.5	62.3	62.4	65.3	↓		K

What is happening?

The average time to hire (TTH) across NHS Wales for May 2026 is 65.3 days and the target is 71 days which is broadly consistent with the previous months however, 3 organisations missed the target which can be seen on page 12. During May activity volumes increased for posts advertised (1,280 to 1,472), WTE advertised increased (1,331 to 1,945) and the number of conditional offers also increased (1,214 to 1,316) compared to April 2026.

The chart below highlights the Number of Conditional Offers sent over the last 13 months with a further breakdown of activity on Page 12.

Division	Activity		May	June	July	August	September	October	November	December	January	February	March	April	May	Trend
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,517	1,699	2,549	1,758	1,738	1,822	1,432	1,677	1,455	1,241	1,372	1,214	1,316	

What we continue to do?

There were 1,093 applicants who completed checks in May 2026. Whilst good progress has been made on the older records in the system, 5.5% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter.

Vacancy freezes - Impact on Time to Hire

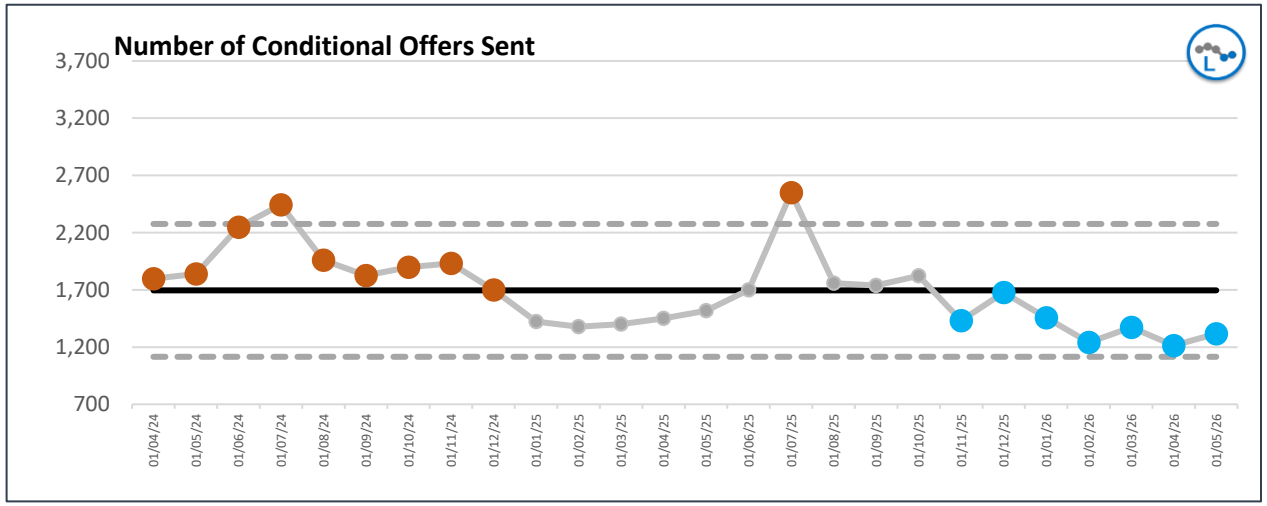
For any organisations where there is a vacancy freeze in place, it has been advised not to hold vacancies in Trac until a time when they can be approved, as this will add many months onto the Time to Hire in the future. Organisations are asked to reject them in the Trac system and re-enter them as new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

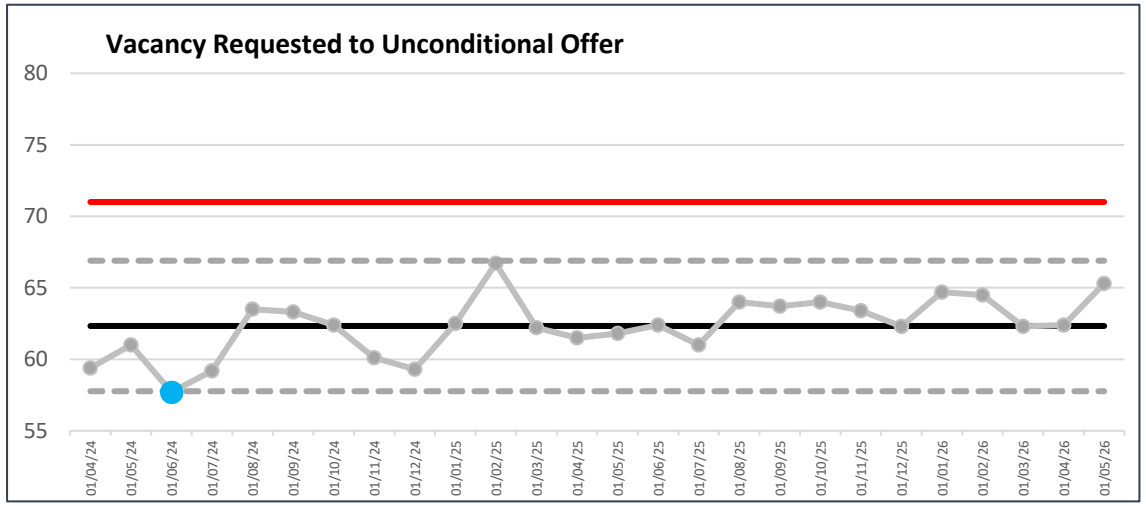
The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicants remain engaged.

Employment Services – Recruitment

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Recruitment		Vacancy Creation to Unconditional Offer													
Org	Target	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Trend
AB	71	59	61	58	62	60	68	63	57	64	63	57	56	60	
BCU	71	58	63	68	64	65	62	62	66	68	70	68	64	59	
CV	71	86	94	102	104	98	107	116	90	95	94	84	94	92	
CTM	71	68	70	71	70	69	71	74	77	76	85	80	80	80	
HD	71	49	50	49	55	52	48	50	51	55	59	50	49	52	
HEIW	71	48	58	63	55	49	49	55	61	58	60	48	49	55	
DHCW	71	58	46	48	59	57	47	47	46	55	56	61	49	70	
NWSSP	71	54	58	42	52	57	54	48	51	55	54	56	57	55	
PTHB	71	68	71	58	68	64	72	78	69	71	62	65	61	65	
PHW	71	59	58	59	55	53	61	61	50	62	50	47	56	67	
SBU	71	73	70	70	80	73	85	79	81	85	92	86	105	112	
VEL	71	50	54	50	57	63	54	44	53	53	55	58	50	51	
WAST	71	96	76	78	63	72	74	88	77	71	75	70	68	61	
All Wales	71	62	62	61	64	64	64	63	62	65	65	62	62	65	

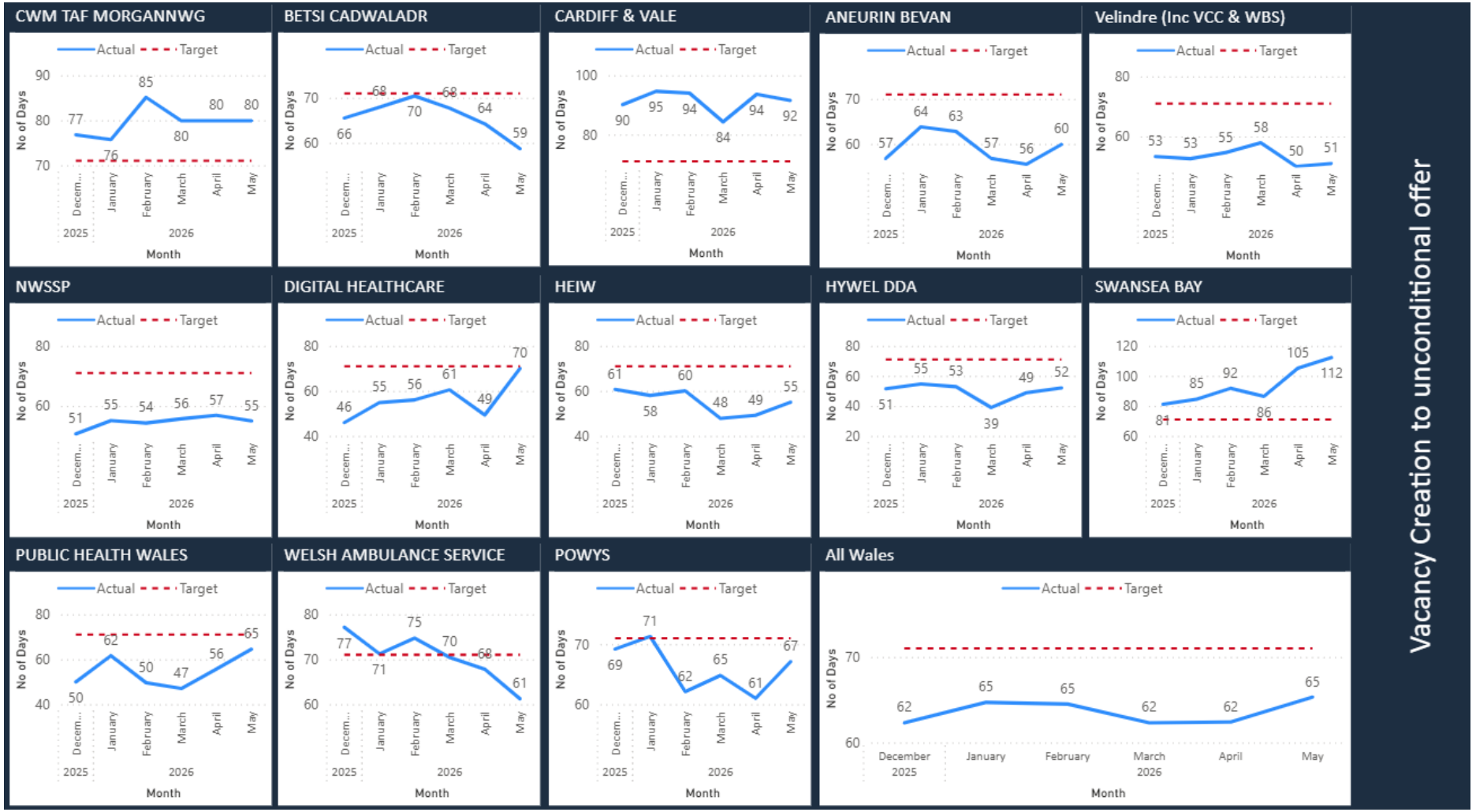




Employment Services – Recruitment

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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



Professional Influence Benefits

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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 Organisations).
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.
- Post Payment verification recoveries (PPV) – financial recoveries of claims.

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

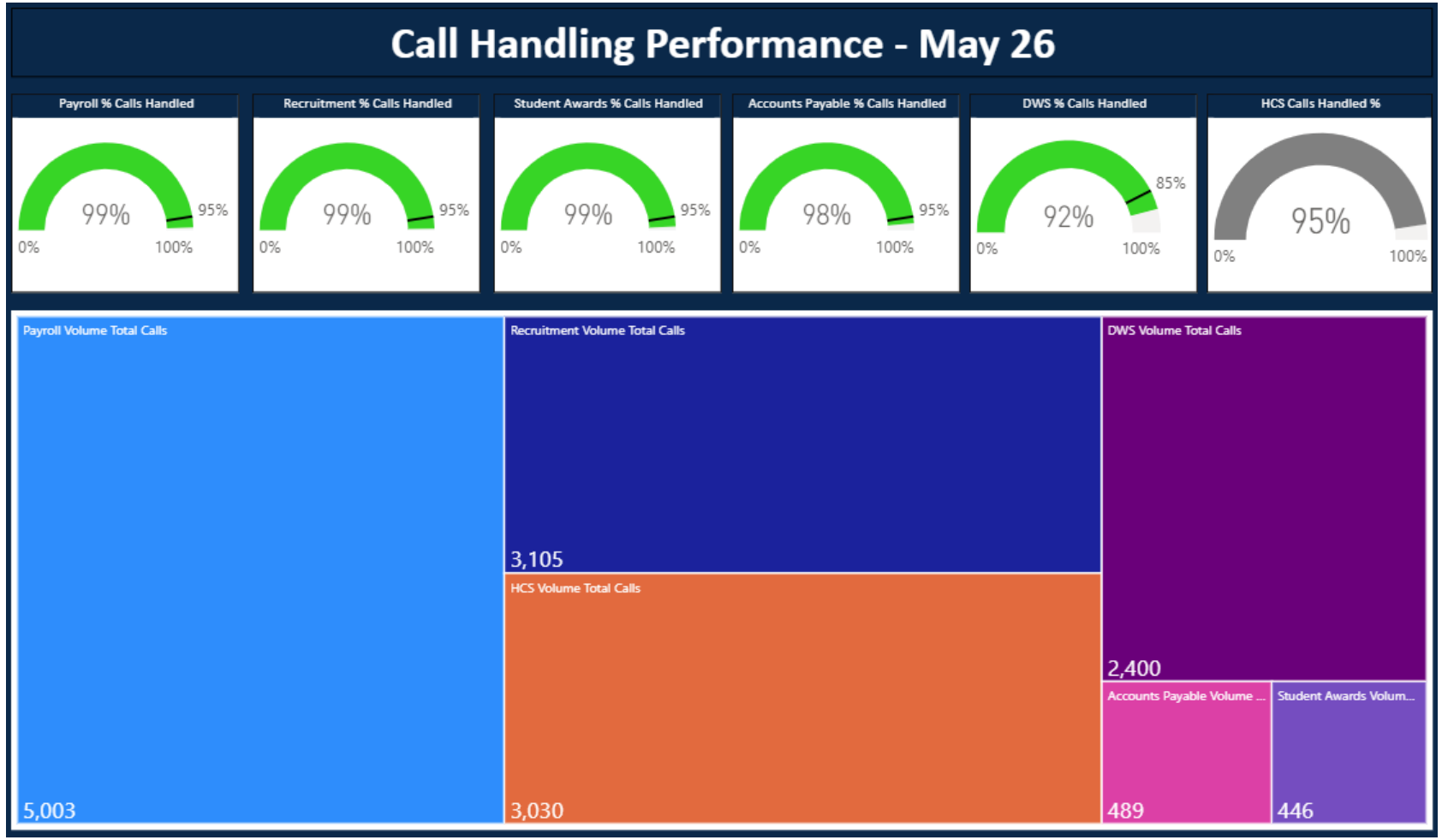
Service	YTD Benefit £m
Specialist Estates Services	1.0
Procurement Services	3.3
Procurement Services – Pharmacy	13.6
Procurement Services - Cost Avoidance	3.0
Legal & Risk Services	32.2
Accounts Payable	3.6
Oxygen Finance – PSP	0.1
Counter Fraud Services*	n/a
Post Payment Verification Recoveries	0
Total	£57m

- * Reported Quarterly

Call Handling

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

To provide an overview of the current call handling performance, the following dashboard highlights both the number of calls handled and the call volumes across the services for which data is currently available in this report.



Other points to note

- **Post Payment Verification recoveries** have started to be reported within the professional influence benefits summary however there will be a one-month lag in the data due to the timing of the payment verification reporting.

Recommendations

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

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

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

NWSSP Outcome Measures Performance Report

July 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose of the Report

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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

Building on the focus on Outcomes in the IMTP, we need to highlight and report the impact and importance of what we do which the Outcome measures aim to demonstrate.

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

Key Messages

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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

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

Our Services

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Our Services

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

- Enable our customer-facing teams to resolve most enquiries at first contact through faster, higher-quality, and more responsive services.
- Drive continuous improvement and innovation through safe and secure digital services, setting the standard for excellence and quality in service delivery.
- Working in partnership with Universities to foster academic and developmental collaboration.
- Use cyber-secure digital and data services to plan together and support NHS Wales decision-making through shared intelligence.

Legal & Risk Services
Case Closure Client Satisf...
100% | 95.0% | 0% | 100%

DWS
Customer Satisfaction
93% | 90.0% | 0% | 100%

Primary Care Services
Customer Satisfaction re...
84% | 75.0% | 0% | 100%

Central Team
Annual Customer Satisfa...
85% | 90.0% | 0% | 100%

Specialist Estates
Annual Customer Satisfa...
95% | 95.0% | 0% | 100%

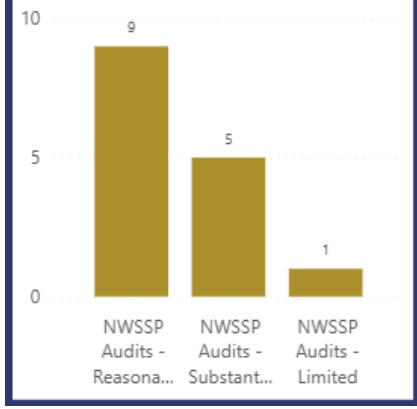
Website Bounce Rate
33%

Website Users
11K

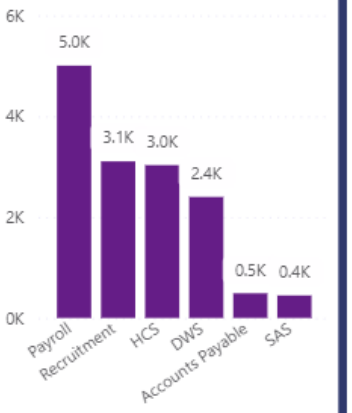
Website Page Views
30K

Website Pages - May 26 (Top 3)
1. Current Vacancies - **1,873**
2. Student Award Services - **1,609**
3. How do I apply for a bursary - **1,355**

NWSSP Assurance Overview - 25/26

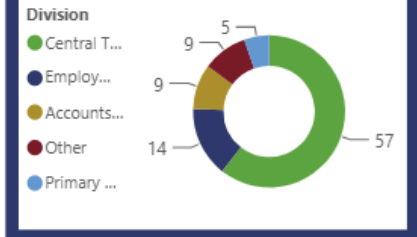


Volume of Calls



Calls Answered

RPA Processes



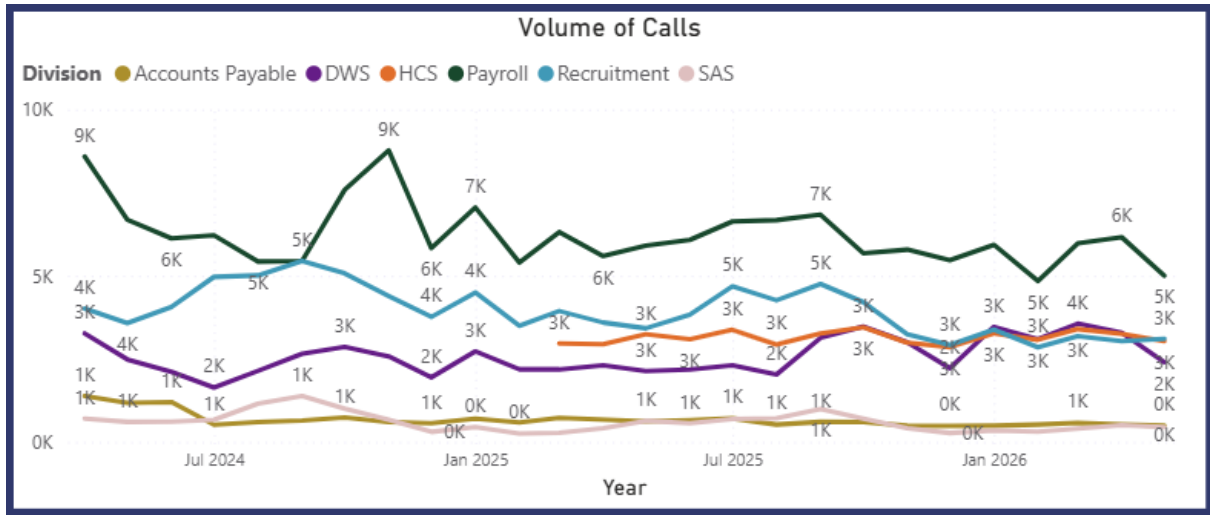
RPA Annual Hours Saved

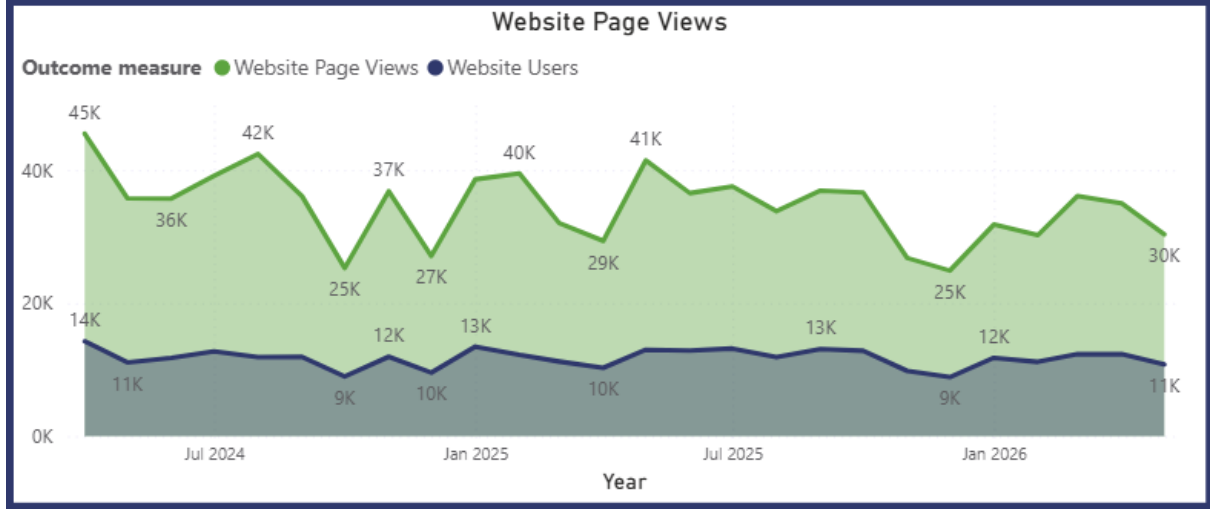
RPA Total Hours Saved (Since 2018)
203K

TMO Work Packages
29

Our Services

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

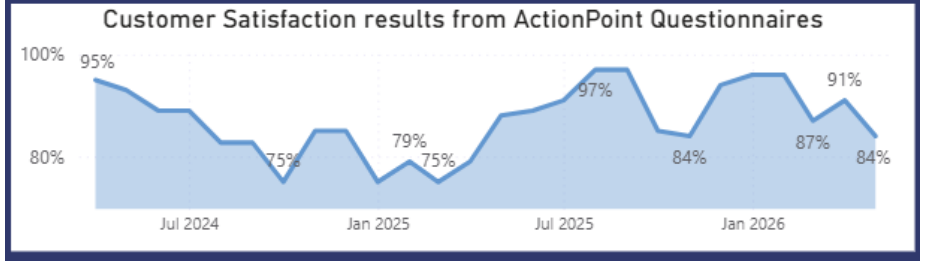




Legal & Risk Services

Digital Workforce Solutions

Primary Care Services

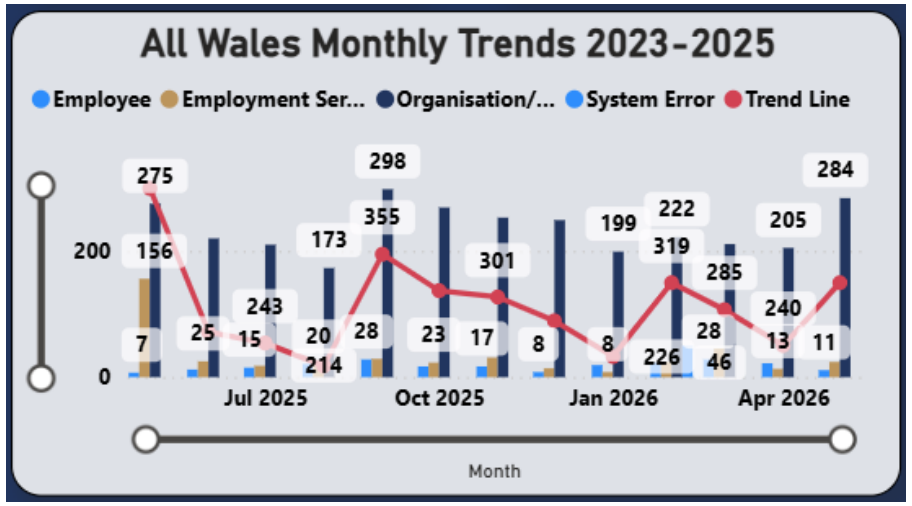


All Wales Payroll Overpayments

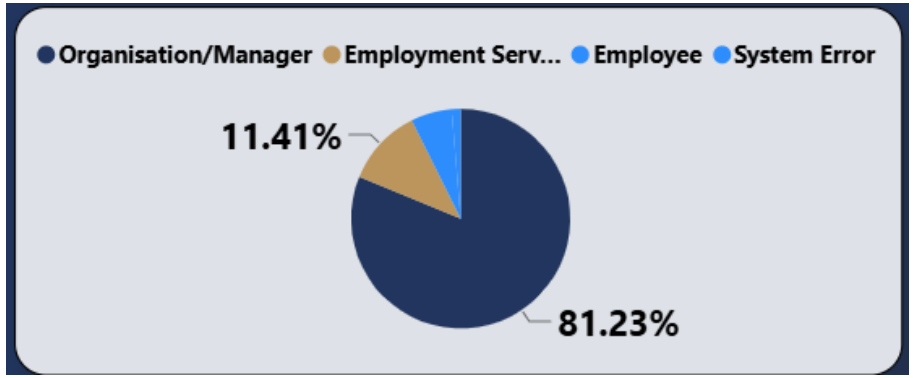
GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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

Overpayment by Responsibility trend May 25 – May 26



Overpayment by Responsibility split May 25 – May 26



Most overpayments associated with the organisation/manager result from delayed terminations and late changes.

Examples of Reasons by responsibility

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

Our Services

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Customer Satisfaction

- Most divisions met their customer satisfaction targets.
  - Digital Workforce Solutions achieved the target in May.
  - Specialist Estates achieved its annual satisfaction target whilst also showing an increased participation rate.
  - CTeS missed their annual satisfaction survey target for 25-26.

Website Analytics

- Website Users increased and page views decreased in May (11k and 30k) compared to April (12k and 35k). The top 3 page views were Current Vacancies, Student Awards and "How do I apply for a bursary?"

Call Handling

- Call Handling achieved the target in May for all reported areas. A total of 14k calls were received across the reported areas which is a decrease of 3k calls on last month.

Audit & Assurance

- In 2024/25, 13 NWSSP audits were reported: three with substantial assurance, five with reasonable assurance, one with limited assurance and four were of an advisory type.
- In 2025/26,16 audits reviews are planned with 15 completed: nine with reasonable assurance, five with substantial assurance and one with limited assurance.

Robotic Processes

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

Transformation Management Office (TMO)

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

Our People

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Our Services

Our People

Our Value

Our Partners

Our People

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

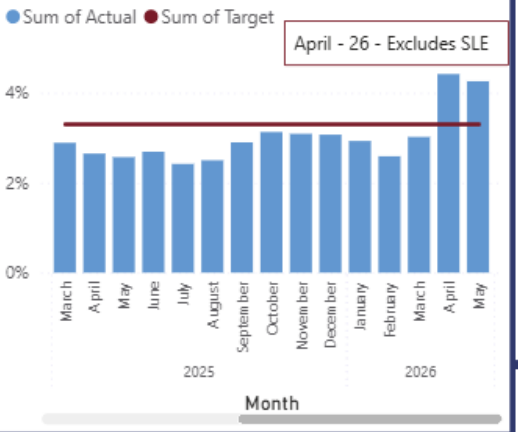
Build a capable, high-performing culture that attracts, develops, and retains talented people for the future.

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

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

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

Sickness



Top 3 Sickness Reasons

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Gastrointestinal problems
3. Other musculoskeletal problems

May 26 - Reasons for Leaving (Excluding SLE) (Top 3)

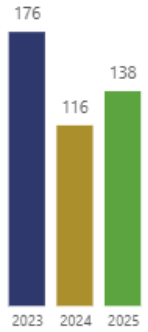
1. Voluntary
2. Retirement
3. End of fixed term contract

Annual Turnover (Excluding SLE)

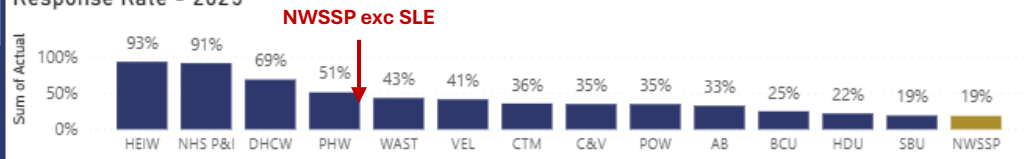
9%

NHS Wales Staff Survey

Staff Award Submissions



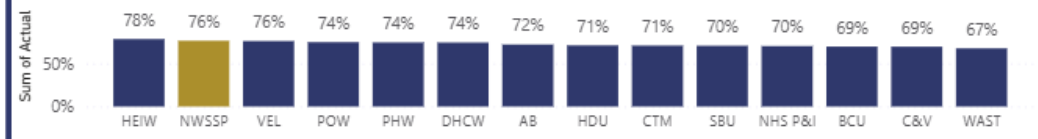
Response Rate - 2025



Response Rate 2025 excluding SLE

46%

Engagement Score - 2025



Engagement Score

76%

Our People

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Staff Survey

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

Staff Awards

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

Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%). Under 10% for shared services organisations is considered healthy and within best practice benchmarks. Turnover does not include internal churn.
- 69% (18) of leavers excluding SLE were voluntary resignations. 50% (9) of the voluntary resignations had 3 plus years of service.

Sickness

- Staff sickness rate excluding SLE (4%) missed the overall target (3.3%) for May with 16 of the 22 divisions missing their **revised** targets. Further detail is available in the People & OD report.
- Top 3 absence reasons are anxiety, stress, depression, gastrointestinal problems and other musculoskeletal problems.

Our Value

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Our Value

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

- Make bold, evidence-based investment decisions through partnership governance to drive transformation and deliver value.
- Collaborate across the system to tackle the climate emergency and meet decarbonisation targets.
- Use resources efficiently to maximise social, environmental, and economic sustainability.
- Identify opportunities to grow investment in the foundational economy across Wales through an inclusive and responsible supply chain.

Our Services

Our People

Our Value

Our Partners

NWSSP Procurement Savings - In Year

2026

NWSSP Procurement Savings - Cost Avoidance

2026

NWSSP Employee Electric Miles (% of Total Miles)

8%

NWSSP Employee Electric Miles

1K

NHS Employee Electric Miles (% of Total Miles)

8%

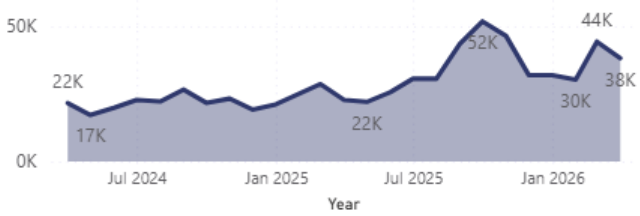
NHS Employee Electric Miles

261K

Supply Chain Logistics - Electric Miles %

11%

Supply Chain Logistics - Electric Miles Number



£ Spend in with Welsh Suppliers (Q4)

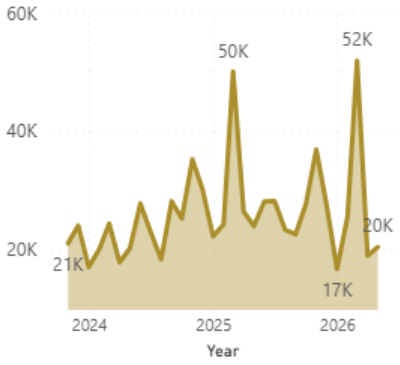
£2.33bn

% Spend in with Welsh Suppliers (Q4)

43%

Travel & Subsistence (Excluding SLE)

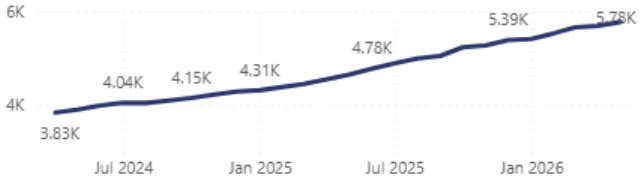
(£'s)



% of Electric Salary Sacrifice Cars

77%

All Wales Salary Sacrifice Cars



£ Spend in Wales

Year ● 2023 ● 2024 ● 2025 ● 2026

£2.1bn	£2.1bn	£2.3bn	£2.3bn

% Spend in Wales

Year ● 2023 ● 2024 ● 2025 ● 2026

44%	43%	44%	43%

Our Value

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Professional Influence Benefits

- Professional Influence in May 26 shows significant benefits (£57m) across Procurement, Legal & Risk, Specialist Estates, Accounts Payable, Counter Fraud and Primary Care.

Procurement Savings & Spend In Wales

- Procurement savings targets have been slightly missed for May for both in year and full year due to delays in planned contracts until later in the year.
- NWSSP has achieved £23k procurement cost avoidance savings in the year and £41k of cash releasing savings against a target of £44k.

Foundational Economy

- In 2025/26, expenditure with Welsh suppliers as at quarter 4 is £2.3 billion. This represents 43% of total spend being retained within Wales. The spend has broadly been consistent with the previous 3 years.

Salary Sacrifice

- As of May, there are 5,777 salary sacrifice cars in use across All NWSSP-managed NHS Wales organisations. Of these 77% are electric.
- For NWSSP as of May there were 369 cars in use with 79% were electric vehicles, with a further 33 out of 42 electric cars on order.

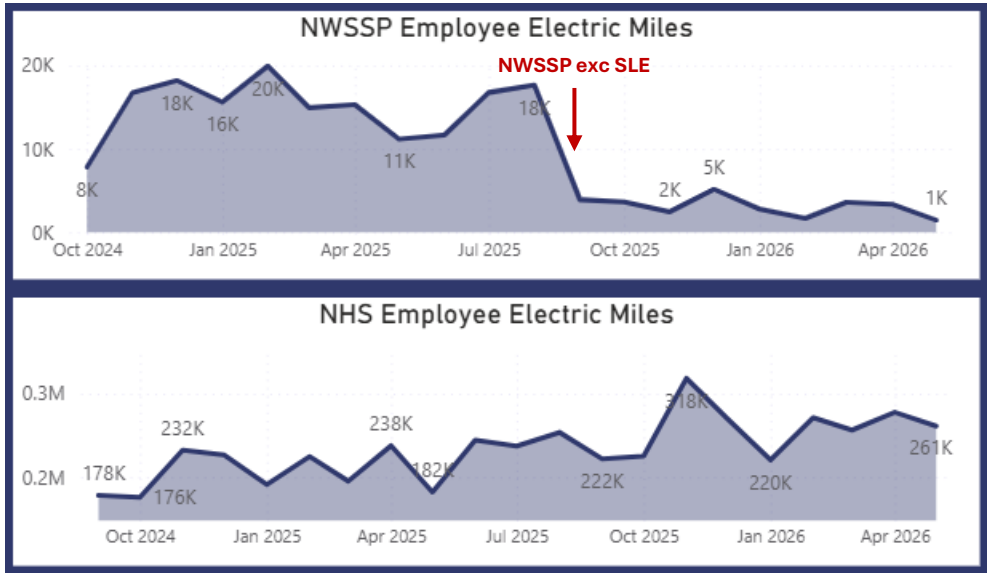
Travel & Subsistence (T&S) Expenditure (Excluding SLE)

- In May, £20k (excluding SLE) of T&S was claimed, an increase from April (£19k). In May NHS Wales employees claimed for 261k electric miles which is 8% of the total miles claimed. NWSSP employees (exc SLE) claimed for 1k electric miles which is 8% of the total NWSSP miles claimed.

Mileage Claims

The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in May 26.

Organisation	Total Miles Claimed	Electric Miles Claimed	Electric Miles %
Cardiff & Vale	174,705	15,049	9%
WAST	178,808	23,098	13%
DHCW	8,743	1,483	17%
CVB	5,134	0	0%
Public Health	54,389	6,000	11%
AB	404,701	36,132	9%
NWSSP SLE	320,317	10,366	3%
NWSSP exc SLE	18,881	1,441	8%
BCU	686,041	74,863	11%
Powys	182,412	11,598	6%
HEIW	7,906	863	11%
Hywel Dda	435,934	27,838	6%
Cwm Taf	422,748	32,139	8%
Velindre	17,601	359	2%
Swansea Bay	289,112	20,042	7%
Total	3,207,433	261,273	8%

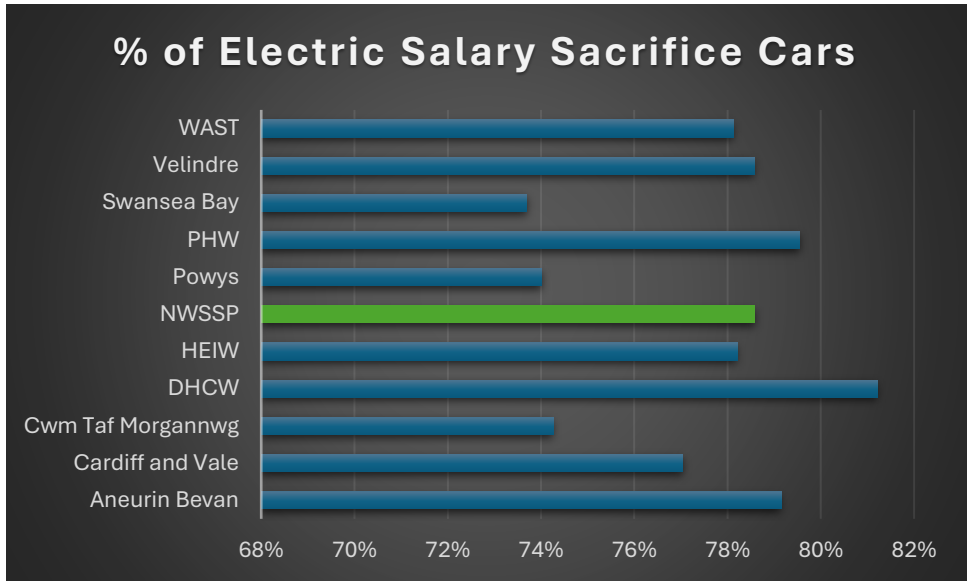


Salary Sacrifice Cars

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

The table and chart below provide an overview of the total number of vehicles managed under the NWSSP scheme, along with the proportion that are electric as of May 26.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	1108	877	205	26	79%
Cardiff and Vale	1089	839	212	38	77%
Cwm Taf Morgannwg	979	727	212	40	74%
DHCW	165	134	28	3	81%
HEIW	78	61	15	2	78%
NWSSP	369	290	78	1	79%
Powys	127	94	26	7	74%
PHW	176	140	32	4	80%
Swansea Bay	1034	762	225	47	74%
Velindre	140	110	27	3	79%
WAST	512	400	100	12	78%
TOTAL	5777	4434	1160	183	77%



Our Partners

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Our Partners

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

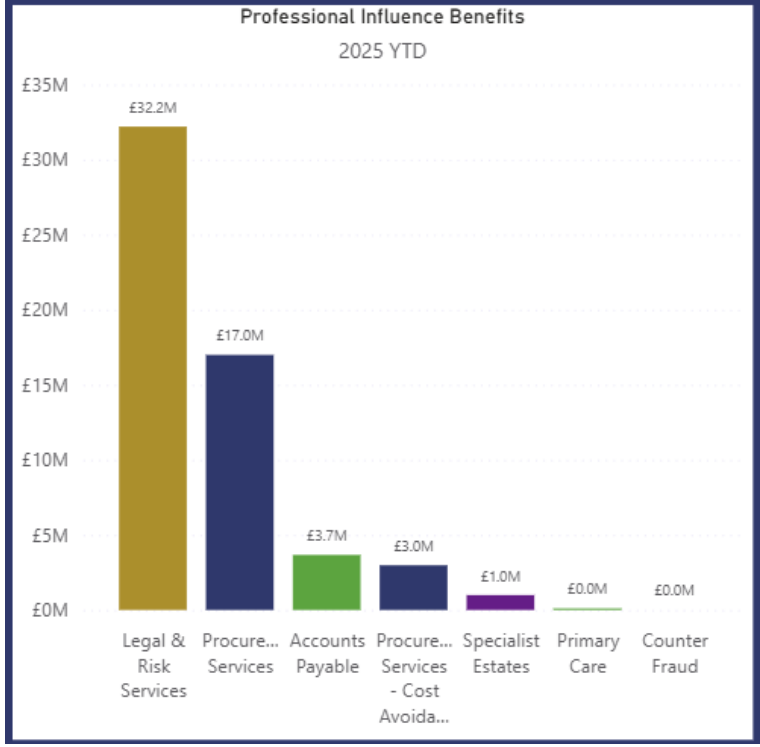
- Work in co-production with our partners to design and deliver services that improve outcomes and value across health and care.
- Collaborate with health and care organisations, industry, and academia to share insight, innovation, and expertise.
- Strengthen system-wide relationships that enable collective planning and sustainable improvement for NHS Wales.
- Demonstrate leadership in partnership working, building trust and alignment to deliver shared priorities across the health and care system.

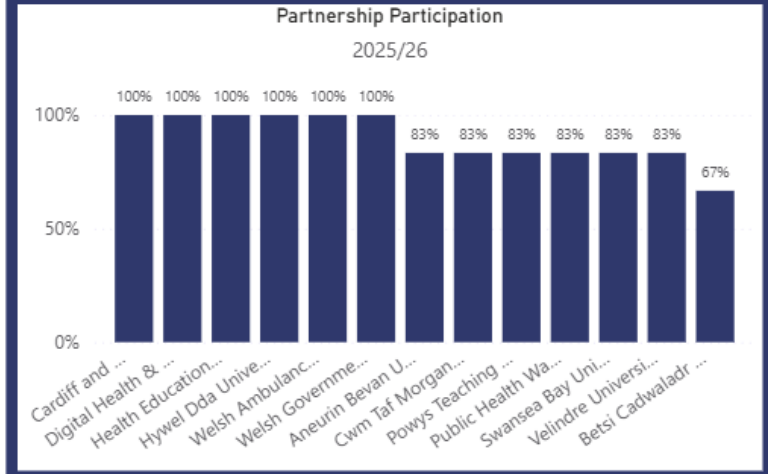
Our Services

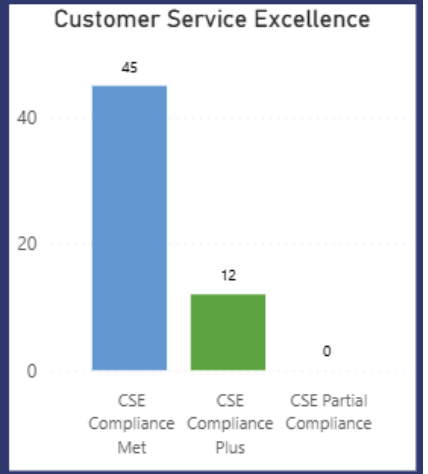
Our People

Our Value

Our Partners







GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Voice of the Customer

This summary consolidates feedback gathered during recent performance meetings with NHS Health Organisations. It captures recurring themes expressed by stakeholders across divisions, grouped under “Areas of Strength” and “Areas for Consideration.” The purpose is to inform continuous improvement efforts, surface emerging opportunities, and celebrate areas of high performance as voiced directly by our partners. The themes are not attributed to individual organisations but reflect collective insight.

Areas of Strength

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

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Areas of Consideration

Theme	Summary of Customer Voice	What we have done or are doing
Recruitment Efficiency	High applicant volumes causing delays. Desire for automation, AI screening, possible use of filter questions and system usability.	Potential process improvements for handling high-volume recruitment with individual health organisations.
Audit & Assurance Timeliness	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.	We are now ensuring that target response times are communicated to the management at the start of each audit
Customer Satisfaction Insight	Interest in more qualitative satisfaction data across services where we do not currently report – not just cost or performance metrics.	In development.
System & Process Development	Improvements in internal systems, smarter forms, and innovation in service delivery.	Our Transformation Management Office and service teams are regularly collaborating to identify and implement service improvements, including the use of new technologies such as Robotic Process Automation (RPA) and Power Automate.
Benchmarking & Best Practice	Interest in learning from high-performing areas by sharing success stories and comparative performance insights.	We are developing a breakdown of our performance measures by each individual health organisation
Common Approach	Identify areas where health boards do things differently within their teams and identify good practice suggestions.	Liaise with divisions to identify any areas where processes differ.
Data Insight	Stronger data science capability is needed to support analysis, insights and value realisation across services.	Explore how insight is shared across the health organisations.

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

Our Partners

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Professional Influence Benefits

- Professional Influence Benefits for May 26 show significant benefits (£57m) across Procurement, Legal & Risk, Specialist Estates, Accounts Payable, Counter Fraud and Primary Care.

Customer Service Excellence

- NWSSP successfully achieved CSE accreditation for the third consecutive year.

Recommendations

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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

- The Outcome measures contained within this report.
- That Outcome Reporting is a work in progress which we are actively developing and refining our approach to continue to provide more comprehensive information.
- Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting: 16/07/2026**

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

Teitl yr Adroddiad/Title of Report

Transformation Management Office and Service Improvement Update Report

ARWEINYDD: **LEAD:**	**Rebecca Nelson, Director of Planning, Performance & Informatics**
AWDUR: **AUTHOR:**	Oliver Rix, Assistant Head of TMO
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ian Rose, Assistant Director Transformation
MANYLION CYSWLLT: **CONTACT DETAILS:**	---------- Ian.rose@wales.nhs.uk

Pwrpas yr Adroddiad:

Purpose of the Report:

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

Llywodraethu/Governance

Amcanion: **Objectives:**	**Our value -** To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. **Our services** - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. **Our people** - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth: **Supporting evidence:**	NWSSP approved IMTP 2025-28

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
Safonnau Iechyd a Gofal: **Dyletswydd Ansawdd / Duty of Quality:**	Duty of Quality assessed within each project
Gweithlu: **Workforce:**	Capacity constraints are highlighted against each project where applicable
Deddf Rhyddid Gwybodaeth/ **Freedom of Information**	Open

GIG Cymru Partneriaeth Cydwasnaethau NHS Wales Shared Services Partnership

TMO Report

TMO Dashboard Report

NWSSP TMO Update - 26 June 2026

Prepared by Ian Rose

Summary

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

Projects	20
Programmes	3
SI Initiatives	8
Closed total	3

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:

- **48% (15 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
- **52% (16 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health Board** – Typically supporting schemes for Health Boards but where NWSSP play a role in the service provision

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

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

The TMO report phase one refresh has been completed with the inclusion of elements as detailed within the last reporting cycle.

- **Completion date rebaseline indicator & Rationale** - Inclusion of indicator and explanation if the completion date has moved.
- **Initiative Stage indicator** – The stage in which the initiative is in based on the TMO portfolio framework.
- **Closed Initiatives** – Total to be included within the introduction to outline those initiatives closed in the last reporting cycle.
- **Reporting quality assurance** – Teams now undertake additional internal reporting safeguards to ensure all reporting is assured prior issue.
- **Delivery Confidence Rating** – All reported initiatives now have a Delivery Confidence rating.

As planned in Quarters 2 and 3 the TMO will devise a prototype dashboard report which will aim to streamline content and will be circulate through NWSSP SLG for feedback in advance of replacing any existing reporting processes.

SSPC Recommendation

SSPC are requested to note the contents of the report.

TMO Dashboard Report

Key Trend information and Initiative Overview

Initiatives – 23

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Green	Green	Large	13/04/2021	29/03/2024	31/07/2026	100%
TRAMS - Radio Pharmacy Build	Neil Frow	Blue	Blue	Medium	01/01/2024	31/03/2025	N/A	100%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	03/07/2026	90%
Optimising Data Population (ODP)	Angela Jones	Green	Green	Large	01/03/2024	15/09/2025	30/09/2026	65%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/03/2026	31/12/2026	87%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Green	Green	Large	05/11/2024	31/03/2026	30/09/2026	85%
Corporate Governance Community of Practice	James Quance	Green	Green	Medium	19/05/2025	31/03/2026	28/08/2026	67%
Implementation of SLE Resident Doctor Contract Changes	Gareth Hardacre	Amber	Amber	LargeXOrg	10/02/2026	31/07/2026	30/09/2026	56%
TRAMS - Implementation of Radiopharmacy	Rhys Hamer	Green	Amber	LargeXOrg	08/09/2025	31/10/2026	N/A	75%
Gluten Free Subsidiary Card	Gillian Jackson	Green	Green	Medium	01/10/2025	31/12/2026	N/A	38%
Implementation of computer-based training managed by TMO	Ian Rose	Green	Green	Small	05/11/2025	31/03/2027	N/A	70%
Welsh Risk Pool Assurance	Neil Frow	Green	Green	Large	15/04/2026	15/04/2027	N/A	37%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	30/04/2027	N/A	18%
TRAMS - Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	42%
Fleet Modernisation Programme	Tony Chatfield & Jonathan Irvine	Green	Green	Medium	03/02/2025	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Laundry Memorandum of Terms of Occupancy	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	30/06/2026	50%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	23/06/2025	17/07/2026	99%
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	10%
IP5 Power Resilience	Jonathan Nettleton	Amber	Amber	Medium	01/03/2026	31/08/2026	N/A	30%
Velindre/NWSSP Governance Recommendations	James Quance	Green	Green	Medium	01/05/2026	30/09/2026	N/A	32%
PCWIS - Performers List	Nicola Phillips	Amber	Amber	Large	01/06/2026	27/11/2026	N/A	10%
Cyber Security - CAF Remediations	Bryn Harries	Green	Green	Medium	30/03/2026	31/03/2027	N/A	15%
Customer Service Excellence 2026-2029 - Year 1	James Quance	Green	Green	Medium	01/06/2026	30/11/2029	N/A	12%

TMO Dashboard Report

Service Improvement Key Trend information and Initiative Overview

Initiatives – 8

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Red	Red	Improve	06/12/2023	30/05/2025	08/10/2026
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/01/2026	31/03/2027
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	31/03/2027
Account Payable - Productivity Pilot	Russell Ward	Green	Green	Improve	03/03/2025	31/03/2026	31/07/2026
Digital Engagement for Support Staff	Anthony Hayward	Green	Green	Management Action	24/02/2026	31/07/2026	N/A
PCS - Medical Records & GMS Process Review	Gillian Jackson	Green	Green	Define	06/03/2026	31/03/2026	29/07/2026
Greenvale Laundry	Anthony Hayward	Green	Green	Improve	16/09/2024	31/03/2027	31/03/2027
IOH - Medtronic Review (PoC)	Linsay Payne/Russell Ward	Amber	Amber	Improve	10/04/2025	05/10/2025	14/07/2026

TMO Dashboard Report

Key Individual Project/Programme Updates			
Project Name	**Stage**	**Project Manager**	**Project Exec/SRO**
TRAMS - Radio Pharmacy Build	Closure	Peter Elliott	Neil Frow

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

Delivery Confidence **Blue** (Overall) **Green** (Cost) **Amber** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline?

Objective

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

Progress Update

The project was 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 November 2023, and fees were awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in July 2024.

Planning Permission was approved on 13 Feb 2025.

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

Enabling works were completed 30 May 2025.

Cleanroom build commenced 23 June 2025 and build and contractor validation were completed and approved 17 April 2026.

A separate ongoing project is supporting: NHS Validation, obtaining the necessary licences and permissions, and entry into service.

Final project cost out-turn is **£6.8m**, versus and approved budget of £7.5m, Business Justification Case estimate of £9.1m, and pre-tender estimate of £9.6m.

Project status has been updated to 'Blue' because the project is now in closure. Final closure will be declared once a joint lessons workshop carried out with the cleanroom contractor.

Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- **Power Resilience work for the IP5 site is still ongoing.** A budget of £1.5m has been awarded to install a backup generator solution for the whole site. A separate project has been set up to oversee this work.

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.

Rebaseline Justification

N/A

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

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

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

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

Recent Gateway Review? No

Rebaseline?

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

Transforming Access to Medicines (TrAMs) –Update

Progress across the TrAMs Programme continues at pace, with a particular focus on the South East Hub following completion and circulation of the Full Business Case (FBC) and supporting Estates Annex. The programme remains focused on maintaining delivery momentum, actively managing risks and ensuring robust governance as the South East Hub progresses through formal approval stages.

South East Radiopharmacy

Construction of the South East Radiopharmacy facility is complete, with all equipment successfully installed. Qualification activities and NWSSP commissioning remain underway, with increasing focus on system validation and operational readiness.

Extensive testing continues across the facility, with a particular focus upon pressure balancing, maintaining pressures and environmental validation, to ensure full compliance with regulatory standards and long-term operational resilience. Some delay has been experienced to the commissioning timeline due to fluctuating pressures alongside the hot weather conditions which are being investigated. Discussions are ongoing with key stakeholders regarding updated timelines, with Swansea Bay UHB continuing to support service continuity arrangements to ensure resilience during transition.

South East Hub

Significant progress has been made over the reporting period, with the South East Hub Full Business Case (FBC) now fully developed and formally circulated to all relevant organisations for review, supported by a comprehensive Estates Annex and a set of Frequently Asked Questions (FAQs) to aid engagement and understanding.

The FBC has now been **approved at both the South East Hub Project Board and the TrAMs Programme Board**, confirming that the proposal:

- aligns with the agreed scope of the TrAMs Programme, and
- can be escalated to the next stage of governance.

A structured governance pathway is now in progress, with the FBC due to be presented to SSPC for approval on 16 July 2026.

A feedback loop remains open, enabling all organisations to submit queries. These are being collated and shared via **weekly Q&A circulars** with Programme Board members. The TrAMs Programme Team continues to respond at pace to ensure that outstanding queries are addressed promptly and do not impact the governance timeline.

South West Hub

The South West Hub programme continues to progress through site selection and due diligence activity. Further responses have been provided to Welsh Government following initial feedback on the submitted business case to Sandringham Park.

The project team has undertaken detailed site engagement activity, including in-depth visits with Swansea Bay UHB and Hywel Dda UHB, to fully understand current service models and ensure that the 'as-is' baseline is accurately captured. This will support a robust and evidence-based approach to service design and future business case development.

North Hub

The North Hub programme continues to mobilise positively, with ongoing stakeholder engagement to inform service model development.

During the period, the South East Hub FBC has been presented to Betsi Cadwaladr University Health Board (BCUHB) to support alignment, build familiarity with the proposed model national principles, and ensure consistency of approach across the TrAMs Programme. This has been well received.

Work is finalising to define the proposed product range for the North Hub production, with further detail scheduled to be presented at the North Hub Project Board on **01 July 2026**. Baseline development and 'as-is' service mapping activities also continue in collaboration with BCUHB and wider stakeholders.

Digital

The TrAMs Digital project remains rated **green**, Preparatory work continues to ensure readiness for mobilisation, subject to confirmation of funding approval. The programme maintains close alignment between digital, workforce and hub developments to support an integrated service model.

Overall Position

The programme continues to demonstrate strong progress across all workstreams. The successful development, circulation and initial approval of the South East Hub FBC represents a significant milestone, positioning the programme for progression through final governance and funding approval.

Focus remains on:

- maintaining momentum through governance pathways,
- responding proactively to stakeholder feedback, and
- ensuring operational readiness across radiopharmacy and hub services.

Main Issues, Risks & Blockers

Key Risks

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

Key Issues

- Securing a site for the SW Hub – Welsh Government decision on business case submitted March 26 pending.

Impact on Existing Service/Arrangements

Successful rapid delivery of the programme is necessary to avoid significant adverse impacts on medicine supply to patients, particularly those with cancer indications.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Laundry Memorandum of Terms of Occupancy (MOTO)	Closure	Paul Thomas	Stuart Douglas

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

Delivery Confidence **Unfeasible** **Amber** (Overall) **Amber** (Cost) **Amber** (Time) **Amber** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

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 April 2024)
2. Transfer some Laundry staff from HDDUHB (Glangwili) to NWSSP to deliver a hub base service model (delivered April 2024)
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 December 2023, whilst initiating tasks to put the MOTO in place, CTMUHB expressed a preference to transfer the Building to NWSSP. Two surveys were commissioned (Building and Mechanical & Electrical Service (M&E)) and undertaken with the output shared with NWSSP and CTMUHB stakeholders on 08 May 2024. These surveys indicate a combined maintenance backlog of £1.4m exc VAT and fees etc).

Given that NWSSP has no funds to address the backlog, nor resource to manage it, this is not a viable proposition. In light of the situation, NWSSP have decided not to continue with direction of travel.

This position had also been 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 Health and Safety are continually supporting the Laundry service in engaging with CTMUHB, ensuring that minimum standards of safety are being maintained for safe operation of the facility.

Following engagement on 09 June 2026 between the project's SRO and NWSSP Head of Estates (HOE), it has been agreed that with activities transferred and normalised, this work stream can be closed without trying to force agreement between the opposing

positions held by NWSSP and CTMUHB concerning ownership of the estate. The situation will be managed by the HOE on a business as usual basis moving forward.

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.

Overall Position

Following the completion of Work Stream 2 in January 2025 and the agreed closure of Work Stream 1 in June 2026, it is agreed for this Memorandum of Terms of Occupation Project for the Laundry Service to be prematurely closed.

Main Issues, Risks & Blockers

Issues

No issues

Risks

Workstream 1 - If CTMUHB and NWSSP cannot reach agreement on Tenure arrangements working relationships could become strained and increased risk of destabilising the revised operating model.

Workstream 1 - The condition of the building and site will generally deteriorate and may fall beneath a safe or viable operating standard.

Buy-in Risk

If Health Boards do not buy-in to the process, there is a risk of failure to secure a signed MOTO. Communication has begun between all parties to mitigate any risk.

Impact on Existing Service/Arrangements

No impact to existing service/arrangements.

Rebaseline Justification

The project was extended due to delays in the completion of Workstream 1. As the workstream continues beyond the project's revised timeframe, ownership of the remaining activities will be transferred to Business as Usual (BAU) for ongoing management. As a result, the project is being closed prematurely, with any outstanding work to be managed through BAU arrangements.

Project Name	Stage	Project Manager	Project Exec/SRO
Implementation of SLE Resident Doctor Contract Changes	Delivery	Gill Bailey	Gareth Hardacre

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

Delivery Confidence **Probable** **Amber** (Overall) **Amber** (Cost) **Amber** (Time) **Amber** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

Programme Purpose:

An Implementation Board consisting of representatives spanning NHS Wales has been established to provide the coordinated oversight for the safe and timely implementation of the Resident Doctor Contract reforms under the Single Lead Employer (SLE) model for Foundation and Medical trainees.

The project will

- Work alongside the NHS Wales Employers team who have negotiated the new arrangements with the BMA team
- Facilitate operational readiness across NWSSP, HEIW and host Health Boards
- Oversee all changes required to implement contractual, technological, rostering, payroll, and workforce reforms

- provide a forum to assess progress, risks and system readiness against project objective and deliverables.

Project Objective:

To facilitate the implementation of Single Lead Employer Resident Doctor Contract Reform on a phased basis commencing with new resident Doctor intake on 01 August 2026.

Progress Update

The original five workstreams have been condensed down to three due to links and cross-overs. A Project Plan has therefore been established capturing progress for:

Single Lead Employer (SLE) processes. Payroll. Expenses

Lead Guardian of Safe & Flexible Working and administration support

e-Rota and e-Rostering systems

The SLE processes have been updated including the development of a generic job plan template and a more efficient way to share information between SLE, Health Boards and payroll. The on-boarding progress however, which is included within the project plan, is dependent upon factors outside of NWSSP control:

- Occupational Health checks undertaken by Health Boards
- Disclosure and Barring Service (DBS)

and is generally undertaken over a period of time thus impacting the overall % completion.

The financial elements led by Health Education Improvement Wales are being discussed within the Deputy Director of Finance group and escalated to Directors of Finance as appropriate.

Study Leave is being led by Health Education Improvement Wales.

A Risk Register has been established with monitoring and review points set-up.

NWSSP and Health Boards are working extremely hard to meet the Aug-26 deadline and there is a good degree of confidence that the new contract arrangements will be implemented for the first cohort as planned.

A more detailed verbal update will be provided at the meeting.

Main Issues, Risks & Blockers

Risks:

The reduction in working hours per Resident Doctor could mean there may not be enough Resident Doctors resulting in financial impact and potential impact on patient care.

- Once the Health Boards have completed reviewing Rota's the financial impact will become clear. The position is being monitored by Assistant Deputy Directors of Finance with Health Boards registering this risk locally as appropriate.

If across Health Boards, the Resident Doctors included within the first phase of the roll out are not on the e-Rostering system by 01 August 2026 then this will result in the inability to submit additional hours affecting payments.

- NWSSP has agreed a manual workaround will be in place for 1 payroll cycle
- For those Health Boards affected, details discussions are taking place with NWSSP to see what additional support can be provided

Issue:

There is a 1-month delay with issuing the final Contract and Terms & Conditions to NWSSP and Health Boards. These documents are expected to be released week commencing 29 June 2026.

Impact on Existing Service/Arrangements

Health Boards have identified potential gaps in Resident Doctors which could affect existing services. These are being addressed.

Rebaseline Justification

The project end date has been extended to include the on-boarding of the second cohort of trainees that start on the 02 September 2026.

Project Name	Stage	Project Manager	Project Exec/SRO
IP5 Power Resilience	Delivery	Peter Elliott	Jonathan Nettleton
Monthly Update (key/issues (blockages)/risks)			

Delivery Confidence	**Probable**	**Amber** (Overall)	**Green** (Cost)	**Amber** (Time)	**Green** (Quality)
High Level Benefits	Cash Releasing - No	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - No	

Recent Gateway Review? No

Rebaseline?

Objective

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

Progress Update

Feasibility and scoping studies were carried out in 2025. Funding was awarded in February 2026.

Contracts have been awarded and orders placed for first 750KVA backup generator and for building works to power and generator rooms.

Design, fire compartmentation, and layout have all been finalised. The layout preserves space for the installation of a second generator as and when required.

The Generator Factory Acceptance Tests have taken place, and the results are being reviewed.

Monitoring of actual and planned power loads within the building will be ongoing for a whole 12-month seasonal cycle, to inform a decision on whether and when a second generator may need to be procured.

Planning Decision for the flue is now expected on 14 July 2026. This will cover the first generator. The Planning Officer has stated informally that they are likely to approve the first generator without conditions. If a second generator needs to be installed than a further application will be required, and additional attenuation of Nitrogen Oxide emissions will be required at that stage.

Works contractor is due to start on site is 15 July 2026.

All installation and commissioning activities planned to be completed by mid-September 2026.

Project Board has rated the project a Probable to be completed successfully. The Amber RAG rating is driven by concern over time and achieving alignment with Radiopharmacy Go Live. Both ratings will be reviewed once the Planning Decision is received.

Main Issues, Risks & Blockers

- Planning Permission for flue not yet achieved. If the decision is not received by 14 July, then building works will have to be delayed, with cost and time implications.
- Risk that actual power load and diversity of the existing site plus TRAMs SE Hub may differ from assumptions taken at the feasibility stage. Current indications are that the 1 generator will be sufficient for both. Total forecast load will continue to be reviewed during a full 12-month seasonal cycle of usage data, and as the SE Hub design matures. Options to mitigate if the forecast site load exceeds generator capacity are (1) load shedding of non-critical services (2) installation of the second generator.
- The installation and commissioning of the first generator may not be completed before Radiopharmacy service is ready to Go Live. This remains under active review.

Impact on Existing Service/Arrangements

Essential to deliver power resilience to IP5 before Radiopharmacy Go Live.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
PCWIS - Performers List	Initiation	Bethan Rees	Nicola Phillips

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

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

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

Recent Gateway Review? Yes

Rebaseline? Yes

Objective

The project objectives are as follows: -

- Manage the process of on-boarding and accrediting primary care performers and contractors.
- Manage the lifecycle of performers and contractors with an emphasis on self service.
- Interface with related primary care workforce services
- Either integrate with other primary care workforce solutions or cater for broader primary care workforce management requirement
- Drive paperless or paper-light processes.
- Monitor service delivery against SLA provisions.

Progress Update

PCWIS Performers List

The Performers List Review has been successfully completed by Bluewave during May 2026. Several recommendations were made and the report is currently under review by the Project Board. A decision on next steps is expected during June 2026 and further updates will be provided.

Main Issues, Risks & Blockers

There are main risks to this project are: -

1. If the Performers List is not implemented, there is a risk that the legacy system will not comply with Information Governance and IT Security standards or be able to adapt to new legislation. Work required could cost up to £300k to extend the lifespan of the solution.
2. If the Performers List is not implemented by September, there is a risk that the solution will not be implemented. This is due to a lack of suitable resources in PCS, due to an impending retirement in the service / project team.
3. If phase two of PCWIS is not implemented, there is a risk that limited process improvements can be made to the existing service and new services cannot be introduced, for example Locum Hub.
4. If phase two of PCWIS is not implemented there is a risk that the contractor journey will become disjointed therefore creating confusion amongst contractors and Health Boards.

Impact on Existing Service/Arrangements

The impact to the service is that the current software is end of life & therefore will not comply with information governance & IT Security standards. The existing solution will not be able to adapt to changes in legislation, which will have a major impact on the service.

Rebaseline Justification

The implementation of the Primary Care Workforce system (PCWIS) is a Digital priority within the NWSSP Integrated Medium Term Plan 2025-28.

The existing Performers List and Pharmacy Database solution provided by DHCW is built on legacy technology. Whilst the solution can continue to be supported "as is" by DHCW presently, significant investment is required in the medium term to comply with information governance and IT security. However, this is problematic, as the developer who developed the software retired over a year ago, and there is no knowledge and expertise within DHCW to extend the lifespan of this software.

The business needs are as follows: -

- Welsh Government performers list contract reform requires significant changes to the existing performers list process for reporting purposes.
- The current system does have the capability to meet Welsh Government or any other new requirements.
- The changes to the contractual frameworks are not supported by the current functionality and consequently require workarounds to manage the process.
- The solution is required to comply with information governance and IT security.
- The solution is required to provide self-service functionality & interoperability with other solutions.

Project Name	Stage	Project Manager	Project Exec/SRO
L&R Case Management System implementation phase	Closure	Daniel Sinderby	Mark Harris

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

The objective of the project was to procure and implement a case management system.

Progress Update

Legal and Risk Services (L&RS) have successfully deployed the iCasework Legal Case and Document Management System across the service. The project is still within the closure stage, with activity focused on completing formal handover of the Application Programming Interface (API) used to extract data for the monthly Quantum financial reports to Health Boards.

The API server is now fully licensed, and ownership of scripts and reporting extracts has transferred to L&RS with Informatics support where required removing the dependency on DHCW to manually run the reports. Account permissions to access the server to enable

locally managed, scheduled and automated reporting has also been implemented resulting in completion of the API handover. The next steps will be focused on the root cause analysis of the technical delays and project closure by the 17 July 2026.

Main Issues, Risks & Blockers

None above threshold in line with NWSSP Risks and Issues protocol.

Impact on Existing Service/Arrangements

None currently identified.

Rebaseline Justification

Rebaselined end date to accommodate outstanding project closure activities.

Project Name	Stage	Project Manager	Project Exec/SRO
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Closure	Bethan Rees	Nicola Phillips

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

Progress Update

PCWIS Workforce

The PCWIS Workforce project is now in the closure stage. The solution has been successfully live for almost twelve months and has been enhanced during that time to accommodate stakeholder feedback and new legislative changes during 2026.

PCWIS has already made a big impact, and feedback has been positive in terms of ease of use for users and improved data quality for key stakeholders. However, there is more work to do as part of the reporting roadmap and a Data Quality Group has been set up to address data quality with Welsh Government and HEIW.

In terms of Project Closure, lessons learnt have been identified, the benefits plan updated and outstanding risks & actions documented ready to hand over to business as usual. The project will be formally closed by the Project Board on 14th July 2026.

Main Issues, Risks & Blockers

There are no risks & issues impacting this project.

Impact on Existing Service/Arrangements

There will be no impact on service arrangements if the reporting requirements are met for the next quarter's reporting deadline.

Rebaseline Justification

The project experienced a major rest in December 2024 due to poor supplier performance and the Workforce module was delivered by July 2025.

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

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

TMO Dashboard Report

Objective

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by March 2023, this was delayed on 3 separate occasions by the Programme before being realised in November 2023.

Progress Update

Overall project completion against the newly scoped milestones stands at 87%, with the RAG status remaining Green in line with Project Board agreement. The Programme continues to progress towards the next milestone of EPS go-live across 228 GP practices in Wales, with 219 currently live. Apotec entered its live in live phase on 29 April 2026 and is progressing through Deployment Verification Criteria, with approval to release anticipated by late June 2026. Project delivery includes completed benefits papers and sign-off of the Benefits Realisation Plan, progress on the EPS dashboard data model along with the Out of Hours (OOH) page and EPS utilisation numbers. The consolidation scenario process has been mapped and management of funding issues continues. An updated version of the RA Policy and Local RA Policy has been approved/published and activity continues across PCWIS alignment, dispensing doctor impacts, and smartcards audit review.

Next steps will focus on completing the increased rollout to GP practices, dashboard stabilisation including testing of OOH functionality, consolidation process discussions with NHSE to confirm roles, testing for dispensing doctors, and continue the smartcard audit advisory work. Formal agreement on EPS alignment within PCWIS will also be completed. The Programme will progress the Project Brief for ePMA Outpatients Prescriptions where NWSSP will assess impact.

Main Issues, Risks & Blockers

Risks

BAU recurring funding for EPS Service - Currently there is no confirmed funding for Business As Usual costs of the EPS Service. DHCW EPS Programme Team have produced a paper proposing the methodology for BAU funding to be signed off by the Health Boards, Directors of Finance and Welsh Government where contributions have been calculated based on the number of GP-registered patients in each health board area. Discussions are currently underway with the Directors of Finance If there is no BAU funding confirmed then NWSSP would be unable to fund the resources, materials and overall operational costs of EPS, resulting in the EPS Service halting.

Issues

EPS Dashboard performance degradation and failed refreshes - The refresh failures have been partially stabilised, but the underlying performance and scalability issue is not yet fully resolved. Work is ongoing across NWSSP PCS and Informatics to address root causes.

Funding for 2026/27 - Funding arrangements for EPS in 2026/27 remain unconfirmed, creating ongoing financial uncertainty and a risk of overspend within PCS if budget is not secured. Quarterly recharges will continue in line with current arrangements while the funding position remains unresolved, with accrued costs expected to fall in the 2026/27 EPS budget. The position will be escalated through PCS Quarterly Review to agree next steps and confirm the funding position for 2026/27.

Impact on Existing Service/Arrangements

No impact to service delivery currently.

Rebaseline Justification

Delivery delayed as programme changed scope which extended the delivery timeline.

Project Name	Stage	Project Manager	Project Exec/SRO
Optimising Data Population (ODP)	Delivery	Rhiann Iles	Angela Jones

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

TMO Dashboard Report

Objective

Address known workforce data gaps in ESR ahead of the migration to the future workforce solution by:

- Designing and implementing a communications campaign to encourage NHS Wales employees to review and complete their personal data for all fields listed below.
- Collaborating with NWSSP Informatics to develop and deliver a technical solution to populate data gaps listed below (excluding fields*).
  - Change Reason*
  - Nationality
  - Emergency Contact*
  - Ethnicity
  - Sexual Orientation
  - Disability
  - Marital Status
  - Religion

Progress Update

The Optimising Data Population (ODP) Project has continued to review and progress activities aimed at improving the quality and completeness of workforce data within ESR whilst supporting wider preparation for the Future Workforce Solution. During the reporting period, a detailed review of all project activities was undertaken to assess progress, ongoing value and alignment with emerging Future Workforce Solution workstreams. This review concluded that several original objectives have either been achieved or progressed as far as practicable within the current project structure. Activity relating to TRAC-to-ESR error codes has been completed, with engagement confirming that issues are limited in scope and can be managed through existing operational and data quality processes, with no significant further project intervention required.

Progress has also been made in establishing the proposed approach for using TrustID data and Robotic Process Automation (RPA) to support the population of nationality data within ESR. While initial process design, controls and reporting requirements have been identified, further progression is dependent upon technical considerations associated with the Future Workforce Solution. As a result, it is proposed that this activity transitions into the Foundational Readiness workstream where it can be developed alongside wider workforce system readiness activities.

Communications activity encouraging staff to review and update personal data held within ESR has been completed and evaluated. Findings indicate limited improvement through broad communication campaigns alone; however, targeted materials have been developed to support future engagement where appropriate. The project has also identified the need to align future communications with NHS BSA Foundational Readiness guidance and ongoing data mapping activities to ensure effort is targeted effectively and supports future workforce system implementation.

Overall, review of project deliverables has determined that the remaining activities are more appropriately delivered through established Future Workforce Solution governance arrangements, specifically through the Data Quality and Foundational Readiness workstreams. It is therefore proposed that the Optimising Data Population Project will be formally closed, with any outstanding actions, dependencies and future requirements transitioning into the relevant Future Workforce Solution workstreams. This will avoid duplication of effort, ensure continued progression of workforce data quality improvements and support a coordinated approach to workforce system readiness across NHS Wales.

Main Issues, Risks & Blockers

None currently to report.

Impact on Existing Service/Arrangements

None.

Rebaseline Justification

Due to rescoping exercise and confirmations in May 2025 the project was extended.

Project Name	Stage	Project Manager	Project Exec/SRO
Digitisation of Patient Medical Records	Delivery	Alison Lewis	Nicola Phillips

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline?

Objective

IMTP 2024/25

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

Progress Update

A PCS Medical Records Digitisation Workshop was held on 23 June 2026 and focused on identifying current record cohorts, understanding the scale and complexity of digitisation requirements, and agreeing practical next steps for piloting a digital approach.

The key area of focus was the North Wales suspense records, which were identified as a suitable initial pilot cohort to test:

- scanning,
- quality assurance,
- storage
- operational processes before wider rollout.

The project remains at an exploratory and testing stage. The workshop confirmed that there is a clear strategic opportunity to reduce reliance on physical storage.

The next steps of the project are to initiate the North Wales suspense records pilot by configuring the scanning setup to ensure records are saved into the correct digital folders and confirming temporary server storage arrangements with infrastructure colleagues.

Testing will then commence through the month of July, using a realistic operational approach to assess scanning volumes, timings, quality assurance processes, and the impact on business-as-usual activity.

Alongside this, the team will review and adapt existing quality control processes from document scanning, confirm both digital and physical storage capacity requirements, and monitor any constraints such as scanner availability or staff resource pressure.

Learning from this pilot will inform the approach for wider suspense records and future cohorts, while risks relating to English records, digital storage, and system capacity will continue to be escalated and explored with relevant stakeholders.

Main Issues, Risks & Blockers

There are currently no risks or issues to report above the threshold of risk rating 15.

Impact on Existing Service/Arrangements

There is no impact to existing arrangements.

Rebaseline Justification

N/A

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

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

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 March 2025 whilst establishing and implementing

an internal process to manage Clinical Waste arrangements for the Welsh General Ophthalmic Service.

Progress Update

Phase 5

Phase 5 is now live, with the delivery of stock scheduled to commence shortly. A mop-up exercise has been developed to address any remaining practices not yet onboarded to the contract. Communications have been issued to these practices to understand their current arrangements and to establish their preferred timelines for transition. This activity will be formally handed back to Primary Care Services (PCS) for business-as-usual management.

Domiciliary Providers

A survey has also been distributed to domiciliary providers to gain insight into their current arrangements. Domiciliary providers with a registered physical practice will be transitioned onto the contract; however, further work is ongoing to define appropriate processes for those providers operating from a home address.

Project Closure

The project is now progressing into the closure phase, with all remaining actions being undertaken by the project team.

Closure activities continue, with a Lessons Learned and Benefits Realisation workshop scheduled for 25 June. The project remains on track to close as planned on 03 July 2026.

Main Issues, Risks & Blockers

Risks

There is a risk that of inadequate resource within the NWSSP Primary Care Services team to manage the new process for WGOS Clinical Waste. To mitigate this risk the Project Team will work closely with PCS colleagues to ensure adequate resource is available.

Impact on Existing Service/Arrangements

Project on target therefore no impact to stakeholders.

Rebaseline Justification

Project Closure agreed for 03 July 2026.

Project Name	Stage	Project Manager	Project Exec/SRO
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Delivery	Rhiann Iles	Nicola Phillips

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

The objectives of the project are:

- To align, streamline and enhance operational practices within NWSSP Primary Care Services with change established by contract reform within the Wales General Ophthalmic Service (WGOS) to maintain robust and efficient service delivery.
- With particular focus on the NWSSP led IT, Data and Digital workstream, explore and identify opportunities and options for digital enhancement

Progress Update

Overall Project Status

The project is 85% complete. The remaining priority tasks continue to be progressed by the project team under the approved extension to 30 September 2026.

Summary of Activities

Signed Orders

Signed Orders development is largely complete, with the majority of functionality delivered, tested and key components deployed to

live in May.

The work package is now in its final phase, with only a small number of in progress items (including Cube Hierarchy, e-Schedule and final deployment activities) to complete.

System Integration (WGOS 4, 5 and CVI)

System integration continues to progress. The expected completion date is unchanged from the last reporting period- End of June 2026.

IT, Digital and Data Objectives

Low Vision Data Reporting

Progress also continues the Low Vision Prescribing dashboard, with stakeholder meetings held and further development sessions planned. Confirmation has been received that data sharing agreements with health boards are required before access can be granted, and this will be built into ongoing communications to health boards.

Capturing Safeguarding Training

A key risk has been identified in relation to safeguarding certificate renewal checks. While onboarding checks are in place, there is currently no consistent process to ensure certificates are renewed, with the last known checks dating back to 2022. The issue extends beyond Low Vision and may affect wider WGOS contracts. The team agreed to record this as a risk, undertake immediate checks for Low Vision, and develop a phased approach for wider WGOS services, including clarification of ownership and escalation routes.

PCS SMT Priorities

Electronic Statements and Returns

A workshop is planned for the project team meeting on 10 July to map the end-to-end process, confirm responsibilities and consider a potential solution. As previously noted, progress remains dependent on wider digital and regulatory factors and is being taken forward through a plan-on-a-page, with completion estimated for quarter 3 of 2026/27.

Lessons Learned Exercise

A lessons learned exercise was undertaken by the project team, focusing on the priority project areas. The discussion highlighted recurring themes around the need for earlier stakeholder engagement, clearer process ownership, better process documentation, improved data quality and more realistic resource planning. The team recognised that although delivery has been achieved under pressure, reliance on individuals and reactive working is not sustainable. Standard operating procedures, checklists, clearer escalation routes and improved knowledge sharing were identified as key improvements for future implementation activity. The log will continue to be updated until the project end date with a further exercise planned at the end of August.

Immediate Focus for the Next Reporting Cycle

- Delivery of system integration activities.
- Safeguarding certificate renewal checks to be progressed as an immediate project risk, with a phased approach developed for wider WGOS services.

Main Issues, Risks & Blockers

No risks currently above threshold.

Impact on Existing Service/Arrangements

N/A

Rebaseline Justification

A **six-month extension**, through to **30 September 2026**, has been formally agreed to:

- Complete residual priority and operational activities
- Deliver a **Low Vision Service pilot**
- Support transition to **business as usual (BAU)**
- Capture and embed **lessons learned**

Project Name	Stage	Programme Manager	Project Exec/SRO
Fleet Modernisation Programme	Define a Programme	Tim Knight	Tony Chatfield & Jonathan Irvine

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

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

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

Recent Gateway Review? No

Rebaseline?

Objective

A shortened version of the programme vision is to have a fully operational fleet, which meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan. Therefore, the fleet should utilise battery electric and ultra-low emissions vehicles wherever practicably possible, to include the upgrading or development of the relevant supporting infrastructure. The new fleet will need to continue to deliver on the existing requirements of the health organisations within NHS Wales, including those functions that are internal to NWSSP, in addition to being able to support the continuously evolving needs of primary, secondary, and community care provision.

This is a ten-year vision which is to be achieved through two sequential five-year programmes, and each programme will have annual Business Justification Cases submitted to demonstrate the case for change, options appraisal, potential benefits before outlining the preferred way forward.

The initial programme seeks to deliver objectives that:

- Optimises the current service offering, to ensure that the right vehicle is on the right route with the right load at the right time and the fleet is effectively right sized against the service need.
- Replace existing vehicles that have both reached the seven-year vehicle maintenance profile and are no longer fit for purpose with either Battery Electric or Ultra Low Emissions Vehicles, increasing our operational resilience whilst reducing our carbon emissions and our fuel/maintenance costs and meeting the expectations of the NHS Wales Decarbonisation Strategic Delivery Plan.
- To have sufficient and robust vehicle maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.
- Install new, or upgrade existing, charging infrastructure to allow for effective fleet optimisation with new Vehicles.
- To have sufficient and robust infrastructure maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.

Progress Update

A Programme Business Case (PBC) has been written and submitted to Welsh Government for approval, the Programme Business Case was submitted to the Shared Services Partnership Committee and Velindre Trust Board prior to being sent to Welsh Government, and we await a response.

Though the PBC awaits formal approval, the initial Business Justification Case for the year one procurement of 17 Battery Electric Vehicles has been approved, with the Procurement Outcome Report having been completed on the 23 April 2026 and the Requisition raised on the 28 April 2026, with vehicles intended to go operational prior to the 31 March 2027.

The Business Justification case for year two is being written, and will proceed through governance once approved by programme board in July 27.

Additionally, a project product description has been completed to support the development of the project plan required for the all Wales fleet optimisation and vehicle maintenance review. This optimisation is set to take place over three years, reviewing such things as existing routes, loads, services and resourcing requirements, to identify ways to improve fleet efficiency without impacting service delivery and will sit within the programme project dossier.

Main Issues, Risks & Blockers

Time is the biggest risk to progress at the moment, with a lack of approval from Welsh Government potentially impacting the planned procurement within year two. Though our response would be to delay and further increase our focus on optimisation should this be realised.

Additionally the charging infrastructure requirements are to be developed in line with programme Battery Electric Vehicle procurement to ensure immediate mobilisation.

Impact on Existing Service/Arrangements

None, as the old fleet vehicles will be decommissioned after their replacements become operational.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Corporate Governance Community of Practice	Delivery	Julian Bowen-Sargent	James Quance

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

High Level Benefits Cash Releasing - Unsure Non Cash Releasing - No Qualitative - Yes Quantitative - Yes

Recent Gateway Review? No

Rebaseline? Yes

Objective

The Community of Corporate Governance Practice formally launched on 26 May with information provided on Viva Engage and an article on the HEIW Gwella platform.

There are currently 161 members on the Viva Engage site with the article on Gwella has received 581 views.

Of the 13 NHS Wales organisations working within the corporate governance field there are approximately a workforce of 150 staff.

The focus is to build on that successful launch by providing content that will enthuse members and continue engagement by taking forward the details on some key initiatives.

The primary objectives are:

- Promoting Corporate Governance as a career - support retention and development of staff.
- Support all NHS Wales organisations to learn and/or work collaboratively on Governance matters where this adds value.
- Improving standards of governance across Wales, reducing the risk and costs of Governance failure.

Progress Update

The All-Wales Masterclass programme continues and the first bulletin produced on the "Role of a NHS Chief Executive". Masterclass topic cover so far:

- What is Corporate Governance
- Audit Recommendation Tracking
- Risk Management Best Practice
- Senedd elections and potential impact on Corporate Governance
- Role of Artificial Intelligence, Governance, Risks and Issues

The Masterclass workstream now form part a Business as Usual, and the workstream closure document is currently being produced.

The Project Team recently discussed options for the next conference with the focus of exploring the options for hosting the next conference at Wrexham Football Club, Wrexham University, and local hotels to compare feasibility and costs. A sub working group established and conference brief currently being developed. NWSSP Transformation Office will be providing Project Support for the 2026 Conference

Mentoring Programme launch date now changed July to mid-August 2026 by Project Team.

Main Issues, Risks & Blockers

No Risks currently over threshold

Impact on Existing Service/Arrangements

N/A

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Wales Infected Blood Support Scheme Decommissioning	Initiation	Paul Thomas	Rebecca Nelson

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Yes

Objective

WIBSS (Wales Infected Blood Support Scheme) was established in 2017 following the dissolution of UK-wide Alliance House organisations.

Each devolved nation took over administration for their own infected individuals. Disparities in payment rates between nations were resolved in 2020 with a parity agreement.

The Infected Blood Inquiry has led to interim compensation payments to date. There are approximately 217 beneficiaries registered through the scheme.

Welsh Government notified NHS Wales Shared services and Velindre University Health Board of the decision that the service is to be centralised, and the Wales Infected Blood Support Scheme (WIBSS) will be wound down and replaced by IBCA.

There will be limited changes seen for the beneficiaries but there is currently 7 members of WIBSS staff that are affected.

The Objective is to ensure a smooth decommission / transition process for the beneficiaries, staff, database, website, physical files by 15 January 27.

Progress Update

On 21 July 25, it was agreed in Parliament that the Wales, Scotland and Northern Ireland Schemes would be extended for a further 12 months.

The first Project Board meeting took place 24 July 25. It was agreed by the Board to continue with the project and approval was granted to move the project to initiation stage with a revised end date of 15 January 27.

Workstream 1 – Staffing

Initial meeting took place 09 September 25.

The Terms of reference was agreed by the team.

The meeting focused on the process that will need to be followed to ensure the staff are managed and supported through the options available to them for the change.

It was agreed what without Infected Blood Compensation Authority (IBCA) confirming the roles available, the office location, the expectations around travelling to and from the Newcastle base for the WIBSS staff, the engagement with the staff to make a choice would not be possible.

The Project team was paused until IBCA's engagement commenced.

Project Board has focused on engaging with IBCA.

Staff Project Team will recommence from July 2026 to support the process.

Work stream 2 – WIBSS Database

Initial meeting took place 11 September 2025.

The group agreed that due the revised end date and having limited risks to achieving this action, the group will pause and reconvene 6 months prior to January 2027.

The Database Project Team will recommence in August 2026.

Summary

IBCA has since set up a Project team to begin work on the 4 nations approach to the transfer end of February 2026. NWSSP Project Manager met with IBCA's Project Manager 21 April 2026 to begin dialogue.

The first action agreed between WIBSS and IBCA was the scope of service provisions require transfer across. This has since been completed.

Next stage was for Legal from both NHS Wales and IBCA to advise whether employees fall under the TUPE ruling.

The outcome was - the activities transferring to IBCA would be performed on behalf of UK Gov not Welsh Government, the same client condition may well not be satisfied, and TUPE would not therefore apply,

Work has commenced in June 2026 with People and OD to understand the process required for each individual member of the WIBSS staff relevant to their situation, role, banding and Time worked in the NHS.

This project is still on course to be delivered by 15 January 2027.

Main Issues, Risks & Blockers

Risks

1. If Job Role, travel requirements and location are not confirmed by IBCA , the staff will not be able to decide on transfer, delaying the process
2. If communication is not clear throughout process, this will cause further stress on staff and beneficiaries
3. If the physical files are lost in Transit from WIBSS to IBCA, this will breach the Data Protection and GDPR regulations
4. Project will run through the summer and Christmas, reducing the availability on resources over project period

Impact on Existing Service/Arrangements

Current service will continue until the transfer of services on 15 January 2027.

Rebaseline Justification

The project was paused due to awaiting IBCA’s engagement to commence.

Project Name	Stage	Project Manager	Project Exec/SRO

TMO Dashboard Report

TRAMS - Implementation of Radiopharmacy	Delivery	Rachel Pember	Rhys Hamer

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Red** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline?

Objective

To commission a radiopharmacy service in preparation for the opening of the radiopharmacy building.

Progress Update

Start Up - Completed 100%

Initiation - Completed 100%

Delivery - Ongoing 75%

Closure - Not Started

Delivery

Operational handover of the Radiopharmacy was completed on 13 April 2026. A planned 12-week Performance Qualification (PQ) period has commenced. Commissioning activities have stopped as critical loss of pressure has been experienced across the unit which is being investigated with the build contractor, specialist estates and other relevant stakeholders. The impact on timescales are unknown at present and once the root cause has been identified and rectified the plan will be rebaselined for delivery.

Overall RAG is amber on the basis of ongoing issue in relation to time which will be rebaselined once the root case has been rectified however delivery confidence remains high.

Main Issues, Risks & Blockers

No Risks currently over threshold.

Impact on Existing Service/Arrangements

SBUHB are currently providing services to Health Boards that NWSSP will take over upon full roll out.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Gluten Free Subsidiary Card	Delivery	Rachel Pember	Gillian Jackson

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

Delivery Confidence **Probable** **Green** (Overall) **None** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline?

Objective

To roll out Gluten free Subsidy Card across NHS Wales to allow patients to purchase gluten free products from participating stores.

Progress Update

Start up - Completed 100%

Initiation - Completed 100%

Delivery - Ongoing 38%

Closure - Not started

Delivery

Project team meetings are established and the team are working on the project plan tasks.

Delivery Board meetings are established and Health Boards / Sub workstreams provide quarterly highlight reports.

Main Issues, Risks & Blockers

No risks to report over threshold.

Impact on Existing Service/Arrangements

None.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Cyber Security - CAF Remediations	Delivery	Peter Elliott	Bryn Harries

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

Delivery Confidence **Probable** **Green** (Overall) **None** (Cost) **Green** (Time) **Green** (Quality)

High Level Benefits Cash Releasing - No Non Cash Releasing - No Qualitative - In Progress Quantitative - No

Recent Gateway Review? No

Rebaseline?

Objective

To remediate the in scope risks identified by the Cyber Assessment Framework (CAF) report 2025.

Progress Update

From the 2025 CAF assessment 14 actions have been identified. Of these 12 are being actively progress and a 2 have been deferred.

Of the 12 identified actions 9 are fully on track and 3 are currently progressing but behind the planned timeline, awaiting contractors to complete agreed actions.

It should be noted that actions are cross cutting and require actions from partner organisations such as DHCW and other national groups.

Main Issues, Risks & Blockers

Awaiting actions from other organisations. The NWSSP Chief Digital Officer is escalating as appropriate.

Impact on Existing Service/Arrangements

Measuring impact on cyber resilience is necessarily difficult as we are attempting to measure an absence of disruption. A potentially appropriate methodology has been identified and will be implemented as part of the project.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Implementation of computer-based training managed by TMO	Delivery	Gill Bailey	Ian Rose

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline?

Objective

Implementation of project management, service improvement and change management computer-based training for stakeholders, based on good practice and managed by TMO team.

Progress Update

Start up completed - 100%.

Initiation completed - 100%

Delivery in stages - Pilot Introduction to Project Management - 73% (Project plan adjusted to incorporate additional tasks)
The final draft of the Introduction to Project Management on-line training has been received and is awaiting TMO approval. Once received, Digital Learning Wales will undertake quality assurance checks prior to formal launch.

The on-line learning will allow NWSSP staff to undertake this training at a time to suit them and at their own pace.

Stage 2 - Introduction to Service Improvement - 25%

Training content has been reviewed and updated and is in the process of final TMO checks before submission to Digital Learning Wales.

Main Issues, Risks & Blockers

None to report over risk threshold.

Impact on Existing Service/Arrangements

None.

Rebaseline Justification

N/A

Project Name	Stage	Change Manager	Project Exec/SRO
Digital Engagement for Support Staff	Management Action	Stephen Barry	Anthony Hayward

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

Delivery Confidence **Highly Likely** **Green** (Overall) **None** (Cost) **Green** (Time) **None** (Quality)

High Level Benefits Non Cash Releasing - Yes

Recent Gateway Review? No

Rebaseline?

Objective

The purpose of this management action is to improve digital engagement with non-desk-based colleagues (support staff) across NWSSP services.

Current engagement approaches rely heavily on desk-based access and traditional communication cascades, which creates a risk of digital exclusion, inconsistent awareness, and reduced staff engagement.

This action will implement a blended digital engagement approach, aligned to the NWSSP Change Management Framework, to ensure equitable access to information, two-way engagement, and sustained adoption of change for non-desk-based roles.

Progress Update

Progress Update June
Digital engagement for non-desk-based staff is progressing into the pilot stage. The Swansea Laundry site is being used as the first test location. Procurement of the screen is underway. Technical barriers have been reduced, including access to media devices and content transfer. Final checks on technical setup and information governance are in progress.
Work is also progressing on the strategic case and benefits. A draft benefits approach is being developed to support future decisions. Early site engagement has taken place to gather staff insight. This has confirmed a gap in access to information for non-digital staff.

A minimum viable content approach is being used to support the pilot. Initial content will focus on simple updates and wellbeing signposting. Content, governance and engagement roles are being defined. Success measures are being developed, including improved staff survey participation..

Main Issues, Risks & Blockers

Challenges & Risks

- No ring-fenced funding for digital engagement solutions, requiring phased and low-cost delivery approach.
- Dependency on IT validation (screen suitability, media stick usage, security considerations) creating potential delays.
- Digital exclusion persists due to lack of Microsoft 365 access and risk of low adoption if not supported by engagement activity.
- Scope expansion identified (broader engagement, branding, and digital inclusion), creating risk to delivery focus without formal approval.

Impact on Existing Service/Arrangements

None.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Velindre/NWSSP Governance Recommendations	Delivery	Julian Bowen-Sargent	James Quance

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline?

Objective

The Welsh Government had commissioned a review of the accountability and governance arrangements of the NHS Wales Shared Services Partnership (NWSSP) . This project is to oversee the delivery of the findings and recommendations of the NWSSP / Velindre Governance Review.

The review will consider the following:

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

Progress Update

Internal monthly meetings set up with NWSSP and Velindre Trust.

Additional joint monthly meetings between Welsh Government and NWSSP/Velindre Trust organised.

Weekly catch up meetings organised between NWSSP and Velindre Trust on progress, along with weekly project catch-up meetings.

Project Plan updated with completion rate of 33%.

Progress is steady with several key actions to be completed at the end of July 2026.

Main Issues, Risks & Blockers

There are currently no risks or issues to report over the corporate threshold of 15.

Impact on Existing Service/Arrangements

To improve service delivery and synergies between Velindre and NWSSP.

Rebaseline Justification

N/A

Project Name	Stage	Project Manager	Project Exec/SRO
Customer Service Excellence 2026-2029 - Year 1	Initiation	Abbie Shackson	James Quance

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review?

Rebaseline?

Objective

To take the NWSSP Organisation through the Customer Service Excellence cycle over the next three years, achieving the required standard to support the accreditation.

Progress Update

Following a recent change in Project Manager, the project has been re-established with a renewed focus on progressing the Customer Service Excellence (CSE) re-accreditation. This transition has provided an opportunity to review the current position, refine the approach, and ensure alignment with programme objectives and accreditation requirements.

An initial engagement meeting was held with the Customer Service Excellence team on 23 June 2026. This session provided a valuable opportunity to confirm expectations, gain clarity on the assessment process, and discuss key requirements and timelines associated with the re-certification.

The next phase of the project will focus on structured engagement with individual divisions. This will involve issuing formal communications to outline the requirements of the CSE standard, clarify roles and responsibilities, and set clear expectations regarding evidence submission and delivery timescales. This approach aims to ensure a consistent understanding across all areas, support coordinated activity, and enable effective tracking of progress towards successful re-accreditation.

Main Issues, Risks & Blockers

Time - delivering at the start in July 2026, potentially the end of quarter 3.

Impact on Existing Service/Arrangements

None Identified.

Rebaseline Justification

N/a

Project Name	Stage	Project Manager	Project Exec/SRO
Welsh Risk Pool Assurance	Manage Programme	Ollie Rix	Neil Frow

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

Delivery Confidence **Highly Likely** **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

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

Recent Gateway Review? No

Rebaseline? Not Applicable

Objective

The purpose of the Welsh Risk Pool (WRP) Assurance Programme is to provide strategic direction, oversight, and governance via the WRP Assurance Oversight Group, ensuring the coordinated delivery of the three workstreams and maintaining alignment with NHS Wales, NWSSP, and Welsh Government priorities.

Progress Update

The Welsh Risk Pool (WRP) Assurance Programme continues to progress overall and remains broadly on track against the approved delivery timetable. Governance arrangements are established, workstreams are operational, programme documentation has been developed, and oversight arrangements are functioning effectively. Overall programme completion is currently reported at 41%. Key focus areas remain progression of Workstream A analytical outputs, completion of Workstream B panel governance arrangements, and acceleration of Workstream C survey and engagement activities.

Workstream A - Overall Completion 33%

Analysis of historical forecast movements and claims data has progressed. Initial data collation and review activities have been completed, with further insights being sought from NHS Performance & Improvement colleagues to support understanding of forecasting variances and reporting requirements. Planning for Phase 2, covering forecasting methodology and reporting redesign, remains scheduled to commence in July 2026.

Workstream B - Overall Completion 44%

Good progress has been made establishing the Assurance Review Panel. Panel membership and operating arrangements have largely been agreed, communications developed and diary availability being confirmed. Work is underway to finalise the Terms of Reference, supporting information pack and assurance checklist approval in advance of panel go-live. A range of possible dates are under consideration depending upon diary availability and awaiting settlement of cases to be reviewed.

Workstream C - Overall Completion 11%

Workstream C has three consecutive deliverables and remains in its initiation phase. The progress of the first deliverable is 34% complete with development of the Welsh Risk Pool membership and governance survey underway to be completed by 30 June 2026, with presentation to the WRP Committee planned in July prior to wider circulation.

Main Issues, Risks & Blockers

No significant programme issues or blockers requiring escalation at present. Risks continue to be actively managed through the programme RAAIDD process, with current focus on completion of Workstream A analytical outputs, stakeholder engagement activities, and funding considerations relating to future learning and prevention initiatives. All identified risks remain within agreed tolerance levels and mitigation plans are in place.

Impact on Existing Service/Arrangements

None Currently Identified.

Rebaseline Justification

N/A

TMO Dashboard Report

Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
L&R Matters Invoicing Process	Niall Quilton	Stefan Dakovic, Sue Saunders

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

Delivery Confidence **Feasible** **Red** (Overall) (Cost) (Time) (Quality)

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

Rebaseline?

Objective

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

Outcomes to be achieved:

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

What other indirect benefits may arise from this work?

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

Progress Update

Legal & Risk, supported by NWSSP Digital, are currently developing a Robotics Process Automation (RPA) to extract the Invoice document from the iCasework system, which is due to be completed by the end of July 2026. We will require the save Invoice for our power app automation.

In the meantime, we have commenced engagement with NWSSP Finance to review the new iCaseworker data report and review the mapped process to ensure there no issues.

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.

Main Issues, Risks & Blockers

- Implementation of the Legal & Risk (L&R) iCaseworker system and subsequent review and development of associated apps/RPA that impact on the L&R Matters invoice files and data required by Finance.
- If deemed required following the above, the RPA Team need to secure Power App gateway permissions and governance sign-off to move files from the on-premises location to the cloud. This is required to complete the Power App build, test the development and secure a go-live date.
- Finance Team knowledge in using the new process and the manual interventions required on MS Lists. A training session has been delivered by the RPA Team, but further on-going support we be required to embed the changes.
- Preparing the data in the current Finance spreadsheet format to load into the MS List. This requires adjustments, testing and validation.
- Initial staff training was delivered to the Finance team by the RPA team in early January 2025, with on-going support scheduled before and proceeding Go-live. We will revisit training refreshers closer to Go-live once this is known.
- Benefits to be realised by Finance being lost due to continuing delays and reliance on inter-dependant projects.

The risks are as follows:

- 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

Positive impact on existing service/arrangements.

Rebaseline Justification

Delivery was impacted and delayed by the roll out of the case management system.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
IOH - Medtronic Review (PoC)	Rebecca Bowen	Linsay Payne/Russell Ward

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

Delivery Confidence **Probable** **Amber** (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

To establish a task/resource team within Medtronic and NWSSP, who will work together to reduce outstanding invoices needing approval.

Progress Update

The Medtronic Invoices on Hold (IOH) initiative has been segregated into 2 stages, these will be completed at simultaneously.

Stage 1 – Current outstanding IOH

- Invoices aged 2001 – 2024. This has been reduced by £520,474.63p = 82%
- Quantity Received IOH. This has been reduced by £563,791.80p = 64%

Stage 2 - Analysing current processes within Health Board Account Payable, Procurement and Medtronic.

- Workshops have been completed within Health Boards by eEnablement, outlining current issues.
- A Smartform is being designed with mandatory fields, this will eliminate additional PO numbers being populated.
- MiniMed are engaging with Procurement to understand issues and enforcing procedures to rectify continual issues.

Main Issues, Risks & Blockers

- Staff resource availability
- Data availability
- Contract related issues
- Staff training within all areas involved, internal and external
- Different processes in place within different Health Boards

Impact on Existing Service/Arrangements

None at this moment in time.

Smartform is being produced with mandatory fields for amended items needed, this will reduce additional PO numbers being implemented when they are not needed.

Rebaseline Justification

With the Project taking on a 2 stage approach running simultaneously plus staff availability, training, gathering statistics, and Medtronic diabetic items relaunching under a sub company name called MiniMed, a new completion date was agreed.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
IOH Review	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

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

Delivery Confidence **Highly Likely** **Green** (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

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

Some of the indirect benefits of this project will come from an improved reputation that encourages other businesses to compete for our business, increased staff availability/capacity, reduced cost to serve and improved supplier (process customer) and customer HB/Trust satisfaction.

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

Progress Update

The NWSSP IOH steering group, consisting of Heads of Service and senior leaders from Finance, Accounts Payable, Procurement, and the Transformation Management Office meet every fortnight to identify and implement IOH related improvements. Some of the more recent considerations include the automatic removal of accounts marked as not on statement, the standardisation of ActionPoint query handling in relation to IOH, and also the standardisation of the national approach to the handling of receipting holds, the latter of which is being presented via an SBAR paper to Deputy Directors of Finance in July, providing Health Organisations with a standardised approach to the handling of Invoice that go on hold for receipting issues that are aged over 6 months.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

Improved capacity dure to reduced throughput and rework

Rebaseline Justification

Many opportunities for improvement were identified and the complexity of implementation underestimated across the service. Delivery date was changed to consider this.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Variable Pay Initiative	Tim Knight	Neil Frow

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

Delivery Confidence **Highly Likely** **Green** (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

The NWSSP Service Improvement Team were asked to lead an initiative looking into variable pay spend across NWSSP and excluding laundry services. The primary goals of this initiative were to:

- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes

Through our findings it was determined that 89% of variable pay is worked across bands 2,3 and 4 and the use of bank staff offered the most cost effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime. Additionally, there was a 75% correlation identified between the use of variable pay and the number of hours lost between special leave, and sickness absence.

Following the principles of pareto analysis, we then worked to identify the root causes, identifying 18 improvements that can be made in this area across different levels of the Organisation. These improvements are managed centrally through a task and finish group that has been put in place to work through them in sequence, and is formed of service leads from Finance, People & Organisational Development, Performance and Service Improvement.

Progress Update

Some of the improvements being explored and managed by the relevant service areas are as follows, and these will act as enablers to further improvements around the centralisation of data and scale and spread of live reporting:

Overtime Request Form - We have launched the pilot of an overtime request form across 75% of our service, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process in those areas that have fully utilised the application. This information is helping relevant stakeholders to understand when overtime is being requested, in what section, and for what reason, which is all to be pulled together into a live dashboard. This offers improved visibility to strategic and operational leads helping to identify potential problems, support data led decision making, and resource capacity planning.

The organisational coverage is to be extended in the coming months to different services areas, such as the Medical Examiner Service, increasing our coverage to 90%.

Productivity Pilot (Also reported separately in more detail) - We have commenced the pilot of a productivity measure within one of our highly transaction services, Accounts Payable, which is designed to help safeguard colleagues from any risk of overburden whilst supporting data-led decision making and enabling the effective forecasting of future clearance, allowing for improved workforce capacity planning and the effective right sizing of teams.

Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

Impact on Existing Service/Arrangements

Improved data availability to support data led decision making and process optimisation.

Rebaseline Justification

Many opportunities for improvement were identified and the complexity of implementation underestimated across the service. Delivery date was changed to consider this.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Greenvale Laundry	Kim Eley	Anthony Hayward

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

Delivery Confidence **Probable** **Green** (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

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

Progress Update

Bottleneck (Installation of fourth calendar) - Progress Update

Prior to the installation of the fourth calendar, the average weekly productivity volume was 19,710. Following its implementation, this increased significantly to 34,488, representing an approximate 75% uplift in productivity. This substantial improvement indicates that the additional calendar capacity has had a positive impact on overall operational output, supporting more efficient processing and increased throughput.

Cage Tracking Improvement Opportunity – Progress Update

The assessment of the cage tracking improvement opportunity has now been formally concluded.

This opportunity was initially identified through data analysis which indicated that the volume of cages returned to Greenvale was below expected levels. This shortfall has led to an increased requirement for replacement cages, resulting in additional financial pressures. In response, a range of potential tracking solutions were explored, including a manual tracking process, barcode scanning, and RFID technology, with indicative costs obtained.

Cage tracking was also considered as a potential intervention to address wider issues relating to inconsistent linen returns. Supporting data highlights variability across health boards, which continues to impact operational productivity. It was anticipated that improved tracking of cage movements could strengthen accountability and provide greater visibility of linen flows, with associated benefits outlined in the supporting documentation.

However, following detailed discussion at Project Board, a decision has been taken not to progress this improvement opportunity. The anticipated benefits were not deemed sufficient to justify the required investment, particularly in the context of concerns regarding engagement levels and the likelihood of sustained adoption across health boards.

The focus will now shift to an alternative approach, specifically the development of a targeted media campaign aimed at raising awareness and supporting health boards in the effective management and return of linen.

Media Campaign Improvement Opportunity - Progress Update

IMTP Reference: AWLS2506

Work is currently underway in collaboration with Greenvale and the Communications Team to develop a targeted media campaign aimed at improving linen management practices across Health Boards. An initial scoping meeting has taken place, with further updates and draft materials awaited from the Communications Team.

The development of this campaign is being progressed in response to a number of ongoing operational challenges impacting the Laundry Service, as outlined below:

- **Unsafe handling of cages:** There have been repeated instances of cages being stacked unsafely at hospital sites. In line with health and safety requirements, HCS drivers have declined to move these cages, resulting in delays in returning assets to Greenvale and disruption to service flow.
- **Delayed return and loss of cages:** A number of sites are not returning cages in a timely manner, contributing to reduced availability and the need to procure additional cages to sustain operations. A separate initiative exploring QR code tracking is being considered to improve visibility of cage locations, and this issue will be reinforced as part of the campaign messaging.
- **Inappropriate use of linen:** Linen is not consistently being used in line with intended protocols, with examples including patients leaving with gowns, inappropriate use of towels, and stock being retained at site level. This reduces return volumes and impacts the service's ability to meet SLA requirements.
- **Unnecessary disposal of linen:** While processes exist for handling infected linen, it has been identified that items are being disposed of prematurely without appropriate assessment by the laundry team. This is resulting in avoidable waste and increased costs.

The media campaign will aim to address these issues through consistent messaging, increased awareness, and clearer guidance to support health boards in improving compliance and reducing avoidable inefficiencies.

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.

Rebaseline Justification

The revised completion date of 13 October 2026 was agreed by the SRO, reflecting the volume of identified improvement opportunities and the need to allow sufficient time to measure their impact following the embedding of the 55-hour working contract. This was further influenced by changes in the project team, necessitating additional time to fully explore and assess these opportunities.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Account Payable - Productivity Pilot	Niall Quilton	Russell Ward

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

Delivery Confidence **Highly Likely** **Green** (Overall) **None** (Cost) **Amber** (Time) **Green** (Quality)

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

Rebaseline? Yes

Objective

Measure productivity across teams through data analysis, stakeholder feedback, and pilot trials.

Progress Update

June Progress Update

Since the last update, the Productivity Pilot has continued to progress, focusing on strengthening the data and reporting foundations following the extended beta phase due to year-end pressures. Key updates include a 2025–26 data archiving plan now in place, improved absence reporting via Timeware (applied retrospectively), and enhanced workforce cost and continuity reporting through Oracle. Initial SOP and training materials have been developed, and the approach has been reviewed and approved at divisional level.

Phase 2 is now underway using a three-sprint Agile approach. Sprint 1 has been completed, with scope expanded to include FORT (Query Teams).
We are currently in Sprint 2, which has been extended by one week to allow for additional observation data and feedback, ensuring a more accurate view of workload and effort. Work is progressing on data consolidation, KPI definition, and the Power BI data model.

Delivery of a first version of the FORT dashboard remains on track for mid-July 2026, with current effort focused on refining the data and incorporating stakeholder feedback ahead of review sessions.

Main Issues, Risks & Blockers

Challenges & Risks

- Limited resource to build time/motion capture to allow more accurate insights and future planning ability.
- Need for managers to fully adopt dashboard and reporting tools.
- Continued risk of misinterpretation without guidance.

Impact on Existing Service/Arrangements

Improved reporting capability to gain a better understanding of process capacity whilst safeguarding quality and understanding workforce requirements.

Rebaseline Justification

Delayed due to availability of data and development issues, new delivery date approved accordingly.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
PCS - Medical Records & GMS Process Review	Rebecca Bowen	Gillian Jackson

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

Delivery Confidence **Probable** **Green** (Overall) (Cost) (Time) (Quality)

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

Rebaseline? Yes

Objective

To complete a Value Stream Map (VSM) for Primary Care Services, Registration and Medical Records Team. With a completed VSM, opportunities can be identified and assessed.

Progress Update

Initial meetings had with heads of departments to discuss next steps moving forward and their teams involvement.

On Site visit has been completed in Alder House, North Wales. Process Maps have been completed and sent to appropriate managers for approval, with timings to be documented.

On Site visit has been completed in Matrix House, Swansea, with another visit planned to complete process maps and timings to be documented.

Main Issues, Risks & Blockers

- Clear lines of communication for staff within Registration and Medical Record Teams.
- Access to departments to complete a Value stream Map.
- Staff resources and availability.

Impact on Existing Service/Arrangements

There will be no impact to the service provided within the scope of this initiative. Additional assistance will need to be requested to implement any possible opportunities outlined.

Rebaseline Justification

Original end date was not achieved due to onsite visits being requested in Alder House and Matrix House. This new end date may need to be extended again due to staff resource availability for timings to be captured.

NON TMO Managed Initiatives

Key Individual Project/Programme Updates

Project Name	Stage	Project Manager	Project Exec/SRO
Scan 4 Safety	Identify a Programme	Andrew Smallwood	Andy Smallwood

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

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

High Level Benefits

Recent Gateway Review? No

Rebaseline?

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

Progress Update

Time status of the programme has been moved to Amber as the team are still facing challenges in getting sufficient access time to key staff prior to implementation, delaying progress. Competing priorities and in some cases culture are barriers. Therefore the rollout is slower than planned. However, the team continue the roll-out of the Inventory Management System across NHS Wales.

Work is continuing between the Programme, Omnicell and the National Joint Registry to enable pre-operative implant combination checks to alert surgical teams to possible mismatch of components which would have previously resulted in a never event. Cardiff and Vale are engaged in a pathfinder project to align with more efficient theatres.

Quarter 4 205/26 saw 2 major implementations, Theatres across Withybush General Hospital went live, as did Orthopaedic Trauma theatres at the Royal Glamorgan Hospital.

So far Quarter 1 2026/27 has seen the go-live of Glangwlil hospital theatres, only the orthopaedic theatre remains and will be completed before the quarter ends. This will complete the theatres coverage for Hywel Dda University Health Board

Main Issues, Risks & Blockers

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. Additional moratoriums on non-medical or nursing staff recruitment are in place at a number of organisations. This is being worked around with each organisation based on local pressure, but impacting the speed of rollout.

Impact on Existing Service/Arrangements

No detrimental impact.

Rebaseline Justification

Project Name	Stage	Project Manager	Project Exec/SRO
Health Roster Implementation	Delivery	Vicki Harris	Rebecca Jarvis

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

Delivery Confidence **Green** (Overall) **Green** (Cost) **Green** (Time) **Green** (Quality)

High Level Benefits

Recent Gateway Review? No

Rebaseline?

Objective

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

Progress Update

NWSSP Roll Out:

- 49 units are currently live to payroll.
- Roll out plan 26-27 - HCS Mass Vaccination are splitting cost centres so an additional cost centre will be on roster.

E-Rostering

- **Budget Alignment:** Roster schedules are being aligned with budgets across all service areas. So far, 31 services have completed this alignment, with 18 still in progress. This process is helping to identify where unavailability and relief percentages are not being allocated appropriately.
- **Roster efficiency Meeting**: These meetings continue to serve as a forum for retraining, refining roster templates, and promoting rostering standards. Ongoing collaboration with service areas is supporting continuous improvement in rostering practices.
- **Regional Service Meetings**: These meetings are currently held with Laundry and HCS regional managers to encourage collaborative working with those who have overall accountability in their areas. They are valuable for building relationships, enhancing understanding of roster requirements, and embedding senior-level rostering principles.
- **Roster Sign-Off Compliance**: Engagement with services is ongoing to ensure compliance with the 12-week roster sign-off deadlines following the Welsh Government Circular. Monthly audits are undertaken and circulated to POD
- **Process Improvement (TOIL):** In partnership with POD, efforts are underway to address and rectify inconsistencies in the TOIL. Updates continue to be shared with the Senior Management Team (SMT), highlighting areas required to reduce figures.
- **Health Roster Policy**: The updated policy has been tabled in the next Senior Leadership Group.
- **HCS Monthly Finance Meetings:** These meetings analyse overtime and bank costs by reviewing relevant periods alongside site

rosters and comparing them to actual staffing patterns. This helps identify opportunities to optimise scheduling and reduce unnecessary staffing expenses.

Bank Staff ●

- Work continues to strengthen and improve the Resourcing Bank offer across NWSSP. Recruitment activity remains ongoing to ensure we continue to build and maintain a robust pool of bank workers to support services where needed. As part of our routine data quality work, a Bank cleanse has been undertaken to remove individuals who have not worked for six months, helping to ensure records remain accurate and up to date. This will help us get the information ready as we are currently working closely with the Health Roster team to explore how the system can be used in a more reactive and responsive way, enabling services to fill shifts more effectively.

- Progress has been made in automating the approval process for Expression of interest requests, which is due to go live shortly. Requests will automatically route to People & OD Business Partners and Finance for approval, before triggering an additional approval stage through the Resourcing Control Panel. This will provide a more robust and auditable approval outcome.

- In addition, onboarding documentation has been refreshed, alongside the introduction of a new managers' pack, providing clearer guidance and support throughout the placement process.

- Finally, a newsletter will be issued to Bank workers every quarter which will include highlighted key updates, reminders, and the importance of using loop.

AOB

- **API and Overtime App Review**: Currently reviewing the API capabilities of the overtime app in conjunction with RL Datix.

- **Health Roster Audit Controls**: Meeting with Audit Wales too place on 24th April 2026. All documentation and evidence provided, No non-compliance or improvement recommendations were received.

Licence Numbers

NWSSP currently fund 1,100 licenses. As of April 2026, via Health roster and Bank we are utilising 843 licenses.

PHW Roll out

- All 36 units identified on the project plan, have been successfully migrated to Health Roster and currently live to payroll. As of April 2026 they are utilising 732 licenses
- NWSSP Rostering Team are working with PHW Project Team to update the governance structure within PHW and finalise the plan for 26/27

Other updates:

- PHW have agreed funding for Rostering Resource for 2026/2027. The SLA will continue until 31st March 2027.

Main Issues, Risks & Blockers

PHW SLA has now been extended until 31/03/27 therefore no current risks

Impact on Existing Service/Arrangements

On track – no impact to customers

Rebaseline Justification

Project Name	Stage	Project Manager	Project Exec/SRO
Future Workforce Solution	Initiation	Angela Jones	Gareth Hardacre

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

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

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

Recent Gateway Review? No

Rebaseline?

Objective

The NHSBSA recently announced their partnership and the award of a 15-year contract to Infosys to deliver the Future NHS Workforce Solution. This solution will succeed the current ESR system with a modern, intuitive, and integrated national workforce platform.

The objective of this project is to roll out the Future Workforce Solution (FWS) across NHS Wales beginning with three identified early adopters then across successive waves to have all NHS Wales organisations over by 2030.

Progress Update

TMO Dashboard Report

The programme has now progressed into the Foundational Readiness phase. NHSBSA and NHS Wales Shared Services Partnership (NWSSP) have worked in close collaboration to ensure the implementation approach meets the needs of NHS Wales organisations, with NWSSP identified as a key delivery partner to support a consistent, all-Wales approach.

The four Early Adopter organisations in NHS Wales are:

- Digital Health and Care Wales (DHCW) – providing leadership and expertise in digital and data architecture, infrastructure, interoperability, and cyber security across NHS Wales.
- Hywel Dda University Health Board – representing a clinical and administrative organisation with a diverse workforce delivering primary, community, and hospital-based care.
- NHS Wales Shared Services Partnership (NWSSP) – continuing to deliver large-scale shared services, with experience that will also inform the future target operating model for NHS England through the Upscaling People Services Programme.
- Llais – representing the voice of citizens and service users.
- Early adopters will play a critical role in validating and refining the implementation approach, ensuring that all organisations benefit from tested processes and a smoother deployment.

In April, early adopters received a project scoping document alongside Foundational Readiness Guidance. This phase precedes implementation and is essential to setting the programme up for success.

The Scope phase is structured around 11 key activity areas, covering organisational readiness, governance, people, technology, and data. Its primary output is the Scoping Document (Part 1), a key milestone representing formal agreement between the organisation, NWSSP (as Delivery Partner), and the National Programme Team.

This document defines the agreed functional scope, required resources, governance arrangements, and anticipated benefits, ensuring alignment and clarity before progressing to the next phase.

Engagement across organisations is strong. Weekly Delivery Team meetings and Senior Responsible Owner (SRO) check-ins are in place, helping maintain pace and ensure consistent oversight. Key roles have been identified, transformation teams onboarded, and governance structures are aligning to the national model. Webinar participation is high, and technical questionnaires are actively being completed.

Sign-off for Scoping Document Part 1 was scheduled for the end of June 2026, and all four Early Adopter organisations have achieved this milestone.

NHS Wales governance arrangements continue to evolve, with key delivery groups being established to oversee programme implementation.

To support a safe transition and build sustainable implementation capability, NHSBSA funding has been agreed to establish an NHS Wales central Change Team, hosted by NWSSP. Following the Early Adopter phase, this team will support subsequent waves and, over time, become the permanent central support function for the future workforce solution across NHS Wales.

The Change Team will:

- Support deployment from design through pilot, migration, and transition to Hypercare
- Assist organisations with Foundational Readiness activities across early adopters and future waves
- Flex capacity across organisations to address demand and mitigate risks
- Capture and transfer learning from the Early Adopter phase into subsequent waves

This approach will enable the team to build, retain, and apply critical knowledge consistently across Waves 1 and 2, supporting a standardised implementation. A single, dedicated team will enhance continuity, pace, and quality of delivery, working closely with organisational teams, People & OD, Finance, and Programme colleagues to resolve issues quickly and embed sustainable ways of working.

Next steps include:

- Finalising the resourcing model and commencing recruitment of the central Change Team
- Securing final sign-off for Foundational Readiness (Part 1)
- Initiate Foundational Readiness (Part 2) activities as documentation becomes available from the NHSBSA/Infosys consortium
- Beginning engagement with future wave organisations, starting with a data cleansing workshop

The Manager Director has written to the NHS BSA about his concerns regarding delays in receiving key project documentation. As a result, we've assigned an Amber risk rating to this project.

Main Issues, Risks & Blockers

As a result of resource pressures within local teams, there is a risk that user organisations may not have sufficient capacity or capability to implement the required process and technology improvement, which could result in lower take up, sub optimal implementation and/or extended rollout/reduced local benefits realisation. It is therefore recognised that additional resource is likely to be needed by User Organisations to undertake their responsibilities. The NHSBSA programme team will bring capacity and functional expertise to deploy the solution working alongside NWSSP Change Team and local teams. However, under the auspice of the NHS Wales Programme Steering Group, resource to support the programme locally will continue to be monitored to ensure each organisation is supported to prepare for and support their transition.

Impact on Existing Service/Arrangements

None currently identified.

Rebaseline Justification

NWSSP IMTP 2025-28

2025-26 Quarter 4 Report

Georgia Keegan

July 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

The purpose of this report is to provide the Partnership Committee with the year end progress for the IMTP objectives for 2025-26.

The report will cover:

- Key Messages
- Quarterly overview
- Divisional progress and areas of challenge
- What did we achieve in Q4
- Areas of focus
- Recommendations

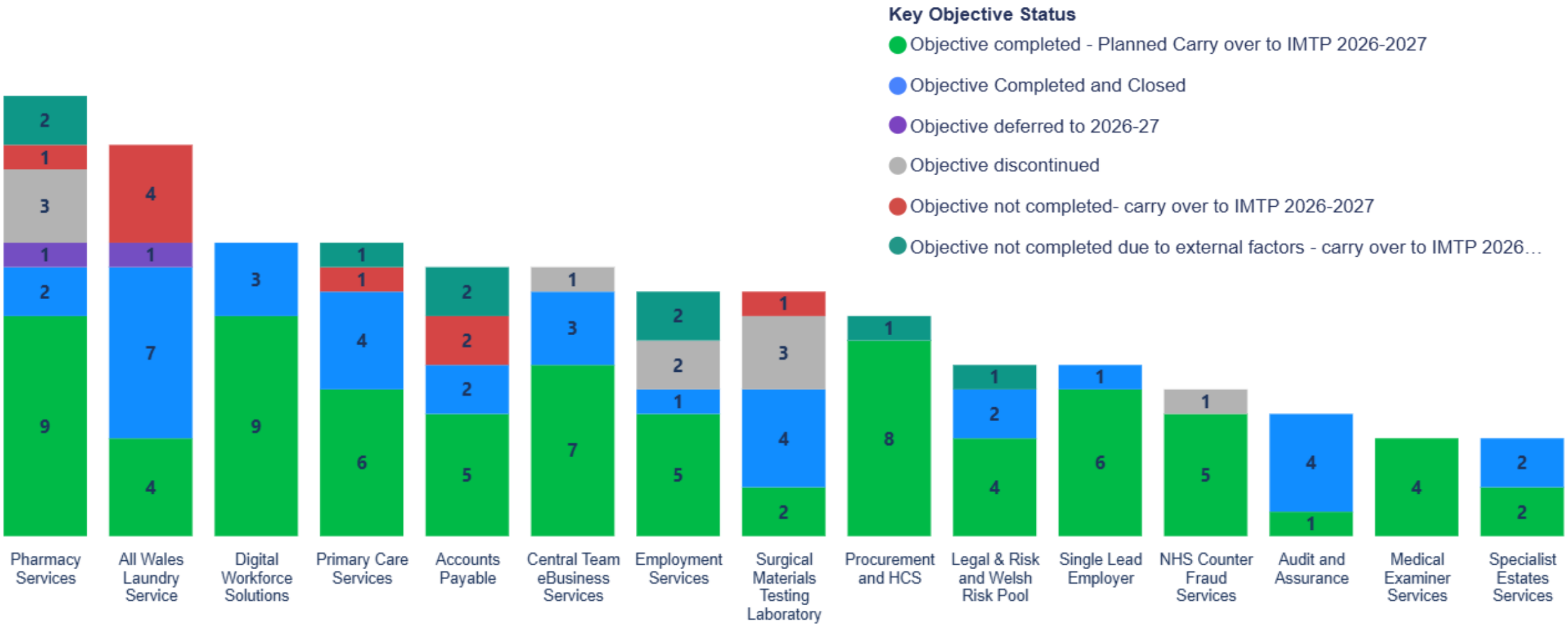
As highlighted in our IMTP our overarching principles for 2025-26 were:

- Doing the basics well
- Financial Sustainability
- Duty of Quality
- Equality, Diversity and Inclusion
- Staff Wellbeing

Divisional Progress

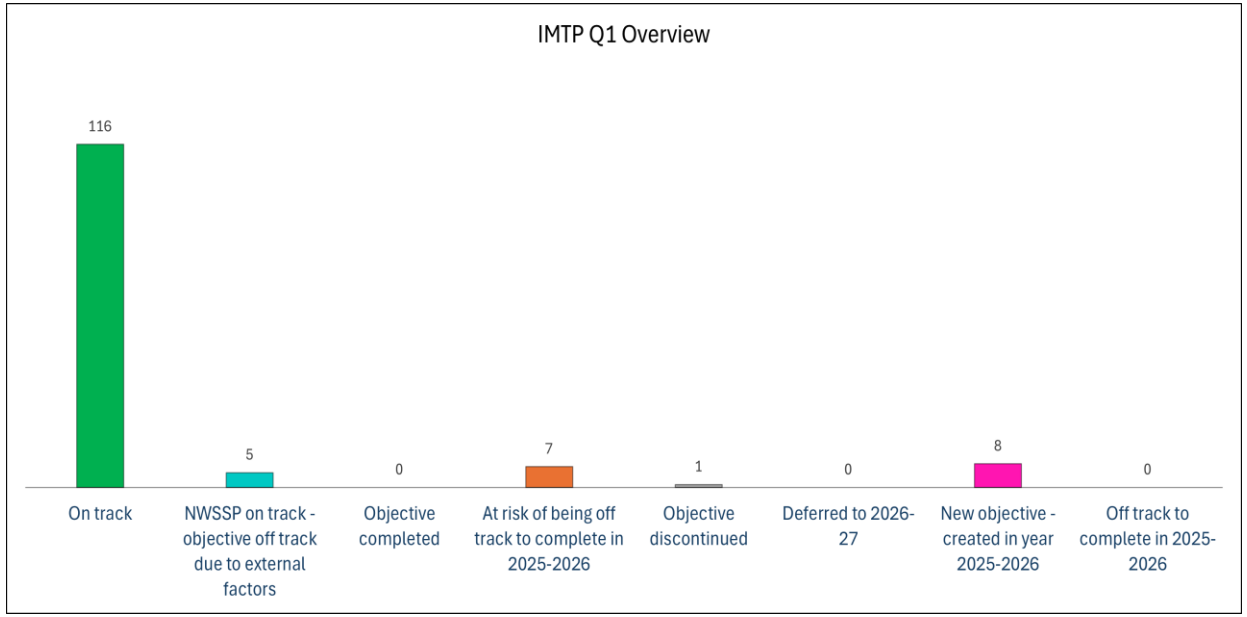
GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

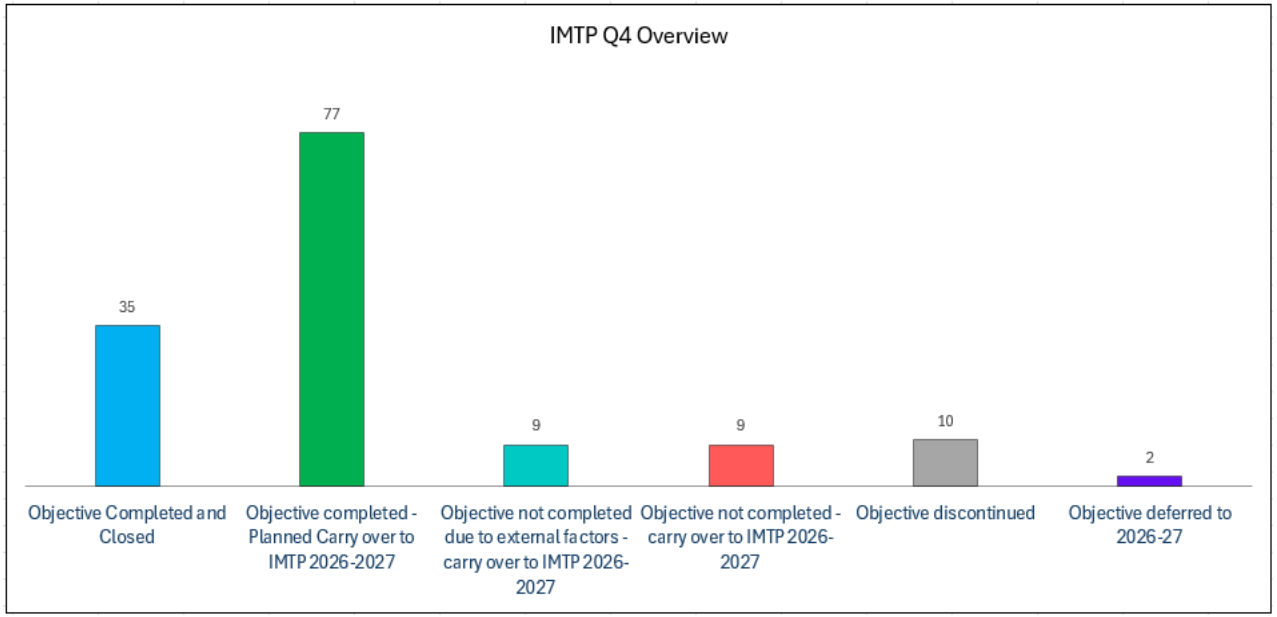
- This bar chart illustrates the distribution of objective statuses across the divisions.



Quarter 4 Overview

- The graph illustrates the status of objectives from the start to the end of 2025-26.
- In Quarter 4, a total of **112** of our objectives are either completed, on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in the year across our divisions.





Divisional challenge areas

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- **9** objectives are **not completed – carry over to IMTP 2026-27** at the end of Quarter 4.

The table below outlines objectives where planned activities for the 2025–26 reporting period were not fully delivered.

Division	Desired Objectives	Targeted Action for 2026-27
Accounts Payable	**Implement a Portal in the Staff Benefits team for staff to utilise.**	No meeting has been arranged and progress has been unable to advance due to resource restrictions within both Accounts Payable and the Communications team. Developments will continue into 2026–27.
	Develop improved communication methods to ensure information for customers and staff is managed, clear and accessible. To include reviewing the volume of service desk calls and analyzing feedback to identify and reduce sources of dissatisfaction.	Agreement was reached with Procurement on the approach to managing Action Point calls, and IOH/Action Point workshops were delivered across Local Procurement teams, including Accounts Payable. P2P communication hubs were published for Health Organisation iProc users and NWSSP staff, alongside enhanced iProc homepage content, and the Action Point/IOH process was re-established to improve customer support. Webinars, including receipting sessions, have been embedded as business as usual, while work continues to remove NWSSP support information from internal Health Board sites. Further enhancements, including Oracle pop-up information boxes and bespoke purchasing processes within the P2P Hub, have yet to commence due to resource issues. In 2026–27, activity will focus on completing the removal of NWSSP support information from internal Health Board sites, implementing Oracle pop-up information boxes, and adding bespoke purchasing processes to the P2P Hub for end users.
All Wales Laundry Service	**Remove/minimise single use plastic from within the production process.**	Progress has been delayed due to difficulties sourcing the sample bag and ongoing discussions with stakeholders on the pilot scope. A task and finish group has been established to pilot the use of Safetex bags over a three-month period, during which data will be collected and evaluated.
	Train production staff to address basic machinery faults that interrupt production, such as removing jams in sheet feeders and similar issues.	Training was not delivered due to service pressures and staff shortages. Training will be rolled out in 2026-27 to enable production staff to manage basic faults.

Divisional challenge areas

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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The table below outlines objectives where planned activities for the 2025–26 reporting period were not fully delivered.

Division	Desired Objectives	Targeted Action for 2026-27
All Wales Laundry Service	**Roll out of laundry staff forums across all laundries. This will include all staff from production, maintenance and management and will allow staff the ability to feed back and provide suggestions on production and maintenance management.**	The objective was not completed due to service pressures during Q4. Developments will continue in 2026–27, with an initial meeting planned at Church Village ahead of wider roll-out to other sites.
	Develop real-time monitoring systems for tracking energy usage across all utilities and major consumers.	Continued absence has prevented progress in Q4. In 2026–27, a live data feed will be enabled to support real-time dashboard monitoring and demonstrate any reduction in usage associated with a potential decarbonisation project rolled out across the laundries.
Pharmacy Services	**TRAMS South West Hub development.**	The SBAR has been submitted to Welsh Government for a site in South Wales, and the outcome is awaited. The intention is to acquire a site for the SW hub in 2026–27 and remobilise the Project Board and workforce elements.
Primary Care Services	**Modernising Prescription Processing and Workforce Optimisation.**	Options have been mapped, with appraisal and identification of the preferred option(s) outstanding. Due to limited resources, this did not progress in Q4 but will be taken forward in 2026–27, alongside finalising project scope, timelines, resources, and plans to manage implementation impacts.
Surgical Materials Testing Laboratory	**Investigate expanding the range of biological test methods offered. Continuing the development of viral penetration testing and initiate validation of bacterial filtration efficacy testing.**	Due to staffing constraints, progress was unable to advance. Validation and finalisation of the test method will be completed in 2026–27.

Divisional challenge areas

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

- **9** objectives are **not completed due to external factors – carry over to IMTP 2026-27** at the end of Quarter 4.

The table outlines objectives that did not complete their planned activities within the 2025–26 reporting period due to external factors beyond NWSSP's control. All actions within NWSSP's remit have been progressed and completed where possible.

Division	Desired Objectives	External Factor	Targeted Action for 2026-27
Accounts Payable	**Increase the number of suppliers using the new statement reconciliation software to 600 suppliers. Review if suppliers who currently send their invoices directly to Health Organisations can utilise the new statement reconciliation software.**	External supplier	Activity continues to focus on the top 200 suppliers, which are being reassessed due to the ongoing need to chase statements. Work continues with Fiscal to develop reports and dashboards for monthly KPI reporting, including unallocated cash, which impacts reporting of missing credits. Statements outside the top 200 suppliers continue to be reconciled across the FORT teams. Resource capacity will need to be addressed before volumes can increase, to manage increased processing times and the inevitable increase in issues requiring resolution.
	Increase the number of invoices (transactions) processed via e-trading by 10%.	Basware, which holds a contract with Welsh Government.	Activity increased to 284,946 in 2025–26, up from 261,551 in 2024–25, representing a 9% year-on-year increase and narrowly below the 10% target. GHX e-Invoicing volumes grew by 7% across existing suppliers, while Basware volumes increased by 11% following the onboarding of Brakes Bros. Supplier exchange compliance improved from 82.4% to 89.8%, with engagement undertaken with 11 suppliers on EDI options in Q4. Progress on Smart PDFs was delayed following a joint meeting with Welsh Government and Basware on 25/02/26 due to capacity and governance constraints, with delivery now targeted for April 2026. PEPPOL PO transmission went live between Aneurin Bevan and NHS Supply Chain (the first in Wales), with e-Invoicing testing ongoing and expected to go live in April 2026, although five suppliers remain on hold pending progression.

Divisional challenge areas

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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Division	Desired Objectives	External factors	Targeted Action for 2026-27
Employment Services	Evaluation of the Payroll Modernisation Programme to identify further streamlining opportunities. Co-development of a roll-out plan migrating all Health Boards from NWSSP Staff Movement Advice on to Electronic Staff Record Manager Self-Service.	Health Board	This has been escalated by the NWSSP Director of Finance to the Director of Finance at Swansea Bay University Health Board to agree a rollout date and enable progression. Once a rollout date is confirmed, Phase 2 of the SMA digital upload to ESR, including the Pensions Module, can commence.
	Payroll continuous service improvement programme that advances our service efficiencies through innovation and digital automation of legacy and new systems to better support a shared service model.	External supplier	The Real-Time Pension Calculation solution cannot currently be deployed by IBM, as an agreement with the Department of Health and Social Care (DHSC) has not yet been reached. As a result, DHSC has withdrawn the deployment at this stage. In 2026–27, activity will focus on evaluating the Payroll customer experience strategy to determine future requirements, including consideration of a customer relationship management ticketing solution.
Legal & Risk and Welsh Risk Pool	Review the current support provided by the clinical negligence department to clients in respect of matters dealt with under Redress.	Client contacts	This objective envisaged scoping clients' needs, deciding if we need to expand the L&R service to provide legal support and, if so, begin implementation. We have completed that and updates were made to WRP procedures. Pending further discussions with client contacts (and our business case for more staff), we will monitor requests for legal advice which we receive in the usual way, which is BAU.
Primary Care Services	Implement the PCWIS Performer list Phase 2 plan.	External supplier	A technical audit of the existing system functionality has been completed, and a gap analysis has identified the components required to enable full integration with Workforce functionality. However, progression to the next phase has been delayed due to the supplier, Credera, ceasing support for the Salesforce application from mid-February 2026. A new supplier has now been agreed, but the transition in support has introduced a constraint on delivery.

Divisional challenge areas

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Division	Desired Objectives	External factors	Targeted Action for 2026-27
Pharmacy Services	**Development and roll-out of electronic Pharmaceutical Quality System to support radiopharmacy and TrAMs.**	Health Board	Validation of documents and assets has not yet been fully completed. The shared resource with CAV did not materialise, which further contributed to the delay. The seconded individual was subsequently recruited into the vacant Band 8a post within the IP5 QA team and onboarded earlier than planned due to long-term sickness within the team. Resources were therefore diverted to the Radiopharmacy project to maintain the programme timeline, and a decision was taken to delay implementation until after Radiopharmacy commissioning and opening. Following Radiopharmacy opening, increased ringfenced time will be allocated to the ePQS (two sessions per week) to reinstate project progress, supported by twice-weekly meetings to monitor progress and identify risks to delivery at an early stage.
	Ongoing All Wales assessment and management of unlicensed medicines.	Health Board	Unable to adjucate liquids tender and award contract as awaiting clinical input from CAV. In 2026-27 we will complete the clinical and QA review of liquid specials and adjucate at June contract meeting (post purdah).
Procurement Services	**Introduction of Scan4Safety as part of the modernisation programme for Wales (5 year programme).**	External Supplier	A SupplyX handset issue arising from a DigiCert system change has affected C&V and HDUHB. A temporary workaround has been implemented, and DHCW are progressing a permanent resolution. The issue is not related to Scan4Safety; it was initially identified through SupplyX server communication time-outs, with subsequent impacts identified in other systems, including OpenEye. Progress has also been constrained by the temporary unavailability of key theatre staff required to provide essential pre-implementation information. During 2026–27, work will focus on completing rollout to remaining theatres across Wales, further developing and deploying the NJR interface for implant compatibility checks, and implementing the planned Omnicell SupplyX contract extension to enable full rollout.

Divisional challenge areas

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

- **5** objectives have been **discontinued** at the end of Quarter 4.

Division	Desired Objectives	Reason for discontinuation
Central Team eBusiness Services	**Review and report on the long term strategic options for Financial Management System (FMS) services.**	A decision has been made to retain Oracle and re-tender for a managed service provider.
Employment Services	**Implement the All Wales Staff Benefits Programme.**	No commitment to engage has been received from Health Boards. As a result, the programme has not been prioritised and has been discontinued in the current climate.
Pharmacy Services	**Create All Wales contracts for cleanroom clothing.**	The scoping for consolidation of cleanroom clothing across the South East has identified that variation in contract lengths/timings will not enable this benefit to be realised across 2026/27.
Surgical Materials Testing Laboratory	**Development/revision of All Wales Medical Device Adverse Incident reporting system.**	Progress has been limited due to a lack of clinical procurement engagement. Assurance is required from Health Boards regarding capacity to support this work, and as this has not been secured, the objective has been discontinued.
	Lead a group looking at central procurement of reusable gowns for Welsh Health Boards.	The two suppliers of reusable surgical textiles have not engaged with testing to support their technical claims. Despite continued efforts by SMTL to secure engagement, progress remains dependent on their participation. However, the doors to this project will remain open in case they decide to re-engage.

Delivery achievements across 2025-26

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Saving the NHS around 3 million pounds by delivering almost one million flu vaccines to more than 1,000 places in Wales.

Successfully implemented All-Wales Health Rostering at scale, with national contracts in place and multiple organisations onboarded.

Exceeded national procurement savings targets, delivering over £50m in cash-releasing value to NHS Wales during a period of significant financial challenge.

Strengthened the Medical Examiner Service, maintaining consistent performance and quality through peak winter pressures.

National learning and safety tools, including Datix Cymru enhancements and Learning from Events programmes, were implemented and embedded by the Legal & Risk and Welsh Risk Pool division, strengthening consistency and assurance across NHS Wales.

What does our 2025-26 activity mean for our customers?

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Our People

- We have strengthened national workforce pipelines and capability. For example, Pharmacy Technical Services workforce resilience has been significantly improved through the Science Manufacturing Technician role and qualification, and the Scientist Trainee Programme has been embedded to support.
- We have embedded national learning and safety programmes. For example, Welsh Risk Pool has supported NHS organisations to improve learning from clinical events, including intensive support with three health boards and one trust, alongside the development of a learning conference.
- We continue to invest in developing and supporting our workforce, ensuring staff have the skills, confidence and support needed to deliver high-quality services now and in the future. For example, this includes customer service training and the development of a training framework to enhance current provision for Procurement and Accounts Payable staff in relation to 'purchase-to-pay'.

Our Value

- We have delivered tangible financial benefits for customers, including cash-releasing and efficiency savings through national procurement, with an overachievement of savings targets. Additional benefits through bulk delivery discounts and statement reconciliation activity recovering credits not recorded on Oracle.
- We have embedded quality, safety and assurance into service delivery, giving customers confidence in well-governed and consistent national arrangements through the embedding of the Duty of Quality across our KPIs.
- We have contributed to decarbonisation and reduced environmental impact, including the installation of solar panels at Denbigh stores and infra-red electrical heating to reduce reliance on fossil fuels, alongside increasing the site's electrical capacity.

Our Services

- We have provided more consistent services across NHS Wales, supporting customers through nationally coordinated and Once-for-Wales approaches that reduce variation between organisations. For example, all NHS Wales organisations are now serviced by the national ESR Helpdesk for the first time since its inception.
- We have maintained reliable and resilient services, including stable Medical Examiner Services during winter pressures, Pharmacy national medicines resilience arrangements, and Laundry equipment installation, supporting efficient and dependable service delivery throughout the year, including periods of operational pressure.
- We continue to modernise and improve our services, including P2P communication hubs, the new and enhanced Learning@Wales platform, and the development of digital dashboards, ensuring the delivery of quality services and outcomes.

Our Partners

- We have worked in partnership with Health Boards, Trusts and national bodies, providing consistent support to help partners deliver their priorities through all-Wales solutions, including the development of the People Portal.
- We have supported partners to adopt and operate national models and services, including the rollout of Health Roster, smartcard enablement, and national Helpdesk services.
- We have strengthened collaboration across NHS Wales, supporting joint working, shared learning and collective delivery through national governance and partnership arrangements, including Community of Practice arrangements, stakeholder engagement and all-Wales governance groups.

Progress against key focus areas

Decarbonisation - *Performance summary Quarter 3 & Quarter 4*

Overall RAG Status overall of the NWSSP Decarbonisation Programme is Green.
Breakdown per workstream:

- ➢ Governance and programme implementation - Green
- ➢ Buildings and land – Green
- ➢ Fleet – Green
- ➢ Staff travel and homeworking - Green
- ➢ Procurement and supply chain- Green
- ➢ Clinical Services – Green
- ➢ Waste – Green
- ➢ Adaptation – Green

A refreshed NHS Wales Strategic Delivery plan was published in November 2025 with new actions and workstreams.

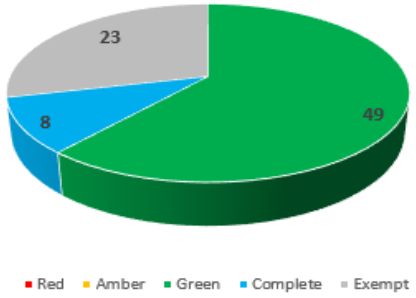
NWSSP has realigned, identified, and engaged with new Responsible and Accountable leads for the actions.

TEF Funded Schemes: Matrix EV chargers and power upgrade, Denbigh stores IR heating and roof mounted PV scheme have both been completed.

Adaptation risk register has been submitted to WG alongside a high level workplan.

Targeted Activity for Q1 and Q2 - 2026-27

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



Q3 & Q4 25/26 NWSSP Progress RAG Status

Progress against key focus areas

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Foundational Economy

Quarter 4, saw significant stakeholder engagement including presenting at the Spread and Scale Academy and Foundational Economy Leadership Group as well as conducting direct engagement with Health Board and Trust colleagues. These engagement events provided the opportunity for NWSSP to learn from other parts of the UK and NHS Wales colleagues and to provide stakeholders with updates associated with wider legislative changes.

Additionally there was continued engagement with procurement teams on targeted contracts, with further emphasis on refining procurement tools, inventions and approaches that can help deliver either or both Foundational Economy and Decarbonisation outcomes.

The teams focus remained on strengthening the quality and assurance of data related to NHS Wales supply chain expenditure and influencing procurement activities towards improving wider sustainability outcomes.

Moving to the 26-27 financial year, the Sustainable Procurement workstreams of Decarbonisation and Foundational Economy, will formally broaden to include Social, Cultural, Economic and Environmental well-being, in accordance with the Social Partnership and Public Procurement Act 2023. This will require the team to liaise with Health Boards and Trusts colleagues on Socially Responsible Procurement Objectives, a revised Sustainable Procurement Code of Practice / Sustainable Procurement Strategy and to begin generating the required data associated with annual Socially Responsible Procurement Reports.

NWSSP remains committed to the core principles of the Foundational Economy. Our agenda continues to prioritise:

- Increasing procurement spend within Wales
- Shortening supply chains
- Strengthening supply chain resilience
- Supporting development within our local communities

2025 / 2026 - Expenditure

Quarter	Overall Spend	Welsh Spend	Percentage
Quarter 1	£1,265,379,993	£536,418,871	42.39%
Quarter 2	£1,221,010,532	£531,614,699	43.54%
Quarter 3	£1,330,947,534	£583,231,296	43.82%
Quarter 4	£1,560,034,329	£675,816,906	43.32%
TOTAL	£5,377,372,389	£2,327,081,772	43.28%

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

Diversity, inclusion and foundational economy

- A clear delivery plan was developed to refresh and update the EDI SharePoint pages, alongside an agreement to review the EDI Dashboard with Business Partners and People Analytics in early 2026–27.
- Planning is underway for a series of podcasts to share experiences, which has been developed in collaboration with D&I Ambassadors, with rollout expected in early Q1.
- A pulse survey focusing on presenteeism and time pressures has also been distributed, completed and analysed by Change Champions. Agreed actions will be shared with the group in early 2026–27.
- Engagement activity under Strategic Equality Plan has started and will continue into Q1 2026-27.

Staff Wellbeing

- Health & Wellbeing SharePoint Pages have been launched and shared following the Health and Wellbeing Conference in February 2026.
- The design of the Mental Health First Aider (MHFA) refresher training has been paused while we explore a new provider to support the delivery of our MHFA training offer. Once a provider has been confirmed (anticipated in Q1–Q2 2026/27), we will revisit the refresher training alongside consideration of a Wellbeing Quality Mark, which can be offered by MHFA Wales, the proposed new training provider.

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People and Organisational Development – *Continued*

Welsh Language

- Engagement with the Single Lead Employer on Welsh language requirements was completed in 2025/26, establishing agreed requirements to support staff.
- Development of the Welsh Language Strategy and Internal Use of Welsh Language Policy was refined to prioritise the Internal Use Policy; the policy was drafted and consulted upon and is scheduled for consideration by the policy group in Q1 2026/27.
- Procurement of a new All-Wales Translation Memory system was completed in Q4, with a three-year contract awarded to March 2029 and 50% of NHS organisations in Wales participating in the shared system.
- A Welsh Language Facilitation Officer was successfully appointed following a Q4 recruitment campaign to support delivery of the Welsh Language Strategy and Policy, with the postholder due to commence in June/July 2026.

Speaking Up Safely

- Speaking up Safely training was launched in Q4 and is now available across the organisation and bookable via ESR.
- We are also in the process of arranging on-site training opportunities for staff who are unable to attend virtual sessions.

Work In Confidence

Progress against key focus areas

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

International Recruitment – *delivering an ethical, sustainable supply of healthcare professional into the NHS Wales Workforce*

- Welsh Government funding for 2026–27 has been confirmed.
- All organisations have submitted recruitment requests, with work completed alongside HEIW to ensure Health Boards are factoring in trainees completing CCT.
- No general nursing recruitment is planned for 2026–27, other than for highly specialised or hard-to-fill roles identified by organisations.
- Welsh Government has agreed that 2025–26 slippage funding can be carried forward to support candidates recruited late in Q4 2025–26 who commence in 2026–27.
- Scoping work will be undertaken in the next financial year to explore recruitment options for Allied Health Professionals (AHPs). There will also be consideration of new international recruitment markets, should recruitment from India become more difficult due to global events.

Digital - *Maximising the return on investment in new digital systems and applications.*

- Good progress was made with the Digital Strategy refresh and is on course to be published in Q2 2026-27.
- A Power Platform Makers peer group was established to support shared learning, resilience and increased automation.
- The procurement CMS app has been delivered successfully with the development model requiring a lessons learned assessment in 2026-27.
- The Cyber Assessment Framework (CAF) programme has progressed, with an organisation-wide improvement plan now established to address identified findings and strengthen cyber resilience across services, the supply chain, and core business processes. Progress has also been made in responding to previous cyber audit findings and enhancing governance and operational practices. This work forms part of a structured, multi-year continuous improvement programme.
- Continued development of automation capabilities has supported more efficient service delivery and reduced reliance on manual processes.

Progress against key focus areas

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Electronic prescribing services – *supporting sustainable service delivery within community pharmacies*

- Smartcard embedded and fully supported clinical migration plan.
- We will continue to evaluate the impact following the December 26 full enablement.

Medicines Unit – *Supporting local aseptic, cancer and critical care services within our partner Health Boards.*

- Further products are still on hold to allow radiopharmacy work. However, the Peditrace and addaven manufacturing continues.

National Ophthalmic Contract for Wales – *Enhanced eye care services available within Primary Care setting*

- Wales General Ophthalmic Service improvement options have been identified, and the associated business case and benefits have been approved, securing funding within the 2025–26 budget. The solution is expected to be fully deployed in Q1 2026-27, and additional areas for consideration will be taken forward.

Conclusion and Recommendations

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- Our work in 2026-27 will continue to focus on our organisational strategic objectives to:

  - Promote excellence through leadership, wellbeing, inclusivity and workforce diversity.
  - Provide top-quality, innovative services that support NHS Wales goals and promote ongoing improvement.
  - Increase efficiency, demonstrate value, and improve population health as part of Wales broader health and care system.
  - Enhance collaboration through mutual partnership to achieve shared health goals and better services.

- We have made solid progress towards achieving several of our longer-term programmes of work in 2025-26, and provided additional scrutiny to objectives identified as not completed during the quarterly review process, which commenced on 21st April and concluded on 11th May 2026.

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

- Partnership Committee are asked to feedback any comments regarding the Quarter 4 report before submission to WG.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **16 July 2026**

The report is not Exempt

Teitl yr Adroddiad/Title of Report:

Final NWSSP Annual Governance Statement (AGS) 2025-26

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

Pwrpas yr Adroddiad / Purpose of the Report:

To provide the SSPC with the final version of NWSSP's AGS for 2025-26, following approval by the NWSSP Audit Committee, for noting.

Llywodraethu/Governance:

Amcanion/ Objectives:	Our Partners; Our Services; Our People; and Our Value. The AGS supports these objectives by providing Committee-level assurance on NWSSP's governance, control and accountability arrangements.
Tystiolaeth/ Supporting evidence:	Previous iterations of the AGS were shared with the Committee for feedback and endorsement prior to progression through the approval process.

Ymgynghoriad/Consultation:

The draft AGS was presented to the SSPC in May 2026 for feedback and endorsement prior to progression through the approval process. It subsequently progressed to the extraordinary meeting of the NWSSP Audit Committee on 15 June 2026 and was approved via chairs action following the meeting in order to consider comments subsequently provided by officers of Velindre University NHS Trust.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to **NOTE** the final NWSSP Annual Governance Statement for 2025-26 and take assurance that it was approved by the NWSSP Audit Committee via chairs action on 18 June 2026,

	subject to comments being incorporated following the meeting.
Crynodeb Dadansoddiad Effaith/ Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The AGS provides assurance on the overall governance framework, including arrangements that support fairness, inclusion and compliance with statutory responsibilities.
Cyfreithiol: Legal:	The AGS supports compliance with relevant governance, accountability and regulatory requirements.
Iechyd Poblogaeth: Population Health:	The AGS provides assurance on governance and control arrangements that support the effective delivery of NWSSP services to NHS Wales partners.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The AGS provides assurance on the governance, risk and control arrangements that underpin safe, effective and high-quality shared services.
Ariannol: Financial:	The AGS provides assurance on the effectiveness of governance and internal control arrangements, including financial governance.
Risg a Aswiriant: Risk and Assurance:	The AGS provides assurance that NWSSP has a generally sound system of internal control, supported by risk management, governance and assurance arrangements, and identifies any significant internal control issues.
Dyletswydd Ansawdd/Duty of Quality:	The AGS supports Duty of Quality requirements by providing assurance on the systems, controls and governance arrangements that contribute to continuous improvement, learning and effective service delivery.
Gweithlu: Workforce:	The AGS provides assurance on governance arrangements that support effective organisational management, accountability and staff-related controls.
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open. The report and AGS are intended for publication and will also be published on the NWSSP website in a bilingual format.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

NHS Wales Shared Services Partnership

Annual Governance Statement 2025-26

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ANNUAL GOVERNANCE STATEMENT 2025-2026

1. SCOPE OF RESPONSIBILITY

This Annual Governance Statement details the arrangements in place during 2025-26 to discharge my responsibilities as the Managing Director of the NHS Wales Shared Services Partnership (NWSSP) and to manage and control its resources in my capacity as Accountable Officer within the governance and accountability framework in place throughout the year and through a hosting arrangement with Velindre University NHS Trust (the Trust).

NWSSP does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to partners and, in particular, to the Trust, as its host organisation, in relation to its governance and accountability arrangements.

As Accountable Officer, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned to me by the Accountable Officer of NHS Wales. NWSSP's safeguarding arrangements provide assurance to Velindre University NHS Trust, as statutory host, that public assets, income, expenditure and liabilities are subject to appropriate control and can be properly reflected within the Trust's financial statements.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NWSSP's services. This is achieved through a combination of "hard" systems and processes including Standing Orders, policies, protocols, and processes; and "soft" characteristics of effective leadership and high standards of behaviour (driven by the Nolan principles).

In addition to my responsibilities as Accountable Officer I am accountable for my performance and that of NWSSP to the Shared Services Partnership Committee (SSPC) and its Chair in relation to those functions delegated to it.

I also have responsibility with the Chief Executive of Velindre University NHS Trust (the Trust) to co-operate together to ensure the success of the hosting arrangement in the interest both of the NHS in Wales generally and the local interests of the Trust as host. In practice the Chief Executive of Velindre University NHS Trust, as Accountable Officer for the host organisation, does not intervene in the day-to-day operational delivery of NWSSP functions, for which I am accountable as the NWSSP Managing Director. This is within a defined governance framework, within which I

have a responsibility to ensure that the Chief Executive of the Trust is properly informed where he has a legitimate interest as Accountable Officer of the Trust in the activities of NWSSP and being assured that NWSSP is being managed effectively and in accordance with NHS standards.

The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP.

Myself (as the Accountable Officer for NWSSP) and the Chief Executive of the Trust (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of our roles, as set out in our respective Accountable Officer Memoranda. Both Accountable Officers co-operate with each other to ensure that full accountability for the activities of NWSSP and the Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

2. GOVERNANCE FRAMEWORK

NWSSP is not a non-statutory hosted organisation. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, as set out below, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012. The Regulations were subsequently amended in 2021 to include Special Health Authorities (SHAs) via the Velindre National Health Service Trust Shared Services Committee (Wales) (Amendment) Regulations 2021.

Model Standing Orders are issued by Welsh Ministers to Local Health Boards and Welsh NHS Trusts using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006.

Velindre University NHS Trust (the Trust) must agree Standing Orders for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC Standing Orders form an Annexe to the Trust's own Standing Orders and have effect as if incorporated within them.

They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012

(2012/1261 (W.156)), amended 2021, and the Trust's Standing Order 3 into day-to-day operating practice. These, together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and Velindre University NHS Trust Standing Financial Instructions (SFIs) provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and, latterly, the two Special Health Authorities have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the SSPC.

A Hosting Agreement dated June 2012 between the Partners provides for the terms on which Velindre University NHS Trust will host NWSSP and an Interface Agreement between the Chief Executive of the Trust (as the Accountable Officer for the organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated June 2012 defines the respective roles of the two Accountable Officers.

These documents together form the basis upon which the SSPC governance and accountability framework has developed. Together with the adoption of the Trust's Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

2.1 Welsh Government Independent Review of NHS Wales Shared Services Accountability & Governance Arrangements

In April 2025, Welsh Government commissioned an independent review of NWSSP accountability and governance arrangements, recognising the increasing scale, complexity and maturity of the organisation since the current framework was established. This followed commitments set out in *A Healthier Wales (2018)* to review hosted and national functions in order to consolidate national activity and provide greater clarity of governance and accountability.

The Independent Review, published in December 2025, concluded that the overall governance framework for NWSSP is fundamentally sound, while making recommendations to strengthen clarity of accountabilities, assurance to NHS Boards, and the effectiveness of key governance arrangements. This included particular emphasis on the operation of the Shared Services Partnership Committee (SSPC) and the relationship between NWSSP and Velindre University NHS Trust, as the statutory host organisation.

Welsh Government accepted, subject to further consideration, the majority of the Review's recommendations and published its Initial Response alongside the Review. The recommendations include a number of core themes, including:

- strengthening the appointment, role clarity and performance oversight of the SSPC Chair, including appropriate involvement of Velindre;
- clarifying Integrated Medium-Term Plan (IMTP) approval and assurance arrangements, including formal endorsement or noting by NHS Boards following SSPC approval;
- strengthening performance reporting and assurance routes from NWSSP, through the SSPC, to constituent NHS Boards;
- ensuring appropriate and consistent governance arrangements where services are provided that are deemed to contain clinical components, with clear links to Board-level assurance;
- clarifying processes for the addition of new services to the shared services portfolio through established planning and approval mechanisms, including the IMTP; and
- updating the operation of the governance - framework and associated governance documentation.

Further information on the Independent Review and Welsh Government's Initial Response is published on the Welsh Government website: https://www.gov.wales/independent-review-nhs-wales-shared-services-partnership

In response to the Review, Welsh Government established a Welsh Government-led Review Implementation Group (The Group) to oversee, coordinate and support delivery of the accepted recommendations. The Implementation Group includes senior representation from Welsh Government, NWSSP and Velindre University NHS Trust, with governance and legal advisers attending as appropriate. The Group does not hold formal decision-making authority; where approvals are required, these continue to be progressed through established governance routes, including Welsh Government, the SSPC and constituent NHS Boards and Velindre University NHS Trust, until any changes are formally agreed and implemented.

The Group first met in February 2026, agreed its terms of reference and translated the Review recommendations into a structured, time-bound programme of work with the intention to complete the implementation of the recommendations over a six month timescale.

Progress is reported regularly to the SSPC, with items requiring SSPC consideration or approval being brought forward through formal committee papers. In line with Welsh Government's Initial Response, arrangements have been put in place to strengthen Board-level assurance of the NWSSP IMTP. The NWSSP IMTP was approved by the SSPC on 19 March 2026 and noted by Velindre University NHS Trust Board on 26 March 2026 following a presentation by Directors from NWSSP.

Throughout the review and implementation process, NWSSP has continued to operate within the requirements of the existing, approved governance framework, maintaining effective accountability and assurance arrangements. The Review and its ongoing implementation provide an opportunity for governance arrangements to be actively strengthened and

future-proofed, with continued oversight through established governance structures into 2026–27.

2.2 Shared Services Partnership Committee (SSPC)

Whilst the SSPC acts on behalf of all NHS organisations in undertaking its functions, the responsibility for the exercise of NWSSP functions is a shared responsibility of all NHS bodies in Wales.

The purpose of the SSPC is set out below:

- to set the policy and strategy for NWSSP within the legal framework the Trust, as host, operates under;
- to monitor the delivery of shared services through the Managing Director of NWSSP;
- to seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for NHS Wales and Welsh Government;
- to ensure the efficient and effective leadership, direction, and control of NWSSP; and
- to ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The SSPC monitors performance against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. Deep Dive sessions are often on the agenda to learn more about the opportunities, risks and issues of services within NWSSP, examples of which are shown in the SSPC Performance section below.

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

The composition of the SSPC includes a Chair who is independent of partner organisations, the Managing Director of Shared Services, and the Chief Executive of each partner organisation. There is provision in the SSPC Standing Orders for Chief Executives to nominate a deputy to act on their behalf which has been exercised by most organisations. Nominated deputies for Chief Executives should be an Executive Director of the same organisation and formally contribute to the quorum and have delegated voting rights.

The membership of the SSPC during the year ended 31 March 2026 is outlined in Figure 3 below.

Figure 3: Membership of the NHS Wales Shared Services Partnership Committee during 2025-26

Name	Position	Organisation	Full/Part Year
Tracy Myhill OBE	SSPC Chair	NHS Wales Shared Services Partnership	Full Year
Huw Thomas	Director of Finance and Deputy Chief Executive (Vice Chair)	Hywel Dda University Health Board	Full Year
Neil Frow OBE	Managing Director and NWSSP Accountable Officer	NHS Wales Shared Services Partnership	Full Year
Sarah Simmonds	Executive Director of Workforce and Organisational Development	Aneurin Bevan University Health Board	Full Year
Russell Caldicott	Executive Director of Finance	Betsi Cadwaladr University Health Board	Full Year
Catherine Phillips	Executive Director of Finance	Cardiff and Vale University Health Board	Full Year
Sally May	Executive Director of Finance	Cwm Taf Morgannwg University Health Board	Part Year
Claire Osmundsen-Little	Executive Director of Finance	Digital Health and Care Wales	Part Year
Chris Moreton	Interim Director of Finance	Digital Health and Care Wales	Part Year
Glyn Jones	Director of Finance, Planning and Performance	Health Education and Improvement Wales	Full Year
Pete Hopgood	Executive Director of Finance and Business Assurance	Powys Teaching Health Board	Full Year
Paul Veysey*	Board Secretary and Head of the Board Business Unit	Public Health Wales	Full Year
Sarah Jenkins	Interim Director of Workforce and Organisational Development	Swansea Bay University Health Board	Part Year
Tina Ricketts	Director of Workforce and Organisational Development	Swansea Bay University Health Board	Part Year
Carl James	Interim Chief Executive	Velindre University NHS Trust	Part Year
David Donegan	Chief Executive	Velindre University NHS Trust	Part Year
Chris Turley	Executive Director of Finance and Corporate Resources	Welsh Ambulance Services NHS Trust	Full Year

**Not an Executive Director*

The Committee meets bi-monthly and Welsh Government and Trade Union representatives, whilst not members of the Committee, have a standing invitation and are in regular attendance.

The Committee also requires the attendance of the following NWSSP officers: the Director of Finance and Corporate Services; the Director of

People, Organisation Development and Employment Services; the Medical Director; the Director of Planning, Performance and Informatics; and the Assistant Director of Corporate Services.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2025-2026

Organisation	22/05/ 2025	17/07/ 2025	30/09/ 2025	14/11/ 2025	22/01/ 2026	19/03/ 2026
SSPC Chair	✓	✓	✓	✓	✓	✓
NWSSP Managing Director and Accountable Officer	✓	✓	✓	✓	✓	✓
Aneurin Bevan University Health Board	✓	✓	✓	✓	✓	x
Betsi Cadwaladr University Health Board	x	✓**	✓**	✓**	x	✓
Cardiff and Vale University Health Board	✓**	✓**	✓**	✓**	✓**	✓**
Cwm Taf Morgannwg University Health Board	x	✓	✓	✓	✓	✓*
Digital Health & Care Wales	✓	✓	✓	✓	✓	✓
Health Education & Improvement Wales	✓	✓	✓	✓**	✓	✓
Hywel Dda University Health Board	✓	✓**	✓	✓**	✓**	✓
Powys Teaching Health Board	x	✓**	✓	✓	✓**	✓
Public Health Wales	x	✓	✓	✓	✓	✓
Swansea Bay University Health Board	✓**	✓	x	✓	✓**	✓*
Velindre University NHS Trust	x	✓*	✓*	✓*	✓	✓
Welsh Ambulance Service Trust	✓	✓	✓	✓**	✓	✓**
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	x	✓	x	✓	x	x

✓ Denotes the nominated member was present

✓* *Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf*

✓** *Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Director.*

X Denotes Health Body not represented

All meetings of the SSPC during the 2025-26 met the quoracy requirements of the SSPC Standing Orders. Following each meeting the SSPC Chair provides an assurance report to partner organisation boards.

Although NWSSP is hosted by Velindre University NHS Trust rather than established as a separate statutory body, the SSPC is required, under its Standing Orders and in accordance with the Public Bodies (Admissions to Meetings) Act 1960, to meet in public.. Arrangements are made for the public to attend should an appropriate request be received. We did not receive any such requests from the public to attend the SSPC in 2025-26 but to ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- the dates of all meetings are published on the NWSSP website prior to the start of the financial year;
- the agenda is published at least seven days prior to the meeting, where possible; and
- all papers are published in English on the website, and minutes and agendas are also provided in Welsh, shortly after the meeting has taken place.

2.3 SSPC Performance

At the start of 2025-2026, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
    - Finance, Workforce and Outcome Measures and Performance Information;
    - Quarterly Integrated Medium-Term Plan progress reports:
    - Corporate Risk Register;
    - Welsh Risk Pool; and
    - Transformation Management Office updates.
- Annual review and/or approval of:
    - Integrated Medium-Term Plan;
    - Annual Governance Statement;
    - Audit Wales Management Letter;
    - Annual Review;
    - NWSSP Strategy Refresh for 2026-29
    - Standing Orders; and
    - Service Level Agreements.
- Deep Dives (nominated and suggested topics from SSPC members as events dictate) including:
    - Operational Planning for the Central Procurement of Flu Vaccines;
    - Review of NWSSP Accountability and Governance Arrangements; and
    - Integrated Medium-Term Plan.
- Autumn Development Day, held in October 2025, which was delivered under the theme of "*Delivering Value, Innovation and Excellence through Partnership*" and provided a dedicated forum for

Members to reflect on and inform the strategic direction of NWSSP, with the agenda including:

- Review and refresh of the NWSSP Strategy Map;
- Consideration of the Ministerial Advisory Group (MAG) Report and organisational priorities;
- Discussion on how NWSSP can support health organisations in delivering their plans;
- Update on Transforming Access to Medicines Service (TrAMS);
- Presentation on the Future Workforce Solution - Electronic Staff Record (ESR); and
- Collective reflections to inform strategic direction and continuous improvement.

There are a number of sources of feedback and assurance over the operation of the SSPC which were in place during the year:

- the Welsh Government Review referred to above;
- Assurance Reports from each SSPC meeting to each partner organisation;
- regular liaison with SSPC members by the SSPC Chair, Managing Director and members of the Senior Leadership Group;
- review of agendas and papers by external and internal audit for the purposes of their audits; and
- arrangements for the annual SSPC Chair's appraisal remained in place following the reporting of the last reported to the March 2025 SSPC meeting.

The arrangements for the appraisal of the SSPC Chair were reviewed as part of the Welsh Government-commissioned independent review of NWSSP governance and accountability arrangements and a recommendation was made to update the element relating to providing host assurance to the Velindre Chair on the operation of the SSPC, and this work is being progressed through the Review Implementation Group in order to be applicable to the successor to Tracy Myhill OBE during 2026-27.

The Chair of SSPC and Managing Director are committed to continuous improvement and where identified changes are made to improve the operation of the Committee. In general terms, feedback received from members continues to be positive and members are content that the SSPC covers the areas expected, meetings are chaired well and contributions and discussion are appropriate.

2.4 SSPC Sub-Committees

The SSPC has established a Sub-Committee structure that meets its own advisory and assurance needs and utilises the Trust's committee arrangements to assist it in discharging its governance responsibilities. The arrangements in place ensure that the SSPC Sub-Committee structure meets the needs of the Trust, as the host organisation, and also the needs of its Partners.

As a minimum, the SSPC Standing Orders require an Audit Committee to be in place. In addition, the SSPC has established the Welsh Risk Pool Committee as a formal Sub-Committee.

2.4.1 Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services Partnership (the Audit Committee) is to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This is set out in the Audit Committee Terms of Reference, which were reapproved in July 2024 to ensure these key functions were embedded within the SSPC Standing Orders and governance arrangements. The membership of the Audit Committee comprises Trust Board members. Therefore, the Audit Committee provides assurances to the SSPC and also to the Trust as host.

The Audit Committee reviews the effective local operation of internal and external audit, as well as Local Counter Fraud Services. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resources are effectively used.

The Audit Committee supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

After each meeting of the Committee, the Chair of the Committee provides an Assurance Report to the SSPC.

The Audit Committee also provides assurance to the host organisation regarding the effective discharge of the governance framework provided in its Standing Orders. An assurance report is shared with each meeting of the Velindre University NHS Trust Board and to highlight any areas of concern from the business of the Committee to the host organisation.

The Audit Committee attendees during 2025-26 comprised of two Independent Members of the Trust (the members of the Committee), with representatives of both Internal and External Audit and Senior Officers of NWSSP and the Trust in attendance. The Audit Committee met formally on four occasions as planned during the year.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2025-2026

In Attendance	16/04/2025	08/07/2025	07/11/2025	10/02/2026	Total
Members					
Gareth Jones, Chair & Independent Member	✓	✓	✓	✓	**4/4**
Vicky Morris, Independent Member	✓	✓	✓	✓	**4/4**
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	**4/4**
NWSSP Audit and Assurance Services					
Director of Audit & Assurance	✓	✓	✓	✓	**4/4**
Head of Internal Audit	✓	✓	✓	✓	**4/4**
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	**4/4**
NWSSP					
Tracy Myhill OBE, Chair of SSPC	x	✓	✓	x	**2/4***
Neil Frow OBE, Managing Director	✓	✓	✓	✓	**4/4**
Alison Ramsey, Director of Finance & Corporate Services	✓	✓	✓	✓	**4/4**
Linsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	**4/4**
James Quance, Assistant Director of Corporate Services	✓	✓	✓	✓	**4/4**
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	**4/4**
Velindre University NHS Trust					
Matthew Bunce, Executive Director of Finance	✓	x	x	✓	**2/4**
David Donegan, Chief Executive, Part year to November 2025	✓	x	-	-	**1/2**
Carl James, Deputy Chief Executive and Interim Chief Executive Officer from November 2025	-	✓	✓	x	**2/4**
Non Gwilym, Interim Director of Corporate Governance	✓	✓	x	x	**2/4**

*Unable to attend due to the February meeting being re-arranged

The Terms of Reference of the Committee provide for there to be three members who are Independent Members of the Trust. However, for 2025-26 there were two dedicated Independent Members, both of whom attended every meeting of the Committee ensuring that each meeting was quorate.

During the year, the Trust appointed a dedicated Independent Member for Finance who observed the February 2026 meeting of the Audit Committee and subsequently joined the Committee as a member.

2.4.2 Reviewing Effectiveness of Audit Committee

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development, going forward.

The annual committee effectiveness survey was discussed at the Audit Committee meeting in April 2026, having been deferred pending the outcome of the Welsh Government Review. The Review sought evidence regarding its operation and made no recommendations regarding the effectiveness of the Committee. Consequently, it was agreed to undertake the survey in May 2026 and report back the findings, including any agreed development actions, to the Audit Committee meeting in July 2026.

In addition, Independent Members and Audit Committee Members were invited to participate in the Autumn Committee Development Day held in October 2025, which provided a dedicated forum for members to reflect on and inform the strategic direction of NWSSP. The session included a review and refresh of the NWSSP Strategy Map, consideration of the MAG report and broader organisational priorities, and discussion on how NWSSP can further support health organisations in delivering their plans. Updates were also provided on key transformation programmes, including Transforming Access to Medicines (TrAMS) and the Electronic Staff Record (ESR), alongside collective reflections from members to support continuous improvement in the effectiveness and impact of the Committee.

2.4.3 The Welsh Risk Pool Committee

On 1 April 2019, the National Health Service Clinical Negligence Scheme Wales Regulations 2019 came into force. The Regulations created a Scheme for Clinical Negligence Claims in Wales and were brought into force among other things for the management of clinical negligence claims in Wales, operating under sections 41, 42 and 50 of the National Health Service Wales Act 2006.

The scheme is operated by NWSSP through Legal and Risk Services with the support of the Welsh Risk Pool using its powers as a shared service function under the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012.

NWSSP has responsibility for the administration of the Welsh Risk Pool Service including the management of the Welsh Risk Pool Budget. The Welsh Risk Pool is funded through the NWSSP financial allocation from Welsh Government supplemented by a Risk Sharing Agreement with Health Boards and Trusts.

The Welsh Risk Pool Committee comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services and the Welsh Government. The Terms of Reference of the Committee explain the primary role of the Welsh Risk Pool Committee:

- to reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
- to provide oversight of the GP Indemnity Scheme;
- to oversee the work and expenditure of the Welsh Risk Pool; and
- to help to promote best clinical practice and lessons learnt from clinical incidents.

Reporting from the Welsh Risk Pool to the SSPC has been standardised during the year with an update from each meeting by the NWSSP Managing Director as the Accountable Officer for the Welsh Risk Pool.

During 2025–26, the financial position of the Welsh Risk Pool continued to present a significant challenge, reflecting wider system pressures and ongoing volatility within the clinical negligence landscape. These pressures, including rising costs of settling claims, were a key focus for the Shared Services Partnership Committee (SSPC) throughout the year. The Committee received regular reports to support scrutiny of the financial position, emerging risks and mitigating actions. Addressing the financial sustainability of the Welsh Risk Pool remains a priority moving into 2026–27, with continued focus on funding arrangements, claims management, risk reduction and long-term financial planning, overseen through established governance and assurance arrangements.

2.5 SSPC Advisory Groups

The SSPC is supported by two advisory groups:

- **Local Partnership Forum (LPF)**

The LPF is a formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions as set out in the SSPC Standing Orders. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

- **Welsh Energy Group (WEG)**

The WEG is a Task and Finish Advisory Group as set out in the Shared Services Partnership Committee (SSPC) Standing Orders. Its role is to:

- Agree the energy purchasing strategy for NHS Wales.
- Monitor the performance of contractual arrangements.
- Receive reports on market conditions from the provider of the existing Supply of Energy contract/s to inform the purchasing strategy.
- Receive reports on forecast costs, good practice and any concerns around supplier performance from the Wales Energy Operational

Group (WEOG).
- Escalate formally concerns relating to supplier performance, that have not been able to be resolved through the WEOG arrangements.
- Establish task and finish groups as required, to undertake specific tasks with clear timelines for reporting.
- Agree NHS Wales nominations to any route of supply governance arrangements currently the External Risk Management Group (ERMG) and Commodity Trading Governance Board (CTGB).
- Receive reports on the discussions of the ERMG and CTGB groups.
- Make recommendations for agreed matters to be approved by the Shared Services Partnership Committee and, otherwise report by exception to the Shared Services Partnership Committee.

The Terms of Reference for both groups were reviewed, updated and approved by the SSPC during 2025-26.

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

In addition to the above, NWSSP provides targeted assurance to the Velindre University NHS Trust Quality, Safety and Performance Committee (QSP) in relation to services with a clinical or quality governance component.

During 2025–26, the Committee received updates on the implementation of the Duty of Quality, including a bi-annual update and the Duty of Quality Annual Report. The Committee also received reports relating to the Medical Examiner Service (annual and exception reporting) and Surgical Materials Testing Laboratory (annual reporting), providing assurance on governance, safety, quality and regulatory compliance arrangements.

In addition, updates were provided on All-Wales Pharmacy Services, including Transforming Access to Medicines (TrAMs), reflecting the increasing focus on assurance in relation to nationally delivered pharmacy services. NWSSP also presented papers setting out the governance arrangements for clinical support services delivered by NWSSP and the associated host assurance routes. This approach will continue into 2026–27, with a sustained focus on Pharmacy Services, Duty of Quality compliance and strengthening clinical governance arrangements.

2.7 All Wales Purchase to Pay (P2P) Governance

The All Wales P2P Governance Forum was established in 2024 to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All-Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance continuing to operate through the Shared Services Partnership Committee.

2.8 Senior Leadership Group

The Managing Director reports to the Chair of the SSPC and is responsible for the overall performance of NWSSP and is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing Director determines and leads a Senior Leadership Group to deliver the SSPC's annual Business Plan as set out in the Integrated Medium-Term Plan approved by SSPC. The Managing Director is the designated Accountable Officer for NWSSP and is accountable, through the leadership of the Senior Leadership Group, for:

- the performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium-Term Plan (IMTP) based on the policies and strategy set by the SSPC and the preparation of Service Improvement plans;
- leading the SLG to deliver the IMTP and Service Improvement Plans;
- establishing an appropriate Scheme of Delegation for the SLG; and
- ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

The SLG during 2025-26 comprised:

Figure 7 – Composition of the Senior Leadership Group during 2025-26

Name	Designation
Neil Frow OBE	Managing Director
Alison Ramsey	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisation Development and Employment Services
Rebecca Nelson	Director of Planning, Performance and Informatics
Jonathan Irvine	Director of Procurement, Supply Chain Logistics and Transport and Laundry Services
Simon Cookson	Director of Audit and Assurance Services
Mark Harris	Director of Legal and Risk Services and Welsh Risk Pool
Nicola Phillips	Director of Primary Care Services and Medical Examiner Services
Stuart Douglas	Director of Specialist Estates Services
Dr Ruth Alcolado	Medical Director
Dr Gavin Hughes	Director of Surgical Materials Testing Laboratory
Colin Powell	Director of Pharmacy Technical Services *(To 31 October 2025)*
Laura-Jayne Keating	Director of Pharmacy Technical Services *(From 1 November 2025)*
James Quance	Assistant Director of Corporate Services
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

During the course of the year, the Terms of Reference of the SLG were reviewed in order to ensure that they are fit for purpose, with the next planned review date being May 2026.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2026 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2025-26 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2024-25; and
- Assurance Arrangements 2025-26.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented. No matters were raised in the 2024-25 Management Letter.

In addition to internal NWSSP issues, the Audit Committee has been kept appraised by external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

NWSSP's Internal Audit service is provided by the Audit & Assurance Division of NWSSP, as it is for all NHS Wales organisations. The Audit Committee review and consider the work and findings of the Internal Audit team at each meeting and progress against the approved Internal Audit Plan. The Director of Audit and Assurance and the Head of Internal Audit attend Audit Committee meetings to discuss their work and present their

findings. The Audit Committee is satisfied with the liaison and co-ordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received in July 2016. During 2025-26, there was one internal audit report rated as limited assurance in respect of cyber security governance arrangements, and there were zero internal audit reports with no assurance.

For both internal and external audit, the Audit Committee has ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans require Audit Committee approval. A report on the position with implementation of agreed management actions in response to audit key findings, is monitored at each monthly meeting of the SLG and each meeting of the Audit Committee.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, the internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales. As at 31 March 2026, the total number of agreed management actions arising from audit findings identified was 123. Of which, 112 were implemented, 8 were not yet due and 3 were overdue (not fully within the control of NWSSP, as delivery is dependent on third-party organisations), demonstrating that actions are being implemented in a timely manner.

The required five-yearly external quality assessment of Internal Audit was most recently undertaken by the Chartered Institute of Public Finance & Accountancy during the 2023/24 period against the Public Sector Internal Audit Standards (the Standards) and resulted in the highest possible rating being awarded to the Service. There were no areas of either partial or non-compliance noted with the Standards.

The Director of Audit & Assurance reports annually to the Audit Committee with the results of an internal quality review, the most recent of which was reported to the Committee in February 2026 providing an update on the two external quality assessment advisory findings and a quality review of 16 audit files covering all NHS Wales organisations. Overall, the results were positive and demonstrated a high level of quality consistent with recent years. In a small number of instances, discussions were needed with the Head of Internal Audit to confirm findings and minor exceptions were noted. Based on the reviews undertaken, there were no specific matters that needed to be reported in the Annual Head of Internal Audit opinion in terms of compliance with the Standards.

3.3 Counter Fraud

The work of the Local Counter Fraud Service (LCFS) is undertaken to help reduce and maintain the incidence of fraud and/or corruption within NWSSP

to an absolute minimum. Counter Fraud activity in NWSSP is primarily undertaken by its own dedicated Local Counter Fraud Manager with links to the wider network of counter fraud professionals in NHS Wales and the National Counter Fraud Service.

The LCFS reports to the NWSSP Director of Finance and Corporate Services. Through regular reporting to the Audit Committee, the LCFS provides assurance to the SSPC and to the Trust as host organisation that NWSSP has appropriate arrangements in place for the prevention, detection and investigation of fraud. This assurance supports the Trust in discharging its wider accountability for the integrity of the Trust's financial statements, including the activities hosted through NWSSP, and in reducing the risk that those accounts are materially misstated due to fraud.

Regular reports were received by the Audit Committee to monitor progress and demand against the agreed Counter Fraud Plan, including the following:

- Annual Report 2024-25;
- Progress Update at each meeting; and
- Counter Fraud Work Plan 2025-26.

As part of their work, the Local Counter Fraud Manager has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work Plan which is approved by the Director of Finance and Corporate Services and Audit Committee annually. The balance of the plan is weighted towards proactive and preventative activity, education and awareness.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to whom fraud can be reported are outlined. During 2025-26, these sessions have been provided both in face-to-face sessions and virtually. In total during 2025-26 there were 6,307 fraud awareness interactions with staff (1,557 in 2024-25). The number of interactions is significantly larger in 2025-26 due to the increased use of newsletters, emails, Sharepoint blogs and other media.

In addition to this, and to continue to promote an Anti-Fraud Culture within NWSSP, a newsletter is produced periodically which is available to all staff on the intranet and all successful prosecutions are publicised in order to obtain the maximum deterrent effect. The SLG targeted staff groups to complete the e-learning module on Counter Fraud, with over 1,400 staff having completed the module at the end of March 2026.

Assessment of the Counter Fraud Functional Standards provides assurance that NWSSP is compliant overall, noting that the Counter Fraud risk assessment remains assessed as Amber. The risk assessment is in place and feeds into the Counter Fraud workplan for 2025-26, with further work ongoing to enhance its maturity.

3.4 Quality Assurance

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the Duty of Quality which came into effect from the 1 April 2023. The Duty applies to clinical and non-clinical NHS Services, and therefore the services and functions of NWSSP are captured by this legislation. An Annual Report outlining compliance with the Duty is produced and reported to Welsh Government through the Annual Quality Report of Velindre University NHS Trust, the hosting body.

Under the requirements of the Act, primary responsibility rests with the Managing Director as the Accountable Officer, and the Medical Director is the lead for strategic direction and oversight. Oversight is through the SSPC. The responsibility to report is two-fold – both internally in respect of our own quality measures but also externally in terms of providing information for Health Boards and Trusts to report their own performance. In addition, the Trust as our host has a legitimate interest in our quality arrangements.

The SSPC gives attention to assuring the quality of services by including a section on "Quality, Safety and Patient Experience" as one of the core considerations on the committee report template when drafting reports for SSPC meetings.

The Velindre Quality, Safety and Performance Committee allocates part of its meetings to NWSSP matters.

In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors. With the introduction of the Duty of Quality, this has become a more prominent feature, and bi-annual presentations on this subject have been made to the Shared Services Partnership Committee.

In addition to corporate governance arrangements for risk management and control, Procurement Services maintains compliance and certification with a number of national and international standards as appropriate to the provision of its services. They include ISO 9001 Quality Management Standard, BS ISO 45001 Occupational Health and Safety and Customer Service Excellence.

NWSSP's regional warehouses and national distribution centre at Newport are also accredited to the STS Food Safety Standard for the storage and distribution of food products. The receipt, storage and distribution of pharmaceuticals and controlled drugs at designated warehouses are compliant with Good Distribution Practice and Medicines and Healthcare products Regulatory Agency (MHRA) and Home Office licence conditions.

Compliance with these standards and their associated audit by external bodies is supported and assured by a robust internal audit plan that highlights any areas of non-compliance and improvement

opportunities. The Quality Plan includes improvement objectives that are reviewed each year to ensure that they are aligned and continue to support strategic objectives for the Division.

3.5 Certifications

NWSSP holds a number of certifications corporately that support the delivery and continual improvement of quality services, including attainment of organisational accreditations to the Cabinet Office accredited Customer Service Excellence (CSE) Standard and International Organisation for Standardisation (ISO) 14001:2015 Environmental Management Standards.

Many services within NWSSP also hold independently verified certifications and standards, including ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management, ISO14065 Risk Analysis and Biocontamination Control (RABC) in Laundries and ISO17025 Testing and Calibration of Laboratories Standards. External audit reviews included Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS) and NWSSP is also an accredited Mental Health First Aid Trainer organisation.

Key organisational achievements for embedding the Duty of Quality in 2025-26 included continued raising of awareness with the Shared Services Partnership Committee, Senior Leadership Group and divisions, Quality Champions Network for sharing best practice, creation of video submissions by Services detailing their quality measures, quality driven reporting and consideration of our 'always on' performance measures, quality control and using data for quality improvement and external quality reviews, certifications and awards as a source of assurance and opportunity for further improvement. Reporting is further enhanced by the inclusion of the Duty of Quality as part of the quarterly reporting processes within NWSSP. This places consideration of the domains and enablers of quality on an equal basis with finance and performance.

NWSSP has also been developing an overarching Quality Management System (QMS) which outlines the organisational approach and enables each division to manage their own QMS in accordance with external accreditation and inspections. This will be embedded further in 2026-27. The Duty has been further strengthened by being included for consideration as part of the Equality Integrated Impact Assessment, which meets the requirements of the Act to consider the Duty when undertaking any strategic planning.

3.6 Customer Service Excellence

In October 2023, NWSSP was accredited with an organisational level Customer Service Excellence (CSE) Award, making it the first organisation within NHS Wales to achieve the highly valued government standard.

The CSE accreditation assesses organisations and measures customer focused areas that research has identified as a priority to customers with a particular focus on:

- Customer Insight;
- Culture of the Organisation;
- Information and Access;
- Delivery and Timeliness; and
- Quality of Service.

Within this framework, CSE also prioritises three distinct areas, as a driver of continuous improvement, as a skills development tool and, as an independent validation of achievement. The second annual reassessment took place in October 2025, with NWSSP maintaining certification to the Standard.

As part of the reassessment process, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required, evidencing maturity and embedded practice. NWSSP also achieved 45 Compliances, where in each instance the standard required was met, with zero Partial Compliances to consider as areas of improvement.

4. CAPACITY TO HANDLE RISK

The Corporate Risk Register is reviewed at each meeting of the Formal SLG, SSPC and Audit Committee to ensure that the key risks are aligned to delivery and are appropriately considered and scrutinised. The register is divided into two sections as follows:

- **Risks for Action** – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and

- **Risks for Monitoring** – this is for risks that have achieved their target score, but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these risks the focus is on monitoring both any changes in the nature of the risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

As at 31 March 2026, there were six red rated risks on the NWSSP Corporate Risk Register, as set out below:

- the threat of a successful cyber-attack leading to potential loss of systems and/or sensitive data which could have an impact of service delivery;
- the risk that there may be disruption to the supply of pharmaceuticals caused by external factors, resulting in significant restrictions to provision;

- the threat to patient services if the planned developments of the Radiopharmacy and Transforming Access to Medicines Services (TrAMS) hub is not allowed to progress, due to funding or planning limitations;
- the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges;
- the challenges in scaling support for the Future Workforce Solution rollout (replacement of ESR), risks from limited user organisation capacity that may hinder implementation success, and uncertainties around contract management and funding that require clarification from Welsh Government colleagues; and
- the reputational risk for NWSSP regarding the forecast accuracy for the Welsh Risk Pool.

The SSPC has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The Lead Director for risk is the Director of Finance and Corporate Services who is responsible for establishing systems and processes needed for the management of risks within the organisation.

The Trust has an approved strategy for risk management and NWSSP has a Risk Management Protocol in line with its host's strategy providing a clear systematic approach to the management of risk within NWSSP. At the time of writing, NWSSP is awaiting an update to the Trust's overarching risk management strategy and supporting policy framework, which is planned for 2026–27, and will review and update its local protocol, as required, to ensure continued alignment.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of NWSSP including financial, health and safety and environmental functions as well as business continuity and cyber security risks.

It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as red within individual directorate registers trigger a referral for review, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register for oversight by the SLG, SSPC and Audit Committee. The NWSSP Corporate Risk Register during 2025-26 had a number of risks escalated from services for monitoring by the SLG.

Directorate-level assurance maps are in place to provide visibility of how key operational and business-as-usual risks are being mitigated. While the assurance maps themselves are periodically presented to the Audit Committee, the Committee receives assurance on the effectiveness of the overall assurance-mapping process and the arrangements in place to identify, manage and monitor risk. Further assurance on this overarching approach is scheduled to be provided during summer 2026.

The SSPC also has a documented Risk Appetite Statement for NWSSP. A detailed review took place during the year within NWSSP following its last comprehensive update following the Shared Services Partnership Committee Development Day held in Autumn 2024. SSPC members continue to challenge NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the November 2024 meeting of the SSPC and was subsequently reviewed internally and reported to the Audit Committee in April 2025. The SLG continues to undertake periodic informal deep dive sessions, reviewing its approach to managing risk and the NWSSP Corporate Risk Register. NWSSP will review and, where necessary, revise the Risk Appetite Statement during 2026–27.

During 2025–26, an internal audit of risk management arrangements within NWSSP was undertaken and Reasonable Assurance was awarded. Two recommendations were identified to further strengthen the effectiveness of the framework. These related to:

- enhancing the consistency and clarity of risk articulation and scoring, to ensure risks are described and assessed in a uniform way across directorates and that links between operational and strategic risks are clearly evidenced; and
- clarifying the treatment of 'at target' risks, including whether they should be reclassified from 'risks for action' to 'risks for monitoring'.

NWSSP's approach to risk management therefore ensures that:

- leadership is given to the risk management process;
- staff receive training on how to identify and manage risk;
- risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the NWSSP Corporate Risk Register;
- the effectiveness of key controls is regularly assured; and
- there is compliance with the Orange Book on Management of Risk.

5. THE CONTROL FRAMEWORK

NWSSP's commitment to the principle that risk is managed effectively means a continued focus to ensure that:

- there is compliance with legislative requirements where non-compliance would pose a serious risk;
- all sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning

risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;
- damage and injuries are minimised, and staff health and wellbeing is optimised; and
- lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

The detailed procedures for the management of corporate risk have been outlined above. Generally, to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- the SSPC, Audit Committee and Velindre Quality, Safety and Performance Committee have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements for NWSSP;
- the effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- the front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Well-being of Future Generations, Health and Care Quality Standards (Duty of Quality) and workforce;
- the Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's Services to them and are reviewed on an annual basis; and
- the responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

NWSSP follows the policies and procedures of the Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. The Trust ensures that NWSSP has access to all the Trust's policies and procedures. NWSSP participates in the development and revision of workforce policies and has established procedures for staff consultation.

The SSPC will, where appropriate, develop its own protocols or supplement policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the SSPC Scheme of Delegation.

5.3 Information Governance

As the statutory host organisation, the Trust is the Data Controller for relevant personal data processing undertaken through NWSSP and remains accountable for compliance with UK GDPR, including the accountability requirements under Article 24.

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with applicable common and statutory legislation; regulations and statutory guidance provided by the Information Commissioner. Applicable common and statutory legislation includes but is not exclusive to; the Human Rights Act 1998, the Data Protection Act 2018, the retained EU GDPR 679/2016 (UK GDPR), the Freedom of Information Act 2000, Environmental Information Regulations, Human Rights Act 1998, Public Records Act 1958 and the Common Law Duty of Confidentiality as well as the Common Law Tort of Confidence.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP. NWSSP has an Information Governance Manager whose role is to provide advice and guidance to ensure that NWSSP has in place effective controls and mechanisms to ensure that the Trust as the Data Controller is able to discharge its function lawfully.

Staff receive bespoke training packages delivered by the Information Governance Manager which include an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups to enable compliance with applicable legislation, standards, guidance and Trust Policy, of,

The Information Governance Manager works with the Data Protection Officer in developing and reviewing Trust Information Governance policies and where applicable develops NWSSP protocols to safeguard information. Additionally, he advises on and where necessary investigates Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point for any requests for advice, training, or work.

NWSSP has an Information Governance Steering Group (IGSG), chaired by the NWSSP SIRO, that comprises representatives from each directorate who undertake the role of Information Asset Administrators for NWSSP. The IGSG discusses quarterly issues such as GDPR and Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, training

compliance, new guidance documentation and training materials, areas of concern and latest new information and law. Matters for escalation are identified and reported to the SLG and where necessary the Data Protection Officer.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols, and general guidance for staff. There is also a documented Data Protection Impact Assessment (DPIA) (or "Privacy by Design") process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or work streams proposing to use identifiable information in some form.

Artificial Intelligence (AI) adoption including the use of Microsoft Copilot, is supported by clear organisational guidance to ensure ethical, secure and compliant use. Controls are in place to prevent inappropriate use of sensitive or commercially sensitive information, with staff accountability reinforced through existing Trust Information Governance policies that enable innovation without weakening confidentiality. Guidance has been provided for staff, as well as access to the full Trust AI policy.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender, and religion) on the various types of Information Governance protocols.

The Data Use and Access Act (DUAA) 2025 has been reviewed, and small changes were made to NWSSP's current controls to include Data Subject Access and the inclusion of a Data Protection Complaints protocol. The DUAA provides opportunities to simplify and clarify practice while continuing to protect individual rights which are also accompanied with the relevant guidance.The Information Governance Manager works closely with the Trust Data Protection Officer (DPO) as the Head of Information Governance within the Trust and also attends various meetings including the NHS Wales Information Governance Management Advisory Group (IGMAG) , IGMAG is currently chaired by the Trust's Data Protection Officer and is attended by all NHS Wales Health Bodies IG leads.

Where a breach is reportable to the Information Commissioner, the NWSSP Information Governance Manager notifies and works with the Trust Data Protection Officer so that the Trust can assess the incident, determine any regulatory reporting requirements and discharge its responsibilities as Data Controller.

Where a complaint or query is raised by a data subject, including in relation to a Subject Access Request (SAR), the Trust is supported in discharging its Data Controller responsibilities by proportionate and controlled access to relevant NWSSP systems and records. Such access is provided only where necessary to investigate the matter, verify the information held,

respond to the data subject and evidence compliance with data protection obligations.
Information Governance breaches and Subject Access Requests relating to NWSSP are included within the Trust's Information Governance reporting arrangements, providing assurance to the Trust Quality, Safety and Performance Committee on incident management, data subject rights compliance and any associated themes or learning.

5.4 Health and Safety

NWSSP places the highest priority on the health, safety and welfare of its staff, service users, visitors and contractors. Achieving a positive health and safety culture is recognised as a shared responsibility, requiring active engagement and collaboration between management and staff at all levels of NWSSP.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. A health and safety strategic improvement plan is in place which provides NWSSP with a framework for health and safety governance and assurance. In addition, a set of objectives provides an additional framework to deliver health and safety within NWSSP.

Strategic leadership and accountability for health and safety are provided by the Director of Finance and Corporate Services, supported by the NWSSP Health and Safety Manager and the team. Overseeing continuous improvement through performance monitoring, review of systems and processes, and structured governance arrangements, including regular discussions at the NWSSP All Wales Health and Safety Group. The Health and Safety Manager is a member of the Velindre University NHS Trust Health and Safety Group and liaises closely with Velindre University NHS Trust Health and Safety Manager in order to ensure that the Trust is aware of health and safety risks in NWSSP.

A comprehensive report of all incidents and activity is provided to the SLG at the end of each quarter and an annual report is reported to the SLG and SSPC.

There were 84 health and safety incidents reported for 2025-26 (compared with 72 in 2024-25). Long-term trend analysis indicates an overall downward trajectory over time. Continued progress against seven health and safety objectives, with targeted improvement activity aligned to the Health and Safety Strategic Improvement Plan. There were 10 Reporting of Injuries, Diseases and Dangerous Occurrences and Regulations (RIDDOR) reportable incidents (compared with 8 in 2024-25), which primarily related to manual handling. No enforcement action from the Health and Safety Executive or Environmental Health was taken. One new personal injury claim was received during the year (compared with 3 in 2024-25).

Health and safety incident reporting across NWSSP shows a sustained downward trend, with incidents reducing significantly from pre-2021 levels and remaining comparatively low in most service areas. Procurement

Services, while historically the largest contributor, has shown a continued reduction in incidents, indicating improving control maturity and risk management. Higher incident levels are consistently reported within Health Courier Services and Laundry Services, reflecting the inherently higher operational risks associated with transport, logistics and operational environments and this remains an area of focus for the SLG. Other service areas report low or negligible incident levels, broadly aligned to their respective risk exposure.

Overall, this provides reasonable assurance that control arrangements are effective and have strengthened over time, although recent increases in some areas require continued management focus through the Health and Safety Strategic Improvement Plan. During the period, a schedule of health and safety internal audits were undertaken by the Health and Safety Manager and Health and Safety Support Officer using the Health and Safety Management System Framework (HSG65). Of 12 HSG65 assessments completed, 58% received Substantial Assurance and 42% received Reasonable Assurance; no sites were rated Limited or No Assurance.

Key areas requiring continued focus into 2026/27 include: contact with or struck by an object, noting an increase in incidents and reduction target not achieved this year and manual handling, noting a slight increase during 2025–2026 with further training, audits, ergonomic reviews and equipment/systems of work scheduled. An increase in the reporting of violence and aggression is reflective of a positive reporting culture but there will remain continued emphasis on prevention and post-incident support.

5.5 Internal Audit

The NWSSP Hosting Agreement provides that the SSPC will be subject to an effective independent internal audit as a key source of its internal assurance arrangements, in accordance with the Global Internal Auditing Standards and any other requirements determined by the Welsh Government.

Accordingly, for NWSSP, an internal audit plan has been approved by the Audit Committee which provides coverage across NWSSP functions and processes sufficient to assure the Managing Director of NWSSP and in turn the SSPC and the Trust as host organisation on the framework of internal control operating within NWSSP.

The delivery of the internal audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of assurance for the Managing Director when reporting to the SSPC, the Trust as host, and partner organisations.

5.6 Duty of Quality

During the year, work around embedding the Duty of Quality (DoQ) continued across NWSSP. We have focussed on ensuring that quality assurance is integrated into existing mechanisms, such as the IMTP for

2026-29, and as per the measures detailed in the Quality Assurance section above. NWSSP's third Annual Report on Duty of Quality for the 2025-26 period sets out the key achievements against the Health and Care Quality Standards, including:

- Quality planning and decision making;
- Quality management systems;
- Quality driven reporting;
- Quality driven reporting into Health Boards and Trusts;
- Quality control and using data for quality improvement;
- External quality reviews, accreditations and awards; and
- Staff voices.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan (the Plan) is approved by the SSPC and performance against the plan is monitored throughout the year. The 2025-2028 plan was submitted to Welsh Government in accordance with required timescales, and the submission of the current 2026-2029 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2025-26 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan quarterly and also through bi-annual Joint Executive Team (JET) meetings.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis.

The IMTP was submitted to the NHS Wales Chief Executive and Welsh Government before 31 March 2026 and there were no significant amendments to the Plan following the approval of the Committee earlier at its January 2026 meeting and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit prior to submitting the Plan. Presentations on the IMTP were delivered to the Audit Committee and Trust Board during the year.

7. DISCLOSURE STATEMENTS

7.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan

and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion. NWSSP continues to ensure compliance with its legislative duties and aligns its activity with actions set out in its Inclusive Culture Action Plan.

NWSSP is a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver, and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all.

We host a range of staff networks, and we continue to develop our inclusion offering for our workforce. This has included the introduction of Equality, Diversity and Inclusion training across divisions, alongside bespoke training to support education on discrimination, cultural awareness and inclusive behaviours. NWSSP also launched the Safe Inclusivity Campaign, creating opportunities for staff to ask questions in a safe, judgement-free environment, with questions used to further educate colleagues across the organisation.

NWSSP developed an Inclusive Culture Action Plan for 2025–2027, bringing together actions from across the organisation and reflecting Welsh Government requirements. One year into delivery, progress has been made through initiatives including 'Supporting You' roadshows, leadership development with targeted opportunities for under-represented groups, revised appraisal arrangements, the introduction of Compassionate Cultures and Speaking Up Safely training, and the implementation of the Work in Confidence platform. Delivery of the plan continues, with a clear commitment to transparency and ongoing engagement with staff to support positive cultural change.

In the spirit of continuous improvement, NWSSP are members of the Employers Network for Equality and Inclusion (ENEI), which supports organisations in their equality and inclusion journey. Based on the Anti-Racist Wales Action Plan, NWSSP developed a specific plan to address the actions that tie into the NWSSP Inclusive Culture Action Plan.

In 2026, the Welsh Government integrated the Workforce Race Equality Standard (WRES) into a single intersectional Workforce Equality Standard (WES), considering all aspects of identity including representation, recruitment and development. NWSSP will use this data, when available, to inform development of its Strategic Equality Plan and define targeted actions for improvement, where required. NWSSP's LGBTQ+ Wales Action Plan continues to link directly to the organisation's Diversity and Inclusion Action Plan. We have also introduced dedicated Diversity and Inclusion Ambassadors to support the creation of a positive and equitable working environment.

The development of the Equality, Diversity and Inclusion Group (EDI Group) was a result of the 'This is Our NWSSP' culture programme, where

staff recognised the need for the organisation to prioritise the equality agenda and support employees. The EDI Group continues to support delivery of inclusive culture activity across NWSSP, working alongside Diversity and Inclusion Ambassadors and other key networks.

The process for undertaking Equality Integrated Impact Assessments (EQIIA) has matured, and considers the needs of the protected characteristics identified under the Equality Act 2010, the Public Sector Equality Duty in Wales and the Human Rights Act 1998, whilst recognising the potential impacts from key enablers such as Well-being of Future Generations (Wales) Act 2015, incorporating Socio-Economic Duty, Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety. More recently, the Duty of Quality has been embedded within the well-established process.

The Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. This duty remains a key consideration within NWSSP's strategic planning and decision-making.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes ethnicity, nationality, country of birth, religious belief, sexual orientation, and Welsh language competencies. Equality data continues to play an important role in understanding organisational culture, supported by the development of a new Equality, Diversity and Inclusion Dashboard to inform senior leadership decision-making. NWSSP continues to build trust with employees by being transparent about why equality data is collected and how it is used. The All-Wales Recruitment Service, run by NWSSP, adheres to practices and principles in accordance with the Equality Act and quality-checks adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a Core Skills Training Framework (CSTF) for its workforce, including the NHS Wales "Treat Me Fairly" e-learning module, which forms part of a national training package and the statistical data captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, with the Managing Conflict module incorporating dignity and respect at work. Equality, Diversity and Inclusion training has been further embedded across divisions, complementing national mandatory training requirements.

Further, to support the Anti-Racist Wales Action Plan (ArWAP), Welsh Government mandated the completion of the accompanying training module for all NHS staff, including those who do not directly interact with patients or service users (*WHC 2024/044*) which NWSSP is enforcing for its staff.

7.2 Welsh Language

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

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Welsh Language Annual Performance Report.

Work is largely driven by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development. The Head of Welsh Language Services and Compliance works closely with the Managing Director, Senior Leadership Group and all divisions and services across NWSSP.

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

For audit and compliance purposes, we have established a self-assessment process to monitor our compliance status with the Welsh Language Standards and Code of Practice and to measure our ability to provide Welsh language services that are equal to English language services. This process is bi-annual where the assessment is undertaken in year 1 followed by the development of local improvement plans, followed by the implementation of the improvement plan in year 2. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2026 was as follows:

Standards	**Level of compliance**
Service Delivery Standards	Medium to High Level of Compliance
Policy Making Standards	Medium to High Level of Compliance
Operational Standards	Medium to High Level of Compliance
Record Keeping Standards	High Level of Compliance
Supplementary Standards (*whereby the Commissioner will request additional information when required)*	High Level of Compliance

During 2025/26 NWSSP has reviewed the process of how scheduled procurement contracts can be assessed to include Welsh language service and delivery requirements in the specification of the Invitation to Tender Documents as well as an assessment tool to establish whether the Tender Documents need to be published in Welsh.

NWSSP has been developing a new Internal Use of the Welsh Language Policy during 2025/26 to strengthen compliance to the high level category in 2026/27, on the use of the Welsh language internally. This is following seminars and conferences attended with the Welsh Language Commissioner.

The Welsh Language Impact Assessment as part of the Equality Integrated Impact Assessment (EqIIA) was reviewed and improved in 2025/26, and as a consequence the assessments are more meaningful and robust in our considerations of the Welsh language beyond the practice of translating. Consideration of persons, individuals and delivery of services are impacted by the Welsh language in NWSSP's decision-making processes go beyond the requirements of translation alone. NWSSP makes well informed decisions based on facts and key strategies and not on assumptions and opinions.

During 2025/26, 14 Welsh Language Impact Assessments were undertaken.

7.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its partners. The NWSSP Concerns and Complaints Management Protocol is reviewed annually. The Protocol aligns with the Velindre University NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance.

During 2025-26, 38 concerns were formally raised with NWSSP through the Protocol, of which:

- 35 were Formal Complaints received, whereby 100% of complaints were responded to within 30 working days; and
- 3 were Early Resolution Concerns received, where matters were able to be resolved within 48 hours, to the complainant's satisfaction. This represents a significant reduction compared to the previous year. However, NWSSP Corporate Services remain reliant on Services notifying them of matters resolved through this mechanism. Services have therefore been reminded of the importance of reporting all complaints resolved at an early stage to enable appropriate oversight and accurate reporting.

The total number of formal complaints received represents a significant and continuing decrease on the total for previous years (100 in 2021-22; 68 in 2022-23, 46 in 2023-24, 55 in 2024-25).

A thematic review of concerns and complaints received during the reporting period identified a small number of consistent, overarching themes. Complaints were primarily driven by communication issues, timeliness and delays, and the consistent application of processes, with a proportion of concerns relating to matters outside the remit of NWSSP and therefore

requiring signposting to other organisations. During the year, there was a notable increase in concerns received for the Medical Examiner Service and Primary Care functions, primarily relating to delays in the issuing of Medical Certificates of Cause of Death, cross-border transfer of medical records, and processing of payments or prescriptions. The SLG receives regular reports on concerns and complaints at each meeting, enabling appropriate scrutiny, oversight, and timely management action. This structured approach provides assurance that emerging themes are identified, addressed, and used to inform service improvements and strengthen operational performance.

7.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector, especially for those who are accountable for decisions made on behalf of patients and service users.

There were 166 requests received within NWSSP during 2025-26, 97% of which were responded to within the 20-day deadline for compliance. This represents an increase, with 138 requests received in 2024/25, 98% of which were responded to within the 20-day deadline.

7.5 Data Security and Governance

In 2025-26 there were 41 (compared to 33 in 2024-25) reported information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

All breaches are recorded in the Datix risk management software and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the UK General Data Protection Regulation (UK GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes and the need to report is re-enforced by training provided by the Information Governance Manager.

The Information Governance Manager provides quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported. The Information Governance Manager also provides quarterly reports to the Trust Data Protection Officer for assurance and provides performance information which forms part of the wider Information Governance performance reporting to the Trust Quality, Safety and Performance Committee.

The Information Governance Manager completes the NHS Wales Information Governance Toolkit annually which is required to be completed by all NHS Wales bodies. A copy of the IG Toolkit when complete is provided for assurance to the Trust's Data Protection Officer.

There were two Information Governance breaches reported to the Information Commissioner during the period of reporting. The ICO took no further action and the cases were closed.

7.6 Business Continuity Planning and Emergency Preparedness

NWSSP has received confirmation from the NHS Performance and Improvement Team via Welsh Government that the organisation does not, by definition, come under the Civil Contingencies Act 2004 (CCA). However, NWSSP have been directed to align with the duties of the Act and the NHS Wales Emergency Planning Core Guidance, to ensure that the organisation identifies and mitigates risks, has plans in place to respond to risks and shares information with relevant partners.

Departments within NWSSP are actively reviewing business impacts and putting plans in place to ensure that the organisation can continue to deliver products or services at acceptable predefined levels following a disruptive incident.

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders.

As a hosted organisation, NWSSP is required to take note of the Trust's Business Continuity Management Policy, supported by local guidance, in order to ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues;
- Suppliers, internal and external to the organisation; and
- In addition, all Divisions have now been required to extend their Business Impact Assessments to identify department specific business continuity risk, and to plan and mitigate for them.

NWSSP has embarked on a programme of work to align to the International Standard for Security and Resilience — Business Continuity Management Systems (ISO 22301).

NWSSP has a network of Business Continuity Planning (BCP) Champions who meet bi-monthly with representatives from all Divisions. The Group is chaired by the Director of Planning, Performance, and Informatics.

NWSSP complete the Welsh Government Health Emergency Planning Report annually, on a calendar year basis. This provides assurance that

measures are in place within NWSSP to manage and respond to major disruptive incidents and reaffirms the robust arrangements in place within the Supply Chain, Logistics and Transport Division, who are well versed in this area.

Previous reporting highlighted the need to ensure that all Divisions and relevant individuals within NWSSP were appropriately trained, communicated with, and engaged with key external stakeholders, where appropriate. A full training programme is in place to provide the following courses, which are delivered by the newly appointed Head of Emergency Planning Resilience and Response (EPRR):

- Business Continuity Planning for Managers;
- Major Incident Management;
- Major Incident and Business Continuity Loggist course; and
- Departmental Exercises.

In addition, in 2026-27, NWSSP will deliver a new Incident and Exercise Debriefing Course, to ensure that lessons learned from incidents are appropriately collated and actioned from business continuity incidents and exercises.

Full engagement with external stakeholders is achieved by the Head of EPRR and other designated staff attending a variety of Welsh Health Emergency Planning Forums and Groups, including NHS Executive Emergency Planning Advisory Group, Health, Social Care and Early Years System Resilience Group, and NHS Performance and Improvement. Attendance at the groups ensures NWSSP is fully integrated into the Welsh Health Resilience Frameworks.

The most recent Internal Audit Report on Business Continuity achieved Reasonable Assurance and contained a range of helpful key findings. Commencement of actions to address these key findings has resulted in the following developments:

- The appointment of a shared resource across the Planning Performance and Informatics department to enhance the administration and programme management of business continuity and emergency planning between departments.
- Departments have been utilising guidance on departmental Business Impact Assessment and Business Continuity Plan development; whilst also adapting the process to suit specialist departments to ensure risk identification, mitigation and plan development.
- An organisation wide document management system is still under review and is intended to be in place by the end of 2026. In the meantime, functions within Teams are being used to maintain BCM documentation.
- The Emergency Planning Resilience and Response Team have been working with the Audit Division within NWSSP to create an ISO 22301 Compliance Review process. The programme of compliance reviews will start in May 2026 reviewing each department, providing support and guidance to managers to enable full compliance with ISO 22301.

- meantime, functions within Teams are being used to maintain BCM documentation.
- The Emergency Planning Resilience and Response Team have been working with the Audit Division within NWSSP to create an ISO 22301 Compliance Review process. The programme of compliance reviews will start in May 2026 reviewing each department, providing support and guidance to managers to enable full compliance with ISO 22301.

7.7 Cyber Security

Through 2025-26, NWSSP has continued to mature its cyber security and resilience arrangements, moving from framework adoption to formal assurance and continuous improvement. An independent assessment against the Cyber Assessment Framework (CAF) was completed by the NHS Wales Cyber Resilience Unit, providing a structured view of NWSSP's cyber resilience across governance, protection, detection, response and recovery.

The assessment confirmed that NWSSP has established many of the foundational capabilities expected of an organisation delivering critical services, with clear accountability, defined roles, and a risk based approach to cyber security governance. A small number of CAF outcomes were assessed as partially achieved, reflecting known areas for further work to strengthen arrangements. These findings, together with those reported by Internal Audit are understood and have been incorporated into a prioritised improvement roadmap.

Cyber security activity is now embedded within a broader approach to infrastructure and service resilience. NWSSP has participated in the NHS Wales Infrastructure Adoption Model (INFRAM) assessment, which provides a benchmarked view of cyber security maturity alongside infrastructure performance, availability and recoverability. This has reinforced the importance of cyber resilience as an enabler of reliable, safe and sustainable digital services.

Progress against cyber security improvement plans is monitored through defined performance indicators and reported regularly to the Senior Leadership Group, with the reporting having developed during the year and is still maturing. Where full compliance is not yet achievable, proportionate technical and procedural mitigations are in place and subject to routine review.

NWSSP continues to place strong emphasis on organisational readiness and staff awareness. Regular phishing simulations, targeted communications and senior level cyber incident exercises are used to strengthen preparedness and decision making. NWSSP also maintains active engagement with national NHS Wales cyber security forums to ensure alignment with system wide standards and emerging threats.

Taken together, these arrangements provide the assurance that cyber security risks are identified, understood and recommendations to help strengthen controls are acted upon promptly, and that NWSSP is continuing to test, strengthen and obtain assurance on its ability to prevent, detect,

respond to and recover from cyber incidents that could impact the delivery of essential services.

7.8 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. NWSSP is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code.

7.9 NHS Pension Scheme

As NWSSP administers the payroll function for NHS Wales, there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Additionally, I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP.

8.1 Internal Audit Opinion

Internal Audit provide me, the SSPC and Trust as host through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2025-26 was that the Shared Services Partnership Committee can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

Reasonable assurance		The Shared Services Partnership Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there was one internal audit report issued with a rating of limited assurance in respect of cyber security governance arrangements. There were zero reports with no assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

Cyber security assurance arrangements are reviewed by Internal Audit on a cyclical basis, with each review having a different area of focus. In 2025-26 the scope of the review primarily covered the development of governance arrangements including action planning, reporting and risk assessment processes. Internal Audit reported that further work is required to strengthen these arrangements and ensure consistency across the whole of NWSSP. The findings are welcomed to support improvement and a number of agreed actions have already been implemented and a follow up audit review is planned for 2026-27 to ensure that the actions are fully embedded.

8.2 Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer, I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the SSPC.

8.2.1 NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- **Governance Procedures** – As a hosted organisation, NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP all of which are included in the Trust's Model Standing Orders.

- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.

- **Service Level Agreements (SLAs) –** NWSSP has SLAs in place with all customer organisations and with certain key suppliers and other NHS organisations. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.

- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored, and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

9. CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2025-26 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in

conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

I confirm that I am aware of my ongoing responsibilities and accountabilities to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2025-26.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date: 18 June 2026

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **16 July 2026**

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Corporate Risk Register Update – July 2026

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

Pwrpas yr Adroddiad: **Purpose of the Report:**
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

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

Ymgynghoriad/Consultation:
The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. NWSSP Audit Committee receive the NWSSP Corporate Risk Register at each meeting. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com). These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE
JULY 2026

1. INTRODUCTION

Since the Shared Services Partnership Committee meeting of 14 May 2026, several amendments have been made to the NWSSP Corporate Risk Register following a comprehensive risk deep dive conducted by the Informal Formal Senior Leadership Group on 7 May. Details of these changes are outlined below.

The NWSSP Corporate Risk Register is presented at **Appendix 1,** for information.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

Current Risk Rating	July 2026
Red Risk	8
Amber Risk	10
Yellow Risk	0
Green Risk	0
Total	**18**

Red-rated Risks

There are currently eight red-rated risks recorded within the 'Risks for Action' category of the NWSSP Corporate Risk Register. The risk relating to TrAMS has increased and has been separated into two risks, to provide clearer oversight of the specific service-related risks. The risk relating to the Future Workforce Solution has also been reviewed and separated into two distinct risks to reflect workforce capacity and programme governance considerations. A summary of the current red-rated risks is provided below:

1. The threat of a successful cyber-attack resulting in potential loss of access to systems and/or sensitive data, with consequential impacts on service delivery (A1);
2. The risk of disruption to the supply of pharmaceuticals as a result of external factors, leading to significant restrictions in provision (A3a);
3. The risk to patient services should the planned development of the Radiopharmacy and TrAMS hub be unable to progress due to funding or planning constraints (A8);
4. Workforce shortages across Pharmacy Services, including the risk that there may be insufficient trained staff to support the simultaneous

operation of legacy services and validation of new hubs. This may impact TrAMS service provision and the continued delivery of legacy services within Health Boards and Trusts during the transition phase and beyond TrAMS go-live (A11);

5. The sustained shortage of trained pharmacy staff across NHS Wales, which may affect the ability of the South-East Hub aseptic unit to recruit and retain the workforce required to operate at planned capacity once fully live (A12);
6. Workforce capacity, capability and transition challenges arising from the Future Workforce Solution programme, combined with funding uncertainty, programme delays and unclear workforce requirements, may reduce organisational resilience and hinder the delivery of safe, effective and sustainable services (A13);
7. Uncertainty regarding programme governance, funding, milestones and delivery may reduce confidence and hinder workforce planning (A14);
8. The reputational risk to NWSSP arising from forecast accuracy in respect of the Welsh Risk Pool (A16).

Newly Escalated Risks

Since the last meeting, no risks have been escalated to the NWSSP Corporate Risk Register. However, for completeness, it is useful to note that both the risks relating to TrAMS and the Future Workforce Solution have been split into two separate risks, respectively, as detailed above. As a result, two additional red-rated risks have been added to the Risks for Action section of the Register.

De-escalated Risks

Since the last meeting, the following risk has been de-escalated from the Risks for Action section and transferred to the Closed Risks section, following an assessment that the controls and arrangements in place to manage the risk are now embedded as business as usual and that stockholding levels continue to meet Welsh Government requirements.

- Formar risk A3a disruption in the Personal Protective Equipment (PPE) supply chain.

Risk Trends

As mentioned above, two risks have been reviewed and subsequently separated into four distinct risks, resulting in changes to the overall risk profile. Three of the revised risks are demonstrating an increased trend. These relate to the nationwide staffing shortage challenges associated with TrAMS, as outlined in risk A11, and the insufficient assurance and confidence in the delivery of, and funding constraints associated with, the Future Workforce Solution, as outlined in risks A13 and A14.

In addition, risk A15, relating to the reputational risk associated with NWSSP's role in Student Streamlining, has reduced to a yellow rating (score 6) and is now operating within its target risk appetite. SLG will therefore be asked to consider transferring the risk from the Risks for Action section to the Risks for Monitoring section.

Revised Target Deadlines

Since the last Committee meeting, several target dates have been revised. All of these actions have previously been extended, as detailed below:

- Risk A1: The target date has been extended from 30 June 2026 to 31 December 2026 to allow completion of the Cyber Assurance Framework remediation plan. Further improvements remain underway.
- A4a: The target date has been extended from 31 May 2026 to 31 August 2026 to allow further work to be completed in support of the Decarbonisation and Adaptation workstreams.
- A4b: The target date has been extended from 31 May 2026 to 31 August 2026 to allow further work to be completed on the delivery of planned schemes, future TEF programme planning, and the development of investment proposals through the Decarbonisation and Adaptation workstream.
- A7: The target date has been revised from 30 June 2026 to 30 September 2026 to enable implementation of the recommendations arising from the Welsh Government Independent Review of NWSSP Governance and Accountability Arrangements.
- A15: The target date has been extended from 11 May 2026 to 31 July 2026 to allow time for the outcome of the Graduate Summit to be reviewed, next steps for unsuccessful students to be agreed, and communications to be issued.

At the deep dive of the Corporate Risk Register conducted at the Informal Senior Leadership Group in May 2026, it was determined that several risks for action had transitioned to business-as-usual arrangements, with strong mitigations and controls in place to manage the associated risks.

Revised target dates for Actions A13 and A14 relating to Future Workforce Solutions are expected to be confirmed shortly, as they are contingent on review mechanisms in the wider programme.

Risks at Target

Currently, there are six Risks for Action at their target level.

These will be retained on the main Register to ensure SLG oversight and ongoing review, including consideration as to whether further action should

be undertaken to reduce them further and not be complacent, if reported at target level.

These risks have remained at the same risk score, with a number demonstrating sustained stability over time. This reflects the impact of actions already implemented, with mitigating controls now embedded and operating as intended to hold risks at their target level.

3. RISKS FOR MONITORING

Since the previous meeting, two risks have been transferred from the Risks for Monitoring section to the Closed Risks section. The first, previously recorded as M5, related to recruitment and retention and has been closed following the assignment of a substantial audit rating. The second, previously recorded as M4, related to the potential reputational impact and service delays arising from the implementation of the Medical Examiner Service. This risk has been closed following a reduction in the risk score to 6 (yellow), reflecting an improvement in the position as winter pressures have eased.

The ratings are summarised below in relation to the Risks for Monitoring section:

Current Risk Rating	July 2026
Red Risk	0
Amber Risk	2
Yellow Risk	2
Green Risk	0
Total	**4**

Four risks remain stable, with progress updates provided, where applicable. These continue to be monitored through the NWSSP Corporate Risk Register to ensure appropriate oversight.

No risks for action have been transferred to the risks for monitoring section.

<u>Newly Escalated Risks</u>

There are no updates to report under this category.

4. RECOMMENDATION

- The Committee is asked to **NOTE** the current position and updates outlined above to the NWSSP Corporate Risk Register.

NWSSP Corporate Risk Register

Ref	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	If NWSSP does not maintain an effective and continually improving cyber security control environment (including cyber hygiene, vulnerability management, monitoring and incident response), then there is an increased likelihood of a successful cyber attack impacting NWSSP systems and services, resulting in loss of confidentiality, integrity and availability of critical data and national systems, disruption to essential NHS Wales services, regulatory penalties, financial loss, and reputational damage. **Strategic Objective - Service Development**	5	5	25	Security Information and Event Management (SIEM) Monitoring: provides real-time visibility of security events across NWSSP systems, enabling early detection and response to potential cyber threats. M365 Enhanced Security Controls: strengthen identity, access management and threat protection across core productivity services, reducing the risk of compromise and data exfiltration. Operating System Patching: ensures timely remediation of known vulnerabilities, reducing the exposure window to widely exploited threats. Vulnerability Management: identifies, assesses and prioritises security weaknesses across the environment, enabling targeted remediation and reduction of attack surface. Cyber Assessment Framework (CAF) Baseline Assessment: provides a structured view of current cyber maturity and control effectiveness, informing prioritised improvement planning.	3	5	15	CAF Remediation Programme Delivery: implements prioritised improvements across all CAF domains to strengthen overall cyber resilience and control maturity, including: Access logs for NWSSP tested successfully, and to be progressed to completion Vulnerability Remediation: addresses identified vulnerabilities in line with risk prioritisation, reducing exploitable weaknesses across systems and services. Business Impact Assessments (BIA): defines critical services, dependencies and recovery requirements, improving organisational resilience and incident response planning. Incident response workshops are scheduled for 09/2026	CAF Remediation Planning: a structured remediation plan has been developed, aligned to CAF domains, providing a clear roadmap for improving cyber control maturity. Service catalogue being released w/c 22/06/2026 Oracle Cloud and Cleric logs being passed to the SIEM Active Control Improvements: delivery of vulnerability management, SIEM enhancement, patching and resilience activities is underway to reduce risk exposure and strengthen operational controls, including: Performance Monitoring and Reporting: cyber KPIs have been defined and will be reported through SLG governance, providing regular oversight of control effectiveness and risk position. Assurance and External Engagement: ongoing engagement with Heads of Cyber Security sub-group and the National Cyber Resilience Unit continues to provide external challenge, alignment with national expectations, and independent assurance of progress. **Risk Lead: Director of Planning, Performance and Informatics**	➔	**31/12/2026**
A2	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. **Strategic Objective - Services**	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Training sessions on the Chemical Biological Radiological and Nuclear (CBRN) equipment and processes needs to be completed with HCS staff and an exercise testing the distribution and handling of drugs is required in conjunction with the Pharmacy Business Continuity Lead, NWSSP Pharmacy unit of NWSSP and HBs. This will be planned and executed following the completion of pharmacy works on the Radiopharmacy unit as there is currently no capacity to run the exercise. NWSSP have requested that HBs collate and forward their Highly Contagious Infectious Disease (HCID) stock requirements for their training programmes to ensure that demand can be met, and that NWSSP are assured that if the equipment is procured that HBs will requisition it appropriately and not increase stock holding risks to NWSSP. The planning and exercising of internal plans will be highlighted in the programmed Business Continuity Compliance Reviews. In addition NWSSP will be engaged in the Exercise Programme of the NHS P&I, which will test plans against the NHS Wales Health Risk Register.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. NWSSP was part of Operation Pegasus which took place Sept-Nov 2025. We are awaiting the external key findings and recommendations which will be reported in early 2026. An audit programme will commence in May 2026 which will further enhance the compliance of departments to the requirements of good BCMS practice aligned to iso 22301 along with continued training and development and exercising. PPE stock is now nearing achievement of the agreed WG levels. There are no actions for NWSSP from the Modules of the Covid Inquiry to date that need specific actions. NWSSP will continue to ensure preparedness through engagement with the NHS P&I and exercising with HBs. Highly Contagious Infectious Disease (HCID) equipment has been distributed to HBs. NWSSP have are working with WG and PHW to ensure that the future demand and procurement of replacement HCID equipment is clear and HBs informed of the process. NWSSP have responded to a demand for additional HCID equipment as part of the Hantavirus response by BCUHB and successfully managed redistribution of equipment to ensure potential replenishment could meet set timescales. **Risk Lead: Director of Planning, Performance and Informatics**	➔	**At target**
A3a	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular and ongoing monitoring of stock levels and supplier performance to identify risks early. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales. Contract reallocation, insofar as when awarded suppliers withdraw, the National Medicines Procurement Team reallocates contracts to alternative manufacturers able to supply. We have introduced and manage a contingency stockpile which is a controlled reserve of critical pharmaceutical products is maintained to mitigate short-term supply chain disruptions. Despite these measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. This risk has also been considered as part of overarching business continuity planning.	5	4	20	Whilst further actions remain limited at this time in terms of pharmaceuticals, largely due to the fact that NWSSP are dealing with global manufacturers and therefore, also subject to the geopolitical pressures and wider market forces, we will continue to conduct heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments. Despite the existing controls and mitigation measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. Continued visibility remains essential at this time. No change to the stated position as at 26.05.26. Agreed actions, insofar as they are within the control of NWSSP, as they relate to contract management and stockpile remain as stated within the existing controls and mitigations.	➔	**30/09/2026**

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				
	Strategic Objectives - Services									**Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical Services**		
A4a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the newly published 2025 NHS Wales SDP for Decarbonisation and associated Climate Adaptation planning measures. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Development of a new reporting format for monitoring progress against the updated SDP initiatives; followed by reporting of the risk through to the National Programme Board through the NWSSP CAP team. Leadership of national / joint SDP initiatives. Promotion of success through case studies. Additional capital funding has been made available to NHS Wales for 2025-2027 through the Targeted Estates Fund which should help to enable some objectives within local DAPs.	A new reporting arrangement and format has been developed for use with the updated SDP for the Decarbonisation and Adaptation workstreams. Whilst the availability of finance is the principal risk, there is also a requirement to change custom and practice which requires behavioural change. This too is difficult to influence and change. The need to recoup investment over relatively short financial planning cycles makes this more difficult to achieve. NWSSP will continue to raise risks and opportunities through the National Programme Board. NWSSP are engaged with delivery and coordination of relevant national initiatives listed in the updated SDP. NWSSP have developed case studies for schemes and will use various forums (Estates, BELP, TAP etc) to promote wider application. NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored with no significant delays to report.	➔	**31/08/2026**
	Strategic Objective - Service Development									**Risk Lead: Director of Specialist Estates Services**		
A4b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, updated SDP initiatives and associated climate Adaptation planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and TMO Support in place. NWSSP DAP published and submitted to Welsh Government. Regular monitoring of progress against objectives is in place. Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024	3	4	12	Progression of activities listed within the 2025 SDP. Work is being done by the NWSSP Decarbonisation & Adaptation Delivery Group to target deliverable amounts for investment within the current environment and to continue research into potential wider funding sources. A new Decarbonisation Action Plan will be developed in the coming months with estimated costs for inclusion in the 27/28 IMTP update. Following on from Risk Assessments in 2025, Adaptation Option appraisals and associated costs are being progressed and proposals will be submitted to WG by Dec 2026 (and inclusion of costs within the IMTP as appropriate). Progress on Decarbonisation Training in NWSSP to be monitored.	The following schemes have been funded through the WG TEF Programme 25/26 - 26/27. a) Denbigh Stores RM PV and infra-red heating: Completed Mar 26. b) Matrix House EV Charging & Infrastructure Upgrade: Completed Mar 26. c) Waste Water Heat Reclaim Systems (GV,CV&YGC laundries): Completed Feb 26. It is anticipated that details of the 2027/28-2028/29 TEF Programme will be released in the coming months. Work will continues with oversheeting the roof at IP5 and should complete in July 2026. Research will now commence on potential for incremental roof mounted PV development. NWSSP CAP team are progressing with delivery and oversight of the NWSSP obligations as listed in the SDP. The NWSSP Climate Adaptation risk assessment was completed in December 2025 and following Programme Board and SLT approval was issued to WG. The D&A Delivery Group are leading a process of option generation and appraisal so as to have investment proposals ready for the Autumn IMTP planning round. Progress on implementation of Decarbonisation Training is being monitored as appropriate.	➔	**31/08/2026**
	Strategic Objective - Service Development									**Risk Lead: Director of Specialist Estates Services**		
A5	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. There may be ongoing work in relation to the committee style review that Welsh Government set up, to capture issues that weren't covered by the main UK Public Inquiry. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. A motion to dissolve the Wales COVID-19 Inquiry Special Purpose Committee was made on 8 October 2025. However, pending the outcome of the Senedd elections in May 2026, this position may change significantly dependent upon the elected party and their associated manifesto / policies.	➔	**At target**
	Strategic Objective - Services									**Risk Lead: Director of Finance and Corporate Services**		
A6	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2026-2029 IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Report to SSPC and to Audit Committee through Managing Directors update Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. These have helped informed 2025-2028 plans. Vacancy Control Arrangements implemented	3	4	12	All savings plans have been identified to meet the IMTP target requirement and are on track to be achieved. At the end of May 2026, NWSSP reported a surplus of £0.813m which will either be used to fund pressures within NWSSP, be reinvested within NWSSP and/or distributed to NHS Wales/WG	The IMTP for 2026-2029 was submitted to Welsh Government before 31 March 2026 and we await a response. Reporting to SLG has commenced on progress to recurrently identify savings to reduce vacancy/turnover factors that have been budget set.	➔	**At Target**
	Strategic Objective - Services									**Risk Lead: Director of Finance and Corporate Services**		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A7	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements. **Strategic Objective - Services**	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process. Assurance maps updated for all Divisions. Internal audit programme will now consider governance reviews of new or more recent areas of business on a cyclical basis.	3	4	12	Development of Register of all regulatory requirements is nearing completion. Hosting assurance mapping is being undertaken as part of the implementation of the Welsh Government Accountability and Governance review which will inform the development of assurance arrangements further in NWSSP.	Register or regulatory requirements and Hosting assurance mapping due to be completed in the next quarter. Reviews to support the Annual Governance Statement and other annual reports produced for the 2025-26 financial year do not identify areas for concern regarding compliance and the Managing Director has provided the annual declaration of compliance to the Trust for hosting assurance. Radiopharmacy go live will be supported by reporting of arrangements for compliance with licensing and permit requirements for assurance. **Risk Lead: Responsible Directors**	➔	**30/09/2026**
A8	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. **Strategic Objective - Services**	5	5	25	TrAMS Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TrAMS unit. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board. Submission of South East Hub FBC to Welsh Government is anticipated July 2026, this will determine any funding limitations to the TrAMS hub service.	Extensive testing continues across the SE Radiopharmacy, with a particular focus upon pressure balancing and environmental validation. Some delay has been experienced to the commissioning timeline due to fluctuating pressures alongside the hot weather conditions which are nearing conclusion in their investigation. Discussions are ongoing with key stakeholders regarding updated timelines, with Swansea Bay UHB continuing to support service continuity arrangements to ensure resilience during transition. Significant progress has been made with the South East Hub Full Business Case (FBC) now fully developed and formally circulated to all relevant organisations for review, supported by a comprehensive Estates Annex and a set of Frequently Asked Questions (FAQs). The FBC has now been approved at both the South East Hub Project Board and the TrAMs Programme Board and is now progressing through internal Health Board and Trust governance routes, culminating in Public Board approvals on 30th July, prior to submission to WG. North and South West projects have been mobilised in February 2026, with dedicated Project teams to further reduce the risk of poor hub service progression. **Risk Lead: Director of Pharmacy Technical Services**	➔	**31/07/2026**
A9	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services. **Strategic Objective: Services**	5	5	25	Head of Emergency Preparedness and Planning and a Business Continuity Co-ordinator post in place. Network of Business Continuity Champions. Business Continuity Plan and Impact. All departments are now required to carryout a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity. Directorate Action Cards were appropriate are being utilised. Internal Compliance Review and Support Programme in place to identify opportunities for improvement at departmental level leading to organisational risk management improvement. BCP App available and SLG What's app available and has been tested through incident escalation in 2025/26. A training programme is in place to provide training to managers in: Major Incident and Business Continuity Response, Business Continuity Management, Major Incident and Business Continuity Loggist and Incident/Exercise Debriefing. A number of departments have tested their plans during 2025/26 a total of 20 exercises have been carried out since May 2025. A lessons learned log is now in place to highlight incident and exercise learning outcomes - reported to the SLG. 14 Incidents reported to date. There is a generic risk register for potential risk impact from risks on national risk registers to NWSSP. This along with the training and exercise programme that is being developed with the NHS P&I will ensure that NWSSP is part of National Testing of plans for registered risks. In addition NWSSP internal exercises.	2	5	10	Implemented recommendations from Internal Audit Report (30 June 2024) have been largely completed. Business Impact assessment workshops have been delivered to Business Continuity Champions. Training and organisational development is now aimed at alignment to the principles and requirements of ISO 22301. Further work to embed this in the organisation will enhance preparedness and response to Business Continuity events.	A series of courses have been published to provide Business Continuity Impact Assessment and Business Continuity Plan development guidance and courses to prepare managers for the management of business continuity and major incident event management. Business Impact assessment workshops have been delivered to Business Continuity Champions. Mass Causalities Management Report was presented to SLG in November 2025. Impact analysis of Martyns Law presented to SLG In 2025 and planned programme of Departmental BCM Compliance and support visits commences in July 2026 which will further enhance the compliance of departments to the requirements of good BCMS practice aligned to ISO22301 along with continued training and development and exercising. Implementations of the recommendations from Internal Audit Report (30 June 2024) has been largely completed: 1.1. A new BIA process and guidance is in place. 1.2 Pharmacy are in the process of new BCPs. 1.3 NWSSP HCS & Supply chain have an effective On Call Handbook detailing BCP responses. 2.1 Dedicated posts are now in place. 3.1 There is now an expectation and support for regular testing of departmental BCPs. In addition to this the NWSSP are overseen by the NHS P&I Team within who's remit is the training and exercising of Welsh Health Plans. Departments who have not completed a BCP test within a 12 period will be picked up in the compliance reviews and regular monitoring of departmental activity via the BC Champions Group. 4.1. All SLG members except one newly appointed role have completed the Major Incident and Business Continuity Response Course which covers and exceeds the aspects of the Introduction To Emergencies on line learning. BC Champions and Tactical Leads are now being targeted for training and development. 5.1 The engagement of the NWSSP Communications Team and individual stakeholder contact and communications are covered in the new BCP templates. A cyber Incident Management Plan is being reviewed and developed by the Cyber Team, this will have escalation and response processes clearly guiding managers and staff in the correct processes to carryout in the case of ICT failure or cyber attack. **Risk Lead: Director of Planning, Performance and Informatics**	➔	**At target**

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	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities. **Strategic Objective - Service Development**	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG. Close contact maintained with WG Capital Team Track record of delivery and effective use of resources. NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group (CPG) supported successful capital bids into Welsh Government for 2025-26 which we are continuing into 2026-27.	NWSSP Capital Prioritisation Group (CPG) will continue to refine the internal arrangements. The Capital Financial Control Procedure (FCP) was approved by NWSSP Audit Committee in May 2025 to support larger capital schemes and capital panning FCP is under development in 2026/27. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. We are submitting funding requests for estates and digital backlog schemes to WG by 26 June 2026 and are also seeking TEF slippage monies if available. **Risk Lead: Director of Finance and Corporate Services**	➔	**At Target**
A11	Due to nationwide shortages of staff across pharmacy, it is possible there will be insufficient trained staff to complete simultaneous operation of legacy service and validation of new hubs. Potentially impacting both TrAMs service provision and legacy services continuing within Health Boards and Trust during transition phase and ongoing beyond TrAMs go-live. **Escalated Divisional Risk** ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***	5	5	25	Existing mitigations centre on proactive workforce expansion, accelerated training and skills uplift, and structured transition planning. This includes funded training programmes, recruitment of additional staff to support double running, phased deployment (new staff prior to transfers), and formal TUPE-based workforce planning. Further controls include development of validation plans with QA leads, alignment of staffing with build timelines, and programme phasing to reduce peak workforce pressure. Collectively, these measures are intended to increase workforce supply, capability, and resilience to support both legacy services and hub validation during transition.	5	4	20	Continue to scale workforce capacity through sustained training and skills development, finalise and implement the transition plan (including phased deployment of new and transferring staff), progress the next organisational change plan to enable recruitment and headroom, and complete QA-led validation planning to support compliant double running, with ongoing national workforce engagement and alignment to programme timelines to maintain service continuity.	20/04/26 Workforce principles agreed by NHS Wales organisations to support staff transition and workforce planning. **Risk Lead: Director of Pharmacy Technical Services**	↑	**30/09/2026**
A12	Due to a sustained shortage of trained pharmacy staff across NHS Wales, the SE Hub aseptic unit may be unable to recruit and retain the workforce required to operate at its planned capacity once fully live, resulting in a widening gap between the staffing available and the staffing needed for safe, compliant production. This could lead to failure to meet licensing requirements, reduced production throughput, and interruptions to product availability for patients and services. **Escalated Divisional Risk** ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***	5	5	25	Existing controls focus on increasing workforce supply, capability and resilience through coordinated national workforce planning. This includes funded recruitment and training programmes, delivery of skills uplift initiatives, and implementation of a centralised workforce model designed to account for demand, leave and training requirements. Workforce Principles (including TUPE arrangements) underpin staff transfer and retention, supported by ongoing engagement and consultation. Capacity risk is further mitigated through phased programme delivery, resource mapping and alignment with build timelines, alongside development of QA-led validation plans. Collectively, these measures aim to ensure sufficient trained staff are available to operate the SE Hub safely and in compliance with licensing requirements.	4	4	16	Further action is required to implement a coordinated national workforce plan to improve recruitment, retention and skill mix; optimise the regional operating model and maximise cross Wales capacity utilisation; strengthen TUPE and transition arrangements to secure workforce supply to the SE Hub; and maintain robust QA, audit and contingency arrangements (including outsourcing and demand prioritisation) to ensure regulatory compliance and continuity of patient supply during periods of workforce constraint.	20/04/26 Workforce principles agreed by NHS Wales organisations to support staff transition and workforce planning. **Risk Lead: Director of Pharmacy Technical Services**	➔	**30/09/2026**
A13	There is a risk that workforce capacity, capability, and transitional impacts arising from the Future Workforce Solutions Programme adversely affects the organisation's ability to deliver safe, effective and sustainable services. This is compounded by ongoing funding uncertainty, delays within the national programme, and lack of clarity regarding workforce requirements, which may impact workforce planning, service resilience, and delivery of core operational and transactional services. **Strategic Objective: Services** ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***	5	5	25	The Full Business Case (FBC), informed by the preferred bidder, includes provision for the resource required by each user organisation to prepare for and support transition to the Future Workforce Solution (FWS). This assumes up to two additional Agenda for Change Band 8a full-time equivalent (FTE) resources per organisation, for a defined period, reflecting organisational size and implementation complexity, to support local project and change management activity. The total allocation for Wales £86k p.a. Workforce planning processes in place to assess capacity and capability requirements Operational performance monitored through governance and escalation routes	4	5	20	Seek and document clarity from the national programme on workforce requirements, including scale, timing, and impact on Employment Services and transactional services. Confirm sufficiency and allocation of funding for NHS Wales to support required workforce capacity. Clearly define and monitor escalation triggers (e.g. funding slippage, lack of documentation, programme delays) and ensure these are formally recorded, noting thresholds have been reached. Strengthen workforce modelling and scenario planning to quantify service impact and identify mitigation requirements. Align workforce assumptions and plans with updated national programme milestones as clarity improves.	Workforce assumptions were established through the Full Business Case (FBC), equating to £86k p.a for Wales. Agreement has been secured via Workforce Directors (WODs), the All Wales Steering Group and SSPC to establish a central transformation team within NWSSP. This team will support a safe transition and ensure the availability of skilled implementation capability. Funding is confirmed through to the completion stages C3 and C4 including handover to Hypercare. Work us underway to map resource requirements against current team capacity with the aim of identifying the scale of the recruitment effort required. NWSSP along side NHSBSA and consortium partners is working with early adopters organisations on Foundational Readiness. This includes supporting the completion of a defined set of readiness activities such as demonstrating Board-level commitment. Completion of the scoping document will enable organisations to formally enter the Early Adopter stage by July 26. **Risk Lead: Director of People, Organisational Development and Employment Services**	↑	**At Target April 2026 to support Early Adopter Organisations** **Programme completion date 2030.** **Interim target milestones TBC**

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				
A14	There is a risk that there is insufficient assurance and confidence in the delivery of the national Future Workforce Solutions Programme, including its governance, progress, and ability to realise intended outcomes, which may impact the organisation's ability to plan effectively and achieve its strategic workforce objectives. This is compounded by ongoing funding uncertainty, delays within the national programme, and a lack of clarity regarding contract management and associated funding arrangements from Welsh Government, which may impact financial planning, delivery readiness, and decision-making. **Strategic Objective: Services** ***RISKS SPLIT INTO TWO AS PREVIOUSLY AGREED WITH SENIOR LEADERSHIP GROUP***	5	5	25	NWSSP is represented on the Future Workforce Solutions Transformation Programme Board, CEO Board, and Advisory Board, providing oversight and early visibility of emerging risks and required responses. Regular engagement is in place with NHSBSA Senior Leadership Team, alongside ongoing liaison with Welsh Government, including via Joint Executive Team (JET) meetings. The programme is reflected within the IMTP and subject to scrutiny through the quarterly performance review process. A Wales Steering Group has been established, with governance routed through SSPC, Workforce Organisational Development (WOD) groups, and Directors of Finance (DoFs).	4	5	20	Seek and document formal clarification from Welsh Government on contract management responsibilities and funding arrangements. Clearly define and maintain escalation triggers (including funding slippage, lack of programme documentation, and delivery delays) and ensure these are actively monitored and formally recorded. Formally document and escalate NWSSP concerns in writing to NHSBSA regarding funding delays, lack of clarity, and missing programme documentation, copying Welsh Government colleagues. Strengthen assurance reporting from the national programme, including clarity on milestones, delivery progress, benefits realisation, and programme documentation. Seek and confirm clarity on national programme milestones, task allocation, and workforce requirements, including impacts on Employment Services and transactional services. Update internal plans and risk assessments in line with confirmed national assumptions and timelines.	Governance and engagement arrangements remain in place, with continued NWSSP representation at national boards and regular engagement with NHSBSA and Welsh Government. Six-weekly meetings with Welsh Government are established to support ongoing dialogue and escalation. Formal updates are anticipated following discussions at the Transformation Programme Board (end of June) Work is underway to formally document and escalate NWSSP concerns regarding funding uncertainty, programme delays, and gaps in documentation. **Risk Lead: Director of People, Organisational Development and Employment Services**	↑	**April 2026 to support Early Adopter Organisations** **Programme completion date 2030.** **Interim target milestones TBC**
A15	There is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by Health Boards to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles. **Escalated Divisional Risk**	4	3	12	Graduate Summit held with WG, HBs and HEIs to consider options available to support unmatched graduates. Heath Boards - Workforce, Nursing and Finance Directors to support HEIW and NWSSP on the Streamlining Programme and ensure that vacancies match commissioning numbers for nursing and midwifery identifying additional vacancies before 11.05.26. NWSSP provided HEIW colleagues with early notice of low vacancy numbers being released into Streamlining. HEIW commitment to engage Health Boards to increase activity resulted in c300 Nursing (unconfirmed) and c20 Midwifery (unconfirmed).	2	3	6	SSP planned stage 2 (previously categorised as SSP escalation stage) activities including graduate engagement sessions to take place throughout July. HEIW, HB, HEI's and Union representatives to meet to address policy and student concerns. Early decision to be taken in respect of Autumn 2026 Streamlining commitment.	The closing of the scheme to vacancies has resulted in approximately a 200 vacancy shortage across nursing and Midwifery, which was a much better position than expected. On 18th June a Graduate Summit was held with WG, HBs and HEIs. From this meeting a number of suggestions were put forward. Over the coming weeks these will be reviewed and if applicable taken forward. On 25th June we will be informing successful students and advising students who have been unsuccessful on next steps which are still be agreed. Next steps will be agreeing a position on students which are unsuccessful and communicating this to students on 25th June. **Risk Lead: Director of People, Organisational Development and Employment Services**	↓	**At Target**
A16	There is a reputational risk for NWSSP regarding the accuracy of the forecast for the Welsh Risk Pool which, materially impacts the financial position of NHS Wales Organisations due to the costs they are required to fund under the Risk Sharing agreement. **Escalated Divisional Risk**	3	4	12	Experienced business partner in place with support from Management Accountant. Regular reporting to Shared Services Partnership Committee and Welsh Risk Pool Committee. During 2025/26 additional reporting to Chief Executive Offices, Directors of Finance and Deputy Directors of Finance commenced because of increasing financial pressure on the Welsh Risk Pool contributions from NHS Organisations being insufficient to meet the value of settlements. This will continue into future years. Touchpoint meetings with NHS Resolution to compare trends and approaches etc. New case management system implemented in April 2025 and staff training provided, this should improve the accuracy and timeliness of information used for forecasting.	4	4	16	Work with FP&D data science team to facilitate additional insights into forecasting options they can support. Working with NHSR colleagues to understand their forecasting model in more detail. Monthly forecast meetings with senior LARS colleagues to ensure understanding of key cases, timings and values that will impact the forecast. Regular communications with DoFs & DDoFs on any risks to the forecast position	Significant pressure on the Welsh Risk Pool for 2026/27 and future years. The 2026/27 WELSH Risk Pool risk share contributions as included in out IMTP are £162m. A WRP Programme of work has been agreed with 3 workstreams being taken forward to: (1) Stress test the current forecast and model (with NHSP&I input) (2) Develop specific actions to appropriately challenge and mitigate pressure in 2026/27 (3) Develop preventative actions to address the challenge over the longer term. Workstream 1 is within the remit of Finance and TMO support has been utilised to manage the workstream - 2 meetings have been held with NHS P&I and key trend data shred with them. A DPIA has been signed and NHS P&I will have access to key WRP files to enable regression model to be developed to support understanding of key variables that have changed over the years that have impacted the increase in the forecast costs. An update is planned for DoFs on 19 June 2026. **Risk Lead: Director of Legal & Risk Services & Director of Finance & Corporate Services**	→	**31/03/2027**
A17	There is a risk that NWSSP and NHS Wales organisations will not achieve the required readiness to support implementation of the Wales Resident Doctor Contract Reform Programme, resulting in delays to contract activation, rota compliance, payroll accuracy and supporting system delivery. **Strategic Objective - Services**	5	4	20	Contract documentation and associated policies are in final refinement; onboarding and payroll processes are progressing well; rota compliance work continues with Health Boards; and joint work with RLDatix and Health Boards is ongoing. Engagement from organisations has improved, and Guardians of Safe Working recruitment is underway.	3	3	9	Updated compliance numbers provided for the SSPC deep dive. Continued work required to finalise ESR e rostering automation, resolve rota complexities, and ensure consistent organisational readiness.	Engagement from Health Boards has strengthened, and collaborative work with RLDatix is supporting improved consistency. As a result, there is increased optimism that the required position will be achieved. The principal risk remains the potential failure to achieve go live in August 2026, and this is now explicitly reflected in the narrative. Current Risk (Amber) The risk remains amber at this stage. Progress is being made and confidence has increased, but key dependencies remain—particularly system readiness and full rota compliance across all specialties. **Director of People, Organisational Development and Employment Services**	→	**30/06/2026**
	Risks for Monitoring											
M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation was provided to DoFs in October. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource when it goes live, hopefully in the calendar year.	→	**For Monitoring**

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				
	Strategic Objective - Value For Money									**Risk Lead: Director of Finance and Corporate Services**		
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 **Strategic Objective - Service Development**	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities is exploring longer term storage solution for records currently in the CoHo. A project group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused as a consequence of the decision by UK government and Welsh government on retention requirements for potential future IBCA claims.. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Options for document storage preferably as part of PPE storage are being actively explored and will form part of IMTP for 2026-2029. **Risk Lead: Director of Finance and Corporate Services**	➔	**For Monitoring**
M3	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the NWSSP Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards. **Risk Lead: Director of Finance and Corporate Services**	➔	**For Monitoring**
M4	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP. **Strategic Objective: Services**	3	**5**	15	Established arrangements in place including: Information Governance Manager Information Governance Steering Group (IGSG) On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. More training is being arranged nationally. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning. Need to link to work on Cybersecurity and our supply chain. **Risk Lead: Director of Finance and Corporate Services**	➔	**At target**

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.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 1 – APRIL 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for April 2026 and should be read in conjunction with the Monitoring Return tables submitted for Month 1.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 1 is reported at break-even in line with our IMTP forecast.

Our balanced financial plan continues to be based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. In particular £3.821m has been anticipated to be received from Welsh Government for the 2026/27 A4C pay award but funding allocations have not yet been confirmed.

Per Welsh Health Circular (WHC/2026/022) guidance, this is a reduced Month 1 monitoring return, with only the specified tables and associated commentary provided.

1. Actual Year to Date and Forecast Under/Overspend and C/F Underlying position (Tables A, A1, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

There are some unplanned spend reductions which are offset by reductions in income anticipated that are noted in the table.

Additional net in month non-recurrent over-achievement of savings and income generation of £0.515m are reported primarily due to ongoing high vacancy levels across our services and improved grip and control measures. These savings are offset in Table A by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales which is reported under the 'other' category on Row 25. We are developing a tracker of the additional in month savings to determine if these could be made recurrent with a RAG status which will inform an updated forecast as we progress through the financial year.

Whilst we have noted the risk of an additional cost pressure for fuel and energy price rises in Table A2 as included in our IMTP, this hasn't as yet been included in our forecast outturn whilst we closely monitor the issue – based on current prices we anticipate the fuel pressure could reach £0.407m within 2026/27 if the Middle East conflict continues.

This pressure isn't visible within the Month 1 financial position reported due to the utilisation of fuel/oil stocks in April and the protection of the Government Commercial Agency (formerly Crown Commercial Services) forward energy basket purchases, although some risk does remain with regard to the variable element of the basket not yet purchased which we are reporting through Deputy DoFs and the Wales Energy Group and Wales Energy Operational Group. We also incur energy costs for a number of our leased sites which are not included in the All Wales energy contract which are dependent upon Landlord energy contracts and prices. In particular this impacts IP5 where a new energy contract was negotiated from 1st April 2026 and whilst we have the generation from our solar farm at IP5 to offset any cost pressure we will see increased volumes of energy utilised in IP5 from the Radiopharmacy validation and subsequent go-live operations. We will continue to monitor the costs and volumes during 2026/27.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2026/27 is £987.603m. This is an increase from the £987.205m included in our IMTP and is primarily due to the inclusion of the anticipated income for the 2026/27 A4C pay award (£3.821m) with reductions in forecast income streams for (i) WIBSS (£0.8m due to the net impact of the anticipated reduction in estates payments and increased beneficiary payments forecast) (ii) e-scheduling contract where this is now anticipated it will be administered via Health Boards rather than through NWSSP (£0.7m), (iii) Depreciation to remove the charges included in the IMTP for unapproved schemes (£0.5m) (iv) International Recruitment to adjust to the most recent forecast (£0.5m) (v) adjustments between income and non-pay recharges for Velindre funded streams (£0.6m) and (vii) April stores income being less than forecast (£0.2m). These are also the key items included as unplanned spend reductions detailed in Table B2.

- The SLE pay and non pay forecast totals £343.384m as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOTAL**
PAY	25.814	25.820	28.504	26.724	27.362	27.362	27.362	27.362	27.362	27.362	27.362	27.362	**325.755**
NON PAY	1.097	1.489	1.508	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	**17.629**
TOTAL	**26.911**	**27.308**	**30.012**	**28.227**	**28.866**	**28.866**	**28.866**	**28.866**	**28.866**	**28.866**	**28.866**	**28.866**	**343.384**

This forecast remains in line with our IMTP assumptions, although this will be impacted by:

- The actual 2026/27 pay award costs which are profiled from June 2026 with arrears backdated to 1st April 2026.
- The rotation and new trainee intake in August 2026 and February 2027
- Commencement of the migration to the new Resident Doctor Contract from August 2026
- The variable locum shifts paid to SLE trainees each month.

We will review and update the forecast as we progress through the financial year.

- Anticipated income and expenditure of £3.821m for the 2026/27 A4C pay award has been incorporated into our forecast from Month 1. The Medical & Dental 2026/27 pay award costs have been estimated and profiled from June with arrears backdated to 1st April 2026 for both SLE and non-SLE medical staff. The income for these pay awards has been anticipated in Table E1.

- Welsh Government income increases in Month 4 and 5 as we anticipate we will invoice for the £12.673m influenza vaccines in July per the agreed SLA and defer the income as required to match the delivery and expenditure profile.

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.

- Forecast non-cash charges of £6.683m have been included based on our IMTP forecast excluding any unapproved capital schemes. These will be reviewed in detail for the June non-cash submission.

- £0.456m income and expenditure is included for Month 1 in relation to the WRP DEL budget. This relates solely to Periodic Payment Orders as DEL returns are not submitted by Organisations in Month 1. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts.

  The full year WRP forecast is £271.466m as included in our IMTP and is phased on a straight-line basis over remaining months. An initial review of WRP cases forecast to incur expenditure in 2026/27 has confirmed that this forecast remains the best indicative outturn at this early point in the financial year.

The Senior Management Team within Legal & Risk have commenced a detailed review of all cases with cashflows expected in excess of £1m during 2026/27. The outcome of this review will inform an updated forecast range to be provided in Quarter 2. The IMTP forecast of £271.466m, requires funding of £162.031m under the WRP risk share agreement as detailed in the table below which is based on the 2025/26 risk share percentages which will be updated in September 2026.

	2025/26	2026/27
	RSA %	RSA £m
Aneurin Bevan	**18.22%**	29.515
Swansea Bay	**13.97%**	22.635
Betsi Cadwaladr	**21.00%**	34.028
Cardiff & Vale	**16.76%**	27.164
Cwm Taf Morgannwg	**14.60%**	23.652
Hywel Dda	**10.03%**	16.255
Powys	**2.12%**	3.430
Public Health Wales	**0.64%**	1.044
Velindre	**0.79%**	1.278
Welsh Ambulance	**1.87%**	3.029
DHCW	**0.00%**	-
HEIW	**0.00%**	-
TOTAL	**100.00%**	**162.031**

2. Underlying Position (Table A1)

We do not have any underlying deficit position to report in Table A1.

3. Risk Management (Table A2)

This table has been populated with the risks and opportunities per our IMTP.

At this early stage in the financial year we are unable to amend the risk values further. We note the request in the WHC to only include unmanageable material risks within the table. Whilst there may be scope to manage some of the resulting cost pressures from these risks, we would be unable to do this if several impacted us.

4. Ring Fenced Allocations (Tables B, M, N & O)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure in Month 1 in line with our IMTP forecast.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)

The variable pay table has been populated with actual Month 1 data and forecast data per our IMTP. We are reporting £0.202m expenditure in April against the £0.202m monthly forecast we included in our IMTP. We continue to strengthen our controls on variable pay expenditure across NWSSP and continue to progress the roll out of our overtime app to further enhance control and monitoring of expenditure.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The savings tracker has been populated per our IMTP submission.

In month 1 we are reporting a non-recurrent net overachievement of income generation/non-recurrent savings against our planned vacancy factor of £0.515m due to the number of vacancies we are in the process of recruiting to and the improved grip and control measures we are implementing. As noted above this savings overachievement does not as yet include any impact of increased cost pressures for fuel/oil/energy that may be incurred during the year dependent upon prices impacted as the Middle East conflict continues.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

The table has been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP.

The values for depreciation have been updated to only include approved capital schemes in Month 1 and will be reviewed in more detail as part of the June non-cash submission.

9. Health Care Agreements and Major Contracts

Approval of the 2026/27 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 19th March 2026. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.11%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & L)

At 30th April 2026 there was one invoice outstanding over 17 weeks. We are urgently progressing payment confirmation for all 2025/26 invoices agreed as part of Agreement of Balances before the deadline.

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 not required for completion until Month 2.

14. IFRS 16 & CAME (Table P)

Table not required for completion until Month 3.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 1 Financial Monitoring Return at the July Committee meeting.

16. Authorisation of Return

The governance arrangements have been agreed for when the Director of Finance and Corporate Services and/or the Managing Director are not available to sign the monitoring returns. Rebecca Nelson, our Director of Planning Performance and Informatics and Linsay Payne, Deputy Director of Finance & Corporate Services are both permitted to authorise the returns in the absence of either the Director of Finance and/or Managing Director.

……

NEIL FROW
MANAGING DIRECTOR
NWSSP
NWSSP

……..

ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES

14th May 2026

ɜ Wales Shared Services Partnership **Period : Apr 26**

e A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
Cost Pressures (Negative Value)	-8,059	-2,270	-5,789	-5,789
Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	1,916	1,607	309	309
Other Income Uplift / (Reduction)	0	0		
RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
Planned (Finalised) Green and Amber Savings Plan	3,230	261	2,969	2,969
Planned (Finalised) Net Income Generation	2,077	375	1,702	1,702
Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	836	27	809	809
	0	0		
Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
Opening IMTP / Annual Operating Plan	**0**	**0**	**0**	**0**
Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
Other Movement in Month 1 Planned & In Year Net Income Generation	-41	0	-41	0
Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	508	508	0	0
Additional In Year Identified Savings - Forecast	47	47	0	0
Variance to Planned RRL	0	0		
Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-2,783	-2,783		
In Year Accountancy Gains	0	0	0	0
Unplanned Spend Reductions	2,784	2,784	0	0
Unplanned Cost Pressures	0	0	0	0
Planned Mitigations Yet To Be Finalised	0	0	0	0
Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
Other	-515	-515	0	0
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		
Forecast Outturn (- Deficit / + Surplus)	**0**	**41**	**-41**	**0**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-8,059
3	160	160	160	160	160	160	160	160	160	160	160	160	160	1,916
4													0	0
5												0	0	0
6	270	270	270	270	270	270	270	270	270	270	270	260	270	3,230
7	172	172	172	172	172	172	172	172	172	172	172	182	172	2,077
8													0	0
9	70	70	70	70	70	70	70	70	70	70	70	70	70	836
10													0	0
11													0	0
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0	0
15	-40	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	12	-40	-41
16	507	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	11	507	508
17	47	0	0	0	0	0	0	0	0	0	0	0	47	47
18													0	0
19	-225	-230	-230	-230	-230	-230	-230	-230	-230	-230	-230	-257	-225	-2,783
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	226	232	232	232	232	232	232	233	233	232	233	235	226	2,784
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	-515	0	0	0	0	0	0	0	0	0	0	0	-515	-515
26													0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

NHS Wales Shared Services Partnership

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : Apr 26

This Table is currently showing 0 errors

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
1	Pay	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	184	2,205		2,205	0			
2		Actual/F'cast	692	183	183	183	183	183	183	183	183	183	183	191	692	2,713	25.52%	2,713	0	769	1,944	0 1,944
3		Variance	508	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	10	508	508	276.30%	508	0			
4	Non-Pay	Budget/Plan	86	86	86	86	86	86	86	86	86	86	86	79	86	1,025		1,025	0			
5		Actual/F'cast	132	86	86	86	86	86	86	86	86	86	86	80	132	1,072	12.31%	1,072	0	47	1,025	0 1,025
6		Variance	46	0	0	0	0	0	0	0	0	0	0	1	46	47	53.49%	47	0			
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	270	270	270	270	270	270	270	270	270	270	270	260	270	3,230		3,230	0			
35		Actual/F'cast	824	269	269	269	269	269	269	269	269	269	269	271	824	3,785		3,785	0	816	2,969	0 2,969
36		Variance	554	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	11	554	555		555	0			
37	Variance in month		205.33%	(0.37%)	(0.37%)	(0.37%)	(0.37%)	(0.37%)	(0.37%)	(0.37%)	(0.37%)	(0.37%)	(0.37%)	4.23%	205.33%							
38	In month achievement against FY forecast		21.78%	7.11%	7.11%	7.11%	7.11%	7.11%	7.11%	7.11%	7.11%	7.11%	7.11%	7.16%								

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	**Ok**
Total Forecast Savings agrees to Table A	**Ok**
Total FYE of Recurring Savings agrees to Table A	**Ok**
Total Forecast Savings in Table C agrees to Table C2	**Ok**

NHS Wales Shared Services Partnership

Table C1- Savings Schemes Pay Analysis

Period : Apr 26

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
1	Pay - General & Substantive	Budget/Plan	170	170	170	170	170	170	170	170	170	170	170	165	170	2,035	2,035	0			
2		Actual/F'cast	678	169	169	169	169	169	169	169	169	169	169	175	678	2,543	2,543	0	769	1,774	1,774
3		Variance	508	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	10	508	508	508	0			
4	Pay - Variable	Budget/Plan	14	14	14	14	14	14	14	14	14	14	14	16	14	170	170	0			
5		Actual/F'cast	14	14	14	14	14	14	14	14	14	14	14	16	14	170	170	0	0	170	170
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Total	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	184	2,205	2,205	0			
11		Actual/F'cast	692	183	183	183	183	183	183	183	183	183	183	191	692	2,713	2,713	0	769	1,944	1,944
12		Variance	508	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	10	508	508	508	0			

NHS Wales Shared Services Partnership

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Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	270	270	270	270	270	270	270	270	270	270	270	260	270	3,230	261	2,969	0	2,969
	Month 1 - Actual/Forecast	777	269	269	269	269	269	269	269	269	269	269	271	777	3,738	769	2,969	0	2,969
	Variance	507	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	11	507	508	508	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	0	0	0	0	0	0	0	0	0	0	0	47	47	47	0	0	0
	Variance	47	0	0	0	0	0	0	0	0	0	0	0	47	47	47	0	0	0
	Total Plan	270	270	270	270	270	270	270	270	270	270	270	260	270	3,230	261	2,969	0	2,969
	Total Actual/Forecast	824	269	269	269	269	269	269	269	269	269	269	271	824	3,785	816	2,969	0	2,969
	Total Variance	554	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	11	554	555	555	0	0	0
Net Income Generation	Month 1 - Plan	172	172	172	172	172	172	172	172	172	172	172	182	172	2,077	375	1,702	0	1,702
	Month 1 - Actual/Forecast	132	171	171	171	171	171	171	171	171	171	171	194	132	2,036	375	1,661	41	1,702
	Variance	(40)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	12	(40)	(41)	0	(41)	41	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	172	172	172	172	172	172	172	172	172	172	172	182	172	2,077	375	1,702	0	1,702
	Total Actual/Forecast	132	171	171	171	171	171	171	171	171	171	171	194	132	2,036	375	1,661	41	1,702
	Total Variance	(40)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	12	(40)	(41)	0	(41)	41	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	442	442	442	442	442	442	442	442	442	442	442	442	442	5,307	636	4,671	0	4,671
	Month 1 - Actual/Forecast	909	440	440	440	440	440	440	440	440	440	440	465	909	5,774	1,144	4,630	41	4,671
	Variance	467	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	23	467	467	508	(41)	41	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	0	0	0	0	0	0	0	0	0	0	0	47	47	47	0	0	0
	Variance	47	0	0	0	0	0	0	0	0	0	0	0	47	47	47	0	0	0
	Total Plan	442	442	442	442	442	442	442	442	442	442	442	442	442	5,307	636	4,671	0	4,671
	Total Actual/Forecast	956	440	440	440	440	440	440	440	440	440	440	465	956	5,821	1,191	4,630	41	4,671
	Total Variance	514	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	23	514	514	555	(41)	41	0

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	0	0	**0**	0	0
Scheduled Care	0	0	0	**0**	0	0
Unscheduled Care	0	0	0	**0**	0	0
Mental Health	0	0	0	**0**	0	0
Community Services	0	0	0	**0**	0	0
Primary Care	0	0	0	**0**	0	0
Commissioned Services - CHC	0	0	0	**0**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	0	0
Non Clinical Support	2,713	1,072	0	**3,785**	2,036	0
Executive / Corporate Areas	0	0	0	**0**	0	0
Total	**2,713**	**1,072**	**0**	**3,785**	**2,036**	**0**

NHS Wales Shared Business Partnership

Table 13 - Average Tender **This Table is currently showing 0 errors**

No	Organisation	Scheme Objectives/Title	Division	Business Unit	Saving/Scheme Sponsor	Financial YE Non-Recurrent Saving	Definition	Current Year Annual PIN £GBP	PIN £'000s Delivering Internal £GBP	Current Year Forecast £GBP	PIN £'000s Delivery Under Stretch £GBP	Scheme Identified Qtr Which 1 Year Forecast Begins	Planned £'000s Delivering Internal £GBP	Scheme Start Date	Date Scheme Expected To go Live	Scheme Delivering	Service Area	NWIS Savings/Efficiencies? (Yes/No) Supplies Reduction Saving	Will Benefit Category	Scheme Type	Qtr 1 Plan £'000s	Qtr 1 Actual £'000s	Qtr 1 Var £'000s	Qtr 1 Var %	Qtr 2 Plan £'000s	Qtr 2 Actual £'000s	Qtr 2 Var £'000s	Qtr 2 Var %	Qtr 3 Plan £'000s	Qtr 3 Actual £'000s	Qtr 3 Var £'000s	Qtr 3 Var %	Qtr 4 Plan £'000s	Qtr 4 Actual £'000s	Qtr 4 Var £'000s	Qtr 4 Var %	Total Plan £'000s	Total Actual £'000s	Total Var £'000s	Total Var %	Recurrent Savings £'000s	Qtr 1 Actual £'000s	Qtr 2 Actual £'000s	Qtr 3 Actual £'000s	Qtr 4 Actual £'000s	Total Actual £'000s	Variance £'000s	Variance %	Mitigation	Mitigation Actions Taken	Mitigation Actions Planned	Risks/Issues	Risks/Issues Impact Assessment	Risks/Issues Mitigation Actions	Risks/Issues Impact Assessment Mitigation	Risks/Issues Mitigation Actions Planned	Risks/Issues Impact Assessment Mitigation Actions Planned
1	NHS Wales Shared Business Partnership	Accreditation Savings	Corporate Services	SHARCPS	N	Cash Release/Spending	50	50	100	100	50-A12-JR	50-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Corporate and Facilities Efficiencies	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	200	200	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	NHS Wales Shared Business Partnership	Chart of Savings	Shared Services	SHARSERV	N	Cash Release/Spending	10	10	10	10	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	NHS Wales Shared Business Partnership	Expert Medical	Shared Services	SHARSERV	N	Cash Release/Spending	0	0	0	0	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	NHS Wales Shared Business Partnership	Income Generation	SHARP Wales	SHARSERV	N	Income Generation	200	200	200	200	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	200	16	16	16	16	16	16	16	16	16	16	16	0	0	0	0	0	0	0	0	0	0
5	NHS Wales Shared Business Partnership	Learn2Grow Strategy	Learn2Grow	Learn2Grow	N	Cash Release/Spending	174	174	174	174	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	174	14	14	14	14	14	14	14	14	14	14	14	0	0	0	0	0	0	0	0	0	0
6	NHS Wales Shared Business Partnership	Learn2Grow Review	Learn2Grow	Learn2Grow	N	Cash Release/Spending	40	40	40	40	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	40	10	10	10	10	10	10	10	10	10	10	10	0	0	0	0	0	0	0	0	0	0
7	NHS Wales Shared Business Partnership	Security Review	SHARP Wales	SHARSERV	N	Cash Release/Spending	200	200	200	200	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	200	50	50	50	50	50	50	50	50	50	50	50	0	0	0	0	0	0	0	0	0	0
8	NHS Wales Shared Business Partnership	Security Savings - Internal Eliminations	SHARP Wales	SHARP Wales	SHARP Wales	N	Cash Release/Spending	30	30	30	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Corporate and Facilities Efficiencies	7	7	7	7	7	7	7	7	7	7	7	30	7	7	7	7	7	7	7	7	30	7	7	7	7	7	7	7	7	7	7	7	0	0	0	0	0	0	0	0	0	0
9	NHS Wales Shared Business Partnership	Shared Services	Employee Services	Employee Services	SHARSERV	N	Cash Release/Spending	30	30	30	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Unplanned Contract Variations/Orders	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	30	5	5	5	5	5	5	5	5	5	5	5	0	0	0	0	0	0	0	0	0	0
10	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - NWC	Facilities Services	Facilities Services	SHARSERV	N	Cash Release/Spending	25	25	25	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Recruitment/Vacancy Management	2	2	2	2	2	2	2	2	2	2	2	25	2	2	2	2	2	2	2	2	25	2	2	2	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0	0
11	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - DHL	Employee Services	Employee Services	SHARSERV	N	Cash Release/Spending	0	0	0	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0
12	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - PA	Finance Academy	Finance Academy	SHARSERV	N	Cash Release/Spending	50	50	50	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	4	4	4	4	4	4	4	4	4	4	4	50	4	4	4	4	4	4	4	4	50	4	4	4	4	4	4	4	4	4	4	4	0	0	0	0	0	0	0	0	0	0
13	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - Learn2Grow	Learn2Grow	Learn2Grow	SHARSERV	N	Cash Release/Spending	0	0	0	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - LLP	Legal & Risk Services	Legal & Risk Services	SHARSERV	N	Cash Release/Spending	40	40	40	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	10	10	10	10	10	10	10	10	10	10	10	40	10	10	10	10	10	10	10	10	40	10	10	10	10	10	10	10	10	10	10	10	0	0	0	0	0	0	0	0	0	0
15	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - PPG	Primary Care Services	Primary Care Services	SHARSERV	N	Cash Release/Spending	180	180	180	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	15	15	15	15	15	15	15	15	15	15	15	180	15	15	15	15	15	15	15	15	180	15	15	15	15	15	15	15	15	15	15	15	0	0	0	0	0	0	0	0	0	0
16	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - PTS	Procurement Services	Procurement Services	SHARSERV	N	Cash Release/Spending	0	0	0	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - PTR	Planning Services	Planning Services	SHARSERV	N	Cash Release/Spending	50	50	50	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	0	0	0	0	0	0	0	0	0	0	0	50	0	0	0	0	0	0	0	0	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	NHS Wales Shared Business Partnership	Staffing Vacancies Savings - SBRP	Shared Services	Shared Services	SHARSERV	N	Cash Release/Spending	0	0	0	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Pay - Vacancies & Sickness Absence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	NHS Wales Shared Business Partnership	Security Lifesaving Event	SHARP Wales	SHARSERV	N	Cash Release/Spending	300	0	300	300	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	25	25	25	25	25	25	25	25	25	25	25	300	25	25	25	25	25	25	25	25	300	25	25	25	25	25	25	25	25	25	25	25	0	0	0	0	0	0	0	0	0	0
20	NHS Wales Shared Business Partnership	Security Lifesaving Event	SHARP Wales	SHARP Wales	SHARSERV	N	Cash Release/Spending	300	300	300	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	25	25	25	25	25	25	25	25	25	25	25	300	25	25	25	25	25	25	25	25	300	25	25	25	25	25	25	25	25	25	25	25	0	0	0	0	0	0	0	0	0	0
21	NHS Wales Shared Business Partnership	Income Psychology	SHARP Wales	SHARSERV	N	Cash Release/Spending	170	170	170	170	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Non-PJ	Invoicing	14	14	14	14	14	14	14	14	14	14	14	170	14	14	14	14	14	14	14	14	170	14	14	14	14	14	14	14	14	14	14	14	0	0	0	0	0	0	0	0	0	0
22	NHS Wales Shared Business Partnership	Income Generation - LLP	Employee Services	Employee Services	SHARSERV	N	Income Generation	1	1	1	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
23	NHS Wales Shared Business Partnership	Income Learn2Grow	Facilities Services	Facilities Services	SHARSERV	N	Income Generation	50	50	50	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	0	0	0	0	0	0	0	0	0	0	0	50	0	0	0	0	0	0	0	0	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	NHS Wales Shared Business Partnership	Income Generation - SBRP	Shared Services	Shared Services	SHARSERV	N	Income Generation	20	20	20	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	0	0	0	0	0	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	NHS Wales Shared Business Partnership	Income Generation - LLP	Legal & Risk Services	Legal & Risk Services	SHARSERV	N	Income Generation	400	400	400	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	40	40	40	40	40	40	40	40	40	40	40	400	40	40	40	40	40	40	40	40	400	40	40	40	40	40	40	40	40	40	40	40	0	0	0	0	0	0	0	0	0	0
26	NHS Wales Shared Business Partnership	LEAN Opportunity	Primary Care Services	Primary Care Services	SHARSERV	N	Income Generation	500	500	500	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	47	47	47	47	47	47	47	47	47	47	47	500	47	47	47	47	47	47	47	47	500	47	47	47	47	47	47	47	47	47	47	47	0	0	0	0	0	0	0	0	0	0
27	NHS Wales Shared Business Partnership	Income Generation - PPCC	Primary Care Services	Primary Care Services	SHARSERV	N	Income Generation	174	174	174	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	14	14	14	14	14	14	14	14	14	14	14	174	14	14	14	14	14	14	14	14	174	1	0	0	0	0	0	0	0	0	0	0	-1	0	0	0	0	0	0	0	0	0
28	NHS Wales Shared Business Partnership	Income Generation - WPPS	WPPS	WPPS	SHARSERV	N	Income Generation	27	27	27	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	2	2	2	2	2	2	2	2	2	2	2	27	2	2	2	2	2	2	2	2	27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	NHS Wales Shared Business Partnership	Income Generation - Corp	Corporate Services	Corporate Services	SHARSERV	N	Income Generation	25	25	25	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	2	2	2	2	2	2	2	2	2	2	2	25	2	2	2	2	2	2	2	2	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	NHS Wales Shared Business Partnership	Increased Salary Sacrifice Income	All Non-Delivered	All Non-Delivered	SHARSERV	N	Income Generation	114	114	114	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	9	9	9	9	9	9	9	9	9	9	9	114	9	9	9	9	9	9	9	9	114	9	9	9	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0	0	0
31	NHS Wales Shared Business Partnership	Rent 1 Pry Lpdf	SHARP Wales	SHARSERV	N	Income Generation	400	400	400	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	40	40	40	40	40	40	40	40	40	40	40	400	40	40	40	40	40	40	40	40	400	40	40	40	40	40	40	40	40	40	40	40	0	0	0	0	0	0	0	0	0	0
32	NHS Wales Shared Business Partnership	Income Generation	SHARP Wales	SHARSERV	N	Income Generation	375	0	375	375	10-A12-JR	10-A12-JR	Green	Bank Reconciliation/Support	Other	Other	37	37	37	37	37	37	37	37	37	37	37	375	37	37	37	37	37	37	37	37	375	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	NHS Wales Shared Business Partnership	Security Savings - Non Recurrent	SHARP Wales	SHARSERV	N	Cash Release/Spending	0	0	27	0	10-Sep	0	Green	Bank Reconciliation/Support	Non-PJ	Other Procurement and Non-Pay	0	0	0	0	0	0	0	0	0	0	0	27	0	0	0	0	0	0	0	0	27	27	0	0	0	0	0	0	0	0	0	0	27	0	0	0	0	0	0	0
34	NHS Wales Shared Business Partnership	Test				N		0	0	0																		0									0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Month 1 Of Under
In Year 60 Other

SHORTHAND WRITER IN LEGISLATURE	HEAD OF THE SHORTHAND WRITERS	A Stenotypist of Shorthand Writers Bureau (Senate)	Hog Farm Pig
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GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 2 – MAY 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for May 2026 and should be read in conjunction with the Monitoring Return tables submitted for Month 2.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 2 is reported at break-even in line with our IMTP forecast.

Our balanced financial plan continues to be based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. In particular £4.402m has been anticipated to be received from Welsh Government for the 2026/27 A4C, Real Living Wage, Band 3 entry point and Medical & Dental pay awards but funding allocations have not yet been confirmed.

1. Actual Year to Date and Forecast Under/Overspend and C/F Underlying position (Tables A, A1, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

There are some unplanned spend reductions which are offset by reductions in income anticipated that are noted in the table.

Additional net in month non-recurrent over-achievement of savings and income generation of £0.813m are reported primarily due to ongoing high vacancy levels across our services and improved grip and control measures. These savings are offset in Table A by the establishment of a reserve for reinvestment, funding of pressures and/or distribution to NHS Wales which is reported under the 'other' category on Row 25. We are developing a tracker of the additional in month savings to determine if these could be made recurrent with a RAG status which will inform an updated forecast as we progress through the financial year. We aim to provide an update on this and the 2026/27 forecast during Quarter 2 **(Action Point 1.1)**

Whilst we have noted the risk of an additional cost pressure for fuel and energy price rises in Table A2 as included in our IMTP, this hasn't as yet been included in our forecast outturn whilst we closely monitor the issue – based on current prices we anticipate the fuel pressure could reach £0.407m within 2026/27 if the Middle East conflict continues. Table A2 has been updated to reflect this value **(Action Point 1.3).**

We do have some protection against energy cost pressures due to the Government Commercial Agency (formerly Crown Commercial Services) forward energy basket purchases, although some risk does remain with regard to the variable element of the basket not yet purchased which we are reporting through Deputy DoFs and the Wales Energy Group and Wales Energy Operational Group. We also incur energy costs for a number of our leased sites which are not included in the All Wales energy contract which are dependent upon Landlord energy contracts and prices. In particular this impacts IP5 where a new energy contract was negotiated from 1st April 2026 and whilst we have the generation from our solar farm at IP5 to offset any cost pressure we will see increased volumes of energy utilised in IP5 from the Radiopharmacy validation and subsequent go-live operations. We will continue to monitor the costs and volumes during 2026/27.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2026/27 is £987.436m. This is a small reduction from the £987.603m forecast at Month 1 due to the net impact of a reduction in the value of stores issues during May and an increase in pay award funding anticipated to include the adjustment to the Band 3 entry point and real living wage.

- The SLE pay and non-pay forecast continues to total £343.384m as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOT**
PAY	25.814	25.660	28.504	26.724	27.402	27.402	27.402	27.402	27.402	27.402	27.402	27.402	**325**
NON PAY	1.097	1.324	1.508	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	1.504	**17**
TOTAL	**26.911**	**26.984**	**30.012**	**28.227**	**28.906**	**28.906**	**28.906**	**28.906**	**28.906**	**28.906**	**28.906**	**28.906**	**343**

This forecast remains in line with our IMTP assumptions, although this will be impacted by:

  - The actual 2026/27 pay award costs which are profiled from June 2026 with arrears backdated to 1st April 2026.
  - The rotation and new trainee intake in August 2026 and February 2027
  - Commencement of the migration to the new Resident Doctor Contract from August 2026
  - The variable locum shifts paid to SLE trainees each month.

We will review and update the forecast as we progress through the financial year.

- Anticipated income and expenditure of £4.388m for the 2026/27 A4C pay award has been incorporated into our forecast which has increased from the value included at Month 1 to include the increase to the Band 3 entry point and an adjustment to the Real Living Wage for the element above the 3.3% A4C award that was previously included. The Medical & Dental 2026/27 pay award costs have been estimated and profiled from June with arrears backdated to 1st April 2026 for both SLE and non-SLE medical staff. The income for these pay awards has been anticipated in Table E1.

- Welsh Government income increases in Month 4 and 5 as we anticipate we will invoice for the £12.673m influenza vaccines in July per the agreed SLA and defer the income as required to match the delivery and expenditure profile.

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. Our plan includes the profile for pharmacy rebate income & expenditure as detailed in the table below which we adjust to align to actual values each month **(Action Point 1.4)**:

M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOTAL**
2.789	2.899	2.625	2.762	2.765	13.839	4.189	2.565	17.011	4.431	3.212	29.135	88.221

- Forecast non-cash charges of £6.683m have been included based on our IMTP forecast excluding any unapproved capital schemes. These will be reviewed in detail for the first non-cash submission.

- £7.430m income and expenditure is included to Month 2 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts.

  The full year WRP forecast remains at £271.466m as included in our IMTP and is phased on a straight-line basis over remaining months. A detailed review of cases currently forecast to incur expenditure in 2026/27 has confirmed that this remains realistic and a minimum of £256m is anticipated to be required this financial year based on current timelines. Cases may settle earlier than forecast or for different values, or delays may be incurred which will impact the forecast. The IMTP forecast of £271.466m has therefore remained in our Month 2 return until we can obtain further certainty on the forecast as we progress through the financial year.

The Senior Management Team within Legal & Risk have commenced a detailed review of all cases with cashflows expected in excess of £1m during 2026/27. The outcome of this review will inform an updated forecast range to be provided in Quarter 2. The IMTP forecast of £271.466m, requires funding of £162.031m under the WRP risk share agreement and is based on the 2025/26 risk share percentages which will be updated in September 2026, so contribution shares required from Organisations will change as a result of this.

Table B1 key movements identified are primarily due to:

- Welsh Government Income – in month forecast movement is due to the adjusted profile of the WRP and GMPI income, with no impact on the full year forecast
- Provided Services Pay- in month forecast for SLE was less than forecast but the full year forecast has not been amended due to a change to future months anticipated impact of the pay award and migration to the new resident doctor contract.
- Provided Services – Non Pay – in month forecast is due to the GMPI reprofile and a reduction in stores issues during May
- Losses Special Payments & Irrecoverable Debts – in month forecast movement is due to the adjusted profile of the WRP payments with no impact on the full year forecast.

Table B2 has been amended in Month 2 to reflect our summary position– key points to note are:

- Additional spend associated with in year funding is attributable to the A4C and Medical & Dental pay awards for 2026/27.
- The material non pay virement reported for August and September relate to the vaccine purchases which were phased equally in our plan **(Action Point 1.6)**
- The unplanned spend reductions total £3.477m at Month 2 are in relation to the reduction in our forecast expenditure compared to our IMTP expenditure assumptions which have been noted for future planning purposes **(Action Point 1.5).** These primarily relate to:
    - £1m – WIBSS – due to the net impact of the anticipated reduction in estates payments and increased beneficiary payments forecast
    - £0.7m – Digital recharges – Organisations now being invoiced directly rather than through NWSSP
    - £0.6m – Recharges to Velindre that are included as income in our IMTP, but which are transacted within the same ledger as non-pay recharges
    - £0.5m – International Recruitment – adjustment to forecast recruitment numbers in 2026/27
    - £0.6m – reduction in the value of stores issues to date

2. Underlying Position (Table A1)

We do not have any underlying deficit position to report in Table A1.

3. Risk Management (Table A2)

This table has been updated in Month 2 – the summary below outlines the risks and opportunities **(Action Point 1.2)**:

- Risk of non-achievement of income targets/savings/turnover rates/inflation assumptions – this has been reduced to £0.500m to continue to reflect the potential risk to our outturn that may occur during the financial year that we could not manage
- Recurrent pay award funding – this risk remains recognising that in previous years we have not always received the full value of our calculated funding requirements
- Resident Doctor Contract implementation funding – we are incurring costs for a member of staff to undertake this role for NHS Wales but implementation funding has not yet been confirmed so remains a risk
- E-Prescribing BAU funding – this funding has not yet been confirmed by DHCW for 2026/27 so remains a risk
- Capital funding risk – this has been reduced to zero given this primarily related to vehicles and we have received funding for fleet purchases for 2026/27
- FWS implementation funding – this has been reduced to only reflect the risk above the level of funding that NHSBSA have to date confirmed will be available for early adopters and pro-rated to the anticipated start date of the posts
- Activity volumes risk has been reduced to zero to reflect that we anticipate we would be able to manage any short-term pressures within our current financial position
- Potential additional Radiopharmacy transition costs risk remains whilst we progress to the go-live phase commencing in July 2026
- The additional storage contract costs for PPE risk remains as the new contract tenders are due back in July which will enable us to update this
- GMPI – the pressure has been updated to reflect the unavoidable part year effect cost pressure linked to a role that is currently also supporting WIBSS which will end in January 2027. The full year value of the risk remains for 2027/28.
- The energy and fuel costs risk has been amended to reflect the potential pressure that may impact us in 2026/27 **(Action Point 1.3)**

4. Ring Fenced Allocations (Tables B, M, N & O)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure in Month 2 in line with our IMTP forecast.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)

The variable pay table has been populated with actual Month 2 data and forecast data per our IMTP. We are reporting £0.172m expenditure in May against the £0.202m monthly forecast we included in our IMTP. We continue to strengthen our controls on variable pay expenditure across NWSSP and continue to progress the roll out of our overtime app to further enhance control and monitoring of expenditure. We will review expenditure in the coming months with a view to reducing the forecast if possible.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The savings tracker has been populated per our IMTP submission.

In month 2 we are reporting a non-recurrent net overachievement of income generation/non-recurrent savings against our planned vacancy factor of £0.813m due to the number of vacancies we are in the process of recruiting to and the improved grip and control measures we are implementing. As noted above this savings overachievement does not as yet include any impact of increased cost pressures for fuel/oil/energy that may be incurred during the year dependent upon prices impacted as the Middle East conflict continues.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

The table has been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP. The pay award descriptions have been amended to note 2026/27. The 2025/26 VSM pay award funding has not been included as this has

already been invoiced as part of our monthly allocation invoices submitted **(Action Point 1.7)**

9. Health Care Agreements and Major Contracts

Approval of the 2026/27 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 19th March 2026. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.11%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & L)

At 31st May 2026 there were no invoices outstanding over 17 weeks. We are urgently progressing payment confirmation for all 2025/26 invoices agreed as part of Agreement of Balances although some Organisations have not submitted these for payment within the deadline **(Action Point 1.8)**.

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)

The capital tables have been completed to reconcile to our £6.176m Capital Expenditure Limit and are based on our current expenditure forecast which we will refine as we progress through the financial year.

The IP5 roof scheme is currently forecast to fully utilise all available funding within the MMR tables, however due to an adjustment to the VAT recovery we anticipate there will be an underspend on this project which we are awaiting the final works statement to be able to finalise. To utilise the underspend, we would like to be able to commence works on other IP5 projects within the financial year including PV roof mounted panels and a replacement heating system (which would need to commence in July for the project to be delivered within the financial year) , and we are liaising with capital colleagues regarding the feasibility to progress these.

14. IFRS 16 & CAME (Table P)

Table not required for completion until Month 3.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 1 and 2 Financial Monitoring Returns at the July Committee meeting.

16. Authorisation of Return

…… ……..

NEIL FROW
MANAGING DIRECTOR
NWSSP

LINSAY PAYNE
DEPUTY DIRECTOR OF FINANCE
& CORPORATE SERVICES

10th June 2026

NHS Wales Shared Services Partnership **Period : May 26**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Cost Pressures (Negative Value)	-8,059	-2,270	-5,789	-5,789
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	1,916	1,607	309	309
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	3,230	261	2,969	2,969
7	Planned (Finalised) Net Income Generation	2,077	375	1,702	1,702
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	836	27	809	809
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
12	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-80	0	-80	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	863	863	0	0
17	Additional In Year Identified Savings - Forecast	29	29	0	0
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-3,476	-3,476		
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	3,476	3,476	0	0
22	Unplanned Cost Pressures	0	0	0	0
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	-813	-813	0	0
26		0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**80**	**-80**	**0**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-672	-1,343	-8,059
3	160	160	160	160	160	160	160	160	160	160	160	160	319	1,916
4													0	0
5												0	0	0
6	270	270	270	270	270	270	270	270	270	270	270	260	540	3,230
7	172	172	172	172	172	172	172	172	172	172	172	182	345	2,077
8													0	0
9	70	70	70	70	70	70	70	70	70	70	70	70	139	836
10													0	0
11													0	0
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0	0
15	-40	-40	0	0	0	0	0	0	0	0	0	0	-81	-80
16	507	356	0	0	0	0	0	0	0	0	0	0	863	863
17	47	-17	0	0	0	0	0	0	0	0	0	-1	30	29
18													0	0
19	-225	-913	-232	-232	-232	-232	-232	-233	-233	-232	-233	-247	-1,138	-3,476
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	226	912	232	232	232	232	232	233	233	232	233	248	1,138	3,476
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	-515	-298	0	0	0	0	0	0	0	0	0	0	-813	-813
26													0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

NHS Wales Shared Services Partnership

Period : May 26

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	368	2,205		2,205	0				
2		Actual/F'cast	692	570	184	184	184	184	184	184	184	184	184	180	1,262	3,098	40.74%	3,098	0	1,154	1,944	0	1,944
3		Variance	508	386	0	0	0	0	0	0	0	0	0	(1)	894	893	243.04%	893	0				
4	Non-Pay	Budget/Plan	86	86	86	86	86	86	86	86	86	86	86	79	172	1,025		1,025	0				
5		Actual/F'cast	132	39	86	86	86	86	86	86	86	86	86	79	171	1,024	16.70%	1,024	0	-1	1,025	0	1,025
6		Variance	46	(47)	0	0	0	0	0	0	0	0	0	0	(1)	(1)	(0.58%)	-1	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	270	270	270	270	270	270	270	270	270	270	270	260	540	3,230		3,230	0				
35		Actual/F'cast	824	609	270	270	270	270	270	270	270	270	270	259	1,433	4,122		4,122	0	1,153	2,969	0	2,969
36		Variance	554	339	0	0	0	0	0	0	0	0	0	(1)	893	892		892	0				
37	Variance in month		205.33%	125.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	(0.38%)	165.44%								
38	In month achievement against FY forecast		20.00%	14.77%	6.55%	6.55%	6.55%	6.55%	6.55%	6.55%	6.55%	6.55%	6.55%	6.28%									

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	**Ok**
Total Forecast Savings agrees to Table A	**Ok**
Total FYE of Recurring Savings agrees to Table A	**Ok**
Total Forecast Savings in Table C agrees to Table C2	**Ok**

NHS Wales Shared Services Partnership

Period : May 26

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	170	170	170	170	170	170	170	170	170	170	170	165	340	2,035	2,035	0			
2		Actual/F'cast	678	526	170	170	170	170	170	170	170	170	170	164	1,204	2,898	2,898	0	1,124	1,774	1,774
3		Variance	508	356	0	0	0	0	0	0	0	0	0	(1)	864	863	863	0			
4	Pay - Variable	Budget/Plan	14	14	14	14	14	14	14	14	14	14	14	16	28	170	170	0			
5		Actual/F'cast	14	44	14	14	14	14	14	14	14	14	14	16	58	200	200	0	30	170	170
6		Variance	0	30	0	0	0	0	0	0	0	0	0	0	30	30	30	0			
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Total	Budget/Plan	184	184	184	184	184	184	184	184	184	184	184	181	368	2,205	2,205	0			
11		Actual/F'cast	692	570	184	184	184	184	184	184	184	184	184	180	1,262	3,098	3,098	0	1,154	1,944	1,944
12		Variance	508	386	0	0	0	0	0	0	0	0	0	(1)	894	893	893	0			

NHS Wales Shared Services Partnership

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May 26

Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	270	270	270	270	270	270	270	270	270	270	270	260	540	3,230	261	2,969	0	2,969
	Month 1 - Actual/Forecast	777	626	270	270	270	270	270	270	270	270	270	260	1,403	4,099	1,124	2,969	0	2,969
	Variance	507	356	0	0	0	0	0	0	0	0	0	0	863	863	863	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	(17)	0	0	0	0	0	0	0	0	0	(1)	30	29	29	0	0	0
	Variance	47	(17)	0	0	0	0	0	0	0	0	0	(1)	30	29	29	0	0	0
	Total Plan	270	270	270	270	270	270	270	270	270	270	270	260	540	3,230	261	2,969	0	2,969
	Total Actual/Forecast	824	609	270	270	270	270	270	270	270	270	270	259	1,433	4,122	1,153	2,969	0	2,969
	Total Variance	554	339	0	0	0	0	0	0	0	0	0	(1)	893	892	892	0	0	0
Net Income Generation	Month 1 - Plan	172	172	172	172	172	172	172	172	172	172	172	182	345	2,077	375	1,702	0	1,702
	Month 1 - Actual/Forecast	132	132	172	172	172	172	172	172	172	172	172	182	264	1,997	375	1,622	80	1,702
	Variance	(40)	(40)	0	0	0	0	0	0	0	0	0	(0)	(81)	(80)	0	(80)	80	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	172	172	172	172	172	172	172	172	172	172	172	182	345	2,077	375	1,702	0	1,702
	Total Actual/Forecast	132	132	172	172	172	172	172	172	172	172	172	182	264	1,997	375	1,622	80	1,702
	Total Variance	(40)	(40)	0	0	0	0	0	0	0	0	0	(0)	(81)	(80)	0	(80)	80	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	442	442	442	442	442	442	442	442	442	442	442	442	885	5,307	636	4,671	0	4,671
	Month 1 - Actual/Forecast	909	758	442	442	442	442	442	442	442	442	442	441	1,667	6,096	1,499	4,591	80	4,671
	Variance	467	316	0	0	0	0	0	0	0	0	0	(0)	783	783	863	(80)	80	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	47	(17)	0	0	0	0	0	0	0	0	0	(1)	30	29	29	0	0	0
	Variance	47	(17)	0	0	0	0	0	0	0	0	0	(1)	30	29	29	0	0	0
	Total Plan	442	442	442	442	442	442	442	442	442	442	442	442	885	5,307	636	4,671	0	4,671
	Total Actual/Forecast	956	741	442	442	442	442	442	442	442	442	442	441	1,697	6,119	1,528	4,591	80	4,671
	Total Variance	514	299	0	0	0	0	0	0	0	0	0	(1)	813	812	892	(80)	80	0

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	0	0	0	**0**	0	0
Scheduled Care	0	0	0	**0**	0	0
Unscheduled Care	0	0	0	**0**	0	0
Mental Health	0	0	0	**0**	0	0
Community Services	0	0	0	**0**	0	0
Primary Care	0	0	0	**0**	0	0
Commissioned Services - CHC	0	0	0	**0**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	0	0
Non Clinical Support	3,098	1,024	0	**4,122**	1,997	0
Executive / Corporate Areas	0	0	0	**0**	0	0
Total	**3,098**	**1,024**	**0**	**4,122**	**1,997**	**0**

Table 13.- Earnings Tracker

This Table is currently showing 4 errors

To Treat: 0/0

Order:

| ID | Organization | Scheme Opportunity Title | Division | Business Unit | Service Scheme Number | Personnel (ID) Non-Personnel (NN) | Definition | Annual Task Annual Max DHB | Max DHB Monetary Incentive Value | Annual Task Forecast DHB | Risk of Scale Delay (Lower Scheme Log) | Scheme Identifier Aplicant + Ini Task (Max 12 Char) | Forecast FTE Saving Scheme Log (DHB) | Scheme Start Date | Date Scheme Expected to go Live | Scheme Ongoing | Service Area | BAU Changes/Business Process Impacted (Tick Yes/No) | DHB Budget Category | Scheme Type | Sep Mar 2018 | Mar/Apr 2018 | Jun Mar 2018 | Jul Mar 2018 | Aug Mar 2018 | Sep Mar 2018 | Oct Mar 2018 | Nov Mar 2018 | Dec Mar 2018 | Jan Mar 2019 | Feb Mar 2019 | Mar Mar 2019 | Apr Mar 2019 | May Mar 2019 | Jun Mar 2019 | Jul Mar 2019 | Aug Mar 2019 | Sep Mar 2019 | Oct Mar 2019 | Nov Mar 2019 | Dec Mar 2019 | Jan Mar 2020 | Feb Mar 2020 | Mar Mar 2020 | Apr Mar 2020 | May Mar 2020 | Jun Mar 2020 | Jul Mar 2020 | Aug Mar 2020 | Sep Mar 2020 | Oct Mar 2020 | Nov Mar 2020 | Dec Mar 2020 | Jan Mar 2021 | Feb Mar 2021 | Mar Mar 2021 | Total Annual Saving DHB | Annual Non-Recurrent Cost DHB | Net Benefit Year 1 DHB | Variations | | |

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 29/06/2026 (Updated 29/06/2026)

Product Type	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand based on Target Stock	Target Stock Holding (16 or 12 Weeks Plus 4 Weeks BAU)	Target Stock - on hand plus orders placed	Procurement Update
Splash Proof Aprons (Roll)	14,516,600	144,000	176,200	96.1%	15,100,000	97.1%	Further orders are being placed to bring to target level.
Splash Proof Aprons (Flat Pack)	15,887,275	0	37,563	120.4%	13,200,000	120.4%	
Type IIR Masks	28,955,300	0	46,275	91.6%	31,600,000	91.6%	Optimum bulk order quantity being calculated to cover both stockpile and BAU requirements - order to be placed by August for early Autumn delivery
FFP3 Masks (Un-Valved)	456,800	0	1,005	45.7%	1,000,000	45.7%	ITT (tender) being drafted with PHW, SMTL and HB's. Order to be placed in 2026/7
FFP3 Masks (Valved)	1,643,559	0	554	N/A	0	N/A	
FFP3 Masks Total	***2,100,359***	***0***	***1,559***	210.0%	***1,000,000***	210.0%	
Face Shields/Visors	217,468	1,600,800	442	13.6%	1,600,000	113.6%	Delivery due August 2026
Gloves	195,150,000	30,346,800	2,840,575	133.4%	146,300,000	154.1%	
Full Body Gowns	314,132	202,132	3,304	62.8%	500,000	103.3%	Delivery 40k by the end of July 2026, remaining balance to be delivered by September 2026
Wipes	27,143,250	270,000	1,383,550	89.3%	30,400,000	90.2%	Working with procurement and NHS Supply Chain for further order to bring to required levels following fluctuation in holdings as a result of BAU usage.
Hand Sanitizer	326,549	960	1,056	326.5%	100,000	327.5%	
Detergent Tablets	404,850	37,800	8,325	101.2%	400,000	110.7%	
Liquid Soap	16,518	0	623	106.0%	15,576	106.0%	
Clinical Waste Bags	218,525	0	0	104.1%	210,000	104.1%	
Total	**285,250,826**	**32,602,492**	**4,499,472**		**240,425,576**		

Key Notes & Assumptions

a) The reported stock holding does not include stock physically held within the receiving organisations.
b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
d) The reporting of stock is based on individual units, except for:
- Hand sanitizer where a unit is a container regardless of size
e) The dashboard output is a sanpshot at a point in time of a dynamic position
f) Issue rate reflects the average number of issues made in the last 4 weeks
g) Stock on hand reflects the percentage based on the target stock holding
h) RAG Rating is currently based on 12 Weeks for Aprons, Type IIR Masks, Face Shields, Full Body Gowns, Hand Sanitizer & Wipes. 16 Weeks for FFP3s and Gloves. Plus 4 Weeks of BAU based on Average issues in June 25

At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume

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The report is not Exempt

Teitl yr Adroddiad/Title of Report	
NWSSP Audit Committee Assurance Report – April 2026	
ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services, NWSSP
AWDUR: AUTHOR:	Carly Wilce Corporate Services Manager, NWSSP
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services, NWSSP
MANYLION CYSWLLT: CONTACT DETAILS:	Alison Ramsey Director of Finance & Corporate Services, NWSSP 02921 501500 / Alison.ramsey@wales.nhs.uk
Pwrpas yr Adroddiad: Purpose of the Report:	
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on **28 April 2026.**	
Llywodraethu/Governance	
Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee
Ymgynghoriad/Consultation:	
Who has been consulted on the details of the report? • NWSSP Audit Committee	
Adduned y Pwyllgor/Committee Resolution (insert √):	

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

Argymhelliad/ Recommendation	The Committee is asked to **NOTE** the report
Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	No direct impact
Iechyd Poblogaeth: Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Clef:	No direct impact

Quality, Safety & Patient Experience:	
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd/ Duty of Quality:	No direct impact
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

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VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT – 28 APRIL 2026

1. **SITUATION**

To provide the Shared Services Partnership Committee (**SSPC**) with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership (**NWSSP Audit Committee**), at its meeting on 28 April 2026 for **NOTING**.

2. **BACKGROUND**

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership provides assurance to the SSPC on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 28 April 2026, is outlined below:

3. SUMMARY OF MATTERS FOR CONSIDERATION

ALERT / ESCALATE	There were no matters for **alert/escalation** to the Board.
ADVISE	The Committee noted continued progress with the Transforming Access to Medicines Services (TrAMS) programme, including Radiopharmacy readiness and hub development. Delivery remains subject to Medicines and Healthcare products Regulatory Agency (MHRA) approval and Welsh Government business case approvals, with implementation likely to be early 2028 at the earliest.
ASSURE	**Update from NWSSP Managing Director**

	The Managing Director provided members with a comprehensive update on significant developments within NWSSP, as summarised below: • Further to the Welsh Government (WG) review of NWSSP Governance and Accountability, a Working Group has been established to implement the recommendations, with a programme of meetings currently being developed. • Following the resignation of Tracy Myhill as NWSSP Chair, the process to appoint a successor has commenced. • Following a robust recruitment process, Dr Martin Edwards has been appointed as NWSSP Medical Director, succeeding Dr Ruth Alcolado. Laura-Jayne Keating has also been appointed as Director of Pharmacy Technical Services, following the retirement of Colin Powell. • NWSSP achieved a break-even position for the 2025–26 financial year, with a £9k surplus and £6m savings returned to NHS Wales organisations and WG. • The NWSSP Integrated Medium Term Plan has been submitted to WG, with the outcome awaited. • The Welsh Risk Pool (WRP) remains the most significant financial pressure. Work remains ongoing with WG and partners to strengthen forecasting and assurance, with WG agreeing to provide additional funding to organisations presenting a balanced financial plan. • Preparatory work for the 2026–27 influenza vaccination programme is underway. • Winter planning arrangements within the Medical Examiner Service were effective, with lessons learned being embedded. It was noted that the relatively new service has demonstrated significant improvement.
ASSURE	**Audit Wales Update** Audit Wales provided an update on progress, noting that the audit of Velindre University NHS Trust (VUNHST) accounts was underway. It was also noted that the NWSSP Remuneration Report would be incorporated into the VUNHST Annual Report for the first time.
ASSURE	**2025-26 NWSSP Audit Assurance Arrangements** Audit Wales presented the report outlining the assurance work undertaken in support of the core functions delivered by NWSSP on behalf of NHS Wales organisations. This work offers assurance to the relevant audit teams and underpins the audit of the 2025/26 financial statements. Planned work remained consistent with the previous year, with the addition of the Case Management System (CMS) for the Welsh Risk Pool, which replaced the Quantum system in April 2025. The transition was completed successfully, with no issues identified. Any matters arising from the audit work will be reported in the Management Letter later in the year.

ASSURE	**Internal Audit Progress Report** The Head of Internal Audit provided an update on progress against the 2025–26 Internal Audit Plan, confirming that three reports had been finalised during the period and were included on the agenda. It was noted that several further reports were in progress and expected to be completed by 31 May 2026. These will be presented at the NWSSP Extraordinary Audit Committee meeting scheduled for 15 June 2026.
ASSURE	**Internal Audit Reports** The Committee received Internal Audit reports and was provided with assurance that key systems and controls operate effectively, with Substantial and Reasonable assurance ratings across all reviews. Progress against the actions identified will be monitored via the NWSSP Agreed Management Action Tracker. • **Payroll Services:** The audit evaluated the design and operation of systems and controls within Payroll Services and received Substantial Assurance, with one medium-priority finding identified. • **Single Lead Employer (SLE):** The audit assessed compliance with a range of policies and procedures and received Reasonable Assurance, with one high-priority finding identified for action. • **Digital Strategy:** The audit reviewed the implementation of the Digital Strategy and received Reasonable Assurance, with four medium-priority findings identified for action.
ASSURE	**Internal Audit Plan and Charter 2026–27** The Head of Internal Audit presented the draft Internal Audit Plan, Charter and Mandate for 2026–27, developed in line with the relevant Internal Auditing Standards and taking account of the implications of the NWSSP Governance and Assurance Review. The draft Audit Plan was reviewed and endorsed by the Senior Leadership Group in April 2026. Progress against the Plan, together with any proposed amendments, will be monitored and reported throughout the year. The NWSSP Audit Committee **APPROVED** the 2026–27 Internal Audit Plan, Charter and Mandate.
	Counter Fraud Progress Report The Committee received the Q4 Counter Fraud progress update from NWSSP's Local Counter Fraud Manager, providing an overview of activity to date, which included: • A total of 42 days were recorded during the quarter, contributing to 115.5 days for the year. Reactive work totalled 16.75 days during the quarter, bringing the year-to-date total to 95.5 days. Overall activity amounted to 211 days, exceeding the 210 days outlined in the workplan, primarily due to collaborative work with Swansea Bay University Health Board in respect of risk assessments.

	• Eight fraud awareness sessions were delivered, reaching 266 staff. In addition, a further 58 staff completed the Fraud Awareness e-learning module, resulting in a total of 579 staff reached during the period. • Several alerts were received from the Counter Fraud Authority regarding corporate impersonation, with the potential for NHS email addresses to be compromised.
	Counter Fraud Annual Plan 2026-27 The 2026–27 Annual Counter Fraud Plan was presented to the Committee for approval. The Plan has been developed in alignment with the Cabinet Office Standards for Counter Fraud Arrangements. It was noted that the 2026–27 work plan would be subject to ongoing review throughout the year, with its effectiveness evaluated and reported in the year-end Annual Report to the Audit Committee. The NWSSP Audit Committee **APPROVED** the Draft Counter Fraud Annual Plan 2026–27.
ASSURE	**Governance Matters** The Governance Matters report detailed contracting activity for the last quarter. There was one occasion where a contract award was not progressed in accordance with the Standing Orders and Scheme of Delegation. There were **50** contracts let by NWSSP and **24** further contracts let on an All-Wales basis for NHS Wales. **Two** declarations had been made in relation to gifts, hospitality or sponsorship since the last meeting, and no internal audit reports were concluded as Limited or No Assurance. Of **123** audit recommendations, **115** had been implemented, **6** were not yet due and **2** were overdue. The overdue recommendations are dependent on a third-party organisation for full implementation. Requests to extend the target dates were approved by the NWSSP Audit Committee. The NWSSP Corporate Risk Register contains **6** red risks and **11** amber risks for action. Overall, the Committee was assured of robust governance, control, and risk management arrangements across NWSSP.
ASSURE	**Losses and Special Payments Paper** The Manual Accounts stipulate that: *'NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government H&SSG Finance Director before writing-off a loss or*

	making, or undertaking to make, any special payment that exceeds their delegated limit.' *Annex 4 to Chapter 6 sets out the delegated limits above which Health bodies need to obtain WG approval for the write off of the loss. The delegated limit is £50,000*. The Deputy Director of Finance and Corporate Services presented the Losses and Special Payments report for 2025–26, noting a 35% reduction in losses compared with the previous year. The report included Single Lead Employer losses, which are recharged to Health Boards. The reported loss was £906k gross, or £615k net. The value of stock at 31 March 2026 was £25.713m and the value of stock issues from 1 April 2025 to 31 March 2026 was £54.427m. Losses related to slow moving, obsolescent stock and special payments. Assurance was received regarding compliance with Welsh Government approval requirements.
ASSURE	**NWSSP Annual Reporting Timeline** The Assistant Director of Corporate Services presented the annual reporting timeline for approval of the NWSSP Annual Governance Statement (AGS), Head of Internal Audit Opinion and Annual Report 2025–26. A proposal was put forward to convene an Extraordinary Audit Committee meeting on 15 June 2026 to facilitate approval of these items in line with Velindre University NHS Trust reporting timelines; this was agreed.
INFORM	**The following items were received for information** • NWSSP Audit Committee Forward Plan 2026-27.
APPENDICES	Not applicable

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Shared Services Partnership Committee

Forward Plan of Business

2026-27

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
15/09/2026	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session on Cyber Resilience Strategic Equality Plan Update Decarbonisation and Adaptation Update	Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations NWSSP Corporate Risk Register Declarations of Interest NWSSP Audit Committee Assurance Report	Annual Reports for: • Information Governance • Welsh Infected Blood Support Scheme • Welsh Risk Pool and Legal & Risk Services
19/11/2026	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report	Deep Dive Session on Single Lead Employer Duty of Quality Update Integrated Medium-Term Plan Update Report	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Approval of Annual Update of NWSSP Audit Committee Terms of Reference	Audit Wales Management Letter

	Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
21/01/2027	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report	Deep Dive Session Decarbonisation and Adaptation Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Review of Standing Orders, Reservation and Delegation of Powers and Scheme of Delegation	Integrated Medium-Term Plan (IMTP) – Approval

	Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
18/03/2027	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Review of Overarching Service Level Agreements (SLAs) Integrated Medium-Term Plan Update Report Strategic Equality Plan Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	

TBC 05/2027	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Integrated Medium-Term Plan Update Report	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	Internal Audit Plan Audit Wales Plan Duty of Quality Annual Report Counter Fraud Plan
Additional Meeting Dates for Diary	• 2026 Autumn Committee Development Day – *Date to be confirmed*			