Shared Services Partnership Committee - Part A

Mon 03 February 2025, 09:30 - 11:20

Microsoft Teams

Agenda

09:30 - 09:40
10 min

1. Standard Business

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.1. Welcome & Apologies

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.2. Declaration of Interests

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.3. Minutes of the Meeting Held on 21 November 2024

Decision *Professor Tracy Myhill OBE, NWSSP Chair*

For approval

1.4 SSPC Minutes Part A Public 21 November 2024.pdf (15 pages)

1.4. Action Log

Information *James Quance, Assistant Director of Corporate Services*

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

09:40 - 10:00
20 min

2. Chair/Managing Director's Report

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

2.1. Chair's Report

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

2.2. Chair's Appraisal

Verbal *Gareth Hardacre, Director of People, Organisational Development and Employment Services*

2.3. Managing Director's Report

Neil Frow OBE, Managing Director

2.3 SSPC Managing Director Report January 2025.pdf (10 pages)

10:00 - 10:30
30 min

3. Deep Dive

Rebecca Nelson, Director of Planning, Performance and Informatics

3.1. NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Rebecca Nelson, Director of Planning, Performance and Informatics

10:30 - 10:45
15 min

4. Items for Approval/Endorsement

4.1. Draft Integrated Medium Term Plan (IMTP) 2025-2028

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

- 4.1 NWSSP IMTP 2025-28 SSPC Cover Paper.pdf (3 pages)
- 4.1 NWSSP IMTP 2025-28.pdf (80 pages)

4.2. Medical Examiner Pay Scale

Decision *Nicola Philips, Director of Primary Care and Medical Examiners Services*

- 4.2 Medical Examiners Pay Scale Cover Paper.pdf (7 pages)
- 4.2 Appendix i - M&D Pay Circular 2023-24.pdf (24 pages)
- 4.2 Appendix ii - M&D pay circular wef 1st January 2024.pdf (4 pages)
- 4.2 Appendix iii - M&D pay circular wef 1st April 2024.pdf (26 pages)
- 4.2 Appendix iv - DCMO letter dated 9th September 2009 - Coming into force of death certification reforms on 9 September.pdf (2 pages)
- 4.2 Appendix v - Financial summary of the pay scale progression for each option.pdf (2 pages)

4.3. Customer Service Charter

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

- 4.3 NWSSP Customer Service Charter.pdf (5 pages)

10:45 - 11:15
30 min

5. Governance, Performance and Assurance

5.1. Finance Report

Alison Ramsey, Director of Finance and Corporate Services

- 5.1 Finance Report January 2025.pdf (8 pages)

5.2. People and Organisational Development Report

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

- 5.2 People & Organisational Development Report.pdf (12 pages)

5.3. Performance Report

Rebecca Nelson, Director of Planning, Performance and Informatics

- 5.3 Performance Report February 2025 Cover Paper.pdf (2 pages)
- 5.3 Performance Report February 2025.pdf (15 pages)

5.4. Outcome Performance Report

Rebecca Nelson, Director of Planning, Performance and Informatics

- 5.4 Outcome Performance Report February 2025 Cover Paper.pdf (2 pages)
- 5.4 Outcome Performance Report February 2025.pdf (10 pages)

5.5. Integrated Medium Term Plan (IMTP) Quarter 3 Update

Rebecca Nelson, Director of Planning, Performance and Informatics

- 5.5 IMTP Update Report Q3 of 2024-2025 Cover Paper.pdf (2 pages)
- 5.5 IMTP Update Report Q3 of 2024-2025.pdf (20 pages)

5.6. Project Management Office and Service Improvement Update Report

Rebecca Nelson, Director of Planning, Performance and Informatics

5.6 Project Management Office and Service Improvement Update Report.pdf (28 pages)

5.7. Corporate Risk Register

James Quance, Assistant Director of Corporate Services

5.7 Corporate Risk Register January 2025 Cover Paper.pdf (4 pages)
5.7 Appendix 1 Corporate Risk Register January 2025.pdf (5 pages)

11:15 - 11:15
0 min

6. Items for Information

Information

6.1. Finance Monitoring Returns (Month 8 and 9 2024-25)

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

6.1 Monitoring Return Commentary Month 8 NWSSP 2024-25.pdf (10 pages)
6.1 Monitoring Return Commentary Month 9 NWSSP 2024-25.pdf (10 pages)

6.2. Personal Protective Equipment (PPE) Report

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

6.2 NWSSP PPE Report 1 v 23-12-2024.pdf (1 pages)
6.2 NWSSP PPE Report 2 v 20-01-2025.pdf (1 pages)

6.3. SSPC Forward Plan 2024-25

Information *James Quance, Assistant Director of Corporate Services*

6.3 SSPC Forward Plan of Business 2024-2025.pdf (6 pages)

11:15 - 11:20
5 min

7. Any Other Business (AOB)

Professor Tracy Myhill OBE, NWSSP Chair

11:20 - 11:20
0 min

8. Date of Next Meeting: Tuesday, 26 March 2025 from 10.00am to 12.00pm

Information *Professor Tracy Myhill OBE, NWSSP Chair*

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 21 NOVEMBER 2024

10:00AM – 11.50AM

MEETING HELD ON MICROSOFT TEAMS

PART A - PUBLIC

ATTENDANCE		DESIGNATION	ORGANISATION
MEMBERS:			
Tracy Myhill	(TM)	Chair	NWSSP
Neil Frow	(NF)	Managing Director	NWSSP
Hywel Daniel	(HD)	Executive Director for People	CTMUHB
Huw Thomas	(HT)	Director of Finance	HDUHB
Pete Hopgood *-In attendance until 11.00am*	(PH)	Director of Finance	PTHB
Sarah Jenkins	(SJ)	Interim Director of Workforce & Organisational Development	SBUHB
Robert Holcombe	(RH)	Director of Finance, Procurement & Value *- For Sarah Simmonds*	ABUHB
OTHER ATTENDEES:			
Andrea Hughes	(AH)	Interim Director of Finance *-Deputising for Russell Caldicott*	BCUHB
Rob Mahoney	(RM)	Deputy Director of Finance *-Deputising for Catherine Phillips*	C&VUHB
Chris Moreton	(CM)	Deputy Director of Finance *-Deputising for Claire Osmundsen-Little*	DHCW
Rhiannon Beckett	(RB)	Deputy Director of Finance, Planning, Performance and PMO *-Deputising for Glyn Jones*	HEIW
Paul Veysey	(PV)	Director of Corporate Governance	PHW
Matt Denham-Jones	(MDJ)	Deputy Director of Finance	Welsh Government
Alison Ramsey	(AR)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre	(GH)	Director of People & Organisational Development and Employment Services	NWSSP
Rebecca Nelson	(RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Ruth Alcolado	(RA)	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	NWSSP
PRESENTERS:			
Stuart Douglas	(SD)	Director of Specialist Estates Services	NWSSP
Sarah Evans	(SE)	Deputy Director of People and Organisational Development	NWSSP

Item		Action
1.	**Standard Business**	
1.1	**Welcome and Opening Remarks** The Chair welcomed members to the November 2024 meeting of the Shared Services Partnership Committee (SSPC).	
1.2	**Apologies Received From:** • Sarah Simmonds, Director of Workforce & Organisational Development (ABUHB) • Russell Caldicott, Interim Executive Director of Finance & Corporate Office (BCUHB) • Catherine Phillips, Director of Finance (C&VUHB) • Claire Osmundsen-Little, Director of Finance (DHCW) • Glyn Jones, Director of Finance, Planning & Performance (HEIW) • Tanya Bull, Union Representative (Unison) • Carl James, Interim Chief Executive (Velindre) • Chris Turley, Director of Finance (WAST)	
1.3	**Declarations of Interest** There were no Declarations of Interest received.	
1.4	**Minutes of Previous Meeting** The Minutes of the meeting held on 19 September 2024 were **APPROVED**, subject to an amendment to include PV in the list of apologies received.	**RD**
1.5	**Action Log** JQ presented an update on the Action Log: • The Llais Service Level Agreement was completed and signed by both parties. There were no further actions required by the Committee. • Exploration of Committee attendance arising from the Annual Governance Statement 2023/24 was completed following the Development Day held in October 2024. • People and Organisational Development Reports: the deep dive session on Single Lead Employer was scheduled at Agenda Item 3 and the Race Equality update was not yet due and would be discussed at the January 2025 meeting. • The action arising from the Project Management Office and Service Improvement Update Report to integrate impacts of progress on projects was not yet due and remained under consideration. The Committee **NOTED** the update of the Action Log.	

2.	**Chair/Managing Directors Update**	
2.1	**Chair's Report** TM provided a verbal update regarding recent activities, including: • Regular one-to-one meetings with NF. • Encouraging Committee members to share feedback with GH to contribute to the Chair's appraisal process. • The most recent Welsh Risk Pool Committee meeting took place on 24 September 2024 and a summary is included in the Managing Directors Report. The next meeting will take place on 26 November 2024. • The Development Day hosted on 11 October 2024 was positive and provided valuable feedback and insights as regards Committee management, including the induction process for members and highlighting the importance of ensuring Executives are representing organisations to ensure quoracy for meetings. Presentations included Risk Appetite, Transforming Access to Medicines and the refresh of the Customer Charter. Welsh Risk Pool delivered a session covering the life cycle of a claim, opportunities to minimise the length of claims and exploring the impact on people in processes, sharing examples of learning programmes, such as PROMPT. Going forward, the Welsh Risk Pool Team would ensure, where possible, that the useful data collated is made available to NHS Wales to inform organisational planning and decision-making. • Discussions were held at the Chair's Peer Group on 29 September 2024 regarding Clinical Associates in Applied Psychology, the Aspiring Board Member Programme run by the Public Bodies Unit to increase diversity in Board membership across Wales, the Care Action Committee and productivity and performance. Further, the Group received an update from Paul Mears from the Chief Executives. The Llais Strategic Plan and the disciplinary processes for Chairs and Independent Members were also discussed. There was also an update from the Welsh Confederation and Welsh Confederation Conference on 6 November 2024. • NWSSP would be hosting an All-Wales Planning Programme for Learning Autumn Event on 22 November 2024. The Committee **NOTED** the Chair's Report.	
2.2	**Managing Director Report** NF presented the Managing Director's report, highlighting the following: • The Welsh Risk Pool Committee recently highlighted slight delays in terms of deferred cases, potentially due to additional pressures in Health Board Claims Teams, but was positive in terms of 209 cases reviewed with £15 million of reimbursements. • In terms of finance, NWSSP put forward 22 schemes for capital funding and are working through the approvals that have been received. • Positive progress has been made on the South East RadioPharmacy project and subject to Welsh Government (WG) approval and planning permission, works would be looking to commence in January 2025. Notwithstanding there was a current issue regarding the stack diffusion assessment and HEPA filters, which would be discussed with Natural	

	Resources Wales. The Newport Council planners have requested a formal Section 106 Agreement together with a small the contribution to the adjoining roadway scheme as part of the planning approval process. • There was great work being undertaken around lessons learned and organisational learning being taken forward as part of the Welsh Risk Pool programme. • NWSSP have confirmed the proposed £2m declaration for distribution to NHS and WG. • The internal process for the Integrated Medium Term Plan (IMTP) is on-track and we would bring a further update of the plan to the January Committee meeting for approval. • The Medical Examiner Service became statutory in September 2024 and we have been working through delays experienced regarding records being returned to us. As such, there had been some press interest in North Wales and we have been working with Betsi Cadwaladr University Health Board (BCUHB) around this. • As regards accommodation, the Companies House and HQ accommodation position had changed with negotiations ending for the NG2 site which we understand has now been sold. Therefore, we are looking to extend our lease of the current HQ site and to downsize Companies House to a smaller footprint. • In terms of international recruitment, there had been a positive recent visit to Kerala and the Medical Director reported a significant number of doctors and nurses were appointable to positions. In terms of going forward for future visits, it would be helpful for Health Boards to be clear on their approved available vacancies in advance of scheduled visits. • Laundry Services achieved the BS14065 accreditation for decontamination of linen at their North Wales and Swansea sites and are progressing on other sites. As expected, there had been a number of challenges operationally, due to the ageing estate and laundry equipment, which has been as a direct result of the lack of investment in previous years. TM praised the external validation of the work completed at the Laundry Services to achieve the BS14065 accreditation. RA added that in terms of International Recruitment, the NWSSP team worked with HDUHB, BCUHB and Velindre to appoint 12 specialist doctors and over 100 nurses. The doctors would be contracted on a 2+1 year basis to achieve their accreditation to become Consultants. RA encouraged organisations to work with NWSSP as regards vacancies and TM summarised by thanking RA for making the trip on NHS Wales' collective behalf. HT was pleased that HDUHB are actively participating and was hopeful that this would contribute towards a further reduction in agency spend and also supporting quality of services. In terms of Transforming Access to Medicines (TrAMS) financing arrangements, HT raised that there had been proposals discussed at the Deputy Directors of Finance (DDOFs) meeting around budget transfer from Health Boards to NWSSP. However, a number of organisations felt that this needed further discussions as they believed that any costs should be allocated on a fair share basis rather than historical positions.	

	AR confirmed that she was grateful for the feedback and there would need to be further stakeholder engagement before the position was finalised. There were a number of options to be explored and in order to take this forward and bring an update back to Committee in January 2025, pragmatism for moving at pace would be required, as Committee members were all in agreement that TrAMS is an urgent priority. NF added a hybrid model may need to be discussed in terms of organisations picking up risk sharing and there would be further engagement over the coming months. TM summarised that Committee members were engaged in this programme and were content to follow-up with feedback outside of the meeting. The Committee **NOTED** the Managing Director's Report.	
3.	**Deep Dive**	
3.1	**Single Lead Employer Model** SE presented the comprehensive Deep Dive into the Single Lead Employer (SLE) Model to the Committee. The SLE model is now fully embedded as part of NWSSP's organisational set up with a Tripartite Agreement in place for NWSSP to work in partnership with Health Education and Improvement Wales (HEIW) and any host organisations. This complex model of working is further underpinned by an Employment Management Agreement. In terms of scope, SLE covers all Medical, Dental and Pharmacy trainees across Wales; the current headcount exceeds 3,700 trainees. The initial implementation began with GP trainees in 2015 and expanded to include Foundation Doctors during the pandemic. The remaining trainees were then transferred between 2020-2022. Benefits of the SLE model include a simplified employment process, encompassing one pre-employment check, one contract of employment and one payroll form. Further, it ensures easier access to salary sacrifice schemes, mortgages and more effective support for trainees with disabilities. A further benefit includes streamlined payments; for example, ad-hoc duties are paid via one SLE assignment. NWSSP manages all aspects of the employment journey, from onboarding, compliance, rotations via ESR, management of complex employment matters and occupational health support. HEIW oversees education, training, and quality and host organisations are responsible for day-to-day supervision, rota coordination and leave management. Initial challenges faced with implementing the model included having a new team with limited medical and dental workforce experience and the implementation of new arrangements during the pandemic. Compliance issues were experienced, such as outdated DBS checks and regional payroll differences. Information flow was another challenge in terms of trainees previously being reliant on emails, attachments and paper systems. Process enhancements that have been implemented included the improvement of processes underpinning the employment journey, to include the use of	

	technology and leveraging Microsoft Office tools such as channels for better communication, regular updates and data management. Recent and ongoing improvements implemented include pre-employment check (PEC) open days, PEC datasets transitioned from Excel to MS Lists, improved LTFT (Less Than Full Time) application process and leavers notification form and enhanced data management and communication systems. Current developments in-progress cover areas such as the Intrepid system replacement, the OPAS-G2 occupational health system, the ESR applicant dashboard, overseas trainee customer liaison and the August intake resource planning. Planned improvements include further automation of processes, enhanced data management and improved statutory and mandatory training compliance. The SLE trainee hub provides useful information and resources via SharePoint or PowerApps, available bilingually. Key objectives for 2024-2026 are to reduce overpayments and strengthen validation processes for systems like ESR and Intrepid, create a shared database for managing attendance, improve support for trainees with disabilities, Speaking up Safely implementation, Think Tank rebranding and to increase uptake and compliance for mandatory training. A key risk, going forward, is the implementation of the new contract of employment for Junior medical staff and also the Intrepid system as it interfaces with ESR. A further risk being managed is the current caseload with complex employee relations cases, particularly Tribunal cases relating to discrimination, which predate NWSSP's involvement. These have been problematic in terms of their historic nature and determining who the responsible employer was at the time, however, NWSSP will continue to manage these, as appropriate, and recharge organisations for the time spent in dealing with them accordingly. SE summarised the ways in which partners can best support SLE in delivering the Model, as follows: • prompt reporting of Trainee sickness absence and pay impacting information; • prompt confirmation of changes to dataset bandings; • signposting on a timely basis to incidents involving Trainees at earliest opportunity (e.g. Speaking Up Safely); • provision of onsite accommodation for PEC checks during peaks; • distribution of monthly sickness reports to Divisions for accuracy; • witness availability to respond to Employment Tribunal claims; and • continued support and help with provision of Case Manager/Investigators for Upholding Professional Standards in Wales (UPSW) and respect and resolution cases. SE concluded the session by summarising NWSSP's commitment to the SLE Model in terms of continuous improvement, delivering value, innovation, and excellence through working in partnership. The Committee was complementary about the scale and complexity of the SLE journey and the significance of the undertaking for NWSSP. TM added that the engagement with trainees was key in terms of enabling them to influence developments. Further, that the Committee could take assurance from the	

	comprehensive deep dive, with Members making a number of positive comments, including praise regarding the link to National and local initiatives to make a difference to retention and improving trainee experience. It was noted that work was required by HEIW in terms of visibility of medical workforce gaps at present and for the future. The slide pack was made available to members of the Committee to support messaging within their organisations. Going forward, SE agreed to pick up a conversation with Aneurin Bevan University Health Board around local sickness absence reporting. The Committee **NOTED** the Deep Dive.	**SE**
4.	**Items for Approval/Endorsement**	
4.1	**Price Increase – Alder House Lease** AR presented the Report which sought the Committee's endorsement for the annual increase of rent at Alder House, prior to obtaining approval of Velindre University NHS Trust Board and added that it was a 10-year lease which commenced in December 2018. In order for the Trust to sign the Rent Review Memorandum, the Committee is required to endorse the annual increase in rent, from 10 December 2023, is from £195,000 per annum to £220,052.22 per annum, which equated to a total increase of £125,261.10, over the 5-year period. AH queried what work had been undertaken in respect of analysing NWSSP's future accommodation needs. AR noted that NWSSP are currently developing an Accommodation Strategy and whilst the focus was currently on South Wales, the North Wales site was imperative in terms of stakeholder importance and also hosting the Medical Examiner Service. AR welcomed opportunities to be explored with stakeholders, such as co-locations. SD added that the use of technology such as OccupEye sensors had assisted with the estates rationalisation exercise and informed the decision regarding downsizing our footprint in Companies House. The Committee resolved to **ENDORSE** the proposal.	
4.2	**Charnwood Court Lease Extension** AR presented the Report which sought the Committee's endorsement in order for the Velindre University NHS Trust Board to formally sign and seal the extension of the lease at NWSSP Headquarters at Units 4/5 Charnwood Court, Nantgarw, in accordance with the Standing Orders for the operation of the Committee. A consolidated approach for relocating Companies House and HQ was planned but had subsequently fallen through and therefore the project would be revisited. In the meantime this is a short term option to extend the existing HQ accommodation arrangements by just over 12 months in order to continue to search for an appropriate alternative. The Committee resolved to **ENDORSE** the proposal.	

4.3	**Purchase to Pay (P2P) Governance Update** LP presented the All-Wales P2P Governance Group progress update and sought the Committee's approval to cease the auto-release of invoices process from 1 January 2025. LP highlighted the progress made against the seven priorities which were identified by the Group in order to achieve the maximum impact and target the greatest improvements across the P2P process, including: • 41% reduction in invoices on a No PO no Pay hold, since January 2024; • 43% of the invoices were across 15 suppliers and efforts have been made to target these suppliers, including additional procurement resource; • writing to 3,500 suppliers and reminded them of the need for purchase order numbers and the requirements under the No PO, No Pay Policy; • the majority of organisations have written internal governance letters reminding Oracle users, staff and budget holders of their responsibilities; • additional training sessions held across Wales to raise further awareness; • holding P2P meetings with organisations to discuss local issues; • exploring efficiencies and consistency with use of Oracle and how Qliksense can be best used to develop a P2P dashboard; and • going forward, the Group's attention would be focussed on other invoices on hold (around 32,000) for various reasons and improving reporting in this area. In terms of providing assurance around the ceasing the auto release hold process from January 2025, LP stated that the process adopted during the pandemic was for invoices less than £500 that had a purchase order number to be paid regardless of whether the goods or services had been receipted. This was to support the pandemic working arrangements, in terms of cashflow and staff time and it was agreed that there would be local retrospective checks undertaken for these invoices. Responsibility for retrospective checks was identified as part of the Accounts Payable Internal Audit in March 2024. Upon further investigation it was confirmed that the responsibility for carrying out the process varied by organisation, between Accounts Payable, Procurement and locally within Finance teams. However, the organisational leads confirmed at the All-Wales P2P Governance Group meeting on 16 October 2024, that these checks were not being undertaken locally within their Finance teams. An options appraisal was completed and as this process was intended to be a temporary pandemic arrangement, it was deemed to no longer be required. This was raised at the Deputy Directors of Finance Group who were in agreement for putting back the usual controls for all invoices and resuming the pre-pandemic way of working. The Committee were content to approve the ceasing of the auto-release invoice process from 1 January 2025. AH added that there was excellent partnership work ongoing between Betsi Cadwaladr University Health Board and NWSSP that had delivered notable improvements in reporting. TM praised the joint efforts to put the right practices in place in terms of ways of working, resourcing and engaging with Health Boards and their suppliers.	

	The Committee **APPROVED** the recommendation to cease the auto-release process from 1 January 2025 and **NOTED** the progress made by the Group.	
4.4	**Risk Appetite Statement** JQ presented the Committee with the updated Risk Appetite Statement, which was last presented at the January 2023 meeting, following significant amendment. The Statement is periodically reviewed by the Senior Leadership Group (SLG) and was discussed at the Autumn Development Day on 11 October 2024. The Statement reflects guidance from the Good Governance Institute and a bolder approach to taking risk, which was reaffirmed at the Autumn Development Day when the application of the appetite levels for financial, regulatory, quality, reputational and people was discussed. This was a valuable discussion because it linked the experience of how the Statement is being applied in practice, to the approach that the Committee would like to see applied, going forward. In particular, the balance and interaction between value for money and quality generated a lot of discussion and is something that will need to continue to be monitored closely, and for the Committee to challenge itself as part of decision making and considerations in future. Overall, the risk appetite level was considered to be appropriate, moving towards a 'seek' from an 'open' stance, but for workforce it was felt we could be bolder, noting the transformative work undertaken and the leading role that NWSSP plays nationally in payroll, recruitment and Single Lead Employer, where there is continuing opportunity for significant value to partners and to enable NWSSP to meet its objectives. The risk appetite level for workforce has therefore been amended to 'significant' and we seek to lead the way in terms of workforce innovation. In summary, we accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change. The Committee **APPROVED** the Risk Appetite Statement.	
5.	**Items for Noting**	
5.1	**NWSSP Decarbonisation Update** SD presented an update on Decarbonisation within NWSSP as at October 2024, following the commitment to provide a bi-annual update to the Committee. The Decarbonisation Action Plan (DAP) had been updated to cover the period from 2024 to 2026. A Decarbonisation Delivery Group (DDG) had been established to co-ordinate activities within NWSSP and across NHS Wales, reporting to the NWSSP Decarbonisation Programme Board. The Decarbonisation Coordination Reporting (DCR) Team was formed in early 2023 to drive and co-ordinate the implementation of initiatives, acting as the interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales.	

	During the year, the DAP had been reviewed by Welsh Government and this provided amber assurance. NWSSP has since addressed the areas identified and provided monitoring services on a National scale for all the decarbonisation work being done in NHS Wales, implementing a reporting system for the 43 actions identified in the DAP.
	
	All of the findings in the 2023-24 Internal Audit Report relating to staff training, operational impacts of risks and preparation of a fully costed implementation plan have been addressed.
	
	In terms of performance, the decarbonisation programme remained at amber status for 2023-24. Progress was summarised for Quarters 1 and 2 of 2024-25 as follows:
	• The overall RAG status remained at Amber;
	  • Carbon Management: Green;
	  • Buildings, Estates, Land use, and Planning (BELP): Amber;
	  • Transport: Red (due to funding issues);
	  • Procurement: Amber; and
	  • Approach to Healthcare: Amber.
	
	The NWSSP year on year carbon footprint performance as calculated in the Public Sector Net Zero Reporting shows a reduction of 7.9 ktC02e (kilotonnes of carbon dioxide equivalent), from 2022 to 2023 and communication and engagement initiatives had been delivered, including a dedicated intranet page, staff awareness emails, infographics, an informational video and presentations to various directorates.
	
	SD showcased case studies impacting positively upon the decarbonisation agenda and the Committee learned about the full replacement of existing lighting with LEDs and motion sensors at IP5, which had saved 120,937kg of carbon and £116,895 in costs. SD also highlighted the Holden Farm Dairy Visit, which focussed on sustainable farming practices and their benefits for NHS Wales, including discussions around supply chains, nutrition, and cost management. Finally, the introduction of reusable plastic tote boxes for community wound dressings was showcased, which generated savings of 36,400 fewer cardboard boxes used per year, £21,000 in costs and 553kg of carbon.
	
	The most recent project at IP5 saw approximately 500 solar panels installed, where on one sunny day in November, we were able to generate 150 kilowatts of energy, meeting 94.38% of the need for the site on that day when we consumed 161 kilowatts. It was confirmed that, going forward, any additional energy generated would be used to power the impending RadioPharmacy and its associated activities.
	
	Planned activities for the forthcoming six months were summarised as:
	• increased use of solar technology, e.g. TRAILAR Vehicle solar systems to reduce vehicle emissions by approximately 6%, when fitted;
	• review and realignment of Internal Supply Chain distribution to reduce carbon output;
	• completion of feasibility studies for the upgrade of energy and heat provision for buildings within NWSSP's control;	

	• undertaking an outreach programme to engage with suppliers to create case studies; • carbon footprint assessments for services and products; and • development of guidance and use of trained facilitators to deliver bespoke training sessions, outlining best practice for sustainable procurement. The update provided assurance to the Committee of NWSSP's ongoing efforts and progress in reducing carbon emissions and promoting sustainability within NHS Wales. The Committee was heartened by the progress made and requested that SD return to the May 2025 meeting to provide a further update. RH requested any shared learning or best practice examples be cascaded to organisations. The Committee **NOTED** the Decarbonisation Update.	**JQ/SD** **SD**
5.2	**Duty of Quality Update** RA presented the report on Duty of Quality, which outlined steps made within NWSSP to ensure improving quality remains at the heart of the wide variety of services provided on behalf of NHS Wales. An update was also taken to Velindre University NHS Trust Quality and Safety Committee on 14 November 2024. The report sets out the positive actions taken by NWSSP to meet the Duty and included the establishment of a good practice network across all divisions in NWSSP, which focuses on sharing learning and quality improvement programmes. NWSSP had developed an All-Wales ESR e-learning module for the Duty of Quality, which whilst not mandated, can be accessed by all of NHS Wales. PV praised this approach. NWSSP's Business Quality Manager had been delivering engaging training sessions across Services and would be happy to share the experience within the wider NHS Wales landscape as regards progressing the non-clinical side of quality. It was recognised that the National Group was unable to focus on the non-clinical measures due to clinical pressures, demands and the attendees being largely clinicians. TM requested that all members share the update within their Director groups to ensure it reaches the non-clinical areas that would benefit from sharing learning and experiences around implementation of the Duty. The Committee **NOTED** the Duty of Quality Update as provided by the NWSSP Medical Director.	
6.	**Governance, Performance & Assurance**	
6.1	**Finance Report** AR reported the financial position, as at 31 October 2024, with a year-to-date surplus of £2.422m. This was reported as a surplus of £1.899m within our core operational budgets and £0.523m against the recurrent covid allocation. The £1.899m surplus against core budgets is primarily due to ongoing turnover and	

	delays with targeted recruitment to vacancies. Therefore, NWSSP gave a provisional recommendation of a £2.000m distribution to partners, subject to pay award funding allocations. A meeting would take place on 29 November 2024 with WG to discuss Personal Protective Equipment (PPE) stock, which remains an area of uncertainty requiring WG direction. At the same time, budgets would be explored for next year, as part of our IMTP process and we are identifying particular schemes that NWSSP will need to make investment into in the near future that will require NWSSP to generate internal resource savings or secure investment from WG or partners. In terms of capital schemes, we have submitted an ambitious list of potential capital schemes should additional funding become available and NWSSP is on-track with use of the allocation for the year. The Welsh Risk Pool is forecasting £140m DEL (departmental expenditure limit) for the current year, which would require invoking of the Risk Sharing Agreement, confirming at the end of December the allocations from organisations and continue to manage the risk for the remainder of quarter four. The Committee **NOTED** the Report.	
6.2	**Audit Wales Management Letter 2023-24** AR presented a very positive Audit Wales Management Letter for 2023-24, which raised no recommendations. AR expressed her gratitude to the Finance and Corporate Services Team, and colleagues within the wider NWSSP. AR had met with Richard Harris, Engagement Lead for Audit Wales, to consider the year ahead in terms of the key risks being managed as an organisation and any improvements that can be made to working arrangements in the spirit of continuous improvement. The Committee **NOTED** the Audit Wales Management Letter 2023-24.	
6.3	**People & Organisational Development Report** GH presented the People & Organisational Development Report including data to the end of September and stated that since the last meeting we had made good progress with the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were: • Sickness absence had increased by 0.3%, to 3.24%, compared to 2.90% for the same period last year (October 2023 to September 2024), but remained under the NHS target of 3.30%. • PADR compliance remained above target, at 85.74%. • Statutory and mandatory e-learning compliance remained very high at 93.16%, excluding the SLE Division. • Turnover was reported at 22.11%, which had decreased by 1.61%, compared to the same period last year. When excluding the SLE Division where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 10.15%.	

	• Agency spend increased to £18,188 in September 2024, from £12,247 in August 2024. However, we had received no new agency requests in October 2024, 3 staff were engaged via agency in September 2024 and the Resource Bank were recruiting for roles for Laundry, Clerical and Drivers. GH advised that the NHS Wales staff survey was currently live and noted there are issues being experienced in Single Lead Employer (SLE) completing the questionnaire, which are known and we are working with partners on the best approach. The survey closes on 29 November 2024 and an update on responses received would be included in the next People & Organisational Development Report, in January 2025. TM commended the efforts of NWSSP in achieving progress against a number of the statutory indicators, particularly in relation to PADR compliance. The Committee **NOTED** the Report.	
6.4	**Performance Report** RN presented the Performance Report to provide the Committee with an update on Key Performance Indicators (KPIs) from June to September 2024. There were no significant areas of concern to be brought to the Committee's attention and the Report indicated a stable and positive position with 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £198m, as at the end of September 2024 and the Time to Hire target within Recruitment continued to be achieved over recent months. The Committee **NOTED** the Report.	
6.5	**Outcome Measures Performance Report** RN presented the Outcome Measures Performance Report which had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee. The report focussed on outcomes from the IMTP 2024-2027, in terms of impact and importance of what we do, which the measures aim to demonstrate. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being. However, there was further progress to be made in demonstrating progress against our Decarbonisation Plan to Welsh Government. There are additional measures in development that will be reported, in addition to trend information, as we progress through the year. The Committee **NOTED** the Report.	

6.6	**Integrated Medium Term Plan (IMTP) Update Report Quarter 2** RN presented the IMTP Update Report for Quarter 2 of 2024-25, and provided assurance to the Committee that good progress had been made against the objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. An overview of progress noted: • 109 objectives are on track to be delivered; • 5 objectives are off track for completion; • 7 objectives are at-risk of being off track for completion; • 1 objective was deferred to 2025-26; • 1 new objective was created in year, during Quarter 2; • 3 objective had not yet started and would be subject to further review; and • 5 objectives had been discontinued. Going forward, the focus would be on targeted actions as we moved into Quarter 3. Additional scrutiny would be applied to objectives identified as off track or at risk. Updates regarding Decarbonisation, Foundational Economy and People & Organisational Development were provided. RN also updated the Committee that the 2025-28 IMTP development is well under way and confirmed that it will come to the next SSPC meeting following further development with the NWSSP SLG in order to ensure it is submitted to Welsh Government within the required timescales. The Committee **NOTED** the Report.	
6.7	**Project Management Office & Service Improvement Update Report** RN presented the Report which reflected the status of current projects and the controls in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. It was noted that four projects had been closed since the last report, as follows: • Medical Examiners; • Procurement of Implementation of Wales Healthcare Student Hub; • Wales General Ophthalmic Service – Primary Care Contract Return; and • Charnwood and Companies House Accommodation. RA added that the majority of her Team are involved in high profile projects such as Decarbonisation and the Laundries in order to ensure that there is clinical input. The Committee **NOTED** the Report.	

6.8	**Corporate Risk Update** JQ presented the Corporate Risk Register to the Committee. There are 15 risks identified for action, of which there are six red risks and nine amber risks. JQ drew the Committee's attention to the accommodation risk and the Primary Care Workforce Intelligence System risk, which was escalated by the SLG at its last meeting. It is expected that focus by the SLG and very recent management action will see these risks reduced in the next report. The remainder of the Corporate Risk Register position remains stable. The Committee **NOTED** the Report.	
7.	**Items for Information**	
7.1-4	The Committee received the following items, for information only: • **7.1** Finance Monitoring Returns (Months 6 and 7 of 2024-25); • **7.2** Personal Protective Equipment (PPE) Report; • **7.3** Shared Services Partnership Committee Forward Plan; and • **7.4** NWSSP Audit Committee Assurance Report for October 2024.	
8.	**Any Other Business (AOB)**	
	JQ confirmed that following the meeting we would require confirmation for member attendance at the next Committee meeting, scheduled for Thursday, 30 January 2025, to ensure quoracy. TM asked that all Committee members be clear about which Executive is attending to represent each organisation. TM further thanked the Committee for their contributions and support during 2024. No further items were raised under Any Other Business.	
9.	**Date of Next Meeting**	
9.1	• Monday 3 February 2025 from 09.30AM – 11.30AM, held via Microsoft Teams.	

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE

UPDATE FOR FEBRUARY 2025 MEETING

List No	Minute Ref	Date	Agreed Action	Lead	Timescale	Status February 2025
1.	2024/09/01	September 2024	**People & Organisational Development Report** An update to the Committee will be provided regarding workforce race equality, covering both core NWSSP and Single Lead Employer.	GH	February 2025	*As per SSPC in September 2024, an update will be provided following the next Workplace Race Equality meeting held.*
2.	2024/09/03	September 2024	**Project Management Office & Service Improvement Update Report** RN agreed to consider how best to integrate the impacts of continued delayed progress on projects that may result in risks developing into issues and challenges in future reports.	RN	February 2025	**Complete** - *This has been integrated and reflected in the updated report.*
3.	2024/11/01	November 2024	**Minutes of Meeting on 19 September 2024** PV requested he be added to the apologies section for the September 2024 meeting.	RD	February 2025	**Complete** - *Minutes have been amended accordingly prior to publishing.*
4.	2024/11/03	November 2024	**Deep Dive of Single Lead Employer Model** SE agreed to pick up a conversation with Aneurin Bevan University Health Board around local sickness absence reporting.	SE	February 2025	***Complete*** - *Engaged with Deputy Director of People and Organisational Development (DDPOD) within ABUHB and shared the relevant sickness information on the Health Board Shared SLE Teams Channels to the respective DDPOD and advised that respective Medical Workforce Teams have access via the Channels.*

List No	Minute Ref	Date	Agreed Action	Lead	Timescale	Status February 2025
5.	2024/11/04	November 2024	**Decarbonisation Update** The Committee was heartened by the progress made and welcomed SD back to the May 2025 meeting to provide a further update.	JQ/SD	May 2025	**Complete** - *Added to May 2025 Planner for SSPC and invite shared with SD.*
6.	2024/11/05	November 2024	**Decarbonisation Update** RH requested any shared learning or best practice examples be cascaded to organisations.	SD	February 2025	**Complete** – *NWSSP Specialist Estates Services (SES) share best practice and learning including Decarbonisation items at the All Wales NHS Estates Group (chaired by SES). The Group is attended by Welsh Government and Directors of Estates from the various Health Boards and Trusts.*

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**3 February 2025**

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

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

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on NWSSP activities and issues since the last meeting in November 2024.

Llywodraethu/Governance	
Amcanion: Objectives:	To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.
Tystiolaeth: Supporting evidence:	N/a

Ymgynghoriad/Consultation :
Shared Services Partnership Committee

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	No direct impact.
Iechyd Poblogaeth: Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf.
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

Introduction

This paper provides an update into the key issues that have impacted upon, and the activities undertaken by, NWSSP since the date of the last meeting in November 2024.

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 26 November 2024. There were 22 attendees, 240 cases ratified and the value of reimbursement was £18.6m. 29 penalties were authorised. The main areas of business were:

Financial Report Update

The WRP Committee noted the Departmental Expenditure Limit (DEL) forecast update for 2024/25, the updated forecast DEL charges for future years and the updated forecast Annually Managed Expenditure (AME) charges for 2024/25 and future years.

In addition, a second paper was presented on the Risk Sharing Agreement and the Risk Share Cost Drivers from 2025/26, outlining the new metrics used for the Management of Concerns and Lessons Learned cost driver and to be used for apportionments from 2025/26. The WRP Committee approved the updated Risk Share cost driver metrics and the information will now be shared with Directors of Finance, sub-Technical Accounting Group and will be taken to SSPC.

Challenges of achieving learning from Health Bodies

An update was provided on the challenges experienced by the Safety & Learning Team in respect of assuring learning in claims and redress cases. The challenges included; Timeliness of submissions, Quality of learning information and Provision of additional evidence in matters which have been deferred. The production of two new WRP documents (Checklist U8 and Checklist U9) and associated guidance was proposed to assist with the challenges faced by the Safety & Learning Team by providing a better structure and this was agreed by committee members. Wider concerns were raised around the learning culture within organisations and the WRP Committee agreed to highlight this further through peer groups and would make the SSPC aware through the Managing Directors Report.

Decision Making and Consent – Updated Terms of Reference & Consent Forms

The revised and updated All-Wales Consent Forms 1, 2 and 4 were shared with WRP Committee members and ratified accordingly.

Radiology (Unexpected Findings) National Review

An update was provided on the recent WRP Radiology Review of Abnormal and Unexpected/Incidental Findings on X-ray that took place following a request by the WRP Committee to follow-up on the 2023 review. The review was carried out in September and October 2024 and involved site visits to Radiology Departments across Health Boards in Wales and telephone/teams' calls. Review findings were shared with committee members as well as a number of proposed recommendations which were agreed by the WRP Committee.

MoNET Wales – an update on development

An update on the development of the MoNET Wales programme was provided to committee members, including the recent faculty development days that have been held, as well as highlighting the challenges faced with securing funding for the National Team from April 2025 onwards. The NWSSP Director of Finance & Corporate Services agreed to explore future funding options with Welsh Government and organisations.

Covid Group Litigation

An update was provided on the Covid19 Health Workers' Claims, with the progress of the claims which are the subject of a group action outlined. These are claims by NHS workers in England and Wales who allege that they negligently contracted covid-19 in the course of their employment. There are 291 claims; 248 claims against NHS Trusts in England and 43 claims relating to NHS Health Boards and Trusts in Wales, which are divided into two main cohorts. Claimants are a diverse range of healthcare staff including healthcare assistants, doctors, nurses, midwives, paramedics, administration staff and porters, and they are represented by a number of claimant legal firms. The claims are currently on hold until the publication of the report of Module 3 of the UK Covid 19 Inquiry is issued, and a further update will be provided to WRP Committee members in due course.

Organisational Learning & Case Management Performance Update

An update on each health body's organisational learning & case management performance was provided noting, in particular, the deferred cases and the submissions exceeding the deadline. Previously triggered penalties and cases that will shortly trigger an upcoming deadline were outlined and penalties were applied to the triggered cases which have not been addressed ahead of the meeting. The WRP Committee also approved of reinvesting some of the value of penalties into providing intensive support to health bodies where this would add value in reducing future penalties.

Finance

We reported a year-to-date surplus of £3.522m at Month 9. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against our recurrent covid allocation. The £2.832m surplus against core operational budgets is primarily due to ongoing turnover and delays with recruitment to vacancies.

We are utilising these savings to confirm an interim £2m 2024/25 distribution to NHS Wales and Welsh Government.

We have incurred £3.703m capital expenditure to date against our current £7.810m Capital Expenditure Limit (CEL). This now includes additional funding that was approved in December (£0.400m for IT Refresh requirements and £0.218m for PV panels at Matrix House). We are working with Services to ensure the funding can be fully utilised within the financial year and review progress at our Capital Prioritisation Group meetings.

All Wales Pharmacy Developments

South East Radiopharmacy

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

Final issues that were holding up planning permission have now been resolved and the Section 106 agreement with Newport Council under the common seal of Velindre University NHS Trust completed and issued back to the council for processing.

Once planning permission is finalised and funding released clean room building works are ready to commence but the delays have meant that there is pressure on the schedule to complete the works and go live before the end of the 2025 calendar year.

South East Hub

Work continues to be focussed around agreeing the revenue baseline, preferred option operating costs and benefits, and overall revenue funding profile and organisational shares. Once this is agreed, together with the approach which Welsh Government want around Outline & Final Business Case presentation it will be presented to SSPC approval which is currently planned for its next meeting in March.

South West Hub

We are actively looking for a suitable site within the 2 preferred localities (previously agreed by stakeholders from Hywel Dda and Swansea Bay) of Swansea North and Cross Hands.

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

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

As part of the review a team from NWSSP, including myself and the Chair of the Chief Pharmacists peer group, visited an NHS distribution hub in Glasgow on 21 January 2025. This hub has been in existence for 12 years and provides a centralised stock supply service to NHS hospitals in Scotland as well as other organisations. The visit enabled us to look at the range of services and to learn from their extensive experience.

HIV Action Plan – Pre-exposure Prophylaxis (PrEP) in the Community

A Cardiff & Vale University Health Board supported PrEP in Community Pharmacy pilot project will commence during 2025. The Welsh Government's HIV Action Plan 2022 includes the following action:

"Primary care and specialist sexual health services should develop and implement a shared care model to improve access and delivery of PrEP. This will enable PrEP to be provided by GPs and community pharmacies in all health board areas, with particular emphasis on delivery in rural areas and in underserved communities".

Making pre-exposure prophylaxis (PrEP) available in primary care is important for improving access, reducing inequalities of access, and importantly reducing stigma by normalising the care of people at risk of HIV. Hub and satellite supply arrangements with specified community pharmacies is the preferred model.

The Pharmacy Independent Prescriber Service (PIPS) allows health boards to make arrangements with community pharmacies to prescribe for an agreed list of medical conditions and health boards could add prescribing PrEP to the list of condition which could be managed at the relevant pharmacies.

The proposed pilot in Cardiff & Vale University Health Board will require the health board to designate one or more community pharmacy sites within its area as satellites of the PIP- sexual health service. These pharmacies are already providing the nationally commissioned PIPS.

Under the pilot arrangement, NWSSP IP5 will supply NHS stock of PrEP to the relevant pharmacies using the its Wholesaler Dealing Authorisation (WDA), at zero cost. The health board is charged the contract price for any stock supplied to pharmacies in its area. This PrEP stock would then be supplied directly by the pharmacist prescriber to the patient via a written direction / prescription as per regulation.

The liability in terms of security of the stock would remain with NWSSP and Welsh Government have agreed that the pilot stock would be underwritten by themselves. It is anticipated this will be a low volume of PrEP in this first pilot phase.

Laundry Service

NWSSP has sought to formalise its tenure at the Church Village and Carmarthen sites following the same format as North Wales and Greenvale sites. Discussions are ongoing with Cwm Taf Morgannwg University Health Board (CTMUHB) regarding Church Village site as there is a significant backlog maintenance of approximately £1.4m and further negotiations are ongoing.

Hywel Dda University Health Board (HDUHB) has worked very constructively with NWSSP during the course of this last year to agree arrangements for revising the operating footprint for the Glangwili site, and have finalised an agreement for NWSSP to operate from the hub. £77k of capital allocations has been transferred to them to enable works to be completed between January and March of this year.

Specialist Estates Services, acting for both parties has drawn up an agreement, which is by intent, very informal, so as to minimise the risk of the arrangement falling within the scope of the Minimum Energy Efficiency Standards (MEES), and generate an associated obligation to invest in a costly building upgrade.

Medical Examiners Service

The establishment of the service has been successful and the early stages have been positive despite some initial challenges. It should be noted that there has been recent media coverage of families experiencing delays in release of the bodies from mortuaries with criticism being levied at the 'new system.' The Medical Examiner Service has no authority to authorise or prevent the release of bodies and are working with health boards to

ensure that the role of the Medical Examiner in the certification of non-coronial deaths is clear and we are working to ensure that concerns raised to the Service by families are both supported and routed appropriately.

A proposal to apply the new Consultant pay scale to Medical Examiners Service is included within the papers for the meeting. This option is in line with the agreement outlined upon set up of the Medical Examiner Service is included in the papers of this meeting for SSPC endorsement before being presented to the Velindre Remuneration and Terms of Service Committee for final Approval.

Accommodation Update

Following the agreement to extend leases at Charnwood Court and Companies House, a review of the use of space has been undertaken and the overall footprint significantly reduced to the working areas in order to facilitate the balance required under the agile working arrangements.

Personal Protective Equipment (PPE)

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

Further extensive requests from Module 5 of the Covid-19 Public Inquiry have been responded to by the Director of Procurement and Health Courier Services. The lead in to the public hearings for NWSSP in March is expected to be a considerable draw on time and we are making plans to ensure that those people called to give evidence are supported as much as possible including minimising the possible disruption to the service at this particularly busy time of year.

Decarbonising the NWSSP Estate

We are commencing with the fitting of Photovoltaic (PV) panels to the roof of our Matrix House office and the performance of the IP5 Solar Farm is very encouraging with nearly 90% of the power being used from the solar panels on a sunny day in November.

Going forward the next phase will involve the roll out of Electric Vehicle Charging Points and battery back-up on the site, which will complement the PV project and further enhance NWSSP decarbonisation aspirations.

Chief Executives and Peer Group Chairs Development Session

I attended the development session on 9 January 2025 with chief executives and peer group chairs which was held to discuss the challenges facing the NHS in Wales and to think through how we are collectively going to address these over the coming years. The day involved inputs from external experts to provide insights and challenges to our thinking and we also heard from NHS Wales colleagues about their experience from a visit to the Danish health system. The session enabled us to think about how we as the NHS need to respond to the challenges and opportunities in the future and how we will work on these together.

Joint Executive Team (JET) Meeting

Senior Leadership Group colleagues and I attended the NWSSP JET meeting with Judit Paget and WG Executive leads on 12 December 2024. It was a very constructive meeting with discussion of a wide variety of key areas. The feedback we received following the meeting highlighted the appreciation from Welsh Government of the added value we have brought to the health and care system over the last year and the progress made.

We took the opportunity to highlight that funds need to be secured to enable Primary Care Services to fulfil their obligations under the Electronic Prescription Service programme arrangements with the DHCW Business Case needing to be approved by the EPS programme Board and Submitted to Welsh Government pre-March 25.

Staff Awards

Nominations have closed for this year's staff awards which are a great opportunity to shine a spotlight on those who go above and beyond and show our appreciation for the exceptional efforts that make our workplace thrive. The awards ceremony will take place on 13 February 2025.

Welsh Language

NWSSP continues to support various health bodies with Welsh language initiatives. We have an active programme to train and increase the ability to respond in Welsh. The Equality and Welsh language impact assessments have been reviewed to be more robust in delivering services. Welsh Government feedback notes the focus on inclusive culture and Welsh language impact assessments.

NWSSP Health and Wellbeing Conference 2025

The virtual 2025 Annual Health and Well-being Conference was held on the 16th January, showcasing a variety of guest speakers. Over 350 colleagues from across the organisation were in attendance. The Conference was very well attended and a great opportunity for colleagues from all parts of NWSSP to take time out to come together and discuss what is important to them to

ensure that they are able to prioritise their health and wellbeing with the support of NWSSP.

Awards Successes

NWSSP has been a prominent figure in the GO Awards Wales, consistently showcasing its commitment to excellence. This year, NWSSP has been recognised in multiple categories, underscoring its pivotal role in enhancing public procurement and service delivery.

Millie Tottle, People and Organisational Development Assistant, won the Rising Star Award at the Shared Services Forum UK Awards. This award celebrates a team player who has been working in shared services for no more than five years, but who has already had a considerable impact and influence.

Neil Frow OBE
Managing Director, NWSSP
January 2025

GIG CYMRU NHS WALES Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **03 February 2025**

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

Teitl yr Adroddiad/Title of Report:

NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Arwwinydd/ Lead:	Helen Wilkinson, Planning and Change Manager
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:

SSPC are asked to **APPROVE** the NWSSP IMTP 2025-2028.

Llywodraethu/Governance:

Amcanion/Objectives:	Our Services, Our Value and Our People
Tystiolaeth/ Supporting evidence:	NHS Wales Planning Framework

Ymgynghoriad/Consultation:

NWSSP Senior Leadership Group, Divisions within NWSSP

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	SSPC are asked to **APPROVE** the NWSSP IMTP 2025-2028.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Not applicable
Cyfreithiol/Legal:	Not applicable
Iechyd Poblogaeth/ Population Health:	Not applicable
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Not applicable
Ariannol/Financial:	Not applicable

Risg a Aswiriant/ Risk and Assurance:	Assurance NWSSP has developed an IMTP in line with NHS Wales Planning Framework.
Dyletswydd Ansawdd/Duty of Quality:	Not applicable
Gweithlu/ Workforce:	Not applicable
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

1. BACKGROUND

The Welsh Government require NHS organisations to prepare an IMTP for 2025-2028 in line with the NHS Wales Planning Framework published in late December 2024.

The Ministerial Priorities for 2025-2028 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services.

The financial allocation letter for 2025-2026 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December 2024, subject to any changes required by the anticipated financial allocation letter and Planning Framework.

Approach

Our IMTP has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years.

We held individual touch point meetings prior to Christmas with our Divisional Directors and Heads of Services. We used these meetings to confirm digital, financial and workforce planning assumptions. And, to identify synergies across Divisions to mitigate silo working and maximise efficiencies.

In line with the direction from the Minister for Health and Social Care we have agreed as an SLG that our key organisational priorities will be:

- Doing the basics well
- Financial sustainability
- Duty of Quality
- Equality, Diversity and Inclusion
- Staff Wellbeing

We are submitting a balanced financial plan for 2025-28. To achieve this, we need to manage pressures of £12.528m. £7.646m of this relates to funding

anticipated from Welsh Government, with the majority of this relating to unconfirmed 2024/25 recurrent pay award allocations. We will require year 1 savings of £2.133m, equating to 2.36% of our core allocation to be achieved and we are finalising plans to achieve this target. Our balanced financial plan is also dependent upon an uplift to NHS SLAs and chargeable income streams of £0.5m, equating to 1.77%. Delivery of the financial plan will be challenging and there are several significant financial risks to be managed to achieve this aim.

Duty of Quality

We have a section focused on our commitment to the Duty of Quality (DoQ) and how we are planning to drive forward quality driven decision making, quality management systems and reporting into 2025-26 and beyond. We have mapped throughout the document, utilising the DoQ Health Standards icons, where the standards fit across our plan.

Equality Integrated Impact Assessment

An Equality Integrated Impact Assessment (EQIIA) has been completed alongside the development of the IMTP. The planning team have worked closely with divisions to provide a comprehensive assessment that will be assessed by the NWSSP EQIIA Panel once the final publication is completed.

Current position

Our IMTP is substantially complete and a copy of the provisional IMTP is enclosed as **Appendix A.**

Next steps

- Touch point meeting with Welsh Government Planning team - date to be confirmed.
- Touch point meeting with NHS Executive Finance team is 30 January 2025.
- NWSSP Communications team is finalising design of the IMTP.
- Submission to Welsh Government if there are no significant changes.
- Translation to Welsh and publication.

2. RECOMMENDATION

Committee Members are asked to:

- Approve the NWSSP IMTP for 2025-28 subject to the touchpoint meetings with Welsh Government and NHS Executive teams; and
- Agree for the IMTP to be submitted to Welsh Government as soon as practicable following the touch point meetings if there are no significant changes required.

Duty of Quality Key

We have demonstrated our commitment to the Duty of Quality throughout our IMTP utilising the relevant Health and Care Standard logos to identify associated workstreams.

Message from the Chair and Managing Director

We are delighted to present the NHS Wales Shared Services Partnership (NWSSP) Integrated Medium Term Plan (IMTP) for 2025–2028. This forward-looking plan sets out our strategic aims for the next three years, rooted in the Welsh Government's Ministerial and policy priorities and underpinned by our own vision and values. This plan reflects NWSSP's vital role in enabling NHS organisations to deliver high-quality, sustainable healthcare services that are equitable, efficient, and person-centred.

Over the past year, NWSSP has demonstrated its capacity to drive significant improvements across Wales, responding to evolving challenges and opportunities. In 2024-25, our plan achieved the majority of our objectives and we delivered several landmark achievements, each contributing to the transformation of NHS Wales and supporting key ministerial objectives.

We implemented the Medical Examiner Service which became a legal requirement in September 2024. This statutory service is fundamental to improving clinical governance, ensuring transparency, and providing assurance to families as part of the death certification process.

We have made significant progress in recruitment activity that is crucial to the workforce model needed to deliver effective and timely care. More recently we have led on recruitment of skilled healthcare professionals from overseas. This achievement has bolstered NHS Wales' capacity to deliver safe and effective care while fostering a diverse and inclusive workforce. We have also seen significant reduction in the time it takes to hire staff across the board.

We have continued to seek investment in our pharmacy services. By modernising systems, streamlining supply chains, and implementing innovative models of care, we aim to ensure equitable access to critical medicines while supporting improved health outcomes across Wales and this will be a key piece of work for us going forward.

We are proud to have made meaningful progress in advancing equality, diversity and inclusion across our operations and within the wider NHS system. Key achievements include implementing Anti Racism Initiatives, launching the Avoidable Employee Harm Programme of Work, achieving the Bronze Award under the Defence Employer Recognition Scheme and progressing our actions under our Welsh Language strategy. Through targeted initiatives and collaborative efforts, we have worked to break down barriers, ensure fair access to opportunities and create an environment where everyone can thrive.

The strategic direction outlined in this IMTP builds on all this good work, but also aligns with the Welsh Government's future priorities, including tackling health inequalities, supporting NHS Wales' net zero ambitions, and building a resilient and sustainable workforce. We are equally committed to delivering the vision of the refreshed 'A Healthier Wales', which emphasises prevention, integration, collaboration, and the innovative use of technology to transform health and social care delivery.

This IMTP acknowledges the rapidly evolving challenges and opportunities facing the NHS, including the ongoing recovery from the COVID-19 pandemic, the pressures of an aging population, and the need to address climate change, including our work on decarbonisation and the Foundational Economy. NWSSP is committed to supporting NHS Wales in navigating these complexities while remaining focused on improving the quality of care for the people of Wales.

Our plan for 2025–2028 builds on the strong foundation laid in recent years. We will continue to focus on delivering value, driving innovation, and enhancing the efficiency of our shared services. This includes advancing digital transformation in payroll and primary care, improving procurement and supply chain systems, and supporting health organisations in achieving their ambitions.

We recognise the critical importance of being customer-focused in everything we do. As a shared services organisation, our success is measured by the value and support we provide to our partners across NHS Wales. This means actively engaging with our customers, understanding the evolving needs and delivering solutions that enable them to focus on delivering clinical care. By fostering strong collaborative relationship and continuously seeking feedback, we ensure that our services remain responsive, efficient and work in parallel with the priorities of others. In the spirit of the Wellbeing and Future Generations Act, NWSSP remains deeply committed to collaboration as the cornerstone of our approach. By working in partnership with Health Boards, Trusts, Strategic Health Authorities, Welsh Government, and other stakeholders, we can maximize our collective impact and deliver the greatest benefit to the communities we serve.

As we embark on this next phase, we must thank all those who have contributed to NWSSP's success to date. It is through the dedication and expertise of our staff, partners, and stakeholders that we can continue to support NHS Wales in achieving its vision of a healthier, fairer, and more sustainable future for all.

Neil Frow – Managing Director

Tracy Myhill - Chair

NHS Wales Shared Services Partnership

Executive Summary

Delivery Value, Innovation and Excellence through Partnership

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

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

As a hosted organisation we operate under the legal framework of Velindre University NHS Trust. Our Managing Director Neil Frow is accountable to other NHS organisations through the Shared Services Partnership Committee (the Partnership Committee) which is comprised of representatives from the NHS Organisations that use our services and the Welsh government. The Partnership Committee is chaired by Tracy Myhill and meets bimonthly. We also have several subcommittees and advisory groups.

Underpinning this three-year Integrated Medium Term Plan (IMTP) are more detailed delivery plans for every division and area of service. Progress against our plan is reported quarterly to the Partnership Committee and a copy of this report is also shared with the Welsh Government. Quarterly performance reviews with each area of service are held during the year. These review meetings are an opportunity to mitigate risks to delivery, adapt to changing demands and emerging priorities.

During the year we also have at least two scrutiny meetings with Judith Paget, the Chief Executive of NHS Wales, and members of the senior team in Welsh Government. The purpose of these meetings is to discuss performance against our plan and to consider risks and opportunities we have identified.

Our IMTP outlines ***Delivering Value, Innovation and Excellence through Partnership*** across all our services, incorporating key policy requirements for NHS Wales. This includes embedding principles from **A Healthier Wales** and the **Well-being of Future Generations (Wales) Act 2015**, additionally we take a lead role in adding professional influence to address decarbonisation and climate change within the NHS in Wales.

As an organisation that works at both a national and local level across Wales, we regularly engage with Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW) with an aim to align our respective plans and identify opportunities for collaborative efforts towards our shared goals.

We understand that the immediate focus is on the overall NHS Wales financial position and therefore our plans have been developed to ensure we have a sharp focus on financial sustainability. Alongside this we are continuing to strengthen our All-Wales programmes of work to minimise waste, reduce variation and increase efficiency. In addition, we recognise the critical role we play within the Value and Sustainability programme at a national level.

At a local level, we are focusing on our own workforce planning assumptions and overheads, including outcomes and capturing the impact of our work. This aids prioritisation of resources, making informed decisions and maximising opportunities to adopt good practice. Furthermore, our commitment extends to standardising and reducing variation across NHS Wales in the services we provide.

Turning challenges into opportunities aligns with NWSSP strengths in supporting NHS Wales. We continue to work on key opportunities which include:

- Increasing the uptake of self-service functionality with support from our expert users.
- Reducing unwarranted variation and moving towards common operating models and standardisation.
- Implementing several key policy initiatives including Anti-Racist Wales action plan, Diversity and Inclusion action plan and Speaking Up Safety arrangements, alongside the Duty of Quality.
- Adopting agile working principles to employ people from across Wales within their communities.
- Maximising the return on investment made in new digital systems and applications.

We have therefore agreed with our partnership Committee the following overarching principles for the next 12 months, which form the basis of Year 1 of the three-year IMTP.

Overarching Principles for 2025-26

1. **Doing the basics well**

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

2. **Financial Sustainability**

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

3. **Duty of Quality**

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

4. **Equality, Diversity and Inclusion**

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

diversity and inclusion, NWSSP strives to improve health outcomes, enhance service delivery, and build a stronger, more resilient organisation.

5. Staff Wellbeing

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

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

Strategy Map

Achievements, Innovation and Case Studies

1. Recruitment Modernisation
2. Introduction of Aseptic Processing qualification
3. Postgraduate Engineering Scheme for Network 75 students
4. BS EN 14065 in the All Wales Laundry Service
5. Embedding the Duty of Quality into everyday life in NWSSP – Sharing the voices
6. Mental Health First Aider Training
7. Microbiological testing of air in conventional ventilated operating theatres
8. Electronic System for Recording Audits
9. Employee Investigations - Putting people at the heart of our process.
10. Delivery of Optometry Pathways
11. Primary Care Expansion
12. Bone Age AI software evaluation for NHS Wales
13. NWSSP formally sign the armed forces covenant

Key Figures

With a budget of over £793m and 6126 people (including Single Lead Employer) in 2024* we were able to:

- Achieve **£274m** in professional influence savings.
- Send **15,962** conditional recruitment offers.
- Handle over **19m** items of laundry.
- Process more than **57.5m** prescriptions.
- **250,000** miles covered by the Electric Vehicle Fleet saving **656kg** Co2.
- Processed **1.42m** invoices with a value of **£5.5b**.
- Process over **1.2m** payslips.
- **312** international registered nurses registered.
- **28,082,097** prescription forms scanned.
- **4187** ready to administer medicines prepared for critical care and cancer services.
- **357k** saved in once for Wales medicines purchasing and distribution of Nivolumab Infusions for cancer treatment.

Since March 2020 we have:

- Delivered more than **2.3b** items of personal protective equipment as of 22 December 2024.

1 April to 30 November 2024

2024-2025 IMTP update

In 2024-25 we are making significant progress against all of our plans and whilst we cannot provide a full year picture we can confirm at Quarter 3 we reported that from the 144 objectives set, 13 had been completed and 96 were on track to complete in year, the remaining objectives were reported as being discontinued, deferred, off track with actions to bring them back on track in year or external factors were delaying progress.

Whilst the Ministerial priorities laid out in the 2024-2027 Planning Framework were primarily directed at Local Health Boards we considered how our plans contributed and provided support to these priorities. In Year 1 of our plan, we made significant progress working towards several objectives that we are continuing to work towards in the 2025-2028 IMTP:

- Speaking up Safely
- International Recruitment

- National Ophthalmic Contract for Wales
- Electronic Prescribing Service

Our IMTP Approach

In collaboration with our partners through our Partnership Committee and touch point conversations with DHCW and HEIW we have developed forward thinking and agile IMTP plans for 2025-2028 to support NHS Wales.

Our approach has been similar to previous years, with all of our divisions collaborating to develop a three-year plan for their respective service areas and aligning it with the road map below. These three-year plans will be detailed in section two of our published IMTP.

Our NWSSP overarching year one plan for 2025-26 has been condensed into a Plan on a Page summary, located on **page 11** of this document, emphasising crucial components aligned with both strategic objectives and Ministerial Priorities. This plan will steer the pace of change and set the capacity for subsequent year two and three plans, summarised in **Appendix F**.

Supplementary details supporting the contents of our plans can be found in the appendices:

- Appendix A Our Digital Plan – Digital as an enabler
- Appendix B Our Financial Plan
- Appendix C Our People Plan - This is Our NWSSP
- Appendix D Key Performance Measures
- Appendix E Outcome Measures
- Appendix F Year 2 and Year 3 plans
- Appendix G Duty of Quality

Monitoring progress against our plan

NWSSP has a Quarterly Performance Review process in place that is one of the mechanisms by which we monitor our organisation's performance, in line with our Performance Management Framework.

We provide progress reports on our IMTP to the Partnership Committee and Welsh Government.

Quarterly Review meetings with divisions are used to assess our progress against the IMTP divisional objectives, performance measures, risk registers and both workforce and financial performance. They are also an opportunity to review key achievements and celebrate successes. NWSSP hold one to one organisational performance meetings with all Health organisations on a regular basis. The purpose of these meetings is to discuss the current performance of the services we provide and also delve into national initiatives while understanding local challenges where NWSSP may be able to offer support.

Our divisional IMTP plans continue to be monitored utilising a live tracking tool, Microsoft Lists. This provides a consistency in our approach to monitoring as well as realising the return on investment in Microsoft Office 365. This information is fed into our Quarterly Performance Review process which supports our ability to report, adapt to changing demands and apply flexibility across all Divisions.

In developing our plans for 2025-28 we have been establishing performance measures that support the outcomes within our Strategy Map. The outcomes measures have been developed through the Performance and Outcomes Group (POG) and workshop sessions with NWSSP Senior Leadership Group (SLG) and Shared Services Partnership Committee (SSPC). From May 2024, NWSSP incorporated outcome measures into its reporting structure alongside existing performance metrics. The format of the outcome report is refined through ongoing feedback and additional measures added when identified.

Our performance measures are reviewed as part of the Quarterly Review process to ensure that they are still relevant, ambitious yet achievable, and measurable for any new objectives identified. As part of this process, we also identify lead measures for each of our divisions and services to provide a high-level summary of our performance.

A summary of our current Key Performance measures can be found in **Appendix D and Outcome Measures in Appendix E**.

Year One Plan on a Page

Our Services	Our Value	Our People
Continue with Learning Programmes, with a focus on Women's Health in maternity and neonatal services.	Continued development of Transforming Access to Medicines.	Provide revised guidance and support to NHS Wales in relation to Putting Things Right.
Support the transfer of the WIBBS scheme to the Infected Blood Compensation Authority.	Continued development of Scan for Safety as part of the modernisation programme for NHS Wales.	Developing services and specialities under the Single Lead Employer model.
Support the re-procurement and implementation of a Health Roster Solution on an All-Wales Basis.	Identify solutions to drive automation and support embedding of the Wales Ophthalmic contract.	Review and report on the long-term strategic options for Financial Management System services.
Move to mobilisation stage of the Workforce Transformation Solution.	Lead a group looking at central procurement of reusable gowns for Health Boards.	Upskill staff to prepare for increased digital and automation in the workplace.
Review reporting in the Medical Examiner Service to meet customer requirements and alignment to the Duty of Quality.	Establishing a robust service model for national delivery of seasonal vaccination Programmes.	Launch a new Welsh Language Strategy to support 'More Than Just Words' and Welsh Language standards.
Further embed the recruitment improvement programme to advance service efficiencies through innovation and digital automation.	Deliver agreed Procurement Foundational Economy workplan for NHS Wales, with milestones and deliverables being developed with WG.	Enhance our commitment to the armed forces community as a pledged employer to support the Armed Forces.
Work with Welsh Government to extend the All-Wales International Recruitment Programme.	Continue to deliver NWSSP decarbonisation actions and support more widely decarbonisation across Wales.	Continued roll out of Duty of Quality principles and embedding across the divisions.
Enhance the use of data analytics in the work of internal audit.	Undertake a full review of Engineering maintenance services to develop a more resilient and efficient laundry service.	Implement Speaking up Safely with Health Education and Improvement Wales.
Develop Primary Care Workforce Intelligence Services.	Establish a Radiopharmacy Unit from South East Wales to support NHS Wales.	Continue developing our Employee Value Proposition.
Support NHS Wales to deliver patient facing services through enhanced emergency preparedness and resilience.	Continue with National Logistics Model for NHS Wales with a focus on rationalisation and standardisation.	Through the NWSSP's Inclusive Culture Action Plan continue to embed Anti Racist Wales Action Plan.

Our Strategic Objectives for 2025-28

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 program, and the specific needs of our customers and partners.

This section explores 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.

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

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

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

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

Service improvement, benefits realisation and customer service excellence (Culture)

What will this mean to our customers? More efficient and value for money services from across our divisions.

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

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

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

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

- Laundry Services review
- Variable Pay
- Capital investment prioritisation.

Moving into 2025-26 we will:

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

Decarbonisation (Whole System Approach)

What will this mean to our customers? We are supporting our partners to reduce their carbon emissions and deliver on their local Decarbonisation Action Plans.

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

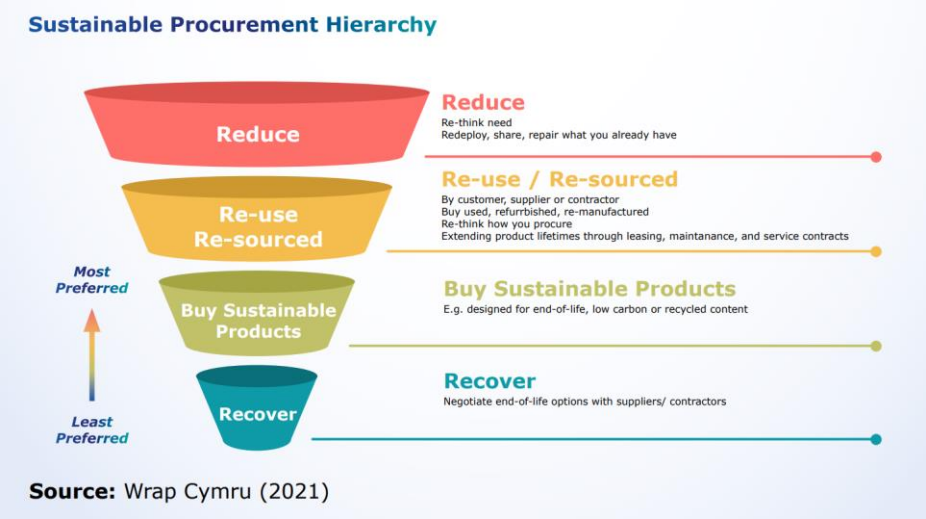
Transport Task and Finish Group

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

NWSSP Procurement

In parallel with the prioritisation of financial efficiency, the Procurement Service continues to work on the delivery of the NHS Wales Decarbonisation Strategy Delivery Plan in relation to identifying and reducing carbon emissions associated with procurement activity. The teams across Wales are continuing to undertake a targeted approach on the national procurements that have the most potential to impact on reducing the carbon footprint either by changing the source of manufacture, the type of product or take measures to reduce consumption and demand.

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



Source: Wrap Cymru (2021)

NWSSP Carbon Footprint

All NHS organisations in Wales have developed individual Decarbonisation Action Plans detailing their response to the Plan and the 46 initiatives. NWSSP has gained a substantial amount experience

through delivering its previous action plan, however there is still a risk of not achieving NHS Wales targets. In March 2024, the local Decarbonisation Action Plan was fully refreshed, providing an ambitious and deliverable road map, aimed at decarbonising our own facilities and activities.

Achievements for the previous period include:

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

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

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

Climate Change Adaptation

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

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

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

Foundational Economy and Wellbeing Impacts (Efficient)

What will this mean to our customers? Our aim is to increase resilience in the supply chain and increase the expenditure and contracts awarded to Welsh Suppliers.

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

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

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

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

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

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

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

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

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

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

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

Procurement (Person Centred)

What will this mean to our customers? Supporting our customers to realise cost efficiencies and save staff time enabling a focus on patient care.

Savings and Financial Efficiency

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

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

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

Legislative Changes

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

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

Recruitment Modernisation (Whole System Approach)

What will this mean to our customers? A modernised and efficient recruitment service that meets the needs of our customers.

Reducing the Time to Hire

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

Key process changes that have been implemented to date include:

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

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

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

Reducing Time to Hire – Owning the Recruitment Journey

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

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

Payroll Modernisation (Whole System Approach)

What will this mean to our customers? A reduction in overpayments and associated process and an increase in Management Self Service, resulting in increased payroll accuracy.

SMA

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

The benefits of the SMA include:

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

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

Over payments portal

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

The portal benefits include:

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

Moving into 2025-26 we will be:

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

Workforce Transformation Solution Preparedness (Information)

What will this mean to our customers? Monitor programme requirements and provide payroll and recruitment expertise and insight to support NHS Wales transition plan of services to the new people portal.

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

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

Moving into 2025-26 we will collectively:

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

Duty of Quality

What does this mean for our customers, suppliers and the service users of NHS Wales? We continue to focus on quality, reliable, safe, and effective services in line with standards and regulations as appropriate, supporting the overall health system in partnership.

The Health and Care Standards

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

The 6 measures of quality are:

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

The 6 enablers are:

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

We have sought feedback on the Duty's impact and how it has improved our work across NWSSP. Key words from colleagues include; refreshed, impact, reflection, supportive, sharp, improvement and focus. This demonstrates that not only is the Duty being used constructively in planning and

implementing services, it is also having a positive impact on the way our people think and act and how it benefits the culture of the organisation.

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

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

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

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

Duty of Quality E-learning Module

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

Quality Driven Decision making

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

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

Quality Management Systems

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

Reporting

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

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

- Reporting will increase with all divisions highlighting how they integrate quality into their services, this will provide us with a comprehensive overview of our organisational approach to the Duty.
- A self-assessment tool (maturity matrix) for each division has been developed and will be used to support and inform divisional reporting against the quality agenda, linking to both Quality Driven Decision making and Quality Management Systems.
- The Audit and Assurance team will continue training and upskilling of their **workforce** to ensure that audit effectiveness is enhanced and that a broader range of NHS Wales **data** can be utilised.

- Specialist Estates Services will provide Principal Building Surveyor support across the NHS in Wales, providing **leadership** on the Building Safety Act and Estates Code 6 facet building surveys.
- Legal and Risk and Welsh Risk Pool will implement a new case and document management system providing customers with a more **effective** and **efficient** service
- Single Lead Employer will work towards implementing processes to ensure **timely** onboarding and payment for trainees, preventing delays and increasing employee satisfaction.

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

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

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

Our people- Working together to be the best that we can be.

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

Anti Racist Wales Action plans (Culture)

What will this mean to our customers? A commitment to promote diversity, equity and fairness.

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

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

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

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

Health and Well-being (Person Centred)

What will this mean to our customers? A commitment to promote and support a healthy and engaged workforce.

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

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

Moving into 2025-26 we will:

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

Accommodation Strategy in an agile work environment (Person Centred)

What will this mean to our customers? We are driving efficiencies across our organisation and promoting a culture of open communication.

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

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

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

Single Lead Employer (Learning and Improvement)

What will this mean to our customers? Improved medical, dental and pharmacy trainee experience leading to improved retention across Wales.

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

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

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

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

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

Key Performance Indicators have been agreed with partners (NWSSP, HEIW and NHS host organisations) and 2024-25 will focus on automating and embedding these into a monthly reporting process for stakeholders.

Improving the customer journey?

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

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

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

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

Reducing overpayments?

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

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

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

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

Expanding services/ specialties?

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

Growing our future workforce (Workforce)

What will this mean to our customers? The provision of resilient, futureproofed services alongside employment opportunities within our local communities.

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

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

Moving into 2025-26 we will:

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

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

We recognise the transformative impact of data and outcome driven services and how they contribute to improving experiences for Welsh NHS patients and the broader population. Our case studies, achievements and innovations on **page 9** highlight how we are working towards this objective, incorporating the use of technology, our innovation hub and partnership working.

Future NHS Workforce Solution Programme (Whole system approach)

What will this mean to our customers? A flexible, agile Human Management system that is more responsive to the needs of NHS Wales which interfaces seamlessly to other NHS Wales e-systems.

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

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

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

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

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

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

COVID-19 Public Inquiry (Efficient)

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

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

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

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

Primary Care Services (Learning and Improvement)

Supporting the digitisation of paper medical records

What will this mean to our customers? Remove the need to print and transport medical records savings resources in general medical practice.

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

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

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

What will this mean to our customers? Delivery of high quality and efficient transaction processes.

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

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

Pharmacy Services (Efficient and Effective)

Transforming Access to Medicines (TrAMS)

What will this mean to our customers? Establishing cost-effective resilience in our medicines supply, improving the patient experience through the provision of high-quality medicines and services.

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

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

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

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

Work planned for 2025 – 2028 will include:

- Building three regional medicines manufacturing hubs, selecting the preferred localities for them, progress design work, and preparing Business Cases to support investment decisions. The status of the plan depends on the availability of capital funding and is expected to be as follows:
    - 2025-26 will see the development of a South-East Wales Radiopharmacy service based within IP5. (Radiopharmacy involves preparing radioactive injectable medicines, mostly in support of diagnostic scanning.)
    - 2025-26 - South East Wales Systemic Anti-Cancer Therapy (SACT – injectable chemotherapy) suite and Central IntraVenous Additives and Parenteral Nutrition (CIVA/PN – injectable medicines) Suite. Continue Business Case development in readiness for investment.
    - 2025-26 South West Wales site selection early stage business case development.
- Supporting and stabilising legacy aseptic preparation services across Wales including the development of a transitional plan.
- Working in partnership with Health Education and Improvement Wales to review education and skills needed to develop and expand the current workforce.
- Continuing the organisational change processes with full staff engagement.
- Working in partnership with Digital Health and Care Wales, development, and deployment of digital and stock control and workflow systems.
- Ongoing clinical engagement to develop a standardised product portfolio removing unwarranted variation across NHS Wales.
- Working in partnership with the other UK Nations on standardisation of the product catalogue, stability research, and sharing best practice to build resilience across the UK.

Medicines Value Unit

What will this mean to our customers? We are enhancing value and optimising resources efficiently to the benefit of our partners and patients.

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

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

- Targeting of unlicenced medicines contracting by developing nationally standardised product specifications and undertaking market engagement to bring 80% of Wales's unlicenced medicines off-contract expenditure under once-for-Wales contract agreements.
- Currently undertaking a national review process in relation to Homecare Medicines to understand the opportunities for an All-Wales approach to provision of homecare medicines.
- Supporting NHS Wales with the implementation of efficiency opportunities arising from medicines where there is loss of exclusivity. This work is undertaken with key stakeholders such as the All-Wales Medicines Strategy Group and All-Wales Therapeutics and Toxicology Centre.

Transformation of Laundry Services (Learning and Improvement)

What will this mean to our customers? An efficient and resilient Laundry Service providing clean linen to NHS Wales.

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

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

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

All Wales Laundry Programme (Safe)

What will this mean to our customers? Provide NHS Wales with an efficient, resilient and flexible Laundry Service.

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

Work planned for 2025 – 2028 will include:

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

Scan for Safety Wales Programme (Safe and Efficient)

What does this mean to our customers? A more resilient and transparent supply chain reducing risk to patients and service disruption.

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

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

Moving into 2025-26 and beyond we will:

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

Modernising National Distribution Centres (Timely)

What does this mean to our customers? A resilient and efficient National Distribution Centre enabling customers to deliver effective patient services.

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

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

What has been achieved to date?

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

Work planned for 2025-26 and beyond includes:

- Continued review of products held with improved monitoring of product throughput, item criticality, date life management, out of stock items and where it is identified obsolete item management.
- Addition of products as part of a Nationally Stocked Product Range to add additional products to support services across NHS Wales and maximise savings opportunities.
- Improved Distribution model to support more effective utilisation of fleet resources, aligning closest delivery point to most appropriate warehouse.
- Implementation of improved data standards in relation to patient and product traceability linked to Scan for Safety and National supply visibility of clinical products across the whole of NHS Wales.

- The requested recurring funding will Support NDC modelling and capture some of the costs incurred from increased product throughput and distribution, with proposal to add a further 300 lines longer term and closing some of the operating costs that will be incurred.

Ministerial Priorities

The Ministerial Priorities in the 2025-28 Planning Framework are primarily directed at local Health Boards. Patient focused as opposed to patient facing, we have considered how our plans will contribute and provide support to these priorities through the work we have already highlighted as part of achieving NWSSP's Strategic Objectives.

Our work across NHS Wales to support Women's Health through the development and implementation of improvements to enhance patient safety and outcomes through the Maternity Safety Programme, PROMPT (Practical Obstetric Muli-Professional Training), the Intrapartum Fetal Surveillance and the Neonatal Multi-professional Training, all of which featured within in our 2024-2027 IMTP continue.

Further work supporting Ministerial Priorities include the following areas:

Medicines Unit (Efficient)

What will this mean to our customers? Supporting local aseptic, cancer and critical care services within our partner Health Boards.

Our Pharmacy Medicines Unit is a Medicines and Healthcare products Regulatory Agency (MHRA) Licenced "Specials" Manufacturer focussing on the manufacture of high-risk/high-cost medicines for NHS Wales. The Medicines Unit also holds a Wholesale Dealers Authorisation (WDA) licence.

The facility can manufacture and supply "Specials" Medicines (unlicensed medicines that are manufactured or procured specifically to meet the special clinical needs of an individual patient) under its licence. Utilising semi-automated manufacturing technologies, the Medicines Unit can make advancements in the quality, safety, value and sustainability of the medicines manufactured. The Medicines Unit works with partners across Health Boards in Wales to identify opportunities to support local aseptic services with capacity or financial challenges, including the implementation of national recommendations such as the management of systemic anti-cancer therapy service capacity.

Utilising the WDA licence, the Pharmacy Medicines Unit continues to make targeted purchases of medicines on an All-Wales basis to improve supply resilience, service agility and drive reductions in medicines expenditure. The WDA licence also supports the supply of the COVID and flu vaccines to both primary and secondary care sites across NHS Wales.

Service developments include widening the scope of the products manufactured to support Health Boards/Trusts with their short to medium term needs, continuing to develop the cleanroom decontamination support to partner Health Boards/Trusts through the use of ionised hydrogen peroxide disinfection and, in turn, learning how the technology may support Transforming Access to Medicines.

Speaking up Safely (Culture)

What will this mean to our customers? A commitment to continuous improvement of working conditions, organisational and individual health.

Our work in 2024-25 focused on establishing the Joint Speaking up Safely (SUS) Working Group with Health Education and Improvement Wales and the implementation of three workstreams. The workstreams are currently focusing on the development of a Speaking Up Safely Policy, flow maps

detailing how Trainees raise concerns and the implementation of a Speaking Up Safely confidential platform where trainees can anonymously raise concerns.

Moving into 2025-26 we will:

- Implementing NHS Wales Speaking up Safely Framework and NWSSP Speaking Up Safely Policy.
- Have widespread communication, education and training in Speaking Up Safely Policy to Resident Doctors, Dental Foundation Trainees and Medical and Dental Postgraduates in Training and Trainee Pharmacists.
- Develop a specification for independent investigators for specialist and complex investigations.
- Full implementation of Speaking Up Safely Platform which enables anonymous and comprehensive reporting.
- Inclusion of information relating to Speaking Up Safely as part of Resident Doctors, Dental Foundation Trainees and Medical and Dental Postgraduates in Training and Trainee Pharmacists Induction Programme.
- Ongoing monitoring and reporting to the NWSSP Senior Leadership Group, Health Education and Improvement Wales and Health Boards.

International Recruitment (Workforce)

What will this mean to our customers? Strengthening clinical services across NHS Wales to address long-term workforce challenges.

Established in 2021 the All-Wales International Recruitment Programme has continued as planned for 2024-25 aided by £5m ministerial investment.

During a ministerial visit to India in February 2024 the then Health Minister provided a commitment to the Chief Minister of Kerala to recruit 250 healthcare professionals as part of the Memorandum of Understanding. More than 300 offers have been made to Keralan health care professionals in the 2024-25 financial year, with 311 offers made across two recruitment events, and a further 23 posts anticipated to be filled at a psychiatry specific event in January 2025.

NWSSP has had success in medical recruitment. We have previously received General Medical Council (GMC) accreditation to recruit to both junior and senior clinical fellow medical posts, and in October 2024, further accreditation to add the grade of 'Specialist Doctor' to our GMC sponsorship programme. These doctors are equivalent to the Specialist Doctor/Locum Consultant grade and will be offered a contract structured to ensure time to achieve entry to the specialist register. The scheme will provide doctors with professional development support to complete their chosen higher specialty portfolio of evidence to enable entry onto the specialist register. The team have also had success recruiting to sub-specialties including Haematology, Radiology, Gastroenterology, Oncology and Emergency Medicine.

A pilot to recruit qualified Registered Mental Health nurses For NHS Wales is underway, with a view of expanding further in 2025-26 based on successful evaluation of the pilot.

Pathways to employment for Dental Practitioners also continues with input from HEIW and the Chief Dental Officer.

NHS Wales have now recruited over 1,300 international nursing and medical graduates through the All-Wales International Recruitment Programme with a positive impact on both the vacancy gap and agency spend across organisations, but more importantly safe staffing levels across services.

National Ophthalmic Contract for Wales (Whole system approach)

What will this mean to our customer? Enhanced eye care services available within the Primary Care setting.

With Implementation complete and new contract arrangements in place (April 2024) we continue to build on the direction outlined in A Healthier Wales and the progress already made since the launch of the together for Health-Eye care. As a key stakeholder and lead on this programme, NWSSP continue to ensure all decisions made follow the key principles of NHS Wales Eye Health Care-Future Approach for Optometry Services.

We are continuously reviewing the impact of this change, as new service pathways are commissioned we are working closely with Health Board colleagues to enable operational change to support these arrangements. We continue to work in partnership with Welsh Government, the service and the Health Boards to capture data to support the monitoring, management and treatment of more patients in primary care. Over time this data collection will provide evidence to support the reducing demand in secondary care and improved access for patients.

We continue to support these changes:

- Acting as a Strategic Partner for Welsh Government leading the introduction of the National Ophthalmic contract for Wales.
- Supporting the establishment of a new service management board arrangement within NHS Wales.
- Reviewing key deliverables and agreeing milestones with the service board which further support new pathways
- Critical review of the changes and building resilience to embed the requirements as part of our business-as-usual arrangements

Electronic Prescribing Service (Effective)

What will this mean to our customers? A reduction/elimination of paper prescriptions making it more convenient for staff and patients. Efficiencies in dispensing reimbursement and information services supporting sustainable service delivery within community pharmacy.

The development of an Electronic Prescribing Service (EPS) in Wales and its introduction will mean that the system is no longer reliant on paper prescriptions moving between the prescriber and the dispenser, with the consequent link to NWSSP for re-imbursement. As an integral part of this wider system, NWSSP will be working closely with Digital Health and Care Wales to deliver these changes in line with their EPS Programme timetable.

The introduction of this system will make the prescribing and dispensing process safer, more efficient and convenient for patients and NHS staff.

We continue to support this programme of work as the planned role out matures and evolves. We are continuously reviewing system impact and rules to maximise efficiencies and benefits as Pharmacies and GP Practices are EPS enabled.

We continue to review resource requirements to ensure we can support the business change and EPS requirements in future years.

Vaccines

What will this mean to our customers? A robust service model for the delivery of seasonal vaccines.

NWSSP are establishing a robust service model for delivery of seasonal vaccination programmes. National model for vaccine delivery in discussion with Welsh Government.

A "Once for Wales" centralised mechanism for the procurement, storage and distribution of seasonal and routine vaccination programs is being explored and developed within NWSSP.

Currently, the influenza vaccine is procured directly from suppliers by Primary Care providers. Most vaccines are ordered in autumn of each year for delivery and deployment in the following autumn. Scope of this project is to build on the success of the COVID-19 national ordering process that was established during the pandemic, exploring the benefits to a centralised service provided by NWSSP for the management of the supply and distribution of the influenza vaccine. The proposal for NWSSP to centrally procure, store and distribute the influenza vaccine for the vaccination programme commencing in autumn 2025 and future influenza vaccination programmes going forward has now been agreed.

The project is hoping to achieve multiple benefits including potential cost savings through a larger, aggregated, single order of supply, savings achieved through the removal of the suppliers' inbuilt delivery costs within the vaccination cost for multiple deliveries across Wales, increased stock control and reduction in waste and a reduced carbon footprint by utilising centralised delivery points.

New duty to prevent sexual harassment (Culture)

What will this mean to our customers? Provision of support and education across NHS Wales on the new duty.

A new duty to prevent sexual harassment in the workplace came in to force in October 2024 and our Legal and Risk Employment Team are working with colleagues across NHS Wales and in partnership with staff side to draft an anti-harassment policy.

What are we doing across NHS Wales:

- Working collaboratively (cross boundary and in partnership) on an All-Wales policy set to be published in December 2024.
- Preparing precedent documents to be shared for use by all organisations to include risk assessments and checklists.
- Looking at how we can ensure that the work we do on ties in with other workstreams including Speaking Up Safely so that we can learn lessons and use best practice.
- We are talking about it with staff and reiterating key messages.
- We are upskilling our workforce/people teams to be able to advise and support colleagues who need to manage issues as they arise.
- We are educating boards on the new duty and the likelihood that the more work we do to highlight these issues, the more people will come forward to report concerns.

Core Supporting Functions

Our core supporting functions will enable delivery of our priorities and those detailed, where relevant to NWSSP, in Annex 2 of the Planning Framework, inclusive of but not limited to, digital transformation, workforce developments and financial sustainability.

Digital Priorities

We understand and recognise the importance of digital systems that support our customers, user experience and staff and how they enhance efficiency and performance across NHS Wales.

Moving into 2025-26 we've prioritised a number of digital areas that will support our customers and partners in driving efficiencies across NHS Wales. These priorities are:

We will review our Digital Strategy to ensure that it continues to deliver our digital goals and aligns to national strategies, policies and architecture.

To ensure that we exploit opportunities for innovation, fully maximise the return on investment made in new digital systems and ensure alignment to digital standards we will focus on the following initiatives:

- Transforming Access to Medicines: Sourcing of a digital solution to support medicines manufacturing service.
- Scan for Safety: Automated medicinal product/medical device tracking. Continued roll out according to Health Board Plans.
- Electronic Prescription Service: Contractor payment integration and smart card provision and continuing support for the national roll out.
- Implementation of Civica iCase Legal Case Management Solution (CMS).
- Further development of Staff Movement Advice Power Platform solution.
- Replacement of the Electronic Staff Record in collaboration with NHS Business Services Authority in 2025.

To ensure that unsupported systems are phased out and that we reduce the risks of prolonging the use of legacy systems, we will focus on the following initiatives:

- Workforce Intelligence System: Replacement of (Primary Care) Welsh National Workforce Reporting System and Performers List Solutions in 2025.
- Replacement of the ePIMS national lease management solution utilising the Microsoft Power Platform to leverage the benefits of the All-Wales Microsoft Enterprise Agreement
- Replacement of the Procurement CMS legacy solution.

Review and further develop our cyber security continuous development plan to ensure that it:

- Remains aligned with the outcomes of the Cyber Assessment Framework (CAF) report and delivers the baseline standard as a minimum.
- Delivers targeted improvements in our cyber security posture in line with our, CAF aligned, cyber security KPI framework.
- Includes end user device refresh to ensure we have devices that can operate Windows 11 following the end of support for Windows 10 in October 2025 to maintain a secure desktop environment that can receive the latest security updates.

Financial Sustainability

In the current challenging financial environment, NWSSP, in common with other NHS organisations in Wales, continues to face significant challenges to enable major service changes to be delivered within our existing financial resources. There is more we want to be able to achieve in establishing new services and driving the pace of innovation including making effective use of technology in our existing services whilst continuing to ensure that high quality services are provided.

The financial plan for 2025-2028 is balanced. There are however several significant risks, and income and savings assumptions included within our plan. In recent years we have continued to generate savings on a non-recurrent basis, but it is difficult to deliver growth and sustainable improvement and efficiencies year on year on this basis.

There are several service areas in which we would want to invest to achieve additional benefits for NHS Wales which we will be unlikely to progress without recurrent investment funding via our allocation. We continue to maintain and enhance our grip and control processes to maximise savings and reinvestment opportunities across the Organisation.

Identified pressures and priorities of £12.528m for 2025-26 (£9.157m for 2024-25) will be met from additional income generation, cash releasing savings, efficiency savings and Welsh Government income.

PRESSURES	**2025/26 £m**	**2026/27 £m**	**2027/28 £m**
Pay	7.023	0.300	0.300
Non Pay	0.646	0.100	0.100
Demand/Service Growth	3.763	1.267	0.929
Local/Service	1.096	0.000	0.000
TOTAL PRESSURES	**12.528**	**1.667**	**1.329**
FUNDED BY:			
Income Generation	1.863	0.110	0.000
Savings	2.133	0.708	0.500
WG Funding	7.646	0.849	0.829
Reserves Investment	0.887		
	12.528	**1.667**	**1.329**
NET PRESSURES	**0.000**	**0.000**	**0.000**

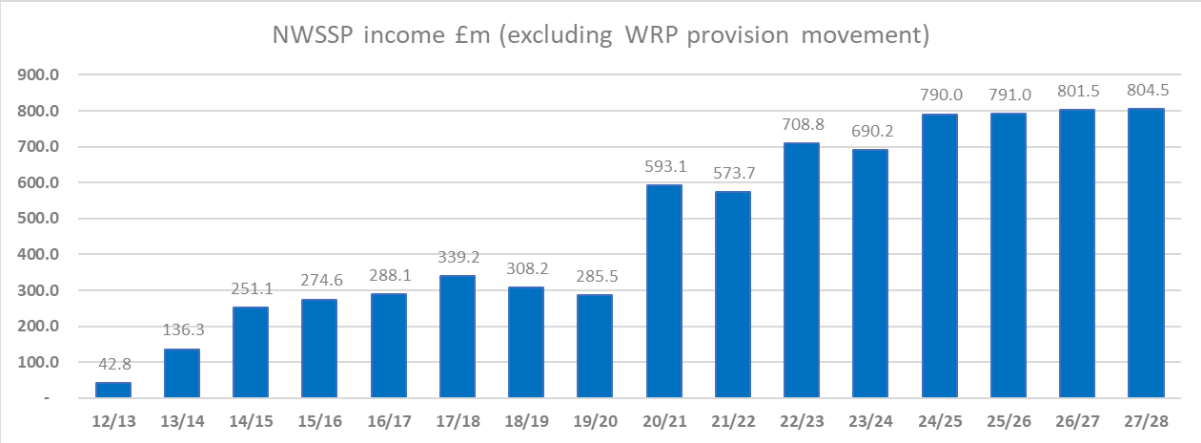
Key pressures within our plan relate to the transitional costs of large programmes, expansion of services in an environment of increasing demand above pre-COVID funded levels, ongoing inflationary cost pressures and the desire to automate and ensure resilience across the services we provide.

Looking ahead to 2025-26 we have identified several initiatives and investment decisions where action we take will help improve access to services for patients and support other NHS organisations in the delivery of their plans. Such investment will improve the quality and efficiency of the services provided to other NHS staff and their organisations. Examples include:

- Opening of the new Radiopharmacy unit and the transfer to the business-as-usual revenue operating model.
- Submission of business cases for TrAMS and the commencement of works within the financial year dependent upon approval of capital funding.
- The commencement of support for the influenza programme delivery.
- Review of the Laundry costs and operations to progress a common operating model and rebase our SLA charging mechanism.
- Further progression on preparatory work across NHS Wales for the replacement of ESR.

- Continue and enhance our role with pandemic preparedness and ensure alignment of objectives regarding stockholding and warehousing requirements ensuring we learn from the COVID inquiry and strengthen our resilience arrangements.
- Primary Care transformation programmes including the further rollout of the electronic prescribing service across Wales and effectively capturing the benefits and ensuring a transition plan for impacted staff because of the changes.

Income streams are forecast at £791m for 2025-26 rising to £804.5m by 2027-28.



The Single Lead Employment arrangements materially impact our income streams, with £310m income of our total £791m income attributable from this service alone in 2025-26. Continued income growth across several Service areas is forecast through to 2027-28 with the significant increase due to the commencement of the Radiopharmacy and TrAMS services.

The Welsh Risk Pool claims settlements forecast to be £145.491m in 2025-26 will require a risk share contribution of £36.056m from Health Boards and Trusts.

Capital investment of £83.3m is required for the five-year period to 2029-30. Major capital investments are included for the Radiopharmacy and TrAMS projects in addition to our vehicle replacement strategy and decarbonisation agenda.

People

We are committed to enable our people to feel engaged, to be connected to and share in our purpose; to feel enriched, empowered, and inspired; and to feel they are supported and valued so that they are enabled to make a difference for the people of Wales.

Our aim is to make NWSSP a great place to work through supporting the Health and Wellbeing of our workforce, embedding compassionate leadership, committing to the principles of the Foundational Economy and as such, our widening access agenda focusses on growing our future workforce from within the communities we serve across Wales in line with the refreshed actions for 'A Healthier Wales'.

As such, our focus remain on the seven strategic priorities within People and Organisational Development:

1. Organisational Design
2. Organisational Development
3. Resourcing

4. People Analytics
5. Employee Relations
6. Welsh Language
7. People and OD Excellence

During 2024-25 we focused on several programmes of work that were established in 2023-24 to ensure that our people can be the best that they can be. We partnered with additional advertising sites and job platforms including Career Wales, Department of Work and Pensions, local councils, some universities and LinkedIn. Google analytics has since evidenced an annual increase of 836.44% (from 4,696 to 43,975) site visits to our working for us page. This approach saw NWSSP receive three times more applicants, three times more candidates shortlisted and just under three times more people interviewed, and every role filled. Within each of our strategic priorities, we have aligned our planned work to the Ministerial priorities and wider programme of the Welsh Government. We will continue to build on this in 2025-26.

Workforce Productivity

In January 2024, following the release of the National Workforce Implementation Plan 2023, Welsh Government asked all Health Boards to implement specific 'All Wales Control Frameworks for Flexible Workforce Capacity'. Following this, NWSSP implemented measures that provided assurance to Welsh Government in relation to our approach to Vacancy Control through the introduction of NWSSP's Vacancy Control and Bank Scrutiny processes. An additional layer of scrutiny was added in February 2024 to ensure a consistent approach across the organisation labelled as the 'NWSSP Agency Control Framework.'

Implementation of the Resourcing Control Framework provides a three step approach with the following control measures:

1. Vacancy Control Panel - Reviewing all adverts going out on TRAC.
2. Bank Scrutiny Panel - Reviewing all requests for Temporary Bank Workers.
3. Agency Control Framework - Reviewing all requests for Agency Workers.

This Framework has supported NWSSP to eradicate all 'off contract agencies' and support a year on year cost reduction. Moving forward this process will support NWSSP to deliver a sustained and further reduction in agency expenditure as per the actions outlined in the Variable Pay and Agency Control Framework Welsh Health Circular.

To complement the Resourcing Control Framework, a Variable Pay working group was set up in September 2024 to extend the review of Bank and Agency use to overtime and enhancements. The group set 18 specific actions with one focussing on links to sickness and absence data, resulting in a new reporting metrics and a dashboard to support the People and Organisational Development Team get a greater understanding of absence stages and triggers issues across the organisation.

The metrics and dashboard offer insight into triggers reached organisationally and supports the identification of anomalies and inconsistencies in approach, alongside identifying those areas where further support and training is required. To monitor a reduction in sickness absence a baseline metric is in development, and this will enable NWSSP to evidence the long-term impact of this piece of work with reporting to the Senior Leadership Group in line with Welsh Government requirements.

Risk

Risks and opportunities that have the potential to impact the planned delivery of our IMTP are actively managed through review at each of the monthly Senior Leadership Group meetings. Additionally, the bi-monthly meetings of the Partnership Committee and the quarterly meetings of the Audit Committee

receive an update on our key corporate risks. Our Corporate Risk Register is structured to classify each risk against the relevant IMTP Strategic Objective. Divisional risks are monitored through the series of Performance Management Framework Quarterly Reviews, which provide the opportunity for risks to be escalated to the Corporate Risk Register as necessary.

In October 2024, we took the opportunity at the SSPC Autumn Development Day to review our risk appetite with members of the Partnership Committee and Senior Leadership Group. The application of the existing risk appetite level was discussed for each risk type (financial, regulatory, quality, reputational and people). This was a valuable discussion because it linked the experience of how the Statement is being applied in practice to the approach that Partnership Committee would like to see applied going forward. In particular, the balance and interaction between value for money and quality generated a lot of discussion and is something that will need to continue to be monitored closely, and for the Partnership Committee to challenge itself as part of decision making and considerations in future.

Overall, and in most areas, the risk appetite levels continued to be considered appropriate. However, Partnership Committee members challenged NWSSP to be moving closer to the boundary of the next level. In general, this means moving towards a 'seek' from an 'open' stance for financial, regulatory, quality and reputational risk. However, in the area of workforce it was felt that NWSSP could be even more bold, with a risk appetite level of 'significant' noting much of the transformation work that has been undertaken and the leading role that NWSSP plays nationally in payroll, recruitment and Single Lead Employer. We seek to lead the way in terms of workforce innovation.

NWSSP can take a lead role to drive through change and to identify unwarranted variation and reduce waste through informed analysis of the data we hold on the services we provide. This will help to make services across NHS Wales more efficient, and thereby support NHS organisations in the delivery of their plans. Achieving these goals and implementing necessary change at pace, requires engagement and buy-in from other Health Organisations within NHS Wales.

Our Key Corporate Risks

Our Key Corporate Risks are set out in our Corporate Risk Register. The Corporate Risk Register plays a pivotal role in shaping our Internal Audit Programme. Our internal auditors make clear reference to our Corporate Risk Register throughout their programme of work and ensure a thorough and aligned assessment of our organisational risk landscape.

Key Corporate risks going into 2025-26 include:

Continuing to deliver for NHS Wales in a challenging financial climate

Operating in tough economic conditions, particularly the lack of capital, poses significant threats to the delivery of existing services and the development of new services. We have a strong track record of robust financial control and ability to generate savings whilst also achieving service excellence and adapt to change with a positive and 'can do' attitude.

To mitigate some of the risk we are providing regular finance reports to the Senior Leadership Group, to our Partnership Committee and Audit Committee. Our Value and Sustainability work continues to support the national programmes and we have a programme of targeted service improvement aimed at ensuring we make the most of the resources available to us including an ongoing focus on minimising variable pay, a number of digital developments and rationalising our estate.

Balancing competing priorities in a challenging financial climate

We continue to promote and support the twin aims of growing the Foundational Economy through sourcing goods and services within Wales where possible and promoting the Decarbonisation agenda to help achieve the Welsh Government's goal of being carbon-neutral by 2030.

There is, in the current financial climate, a difficult balance to strike between sourcing products locally, thereby providing employment for the local economy at the same time as achieving value for money and living within the constraints of the NHS budget. This competing priority to do the right thing for the longer term and balance the budget in the immediate term applies also to our desire to make greater progress against our decarbonisation action plan and supporting the delivery in NHS organisations.

We will continue to explore a range of options to deliver on Ministerial and organisational priorities and be open and transparent in our discussions and considered in our decision-making processes.

Development of the Transforming Access to Medicines Service (TrAMS)

The TrAMS service will provide much needed resilience to the supply of critical drugs to cancer patients and deliver substantial potential savings across the whole of NHS Wales but requires significant upfront capital investment to develop the service. We have approved funding to enable us to establish a Radiopharmacy Unit in our IP5 site which will be progressed into 2025-26. However, delays in the receipt of planning permission and business case approval have caused the project to progress less quickly than originally planned.

We are mitigating risk through our TrAMS Programme Board, robust project management approach, outsourced suppliers and the implementation of a task and finish group. We have strong engagement and buy-in from the Chief Pharmacist group, on the need for prompt action and further investment.

Managing staff capacity and ensuring Fair Work for our workforce

Whilst we have continued to adapt to meet the growth in our services, we anticipate further demand from our customers, which in turn will place further demands on our staff. Like many other NHS organisations, we have some challenges in recruiting staff, especially to more specialist professional roles.

We have refreshed our Employee Value Proposition offering and changed our approach to recruiting staff to come and work in NWSSP, with more innovative adverts and more targeted use of social media and professional networks. We are already seeing that this is generating a wider range of applicants and an increased number of strong applications. More work is planned for 2025-26 as set out in Our People Plan. We continue to develop the Single Lead Employer model and have run number of successful international recruitment projects and the approach adopted will continue.

Our People Plan also sets out several actions targeting improvements in staff physical and mental health well-being, diversity and inclusion and a proactive approach to Speaking Up Safely and promoting the Anti-Violence Collaborative Wales to ensure that our staff are treated with respect at all times and that we have a robust, supportive approach to instances where they are not.

Appendix A – Our Digital Plan: Digital as an enabler

Digital technology plays a pivotal role in achieving our corporate objectives and delivering value to our customers. We are putting our focus on "digital as an enabler", emphasising business change as the driver for digital solutions.

Digital Strategy and Target Operating Model

What we delivered in 2024-25

In 2024-25 we continued to deliver against the digital goals within three key themes and our path to a new Target Operating Model as defined by our Digital Strategy.

Digital Goals

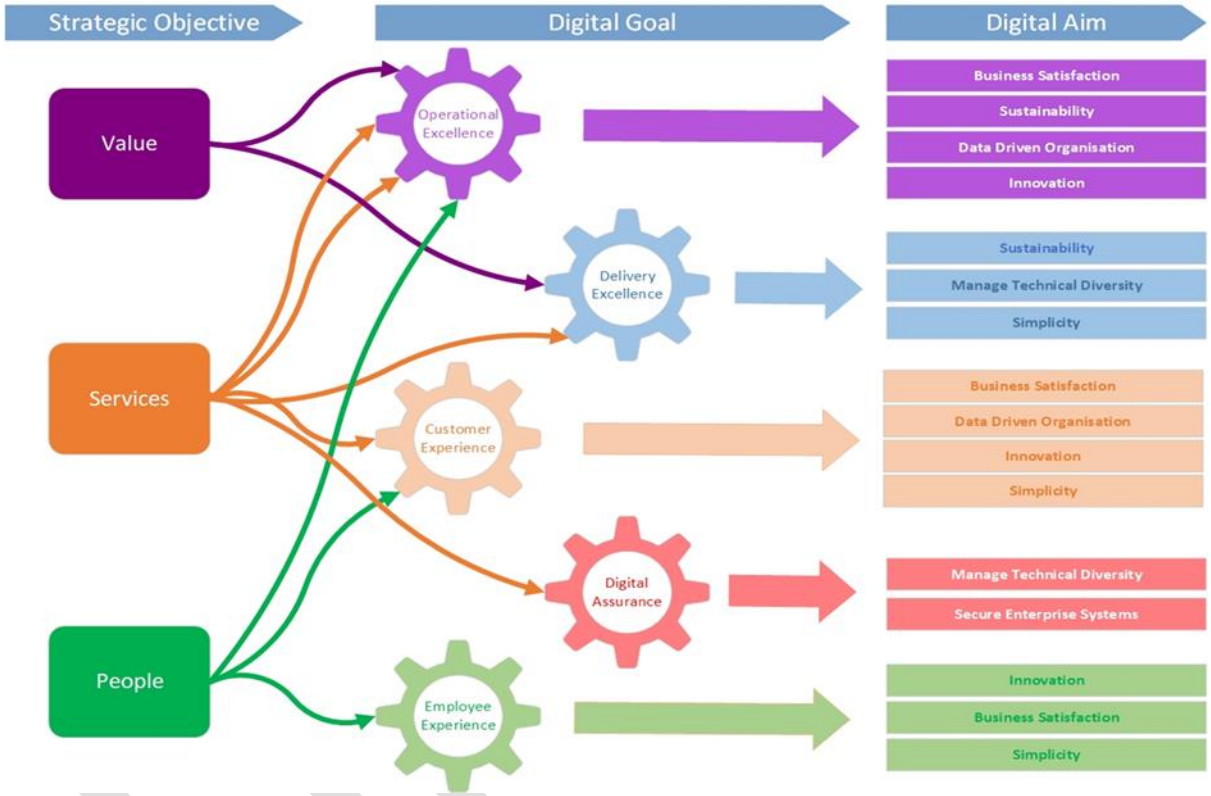


Fig. 1- Strategy map

Key Themes

Strategic Alignment	Streamlining Solution Portfolio	New Operating Model
• NWSSP Strategic Objectives • Digital Strategy for Wales • Key strategies	• Enhance → Buy → Build • Enterprise level solutions • Process alignment	• Business Relationship Management • Partners and Suppliers • "Positioning" appropriately

We continued our journey to a new Target Operating Model by delivering projects within a programme of work that fit broadly into three categories: -

- ***Stabilisation*** – shorter-term activities to designed to address gaps or risks in the existing model.
- ***Optimisation*** – medium-term activities designed to realise the Target Operating Model and design process to deliver a continuous cycle of service improvement.
- ***Sustainability*** – longer-term activities designed to ensure that we have a clearly defined model to support continuous improvement cycles and provide a targeted set of digital solutions that are robust and secure.

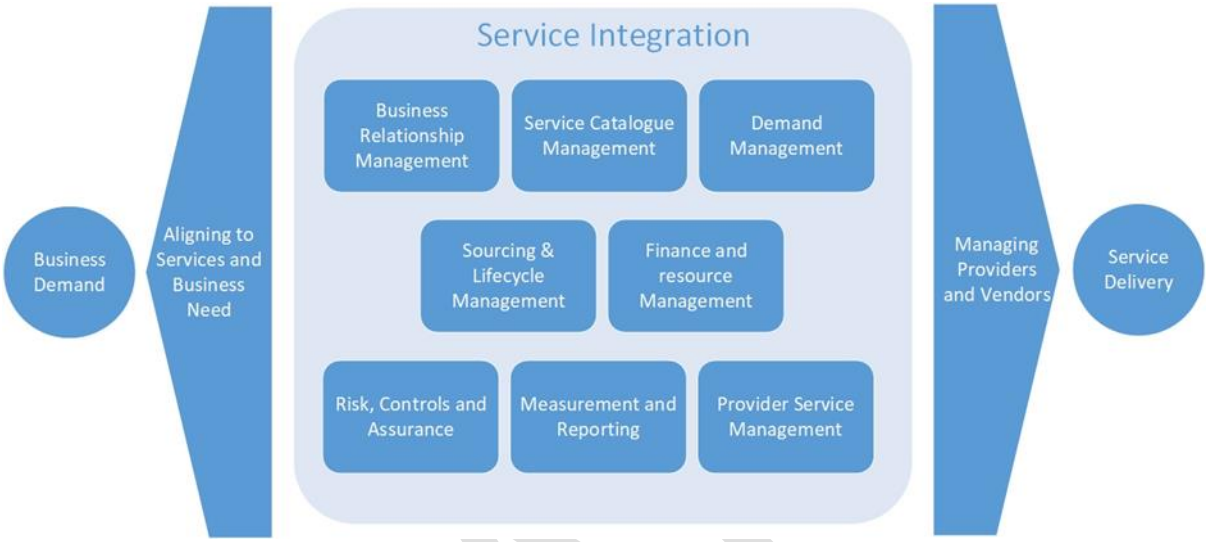


Figure 2 – Target Operating Model

Delivery on ***stabilisation*** included: -

- Set up of a long-term robust hosting environment for our bespoke solutions in the National Data Centres.
- Delivery of Cyber Security monitoring process to understand our cyber security posture in the context of the Cyber Assessment Framework.
- Recruitment to address capacity and capability gaps solution sourcing.
- Extension of the digital asset and configuration management solution.

Delivery on ***optimisation*** included: -

- Development of a long-term end user device refresh plan.
- Implementation of the digital gateway process to underpin the Enhance, Buy, Build strategy to move towards the delivery of streamlined, enterprise level solutions.
- Pilot activities to establish a cloud hosting platform
- Further implementation of new Design, Change and Service Management boards to underpin the digital gateway process.
- Establishment of a process for enhancing Power Platform resource with the M365 Centre of

Enablement activities for ***business change underpinned by digital solutions***:

- Strategic support for the implementation of NWSSP's component of the Electronic Prescription Service.
- Cyber assurance of All-Wales solutions: -
    - Health Roster
    - All Wales Costing

- Design, assurance and implementation support for the sourcing of solutions: -
  - Workforce Intelligence System
  - Legal Case Management
  - Transforming Access to Medicines
  - Pharmacy Homecare
  - Procurement CMS
  - Lease Management

What we are aiming to do during 2025-28

Stabilisation

- Expand the hosting environment in the National Data Centres to deliver a long-term robust hosting environment for our bespoke solutions.
- Recruitment to address capacity and capability gaps in solution sourcing.

Optimisation

- Enhancement of the service catalogue to provide a holistic, service-based view.
- Expansion of the agreements with partners to release NWSSP to support the business partner model.
- Resourcing plan and recruitment to embed support for service leads to enact business change underpinned by digital solutions through the business partner model.
- Roll out and embed the digital gateway process.
- Provision of enhanced flexibility in the hosting environment leveraging cloud first principles.
- Further development of Microsoft Power Platform strategy and resource plan for organisation level solution development.

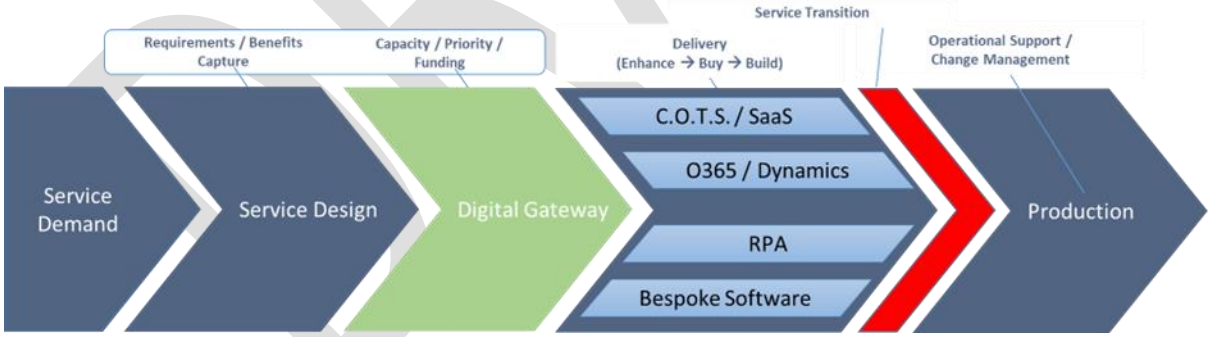


Figure 3 – Solution Delivery Model

Sustainability

- Expansion of agreements with partners to deliver enterprise and data architecture services.
- Development of a core data analytics service underpinned by solutions to support enterprise and data architecture services.
- Development of partnership arrangements to deliver bespoke development and legacy application support.
- Recruitment to fully support business change delivered through the business partner model.
- Review of document management strategy including digitisation and retrieval of records.

Enablement activities for ***business change underpinned by digital solutions***:

- Strategic support for
  - the implementation of NWSSP's component of the eye-care digital strategy in primary care.
  - Electronic Staff Record replacement.
- All-Wales cyber assurance packages for: -
  - Oracle FMS cloud migration
  - Electronic Staff Record replacement.
- Design, implementation and assurance support for the sourcing of solutions: -
  - TrAMS digital solutions and workforce transition
  - Estates strategy and agile working
  - NHAIS primary care patient registration replacement
  - Legal & Risk Case Management solution

Customer focus and operational excellence

We will empower our customers through self-service capabilities and omni channels.

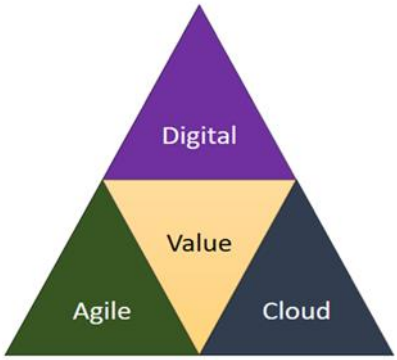
We will implement secure customer-centric solutions, leverage data and provide actionable insights / timely access to information, where and when required.

We will improve operational excellence by working with stakeholders to develop efficient, streamlined, and cost-effective systems and services.

Partnerships and collaboration

We will build on our partnership and collaborative work with the Welsh Government, DHCW and NHS Wales Health Boards/Trusts. Working with Health and Care partners (including social care), wider public sector and industry partners. We will leverage opportunities to co-create value and harness the benefits of new technologies and digital solutions and look for opportunities to collaborate with Digital Health & Care Wales through expanded use of the National Data Resource.

Value For Money and Return on Investment



Having delivered foundational building blocks of Microsoft 365, we will build organisational capability to harness further benefits including the use of Power Platform, Dynamics 365 and SharePoint Online.

As NWSSP continues to adopt new digital services, in-house expertise will need to be developed, in partnership with DHCW, to reduce consultancy costs in the longer term.

Staff development and succession planning

We will upskill our staff to support new digital technologies and build capability to harness the benefits of new technologies across NWSSP. We will be working closely with HEIW as they develop further the All Wales Digital Skills Framework. We will identify capacity gaps and invest in staff development opportunities, succession planning and ensure that we have the right number of people with the right skills to support organisational objectives.

We will expand the use of the Microsoft Power Platform through a network of makers led by a central resource, linked to the expertise of the Digital Health & Care Wales Microsoft 365 Centre of Excellence.

Process Automation

Robotic Process Automation (RPA) principles are about using suitable tools that can replicate and automate repeatable human tasks performed on systems to assist staff, freeing them to undertake more value-added duties. We have invested in RPA for several years and continue to do. We will revisit our process automation strategy to encompass the use of bespoke robotic process automation tools whilst appropriately leveraging the capabilities of the Microsoft Power Platform.

Processes developed in the last year include: -

- Service KPI Reporting
- Oxygen Rebates
- IMTP Analysis
- Decarbonisation Programme Reporting
- Invoice on hold releasing
- Trac Vacancy Management
- Staff Movement Advice Terminations
- Staff Movement Advice New Starter Hires
- Oracle Cloud Migration – process updates
- Trac Applicant Close Down
- General Ophthalmic Services Payments – batch assignment
- Automatic invoice releasing
- Electronic Invoice Processing

The plan for next year is to continue to support Live processes and to identify automation opportunities and deploy solutions in the following areas: -

- Trac Employment Files
- Monthly Workforce Reports
- Accounts Payable Outstanding Receipts
- Software License Management
- Staff Movement Advice
- NHS Pensions Downloads
- Payroll Assignment Sets

Cyber Resilience

The threat of cyber security attacks is recognised as a key corporate risk that we actively manage. We remain vigilant and continue to review and enhance our Information and Communications Technology (ICT) infrastructure to ensure that it remains robust in the context of the ever-changing threats we face.

We have refreshed our response to the out latest Cyber Assessment Framework (CAF) report and developed a set of activities designed to underpin a KPI framework that measures the maturity of cyber security posture in four areas: -

- **Govern**: Establish and monitor the organisation's cyber security risk management strategy, expectations and policy.
- **Identify**: Manage the organisation's digital assets and identify the level of cyber security risk they present.
- **Detect:** Find and analyse possible cyber security attacks and compromises.
- **Respond:** Manage, mitigate and recover from the effect of cyber incidents.

Appendix B- Our Financial Plan

The financial plan sets out our financial strategy, which enables and aligns with the delivery of the service development strategy outlined in this IMTP. In the current challenging financial environment, NWSSP, in common with NHS Wales, continues to face significant challenges to enable major service changes to be delivered within our existing financial resources. There is more we want to be able to achieve in establishing new services and driving the pace of innovation including making effective use of technology in our existing services whilst continuing to ensure that high quality services are provided.

The financial plan for 2025-2028 is balanced. There are however several significant risks, and income and savings assumptions included within our plan. In recent years we have continued to generate savings on a non-recurrent basis, but it is difficult to deliver growth and sustainable improvement and efficiencies year on year on this basis. There are several service areas in which we would want to invest to achieve additional benefits for NHS Wales which we will be unlikely to progress without recurrent investment funding via our allocation. We continue to implement and look to enhance our grip and control processes further to maximise savings and reinvestment opportunities across the Organisation.

The financial plan comprises our three key areas:

- NWSSP Core Services
- All Wales Risk Pool
- Capital

NWSSP Core Revenue Budgets

2024-25 saw several developments and changes to services provided. NWSSP has enabled significant change through the planned reinvestment of funds within service priority areas to provide greater capacity to support, enable and accelerate the delivery of change across NHS Wales including:

- The move to laundry production over four sites from 1st April 2024 following the closure of the Glangwili laundry and the ongoing capital investment to enable this.
- Agreement to progress the development at pace of a Radiopharmacy service in IP5.
- The submission of an Outline Business Case (OBC) to provide TrAMS in the South East Wales region
- Ongoing increased demand and transaction volumes in Payroll, Recruitment and Accounts Payable services when compared to pre-COVID funded activity baselines.
- Implementation of Phase 1 of our accommodation strategy.
- Implementation of Phase 1 of our payroll modernisation programme.
- The move to the provision of statutory Medical Examiner Service for Wales from 9th September 2024.
- The establishment of a medicines buffer stockpile as part of pandemic resilience arrangements.

Looking ahead, 2025-26 will see further developments in several areas including:

- Opening of the new Radiopharmacy unit and the transfer to the business-as-usual revenue operating model.
- Submission of business cases for TrAMS and the commencement of works within the financial year dependent upon approval of capital funding.
- The commencement of support for the influenza programme delivery.

- Review of the Laundry costs and operations to progress a common operating model and rebase our SLA charging mechanism.
- Further progression on preparatory work across NHS Wales for the replacement of ESR.
- Implementation of the recommendations from the supply chain logistics review undertaken in 2024-25.
- Preparatory work for the replacement of Oracle Financials with an assessment of the impact of transferring to different operating platforms.
- The continued challenge to sustain momentum against our Decarbonisation Action Plan and access available capital funding to ensure we can progress our ambitions and ensure we align with our vehicle replacement strategy and EV charging infrastructure plan.
- Phase 2 of our accommodation strategy following the appointment to our new Head of Estates and Facilities role.
- Continue and enhance our role with pandemic preparedness and ensure alignment of objectives regarding stockholding and warehousing requirements ensuring we learn from the COVID inquiry and strengthen our resilience arrangements.
- Promote the positive impact of the work of NWSSP to showcase good practice and aid our recruitment and retention of staff following the appointment to our new Communication and Engagement Manager.
- Phase 2 of the payroll modernisation programme.
- Further progress on our Customer Service Excellence journey and benchmarking of our services with other providers of shared services where practicable.
- Primary Care transformation programmes including the further rollout of the electronic prescribing service across Wales and effectively capturing the benefits and ensuring a transition plan for impacted staff because of the changes.

The table below summarises the revenue income requirement for 2025-28 to enable the priorities identified within Service delivery plans.

NWSSP Revenue Position	2025/26 £m	2026/27 £m	2027/28 £m
WG Allocation			
NWSSP Core Services	90.217	90.217	90.217
Welsh Risk Pool Service (incl. Redress)	109.435	109.435	109.435
TOTAL ALLOCATION	**199.652**	**199.652**	**199.652**
Other Core invoiced income	555.292	564.113	565.706
WRP risk sharing agreement income	36.056	37.726	39.169
TOTAL INCOME	**791.000**	**801.491**	**804.527**

NWSSP Core Services

This area incorporates the income and expenditure budgets associated with the running of the main services we provide. An element of this income is received through our top-slice funding allocation with Welsh Government, with the remainder generated through invoicing which is detailed in the table below.

NWSSP Core Revenue Position	£m	£m	£m
WG Allocation - Core & WRP	**199.652**	**199.652**	**199.652**
Other Core Invoiced Income			
Single Lead Employer	310.066	310.066	310.066
Stores recharges	57.092	57.092	57.092
Pharmacy Rebate Scheme	55.100	55.100	55.100
WIBSS Claims	31.805	0.000	0.000
GP Indemnity FLS & ELS Claims	12.658	8.343	8.500
All Wales Laundry	12.410	12.410	12.410
Influenza Vaccine	10.500	10.500	10.500
Depreciation	8.959	11.322	12.756
Health Courier Service	8.597	8.597	8.597
Legal & Risk Charging	7.101	7.101	7.101
All Wales System Recharges	8.821	8.982	9.147
2024/25 Pay Award Funding	5.974	5.974	5.974
Medical Examiner	5.193	5.193	5.193
Medicines Unit/TRAMS	4.820	46.000	46.000
International Recruitment	2.146	2.146	2.146
Scan for Safety	1.543	1.529	1.366
All Wales Relocation Expenses	1.150	1.150	1.150
Energy (Laundries)	1.000	1.000	1.000
Radiopharmacy	0.729	1.752	1.752
SMTL	0.443	0.443	0.443
ESR Transformation	0.349	0.629	0.629
All Wales Collaborative Bank	0.180	0.180	0.180
Other Core Income	8.656	8.604	8.604
Total Invoiced Income	**555.292**	**564.113**	**565.706**
WRP Risk Share Agreement	**36.056**	**37.726**	**39.169**
TOTAL CORE INCOME	**791.000**	**801.491**	**804.527**

The Welsh Government allocation has been taken from the 2025-26 Health Board Revenue Allocation (Table 3 – Shared Services Funding top-slice). Per Welsh Government guidance we have not assumed any income or expenditure estimate for pay awards or the national insurance uplift within our plan on the basis that once agreed this will be fully funded by Welsh Government. Recurrent pay award funding for 2024-25 was not included as part of the 2025-26 allocation so estimates of funding to be received for these pay awards remain a risk within our plan.

It has been assumed that Welsh Government will continue to pay the additional 9.4% superannuation charges centrally during 2025-26. We have assumed all our SLAs and intra-NHS chargeable income will be uplifted by the 1.77% uplift funded to NHS Wales Organisations to cover the inflationary and digital cost pressures that we are facing across our services.

Funding for energy pressures was provided in the funding allocation for 2024-25 which included funding for the laundry sites. We will continue to recharge these costs to the relevant Health Boards as part of the laundry recharge arrangements and this income has been anticipated within our financial plan.

The funding allocation provided for PPE and vaccination support services is based on the following assumptions for 2025-2028 and in accordance with our PPE strategy:

- Stores issues of PPE will continue to be delivered and charged to NHS Wales.
- The current level of support to the mass vaccination programme will continue.
- We will continue to incur increased operational costs for the storage, distribution and management of the PPE stockpile.

We are forecasting that we will continue to incur additional costs in 2025-26 to support the ongoing activity above pre-COVID baselines. This will be funded through NWSSP savings achieved through efficiencies so that no additional recharges will be required to NHS Wales.

In setting budgets for 2025-28 we will generate further efficiencies and savings and absorb several cost pressures and make investments in relation to cost growth, demand/service growth and local cost pressures as identified in our delivery plans. These are summarised in the table below, together with a summary of how these will be funded.

PRESSURES	**2025/26 £m**	**2026/27 £m**	**2027/28 £m**
Pay	7.023	0.300	0.300
Non Pay	0.646	0.100	0.100
Demand/Service Growth	3.763	1.267	0.929
Local/Service	1.096	0.000	0.000
TOTAL PRESSURES	**12.528**	**1.667**	**1.329**
FUNDED BY:			
Income Generation	1.863	0.110	0.000
Savings	2.133	0.708	0.500
WG Funding	7.646	0.849	0.829
Reserves Investment	0.887		
	12.528	**1.667**	**1.329**
NET PRESSURES	**0.000**	**0.000**	**0.000**

A number of our priorities, demands and resulting pressures for years 2 and 3 are contingent upon progress with transformation plans in year 1 and confirmation of available funding streams. These developing issues include the programmes for the ESR and Oracle replacements, the TrAMS implementation approval and timeline and the ongoing review of our National Distribution Centre model and implications for fleet management. These will become clearer during the IMTP period.

Identified saving schemes are attributable to both pay savings from the review of posts as we refine structures and greater utilisation of technology including automation and emergence of AI solutions, and non-pay savings resulting from a review of budgets and accommodation costs. The savings requirement equates to 2.36**%** of our anticipated core allocation for 2025-26.

The Welsh Government funding assumptions are detailed in the table below.

WG Funding Assumptions	2025/26 £m	2026/27 £m	2027/28 £m
RECURRENT:			
2024/25 Pay Award Funding	5.974		
Low Vision Service Wales	0.112		
Building Co-ordination Advisor	0.093		
Principal Building Surveyor	0.093		
GMPI additional posts	0.091		
Pharmacy Services Meds Management Value & Sustainability	0.114		
WRP - MONeT programme	0.080		
SMTL Decarbonisation/New procurement regs support	0.194		
International Recruitment	0.091		
SLE Developments	0.105		
Develop & Digitalise Learning Platforms across wider public sector	0.046		
National Medical Workforce productivity agenda	0.073		
NON-RECURRENT/IN YEAR ALLOCATION:			
Storage costs - retention of records	0.026		
ESR Transformation support costs	0.349	0.649	0.629
Locum Hub Running Costs and user research	0.205	0.200	0.200
TOTAL	**7.646**	**0.849**	**0.829**

There is an income assumption from Welsh Government to fund the transitional work programme to migrate to the new ESR software replacement. These are currently indicative values, and a business case is being prepared which will impacted by the role NWSSP undertakes in the new system implementation and ongoing service support requirements. In addition, there will be an impact on existing Employment Services which may vary dependent upon the chosen preferred software solution.

The £12.528m of pressures and investments for 2025-26 identified within the financial plan align to the key priorities detailed within service plans and can be summarised as:

2025/26 SUMMARY	PRIORITIES	PRESSURES	SERVICE DEVELOPMENT	TOTAL
24/25 Recurrent Pay Award Funding		5.974		5.974
Decarbonisation	0.026	-	-	0.026
Digital	0.399	0.108	-	0.507
Loss of Income	-	0.417	-	0.417
Non Pay Inflation	-	0.537	-	0.537
Service Growth	0.301	0.079	1.052	1.432
Staffing - increments/structure changes	-	0.971	-	0.971
Structure Resilience/Succession Planning	0.529	-	-	0.529
Additional Transactional Activity	-	-	0.082	0.082
Talent Pipeline	0.084	-	-	0.084
Transformational change	1.331	-	-	1.331
Recurrent funding not confirmed	0.091	-	0.273	0.364
Value & Sustainability support	0.184	-	-	0.184
Training and Development	0.058	-	0.030	0.088
TOTAL £m	**3.004**	**8.086**	**1.438**	**12.528**

Other notable risks within our plan relate to the TrAMS project and the need for non-recurrent investment in the transitional periods when the service is being established, staff need to be trained, and units brought into accredited use. The funding model for TrAMS is still being developed with our partners. Our working assumption is that transitional costs will be funded from budgets when services transfer to NWSSP. Investment in this priority area will be the first call on any additional savings as previously agreed by the Shared Services Partnership Committee to support the longer-term vision for the programme.

There is no planned distribution included in our IMTP, however if any additional savings are achieved these will be repatriated to individual NHS bodies in line with the allocation contribution formula summarised in the table below:

Health Board /Trust	%
Aneurin Bevan	9.85
Swansea Bay	8.80
Betsi Cadwaladr	11.98
Cardiff and Vale	10.49
Cwm Taf Morgannwg	10.60
Hywel Dda	7.77
Powys	1.95
Velindre	1.17
Welsh Ambulance	1.28
Public Health Wales	0.87
Welsh Government	35.25
Total	**100.00**

All Wales Risk Pool

The All-Wales Risk Pool Service manages the process of reimbursement of payments made by NHS Wales in respect of successful claims for compensation. The Welsh Risk Pool (WRP) reimburses NHS organisations for claims paid after applying an excess of £25,000.

The Welsh Government provides NWSSP with two distinct funding streams in respect of the WRPS:

i. **Departmental Expenditure Limit** (the DEL) to meet in year costs associated with settled claims arising within Health Boards (HBs) and Trusts e.g., a lump sum or periodic payment order.
ii. **Annually Managed Expenditure** (the AME) to meet the costs of accounting for the long-term liabilities of claims i.e., the provision for the future costs of claims.

If the annual revenue allocation of £109.435m from the Welsh Government is not sufficient to meet the value of forecast in year expenditure (DEL), then the service bears the risk of any variation from the estimate and the excess will be subject to an agreed risk sharing agreement with the NHS Wales member organisations.

The cost of clinical negligence is forecast to continue to rise over the next three years. It is anticipated that the risk-sharing agreement will be invoked in each year relating to core claims growth and the increasing average cost per case. The forecast has been compiled based on the current claims values and estimated settlement dates in our database. This is sensitive to a variety of factors and changing assumptions as cases progress to settlement and is reviewed monthly.

The table below identifies the 2025-2028 high level forecast position at December 2024 for annual expenditure with the forecast outturn for 2024-25:

	24/25	25/26	26/27	26/27
	£m	£m	£m	£m
Welsh Risk Pool Services - core allocation from Welsh Government	109.435	109.435	109.435	109.435
Risk Sharing Agreement income - member NHS Organisations	30.478	36.056	37.726	39.169
TOTAL WRP INCOME	**139.913**	**145.491**	**147.161**	**148.604**

The risk share model will be applied to any in-year expenditure above the level of the indicative Welsh Government allocation. The risk share apportionment has been updated from 2025-26 as approved by the November Welsh Risk Pool Committee. The new apportionments include more cost drivers

linked to the Management of Concerns and Learning from Events. The indicative apportionments between NHS organisation members based on the updated risk sharing agreement are shown below:

	2024/25	2024/25	2025/26	2025/26	2026/27	2027/28
	RSA %	RSA £m	RSA %	RSA £m	RSA £m	RSA £m
Aneurin Bevan	**16.78%**	5.115	**18.26%**	6.582	6.887	7.151
Swansea Bay	**15.25%**	4.649	**15.28%**	5.510	5.766	5.986
Betsi Cadwaladr	**19.22%**	5.857	**19.41%**	6.999	7.323	7.603
Cardiff & Vale	**15.86%**	4.835	**15.81%**	5.702	5.966	6.194
Cwm Taf Morgannwg	**14.76%**	4.499	**15.50%**	5.589	5.847	6.071
Hywel Dda	**9.70%**	2.955	**9.57%**	3.451	3.610	3.749
Powys	**4.13%**	1.257	**2.71%**	0.977	1.023	1.062
Public Health Wales	**1.14%**	0.348	**0.64%**	0.232	0.243	0.253
Velindre	**1.15%**	0.352	**0.85%**	0.306	0.320	0.332
Welsh Ambulance	**2.01%**	0.612	**1.97%**	0.709	0.741	0.770
DHCW	**0.00%**	-	**0.00%**	-	-	-
HEIW	**0.00%**	-	**0.00%**	-	-	-
TOTAL	**100.00%**	**30.478**	**100.00%**	**36.056**	**37.726**	**39.169**

These indicative figures are currently based on 2023-24 cost driver activity information pending full year data for 2024-25 which will be available in September 2025. Based on 2023-24 data, DHCW and HEIW do not currently trigger any apportionment of the risk share, however this could change if any new cases are received during the period of the IMTP.

The Welsh Risk Pool Committee want to explore more ways of incentivising good practice in addition to the changes to the risk share cost drivers from 2025-26. Examples of such initiatives include Practical Obstetric Multi Professional Training (PROMPT) to improve maternal outcomes and more recently Multi-Professional Neonatal Emergency Training (MoNET) which is closely aligned to PROMPT for neonatology and has been piloted in 2024-25 but requires recurrent funding streams to be agreed. The Committee also recognises a need for improvement in quality and timing of Learning from Events submissions. We continue to see large increased creditor balances with Organisations where we are unable to reimburse WRP claims due to evidence of the required learning has being received to a satisfactory standard and multiple penalties have been imposed in 2024-25 due to late submissions.

Asset and Capital expenditure plan

Our plan identifies a capital investment requirement of **£83.274m** over the 5-year period 2025-2030. Most of this expenditure relates to the major transformation of Pharmacy Services, the resilience of warehousing storage availability and our vehicle replacement strategy. The projections included for the Pharmacy Services hubs are based on the Outline Business Case figures, where available, or preliminary high-level costings of potential options under consideration. The detailed projections will be developed further as the business cases progress further.

Several service development and strategic projects are also identified that will not only ensure business continuity for the services that we provide to NHS Wales but will enable modernisation, automation, resilience and decarbonisation to facilitate the achievement of several key priorities within our wider IMTP. A significant element of the capital plan links to the replacement and/or development of existing workforce software which will largely depend upon the functionality of the ESR replacement software.

The service development projects are major investments which cannot be covered by our discretionary capital allocation.

As the major projects set out above become operational, there will be additional requirements for discretionary capital. We cannot currently quantify these, and we will need to review and discuss further with Welsh Government.

The future capital funding required during the plan period (excluding IFRS16) is as follows:

	2025/26	2026/27	2027/28	2028/29	2029/30	TOTAL
	£m	£m	£m	£m	£m	£m
Discretionary	0.800	0.800	0.800	0.800	0.800	4.000
IP5 Discretionary	0.250	0.250	0.250	0.250	0.250	1.250
Laundry Discretionary	0.200	0.200	0.200	0.200	0.200	1.000
TOTAL DISCRETIONARY	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**6.250**
Service Development Projects	34.305	21.655	3.341	14.253	3.470	77.024
TOTAL CAPITAL FUNDING REQUIREMENT	**35.555**	**22.905**	**4.591**	**15.503**	**4.720**	**83.274**

Service Development Projects	2025/26	2026/27	2027/28	2028/29	2029/30	TOTAL
	£m	£m	£m	£m	£m	£m
Radiopharmacy	5.227					5.227
Pharmacy Technical Services - South East	7.333	14.667				22.000
Pharmacy Technical Services - South West & North			0.312	7.938	2.750	11.000
Warehousing additional storage	12.324					12.324
Vehicle Replacement Programme	2.460	2.392	0.807	2.610	-	8.269
Workforce software replacement	-	3.100	0.200	3.000	-	6.300
IP5 Roof	4.620	-	-	-	-	4.620
IT Refresh	0.186	0.621	0.199	0.099	0.650	1.755
EV Charging infrastructure	0.556	0.500	0.500	-	0.070	1.626
All Wales Laundry Asset replacement	0.315	-	1.123	-	-	1.438
Laundry Decarbonisation	0.847	-	-	-	-	0.847
Warehouse modernisation/refurbishment	0.437	-	0.200	-	-	0.637
Temperature Controlled Boxes	-	-	-	0.430	-	0.430
Software replacements	-	0.275	-	-	-	0.275
Medicines Unit Equipment	-	-	-	0.176	-	0.176
PCS Digital Transformation	-	0.100	-	-	-	0.100
TOTAL	**34.305**	**21.655**	**3.341**	**14.253**	**3.470**	**77.024**

Capital investment is a key enabler for the delivery of improved efficiency and service improvement. All capital schemes will deliver revenue benefits in terms of cash releasing savings, cost avoidance, reduced carbon emissions, improved quality and/or health and safety developments.

In addition to the transformational capital projects, a key risk for the IMTP relates to large volumes of IT equipment for staff to fulfil their roles on a day-to-day basis such as laptops, that we will need to replace on a phased basis from the end of 2024-25. The funding required for the vehicle replacement strategy also poses a risk regarding increased maintenance and/or lease costs and business continuity if funding for new vehicles cannot be approved on a recurrent basis.

We will continue to produce business cases for large specific projects as well as continuing to review the potential alternative sources of funding for example Invest to Save. These management actions would mitigate but not remove the impact of increased capital funding not being available.

It should be noted that we have limited funding for depreciation and additional non-cash funding will be required from Welsh Government over and above the baseline funding if capital funding is approved. It is assumed within our plan that the IFRS 16 Right of Use capital funding required will be available in line with projected funding requirements submitted to Welsh Government throughout 2024-25 and that IFRS16 DEL and AME depreciation funding will also be provided.

Appendix C – Our People Plan

We are committed to enable our people to feel engaged, to be connected to and share in our purpose; to feel enriched, empowered, and inspired; and to feel they are supported and valued so that they are enabled to make a difference for the people of Wales. We are also committed to the principles of the Foundational Economy and as such, our widening access agenda focusses on growing our future workforce from within the communities we serve across Wales. Our aim is to make NWSSP a great place to work and to support the Health and Wellbeing of our staff in line with the plan for 'A Healthier Wales'.

As such, our seven strategic priorities within People and Organisational Development (People and OD) remain:

8. Organisational Design
9. Organisational Development
10. Resourcing
11. People Analytics
12. Employee Relations
13. Welsh Language
14. People and OD Excellence

During 2024-25 we focused on several programmes of work that were established in 2023-24 to ensure that our people can be the best that they can be. Within each of our strategic priorities, we have aligned our planned work to the Ministerial priorities and wider programme of the Welsh Government. We will continue to build on this in 2025-26.

1. **Organisational Design**

During 2024-25 we continued to embrace the principles of agile working and role agility. To do this:

- We researched and developed a short-term experience placement programme for substantive staff to "try out" and contribute to the work of alternative divisions and/or to experience a different team or service and learn about the work they do.
- We introduced a scrutiny process to implement the non-pay elements of the 2023-24 pay award in partnership with our Trade Union colleagues, ensuring all Job Descriptions more than three years old are reviewed with their post-holders.
- We also developed a new Performance Appraisal Development Review process that complements the approach to role agility.
- We introduced a Working Abroad Procedure to enable staff to request short-term working abroad in exceptional circumstances.
- We also proactively engaged with the All-Wales NHS Agile Working Group.

As an organisation, we continue to embrace the principles of business agility and during 2025-26 we will therefore focus on:

- Working in partnership and alongside Health Board/Trust colleagues to collaboratively implement the nationally led sections of the non-pay elements of the 2023-24 pay award.
- Work with our divisions and Estates and Facilities team to identify additional opportunities for agile working.
- Continue to educate our staff about agile working and how they can best identify opportunities to come together to connect and collaborate.
- Continue to engage with the All-Wales NHS Agile Working Group to ensure we continuously learn from other NHS organisations and embed best practice in our working environments.

2. Organisational Development

During 2024-25 we sought to align the key areas of our This is Our NWSSP action plan with wider organisational priorities. The aims of this programme are to:

1. Develop a positive culture in NWSSP.
2. Embed a collective and compassionate approach for the development of a leadership strategy and associated projects.
3. Promote and support collective leadership to enable NWSSP to:
    a. Support a healthy and engaged workforce.
    b. Enable staff to show compassion; to speak up; to continuously improve; and to learn.
    c. Develop appropriate individual and collective competence.
    d. Recognise individual differences and needs to increase autonomy, and create a clearer sense of belonging.
    e. Deliver high quality services and value for money.

We have refreshed our Culture Change Champions network with additional members who have benefitted from a dedicated development programme to enable them to support the embedding of the programme and to be ambassadors for compassionate and inclusive leadership approaches. The Culture Change Champions are active in their services, speaking to senior leadership teams and colleagues alike to update them on the programme and to hear their views. Following the publication of the NHS Wales 2023 Staff Survey data the This is Our NWSSP action plan has been incorporated into a new Inclusive Culture Action Plan. This outlines the overlapping actions from the staff survey, the Workforce Race Equality Standard Report, the Ant Racist Wales Action Plan, LGBTQ+ Action Plan, Speaking Up Safely Framework and work in increase Sexual Safety.

The work of the programme has focussed on the following areas during 2024-25:

- Identifying themes within the NHS Wales Staff Survey data.
- Supporting the initiation and development of an Inclusive Culture Action Plan.
- Further embedding of the Values Behaviour Framework throughout NWSSP's sites and services.
- The champions have been a sounding board for new pieces of work such as Speaking Up Safely, and the provision of resources and opportunities for staff.

During 2024-25 this programme will focus on the delivery of the NWSSP Inclusive Culture Action Plan which outlines the following aims:

- Promote and Support a Compassionate and Inclusive Culture.
- Improve Engagement through our approach to recognition.
- Enable a Speaking Up Culture with a mechanism to anonymously raise concerns.
- Improve understanding around opportunities for flexible working.
- Support a Healthy working environment.
- Increase diversity in our senior roles.
- Address underreporting of demographic data to better support underrepresented groups.

This is our NWSSP Culture Change Champions will take an active role in gathering and analysing data to support culture change and continuing to promote the values of the organisation.

Support a Healthy and Engaged Workforce

Great strides have been made over the last year in the development of our Health and Wellbeing offering, including:

- Commencement of a review of our Health and Well-being Framework, taking account of the NHS Wales Best Practice Guide.
- Commenced delivery of Mental Health First Aid training though our accredited training centre via our qualified trainers. This has increased the number of Mental Health First Aiders within NWSSP, developing them to support colleagues who need help.
- Continued support for staff through wellbeing awareness and stress awareness workshops and added Resilience workshops to our offering.
- Introduced and trained a network of Menopause Buddies to provide additional support those who are experiencing menopause symptoms.
- Increased visibility of services to our hard-to-reach staff though health and well-being roadshows.

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

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

Recognise Individual Differences and Need to Increase Autonomy, and Create a Clearer Sense of Belonging

Embedding diversity and inclusiveness into our culture and thinking, and empowering our people to thrive, forms an essential component of the 'This is our NWSSP' programme.

It is our continuing aim to develop a programme of activity that offers opportunities to groups within the population who are under-represented in NWSSP, raising the profile of our organisation in the wider community, and ensuring that all are welcomed and encouraged to consider a career with us.

During 2024-5 we have:

- Continued to implement out Diversity and Inclusion Action Plan which focusses on the following areas:
    - Attraction
    - Development
    - Engagement
    - Employment Practices
    - Leadership
- Recruited and trained 9 Diversity and Inclusion Ambassadors from a variety of different services.
- Further explored opportunities for staff networks.
- Commenced work on a campaign for safe inclusivity so that colleagues feel safe to ask questions and engage in conversations to support learning.
- Provided learning in Inclusive Recruitment, Unconscious Bias and Anti Racism.

In 2024-25 we will:

- Further develop our employee networks.
- Recruit and train additional Diversity and Inclusion Ambassadors.
- Continue to ensure our learning and development opportunities are inclusive.
- Continue and embed a campaign for safe inclusivity so that colleagues feel safe to ask questions and engage in conversations to support learning.
- Move from ad hoc to a balance of scheduled and focussed learning in diversity and inclusion, though a range of e-learning, and real time training, both online and face to face.
- Set up a buddy system for leaders to learn from colleagues lived experiences.

Develop Appropriate Individual and Collective Competence

Finally, we will continue to ensure our people have the knowledge, skills, and experience to fulfil their individual needs and aspirations; as well as those of the organisation.

During 2024-25 we:

- Engaged with all services in relation to the development of training plans and further developed the process to support the organisation's annual training needs analysis exercise.
- Refreshed the online People Development Hub to provide more and varied development offerings to staff.
- Mapped out leadership development offerings to all levels of people managers within the organisation.

To further support this we will:

- Roll out a Short-Term Experience Placement (STEP) programme to enable staff to learn from and contribute to other areas within the organisation.
- Continue to work in partnership with Trade Union colleagues and others to support the development of essential skills including literacy and digital inclusion.
- Introduce a new approach to caching and mentoring which includes coaching skills for managers and well as offering access to mentors and coaches.
- Utilise data from our training needs analysis to refresh NWSSP's learning and development strategy.

3. Resourcing

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

To continue to improve our Employee Value Proposition, in 2024/25 we worked with all Divisions and our staff to understand where we needed to make changes and what would make the most impact. This meant we:

- Increased the number of managers who attended the recruitment training, thus ensuring our managers got recruitment and selection right at source. Regularly training sessions were introduced throughout 2024/25 with a total of 61 managers having received training by the end of Quarter 2.

- We focussed our attention on the NWSSP Time to Hire Key Performance Indicators and worked with managers to reduce divisional performance, seeing us move from 88.3 days against a target of 71 days overall to 63.3 days overall. This has provided a much better candidate experience.
- Embedded the use of the dedicated "Working for Us" site so that staff can access important information about working for NWSSP easily.
- Partnered with additional advertising sites and job platforms including Career Wales, DWP, local councils, some universities and LinkedIn. Google analytics has since evidenced an annual increase of 836.44% (from 4,696 to 43,975) site visits to our working for us page. This approach saw NWSSP receive 3x more applicants, 3x more candidates shortlisted and 2.8x more people interviewed, and every role filled.
- Focussed on our external brand, ensuring potential candidates understand who we are and the expectations of the advertised roles. This included the creation of an NWSSP Benefits video and an applicant video guide providing advice about how to apply.
- Created a standard brand on social media for all recruiting managers to use on LinkedIn. Importantly, the CTR%, "Click Through Rate" (where people have extended their advert engagement and click through to the NWSSP current vacancies website page) is at 5.784% which is firmly above the LinkedIn average published rate (LinkedIn statistics suggest a good CTR % is just 0.44-0.62%).
- Formally signed the armed force covenant, ensuring we became a fully-fledged Armed Force friendly employer and that we received the Armed Forces Bronze Award under their Employer Recognition Scheme.

In 2025-26 we plan to:

- Explore, understand with a view to implementing, the Talent Pool function on TRAC as part of our attraction strategy.
- Conduct surveys, focus groups and interviews to gather feedback from our employees about their perceptions of NWSSP including what influences their decision to join and/or stay with the organisation and any strategies or key benefits they would like NWSSP to consider as part of our employment offer.
- Develop an agile and seasonal workforce strategy, to understand and demonstrate the ability to transfer skills across the organisation.

Widening Access

NWSSP is committed to the widening access agenda and to ensure that we provide opportunities for employment and growth to those in the communities we serve. In 2024-5 we focussed on the following:

- Continuing to grow the Welsh Language skills of our substantive workforce to ensure we are representative of the communities in which we work.
- Further development of NWSSP's Early Career Network which enables colleagues from our varied services across the organisation to get involved in promoting careers within their services and beyond, across Wales.
- Recruitment of a Career Development Officer who will support the attraction of people from diverse communities as well as developing new and existing staff to enable continued growth.
- Continuing to attend Welsh Language events including the National Eisteddfod of Wales in Pontypridd to engage with Welsh speaking communities and make those communities aware of the career opportunities within NWSSP.

In 2025-26 we are committed to the further development of our Widening Access approach, focussing on:

- Increasing the numbers of staff that join us with protected characteristics.
- Continuing to grow the Welsh Language skills of our substantive workforce to ensure we are representative of the communities in which we work.
- Further developing access to NWSSP through Career Entry Routes specifically focussing on increasing our apprenticeship routes and exploring other opportunities such as internships.
- Further promotion of opportunities through Career events in partnership with education and other organisations including charities and agencies who support access to inclusive work placements.

4. People Analytics

People analytics enables us to measure and report key workforce concepts, such as performance, well-being, productivity, innovation, and alignment, in turn enabling more effective evidence-based decisions to inform our future planning, and modernisation and transformation plans.

To further strengthen data driven decision making and effective workforce planning, in 2024/25 we worked with all Divisions to introduce several analytical dashboards. This meant we:

- Created a Workforce Planning microsite which pulls together all relevant Workforce Business Intelligence dashboards. These include data relating to NWSSP's workforce age profile, equality and diversity demographic data, staff movements, leavers data and Welsh language information.
- Reviewed our internal reporting mechanisms and provided real time information to our leaders and managers. Our updated reports were specifically highlighted at Shared Services Partnership Committee as a great example of an organisation's workforce summary.
- Reviewed several manually intensive workflows including our Annual Leave Carry Forward/Purchase Process and our Incremental Credit Process; introducing a Microsoft application solution to support the latter.

In 2025-26 we plan to:

- Review our approach to business intelligence and develop further intuitive dashboards that will allow leaders and managers easy access to the information they need to lead and manage their teams.
- Create a set of baseline measures and a method of pulse surveying our employees to understand our current employee engagement and retention position.
- Cross reference our current data with other sources e.g. TRAC data to review frequent advertising hot spots and help build divisional insight for areas of improvement.

5. Employee Relations

We continue to work with our people managers to ensure they are applying the principles of a just and learning culture, focussing on restorative justice and compassionate leadership. In 2024/25 we launched our Avoidable Employee Harm programme of work, alongside colleagues from Health Education Improvement Wales (HEIW) and using the learning from Aneurin Bevan University Health Board.

This approach put our people at the heart of our employee relations processes. To this end we have continued to focus on individual and collective relationships in the workplace, working in partnership with our Trade Union colleagues. Specifically, during 2024/25 we have:

- Maintained positive, trust-based relationships with our local Trade Union colleagues at the NWSSP Local Partnership Forum (LPF), against the backdrop of a difficult industrial relations climate.
- Maintained a positive relationship with the Welsh Partnership Forum.
- Continued to involve our staff in local and national policy development to ensure they are engaged and consulted on issues that affect them at work.
- Launched our Avoidable Employee Harm programme in North and South Wales and compiled an internal project plan to ensure that all our staff understand our approach to employee relations and that our policies, template letters and learning events continue to listen to our employee voice and respond to feedback.
- Introduced baseline measures to track our employee relations cases to reduce employee relations timescales and in turn allow a focus on informal resolutions to try and avoid unnecessary employee harm.
- Introduced discreet training modules in relation to Disciplinaries, Respect and Resolution and Capability.
- Ran a successful recruitment campaign to appoint six Bank Investigating Officers, which, by ensuring we have a dedicated resource, has reduced investigation timelines.
- Continued to work in partnership to review pastoral support provided to those going through employee relations processes and affording our Trade Union colleagues regular time to discuss their members' support requirements.

In 2025-26 we plan to:

- Continually review the Avoidable Employee Harm Programme of work and implement any additional learning from our employee voice.
- Review our Training packages to ensure the Avoidable Employee Harm approach is front and centre.
- Create Standard Operating Procedures and Templates for all staff to support employees to feel at the heart of our processes.

6. Welsh Language

During 2024/25 we've committed to ensuring that staff were given the opportunity to learn Welsh at work for their professional development thus enabling us as an organisation to deliver bilingual services. We had 60 members of staff sign up to learn Welsh across Levels 1 and 2. These courses are funded by the National Learn Welsh Centre through Learn Welsh Glamorgan. We also supported staff members to learn Welsh in their community, where workplace learning was not convenient or the number of learners did not meet funding requirements. In total we had 22 members of staff sign up to learn Welsh in their Community in Levels 1, 2 and 3 across Gwent, Glamorgan, Northwest Wales and Cardiff.

We also committed to Welsh language face to face training internally and have provided training to colleagues in Health Courier Services in Quarter 3 and 4 and further targeted face to face training took place in Quarter 4 for Accounts Payable, Recruitment Services and Student Awards.

In 2024-25 we worked collaboratively with Recruiting Managers and People and OD Business Partners to identify roles where Welsh Language skills should be considered essential for the role, to ensure that we have every confidence that we can deliver our services through the medium of Welsh. These

roles include front line roles, bilingual roles and roles that are patient facing. These roles have been outlined in the first draft of our Welsh Language Strategy, which will be reviewed continuously to ensure all relevant roles are identified. We have successfully recruited to several roles where Welsh skills were either advertised as Welsh Essential or Desirable including:

- Receptionist
- Court of Protection Paralegal
- Career Development Officer
- Head of Communications and Engagement

We continued to work alongside the Job Evaluation team to ensure that our Job Descriptions, Person Specifications, and advertisements outline the appropriate Welsh Language requirements setting context to the reasoning behind the skill requirements and ensuring that we use inclusive language. A matrix to help managers determine whether a role should be Welsh Essential or Welsh Desirable with specific skills levels ranging from 1 to 5 will be created to support Recruiting Managers and give assurance to the Vacancy Control Panel that managers have given due consideration to Welsh language skills for any other additional roles or vacancies that they are recruiting to.

In 2024-25 we also introduced a more robust Welsh Language Impact Assessment within the Equality Impact Assessment to ensure any policy or organisational change takes account of the Welsh Language and the assessment is meaningful, well thought out and a robust assessment that will outline how any decision taken will have a positive effect on the Welsh language and culture within the organisation. This was used successfully in relation to the creation of our Speaking Up Safely Policy development and our Programme of work in relation to Avoidable Employee Harm.

We continue to provide a SLA service to several stakeholders:

- Velindre University NHS Trust
- Public Health Wales University NHS Trust
- Wales Ambulance University NHS Trust, and
- DHCW

We have procured the Phrase Translation Memory system and are currently piloting sharing this with our SLA Stakeholders. Initial feedback is that a shared system enables stakeholders to respond to their customer's needs more effectively, efficiently and within tight timescales. As part of the work we're doing with our stakeholders, we have also organised quality assurance training focussing specifically on proof-reading and editing so that translation work undertaken by machine translate and Artificial Intelligence is assured and to a high quality. In Quarter 4 we started work in partnership with our stakeholders about the opportunity to procure an all-Wales Translation Memory system.

Looking ahead to 2025-26, the Welsh Language Unit we will:

- Support all divisions with planning and developing services and projects with the Welsh language front and centre of everything that we do.
- Undertake a two-yearly audit of compliance with the Welsh Language Standards and progress to date.
- Provide high quality, and timely translation services to our services and projects across NWSSP divisions.
- Attend widening access events across Wales, including the Urdd National Eisteddfod in Swansea Bay University Health Board region in May 2025 and the National Eisteddfod in August 2025 in collaboration with Betsi Cadwallader University Health Board and other national organisations.

- Procure and deploy an all-Wales Translation Memory system.
- Support the organisation beyond the realms of translation services, and:
    - expand our contact with staff and create a Welsh language network,
    - have a broader programme of Welsh cultural events,
    - raise awareness amongst staff about their duties,
    - extend our reach to the SLE Trainees,
    - provide more support and opportunities for staff who are learning Welsh or who lack confidence in using their Welsh language skills
    - focus on staff who score a Level 0 in Welsh skills by introducing online learning
    - bring Welsh learning in house where we can offer a programme of comprehensive, consistent and flexible learning,

7. People and OD Excellence

The People and OD Team must be seen as a credible, trusted partner to our internal and external customers. To measure this, we need to listen our customers regularly.

As an internally facing corporate service, we commit to putting people at the heart of our operations and we commit to upholding our professional values, putting our customers first, working collaboratively, providing expert advice and opinion, being impactful and being innovative in our approach.

People and OD has received recognition from the Healthcare People Management Association and the Shared Services UK Forum though their national award events for our approach to supporting the organisation through our People and OD interventions and our dedication to a person-centred approach.

In 2024-25 we took part in the Customer Service Excellence (CSE) Accreditation. NWSSP was successful in the accreditation and therefore in 2025-26 we intend to continue to work towards being an employer of choice through responding to the CSE feedback and amending our approach and processes as appropriate, rather than applying for an individual accreditation such as Investors in People, or 'The Best Companies' award.

Appendix D – Key Performance Measures

Monitoring

We continue to align our performance measures to our Strategic Objectives and we regularly report divisional Key Performance Indicators (KPIs) to the Partnership Committee, Welsh Government, and our customers through our quarterly performance reporting. Our performance measures are reviewed as part of the Quarterly Review process to ensure that they are relevant, ambitious yet achievable and measurable.

Quarterly Review meetings with divisions are used to assess our progress against the IMTP divisional objectives, performance measures, risk registers and both workforce and financial performance.

We also produce reports for scrutiny monthly by Senior Leadership Group (SLG), bi-monthly by Shared Services Partnership Committee (SSPC) and quarterly on an organisational basis.

We also hold bi-annual performance meetings on a 1:1 basis with the health organisations with representatives including the Director of People & OD and Director of Finance.

Joint Executive Team (JET) meetings are held twice a year which are an important part of the formal accountability relationship between Welsh Government and our organisation. The review agenda broadly is set around the themes of finance, performance and our delivery against objectives in the current IMTP.

Developments

As part of our regular review, we have revised our key performance measures. While largely aligned with the previous planning cycle, we have introduced a new metric for Accounts Payable straight-through processing and continued our emphasis on achieving Customer Service Excellence. Targets have also been revised for process changes and efficiencies with additional gradual improvements planned for future years.

We also measure and report to Welsh Government on a number of policy areas on a bi-annual or annual basis by policy assurance assessments on the following:

- Foundational Economy
- Learning Disabilities
- Strategic Equality Plan
- Workforce Race Equality Standard (WRES)
- Value Based Health and Care, and;
- Decarbonisation.

Set out below are our **Lead** Performance measures identified for reporting for 2025-26 and where applicable proposed targets for 2027-28.

Division	Strategic Objective	Lead Indicators	Description of Key Performance Measure	Responsibility	Frequency	2025-26 Target	2026-27 Target	2027-28 Target
NWSSP	Our Services		Customer Service Excellence (CSE) Accreditation	NWSSP	Annual	Achieve	Achieve	Achieve
NWSSP	Our Value		Financial Position	NWSSP	Monthly	Breakeven	Breakeven	Breakeven
NWSSP	Our Services		Customer Satisfaction - How satisfied are you with the quality of service?	NWSSP	Annual	Continued Improvement within Services	Continued Improvement within Services	Continued Improvement within Services
NWSSP	Our Services		Customer Satisfaction - How Satisfied are you with the response times from [Directorate]?	NWSSP	Annual	Continued Improvement within Services	Continued Improvement within Services	Continued Improvement within Services
NWSSP	Our Services		Customer Satisfaction - I found the staff professional and courteous?	NWSSP	Annual	Continued Improvement within Services	Continued Improvement within Services	Continued Improvement within Services
NWSSP	Our Services		Customer Satisfaction - How easy did you find it to contact the [Directorate]?	NWSSP	Annual	Continued Improvement within Services	Continued Improvement within Services	Continued Improvement within Services
NWSSP	Our Services		Customer Satisfaction - If you've ever raised a concern/query/problem with [Directorate] about the service they provide, how satisfied were you with how it was resolved?	NWSSP	Annual	Continued Improvement within Services	Continued Improvement within Services	Continued Improvement within Services
Accounts Payable	Our Services		Public Sector Pay Performance – Non NHS	Both	Monthly	95%	95%	95%
Accounts Payable	Our Services		Straight through processing	Both	Monthly	TBC	TBC	TBC
Audit & Assurance	Our Services		Audit plans agreed/in draft by 31 March	NWSSP	Annual	100%	100%	100%
Audit & Assurance	Our Services		Audit opinions delivered by 31 May	NWSSP	Annual	100%	100%	100%
Audit & Assurance	Our Services		Audits reported vs. total planned audits	NWSSP	Monthly	> 95%	>95%	>95%
Audit & Assurance	Our Services		Audits delivered for each Audit Committee in line with agreed plan	Both	Monthly	80%	85%	90%
Audit & Assurance	Our Services		Progress on Limited /No assurance reports	Both	Annual	In Head of Internal Audit Annual Opinion & Report	In head of Internal Audit Annual Opinion & Report	In Head of Internal Audit Annual Opinion and Report
Audit & Assurance	Our People		% of recommendations implemented and their impact	Both	Annual	In Head of Internal Audit Annual Opinion & Report	In Head of Internal Audit Annual Opinion and Report	In Head of Internal Audit Annual Opinion and Report
Counterfraud Services	Our Value		Increase in financial recoveries for NHS Wales via CFS Wales and LCFS consistent application of enhanced AFI financial recoveries	NWSSP	Quarterly	Ongoing - increased referrals and recoveries	Ongoing – increased referrals and recoveries	Ongoing – increased referrals and recoveries
CTeS	Our Services		Achieve a customer satisfaction index of satisfied (85%) or better on an annual basis.	NWSSP	Annual	90%	92%	92%
CTeS	Our Services		All incidents (except P1) raised with the Central Team are responded to within 2 hours between the times of 9am-5pm	NWSSP	Monthly	94%	94%	95%
CTeS	Our Services		P1 incidents raised with the Central Team are responded to within 20 minutes between the times of 9am-5pm	NWSSP	Monthly	90%	92%	92%
CTeS	Our Services		P1 incidents raised with the Central Team are resolved within 8 hours between the time of 9am-5pm, within capability	NWSSP	Monthly	95%	95%	95%

CTeS	Our Services		BACS Service Point tickets received before 14.00 will be processed the same working day unless issues are identified, and the requestor is not available to address them. The remaining tickets will be processed the next working day.	NWSSP	Monthly	95%	95%	95%
Digital Workforce Solutions	Our Services		% of Calls Answered	NWSSP	Monthly	90%	90%	90%
Digital Workforce Solutions	Our Services		% customer satisfaction year on year	NWSSP	Monthly	95%	95%	95%
Digital Workforce Solutions	Our Services		Reduced % customer complaints year on year	NWSSP	Monthly	<5%	<5%	<5%
Employment Services	Our Services		% of calls answered - Payroll	NWSSP	Monthly	95%	95%	95%
Employment Services	Our Services		% of calls answered - Student Award	NWSSP	Monthly	95%	95%	95%
Employment Services	Our Services		NWSSP % of pay accuracy in pay period	NWSSP	Monthly	99.60%	99.60%	99.60%
Employment Services	Our Services		Overall % Pay Accuracy	Both	Monthly	99.60%	99.60%	99.60%
Employment Services	Our Services		% of NHS Bursary Applications processed within 20 days	NWSSP	Monthly	100%	100%	100%
Employment Services	Our Services		Average Days Vacancy creation to ready for start date within 71 days	Both	Monthly	71 Days	71 Days	71 Days
Employment Services	Our Services		% of calls answered - Recruitment	NWSSP	Monthly	95%	95%	95%
Laundry Services	Our Services		Orders dispatched meeting customer SLA	NWSSP	Monthly	95%	95%	95%
Laundry Services	Our Services		Microbiological contact failure points	NWSSP	Monthly	95%	98%	98%
Laundry Services	Our Services		Number of dirty linen pieces returned by customer in comparison to pieces dispatched.	Customer	Monthly	95%	95%	95%
Laundry Services	Our Services		All Wales Pieces per operator hour Target	NWSSP	Monthly	>120	>130	>130
Legal & Risk Services	Our Services		Timeliness of advice acknowledgement - within 1 business day.	NWSSP	Monthly	95%	95%	95%
Legal & Risk Services	Our Services		Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	NWSSP	Monthly	95%	95%	95%
Legal & Risk Services	Our Services		Case Closure Client Satisfaction response	NWSSP	Monthly	95%	95%	95%
Legal & Risk Services	Our Services		Annual Client Satisfaction Questionnaire response	NWSSP	Annually	Positive narrative responses	Positive narrative responses	Positive narrative responses
Legal & Risk Services	Our Services		Achieved successful Lexcel Accreditation	NWSSP	Annually	Achieve	Achieve	Achieve
Legal & Risk Services	Our Value		Savings and Successes	NWSSP	Monthly	No target	No target	No target
Medical Examiner Service	Our Services		Total number of cases referred into MES	Both	Monthly	100%	100%	100%
Medical Examiner Service	Our Services		Never Events	NWSSP	Monthly	0	0	0
Medical Examiner Service	Our Services		Timelines - cases closed within 72 hours of receipt notes	NWSSP	Monthly	>90%	>90%	>90%
Medical Examiner Service	Our Services		Timeline - ME scrutiny within 24 hours of receiving notes	NWSSP	Monthly	100%	100%	100%
Pharmacy Services	Our Services		Service Complaints	Both	Monthly	Zero	Zero	Zero

Primary Care Services	Out Value		KPI 1 - Accurate Primary Care Contractor Payments made by NWSSP	NWSSP	Monthly	100%	100%	100%
Primary Care Services	Customer		KPI 2 - Patient assignment actioned within 24 hours of receipt of request	NWSSP	Monthly	100%	100%	100%
Primary Care Services	Our Customers		KPI 4 - Urgent medical record transfers actioned within 2 working days	NWSSP	Monthly	100%	100%	100%
Primary Care Services	Our Customers		KPI 7 - Category A Cascade alerts to be issued within 4 hours of receipt	NWSSP	Monthly	100%	100%	100%
Primary Care Services	Our Services		KPI 12 - Prescription Accuracy Rates compliant with SLA (99%)	NWSSP	Monthly	100%	100%	100%
Primary Care Services	Our Services		KPI 16 - Retain ISO 9001 accreditation	NWSSP	Annually	Retain	Retain	Retain
Procurement Services	Our Value		Savings against Plan	Both	Monthly	tbc	tbc	tbc
Procurement Services	Our Value		Value of additional NHS Wales expenditure within the Foundational Economy*	Both	Monthly	tbc	tbc	tbc
Procurement Services	Our Services		Volume of transactions captured through Scan4Safety implementation	Both	Monthly	1,250,000	1,500,000	1,750,000
Procurement Services	Our Services		Number of nationally stocked product lines	NWSSP	Monthly	tbc	tbc	tbc
Single Lead Employer	Our Services		% of calls answered	NWSSP	Quarterly	95%	95%	95%
SMTL	Our Services		% of Lab Investigation reports completed within 40 days from receipt into the laboratory	NWSSP	Monthly	91%	92%	93%
SMTL	Our Services		% delivery of audited reports on time (Commercial)	NWSSP	Monthly	92%	93%	94%
SMTL	Our Services		% delivery of audited reports on time (NHS)	NWSSP	Monthly	92%	93%	94%
SMTL	Our Services		Annual UKAS accreditation	NWSSP	Annual	Attained	Attained	Attained
SMTL	Our Services		UKAS findings addressed on time (Annual)	NWSSP	Annual	Completed	Completed	Completed
Specialist Estates Services	Our Services		Customer Satisfaction: % of customer satisfaction based on survey information	NWSSP	Annual	95% satisfaction Survey to be completed November 2026.	95%	95%
Specialist Estates Services	Our Services		Issues and Complaints – deal with the same in line with the requirements of the Issues and Complaints Management Protocol (number of complaints)	NWSSP	Monthly	0 complaints	0 complaints	0 complaints
Specialist Estates Services	Our Value		Professional Influence Benefits	NWSSP	Monthly/Quarterly	No Target	No Target	No Target
Specialist Estates Services	Our Services		Timeliness of advice	NWSSP	Monthly	95%	95%	95%

Appendix E – Outcome Measures

Outcomes

In developing our plans for 2025-28 we have continued to develop performance measures that demonstrate the outcomes within our Strategy Map.

The outcomes measures have been developed through the Performance and Outcomes Group (POG) which meet on a quarterly basis with representatives from each of the divisions. The group was set up with the aim of identifying common overarching outcome measures and the sharing and learning of performance reporting.

In addition to discussions in the POG group, sessions with NWSSP SLG and SSPC have supported the development of our outcome measures. These measures which will remain under development are highlighted in this appendix.

From May 2024, NWSSP reporting structure included both outcome and process measures reports. This comprehensive approach facilitated more in-depth discussions on quality and impact. By incorporating both types of measures, this will provide a more holistic view of NWSSP's performance, enabling a deeper understanding of the organisation's achievements and areas for improvement.

Strategic Objective	Outcome	Measure
Our People	We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline	Turnover Internal Promotions Reason for Leaving Sickness Sickness Reasons Staff Award Nominations
	We will listen and learn from our staff to co-produce innovative solutions with our partners	Innovative Ideas
	We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do	Staff Survey - I have had a PADR in the 12 Months that has supported my Development Staff Survey - I am proud to tell people I work for NWSSP I get recognition for good work. The organisation values my work. There are opportunities for me to develop my career in this organisation. I have opportunities to improve my knowledge and skills. Staff Survey - I am able to make improvements in my area of work
	We will promote physical, social, mental, and financial well-being throughout the organisation to support our staff	Staff Survey - We are empowered and supported to enact change There are frequent opportunities for me to show initiative in my role.

		I have a choice in deciding how to do my work. My organisation takes positive action on health and wellbeing. In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities? Yes/No During the last 12 months have you felt unwell as a result of work-related stress? Yes/No In the last three months have you ever come to work despite not feeling well enough to perform your duties? Yes/No
Our Services	We will enable our customer facing teams to close majority of enquiries at first contact, by improving service speed, quality, and experience	Calls Answered
		Tasks Automated
		Website Hits
	We will drive innovation, setting the standard for good practice, and enhance our processes through automation	Number of innovative ideas generated by employees
		Customer Service Excellence
	We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales	Audit & Assurance – Assurance Ratings
	We will cultivate partnerships with industry leaders and academic institutions and seek University status	Customer Satisfaction
Our Value	We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets	EV Vehicles Mileage
		Carbon emissions – Co2e
		Transport Costs - Business Miles
	We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain	Spend in Wales
	We will make bold investment decisions that drive transformation and add value	EV Vehicles Mileage – Supply Chain and Logistics
		Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
		Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme
	We will utilise our resources efficiently and make a positive impact on a social and sustainable basis	Professional Influence Benefits Project Management Office Initiatives in Progress

Appendix F – Year 2 and Year 3 Plans on a Page

Year 2 – 2026 to 2027

Our Services	Our Value	Our People
Develop a strategy for expansion of Audit services to other public service bodies outside of the NHS.	Assess opportunities for the Medical Examiner Service to extend its provision.	Utilise Health Roster to support Nurse Workforce Planning across NHS Wales.
Establish the South East Wales TrAMS service and develop the outline business case for the South West Hub.	Explore digital solutions to deliver an Electronic Passport for the recruitment of NHS staff.	Improve access to the legal profession by continuing the use of legal apprenticeships.
Developing models for improving prepared medicines administration safety linking with Electronic Prescribing Systems (Scan for Safety).	Utilise Health Courier Service to support planning the most efficient and carbon friendly routes for our Laundry deliveries across Wales.	The Research and Development Department in SMTL to complete literature searching and synthesis training to ensure evidence reviews are robust.
Re-procurement of Once for Wales Concerns Management System.	Develop a technology driven approach to audit delivery and innovation.	Review and improve the current counter fraud e-Learning module for NHS Wales.
Set up a national homecare medicines delivery service.	Specialist Estates to review the Building for Wales Framework.	Develop our research capabilities across NWSSP.
Deployment of the Workforce Transformation Solution across NWSSP and NHS Wales.	Continue to deliver, support and embed Primary Care Services to deliver value across NHS Wales.	Enhance digital literacy through equipping staff with knowledge, skills and confidence.
Assess and explore further opportunities associated with the National Distribution Centre for supply chain.	Explore the benefits of the implementation of the new Case Management System in Legal and Risk.	Specialist Estates to review skills across NHS Wales to identify gaps and opportunities to provide services.

Year 3 – 2027 to 2028

Our Services	Our Value	Our People
North West TrAMS hub business case development.	An assessment of the feasibility of growth and scale of existing services.	Develop and embed a Research Strategy.
Implementation of new commercial strategy in Audit and Assurance.	Continuous review of services ensuring investments made bring benefits and lessons are learnt.	Review of Customer Service Excellence and related performance.
Extend robotics support to Health Organisation's Financial Management System (FMS) processes.	Develop and assess further commercial opportunities across the Surgical Materials and Testing Laboratory.	Provide our staff with clear career progression pathways to build a sustainable workforce.
Explore the widening of service offerings to support NHS Wales Primary Care Sustainability and Welsh Government priorities.	Support Health Boards to ensure Private Finance Initiative and healthcare premises comply with statutory requirements on handover.	Develop commercial acumen through our people operating in a Shared Services arena.

Appendix G – Duty of Quality

This appendix demonstrates further alignment to our commitment to the Duty of Quality within NWSSP. We have been able to map the relevant health and care standards logos throughout the IMTP to identify associated work streams.

Digital Workforces Solutions

Develop and digitise learning platforms which will support the continued professional development of the current and future Health and Social Care Workforce. This aims, among other benefits, to enable the transferability of learning records.

Digital Workforces Solutions

The Digital Workforce and Productivity Solutions (DWPS) Quality Management System continues to develop. This will support implementation of a framework to monitor, assess and continuously enhance the service, thereby improving healthcare services across NHS Wales and ensuring fulfilment of the Divisional responsibilities under the Duty of Quality.

Specialist Estates Services

SES are focussing on providing additional resilience in the Engineering Team Decontamination section. This not only allows for developing our current and future staff but is aimed at producing the capacity of the service which supports patient outcomes across Wales.

Accounts Payable

Increasing staff benefit services across NHS Wales and assess the feasibility of creating a portal as part of the digital gateway process

Accounts Payable

The team plan to ensure that all staff within the division will receive relevant and robust “purchase to pay” training. This has involved creating training frameworks and reviewing and refreshing induction training.

All Wales Laundry Service

Investigate options to support succession planning for the current laundry management team.

Digital Workforce Solutions

Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution

Digital Workforce Solutions

Working with Welsh Government to extend the All-Wales International Recruitment Programme. This will support workforce sustainability across NHS Wales.

People and Organisational Development

Developing and implementing Speaking up Safely for all medical and dental trainees in Wales, ensuring that staff managed under the Single Lead Employer model are supported and treated fairly.

All Wales Laundry Service

Develop the engineering team by investigating the implementation of part time engineering degrees alongside work, creating a learning culture and opportunities.

Accounts Payable

Increasing staff benefit services across NHS Wales and assess the feasibility of creating a portal as part of the digital gateway process

Employment Services

Employment Services has renewed a Law Contract via procurement exercise is now in place to support complex area of Right to Work for non-UK staff.

Procurement

Procurement will support any procure 2 Pay (P2P) initiatives that emerge from the various governance groups.

Pharmacy Services

Work continues to support management of the supply chain throughout Wales which will quantify volumes and enable resilience for the complex issue of medicine shortages. This will require robust data consolidation and data integrity.

All Wales Laundry Service

Investigation and data collection on strategic linen stock holdings to create resilience across the service

Central team eBusiness Services

Extend robotics support to Health Organisation's Financial Management (FMS) processes, including service desk support and implementation and design of new finance and procurement processes in the Microsoft Power platform.

Procurement and Central Team eBusiness Services

It is planned to increase the number of invoices processed via e-trading by 10%, which will ensure seamless delivery whilst freeing up resource and improving data analysis and decision making.

All Wales Laundry Service

IT support for the service will be migrated from Local Health Board support to NWSSP and Digital Health Care Wales (DCHW) support. This will enable customers to contact one single number for Wales and requests can be supported in an efficient and timely manner.

Digital Workforce Solutions

Roll out of Health Rostering across NWSSP and Public Health Wales, providing a consistent central support model for all rostering queries.

Digital Workforce Solutions

Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution

Primary Care Services

PCS are introducing and embedding research and development within primary care services for the four contractor groups. The aim of this is to take opportunities to use resources more effectively and to ensure sustainability of service delivery.

Surgical Materials Testing Laboratory

SMTL are leading a group looking at the procurement of reusable gowns for NHS Wales. This supports the decarbonisation targets and the climate change emergency work.

Pharmacy Services

The Pharmacy Services Medicines Unit continues to develop new products with a current portfolio of 4 drugs and 7 product lines ongoing. This sets a standard for best practice in partnership with the Health Boards and helps to bring forward new products which will benefit patients across Wales.

Procurement and Central Team eBusiness Services

A training framework is being developed to enhance the current training provision for all Procurement and Accounts Payable staff relating to purchase-to-pay to improve the customer experience resulting in a reduction in service desk calls

Digital Workforce Solutions

Continue to work in partnership with all Universities, mapping national NHS Wales e-learning requirements, ensuring compliance prior to placement and transferability of compliance

Central Team eBusiness Support

Co-ordinate development and service desk support for Scan for Safety Continuous Service improvement (SCI) and review server requirements

Surgical Materials Testing Laboratory

SMTL are leading a group looking at the procurement of reusable gowns for NHS Wales. This supports the decarbonisation targets and the climate change emergency work.

Digital Workforce Solutions

Lead the development of the Workforce Transformation Solution Programme; moving from planning to mobilisation stage

Employment Services

Develop a recruitment 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

Accounts Payable

It is planned to continue to increase the proportion of Electric/Hybrid vehicles that are on the Salary Sacrifice fleet to 90% during 2025-2926

Procurement and HCS

Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Digital Workforce Solutions

Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution

NHS Counter Fraud Services

Explore the provision of specialist financial investigation services to other public sector services in Wales

Digital Workforce Solutions

Lead the development of the Workforce Transformation Solution Programme; moving from planning to mobilisation stage

Accounts Payable

It is planned to continue to increase the proportion of Electric/Hybrid vehicles that are on the Salary Sacrifice fleet to 90% during 2025-2926

Audit and Assurance

Training and upskilling of all staff to add value to audit provision through increased efficiency enabling key risk areas to be targeted.

Central Team eBusiness

Lead a review of the team structure to reflect changes to service delivery and support to ensure that it continues to meet customer demands

People and Organisational Development

Create a community of practice to support NHS organisations in the implementation of establishment reporting, addressing the skills and knowledge gap to initiate this. This will enable safe assessment of vacancy data at local and national levels and support strategic workforce plans.

Pharmacy Services

Set up a national microbiological monitoring service for pharmacy services to analyse and report on samples generated from manufacturing/preparation units. This is essential to support and maintain the new radio pharmacy unit.

Pharmacy Services

Lead on the development of a national medicines stockpile to ensure medicines resilience to ensure that stocks are effectively managed in times of crisis.

Pharmacy Services

Pharmacy Services will continue to work to maintain the required regulatory and professional licences and registrations (including the Medicine and Healthcare Products Regulatory Agency (MHRA), home Office licencing and General Pharmaceutical Council Pharmacy registration). This will assure service users that our pharmacy services are maintaining a standard of quality evidenced from external review.

Procurement and HCS

There are plans in place to develop improved communication methods to ensure that information for customers and staff is managed, clear and accessible. This will improve information flow and ensure that both staff and customers are given consistent messages. This will also reduce frustration and increase well being

People and Organisational Development

Create a community of practice to support NHS organisations in the implementation of establishment reporting, addressing the skills and knowledge gap to initiate this. This will enable safe assessment of vacancy data at local and national levels and support strategic workforce plans.

Procurement and HCS

Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Digital Workforces Solutions

Develop and digitise learning platforms which will support the continued professional development of the current and future Health and Social Care Workforce. This aims, among other benefits, to enable the transferability of learning records.

Pharmacy Services

Set up a national microbiological monitoring service for pharmacy services to analyse and report on samples generated from manufacturing/preparation units. This is essential to support and maintain the new radio pharmacy unit.

Procurement

The team plan to increase the value of rebates earned by 10% by March 2026, with a baseline determined at the end of March 2025.

Procurement and Central Team eBusiness Services

It is planned to increase the number of invoices processed via e-trading by 10%, which will ensure seamless delivery whilst freeing up resource and improving data analysis and decision making.

Procurement and Central Team eBusiness Services

A training framework is being developed to enhance the current training provision for all Procurement and Accounts Payable staff relating to purchase-to-pay to improve the customer experience resulting in a reduction in service desk calls

All Wales Laundry Service

IT support for the service will be migrated from Local Health Board support to NWSSP and Digital Health Care Wales (DCHW) support. This will enable customers to contact one single number for Wales and requests can be supported in an efficient and timely manner.

Digital Workforce Solutions

Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution

Employment Services

Carry out a feasibility study into the ability of the current payroll system to undertake an all-Wales weekly pay for Nurse Bank employees, releasing wages earlier and promoting a reduction in agency spend.

Accounts Payable

It is planned to continue to increase the proportion of Electric/Hybrid vehicles that are on the Salary Sacrifice fleet to 90% during 2025-2926

Procurement and Central Team eBusiness Services

It is planned to increase the number of invoices processed via e-trading by 10%, which will ensure seamless delivery whilst freeing up resource and improving data analysis and decision making.

All Wales Laundry Service

Real time monitoring systems will be developed for tracking energy usage across utilities and major consumers. This will allow sharing of energy usage with customers and demonstrate that the service is playing an active role in reducing its carbon footprint across Wales.

All Wales Laundry Service

Establishment of base line strategic linen stock holdings to create service resilience. This will prevent patient care being disrupted if there is breakdown at a laundry site.

Digital Workforce Solutions

Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution

Legal and Risk

Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR). This will support the fair, effective and efficient management of cases.

Primary Care Services

Identify solutions to drive automation and support embedding the Wales Ophthalmic contract to ensure the timely and effective submission and payment of claims.

Accounts Payable

It is planned to increase the number of suppliers using new statement reconciliation software to improve efficiency within the service

Accounts Payable

Plans are in place to re-procure the duplicate payment and statement matching software to provide an improved and more efficient Procure to Pay process

All Wales Laundry Service

IT support for the service will be migrated from Local Health Board support to NWSSP and Digital Health Care Wales (DCHW) support. This will enable customers to contact one single number for Wales and requests can be supported in an efficient and timely manner.

All Wales Laundry Service

Real time monitoring systems will be developed for tracking energy usage across utilities and major consumers. This will allow sharing of energy usage with customers and demonstrate that the service is playing an active role in reducing its carbon footprint across Wales.

Audit and Assurance

Training and upskilling of all staff to add value to audit provision through increased efficiency enabling key risk areas to be targeted.

Procurement and HCS

Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Legal and Risk

Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR). This will support the fair, effective and efficient management of cases.

Procurement and HCS

There are plans in place to develop improved communication methods to ensure that information for customers and staff is managed, clear and accessible. This will improve information flow and ensure that both staff and customers are given consistent messages. This will also reduce frustration and increase well being

All Wales Laundry Service

Linen segregation awareness training will be introduced to all customers, ensuring that they are all equally aware of the need to segregate linen effectively and to prevent linen being inappropriately sent to landfill. This will help to reduce the carbon footprint of the service.

Audit and Assurance

The team will develop relationships with other internal audit providers for the identification of best practice, to ensure that the department can continue to add value with the service it provides through comparative benchmarking

Audit and Assurance

Supporting integrated assurance across NHS Wales organisations, and bringing together a suite of assurance sources. This will help to embed robust assurance arrangements and reduce variable processes.

Digital Workforce Solutions

Support the re-procurement and implementation of a Health Roster Solution on an All Wales basis – a once for Wales solution

Legal and Risk

Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR). This will support the fair, effective and efficient management of cases.

Medical Examiners Service

Review and align all output reporting to the Duty of Quality domains and ensure that this meetis customer/stakeholder requirements, driving best practice and ensuring broader learning outcomes.

Accounts Payable

Increasing staff benefit services across NHS Wales and assess the feasibility of creating a portal as part of the digital gateway process

Procurement and Central Team eBusiness Services

A training framework is being developed to enhance the current training provision for all Procurement and Accounts Payable staff relating to purchase-to-pay to improve the customer experience resulting in a reduction in service desk calls

All Wales Laundry Service

A shift pattern review will be undertaken to ensure operating hours match demand and capacity, with a planned and thoughtful rota which should allow for working hours to be undertaken within normal operating hours. This will allow room for overtime if needed while supporting a healthy work life balance.

Audit and Assurance

Training and upskilling of all staff to add value to audit provision through increased efficiency enabling key risk areas to be targeted.

Digital Workforce Solutions

Lead the development of the Workforce Transformation Solution Programme; moving from planning to mobilisation stage

Procurement and HCS

Support the national medical workforce productivity agenda and lead national initiatives, promoting collaborative working and introducing a robust system to identify rota gaps and speciality shortages on a national and local level.

Medical Examiners Service

Review and align all output reporting to the Duty of Quality domains and ensure that this meets customer/stakeholder requirements, driving best practice and ensuring broader learning outcomes.

Primary Care Services

Develop intelligence services to underpin and support delivery of the Primary Care strategic workforce plan, supporting sustainability

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**3 February 2025**

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

Teitl yr Adroddiad/Title of Report:	
Medical Examiners Pay Scale	
Arwwinydd/ Lead:	Nicola Phillips, Director Primary Care and Medical Examiners Service
Awdur/ Author:	Laura Rees, Senior People & Organisational Development Business Partner
Swyddog Adrodd/ Reporting Officer:	Nicola Phillips, Director Primary Care and Medical Examiners Service

Pwrpas yr Adroddiad/Purpose of the Report:

The purpose of the report is to provide the Shared Services Partnership Committee (SSPC) with the proposed recommended option in relation to applying the new Consultant pay scale with effect from 1st January 2024 to Medical Examiners and for SSPC to **ENDORSE** this option.

Llywodraethu/Governance:	
Amcanion/ Objectives:	**Staff** - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth/ Supporting evidence:	Appendices attached.

Ymgynghoriad/Consultation:

Senior Leadership Group / SSPC

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Shared Services Partnership Committee is requested to **ENDORSE** option 1, as detailed in the paper.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact
Cyfreithiol/Legal:	No direct impact
Iechyd Poblogaeth/ Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	No direct impact

Ariannol/Financial:	Financial impact detailed in the paper and appendix v
Risg a Aswiriant/ Risk and Assurance:	No direct impact
Dyletswydd Ansawdd/Duty of Quality:	No direct impact
Gweithlu/ Workforce:	To ensure a fair and consistent application of the new consultant pay scale to Medical Examiners
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Medical Examiners Pay Scale

1. Introduction

The Medical Examiners working in Wales hold a separate employment contract with NWSSP, which has been in place since the service commenced in April 2019.

You can apply to become a Medical Examiner if you:

- have at least 5 years' experience as a fully registered medical practitioner
- are currently practising in England, Wales, Northern Ireland or Gibraltar
- hold a licence to practise with the General Medical Council (GMC).

There is no separate Medical & Dental pay scale for Medical Examiners. Therefore, the basic consultant pay scale is being used, however commitment awards payments were not previously applied to Medical Examiners.

2. Background

The criteria to become a Medical Examiner is as follows:

Any practising, or recently retired (within the last 5 years) medical practitioner who has been fully registered for at least 5 years and has a licence to practise with the GMC can apply to become a medical examiner. The National Medical Examiner recommends that medical examiners should be consultant grade doctors, other senior doctors from a range of disciplines or GPs with an equivalent level of experience. Non-medics cannot perform the role of the medical examiner.

Prior to the new consultant pay scale effective from 1st January 2024 (appendix ii) the commitment awards were not included as part of the pay scale. The previous pay scale 2023/24 was reflective of a basic salary where it took 6 years to get from the minimum £91,722 to the maximum £119,079 of the scale.

From 1st January 2024 the commitment awards are now included in the consultant pay scale where it will take 23 years to get from the minimum £100,000 to the maximum £146,000 of the pay scale. From 1st April 2024 with the inclusion of the 2024/25 pay award the minimum is now £106,000 and the maximum £154,760 (appendix iii).

Previously when Medical Examiners were appointed if they were a consultant with the relevant 5 years' experience, they were automatically placed on the maximum of the basic consultant pay scale 2023/24 (appendix i). When utilising the new consultant pay scale from 1st January 2024 it has been proposed that all doctors appointed, regardless of their current grade and salary, are placed on pay point 5 which is £123,000 per annum pro rata which is reflective of the old maximum of the consultant pay scale and they would progress up the pay scale from there. From 1st April 2024 this equates to pay point 4 (grade step 05) which is £130,380 per annum pro rata.

To note the pay points detailed in the pay circular from 2023/24 and 2024/25 equate to the same amount with DDRB uplift applied even though it has changed from pay point 5 to 4 due to a minimum pay point being referenced from 1st April 2024.

3. Governance and risk issues

There are two points that need to be considered:

1. Is placing all Medical Examiners on the same point of the new consultant pay scale regardless of their grade, current salary and previous experience working as a Medical Examiner if they have at least 5 years' experience as a fully registered medical practitioner appropriate?

2. Is progression up the new consultant pay scale, which now includes the commitment awards from 1st January 2024, appropriate given that it has been made clear previously that that the awards would not be applied to Medical Examiners?

The proposed options are as follows:

Option 1:

To continue to use the new consultant pay scale wef (with effect from) 1st January 2024 and place all Medical Examiners, regardless of current grade or salary on the same pay point on appointment. From 1st January 2024 this would be pay point 5 £123,000 per annum pro rata and from 1st April 2024 this is pay point 4 (grade step 05) £130,380 per annum pro rata. The rationale in applying this is to reflect the requirement for at least 5 years' experience as a fully registered medical practitioner, however this does not need to be at the consultant level. This would be reached once 4 years

working as a consultant had been completed and then it would take 5 years to reach the next pay point currently £137,800 per annum.

Any previous experience in the Medical Examiner role would also be considered and a maximum of 2 years reflected in 2 additional pay step points but would remain on pay point 4 £130,380 per annum pro rata but would only be 3 years until pay point 6 £137,800 per annum pro rata is applied.

Option 2:

To place all Medical Examiners on the most appropriate pay point of the new consultant pay scale wef 1st January 2024 dependent on their grade, current basic salary received and previous experience in the Medical Examiner role, with the maximum offered on commencement pay point 4 £130,380 per annum pro rata (4 years' experience as a consultant). They would then progress up the new pay consultant pay scale and it would take 5 years to reach the next salary increase. If placed on the maximum salary offered on appointment pay point 4 £130,380 per annum pro rata it would take 19 years to reach the maximum of the new consultant pay scale which is currently £154,760 per annum pro rata.

For example, if a GP was appointed and was currently on maximum of the Salaried GP pay scale 2024/25 £114,801 per annum pro rata with no previous experience as a Medical Examiner, they would be offered pay point 2 £116,600 per annum pro rata on the new consultant pay scale.

A further point for consideration is below:

If already working as a Consultant there is also the opportunity to consider if years working at that grade should be considered to reduce the number of years before they reach their next increment from between 5 years to 1 year.

For example, if a Consultant was appointed and was currently on a higher pay point could they be offered grade step 09 £130,380 per annum pro rata meaning they would need to wait 1 year to receive next pay point £137,800 per annum pro rata rather than 5 years, so reflective of their some of their experience working as a consultant but not necessarily as a Medical Examiner.

However, this would impact on the other Consultants already employed within the service and being paid at the maximum of the old consultant pay scale as may result in newer staff receiving pay increases sooner. This would then potentially cause inequities in terms of requirements for the Medical Examiner role if treating Consultants differently to other medical grades.

Option 3:

To place all Medical Examiners on the most appropriate pay point of the new consultant pay scale wef 1st January 2024 dependent on their grade, current basic salary received and previous experience in the Medical Examiner role, with no maximum starting salary applied. The salary would then be reflective of their current salary in their substantive role which may be on the consultant salary scale. Therefore, if they were currently employed as a consultant being paid at the maximum of the salary scale, they would receive £154,760 on appointment to the Medical Examiner role. This would need to be applied to new appointments as well as to current Medical Examiners to ensure a fair and consistent approach. Costings would need to be undertaken for the Medical Examiners already employed however this data is not available to NWSSP as they are employed by other organisations. To obtain this each Medical Examiner would need to provide proof of their current salary with their other employer (if they have one) to determine the overall cost.

Option 4:

To formulate a locally agreed pay scale reflective of the Medical Examiner role and the fact that this role does not attract the commitment awards. The agreed DDRB uplifts would then be applied annually. The below is provided as an example and is in line with the new consultant pay scale 24/25 but the maximum does not exceed pay point 4.

Role	1.	2.	3.	4.	5.
Medical Examiner	£105,000	£110,000	£115,000	£122,000	£130,000

Financial Impact

An accurate assessment of the financial impact of each option is not possible to provide given we do not know the previous experience as Consultants and/or Medical Examiners which would impact the pay point that they are placed upon. The table below summarises the range of the potential basic pay costs for each option for the 13.4 wte (working time equivalent) Medical Examiners that are required for the service across NHS Wales. This also includes an indicative illustration of the range of costs for year 5 to include an indication of the financial impact of pay progression under each option.

	INDICATIVE EXAMPLE OF RANGE OF BASIC SALARY COSTS FOR 13.4 WTE ME's ASSUMING NO TURNOVER			
	Year 1		Year 5	
	Min	Max	Min	Max
Option 1	1,747,092	1,747,092	1,747,092	1,846,520
Option 2	1,420,400	1,747,092	1,747,092	1,846,520
Option 3	1,420,400	2,073,784	1,747,092	2,073,784
Option 4	1,407,000	1,407,000	1,742,000	1,742,000

Appendix v provides a summary of the pay scale progression for each option.

4. Conclusion

If option 1 is applied this is in line with the agreement outlined upon set up of the Medical Examiner Service and is deemed to be a fair and equitable, on the basis that it is only experience in the Medical Examiner role which is recognised. It is noted that there have been no issues regarding attracting Consultants and GP Partners receiving a higher salary to the Medical Examiner role previously. By continuing to utilise the new consultant pay scale this may result in improved recruitment and retention rates for this staff group, given that this is now a statutory service this is extremely important. It is also noted that this option should not destabilise the Health Board consultant workforce. The planned number of Medical Examiners to be employed by the service are up to 13.4 wte. The majority work 1 – 4 sessions per week and continue to work for a Health Board on a higher salary.

If option 2 is applied there is a financial impact from utilising the new pay scale as the maximum salary is significantly more, however the time taken to reach a further increment is significant and from 1st April 2024 is as follows £137,800 (5 years), £146,280 (7 years) and £154,760 (7 years). In addition, there may be challenge from Consultants who are already being paid a higher salary on the pay scale that they should be placed on equivalent salary that they receive in their clinical role. However, if this is applied equitably and communicated clearly on offer of appointment then this should not be an issue.

If option 3 is applied then this will result in a greater financial impact due to applying an increased salary for the majority of the staff group as they would already be receiving a higher salary if already a Consultant. As working as a Consultant is not the only medical grade recommended to be able to undertake the Medical Examiner role this is likely to result in wider salary gap between those being paid at a lower medical grade. In England Consultants undertake the Medical Examiner role as part of their contracted job plan and therefore receive the same salary for undertaking this work. In Wales as the service is set up differently with a separate contract the salary offered should be reflective of this.

If option 4 is applied there would be a requirement for input from the BMA and further discussion. This would then need formal consultation with staff as change to terms and conditions moving from consultant pay scale to locally agreed pay scale. This has the potential to be a long and protracted process to implement. However, there would be a cost saving in the long term as further increments in line with the new consultant pay scale would not be applied. This may result in the role being less attractive and have an adverse impact on recruitment and retention.

In conclusion, the proposed recommendation for the Committee to consider is that option 1 is applied with effect from 1st January 2024, noting the increased cost associated with utilising the new consultant pay scale in the longer term. This should result in recruitment and retention of Medical Examiners not being impacted. The maximum offered starting salary will be pay point 4 (grade step 05) £130,380 per annum pro rata (from M&D pay circular wef 1st April 2024) and experience as working as a consultant will not be applied. However, any previous experience working as a Medical Examiner will result in an increase of up to 2 grade steps which from 1st April 2024 is £130,380 per annum pro rata (grade step 07). If this is applied, it will be 3 years until an increase in salary currently £137,800 per annum pro rata (grade step 10). It is important that this is communicated on the job advert, at interview and on offer of appointment.

5. Recommendation

The Shared Services Partnership Committee is requested to:

- **ENDORSE** option 1, as detailed in the paper.

Appendices

Item No	Description	Attachment
i	M&D pay circular 2023/24	PDF MD(W) 06_2023 - Pay Award for 2023_2
ii	M&D pay circular wef 1st January 2024	PDF MD(W) 02_2024 - consultant reformed p
iii	M&D pay circular wef 1st April 2024	PDF MD(W) 07_2024 - pay award 24_25 v3.d
iv	DCMO letter dated 9th September 2009 - Coming into force of death certification reforms on 9 September	PDF 2024.09.09 DCMO Letter - Coming into f
v	Financial summary of the pay scale progression for each option	ME pay scale options.xlsx

Grŵp Iechyd a Gwasanaethau Cymdeithasol

Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Health Boards/Trusts

Directors, Workforce & Organisational Development – NHS Health Boards/Trusts/Special Health Authorities

Directors of Finance – NHS Health Boards/Trusts/Special Health Authorities

Director of NHS Wales Employers

Our Ref: M&D(W) 06/2023 Pay Circular (v4)

20 December 2023

Dear Colleague

Summary

This pay circular informs employers of the pay arrangements for employees covered by medical and dental terms and conditions of service in Wales

Please note this pay circular has been reissued to include a locum pay scale in Annex A Section 9 for SAS doctors on the 2021 Speciality and Specialist contracts (MC70 and MC75).

New Action

- To note the locum rates for the 2021 Speciality and Specialist contracts (MC70 and MC75).

Previous Action (25th August 2023)

The revised pay scales for 2023/24 as set out in this circular apply from 1 April 2023 and are as follows:

- To increase the pay scales by 5% uplift to basic pay, back dated to 1 April 2023, for consultants;
- To increase the pay scales by 5% uplift to basic pay, back dated to 1 April 2023, for junior doctors;
- To increase the pay scales by 5% uplift to basic pay, back dated to 1 April 2023, for SAS doctors on the 2008 contract
- To continue to pay individuals on the top pay point on the 2008 Specialty Doctor contract (MC46 pay point 10) who received a monthly non-consolidated payment pro-rated by contracted sessions/hours paid during 2022/23 into 2023/24.
- To increase the pay scales by 1.5% uplift to basic pay, back dated to 1 April 2023, for SAS doctors on the 2021 contract
- To increase the pay scales by 5% uplift to basic pay, backdated to 1 April 2023, for salaried GMPs and GDPs

Previous Action (29th November 2023)

- To consolidate the 4.5% pay award to the pay scale for the top pay point of the 2008 contact (MC46 10) back to 1 April 2022 at £83,015

- To then apply the 1.5% pay award back to 1 April 2022 for MC4610 at £84,261.
- To then apply the 5% pay award to MC4610 back to 1 April 2023 at £88,475.
- As the previous pay award for MC4610 in 2022/23 was non-consolidated the pension contributions will need to be paid as the award is now consolidated and will also be back dated to 1 April 2022.
- To increase the Intensity Supplements for Consultants (Table 6) by 5%, back dated to 1 April 2023.
- To increase the Training Supplement for Band A dentists to £2,391 (Annex A: section 12), back dated to 1 April 2023.

Allowances and awards

- A freeze on the value of awards for consultants i.e., Clinical Excellence Awards, Clinical Impact awards and Commitment Awards
- All other allowances, with the exception of those outlined in Annex A section 8, will increase by 5%
- There is also an increase of 5% to the GMP trainers' grant and the GMP appraisers' rate.

Enquiries

1. **Employees** are to contact their local payroll or workforce team regarding any queries.
2. **Employers** should direct enquiries to HSSWorkforceOD@gov.wales
3. Copies of this circular can be downloaded from the HOWIS website.

Yours sincerely

Helen Arthur
Director of Workforce and Corporate Business
Cyfarwyddwr y Gweithlu a Busnes Corfforaethol

Annex A: Section 1a: Basic rates of pay per annum, effective from 1 April 2023

Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07	08	09
Consultant	**ZM81 / ZK81 / ZL81 / ZC81**	£91,722	£94,644	£99,529	£105,201	£111,682	£115,377	£119,079			
Specialty Registrar (Full)	**MN37**	£37,737	£40,044	£43,270	£45,222	£47,571	£49,925	£52,277	£54,630	£56,981	£59,336
Specialty Registrar (Core Training)	**MN39**	£37,737	£40,044	£43,270	£45,222	£47,571	£49,925				
Specialty Registrar (Fixed Term)	**MN35**	£37,737	£40,044	£43,270	£45,222	£47,571	£49,925				
Dental Core Training	**MN21**	£35,488	£37,810	£40,129	£42,451	£44,770	£47,092	£49,412			
Foundation House Officer 2	**MN15***	£35,315	£37,625	£39,933							
Foundation House Officer 1	**MN13***	£28,471	£30,249	£32,028							

Annex A: Section 1b: Basic rates of pay per annum, effective from 1 April 2023, for closed Pay Scales

Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

N.B. Shaded areas below denote closed pay scales

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07	08	09	10	11	12	13
Associate Specialist	**MC01[1]**	£48,588	£53,736	£58,878	£64,026	£69,171	£74,317	£81,112	£87,001	£89,446	£92,634	£95,821	£99,010	£102,199	£105,392
Staff Grade Practitioner	**MH01[1]**	£43,958	£47,447	£50,936	£54,423	£57,914	£61,400	£64,892	£68,380						
		MH03	**MH03**	**MH03**	**MH03**	**MH03**	**MH03**	**MH05**	**MH05**	**MH05**	**MH05**	**MH05**	**MH05**		
Staff Grade Practitioner	**MH03 / 05[1/3]**	£43,958	£47,447	£50,936	£54,423	£57,914	£61,400	£64,892	£68,380	£71,869	£75,358	£78,845	£82,335		
Specialty Registrar	**MN25[1]**	£39,371	£41,321	£43,269	£45,220	£47,572	£49,924	£52,278	£54,629	£56,981	£59,335				
Hospital Practitioners/Session	**MD01-41[1]**	£5,728	£6,061	£6,395	£6,726	£7,058	£7,388	£7,719							

Annex A: Section 2

Specialty Doctor & Associate Specialist (2008) Pay Scales effective from 1 April 2023 Closed scales

Scale Value*	Associate Specialist 2008 MC41	Specialty Doctor MC46	Period before eligibility for next pay point	Payroll Code and Grade Step
Min	£66,520	£47,447	1 Year	MC46-01/MC41-01
01	£71,867	£51,502	1 Year	MC46-02/MC41-02
02	£77,212	£56,778	1 Year	MC46-03/MC41-03
03	£84,271	£59,603	1 Year	MC46-04/MC41-04
04	£90,392	£63,674	1 Year	MC46-05/MC41-05
05	£92,928	£67,732	2 Years	MC46-06/MC41-06
	£92,928	£67,732	1 Year	MC46-07/MC41-07
06	£96,242	£71,878	2 Years	MC46-08/MC41-08
	£96,242	£71,878	1 Year	MC46-09/MC41-09
07	£99,556	5£76,028	2 Years	MC46-10/MC41-10
	£99,556	5£76,028	1 Year	MC46-11/MC41-11
08	£102,867	£80,178	3 Years	MC46-12/MC41-12
	£102,867	£80,178	2 Years	MC46-13/MC41-13
	£102,867	£80,178	1 Year	MC46-14/MC41-14
09	£106,182	£84,326	3 Years	MC46-15/MC41-15
	£106,182	£84,326	2 Years	MC46-16/MC41-16
	£106,182	£84,326	1 Year	MC46-17/MC41-17
10	£109,497	£88,475	1 Year	MC46-18/MC41-18

Annex A: Section 2b Specialty doctors (2021 contract) basic pay

Specialty Doctor

Specialty doctor pay scale:

Pay scale code	Scale Value (2021 – 2022)	Basic Salary (£)
MC75 – 01	**Min**	52,542
MC75 – 02		52,542
MC75 – 03		52,542
MC75 – 04	**1**	60,532
MC75 – 05		60,532
MC75 – 06	**2**	60,532
MC75 – 07	**3**	67,480
MC75 – 08		67,480
MC75 – 09		67,480
MC75 – 10	**4**	74,691
MC75 – 11		74,691
MC75 – 12		74,691
MC75 – 13	**5**	82,418
MC75 – 14		82,418
MC75 – 15		82,418
MC75 – 16		82,418
MC75 – 17		82,418
MC75 – 18	**6**	82,418

Annex A: Section 2b Specialists basic pay

Specialists (2021)

Specialists pay scale

Pay scale code	Scale Value	Basic Salary
MC70 – 01	Min	83,963
MC70 – 02		83,963
MC70 – 03		83,963
MC70 – 04	1	89,630
MC70 – 05		89,630
MC70 – 06		89,630
MC70 – 07	2	95,296

Annex A: Section 3

Additional supplement for Directors of Public Health (Chief Officer Supplement)

Including those who are consultants in dental public health

Table 2: Value of supplement

Supplement Band	Minimum	Maximum	Exceptional
Band A	£17,165	£24,917	
Band B	£6,649	£13,308	£17,165
Band C	£5,560	£11,076	£13,308
Band D	£4,434	£8,862	£11,076

(NB: Table 2 shows the value of the Director of Public Health supplement to be added to salary)

Annex A: Section 4

Table 3 – Clinical Excellence Awards[8]

Awarded by ACCEA	Amount
Level 9 (Bronze)	£36,924
Level 10 (Silver)	£48,533
Level 11 (Gold)	£60,666
Level 12 (Platinum)	£78,866

(NB: If a consultant is no longer in receipt of a CEA, but were previously in receipt of Commitment Award(s), they will be placed back on the Commitment Award scale, taking into account all time served as if they had only been in receipt of Commitment Awards.

If a consultant is no longer in receipt of a CEA but had not previously been in receipt of Commitment Award(s), they will be assimilated on to the Commitment Awards Scale in accordance with Chapter 12 (paragraphs 12.4 – 12.7) of the Amended Consultant Contract December 2003, taking into account all time served as if they had only been in receipt of Commitment Awards.)

Table 4 – Commitment Awards

1	2	3	4	5	6	7	8
£3,334	£6,668	£10,002	£13,336	£16,670	£20,004	£23,338	£26,672

Table 5 – Clinical impact awards

Awarded by ACCIA	Amount
N0	£10,000
N1	£20,000
N2	£30,000
N3	£40,000

Table 6 – Distinction Awards for Consultants

N.B. Distinction Awards value scale removed as there are no longer any award holders in Wales

Table 6 – Intensity Supplements for Consultants

Banding		
Out of hours Intensity paid yearly		
Band 1	(low intensity)	£2,788
Band 2	(medium intensity)	£5,571
Band 3	(high intensity)	£8,353

Waiting list initiative:

£690

Annex A: Section 5

Salaried GP salary range

Minimum	Maximum
£71,061	£107,229

Annex A: Section 6

Emergency Rota Allowance (CMO/SCMO)

Number of Duties	Rate Per Half Year
4 to 11	£235
12 to 17	£465
18 to 23	£697
24 to 29	£927
30 to 35	£1,157
36 to 41	£1,385
42 to 47	£1,616
48 to 53	£1,845
54 to 59	£2,076
60 to 65	£2,307
66 to 71	£2,538
72 or more	£2,766

Annex A: Section 7

Other fees and allowances (not applicable to salaried primary care dentists)

Para[9]/ Sched	Nature of fee	Payable for each:	Rate (£)
32.b/ sch 10 & 11	Radiology and pathology tests (routine screening of employees)	Item of service	£4.64
49	Medical Superintendant of Psychiatric Hospitals Allowance		£6,557.61
88	Staff Fund		
91.a	Payment for each eligible bed	Year	£835.55
91.a	Payment for provision of a casualty service		
91.a	Higher rate	Year	£10,287
91.a	Lower rate	Year	£5,145
91.a	12 hrs per day Mon-Fri	Year	£3,679
91.b	Payment for each notional half-day of clinical work per week:	Year	£5,851
91.b	Payment for one hour or less of clinical work per week	Year	£1,560
91.b	Payment for one hour but not more than two hours of clinical work per week (i.e. 2x hourly rate	Year	£3,118
93	Payment for each casualty seen, where the number is less than 200 per annum:	Casualty seen	£33.63
94 & 105	Payment to part-time medical and dental officers: per weekly notional half day	Year	£5,851
94 & 105	Maximum annual payment (i.e. for 9 sessions)	Year	£52,657
94 & 105	Where the number of hours per week is not more than 2 (Payment for 1 hour or less)	Year	£1,560
94 & 105	Payment for more than 1 hour but not more than 2 hours (i.e. twice hourly rate)	Year	£3,118
104	Payment for occasional work in the Blood Transfusion Service	Hour or part of an hour	£31.71
104	Maximum payment per session (i.e. three times hourly rate)	Hour or part of an hour	£95.10
141 & 142/sch 11	DOMICILIARY CONSULTATIONS	Item of service	
143/Sch 11	Standard Rate	Item of service	£104.86
143/Sch 11	Intermediate Rate	Series of visits	£52.43
143/Sch 11	Maximum fee in connection with anti-coagulant therapy or treatment with cytotoxic drugs	Item of service	£314.59
143/Sch 10	Combined fee for completion of form CVI	Item of service	£159.90
143/Sch 10	For re-examination (provided previous from CVI available	Item of service	£136.62
146	Lower rate		£26.25
155	Exceptional consultation by a consultant		£196.41
157	Exceptional consultation by a general practitioner		£64.84
165/Sch11	Fees for lectures to nurses etc		
	Consultants	Lecture	£76.07
	Associate Specialists, StR at point 3 or above, HPs and practitioners holding appointments under para 94	Lecture	£60.29
	Other grades	Lecture	£44.30
166/Sch 11	Lecture fee for Postgraduate Medical Education	Lecture	£96.37

Annex A: Section 8

Transport fees and allowances

Mileage Allowance[10]

1. Public transport rate: 24p per mile

2. Regular user rates:
Motor cars with three or four wheels:[11]

Engine Capacity	(cc)	501 to 1000	1001 to 1500	1501 to 2000	Over 2000
Lump Sum	(£)	508	626	760	760
Up to 9,000 miles	(p)	29.7	36.9	44	44
9,001 to 15,000 miles	(p)	17.8	20.1	22.6	22.6
Thereafter	(p)	17.8	20.1	22.6	22.6

3. Standard rates:
Motor cars with three or four wheels:

Engine Capacity	(cc)	501 to 1000	1001 to 1500	1501 to 2000	Over 2000
Up to 3,500 miles	(p)	37.4	47.3	58.3	58.3
Up to 9,000 miles	(p)	23.0	28.2	33.5	41.0
9,001 - 15,000 miles	(p)	17.8	20.1	22.7	25.5
Thereafter	(p)	17.8	20.1	22.6	22.6

4. Other motor vehicles:[12]

Engine Capacity	(cc)	Up to 125	Over 125
Up to 5,000 miles	(p)	17.8	27.8
Over 5,000 miles	(p)	6.7	9.9

5. Passenger allowance: Each passenger: 5p per mile

6. Pedal cycles: for local agreement, subject to a minimum or 10p mile

Crown Cars: Private Use[13]

A. The current rates of:

Road fund licence, e.g.	£155
Insurance for private use (National call-off contract) e.g.	£88
Including cover for private use, e.g.	£128
Handling charge	£95

B. Fixed Annual Charge per 1,000 private miles (for each year of the contract of national contract), determined as follows:

$$\frac{\text{Cost of Contract Hire at maximum quoted mileage} - \text{Cost of Contract Hire at minimum quoted mileage}}{1000}$$

Plus total excess costs for non-base vehicle, where appropriate, Plus VAT on total charge to practitioner (A+B)

(NB: Junior doctors in Locum Appointment for service (LAS) posts are to be paid under the banding system above. Junior doctors in Locum Appointments for Training (LAT) are excluded from this arrangement)

Annex A: Section 9

Locum Tenens appointments

Locum Consultant	**ZC82**	£105,401
Other Locum Consultant - A consultant who has returned and who before retirement was paid at the scale maximum current at the time of retirement	**ZC83**	£119,080

	Rate (£): Per Week	**Rate (£)/ PA/ Session / notional half day**
Specialist Doctor – MC70	£1610.34	£161.04
Speciality Doctor – MC75	£1007.71	£107.77
Speciality Doctor – MC47 (CLOSED)	£1073.02	£107.32
Associate Specialist (2008) – MC42 (CLOSED)	£1459.28	£145.94
Associate Specialist – MC03 (CLOSED)	£1258.68	£114.43
P/T Medical/Dental Officer (Paras 94-105) – ME11 (CLOSED)		£112.20
Hospital Practitioner – MD02 (CLOSED)		£128.90
Staff Grade – MH02 (CLOSED)	£1061.56	£106.17

Foundation House Officer, Dental Core Training and Specialty Registrar

Band	**Working Arrangement**	**Supplement**
LA	Outside Monday to Friday 9 am to 5pm for shift working patterns	1.8x basic hourly rate[14]
LB	Outside Monday to Friday 9 am to 5pm for on-call working patterns	1.5x basic hourly rate[14]
LC	Monday to Friday 9 am to 5pm for all working patterns	1.4x basic hourly rate[14]
LL	Covering a post for one week or more	1.2x total salary (basic salary + banding supplement)[15]

Rates as at 1 April 2023

Hourly Rates (£) : Bands LA, LB, LC

Band	Basic Rate	No Band	LC	LB	LA
FHO1*	£14.50	£15.23	£20.30	£21.75	£26.10
FHO2*	£18.04	£18.04	£25.26	£27.06	£32.47
Dental Core Training	£20.35	£20.35	£28.49	£30.53	£36.63
SpR	£23.36	£23.36	£32.70	£35.04	£42.05
StR (Higher)	£23.36	£23.36	£32.70	£35.04	£42.05
StR (Lower)	£21.21	£21.21	£29.69	£31.82	£38.18

Weekly Rates (£) : BandLL

Band	Basic Rate	No band	1C	1B	1A	2B	2A	3
	(x1)	-	(x1.2)	(x1.4)	(x1.5)	(x1.5)	(x1.8)	(x2)
FHO1*	£696.00	£730.80	£835.20	£974.40	£1,044.00	£1,044.00	£1,252.80	£1,392.00
FHO2*	£866.00	£866.00	£1,039.20	£1,212.40	£1,299.00	£1,299.00	£1,558.80	£1,732.00
Dental Core Training	£976.80	£976.80	£1,172.16	£1,367.52	£1,465.20	£1,465.20	£1,758.24	£1,953.60
SpR	£1,121.20	£1,121.20	£1,345.44	£1,569.68	£1,681.80	£1,681.80	£2,018.16	£2,242.40
StR (Higher)	£1,121.20	£1,121.20	£1,345.44	£1,569.68	£1,681.80	£1,681.80	£2,018.16	£2,242.40

StR (Lower)	£1,018.00	£1,018.00	£1,221.60	£1,425.20	£1,527.00	£1,527.00	£1,832.40	£2,036.00

Annex A: Section 10

Family planning fees and miscellaneous

Effective from 1 January 2015

The following fees and allowances do not form part of the Terms and Conditions of Service for Hospital Medical and Dental Staff, and are included in this handbook solely for the convenience of users. For consultants on the 2003 contracts, employers should not apply the principles in Schedule 11 of the Terms and Conditions governing receipt of additional fees.

Family Planning fees	**Operating Fee**	**Anaesthetist's Fee**
i. Fee per case of male sterilisation performed		
a. as a separate procedure	£150.87	£74.47
b. during the course of another procedure	£102.01	£49.34
ii. Fee per case of female sterilisation performed		
a. as a separate procedure	£203.97	£99.65
b. during the course of another procedure	£136.44	£66.37
iii. Fee for the reversal of male sterilisation	£231.99	£115.92
iv. Fee for the reversal of female sterilisation.	£324.46	£162.58
Fee per case for the insertion or removal (on family planning grounds) of an:		
v. intra-uterine contraceptive device		
a. as a separate procedure	£102.01	£74.47
b. during the course of another procedure	£67.48	£49.34
c. where the removal of a mis-placed device involves laparoscopy or laparotomy Examination and report on pathological specimens referred.	£324.46	£162.58
vi. in connection with NHS family planning cases Radiological services provided in connection with NHS family	Case	£27.94
vii. Planning cases	Session	£27.94
viii. Notional half-day special family planning Session	Session	£173.47
3. Miscellaneous		
Junior hospital doctors in "peripheral" hospitals Allowance per	Allowance Per Year	£3009.55
Fee for college or faculty nominee attending consultant Advisory Appointment Committee	Full day	£162.51
	Half day	£81.26
Consultants acting as second opinions in Stage 3 of the Clinical complaints procedure (Annex B to HC(88)37)	Full day	£248.24
	Half day	£124.16

	Salary Point	Salary
Band A	1	£47,914
	2	£53,240
	3	£61,224
	4	£65,216
	5	£69,209
	6	£71,871
Band B	7a	£74,531
	8	£77,193
	9	£81,185
	10	£83,181
	11	£85,179
	12	£87,175
Band C	13bc	£89,174
	14c	£91,833
	15c	£94,494
	16	£97,157
	17	£99,818
	18	£102,479

a) Salary point 7 is the entry level to Band B but is also the Extended Competency Point at the top of Band A.

b) Salary point 13 is the entry level to Band C but is also the Extended Competency Point at the top of Band B.

c) Salary points 13-15 represents those available to current Assistant Clinical Directors under the new pay spine

d) d) Maximum salary points for Band C managerial dentist posts are identified by complexity levels as follows:

Standard complexity	maximum pay point 16
Medium complexity	maximum pay point 17
High complexity	maximum pay point 18

e) Service complexity, for band C managerial dentists, is represented as follows within the pay scale: Maximum salary points for band C Managerial Dentist posts are identified by complexity levels which are set locally. Therefore the maximum pay scale point for these staff differs depending on the complexity level of the specific role.

Training supplement

The training supplement for Band A dentists with responsibility for the supervision of a foundation dentist, dental core trainee or undergraduate dental student is £2,391 a year.

Further information regarding payments in respect of vocational training can be found on the following address: http://gov.wales/legislation/subordinate/nonsi/nhswales/2009/3118894/?lang=en

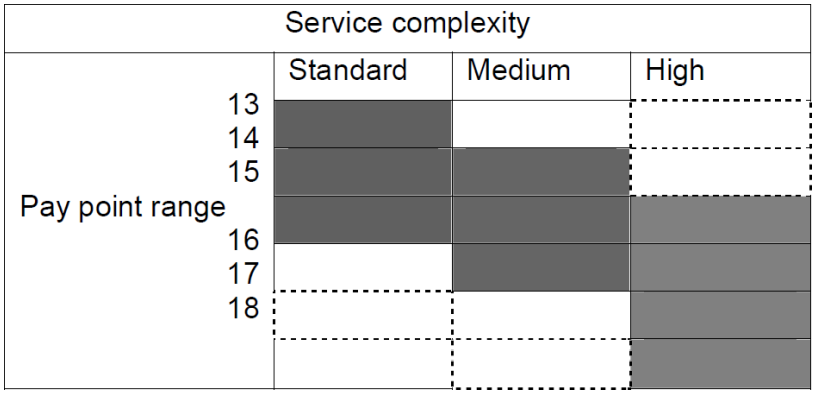
Foundation Dentists (formerly Dental Foundation Trainees (DFTs) and Vocational Dental Practitioner (VDP)) – For Information

This allowance is set through the General Dental Services Statement of Financial Entitlements Directions and the Personal Dental Services Statement of Financial Entitlements Directions, issue annually by the Welsh Government, and is shown here for information only. The current values of the Foundation Dentists payment since 2013/14 in Wales can be found in pay circular M&D(W) 04/2021 and will be included in an updated version of this circular once the Statement of Financial Entitlements Directions has been updated for 2023/24.

Foundation Dentists in the salaried primary dental care services should be employed in accordance with the details set out in schedule 17 of their terms and conditions, available at the NHS Employers website.

Information explaining pay arrangements for Foundation Dentists progressing to Dental Core Training can be found on NHS Employers website at the following address:
http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctorsdentists-gp-registrars/dental-trainees-in-hospital-posts

(NB: Indicative training budget £750 per annum)



Annex B: Section 1[16]

Banding supplements and total salaries - full time staff

Grade	Point	No Band (5% FY1 only)		Band 1C (20%)		Band 1B (40%)		Band 1A & 2B (50%)		Band 2A (80%)		Band 3 (100%)	
		Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£1,424	£29,895	£5,695	£34,166	£11,389	£39,860	£14,236	£42,707	£22,777	£51,248	£28,471	£56,942
	1	£1,513	£31,762	£6,050	£36,299	£12,100	£42,349	£15,125	£45,374	£24,200	£54,449	£30,249	£60,498
	2	£1,602	£33,630	£6,406	£38,434	£12,812	£44,840	£16,014	£48,042	£25,623	£57,651	£32,028	£64,056
Foundation Doctor Year 2	Min	N/A	£35,315	£7,063	£42,378	£14,126	£49,441	£17,658	£52,973	£28,252	£63,567	£35,315	£70,630
	1	N/A	£37,625	£7,525	£45,150	£15,050	£52,675	£18,813	£56,438	£30,100	£67,725	£37,625	£75,250
	2	N/A	£39,933	£7,987	£47,920	£15,974	£55,907	£19,967	£59,900	£31,947	£71,880	£39,933	£79,866
Specialty Registrar	Min	N/A	£37,737	£7,548	£45,285	£15,095	£52,832	£18,869	£56,606	£30,190	£67,927	£37,737	£75,474
	1	N/A	£40,044	£8,009	£48,053	£16,018	£56,062	£20,022	£60,066	£32,036	£72,080	£40,044	£80,088
	2	N/A	£43,270	£8,654	£51,924	£17,308	£60,578	£21,635	£64,905	£34,616	£77,886	£43,270	£86,540
	3	N/A	£45,222	£9,045	£54,267	£18,089	£63,311	£22,611	£67,833	£36,178	£81,400	£45,222	£90,444
	4	N/A	£47,571	£9,515	£57,086	£19,029	£66,600	£23,786	£71,357	£38,057	£85,628	£47,571	£95,142
	5	N/A	£49,925	£9,985	£59,910	£19,970	£69,895	£24,963	£74,888	£39,940	£89,865	£49,925	£99,850
	6	N/A	£52,277	£10,456	£62,733	£20,911	£73,188	£26,139	£78,416	£41,822	£94,099	£52,277	£104,554
	7	N/A	£54,630	£10,926	£65,556	£21,852	£76,482	£27,315	£81,945	£43,704	£98,334	£54,630	£109,260
	8	N/A	£56,981	£11,397	£68,378	£22,793	£79,774	£28,491	£85,472	£45,585	£102,566	£56,981	£113,962
	9	N/A	£59,336	£11,868	£71,204	£23,735	£83,071	£29,668	£89,004	£47,469	£106,805	£59,336	£118,672
Dental Core Training	Min	N/A	£35,488	£7,098	£42,586	£14,196	£49,684	£17,744	£53,232	£28,391	£63,879	£35,488	£70,976
	1	N/A	£37,810	£7,562	£45,372	£15,124	£52,934	£18,905	£56,715	£30,248	£68,058	£37,810	£75,620
	2	N/A	£40,129	£8,026	£48,155	£16,052	£56,181	£20,065	£60,194	£32,104	£72,233	£40,129	£80,258
	3	N/A	£42,451	£8,491	£50,942	£16,981	£59,432	£21,226	£63,677	£33,961	£76,412	£42,451	£84,902
	4	N/A	£44,770	£8,954	£53,724	£17,908	£62,678	£22,385	£67,155	£35,816	£80,586	£44,770	£89,540
	5	N/A	£47,092	£9,419	£56,511	£18,837	£65,929	£23,546	£70,638	£37,674	£84,766	£47,092	£94,184
	6	N/A	£49,412	£9,883	£59,295	£19,765	£69,177	£24,706	£74,118	£39,530	£88,942	£49,412	£98,824

Annex B: Section 2a:

Basic pay for Less than Full Time (LTFT) trainees

Guidance on the pay system for Less than Full Time (LTFT) trainees can be found at: http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-termsand-conditions/junior-doctors-dentists-gp-registrars/less-than-full-time-training

Grade	F Number	Min	1	2	3	4	5	6	7	8	9
Foundation Doctor Year 1 (MT57)	F5	£14,236	£15,125	£16,014	-	-	-	-	-	-	-
	F6	£17,083	£18,150	£19,217	-	-	-	-	-	-	-
	F7	£19,930	£21,175	£22,420	-	-	-	-	-	-	-
	F8	£22,777	£24,200	£25,623	-	-	-	-	-	-	-
	F9	£25,624	£27,225	£28,826	-	-	-	-	-	-	-
Foundation Doctor Year 2 (MT58)	F5	£17,658	£18,813	£19,967	-	-	-	-	-	-	-
	F6	£21,189	£22,575	£23,960	-	-	-	-	-	-	-
	F7	£24,721	£26,338	£27,954	-	-	-	-	-	-	-
	F8	£28,252	£30,100	£31,947	-	-	-	-	-	-	-
	F9	£31,784	£33,863	£35,940	-	-	-	-	-	-	-
Specialty Registrar full (MT59)	F5	£18,869	£20,022	£21,635	£22,611	£23,786	£24,963	£26,139	£27,315*	£28,491*	£29,668
	F6	£22,643	£24,027	£25,962	£27,134	£28,543	£29,955	£31,367	£32,778*	£34,189*	£35,602*
	F7	£26,416	£28,031	£30,289	£31,656	£33,300	£34,948	£36,594	£38,241*	£39,887*	£41,536*
	F8	£30,190	£32,036	£34,616	£36,178	£38,057	£39,940	£41,822	£43,704*	£45,585*	£47,469*
	F9	£33,964	£36,040	£38,943	£40,700	£42,814	£44,933	£47,050	£49,167*	£51,283*	£53,403*
Specialty Registrar Core Training and Fixed Term (MT59)	F5	£18,869	£20,022	£21,635	£22,611	£23,786	£24,963	-	-	-	-
	F6	£22,643	£24,027	£25,962	£27,134	£28,543	£29,955	-	-	-	-
	F7	£26,416	£28,031	£30,289	£31,656	£33,300	£34,948	-	-	-	-
	F8	£30,190	£32,036	£34,616	£36,178	£38,057	£39,940	-	-	-	-
	F9	£33,964	£36,040	£38,943	£40,700	£42,814	£44,933	-	-	-	-
Dental Core Training (MT53)	F5	£17,744	£18,905	£20,065	£21,226	£22,385	£23,546*	£24,706*	-	-	-
	F6	£21,293	£22,686	£24,078	£25,471	£26,862	£28,256*	£29,648*	-	-	-
	F7	£24,842	£26,467	£28,091	£29,716	£31,339	£32,965*	£34,589*	-	-	-
	F8	£28,391	£30,248	£32,104	£33,961	£35,816	£37,674*	£39,530*	-	-	-
	F9	£31,940	£34,029	£36,117	£38,206	£40,293	£42,383*	£44,471*	-	-	-

***To be awarded automatically except in cases of unsatisfactory performance, see AL(MD)7/98.**

Annex B: Section 2b:

Banding supplements and total salaries for Less than Full Time (LTFT) trainees

Grade	Point	F5		F6		F7		F8		F9	
		Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£712	£14,948	£855	£17,937	£997	£20,927	£1,139	£23,916	£1,282	£26,906
	1	£757	£15,881	£908	£19,057	£1,059	£22,234	£1,210	£25,410	£1,362	£28,586
	2	£801	£16,815	£961	£20,178	£1,121	£23,541	£1,282	£26,904	£1,442	£30,267

FC (20% supplement)

Grade	Point	F5		F6		F7		F8		F9	
		Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£2,848	£17,083	£3,417	£20,500	£3,986	£23,916	£4,556	£27,333	£5,125	£30,749
	1	£3,025	£18,150	£3,630	£21,780	£4,235	£25,410	£4,840	£29,040	£5,445	£32,669
	2	£3,203	£19,217	£3,844	£23,061	£4,484	£26,904	£5,125	£30,747	£5,766	£34,591
Foundation Doctor Year 2	Min	£3,532	£21,189	£4,238	£25,427	£4,945	£29,665	£5,651	£33,903	£6,357	£38,141
	1	£3,763	£22,575	£4,515	£27,090	£5,268	£31,605	£6,020	£36,120	£6,773	£40,635
	2	£3,994	£23,960	£4,792	£28,752	£5,591	£33,544	£6,390	£38,336	£7,188	£43,128
Specialty Registrar	Min	£3,774	£22,643	£4,529	£27,171	£5,284	£31,700	£6,038	£36,228	£6,793	£40,756
	1	£4,005	£24,027	£4,806	£28,832	£5,607	£33,637	£6,408	£38,443	£7,208	£43,248
	2	£4,327	£25,962	£5,193	£31,155	£6,058	£36,347	£6,924	£41,540	£7,789	£46,732
	3	£4,523	£27,134	£5,427	£32,560	£6,332	£37,987	£7,236	£43,414	£8,140	£48,840
	4	£4,758	£28,543	£5,709	£34,252	£6,660	£39,960	£7,612	£45,669	£8,563	£51,377
	5	£4,993	£29,955	£5,991	£35,946	£6,990	£41,937	£7,988	£47,928	£8,987	£53,919
	6	£5,228	£31,367	£6,274	£37,640	£7,319	£43,913	£8,365	£50,186	£9,410	£56,460
	7	£5,463	£32,778	£6,556	£39,334	£7,649	£45,890	£8,741	£52,445	£9,834	£59,001
	8	£5,699	£34,189	£6,838	£41,027	£7,978	£47,865	£9,117	£54,702	£10,257	£61,540
	9	£5,934	£35,602	£7,121	£42,722	£8,308	£49,843	£9,494	£56,963	£10,681	£64,083
Dental Core Training	Min	£3,549	£21,293	£4,259	£25,552	£4,969	£29,810	£5,679	£34,069	£6,388	£38,328
	1	£3,781	£22,686	£4,538	£27,224	£5,294	£31,761	£6,050	£36,298	£6,806	£40,835
	2	£4,013	£24,078	£4,816	£28,893	£5,619	£33,709	£6,421	£38,524	£7,224	£43,340
	3	£4,246	£25,471	£5,095	£30,565	£5,944	£35,659	£6,793	£40,753	£7,642	£45,848
	4	£4,477	£26,862	£5,373	£32,235	£6,268	£37,607	£7,164	£42,980	£8,059	£48,352
	5	£4,710	£28,256	£5,652	£33,907	£6,593	£39,558	£7,535	£45,209	£8,477	£50,860
	6	£4,942	£29,648	£5,930	£35,577	£6,918	£41,507	£7,906	£47,436	£8,895	£53,365

FB (40% supplement)											
		F5		F6		F7		F8		F9	
Grade	Point	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£5,695	£19,930	£6,834	£23,916	£7,972	£27,902	£9,111	£31,888	£10,250	£35,874
	1	£6,050	£21,175	£7,260	£25,410	£8,470	£29,645	£9,680	£33,879	£10,890	£38,114
	2	£6,406	£22,420	£7,687	£26,904	£8,968	£31,388	£10,249	£35,872	£11,531	£40,356
Foundation Doctor Year 2	Min	£7,063	£24,721	£8,476	£29,665	£9,889	£34,609	£11,301	£39,553	£12,714	£44,497
	1	£7,525	£26,338	£9,030	£31,605	£10,535	£36,873	£12,040	£42,140	£13,545	£47,408
	2	£7,987	£27,954	£9,584	£33,544	£11,182	£39,135	£12,779	£44,725	£14,376	£50,316
Specialty Registrar	Min	£7,548	£26,416	£9,057	£31,700	£10,567	£36,983	£12,076	£42,266	£13,586	£47,549
	1	£8,009	£28,031	£9,611	£33,637	£11,213	£39,244	£12,815	£44,850	£14,416	£50,456
	2	£8,654	£30,289	£10,385	£36,347	£12,116	£42,405	£13,847	£48,463	£15,578	£54,521
	3	£9,045	£31,656	£10,854	£37,987	£12,663	£44,318	£14,472	£50,649	£16,280	£56,980
	4	£9,515	£33,300	£11,418	£39,960	£13,320	£46,620	£15,223	£53,280	£17,126	£59,940
	5	£9,985	£34,948	£11,982	£41,937	£13,979	£48,927	£15,976	£55,916	£17,973	£62,906
	6	£10,456	£36,594	£12,547	£43,913	£14,638	£51,232	£16,729	£58,551	£18,820	£65,870
	7	£10,926	£38,241	£13,112	£45,890	£15,297	£53,538	£17,482	£61,186	£19,667	£68,834
	8	£11,397	£39,887	£13,676	£47,865	£15,955	£55,842	£18,234	£63,819	£20,514	£71,797
	9	£11,868	£41,536	£14,241	£49,843	£16,615	£58,150	£18,988	£66,457	£21,361	£74,764
Dental Core Training	Min	£7,098	£24,842	£8,518	£29,810	£9,937	£34,779	£11,357	£39,747	£12,776	£44,715
	1	£7,562	£26,467	£9,075	£31,761	£10,587	£37,054	£12,100	£42,348	£13,612	£47,641
	2	£8,026	£28,091	£9,631	£33,709	£11,237	£39,327	£12,842	£44,945	£14,447	£50,563
	3	£8,491	£29,716	£10,189	£35,659	£11,887	£41,602	£13,585	£47,546	£15,283	£53,489
	4	£8,954	£31,339	£10,745	£37,607	£12,536	£43,875	£14,327	£50,143	£16,118	£56,411
	5	£9,419	£32,965	£11,303	£39,558	£13,186	£46,151	£15,070	£52,744	£16,954	£59,336
	6	£9,883	£34,589	£11,859	£41,507	£13,836	£48,424	£15,812	£55,342	£17,789	£62,260

FA (50% supplement)											
		F5		F6		F7		F8		F9	
Grade	Point	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£7,118	£21,354	£8,542	£25,624	£9,965	£29,895	£11,389	£34,166	£12,812	£38,436
	1	£7,563	£22,687	£9,075	£27,225	£10,588	£31,762	£12,100	£36,299	£13,613	£40,837
	2	£8,007	£24,021	£9,609	£28,826	£11,210	£33,630	£12,812	£38,434	£14,413	£43,238
Foundation Doctor Year 2	Min	£8,829	£26,487	£10,595	£31,784	£12,361	£37,081	£14,126	£42,378	£15,892	£47,676
	1	£9,407	£28,219	£11,288	£33,863	£13,169	£39,507	£15,050	£45,150	£16,932	£50,794
	2	£9,984	£29,950	£11,980	£35,940	£13,977	£41,930	£15,974	£47,920	£17,970	£53,910
Specialty Registrar	Min	£9,435	£28,303	£11,322	£33,964	£13,208	£39,624	£15,095	£45,285	£16,982	£50,945
	1	£10,011	£30,033	£12,014	£36,040	£14,016	£42,047	£16,018	£48,053	£18,020	£54,060
	2	£10,818	£32,453	£12,981	£38,943	£15,145	£45,434	£17,308	£51,924	£19,472	£58,415
	3	£11,306	£33,917	£13,567	£40,700	£15,828	£47,484	£18,089	£54,267	£20,350	£61,050
	4	£11,893	£35,679	£14,272	£42,814	£16,650	£49,950	£19,029	£57,086	£21,407	£64,221
	5	£12,482	£37,444	£14,978	£44,933	£17,474	£52,422	£19,970	£59,910	£22,467	£67,399
	6	£13,070	£39,208	£15,684	£47,050	£18,297	£54,891	£20,911	£62,733	£23,525	£70,574
	7	£13,658	£40,973	£16,389	£49,167	£19,121	£57,362	£21,852	£65,556	£24,584	£73,751
	8	£14,246	£42,736	£17,095	£51,283	£19,944	£59,831	£22,793	£68,378	£25,642	£76,925
	9	£14,834	£44,502	£17,801	£53,403	£20,768	£62,303	£23,735	£71,204	£26,702	£80,104
Dental Core Training	Min	£8,872	£26,616	£10,647	£31,940	£12,421	£37,263	£14,196	£42,586	£15,970	£47,909
	1	£9,453	£28,358	£11,343	£34,029	£13,234	£39,701	£15,124	£45,372	£17,015	£51,044
	2	£10,033	£30,097	£12,039	£36,117	£14,046	£42,136	£16,052	£48,155	£18,059	£54,175
	3	£10,613	£31,839	£12,736	£38,206	£14,858	£44,574	£16,981	£50,942	£19,103	£57,309
	4	£11,193	£33,578	£13,431	£40,293	£15,670	£47,009	£17,908	£53,724	£20,147	£60,440
	5	£11,773	£35,319	£14,128	£42,383	£16,483	£49,447	£18,837	£56,511	£21,192	£63,575
	6	£12,353	£37,059	£14,824	£44,471	£17,295	£51,883	£19,765	£59,295	£22,236	£66,707

Explanatory notes

1. These are closed pay scales. The information is included for practitioners who were placed on these scales prior to them being closed. No further practitioners should be placed on these pay scales.

2. Discretionary point – guidance on the application of discretionary points for associate specialists is contained in AL(MD) 7/95.

3. This pay scale refers to staff grade practitioners employed under the Terms and Conditions outlined in AL(MD) 4/97.

4. Optional point – guidance on the application of optional points for staff grades is contained in AL(MD)4/97.

5. To be awarded automatically except in cases of unsatisfactory performance. Guidance is contained in AL(MD)7/98.

6. This scale should only be used for positions designated as Fixed Term Speciality Training Appointments (FTSTA).

7. This grade has been renamed Dental Core Training. It was previously “Dental Trainees in Hospital Posts (DTHP)” and before that the SHO grade. Doctors should not have been placed on this scale since 2007.

8. Clinical excellence awards information can be found at: https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards

9. Information on clinical impact awards can be found at https://www.gov.uk/government/organisations/advisory-committee-on-clinical-impact-awards

10. Paragraph references taken from Medical and Dental Handbook (Wales) 2003.

11. A practitioner using a four-wheeled car under 501cc shall be paid at rates for cars of 501 to 1,000cc engine capacity.

12. Includes motor cycles and combinations, motor scooters, mopeds and motor-assisted bicycles.

13. Where the cost to the employing authority of hiring the car includes Road Fund Licence and/or Insurance, these items should be extracted and the net cost used in calculating the charge per 1,000 miles.

14. Crown Cars, while used solely on NHS business, do not require to be taxed or insured for the purposes of the Road Traffic Act 1972; any private mileage requires that the vehicle has been taxed and insured.

15. Weekly locum rates are calculated by working out the appropriate point on the scale (see Schedule 22) dividing the yearly salary amount by 365 and multiplying the daily figure by 7 to calculate the rate per Programmed Activity divide the weekly rate by 10.

16. The basic weekly rate shown for Band LL is calculated as: (hourly rate x 40 x 1.2). The banding multiplier, where applicable, is then applied by this figure.

17. The tables in Annex B have been inserted for clarification purposes.

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Health Boards/Trusts
Directors, Workforce & Organisational Development – NHS Health Boards/Trusts
Directors of Finance – NHS Health Boards/Trusts
Director of NHS Wales Employers

Our Ref: Pay Letter M&D(W) 02/2024

28 June 2024

Dear Colleague

Summary:

This pay circular informs employers of the pay arrangements applicable from 1 January 2024 for medical and dental consultants employed on the National Consultant Contract in Wales.

Action:

The reformed national salaries set out in this circular apply in full to medical and dental consultants on national terms and condition of service in Wales, with effect from 1 January 2024.

Reform of the consultant (amended Welsh 2003 contract) pay scale from 1 January 2024.

The reformed pay scales for consultants on the Welsh amended 2003 contract has been modernised to include:

- The removal of commitment awards
- An overall reduction in the number of pay points
- An increase in starting pay
- An increase in all pay points

The new pay scale removes commitment awards bringing them into basic pay instead. The consultant pay scale will be reduced from 14 pay points (including commitment awards) to 8 and reduces the number of years taken to reach the top pay point to 23 years.

Incremental dates will be retained.

Advance Letter M&D(W) 01/2021 included single non-consolidated non pensionable payments to Consultants on the below pay points. The payments would be paid to all those employed on Consultant Terms and Conditions in NHS Wales since 1st April 2020. These payments will now cease with immediate effect. (28 June 2024).

Point 0 - £2,500
Point 1 - £2,500
Point 2 - £500

1. **Employees** must direct personal enquiries to their employer through their local payroll or workforce teams, Welsh Government can not advise on individuals' personal circumstances.

2. **Employers** should direct enquiries to HSSWorkforceOD@gov.wales

3. Copies of this circular can be downloaded from the HOWIS website.

Yours sincerely

Emma Coles

Deputy Director Workforce and Organisational Development
Dirprwy Gyfarwyddwr ar gyfer Gweithlu a Datblygiad Sefydliadol
Llywodraeth Cymru/Welsh Government

Annex A

Consultant basic salary as at 1st January 2024

Pay point / threshold (ZM81 / ZK81 / ZL81/ZC81)	Years completed as a consultant	Basic Salay (£)	Period before eligibility for next pay point/threshold
1	0	£100,000	1 year
2	1	£105,000	1 year
3	2	£110,000	1 year
4	3	£115,000	1 year
5	4	£123,000	5 years
	5	£123,000	4 years
	6	£123,000	3 years
	7	£123,000	2 years
	8	£123,000	1 year
6	9	£130,000	7 years
	10	£130,000	6 years
	11	£130,000	5 years
	12	£130,000	4 years
	13	£130,000	3 years
	14	£130,000	2 years
	15	£130,000	1 year
7	16	£138,000	7 years
	17	£138,000	6 years
	18	£138,000	5 years
	19	£138,000	4 years
	20	£138,000	3 years
	21	£138,000	2 years
	22	£138,000	1 year
8	23	£146,000	Top

Annex B

Consultants pay points on transfer to the new reformed pay scale as at 1st January 2024

Current pay point and Commitment Award (ZM81 / ZK81 / ZL81/ZC81)	Current pay value	New pay point	New pay value	Period before eligibility for next pay point/threshold
Min	£91,722	1	£100,000	1 year
01	£94,644	2	£105,000	1 year
02	£99,529	3	£110,000	1 year
03	£105,201	4	£115,000	1 year
04	£111,682	5	£123,000	5 years
05	£115,377	5	£123,000	4 years
06 (year 1)	£119,079	5	£123,000	3 years
06 (year 2)	£119,079	5	£123,000	2 years
06 (year 3)	£119,079	5	£123,000	1 year
06 & CA1	£122,413	6	£130,000	7 years
06 & CA1	£122,413	6	£130,000	6 years
06 & CA1	£122,413	6	£130,000	5 years
06 & CA2	£125,747	6	£130,000	4 years
06 & CA2	£125,747	6	£130,000	3 years
06 & CA2	£125,747	6	£130,000	2 years
06 & CA3	£129,081	6	£130,000	1 year
06 & CA3	£129,081	7	£138,000	7 years
06 & CA3	£129,081	7	£138,000	6 years
06 & CA4	£132,415	7	£138,000	5 years
06 & CA4	£132,415	7	£138,000	4 years
06 & CA4	£132,415	7	£138,000	3 years
06 & CA5	£135,749	7	£138,000	2 years
06 & CA5	£135,749	7	£138,000	1 year
06 & CA5	£135,749	8	£146,000	Top
06 & CA6	£139,083	8	£146,000	Top
06 & CA6	£139,083	8	£146,000	Top
06 & CA6	£139,083	8	£146,000	Top
06 & CA7	£142,417	8	£146,000	Top
06 & CA7	£142,417	8	£146,000	Top
06 & CA7	£142,417	8	£146,000	Top
06 & CA8	£145,751	8	£146,000	Top

Grŵp Iechyd a Gwasanaethau Cymdeithasol

Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Health Boards/Trusts

Directors, Workforce & Organisational Development – NHS Health Boards/Trusts/Special Health Authorities

Directors of Finance – NHS Health Boards/Trusts/Special Health Authorities

Director of NHS Wales Employers

Our Ref: M&D(W) 07/2024 Pay Circular v3

4Th November 2024

Dear Colleague

Summary

This pay circular informs employers of the pay arrangements for employees covered by medical and dental terms and conditions of service in Wales.

Please note this pay circular has been reissued from the 25th September and the 1st October 2024 to uplift the supplements and fees and allowances in the following Annexes mentioned below.

New Action

- To uplift supplements, fees and allowances in the following Annexes by 6% from 1st April 2024.

  Annex A: Section 3 Table2; Section 4 Table 5 and WLI; Section 6; Section 7; Section 9 Locum Consultant and Other Locum Consultant rates; Section 10.
- To increase the pay scales by 6% uplift, backdated to 1 April 2024, for salaried GPs. Annex A Section 5.

Previous Actions (25th September 2024)

The revised pay scales for 2024/25 as set out in this circular apply from 1 April 2024 and are as follows:

- To increase the pay scales by 6% uplift to basic pay, back dated to 1 April 2024, for consultants
- To increase the pay scales by 6% uplift to basic pay, and an additional £1000 consolidated payment added to basic pay, back dated to 1 April 2024, for Junior doctors and dentists
- To increase the pay scales by 6% uplift to basic pay, back dated to 1 April 2024, for Specialty and Associate Specialists on the 2008 contract
- To increase the pay scales by 6% uplift to basic pay, back dated to 1 April 2024, for Specialty and Specialist doctors on the 2021 contract
- To increase the pay scales by 6% uplift to basic pay, backdated to 1 April 2024, for salaried GDPs.

Allowances and awards

- There is also an increase of 6% to the GMP Trainers' Grant and GMP Appraisers' rate.
- There will also be an increase of 6% to the Dental Foundation Trainers' Grant and services costs.
- Commitment awards have been removed as of the 1st January 2024 in line with the amendments to the consultant pay scale.
- A freeze on the value of awards for consultants i.e. Clinical Impact awards

There is the option for employees to opt to receive their pay arrears over three months in equal payments. A communication will be sent out by your organisations detailing the process to follow and timeline for submission, if staff members wish to receive their arrears in this way.

Enquiries

1. **Employees** are to contact their local payroll or workforce team regarding any queries.
2. **Employers** should direct enquiries to HSSWorkforceOD@gov.wales
3. Copies of this circular can be downloaded from the HOWIS website.

Yours sincerely

Emma Coles
Deputy Director Workforce and Organisational Development
Dirprwy Gyfarwyddwr ar gyfer Gweithlu a Datblygiad Sefydliadol
Llywodraeth Cymru/Welsh Government

Annex A: Section 1a: Basic rates of pay per annum, effective from 1 April 2024

Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07
Consultant	**ZM81 / ZK81 / ZL81 / ZC81**	£106,000	£111,300	£116,600	£121,900	£130,380	£137,800	£146,280	£154,760

Consultant basic salary as at 1st April 2024

Pay point / threshold (ZM81 / ZK81 / ZL81/ZC81)	Years completed as a consultant *	Basic Salay (£)	Period before eligibility for next pay point/threshold	Payroll Code and Grade Step
Min	0	£106,000	1 year	ZM81-01/ZK81-01/ZL81-01/ZC81-01
1	1	£111,300	1 year	ZM81-02/ZK81-02/ZL81-02/ZC81-02
2	2	£116,600	1 year	ZM81-03/ZK81-03/ZL81-03/ZC81-03
3	3	£121,900	1 year	ZM81-04/ZK81-04/ZL81-04/ZC81-04
4	4	£130,380	5 years	ZM81-05/ZK81-05/ZL81-05/ZC81-05
	5	£130,380	4 years	ZM81-06/ZK81-06/ZL81-06/ZC81-06
	6	£130,380	3 years	ZM81-07/ZK81-07/ZL81-07/ZC81-07
	7	£130,380	2 years	ZM81-08/ZK81-08/ZL81-08/ZC81-08
	8	£130,380	1 year	ZM81-09/ZK81-09/ZL81-09/ZC81-09
5	9	£137,800	7 years	ZM81-10/ZK81-10/ZL81-10/ZC81-10
	10	£137,800	6 years	ZM81-11/ZK81-11/ZL81-11/ZC81-11
	11	£137,800	5 years	ZM81-12/ZK81-12/ZL81-12/ZC81-12
	12	£137,800	4 years	ZM81-13/ZK81-13/ZL81-13/ZC81-13
	13	£137,800	3 years	ZM81-14/ZK81-14/ZL81-14/ZC81-14
	14	£137,800	2 years	ZM81-15/ZK81-15/ZL81-15/ZC81-15
	15	£137,800	1 year	ZM81-16/ZK81-16/ZL81-16/ZC81-16
6	16	£146,280	7 years	ZM81-17/ZK81-17/ZL81-17/ZC81-17
	17	£146,280	6 years	ZM81-18/ZK81-18/ZL81-18/ZC81-18
	18	£146,280	5 years	ZM81-19/ZK81-19/ZL81-19/ZC81-19
	19	£146,280	4 years	ZM81-20/ZK81-20/ZL81-20/ZC81-20
	20	£146,280	3 years	ZM81-21/ZK81-21/ZL81-21/ZC81-21
	21	£146,280	2 years	ZM81-22/ZK81-22/ZL81-22/ZC81-22
	22	£146,280	1 year	ZM81-23/ZK81-23/ZL81-23/ZC81-23
7	23	£154,760	Top	ZM81-24/ZK81-24/ZL81-24/ZC81-24

* N.b. Additional years of service can be awarded when agreed.

Annex A: Section 1b: Basic rates of pay per annum, effective from 1 April 2024

Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07	08	09
Specialty Registrar (Full)	**MN37**	£43,821	£46,438	£50,099	£52,314	£54,979	£57,650	£60,319	£62,989	£65,657	£68,330
Specialty Registrar (Core Training)	**MN39**	£43,821	£46,438	£50,099	£52,314	£54,979	£57,650				
Specialty Registrar (Fixed Term)	**MN35**	£43,821	£46,438	£50,099	£52,314	£54,979	£57,650				
Dental Core Training	**MN21**	£41,269	£43,904	£46,536	£49,170	£51,802	£54,436	£57,069			
Foundation House Officer 2	**MN15***	£41,073	£43,694	£46,312							
Foundation House Officer 1	**MN13***	£33,307	£35,324	£37,343							

Annex A: Section 1c: Basic rates of pay per annum, effective from 1 April 2024, for closed Pay Scales

Terms and Conditions of Service of Hospital and Public Health Medical and Dental Staff and Community Doctors

N.B. Shaded areas below denote closed pay scales

Grade	Pay Scale Code	Min	01	02	03	04	05	06	07	08	09	10	11	12	13
Associate Specialist	**MC01[1]**	55,133	60,975	66,810	72,652	78,489	84,329	92,038	98,721	101,495	105,112	108,729	112,348	115,967	119,590
Staff Grade Practitioner	**MH01[1]**	49,880	53,839	57,798	61,755	65,716	69,672	73,633	77,591						
		MH03	**MH03**	**MH03**	**MH03**	**MH03**	**MH03**	**MH05**	**MH05**	**MH05**	**MH05**	**MH05**	**MH05**		
Staff Grade Practitioner	**MH03 / 05[1/3]**	49,880	53,839	57,798	61,755	65,716	69,672	73,633	77,591	81,551	85,510	89,467	93,427		
Specialty Registrar	**MN25[1]**	45,675	47,887	50,099	52,314	54,979	57,650	60,319	62,989	65,657	68,330				
Hospital Practitioners/Session	**MD01-41[1]**	6,500	6,878	7,257	7,632	8,009	8,384	8,759							

Annex A: Section 2a

Specialty Doctor & Associate Specialist (2008) Pay Scales effective from 1 April 2024 Closed scales

Scale Value*	Associate Specialist 2008 MC41	Specialty Doctor MC46	Period before eligibility for next pay point	Payroll Code and Grade Step
Min	£73,198	£50,294	1 Year	MC46-01/MC41-01
01	£79,081	£54,593	1 Year	MC46-02/MC41-02
02	£84,963	£60,185	1 Year	MC46-03/MC41-03
03	£92,730	£63,180	1 Year	MC46-04/MC41-04
04	£99,442	£67,495	1 Year	MC46-05/MC41-05
05	£102,256	£71,796	2 Years	MC46-06/MC41-06
	£102,256	£71,796	1 Year	MC46-07/MC41-07
06	£105,903	£76,191	2 Years	MC46-08/MC41-08
	£105,903	£76,191	1 Year	MC46-09/MC41-09
07	£109,549	£80,590	2 Years	MC46-10/MC41-10
	£109,549	£80,590	1 Year	MC46-11/MC41-11
08	£113,193	£84,989	3 Years	MC46-12/MC41-12
	£113,193	£84,989	2 Years	MC46-13/MC41-13
	£113,193	£84,989	1 Year	MC46-14/MC41-14
09	£116,840	£89,386	3 Years	MC46-15/MC41-15
	£116,840	£89,386	2 Years	MC46-16/MC41-16
	£116,840	£89,386	1 Year	MC46-17/MC41-17
10	£120,488	£93,784	1 Year	MC46-18/MC41-18

Annex A: Section 2b Specialty doctors (2021 contract) basic pay

Specialty Doctor

Specialty doctor pay scale:

Pay scale code	Scale Value (2021 – 2022)	Basic Salary (£)
MC75 – 01	**Min**	£59,727
MC75 – 02		£59,727
MC75 – 03		£59,727
MC75 – 04	**1**	£68,810
MC75 – 05		£68,810
MC75 – 06	**2**	£68,810
MC75 – 07	**3**	£76,708
MC75 – 08		£76,708
MC75 – 09		£76,708
MC75 – 10	**4**	£84,905
MC75 – 11		£84,905
MC75 – 12		£84,905
MC75 – 13	**5**	£95,400
MC75 – 14		£95,400
MC75 – 15		£95,400
MC75 – 16		£95,400
MC75 – 17		£95,400
MC75 – 18	**6**	£95,400

Annex A: Section 2b Specialists basic pay

Specialists (2021)

Specialists pay scale

Pay scale code	Scale Value	Basic Salary
MC70 – 01	Min	£96,990
MC70 – 02		£96,990
MC70 – 03		£96,990
MC70 – 04	1	£100,784
MC70 – 05		£100,784
MC70 – 06		£100,784
MC70 – 07	2	£107,155

Annex A: Section 3

Additional supplement for Directors of Public Health (Chief Officer Supplement)

Including those who are consultants in dental public health

Table 2: Value of supplement

Supplement Band	Minimum	Maximum	Exceptional
Band A	£18,888	£27,416	
Band B	£7,317	£14,643	£18,888
Band C	£6,119	£12,187	£14,643
Band D	£4,880	£9,751	£12,187

(NB: Table 2 shows the value of the Director of Public Health supplement to be added to salary)

Annex A: Section 4

Table 3 – Clinical Excellence Awards[8]

Awarded by ACCEA	Amount
Level 9 (Bronze)	£36,924
Level 10 (Silver)	£48,533
Level 11 (Gold)	£60,666
Level 12 (Platinum)	£78,866

Table 4 – Clinical impact awards

Awarded by ACCIA	Amount
N0	£10,000
N1	£20,000
N2	£30,000
N3	£40,000

Table 5 – Intensity Supplements for Consultants

Banding		
Out of hours Intensity paid yearly		
Band 1	(low intensity)	£3,068
Band 2	(medium intensity)	£6,130
Band 3	(high intensity)	£9,192

Waiting list initiative:

£761

Annex A: Section 5

Salaried GP salary range

Minimum	Maximum
£76,079	£114,801

Annex A: Section 6

Emergency Rota Allowance (CMO/SCMO)

Number of Duties	Rate Per Half Year
4 to 11	£259
12 to 17	£512
18 to 23	£768
24 to 29	£1,021
30 to 35	£1,274
36 to 41	£1,525
42 to 47	£1,779
48 to 53	£2,031
54 to 59	£2,285
60 to 65	£2,539
66 to 71	£2,794
72 or more	£3,045

Annex A: Section 7

Other fees and allowances (not applicable to salaried primary care dentists)

Para[9]/ Sched	Nature of fee	Payable for each:	Rate (£)
32.b/ sch 10 & 11	Radiology and pathology tests (routine screening of employees)	Item of service	£5.11
49	Medical Superintendant of Psychiatric Hospitals Allowance		£7,215.21
88	Staff Fund		£0.00
91.a	Payment for each eligible bed	Year	£919.34
91.a	Payment for provision of a casualty service		£0.00
91.a	Higher rate	Year	£11,319
91.a	Lower rate	Year	£5,661
91.a	12 hrs per day Mon-Fri	Year	£4,048
91.b	Payment for each notional half-day of clinical work per week:	Year	£6,438
91.b	Payment for one hour or less of clinical work per week	Year	£1,716
91.b	Payment for one hour but not more than two hours of clinical work per week (i.e. 2x hourly rate	Year	£3,431
93	Payment for each casualty seen, where the number is less than 200 per annum:	Casualty seen	£37.00
94 & 105	Payment to part-time medical and dental officers: per weekly notional half day	Year	£6,438
94 & 105	Maximum annual payment (i.e. for 9 sessions)	Year	£57,937
94 & 105	Where the number of hours per week is not more than 2 (Payment for 1 hour or less)	Year	£1,716
94 & 105	Payment for more than 1 hour but not more than 2 hours (i.e. twice hourly rate)	Year	£3,431
104	Payment for occasional work in the Blood Transfusion Service	Hour or part of an hour	£34.88
104	Maximum payment per session (i.e. three times hourly rate)	Hour or part of an hour	£104.63
141 & 142/sch 11	DOMICILIARY CONSULTATIONS	Item of service	£0.00
143/Sch 11	Standard Rate	Item of service	£115.37
143/Sch 11	Intermediate Rate	Series of visits	£57.69
143/Sch 11	Maximum fee in connection with anti-coagulant therapy or treatment with cytotoxic drugs	Item of service	£346.13
143/Sch 10	Combined fee for completion of form CVI	Item of service	£175.94
143/Sch 10	For re-examination (provided previous from CVI available	Item of service	£150.32
146	Lower rate		£28.89
155	Exceptional consultation by a consultant		£216.10
157	Exceptional consultation by a general practitioner		£71.34
165/Sch11	Fees for lectures to nurses etc		£0.00
	Consultants	Lecture	£83.70
	Associate Specialists, StR at point 3 or above, HPs and practitioners holding appointments under para 94	Lecture	£66.33
	Other grades	Lecture	£48.74
166/Sch 11	Lecture fee for Postgraduate Medical Education	Lecture	£106.03

Annex A: Section 8

Transport fees and allowances

Mileage Allowance[10]

1. Public transport rate: 24p per mile

2. Regular user rates:
Motor cars with three or four wheels:[11]

Engine Capacity	(cc)	501 to 1000	1001 to 1500	1501 to 2000	Over 2000
Lump Sum	(£)	508	626	760	760
Up to 9,000 miles	(p)	29.7	36.9	44	44
9,001 to 15,000 miles	(p)	17.8	20.1	22.6	22.6
Thereafter	(p)	17.8	20.1	22.6	22.6

3. Standard rates:
Motor cars with three or four wheels:

Engine Capacity	(cc)	501 to 1000	1001 to 1500	1501 to 2000	Over 2000
Up to 3,500 miles	(p)	37.4	47.3	58.3	58.3
Up to 9,000 miles	(p)	23.0	28.2	33.5	41.0
9,001 - 15,000 miles	(p)	17.8	20.1	22.7	25.5
Thereafter	(p)	17.8	20.1	22.6	22.6

4. Other motor vehicles:[12]

Engine Capacity	(cc)	Up to 125	Over 125
Up to 5,000 miles	(p)	17.8	27.8
Over 5,000 miles	(p)	6.7	9.9

5. Passenger allowance: Each passenger: 5p per mile

6. Pedal cycles: for local agreement, subject to a minimum or 10p mile

Crown Cars: Private Use[13]

A. The current rates of:

Road fund licence, e.g.	£155
Insurance for private use (National call-off contract) e.g.	£88
Including cover for private use, e.g.	£128
Handling charge	£95

B. Fixed Annual Charge per 1,000 private miles (for each year of the contract of national contract), determined as follows:

$$\frac{\text{Cost of Contract Hire at maximum quoted mileage} - \text{Cost of Contract Hire at minimum quoted mileage}}{1000}$$

Plus total excess costs for non-base vehicle, where appropriate, Plus VAT on total charge to practitioner (A+B)

(NB: Junior doctors in Locum Appointment for service (LAS) posts are to be paid under the banding system above. Junior doctors in Locum Appointments for Training (LAT) are excluded from this arrangement)

Annex A: Section 9

Locum Tenens appointments

Locum Consultant	**ZC82**	Pay point 2 of the consultant pay scale (£116,600)
Other Locum Consultant - A consultant who has returned and who before retirement was paid at the scale maximum current at the time of retirement	**ZC83**	£ 130,380 This pay point will cease on the 1st November 2024. For those currently on this pay point it will be phased out in accordance with in M&D(W) 10/2024.

	Rate (£): Per Week	**Rate (£)/ PA/ Session / notional half day**
Specialist Doctor – MC70	£1,860.08	£186.01
Speciality Doctor – MC75	£1,145.44	£114.54
Speciality Doctor – MC46	£1,137.40	£113.76
Associate Specialist (2008) – MC41 (CLOSED)	£1,546.84	£154.70
Associate Specialist – MC03 (CLOSED)	£1,334.20	£121.30
P/T Medical/Dental Officer (Paras 94-105) – ME11 (CLOSED)		£118.93
Hospital Practitioner – MD02 (CLOSED)		£136.63
Staff Grade – MH02 (CLOSED)	£1,125.25	£112.54

Foundation House Officer, Dental Core Training and Specialty Registrar

Band	**Working Arrangement**	**Supplement**
LA	Outside Monday to Friday 9 am to 5pm for shift working patterns	1.8x basic hourly rate
LB	Outside Monday to Friday 9 am to 5pm for on-call working patterns	1.5x basic hourly rate
LC	Monday to Friday 9 am to 5pm for all working patterns	1.4x basic hourly rate
LL	Covering a post for one week or more	1.2x total salary (basic salary + banding supplement)

Rates as at 1 April 2024

Hourly Rates (£) : Bands LA, LB, LC

Band	Basic Rate	No Band	LC	LB	LA
FHO1*	£16.94	£17.79	£23.72	£25.41	£30.49
FHO2*	£20.95	£20.95	£29.33	£31.43	£37.71
Dental Core Training	£23.57	£23.57	£33.00	£35.36	£42.43
SpR	£26.99	£26.99	£37.78	£40.48	£48.57
StR (Higher)	£26.99	£26.99	£37.78	£40.48	£48.57
StR (Lower)	£24.55	£24.55	£34.37	£36.83	£44.19

Weekly Rates (£) : Band
LL

Band	Basic Rate	No band	1C	1B	1A	2B	2A	3
	(x1)	-	(x1.2)	(x1.4)	(x1.5)	(x1.5)	(x1.8)	(x2)
FHO1*	£813.20	£853.86	£975.84	£1,138.48	£1,219.80	£1,219.80	£1,463.76	£1,626.40
FHO2*	£1,005.60	£1,005.60	£1,206.72	£1,407.84	£1,508.40	£1,508.40	£1,810.08	£2,011.20
Dental Core Training	£1,131.20	£1,131.20	£1,357.44	£1,583.68	£1,696.80	£1,696.80	£2,036.16	£2,262.40
SpR	£1,295.20	£1,295.20	£1,554.24	£1,813.28	£1,942.80	£1,942.80	£2,331.36	£2,590.40
StR (Higher)	£1,295.20	£1,295.20	£1,554.24	£1,813.28	£1,942.80	£1,942.80	£2,331.36	£2,590.40
StR (Lower)	£1,178.40	£1,178.40	£1,414.08	£1,649.76	£1,767.60	£1,767.60	£2,121.12	£2,356.80

Annex A: Section 10

Family planning fees and miscellaneous

Effective from 1 January 2015

The following fees and allowances do not form part of the Terms and Conditions of Service for Hospital Medical and Dental Staff, and are included in this handbook solely for the convenience of users. For consultants on the 2003 contracts, employers should not apply the principles in Schedule 11 of the Terms and Conditions governing receipt of additional fees.

Family Planning fees	**Operating Fee**	**Anaesthetist's Fee**
i. Fee per case of male sterilisation performed		
a. as a separate procedure	£166.00	£81.94
b. during the course of another procedure	£112.24	£54.28
ii. Fee per case of female sterilisation performed		
a. as a separate procedure	£224.42	£109.65
b. during the course of another procedure	£150.12	£73.02
iii. Fee for the reversal of male sterilisation	£255.26	£127.54
iv. Fee for the reversal of female sterilisation.	£357.00	£178.89
Fee per case for the insertion or removal (on family planning grounds) of an:		
v. intra-uterine contraceptive device		
a. as a separate procedure	£112.24	£81.94
b. during the course of another procedure	£74.24	£54.28
c. where the removal of a mis-placed device involves laparoscopy or laparotomy Examination and report on pathological specimens referred.	£357.00	£178.89
vi. in connection with NHS family planning cases Radiological services provided in connection with NHS family	Case	£30.74
vii. Planning cases	Session	£30.74
viii. Notional half-day special family planning Session	Session	£190.86
3. Miscellaneous		
Junior hospital doctors in "peripheral" hospitals Allowance per	Allowance Per Year	£3,311.34
Fee for college or faculty nominee attending consultant Advisory Appointment Committee	Full day	£178.81
	Half day	£89.41
Consultants acting as second opinions in Stage 3 of the Clinical complaints procedure (Annex B to HC(88)37)	Full day	£273.13
	Half day	£136.61

	Salary Point	Salary
Band A	1	£50,789
	2	£56,435
	3	£64,898
	4	£69,129
	5	£73,362
	6	£76,184
Band B	7a	£79,003
	8	£81,825
	9	£86,057
	10	£88,172
	11	£90,290
	12	£92,406
Band C	13bc	£94,525
	14c	£97,343
	15c	£100,164
	16	£102,987
	17	£105,808
	18	£108,628

a) Salary point 7 is the entry level to Band B but is also the Extended Competency Point at the top of Band A.

b) Salary point 13 is the entry level to Band C but is also the Extended Competency Point at the top of Band B.

c) Salary points 13-15 represents those available to current Assistant Clinical Directors under the new pay spine

d) Maximum salary points for Band C managerial dentist posts are identified by complexity levels as follows:

Standard complexity	maximum pay point 16
Medium complexity	maximum pay point 17
High complexity	maximum pay point 18

e) Service complexity, for band C managerial dentists, is represented as follows within the pay scale: Maximum salary points for band C Managerial Dentist posts are identified by complexity levels which are set locally. Therefore the maximum pay scale point for these staff differs depending on the complexity level of the specific role.

Training supplement

The training supplement for Band A dentists with responsibility for the supervision of a foundation dentist, dental core trainee or undergraduate dental student is £2,534 a year.

Further information regarding payments in respect of vocational training can be found on the following address: http://gov.wales/legislation/subordinate/nonsi/nhswales/2009/3118894/?lang=en

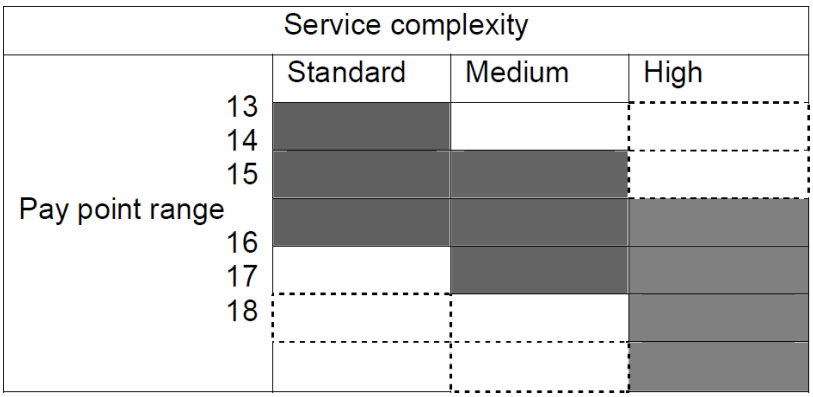
Foundation Dentists (formerly Dental Foundation Trainees (DFTs) and Vocational Dental Practitioner (VDP)) – For Information

This allowance is set through the General Dental Services Statement of Financial Entitlements Directions and the Personal Dental Services Statement of Financial Entitlements Directions, that are issued annually by the Welsh Government. , and is shown here for information only. The current values of the Foundation Dentists payment since 2013/14 in Wales can be found in pay circular M&D(W) 04/2021 and there will be changes arising from the 2024/25 annual uplift will be included in an updated version of this circular once the Statement of Financial Entitlements Directions has been updated for 2023/24 and 2024/25.

Foundation Dentists in the salaried primary dental care services should be employed in accordance with the details set out in schedule 17 of their terms and conditions, available at the NHS Employers website.

Information explaining pay arrangements for Foundation Dentists progressing to Dental Core Training can be found on NHS Employers website at the following address: http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctorsdentists-gp-registrars/dental-trainees-in-hospital-posts

(NB: Indicative training budget £795 per annum)



Annex B: Section 1

Banding supplements and total salaries - full time staff

Grade	Point	No Band (5% FY1 only)		Band 1C (20%)		Band 1B (40%)		Band 1A & 2B (50%)		Band 2A (80%)		Band 3 (100%)	
		Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1 (MN13)	Min	£1,666	£34,973	£6,662	£39,969	£13,323	£46,630	£16,654	£49,961	£26,646	£59,953	£33,307	£66,614
	1	£1,767	£37,091	£7,065	£42,389	£14,130	£49,454	£17,662	£52,986	£28,260	£63,584	£35,324	£70,648
	2	£1,868	£39,211	£7,469	£44,812	£14,938	£52,281	£18,672	£56,015	£29,875	£67,218	£37,343	£74,686
Foundation Doctor Year 2 (Mn15)	Min	N/A	£41,073	£8,215	£49,288	£16,430	£57,503	£20,537	£61,610	£32,859	£73,932	£41,073	£82,146
	1	N/A	£43,694	£8,739	£52,433	£17,478	£61,172	£21,847	£65,541	£34,956	£78,650	£43,694	£87,388
	2	N/A	£46,312	£9,263	£55,575	£18,525	£64,837	£23,156	£69,468	£37,050	£83,362	£46,312	£92,624
Specialty Registrar full (MN37)	Min	N/A	£43,821	£8,765	£52,586	£17,529	£61,350	£21,911	£65,732	£35,057	£78,878	£43,821	£87,642
	1	N/A	£46,438	£9,288	£55,726	£18,576	£65,014	£23,219	£69,657	£37,151	£83,589	£46,438	£92,876
	2	N/A	£50,099	£10,020	£60,119	£20,040	£70,139	£25,050	£75,149	£40,080	£90,179	£50,099	£100,198
	3	N/A	£52,314	£10,463	£62,777	£20,926	£73,240	£26,157	£78,471	£41,852	£94,166	£52,314	£104,628
	4	N/A	£54,979	£10,996	£65,975	£21,992	£76,971	£27,490	£82,469	£43,984	£98,963	£54,979	£109,958
	5	N/A	£57,650	£11,530	£69,180	£23,060	£80,710	£28,825	£86,475	£46,120	£103,770	£57,650	£115,300
	6	N/A	£60,319	£12,064	£72,383	£24,128	£84,447	£30,160	£90,479	£48,256	£108,575	£60,319	£120,638
	7	N/A	£62,989	£12,598	£75,587	£25,196	£88,185	£31,495	£94,484	£50,392	£113,381	£62,989	£125,978
	8	N/A	£65,657	£13,132	£78,789	£26,263	£91,920	£32,829	£98,486	£52,526	£118,183	£65,657	£131,314
	9	N/A	£68,330	£13,666	£81,996	£27,332	£95,662	£34,165	£102,495	£54,664	£122,994	£68,330	£136,660
Dental Core Training (MN21)	Min	N/A	£41,269	£8,254	£49,523	£16,508	£57,777	£20,635	£61,904	£33,016	£74,285	£41,269	£82,538
	1	N/A	£43,904	£8,781	£52,685	£17,562	£61,466	£21,952	£65,856	£35,124	£79,028	£43,904	£87,808
	2	N/A	£46,536	£9,308	£55,844	£18,615	£65,151	£23,268	£69,804	£37,229	£83,765	£46,536	£93,072
	3	N/A	£49,170	£9,834	£59,004	£19,668	£68,838	£24,585	£73,755	£39,336	£88,506	£49,170	£98,340
	4	N/A	£51,802	£10,361	£62,163	£20,721	£72,523	£25,901	£77,703	£41,442	£93,244	£51,802	£103,604
	5	N/A	£54,436	£10,888	£65,324	£21,775	£76,211	£27,218	£81,654	£43,549	£97,985	£54,436	£108,872
	6	N/A	£57,069	£11,414	£68,483	£22,828	£79,897	£28,535	£85,604	£45,656	£102,725	£57,069	£114,138

Annex B: Section 2a:

Basic pay for Less than Full Time (LTFT) trainees

Guidance on the pay system for Less than Full Time (LTFT) trainees can be found at: http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-termsand- conditions/junior-doctors-dentists-gp-registrars/less-than-full-time-training

Grade	F Number	Min	1	2	3	4	5	6	7	8	9
Foundation Doctor Year 1 (MT57)	F5	£16,654	£17,662	£18,672	-	-	-	-	-	-	-
	F6	£19,985	£21,195	£22,406	-	-	-	-	-	-	-
	F7	£23,315	£24,727	£26,141	-	-	-	-	-	-	-
	F8	£26,646	£28,260	£29,875	-	-	-	-	-	-	-
	F9	£29,977	£31,792	£33,609	-	-	-	-	-	-	-
Foundation Doctor Year 2 (MT58)	F5	£20,537	£21,847	£23,156	-	-	-	-	-	-	-
	F6	£24,644	£26,217	£27,788	-	-	-	-	-	-	-
	F7	£28,752	£30,586	£32,419	-	-	-	-	-	-	-
	F8	£32,859	£34,956	£37,050	-	-	-	-	-	-	-
	F9	£36,966	£39,325	£41,681	-	-	-	-	-	-	-
Specialty Registrar full (MT59)	F5	£21,911	£23,219	£25,050	£26,157	£27,490	£28,825	£30,160	£31,495*	£32,829*	£34,165
	F6	£26,293	£27,863	£30,060	£31,389	£32,988	£34,590	£36,192	£37,794*	£39,395*	£40,998*
	F7	£30,675	£32,507	£35,070	£36,620	£38,486	£40,355	£42,224	£44,093*	£45,960*	£47,831*
	F8	£35,057	£37,151	£40,080	£41,852	£43,984	£46,120	£48,256	£50,392*	£52,526*	£54,664*
	F9	£39,439	£41,795	£45,090	£47,083	£49,482	£51,885	£54,288	£56,691*	£59,092*	£61,497*
Specialty Registrar Core Training and Fixed Term (MT60)	F5	£21,911	£23,219	£25,050	£26,157	£27,490	£28,825	-	-	-	-
	F6	£26,293	£27,863	£30,060	£31,389	£32,988	£34,590	-	-	-	-
	F7	£30,675	£32,507	£35,070	£36,620	£38,486	£40,355	-	-	-	-
	F8	£35,057	£37,151	£40,080	£41,852	£43,984	£46,120	-	-	-	-
	F9	£39,439	£41,795	£45,090	£47,083	£49,482	£51,885	-	-	-	-
Dental Core Training (MT53)	F5	£20,635	£21,952	£23,268	£24,585	£25,901	£27,218*	£28,535*	-	-	-
	F6	£24,762	£26,343	£27,922	£29,502	£31,082	£32,662*	£34,242*	-	-	-
	F7	£28,889	£30,733	£32,576	£34,419	£36,262	£38,106*	£39,949*	-	-	-
	F8	£33,016	£35,124	£37,229	£39,336	£41,442	£43,549*	£45,656*	-	-	-
	F9	£37,143	£39,514	£41,883	£44,253	£46,622	£48,993*	£51,363*	-	-	-

***To be awarded automatically except in cases of unsatisfactory performance, see AL(MD)7/98.**

Annex B: Section 2b:

Banding supplements and total salaries for Less than Full Time (LTFT) trainees

(5% supplement) Foundation Doctor Year 1 only											
		F5		F6		F7		F8		F9	
Grade	Point	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£833	£17,487	£1,000	£20,984	£1,166	£24,481	£1,333	£27,978	£1,499	£31,476
	1	£884	£18,546	£1,060	£22,255	£1,237	£25,964	£1,413	£29,673	£1,590	£33,382
	2	£934	£19,606	£1,121	£23,527	£1,308	£27,448	£1,494	£31,369	£1,681	£35,290

FC (20% supplement)											
		F5		F6		F7		F8		F9	
Grade	Point	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£3,331	£19,985	£3,997	£23,982	£4,663	£27,978	£5,330	£31,975	£5,996	£35,972
	1	£3,533	£21,195	£4,239	£25,434	£4,946	£29,673	£5,652	£33,912	£6,359	£38,150
	2	£3,735	£22,406	£4,482	£26,887	£5,229	£31,369	£5,975	£35,850	£6,722	£40,331
Foundation Doctor Year 2	Min	£4,108	£24,644	£4,929	£29,573	£5,751	£34,502	£6,572	£39,431	£7,394	£44,359
	1	£4,370	£26,217	£5,244	£31,460	£6,118	£36,703	£6,992	£41,947	£7,865	£47,190
	2	£4,632	£27,788	£5,558	£33,345	£6,484	£38,903	£7,410	£44,460	£8,337	£50,017
Specialty Registrar	Min	£4,383	£26,293	£5,259	£31,552	£6,135	£36,810	£7,012	£42,069	£7,888	£47,327
	1	£4,644	£27,863	£5,573	£33,436	£6,502	£39,008	£7,431	£44,581	£8,359	£50,154
	2	£5,010	£30,060	£6,012	£36,072	£7,014	£42,084	£8,016	£48,096	£9,018	£54,107
	3	£5,232	£31,389	£6,278	£37,667	£7,324	£43,944	£8,371	£50,222	£9,417	£56,500
	4	£5,498	£32,988	£6,598	£39,585	£7,698	£46,183	£8,797	£52,780	£9,897	£59,378
	5	£5,765	£34,590	£6,918	£41,508	£8,071	£48,426	£9,224	£55,344	£10,377	£62,262
	6	£6,032	£36,192	£7,239	£43,430	£8,445	£50,668	£9,652	£57,907	£10,858	£65,145
	7	£6,299	£37,794	£7,559	£45,353	£8,819	£52,911	£10,079	£60,470	£11,339	£68,029
	8	£6,566	£39,395	£7,879	£47,274	£9,192	£55,152	£10,506	£63,031	£11,819	£70,910
	9	£6,833	£40,998	£8,200	£49,198	£9,567	£57,398	£10,933	£65,597	£12,300	£73,797
Dental Core Training	Min	£4,127	£24,762	£4,953	£29,714	£5,778	£34,666	£6,604	£39,619	£7,429	£44,571
	1	£4,391	£26,343	£5,269	£31,611	£6,147	£36,880	£7,025	£42,148	£7,903	£47,417
	2	£4,654	£27,922	£5,585	£33,506	£6,516	£39,091	£7,446	£44,675	£8,377	£50,259
	3	£4,917	£29,502	£5,901	£35,403	£6,884	£41,303	£7,868	£47,204	£8,851	£53,104
	4	£5,181	£31,082	£6,217	£37,298	£7,253	£43,514	£8,289	£49,730	£9,325	£55,947
	5	£5,444	£32,662	£6,533	£39,194	£7,622	£45,727	£8,710	£52,259	£9,799	£58,791
	6	£5,707	£34,242	£6,849	£41,090	£7,990	£47,938	£9,132	£54,787	£10,273	£61,635

FB (40% supplement)											
		F5		F6		F7		F8		F9	
Grade	Point	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£6,662	£23,315	£7,994	£27,978	£9,326	£32,641	£10,659	£37,304	£11,991	£41,967
	1	£7,065	£24,727	£8,478	£29,673	£9,891	£34,618	£11,304	£39,563	£12,717	£44,509
	2	£7,469	£26,141	£8,963	£31,369	£10,457	£36,597	£11,950	£41,825	£13,444	£47,053
Foundation Doctor Year 2	Min	£8,215	£28,752	£9,858	£34,502	£11,501	£40,252	£13,144	£46,002	£14,787	£51,752
	1	£8,739	£30,586	£10,487	£36,703	£12,235	£42,821	£13,983	£48,938	£15,730	£55,055
	2	£9,263	£32,419	£11,115	£38,903	£12,968	£45,386	£14,820	£51,870	£16,673	£58,354
Specialty Registrar	Min	£8,765	£30,675	£10,518	£36,810	£12,270	£42,945	£14,023	£49,080	£15,776	£55,215
	1	£9,288	£32,507	£11,146	£39,008	£13,003	£45,510	£14,861	£52,011	£16,718	£58,512
	2	£10,020	£35,070	£12,024	£42,084	£14,028	£49,098	£16,032	£56,111	£18,036	£63,125
	3	£10,463	£36,620	£12,556	£43,944	£14,648	£51,268	£16,741	£58,592	£18,834	£65,916
	4	£10,996	£38,486	£13,195	£46,183	£15,395	£53,880	£17,594	£61,577	£19,793	£69,274
	5	£11,530	£40,355	£13,836	£48,426	£16,142	£56,497	£18,448	£64,568	£20,754	£72,639
	6	£12,064	£42,224	£14,477	£50,668	£16,890	£59,113	£19,303	£67,558	£21,715	£76,002
	7	£12,598	£44,093	£15,118	£52,911	£17,637	£61,730	£20,157	£70,548	£22,677	£79,367
	8	£13,132	£45,960	£15,758	£55,152	£18,384	£64,344	£21,011	£73,536	£23,637	£82,728
	9	£13,666	£47,831	£16,400	£57,398	£19,133	£66,964	£21,866	£76,530	£24,599	£86,096
Dental Core Training	Min	£8,254	£28,889	£9,905	£34,666	£11,556	£40,444	£13,207	£46,222	£14,857	£51,999
	1	£8,781	£30,733	£10,537	£36,880	£12,294	£43,026	£14,050	£49,173	£15,806	£55,320
	2	£9,308	£32,576	£11,169	£39,091	£13,031	£45,606	£14,892	£52,121	£16,753	£58,636
	3	£9,834	£34,419	£11,801	£41,303	£13,768	£48,187	£15,735	£55,071	£17,702	£61,955
	4	£10,361	£36,262	£12,433	£43,514	£14,505	£50,766	£16,577	£58,019	£18,649	£65,271
	5	£10,888	£38,106	£13,065	£45,727	£15,243	£53,348	£17,420	£60,969	£19,597	£68,590
	6	£11,414	£39,949	£13,697	£47,938	£15,980	£55,928	£18,263	£63,918	£20,545	£71,907

FA (50% supplement)											
		F5		F6		F7		F8		F9	
Grade	Point	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary	Banding	Total Salary
Foundation Doctor Year 1	Min	£8,327	£24,981	£9,993	£29,977	£11,658	£34,973	£13,323	£39,969	£14,989	£44,965
	1	£8,831	£26,493	£10,598	£31,792	£12,364	£37,091	£14,130	£42,389	£15,896	£47,688
	2	£9,336	£28,008	£11,203	£33,609	£13,071	£39,211	£14,938	£44,812	£16,805	£50,414
Foundation Doctor Year 2	Min	£10,269	£30,805	£12,322	£36,966	£14,376	£43,127	£16,430	£49,288	£18,483	£55,449
	1	£10,924	£32,771	£13,109	£39,325	£15,293	£45,879	£17,478	£52,433	£19,663	£58,987
	2	£11,578	£34,734	£13,894	£41,681	£16,210	£48,628	£18,525	£55,575	£20,841	£62,522
Specialty Registrar	Min	£10,956	£32,866	£13,147	£39,439	£15,338	£46,013	£17,529	£52,586	£19,720	£59,159
	1	£11,610	£34,829	£13,932	£41,795	£16,254	£48,760	£18,576	£55,726	£20,898	£62,692
	2	£12,525	£37,575	£15,030	£45,090	£17,535	£52,604	£20,040	£60,119	£22,545	£67,634
	3	£13,079	£39,236	£15,695	£47,083	£18,310	£54,930	£20,926	£62,777	£23,542	£70,624
	4	£13,745	£41,235	£16,494	£49,482	£19,243	£57,728	£21,992	£65,975	£24,741	£74,222
	5	£14,413	£43,238	£17,295	£51,885	£20,178	£60,533	£23,060	£69,180	£25,943	£77,828
	6	£15,080	£45,240	£18,096	£54,288	£21,112	£63,335	£24,128	£72,383	£27,144	£81,431
	7	£15,748	£47,242	£18,897	£56,691	£22,047	£66,139	£25,196	£75,587	£28,346	£85,036
	8	£16,415	£49,243	£19,698	£59,092	£22,980	£68,940	£26,263	£78,789	£29,546	£88,637
	9	£17,083	£51,248	£20,499	£61,497	£23,916	£71,747	£27,332	£81,996	£30,749	£92,246
Dental Core Training	Min	£10,318	£30,952	£12,381	£37,143	£14,445	£43,333	£16,508	£49,523	£18,572	£55,714
	1	£10,976	£32,928	£13,172	£39,514	£15,367	£46,100	£17,562	£52,685	£19,757	£59,271
	2	£11,634	£34,902	£13,961	£41,883	£16,288	£48,863	£18,615	£55,844	£20,942	£62,824
	3	£12,293	£36,878	£14,751	£44,253	£17,210	£51,629	£19,668	£59,004	£22,127	£66,380
	4	£12,951	£38,852	£15,541	£46,622	£18,131	£54,393	£20,721	£62,163	£23,311	£69,933
	5	£13,609	£40,827	£16,331	£48,993	£19,053	£57,158	£21,775	£65,324	£24,497	£73,489
	6	£14,268	£42,802	£17,121	£51,363	£19,975	£59,923	£22,828	£68,483	£25,682	£77,044

Explanatory notes

1. These are closed pay scales. The information is included for practitioners who were placed on these scales prior to them being closed. No further practitioners should be placed on these pay scales.

2. Discretionary point – guidance on the application of discretionary points for associate specialists is contained in AL(MD) 7/95.

3. This pay scale refers to staff grade practitioners employed under the Terms and Conditions outlined in AL(MD) 4/97.

4. Optional point – guidance on the application of optional points for staff grades is contained in AL(MD)4/97.

5. To be awarded automatically except in cases of unsatisfactory performance. Guidance is contained in AL(MD)7/98.

6. This scale should only be used for positions designated as Fixed Term Speciality Training Appointments (FTSTA).

7. This grade has been renamed Dental Core Training. It was previously “Dental Trainees in Hospital Posts (DTHP)” and before that the SHO grade. Doctors should not have been placed on this scale since 2007.

8. Clinical excellence awards information can be found at: https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards

9. Information on clinical impact awards can be found at https://www.gov.uk/government/organisations/advisory-committee-on-clinical-impact-awards

10. Paragraph references taken from Terms and Conditions of Service of Hospital Medical and Dental Staff and doctors in Public Health Medicine and the Community Health Service in England and Wales (as amended).

11. A practitioner using a four-wheeled car under 501cc shall be paid at rates for cars of 501 to 1,000cc engine capacity.

12. Includes motor cycles and combinations, motor scooters, mopeds and motor-assisted bicycles.

13. Where the cost to the employing authority of hiring the car includes Road Fund Licence and/or Insurance, these items should be extracted and the net cost used in calculating the charge per 1,000 miles.

14. Crown Cars, while used solely on NHS business, do not require to be taxed or insured for the purposes of the Road Traffic Act 1972; any private mileage requires that the vehicle has been taxed and insured.

15. Weekly locum rates are calculated by working out the appropriate point on the scale (see Schedule 22) dividing the yearly salary amount by 365 and multiplying the daily figure by 7 to calculate the rate per Programmed Activity divide the weekly rate by 10.

16. The basic weekly rate shown for Band LL is calculated as: (hourly rate x 40 x 1.2). The banding multiplier, where applicable, is then applied by this figure.

17. The tables in Annex B have been inserted for clarification purposes.

Professor Pushpinder Mangat
Y Dirprwy Brif Swyddog Meddygol – Gwasanaethau Iechyd
Deputy Chief Medical Officer – Health Services

Llywodraeth Cymru
Welsh Government

9 September 2024

To:

Dear colleagues

Coming into force of death certification reforms on 9 September

Further to my recent letters on various aspects of the death certification reform, I'm pleased to inform you that from today the reforms are to be fully implemented and the role of medical examiners becomes statutory.

Baroness Merron, the lead UK Minister has today issued a Written statement as has our Cabinet Secretary for Health and Social Care in Wales in recognition of this long-awaited development.

Guidance has been formally issued by UK Government departments to all partners in the death certification processes today to include to medical practitioners, register offices, coroners and the funeral sector.

The Department of Health and Social Care (DHSC) have updated their Death Certification Reform webpage and published Guidance for medical practitioners completing medical certificates of cause of death in England and Wales - GOV.UK (www.gov.uk)

It is planned that other government department's guidance will be signposted from the Death Certification Reform webpage over the coming days.

DHSC have also arranged for the webpage What to do when someone dies: step by step - GOV.UK (www.gov.uk) to be updated to include information to the public particularly on the role of medical examiners.

The National Medical Examiner for England and Wales has published his Annual Report for 2023 and his guidance to medical examiners.

The Royal College of Pathologists have published one-page summary of the new death certification process changes .

Relevant healthcare providers should by now have received a supply of the new paper Medical Certificate of Cause of Death (MCCD) booklets for use from 9 September 2024.

Thank you to those who responded to my request of 1 August in relation to engagement with user testing of the digital MCCD product with NHS Business Service Authority (NHSBSA). Your support is appreciated but NHSBSA have

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Ebost/Email:PSChiefMedicalOfficer@gov.wales

paused this work for a brief period to allow a focus on implementation of the new death certification arrangements. NHSBSA will be in touch in the future to reengage you in this important work.

Today, I am issuing Directions to Velindre University NHS Trust to confirm that they are the NHS body who will appoint medical examiners in Wales and to make clear that other NHS bodies in Wales should not appoint medical examiners.

I would like to extend my thanks to you all for your contribution to these reforms.

Yn gywir/Yours sincerely

PROFESSOR PUSHPINDER SINGH MANGAT
DEPUTY CHIEF MEDICAL OFFICER - HEALTH SERVICES
Y DIRPRWY BRIF SWYDDOG MEDDYGOL - GWASANAETHAU IECHYD

			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Old Consultant Contract		Maximum point of Consultant scale, no commitment awards (uplifted for 24/25 rates)	126,224	126,224	126,224	126,224	126,224	126,224	126,224	126,224	126,224	126,224
Option 1	Start at point 4 recognising need for 5 years senior medical experience to be a ME, plus up to 2 years previous ME experience recognised	Start at point 4 (5 years experience to qualify as ME)	130,380	130,380	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800
		Start at point 5 (5 years experience to qualify as ME plus 1 year ME experience)	130,380	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800	137,800
		Start at point 6 (5 years experience to qualify as ME plus 2 years ME experience)	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800	137,800	137,800
Option 2	Start at maximum of £130,380 plus up to 9 years Consultant experience recognised	Consultant - start at maximum of £130,380 (5 years experience)	130,380	130,380	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800
		Consultant - start at maximum of £130,380 (6 years experience)	130,380	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800	137,800
		Consultant - start at maximum of £130,380 (7 years experience)	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800	137,800	137,800
		Consultant - start at maximum of £130,380 (8 years experience)	130,380	130,380	137,800	137,800	137,800	137,800	137,800	137,800	137,800	146,280
		Consultant - start at maximum of £130,380 (taking into account previous experience up to maximum of 9 years)	130,380	137,800	137,800	137,800	137,800	137,800	137,800	137,800	146,280	146,280
		Non-consultants - start at nearest increment point of Consultant scale to curent salary	106,000	111,300	116,600	121,900	130,380	130,380	130,380	130,380	130,380	137,800
Option 3	No maximum starting salary - align with prior Consultant experience	No maximum starting salary appoint on basis of consultant experience (new consultant)	106,000	111,300	116,600	121,900	130,380	130,380	130,380	130,380	130,380	137,800
		No maximum starting salary appoint on basis of consultant experience (5 years experience)	130,380	130,380	130,380	130,380	130,380	137,800	137,800	137,800	137,800	137,800
		No maximum starting salary appoint on basis of consultant experience (10 years experience)	137,800	137,800	137,800	137,800	137,800	137,800	137,800	146,280	146,280	146,280
		No maximum starting salary appoint on basis of consultant experience (17 years experience)	146,280	146,280	146,280	146,280	146,280	146,280	146,280	154,760	154,760	154,760
		No maximum starting salary appoint on basis of consultant experience (24 years experience)	154,760	154,760	154,760	154,760	154,760	154,760	154,760	154,760	154,760	154,760
Option 4	Locally agreed ME pay scale	Locally agreed pay scale reflective of ME role	105,000	110,000	115,000	122,000	130,000	130,000	130,000	130,000	130,000	130,000

	INDICATIVE EXAMPLE OF RANGE OF BASIC SALARY COSTS FOR 13.4 WTE ME's ASSUMING NO TURNOVER			
	Year 1		Year 5	
	Min	Max	Min	Max
Option 1	1,747,092	1,747,092	1,747,092	1,846,520
Option 2	1,420,400	1,747,092	1,747,092	1,846,520
Option 3	1,420,400	2,073,784	1,747,092	2,073,784
Option 4	1,407,000	1,407,000	1,742,000	1,742,000

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **3 February 2025**

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

Teitl yr Adroddiad/Title of Report:	
NWSSP Customer Charter Review	
Arwwinydd/ Lead:	Kimberley Eley – NWSSP Service Improvement Officer
Awdur/ Author:	Tim Knight – Assistant Head of Service Improvement
Swyddog Adrodd/ Reporting Officer:	Rebecca Nelson – Director of Planning Performance & Informatics

Pwrpas yr Adroddiad/Purpose of the Report:

To present, and seek **APPROVAL** for a revised and updated version of the NWSSP Customer Charter.

Llywodraethu/Governance:

Amcanion/ Objectives:	To have a refreshed version of the Customer Charter that can be used as an internal training aid and reminder whilst externally demonstrating our commitment to the delivery of excellent customer service.
Tystiolaeth/ Supporting evidence:	The Customer Charter has been amended following feedback taken from the SSPC Development Day in October 2024 and then approved at NWSSP SLG on the 23 January 2025.

Ymgynghoriad/Consultation:

Presented to SSPC during Autumn Development Day and feedback considered before Customer Charter being updated.

Presented to the NWSSP Senior Leadership Group and feedback considered before the Customer Charter being updated.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	For SSPC to **DISCUSS** and **APPROVE** the amended Customer Charter.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact
Cyfreithiol/Legal:	No direct impact
Iechyd Poblogaeth/ Population Health:	No direct impact

Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	No direct impact
Ariannol/Financial:	No direct impact
Risg a Aswiriant/ Risk and Assurance:	No direct impact
Dyletswydd Ansawdd/Duty of Quality:	Positive impact
Gweithlu/ Workforce:	Positive impact
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP Customer Charter Review

1. INTRODUCTION

Following feedback from the Customer Service Excellence accreditation, the NWSSP Service Improvement team took an action to refresh the NWSSP Customer Charter. The original Customer Charter was presented to the Shared Services Partnership Committee (SSPC) in October 2024, when the Committee were asked to consider the existing Customer Charter and then provide feedback and suggestions for improvement.

2. MAIN BODY

The NWSSP Service Improvement Team have taken this feedback away and refreshed the Customer Charter (Appendix 1), making some subtle changes to the wording of the original Customer Charter (Appendix 2) and also including our NWSSP Values (Listening & Learning, Taking Responsibility, Working Together, Innovating). Additional Changes were made to the formatting and layout.

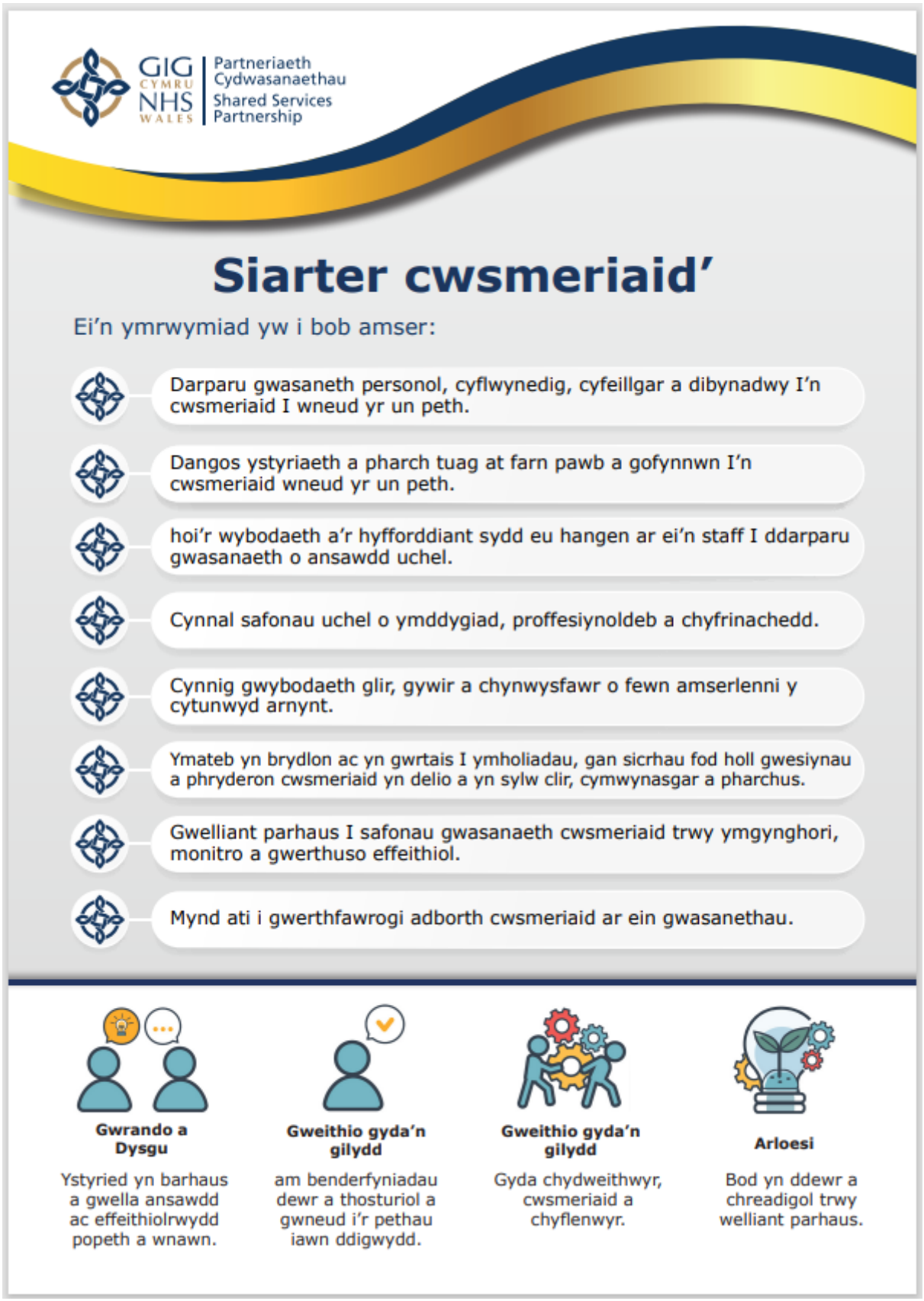
This refreshed Customer Charter has subsequently been approved by the NWSSP Senior Leadership Group, on the 23 January 2025, and the NWSSP Service Improvement team now present the Improved Customer Charter (Appendix 1) to the SSPC for you to discuss and approve.

3. RECOMMENDATION

SSPC are asked to:

- **Discuss** the formatting, layout and content of the new and refreshed Customer Charter (Appendix 1)
- **Approve** the new and refreshed Customer Charter.

Appendix 1 – New and Refreshed NWSSP Customer Charter (2025)



***Translation to be ratified**

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Customer Charter

Our commitment is to always:

- Deliver personalised, dedicated, friendly, and reliable service to our customers.
- Show consideration and respect for each other's opinions and we ask our customers to do the same.
- Provide our staff with the knowledge and training needed to deliver high-quality service.
- Uphold high standards of conduct, professionalism, and confidentiality.
- Offer clear, accurate, and comprehensive information within agreed timescales.
- Respond promptly and courteously to enquiries, ensuring all customer questions and concerns are addressed clearly, helpfully, and respectfully.
- Continually improve, developing our customer service standards through effective consultation, monitoring, and evaluation.
- Actively seek and value customer feedback on our services.

Listening and Learning

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

Taking Responsibility

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

Working Together

Inclusively with colleagues, customers, and suppliers.

Innovating

To be courageous and creative through continuous improvement.

Appendix 2 – Existing NWSSP Customer Charter (2012)

NWSSP Finance Report January 2025

Reporting on the period to 31st December 2024

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 August 2024.

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

2024/25 Financial Position to 31st December 2024

Revenue

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD Variance £000
Income	-793,133	-583,516	-582,424	1,092
Pay	413,252	312,931	308,128	-4,802
Non-Pay	239,968	184,416	184,604	188
WRP – DEL	139,913	86,169	86,169	0
Year to date underspend	0	0	3,522	3,522
	0	**0**	**0**	**0**

NWSSP reported a year-to-date surplus of **£3.522m** at Month 9. This was reported as a surplus of **£2.832m** within our core operational budgets, due to ongoing turnover and delays with recruitment to vacancies, and **£0.690m** against our recurrent covid allocation due to the seasonal variations in workload and vacancies. **We do not anticipate the full year forecast will significantly increase above the position reported in Month 9 due to appointment to vacancies in Q4 and additional planned expenditure to accelerate benefits and efficiencies.**

At Month 9 we are forecasting a full year underspend against the Covid allocation of **£0.542m** with additional costs profiled from Months 10-12. This forecast is prior to consideration of any consequences from revised PPE stock holding volumes that we await confirmation of and excludes any movements on provisions for expiry of PPE. We continue to meet with Welsh Government colleagues to progress discussions on PPE stocks which we urgently need a decision on. WG have confirmed that they will recover the forecast in year underspend against the covid allocation.

We continue to await an update on recurrent pay award funding from WG. The WG pay model shared identifies a current shortfall in recurrent funding of **£0.724m** against our calculated budget requirements – evidence of the value of actual arrears payments made has been submitted to Welsh Government to prove the funding model is not providing sufficient funding and is inconsistent with previous years and we await an update from WG. Any under-funding will impact our position both in year and recurrently.

We are continuing to support increased activity levels above pre-covid volumes that we are funded for in our Accounts Payable and Recruitment teams – additional costs of **£0.214m** have been incurred to date and have been funded from non-recurrent in year savings within NWSSP.

We are utilising savings achieved to date to confirm an interim **£2.000m** 2024/25 distribution to NHS Wales and Welsh Government. The apportionment of this is detailed in the table below. Any further increase to this distribution is dependent upon confirmation of pay award funding.

Health Board /Trust	%	2024/25 INTERIM DISTRIBUTION
Aneurin Bevan	9.85	197,000
Swansea Bay	8.80	176,000
Betsi Cadwaladr	11.98	239,600
Cardiff and Vale	10.49	209,800
Cwm Taf Morgannwg	10.60	212,000
Hywel Dda	7.77	155,400
Powys	1.95	39,000
Velindre	1.17	23,300
Welsh Ambulance	1.28	25,600
Public Health Wales	0.87	17,400
Welsh Government	35.25	704,900
Total	**100.00**	**2,000,000**

Capital

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Corporate	211	80	-131
Primary Care Services	331	181	-150
Procurement	12	15	3
Laundry Services	22	0	-22
Unallocated	24	-6	-30
Discretionary Capital Total	**600**	**270**	**-330**
IP5 discretionary	250	9	-241
Laundry Services	1,100	119	-981
Radiopharmacy	2,062	527	-1,535
IP5 PV	290	252	-38
Procurement	165	0	-165
Primary Care Services	93	0	-93
TMU	22	11	-11
Digital	400	0	-400
PV Matrix House	218	0	-218
TRAMS	0	-91	-91
Unallocated	2	0	-2
Additional Capital Total	**4,602**	**827**	**-3,775**
IFRS16 – Du Pont Records Storage	2,580	2,578	-2
IFRS16 Tranche 1 - Unit E1 Westpoint Industrial Estate	22	22	0
IFRS16 Tranche 1 - Toyota Forklift	6	6	0
IFRS16 Capital	**2,608**	**2,606**	**-2**
TOTAL CAPITAL ALLOCATION	**7,810**	**3,703**	**-4,107**

At the end of December, we had incurred **£3.703m** capital expenditure against our **£7.810m** Capital Expenditure Limit (CEL).

This now includes additional funding that was approved in December (£0.400m for IT Refresh requirements and £0.218m for PV panels at Matrix House).

On 6th January we made a further bid for year-end capital slippage monies totalling **£2.075m** and have received confirmation of award of funding of **£1.348m** as detailed below. We are working with Services to ensure the funding can be fully utilised within the financial year and review progress at our Capital Prioritisation Group meetings.

Service	Scheme	Funding Required £m	Funding approved £m
Procurement/HCS	Vehicle Replacement 24/25 -	1.727	1.000
Procurement/HCS	Bridgend Stores - replacement of mezzanine floor with racking - improve health & safety of picking over 2 floors	0.150	0.150
Procurement/HCS	Replacement Vestuble at Denbigh Stores - Denbigh Main Entrance - Damaged in Storm Darragh	0.018	0.018
Laundry	Laundry decarbonisation agenda - Production Dashboard for 3 ironing lines, CBW water/gas pulse meters/meters on diesel lines to boiler burners	0.086	0.086
Corporate	IP5 PV storage battery	0.058	0.058
Procurement/HCS	Bridgend Stores - Health & Safety related works	0.036	0.036
		2.075	**1.348**

Welsh Risk Pool

DEL FORECAST 2024/25	£000s
Actual spend to December 2024	86,169
Settled cases – awaiting payment	5,707
Joint Settlement/Round Table Meeting/Offer	33,786
Periodical Payment Orders to March 2025	-277
Sub Total	**125,385**
Future Estimated Settlements	14,361
Mth 9 DEL forecast	**139,746**
IMTP DEL Forecast 2024/25	**139,913**

DEL expenditure to Month 9 is **£86.169m**.

The DEL forecast included in our IMTP was **£139.913m** which requires **£30.478m** to be funded under the Risk Share Agreement. WG have now actioned allocation adjustments for the risk share values in December.

A review of the forecast in early January identifies **£139.746m** anticipated DEL expenditure which remains in line with our original forecast. We continue to keep Welsh Government updated on the forecast and any movements will be managed between NWSSP and WG now that the risk share has been locked.

The Personal Injury Discount Rate (PIDR) changed on 11th January 2025 from -0.25% to +0.5%. We have undertaken a review of high value impacted cases and have concluded that this will have minimal effect of this year's forecast outturn.

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

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

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

2025/26 Forecast Updates

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Energy

During Quarter 3 we have worked with the energy suppliers on the CCS framework and NHS Wales colleagues within the Wales Energy Operational Group to generate forecasts of energy expenditure for 2025/26. Validations of meters and volumes have been undertaken, and initial forecasts were issued in December 2024 to support the IMTP planning process.

Due to savings, primarily linked to reducing commodity costs achieved from the prices locked into our purchasing basket by CCS, we are forecasting 2025/26 energy costs will be **£10.208m** less than the 2024/25 costs.

We will revisit the forecast in March when we have the 2025/26 billable rates and the final basket prices can be confirmed once the energy purchasing is completed for the year ahead. These will be shared with Organisations once validated.

	2024/25			2025/26			CHANGE		
	GAS	POWER	TOTAL	GAS	POWER	TOTAL	GAS	POWER	TOTAL
Aneurin Bevan	7,056,673	10,247,723	**17,304,395**	5,987,945	9,083,805	**15,071,750**	-1,068,728	-1,163,917	**-2,232,645**
Betsi Cadwaladr	7,797,305	12,016,397	**19,813,701**	7,141,250	10,952,108	**18,093,358**	-656,054	-1,064,289	**-1,720,343**
Cardiff and Vale	8,027,312	7,951,036	**15,978,349**	7,447,003	7,459,419	**14,906,422**	-580,310	-491,617	**-1,071,927**
Cwm Taf Morgannwg	5,785,687	8,734,675	**14,520,362**	5,609,643	8,083,041	**13,692,685**	-176,044	-651,633	**-827,677**
Digital Health and Care Wales	5,080	141,385	**146,465**	6,075	137,403	**143,478**	995	-3,982	**-2,987**
Health Education and Improvement Wales	31,688	95,791	**127,479**	23,983	87,768	**111,751**	-7,704	-8,023	**-15,728**
Hywel Dda	3,153,453	5,826,520	**8,979,973**	2,693,975	5,358,297	**8,052,272**	-459,478	-468,223	**-927,701**
NHSWales Shared Services Partnership	29,422	407,294	**436,716**	24,632	362,259	**386,891**	-4,791	-45,034	**-49,825**
Powys	912,347	1,095,624	**2,007,972**	820,939	1,068,979	**1,889,918**	-91,408	-26,645	**-118,053**
Public Health Wales	36,329	360,959	**397,287**	32,253	206,784	**239,037**	-4,076	-154,175	**-158,250**
Swansea Bay	4,556,028	10,024,345	**14,580,373**	3,661,276	8,127,823	**11,789,099**	-894,752	-1,896,522	**-2,791,274**
Velindre	354,419	1,390,900	**1,745,320**	262,935	1,252,985	**1,515,920**	-91,484	-137,916	**-229,400**
Welsh Ambulance Service	230,650	782,591	**1,013,241**	200,210	751,187	**951,396**	-30,440	-31,405	**-61,845**
TOTAL	**37,976,393**	**59,075,240**	**97,051,633**	**33,912,119**	**52,931,858**	**86,843,978**	**-4,064,274**	**-6,143,382**	**-10,207,656**

Contact details

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4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

website: nwssp.nhs.wales

PEOPLE & OD WORKFORCE SUMMARY

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	31st December 2024
REPORT AUTHOR	Sarah Evans, Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
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 December 2024. 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.	

Full Dashboard

Please note: The usual reporting data from the People and OD team is currently unavailable due to vacancies in the Analytics Team. This report showcases the same information in a slightly different format.

Staff Group	Headcount
Add Prof Scientific and Technic	43
Additional Clinical Services	113
Administrative and Clerical	1,727
Allied Health Professionals	2
Estates and Ancillary	634
Medical and Dental	3,567
Nursing and Midwifery Registered	4
Grand Total	**6,090**

Headcount

The December employee headcount (**6090.86)** has decreased from the October position (6,126)

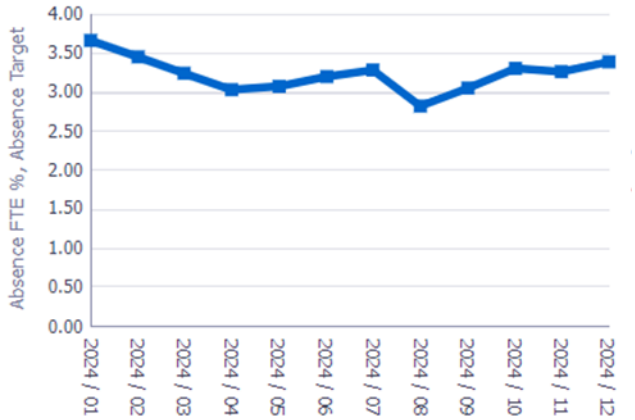
December headcount is higher than for the same period last year (5,738). This increase is largely due to an increase in headcount of the Single Lead Employer trainees

Divison	Headcount	FTE
Accounts Payable Division	150	145.84
Audit & Assurance Division	53	50.69
Corporate Division	29	24.31
Counter Fraud Division	7	7.00
Digital Workforce Division	26	25.67
E-Business Central Team Division	18	17.53
Employment Division	350	305.80
Finance Division	28	27.03
Hosted Services Division	10	8.91
Laundry Division	192	166.95
Legal & Risk Division	188	173.25
Medical Examiner Division	82	54.49
Medical Workforce Division	19	18.80
People & OD Division	48	44.90
Pharmacy Technical Services Division	31	30.60
Planning, Performance and Informatics Division	44	43.39
Primary Care Division	308	285.90
Procurement Division	793	732.80
Single Lead Employer Division	3,631	3,419.80
Specialist Estates Division	52	51.36
Surgical Materials Testing (SMTL) Division	25	22.92
Welsh Employers Unit Division	7	6.33
Grand Total	**6,091**	**5,664.26**

Source: ESR

SICKNESS ABSENCE

NWSSP Sickness Dec 24	NHS Wales Sickness (Sep 24)	12 month Sickness Excluding SLE
3.37%	6.2%	4.71%



- NWSSP's sickness absence for the period of **1 December 2023 – 31st December 2024 is 3.37%** which has increased from 2.98% when compared to the same period last year.
- **11** of **22** divisions missed their target for sickness during the above period.
- When including SLE NWSSP sickness absence remains just above target of 3.30% and is below NHS Wales (6.2% September 24).
- Excluding Single Lead Employer division, sickness absence increases to 4.71% which is higher than the target of 3.30%.
- **Anxiety/stress/depression/other psychiatric illnesses** continues to be the top reason for absence within NWSSP with the majority of occurrences linked to age group **31-35.**

Top 3 reasons for absence by FTE days Lost

1. Anxiety/stress/depression/other psychiatric illness

2. Cold, cough, Flu – influenza

3. Gastrointestinal problems

Sickness Absence by Division

Divisions	Absence FTE %	Absence Occurrences
043 Laundry Division	11.58%	59
043 Digital Workforce Division	8.19%	5
043 Procurement Division	7.30%	144
043 Medical Examiner Division	6.19%	12
043 Medical Workforce Division	6.01%	2
043 Employment Division	5.85%	50
043 Primary Care Division	5.45%	43
043 Legal & Risk Division	4.05%	29
043 Audit & Assurance Division	2.56%	6
043 Accounts Payable Division	2.55%	10
043 Surgical Materials Testing (SMTL) Division	2.11%	3
043 Single Lead Employer Division	1.87%	317
043 Counter Fraud Division	1.38%	1
043 People & OD Division	1.34%	3
043 E-Business Central Team Division	1.26%	2
043 Planning, Performance and Informatics Division	0.52%	1
043 Pharmacy Technical Services Division	0.42%	1
043 Finance Division	0.24%	1
043 Specialist Estates Division	0.19%	1
043 Corporate Division	0.13%	1
043 Hosted Services Division	0.00%	0
043 Welsh Employers Unit Division	0.00%	0
NWSSP Total	**3.37%**	**691**

EMPLOYEE TURNOVER

Divison	Headcount
043 Accounts Payable Division	6.10%
043 Audit & Assurance Division	5.71%
043 Corporate Division	17.86%
043 Counter Fraud Division	14.29%
043 Digital Workforce Division	7.69%
043 E-Business Central Team Division	11.76%
043 Employment Division	10.56%
043 Finance Division	7.27%
043 Hosted Services Division	27.27%
043 Laundry Division	10.59%
043 Legal & Risk Division	9.42%
043 Medical Examiner Division	19.16%
043 Medical Workforce Division	16.67%
043 People & OD Division	10.75%
043 Pharmacy Technical Services Division	3.45%
043 Planning, Performance and Informatics Division	9.20%
043 Primary Care Division	8.21%
043 Procurement Division	12.78%
043 Single Lead Employer Division	31.99%
043 Specialist Estates Division	1.92%
043 Surgical Materials Testing (SMTL) Division	7.84%
043 Velindre University NHS Trust	0.00%
043 Welsh Employers Unit Division	30.77%

Employee Turnover (with SLE)
22.44%

Employee Turnover (excluding SLE)
9.41%

Employee Turnover NHS Wales (Sep 24)
7.1%

	2024 / 10	2024 / 11	2024 / 12
Headcount	6,159	6,122	6,090
FTE	5,727.49	5,692.65	5,662.56
Leavers Headcount	51	54	62
Leavers FTE	45.41	47.12	53.77
Starters Headcount	31	14	12
Starters FTE	28.32	12.40	9.62
Maternity	168	162	152
Turnover Rate (Headcount)	0.83%	0.88%	1.01%
Turnover Rate (FTE)	0.80%	0.83%	0.94%
Avg Headcount	6,131.00	6,131.00	6,131.00
Average FTE	5,700.81	5,700.81	5,700.81
Leavers (12m)	1,317	1,331	1,326
Leavers FTE (12m)	1,243.14	1,256.49	1,251.71
Turnover Rate (12m)	22.05%	22.44%	22.44%
Turnover Rate FTE (12m)	22.31%	22.70%	22.70%
Avg Headcount (12m)	5,971.50	5,930.50	5,908.50
Average FTE (12m)	5,572.01	5,534.74	5,513.25

Turnover

Including Single Lead Employer Division Turnover is at **22.44%** which has decreased by -2.79% when compared against the same period last year.

Excluding Single Lead Employer Division turnover is at **9.41%**

E-LEARNING COMPLIANCE

NWSSP Stat & Mand Percentage - 31 December 2024

Division	Assignment Count	Required	Achieved	Compliance %
Accounts Payable Division	149	1490	1463	98.19%
Audit & Assurance Division	54	540	516	95.56%
Corporate Division	31	310	287	92.58%
Counter Fraud Division	7	70	70	100.00%
Digital Workforce Division	27	270	253	93.70%
E-Business Central Team Division	19	190	187	98.42%
Employment Division	352	3520	3420	97.16%
Finance Division	28	280	268	95.71%
Hosted Services Division	10	100	92	92.00%
Laundry Division	190	1900	1450	76.32%
Legal & Risk Division	188	1880	1760	93.62%
Medical Examiner Division	85	850	766	90.12%
Medical Workforce Division	19	190	179	94.21%
People & OD Division	48	480	444	92.50%
Pharmacy Technical Services Division	33	330	287	86.97%
Planning, Performance and Informatics Division	44	440	419	95.23%
Primary Care Division	309	3090	3062	99.09%
Procurement Division	791	7910	7204	91.07%
Specialist Estates Division	53	530	507	95.66%
Surgical Materials Testing (SMTL) Division	25	250	250	100.00%
Welsh Employers Unit Division	7	70	59	84.29%
Grand Total	2469	24690	22943	93.45%

Source: ESR

Note: compliance excludes Single Lead Employer Division

E-LEARNING COMPLIANCE

NWSSP Stat & Mand Competencies Summary - 31 December 2024

Division	NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	NHS|CSTF|Fire Safety - 2 Years|	NHS|CSTF|Health, Safety and Welfare - 3 Years|	NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	NHS|CSTF|Information Governance (Wales) - 2 Years|	NHS|CSTF|Moving and Handling - Level 1 - 2 Years|	NHS|CSTF|Resuscitation - Level 1 - 3 Years|	NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	NHS|CSTF|Violence and Aggression (Wales) - Module A - No Specified Renewal|
Accounts Payable Division	98.01%	96.69%	98.68%	98.68%	96.69%	97.35%	98.68%	98.01%	98.01%	99.34%
Audit & Assurance Division	98.11%	88.68%	100.00%	98.11%	88.68%	92.45%	92.45%	98.11%	98.11%	98.11%
Corporate Division	96.55%	96.55%	96.55%	96.55%	96.55%	93.10%	96.55%	93.10%	96.55%	100.00%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	96.15%	100.00%	92.31%	92.31%	96.15%	96.15%	96.15%	96.15%	96.15%	100.00%
E-Business Central Team Division	100.00%	100.00%	100.00%	100.00%	94.44%	100.00%	100.00%	94.44%	94.44%	100.00%
Employment Division	97.44%	96.58%	97.15%	96.30%	94.87%	95.16%	95.73%	96.58%	96.58%	99.72%
Finance Division	92.86%	96.43%	96.43%	89.29%	78.57%	85.71%	92.86%	96.43%	96.43%	92.86%
Hosted Services Division	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	80.00%	70.00%	100.00%
Laundry Division	76.84%	79.47%	81.05%	74.74%	61.58%	85.79%	82.63%	71.58%	68.95%	75.26%
Legal & Risk Division	95.77%	93.12%	96.30%	93.65%	89.42%	90.48%	91.01%	93.12%	93.12%	96.30%
Medical Examiner Division	92.59%	82.72%	93.83%	83.95%	82.72%	87.65%	91.36%	90.12%	90.12%	95.06%
Medical Workforce Division	100.00%	94.74%	100.00%	89.47%	94.74%	94.74%	100.00%	89.47%	89.47%	94.74%
People & OD Division	93.88%	93.88%	93.88%	91.84%	91.84%	87.76%	93.88%	91.84%	91.84%	93.88%
Pharmacy Technical Services Division	87.88%	84.85%	96.97%	84.85%	87.88%	90.91%	90.91%	87.88%	90.91%	87.88%
Planning, Performance and Informatics Division	97.73%	100.00%	97.73%	93.18%	93.18%	95.45%	97.73%	93.18%	93.18%	95.45%
Primary Care Division	99.68%	98.70%	99.68%	99.03%	97.40%	98.70%	99.03%	99.35%	99.35%	99.03%
Procurement Division	92.83%	88.18%	94.34%	90.31%	85.03%	90.31%	92.33%	89.56%	89.18%	92.08%
Specialist Estates Division	100.00%	94.23%	98.08%	98.08%	92.31%	96.15%	92.31%	96.15%	92.31%	100.00%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%
NHS Wales Shared Services Partnership	96.02%	94.04%	96.81%	93.35%	90.85%	93.71%	95.41%	93.10%	92.61%	95.98%

Source: ESR

Note: compliance excludes Single Lead Employer Division

EMPLOYEE VALUE PROPOSITION

What we mean by Employee Value Proposition:

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

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

Recruitment, Attraction & Retention

Workforce Planning

Approved by SLG in March 2024, the P&OD team have built a workforce planning page for all Divisions to use. The People Analytics team have then supported this with a full complement of Workforce Planning Power BI dashboards, designed to provide easy access for Divisions to undertake workforce planning.

Leavers Survey

In June 2023, NWSSP changed the Employee Exit Survey as part of our Leavers Protocol , outlining the new process in the Managers Leavers Guide. The latest development of the survey means we are now able to share the anonymised narrative behind the survey, providing enhanced detailed at a Divisional Level.
The Survey can be accessed by the People and OD team here for sharing and cascade with the organisation leads NWSSP Leavers Survey

Widening Access

People and OD Recruitment

In December, our new Career Development Officer, Lowri Thomas joined the team. Lowri will support our OD Manager for People Development and Culture through driving our widening access and career development initiatives. This role will:

- Support our Early Careers Network by sourcing and attending career events, ensuring our merchandise and accompanying handouts are up to date and relevant.
- Oversee our apprenticeships, work experience and N75 processes.
- Provide pastoral support to internal staff undertaking development opportunities, such as N75 students and Leaders of the Future Participants.
- Deliver career development training to staff across NWSSP, such as Corporate Induction and Managers Induction.

NWSSP's Early Career Network

Members of the Early Careers Network attended 1 careers event during the month of December. The event attended was in the Cardiff Region and targeted GCSE students. There was a large reduction in the events available across Wales due to the Christmas period. The group is scheduled to meet in the New Year to look at events available throughout 2025 (to date).

Network 75

Two development days were held for our Network 75 students in December on Emotional Intelligence with a total of 20 of our students attending. Further development days will be held in 2025 on Mental Health, Courageous Conversations and Preparing for Interview.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control Row Labels	October 2024 Vacancy	Business Case	Grand Total
Approved	46	10	56
Further info required	3		3
Grand Total	**49**	**10**	**59**

Vacancy Control Row Labels	November 2024 Vacancy	Business Case	Grand Total
Approved	24	9	33
Further info required	16		16
Grand Total	**40**	**9**	**49**

Vacancy Control Row Labels	December 2024 Vacancy	Business case	Grand Total
Approved	31	2	33
Further info required	2		2
Grand Total	**33**	**2**	**35**

Vacancy Control Process

December saw 31 of the 33 TRAC adverts approved and a further 2 Flexible Business Case approved.

There were 2 TRAC adverts where further information was requested, specifically relating to the linked funding to Divisional IMTP's.

Work has now begun with the Welsh Services Manager and Vacancy Control to clearly understand the Essential Welsh Language needs for advertising. Moving forward this will be a core decision in the Approval and Decline process and so advertising managers need to ensure full consideration is taken around the Welsh Language requirements of all posts before advertising on TRAC.

		Average Time			
Trac Report Code	Trac Recruitment Health Check	Target	Nov-24	Dec-24	Ownership
T1a	Time to Approve Vacancy Request	10	10	6.3	P&OD
T4	Time to Shortlist	3	6.0	2.9	Manager
T5b	Time to Update Interview Outcomes	3	1.9	5.5	Manager
T9b	Time to Approve References	2	1.2	3.1	Manager / Recruitment
T13	Vacancy Creation to Conditional Offer	44	35.6	43.4	All
T14	Vacancy Creation to Unconditional Offer	71	48.9	49.8	All
T23	Conditional Offer to Ready for Start date notification	27	13.6	10.9	All

Time to Hire

The average time to hire for NHS Wales for December 2024 is 59.3 days against the KPI of 71 days

NWSSP sit at 49.8 days against a KPI of 71

Out of the 16 organisations measures across Wales, we have now moved up to 4th place in out T2H KPI which sees a significant year on year improvement.

T1a Time to approve - has come down significantly since implementation of the process and at 6.4 days is best NWSSP performance in over a year in this area

T4 Time to Shortlist – This has reduced to 2.9 days during December, also seeing a best ever performance in our T2H journey.

T5b Time to update interview outcomes and T9b – Both areas have increased this month, P&OD continue to regularly contact and remind managers in this areas, but this remains a core area Divisional Service Managers own in line with the 2 day KPI .

DIVISONAL T2H DATA WILL NOT BE SHARED THIS MONTH AND WILL RESUME IN FEBRUARY 2025

RESOURCE BANK AND AGENCY

General Bank – Monthly Use

Total spend of £185,571, £170,072 excluding Collaborative Bank which compares to £153,265 in September (excluding Collaborative Bank).

Total Corporate spend of £142,108, which reduced to once £136,321 when excluding Collaborative Bank

This compares to £217,559 in November (excluding Collaborative Bank).

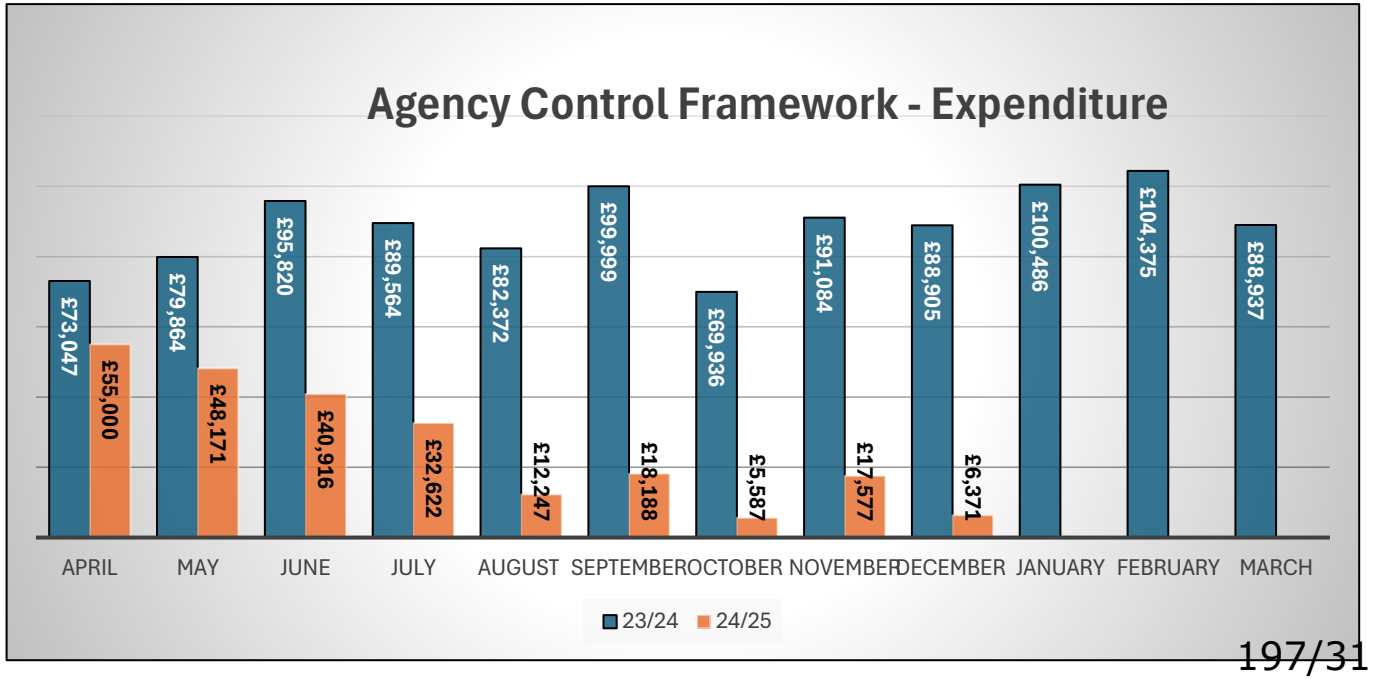
	Period	Values				
	P07-25		P08-25		P09-25	
Division	Sum of Cur Month Actual	Sum of WTE Actual	Sum of Cur Month Actual	Sum of WTE Actual	Sum of Cur Month Actual	Sum of WTE Actual
Audit & Assurance Services	-5,498	-0.86	10,178	1.75	142	0.21
Central Team eBusiness Services	0	0	0	0	0	0
Collaborative Bank Partnership	15,499	2.72	5,790	0.73	5,787	1.29
Digital Workforce Solutions	0	0	0	0	0	0
Employment Services	10,636	3.97	9,871	2.68	6,698	2.53
Finance and Corporate Services	24,564	3.85	31,146	3.36	12,564	1.93
Health Courier Services	34,137	13.11	44,670	13.69	28,699	11.67
Laundry Services	40,066	14.37	46,043	12.69	37,735	13.17
Legal & Risk Services	9,360	2.63	7,004	1.4	1,885	0.53
Medical Examiner Service	2,245	0.83	332	-0.06	-204	0
People & Organisational Development	2,973	0.91	6,600	1.21	1,074	1.01
Planning, Performance & Informatics	0	0	136	0	0	0
Primary Care Services	4,492	1.79	9,290	3.34	6,368	2.48
Procurement services	37,534	15.08	32,733	10.14	44,949	17.68
Surgical Materials Testing Laboratory	609	0.06	298	0	-308	0
Welsh Employers Unit	2,325	0.18	1,311	0.05	52	0
Welsh Risk Pool	1,613	0.67	5,791	1.51	-5,745	-0.05
Accounts Payable & eEnablement	5,016	1.84	6,366	2.02	2,412	0.73
Grand Total	**185,571**	**61.15**	**217,559**	**54.51**	**142,108**	**53.18**

Agency Use

Agency spend for December decreased to £6,371 (from £17,577 in November).

1x staff engaged via Agency in December in Procurement

	P07-25		P08-25		P09-25	
Division	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual	Cur Month Actual	WTE Actual
Audit & Assurance Services	5,118	2	5,697	1	0	0
Central Team eBusiness Services	0	0	0	0	0	0
Health Courier Services	469	2	0	0	0	0
Laundry Services	0	0	0	0	0	0
Procurement services	0	0	11,880	1	6,371	1
Grand Total	**5,587**	**4**	**17,577**	**2**	**6,371**	**1**



EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

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

People Development

Corporate Induction Compliance

Since the implementations of People and OD new Induction Compliance process, we have seen a 22.02% increase in our overall compliance. In September, we were 6.11% compliant, compared to 28.13% in December. People and OD will continue to engage with managers and staff who have joined NWSSP since 1st January 2024 to work towards 100% compliance.

****We have found several staff have joined and since left NWSSP without completing a Welcome Induction toolkit these are noted with an Asterix.**

Training Needs Analysis (TNA)

Support Drop-in sessions were advertised for all TNA stakeholders to part-take. More sessions were scheduled and available for divisions to attend before the closing date on the 11th December 2024 and then on 9th of January 2025.

Leaders of the Future … *For NWSSP's Rising Stars*

Applications for staff to apply for our Leaders of the Future Programme will open The first week of January and remain open for 3 weeks.
Staff can choose from 5 initiatives within the following services:

- TrAMs
- People and OD x2
- Corporate and Finance
- Planning, Performance and Informatics.

Corporate Induction Participation by Division	No of New Starters Since 1st January 2024	Attendance at Welcome Induction Workshop	Returned Completed Welcome Induction Toolkits
Corporate and Finance	11	11	2
Audit & Assurance	3	3	2
Digital Workforce	3	3	1*
Employment Services	7	7	1
Laundry	1	0	0
Legal & Risk	20	20	11
Medical Examiner	5	5	0
People & OD and Medical Workforce	9	8	1*
Pharmacy Technical Services	4	4	1
Planning, Performance and Informatics	3	3	1
Primary Care	21	19	8
Procurement, Supply Chain and Logistics	69	52	16
Surgical Medical Testing Laboratory	1	1	1
Welsh Employers Unit	2	2	0
Unknown Division	1	1	0
Grand Total	**160**	**139**	**45**
Compliance %		**86.88%**	**28.13%**

EMPLOYEE EXPERIENCE

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

People Development - Training Attendance

A total of 61 people attended People and OD training attendance for December 2024.

Culture and Engagement

Diversity, Inclusion and Well-being

The NWSSP Health and Well-being conference is being held on 16th February. The event will be held online with all sessions being recorded for those who wish to access these after the event. Staff at all levels in the organisation are encouraged to access the event either on the day or via the recordings.

Work continues to review and improve provisions for reflection and well-being rooms across all sites with site visits taking place and a proposal is being prepared to outline best practice and guidance with options for any funding requirements.

70 licences to access and Introduction to British Sign Language course are being made available to staff in January, targeted towards those who will use their skills to support colleagues and customers. The course is 16-20 hours in length and colleagues have access to this for 2 years from the date they register.

Directorate	Leading For Excellence and Innovation	People and OD Recruitment Training	Policies into Practice	Resilience Awareness	Coffee and Conversations	Total
Corporate and Finance	1		4	1	1	7
Audit & Assurance	3		2	1	2	8
Employment Services	4		1	2	1	8
Legal & Risk	2	2		2	1	7
Pharmacy Technical Services	2					2
Planning, Performance and Informatics	1				1	2
Primary Care	4		2	2	1	9
Procurement, Supply Chain and Logistics	6	2	2	1	5	16
Specialist Estates	1					1
Welsh Employers Unit	1					1
Total	**61**					

EMPLOYEE EXPERIENCE

What we mean by Employee Experience:

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

Culture and Engagement

Staff Survey

Following the close of the NHS Wales Staff Survey in November, HEIW worked closely with IQUVIA throughout December to cleanse and present the data. This work is expected to be ongoing until the end of January, with an expected initial data release expected soon after.
The finalised engagement figures for NWSSP can be viewed on the right-hand side.

NHS Wales Staff Survey 2024	Final figures
Response Rate % with SLE	15.1
Response Rate % without SLE	37.9
Ranking position with other HB (SLE figures included)	12
Ranking position with other HB (SLE figures not included)	5

In early January, communications are scheduled to thank those within NWSSP who participated in the NHS Wales Staff Survey for 2024, with further communications planned to share a breakdown of completion by service.

A working group has been arranged for February to update NWSSP's Inclusive Culture Plan, feeding in Our findings from the 2024 NHS Wales Staff Survey.

Staff Recognition Awards

Those recognised for an award for the 2024 Staff Recognition Awards received a letter from our Managing Director, congratulating and inviting them to our virtual ceremony in February. All staff have also received a calendar hold for the virtual event on **Thursday the 13th February, between 1:30-3:00pm.**

Our Staff Awards Planning Team are currently finalising scripts, videos and entertainment ahead of the virtual ceremony, and making preparations for the regional events commencing this Spring. We are working closely with our non-digital sites to agree and arrange suitable virtual streaming methods for our virtual ceremony, supporting those who would like to attend where possible.

PADR Review

A first draft of the new forms to support the revised PADR process have been agreed in principle and have been designed. Intranet pages have been drafted to align with the new process and accompanying documents. Following a pilot within the People and OD team in January and February, the team will be sharing the new proposed process and forms with Informal SLG in February.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**3 February 2025**

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Performance Information Report

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

Pwrpas yr Adroddiad/ Purpose of the Report:
The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for September – December 2024.

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

Ymgynghoriad/Consultation:
Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	√
Argymhelliad/ Recommendation	The Shared Services Partnership Committee is requested to **NOTE**: 1. The significant level of professional influence benefits generated by NWSSP to 31st December 2024. 2. The performance against the high-level key performance indicators to 31st December 2025. 3. The continued achievement of the recruitment Time to Hire target in recent months.						

Crynodeb Dadansoddiad Effaith: / Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact
Cyfreithiol/ Legal:	No direct impact
Iechyd Poblogaeth/ Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	No direct impact
Ariannol/ Financial:	Professional Influence Benefits for NHS Wales
Risg a Aswiriant/ Risk and Assurance:	Organisation Performance Assurance
Safonnau Iechyd a Gofal/ Health & Care Standards:	No direct impact
Gweithlu/ Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open

NWSSP Performance Information Report

February 2025

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for September – December 2024.

Health Organisations will receive their individual performance reports for Quarter three at the end of January 2025.

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

Key Messages

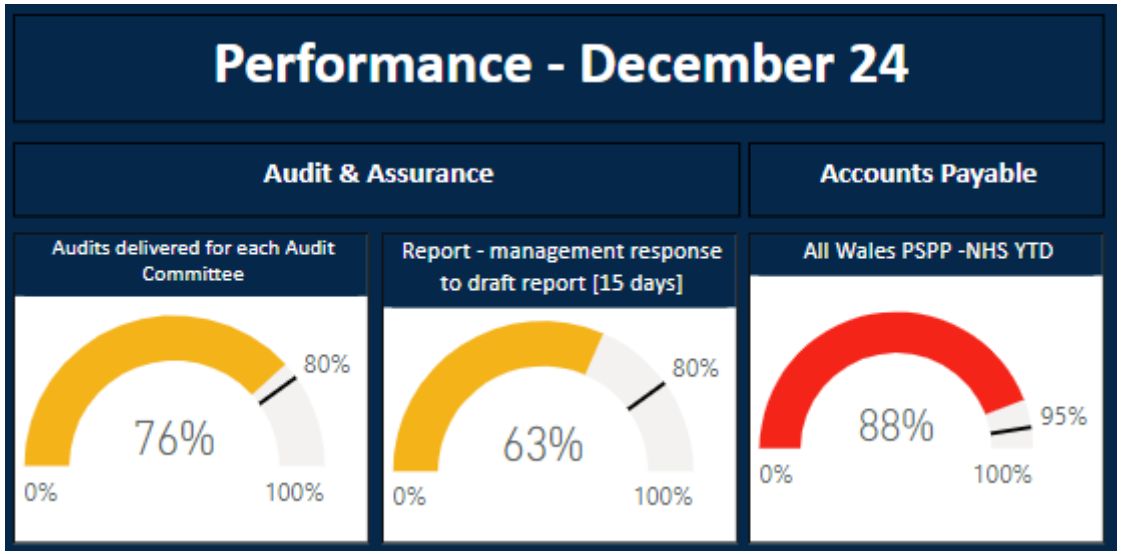
The in-month December performance was generally good with 39 KPIs achieving the target against the total of 42 KPIs.

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

However, 2 KPI relating to Audit & Assurance and NHS Public Sector Payment Policy (PSPP) did not achieve the target and is considered Amber/Red. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £288M at end of December. This is further broken down on Page 13 of this report.

Summary Position by exception – 3 KPIs off Target



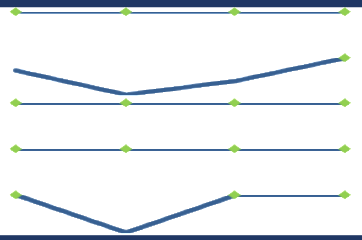
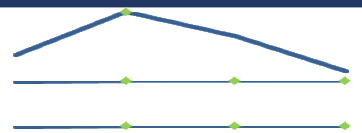
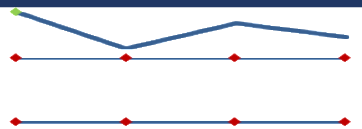
Of the 3 KPI that did not achieve the targets for December

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

Summary of KPIS

KFA	KPIs	Target		24/25 September	October	November	December	Trend
Audit & Assurance								
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative			78%	76%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	97%	99%	99%	98%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	70%	70%	65%	63%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	100%	100%	100%	98%	
Procurement Services								
Our Value	Procurement savings *Current Year	£23m	Cumulative	£23,549,101	£31,246,744	£31,089,745	£34,240,946	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£570,420	£835,002	£2,235,226	£1,112,349	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	97%	Reported Quarterly	Reported Quarterly	97%	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	89%	Reported Quarterly	Reported Quarterly	88%	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	97.80%	97.80%	97.60%	98.90%	
Employment Services Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.74%	99.77%	99.76%	99.79%	
Our Services	Payroll % Calls Handled	95%	Monthly	98.83%	98.33%	95.83%	97.67%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	67.9%	65.7%	64.7%	70.6%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.50	62.40	60.10	59.30	
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	97.7%	98.8%	99.9%	98.3%	
Our Services	Recruitment % Calls Handled	95%	Monthly	98.8%	98.4%	98.8%	98.7%	

Summary of KPIS

KFA	KPIs	Target		24/25 September	October	November	December	Trend
Student Awards								
Our Services	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	97.97%	97.90%	98.95%	97.71%	
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	99.72%	99.63%	99.68%	99.77%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	99%	100%	100%	
Legal & Risk								
Our Value	Savings and Successes	£65m annual target	Monthly	£12,532,972	£41,697,941	£24,851,895	£1,200,902	
Our Services	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	98%	100%	100%	100%	
Our Services	Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	98%	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	£16m annual	Monthly	£626,745	£239,408	£504,319	£363,721	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
Our Services	Issues and Complaints	0	Monthly	0	0	0	0	
CTES								
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	100%	100%	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	100%	100%	

Summary of KPIS

KFA	KPIs	Target		24/25 September	October	November	December	Trend
Digital Workforce								
Our Services	DWS % Calls Handled	85%	Monthly	97.96%	92.56%	92.12%	90.82%	
Our Services	Customer Satisfaction	90%	Monthly	94.80%	91.80%	92.90%	93.80%	
SMTL								
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	90%		100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (Commercial)	87%	Monthly	93%	97%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	87%	Monthly	Not Applicable	100%	Not Applicable	Not Applicable	
Our Services	% delivery of Technical assurance evaluations on time	87%	Monthly	100%	100%	100%	100%	
Pharmacy Services								
Our Services	Complaints			0	0	0	0	
Medical Examiners Service								
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
Our Services	Never Events	0	Monthly	0	0	0	0	
All Wales Laundry								
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	91%	91%	96%	95%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	0	0	1	
Our Services	Microbiological contact failure points	90%	Monthly	97%	96%	97%	97%	

Accounts Payable – All Wales NHS PSPP

Division	KPIs	Target	23/24 Performance		January	23/24 February	March	April	May	June	July	24/25 August	September	October	November	December	Trend	Lead KPI
Our Services																		
Accounts Payable	All Wales PSPP – Non-NHS YTD	95%		Quarterly	Reported Quarterly	Reported Quarterly	96.10%	Reported Quarterly	Reported Quarterly	96.30%	Reported Quarterly	Reported Quarterly	96.60%	Reported Quarterly	Reported Quarterly	97.10%		K
Accounts Payable	All Wales PSPP –NHS YTD	95%		Quarterly	Reported Quarterly	Reported Quarterly	87.40%	Reported Quarterly	Reported Quarterly	89.00%	Reported Quarterly	Reported Quarterly	89.20%	Reported Quarterly	Reported Quarterly	88.40%		

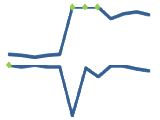
What is happening?

This KPI is reported directly from Welsh Government using the organisations Monthly Monitoring Returns (MMR), it is unlikely to achieve the target and is for information. The 17-week arbitration target appears to be the main driver to determine when some NHS invoices are paid rather than the 30-day target.

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

Accounts Payable continue to work with health organisations in providing regular information on both the NHS and non-NHS PSPP and invoices on hold that affect the PSPP performance.

Audit & Assurance

Division	KPIs	Target	23/24 Performance	January	February	March	April	May	June	July	August	September	October	November	December	Trend	Lead KPI
Our Services																	
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative											78%	76%		K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	89%	89%	88%	89%	89%	100%	100%	100%	97%	99%	99%	98%		
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	71%	68%	71%	68%	68%	Not Applicable	67%	55%	70%	70%	65%	63%		
Audit & Assurance	Report turnaround draft response to final reporting [10 days]	95%	Monthly	97%	99%	99%	99%	99%	Not Applicable	100%	100%	100%	100%	100%	98%		

What is happening?

As at December Audits delivered to each Audit committee performance was reported as 76% (110 of 172) against a target of 80% with 7 of the 13 health organisations achieving the target (The 6 organisations missing the target are highlighted in the table). The reasons highlighted for the target to be missed were either fully or partly down to delays in carrying out field work due to resource issues, more testing requested, and fieldwork taken longer than envisaged.

Report turnaround management response to draft report (15 days) - Management Response to draft reporting turnaround times was missed in December. The target for 15-day turnaround is 80%, 63% of reports were completed within that time frame (30 missing the target). This KPI is dependent on client engagement.

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

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

Audit & Assurance Org	
AB	88%
BCU	71%
CV	44%
CTM	64%
HD	50%
HEIW	89%
DHCW	89%
NWSSP	100%
PTHB	67%
PHW	43%
SBU	91%
VEL	92%
WAST	92%

Areas of continued success

Employment Services – Recruitment

Division	KPIs	Target	23/24 Performance		January	23/24 February	March	April	May	June	July	24/25 August	September	October	November	December	Trend	Lead KPI
Our Services																		
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC		Monthly	58.7%	63.9%	69.1%	71.1%	69.5%	73.1%	69.6%	67.5%	67.9%	65.7%	64.7%	70.6%		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	73	Monthly	71.2	65.7	61.5	59.4	61.0	57.7	59.2	63.5	62.5	62.4	60.1	59.3		K

What is happening?

The average time to hire (TTH) across NHS Wales for December 2024 is 59 days and the target is 71 days however, 3 organisations missed the target which can be seen on pages 11 and 12. During December activity volumes has decreased, posts advertised decreased (1,498 to 1,429) the number of conditional offers sent decreased (1,933 to 1,699) compared to November. WTE advertised (2,033 to 1,644) decreased slightly during December 2024.

The chart below highlights the Number of Conditional Offers sent over the last 12 months with a further breakdown of activity on Page 9.

Division	Activity		January	February	March	April	May	June	July	August	September	October	November	December	Trend
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,481	1,516	1,858	1,798	1,840	2,247	2,444	1,959	1,842	1,899	1,933	1,699	

What we continue to do?

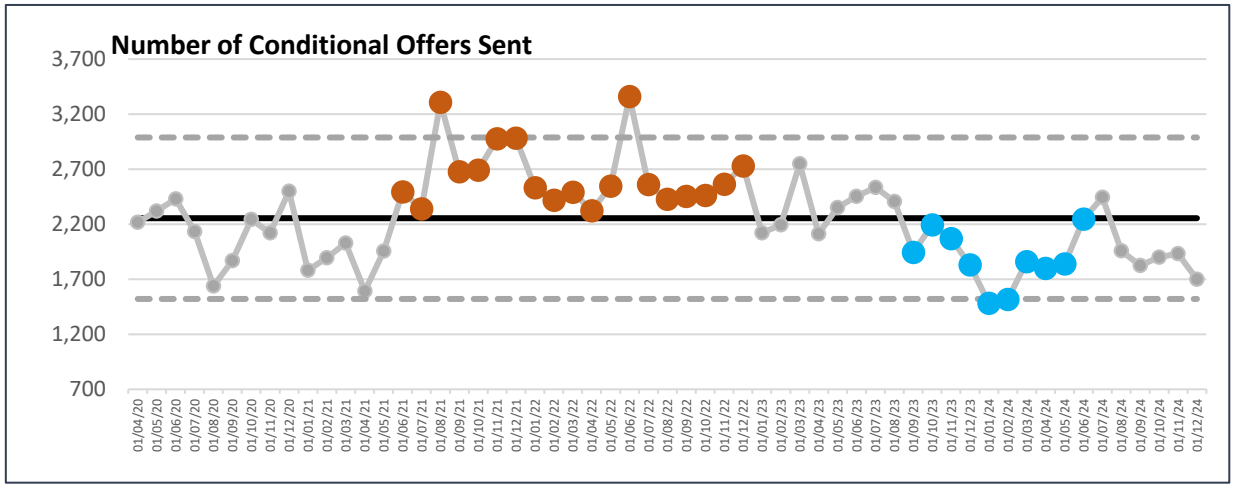
Good progress has been made on the older records in the system. 7.5% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days which is a decrease on the previous reported position. To assist with this work a Managers Update Report is shared with health organisations to identify and review these records.

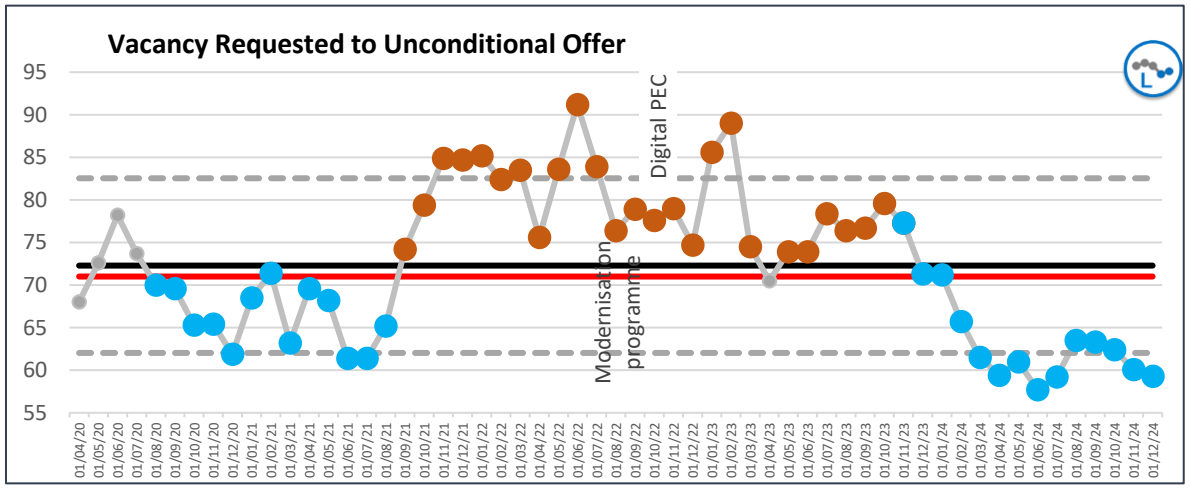
This activity is being supported by a commitment from the NWSSP Partnership Committee through the second phase of Recruitment Modernisation, “Owning The Recruitment Journey”. The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

- 960 managers from across NHS Wales have attended NWSSP Engagement sessions between January to December 2024.

Employment Services – Recruitment

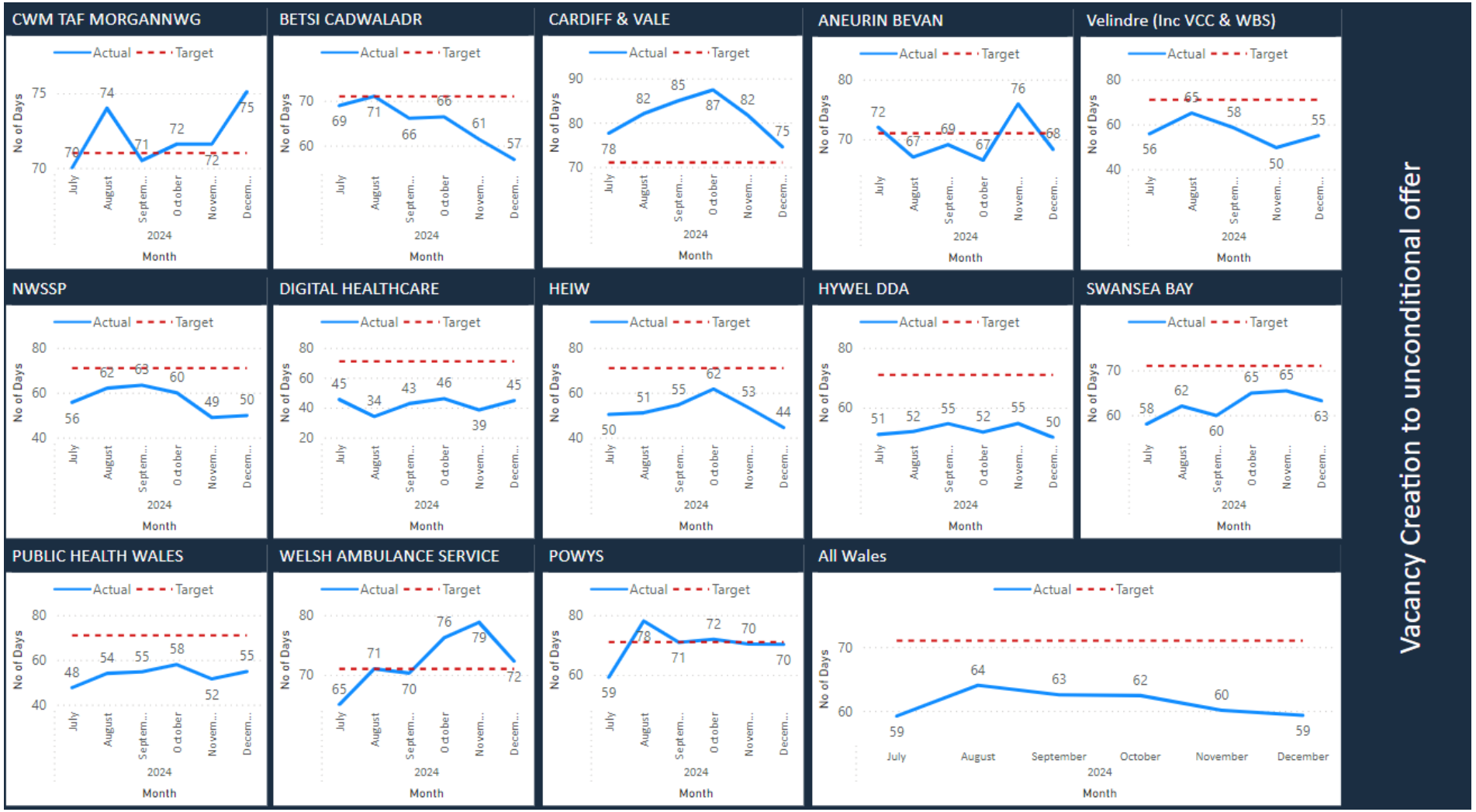
Recruitment		Vacancy Creation to Unconditional Offer											
Org	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Trend
AB	71	90	80	71	70	68	69	72	67	69	67	76	68	
BCU	71	75	74	69	63	68	65	69	71	66	66	61	57	
CV	71	93	84	89	87	84	76	78	82	85	87	82	75	
CTM	71	82	76	66	67	64	66	70	74	71	72	72	75	
HD	71	58	51	51	51	49	50	51	52	55	52	55	50	
HEIW	71	73	71	47	55	51	52	50	51	55	62	53	44	
DHCW	71	68	52	58	48	57	37	45	34	43	46	39	45	
NWSSP	71	77	76	56	46	55	56	56	62	63	60	49	50	
PTHB	71	72	70	53	68	66	59	59	78	71	72	70	70	
PHW	71	57	60	58	55	54	47	48	54	55	58	52	55	
SBU	71	66	69	58	61	57	57	58	62	60	65	65	63	
VEL	71	61	53	61	49	49	56	56	65	58	51	50	55	
WAST	71	75	66	66	73	94	65	65	71	70	76	79	72	
All Wales	71	71	66	62	59	61	58	59	64	63	62	60	59	





Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations July – December 24.



Professional Influence Benefits

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

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

The indicative financial benefits across NHS Wales arising in the period April - December 2024 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	11.9
Procurement Services	34.2
Procurement Services – Cost Avoidance	13.9
Legal & Risk Services	215.7
Accounts Payable	10.8
Oxygen Finance – PSP	0.3
Counter Fraud Services*	0.7
Total	288

* Includes Quarter 1 & Quarter 2 Figures

Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 31st December 2024.
- The performance against the high-level key performance indicators to 31st December 2024.
- The continued achievement of the recruitment Time to Hire target in recent months.

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	**3 February 2025**

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Outcome Measures Performance Report

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

Pwrpas yr Adroddiad/ Purpose of the Report:
The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for December 2024 or the most recent annual information.

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

Ymgynghoriad/Consultation:
Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	√
Argymhelliad/ Recommendation	The Shared Services Partnership Committee is requested to **NOTE**: • The Outcome measures in the report. • That Outcome Reporting is a work in progress which we are actively developing and refining our approach to provide more comprehensive information in the future. • Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact
Cyfreithiol/ Legal:	No direct impact
Iechyd Poblogaeth/ Population Health:	No direct impact
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	No direct impact
Ariannol/ Financial:	Professional Influence Benefits for NHS Wales
Risg a Aswiriant/ Risk and Assurance:	Organisation Performance Assurance
Safonnau Iechyd a Gofal/ Health & Care Standards:	No direct impact
Gweithlu/ Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open

NWSSP Outcome Measures Performance Report

February 2025

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose of the Report

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on the agreed Outcome Measures for December 2024 or the most recent annual information.

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

Key Messages

NWSSP demonstrates strong performance across key areas, especially customer satisfaction, professional influence benefits and contribution towards the decarbonisation agenda.

There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Our Services

Our Services

Customer Satisfaction

- Most divisions met or exceeded their customer satisfaction targets.

Website Analytics - Not Available for December

- Dashboard highlights November Data.

Robotic Processes

- NWSSP currently has 37 processes undertaken by Robotic Process Automation (RPA). The majority of these relate to Employment Services & Accounts Payable.
- A further 57 RPA processes are registered with Central Team (CTeS) in relation to the FMS Service.

Audit & Assurance

- Three NWSSP audits have been completed so far this year: one with limited assurance and two with reasonable assurance.

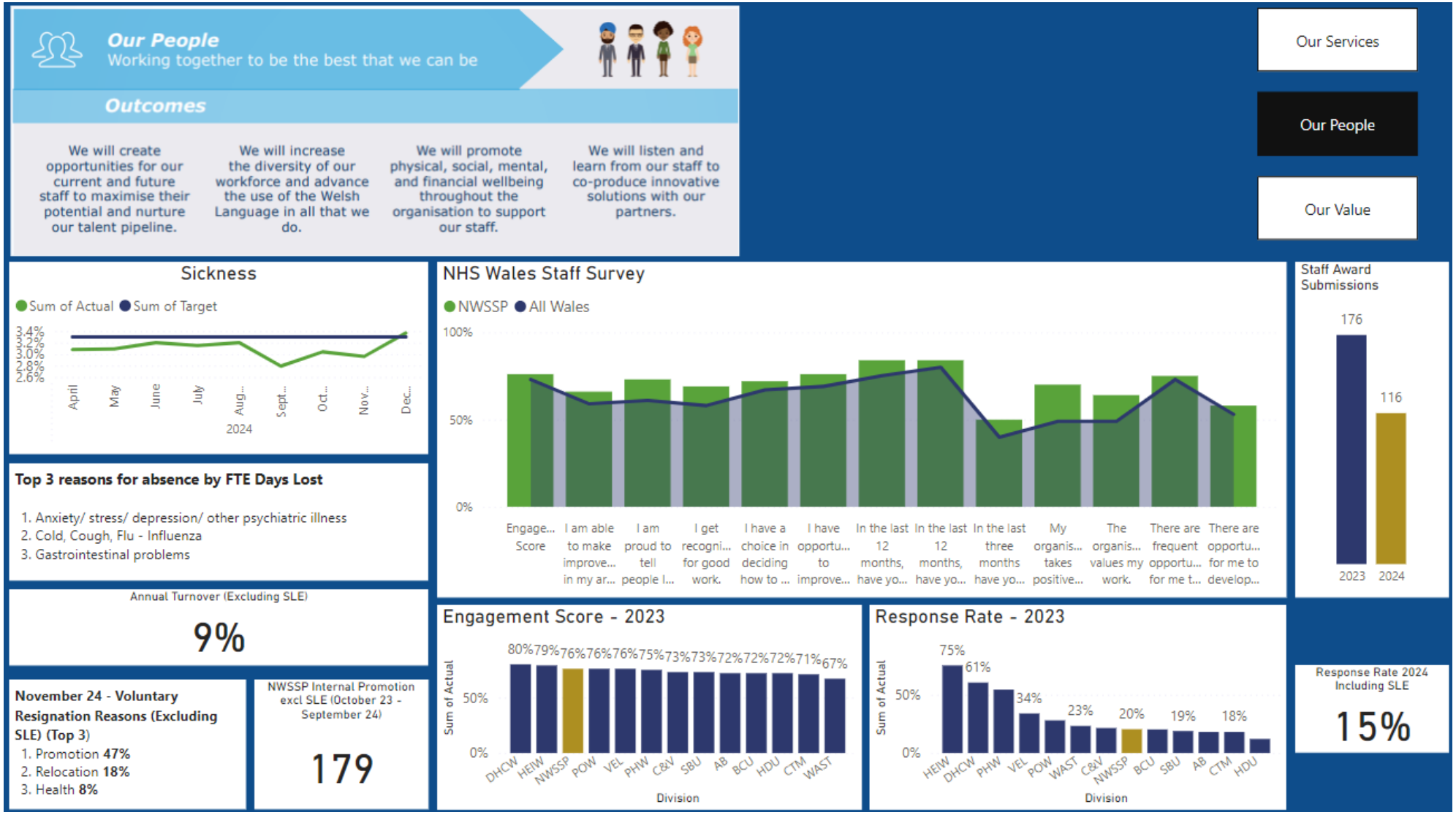
Customer Service Excellence (CSE)

- In the second organisational wide CSE assessment the organisation demonstrated a strong commitment to customer service by achieving 12 Compliance Plus, 45 compliance met and 0 partial compliance.

Call Handling

- Call Handling achieved the target in December for all reported areas however, calls handled within Digital Workforce Solutions has decreased for the third continuous month yet still achieving the target. The downward trajectory has been attributed to the increase in calls and some sickness within the team.

Our People


Our People
Working together to be the best that we can be
Outcomes
We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.
We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.
We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.
We will listen and learn from our staff to co-produce innovative solutions with our partners.
Our Services
Our People
Our Value
Sickness
Sum of Actual
Sum of Target
3.4%
3.2%
3.0%
2.8%
2.6%
April
May
June
July
Aug...
Sept...
Oct...
Nov...
Dec...
2024
Top 3 reasons for absence by FTE Days Lost
1. Anxiety/ stress/ depression/ other psychiatric illness
2. Cold, Cough, Flu - Influenza
3. Gastrointestinal problems
Annual Turnover (Excluding SLE)
9%
November 24 - Voluntary Resignation Reasons (Excluding SLE) (Top 3)
1. Promotion 47%
2. Relocation 18%
3. Health 8%
NWSSP Internal Promotion excl SLE (October 23 - September 24)
179
NHS Wales Staff Survey
NWSSP
All Wales
100%
50%
0%
Engage... Score
I am able to make improve... in my ar...
I am proud to tell people I...
I get recogni... for good work.
I have a choice in deciding how to ...
I have opportu... to improve...
In the last 12 months, have yo...
In the last 12 months, have yo...
In the last three months have yo...
My organis... takes positive...
The organis... values my work.
There are frequent opportu... for me t...
There are opportu... for me to develop...
Staff Award Submissions
176
116
2023
2024
Engagement Score - 2023
Sum of Actual
80%
79%
76%
76%
76%
75%
73%
73%
72%
72%
72%
71%
67%
50%
0%
DHCW
HEIW
NWSSP
POW
VEL
PHW
C&V
SBU
AB
BCU
HDU
CTM
WAST
Division
Response Rate - 2023
Sum of Actual
75%
61%
34%
23%
20%
19%
18%
50%
0%
HEIW
DHCW
PHW
VEL
POW
WAST
C&V
NWSSP
BCU
SBU
AB
CTM
HDU
Division
Response Rate 2024 Including SLE
15%

Our People

Staff Survey

- Initial results show that NWSSP (including Single Lead Employer) had a response rate of 15% for the 2024 survey compared to 20% in 2023. Further comparison and insights will be shared once final reports are received from HEIW.

Sickness

- Staff sickness rate (3.4%) missed the target (3.3%) for December with 11 of 12 divisions missing the target.
- Absence remains consistent, anxiety, stress, depression, colds and Coughs or Gastrointestinal problems are the three main reasons for absence.

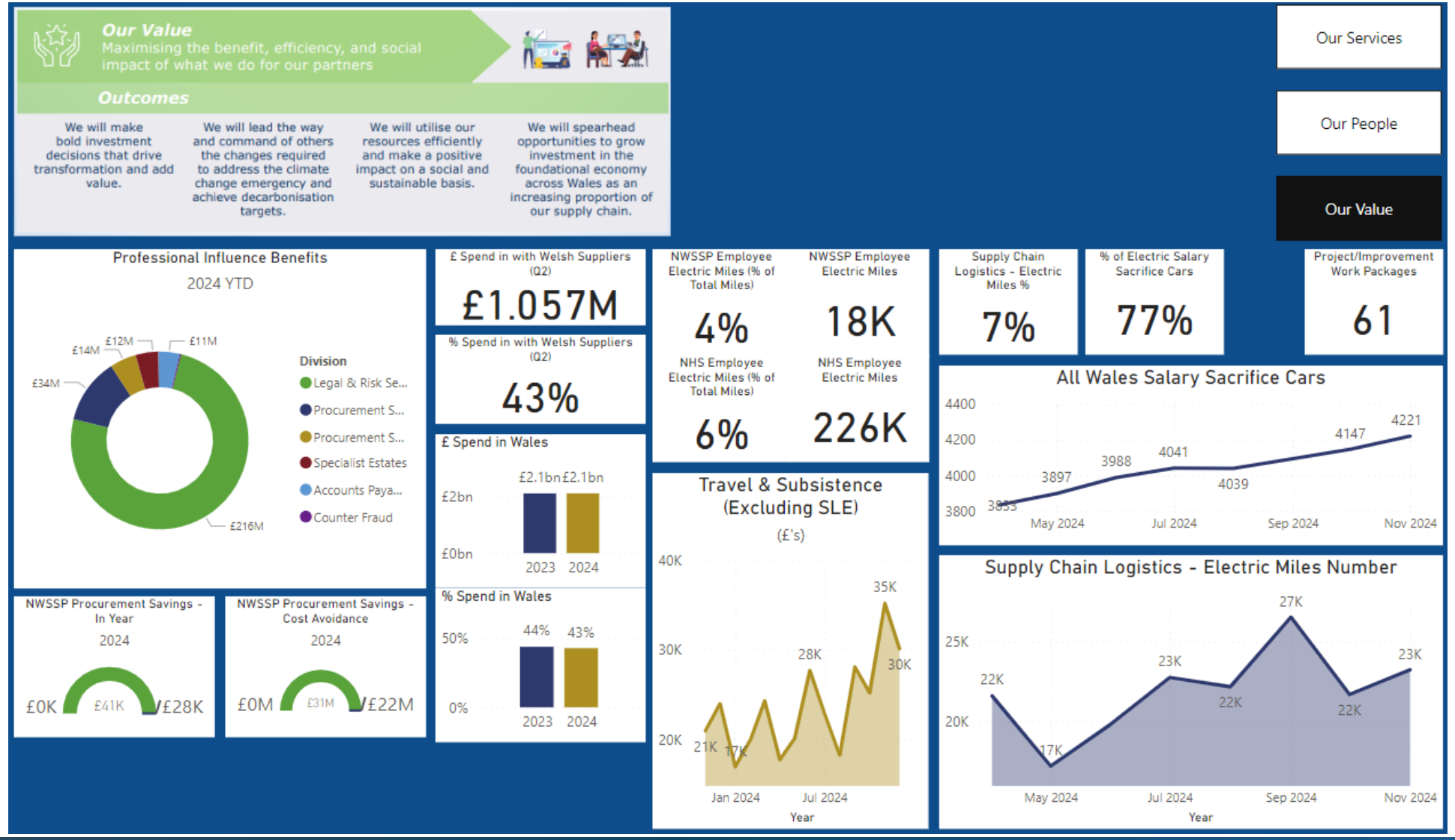
Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%) is higher than All Wales position (7%). Turnover does not include internal churn.
- There have been 179 Internal promotion occurrences captured in the last 12 months to September.
- The reasons for leaving were unavailable for reporting in December due to vacancies within the People & OD analytics team.

Staff Awards

- Staff Award Submissions decreased from 176 in 2023 to 116 in 2024. To understand the decrease, NWSSP are gathering more information to identify possible reasons.

Our Value


Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners
Outcomes
We will make bold investment decisions that drive transformation and add value.
We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.
Our Services
Our People
Our Value
Professional Influence Benefits
2024 YTD
£14M
£12M
£11M
£34M
£216M
Division
Legal & Risk Se...
Procurement S...
Procurement S...
Specialist Estates
Accounts Paya...
Counter Fraud
£ Spend in with Welsh Suppliers (Q2)
£1.057M
% Spend in with Welsh Suppliers (Q2)
43%
£ Spend in Wales
£2.1bn
£2.1bn
£2bn
£0bn
2023
2024
% Spend in Wales
50%
0%
44%
43%
2023
2024
NWSSP Employee Electric Miles (% of Total Miles)
4%
NWSSP Employee Electric Miles
18K
NHS Employee Electric Miles (% of Total Miles)
6%
NHS Employee Electric Miles
226K
Supply Chain Logistics - Electric Miles %
7%
% of Electric Salary Sacrifice Cars
77%
Project/Improvement Work Packages
61
All Wales Salary Sacrifice Cars
4400
4200
4000
3800
3897
3988
4041
4039
4147
4221
May 2024
Jul 2024
Sep 2024
Nov 2024
Travel & Subsistence (Excluding SLE)
(£'s)
40K
30K
20K
21K
17K
28K
35K
30K
Jan 2024
Jul 2024
Year
Supply Chain Logistics - Electric Miles Number
25K
20K
22K
17K
23K
22K
27K
22K
23K
May 2024
Jul 2024
Sep 2024
Nov 2024
Year
NWSSP Procurement Savings - In Year
2024
£0K
£41K
£28K
NWSSP Procurement Savings - Cost Avoidance
2024
£0M
£31M
£22M

Our Value

Professional Influence Benefits

- Data for financial year 24/25 shows significant benefits specifically from Legal & Risk Services (£216m) and Procurement Savings – in year (£34m) with a further £13m identified as cost avoidance (April – December).
- Professional Influence for April – December 24 shows significant benefits (£285m).

Procurement Savings & Spend In Wales

- Procurement Savings is on track for 24/25 for both in year and full year at the end of December. Regular discussions are ongoing with Health Organisations to identify further savings.
- NWSSP is on track to achieve the in-year procurement savins target achieving £41k against a target of £28k year to date.
- The percentage of spend in Wales for quarter 2 24/25 is 43% with £1.057m spent, matching the previous full year's percentage.

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

- During December £30k (Excluding SLE) of T&S was claimed which is a decrease on the November position (£35k). In December NHS Wales employees claimed for 226k electric miles which is 6% of the total miles claimed.
- NWSSP employees claimed 18k miles which is 4% of the total miles claimed.

Salary Sacrifice

- As of November, there are 4,221 salary sacrifice cars in use across All NHS Wales organisations where NWSSP manage the scheme, of these 77% are electric.
- For NWSSP as of November there were 220 cars in use with 77% classed as electric.

Project Management Office (PMO)

- As of December, the PMO/Service Improvement Team (SIT) is supporting 61 Project/Improvement work packages at various stages.

Planned Improvements

Planned improvements for future months (medium/longer term)

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

Recommendations

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

- The Outcome measures in the report.
- That Outcome Reporting is a work in progress which we are actively developing and refining our approach to provide more comprehensive information in the future.
- Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.

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Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**AGENDA ITEM:**

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Integrated Medium Term Plan Progress Report – Quarter 3 2024-25

ARWEINYDD: LEAD:	Rebecca Nelson, Director of Planning, Performance, and Informatics
AWDUR: AUTHOR:	Georgia Keegan, Assistant Planning Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Georgia Keegan, Assistant Planning Manager
MANYLION CYSWLLT: CONTACT DETAILS:	**georgia.keegan@wales.nhs.uk/ MS Teams**

Pwrpas yr Adroddiad: Purpose of the Report:
The purpose of this report is to provide the Partnership Committee with an update on the progress of our Integrated Medium-Term Plan (IMTP) for Quarter 3 2024-25. Please note that Q3 Foundational Economy data is not available yet and will be provided in the Q4 report. This report will also be shared with Welsh Government.

Llywodraethu/Governance	
Amcanion: Objectives:	**Our Services –** Driving the pace of innovation and consistently providing high quality services. **Our Value –** maximising the benefit, efficiency. And social impact of what we do for our partners. **Our People -** Working together to be the best that we can be.
Tystiolaeth: Supporting evidence:	The NWSSP IMTP 2024/2027, as approved by the Partnership Committee and submitted to Welsh Government.

Ymgynghoriad/Consultation :

Supporting evidence provided by NWSSP Divisions.

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	✓
Argymhelliad/ Recommendation	The committee is asked to note the content of the paper and provide feedback to inform future reports.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Not applicable
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	Not applicable
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	Assurance that NWSSP are on track to achieve the 2024/25 IMTP objectives.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	Not applicable.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

NWSSP IMTP 2024-27

2024-25 Quarter 3 Report

Georgia Keegan

January 2025

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

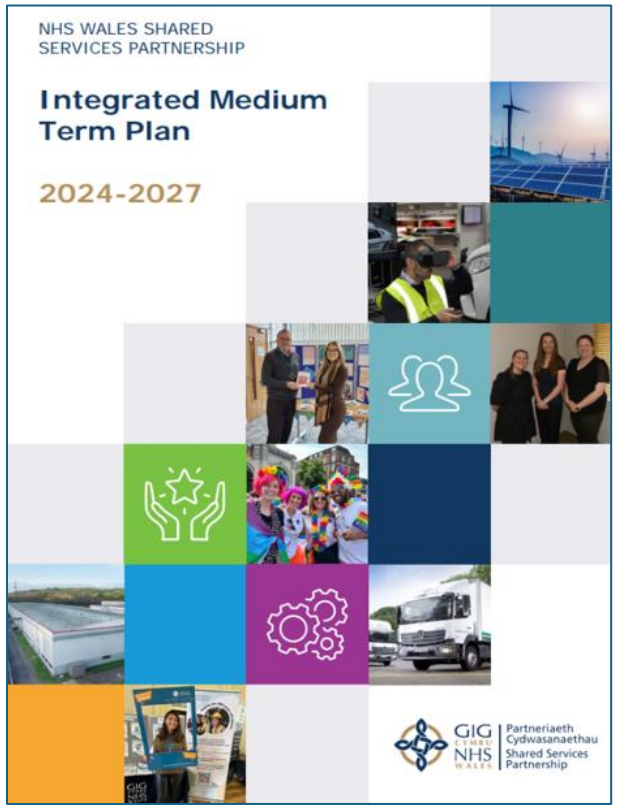
The purpose of this report is to provide the Partnership Committee with progress on a quarterly basis, that we are on track to deliver our IMTP objectives for 2024-25.

The report will cover:

- Quarterly overview for Quarter 3
- Divisional progress and areas of challenge
- Areas of focus
- What this means to our customers
- Recommendations

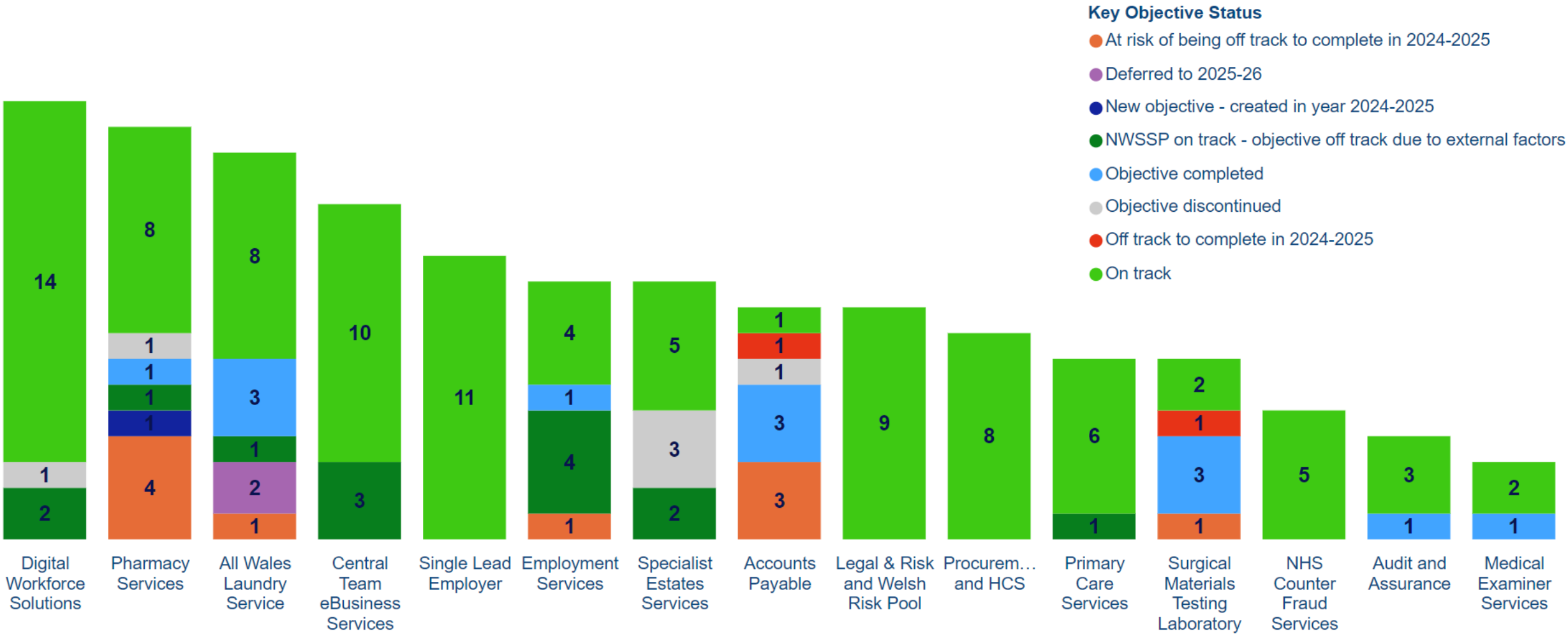
As highlighted in our IMTP our overarching principles for 2024-25 are:

- Doing the basics well
- Financial Sustainability
- Duty of Quality
- Staff Wellbeing



Divisional Progress

- This bar chart illustrates the distribution of objective statuses across the divisions.



Quarter 3 Overview

- The table below shows the status of objectives for Quarter 1, Quarter 2 and Quarter 3 highlighting progress across objectives throughout the year.
- In Quarter 3 we are reporting that 96 of our objectives are on track to be delivered in year.
- Reporting on objectives remains on a self-assessment basis by the divisional heads of service, scrutinised through the Quarterly Review process.
- Quarter 3 reviews commence on 14 January 2025.

	Q1	Q2	Q3
On track	113	109	96
At risk of being off track to complete in 2024-25	6	7	10
NWSSP on track - objective off track due to external factors	7	6	14
Objective completed	5	5	13
Objective discontinued	4	5	6
Off track to complete in 2024-25	0	5	2
Objective not yet started	6	3	0
Deferred to 2025-26	0	1	2
New objective - created in year 2024-25	0	2	1

Divisional challenge areas

- 2 objectives are **off track to complete in 2024-25** at Quarter 3.

Division	Previous Objective Status (Q2)	Desired Objectives	Targeted Action for Q4
Accounts Payable	Off track to complete in 2024-25	Increase the number of invoices processed via e-trading by 10%.	No progress has been made since Q2 and testing is taking a long time to progress. Welsh Government have recognised the concerns raised by NHS Wales and have implemented a new eProcurement User Group for 2025. In Q4 Accounts Payable will attend Welsh Governments eProcurement user group and make a decision on the Basware Partnerships.
Surgical Materials Testing Laboratory	Off track to complete in 2024-25	Implement a new Laboratory Information Management System (LIMS) to modernise the system.	Template development is complete, final approval is still required. A module in the LIMS, Electronic Laboratory Notebook (ELN) and the Installation Qualification and 2 and 3 Operational Qualification (OQ), which ensures the software functions as expected against specification, are complete. The final OQ session is to be scheduled, as it was postponed due to staff sickness. In Q4 the remaining worksheets will be completed in the Electronic Laboratory Notebook module. As well as a site visit by the provider, full Implementation of all modules, the schedule of the final ELN OQ session and approval of report templates.

Divisional challenge areas

- 10 objectives are **at risk of being off track to complete in 2024-25**.

Division	Previous Objective Status (Q2)	Desired Objectives	Targeted Action for Q4
Accounts Payable	On track	Implement the Statement Reconciliation software for our top 400 suppliers and deliver £800k from recovering credits.	Due to the use of an in-house RPA solution, there has been a restriction on the volume of suppliers that can be pushed through this process. There are software issues we are encountering, but discussions are taking place with Fiscal Tec and should be resolved in Q4.
Accounts Payable	On track	Re-procure the Early Payment programme for an April 2025 commencement.	Procurement not supportive of a Direct Award (Oxygen Finance are the only supplier on the Framework) and there is insufficient time to do a full EU procurement. Discussions have been held with Procurement and Oxygen Finance. Oxygen has submitted a proposal to increase our rebate earnings to 65% (currently 60%) and this will increase to 70% if we can include construction/works within the scope. This will be discussed and an agreed process will be in place during January 2025.
Accounts Payable	At risk of being off track	Implement a Portal in the Staff Benefits team for staff to utilise	Awaiting feedback from Corporate Communications to commence a trial in one organisation. Discussions are in place and aim to take place within Q4.
All Wales Laundry Service	Objective not yet started	Further develop our multi lingual training for all our production staff to ensure it can be made available in required languages.	Due to operational demand this has not yet been started, but discussions with the POD teams have begun and aim to be completed before the end of Q4.
Employment Services	On track	Implement the All Wales Staff Benefits Programme.	There have been delays in obtaining information from suppliers. In February we aim to present a detailed proposal to the All Wales staff benefits leads to seek an agreement on an All Wales benefits programme to commence in 2025-26.

Divisional challenge areas

- 10 objectives are **at risk of being off track to complete in 2024-25**.

Division	Previous Objective Status (Q2)	Desired Objectives	Targeted Action for Q4
Pharmacy Services	On track	Ongoing All Wales assessment and management of unlicensed medicines.	The contract start date will now be 1st October 2025, based on discussions with DHCW on when they can schedule the work to complete the contract upload into Careflow, at award stage. In Q4 the finalised list and structure of the tender are to be agreed upon with stakeholders and the tender exercise is to be completed.
Pharmacy Services	At risk of being off track	Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.	Funding for Band 6 post has not been approved. Seeking funding from Value and Sustainability workstream. A Low Value Low Risk case is being prepared.
Pharmacy Services	On track	Review homecare arrangements across Wales and establish an All Wales approach to homecare.	Work has been delayed due to staff sickness and a lack of resilience in the Medicines Values Unit team. The aim is for a February 2025 submission to SLG.
Pharmacy Services	On track	Development of new products from the NWSSP Medicines Unit.	Development of new products has slowed due to competing priorities for senior staff. Restructuring and reassignment of responsibilities are needed to progress further developments, which will be reassessed in Q4 to enable more production and QA support, with a focus on essential products to support the transition plan to TrAMs.
Surgical Materials Testing Laboratory	On track	Completion of Biological test method development.	No testing was performed this quarter due to staff time concentrating on the Electronic Laboratory Notebook worksheets. Testing has been scheduled for Q4, with control materials to be tested the week of the 16th January, alongside operator training.

Divisional challenge areas

- **6** objectives have been **discontinued**.
  - **5** objectives were carried over as discontinued from Quarter 1/2.
  - **1** additional objective has been discontinued due to a lack of engagement from HBs/Trusts following the introduction of Wagestream across most organisations.

Division	Previous Objective Status (Q2)	Desired Objective
Accounts Payable	Objective Discontinued	Working with the Service Improvement Team to identify improvement opportunities in relation to the Purchase to Pay arrangements for: a) Reducing the number of invoices on Hold older than 30 days. b) Reducing the number of invoices on a No PO No Pay hold. c) Straight through processing improvement.
Digital Workforce Solutions	Off track to complete in 2024-25	Manage and Extend Collaborative Bank Partnership (CBP).
Pharmacy Services	Objective Discontinued – due to duplication.	Identify unlicensed medicines routinely used across Wales in secondary care and tender for contract.
Specialist Estates Services	Objective Discontinued	Oversee delivery of Primary Care pipeline Post Project Evaluations (PPE).
Specialist Estates Services	Objective Discontinued	Promote Welsh Government requirements incorporated within the Social Partnership and Public Procurement Bill through the NHS Buildings for Wales (BfW) frameworks.
Specialist Estates Services	Objective Discontinued	Complete update of Fire Safety Improvement Programme: Deliver modules 2 and 3 of the online Fire Safety reporting system.

Divisional challenge areas

- 2 objectives have been **deferred to 2025-26** due to being unable to recruit, so will be moved to the next financial year.

Division	Previous Objective Status (Q2)	Desired Objective
All Wales Laundry Services	On track	Intake of 3 new Laundry Engineering apprentices for August 2024.
All Wales Laundry Services	Deferred to 2025-26	Look to further develop our engineering team by investigating part time engineering degrees alongside work.

- 1 new objective has been **created in year** during Quarter 3.

Division	Desired Objective	Targeted Action for Q4
Pharmacy Services	Supply PreP packs to community pharmacy 'hubs' to support service specification developed in conjunction with department of sexual health Cardiff/Welsh Government.	Purchase PreP pack stock. Get a list of community pharmacy pilot sites for approval. Set up storage location in IP5. Liaise with HCS regarding deliveries.

Divisional challenge areas

- **14** objectives have been identified as **NWSSP are on track – objective off track due to external factors** at Quarter 3.

  The main external factors hindering the progression of the 14 objectives are the following:

  - Engagement from Health Boards.
  - Resources being deployed to other projects.
  - Gaining agreements and decisions on proposed solutions.
  - Delays with suppliers.

  Targeted actions are in place for **10** of the objectives with a view to bring them back in line or to complete and close within the year.

  4 objectives that are not expected to come back in line in year are highlighted on the next slide.

Divisional challenge areas

4 objectives **NWSSP are on track – objective off track due to external factors** are facing challenges in progression.

Division	Previous Objective Status (Q2)	Desired Objectives	Targeted Action for Q4
Digital Workforce	Off track to complete in 2024-25	Support the continued implementation and deployment of Establishment Control across NHS Wales organisations.	It has not been possible to reach a consensus across Wales as to the target operating model (Establishment Control/ Establishment Reporting). A revised approach has been agreed. This will focus on the creation of a community of practice model where a number of Health Boards/ Trusts have already commenced local implementation.
Digital Workforce	NWSSP on track – objective off track due to external factors	Scope out improvements to the Electronic Staff Record (ESR) and Learning Support to align with other digital workforce systems.	Initial discussions at the Annual Leave (Carry Over, Purchase & Sale) Task & Finish Group have indicated challenges in securing agreement for a consistent All-Wales approach with little consensus on the format of an All-Wales solution. As such it will not be possible to progress to an All-Wales solution and approach in time for the 2025/2026 financial year. Therefore a fundamental review of the Helpdesk's operation is required in Q4.
Pharmacy Services	On track	Maintenance of regulatory and professional licences and registrations including Medicines and Healthcare Products Regulatory (MHRA) Specials, Wholesale Dealing, Home Office Licence and General Pharmaceutical Council Pharmacy registration status.	Identified need for CCTV in cleanroom and laminar flows will mean a deferred move into 2025/26. We will meet the Medicines and Healthcare Products Regulatory to update progress on radiopharmacy build and review timelines for microbiological service.
Specialist Estates	At risk of being off track	Review and update the national Fire Safety Audit System.	Due to a change in internal processes in DHCW, the application for this work to be completed has had to be resubmitted and has resulted in this moving back down in the queue. We will seek confirmation from DHCW when they can restart this project.

Foundational Economy

Throughout Quarter 2 of the 24-25 financial year our efforts have focused on enhancing the data quality and assurance associated with NHS Wales expenditure. This has included both Foundational Economy and the Carbon Footprint of our Supply Chain spend.

Quarter 2 saw engagement with Welsh Government, on the Social Partnership and Public Procurement Act and the proposed Well Being Impacts, with further engagement planned to ensure these additional measures are proportionate and attainable. Quarter 2 also saw the creation of the Welsh Government Foundational Economy steering group, to enable greater collaboration across NHS Wales.

Quarter 2 saw further engagement with national procurement colleagues on targeted contracts, with discussions on honing the tools and techniques that could be used to promote Foundational Economy and decarbonisation outcomes.

We will continue to commit to the principles of the Foundational Economy and as such our agenda continues to focus on;

- Increasing spend within Wales.
- Shortening supply chains.
- Increasing supply chain resilience.
- Nurturing individuals from our communities to meet our future workforce needs

Quarter 2 – 2024 / 2025 - Expenditure

Quarter	Overall Spend	Welsh Spend	Percentage
Quarter 1	£1,241,937,332.81	£546,178,460.33	43.98%
Quarter 2	£1,211,136,706.85	£510,384,767.34	42.14%

NB: Data excludes intra NHS, inland revenue and spend with Welsh Gov, data also excludes intra Health Board spend such as those under losses petty cash one off pensions authority and legal fees from insourced providers. Data includes spend with Local Authorities and other Public Sector organisations such as universities.

Foundational Economy/ decarbonisation Approaches

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National Contracts Targeted


Hotel Services & Textiles x 2


ICT x 2


Medical x 3


Provisions x 2


Transport x 1

Procurement Intervention (not exhaustive)

- *Lotting strategies*
- *Social Value Calculator*
- *Pre-market engagement*
- *Innovative evaluation criteria and methodologies*
- *Regional approach*

Outcomes

- FE £3.7m annual new spend into Wales potential conversion.
- Baseline Decarb 3332.4 TCO_2e potential reduction.
- FE benefits
  - Increased jobs
  - FTE employees hired or retained
  - Apprentice weeks
  - Donations to third Sector
  - Volunteering Hours
  - Investment in the Welsh Language
  - Use of Local Products (where appropriate).

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

Diversity, inclusion and foundational economy

- NWSSP has been formally recognised at the Employer Defence Recognition event in November 2024 and has received the Bronze award in recognition of our work with the Armed Forced Community. We will continue to work with the Regional Employer Engagement Director to implement further initiatives with the hope of achieving the Silver award in 2025.
- A new NWSSP retirement page has been built and we have launched the formal NWSSP and NHS Retirement Fellowship partnership. A launch event took place initiating a working group led by our retired alumni.
- A new Welsh course for beginners commenced in November, with 15 staff members attending.
- Submitted a pledge to Welsh Government in relation to the Corporate Parenting Charter to outline commitments to support care-experienced young people to enter the workplace.

Staff Wellbeing

- Menopause Buddy training has taken place to provide support to those experiencing the symptoms of menopause.
- A second cohort of mental health first aiders have been trained through NWSSP's accredited centre.
- Health and well-being visits have taken place across all South Wales Laundries.
- The Health and Well-being Conference is prepared and readiness activities have been undertaken in preparation for January's event.

People and Organisational Development – *Continued*

Speaking up safely

- Continue to lead Workstream 1 of the Supporting Postgraduate Doctors in Training to Speak Up Safely in conjunction with HEIW. This will see the implementation of appropriate Employment Management Agreements, a Speaking Up Safely Policy and aligned Procedures and Workflows as well as the procurement of an appropriate reporting platform.
- The Workforce Race Equality Standard Report and a number of other key areas of focus related to the provision of a safe and inclusive organisation will be further developed in Q4.

Staff survey

- Work is continuing with our services through our Business Partners supporting the development of local action plans.

Progress against key focus areas

International Recruitment – *delivering an ethical, sustainable supply of healthcare professional into the NHS Wales Workforce*

- The All Wales International Recruitment App has successfully launched incorporating a broad range of information and resources for International Educated Nurses.
- All Wales international recruitment programme received approval from the General Medical Council (GMC) to sponsor doctors at Specialist Grade.
- A collaborative recruitment pilot has been launched for Registered Mental Health Nurses (RMNs), with CAVUHB and SBUHB awarded regional OSCE centre status following a competitive commissioning exercise.

Electronic prescribing services – *supporting sustainable service delivery within community pharmacies*

- The first group of Dispensing Appliances Contractors sites in Cardiff are now live.
- Further collaboration with DHCW will continue into Q4, with a January deadline in place for new supplier bids.

Digital – *Maximising the return on investment in digital systems and applications*

- 5 of our digital objectives as reported in Quarter 2 are on track to deliver.
- Deliver remediation actions to support the recommendations of the CRU Cyber Assessment Framework (CAF) report is at risk of being off track due to delay in completion by some divisions, but will target those services in Q4.
- Deliver phase 1 of the DHCW SLA restructure to support the proposed Target Operating Model in the Digital Strategy is discontinued following an internal audit report on SLA provision and will be remodelled and replanned for 2025-26.

National Ophthalmic Contract for Wales – *Enhanced eye care services available within Primary Care setting*

- Committee meetings are all in place and reporting formats and timetables have been agreed.
- Secured Project Management Office support / Project lead to coordinate and re-prioritise key deliverables and agreed timescales.

What this means to our customers

- **8** objectives were **completed and closed.**
- As shown below, **8** of these completed objectives highlight the benefits to our customers, and our customer centric approach.

Division	Desired objectives	Q3 – Planned Activity	Q3 Update – Planned Activity vs Actual Activity	What does this mean to our customers?
Accounts Payable	Increase the proportion of Electric/Hybrid vehicles that are on the Salary Sacrifice fleet to 90%.	Monthly monitoring.	The total number of salary sacrifice cars administered by the Salary Sacrifice Team was 4285 as at the 19th December 2024, of which 4093 vehicles were either Electric/Hybrid i.e. 95.5%.	Staff are able to procure an electric or hybrid vehicle which will contribute towards the Welsh Government Decarbonisation agenda.
Accounts Payable	Increase the number of salary sacrifice vehicles by 10%.	Monthly monitoring.	The total number of salary sacrifice cars administered by the Salary Sacrifice Team was 4285 as at the 19th December 2024, of which 4093 vehicles were either Electric/Hybrid i.e. 95.5%	Staff being able to secure an environmentally friendly car via salary sacrifice.
All Wales Laundry Service	Work with our Health Courier Service (HCS) colleagues to develop a costing system for a monthly Laundry transport charge.	Roll out monthly charge model.	Currently, the charging is being undertaken via finance colleagues quarterly and is checked in depth.	A strong transport team to ensure best delivery to our customers.
All Wales Laundry Service	Ensuring we continue to work closely with procurement on our purchasing of linen. Ensuring these are purchased from ethical and sustainable suppliers.	No action planned this quarter.	A new contract via supply chain has been organised by central procurement.	Ensuring our customers receive the best possible product that has been procured ethically and sustainably.

What this means to our customers **continued**

Division	Desired objectives	Q3 – Planned Activity	Q3 Update – Planned Activity vs Actual Activity	What does this mean to our customers?
Audit and Assurance	Develop a new reporting methodology, focusing on outcomes and key messages.	Consult with key stakeholders.	Revised reporting template finalised and implemented from October 2024. First reports have been finalised using new template.	More streamlined reports, with clearer message and impact.
Medical Examiner Service	Meet the legislative requirement to scrutinise all deaths where a MCCD is issued, or where a case is not directly referred and investigated by the coronial system, in a timely manner as to prevent undue distress and delays to the bereaved in the death certification process	Maintain reviewing 100% of deaths.	100% of all eligible deaths are coming via the MES - this is around 600 - 700 per week across the service. Some clear coroner case are still being notified to the MES and a system of recording but rejecting these cases has been established. Core function has been key this quarter as winter pressures have meant an increased case load for the service and the MEO and ME processes have been adapted to manage this increase in work load.	Improved input into quality and safety systems.
Surgical Materials Testing Laboratory	Explore options to attain accreditation of the Product Assessment Specification 29 which is used to assess disposable pulp products.	Apply to United Kingdom Accreditation Service (UKAS) for addition to scope visit.	PAS 29 tests added to published UKAS schedule.	Expansion of accredited tests for Surgical Materials Testing Laboratory customers (NWSSP Procurement Services and Commercial).
Surgical Materials Testing Laboratory	Establish testing procedures for the effect of Air Scrubbers within clinical settings.	Have the test methodology recognised as United Kingdom Accreditation Service (UKAS) accredited.	Testing methodology has been accepted by UKAS, and contained as sections within current test methods, which are present within SMTL's schedule of accreditation (TM-266 & TM-354).	The ability for Health Boards to analyse data of the performance of Air Scrubbers within their intended locations of use.

Conclusion and Recommendations

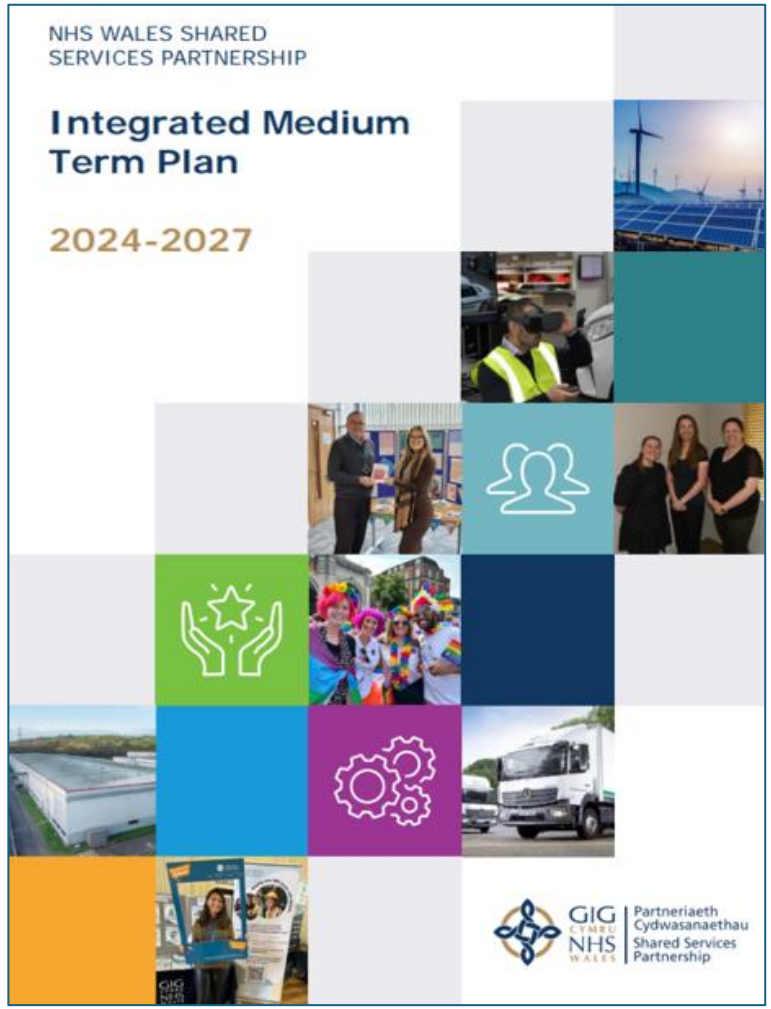
- Our work in Quarter 4 will continue to focus on our organisational strategic objectives to:

  - Maximise the benefit, efficiency and social impact of what do for our partners.
  - Working together to be the best that we can be.
  - Drive the pace of innovation and consistently provide high quality services.

- We have made solid progress again in Quarter 3 and will continue focusing on targeted actions as we move in to Quarter 4. Additional scrutiny will be applied to objectives identified as off track or at risk of becoming off track during the quarterly review process, which commenced on 14th January 2025.

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

- The Partnership Committee are asked to feedback any comments regarding the Quarter 3 report before submission to Welsh Government.



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	20/01/2025
The report is not Exempt	
Teitl yr Adroddiad/Title of Report	
Project Management Office and Service Improvement Update Report	

ARWEINYDD: **LEAD:**	**Rebecca Nelson, Director of Planning, Performance & Informatics**
AWDUR: **AUTHOR:**	Gill Bailey, Assistant Head of Project Management Office
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ian Rose, Head of Project Management Office
MANYLION CYSWLLT: **CONTACT DETAILS:**	Gill.bailey@wales.nhs.uk Ian.rose@wales.nhs.uk

Pwrpas yr Adroddiad: **Purpose of the Report:**
To provide the Shared Services Partnership Committee with an update on progress with key projects and initiatives undertaken by NWSSP.
Llywodraethu/Governance

Amcanion: **Objectives:**	**Our value -** To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. **Our services** - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. **Our people** - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth: **Supporting evidence:**	NWSSP IMTP 2024-27 approved in principle by SSPC in Jan-24.
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.						

PMO Dashboard Report

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 PMO Report

PMO Dashboard Report

NWSSP PMO Update - 20 January 2025

Prepared by Gill Bailey

Summary

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

Projects	18
Programmes	1
SI Initiatives	4

The schemes have different SRO/Project Executive Leads across a number of NWSSP directorates and Health boards.

Also, within the schemes the breakdown of scheme size and coverage ranges from:

- **52% (12 Schemes) All Wales** – Typically where the scheme covers multiple health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis
- **48% (11 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

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

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

SSPC Recommendation

To note contents

PMO Dashboard Report

Key Trend information and Initiative Overview

Initiatives – 19

Scheme Scale								
All Wales	**SRO**	**Previous RAG**	**Current RAG**	**SIZE**	**Start Date**	**Original Completion**	**Revised Completion**	**% Completion**
Demographic Transformation	Ceri Evans	Green	Green	Large	21/06/2021	31/07/2023	31/03/2025	79%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Red	Red	Large	13/04/2021	29/03/2024	31/03/2025	33%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Green	Medium	02/02/2023	29/03/2024	31/03/2025	90%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	Large	01/10/2022	31/03/2024	31/03/2025	89%
Workforce Intelligence Service	Nicola Phillips	Green	Green	Medium	08/07/2024	28/03/2025	N/A	16%
Optimising Workforce Transactions (OWT)	Rebecca Jarvis	Green	Green	Large	01/03/2024	31/03/2025	15/09/2025	1%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	N/A	10%
Implementation of NWSSP Microbiology Monitoring Service	Laura-Jayne Keating	Green	Green	Medium	10/12/2024	31/07/2025	N/A	5%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	N/A	43%
Medicines Homecare Service	Colin Powell	Green	Green	Large	03/06/2024	31/03/2026	N/A	38%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	31/03/2026	N/A	5%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	**SRO**	**Previous RAG**	**Current RAG**	**SIZE**	**Start Date**	**Original Completion**	**Revised Completion**	**% Completion**
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Amber	Green	Large	16/08/2021	31/08/2023	31/03/2025	95%
Employee Investigations	Michelle Thomas	Green	Green	Medium	13/11/2023	31/12/2024	N/A	25%
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	N/A	50%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	31/03/2025	30/05/2025	83%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	31/03/2025	N/A	70%
Leaders of the Future for NWSSP rising Stars	Julia Denyer	Green	Green	Medium	02/10/2023	01/04/2025	N/A	69%
Data Management	Scott Lavender	Amber	Green	Large	04/04/2022	30/09/2025	30/09/2025	45%

PMO Dashboard Report

Service Improvement Key Trend information and Initiative Overview

Initiatives – 4

Scheme Scale							
NWSSP	**Sponsor**	**Previous RAG**	**Current RAG**	**DMAIC Stage**	**Start Date**	**Original Completion**	**Revised Completion**
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023		01/04/2025
SMA RPA	Stephen Withers	Green	Green	Work Package	01/02/2024	28/02/2025	N/A
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Analyse	22/06/2023	31/03/2025	N/A
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Green	Green	Define	06/12/2023	31/03/2025	N/A

PMO Dashboard Report

Key Individual Project/Programme Updates		
Project Name	**Project Manager**	**Project Exec/SRO**
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Bethan Rees, Abi Shackson, Lisa Williams	Nicola Phillips

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

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

Recent Gateway Review? No

Objective

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

Progress Update

Following discussions in Dec-24 between NWSSP, the contractor and subcontractor to reset the project, an agreement was made to deliver the Workforce minimum viable product by the end of Mar-25. A Change Control Note has been raised to confirm the new milestones and Statement of Works. The build is now moving at pace and user acceptance testing will commence within the next month.

Timescales are extremely tight, however there is confidence in the plan to deliver release one by the end of Mar-25.

Main Issues, Risks & Blockers

Risks

Project timescales for solution build and data migration are extremely tight & there is a risk to project delivery if this activity is not completed on time - Monitor throughout & liaise with Finance for payment milestones.

Impact on Existing Service/Arrangements

There is no impact on existing services, as the legacy solutions are currently still in place and will be phased out following the successful implementation of PCWIS.

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

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

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

Recent Gateway Review? No

Objective

To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.

Progress Update

- Concept design work has verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.
- Planning application has been submitted covering both the South East Radio pharmacy and the South East Hub. Queries from the planning authority have been answered. The authority has determined our application with "Intention to approve". A Sec 106 agreement will be needed and this has been prepared and is with Velindre Trust for signature under seal. As soon as the signed agreement is returned to the council, our planning permission letter can be issued.
- Detailed design of the Radio pharmacy has concluded and scrutiny has been completed.
- The tender for the enabling works has been awarded. The contractor is due to start on site on 27 January 2025 for a 16 week scope of work.
- Once the Planning Permission letter has been received, final confirmation will be sent to Welsh Government to unlock funding for the cleanroom build.
- Outline Business Case (OBC) for the remainder of the hub is being prepared. The capital costings are stable. Work is currently focussed on agreeing with Health Boards and Trusts the Revenue Baseline, Preferred Option, Benefits profile, and revenue funding model. We are still aiming for OBC Approval in Mar-25. Programme Board has approved tendering for the isolators which are the only remaining major item not under contract. If there are any further delays in OBC compilation, we may explore whether Welsh Government will accept a single stage approval (straight to FBC) for the case to recover lost time.
- The South West Hub project is also active. A longlist of 7 sites has been compiled and a surveyor engaged to estimate the costs to bring each of them to a comparable condition. An initial site selection workshop is being planned for Mar-25. We will seek a scoping meeting with Government to seek funds for OBC development once a preferred site is identified.

- The programme continued to interface with BCUHB to understand their plans for clinical transformation of their Nuclear Medicine service, and to understand the implications for the future North Medicines Hub.
- Laboratory space in IP5 is being brought into use as staffing and funds permit. Staffing for the laboratories has been identified within the NWSSP 25/26 budget.
- The TRAMS Digital Project is preparing tender documents. Programme Board has authorised a tender to be offered, and this is expected to be published in Feb-25. We are still aiming to have a Minimum Viable Product live for Jan-26. Engagement is ongoing with DHCW to ensure they are fully sighted on the wider implications for medicines software and data flows and are prepared to support integration where required. Central Team eBusiness Services are also sighted on the likely need for Oracle integration. The NWSSP Chief Digital Officer is sighted. Project costs are included within South East Hub Business Case.
- Validation of the proposed product catalogue with clinical groups is ongoing. A pack describing the proposed Service Model v1.0 was issued to Chief Pharmacists at the end of May-24. The model was updated following discussion to v1.1 in Aug-24. This model underpins the revenue costings and benefits to be used in the Hub OBC Preferred Option.
- Planning of Organisational Change Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in Mar-24 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts are currently being finalised.
- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.
- Finance Sub group of Health Board and Trust representatives is meeting monthly to work on detailed identification of the revenue budgets that support the existing services, and validating capital cost option estimates.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

Main Issues, Risks & Blockers

- **Time taken** to deliver production capacity to the service remains a major concern for the Programme.
  - We must have new aseptic cleanroom capacity for Cancer Therapies open before the new Velindre Cancer Centre opens, and their legacy aseptic unit closes.
  - Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least four Health Boards in this position.
  - The Swansea Radio pharmacy currently represents a single point of failure for twelve major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested.
- The Welsh Government investor has indicated that capital approvals will only be sought from the Cabinet Secretary once **planning permission** is in place. While scrutiny and other preparatory steps can be undertaken while planning permission is being sought, this has the potential to delay the Radiopharmacy and South East Hub projects, for as long as planning permission is not received.
- Current **staffing pressures** throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. The proposed level of staffing to operate the TRAMs service model is also being actively reviewed to ensure the project as a whole remains affordable.
- Based on current position, the programme is rated **"Red".**

Impact on Existing Service/Arrangements

Successful rapid delivery of the programme is necessary to avoid significant adverse impacts on medicine supply to patients, particularly those with cancer indications.

Project Name	Project Manager	Project Exec/SRO
Data Management	Alison Lewis	Scott Lavender

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

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

Recent Gateway Review? Yes

Objective

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

This will be achieved by the following project objectives in the discover phase which will inform the next phases of the project.

To catalogue: -

- Existing delivery mechanisms and solutions.
- Current arrangements for the supply of regular reports.

To review: -

- Data request / response processes including IG review processes
- Existing technical infrastructure

To identify: -

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

Progress Update

Project Board agreed project end date to be extended to Sept-25.

A review of Hywel Dda University Health Board dashboards identified significant improvements to the NWSSP Ophthalmic dashboard would be required to achieve the same standard. This has resulted in a delay until the amendments are made.

The dashboards developed for other contractor services for General Medical Service, Pharmacy and Dental Services will continue to be rolled out to seek universal feedback from all stakeholders.

The Data Privacy Impact Assessment is now near completion, awaiting Tim Knifton Information Governance Manager feedback following some questions raised regarding his risk assessment, a meeting is required to clarify his rationale once he returns from annual leave.

The Equality Integrated Impact Assessment i(EQIIA) s complete and ready to be submitted to the EQIIA group for approval.

Main Issues, Risks & Blockers

None identified over the reporting threshold.

Impact on Existing Service/Arrangements

No impact to existing service arrangements.

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

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

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

Recent Gateway Review? No

Objective

The responsibility of the Medical Records Accommodation review Group is to find suitable alternative accommodation for all staff, equipment and medical records currently residing in Brecon House. The scope has been expanded to include the relocation of the Document Scanning Team and equipment based in Companies House.

Background

An initial business case sought funding to secure additional space to expand the Patient Medical Record (PMR) Service to GP Practices across NHS Wales. The business case was submitted and approved by NWSSP Senior Leadership Group in Aug-22 and subsequently Velindre Trust Board. As the investment was to purchase a capital asset, the business case was submitted to Welsh Government for ratification. Welsh Government responded requesting additional information on the fire suppression requirement for the new building. Whilst a report was obtained, a critical issue arose.

The business case was prepared on the basis that Primary Care Services (PCS) would be able to extend the lease of Brecon House, Mamhilad Park Estate. Since then, it was discovered that the building contains Reinforced Autoclaved Aerated Concrete (RAAC) Panels in the roofing Structure. The landlord initiated a monitoring and remedial works program for the RAAC panels but failed to provide a plan, risk assessment or work schedule. Some interventions, such as steel fixings and nettings, have been implemented but only cover a small portion of the necessary actions. As a result, the requirement for an exit strategy and plan to remove items from the affected areas of Brecon House is now crucial and a refresh version of the Business Case was submitted in Apr-23.

In addition, the PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, relocation to the CP2 building is not a suitable option for the Document Scanning service and it is prudent to consider merging the Document Scanning team onto one, although options are being explored.

Progress Update

Medical records from Brecon House to DuPont, Mamhilad (new accommodation)
The lease for the new premises, Dupont, commenced from 06 August 2024.

All works have now been completed by the racking company to install and transfer new/existing racking into Dupont. Along with the completion of all notes being transferred from Brecon House to Dupont by the removals company. The removals company are still onsite to take away all unwanted racking for disposal and are on track to complete by end of Jan-25.

Due to works now nearing a close, sub working groups will be merged. There is now one sub office group for the move which will cover off all elements Office, Fire, Facilities, H&S, Procurement, IT and Finance to ensure progress/completion of identified tasks. This has been agreed with Project Board.

Health & Safety have given the go ahead for staff to move into Dupont and this successfully took place w/c 06 January 2025.

All works are on schedule for successful completion prior to the lease of Brecon House ending at the end of Jan-25.

Communication updates are being provided to staff on a monthly basis to keep them informed of progress. The review of the current situation within Brecon House for RAAC, is being monitored and assessed on a regular basis.

Medical Records Culling of Notes relating to Infected Blood Enquiry
Phase 1 - The established workstream are working to facilitate the first phase of the culling of notes - COMPLETED Jan-25.

Phase 2 - A Project plan has been established to coordinate the culling of records, which will consist of destructing approximately 140,000 medical records, a contractor has been appointed with work starting mid Jan-25 for a 10-week period.

Phase 3 - Business as Usual will be established in Q1 financial year 25/26.

Main Issues, Risks & Blockers

Medical Records Culling of notes for the Infected Blood Enquiry
Early risks have been identified relating to time constraints, costs, staffing resources, health and safety which will be fleshed out as the workstream progresses.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Laundry Memorandum of Terms of Occupancy (MOTO)	Paul Thomas	Stuart Douglas

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

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

Recent Gateway Review? No

Objective

On 01 April 2021 NWSSP took over the responsibility for delivery of Laundry Services to NHS Wales operating from the following locations:

- Ysbyty Glan Clwyd (Betsi Cadwaladr University Health Board - BCUHB)
- Llansamlet (Swansea Bay University Health Board - SBUHB)
- Green Vale (Aneurin Bevan University Health Board - ABUHB)
- Church Village (Cwm Taf Morgannwg University Health Board - CTMUHB)
- Glangwili (Hywel Dda University Health Board - HDUHB)

At that point services from Church Village and Glangwili were part of the All-Wales Laundry Service, but staff were managed by the respective Health Boards.

The 'Shift East' NWSSP Project was then initiated in 2023 to deliver the following changes:

1. Transfer of staff from CTMUHB (Church Village) to NWSSP (delivered Apr-24)
2. Transfer some Laundry staff from HDDUHB (Glangwili) to NWSSP to deliver a hub base service model (delivered Apr-24)
3. Conversion of the Glangwili Laundry to provide a hub for NWSSP services (in progress)

As a result of the changes in service profile, it has been necessary to create workstreams to formalise the basis of NWSSP's occupation at Church Village and Glangwili through a suitable form of agreement.

Progress Update

Work Stream 1 (Church Village)

In Dec-23, whilst initiating tasks to put the MOTO in place, CTMUHB expressed a preference to transfer the Building to NWSSP. Two surveys were commissioned (Building and Mechanical & Electrical Service (M&E)) and undertaken with the output shared with NWSSP and CTMUHB stakeholders on 08 May 2024. These surveys indicate a combined maintenance backlog of £1.4m exc VAT and fees etc).

Given that NWSSP has no funds to address the backlog, nor resource to manage it, this is not a viable proposition. In light of the situation, NWSSP are yet to make a decision on the future direction of travel.

This position has been recently reviewed by NWSSP's Managing Director and the Director of Specialist Estates Services, as ideally occupation will be formally recorded, nevertheless, given that NWSSP are unable to afford to take on the property and CTMUHB want NWSSP to take this on, it was concluded, there was no basis for discussion.

NWSSP H&S are supporting the Laundry service in engaging with CTMUHB to ensure that minimum standards of safety are being maintained for safe operation of the facility.

Work Stream 2 (Glangwili)

HDUHB has worked constructively with NWSSP to plan and implement a suitable agreement to formalise NWSSP's occupation of the site.

Research completed by NWSSP Specialist Estates Services, acting on behalf of both sides indicated that adoption of a more informal format of agreement (in unsigned form) would reduce the risk of creating obligations which may otherwise be deemed to apply under the Minimum Energy Efficiency Standard (MEES).

An 'Agreement' document has been developed between NWSSP and HDUHB, setting out roles and responsibilities around occupation of the hub site by NWSSP and confirming that the arrangement runs for the period 08 January 2025 to 31 March 2030.

Main Issues, Risks & Blockers

Risks

Work Stream 1 - If CTMUHB and NWSSP cannot reach agreement on Tenure arrangements working relationships could become strained and increased risk of destabilising the revised operating model.

Workstream 1 - The condition of the building and site will generally deteriorate and may fall beneath a safe or viable operating standard.

Buy-in Risk

If Health Boards do not buy-in to the process, there is a risk of failure to secure a signed MOTO. Communication has begun between all parties to mitigate any risk.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Demographic Transformation	Gill Bailey, Abi Shackson	Ceri Evans

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

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

Recent Gateway Review? No

Objective

The existing National Health Application and Infrastructure Services (NHAIS) system is a business-critical system used across NHS England and Wales to manage patients' registrations for primary care, contractor payments including General Medical Services (GMS) practitioners and to deliver screening services. The existing NHAIS and Open Exeter non-core functionality will need to be replaced.

Implementation of replacement functionality such as:

- Use of Welsh Demographic Service provided by Digital Health & Care Wales (DHCW) – **complete**
- Implement replacement NHAIS local hardware hosting (legacy infrastructure) to ensure continuity of service up to and during transition - **complete**
- Implementation of alternative data extract provided by DHCW - **complete**
- Implementation of in-house application known as MRTransfer, previously known as 'Notify', that monitors the movement of medical records - **complete**
- Implementation of Primary Care Registration Management System (PCRM) provided by NHS England (previously NHS Digital) - **complete**
- De-commission NHAIS local boxes - **complete**

Progress Update

All reliance upon NHAIS by NHS Wales has been removed with the implementation of Family Practitioner Payment System (FPPS), Primary Care Registration Management System (PCRM) and MRTransfer with data feeds provided via Welsh Demographic Service.

Th NHAIS instances hosted in the Newport Data Centre have been physically removed and temporarily stored in DHCW Pencoed site prior to decommissioning by DHCW. DHCW have advised that the remaining NHAIS instances in Mamhilad will remain in situ for the time being.

Residual tasks relating to the Patient Care Registration System (PCRM) and MRTransfer are being monitored in readiness for hand over to business as usual.

NHSE have completed the first phase development to produce a data feed obtained directly from Personal Demographic Service (PDS) to inform global sum (GSum) calculations to enable payment to General Practitioners based on practice list sizes. It is anticipated the 2nd phase, daily updates will be available and provided by the end of Jan-25.

The project team is currently focused on confirming the benefits and dis-benefits to inform workforce planning.

Main Issues, Risks & Blockers

Risks:
No risks to report above the threshold. To note, all risks are being monitored.

Issues:

Confirmed costs not available for the management of PCRM. Following a proposal by NHS England, DHCW are exploring the potential to include PCRM costs in DHCW's Spine Work Package with NHSE. Negotiations are ongoing with NHSE and DHCW to confirm these costs but likely to be protracted due to the additional services they are looking to include such as EPS.

Impact on Existing Service/Arrangements

As the project is on track, there is no impact on existing service nor arrangements.

Project Name	Project Manager	Project Exec/SRO
L&R Case Management System implementation phase	Daniel Sinderby	Mark Harris

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

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

Recent Gateway Review? No

Objective

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

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

Progress Update

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

The project is now into delivery/implementation phase. During this reporting period the following actions have been undertaken;

- A second system overview session was delivered by a Civica trainer for L&RS
- System configuration workshops with the supplier consultant have been undertaken for all L&RS teams
- Business Support team completed initial configuration training in order to assist the Civica consultant with creating system screens..
- Initial trial migration of L&RS data has been completed, along with an assisted migration testing session. Migration feedback for Civica is currently being collated.
- Planning of a second trial migration is underway.
- All documents from Virtual Cabinet (Live and Archive) have been exported and sent to Civica securely in preparation for a full document migration test and Go Live.
- IT internal changes have been progressed and solutioned with DHCW (Centre of Excellence and Client services) to integrate the iCasework system within NHS Wales IT systems including Active Directory integration, email integration, Office 365 integration as well as an Application Programming Interface to allow connectivity and enable data sharing among different L&RS applications
- L&RS are currently reviewing the financial/billing functionality within iCasework and requirements for NWSSP.
- Super User Champions have received initial training in preparation for their role and to enable them to support L&RS staff using the new system.
- End User and Specialised training sessions have been planned for the weeks prior to Go Live.

- Currently reviewing Go Live Support options with Civica.
- Communications are ongoing. Internal webpages have been created with content and newsletters consistently released to ensure wider L&RS are informed on project progress.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

Project on track, no impact to existing arrangements.

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

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

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

Recent Gateway Review? No

Objective

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by Mar-23, this was delayed on 3 separate occasions by the Programme before being realised in Nov-23.

Progress Update

To note the percentage completion is based on an average of both Reimbursement and Smartcards workstreams: 86% Reimbursement, 93% Smartcards. Overall project completion is 89%.

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

The pharmacy system suppliers Invatech, Boots, Positive Solutions and Clanwilliam have been signed off and have full authority to release nationally.

Pharmacy X, EMIS Health and Cegedim now have a FOT and connecting GP Live in Live, monitoring progress through the 45 day period and Deployment Verification Criteria (DVC). Approval for national authority to release is to be confirmed at EPS Programme Board on 16 January 2025.

Apotec FOT timelines are still to be confirmed.

Progress Update

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

Integration/Development of Internal Applications: Work on the archiving of the EPS PROD SQL data has been completed. Changes have been made to the EPS dashboard and the team are currently working with DHCW to publish it to live. Work relating to Quality Control will now be the focus.

Assurance: Assurance timescales for each supplier (where known) are incorporated into the project plan.

Service Management: NWSSP is part of a wider group of stakeholders who are continuing to refine the EPS Service Management approach. There are currently discussions ongoing at Programme level around establishing a Service Management Board for EPS, following on from the approval of the Operational Support Guide. A Service Level Agreement (SLA) is being worked on between PCS and DHCW outlining the responsibilities that NWSSP and DHCW have for each element of EPS. PCS and DHCW have met regarding feedback and have agreed to complete the SLA by the 31 January 2025.

Communication Approach: It has been agreed that DHCW will host all EPS online communications. NWSSP will host any digital content such as application forms and accompanying information for contractors on NWSSP webpages.

Funding: The Investment Case was taken to Programme Board in Nov-24, however it was not approved as changes are needed. DHCW are working on this with the intention of submitting to Programme Oversight Management Board on the 16 January 2025. Submission to Welsh Government will immediately follow this. Invoices are currently being raised for budget spent this financial year.

Smart Cards:

- PCS are continuing to support the current live First of Type (FOT) sites and the rollout of the early adopter sites of the approved suppliers, where volumes continue to increase.
- The Locum information webpages with accompanying electronic application form has now been published and shared with DHCW. Programme have sent comms to announce this as part of the December e-bulletin.
- The Project Team have been working with DHCW Clinical leads to put together a process for registrars/trainee Doctors under Single Lead Employer to apply for a smartcard.
- There is work ongoing with standardising the EMIS GP Sample Roles. The Project Team have been working with DHCW Clinical Leads to create these roles and a pilot will take place with a group of upcoming sites.
- Work is ongoing regarding the prioritisation of ServicePoint requests to ensure that sites that are part of the national rollout are prioritised over independent pharmacies.
- PCS are currently reviewing feedback from the Programme team on the pharmacy consolidation process for EPS.

Main Issues, Risks & Blockers

Risks

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

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

INPS (Cegedim GP supplier) has now gone into administration which affects the planned GP system migration to EMIS GP leading into 2027. NWSSP have been notified that if a new buyer isn't in place by the end of Jan-25 then this will accelerate the migration which will have significant negative impact on the resources required to deliver the Smartcard service with the current capacity. This is being closely monitored by NWSSP and DHCW with the Programme team aware of the risk this poses to NWSSP.

Business as usual funding (post Apr-25) has not yet been agreed. The Programme has prepared an Investment Business Case which includes NWSSP costs. The document has been submitted for approval.

Issues

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

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

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

Impact on Existing Service/Arrangements

No impact to existing arrangements.

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

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

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

Recent Gateway Review? No

Objective

Background:
In November 2019, the Solicitors Regulation Authority (SRA) introduced the Standards and Regulations (STARS) which has afforded Legal & Risk Services the opportunity to consider expanding the services they provide to primary care providers eg

General Practices. This aligns to the Welsh Government Primary Care sustainability agenda by extending support to GPs for these services. This project will also complement the support already being provided by NWSSP for primary care.

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

Progress Update

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

Development of Legal & Risk web site is underway with the anticipation that this will be ready Q4 24/25. 'Soft' launch event with GP Clusters that have expressed an interest in the new service has been delayed to Q1 25/26 due to the implementation of the new Legal & Risk case Management System due to go live by the end of Mar-25.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Leaders of the Future for NWSSP rising Stars	Rachel Pember	Julia Denyer

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

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

Recent Gateway Review? No

Objective

The purpose of the project is to create and manage a Leadership development programme for Leaders of the Future For NWSSP' Rising Stars. The aim is to develop and grow staff within NWSSP, giving them the opportunity to step outside their current roles and take on mew initiative to develop their leadership skills.

Progress Update

NWSSP People and Organisational Development Senior Leadership Team have agreed for the project to progress at pace with a view to bringing forward the launch to within 24/25.

Project team members have reviewed the project plan and additional tasks which includes five new milestones sections have been added to the project plan. These relate to the application/recruitment process and ongoing monitoring of successful applicants.

The Leaders of the Future application process went live across NWSSP on 06 January 2025, with the close of applications on the 27 January 2025.

There are eight positions available within this current programme.

Applications submitted for the Leaders of the Future programme will be reviewed by the People and OD team and will inform all candidates on their application shortly after the closing deadline.

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

Main Issues, Risks & Blockers

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

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

Impact on Existing Service/Arrangements

No impact to existing service arrangements.

PMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO
Employee Investigations	Rachel Pember, Myra Jones	Michelle Thomas

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

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

Recent Gateway Review? No

Objective

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

Progress Update

Two launch events were held on 13 September 2024 and 18 September 2024, in North and South Wales respectively.

Work is underway with the Project Manager, Project Executive and the Task and Finish Group. The project team are continuing to finalise on the internal project plan which now includes recommendations from delegates at the two launch events.

The project team will also work with the National Team to capitalise on the fantastic engagement at the launch events and send further communications to the attendees to promote the cascading of the online training sessions and drafting a news story from the events.

Further Task and Finish groups and project team meetings have been scheduled in the diaries to progress this work.

Main Issues, Risks & Blockers

None over the threshold identified

Impact on Existing Service/Arrangements

This project is on target, therefore there is no impact on existing service/arrangements.

Project Name	Project Manager	Project Exec/SRO
Optimising Workforce Transactions (OWT)	Rhiann Iles	Rebecca Jarvis

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

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

Recent Gateway Review? No

Objective

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

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

Scope

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

Objectives

- Digital Workforce Productivity will explore the opportunity to create an additional portal for non-payroll functionality for development and implementation following the full rollout of SMA and Manager Self Service (MSS) within Electronic Staff Record (ESR).

- Ensure regular communication and collaboration between Digital Workforce and Productivity and other service areas within Employment Services, responsible for delivering on transformation and modernisation programmes, to ensure that any data gaps identified are fed into the specification requirements for the development of the portal.

Progress Update

Recent discussions on 14 January 2025, confirmed that no development changes will be implemented within the Staff Movement Advice (SMA) tool for the next 12 months. This is to ensure stability within the application.

The above meeting recognised that presently, there is little, current crossover between Staff Movement Advice (SMA) and the additional functionality offered within the Manager Self-Service (MSS) module within the Electronic Staff Record (ESR), therefore, although of high importance, the work is ongoing and can continue to be actioned, as a lesser priority.

However, identified for urgent resolution, is the capture of change reason functionality, currently a data gap. This is required by Welsh Government as part of reporting requirements and additionally, is pivotal to the ESR transformation Programme.

Therefore, the project is required to assimilate to reflect these changes and mitigate the risks presented. Work to realise the realigned objectives will begin imminently and progress reported during the next reporting cycle.

Main Issues, Risks & Blockers

Further to the risk to the ESR Transformation Programme as documented above, further risks and issues will be captured following the commencement of project team meetings (work to begin imminently).

Impact on Existing Service/Arrangements

As the project is on target, no impact to existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
Influenza Vaccine programme 2025	Rachel Pember	Jonathan Irvine

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

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

Recent Gateway Review? No

Objective

NWSSP to provide a centralised Flu Programme 2025. To centrally procure, store and distribute the Influenza vaccine for the vaccination programme commencing in autumn 2025 and future Influenza vaccination programmes going forward, to all General Practice, Community, and Local Health Boards (LHBs) Trusts.

Progress Update

Following Welsh Government approval of the NWSSP proposal, Project Team members have commenced tasks within the project plan for the project to remain on target.

The project team has commenced engagement with People and Organisational Development to create and fill new posts for the picking and packing of the Influenza Vaccines.

Following a tender exercise, Procurement Services appointed the suppliers of the Influenza Vaccine in Dec-24.

Main Issues, Risks & Blockers

No risks over the reporting threshold.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

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

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

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

Recent Gateway Review? No

Objective

Procure and implement an alternative system to Electronic Property Information Mapping Service (ePIMS) that meets the requirements of the Specialist Estates Services (SES) Property Team

Background:
The project has been established to support the purchase of an alternative system for the SES Property Team to manage leases across NHS Wales. The UK Cabinet Office has been working with stakeholders to develop a new system for property management as the current system, Electronic Property Information Mapping Service (ePIMS), is due to be phased out by Mar-25. SES colleagues who have participated in this process, were informed that the new software would not be a replacement of ePIMS. This would not satisfy SES's needs as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.

Progress Update

The NWSSP Informatics team have developed a solution using Microsoft Power Platform. Following successful User Acceptance Testing with the Property Team, a decision has been made to pursue Go Live with the Microsoft Power Platform system. To provide further assurance and acceptability, the new system will be used in parallel with ePIMS during Nov-24 for a period of up to 8 weeks.

Project progress will be reported to Health Boards along with an implementation plan.

Suppliers involved with the pre-market engagement exercise have been informed that the procurement will no longer be pursued as an In-house solution will be deployed.

Main Issues, Risks & Blockers

Risks

To note, the below risks have been mitigated by the decision to proceed with an In-house solution.

R1 - The current ePIMS system is shut down before SES is able to procure an alternative solution. Engagement with NWSSP/DHCW to ascertain whether they can develop an alternative system in the timescale available.

R2 - SES is unable to source an alternative system to enable SES Property team to deliver its function. Engagement with NWSSP Procurement to ascertain what alternative procurement options exist in the timescale available.

R3 - Funding (capital and revenue) is unavailable to procure and run an alternative system. Engagement with NWSSP Finance to ascertain whether funding is available to support the procurement and running of an alternative system.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Medicines Homecare Service	Gill Bailey, Rachel Pember	Colin Powell

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

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

Recent Gateway Review? No

Objective

Create a new service to purchase, store, dispense and deliver selected medicines to patients at home.

Progress Update

The project team are tasked with submitting a Proof-of-Concept proposal to the Senior Leadership Group outlining how NWSSP could support the purchase, store, dispensing and delivery of selected Medicines to patients at home.

Project Team members have created and are working to a high-level project plan for the preparation of the Proof-of-Concept Business Case. The Business Case is nearing completion with feedback requested from internal partners by the end of Jan-25. It is anticipated that the paper will be submitted to SLG for approval by the end of Feb-25.

Main Issues, Risks & Blockers

Initial risks have been captured but need to be formerly assessed and documented.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Workforce Intelligence Service	Bethan Rees	Nicola Phillips

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

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

Recent Gateway Review? No

Objective

Key Deliverables:

The key deliverables are:-

- Review and expand staff benefits that are currently not available to primary care staff and to explore potential to expand access. For example, Salary Sacrifice Scheme.
- Develop understanding of why people stay or leave their roles in Primary Care.
- Undertake Feasibility Study to facilitate temporary staffing solutions in Primary Care.
- Co-ordinate guidance and expertise from NWSSP to contribute to delivery of key objective access to benefits.
- Develop NWSSP project in line with programme line.
- Monitor any risks & issues to delivery of plan.

Progress Update

NWSSP are supporting delivery of the Strategic Workforce Plan for Primary Care in collaboration with HEIW. Progress has been made on the objective *'An equitable offer for Primary Care in terms of access to benefits, health and well-being, support and development opportunities'* within the last month.

Following investigation into the objective it has been established after liaising with the Salary Sacrifice Team and Legal & Risk that:

- To be eligible for the Salary Sacrifice scheme, employees must fall into the following categories:
  - Primary Care staff who work for a managed practice and hold an employment contract and are paid a salary by an NHS Wales Health Board or Trust can benefit from the scheme.
  - Primary care staff who work in a practice that are willing to provide the Salary Sacrifice scheme to their staff and are able to finance & support the scheme within their own practice are also eligible.
  - All 3730 Single Lead Employer trainee Doctors, Dentists & Pre Reg Pharmacists employed by NWSSP and are also eligible for Salary Sacrifice.

Work is underway on the next objective in the plan '*Explore options for improving understanding about why people stay or leave their roles in Primary Care focusing initially on people on the Performer's List'* and this will be updated on in the next report.

Main Issues, Risks & Blockers

Risks
There are no risks identified over the reporting threshold.

Impact on Existing Service/Arrangements

No impact on existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Digitisation of Patient Medical Records	Gill Bailey, Bethan Rees	Nicola Phillips

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

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

Recent Gateway Review? No

Objective

IMTP 2024/25

1. Cease printing Electronic Patient Record (EPR) where GP2GP has been successful.
   i. Review training material.
   ii. Identify training requirements within General Practice.
2. Remove existing wastage by ceasing the automatic creation of new medical envelopes for new registrants, ie babies.
3. Remove need to routinely print the Electronic Patient Record (EPR) when a patient becomes deceased, or their record is held in suspense (where a patient is deregistered from a practice but does not register with another).
4. Benchmark medical records digitisation with Health Boards in NHS Wales.

Progress Update

A Project Manager was allocated on 11 November 2024. Work has commenced and is ongoing to fully scope the objectives, agree Governance and establish project team to drive the project forward.

Main Issues, Risks & Blockers

There are currently no risks or issues over the reporting threshold.

Impact on Existing Service/Arrangements

There is no impact to existing arrangements.

Project Name	Project Manager	Project Exec/SRO
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Gill Bailey, Abi Shackson	Nicola Phillips

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

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

Recent Gateway Review? No

Objective

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

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

Progress Update

Request for support received with project manager allocated on 01 December 2024. Scoping completed with Governance arrangements in place. Project team established with meetings due to commence week commencing 20 January 2025.

Main Issues, Risks & Blockers

None identified at this stage of the project.

Impact on Existing Service/Arrangements

Project on target therefore no impact to stakeholders.

Project Name	Project Manager	Project Exec/SRO
Implementation of NWSSP Microbiology Monitoring Service	Gill Bailey, Myra Jones	Laura-Jayne Keating

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

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

Recent Gateway Review? No

Objective

Creation of a new service, based at IP5, to provide sterility assurance for the injectable medicines that are produced within its Aseptic Units. To be a licensed and fully functioning microbiology monitoring service and operational by Jun-25.

Progress Update

Request for Project Manager support received on 28 November 2024, and allocated on 02 December 2024. Project Brief completed to include initial scoping and confirmation of governance arrangements. During scoping exercise, it was identified that a decision needs to be made regarding a specific piece of equipment; MALDI-TOF (Matrix-assisted laser desorption/ionisation-time of flight) which is used for rapid and accurate identification of bacteria, mycobacteria and certain fungal pathogens in the clinical microbiology laboratory. The unit is owned by NWSSP but located within Public Health Wales laboratories in Llandough hospital. The project team is developing a SBAR (Situation, Background, Assessment, Recommendation) to enable an informed decision on whether the MALDI-TOF unit is moved prior to the new service becoming operational or whether it remains in situ until a later date.

When this has been agreed a project plan will be developed accordingly covering a variety of workstreams and will be with the Project Sponsor and Project Board.

It is noted that the laboratory must be fully licensed and operational by Jun-25, and this is being kept in the forefront as the project plan is being developed.

Main Issues, Risks & Blockers

None identified at this stage of the project.

Impact on Existing Service/Arrangements

Project is currently on target, therefore no impact on existing service arrangements.

PMO Dashboard Report

Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
IOH Review	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

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

Status **Green** (Overall)

Objective

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

Some of the indirect benefits of this project will come from an improved reputation that encourages other businesses to compete for our business, increased staff availability/capacity, reduced cost to serve and improved supplier (process customer) and customer HB/Trust satisfaction.

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

Progress Update

The steering group are meeting fortnightly to review progress and provide further direction, its members include service leads from Finance, Procurement, Accounts Payable and the Service Improvement team only, with the numbers deliberately kept small to allow the sessions to be progressive, setting actions to be completed between meetings and the findings/results fed back in.

All Wales Procure to Pay Governance Group (AWP2PGG) -

The Steering Group have reinstated the All Wales P2P Governance Group which meets every month to review progress against key objectives and actions, to include Receipting, No Purchase Order No Pay and Tolerance thresholds relating to the Invoices on Hold report.

The group also offers an opportunity for wider scrutiny of improvements from partners and always aiming to deliver all Wales adoption of improvements and processes where possible.

No Purchase Order No Pay -

Resource has been provided by both Procurement and Planning Performance & Informatics to focus on the reduction of invoices that sit under No Purchase Order No Pay (NPNP) holds, looking to work with suppliers to identify invoices that have been submitted without a purchase order number but where one exists in the system. Through this work, the improvement group have reduced the No PO No Pay numbers by 45% since commencement on the 20 May 2024, taking the figure from 8187 down to 4507.

Max Ship Holds -

As capacity allows, the Service Improvement Team and Accounts Payable e-Enablement Team have begun to look at max ship holds, trying to emulate the success of the work completed in NPNP whilst maintaining any improvements in both spaces.

Quantity Received Holds - Receipting Reminder Automation

To improve consistency with the reminder process and ensure all Wales coverage, the pre-existing reminder process has been automated and improved. Requisitioners and Approvers will now receive and email that includes and attachment which advises of all goods that need to be receipted within Oracle that come under their responsibility, and they are invited to go to Oracle to approve. This process went live on the 13 January 2025 (phase 1).

Phase 2 is to build in an escalation point for invoices that remain "unreceipted" within Oracle following 20 days. The process has been mapped, though the point of escalation has not been confirmed and we will be working to establish this over the coming months. As the escalation will represent a new process to Health Boards, we will seek confirmation and approval through the All Wales P2P Governance Group, the members of which are aware of this Improvement and have been providing feedback as it develops.

Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

Service Improvement on target, therefore no impact on existing arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Variable Pay Initiative	Tim Knight	Neil Frow

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

Status **Green** (Overall)

Objective

The NWSSP Service Improvement Team were asked to lead an initiative looking into variable pay spend across NWSSP and excluding laundry services. The primary goals of this initiative were to:

- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes.

Progress Update

Through our findings it was determined that 89% of variable pay is worked across bands 2,3 and 4 and the use of bank staff offered the most cost-effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime.

Following the principles of pareto analysis, we then worked to identify the root causes, taking the biggest contributors to the problem and working with these cost centres to obtain and stratify relevant data.

Some of the improvements being explored and managed by the relevant service areas are as follows:

The pilot of an overtime request form within certain services, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request and approval process. This pilot is now approved and due to start on the 03 February 2025 within the Greenvale Laundry. The pilot of a productivity measure within one of our highly transaction services to help safeguard colleagues from any risk of overburden whilst supporting data-led decision making and enabling the effective forecasting of future clearance. This pilot is approved with a start date to be scheduled.

The Service Improvement Team regularly meets with service leads from both Finance & People & Organisational Development to receive updates on the initiatives which are currently in flight, with the head of PMO & SIT reporting progress into the Director of Finance on a bi-monthly basis.

Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

Impact on Existing Service/Arrangements

Service Improvement on target, therefore no impact on existing arrangements

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

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

Status **Green** (Overall)

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

The original Go Live date was scheduled for 01 November 2024 but has had to be rescheduled a number of times, most recently to offer assurances to management that all the data/information needed is currently in the new Power BI summary and staff training requirements.

Initial staff training was delivered to the Finance team by the RPA team in early Jan-25, with on-going support scheduled before and proceeding Go-live. The issues regarding the Power BI dashboard built to replace the Excel reporting and monitoring summary were addressed in a session with the Finance and RPA teams in Dec-24. The RPA team have since made the required adjustments and the Finance team are satisfied the adjustments meet their reporting and monitoring needs. This will be reviewed again once the spreadsheet data is transferred to the MS List before Go-live and proceeding Go-live once the new process has completed.

The only remaining issue is the Power Apps gateway permissions needs to be signed-off by the Digital Governance group, so that the RPA developer can finish the power automate to transfer L&R Matters Invoice files between on-premises and cloud repositories. This has been raised with the NWSSP Digital Service management to obtain the permissions. Without the permissions in place the Go-live will need to be delayed another month. NWSSP Finance have stress that if implementation is delayed beyond Mar-25, they do not want to go-live on the beginning of Apr-25 due to year end disruptions and workload.

Benefits:

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

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

- Automating the initial email chasers for 297 QBS matters will save an average of 14.86 hours of time, based on the timing of the process taking 3 minutes for creating the email, attaching the invoice etc. This equates to an initial saving of approx. 2 days.
- Automating the saving of each individual PDF from the remote desktop to SharePoint will save 3 days.
- Automating the QBS day 1 process will save 3.7 hours which equates to 0.5 days
- Setting up an automated reminder system should see an average saving of 2.6 days per month.

In parallel, the improvement group are currently working to identify and improve the data coming from the system to make it suitable for automation, which needs to happen before testing the developed process following submission.

Main Issues, Risks & Blockers

The main issues and blockers:

1. 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.
2. 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.

The risks are as follows:

- 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.
- 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.

Impact on Existing Service/Arrangements

Service Improvement on target, therefore no impact on existing arrangements

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
SMA RPA	Niall Quilton	Stephen Withers

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

Status **Green** (Overall)

Objective

To review the workstreams that feed into the Starters Movers and Advice App and automate processes where possible.

Progress Update

NWSSP Payroll are currently concentrating on rolling-out the SMA App to all remaining NHS organisations that have agreed to implement the app. The aim was to complete this by Jan-25 and then commence the back-end automation of payroll tasks driven by the output from the SMA App. This is still on-going and will take several months to complete.

NWSSP Payroll have decided to change direction on the use of Blue Prism RPA software and licenses, and instead are going to purchase Microsoft Power Automated Desktop (PAD) licenses and complete the remaining automation of processes through PAD. The cost benefit equates to five PAD licenses to the price of one Blue Prism license. This has meant that the General New Hires development and other scheduled development will be on-hold until all remaining HHS organisations are using the SMA App and the PAD licenses is in place.

In the meantime, NWSSP Service Improvement Team are supporting Payroll with the benefit realisation and BI dashboard reporting, ensuring that we map all reporting measures for building the BI dashboards to report benefits and provide operational monitoring and control.

Main Issues, Risks & Blockers

Issues:

1. Delays in implementing the automation plan as the Payroll Service is now changing course to use Microsoft Power Automated Desktop (PAD), and will only commence once all remaining NHS organisations are on the SMA App.

Risks:

1. Microsoft Power Automated Desktop (PAD) development delays due to Payroll capacity and capability
2. By pursuing the Microsoft Power Automated Desktop (PAD) development through Payroll and not the RPA Team, there is a risk that the appropriate framework documents, governance and oversight (Corporately) is not in place or has not involved to Services pursuing this internally.
3. Payroll delays with data, support, collective Payroll management decision making
4. Payroll not investing in updating their business continuity planning and disaster recovery
5. Payroll not developing a comprehensive RPA admin SWI/SOP for post implementation RPA management
6. Competing interests with the ESR Management Self Service roll-out
7. Reliance on SLE New Starters process and data management. SLE Service initiating the sending of the SMA App starter forms to the appointees on completion of their pre-employment checks, plus the successful interface of appointee data from the HEIW Intrepid system to ESR. Plus, there is still a risk that changes in process related data is not also communicated or updated in the SLE tri-partite arrangement.

Impact on Existing Service/Arrangements

Service Improvement on target, therefore no impact on existing arrangements

NON PMO Managed Initiatives

Key Individual Project/Programme Updates		
Project Name	**Project Manager**	**Project Exec/SRO**
Radio Pharmacy	Peter Elliott	Neil Frow
Monthly Update (key/issues (blockages)/risks)		

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

Recent Gateway Review? No

Objective

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

Progress Update

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

A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed.

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

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

- Removal of racking from the work area
- Rectification of the dividing wall for fire compartmentation
- Refurbishment of staff toilet and locker room facilities
- Connection of new drains for the production area
- Over cladding the roof above the pharmacy production area

This tender has now been awarded and will start work on site on 27 January 2025 for 16 weeks.

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

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital systems. We are engaging directly with Nuclear Medicine departments and Chief Pharmacists to ensure that the future

model for ordering, delivering, and receipting product is both compliant with the Medicines Act and financially transparent and robust.

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

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

The TUPE transfer will be able to be confirmed once the main Investment Decision has been made, and recruitment to vacant roles can then begin.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2, with around 84% of costs now contracted for.

Cleanroom Build will follow the enabling works, expected to be in Q1 25/26

Testing, validation, and regulatory approvals will follow in Q2 25/26.

The best case for the new unit to be opened is now Nov-25, but this is subject to MHRA approval. We have engaged closely with MHRA and incorporated their feedback into the design, reducing the risk of the inspection.

Proceeding at this pace requires acceptance of certain risks, as set out in the following section. These are considered to be justified by urgent patient need and will be carefully managed and reported on.

Project is rated Amber overall due to the time constraint, and the impact of this on risk management.

Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- **Power supply** within IP5 is known to be a constraint. An assessment by NWSSP Specialist Estates has concluded that there is available margin of 1.0MVA for work. Current estimates are that the Radio pharmacy requires 0.4 MVA.
- **Planning Permission** has been sought, both for the change of use of the floor footprint, and for changes to the elevations for air intakes and vents, and for one additional external door. A Sec 106 Agreement will be needed, which is currently delaying receipt of the approval letter. We have been notified of the authority's "intention to approve" and the enabling works contract has been awarded on the strength of this.
- **The IP5 Roof** remains a concern, with sporadic water leaks continuing to occur despite the recent remediation work. The project plans to over clad the roof over the production area. Leaks over the lab area, which will support the validation of the new unit, remain a concern. The roof over the labs is subject to a separate business case by the IP5 Programme.
- **Staffing** is probably the biggest risk to the project. The current staff at Cardiff & Vale University Health Board are in a precarious position with their unit closed. Once the capital investment decision is made it is proposed to carry out a TUPE transfer of these staff to NWSSP. There remains a risk that before that can happen, the staff will seek alternative employments elsewhere, or be redeployed within the service to manage urgent pressures of one kind or another. When the new unit is ready to open, existing staff may not be available, and a recruitment and training process will then be needed.
- The **Fire Strategy** for the project has been commissioned from a suitably qualified and indemnified professional. This is currently under review and a final draft is awaited. Fire design principles have been agreed by the Project with its Principal Designer, NWSSP Health & Safety, Warehouse Managers, and SES advisors.
- **Stores Decant** - alternative locations for around 600 pallets of masks have yet to be identified. It has been agreed to dismantle 45 bays of racking to clear the area of the radio pharmacy development itself, of which 36 bays will be redeployed at Bridgend Store, and 9 bays stored.
- **Racking** - The balance of the racking will remain standing during the radio pharmacy build but will need to be dismantled and stored before the Hub build can proceed.
- **MHRA Inspection** - While the MHRA has indicated informally that our design is likely to be acceptable, they have also warned about the timescale for inspections. They require 2 months' notice of an inspection, and these can only be booked once everything is ready including all staff in post and fully trained. There is currently only 1 inspector in the UK who does radio pharmacy inspections. There will then be a further 6-8 weeks after the inspection for defect rectification and final approval to make medicine for patients. Therefore, there is an overall 4-month period from being "inspection ready" to being "service ready". This has two principal risks (1) of delay to patients in going live and (2) financial risk, if all the capital funding for staff doing validation has been consumed, and yet no income is being generated because no patient doses have yet been supplied. NWSSP will be vigilant on this risk and report any unfunded deficit to SSPC in a timely way.

Impact on Existing Service/Arrangements

Currently 12 major hospitals and cancer centres in South and West Wales are being supplied with diagnostic Tc99m injections, used on all patients needing a Gamma Camera scan, from a single isolator in a single cleanroom in Swansea. Any interruption to this service will result in us being unable to carry out Gamma Scans in these hospitals. Building this new facility provides capacity and resilience and will contribute to cut waiting lists as well as reducing the risk of not being able to scan patients at all.

PMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO
ESR Transformation Programme	Rebecca Jarvis	Gareth Hardacre

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

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

Recent Gateway Review? No

Objective

Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales

Progress Update

The ESR Transformation Programme led by the NHS Business Service Authority [NHSBSA} continues through its procurement stage against the following timeline:

- Negotiation stage formally close on 11 December 2024.
- Invite to Submit Final Tender (ISFT) was completed on 13 December 2024 with submissions due by bidders on 14 February 2025
- From 17 February 2025 evaluation and moderation will commence for a period of 6 weeks
- Planning in preparation for the development of the Full Business Case (FBC) is being refined

An inaugural Shared Services Workshop took place on 25 November 2024 with 40 participants attending. Next workshop scheduled for Apr-25.

The Organisational Readiness Survey (ORS) was launched on 13 January 2025 with a four-week window for completion. This has been shared with the remaining 9 organisations in Wales that were not part of the testing phase.

All Optimisation Levels of Attainment and Standards meetings have been completed with a regional themed analysis produced along with individual action plans. Follow up meetings commenced on 13 January 2025.

A Career Pathway workshop was held on 15th/16th January to start to map out the requirements for the new Future NHS Solution. This will be followed up by Task & Finish Groups along with a follow up workshop late March/early April.

Within Wales work continues on the optimisation of ESR. A defined programme of work for Data Quality was presented to Assistant Directors of Workforce in January who have endorsed the piece of work. A Community of Practice will be implemented for Establishment Reporting over the next few months following discussions held at Directors of Workforce & Finance with an aim to share good practice and the development of a toolkit.

Wales Governance Board - New Future NHS Workforce Solution Steering Group - 3rd meeting scheduled for 31 January 2025. A business case will be developed for Welsh Government to support the programme of work particularly in terms of resource required.

Main Issues, Risks & Blockers

Significant culture and process change
Consideration to existing processes including payroll to ensure no disruption to service
No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Impact on Existing Service/Arrangements

On track - no impact to customers

Project Name	Project Manager	Project Exec/SRO
Scan 4 Safety	James Griffiths	Andy Smallwood

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

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

Recent Gateway Review? No

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

Progress Update

The stand-out headline to report during the last quarter is that in Dec-24 Scan for Safety Wales scanned and linked products to its 10,000th patient! The data capture has run since Apr-24 and as at the end of Dec-24 had linked 77,323 products to 10,012 patients

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly patient safety wise.

Quarter 3 24/25 saw:
Velindre Cancer Centre go live with inventory management for NWSSP stock lines
CTMUHB Catheter Labs go live with inventory management
C&VUHB Short Stay Surgical Unit (SSSU) go live with patient scanning
HDUHB Day Surgery Unit go live with inventory management and patient scanning
WAST extend coverage of Inventory Management to 4 of its 5 Make-Ready Depots

BCUHB and Omnicell finally signed a Data Processing Agreement allowing patient scanning to begin.

Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases, alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW is respect of developing a Welsh Health Circular to be issued. A series of workshops are underway and draft documents are currently being reviewed.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. This is being worked around with each organisation based on local pressure but impacting the speed of rollout.

Health Board calculation and reporting of benefits remains a challenge with significant variation of approaches. This is a key area of focus for Q4 24/25 to ensure the full benefits of the Programme are recognised.

Impact on Existing Service/Arrangements

No detrimental impact

Project Name	Project Manager	Project Exec/SRO
Health Roster Implementation	Vicki Harris	Rebecca Jarvis

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

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

Recent Gateway Review? No

Objective

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

Progress Update

NWSSP Roll Out:

- 29 units/ services are currently live to payroll across NWSSP
- Further 8 planned for 24/25.
- Roll out plan:
  - Bridgend and Newport Admin Unit have split cost centres to align correctly with roster. This is now over 7 cost centres. Data gathering has been received. Awaiting training dates to be scheduled.
  - Medical Examiner service have received demonstration on system and now considering an implementation date. Meetings to be scheduled to establish pay mappings with payroll.

Other updates:

- Variable pay report run to review next potential areas to implement.
-
- Loop implementation complete. A large amount of training and guidance provided to support staff
-
- Discussions are ongoing with People and OD and Service Unit leads with regards to pay elements that have been set up for units that are not in line with agenda for change. Service has made a decision to align the pay elements in accordance with Agenda For Change.
-
- Overtime management is being reviewed with the Service Improvement Team and the capabilities within Health Roster. Discussions are ongoing.

-
- NWSSP currently fund 1,100 licenses. As of Nov-24, via Health roster and Bank we are utilising circa 700 licenses.
-

Resource Bank Team

Significant work has taken place to get Agency spend reduced and Laundry now have no Agency workers as a result

Work is ongoing to review processes and onboarding information ahead of the Employment Rights Bill reforms which we expect to come in in 2025

PHW Roll out

Implementation

- 15 units are now live on Health Roster
  6 Units have training scheduled in next 3 months
- 3 units reviewing suitable training dates.
- Loop fully implemented across live units

Other updates:

- Roster Perform training has been delivered. There is currently a task and finish group set up to review the metrics that PHW would like to measure against.
- An additional 200 licences will need to be purchased from the 01 April 2025 according to the implementation plan
- PHW funding for Rostering Resource ends in Jun-25.

Main Issues, Risks & Blockers

None above threshold to be reported.

Impact on Existing Service/Arrangements

On track – no impact to customers

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	3rd February 2025

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Corporate Risk Register Update – January 2025

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	James Quance Assistant Director of Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Ramsey Director of Finance & Corporate Services
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Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

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

Ymgynghoriad/Consultation:
The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd/ Duty of Quality:	No direct Impact.
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE
January 2025

1. INTRODUCTION

The Corporate Risk Register is presented at **Appendix 1** for information.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

Current Risk Rating	January 2025
Red Risk	6
Amber Risk	9
Yellow Risk	0
Green Risk	0
Total	**15**

2.1 Red-rated Risks

The following red risks remain on the register as follows:

- the Decarbonisation Action Plan risk (A5), split to show the risk in respect of NWSSP's leading role nationally (A5a) and the risk to the delivery of its own Decarbonisation Action Plan (A5b);
- the risk in respect of the impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry (A6);
- the threat to the TRAMs programme and the consequent impact in South-East Wales if funding is not made available (A10); and
- the availability of capital funding remains a significant risk (A12).

The risk in respect of the impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry (A6) has been increased to 16 following recent requests for further information and clarification in respect of Module 5.

The target risk for the TRAMS programme (A10) has been increased to amber due to delays in obtaining the signed s106 agreement in turn causing delays in the receipt of final planning permission.

The following risk scores have reduced following management action:

- the Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty (A13) reduced from 20 to 16; and

- the risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption for staff (A14) reduced from 16 to 12.

3. RISKS FOR MONITORING

There are five risks which are retained on the Register to be monitored are rated as follows:

Current Risk Rating	January 2025
Red Risk	0
Amber Risk	2
Yellow Risk	3
Green Risk	0
Total	**5**

4. RECOMMENDATION

The Committee is asked to:

- **NOTE** the update to the Corporate Risk Register as at January 2025.

Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
Risks for Action												
A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. **Strategic Objective - Service Development**	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learn Internal Audit review BCP Action Cards Annual CAF completed Continuing CAF compliance measured via KPIs through a continuous improvement plan. Regular 'Exercise in a box' events. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team.	2	5	10	Complete actions and regular review of continuous improvement plan	Divisional Business Impact Assessments to be completed by Mar 25 Supply chain assurance processes to be agreed by Jun 25. Rolling program to implement Sentinel Security Uincident and Event Monitoring to local and cloud services **Risk Lead: Director of Planning, Performance & Informatics**	→	**At target**
A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part. **Strategic Objective - Staff**	3	5	15	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards 19 additional staff recruited within Employment Services (fixed term) Regular reporting to SLG and SSPC.	3	3	9	Complete further resource and activity re-modelling activity for recruitment. Templates being rolled out to support workforce planning.	Positive progress has been continued and we are now achieving the Time to Hire metric across Wales. NWSSP continues to develop it's own programme via "This is our NWSSP" action plan – and we are having success in attracting new recruits in most areas. There are 2 hard to fill areas in Procurement and Audit that we are continuing to focus on. **Risk Lead: Director People & OD**	→	**At target**
A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services. **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.	2	5	10	Continue to pursue links into Local Resilience Forum. Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned in October 2024 and awaiting WG consolidated learning.	Head of Emergency Preparedness commenced in post w/c 13 January 2025. Director of Planning Performance and Informatics attends weekly HCID meetings to represent NWSSP Business continuity exercises continue to be planned. **Risk Lead: Director Planning, Performance & Informatics**	→	**31/03/2025**
A4	There is a risk that disruption in the supply chain caused by external factors or supplier failure results in significant restriction in service provision. **Strategic Objective - Services**	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from Covid pandemic and any disruption incidents has been implemented wherever possible.	3	3	9	Ensure clarity in contracting arrangements regarding out of hours arrangements with suppliers.	Additional stockholding where required of PPE and essential stock being agreed with Welsh Government. Regular reports continue to be provided from NWSSP to Welsh Government on stockholding levels compared to Wave 2 and current usage levels. An option paper on future stockholding arrangements is with the Cabinet Secretary for approval and NWSSP will be directed by Welsh Government to implement what is agreed. **Risk Lead: Director Finance & Corporate Services**	→	**31/03/2025**
A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency. **Strategic Objective - Service Development**	4	4	16	Regular liaison with Welsh Government Attendance at National Programme Board	4	4	16	The financial position across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team. Team continues to explore finance opportunities.	The financial position across NHS Wales has raised questions around deliverability of DAPs across all organisations and this has been raised at the National Programme Board and the BELP group. Bids are being developed by NWSSP to utilise 24/25 slippage and TEF funds 25/6-26-7. **Risk Lead: Director, Specialist Estates Services**	→	**31/03/2025**

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency. **Strategic Objective - Service Development**	4	4	16	Decarbonisation Programme Board Project Execution Plan PMO Support	4	4	16	Submitted updated Action Plan to Welsh Government. Internal Audit review recommendations all implemented.	NWSSP DCR are issuing periodic status updates and reporting into Decarbonisation Programme Board. Work is being done by the Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources. **Risk Lead: Director, Specialist Estates Services**	→	**31/03/2025**
A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services. **Strategic Objective - Services**	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	4	4	16	The Inquiry has recently asked for further information and clarification in respect of Module 5 within very challenging timescales which are expected to be met.	Significant requests for information requiring a large amount of input from the Director of Procurement and HCS and others have been met, with support from the Corporate Services Team, Legal and Risk and Legal Counsel. Monitoring the dislcosures from core participants and preparations for the hearings in March are expected to be the most time consuming activity over coming months. **Risk Lead: Director, Finance & Corporate Services**	↑	**31/03/2025**
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2024/27 IMTP. **Strategic Objective - Services**	5	4	20	Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Value and Sustainability Group Vacancy Control Arrangements implemented	3	4	12	Directorates to develop savings programme by start of new financial year. Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. 2024/25 Financial Plan remains on track. Key priorities identified for Non-recurrent investment bids launched in August. Decision on successful bids will be made in September.	£2M distribution agreed in principle back to partners based on forecast outturn for 2024/25. The IMTP for 2025/28 will be considered by SSPC on 3 February with several savings plans, risks and opportunities to be carefully managed during the year ahead. However, a budgeted plan is to be submitted to Welsh Government. **Risk Lead: Director, Finance & Corporate Services**	→	**31/03/2025**
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulations. **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.	3	4	12	Map of all regulatory requirements to be developed. New role of Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1.	3 areas of procurement legislation this year are likely to have significant impact on Procurement Services. **Risk Lead: Responsible Directors**	→	**At target**
A9	There is a risk due to the volume of data that NWSSP handle that a significant data breach causes significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP. **Strategic Objective: Services**	3	5	15	IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice Regular communications Accountability through breach reporting	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. **Risk Lead: Director, Finance & Corporate Services**	→	**At target**
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations. **Strategic Objective - Services**	5	5	25	TRAMs Programme Board Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC.	3	5	15	Progress development of Radiopharmacy service in IP5 (CP 31/03/25)	Risk assessments completed with Chief Pharmacists. Update provided to November SSPC. Funding for Radio Pharmacy Unit at IP5 in SE Wales agreed in principle by WG and business case approved at November SSPC. Radiopharmacy funding confirmed and business case submitted for approval. Planning permission has been granted subject to a s106 agreement which requires Velindre Trust to sign which is awaited. **Service Director TRAMs**	→	**31/03/2025**

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services. **Strategic Objective: Services**	5	5	25	Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App	2	5	10	Implemented recommendations from Internal Audit Report (30 Jun 24) Head of Emergency Preparedness appointed.	Head of Emergency Preparedness appointed and started in post w/c 13 January 2025. **Risk Lead: Director Planning, Performance & Informatics**	→	**At target**
A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities. **Strategic Objective - Service Development**	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources	4	5	20	Refinement of Estates risk assessment in preparation for funding announcements including ready to go projects. Head of Estates/Facilities role currently going through job evaluation.	Some additional capital released by WG which has been helpful to address areas of need. Continue to monitor and report into WG and prioritise discretionary capital to areas of greatest need. **Risk Lead: Director Planning, Performance & Informatics**	→	**31/03/2025**
A13	Primary Care Workforce Information System supplier dispute causing delayed go-live date and build specification uncertainty. **Escalated Divisional Risk**	5	3	15	Legacy system contract extended to 31.03.25 Build assessment plan established Invoices on Hold pending build assessment outcome	4	4	16	There have been significant contractual and subcontractor issues that have affected the progress of this project through its life cycle that have meant delays to anticipated completion.	We are currently anticipating that the new system will see Release 1 in place and operational by 31st March 2025, replicating current WNWRS capabilities, with a further release later in 2025 to fulfil agreed contract requirements in relation to Performer's List requirements. The functionality will already have been built in the system but will be released for use later to reduce the demands on users. The Project is behind original timescales but, having been close to failure, is now back on track to deliver a full system build for both WNWRS and Performer's List requirements by 31st March 2025, with payment in full tied to delivery milestones before year end. **Risk Lead: Director of Primary Care**	↓	**31/03/2025**
A14	There is a risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff. **Escalated Divisional/Programme Risk**	4	4	16	Project Team in place Impacted staff identified Staff communications including virtual coffee mornings Agents engaged Mitigation would be to ask staff to work from home if required	3	4	12	Leases being extended to April 2025 for Companies House and 1 January 2026 for Charnwood Court.	The lease on Charnwood Court has been extended until 1 January 2026 with options to extend if we choose and CoHo until April 2025. The most recent discussions with CoHo now suggest we could enter into a 3 year lease with a 12 month rolling agreement. This would allow us to take more time to find a medium term solution in line with our future business need and agile working arrangements. **Risk Lead: Director, Finance & Corporate Services**	↓	**At target**
	Risks for Monitoring											
M1	Suppliers, Staff or the general public committing fraud against NWSSP. **Strategic Objective - Value For Money**	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	Produce review of 1st year activity for NWSSP LCFS (PS/MW 30 June 2023) - COMPLETE	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. **Risk Lead: Director of Finance & 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	2	4	8	Review options for relocation from Companies House (Complete) Paper to December SLG on accommodation options (Complete) Discussion with WG regarding PPE stockholding and TrAMS footprint to be finalised.	Additional racking has been added in IP5 and will soon be installed in Denbigh Stores, increasing storage capacity. The move from Brecon House to Dupont will also increase storage space. **Risk Lead: Programme Director**	→	
	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				Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG				Confirm WG required stock holding for PPE - currently 16 weeks (AB 31 Jan 2024) - PPE stock holding meeting scheduled for 29 November; key to confirming stock holding	SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment We are still awaiting the formal Ministerial advice on required stock levels but interim figures have been		

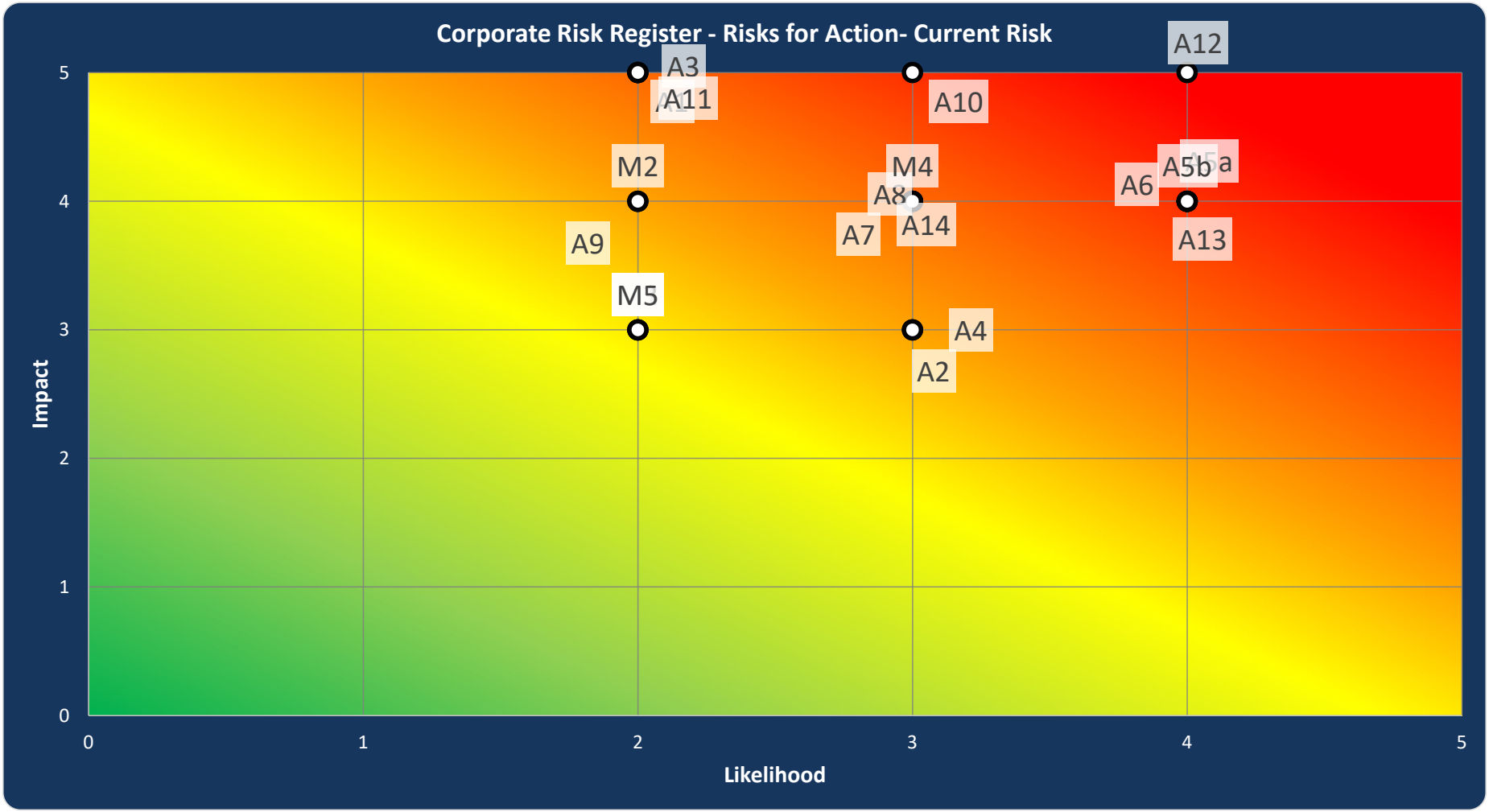
Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
M3	written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25		2	3	6	November, key to confirming stock holding levels as part of resilience plans and future warehousing requirements (capital).	required stock levels but interim figures have been shared. Workshop to be hosted by WG before the end of January. Stock levels and shelf life continue to be actively monitored. **Risk Lead: Director of Finance & Corporate Services**	→	
M4	The planned development of the TrAMs Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges **Escalated Divisional Risk**	4	4	16	Developing clear plans Support from stakeholders	3	4	12	Undertake Organisational Change Process 2 (Colin Powell - 31/09/24)	Update to October 2024 - the Radiopharmacy BJC submitted to WG and is ongoing scrutiny from SES. No major concerns have been raised. Planning application submitted to Newport Council, all queries raised have been answerered, awaiting a reply. Work continues on SE Hub OBC. Delivering TrAMs remains as high inherent risk. **Risk Lead: Service Director**	→	
M5	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships. **Strategic Objective - Service Development**	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites - recruitment in progress. Laundry stock holding hub at Carmarthen. Memoranda of Terms of Occupation.	Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks. An update is provide to each meeting of the Laundry Programme Board **Risk Lead: Director of Procurement Services**	→	

Key to Impact and Likelihood Scores

		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5

Critical	Urgent action by senior management to reduce risk
Significant	Management action within 6 months
Moderate	Monitoring of risks with reduction within 12 months
Low	No action required.

*	New Risk
↑	Escalated Risk
↓	Downgraded Risk
→	No Trend Change


Corporate Risk Register - Risks for Action- Current Risk
Impact
Likelihood
0
1
2
3
4
5
A3
A11
A12
A10
M2
M4
A8
A6
A5b
A5a
A9
A7
A14
A13
M5
A4
A2

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 8 – NOVEMBER 2024

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for November 2024 and should be read in conjunction with the Monitoring Return tables submitted for Month 8.

Thank you for your letter of 29th November 2024 responding to the Month 7 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial outturn to Month 8 reported a £0.660m surplus. As was reported in previous months this is entirely due to lower actual expenditure to date against the forecast profile of the £3.752m covid funding allocation received. As agreed with Matthew Denham-Jones we will continue to review this and amend our forecast expenditure against this funding allocation as we progress throughout the financial year. We also await confirmation on whether the full year forecast underspend of £0.542m against this allocation will need to be returned to Welsh Government or included as part of any NWSSP in year distribution to NHS Wales. We will also need to consider the forecast movement on PPE stock provisions that will be required at 31st March 2025 and the funding requirements for these.

Our balanced financial plan, excluding the impact of any variance in covid funding, continues to be based on the assumptions included in our IMTP. This includes a material assumption for anticipated income in respect of the 2024/25 pay award funding. We await Welsh Government confirmation of the final funding allocations for this which is currently a risk to our forecast outturn position. The funding allocation model shared identifies a £0.724m shortfall in funding against our modelled requirements. A review of the actual pay arrears paid in November together with the additional costs of the Real Living Wage uplift that has been paid since April 2024 confirmed that the funding model is not providing sufficient funding to cover the actual costs of the pay award. A breakdown of this issue has been provided to Welsh Government and we await an update regarding the funding position. As agreed with Matt Denham-Jones we continue to anticipate income for the shortfall in funding in Table E in addition to the 25% funding that has not yet been invoiced to date.

We reported our indicative interim savings distribution to NHS Wales and Welsh Government of £2.000m to the November Shared Services Partnership Committee. We will review the potential for any further distribution once treatment of our covid funding underspend and final pay award funding is confirmed.

1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

The lower section of the table has been populated with the full year updated forecast of Covid expenditure against our £3.752m allocation. This continues to identify a £0.542m full year forecast surplus which is an increase from previous submissions due to additional items of PPE being returned and credited in November. The in-year forecast surplus against the allocation provided continues to be due to a combination of vacancies, the provision of funding at top of pay scales and seasonal variations in the covid support workload. The decision to not utilise a frozen vaccine for the autumn campaign reduces the number of staff required to support the distribution this year, however the savings resulting from this have been offset by the identification of additional one-off covid support and PPE related costs that we anticipate will materialise in 2024/25.

Additional year to date non-recurrent savings of £2.566m are reported which will be utilised to provide the £2.000m interim savings distribution we have confirmed for 2024/25. Once pay award funding and treatment of the covid funding underspend are confirmed we will review the potential to increase our distribution further.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2024/25 has increased to £793.193m from £790.045m as forecast in our Month 7 return. This increase is primarily due to the inclusion of the additional WIBSS compensation payments we anticipate we will account for in 2024/25. This was partially offset by a reduction in the GMPI forecast due to two cases being deferred to 2025/26 and a reduction in the actual SLE pay arrears against forecast.

- The updated SLE pay and non pay forecast totals £321.598m (£322.316m Month 7) as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOTAL**
PAY	20.293	19.275	20.125	20.496	21.655	45.433	23.046	36.888	24.443	24.443	24.443	24.443	**304.984**
NON-PAY	0.990	1.537	1.332	1.221	1.368	1.393	1.971	1.220	1.396	1.396	1.396	1.396	**16.614**
TOTAL	**21.284**	**20.812**	**21.457**	**21.718**	**23.023**	**46.826**	**25.017**	**38.108**	**25.839**	**25.839**	**25.839**	**25.839**	**321.598**

Given the volume of trainees, the large rotation in August and the impact of the pay awards during the year, we will need to review the forecast

monthly in comparison to actual monthly costs over the next few months and review this as required. The forecast also includes estimates of the additional locum shifts that we will pay through the SLE which will vary each month.

- The WIBSS compensation scheme for the Alliance House applications (legacy schemes) opened at the end of October. There are approximately 400 eligible applicants to the scheme, although these will be received on a piecemeal basis as they have a long application window to submit within. At this stage we are uncertain how many applications will be received during 2024/25 to assess the total quantum of potential payments during the financial year. Additional income and expenditure totalling £5m has been included in the forecast to estimate payments we may make or accrue during the remainder of the financial year based on the rate of applications to date. We do estimate that the total value of all potential applications could be up to £30m and consideration will also need to be given to the potential value and funding of provisions to be accounted for at 31st March 2025. The WIBSS Manager and Cath Cody, Welsh Government Policy Lead are attending regular meetings with DHSC and the Compensation Authority to confirm processes, responsibilities and timing of future cashflows.

- The 2024/25 pay awards were paid in November. Our forecast also includes an estimate of the 2024/25 impact of the additional spinal points for Bands 8a and above which were ratified by the Welsh Partnership Forum in October and will be paid in January. We have anticipated income for the estimated impact of the pay awards in Table E1 for 2024/25 only and there will be a larger recurrent impact requirement for this change to the spinal points.

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Month 12 increase is larger due to two quarters being included as part of the year end accruals. Due to the way we report within the Velindre ledger to balance our position to zero before the covid forecast underspend, pay and non pay fluctuations will vary in line with income variations **(Action Point 7.2)**

- Forecast non-cash charges total £5.820m which reconcile back to the November non-cash submission.

- £55.967m income and expenditure is included to Month 8 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to £139.913m as included in our IMTP and is phased on

a straight-line basis over remaining months. This continues to assume that the WRP risk share agreement will be invoked for £30.478m.

With the announcement of the change to the Personal Injury Discount Rate from January 2025 we are reviewing cases due to settle this financial year after the date of the change to assess any revision to the case settlement values. A detailed review of our forecast undertaken at the beginning of December confirms that the £139.913m forecast we included in our IMTP continues to be an achievable outturn estimate at this point in the financial year. We are therefore looking to lock in this forecast so that Welsh Government can action the risk share allocation changes with Organisations. We will continue to closely monitor cases to ensure any material deviation from forecast can be highlighted at the earliest opportunity and will keep Matt Denham-Jones updated with regard to any forecast movements (**Action Point 7.1).**

- Our 2024/25 energy costs continue to be forecast at £3.878m following a review of our year to date and forecast costs including indicative values for our laundry energy recharges from UHBs. This identifies that we will require net additional funding of £1.067m for the excess laundry energy costs over the values included in our SLAs which we have commenced invoicing for. This is in comparison to additional costs of £1.286m that were recharged in 2023/24 and reflects the reduction of production units from five to four laundries during this financial year. We will continue to recharge the 2023/24 additional costs due to the reallocation of laundry activity across NHS Wales and apportion and return the forecast £0.210m energy cost savings over the activity by Organisation.

- We also continue to work with Hywel Dda colleagues to work through the final implications of the Glangwili laundry closure and transfer of the service to other laundries.

- The GMPI claims forecast has reduced to £2.5m (from £5.8m) due to the deferment of two large cases into next financial year.

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh Government income – the in-month reduction is due to the revised profile of the WRP income in line with claims expenditure. The full year forecast increase is due to the net effect of the inclusion of future month increases in income for WIBSS and a reduction in the GMPI claims forecast
- Other income – the in-month reduction is due to a revised profile of pharmacy rebate income with no impact on the full year forecast.

- Provider Services – Pay – the reduction in both the in month and full year forecast is primarily due to the SLE pay arrears being less than forecast for November
- Provider Services – Non Pay – The full year forecast increase is due to the net effect of the inclusion of future month increases in payments for WIBSS and the reduction in the GMPI claims forecast.
- Welsh Risk Pool – the in month reduction is a reprofile of expenditure to match actual expenditure incurred and there is no impact on the full year forecast.

Table B3 details the in month and forecast Covid19 additional expenditure against our £3.752m allocation.

This identifies a £0.660m surplus to Month 8, with a full year forecast surplus of £0.542m. Due to the profile of vaccination support phased towards the autumn/winter months and variations in PPE demand this forecast will be reviewed as we progress throughout the remainder of the financial year.

We have attended a number of meetings with Welsh Government policy colleagues in recent months and have received some interim direction on stockholding levels. We continue to await the final decision on volumes once this has received Ministerial approval. We will need to review the level of funding required to support any amended stockholding particularly if the volumes increase above current levels. We will also need to assess the impact on our PPE stock provisions for 2024/25. We have indicated that a decision is required within Quarter 3 to minimise any significant movements in forecasts as we progress towards the end of the financial year and this was further discussed at a meeting on 29th November.

The provision of PPE to Primary & Social Care ceased on 31st March 2024. Table B3 includes credits totalling £0.030m due to the return of some PPE items in April, September and November. The £0.017m received in November was the reason for the movement in the overall covid forecast this month (£0.524m to £0.542m).

At the end of 2023/24 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

2. Underlying Position (Table A1)

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We initially mitigated this

pressure in 2024/25 through planned recharges to UHBs/Trusts, however following a review of our forecast position we have generated sufficient non-recurring savings to fund this pressure internally within NWSSP during 2024/25.

3. Risk Management (Table A2)

This table has been reviewed at the end of November and a number of amendments to the value of risks and opportunities reported this month.
Further details of the risks included in Table A2 are:

- Laundry energy recharges cannot be agreed with UHBs - £1.067m – This risk has been updated to reflect the most recent forecasts we have received from UHBs in November. We are in the process of raising invoices for year to date costs so anticipate this risk will reduce in future months as these additional charges are agreed and paid.

- Storage Costs retention of records funding - £0.103m – this cost pressure remains for 2024/25 whilst we progress plans to cull any eligible medical records before the end of the financial year. Welsh Government funded this cost pressure non-recurrently in 2022/23 and 2023/24 and we continue to incur additional costs that we cannot avoid due to previous limitations on the destruction of medical records. We do not have funding confirmed for 2024/25. This issue was discussed with Matthew Denham-Jones at meetings held in July, October & December.

- Receipt of anticipated pay award funding - £0.724m – this risk has been updated in November to reflect the funding shortfall between our modelled pay award funding requirements and the Welsh Government pay award funding model

Opportunities included within our financial plan include:

- NWSSP Share of all Wales energy forecast is less than anticipated - £0.100m – this opportunity may crystallise as we update our NWSSP (excluding laundry) energy forecast and will also be impacted with the IP5 solar farm becoming operational in November. The variability of gas usage and the associated charges however will impact this and we will monitor this monthly.

- Turnover/Vacancy rates are higher than budgeted - £0.500m – this reflects the additional opportunity to release non-recurrent savings in excess of the £2.000m interim distribution we have declared

4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)

£0.018m of agency expenditure was reported in Month 8. This is an increase from the previous month due to the employment of an agency member of staff to support savings delivery for the value & sustainability programme. We continue to deploy controls regarding engagement of agency staff and also review agency expenditure in detail to minimise usage. A number of agency staff have been transferred to bank or fixed term contracts in support of this.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)

We are reporting variable pay expenditure of £0.336m for November which is an increase from previous months due to the backdated pay award impact in month. The forecast monthly total remains at £0.314m a month reflecting that we may require more flexibility over the winter months as we approach the end of the financial year but also that we will need to review this further when we can see the December values excluding any backdated pay award impact **(Action Point 7.3)**.

We continue to strengthen our controls and monitoring of variable pay expenditure across NWSSP with the aim of minimising this as far as possible and we currently have a variable pay internal audit in progress.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)

The savings tracker has been populated per our IMTP. In month 8 we are reporting a year to date non-recurrent overachievement of savings of £2.566m against our planned vacancy factor due to the number of vacancies we are in the process of recruiting to.

We have amended the year to date savings achievement on our accommodation review savings scheme this month to reflect a reduction in the forecast savings in 2024/25. This has been updated this month after we received confirmation of the sale of a property that impacted our estates rationalisation plan and receipt of revised lease charges for a lease extension that we were unable to report before now.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values amended for the backdated pay awards. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-23 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation and which were highlighted as income assumptions in our IMTP.

The non-cash depreciation charges continue to reconcile to the November non-cash submission**.**

We have included additional lines for the estimated funding required for the 2024/25 pay awards for A4C, Medical & Dental and VSM. The anticipated income for the Real Living Wage pay uplift is incorporated into the funding requirement for the A4C pay award. No separate pay award allocation has been anticipated for the Medical Examiner Service as this is included in the overall Medical Examiner forecast.

An invoice for the IFRS16 DEL Depreciation Baseline invoice will be raised in December **(Action Point 7.5)**

9. Health Care Agreements and Major Contracts

No further updates to report.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 30th November 2024 there were nine invoices outstanding over 17 weeks. At the submission date six of these were still outstanding which we continue to follow up with Organisations as a matter of urgency **(Action Point 6.4)**

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

Tables I & J have been populated with the year to date and forecast expenditure against our current Capital Expenditure Limit of £7.268m.

We continue to monitor our plans to ensure our capital funding is fully utilised during the financial year. We submitted a prioritised list of capital schemes we could progress in 2024/25 from year end slippage monies in September and have to date received confirmation of £0.707m additional funding that has been awarded for identified schemes and included in our CEL.

We have received indicative notification of planning permission for IP5 to be used as the TRAMS South East hub and proceed to mobilise plans to commence the minor works whilst we await a funding approval letter.

The risk level for the Radiopharmacy Isolators funding of £1.500m has been amended to 'low' in month following discussions regarding return of this funding and reprovision of new funding once planning permission is received **(Action Point 7.4)**

14. IFRS 16 & CAME (Table Q)

This table reflects the forecast that we included in our November non-cash submission.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 8 and 9 monitoring return submissions at the next meeting on 3rd February 2025.

16. Authorisation of Return

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NEIL FROW
MANAGING DIRECTOR
NWSSP

……..

ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

12th December 2024

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 9 – DECEMBER 2024

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for December 2024 and should be read in conjunction with the Monitoring Return tables submitted for Month 9.

Thank you for your letter of 23rd December 2024 responding to the Month 8 submission. The action points raised have been addressed in this return and supplementary information provided where requested.

Overview of Performance and Financial Position

NWSSP's financial outturn to Month 9 reported at break-even. This is an amendment from previous months due to confirmation that Welsh Government will recover the in-year covid funding surplus **(Action Point 8.1)**.

Our balanced financial plan continues to be based on the assumptions included in our IMTP. This includes a material assumption for anticipated income in respect of the 2024/25 pay award funding. We await Welsh Government confirmation of the final funding allocations for this which is currently a risk to our forecast outturn position. The funding allocation model shared identifies a £0.724m shortfall in funding against our modelled requirements. A review of the actual pay arrears paid in November together with the additional costs of the Real Living Wage uplift that has been paid since April 2024 confirmed that the funding model is not providing sufficient funding to cover the actual costs of the pay award. A breakdown of this issue has been provided to Welsh Government and we await an update regarding the funding position. As agreed with Matt Denham-Jones we continue to anticipate income for the shortfall in funding in Table E in addition to the 25% funding that has not yet been invoiced to date.

We reported our indicative interim savings distribution to NHS Wales and Welsh Government of £2.000m to the November Shared Services Partnership Committee. We will review the potential for any further distribution once final pay award funding is confirmed.

1. Actual Year to Date and Forecast Under/Overspend (Tables A, B, B1, B2 & B3)

The top section of Table A has been populated with the profiled elements of our financial plan in line with our IMTP submission and reports our break-even forecast.

The lower section of the table has been populated with the full year forecast Covid expenditure with amendments made in Month 9 to the forecast funding requirement to adjust for the recovery of the allocation to be made. We will continue to review this forecast in detail during Quarter 4 to identify any change to the anticipated £0.542m to be recovered.

Additional year to date non-recurrent savings of £2.832m are reported which will be utilised to provide the £2.000m interim savings distribution we have confirmed for 2024/25. Once pay award funding is confirmed we will review the potential to increase our distribution further.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2024/25 is £793.134m which remains in line with the Month 8 forecast (£790.193m).

- The updated SLE pay and non-pay forecast totals £321.548m (£321.598m Month 8) as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	**TOTAL**
PAY	20.293	19.275	20.125	20.496	21.655	45.433	23.046	36.888	24.546	24.443	24.443	24.443	**305.087**
NON PAY	0.990	1.537	1.332	1.221	1.368	1.393	1.971	1.220	1.244	1.396	1.396	1.396	**16.462**
TOTAL	**21.284**	**20.812**	**21.457**	**21.718**	**23.023**	**46.826**	**25.017**	**38.108**	**25.790**	**25.839**	**25.839**	**25.839**	**321.548**

  The forecast includes estimates of the additional locum shifts that we will pay through the SLE which will vary each month and cause our forecast to change.

- The WIBSS compensation scheme for the Alliance House applications (legacy schemes) opened at the end of October. There are approximately 400 eligible applicants to the scheme, although these will be received on a piecemeal basis as they have a long application window to submit within. At this stage we are uncertain how many applications will be received during 2024/25 to assess the total quantum of potential payments or accruals required during the financial year. Additional income and expenditure totalling £5m has been included in the forecast to estimate payments we may make or accrue during the remainder of the financial year based on the rate of applications to date. We do estimate that the total value of all potential applications that will be received in this and future financial years could be up to £30m and consideration will also need to be given to the potential value and funding of provisions to be accounted for at 31st March 2025. The WIBSS Manager and Cath Cody, Welsh Government Policy Lead are attending regular meetings with DHSC and the Compensation Authority to confirm processes, responsibilities and timing of future cashflows.

The additional £5m income and expenditure assumption varies from the WIBSS income anticipated in Table E1 due to the income assumption also including the regular WIBSS payments which haven't yet been invoiced **(Action Point 8.3)**

- The 2024/25 pay awards were paid in November. Our forecast also includes an estimate of the 2024/25 impact of the additional spinal points for Bands 8a and above which were ratified by the Welsh Partnership Forum in October and will be paid in January. We have anticipated income for the estimated impact of the pay awards in Table E1 for 2024/25 only and there will be a larger recurrent impact requirement for this change to the spinal points.

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Month 12 increase is larger due to two quarters being included as part of the year end accruals.

- Forecast non-cash charges total £5.820m which reconcile back to the November non-cash submission.

- £86.169m income and expenditure is included to Month 9 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to £139.913m as included in our IMTP and is phased on a straight-line basis over remaining months. Thank you for confirming that the resource adjustments have been actioned for the £30.478m risk share contributions **(Action Point 7.1).**

  With the announcement of the change to the Personal Injury Discount Rate from January 2025 we have reviewed high value cases due to settle this financial year after the date of the change of the rate to assess any revision to the case settlement values. We have not identified any material changes that would impact our DEL forecast outturn for 2024/25.

  A detailed review of our forecast undertaken at the beginning of January confirms that the £139.913m forecast we included in our IMTP continues to be an achievable outturn estimate at this point in the financial year. We will continue to closely monitor cases to ensure any material deviation from forecast can be highlighted at the earliest opportunity and will keep Matt Denham-Jones updated with regard to any forecast movements.

  We have evidenced large increases in the WRP creditor balances during 2024/25 which are primarily due to delays in Organisations submitting and adequately evidencing the learning of lessons. The table below compares the December 2023 to December 2024 WRP creditor balances:

	Dec-23	Dec-24	Movement
	£m	£m	£m
BCU	23.582	32.727	9.145
C&V	19.672	39.668	19.996
HD	20.449	11.092	-9.357
AB	30.749	36.210	5.461
SBU	14.540	13.288	-1.252
CTM	9.906	15.639	5.733
Powys	0.624	0.584	-0.040
WAST	2.079	3.484	1.405
Velindre	0.000	0.655	0.655
PHW	0.779	2.473	1.694
TOTAL CREDITOR BALANCE	**122.380**	**155.820**	**33.440**

- Our 2024/25 energy costs continue to be forecast at £3.878m following a review of our year to date and forecast costs including indicative values for our laundry energy recharges from UHBs. This identifies that we will require net additional funding of £1.067m for the excess laundry energy costs over the values included in our SLAs which we have commenced invoicing for. This is in comparison to additional costs of £1.286m that were recharged in 2023/24 and reflects the reduction of production units from five to four laundries during this financial year. We will continue to recharge the 2023/24 additional costs due to the reallocation of laundry activity across NHS Wales and apportion and return the forecast £0.210m energy cost savings over the activity by Organisation.

- In December we have commenced purchasing medicines for the buffer stockpile and estimate we will incur expenditure of £0.6m in 2024/25 with a further £0.6m to be purchased in 2025/26. We now urgently need an update from Welsh Government on how the additional cash support will be provided to Velindre without the equivalent resource transfer.

Table B1 identifies key movements in our plan – the variances highlighted can be explained as follows:

- Welsh Government income – the in-month increase is due to the revised profile of the WRP income in line with claims expenditure, with a spike in December being evidenced due to the annual PPO payments which is partially offset by the return of the in-year covid funding surplus.
- Provider Services – Non-Pay – the full year forecast has increased as a result of adjustments between forecast pay and non-pay expenditure.
- Welsh Risk Pool – the in-month increase is due to the revised profile of the WRP income in line with claims expenditure, with a spike in December being evidenced due to the annual PPO payments. There is no impact on the full year forecast.

Table B3 details the in month and forecast Covid19 additional expenditure and now reports a reduction in funding anticipated as a result of the confirmation that funding will be recovered to match our forecast expenditure. We will continue to monitor this closely as we progress through quarter 4.

We have attended a number of meetings with Welsh Government policy colleagues in recent months and have received some interim direction on stockholding levels. We continue to await the final decision on volumes once this has received Ministerial approval. We will need to review the level of funding required to support any amended stockholding particularly if the volumes increase above current levels. A decision on this is now urgent given that we will need to assess the impact on PPE stock provisions for 2024/25. We did indicate that a decision was required within Quarter 3 to minimise any significant movements in forecasts as we progress towards the end of the financial year and this was further discussed at a meeting on 29th November. At this submission date we are still awaiting a decision on this.

The provision of PPE to Primary & Social Care ceased on 31st March 2024. Table B3 includes credits totalling £0.030m due to the return of some PPE items in April, September and November.

At the end of 2023/24 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

2. Underlying Position (Table A1)

Table A1 has been completed to detail the £0.605m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We initially mitigated this pressure in 2024/25 through planned recharges to UHBs/Trusts, however following a review of our forecast position we have generated sufficient non-recurring savings to fund this pressure internally within NWSSP during 2024/25.

3. Risk Management (Table A2)

This table has been reviewed at the end of December and a number of amendments to the value of risks and opportunities reported this month.
Further details of the risks included in Table A2 are:

- Laundry energy recharges cannot be agreed with UHBs - £1.067m – This risk continues to reflect the most recent forecasts we have received from UHBs in December. We are in the process of raising invoices for year to date costs so anticipate this risk will reduce in future months as these additional charges are agreed and paid.

- Storage Costs retention of records funding - £0.103m – this cost pressure remains for 2024/25 whilst we progress plans to cull any eligible medical records before the end of the financial year. Welsh Government funded this cost pressure non-recurrently in 2022/23 and 2023/24 and we continue to incur additional costs that we cannot avoid due to previous limitations on the destruction of medical records. We do not have funding confirmed for 2024/25. This issue was discussed with Matthew Denham-Jones at meetings held in July, October & December.

- Receipt of anticipated pay award funding - £0.724m – this risk continues to reflect the funding shortfall between our modelled pay award funding requirements and the Welsh Government pay award funding model

Opportunities included within our financial plan include:

- NWSSP Share of all Wales energy forecast is less than anticipated - £0.100m – this opportunity may crystallise as we update our NWSSP (excluding laundry) energy forecast and will also be impacted with the IP5 solar farm becoming operational in November. The variability of gas usage and costs over the winter months, particularly in IP5 will impact this and we will monitor this monthly.

- Turnover/Vacancy rates are higher than budgeted - £0.500m – this reflects the additional opportunity to release non-recurrent savings in excess of the £2.000m interim distribution we have declared

4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)

£0.007m of agency expenditure was reported in Month 9. There now remains only one agency member of staff working within NWSSP who has been engaged on a short-term basis within procurement to support savings delivery for the value

& sustainability programme. We have amended our forecast for quarter 4 to reflect this. We continue to deploy controls regarding engagement of agency staff and review agency expenditure in detail to minimise usage.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B2 Section D)

We are reporting variable pay expenditure of £0.230m for December which is a reduction on previous months. The forecast monthly total remains at £0.314m reflecting that we may require more flexibility over the winter months and also as we approach the end of the financial year to support workload pressures.

We continue to strengthen our controls and monitoring of variable pay expenditure across NWSSP with the aim of minimising this as far as possible and we currently have a variable pay internal audit in progress.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 & C3)

The savings tracker has been populated per our IMTP. In month 9 we are reporting a year to date non-recurrent overachievement of savings of £2.832m against our planned vacancy factor due to the number of vacancies we are in the process of recruiting to. We are forecasting that this will reduce in quarter 4 due to appointments to vacancies and additional workforce costs over the winter months and in preparation for the end of the financial year **(Action Point 8.2).**

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values amended for the backdated pay awards. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-23 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation, and which were highlighted as income assumptions in our IMTP.

The £0.066m of pay award funding that we were anticipating from CTM UHB that was included in our Month 8 submission has now been reduced to £0.043m. This is in respect of the TUPE of laundry staff from CTM to NWSSP on 1st April 2024 so won't be included in the pay award funding for NWSSP under the current pay award funding model. We have engaged with CTM regarding this and will discuss this further when we have details of the final pay award value and method to calculate this **(Action Point 8.4).**

The non-cash depreciation charges continue to reconcile to the November non-cash submission**.**

We have included additional lines for the estimated funding required for the 2024/25 pay awards for A4C, Medical & Dental and VSM. The anticipated income for the Real Living Wage pay uplift is incorporated into the funding requirement for the A4C pay award. No separate pay award allocation has been anticipated for the Medical Examiner Service as this is included in the overall Medical Examiner forecast.

9. Health Care Agreements and Major Contracts

No further updates to report.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 31st December 2024 there were six invoices outstanding over 17 weeks. At the submission date four of these were still outstanding which we continue to follow up with Organisations as a matter of urgency. We continue to liaise with Organisations to aim to reduce the number of invoices reaching 11 weeks. The Christmas and New Year break has been noted as the reason for the delay in approval of some of these invoices **(Action Point 6.4)**. There is one large invoice for our Q1 & Q2 laundry SLA outstanding from CTM who were disputing the 3.67% uplift applied to the charges. We are awaiting an urgent update from CTM given the pass-through expectation of the uplift funding they received. We are not aware of any disputes with the other invoices which we expect will be paid imminently so remain on Table M **(Action Point 8.6)**

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

Tables I & J have been populated with the year to date and forecast expenditure against our current Capital Expenditure Limit of £7.810m.

We continue to monitor our plans in detail to ensure our capital funding is fully utilised during the financial year.

We have received indicative notification of planning permission for IP5 to be used as the TRAMS South-East hub and proceed to mobilise plans to commence the minor works whilst we await a funding approval letter. We submitted a deed in pursuance of section 106 of the Town and Country Planning Act 1990 in respect of an Active Travel Scheme Contribution to Velindre on 16th December and await authorisation of this from them before we can obtain formal planning permission. Following the consequential delays to the planning permission confirmation, and the subsequent instruction to contractors to commence work, we are urgently reviewing our cash flow profile for the remainder of 2024/25 to inform what funding we can utilise from the £1.500m allocation.

Due to a change in the anticipated lease commencement date, the IFRS16 – Du Pont Records Storage lease forecast is less than the funding awarded. We will request that this is adjusted in future IFRS16 funding amendments **(Action Point 8.5).**

14. IFRS 16 & CAME (Table Q)

This table reflects the forecast that we included in our November non-cash submission.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 8 and 9 monitoring return submissions at the next meeting on 3rd February 2025.

16. Authorisation of Return

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NEIL FROW
MANAGING DIRECTOR
NWSSP

……..

ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

14th January 2025

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 22/12/2024 (Updated 23/12/2024)

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand (Weeks)
Aprons	266,922,900	499,950	21,709,500	333,000	367,406	59
Body Bags	16,852	29	9,745	0	23	428
Eye Protector	1,646,572	0	592,281	0	0	-
Type I & Type II Masks	2,397,430	0	42,240	0	45	939
Type IIR Masks	284,244,377	242,100	6,720,775	1,000,000	159,756	42
FFP2 Masks	127,144	0	201,120	0	0	-
FFP3 Masks (3M)	4,975,277	6,772	2,450,847	0	5,246	467
FFP3 Masks (Other)	191,100	0	0	0	0	-
Face Visors	7,560,780	84	270,316	0	439	616
Fit Test Kits & Spares	6,691	0	389	0	0	-
Gloves	1,424,492,730	4,353,000	156,383,850	131,205,300	3,723,713	42
Gloves Cuff	2,141,900	10,550	377,250	24,000	6,450	58
Gowns (Fluid-Resistant)	5,186,411	4,456	642,047	0	4,829	133
Gowns (Other)	1,292,071	1,848	48,322	0	1,524	32
Hand Sanitizer	1,182,104	3,594	169,293	2,796	3,199	53
Wipes (Universal)	217,986,200	1,954,200	3,417,400	3,061,200	1,659,050	2
Wipes (Other)	136,087,041	316,425	1,247,450	148,800	256,709	5
Respirator Hoods	157	0	442	2,400	0	-
Respirator Filters	35,273	0	42,600	0	0	-
Total	**2,356,493,010**	**7,393,008**	**194,325,867**	**135,777,496**	**6,188,388**	

Key Notes & Assumptions

a) The reported stock holding does not include stock physically held within the receiving organisations.

b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities

c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery

d) The reporting of stock is based on individual units, except for:

- Gloves where a unit is reported based on the unit size of a pack (single or pair)
- Hand sanitiser where a unit is a bottle regardless of the size

e) The dashboard output is a 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 (Weeks) reflects the number of weeks stock in hand based on the average issues made in the last 4 weeks, without considering orders to be received.

h) RAG Rating is currently based on 16 Weeks

>=16 Weeks
2 -15 Weeks
< 1 Week
-

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 19/01/2025 (Updated 20/01/2025)

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand (Weeks)
Aprons	267,923,200	304,625	21,410,900	260,225	250,075	86
Body Bags	16,915	41	9,686	0	16	615
Eye Protector	1,646,572	0	592,281	0	0	-
Type I & Type II Masks	2,399,590	120	40,080	0	540	74
Type IIR Masks	286,766,577	464,025	3,490,775	2,000,900	630,550	6
FFP2 Masks	127,144	0	201,120	0	0	-
FFP3 Masks (3M)	4,988,473	3,093	2,445,611	0	3,299	741
FFP3 Masks (Other)	191,100	0	0	0	0	-
Face Visors	7,561,650	320	270,052	0	218	1,242
Fit Test Kits & Spares	6,694	0	386	0	1	386
Gloves	1,434,736,780	3,027,700	175,568,100	117,462,800	2,561,013	69
Gloves Cuff	2,153,050	3,650	374,000	29,500	2,788	134
Gowns (Fluid-Resistant)	5,195,850	4,194	638,574	0	2,360	271
Gowns (Other)	1,297,665	1,280	46,800	0	1,399	33
Hand Sanitizer	1,191,588	2,996	166,347	2,280	2,371	70
Wipes (Universal)	222,850,400	1,498,000	7,756,400	5,994,000	1,216,050	6
Wipes (Other)	136,851,020	233,725	1,281,375	146,800	190,995	7
Respirator Hoods	157	0	442	2,400	0	-
Respirator Filters	35,273	0	42,600	0	0	-
Total	**2,375,939,698**	**5,543,769**	**214,335,529**	**125,898,905**	**4,861,672**	

Key Notes & Assumptions

a) The reported stock holding does not include stock physically held within the receiving organisations.

b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities

c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery

d) The reporting of stock is based on individual units, except for:

- Gloves where a unit is reported based on the unit size of a pack (single or pair)
- Hand sanitiser where a unit is a bottle regardless of the size

e) The dashboard output is a 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 (Weeks) reflects the number of weeks stock in hand based on the average issues made in the last 4 weeks, without considering orders to be received.

h) RAG Rating is currently based on 16 Weeks

>=16 Weeks
2 -15 Weeks
< 1 Week
-

Shared Services Partnership Committee

Forward Plan of Business

2024-2025

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
25 March 2025	Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report	Deep Dive Session	Corporate Risk Register Audit Committee Highlight Report	

22 May 2025	Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report	Deep Dive Session Review of Service Level Agreements (SLAs) IMTP Q4 Update Decarbonisation Update	Corporate Risk Register Audit Committee Highlight Report	Annual Report on Complaints Internal Audit Plan Audit Wales Plan Duty of Quality Annual Report
17 July 2025	Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report	Deep Dive Session	Corporate Risk Register Declarations of Interest Report on Gifts and Hospitality Approve Annual update of Audit Committee Terms of Reference	Health and Safety Annual Report Annual Governance Statement Annual Review Audit Committee Annual Report

	Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report		Annual Governance Statement	Annual Report on Welsh Language WIBSS Annual Report Counter Fraud Service Annual Report
18 September 2025	Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report	Deep Dive Session IMTP Q1 Update	Corporate Risk Register Audit Committee Assurance Report	

	People and Organisational Development Update Monthly Monitoring Returns PPE Report			
October 2025	Autumn Development Workshop			
20 November 2025	Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns	Deep Dive Session IMTP Q2 Update Decarbonisation Update Duty of Quality Update	Corporate Risk Register Audit Committee Assurance Report	Audit Wales Management Letter

	PPE Report			
21 January 2026	Minutes and Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report	Deep Dive Session IMTP Q3 Update	Corporate Risk Register	IMTP – Approval