

# Shared Services Partnership Committee - Part A

Tue 30 September 2025, 10:00 - 12:00

Microsoft Teams



Chaired by Professor Tracy Myhill OBE

## Agenda

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

10 min

*Professor Tracy Myhill OBE, NWSSP Chair*

#### **1.1. Welcome and Introductions**

*Verbal Professor Tracy Myhill OBE, NWSSP Chair*

#### **1.2. Apologies for Absence**

*Verbal Professor Tracy Myhill OBE, NWSSP Chair*

#### **1.3. Declarations of Interest**

*Verbal Professor Tracy Myhill OBE, NWSSP Chair*

#### **1.4. Minutes of Last Meeting Held on 17 July 2025**

*Decision Professor Tracy Myhill OBE, NWSSP Chair*

 Draft SSPC Minutes Part A Public 17 July 2025.pdf (14 pages)

#### **1.5. Action Log**

*Information Professor Tracy Myhill OBE, NWSSP Chair*

 SSPC Part A Action Log September 2025.pdf (1 pages)

### 10:10 - 10:20 **2. Chair/Managing Director's Report**

10 min


*Discussion*

#### **2.1. Chair's Report**

*Verbal Professor Tracy Myhill OBE, NWSSP Chair*

#### **2.2. Managing Director's Report**

*Information Neil Frow OBE, NWSSP Managing Director*

 NWSSP Managing Director Report SSPC September 2025.pdf (9 pages)

### 10:20 - 10:50 **3. Items for Approval**

30 min

*Decision*

#### **3.1. Transforming Access to Medicines Service (TrAMs) Programme and Service Management Board Terms of Reference**

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

📄 Transforming Access to Medicines (TrAMS) Programme and Service Management Board Terms of Reference CP.pdf (3 pages)

📄 Appendix 1 - TrAMS Programme and Service Management Board Terms of Reference v3.1.pdf (11 pages)

### **3.2. Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust**

*Decision James Quance, Assistant Director of Corporate Services*

📄 Assignment of Lease for Samlet Road to Welsh Ambulance Services University NHS Trust.pdf (5 pages)

### **3.3. Wales Energy Group (WEG)/Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference (ToR)**

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

📄 WEG and WEOG Annual Review of Terms of Reference CP.pdf (3 pages)

📄 Appendix 1 - WEG WEOG Terms of Reference V11b DRAFT 07.2025.pdf (6 pages)

### **3.4. Low Vision Aid Supply and Recycling Service Commitment of Expenditure**

*Decision Nicola Phillips, Director of Primary Care and Medical Examiner Service*

📄 Low Vision Aid Supply and Recycling Service Commitment of Expenditure SSPC September 2025.pdf (5 pages)

### **3.5. Defence Engagement Fellowships – NHS Wales & Defence Medical Services**

*Decision Ruth Alcolado, Medical Director*

📄 Defence Engagement Fellowships – NHS Wales & Defence Medical Services CP.pdf (7 pages)

📄 Appendix 1 - Memorandum of Understanding between The Defence Medical Services and NWSSP.pdf (6 pages)

10:50 - 11:00

10 min

## **4. Items for Noting / Discussion**

*Noting / Discussion*

### **4.1. PPE (Personal Protective Equipment) Preparedness**

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

📄 PPE (Personal Protective Equipment) Preparedness September 2025.pdf (8 pages)

📄 Appendix 1 – Letter from Welsh Government dated 25 March 2025 regarding Update on PPE Stockpiling in Wales .pdf (2 pages)

📄 Appendix 2 - Welsh Health Circular WHC (2025) 023 - PPE (Personal Protective Equipment) Preparedness 2025.pdf (4 pages)

### **4.2. Draft Agenda for Committee Development Day**

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

11:00 - 11:35

35 min

## **5. Governance, Performance and Assurance**

*Noting / Discussion*

### **5.1. Finance Report**

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

📄 SSPC Finance Report September 2025.pdf (7 pages)

### **5.2. People and Organisational Development Report**

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

📄 SSPC People and Organisational Development Report as at 31 August 2025.pdf (18 pages)

### 5.3. Performance Information Report

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

📄 SSPC Performance Information Report September 2025.pdf (14 pages)

### 5.4. Outcome Measures Report

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

📄 SSPC Outcome Measures Report September 2025.pdf (14 pages)

### 5.5. Integrated Medium-Term Plan (IMTP) Q1 of 2025-26 Update Report

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

📄 SSPC Integrated Medium-Term Plan (IMTP) Q1 of 2025-26 Update Report September 2025.pdf (17 pages)

### 5.6. Transformation Management Office (TMO) Update Report

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

📄 SSPC Transformation Management Office Update Report September 2025.pdf (34 pages)

### 5.7. NWSSP Corporate Risk Register

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

📄 NWSSP Corporate Risk Register September 2025 CP.pdf (6 pages)

📄 Appendix 1 - NWSSP Corporate Risk Register September SSPC 2025.pdf (10 pages)

11:35 - 11:35

0 min

## 6. Items for Information

*Information*

### 6.1. Integrated Medium Term Plan (IMTP) 2025-28 Accountability Conditions

📄 2025-07-28 JP letter to NF - IMTP Accountability Conditions - NWSSP.pdf (4 pages)

### 6.2. SSPC Forward Plan 2025-26

*Information*

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

### 6.3. Finance Monitoring Returns

*Information*

#### 6.3.1. Month 4

📄 a. Monitoring Return Commentary Month 4 NWSSP 2025-26 .pdf (8 pages)

📄 b. M4 Table A Movement.pdf (1 pages)

📄 c. M4 Table C, C1 and C2 Savings Schemes.pdf (4 pages)

📄 d. M4 Table C3 Tracker.pdf (2 pages)

#### 6.3.2. Month 5

📄 a. Monitoring Return Commentary Month 5 NWSSP 2025-26 .pdf (8 pages)

📄 b. M5 Table A Movement.pdf (1 pages)

📄 c. M5 Table C, C1 and C2 Savings Schemes.pdf (2 pages)

📄 d. M5 Table C3 Tracker.pdf (1 pages)

### 6.4. Personal Protective Equipment (PPE) Reports

#### Information

- 📄 Personal Protective Equipment Stockpile Dashboard 27-07-25.pdf (1 pages)
- 📄 Personal Protective Equipment Stockpile Dashboard 31-08-25.pdf (1 pages)

### 6.5. NWSSP Audit Committee Assurance Reports

- 📄 NWSSP Audit Committee Assurance Report 13052025 for SSPC.pdf (8 pages)
- 📄 NWSSP Audit Committee Assurance Report 08072025 for SSPC.pdf (6 pages)

### 6.6. Wales Infected Blood Support Scheme Annual Report 2024-25

- 📄 Wales Infected Blood Support Scheme (WIBSS) Annual Report 2024-25 CP.pdf (2 pages)
- 📄 Appendix 1 - Wales Infected Blood Support Scheme Annual Report 2024-25.pdf (26 pages)

## 11:35 - 11:35 7. Any Other Business

0 min

Verbal Professor Tracy Myhill OBE, NWSSP Chair

- No matters have been raised in advance of the meeting papers being issued.

## 11:35 - 11:45 8. Options for the Appointment of the Chair of the Shared Services Partnership Committee

10 min

Decision Huw Thomas, SSPC Vice Chair

Note: The Chair of the SSPC will be excluded from participating in this agenda item due to a declared conflict of interest.

- 📄 Options for the Appointment of the Chair of the Shared Services Partnership Committee September 2025 CP.pdf (7 pages)
- 📄 Appendix 1 - Welsh Government Advice on SSPC Chair Appointment and Tenure.pdf (3 pages)

## 11:45 - 11:45 9. Date and Time of Next Meeting: Friday 14 November 2025 from 10.00am to 12.00pm via Microsoft Teams

0 min

Information Professor Tracy Myhill OBE, NWSSP Chair

## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

### MINUTES OF MEETING HELD ON THURSDAY 17 JULY 2025

**10:00AM – 12:00PM**

### MEETING HELD ON MICROSOFT TEAMS

#### PART A - PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
<b>MEMBERS:</b>		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Executive Director of Workforce & Organisational Development	ABUHB
Sally May (SM)	Executive Director of Finance	CTMUHB
Claire Osmundsen-Little (COL) <i>(In attendance to 11.00am)</i>	Executive Director of Finance and Business Assurance	DHCW
Glyn Jones (GJ)	Director of Finance, Planning & Performance	HEIW
Tina Ricketts (TR)	Director of Workforce & Organisational Development	SBUHB
Carl James (CJ)	Executive Director of Strategy & Planning / Deputy CEO	VUNHST
Chris Turley (CT)	Executive Director of Finance and Corporate Resources	WAST
<b>OTHER ATTENDEES:</b>		
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Tanya Bull (TB)	Union Representative	Unison
Michelle Jones (MJ)	Head Of Financial Reporting <i>-Deputising for Russell Caldicott</i>	BCUHB
Rob Mahoney (RM)	Deputy Director of Finance <i>-Deputising for Catherine Phillips</i>	CAVUHB
Sian-Marie James (SMJ)	Assistant Director of Corporate Legal Services and Public Affairs <i>-Deputising for Huw Thomas</i>	HDUHB
Hywel Pullen (HP)	Deputy Director of Finance <i>-Deputising for Pete Hopgood</i>	PHTB
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) <i>(In attendance to 11.50am)</i>	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 ( <i>Secretariat</i> )	NWSSP

Stuart Douglas (SD) (Presenting agenda item 5.1)	Director of Specialist Estates Services	NWSSP
Laura-Jayne Keating (LJK) (Presenting agenda item 4.1)	Deputy Director of Pharmacy Technical Services	NWSSP
Louise Lewis (LL) (Presenting agenda item 3.1)	IP5 Pharmacy Manager	NWSSP

Item		Action
<b>1.</b>	<b>STANDARD BUSINESS</b>	
<b>1.1</b>	<p><b>Welcome and Opening Remarks</b></p> <p>TM welcomed members to the July 2025 meeting of the Shared Services Partnership Committee (SSPC).</p> <p>TM extended a warm welcome to Tina Ricketts, Director of Workforce and Organisational Development in Swansea Bay University Health Board (SBUHB), who would be the Health Board’s nominated representative, going forward.</p> <p>A number of deputy representatives were in attendance, as follows:</p> <ul style="list-style-type: none"> <li>• Rob Mahoney, Deputy Director of Finance (CAVUHB);</li> <li>• Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs (H DUHB); and</li> <li>• Hywel Pullen (HP), Deputy Director of Finance (PTHB).</li> </ul> <p>Due to an adjustment to the running order, Part A agenda items were considered after 10.55am.</p>	
<b>1.2</b>	<p><b>Apologies Received</b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Russell Caldicott, Executive Director of Finance (BCUHB);</li> <li>• Catherine Phillips, Executive Director of Finance (CAVUHB);</li> <li>• Huw Thomas, Executive Director of Finance (H DUHB);</li> <li>• Pete Hopgood, Executive Director of Finance, Capital &amp; Support Services (PTHB); and</li> <li>• Alison Ramsey, Director of Finance &amp; Corporate Services (NWSSP).</li> </ul>	
<b>1.3</b>	<p><b>Declarations of Interest</b></p> <p>No declarations of interest were received from Committee Members.</p> <p>TM confirmed that it was timely to conduct the annual review of the Committee’s Register of Interests and therefore RD would contact Committee Members following the meeting to confirm their declarations remained accurate and up to date.</p>	<b>RD</b>
<b>1.4</b>	<p><b>Minutes of Meeting Held on 22 May 2025</b></p> <p>The minutes of the meeting held on 22 May 2025 were <b>APPROVED</b> as a true and accurate record of the meeting.</p>	

1.5	<p><b>Action Log</b></p> <p>The Committee received the Action Log which confirmed that both actions captured had been completed. TM added that it was positive to see actions identified were continuing to be implemented in a timely fashion.</p> <p>The Committee <b>NOTED</b> the update of the Action Log.</p>	
2.	<p><b>CHAIR AND MANAGING DIRECTOR'S UPDATES</b></p>	
2.1	<p><b>Chair's Report</b></p> <p>TM provided a verbal update regarding recent activities, including:</p> <ul style="list-style-type: none"> <li>• attending recent Chairs' meetings, including a face-to-face session at Velindre University NHS Trust in May 2025. At this session, Jonathan Webb, NWSSP's Head of Safety and Learning, delivered a comprehensive presentation on the Welsh Risk Pool, which received positive feedback and engagement from attendees;</li> <li>• regular meetings with the NWSSP Managing Director and NWSSP Senior Leadership Group;</li> <li>• meeting and corresponding with Simon Dean regarding the Governance and Accountability Review;</li> <li>• meeting with Judith Paget, Director General for Health, Social Services &amp; NHS Wales Chief Executive and Donna Mead, Chair of Velindre, focusing on hosting arrangements and relationships;</li> <li>• ongoing discussions with Judith Paget and Velindre University NHS Trust colleagues to support and strengthen relationships between NWSSP and the host organisation;</li> <li>• attending the Early Years Programme session, linked to the Anti-Racist Wales Action Plan which highlighted valuable learning from experience and the benefit of attending alongside the Chair of a differently governed arrangement; and</li> <li>• sharing positive feedback arising from the Cabinet Secretary's recent visit to IP5, which was well received.</li> </ul> <p>The Committee <b>NOTED</b> the Chair's Report.</p>	
2.2	<p><b>Managing Director's Report</b></p> <p>NF presented the Managing Director's Report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• <b>Welsh Risk Pool (WRP):</b> The Committee ratified 297 cases totalling £20.6m in reimbursements. Progress was noted regarding digital consent, the All-Wales Venous Thromboembolism (VTE) Strategy, Maternity and Neonatal Education and Training Wales (MoNET), and legal service improvements at BCUHB. NHS indemnity was approved for WAST's Call Prioritisation Streaming System (CPSS) and a Symptom Checker system.</li> <li>• <b>Finance and Year-End Position:</b> NWSSP achieved a balanced year-end position, returning £3.6m to health boards, with thanks extended to the Finance and Corporate Services division and the wider organisation. The current year also starts in balance, although the impact of changes to National Insurance contributions presents a challenge which remains under review. Discussions are ongoing with Directors of Finance regarding risk pool pressures and emerging costs which will impact on the level of the Risk Sharing Agreement.</li> </ul>	

- **Audit and Governance:** No issues were raised by Audit Wales regarding NWSSP in the audit of the Velindre University NHS Trust accounts, and the Head of Internal Audit Opinion provided reasonable assurance, supporting the NWSSP Annual Governance Statement for 2024-25. This reflects strong internal controls and governance across NWSSP.
- **Performance and Planning:** A positive Joint Executive Team (JET) meeting with Welsh Government confirmed no performance concerns, with encouraging feedback on NWSSP's savings and initiatives. Formal feedback on the submitted Integrated Medium-Term Plan (IMTP) is expected shortly.
- **South-East RadioPharmacy:** The enabling works were completed between February and May, with the cleanroom contractor on-site from 23 June 2025. Steel structures are now erected and go-live is scheduled for April 2026. Engagement with the Medicines and Healthcare products Regulatory Agency (MHRA) is ongoing and appreciation was extended to Swansea Bay and Cardiff & Vale University Health Boards for their continued support and collaborative working.
- **South-West Hub Development:** A site selection workshop reduced the longlist from six, with strategic considerations including storage and regional collaboration. Engagement continues with Hywel Dda and Swansea Bay University Health Boards.
- **Laundry Service:** Significant progress has been made due to investment, with thanks to Welsh Government for supporting the business cases. Plans are in place to manage plant shutdowns without service disruption and opportunities for cost savings through workload redistribution have been identified and will be enacted over the coming months once the capital works have been completed.
- **Medical Examiner Service:** Wales is now aligned with English regions on performance metrics and is no longer an outlier. The additional resources that have been put into the service are improving case handling, though further work is needed on practitioner engagement and information flow from several health boards areas/hospitals. Preparations are already underway for winter resilience planning.
- **Accommodation:** Refurbishment projects in Charnwood Court and Companies House are complete, with reused furniture from Companies House supporting sustainability.
- **Personal Protective Equipment (PPE) Stockholding:** Welsh Government have confirmed the PPE Stockholding policy and NWSSP is implementing this, with support from PHW as regards fit testing and product procurement.
- **Decarbonisation:** Recent projects completed include solar photovoltaic (PV) installation at Matrix House and electric vehicle charger infrastructure at IP5. All Targeted Estates Funding (TEF) bids for 2025/26–2026/27 were successful and further estate upgrades are in progress.
- **Cabinet Secretary Visit:** The Cabinet Secretary visited IP5 on 4 June in what was a positive visit, showing a strong interest in NWSSP's work and the regional capacity being developed. The visit highlighted the impact of approved business cases and is expected to support future capital funding bids.
- **Partnership Working:** Executive-to-executive meetings have continued with Cwm Taf Morgannwg, Swansea Bay and Aneurin Bevan University Health Boards, with plans to extend engagement to all Health Boards and Special Health Authorities.

	<ul style="list-style-type: none"> <li>• <b>Awards:</b> NWSSP won Best Sustainability Network for the Welsh Health Environmental Forum (WHEF) at the NHS Wales Sustainability Awards and has submitted further nominations for national and UK-wide recognition.</li> </ul> <p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the Managing Director’s Report.</p>	
<b>3.</b>	<b>DEEP DIVE</b>	
<b>3.1</b>	<p><b>Operational Planning for the Central Procurement of Flu Vaccines</b></p> <p>LL presented the Deep Dive session on the Operational Planning for the Central Procurement of Flu Vaccines (CPoF) to the Committee. The approach has previously been reported to the Committee and this deep dive provides an update on implementation and assurance over operational plans.</p> <p>The 2025 flu vaccination programme is being delivered through a collaborative approach between NWSSP Pharmacy, Procurement, and Supply Chain Logistics and Transport (SCLT), acknowledging the significant contributions of colleagues, particularly Gildas Griffiths, who was unfortunately unavailable to co-present.</p> <p>The programme follows Welsh Government’s October 2022 commitment to centrally procure flu vaccines under the National Immunisation Framework. The aims are to reduce waste, ensure equitable access and deliver financial savings through a Once for Wales procurement and distribution model. The estimated savings are between £1.5 to £2 million.</p> <p>A total of 912,000 doses have been procured for delivery to 1,083 sites across Wales. Two vaccine types have been secured, adjuvanted trivalent (aTIV) for those aged 65+ and trivalent cell culture (TIVc) for those aged 18–64, including pregnant women and frontline staff.</p> <p>LL confirmed that NWSSP is on track to meet all key milestones. Orders were validated in spring to minimise waste and ensure appropriate fridge capacity. The first inbound delivery to IP5 is scheduled for early August, with four phased deliveries planned through to mid/end of September. All sites will receive stock in readiness for the campaign start date on 1 October 2025.</p> <p>To support delivery, two modular cold rooms have been installed at IP5, with validated temperature control (2–8°C). These are designed for outdoor use and a minor roof leak has been addressed with additional sealing and contingency storage is available on the second floor at IP5 laboratory. Packing capacity is up to 50 site orders per day, with outbound storage ready for dispatch.</p> <p>Delivery prioritisation has been structured to ensure timely access for high priority cohorts. Health Board sites will receive stock first, followed by BCUHB (due to geographical spread), HDUHB, and then South Wales sites. All deliveries are scheduled to complete by mid/end of September.</p> <p>Additional vehicles and logistics resources have been secured to meet demand, including dual-zone refrigerated vans and increased staffing across Pharmacy, Procurement, and SCLT. Delivery routes have been optimised to reduce</p>	

	<p>unnecessary mileage and improve environmental efficiency with 65% of deliveries to be made using electric vehicles.</p> <p>All sites have been asked to confirm fridge capacity and delivery preferences prior to delivery. Amendments to orders are not permitted post-submission, although cancellations are accepted. In the event of technical issues (e.g. fridge failure), sites are advised to liaise with their Health Board for support.</p> <p>CJ queried the impact of the roof leak, risks associated with scaling up from COVID operations and assurance on quality. The Committee was assured by LJK and LL that the cold rooms are fully tested / mapped and are fit for purpose and the initial issue has been resolved. Further, that robust processes developed during COVID have been tested and scaled appropriately. The programme operates under NWSSP’s Wholesale Dealers Authorisation, with additional resources in place and extensive temperature mapping and validation completed to ensure regulatory compliance.</p> <p>NF reinforced that this work builds on NWSSP’s extensive experience, having managed and delivered over 10.3 million vaccines to date. He confirmed that all deliveries are fully temperature mapped and regulated under MHRA standards and that the team is well-positioned to deliver the programme successfully.</p> <p>TM thanked the team for their detailed planning and delivery assurance, noting the scale and complexity of the task and expressing confidence in the team’s readiness.</p> <p>The Committee <b>NOTED</b> the deep dive presentation and <b>SUPPORTED</b> the Vaccination Programme development.</p>	
<p><b>4.</b></p>	<p><b>ITEMS FOR APPROVAL</b></p>	
<p><b>4.1</b></p>	<p><b>Transforming Access to Medicines Service (TrAMS) Programme Board Terms of Reference</b></p> <p>LJK introduced the revised Terms of Reference (ToR) for the TrAMS Programme Board, noting that the primary amendment was to broaden representation from Health Boards and Trusts, alongside the inclusion of a quorum. The revisions align with the expedited implementation of the new RadioPharmacy Service, scheduled to go live in April 2026.</p> <p>CJ welcomed the opportunity to review the ToR and shared constructive feedback, including:</p> <ul style="list-style-type: none"> <li>• the need to distinguish clearly between the Programme Board and the Service Management Board to avoid role confusion and potential conflicts;</li> <li>• the size and operational effectiveness of the Board (noting 21 members);</li> <li>• clarification on the roles and functions of Board members, particularly where multiple individuals hold similar positions (e.g. Finance Directors); and</li> <li>• clarity on decision-making, particularly around quorum composition and equitable representation from Health Boards and Trusts.</li> </ul>	

	<p>SM echoed the comments regarding representation and decision-making authority, emphasising the importance of understanding the limits of individual delegation within organisations.</p> <p>TB raised the issue of employee well-being and queried the appropriateness and timing of including trade union representation on the Board. It was noted that co-option provisions may allow for this.</p> <p>LJK acknowledged the complexity introduced by the phased nature of the programme and agreed that further refinement of governance structures is required. She confirmed there is no immediate urgency to finalise the ToR but stressed the importance of progressing this work in parallel with the Full Business Case (FBC) development.</p> <p>Committee Members agreed the following actions to support the revised ToR to be brought back for consideration at the September meeting:</p> <ul style="list-style-type: none"> <li>• further work to be undertaken to address the feedback received, particularly around governance clarity, representation and decision-making; and</li> <li>• interim work to be undertaken to finalise Health Board representation and avoid placeholders in the next draft.</li> </ul> <p>The Committee agreed to <b>DEFER APPROVAL</b> of the revised ToR, pending further development and consultation to the Committee’s next meeting on 30 September 2025. The existing ToR will remain in effect until superseded.</p>	
<b>4.2</b>	<p><b>NWSSP Student Awards Services' Service Level Agreement 2025</b></p> <p>JQ introduced the proposed Service Level Agreement (SLA) for the Student Awards Service, developed in response to an internal audit recommendation. The SLA formalises the arrangement with Health Education and Improvement Wales (HEIW), as the service was originally established prior to HEIW’s formation. The SLA will now be incorporated into the standard suite of agreements reviewed on a recurring basis.</p> <p>GJ confirmed HEIW’s support for the SLA and highlighted ongoing work with NWSSP to strengthen the validation of bursary tie-in conditions, which require students to remain in NHS Wales employment for a defined period post-qualification. While not directly impacting the SLA, this work aims to streamline and automate the validation process.</p> <p>NF acknowledged the challenges in aligning student output with workforce needs and reiterated the importance of collaboration with HEIW to ensure employment opportunities are available, particularly in light of the bursary obligations.</p> <p>The Committee <b>APPROVED</b> the NWSSP Student Awards Services' Service Level Agreement 2025.</p>	
<b>5.</b>	<b>ITEMS FOR NOTING/DISCUSSION</b>	
<b>5.1</b>	<p><b>NWSSP Decarbonisation and Adaptation Activity Update</b></p> <p>SD presented the biannual update on NWSSP’s Decarbonisation and Adaptation activity, highlighting progress against the NHS Wales</p>	

	<p>Decarbonisation Strategic Delivery Plan, which sets out 46 initiatives aimed at achieving carbon reduction targets of 16% by 2025 and 34% by 2030. The programme is structured across six key workstreams, being carbon management, buildings estates and planning (BELP), transport, procurement, land use and approach to healthcare.</p> <p>The programme remains amber-rated overall, with local initiatives showing strong progress and national co-ordination continuing through the Climate Action Partnership Team. SD noted that Welsh Government had rated NWSSP’s performance as green/amber, reflecting positively on both local and national efforts. Key achievements included:</p> <ul style="list-style-type: none"> <li>• solar PV installations at Matrix House and electric vehicle (EV) charging infrastructure at IP5;</li> <li>• expansion of the low-emission vehicle salary sacrifice scheme, with a 74% increase in uptake since 2021;</li> <li>• implementation of a procurement-led initiative to reduce expired stock in Emergency Departments, with potential savings of £468,000 and 84,240kg CO2e (carbon emissions); and</li> <li>• pilot installation of a Wastewater Heat Recovery System at Llansamlet Laundry, resulting in a 1.5% reduction in electricity usage and 8% reduction in oil consumption.</li> </ul> <p>Primary challenges identified include transport infrastructure due to grid capacity and funding, procurement pressures linked to national gas offset targets and global supply chains, and limited capital funding affecting both BELP initiatives and the vehicle replacement programme. Over the next six months the planned activity includes finalising the NWSSP Adaptation Risk Register, reviewing internal logistics to reduce emissions, developing a long-term EV investment plan, conducting feasibility studies for energy upgrades and promoting local sustainable supply chains.</p> <p>NF emphasised the need for greater Health Board engagement in national procurement and transport workstreams and the importance of collaborative working to support delivery across NHS Wales.</p> <p>The Committee <b>NOTED</b> the NWSSP Decarbonisation and Adaptation Activity Update.</p>	
<b>6.</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	
<b>6.1</b>	<p><b>NWSSP Annual Review 2024-25</b></p> <p>JQ introduced the NWSSP Annual Review for 2024-25, noting it had been updated to reflect previous Committee feedback by including a more balanced perspective, such as lessons learned, challenges and areas for improvement. The document was presented for noting and endorsement, subject to minor post-drafting amendments.</p> <p>TM welcomed the improved format and visual presentation, particularly the inclusion of partner feedback and challenges. CT praised the document and expressed his satisfaction and readiness to endorse. CJ acknowledged the quality of the report but opted to note the document, rather than endorse it, pending outcomes from the ongoing Welsh Government Accountability and Governance Review. TM clarified that the Annual Review is not a statutory document and is intended to reflect NWSSP’s activity over the year and is</p>	

	<p>therefore an important document for Committee Members. Following discussion she confirmed that the Committee would proceed with endorsing the report, while noting Velindre’s position.</p> <p>The Committee <b>ENDORSED</b> the NWSSP Annual Review 2024-25.</p>	
<p><b>6.2</b></p>	<p><b>Finance Report</b></p> <p>LP provided an overview of the financial position to the end of June 2025, reporting a surplus of £1.741m, primarily due to ongoing vacancies and delays in recruitment to vaccination programmes. Of this, £0.744m will be required to fund the shortfall in funding for increased Employers National Insurance contributions, which remains a recurrent pressure. The position is also subject to confirmation of pay award funding for 2024/25 and 2025/26, totalling £10.438m, which presents a significant risk to the financial plan.</p> <p>Capital expenditure to date totals £0.584m against a Capital Expenditure Limit of £8.094m, with £5.5m allocated to the RadioPharmacy project. Discretionary capital has been reduced following NWSSP’s 30% contribution to TEF schemes. Eight schemes were successfully approved, including decarbonisation initiatives (solar panels, EV charging and hot water reclamation), infection prevention and control upgrades, and laundry equipment enhancements.</p> <p>In relation to the Welsh Risk Pool (WRP), expenditure to Month 3 was £11.187m, compared to £18.981m at the same point last year. The IMTP forecast of £145.491m was based on historical trends, requiring a £36m contribution under the risk share agreement. However, a detailed review in Quarter 1 indicates the forecast may increase to £187.5m, requiring a £78m contribution. This reflects a significant rise in high-value cases, including six forecast settlements exceeding £5m and 30 cases over £1m, compared to 19 last year.</p> <p>SM queried the report wording, noting that “<i>directors of finance have agreed</i>” may imply formal approval, whereas organisations have identified the issue as a risk. She emphasised the uncertainty and potential impact on financial positions, particularly given the scale and timing of the risk. CT echoed these comments, stating that he had treated the issue as one of several variables in the financial position and supported the need for clarity. RM supported the points raised, confirming that Cardiff and Vale UHB had not included the risk in its forecast and that the issue represented a likely multi-million-pound risk across NHS Wales. LP acknowledged the feedback and confirmed that the forecasting process is under review. She noted that the scale and timing of recent developments, including increased trial activity and lump sum settlements, had emerged only in the last four to five months.</p> <p>TM recognised the scale of the issue and the need for continued monitoring and refinement of the forecast. SM added that each organisation would need to determine when the risk crystallises and how it impacts their forecast, with some commonality likely required due to the nature of the risk share.</p> <p>The Committee <b>NOTED</b> the Finance Report, and the updated Welsh Risk Pool forecast and associated risks, with acknowledgement of the need for further refinement and professional judgement by individual organisations.</p>	

<p><b>6.3</b></p>	<p><b>People &amp; Organisational Development Report</b></p> <p>GH presented the report, noting changes to the presentation of data to provide greater detail and invited feedback on the revised format. He reported that overall headcount continues to rise, with further increases anticipated in August and September due to onboarding of trainees under the Single Lead Employer (SLE) model. He highlighted that the growing number of less-than-full-time trainees is contributing to longer programme durations, further impacting headcount. A new filtering technique is being trialled to reduce the volume of applications requiring shortlisting, which is showing early signs of success and will be shared with other organisations. He confirmed that preparation for trainee onboarding is ahead of schedule.</p> <p>Recruitment performance was noted as positive, with NWSSP itself ranking second highest in NHS Wales for both metrics and time to hire improving significantly to 54.4 days, with five of seven recruitment KPIs now being met. Bank usage has decreased, and agency spend remains at zero for the second consecutive month.</p> <p>Statutory and mandatory training compliance remains high at 92.65% (excluding SLE), and PADR compliance, whilst slightly reduced, remains strong at 82.10%, which will be a key focus in upcoming quarterly divisional reviews. Sickness absence remains stable overall, with NWSSP’s sickness rate remains below the NHS Wales average.</p> <p>Employee experience initiatives include the rollout of Speaking Up Safely training and platform, Mental Health Awareness Week activities and the launch of Compassionate Cultures training. The team is also preparing for the 2025 NHS Wales Staff Survey and continuing to support widening access, talent development and staff recognition programmes.</p> <p>The Committee <b>NOTED</b> the People and Organisational Development Report and the positive progress across workforce, recruitment and employee experience metrics.</p>	
<p><b>6.4</b></p>	<p><b>Performance Information Report</b></p> <p>RN presented the Performance Information Report, providing an update on Key Performance Indicators (KPIs) from February to May 2025.</p> <p>KPI performance remains strong with 38 out of 40 indicators rated green. Of the two KPIs that did not meet target, these are consistent with previous reports and relate to Audit and Assurance (audit delivery and management response times). Individual performance reports will be shared with partners for quarter 1 of 2025-26 at the end of July 2025 and will be followed up with discussions to review service delivery and address any issues or feedback.</p> <p>Continued areas of success included the Time to Hire target having been met consistently for over 12 months and professional influence benefits totalling £19m at the end of May 2025, reflecting NWSSP’s continued impact across procurement, estates, legal and financial services.</p> <p>The Committee <b>NOTED</b> the Performance Information Report.</p>	
<p><b>6.5</b></p>	<p><b>Outcome Measures Report</b></p>	

	<p>RN presented the Outcomes Measures Report, which continues to demonstrate progress in evidencing NWSSP's impact and value, structured around the themes of value, people and services.</p> <p>RN highlighted the inclusion of a dedicated appendix entitled 'Voice of the Customer', which consolidates feedback from quarterly engagement meetings with Directors of Finance and Workforce across NHS Wales. This feedback is used to inform immediate service improvements and to identify thematic areas of strength and development, which are shared with the Senior Leadership Group.</p> <p>The report also evidences high levels of customer and employee satisfaction, positive professional influence and contributions to decarbonisation and the foundational economy. Measures such as procurement savings, internal promotions and electric vehicle usage continue to show positive trends. Areas for development include benchmarking and best practice, system improvements and enhanced qualitative feedback.</p> <p>TM queried the rationale for the review of the customer satisfaction target within Primary Care Services and RN confirming that the review was intended to align the target with those of other divisions, resulting in a more consistent and challenging benchmark. TM welcomed the inclusion of the Voice of the Customer appendix and praised the progress made since the last report.</p> <p>The Committee <b>NOTED</b> the Outcome Measures Performance Report.</p>	
<p><b>6.6</b></p>	<p><b>Transformation Management Office Update Report</b></p> <p>RN provided an update on the work of the Transformation Management Office (TMO). The overarching report indicates a stable position, with 24 initiatives currently being tracked, of which 18 are rated green, 5 amber and 1 red.</p> <p>RN noted significant progress on the Primary Care Workforce Intelligence System (PCWIS) project, which has improved from red to amber status. This shift reflects enhanced delivery against scope, with implementation now underway across optometry, dentistry, general medical services and pharmaceutical services.</p> <p>The sole red-rated initiative remains the TrAMS Programme. It continues to face critical challenges, including tight timelines, regulatory dependencies and staffing/resource constraints, particularly the need for new aseptic cleanroom capacity and associated regulatory approvals.</p> <p>Overall, the portfolio demonstrates steady progress across a diverse range of transformation and service improvement programmes. With 75% of projects rated green and several nearing completion, the report reflects consistent delivery momentum.</p> <p>The Committee <b>NOTED</b> the TMO Update Report.</p>	
<p><b>6.7</b></p>	<p><b>NWSSP Corporate Risk Register</b></p> <p>JQ presented the NWSSP Corporate Risk Register to the Committee, which continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position as detailed in the overarching report is summarised as 17</p>	

	<p>risks identified for action, of which there are 4 red and 12 amber risks and 1 yellow risk. The report also highlighted there are 4 risks for monitoring, of which there are 1 amber and 3 yellow risks. Four emerging risks were also detailed in overarching the report.</p> <p>The Committee <b>NOTED</b> the NWSSP Corporate Risk Register.</p>	
<p><b>6.8</b></p>	<p><b>NWSSP Annual Governance Statement 2024-25</b></p> <p>The NWSSP Annual Governance Statement (the Statement) was presented to the Committee in its finalised version, for noting. The Committee had previously considered a draft of the document for comment at its May meeting. The Statement provides an overview of the governance, risk management, and internal control arrangements in place throughout the year. The Statement confirms that NWSSP continues to operate within a robust governance framework under its hosting arrangement with Velindre University NHS Trust, and in alignment with NHS Wales standards.</p> <p>CJ highlighted that while the Statement had been provided to Velindre in May, it had not been considered by the Trust Board or Executive Team. JQ clarified that the Statement had been submitted to Velindre following a request in early May and the lack of feedback had only become apparent during the NWSSP Audit Committee’s discussions on 8 July 2025, where the Committee resolved to note the document. JQ stated that NWSSP is still awaiting confirmation of the rationale for the lack of inclusion in the Velindre suite of documentation for consideration by the Trust Board, despite the precedent and request. Further, that the NWSSP Audit Committee cover paper would be amended following a request by the Committee to reflect that the Statement was noted.</p> <p>NF emphasised that the Statement is issued by him as NWSSP’s Accountable Officer and has been produced consistently for the past 14 years. He noted that it has historically been used by Velindre and that this year was the first instance where it had not been, despite being requested. He referenced guidance from Judith Paget confirming that current arrangements should continue unchanged and reiterated the importance of the Statement in providing assurance to Committee Members. CJ acknowledged NF’s comments and noted that the ongoing governance review would help to clarify future arrangements.</p> <p>CT acknowledged the significance of the Statement and expressed satisfaction in noting it.</p> <p>The Committee <b>NOTED</b> the NWSSP Annual Governance Statement 2024-25.</p>	
<p><b>6.9</b></p>	<p><b>NWSSP Head of Internal Audit Opinion 2024-25</b></p> <p>The Committee received the NWSSP Head of Internal Audit Opinion and Annual Report for 2024–25. The Report confirms that Internal Audit has provided Reasonable Assurance that NWSSP’s governance, risk management, and internal control arrangements are suitably designed and applied effectively, with some areas requiring management attention.</p> <p>During the year, 14 audit reviews were completed, including 3 with Substantial Assurance, 5 with Reasonable Assurance, 1 with Limited Assurance, and 5 advisory reviews. The Limited Assurance review related to Capital Equipping</p>	

	<p>Procurement (Swansea Bay and Cwm Taf Morgannwg UHBs), with actions agreed to address identified weaknesses.</p> <p>The Internal Audit service was confirmed to be fully compliant with Public Sector Internal Audit Standards, as validated by CIPFA’s external quality assessment. The audit plan was delivered in full, with performance indicators met or exceeded. Follow-up processes and recommendation tracking were in place and regularly reported to the NWSSP Audit Committee.</p> <p>The Opinion supports the Managing Director informing his Annual Governance Statement and reflects a continued commitment to assurance, improvement, and transparency across NWSSP.</p> <p>The Committee <b>NOTED</b> the NWSSP Head of Internal Audit Opinion 2024-25.</p>	
<p><b>6.10</b></p>	<p><b>NWSSP Audit Committee Annual Report 2024-25</b></p> <p>The Committee received the NWSSP Audit Committee Annual Report for 2024–25, which outlines the breadth and outcomes of the NWSSP Audit Committee’s assurance work over the reporting period. The report confirms that the Committee operated in line with its Terms of Reference and NHS Wales guidance, providing oversight across key areas including internal and external audit, counter fraud, and risk management.</p> <p>Positive assurance was noted from Audit Wales and Internal Audit. Internal Audit issued 12 reports, with the majority receiving Substantial or Reasonable Assurance. The Committee also oversaw the delivery of the Counter Fraud Work Plan and received regular updates on governance, risk and control matters, including the Annual Governance Statement.</p> <p>Effectiveness of the NWSSP Audit Committee was reviewed through a member survey, which highlighted strong chairing and effective operation, though a recommendation was made to appoint a third Independent Member to strengthen governance. Looking ahead, the NWSSP Audit Committee will continue to support NWSSP’s governance development, with a focus on risk, assurance and value for money.</p> <p>The Committee <b>NOTED</b> the NWSSP Audit Committee Annual Report 2024-25.</p>	
<p><b>7.</b></p>	<p><b>ITEMS FOR INFORMATION</b></p>	
<p><b>7.1</b></p>	<p>The Committee received the following standing items, for information:</p> <ul style="list-style-type: none"> <li>• Finance Monitoring Returns (Month 2 of 2025-26)</li> <li>• Personal Protective Equipment (PPE) Report – May and June 2025</li> <li>• SSPC Forward Plan 2025-26</li> </ul> <p>In addition, the Committee received the following Annual Reports, for information:</p> <ul style="list-style-type: none"> <li>• NWSSP Concerns and Complaints Annual Report 2024-25</li> <li>• NWSSP Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Annual Report 2024-25</li> <li>• NWSSP Information Governance Annual Report 2024-25</li> <li>• NWSSP Welsh Language Annual Report 2024-25</li> </ul>	

	<ul style="list-style-type: none"> <li>NWSSP Local Counter Fraud Services Annual Report 2024-25</li> </ul>	
<b>8.</b>	<b>ANY OTHER BUSINESS (AOB)</b>	
<b>8.1</b>	<p>TM informed Committee Members that the Autumn Committee Development Day is scheduled for Friday 10 October 2025 and invited suggestions for agenda items.</p> <p>Committee Members were also reminded that next Committee meeting has been rescheduled from Thursday 18 September to Tuesday 30 September 2025.</p>	
<b>9.</b>	<b>DATE OF NEXT MEETING</b>	
<b>9.1</b>	The next meeting is scheduled to take place on Tuesday 30 September 2025 from 10.00AM to 12.00PM, held via Microsoft Teams.	

**Item 1.5**

**ACTION LOG**  
**SHARED SERVICES PARTNERSHIP COMMITTEE**  
**UPDATE FOR SEPTEMBER 2025 MEETING**

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status September 2025
<b>Part A Public</b>						
1.	2025/07/17 Part A	July 2025	<b>Declarations of Interest</b> It was considered timely to affect the annual review of Committee Register of Interests and therefore RD would be in touch with Committee Members to confirm their declarations.	RD	September 2025	<b>Complete</b> This was actioned on 18 September 2025 by email and RD is collating and tracking the responses, received accordingly.
2.	2025/07/17 Part A	July 2025	<b>Transforming Access to Medicines Service (TrAMs) Programme Board Terms of Reference</b> Item approval deferred to 30 September 2025 Committee meeting. RD to add this to the SSPC meeting planner.	LJK/RD	September 2025	<b>Complete</b> Item added to the SSPC planner and incorporated the Revised ToR the September agenda, for approval.



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**30 September 2025**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

**ARWEINYDD:**

Neil Frow, Managing Director

**LEAD:**

**AWDUR:**

**AUTHOR:**

Roxann Davies, Corporate Services Manager  
James Quance, Assistant Director of Corporate Services

**SWYDDOG ADRODD:**  
**REPORTING OFFICER:**

Neil Frow, Managing Director

**MANYLION CYSWLLT:**  
**CONTACT DETAILS:**

[Neil.Frow@wales.nhs.uk](mailto: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 July 2025.

**Llywodraethu/Governance**

**Amcanion:**

**Objectives:**

To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.

**Tystiolaeth:**

**Supporting evidence:**

Not applicable

**Ymgynghoriad/Consultation:**

Shared Services Partnership Committee

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

**DERBYN/**  
**APPROVE**

**ARNODI/**  
**ENDORSE**

**TRAFOD/**  
**DISCUSS**

✓

**NODI/**  
**NOTE**

✓

**Argymhelliad/**  
**Recommendation:**

The Committee is to **DISCUSS** and **NOTE** the report.

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	No direct impact.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides an assurance that NWSSP risks are being identified and managed effectively.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Access to the new Health and Care Quality Standards can be obtained from the following link: <a href="#">Duty of Quality (sharepoint.com)</a> . These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **NWSSP Managing Director's Report September 2025**

### **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 July 2025.

### **Welsh Risk Pool (WRP) Committee**

The WRP Committee last met on 22 July 2025. There were 23 attendees, 299 cases ratified and the value of reimbursement was £19.3m. There were 26 instances where penalties were authorised. The main areas of business were:

#### Financial Report Update

The Committee reviewed the Month 3 Finance Report, noting a potential risk to the outturn due to unusual case settlement patterns, already flagged to Directors of Finance. Further, the Committee noted the updated Departmental Expenditure Limit (DEL) expenditure and forecast. Analysis was shared of the creditor/debtor balance, identifying a small proportion linked to deferred learning and a significant sum potentially eligible for interim reimbursement, which may support cashflow. The Welsh Risk Pool Team will liaise with Health Board Finance Teams accordingly.

#### Draft Welsh Risk Pool and Legal and Risk Services' Annual Review 2024-25

The Committee received the draft Welsh Risk Pool (WRP) and Legal and Risk Services' (LARS) Annual Review, outlining key caseload trends and financial pressures. In 2024/25, £145 million was spent on claims, with £1.712 billion in reserves. Clinical negligence cases have plateaued, Emergency Department cases continue to rise, and redress cases have increased due to the Duty of Candour. New Putting Things Right Regulations in 2025/26 will expand redress, which has shown cost savings. Personal injury claims are declining, and 149 Periodical Payment Orders (PPO) cases are actively managed. While Learning from Events Report (LFER) timeliness improved, evidence gaps remain. Training sessions to support Boards and Sub-Committees would be delivered by the Head of Safety and Learning.

#### Digital Consent Pilots

The Committee received an update and noted Digital Consent pilots of EIDO Healthcare with endoscopy services and Concentric in Cardiff and Vale. Exploratory work is complete, with an opt-in pilot expected by autumn, supported by Medilogic and Digital Health and Care Wales. Patient feedback is anticipated by September. Concentric is progressing locally, with emphasis on accurate patient information and procurement is planned for the New Year.

#### Intrapartum Fetal Surveillance (IFS) Evaluation

The Committee received an evaluation of the IFS Wales programme, confirming its effectiveness and scalability, with over 59 training sessions reached 1,400+ participants, showing strong engagement and measurable improvements in key learning areas. The programme enhanced collaboration between midwives and obstetricians and supports a standardised national rollout. The inclusion in risk-sharing metrics is planned for 2026/27.

### Obstetric Faculty participation in PROMPT Wales

The ongoing challenges with faculty attendance and engagement in training delivery were discussed, driven by lack of incentives and increased pressure on remaining staff. A letter will be issued to Medical Directors to reinforce the importance of participation and seek their support. The Committee approved the proposed approach and will revisit the issue once further data is available.

### Independent Review in Maternity Services at Swansea Bay University Health Board (SBUHB)

The independent review of maternity and neonatal services at SBUHB was published on 15 July 2025 and included references to the Welsh Risk Pool in recommendation 4, highlighting its safety and learning programmes. The Committee noted the report, with full analysis and discussion scheduled for a future meeting.

### Organisational Learning & Case Management Performance Update

An update on organisational learning and case management performance was provided to Committee Members, 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 had not been addressed ahead of the meeting.

## **Finance**

NWSSP reported a surplus of £2.597m, as at Month 5, which primarily relates to a sustained high level of vacancies across several services. This surplus is reported after covering the pro-rata year to date Employers' National Insurance funding shortfall of £0.310m. An element of the year-to-date underspend will also relate to our health protection funding allocation, which we are forecasting will be fully utilised during the financial year. There are wider implications to take account of in terms of the PPE stockholding policy, and we are liaising with Welsh Government accordingly to estimate our 2025/26 expenditure. We continue to await confirmation of the 2025/26 pay award funding, estimated at £3.927m.

We have incurred £1.135 capital expenditure against our current Capital Expenditure Limit (CEL) of £8.701m. Our discretionary funding has been reduced to £0.342m in respect of the 30% organisational contribution required to the Targeted Estates Fund (TEF) schemes.

## **Transforming Access to Medicines Service (TrAMs) Programme**

### South East Radiopharmacy

Enabling works at the IP5 site started on 3 February 2025 and Practical Completion was reached on 30 May 2025. The Cleanroom contractor started on site on 23 June 2025 and it is anticipated that the physical build and equipping will be completed by the end of September 2025. Contractor validation is due for completion by December 2025. NHS Validation, Regulatory inspection, and approvals mean that the go-live date of the service is now scheduled for April 2026.

### South East Hub

The Outline Business Case (OBC) version 1.1 was approved by SSPC on 17 July 2025 and all Health Board/Trust internal governance was completed by 31 July 2025. The Cabinet Secretary for Health and Social Care approved the OBC version

1.1 on 1 September 2025. Fees for the detailed design of the facility and development of the Full Business Case (FBC) have now been approved and a funding letter has been received from Welsh Government which will allow us to develop the Final Business Case (FBC) for Committee Approval

### South West Hub

Six sites were scored and ranked by a workshop of stakeholders from Hywel Dda University Health Board, Swansea Bay University Health Board and NWSSP TrAMS Project and Programme Teams, based on the preferred localities previously selected. With support from NWSSP Specialist Estates Services' surveyors, we are currently negotiating with vendors from this list to establish the option for early site acquisition. It is hoped to submit a bid for fees in the coming months, with a view to developing an OBC for the Southwest Hub during the initial part of 2026/27 financial year.

### North Wales Hub

Discussions have started with Betsi Cadwaladr UHB on the options available in North Wales with a view to accelerating delivery of TrAMs in North Wales by repurposing existing infrastructure. This will deliver a Regional Hub and addresses patient safety and service resilience concerns, particularly in relation to the production of systemic anti-cancer therapies quicker than currently planned.

## **Behind the Scenes of the NHS Wales Influenza Vaccination Programme**

On 27 August 2025, NWSSP's Deputy Head of Clinical Logistics and Production Lead were interviewed by or [ITV Wales](#) to give them a behind the scenes look at NWSSP's involvement in the flu vaccine programme at IP5 in Newport. The segment highlighted the extensive efforts behind the programme and summarised that this year we are delivering almost one million flu vaccines to more than 1,000 destinations in Wales for the first time, playing a vital role in the fight against flu this winter. Drawing on our expertise to deliver the programme in this way will save NHS Wales circa £3 million.

I would like to express my gratitude to colleagues for their outstanding work on this project, some of whom were featured in the ITV Wales filming. At the time of writing approximately 80% of the flu vaccination has been delivered across Wales (over 715,000 doses) and all vaccination products have been received at IP5. Deliveries of this year's Covid vaccination are also expected earlier than anticipated and should start to be delivered to destination sites in early October.

## **Senior Appointments**

We are pleased to confirm the successful appointment of a new Chief Digital Officer within Planning, Performance and Informatics, Bryn Harries, who will commence in post in October 2025. In addition, Colin Powell, Director of Pharmacy Technical Services will be retiring at the end of October 2025 and to ensure continuity, Laura-Jayne Keating has been appointed in an interim role, she is currently serving as Deputy Director of Pharmacy Technical Services. Furthermore, a temporary appointment will be made from Swansea Bay University Health Board who have agreed to supply additional senior support to the TrAMS Programme over the next 6 months.

## **Laundry Service**

A number of capital schemes have been completed since my last report, including Programmable Logic Controllers (PLCs) controlling full sorting and washing processes at Church Village, three Continuous Batch Wash dryers at North Wales and main low voltage distribution panel at North Wales. All three capital schemes were completed with no disruption to the supply of linen to customers.

The service is now planning for the completion of the following capital schemes:

- Waste heat recovery systems at Greenvale, Church Village and North Wales;
- Replacement sorting and monorail system in Swansea;
- Bulk storage tanks in Swansea;
- Replacement standalone washer extractors and dryers in Greenvale; and
- Recommissioning of the laundry ventilation system in North Wales.

Detailed planning and support from the other Laundry Production Units in Wales will ensure these works will be completed with no disruption to supplies.

A successful trial was completed to determine the operational requirements needed to re-provide the supply of linen for Morrison and Neath Port Talbot from Church Village to Swansea. The management team is now in the process of drafting an OCP to make the necessary operational changes to enact the change.

The service also implemented a shift change in Greenvale LPU to reset the operational hours against equipment capacity and service demand, this change was completed through the Organisational Change Policy (OCP) and the site is operating 5 days a week for 11 hours. The aim of the OCP was to eliminate overtime, thus reducing the demands on staff and equipment. It is anticipated there will be a transitional period of 4 weeks, with limited overtime after this, which the site will operate with no additional hours.

## **Primary Care and Medical Examiner Service**

The new Primary Care Workforce Intelligence System was successfully launched in July 2025, with stakeholder engagement now underway to explore enhanced reporting requirements.

Within the Medical Examiner Service, winter surge planning meetings have taken place, incorporating lessons learned from 2024 to inform our planning, with Welsh Government briefed on preparedness. In addition, a Schedule 5 Notice has been issued by a Coroner in North Wales, pursuant to the Coroners and Justice Act 2009 for information relating to a recent death in North Wales. We are currently reviewing the request with the UK Medical Examiner's Office to ensure compliance with statutory obligations while maintaining appropriate governance and confidentiality standards.

## **Accommodation Update**

Following staff relocation to Matrix House under an Organisational Change Policy, Unit 25 Samlet Road will be transferred to Welsh Ambulance NHS Trusts (WAST). Although the lease runs until 2031, a break clause in 2026 was considered, aligning with WAST's strategic interest in acquiring the site. Under the proposed

arrangement, NWSSP will continue covering rent and maintenance until March 2026, after which WAST will assume responsibility for dilapidations. The lease transfer will be formalised via a Deed of Assignment from 25 March 2026.

### **Personal Protective Equipment (PPE)**

A project group and respective sub-groups have been established to implement the policy decision including procurement, storage and distribution arrangements for PPE. There are a number of PPE items require purchase and work is ongoing to secure these stocks which we estimate will cost £2.5m. We are in discussions with Welsh Government regarding cash support for these purchases and ongoing funding requirements. Due to changes in the requirements of Welsh Government regarding what NWSSP is to hold for PPE resilience it is expected that the PPE Service Level Agreement will come to the Committee in November with a paper on the arrangements we are putting in place reported to this meeting.

### **Decarbonisation**

We held a virtual Decarbonisation Coffee Morning with staff on 12 September 2025. This provided an opportunity to discuss with staff how we are making NWSSP more environmentally friendly and sustainable, from transforming our fleet, to upgrading our laundries and showcasing the progress made in sustainable procurement. It was a pleasure for me to host this event together with the Directors of Specialist Estates Services and Planning, Performance and Informatics.

Our work to develop detailed proposals for our decarbonisation projects at Matrix and Denbigh sites is progressing well. We anticipate being able to complete the associated works in each case during the first quarter of 2026. The updated business case for investment in the roof overlay at IP5 is entering the final stage of approvals, which will hopefully lead to completion of the works this financial year; this will lay the foundations of being able to invest in roof mounted PV in the future.

Our involvement in supporting the national initiative to update the Decarbonisation Strategic Delivery Plan has continued. We have played a pivotal role to ensure that the right stakeholders have been involved across NHS Wales, and our subject matter experts have provided direct feedback across the full range of emerging proposals.

Our collaborative climate work has received positive feedback from Welsh Government, following their annual review of progress, earning a green status for adaptation and green/amber for decarbonisation under the Health and Social Care Climate Emergency National Programme. Key successes included progress in procurement and transport, such as the shift to electric fleet vehicles and increased uptake of the NHS Wales salary sacrifice electric vehicle scheme, reflecting a strong system-wide response led by the NWSSP Climate Action Partnership Team. The Climate Action Partnership Team have also been nominated in the Shared Services Forum UK Future Vision Awards 2025, in the category of Invigorate, Regenerate.

### **Governance**

In line with the strategic direction set out in A Healthier Wales (2018), which aims to simplify and strengthen national governance across NHS Wales, an independent

review has been commissioned by Judith Paget, Director General / NHS Wales CEO, to assess the accountability, governance and hosting arrangements of NWSSP, which has now concluded and recommendations are being considered within Welsh Government prior to being shared with stakeholders, most importantly the Committee.

### **Senior Leadership Events**

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

- An introductory meeting has taken place with the newly appointed Director General of Health and Social Services, who is scheduled to commence the role on 6 October 2025. Formal introductions have taken place with all NHS Wales Chief Executive Officers at Cathays Park. The Director General has expressed an intention to meet with the wider workforce and Chairs of NHS organisations across Wales, with meetings to be arranged in due course.
- I also met with the Cabinet Secretary and the Chief Executive Officers to discuss winter planning arrangements, recognising the positive work completed to date and discussing future improvements.
- Judith Paget and I discussed my Personal Appraisal and Development Review (PADR), alongside a quarterly performance meeting. Key topics included organisational performance, ongoing challenges and specific concerns regarding Integrated Medium-Term Plans.
- I also attended the Leading for Sustainability event hosted by the Shared Services Forum UK on 17 September 2025 and the Wales Branch Annual Conference of the Healthcare Financial Management Association (HFMA) on 18 September 2025.

### **Staff Recognition Awards**

I am pleased to report that nominations for the NWSSP Staff Recognition Awards for 2025 are now open. The awards programme continues to play a vital role in recognising excellence across the organisation and reinforcing our core values. This year's categories reflect key themes including leadership, inclusion, sustainability and outstanding contribution. Staff are encouraged to nominate individuals and teams who exemplify these qualities in their work.

### **Awards Nominations and Success**

Following multiple nominations submitted for the Shared Services Forum UK Future Vision Awards, reflecting the strength and impact of our services across a range of areas, I am proud to announce that NWSSP has been shortlisted in four categories this year. The shortlisted categories are Well-being Impact, Innovate Regenerate, Payroll Team of the Year, and Shared Services Centre of the Year. The award ceremony will take place at Chester Cathedral on 11–12 November 2025.

The NWSSP Oracle Team has been shortlisted for the NHS Wales Leadership Award for the Procurement, Supply Chain and Finance Transition to Cloud Infrastructure Migration project.

In addition, NWSSP has been awarded a Bronze TIDE Award by the Employers Network for Equality & Inclusion (ENEI), following our second participation in the benchmarking process. This year's assessment was benchmarked against other organisations, reflecting significant progress since 2023.

Our Deputy Director of Workforce and Productivity Solutions has been nominated for a Healthcare People Management Association (HPMA) Award for Excellence in HR, in the category of Deputy People Leader of the Year. The awards ceremony will take place on 20 November 2025 in Birmingham, following the HPMA Annual Conference.

Finally, the NWSSP Finance Team were runner-up in the Wales Finance Team of the Year category as part of the HFMA Annual Awards.

**Neil Frow OBE**  
**Managing Director, NWSSP**  
**September 2025**



**The report is not exempt**

**Teitl yr Adroddiad/Title of Report:**

**Transforming Access to Medicines Programme and Service Management Board Terms of Reference v3.0**

**Arwwinydd/Lead:** Neil Frow – Managing Director NWSSP

**Awdur/Author:** Peter Elliott – TrAMS Programme Manager

**Swyddog Adrodd/Reporting Officer:** Laura Jayne Keating – Deputy Director Pharmacy Technical Services

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

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

**Llywodraethu/Governance:**

**Amcanion/Objectives:** Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement

**Tystiolaeth/Supporting evidence:**

**Ymgynghoriad/Consultation:**

- Transforming Access to Medicines Programme and Service Management Board

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

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

**Argymhelliad/Recommendation:** The Committee is asked to **APPROVE** the revised Terms of Reference for the Transforming Access to Medicines Programme and Service Management Board.

**Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:**

**Cydraddoldeb ac amrywiaeth/ Equality and diversity:** Considered where appropriate

**Cyfreithiol/Legal:** Considered where appropriate

**Iechyd Poblogaeth/ Population Health:** Considered where appropriate

**Ansawdd, Diogelwch a Profiad y Claf/** Considered where appropriate

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol/Financial:</b>	Considered where appropriate
<b>Risg a Aswiriant/ Risk and Assurance:</b>	Considered where appropriate
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Considered where appropriate
<b>Gweithlu/ Workforce:</b>	Considered where appropriate
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## **Transforming Access to Medicines Programme and Service Management Board Terms of Reference v3.1**

### **1. INTRODUCTION**

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

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

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

### **2. CURRENT POSITION**

The new Radiopharmacy Service for South East Wales is planned to go live in April 2026. The Full Business Case for the South East Wales Hub is planned for approval in early 2026.

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

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

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

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

### **3. GOVERNANCE AND RISK ISSUES**

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

### **4. RECOMMENDATION**

The Committee are asked to:

- **APPROVE** the revised Terms of Reference for the Transforming Access to Medicines Programme and Service Management Board v3.1.



# Transforming Access to Medicines Programme and Service Management Board Terms of Reference

Version: 3.1

Date: 11/09/2025

Status: Proposed additional membership DRAFT for SSPC approval

Author: Peter Elliott

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## Introduction

The Transforming Access to Medicines (TRAMs) Programme was established in June 2021 following approval of the Programme Business Case (PBC) version 1.2 by the Shared Services Partnership Committee (SSPC) in January 2021, and Endorsement by the Cabinet Secretary for Health and Social Care, in March 2021.

Within the TRAMs Programme, a Project was established to select sites, prepare Business Cases and deliver the investment required in a Medicines Preparation Hub for South East Wales. Other projects within the Programme deal with Organisational Change, Education and Training, and Digital Systems, and the Programme is taking a national approach to developing its Supply Model and Scope of Service.

The programme is transformational, and the provision of new capital facilities is only one aspect of the change.

The PBC has also set out the Revenue and Capital funding needs of the service.

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

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

Revenue funding arrangements will be reviewed and confirmed in the next planned iterations of the PBC and upon the introduction of required service level agreements to support the Radio Pharmacy service once operational.

The programme will be delivered in three tranches, aligned with the South East, South West, and North regions. Each tranche will have its own Outline and Full Business Cases which will seek to confirm both capital and revenue funding for that tranche.

## Governance and Statutory Accountability

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

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

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

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

The Directors of Pharmacy (DoPh) peer group is a key professional stakeholder and will act as assurance group in satisfying the Clinical Organisations individually and collectively that the necessary quality and regulatory standards are being met.

Prior to the service going live, stakeholder accountability will be delivered by a Programme Board, which will control a Programme Team, organised according to tailored (MSP) Managing Successful Programme principles, to organise a series of delivery projects.

Once the Radio Pharmacy service becomes live, the existing Programme Board will also perform the dual function of both the Programme and Service Management Board as outlined under Dual Roles of the Board section.

Upon completion of the South East hub a separate Service Management Board will be established and once the whole transformational change has been accomplished the delivery Programme will close, but the Service Management Board will remain in place.

These relationships are summarised in the following 3 Governance Diagrams:

Figure 1: Organisational lines of accountability – Trams Service

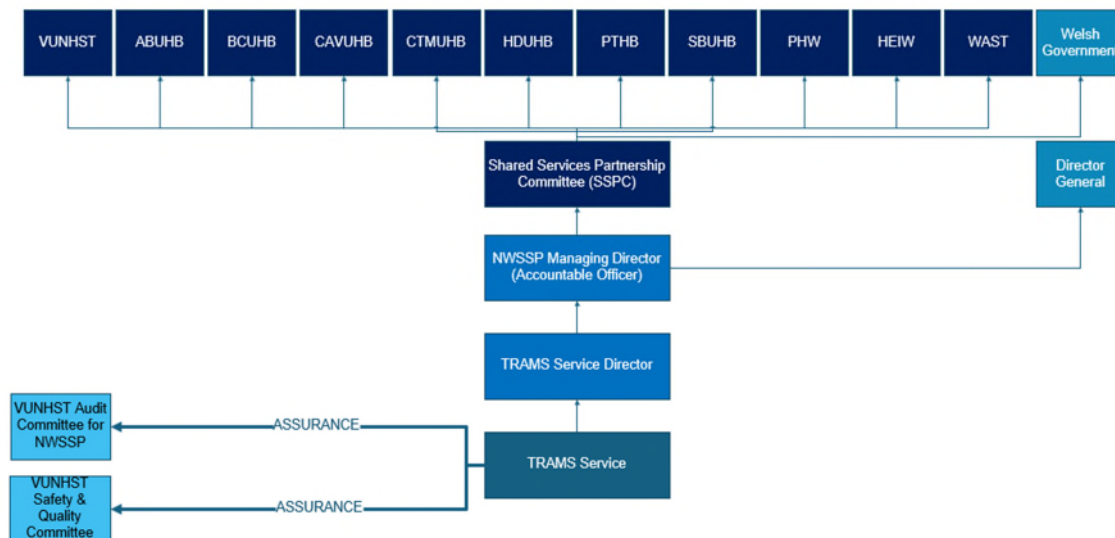


Figure 2: Programme Structure, to deliver the organisational accountability during the implementation period

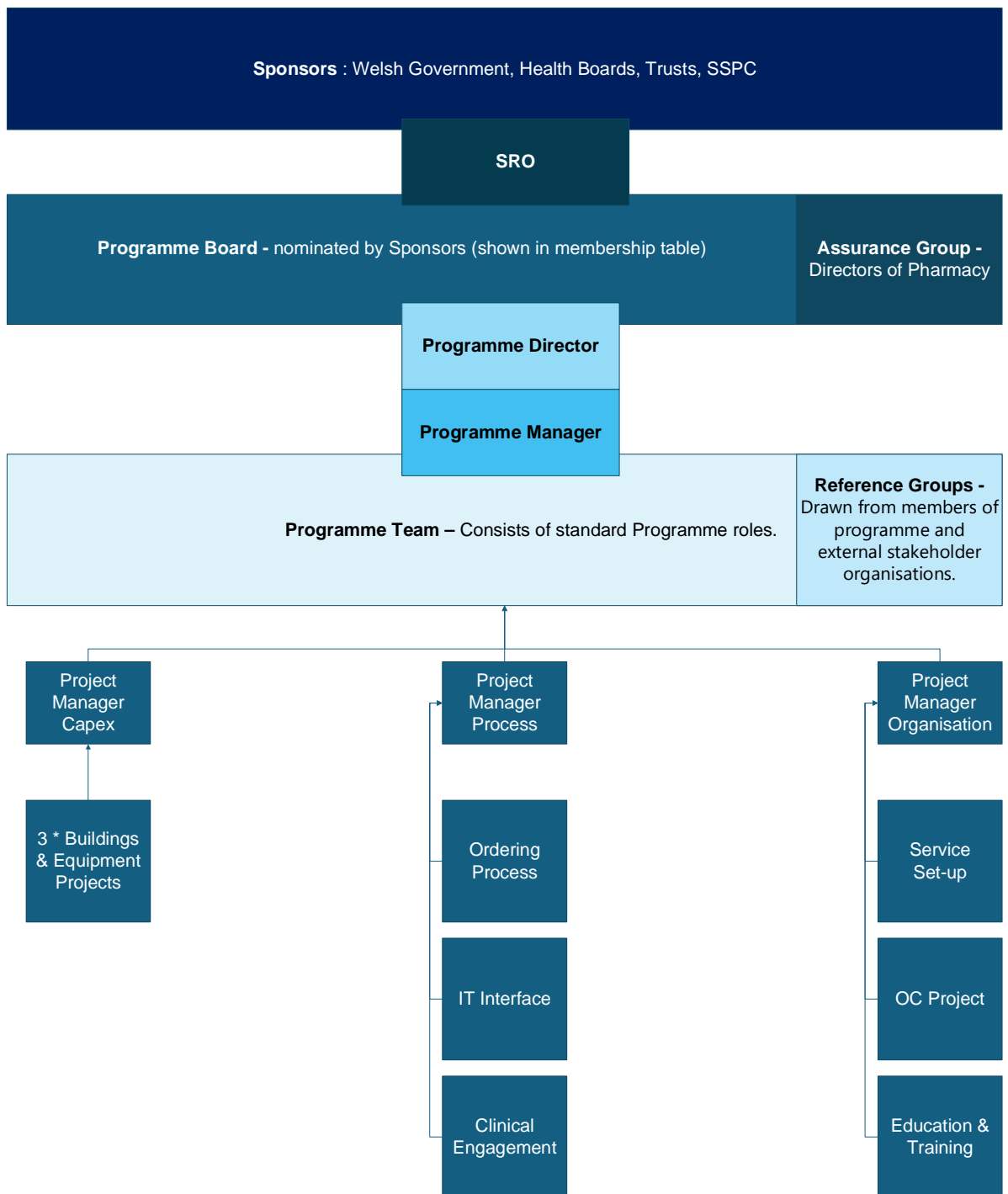
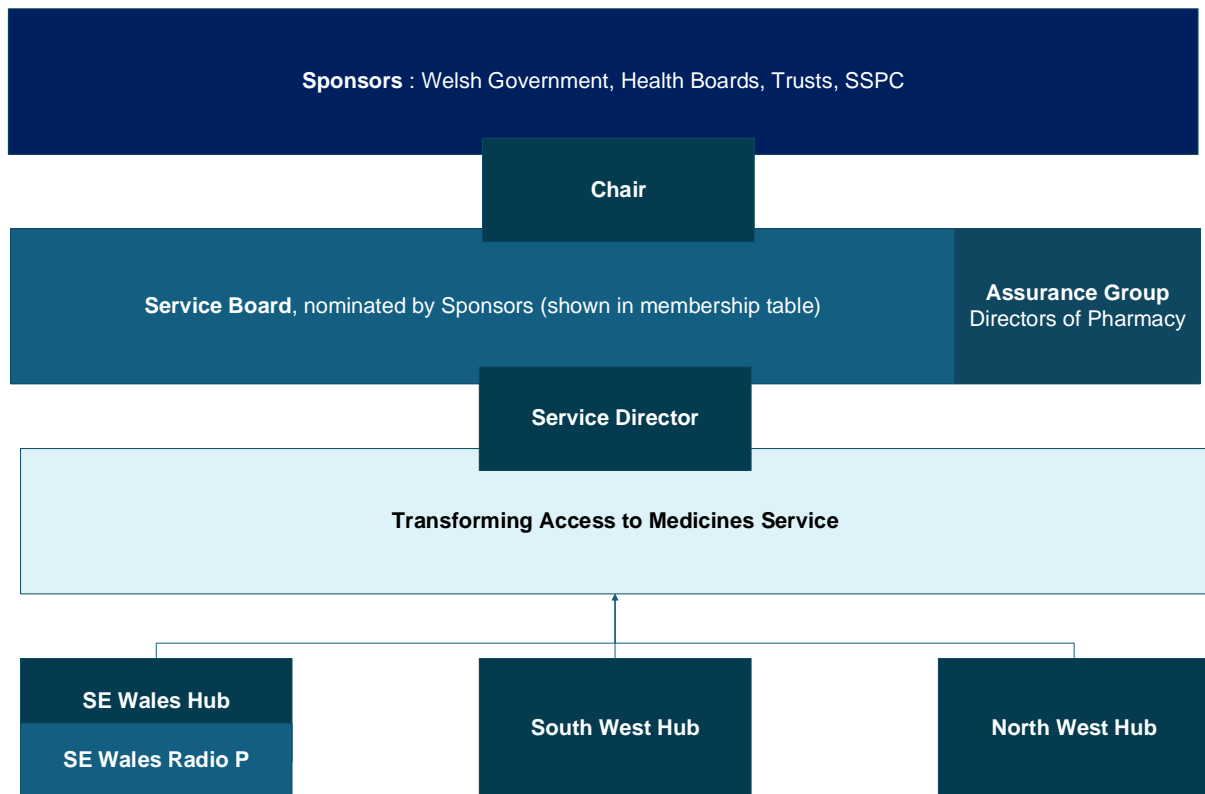


Figure 3      Accountability structure after the implementation period.



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

### Dual Role of the Programme and Service Management Board

There is expected to be an overlap of at least 3 years, during which tranches 2 and 3 of the Implementation Programme will still be underway, while parts of the service will have gone “live” once the delivery of tranche 1 is completed. It will be important to ensure co-ordination during this period, so that all 3 tranches continue to support the transformational intent of the PBC, while also delivering excellent service for Health Boards and their patients.

To achieve coherence and control during this period, the Programme and the Service will both be overseen by the same Programme and Service Management Board, which will have two specific roles:

- **Programme Board** for the Implementation Programme, to ensure that tranches 1, 2, and 3 of the programme all support the transformational aims, and once completed will form a single national service, regionally delivered.
- **Service Management Board** for the operational service, which will receive performance and quality reports about the live service, and ensure it operates in accordance with relevant quality and regulatory standards and continues to meet the service needs of stakeholders.

Co-ordination will be achieved through a configuration of membership to support both functions. Programme and Service Management Board meetings will be divided into “Part1” and “Part2” to ensure that members are aware which function is being exercised at a given time.

Both functions of the Programme and Service Management Board will be performed within the tolerance of Programme scope, as set by the Shared Services Partnership Committee through its endorsement of the PBC, and confirmed annually by the Service Business Plan approved by SSPC. All issues with the actual or potential to breach these tolerances, or any issue that may create adverse impact on patient care fall outside the remit of the Board and MUST be promptly escalated to the SSPC for resolution.

## Membership

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

Post	Organisation	Programme Role	Current Member	Service Management Membership
Managing Director	NWSSP	Accountable Officer, and joint SRO	Neil Frow	No
Chief Pharmaceutical Officer	Welsh Government	Joint SRO, Professional Report for Service Director	Andrew Evans	No
TRAMS Service Director	NWSSP	TRAMS Programme Director and BCM	Colin Powell	Yes
Representative of DoPh	SBUHB	Assurance Lead (Not representing SBUHB)	Judith Vincent	Yes
Representative of DoPh	VELUNHST	Member (Not representing (VUNHST)	Bethan Tranter	Yes
Nuclear Medicine Lead	SBUHB	Member (Not representing SBUHB)	Neil Hartman	No
Deputy Director NHS Capital Estates and Facilities	Welsh Government	Funding Stakeholder	Ian Gunney	No
National lead Pharmacy Quality Assurance	<del>NHS Wales</del> NWSSP	Quality Lead	Emma Davies	Yes
Director of Finance	ABUHB	Finance Lead (not representing ABUHB)	Robert Holcombe	No
NWSSP Procurement Director	NWSSP	Procurement Lead	Jonathan Irvine	No
NWSSP Finance Director	NWSSP	Member	Alison Ramsey	Yes
NWSSP Specialist Estates Lead	NWSSP	Member	Mike Travers	Yes
NWSSP Medical Director	NWSSP	Member	Ruth Alcolado	Yes
NWSSP Director of Workforce	NWSSP	Member	Gareth Hardacre	Yes
NWSSP Clinical Logistics Lead	NWSSP	Member	Tony Chatfield	Yes
Representative of Organisation	ABUHB	Member representing ABUHB	To be nominated	Yes
Representative of Organisation	BCUHB	Member representing BCUHB	To be nominated	Yes

Representative of Organisation	CAVUHB	Member representing CAVUHB	To be nominated	Yes
Representative of Organisation	CTMUHB	Member representing CTMUHB	To be nominated	Yes
Representative of Organisation	HDUHB	Member representing HDUHB	To be nominated	Yes
Representative of Organisation	PTHB	Member representing PTHB	To be nominated	Yes
Representative of Organisation	SBUHB	Member representing SBUHB	To be nominated	Yes
Representative of Organisation	VUNHST	Member representing VUNHST	To be nominated	Yes

- The quorum for a meeting will be 12 members with at least one SRO chairing the meeting, and a minimum of 3 Health Board or Trust nominated representative stakeholders in attendance.
- The SROs are responsible for programme specific decisions.
- One deputy only can be nominated in advance by each member, and may then attend by advance permission of the Chair.
- Additional members may be co-opted by resolution of the Programme and Service Management Board.
- Meetings will be scheduled at least quarterly, and must take place at least 3 times per year.
- Meetings can be either virtual or in person.
- The Programme Manager will act as secretary to the Programme and Service Management Board.
- Nominated representatives are required to be an Executive Director within their own organisations.

### **Duties of the Programme and Service Management Board**

Duties of the Programme and Service Management Board will include:

#### With Reference to the Implementation Programme

- To satisfy itself that the Implementation Programme is being run in a safe and appropriate way
- To review and approve Programme Documentation including:
  - Vision and Blueprint;
  - Programme Plan
  - Project Scope Documents;
  - Programme Approaches; and

- Programme Level Risk and Issue logs.
- To ensure the Programme remains in alignment with the strategic needs of the wider service, as outlined in the PBC
- To ensure that the PBC is updated as may be appropriate during the period of Programme Implementation
- To adopt a strategic planning framework for the future guidance of the service, including timely preparation and approval of an annual Service Business Plan, setting out the strategic priorities, resources, and goals of the service on an ongoing basis
- Ensure the implementation programme is delivered on time and on budget
- To ensure that that arrangements for the supply of medicines when the service goes live are safe and appropriate
- To ensure that NWSSP, Health Boards, Trusts and Special Health Authorities all prepare diligently in line with the approved Programme and Project Plans
- To ensure that all necessary regulatory permissions are obtained in a timely way
- To receive and consider readiness assessments prior to any service migrations
- To issue direction as may be required to ensure that all issues are addressed
- To recommend to stakeholders' migrations of service once the necessary conditions are satisfied
- To receive post migration reports, consider lessons learned, and ensure that lessons are incorporated into the remaining migration plans
- To support benefits realisation during tranche completion and service transition.
- To conclude the implementation programme with a Post Implementation Review, and ensure lessons are documented and disseminated to assist other transformational change programmes in the future

#### With Reference to Service Delivery

- To maintain and develop the service planning framework
  - Contribute to the NWSSP Integrated Medium Term Plan or other strategic plans as part of the Pharmacy Division.
  - To develop annually in partnership with stakeholders the Service Management Plan, and associated financial pricing calculations, Technical Agreements, and Service Level Agreements for appropriate approval.
- To receive and consider service management, and financial reports
  - To agree proposed actions arising from those reports
  - To share performance information with key internal stakeholders in line with the approved Communications Approach
- To receive audit, quality, incident and other assurance reports
  - To consider and agree actions in respect of the same
  - To report and escalate performance, quality and operating arrangements through the IMTP quarterly review process reporting to the SSPC

- To report quality safety and performance to the VUNHST Quality Safety and Performance Committee
- Report risks and issues to the VUNHST Audit Committee for NWSSP.
- To communicate with and to receive advice from DoPh, in respect of relevant medicines management issues
- To refer Assurance issues to DoPh to consider as may be appropriate
- To monitor financial reporting of the service in line with standing financial instructions

### Additional Groups

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

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

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

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

### Document Review

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



***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**Assignment of Lease at Unit 25, Samlet Road**

**Arwwinydd/  
Lead:** Alison Ramsey  
Director of Finance and Corporate Services

**Awdur/  
Author:** Jonathan Nettleton  
Head of Estates and Facilities

**Swyddog Adrodd/  
Reporting Officer:** Jonathan Nettleton  
Head of Estates and Facilities

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

The purpose of this report is to seek approval for the assignment of the lease of Unit 25, Samlet Road, to Welsh Ambulance Services NHS Trust.

**Llywodraethu/Governance:**

**Amcanion/  
Objectives:** Disposal of Samlet Road Lease.

**Tystiolaeth/  
Supporting evidence:** NWSSP SES have been in discussion with the Welsh Ambulance Services NHS Trust and have recommended that the terms included within this report are favourable to NWSSP.

**Ymgynghoriad/Consultation:**

Approval was given to present this case to SSPC at Formal SLG on 28<sup>th</sup> August 2025.

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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**Argymhelliad/  
Recommendation:** **APPROVE** the assignment of the lease of Unit 25, Samlet Road, to Welsh Ambulance Services NHS Trust.

**Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:**

**Cydraddoldeb ac amrywiaeth/  
Equality and diversity:** There will be no impact on the equality and diversity as this represents a proposal for the disposal of surplus estate.

**Cyfreithiol/Legal:** NWSSP Legal and Risk will be appointed to advise on the drafting of the assignment contract.

**Iechyd Poblogaeth/  
Population Health:** Not applicable.

**Ansawdd, Diogelwch a Profiad y Claf/  
Quality, Safety and Patient Experience:** Not applicable.

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol/Financial:</b>	The anticipated annual financial savings associated with the disposal of the Samlet Road lease are in the order of £66k per annum.
<b>Risg a Aswiriant/ Risk and Assurance:</b>	The current lease would come to an end on 28 <sup>th</sup> March 2031. However, within the lease is provision for NWSSP to serve a break. Were the assignment not to take place, proposals would be made to break the lease.
<b>D Safonau Ansawdd Iechyd a Gofal / Health &amp; Care Quality Standards:</b>	<p>Efficient: This proposal ensures that the NWSSP can move away from surplus estate, while at the same time, offers WAST the ability to provide accommodation to suit their needs.</p> <p>Safe: The associated move of HCS maintains a safe environment through modern and appropriate facilities.</p> <p>Leadership and Whole system approach: This proposal demonstrates strategic oversight and collaboration across NHS organisations to align with service needs and estates rationalisation.</p>
<b>Gweithlu/ Workforce:</b>	A full OCP process has taken place associated with the transfer of Health Courier Services to Matrix House.
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

# **ASSIGNMENT OF THE LEASE OF UNIT 25 SAMLET ROAD, SWANSEA**

## **INTRODUCTION**

The lease of Unit 25, Samlet Road commenced on 29<sup>th</sup> March 2021 and expires on 28<sup>th</sup> March 2031, with the earliest break option exercisable on 29<sup>th</sup> March 2026. The unit operates as a base for the NWSSP Health Courier Services (HCS). Following the refurbishment of vacant space at the nearby NHS owned building Matrix House, and the completion of an OCP process, the HCS service plan to vacate the Samlet Road site. The Samlet Road facility will then become surplus to requirements.

The current annual rent paid for Unit 25, Samlet Road is £32,000 + VAT. A rent review is due in March 2026. The lease is a tenant full repairing liability, limited by a schedule of condition attached to the lease. Upon commencement of the lease, the building received an internal office reconfiguration, conducted by the landlord. The agreement for this was that the tenant (NWSSP) would pay the fit-out cost of £95,000 in 20 equal instalments on the rent payment dates for the first 5 years of the term. The last instalment is due in March 2026.

The OCP process for the relocation of HCS from Samlet Road to the nearby Matrix House commenced on 31<sup>st</sup> July 2025. The initial consultation period is due to close on 1<sup>st</sup> September 2025. This proposal is subject to the outcome of this process.

NWSSP have been made aware of a property requirement for the Welsh Ambulance Services University NHS Trust (WAST), for a base in the Llansamlet area of Swansea. Subsequent discussions have been held on a collaborative basis with WAST, and they wrote to NWSSP on 23<sup>rd</sup> July 2025 to confirm that "subject to further confirmation from our Operational Team about suitability of the Samlet Road site, Swansea, WAST would wish to take on the lease once NWSSP vacate later in the financial year".

This is allowable under the terms of the lease for Samlet Road, which states that whilst the Lease is vested in Velindre University NHS Trust, the Tenant shall be permitted to assign the lease to an NHS Body without Landlord consent.

An assignment of the lease is also contingent upon the full, cleared payment of all rent and sums due, plus full payment of the original fit out costs.

At the time of assignment, it is likely lease-related dilapidations will be necessary. However, discussions with WAST have highlighted that they are prepared to take on the dilapidations liability and waive any contribution from NWSSP towards these costs, subject to the lease assignment completing on 25<sup>th</sup> March 2026 and NWSSP continuing to pay the lease costs to this date rather than looking to break the lease from when the property is no longer required by NWSSP.

Currently NWSSP are liable for the lease costs up until 29<sup>th</sup> March 2026 (assuming that in the event of the assignment not taking place, the break option is exercised at the earliest opportunity). The above proposal will save NWSSP all potential dilapidations costs. The liability for these would pass to WAST upon assignment of the lease.

It is anticipated that the annual savings associated with rent, business rates and operational costs from 2026/27 will be in the order of £66,000. This is in addition to the £22,800 (£19,000 plus VAT) savings which were already planned from 2026/27 when the fit-out cost charges end in March 2026.

On the basis that the annual costs for Samlet Road are in the order of £66,000, for the six months between October 2025 and March 2026 until the lease is reassigned, there would be an ongoing cost commitment for NWSSP of £33,000. A building survey commissioned by WAST indicates that the potential dilapidations exposure would be in the region of £60,000, If NWSSP continue to pay the lease and running costs from October 2025 to March 2026, estimated at £33,000, but avoid a potential £60,000 dilapidation charge, net costs of £27,000 would be avoided by NWSSP in 2025/26.

## **KEY POINTS OF NOTE**

- The assignment is pending the outcome of the ongoing OCP process.
- The assignment is also pending WAST's own business case and internal governance procedures.
- The successful assignment of the lease will then cease all rent and occupancy payments associated with Unit 25 Samlet Road for NWSSP from 25<sup>th</sup> March 2026.
- A dilapidations payment is likely, but the agreement discussed with WAST mitigates this.
- There will be a period between the move of HCS to Matrix and assignment end of the lease, where there will be vacant property risks such as security, H&S and fire associated with the empty building.
- The target date for the completion of the Deed of Assignment is 24<sup>th</sup> March 2026.

## **NEXT STEPS**

Once approval is secured, two tandem processes will commence:

1. NWSSP Corporate Services and NWSSP Specialist Estates Services will inform the landlord of the Assignment process.
2. NWSSP Legal and Risk will be instructed to produce legal documentation that formalises the assignment.

Once the requisite approvals are in hand, the Assignment documentation will be issued by Legal and Risk; and completed in line with the target date.

## **CONCLUSION**

- If the assignment is not approved, NWSSP would look to Break the lease. The earliest opportunity that break option could need to be exercised is 29<sup>th</sup> March 2026, after giving 6 months' notice (29<sup>th</sup> September 2025).
- If the assignment is not approved, there would in all likelihood be a negative impact upon WAST's own plans associated with their estate.
- The proposed agreement relieves NWSSP of any dilapidations liability.
- The target date for the completion of the Deed of Assignment is 25<sup>th</sup> March 2026.

## **RECOMMENDATION**

The Committee are asked to:

- **APPROVE** the assignment of the lease of Unit 25, Samlet Road, to Welsh Ambulance Services NHS Trust.



<b><i>The report is <u>not exempt</u></i></b>							
<b>Teitl yr Adroddiad/Title of Report:</b>							
<b>Wales Energy Group (WEG)/Wales Energy Operational Group (WEOG) Terms of Reference (ToR) Annual Review</b>							
<b>Arwinydd/ Lead:</b>		Alison Ramsey, Director of Finance & Corporate Services and Eifion Williams, WEOG Chair, Senior Advisor Finance					
<b>Awdur/ Author:</b>		Emma Cavanagh, Senior Category Manager - Energy					
<b>Swyddog Adrodd/ Reporting Officer:</b>		Alison Ramsey, Director of Finance & Corporate Services					
<b>Pwrpas yr Adroddiad/Purpose of the Report:</b>							
Shared Services Partnership Committee (SSPC) to <b>approve</b> the Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) respective Terms of Reference (V11b DRAFT 07.2025).							
<b>Llywodraethu/Governance:</b>							
<b>Amcanion/ Objectives:</b>		Included within the Terms of Reference for the WEG/WEOG, is the requirement for an annual review of the ToR to be undertaken. This has been completed by NWSSP Procurement Services, WEOG and WEG members and the final agreed version is requested to be approved by SSPC.					
<b>Tystiolaeth/ Supporting evidence:</b>		Appendix 1.0 WEG WEOG Terms of Reference V11b DRAFT 07.2025					
<b>Ymgynghoriad/Consultation:</b>							
<ol style="list-style-type: none"> <li>1. Initial revised version of WEG WEOG Terms of Reference V11 Draft 07.2025 was distributed to WEG and WEOG colleagues for review ahead of August meetings.</li> <li>2. Feedback was received requesting some further amendments. These were actioned in WEG WEOG Terms of Reference V11b Draft 07.2025, which was in turn distributed to both groups for further review prior to meeting.</li> <li>3. The V11b document was discussed at WEOG meeting dated 20.08.2025, with no further requests to change noted.</li> <li>4. The V11b document was discussed at WEG meeting dated 21.08.2025. Group consensus was to recommend approval of WEG WEOG Terms of Reference V11b Draft 07.2025, with approval to be sought from SSPC at meeting 30.09.2025.</li> </ol>							
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>	<b>X</b>	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	

<b>Argymhelliad/ Recommendation:</b>	The Committee is asked to <b>APPROVE:</b> <ul style="list-style-type: none"> <li>WEG WEOG Terms of Reference V11b Draft 07.2025</li> </ul>
<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol/Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth/ Population Health:</b>	No direct impact. However, role of WEG and WEOG outlined within the ToR includes requirement to agree national purchasing decisions such as low carbon energy source options, thus protecting future health of population through option to select low carbon energy supply.
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol/Financial:</b>	ToR includes responsibilities in respect of financial forecasting for NWSSP Finance to provide the WEG and WEOG with regular energy forecasts specifically for supply of energy.
<b>Risg a Aswiriant/ Risk and Assurance:</b>	ToR includes the responsibility for the WEG to establish an All Wales energy strategy which shall have the aim of balancing financial risk limitation with cost certainty to the NHS Wales energy budget.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	ToR includes requirements for the WEOG to discuss energy supplier service and operational performance and agree action for improvement where required, thus assuring maximum service quality is received.
<b>Gweithlu/ Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## 1. INTRODUCTION

The Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) were established in 2023 as the outcome of an All Wales Directors of Finance (AWDoFs) Task & Finish Group review which considered options and made recommendations in regard to the governance of energy procurement for NHS

Wales. The Terms of Reference for these groups were approved at that time and included the requirement for annual review of the ToR.

## **2. MAIN POINTS**

A review of WEG and WEOG Terms of Reference V10 FINAL 06.2024 has been undertaken by NWSSP Procurement Services, WEOG, and WEG. The final approved document **WEG WEOG Terms of Reference V11b Draft 07.2025** is requested to be approved (Appendix 1.0).

## **3. GOVERNANCE AND RISK ISSUES**

It is imperative that the ToR remains under review annually to ensure appropriate and relevant governance are in place.

There is regular reporting to the Partnership Committee from WEG during the operational year.

## **4. CONCLUSION**

WEG are content to submit **WEG and WEOG Terms of Reference V11b Draft 07.2025** for approval.

## **5. RECOMMENDATION**

The Committee are asked to:

- **APPROVE** WEG WEOG Terms of Reference V11b Draft 07.2025. Upon approval this document will be titled **WEG WEOG Terms of Reference V11b FINAL 07.2025**.

## **6. APPENDIX**

- **Appendix 1.0** – WEG WEOG Terms of Reference V11b DRAFT 07.2025

## **Wales Energy Group (WEG) Wales Energy Operational Group (WEOG)**

### **Terms of Reference – July 2025**

#### **Scope**

The energy requirements of NHS Wales have a combined value of circa £100m gross per annum. The overall portfolio comprises of over five hundred sites each requiring a supply of Gas, Electricity, Fuel Oils and/or Biomass Fuel.

In response to the exceptional energy prices and volatility in the energy markets experienced in recent years, an All Wales Directors of Finance (AWDoFs) Task & Finish Group was established in 2023 to progress a review, consider options and make recommendations in regard to the governance of energy procurement for NHS Wales. The outcome of this was the recommendation for the following groups to be formed:

- Wales Energy Group (WEG) - with delegated authority to agree national purchasing decisions & report to the NHS Wales Shared Services Partnership Committee (SSPC)
- Wales Energy Operational Group (WEOG) as a sub-group to the WEG – for operational management issues

This document's purpose is to define the Terms of Reference (ToR) for both of the above groups.

#### **Wales Energy Group (WEG)**

The WEG shall establish an All Wales energy strategy to determine the procurement route for purchase and supply of Energy (gas and electricity) to NHS Wales. The strategy shall have the aim of balancing financial risk limitation with cost certainty to the NHS Wales energy budget. Group members will be provided with monthly energy market analysis from the provider/s of the existing Supply of Energy contract/s in order to develop expertise of group members and aid informed decision making. The group will meet quarterly – with the option to increase frequency if market volatility dictates. The WEG shall also act as the All Wales Programme Review Board regarding the renewal, extension and ratification of Supply of Energy contracts made on an All-Wales Basis.

#### **Wales Energy Operational Group (WEOG)**

The WEOG shall establish a common model to supplier management and best working practices across all NHS Wales utility contracts. Group members will be provided with monthly energy market analysis and insight from the provider/s of the existing Supply of Energy contract/s, in order to keep members well-informed of market conditions. The group will also discuss energy supplier service and operational performance and agree action for improvement where required. The group will meet monthly, with the option to increase or decrease the frequency if required. The group will agree efficient use of members time commitment and adjust the agenda of monthly meetings accordingly.

#### **Structure**

##### **WEG**

The group will consist of Directors of Finance representatives from each of the Health Boards, Special Health Authorities, NWSSP and Trusts, or their deputies who will act with the delegated authority of their respective organisation to contribute to the collective decisions of the Group. The group will also include representation from NWSSP Procurement Services and NWSSP Finance.

## **WEOG**

The group will consist of representatives from each of the Health Boards, Special Health Authorities, NWSSP and Trusts, made up of colleagues from various departments such as (but not limited to) Estates, Facilities and Finance. Organisations will have the option to nominate both Estates and Finance staff to the WEOG. Representatives should have the delegated authority of their respective organisations to contribute to the decisions relevant to the scope of the Group. The group will also include representation from NWSSP Procurement Services, NWSSP Finance, and NWSSP Sustainability & Net Zero Carbon Management. Where specialist knowledge outside the group is required, this will be sought as appropriate.

## **Membership**

### **WEG**

It is suggested that the Group consist of the following members as a minimum;

- Chair of the Group
- Vice Chair of the Group
- Health Board/ Special Health Authority /NWSSP/ Trust Directors of Finance representatives or deputies with the delegated authority of their respective organisation to contribute to the decisions of the Group
- Representative(s) from NWSSP Procurement Services.
- Chair (or Vice Chair) of the WEOG.

The Chair of the WEG shall be the current NWSSP Director of Finance and Corporate Services.

The Group shall Co-opt an Account Manager or Market Analyst from the provider/s of the existing Supply of Energy contract/s for each meeting of the WEG to provide market intelligence.

It may be necessary for separate Task & Finish group(s) to be established in order to undertake specifically defined programmes of work with clear objectives and timescales. In such instances, the WEG will determine the remit and membership of such groups, and the resultant groups will report progress and deliverables to the WEG and WEOG where appropriate.

*Quorum – The minimum group representation required to make any decision shall be the Chair of the Group (or the Vice Chair), the Head of Sourcing from NWSSP Procurement Services (or a deputy nominated by the same) and sufficient additional members so that there are no less than seven member organisations represented at the meeting.*

### **WEOG**

It is suggested that the Group consist of the following members as a minimum;

- Chair of the Group
- Vice Chair of the Group
- Organisation representatives from various departments such as (but not limited to) Estates, Facilities, and Finance as appropriate
- Representative(s) from NWSSP Procurement Services and NWSSP Finance

At each monthly meeting, the Group shall Co-opt an Account Manager from the provider/s of the existing Supply of Energy contract/s for each meeting of the WEOG to provide market intelligence and discuss matters arising in relation to the performance and supply of Energy contracts. Additionally, on a bi-monthly basis the group shall Co-opt a commodity supplier representative to facilitate account management discussions to cover a full agenda WEOG meeting.

It may be necessary for separate Task & Finish group(s) to be established in order to undertake specifically defined programmes of work with clear objectives and timescales. In such instances, the WEG will determine the remit and membership of such groups, and the resultant groups will report progress and deliverables to the WEOG and WEG where appropriate.

***Quorum** – The minimum group representation required to make any decision shall be the Chair of the Group (or the Vice Chair), representation from NWSSP Procurement Services and sufficient additional members so that there are no less than seven member organisations represented at the meeting.*

WEOG membership requests – Requests for additional WEOG membership must be approved by the relevant Organisation’s WEG representative or deputy with delegated authority and in turn notify the Chair of the WEOG.

## **Role of the Groups**

### **WEG**

- To ensure a consistent approach to the procurement / sourcing of Supply of Energy throughout NHS Wales.
- To input into the development of a strategic procurement model for Supply of Energy contracts within NHS Wales.
- To provide a platform for the provider/s of the existing Supply of Energy contract/s to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales.
- To develop, agree and manage the energy purchasing strategy for the All Wales Supply of Energy contracts having received market intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice and low carbon energy source options).
- To monitor contract performance with the WEOG representative/s providing an update of performance of the Supply of Energy contracts.
- To monitor NHS Wales Supply of Energy forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations.
- To nominate NHS Wales member(s) as required for participation in the suppliers External Risk Management (ERM) group
- To ensure that the Terms of Reference for the WEG/WEOG are reviewed each year
- To authorise WEOG membership of their organisation

### **WEOG**

- To ensure a consistent approach to the contract management of the supply of all utilities (including but not limited to Gas, Electricity, Fuel Oils, and Biomass) throughout NHS Wales.
- To allow all parties to discuss their respective levels of satisfaction in respect of those Services provided via all Contracts managed by the WEOG and to agree any action necessary to address areas of dissatisfaction.

- To monitor and discuss the performance of supplier(s) against the terms of the All-Wales Utilities contracts directly with Energy Supplier representatives and (where necessary) agree a strategy for enforcing said contractual terms, including (but not limited to) the use of performance improvement notices, financial penalties and termination of contracts.
- To support the role of the Local Estates and Energy leads by enabling a collaborative approach to contract management.
- To agree and monitor performance indicators for All Wales Utilities contracts.
- To consider any changes required to the supply of utilities in line with national policies and strategies as they change and develop.
- To provide an update of performance of Supply of Energy contracts to WEG, by nominated person/s.
- To nominate NHS Wales member as required for participation in the suppliers Operational Improvement Group (OPIG)
- To ensure that the Terms of Reference for the WEG/WEOG are reviewed annually
- To be granted the ability to discuss and promote matters of usefulness to NHS Wales that enhance its ability to manage and pursue its Energy agenda (e.g. energy conservation, clean energy, energy savings, carbon reduction etc.)

## **Market Analysis**

### **WEG**

The provider/s of the existing Supply of Energy contract/s will continuously provide a market overview which will inform the development of a future purchasing strategy by WEG. These provider/s will not influence the development of the strategy and decisions will be verbally agreed by NHS Wales WEG attendees.

The Purchasing Strategy will determine the procurement route for purchase and Supply of Energy to NHS Wales.

The provider/s of the existing Supply of Energy contract/s shall provide WEG with monthly/quarterly/annual market analysis as required by NHS Wales.

### **WEOG**

The provider/s of the existing Supply of Energy contract/s shall provide WEOG with monthly/quarterly/annual market analysis as required by NHS Wales.

## **Authority and Accountability**

NWSSP Procurement Services has the authority to conduct market engagement activity, on behalf of all Health Boards, Special Health Authorities, NWSSP and Trusts, in NHS Wales, from the governance divested in NHS Wales Shared Services Partnership.

The WEG is under the authority of NHS Wales Shared Services Partnership Committee and therefore will be required to submit an update/highlight report to each meeting of the NHS Wales Shared Services Partnership Committee as instructed.

### **WEG**

All decisions made by the WEG should ideally be via the consensus of all member organisations in attendance at the relevant WEG meeting. In the event that consensus cannot be reached, a decision will be made by means of a vote whereby each member organisation will have a single equal vote and a decision based on the view of the majority. NWSSP Procurement Services will have no vote. In the event of a tied result, the Chair of the Group will have the casting vote.

The WEG is a sub-Committee of the Shared Services Partnership Committee. The Chair of the WEG shall be the current NWSSP Director of Finance and Corporate Services. The All-Wales Directors of Finance Group will be responsible for nominating a Vice Chair for the WEG from within NHS Wales once every two years or as necessitated due to the resignation of the Vice Chair. The Shared Services Partnership Committee will be responsible for appointing the Vice Chair. Individuals will not be restricted from undertaking these roles for longer than two years provided that (in the case of the Vice Chair) the Shared Services Partnership Committee approve, and All-Wales Directors of Finance Group is in favour of their continued tenure.

### **WEOG**

All decisions made by the WEOG should ideally be via the consensus of all member organisations in attendance at the relevant WEOG meeting. In the event that consensus cannot be reached, a decision will be made by means of a vote whereby each member organisation will have a single equal vote and a decision based on the view of the majority. NWSSP Procurement Services will have no vote. In the event of a tied result, the Chair of the Group will have the casting vote.

The WEG will be responsible for appointing a Chair for the WEOG from within NHS Wales once every two years or as necessitated due to the resignation of the previous Chair. The WEG will also appoint a Vice Chair. Individuals will not be restricted from undertaking these roles for longer than two years provided that the WEG is in favour of their continued tenure.

### **Performance Monitoring and Financial Forecasting**

The provider/s of the existing Supply of Energy contract/s shall be required to produce reports outlining the overall performance of trading on behalf of NHS Wales to each meeting of the WEG and WEOG. This will include analysis of the traded periods in comparison to the average market price for each tradable period and may include information provided by the Department for Energy Security and Net-Zero. This report shall evidence the overall pricing activity carried out in relation to the pure energy components of each contract only. Whilst the Group will acknowledge the impact of transmission, transportation, and other industry pass through costs, no accountability will be borne by the group in this respect.

NWSSP Finance to provide the WEG and WEOG members with regular energy forecast (specifically for Supply of Energy) aligned to the procurement purchasing strategy and IMTP planning requirements.

### **Frequency of meetings**

The WEG shall meet on a quarterly basis as a minimum. The Group will, at its discretion, agree intermediate meetings if these are deemed to be warranted. The WEOG shall meet monthly – with the option to increase or decrease the frequency if required and set agendas according to the issues to be discussed.

### **Content of meetings**

Each of the WEG meetings will consist of the following activities. Where meetings take place via Microsoft Teams, these will be recorded for the accuracy of minutes. Once the minutes are created, the meeting recording will be deleted, however the Microsoft Teams transcript will remain on record.

- Brief internal pre meeting to enable discussion for NHS members prior to main meeting forum ( NHS membership only in attendance) .
- Approve the minutes of the previous WEG meeting and review agreed actions.
- Review of the energy market activity, trends and factors which influence commodity pricing (to be provided by the provider/s of the existing Supply of Energy contract/s)).
- WEG member to provide feedback from the suppliers External Risk Management (ERM)
- Review of the performance of the WEG purchasing strategy
- Review of Supply of Energy contracts performance, including any agreed KPIs and improvement actions – with summary to be provided by nominated person/s from WEOG.
- Provider/s of the existing Supply of Energy contract to report any change to pass-through costs to enable member organisations to project total energy costs.
- Updates on specific projects and activity of any separate Task & Finish group(s).
- Any discussion or decision required to manage energy supply contracts e.g. low carbon energy source etc.

Each of the full agenda WEOG meetings (at least bi-monthly) will consist of the following activities. Where meetings take place via Microsoft Teams, these will be recorded for the accuracy of minutes. Once the minutes are created, the meeting recording will be deleted, however the Microsoft Teams transcript will remain on record.

- Brief pre internal meeting to enable discussion for NHS members prior to main meeting forum with framework provider and supplier(s) present. (NHS membership only in attendance)
- Approve the minutes of the previous WEOG meeting and review agreed actions.
- Review of the energy market activity, trends and factors which influence commodity pricing (to be provided by the provider/s of the existing Supply of Energy contract/s)Supplier risk (provider/s of the existing Supply of Energy contract/s to highlight any risk of note)
- Review of supplier performance, including any agreed KPIs and improvement actions.
- Supplier’s presentation of any information requested by the Group, for example billing, Complaints etc
- Provider/s of the existing Supply of Energy contract to report any change to pass-through costs to enable member organisations to project total energy costs.
- NHS members update of any potential new/deleted sites affecting volumes to be flagged
- Updates on specific projects and activity of any separate Task & Finish group(s).
- WEOG member to provide feedback on the CCS Operational Improvement Group (OPIG).
- Any discussion or decision required to manage energy supply contracts e.g. low carbon energy source etc.

While it is acknowledged that the WEOG will focus on Supply of Energy contracts, the Group’s meeting agenda may also include discussion on other Energy matters as considered appropriate by the WEOG membership.



<b><i>The report is <u>exempt</u></i></b>						
<b>Teitl yr Adroddiad/Title of Report:</b>						
<b>Low Vision Aid Supply and Recycling Service Commitment of Expenditure</b>						
<b>Arwwinydd/ Lead:</b>	Nicola Phillips, Director of Primary Care and Medical Examiner Service					
<b>Awdur/ Author:</b>	Gemma Roscrow, Assistant Head of Operational Procurement					
<b>Swyddog Adrodd/ Reporting Officer:</b>	Alison Ramsey, Director of Finance and Corporate Services					
<b>Pwrpas yr Adroddiad/Purpose of the Report:</b>						
Shared Services Partnership Committee (SSPC) <b>approval</b> is being sought at the point of contract renewal for the expenditure over the life of the contract to June 2030 via call-off from an existing Welsh Government approved framework. Velindre University NHS Trust Board for the expenditure commitment is also being sought due to the value and funding arrangement of this existing service.						
<b>Llywodraethu/Governance:</b>						
<b>Amcanion/ Objectives:</b>	Excellence – To develop an organisation that delivers a process excellence through a focus on continuous service improvement.					
<b>Tystiolaeth/ Supporting evidence:</b>						
<b>Ymgynghoriad/Consultation:</b>						
Procurement and Primary Care Services, ongoing engagement with Health Boards.						
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>
<b>Argymhelliad/ Recommendation:</b>	SSPC <b>approve</b> , at the point of contract renewal, the expenditure over the life of the contract to June 2030 via call-off from an existing Welsh Government approved framework.					
<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>						
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>	Positive impact as the service supports equality of access.					

<b>Cyfreithiol/Legal:</b>	No direct impact
<b>Iechyd Poblogaeth/ Population Health:</b>	No direct impact
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	Delivering quality, safety and effective patient care underpins the requirement for the solution.
<b>Ariannol/Financial:</b>	Contract period to 30 September 2030. The service is fully funded by Welsh Government.
<b>Risg a Aswiriant/ Risk and Assurance:</b>	A continuation of the current solution will allow alignment with the requirements of Health Boards.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Delivering quality, safety and effective patient care underpins the requirement for the solution.
<b>Gweithlu/ Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Closed – commercial sensitivity prior to contract award.

## **Low Vision Aid Supply and Recycling Service**

### **Background**

The Welsh General Ophthalmic Services – Low Vision (WGOS-LV), previously known as Low Vision Service Wales is a Welsh Government funded initiative provided in association with approximately 180 accredited optometrists from over 200 optometry practices across the whole of Wales. The service is provided on an All-Wales basis by Primary Care Services in NHS Wales Shared Services Partnership (NWSSP). Low Vision aids are dispensed following patient assessments which require ongoing procurement to support individual visual needs.

This service is funded and directed by Welsh Government, with approval currently being sought to establish a call-off agreement under an All-Wales framework. As funding is provided directly by Welsh Government to NWSSP for delivery across Wales, expenditure related to the provision of Low Vision aids arising from the assessments will be processed through Velindre University NHS Trust’s ledger via NWSSP.

Low Vision (also known as visual impairment) refers to when one’s sight can’t be corrected with glasses or contact lenses, or by any medical or surgical treatment. WGOS-LV provides low vision assessments through service accredited optometrists. These assessments take place at community-based optometry practices, or occasionally at patients’ homes, and based on the assessments the service may provide patients with appropriate low vision aids. There is no charge to the patient at any stage; effectively the low vision aids are on loan to the patient, and they are returned for recycling when they are no longer required.

WGOS-LV is a unique service in that it offers community based low vision services to patients across the whole of Wales. The NHS does not currently offer a national scheme in England, Scotland, or Northern Ireland, though patients in these areas may have varying access to similar low vision services through hospitals and opticians in their areas. On a global scale the service is pioneering.

The aids provided by the service include those listed below;

- Hand Magnifiers
- Illuminated Hand Magnifiers
- Chest Magnifiers
- Folding Magnifiers
- Stand Magnifiers
- Illuminated Stand Magnifiers
- Bar Magnifiers
- Distance Aids
- UV Filters
- Lamps
- Non-Optical Devices
- Assessment Equipment

The list above incorporates the core list of items to be supplied; on occasion the supplier may be required to source specialist items that meet individual patient requirements that are also approved by the WGOS-LV Clinical Leads. As a part of the contract the supplier is required to provide a demonstration kit to practitioners which includes various examples of the items in the above list that can be used when undertaking assessments with patients. The contract also provides a recycling service, where aids are no longer required.

## **Assessment**

NWSSP has reviewed the possibility of bringing this service in house to be managed within NWSSP Procurement Services – Logistics and Supply Chain, but due to the number of aids that would need to be stocked, the ability to source ad hoc specialist requirements when approved by the WGOS-LV Clinical Leads, provide an additional delivery service to practices and domiciliary practitioners, and provide the recycling service that meets the needs of the service, it was deemed this model would not be viable to implement in the short to medium term, and would not be the most cost effective model.

These items would need to be continually purchased for patients to support their vision requirements, the service is funded and directed by Welsh Government.

The solution provides items compliant to specifications required for patients with low vision, the cost of items are significantly lower than could be expected to be paid on the open market, and this arrangement provides an overall cash releasing saving for the division should usage remain the same over the term of the agreement as historic usage. The items provided under this agreement provided

support to low vision service users to aid their daily living, and provide improved opportunities for these individuals to live independently.

The overarching framework also provides opportunity for aids that are no longer required to be returned to the contractor to be inspected, decontaminated, and re-issued where appropriate. This provides opportunity to reduce future costs through re-issue of aid, in addition to the related decarbonization benefits associated with reuse.

This agreement will be facilitated by entering into a call-off agreement under an existing All-Wales framework for provision of low vision aids and associated services. The framework is compliant with procurement regulations and the call off will be conducted by NWSSP Procurement Services staff. It is expected to run to 30 September 2030 with an option to extend up to a further 60 months if the overarching All-Wales Framework is still active.

Further approvals will not need to be sought following approval by SSPC and Trust Board as the call off will be undertaken as a direct award under an All-Wales framework that has already received the required approvals through the All-Wales contract approval process.

As the framework agreement is already established, the call off can be completed immediately once approval is received. It is expected this could be completed within a week of approval being provided. Welsh Government (WG) approval does not need to be sought for this call off as the overarching framework agreement is already approved by WG.

### Profile of Expenditure

<b>Expenditure Category</b>	<b>Year 1 (exc. VAT) £</b>	<b>Year 2 (exc. VAT) £</b>	<b>Year 3 (exc. VAT) £</b>	<b>Total Future Years (exc. VAT) £</b>	<b>Total (exc. VAT) £</b>	<b>Total (inc. VAT) £</b>
Provision of Low Vision Aids and Recycling – Initial Term (Revenue)	511,738	511,738	511,738	1,023,476	2,558,690	3,070,428
Provision of Low Vision Aids and Recycling – Extension Options (Revenue)	N/A	N/A	N/A	2,558,690	2,558,690	3,070,428
<b>Overall Total</b>	<b>511,738</b>	<b>511,738</b>	<b>511,738</b>	<b>3,582,166</b>	<b>5,177,380</b>	<b>6,140,856</b>

## **Recommendation**

The Shared Services Partnership Committee is asked to **approve**, at the point of contract renewal, the expenditure over the life of the contract to June 2030 via call-off from an existing Welsh Government approved framework.

Velindre University NHS Trust Board for the expenditure commitment is also being sought due to the value and funding arrangement of this existing service.



<b><i>The report is <u>not exempt</u></i></b>				
<b>Teitl yr Adroddiad/Title of Report:</b>				
<b>Defence Engagement Fellowships – NHS Wales &amp; Defence Medical Services</b>				
<b>Arwwinydd/ Lead:</b>	Dr Ruth Alcolado, Medical Director			
<b>Awdur/ Author:</b>	Anna Davies, All Wales Medical Workforce Lead Angela Jones, Deputy Director for Digital and Workforce Productivity Solutions			
<b>Swyddog Adrodd/ Reporting Officer:</b>	Dr Ruth Alcolado, Medical Director			
<b>Pwrpas yr Adroddiad/Purpose of the Report:</b>				
To outline and seek <b>approval</b> for the proposed collaboration between the Defence Medical Services (DMS) and NHS Wales Shared Services Partnership (NWSSP) in delivering Defence Engagement Fellowships.				
<b>Llywodraethu/Governance:</b>				
<b>Amcanion/ Objectives:</b>	Aligns with our people, our services and our value.			
<b>Tystiolaeth/ Supporting evidence:</b>	See Appendix 1 – Memorandum of Understanding (MOU).			
<b>Ymgynghoriad/Consultation:</b>				
Input from Defence Medical Services, NWSSP, NWSSP Legal & Risk Services and Welsh Government Workforce colleagues. Ongoing updates to Medical Directors Forum and Chief Medical Officer.				
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>				
<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>	<b>TRAFOD/ DISCUSS</b>	<b>NODI/ NOTE</b>
<b>Argymhelliad/ Recommendation:</b>	SSPC are asked to <b>APPROVE</b> the proposed collaboration between the Defence Medical Services (DMS) and NHS Wales Shared Services Partnership (NWSSP) in facilitating Defence Engagement Fellowship placements across NHS Wales as outlined in the Service memorandum of understanding.			
<b>Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:</b>				
<b>Cydraddoldeb ac amrywiaeth/ Equality and diversity:</b>	Positive impact - Potential to enhance workforce diversity.			

<b>Cyfreithiol/Legal:</b>	No direct impact as the Service MoU is a non-legally binding agreement, but a tripartite agreement between DMS, NWSSP and NHS Wales organisations. However, need to ensure compliance with visa, GMC sponsorship and employment law.
<b>Iechyd Poblogaeth/ Population Health:</b>	Positive impact on population health both locally and internationally, with indirect benefits through knowledge exchange.
<b>Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety &amp; Patient Experience:</b>	Quality and safety safeguarded through oversight and review. The patient experience may benefit from diverse clinical perspectives.
<b>Ariannol/Financial:</b>	Dependent on funding arrangements. There is a need for clear financial planning and transparency in contracts.
<b>Risg a Aswiriant/ Risk and Assurance:</b>	Risks managed through governance and review. Assurance provided by regular monitoring and clear dispute processes.
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Duty of quality maintained with placements must meet NHS Wales and GMC standards. NHS Wales standards apply to recruitment and employment.
<b>Gweithlu/ Workforce:</b>	Positive for workforce development; requires careful planning to avoid disruption to local staffing.
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## **Defence Engagement Fellowships – NHS Wales & Defence Medical Services**

### **1. Background**

In November 2024, NWSSP was approached by Wing Commander David O'Reilly, an honorary consultant general and HPB surgeon at Cardiff and Vale University Health Board, and the medical workforce team. The discussion focused on a pilot initiative and potential GMC Sponsorship to support Defence Engagement Fellowships. This would enable doctors from partner nations' armed forces to undertake clinical placements within NHS Wales.

Agreed fellowships would be organised via the Centre for Defence Healthcare Engagement (CDHE); a UK initiative established by the Defence Medical Services (DMS) to support the country's broader Defence Engagement strategy & to build international partnerships using UK military medical expertise.

Meetings have involved advice from Legal and Risk and it has been agreed that to support, two memorandums of understanding (MoU) would be developed:

1. **Service MoU** - between the Defence Medical Services (DMS) and NHS Wales Shared Services Partnership (NWSSP) outlining the intention to support and defining the roles and responsibilities of parties in the agreement.
2. **Hosting MoU** - between the Hosting NHS Wales organisation and the Partner Nation Armed Force<sup>i</sup>, detailing the contractual terms to which the individual is engaged.

The agreement of the Hosting MoU will be between the Host NHS Wales organisation and the Partner Nation Armed Force. It will be available in readiness for the first pilot placement to commence in Cardiff & Vale University Health Board in the autumn of 2025.

As with all MoUs, the Service MoU is a non-legally binding agreement, but a tripartite agreement between DMS, NWSSP and NHS Wales organisations. It supports the UK's defence and foreign policy by strengthening international military medical capabilities.

### **Key Objectives would be to:**

- Facilitate training placements in NHS Wales for international military doctors (DE Fellows).
- Support partner nations in developing sustainable military medical services.
- Ensure placements align with UK defence engagement & NHS Wales priorities.

### **Roles & Responsibilities**

The roles and responsibilities fully outlined within the Service MoU are:

#### **1. Defence Medical Services (DMS)**

The DMS enters into the agreement as a whole and this encompasses the subordinate organisations mentioned below.

- The CDHE will manage requests by partner nations for Defence Engagement Fellowships.
- The CDHE will identify the appropriate partner nation organisation, which will usually be the relevant armed Service in that country.
- The CDHE will liaise with the DMS Joint Hospital Group, which governs relations between the DMS and the NHS in respect of staff, about suitable NHS Wales employing organisations to approach about Service a Defence Engagement Fellowship.
- The CDHE will liaise with the NHS Wales employing organisation to seek their agreement and to identify suitable training posts.
- The DMS will have no further formal role in the establishment of the fellowship or the selection of personnel to fill it – these shall be matters between the NHS Wales employing organisation, NWSSP and the partner nation organisation pursuant to the Service MoU. However, the CDHE will continue to liaise between all parties during the process.
- The CDHE will maintain a relationship with the DE fellows throughout their Defence \Engagement Fellowships and may invite them to take part in military activities in the UK, such as conferences and exercises. Any request that they be absent from the NHS Wales employing organisation where the

DE fellow is undertaking their Defence Engagement Fellowship which in excess of the normal leave allowances for their posts shall be exceptional and the NHS Wales employing organisation may refuse.

**The DMS will not be a direct party to the Hosting MoU. It will not select the doctors for the fellowship, employ them in any way or carry any vicarious liability for the care they provide.**

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## **2. NHS Wales Employing Organisations'**

- The NHS Wales employing organisation will be free to accept or refuse to take part in the scheme.
- Once a suitable post or posts is identified, the NHS Wales employing organisation will enter into a separate memorandum of understanding with the partner nation organisation ("**the Hosting MoU**").
- This Service MoU will govern the recruitment and employment of the DE fellows which will be administered in Wales by NWSSP. The NHS Wales employing organisation will be asked to create the job description/person specification and will be fully involved in the recruitment process
- The duration of placements will be by mutual agreement between the NHS Wales employing organisation, the DMS and partner nation organisation but will comply with the relevant visa and GMC sponsorship requirements.

## **3. NHS Wales Shared Services Partnership (NWSSP) - Service MoU**

- Support and administrate the recruitment and employment process for DE fellows on behalf of NHS Wales employing organisations.
- Arrange and participate in interviews for candidates requiring GMC sponsorship
- Seek approval from NWSSP Medical Director to confirm interview questions and panel composition meet GMC sponsorship requirements
- Coordination of the interview process, including longlisting candidates, sending longlist to NHS Wales employing organisations for shortlisting and supporting NHS Wales employing organisations in finalising interview arrangements.

### **3.1 NWSSP's Responsibilities in Hosting MoU**

Whilst NWSSP will not be a direct party to the Hosting MoU, NWSSP shall undertake the following responsibilities pursuant to the Hosting MoU (to be entered into between the NHS Wales employing organisation and the partner nation organisation):

**GMC Sponsorship Support** - Facilitate access to the GMC sponsorship model where required.

- Undertake GMC review meetings with DE fellows and their Educational Supervisors, as agreed with the GMC; and
- Assist with visa requirements.

**Post-Interview Process** - Once a successful candidate is identified:

- Issue the formal offer letter.
- Undertake all pre-employment checks.
- Liaise with the NHS Wales employing organisation for final sign-off of pre-employment checks.
- Maintain contact with the candidate throughout the onboarding process; and
- Keep all parties updated during pre-employment checks.

**Post-Arrival Support**

- Conduct a GMC sponsorship review meeting with candidate and their Educational Supervisor within 4–6 months of the candidate’s arrival.
- Address any concerns raised about the candidate during this period; and
- Liaise with the GMC in relation to reported performance issue(s).

**Governance arrangements**

- Quarterly Review meetings with Service organisations to monitor success of placement.
- Provide periodic updates to SSPC.
- Undertakes required GMC review meetings with the DE Fellow and Educational Supervisor as agreed with the GMC.
- Participate and respond to GMC annual audits

**Employment Status**

- **NWSSP shall not act as the employer of DE fellows under either MoU.**

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**4. Partner Nation Armed Service**

The partner nation organisation is not a party to the Service MoU and their responsibilities will be embodied in the Hosting MoU.

The partner nation organisation will:

- work with CDHE to select appropriate fellowships as part of a wider engagement partnership with the DMS.
- proffer suitable candidates for selection by the NHS.
- grant suitable leave for successful candidates (as their primary employer). This may be paid or unpaid depending on the funding arrangements specified in the Hosting MoU.
- undertake not to recall the DE fellow to duty without giving the normal period of notice required by the NHS contract of employment.
- arrange a signed declaration (if required) that candidates will return to their duties in their own country at the end of the fellowship.

**Safeguarding & Welfare**

- The NHS Wales employing organisation shall bear normal employer’s responsibilities towards the DE fellows for the duration of their placements.
- A relocation package will be agreed upon at the outset of all DE Fellow engagements between the NHS Wales hosting organisation and the partner nation. The financial arrangements, including responsibilities for each element of the relocation package such as accommodation, and flights, will be clearly outlined in the Hosting MoU.

- All costs associated related to the provision of Certificate of Sponsorship and Visa will be the responsibility of the NHS Wales employing organisation agreeing to host the placement.
- Additional pastoral support may be provided through the partner nation organisation's embassy.

Responsibility for the financial aspects of the relocation package may only fall to one of the following parties:

- The NHS Wales Host organisation,
- The individual DE Fellow, or
- The partner nation

NWSSP will not be involved in any financial transactions related to the relocation package.

### **Funding Model**

- Depending on the economic status of the partner nation organisation, the nation may be able to entirely fund the fellowship, be unable to fund it at all or be able to fund it in part (usually in line with the DE fellow's normal military salary).
- The Hosting MoU will specify how the post will be funded. If the partner nation organisation is fully funding the placement, they will continue to be paid by the partner nation organisation and will require an honorary NHS contract. In all other cases, they will be employed on a fixed term NHS contract. Where part-funding is to occur, the Hosting MoU will detail how monies will be transferred. It is critical that any DE fellow receives an effective income in keeping with salary of an NHS doctor doing the same work.
- It is the responsibility of the NHS Wales organisation to determine and confirm the starting salary of the DE Fellow. This will be carried out in accordance with standard procedures for appointing medical staff, based on a review of the individual's evidenced reckonable service, experience and qualifications.
- The starting salary must be aligned with the appropriate grade and placed within the relevant salary bracket, reflecting the Fellow's level of experience and suitability for the role.
- NWSSP will not be involved in any aspect of the financial arrangements or transactions related to salary determination.

### **Duration & Review**

- The Service MoU is effective for three years from the date of signing.
- It may be extended by mutual agreement between all parties.
- A planned review will take place nine months after the first DE Fellowship begins in Wales.
- Either party may request a review at any time by contacting the Medical Director's Office at NWSSP.

### **Dispute Resolution**

- Disagreements will be resolved jointly by the parties.
- Either party may withdraw, with the following caveats:

- The DMS cannot force parties to withdraw from its relationship with the Service MoU. This prevents an NHS Wales organisation from being left with an unfilled post at short notice.

### **Points of Contact**

- DMS: Assistant Head, DMS Centre for Defence Engagement
- NWSSP: Medical Director, NWSSP

### **Next Steps**

- The Service MoU has been submitted to the Director General of the Defence Medical Services for approval.
- The Medical Director of NWSSP will provide an update to the Medical Directors Forum on 5<sup>th</sup> September.
- The Medical Director provided a brief to the Chief Medical Officer on 21/08/26.
- A draft version of the Hosting MoU is currently being developed by Legal & Risk.
- Welsh Government Workforce colleagues will be further updated once the Service MoU has been signed.

### **Recommendation**

SSPC are asked to:

- **APPROVE** the proposed collaboration between the Defence Medical Services (DMS) and NHS Wales Shared Services Partnership (NWSSP) in facilitating Defence Engagement Fellowship placements across NHS Wales as outlined in the Service memorandum of understanding.

### **Appendices**

- Appendix 1 – *Defence Engagement Fellowships – NHS Wales & Defence Medical Services*

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*<sup>i</sup> A partner nation is a country that has agreed, under the terms of the MoU, to send a military doctor to undertake a clinical placement within NHS Wales.*

## Memorandum of Understanding

Between

**THE DEFENCE MEDICAL SERVICES**

And

**NHS WALES SHARED SERVICES PARTNERSHIP**

**In relation to collaboration between the Parties to establish training placements to assist partner nation organisations in the development of their military medical services**

### 1. Parties

- 1.1. The Parties to this Memorandum of Understanding ("**MoU**") are:
  - (A) The Defence Medical Services of Whittington Barracks, Lichfield, Staffordshire, WS14 9PY ("**DMS**"); and
  - (B) NHS Wales Shares Services Partnership, hosted by Velindre University NHS Trust, of 4-5 Charnwood Road, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ ("**NWSSP**").
- 1.2. NWSSP is the operating name of the Velindre National Health Service Trust Shared Services Committee which was established pursuant to the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 ("**the 2012 Regulations**").
- 1.3. The Velindre University NHS Trust ("**the Velindre Trust**") has a statutory duty to manage and provide shared services (that is, professional, administrative and technical services) to the health service in Wales. In accordance with the 2012 Regulations NWSSP is responsible for exercising the Velindre Trust's shared service functions.
- 1.4. This MoU was approved by the Partnership Board of NWSSP on **DATE**

### 2. Definitions

- 2.1. "**CDE**" means the DMS Centre for Defence Engagement.
- 2.2. "**Date of Completion**" the date on which the last party signs this MoU.
- 2.3. "**Second MoU**" has the meaning given to it in Clause 8.2.

### 3. Status of this MoU

- 3.1. This MoU has been voluntarily agreed by DMS and NWSSP as a statement of intent to work together placements in Wales that will assist partner nations in the development of their military medical services. This MoU is not intended to be legally binding, and no

legal obligations or legal rights shall arise between the Parties from this MoU. The Parties enter the MoU intending to honour all their obligations.

#### **4. Defence Engagement Fellowships**

- 4.1. The DMS wishes to establish opportunities for doctors from partner nations' armed forces (and more rarely civilian doctors where this would be useful for Defence requirements) to obtaining training placements in NHS Wales hospitals. These shall be known as Defence Engagement Fellowships. Doctors undertaking these placements will be known as DE fellows.
- 4.2. In accordance with the terms of this MoU, NWSSP has entered into this MoU with a view to delivering the support necessary to allow participating NHS employing organisations to recruit DE fellows, including using the Medical Training Initiative.

#### **5. Purpose of the Defence Engagement Fellowships**

- 5.1. These placements will assist partner nation organisations in the development of their military medical services. These placements will only be created by the DMS pursuant to a wider programme of defence engagement with the partner nation organisation. This will ensure that the skills that are acquired will be employable when the DE fellows return home, that a sustainable improvement can be achieved and that the fellowships are in line with the interests of UK defence and foreign policy.

#### **6. Participants**

- 6.1. NWSSP, having informed the Welsh Government of this initiative, wishes to facilitate the arrangement of the Defence Engagement Fellowships. This MoU lays out the roles of:
  - 6.1.1. the DMS and its subordinate organisations.
  - 6.1.2. NWSSP.
  - 6.1.3. NHS Wales employing organisations; and
  - 6.1.4. Partner nation organisations in this process.

#### **7. DMS Responsibilities**

- 7.1. The DMS enters into this agreement as a whole and this encompasses the subordinate organisations mentioned below.
  - 7.1.1. The CDE will manage requests by partner nations for Defence Engagement Fellowships.
  - 7.1.2. The CDE will identify the appropriate partner nation organisation, which will usually be the relevant armed service in that country.

- 7.1.3. The CDE will liaise with the DMS Joint Hospital Group, which governs relations between the DMS and the NHS in respect of staff, about suitable NHS Wales employing organisations to approach about hosting a Defence Engagement Fellowship.
- 7.1.4. The CDE will liaise with the NHS Wales employing organisation to seek their agreement and to identify suitable training posts.
- 7.1.5. The DMS will have no further formal role in the establishment of the fellowship or the selection of personnel to fill it – these shall be matters between the NHS Wales employing organisation, NWSSP and the partner nation organisation pursuant to the Second MoU. However, the CDE will continue to liaise between all parties during the process.
- 7.1.6. The CDE will maintain a relationship with the DE fellows throughout their Defence Engagement Fellowships and may invite them to take part in military activities in the UK, such as conferences and exercises. Any request that they be absent from the NHS Wales employing organisation where the DE fellow is undertaking their Defence Engagement Fellowship which is in excess of the normal leave allowances for their posts shall be exceptional and the NHS Wales employing organisation may refuse.
- 7.2 The DMS will not be a direct party to the Second MoU. It will not select the doctors for the fellowship, employ them in any way or carry any vicarious liability for the care they provide.

## **8. NWSSP's Responsibilities in this MoU**

- 8.1 NWSSP shall undertake the following responsibilities pursuant to this MOU:

### ***Recruitment Administration***

- Administer the recruitment and employment process for DE fellows in Wales under this overarching MoU; and
- Support participating NHS Wales employing organisations in recruiting DE fellows.

### ***Offer and Interview Coordination***

- Arrange and participate in interviews for GMC sponsored candidates;
- Approval by the Medical Director of NWSSP interview questions and panel composition; and
- Coordination of the interview process, including longlisting candidates, sending longlisted candidates to NHS Wales employing organisations for shortlisting and supporting NHS Wales employing organisations in finalising interview arrangements.

### ***Employment Status***

NWSSP shall not act as the employer of DE fellows under this MoU or the Second MoU.

## **9. NHS Wales Employing Organisations' Responsibilities**

- 9.1. The NHS Wales employing organisation will be free to accept or refuse to take part in the scheme.
- 9.2. Once a suitable post or posts is identified, the NHS Wales employing organisation will enter into a separate memorandum of understanding with the partner nation organisation ("**the Second MoU**").
  - 9.2.1. This Second MoU will govern the recruitment and employment of the DE fellows which will be administered in Wales by NWSSP. The NHS Wales employing organisation will be asked to create the job description/person specification and will be fully involved in the recruitment process..
- 9.3. The duration of placements will be by mutual agreement between the NHS Wales employing organisation, the DMS and partner nation organisation but will comply with the relevant visa and GMC sponsorship requirements.

## **10. Partner Nation Organisation Responsibilities**

- 10.1. The partner nation organisation is not a party to this MoU and these responsibilities will be embodied in the Second MoU.
- 10.2. The partner nation organisation will work with CDE to select appropriate fellowships as part of a wider engagement partnership with the DMS.
- 10.3. The partner nation organisation will proffer suitable candidates for selection by the NHS.
- 10.4. Successful candidates will be granted suitable leave by their primary employer (i.e. the partner nation armed forces). This may be paid or unpaid depending on the funding arrangements specified in the Second MoU.
- 10.5. The partner nation organisation will undertake not to recall the DE fellow to duty without giving the normal period of notice required by the NHS contract of employment.
- 10.6. The DE fellows may be required to sign a declaration that they will return to their duties in their own country at the end of their Defence Engagement Fellowship.

## **11. NWSSP's Responsibilities in Second MoU**

- 11.1 Whilst NWSSP will not be a direct party to the Second MoU, NWSSP shall undertake the following responsibilities pursuant to the Second MOU (to be entered into between the NHS Wales employing organisation and the partner nation organisation):

### ***GMC Sponsorship Support***

- Facilitate access to the GMC sponsorship model where required;
- Undertake GMC review meetings with DE fellows and their Educational Supervisors, as agreed with the GMC; and
- Assist with visa requirements.

### ***Post-Interview Process***

Once a successful candidate is identified:

- Issue the formal offer letter;
- Undertake all pre-employment checks;
- Liaise with the NHS Wales employing organisation for final sign-off of pre-employment checks;
- Maintain contact with the candidate throughout the onboarding process; and
- Keep all parties updated during pre-employment checks.

### ***Post-Arrival Support***

- Conduct a GMC sponsorship review meeting within 4–6 months of the candidate's arrival (the review includes the candidate and their Educational Supervisor);
- Address any concerns raised about the candidate during this period; and
- Liaise with the GMC as required if NWSSP is made aware of any performance issue(s) raised.

## **12. Safeguarding and welfare**

- 12.1 The NHS Wales employing organisation shall bear normal employer's responsibilities towards the DE fellows for the duration of their placements.
- 12.2 Additionally, pastoral support may be provided through the partner nation organisation's embassy.

## **13. Funding**

- 13.1 Depending on the economic status of the partner nation organisation, it may be able to entirely fund the fellowship, be unable to fund it at all or be able to fund it in part (usually in line with the DE fellow's normal military salary). The Second MoU will specify how the post will be funded. If the partner nation organisation is fully funding the placement, they will continue to be paid by the partner nation organisation and will require an honorary NHS contract. In all other cases, they will be employed on a substantive NHS contract. Where part-funding is to occur, the Second MoU will detail how monies will be transferred. It is critical that any DE fellow received an effective income in keeping with salary of an NHS doctor doing the same work.
- 13.2 All costs associated with the Certificate of Sponsorship and the Visa will be the responsibility of the NHS Wales employing organisation agreeing to host the placement.

## **14. Duration and Provision for Review**

- 14.1 The MOU will have effect for three years from the Date of Completion, extendible by mutual consent. Any party may request a review of these arrangements at any time. A planned review after nine months of the first defence engagement fellowship in Wales will be undertaken.

**15. Settlement of Disagreements**

15.1 Disagreements about this MoU will be settled between the Parties. Either side may withdraw at any time, subject to the following caveats:

15.1.1 The DMS cannot force NWSSP to withdraw from its relationship with the parties to the Second MoU. This prevents an NHS Wales organisation from being left with an unfilled post at short notice.

15.1.2 The termination of this MoU shall have no effect on the employment relationship between the NHS Wales employing organisation and any DE fellow.

**16. Points of contact in relation to this MoU**

16.1 The point of contact for the DMS will be the Assistant Head, DMS CDE.

16.2 The point of contact for NWSSP will be the Medical Director of NWSSP.

Signed for and on behalf of

**Defence Medical Services by:**

.....

C Walton

Air Marshal

Director General, Defence Medical Services

Date: .....

Signed for and on behalf of

**NHS Wales Shared Services Partnership by:**

.....

Allison Ramsey

Director of Finance and Corporate Services

Date: .....



***The report is not exempt***

**Teitl yr Adroddiad/Title of Report:**

**PPE (Personal Protective Equipment) Preparedness 2025**

**Arwinydd/  
Lead:** Alison Ramsey  
Director Finance & Corporate Services

**Awdur/  
Author:** Ian Rose  
Assistant Director Transformation

**Swyddog Adrodd/  
Reporting Officer:** Alison Ramsey  
Director Finance & Corporate Services

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

To ask SSPC to **NOTE** the contents of the report in relation to the approach and progress achieved to support PPE stockholding requirements.

**Llywodraethu/Governance:**

**Amcanion/  
Objectives:** Our Services & Our Value

**Tystiolaeth/  
Supporting  
evidence:** Appendix A – Welsh Government direction & WHC 025 023

**Ymgynghoriad/Consultation:**

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

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

**Argymhelliad/  
Recommendation:** The committee is asked to NOTE the approach and progress achieved to date in relation to PPE Preparedness

**Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:**

**Cydraddoldeb ac  
amrywiaeth/ Equality  
and diversity:** No direct impact

**Cyfreithiol/Legal:** No direct impact

**Iechyd Poblogaeth/  
Population Health:** Considered where appropriate

**Ansawdd, Diogelwch a  
Profiad y Claf/** Considered where appropriate

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol/Financial:</b>	Considered where appropriate
<b>Risg a Aswiriant/ Risk and Assurance:</b>	Considered where appropriate
<b>Dyletswydd Ansawdd/Duty of Quality:</b>	Considered where appropriate
<b>Gweithlu/ Workforce:</b>	Considered where appropriate
<b>Deddf Rhyddid Gwybodaeth/Freedom of Information Act:</b>	Closed. The information is disclosable under the Freedom of Information Act 2000.

## **PPE Stockpiling in Wales**

### **1. INTRODUCTION**

NHS Wales Shared Services (NWSSP) manages and maintains significant volumes of PPE (Personal protective equipment) to support both business as usual demand to NHS Wales and also to stockpile large quantities of PPE in support of preparedness activity as a result of the previous pandemic across a number of locations.

NWSSP has been in discussions with the Welsh Government since the end of the COVID-19 pandemic to develop the medium-term approach (3-5 years) to PPE stockholding levels as part of NHS Wales's resilience planning arrangements. This has included what type of product to include in the PPE stockholding arrangements and the volumes.

NWSSP was directed by the Welsh Government in March 2025 to undertake the procurement, storage and eventual distribution of PPE resilience stock. A copy of that direction is attached as Appendix A. Welsh Government subsequently issued guidance in Welsh Health Circular 2025 023 Strengthening Pandemic Preparedness on 13 June 2025, this is attached as Appendix B.

These arrangements will be kept under review pending decisions on the UK Government's longer-term PPE strategy and any recommendations from the COVID-19 Public Inquiry.

To support that role, we have initiated an internal project plan and team.

### **2. BACKGROUND**

Building on the lessons and experience from the COVID-19 pandemic, a number of objectives have been identified in support of Welsh Government directives issued for both "PPE Stockpiling in Wales" letter 25 March 2025 and "Strengthen pandemic preparedness" WHC (2025)023, dated 13 June 2025.

To support this an NWSSP PPE oversight group has been established to ensure the objectives outlined are planned and delivered in a timely manner. Two specific themes and form the core objectives of the PPE initiative.

- Product quantities & type
- Product storage

## **Product Quantities & Type**

Using the weekly usage during the winter of 2020 during the second wave of the COVID-10 pandemic, products quantities were identified with a range from 12 to 16 weeks stock dependant on the product in scope also in line with Welsh Government requirements.

Products in scope for 12 weeks stockpiling:

- Splash-proof aprons
- Face-shields/visors
- Type IIR masks
- Full body gowns
- Hand Sanitizer and Wipes (Universal & Other) – Welsh Government still to confirm requirements for these products

Products in scope 16 weeks stockpiling weeks (greater health protection need and procurement risks):

- FFP3 respirators (non-valved) – note current stockpile of valved respirators to be used initially and replenished with non-valved product as required
- Medical examination-grade gloves

This is in addition to business-as-usual stock holding.

## **Product storage**

To support the increased demand on warehouse space and enabling the NHS to acquire the required levels of stock two objectives exist:

- Short term (up to 1 year) use of additional temporary space to support meeting the 12 to 16-week product stockpiling objectives
- Assessment of medium, long term (2 to 5 years) space requirement to transition stock piling from 3<sup>rd</sup> party space to NHS controlled.

## **Assumptions**

A number of assumptions have been identified throughout the initiative including but not limited to:

- Business-as-normal use of FFP3s is relatively small.
- All PPE targets are **additional to any business-as-usual requirements**, such as the standard 4 weeks of supply that applies to many items.

- NWSSP to continue to use your expertise and existing usage data to determine the right mix of sizes for each specific stockpile.
- Plans to hold stock can use short term space in 2025-26 with the Welsh Government to support to a longer term NWSSP warehousing strategy.
- NWSSP to focus on space required to meet the objectives with a longer-term view on space across Wales on a more permanent basis bringing stock back in from short term 3rd party warehousing to NHS controlled warehousing locations.
- Working with the Welsh Government Countermeasures Oversight Board NWSSP will ensure all future procurements of FFP3 respirators and the most appropriate models.
- Cash support is available to fund any procurements and will consider any temporary commercial storage requirements if needed in 2025-26.
- Data period to use as baseline for product volumes is the weekly usage during the winter of 2020.

## Workstreams

Two main workstreams have been established to support the core objectives.

- Procurement & Product Workstream (Product quantities & type)
  - Diminishing current stockpiling of products no longer in scope but ensuing business as usual volume are maintained where appropriate.
  - Ensuring compliant procurement processes exist to secure products to meet the required levels of stock on a reliable and timely basis.
- Logistics, Warehouse and Preparedness Work stream (Product storage)
  - Determine the required space to support closing stockpile gaps across the products in scope.
  - Support space requirement modelling for medium to longer term accommodation acquisition.
  - Assess logistical implications.

## Project Governance

To support and provide governance a project oversight board has been established with key representatives from key role.

The group meets on regular basis to review progress against the core objectives and seek to mitigate any risk or issues raised that may prevent the initiative from meeting its core objectives.

Name	Role	Role
Alison Ramsey	Director of Finance & Corporate Services	Chair & Finance, Data & Performance Lead
Jonathan Irvine	Director Procurement Services	Procurement & Product lead

Claire Salisbury	Deputy Director Procurement Services	Procurement & Product
Tony Chatfield	Head of Health Courier Services	Logistics, Warehouse & Preparedness Lead
Louise Rogers	Regional Manager Supply Chain	Logistics, Warehouse & Preparedness
Rob Watts	Manager Supply Chain	Logistics, Warehouse & Preparedness
Andrew Francis	Head of Emergency Preparedness	Logistics, Warehouse & Preparedness
Jane Tyler	Senior Finance Business Partner	Finance, Data & Performance
Richard Phillips	Assistant Director Planning & Performance	Finance, Data & Performance
Ian Rose	Assistant Director Transformation	Project Manager

## Key stakeholders and interfaces

Key relationships that exist will continue to remain in focus to remain informed and support the initiative where required.

Currently **External** stakeholders include:

- Countermeasures Oversight Board – FFP3 support
- Health Social Care and Early Years Group finance
- Third Party Warehouse providers
- Product suppliers
- Other NHS Organisations

Current Internal Stakeholders\* include:

- NWSSP
- Director of Finance & Corporate Services
- Director of Procurement Services
- Finance
- Supply Chain, Logistics and Transport
- Planning Performance & Informatics

*\*Not Exhaustive*

## Key Milestones

Whilst no firm end date has been identified, initial early short-term milestones do exist which also present an immediate risk. These will also factor into the assessment of geographical locations of current stock and the desired future warehousing requirement and timescale to decant from existing 3rd party arrangements to new arrangements as they emerge.

It is envisaged the approach derived through this initiative will focus on an initial 3-to-5-year plan in line with expectations from the Cabinet Secretary as outlined within the Welsh Government guidance contained within Appendix A.

This allows the project to maintain flexibility to adapt to any changes or recommendations from ongoing UK Government long term strategies and recommendations from the Covid-19 inquiry.

The indicative timescale to achieve the initial objectives including the level of stock was created and has been focused on the follow key milestones.

Key Milestones	Target Date
Confirm current stock holding	13 June 2025
Calculate current storage capacity against proposed stock holding levels	13 June 2025
Identify the order pipeline including lead in times to meet and maintain stock holding	30 June 2025
Proposed short term storage solution to support proposed stock holding levels	30 June 2025
Place orders into the market for required volumes of PPE product	September/October 2025
Proposed initial indication of medium/long term storage requirements to support stock holding	30 Sept 2025

### 3. CURRENT POSITION

Since June progress has been made against both core objectives.

- **Procurement & Product Workstream (Product quantities & type)**

Focus has been on confirming the procurement processes exist to procure compliant products in line with the eight in scope products continues with some products in place and others progressing through procurement processes where needed.

Product	Status
Splash-proof aprons	Compliant procurement process available with order ready to be placed, but further clarification is awaited from Welsh Government in relation to recent development concerning potential change to required product specification requirements.
Face-shields/visors	Procurement process in place and can be ordered as required.

Type IIR masks	Orders to be placed in the coming weeks subject to NWSSP Surgical and Medical Testing Laboratory confirming compliance testing.
Full body gowns	Orders placed with supplier.
Hand Sanitizer	Procurement process in place and can be ordered but large amounts already exist within NWSSP stores in varying volume sizes outside 400ml.
Wipes (Universal & Other)	Welsh Government have since the letter dated 25 March directed NWSSP to pause on ordering further stock until wider review within UK concludes
FFP3 respirators (non-valved)	Procurement process to be finalised with Welsh Government shortly.
Medical examination-grade gloves	Orders placed with supplier.

Procurement timescales are being devised to demonstrate when each product will meet the required levels to provide full preparedness assurance.

In addition, focus is ongoing in relation to reducing stock no longer required or not fit for purpose under the latest health protection guidance but seeking to reuse or auction where possible to minimise any loss or waste.

- **Logistics, Warehouse and Preparedness Work stream (Product storage)**

Progress against space requirements has achieved for both short and longer-term requirements.

Short term use of the existing commercial agreement with 3<sup>rd</sup> parties will remain in place and can be renewed beyond July 2026. This provides sufficient capacity of up to 6,000 pallet spaces which will allow storage of required levels of PPE and to increase levels towards the required weeks in hand needed across all products.

Medium and longer term storage requirements have been modelled. It is estimated that if a more permanent solution were to be secured this would require up to 60, 000sqft to allow all PPE stock currently within a 3<sup>rd</sup> party commercial setting to be transferred into direct NHS management over one or more locations.

However, opportunities exist to co-locate with other initiatives including TRAMS SW hub and Medical Records storage subject to site availability and suitability. The Project Board has agreed to continue with the use of 3<sup>rd</sup> party

commercial space until such a time where an agreed long-term solution is secured.

#### **4. RECOMMENDATION**

The Committee will be provided by regular updates on progress during the lifecycle of the project and are asked to:

- **NOTE** the update provided in relation progress against the PPE Preparedness objectives.

#### **Appendices**

- **Appendix 1** – Letter from Welsh Government dated 25 March 2025 regarding Update on PPE Stockpiling in Wales
- **Appendix 2** - Welsh Health Circular WGC (2025) 023 - PPE (Personal Protective Equipment) Preparedness 2025



To: Neil Frow  
Managing Director  
NHS Wales Shared Services Partnership

Cc: Jonathan Irvine, Director of Procurement and Health Courier Services  
Alison Ramsey, Director of Finance and Corporate Services  
Lindsay Payne, Deputy Director of Finance and Corporate Services  
Jane Tyler, Senior Finance and Business Partner  
Andrea Hughes, Head of NHS Financial Management, Welsh Government  
Ben Brown, Deputy Director, QSE & Clinical Conditions, Welsh Government  
Samatha Matthews, Head of Nursing IPC & HCAI (HARP), PHW

25 March 2025

Dear Neil

## Update on PPE Stockpiling in Wales

Further to my letter of 7 October 2024, I am writing to provide an update on our review of target volumes for PPE stockpiling, following decisions in England on targets, as well as recommendations from the recent Countermeasures Review.

I can formally confirm that, earlier this month, the Cabinet Secretary for Health and Social Care agreed that stockpiles of all PPE products should have at least 12 weeks of supply. This should be based on weekly usage experienced by the health and social care sector during the winter of 2020, the second wave of the pandemic. For clarity, this relates to the following items:

- Splash-proof aprons
- Face-shields/visors
- Type IIR masks
- Full body gowns (these should be non-sterile single-use disposable, rear-fastening, reinforced surgical gowns made of fluid-resistant material which meet BS EN13795:2019)
- Hand Sanitizer and Wipes (Universal & Other)

With regard to FFP3 respirators (non-valved) and medical examination-grade gloves, stockpiles should have at least 16 weeks of supply to reflect a greater health protection and procurement risk that could arise during a future pandemic.

I am conscious that the current FFP3 stockpile is significantly in excess of 12 weeks and is also largely made up of valved models. We should therefore seek to reduce down to the new target level in a managed way, for example, by replacing valved

models with non-valved models when they reach expiry or when they are resold. This will enable the new target level to be reached whilst avoiding the need for immediate action in 2024/25. Furthermore, given that business-as-normal use of FFP3s is relatively small, I have also asked the Countermeasures Oversight Board to work with your team to ensure that all future procurements of FFP3 respirators are the most appropriate model to meet with pandemic preparedness plans.

All PPE targets are additional to any business-as-usual requirements, such as the standard 4 weeks of supply that applies to many items. All stockpiled products must comply with the latest standards from a technical and HSE perspective, which is supported by the IPC guidance. This will enable dynamic stock rotation; help reduce write-offs and ensure that we only procure products that are in regular use by NHS Wales. In addition, I would expect NWSSP to continue to use your expertise and existing usage data to determine the right mix of sizes for each specific stockpile.

In terms of timing, for those items where current stockpiles are less than the new target, you should aim to procure up to the new target levels by the end of quarter one 2025/26 and inform us of any issues. Any items that are currently held in our stockpile but not included in the list of products above should be disposed of during the course of 2025/26, if there is no evidence of use or they are deemed to have no fit purpose, preferably through sale or donation if appropriate. This also applies if current stock levels held are significantly excessive in 2025/26.

This approach, which has been discussed and agreed with HSCEY finance, will allow for any losses to be considered appropriate over the next few financial years and for 2024/25 year-end provisions to be agreed. I can also confirm that we have cash support provision to fund any procurements and will consider any temporary commercial storage requirements if needed in 2025/26. Provision requirements for future potential losses of the increased stock levels, will be considered in 2025/26.

Finally, the Cabinet Secretary has also agreed that this will be a medium-term approach (3 to 5 years) that will be kept under review, pending decisions on the UK Government's longer-term PPE strategy and any recommendations from the Covid-19 Inquiry. Our expectation is that this will include future consideration of onshore manufacturing, advance purchase agreements and other ways to incentivise UK manufacturing.

I hope this letter clearly sets out our new approach to PPE stockpiling in Wales, but if you have any questions, please do not hesitate to contact myself or my team.

Yours sincerely



**Sioned Rees**

Director of Public Health

Cyfarwyddwr Iechyd Y Cyhoedd



**WHC (2025)023**

# WELSH HEALTH CIRCULAR

**Issue Date:** 13 June 2025

**STATUS:**

Information

**CATEGORY:**

Strengthen pandemic preparedness

**Title:**

PPE stockpile volumes in Wales

**Date of Expiry / Review:** Not applicable

**For Information to:**

Chief Executives, Health Boards/Trusts  
Nurse Executive Directors, Health Boards/Trusts  
Directors of Public Health, Health Boards/Trusts  
Executive Director of Public Health, Public Health Wales

**Sender:** Sioned Rees, Director of Public Health

HSCEYG Welsh Government Contact(s):

Health Protection Strategy & Response Division, Welsh Government, Cathays Park,  
Cardiff CF10 3NQ  
Email:HealthProtection@gov.wales,

Dear Colleagues,

I am writing to provide an update on the Welsh Government review of target volumes for PPE stockpiling in Wales.

After careful consideration of the options, and consideration of the recommendations in the UK Review of Emergency Preparedness Countermeasures report, the Cabinet Secretary for Health and Social Care agreed in March 2025 that stockpiles of all PPE products should have at least 12 weeks of supply, based on weekly usage experienced by the health and social care sector during the winter of 2020/21, when Covid-19 was at its peak across the UK.

Splash-proof aprons, face-shields/visors, Type IIR Fluid Resistant Surgical Masks (FRSM), full body fluid repellent gowns and hand sanitizer/wipes will have a stockpile sufficient for 12 weeks supply. Respiratory Protective Equipment (RPE) i.e. FFP3 respirators (non-valved) and medical examination-grade gloves, will have at least 16 weeks of supply to reflect a greater health protection and procurement risk that could arise during a future pandemic.

These new target volumes will strengthen our preparedness plans to ensure resilient PPE supplies for our respective health and social care sectors across Wales, should a pandemic occur in the future. This will be a medium-term approach (3 to 5 years) that will be kept under review, pending decisions on the UK Government's longer-term PPE strategy and any recommendations from the Covid-19 Inquiry.

### **Operationalisation of new target PPE Volumes**

NHS Wales Shared Services Partnership (NWSSP) have been directed by Welsh Government to source and manage the stock levels of PPE required. The PPE products purchased will comply with the latest standards from a technical and HSE perspective, supported by IPC guidance as approved by Public Health Wales. The management of the PPE stockpile by NWSSP will enable dynamic stock rotation; helping to reduce write-offs and ensuring that we continue to only procure products that are approved for use within NHS Wales. Welsh Government will work closely with NWSSP and Public Health Wales to monitor the implementation of this policy and any future changes to the range of PPE products required. NWSSP will continue to provide monthly reports to Welsh Government on the stockholding position on all PPE products.

This letter is aimed at health professionals who are responsible for ordering and managing PPE products in their respective health setting and does not change the current ordering process for business as normal products. If colleagues have any queries about PPE product specification, may I suggest they direct them to the PHW Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP) team, Email: [HARP@wales.nhs.uk](mailto:HARP@wales.nhs.uk).

Yours sincerely,



**Sioned Rees**

Director of Public Health

Cyfarwyddwr Iechyd Y Cyhoedd



# NWSSP Finance Report September 2025

Reporting on the period to 31<sup>st</sup> August 2025

*Delivering Value, Innovation and  
Excellence through Partnership*



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The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 31<sup>st</sup> August 2025

Any detailed queries please contact:  
[lindsay.payne@wales.nhs.uk](mailto:lindsay.payne@wales.nhs.uk)

## 2025/26 Financial Position to 31<sup>st</sup> August 2025

### Revenue

	Annual Budget	YTD Budget	YTD Expend	YTD Variance
	£000	£000	£000	£000
Income	-810,819	-298,025	-297,628	397
Pay	433,458	178,369	175,569	-2,800
Non-Pay	189,906	77,657	77,464	-193
WRP – DEL	187,455	41,999	41,999	0
Year to date underspend	0	0	2,597	2,597
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

NWSSP reported a year-to-date surplus of **£2.597m** at **Month 5**. This primarily relates to a sustained high level of vacancies across several of our services.






This surplus is reported after covering the pro-rata year to date Employers National Insurance funding shortfall of £0.310m (£0.744m full year). An element of this NI funding has only been provided non-recurrently in 2025/26 so there will remain a recurrent pressure within our financial plan in excess of this value, although the recurrent/non-recurrent split is not yet known to quantify this.

An element of the year-to-date underspend will also relate to our health protection funding allocation. At Month 5 we are forecasting this allocation will be fully utilised during the financial year, however we have noted that we will need to work through the actual costs of the vaccination service and the wider implications of the PPE stockholding policy and how this impacts our anticipated costs this year. We will liaise with Welsh Government regarding this allocation when we have more information to estimate our 2025/26 expenditure.




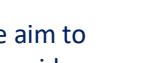

We continue to await confirmation of the 2025/26 pay award funding estimated at **£3.927m**.

During September we are undertaking a detailed review of all our forecast expenditure and budget requirements to identify what additional savings contribution we can provide to NHS Wales in support of the overall financial position. We will provide an update on any planned distributions to the November Committee meeting.

## Financial Position and Key Targets

KPI	Target	2024/25					2025/26					Trend			
		August	September	October	November	December	January	February	March	April	May		June	July	August
Financial Position – Forecast Outturn	Break even Monthly	-£524k	-£524k	-£524k	-£542k	Breakeven	Breakeven	Breakeven	-£15k	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Achieved	On Target	On Target	On Target	On Target	On Target	
Distribution	0 Annually	On Target	On Target	On Target	£2m	£2m	£2.5m	£3.6m	£3.6m	On Target	On Target	On Target	On Target	On Target	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	97.66%	99.03%	98.35%	98.47%	97.86%	96.24%	98.45%	97.95%	98.35%	99.43%	99.40%	97.95%	97.85%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.64%	97.86%	97.94%	98.00%	97.99%	97.83%	97.88%	97.89%	98.35%	98.94%	99.08%	98.73%	98.57%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	97.25%	93.27%	96.96%	95.31%	96.69%	93.78%	94.63%	98.10%	97.85%	94.74%	92.94%	94.38%	92.22%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.22%	94.94%	95.43%	95.42%	95.55%	95.30%	95.30%	95.64%	97.85%	96.36%	95.26%	95.05%	94.72%	
Retrospective Purchase Orders	0 Monthly	62	47	58	63	57	54	88	61	56	59	68	56	61	

## Corporate

KPI	Target	2025/26												Trend	
		August	September	October	November	December	January	February	March	April	May	June	July		August
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	9	2	7	9	6	7	9	2	4	2	1	0	2	
Variable Pay – Overtime	<£100k Monthly	£107k	£133k	£88k	£118k	£88k	£105k	£140k	£142k	£94k	£80k	£83k	£93k	£71k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	1.32%	1.61%	1.07%	1.06%	1.03%	1.18%	1.60%	0.88%	1.07%	0.88%	0.93%	1.03%	0.68%	
Agency % to date	<0.8% Cumulative	0.13%	0.11%	0.09%	0.08%	0.08%	-0.04%	0.03%	0.01%	0.00%	0.00%	0.00%	0.03%	0.02%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.47%	0.43%	0.38%	0.34%	0.31%	-0.16%	0.11%	0.05%	0.00%	0.00%	0.00%	0.10%	0.08%	

A new KPI has been added from May 25 to report overtime expenditure as a percentage of total pay expenditure excluding SLE. The target has been set at 1.25% initially with the aim to review this further during the year as we roll out the overtime approval process. Research has indicated that the best practice range for overtime in public sector shared service providers should be 1-3% and we are already at the lower end of this range.

## Capital

Scheme	Allocation	YTD Spend	Balance
	£000	£000	Outstanding £000
Occupeye equipment	2	0	-2
Matrix House adaptations 25/26	20	-1	-21
Primary Care Workforce Intelligence System	0	0	0
Laminar flow unit	22	0	-22
VAT recoveries 24/25 projects	0	-9	-9
Unallocated	298	0	-298
<b>Discretionary Capital Total</b>	<b>342</b>	<b>-10</b>	<b>-352</b>
Discretionary Capital Total	250	102	-148
Laundry Discretionary	200	6	-194
Radiopharmacy Facility at Imperial Park 5	5,511	984	-4,527
TrAMS SE Hub funding	264	47	-217
Waste water heat reclamation system Green Vale	282	0	-282
Denbigh stores roof mounted PV	253	6	-247
Matrix House EV charging points & associated infrastructure	271	0	-271
Glan Clwyd Ventilation	442	0	-442
Macron stand alone dryers Greenvale	142	0	-142
Washer extractors Greenvale	137	0	-137
Waste water heat reclamation system Church Village	334	0	-334
Waste water heat reclamation system Glan Clwyd	273	0	-273
<b>Additional Capital Total</b>	<b>8,359</b>	<b>1,145</b>	<b>-7,214</b>
IFRS16	0	0	0
<b>IFRS16 Capital</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>8,701</b>	<b>1,135</b>	<b>-7,566</b>

At the end of August, we have incurred **£1.135m** capital expenditure against our current Capital Expenditure Limit (CEL) of **£8.701m**.

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

We were successful in our additional application for TEF funding for push back racking in Bridgend Stores and the 30% contribution will be made in 2025/26 which will reduce our discretionary allocation to **£0.306m** – we await a formal funding approval letter for this.

We have also received confirmation that **£0.700m** capital funding has been approved for us to develop the South East Wales TRAMS FBC, we await our CEL to be updated for this.

WG have asked for the submission of bids for additional capital funding in 2025/26 in respect of digital and other capital schemes. Digital submissions are requested by 25<sup>th</sup> September, and we plan to make submissions for IT refresh, pharmacy database replacement and surface hub replacements. Non digital capital bids are required by 30<sup>th</sup> September and currently include stores equipment; scanners and some estates works bids. These bids will be co-ordinated through the NWSSP Capital Prioritisation Group.

# Welsh Risk Pool

Expenditure type	Position as at M5 2024/25 £m	Position as at M5 2025/26 £m
Claims reimbursed & WRP Managed Expenditure	26.149	63.043
Periodical Payments made to date	0.952	1.135
Redress Reimbursements	0.416	0.865
EIDO – Patient consent	0.000	0.000
Clinical Negligence Salary Subsidy	0.139	0.160
WRP Transfers, Consent, Prompt, CTG	0.168	0.183
Movement on Claims Creditor	3.868	-23.387
<b>Year to date expenditure</b>	<b>31.692</b>	<b>41.999</b>

The increased forecast requires a minimum risk share contribution from NHS Wales Organisations of **£78.020m** but this could reach as much as **£89.390m** if risks identified and included in the forecast crystallise. These costs are **£41.964m-£53.334m** above the initial forecast requirement shared for planning purposes.

We recognise that this places a significant additional financial pressure on NHS Wales Organisations as noted in the table. The risk share contributions are now reflected in the refreshed risk share percentages for the year that were revised in September 2025.

DEL expenditure to Month 5 is **£41.999m** compared to **£31.692m** at this point last year.

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

The detailed review in early September of individual cases for settlement this year has identified a significant increase in the funding requirement compared to the IMTP planning assumptions. The refreshed Month 5 forecast has identified a potential range from **£187.455m - £198.825m**. **A separate paper has been circulated to explain the increases in the forecast.**

	2025/26 ACTUAL RSA%	2025/26 minimum RSA funding requirement	Increase above £36.056m IMTP forecast	Potential additional RSA up to maximum forecast of £89.390m	Maximum potential RSA contribution 2025/26
		£m	£m	£m	£m
Aneurin Bevan	18.22%	<b>14.212</b>	7.630	2.071	16.283
Swansea Bay	13.97%	<b>10.899</b>	5.389	1.588	12.488
Betsi Cadwaladr	21.00%	<b>16.385</b>	9.386	2.388	18.773
Cardiff & Vale	16.76%	<b>13.080</b>	7.378	1.906	14.986
Cwm Taf Morgannwg	14.60%	<b>11.389</b>	5.800	1.660	13.049
Hywel Dda	10.03%	<b>7.827</b>	4.376	1.141	8.968
Powys	2.12%	<b>1.652</b>	0.674	0.241	1.892
Public Health Wales	0.64%	<b>0.503</b>	0.270	0.073	0.576
Velindre	0.79%	<b>0.615</b>	0.310	0.090	0.705
Welsh Ambulance	1.87%	<b>1.459</b>	0.750	0.213	1.671
	<b>100.00%</b>	<b>78.020</b>	<b>41.964</b>	<b>11.370</b>	<b>89.390</b>

# Contact details

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

**website:** [nwssp.nhs.wales](http://nwssp.nhs.wales)

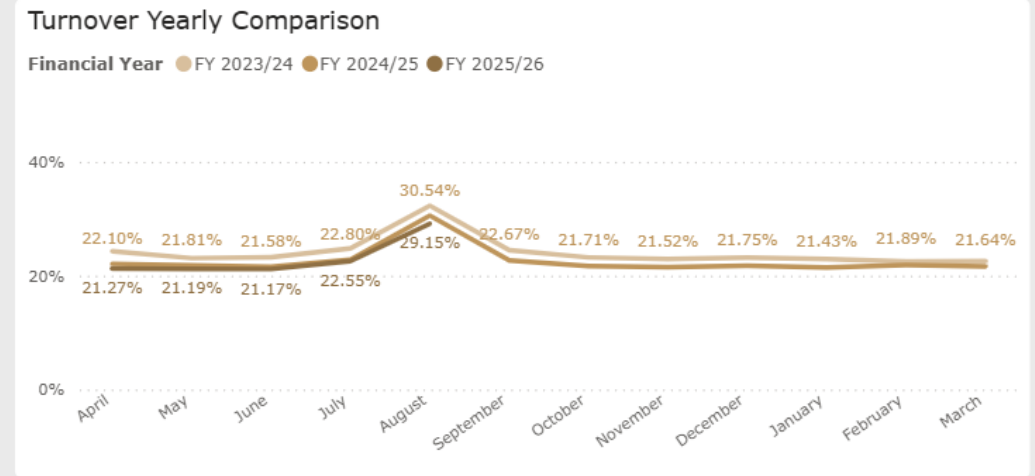
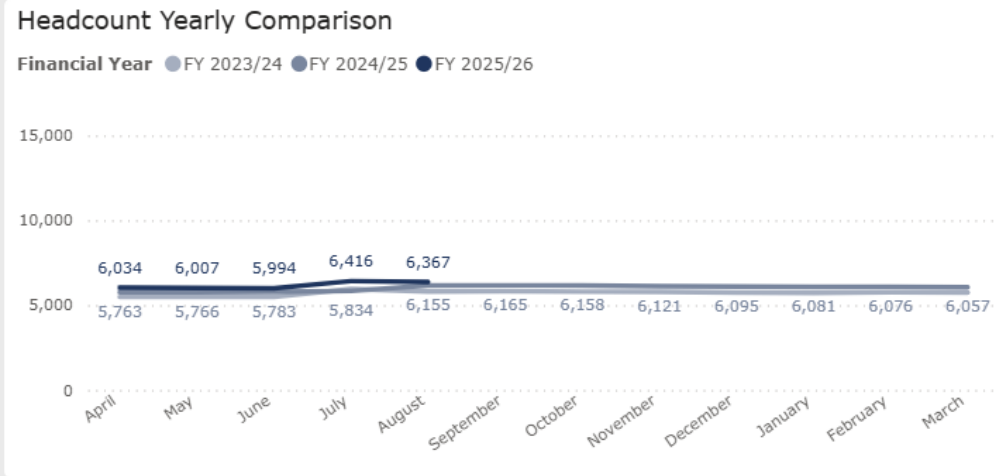
# People and OD SSPC Report September 2025

*Delivering Value, Innovation  
and Excellence through  
Partnership*

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

MEETING	Shared Services Partnership Committee (SSPC)
MEETING DATE	September 2025
REPORT AUTHOR	Samantha Wright, Interim Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31<sup>st</sup> August 2025. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity.</p> <p>The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.</p>	

## Including SLE



### Headcount

The August headcount including SLE (**6,367**) has **decreased** from July (**6,416**). This is largely due to the **leavers** for SLE. This month included 400+ new starters into SLE, with more expected in the September report.

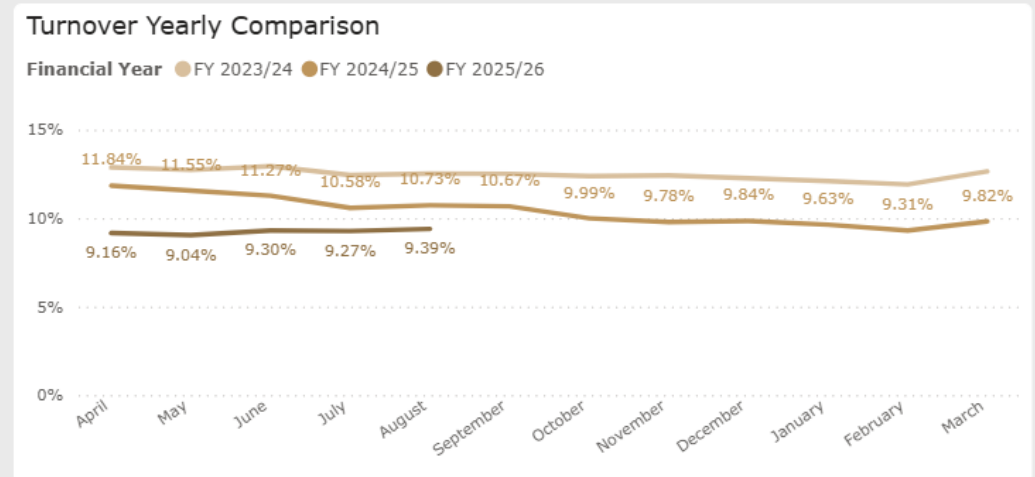
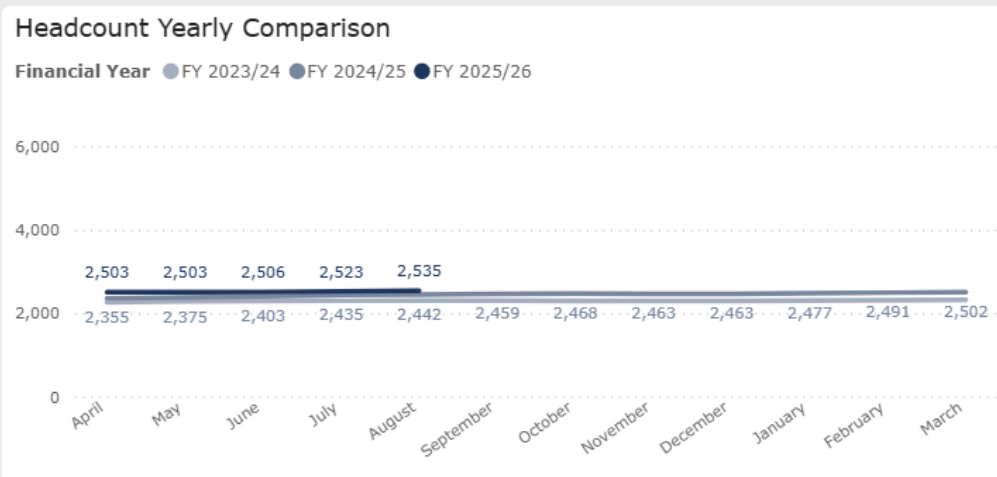
Excluding SLE, the headcount is **2,535** which has **increased** since July (**2,523**) and has **increased** since August 2024 by **3.81%** from **2,442**.

### Turnover

Including SLE, the August turnover is **29.15%**. This has **decreased** by **1.39%** from August 2024 (**30.54%**). This is expected to be the peak turnover of the financial year due to the SLE starters and leavers.

Excluding SLE, the August turnover is **9.39%**. This is **down** by **1.34%** from August 2024 (**10.73%**).

## Excluding SLE



## Including SLE

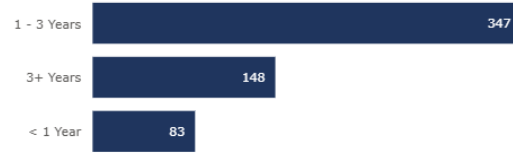
### Destination on Leaving



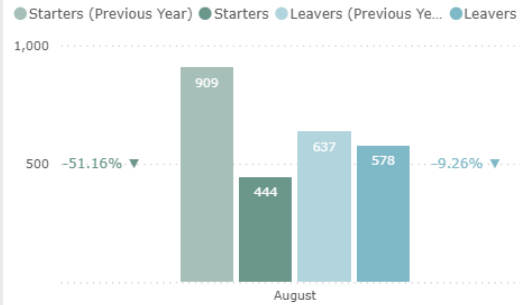
### Reason for Leaving



### Leavers by Length of Service

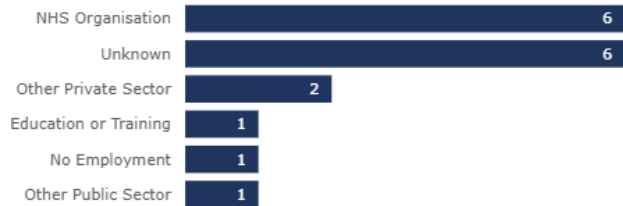


### Starters and Leavers Comparison



## Excluding SLE

### Destination on Leaving



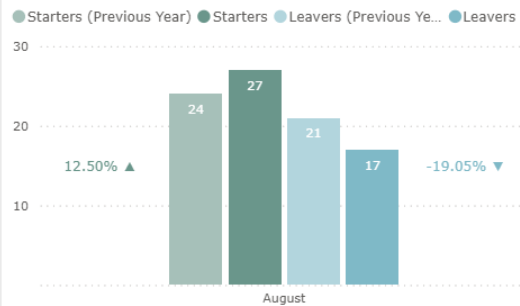
### Reason for Leaving



### Leavers by Length of Service



### Starters and Leavers Comparison



## Starters

Including SLE, there were **444** starters in August 2025. This is largely due to the **annual new intake** for SLE. This month included 400+ SLE staff.

Excluding SLE, there were **27** starters in August 2025. This is **up by 12.50%** from **24** starters in August 2024.

Excluding SLE, the largest recruitment source was **other NHS organisations**. This accounted for **44.44%** of starters; **up from 29.17%** in August 2024.

## Reasons for Leaving

Excluding SLE, **58.82%** of leavers were due to **voluntary resignation**. This is **down from two thirds** in August 2024.

Of the voluntary resignations, **all** of staff were employed by NWSSP for **1 or more years**, and **22.22%** of staff left to join **another NHS organisation**. Since August 2024, **28.46%** of staff have left NWSSP for another NHS organisation. This suggests a need to look at comparisons between NWSSP and other organisations in terms of culture, staff support, and methods of retention.

Since August 2024, **18.18%** of leavers have been with NWSSP for **less than 1 year (excluding SLE)**. This further suggests a significant difficulty in retention over the past year.

Succession planning remains a large focus, with **26.48%** of leavers being due to retirement since August 2024, however the overall net change of leavers to starters since August 2024 is an **increase of 17** staff.

## Turnover

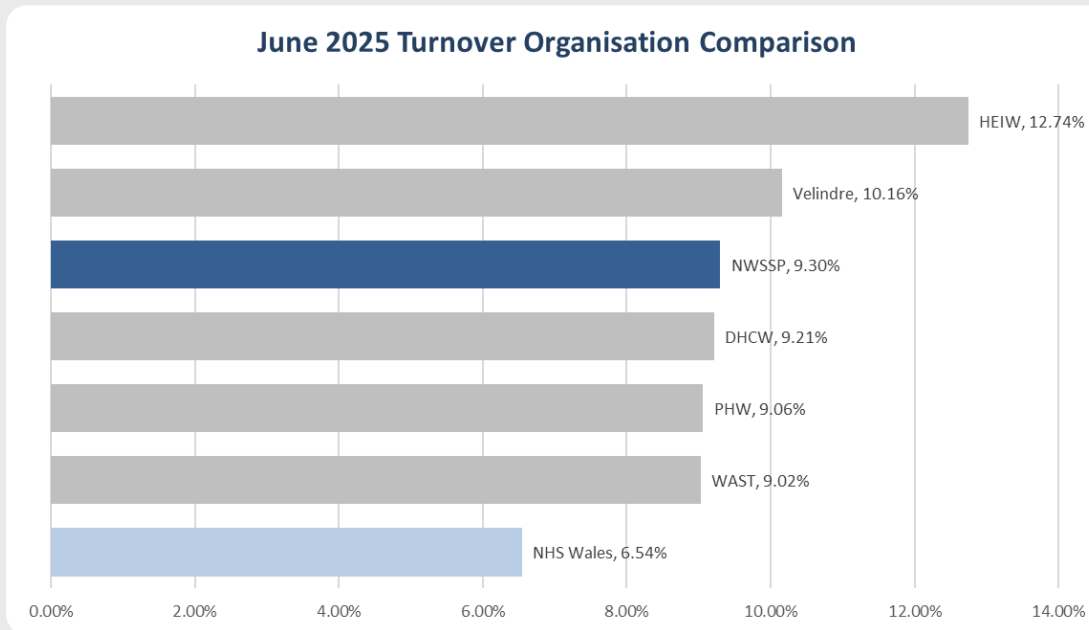
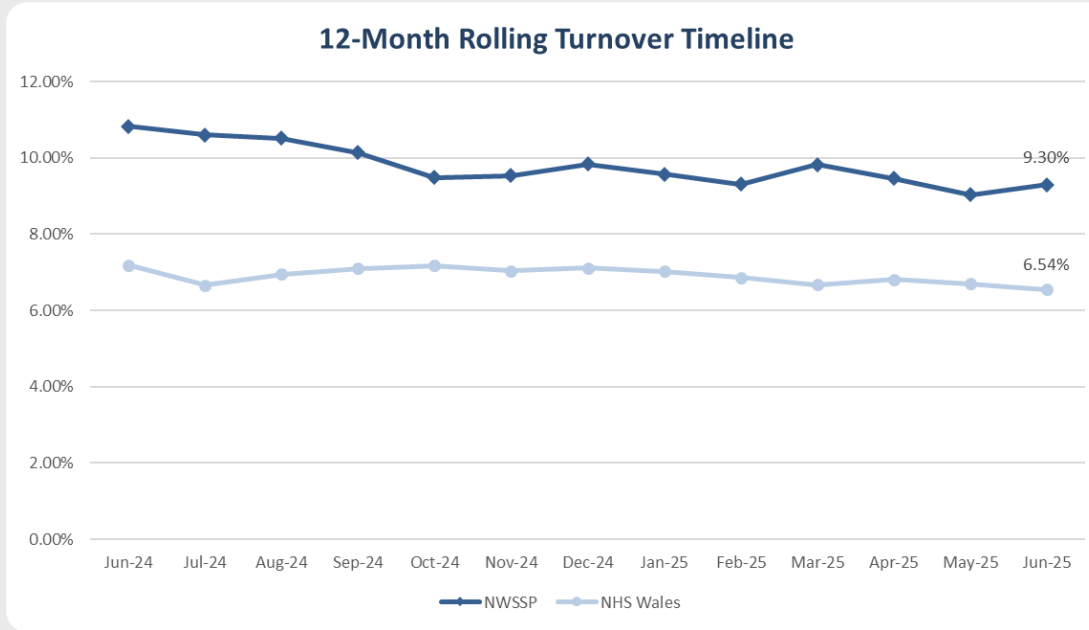
Including SLE, the August turnover is **29.15%**. This has **decreased by 1.39%** from August 2024 (**30.54%**).

Excluding SLE, the July turnover is **9.39%**. This is **down by 1.34%** from August 2024 (**10.73%**).

Excluding SLE, turnover has been **decreasing** year on year since FY2023/24.

When taken into account with the leaver data, this shows significant improvement, however turnover does remain high in comparison to other organisations.

## NWSSP Turnover Comparison to NHS Wales



*This data is from the HEIW Workforce Performance Measures Dashboard.*

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

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

### 12-Month Rolling Turnover

NWSSP turnover is **2.76% higher** than the overall NHS Wales turnover rate for **1<sup>st</sup> July 2024 – 30<sup>th</sup> June 2025**.

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

NHS Wales turnover has a **consistent trend** since 1<sup>st</sup> June 2024.

NWSSP turnover has a **decreasing trend** since 1<sup>st</sup> June 2024.

### 12-Month Rolling Turnover – June 2025

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

However, NWSSP turnover is below the mean of these similar size organisations, which is **9.52%**, and is consistently close to the median turnover value, which suggests it is in the expected range for these organisations.

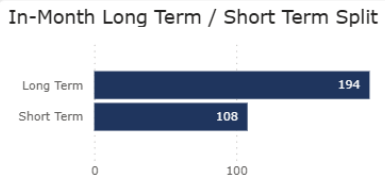
# NWSSP Monthly Workforce Report Sickness



Date: Aug 25 | Division: All | Service, Area, Department: All

Absence Occurrences  Exclude SLE  
 FTE Days Lost

**In-Month Sickness**  
**2.54%**  
 Previous Year: 2.84% (-0.30%)

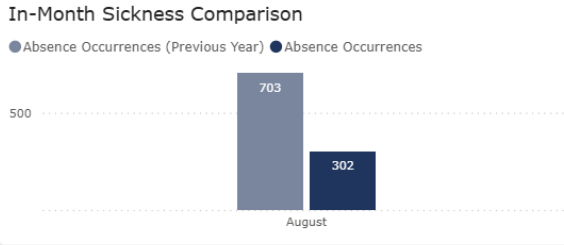


**Average FTE Days Lost**  
 Long Term: **100.56**  
 Short Term: **6.34**

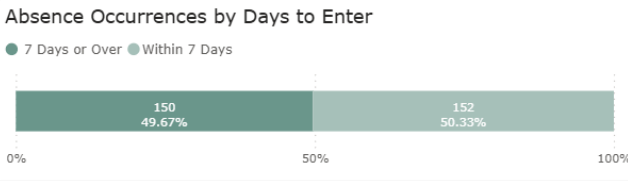
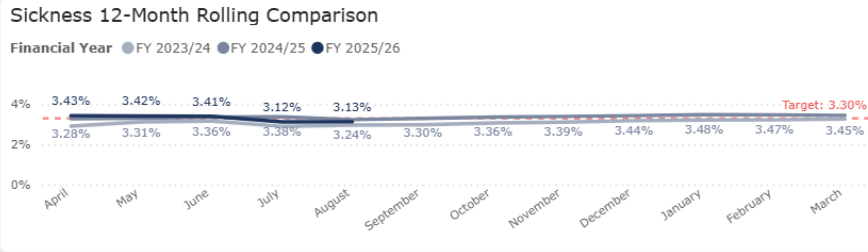
**Absence Reason**

Absence Reason	Absence Occurrences	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	100	1,906.10
S25 Gastrointestinal problems	40	374.72
S12 Other musculoskeletal problems	24	439.50
S13 Cold, Cough, Flu - Influenza	21	97.70
S28 Injury, fracture	21	395.30
S16 Headache / migraine	16	136.55
S11 Back Problems	12	249.91
S21 Ear, nose, throat (ENT)	10	116.32
S17 Benign and malignant tumours, cancers	9	195.90
S26 Genitourinary & gynaecological disorders	8	107.45
S30 Pregnancy related disorders	7	88.60
S98 Other known causes - not elsewhere classified	7	93.68
S99 Unknown causes / Not specified	7	120.60
S31 Skin disorders	5	69.60
S15 Chest & respiratory problems	4	37.80
S19 Heart, cardiac & circulatory problems	4	97.13
S29 Nervous system disorders	3	38.20
S27 Infectious diseases	2	21.53
S24 Endocrine / glandular problems	1	22.00
S32 Substance abuse	1	31.00

**12-Month Rolling Sickness**  
**3.13%**  
 Previous Year: 3.24% (-0.11%)



**Open Sickness**  
**185**



Division	Sickness %	Target
Laundry Division	10.11%	5.55%
Procurement Division	6.34%	4.15%
Employment Division	6.04%	4.03%
Medical Workforce Division	5.99%	2.00%
Medical Examiner Division	5.68%	4.15%
Primary Care Division	4.90%	4.15%
Accounts Payable Division	4.31%	4.15%
E-Business Central Team Division	4.29%	2.00%
Digital Workforce Division	3.89%	2.00%
Corporate Division	3.20%	2.00%
Audit & Assurance Division	3.07%	2.00%
Finance Academy Division	2.86%	2.00%
Legal & Risk Division	2.76%	2.00%
People & OD Division	2.36%	2.00%
Surgical Materials Testing (SMTL) Division	1.77%	2.00%
Single Lead Employer Division	1.74%	2.00%
Specialist Estates Division	1.65%	2.00%
Planning, Performance and Informatics Division	1.64%	2.00%
Finance Division	1.23%	2.00%
Pharmacy Technical Services Division	0.92%	2.00%
Counter Fraud Division	0.24%	2.00%
Welsh Employers Unit Division	0.09%	2.00%

**Note: We are in the process of reviewing sickness targets internally.**

**12-Month Rolling Sickness**

The August 12-month rolling sickness, including SLE (**3.13%**) has **remained constant** from July (**3.12%**). The sickness rate has **slightly decreased** since August 2024 by **0.11%** from **3.24%**.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 2.92% and 3.43%. Sickness remains around the target of **3.30%**.

Excluding SLE, the 12-month rolling sickness is **5.29%** which has **slightly increased** since August 2024 by **0.41%** from **4.88%**.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 4.80% and 5.30%.

**Long Term / Short Term**

Including SLE, long term sickness has **slightly decreased** since July 2024 from **197** occurrences to **194** occurrences.

The average days lost to long term sickness is **100.56** FTE days. The average days lost to short term sickness is **6.34** FTE days.

Excluding SLE, short term sickness occurrences have **reduced significantly** from **167** in August 2024 to **102** in August 2025.

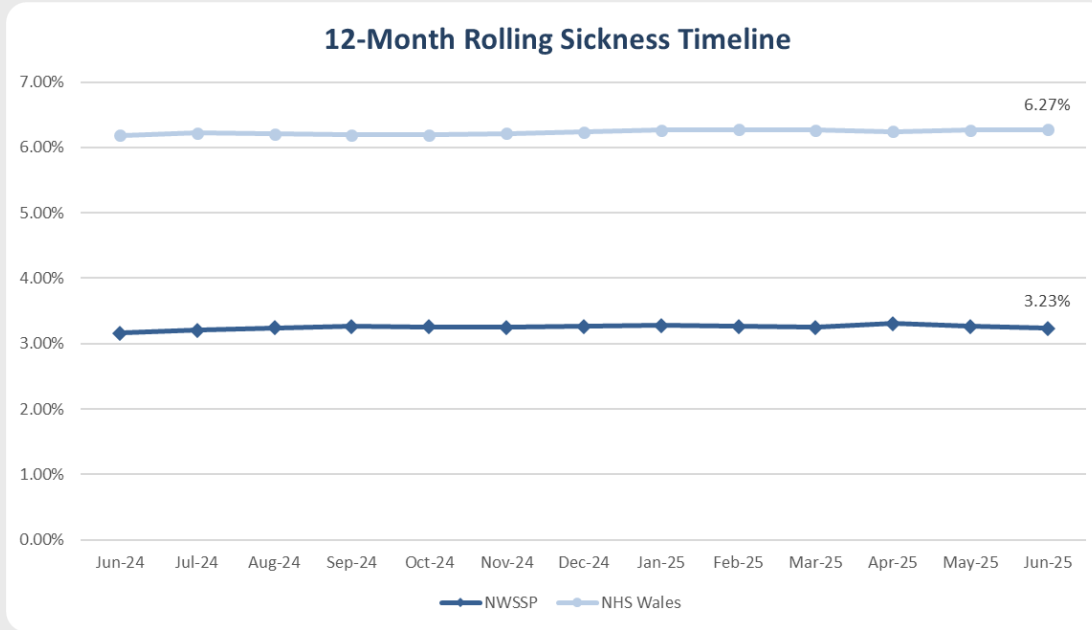
**Top 5 Sickness Reasons**

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

The top reason for long term sickness remains **Anxiety/stress/depression/other psychiatric illnesses** which accounts for **41.75%** of all long term sickness.

Compared to August 2024, there has been an improvement in the recording of absence reasons, with **Unknown causes** **reducing to 4.64%** in August 2025.

## NWSSP Sickness Comparison to NHS Wales



*This data is from the HEIW Workforce Performance Measures Dashboard.*

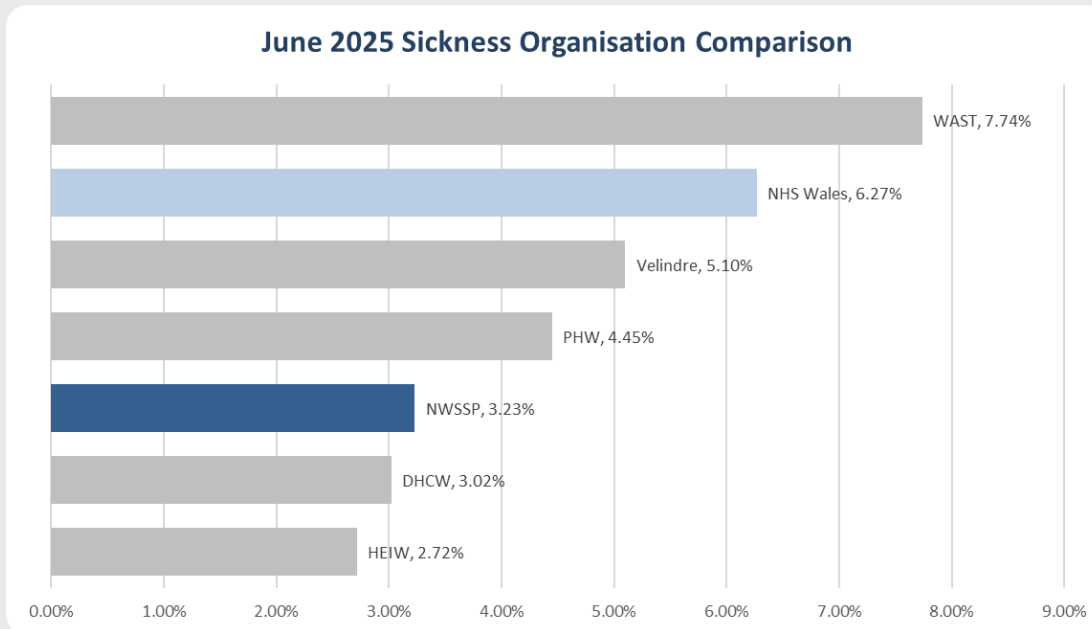
*Please note there is a 2-month delay on the dashboard, meaning the dates do not align with the rest of this report.*

*\* The NWSSP sickness submission includes SLE.*

### 12-Month Rolling Sickness

NWSSP sickness has remained consistently below the NHS Wales overall sickness rate for **1<sup>st</sup> June 2024 – 30<sup>th</sup> June 2025**.

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

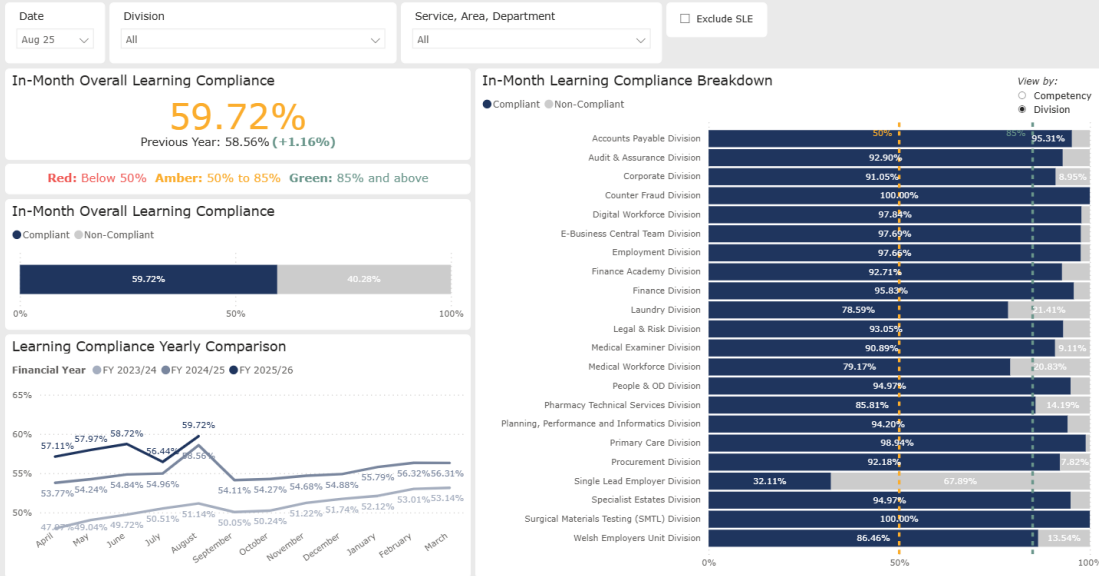


### Sickness % (FTE) – June 2025

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

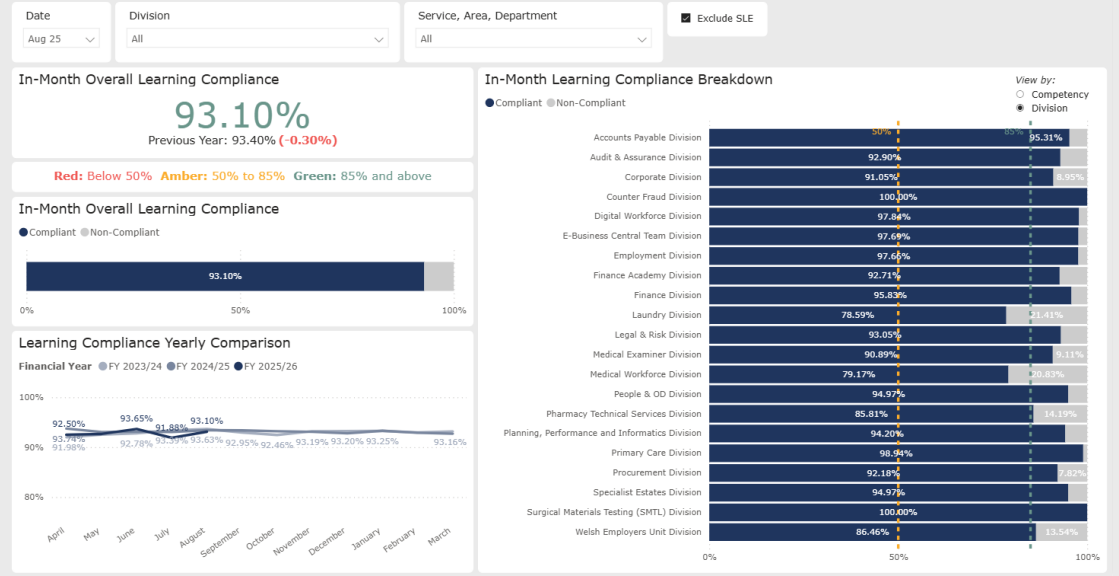
# Including SLE

## NWSSP Monthly Workforce Report Learning Compliance



# Excluding SLE

## NWSSP Monthly Workforce Report Learning Compliance



Division	Anti-Racism	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Prevention and Control	Information Governance (Wales)	Moving and Handling	Resuscitation	Safeguarding Adults	Safeguarding Children	Violence and Aggression (Wales)	Welsh Language Awareness
Accounts Payable Division	87.42%	96.69%	94.70%	97.35%	96.69%	90.73%	94.70%	96.03%	95.36%	95.36%	99.34%	99.34%
Audit & Assurance Division	72.22%	94.44%	96.30%	96.30%	94.44%	90.74%	96.30%	87.04%	96.30%	96.30%	98.15%	96.30%
Corporate Division	74.07%	88.89%	92.59%	92.59%	92.59%	88.89%	88.89%	92.59%	92.59%	92.59%	100.00%	96.30%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	88.89%	96.30%	96.30%	100.00%	96.30%	90.74%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
E-Business Central Team Division	88.89%	88.89%	100.00%	100.00%	100.00%	100.00%	100.00%	94.44%	100.00%	100.00%	100.00%	100.00%
Employment Division	91.98%	97.71%	98.57%	97.71%	96.56%	98.85%	98.28%	97.99%	97.71%	97.71%	99.43%	99.43%
Finance Academy Division	62.50%	100.00%	87.50%	100.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Finance Division	83.33%	96.67%	100.00%	96.67%	96.67%	96.67%	96.67%	93.33%	96.67%	96.67%	96.67%	100.00%
Laundry Division	26.67%	90.26%	85.64%	92.82%	85.13%	72.31%	86.67%	92.31%	81.54%	80.00%	82.56%	67.18%
Legal & Risk Division	76.68%	96.37%	93.26%	96.37%	91.71%	91.71%	93.26%	94.30%	93.78%	93.78%	96.89%	98.45%
Medical Examiner Division	70.83%	100.00%	86.46%	97.92%	92.71%	85.42%	89.58%	96.88%	90.63%	88.54%	95.83%	95.83%
Medical Workforce Division	15.00%	85.00%	90.00%	85.00%	70.00%	90.00%	95.00%	95.00%	75.00%	75.00%	90.00%	85.00%
People & OD Division	85.42%	95.83%	97.92%	95.83%	95.83%	91.67%	93.75%	97.92%	93.75%	93.75%	97.92%	100.00%
Pharmacy Technical Services Division	70.27%	83.78%	86.49%	89.19%	86.49%	81.08%	81.08%	91.89%	83.78%	86.49%	97.30%	91.89%
Planning, Performance and Informatics Division	73.91%	97.83%	95.65%	100.00%	91.30%	93.48%	93.48%	97.83%	95.65%	95.65%	95.65%	100.00%
Primary Care Division	97.39%	99.02%	99.02%	98.37%	98.37%	98.37%	98.04%	99.02%	99.35%	99.35%	100.00%	99.67%
Procurement Division	74.81%	94.57%	93.09%	95.43%	91.85%	91.48%	95.56%	93.46%	92.84%	92.84%	94.94%	95.31%
Single Lead Employer Division	10.92%	43.93%	38.46%	42.28%	23.45%	33.87%	33.25%	44.33%	28.13%	27.37%	27.97%	31.37%
Specialist Estates Division	83.02%	96.23%	96.23%	100.00%	92.45%	96.23%	96.23%	96.23%	94.34%	90.57%	100.00%	98.11%
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%	100.00%	100.00%
Welsh Employers Unit Division	50.00%	87.50%	100.00%	87.50%	87.50%	75.00%	100.00%	100.00%	75.00%	75.00%	100.00%	100.00%

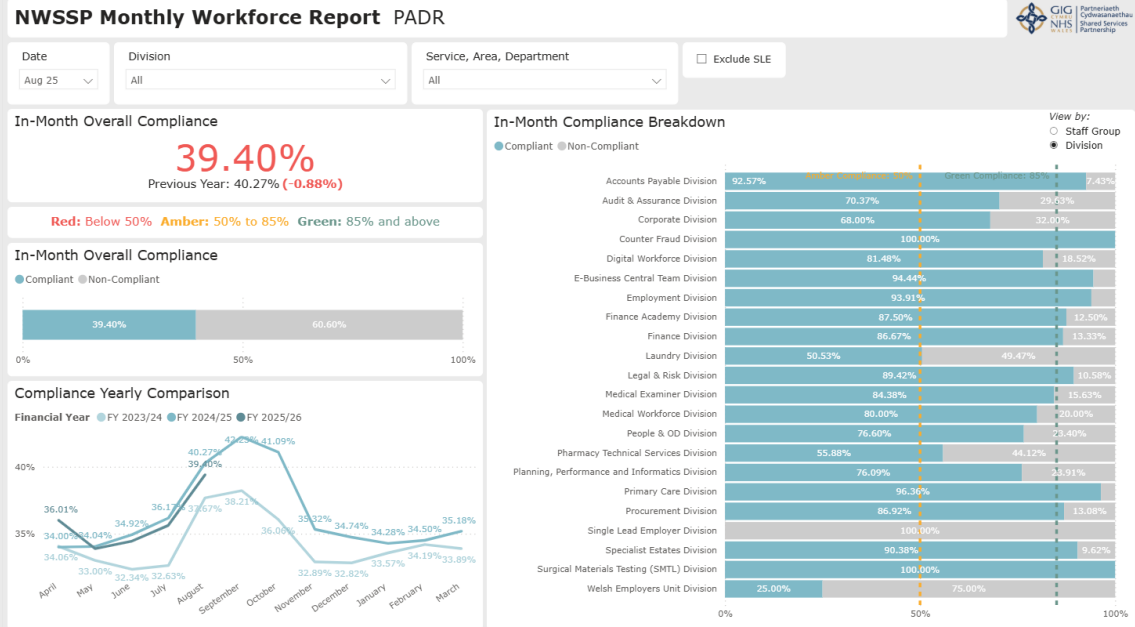
From 1<sup>st</sup> July 2025, the Anti-Racism module is now mandatory learning for all staff.

Excluding SLE, the August learning compliance (93.10%) has increased since July (91.88%).

The Anti-Racism compliance rate has increased to 77.27% which shows an increase following the first month.

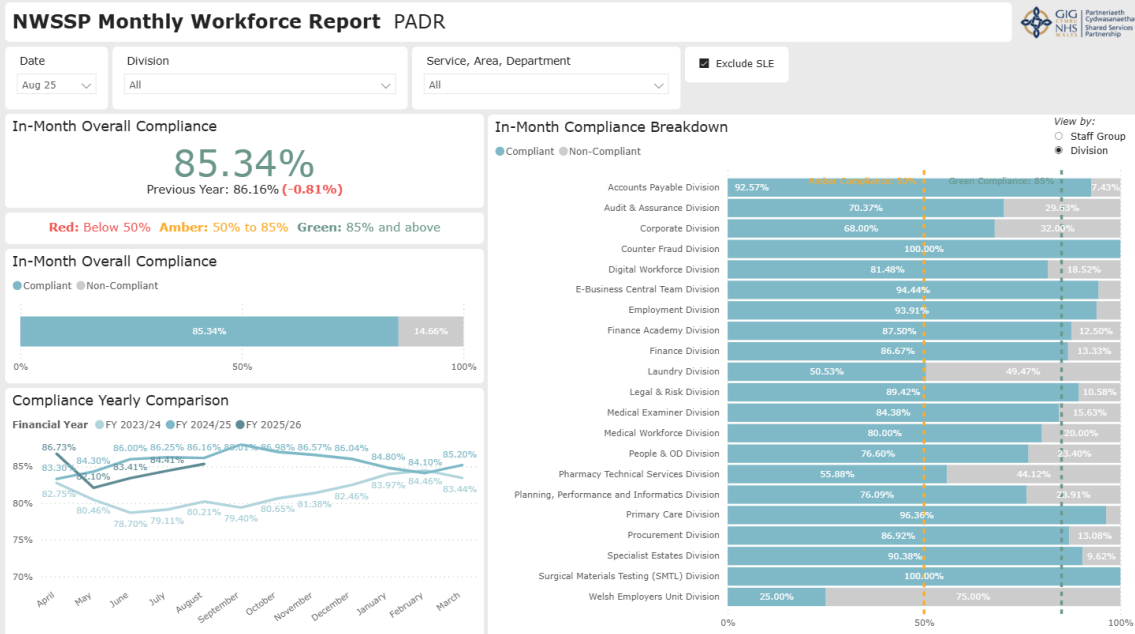
However, Anti-Racism is still significantly below other courses which are all above 90%. This may suggest further communication is required about the mandatory status of the course, to increase above the 85% target.

# Including SLE



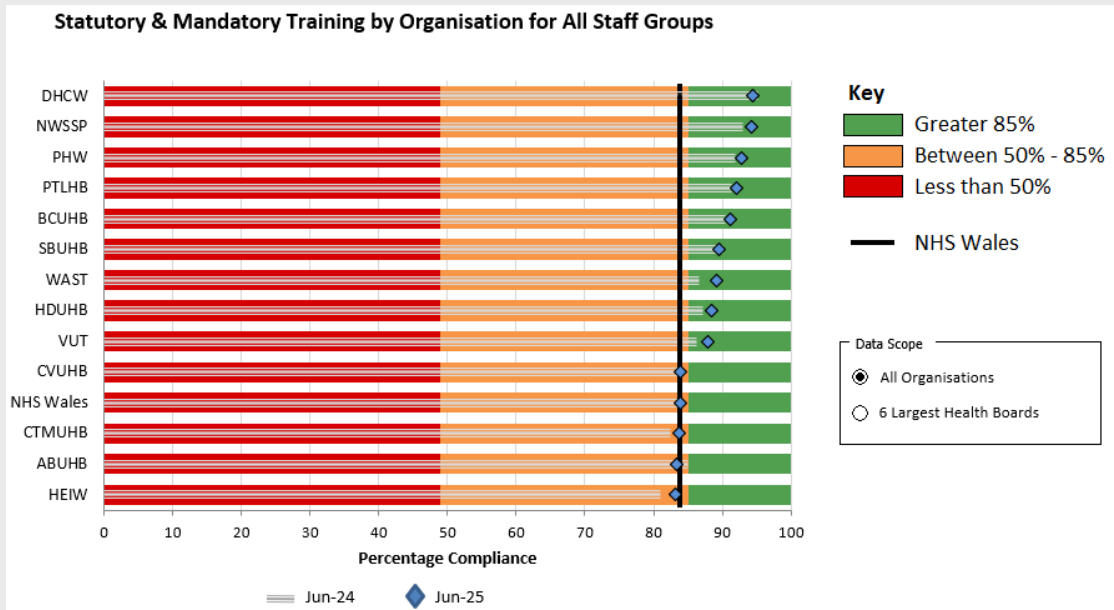
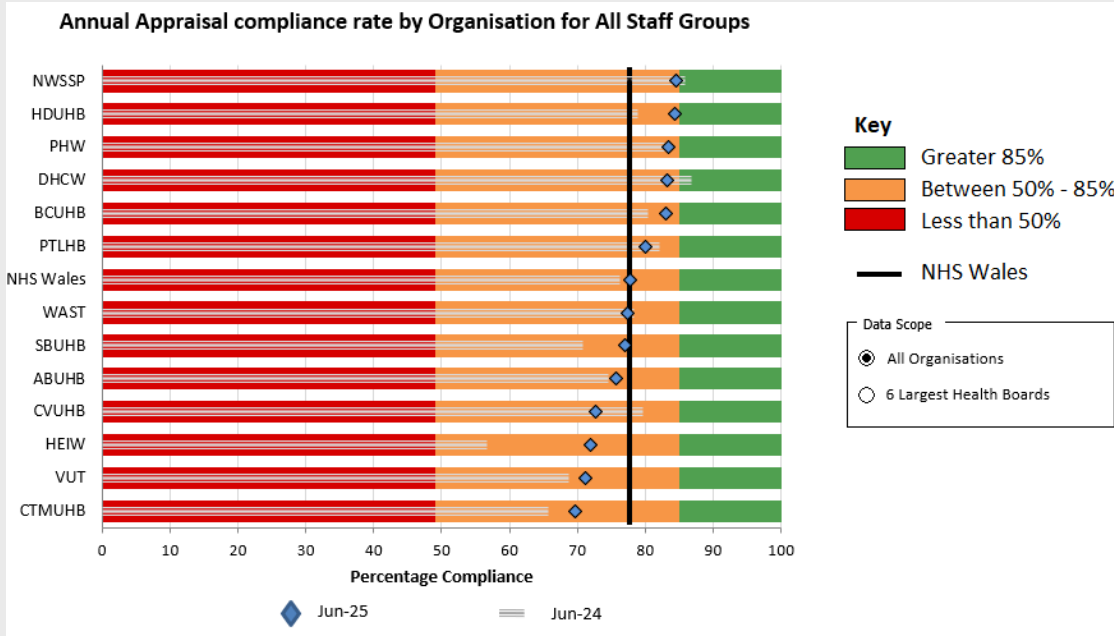
The August PADR compliance including SLE (39.40%) has increased from July (35.63%).  
 The compliance has decreased since August 2024 by 0.88% from 40.27%.

# Excluding SLE



Excluding SLE, the August PADR compliance (85.34%) has increased from July (84.41%).  
 The compliance has decreased since August 2024 by 0.81% from 86.16%.  
 The PADR compliance rate has large variation over the past 3 years, ranging from 78.70% to 88.01% at the peak. The current figure is trending upwards since a large drop in May 2025.  
 PADR compliance is above the target of 85% for the first time since April 2025.

# NWSSP Comparison to NHS Wales



This data is from the HEIW Workforce Performance Measures Dashboard.

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

\*The NWSSP PADR and Stat & Mand submissions do not include SLE.

### Appraisal Review Compliance

In June 2025 NWSSP had the **highest** appraisal review compliance (**84.5%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**77.8%**).

### Statutory and Mandatory Training Compliance

In June 2025 NWSSP had the **second highest** statutory and mandatory training compliance (**94.3%**) in comparison to other NHS Wales organisations. This remains higher than the NHS Wales overall figure (**83.8%**).

## 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

#### Recruitment & Retention Group – Re-Launch

Full proposals and a scoping document have been setup ready to re-launch the Recruitment and Retention Group as part of a formal Sub-Group of LPF. The group has been revamped and will specifically focus more on the Retention arm of the organisation, as we look to focus on our existing employees. Part of this will see the Senior Management Team from People and OD visiting sites across Wales in Q3 to meet our people, understand what they want and need from NWSSP and link this back into the group for tangible and specific actions.

#### Widening Access

##### **Early Careers Network**

NWSSP’s Early Careers Network members attended the following events to promote our organisation and employment opportunities throughout August.

Event	Location	Target Audience	Attended by
Eisteddfod Genedlaethol Wrexham	Wrexham	Public interested in NWSSP roles	People & OD

Plans for a recruitment drive for the Early Careers Network have commenced, so that new and enthusiastic members are brought into the network. Communications are set to go out at the start of September and will be open for a month, so that people have an opportunity to express their interest of joining the group.

##### **Network 75**

All four services who were in the process of interviewing to take on students were successful in doing so. Interviews took place throughout July, and the recruitment process was finalised in August. The successful students who are joining the organisation are as follows:

- Amelia Farmer – Specialist Estates Services (Property Section)
- Gruff Williams – Central Team E-Business Services
- Thomas Reavell – Specialist Estates Services (Engineering)
- Olivia Ellis – Transformation Management Office – PPI

Amelia, Gruff and Thomas will begin on the 1<sup>st</sup> of September, with Olivia joining a little later with a start date of the 15<sup>th</sup> of September.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control		August 2025	
Row Labels	Vacancy	Business Case	Grand Total
Declined	2		2
Approved	30	1	31
Further info required		1	1
<b>Grand Total</b>	<b>32</b>	<b>2</b>	<b>34</b>

**Vacancy Control Process**

August saw 30 of 32 TRAC adverts approved.

The two rejected were short term FTC (3-6 months) so services were asked to relook at their establishments, offer temporary increase in hours or redistribute work utilising wider teams and being more agile in their approach to how work allocated.

In addition to this, 2 business cases were submitted, one was approved and the other further information was requested.

Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days			
		Target	Aug-25	Jul-25	Jun-25
T0a	Notice Date to Authorisation Start Date	5	57.5	30.3	15.9
T1a	Time to Approve Vacancy Request	10	6.3	5.4	7.9
T4	Time to Shortlist	3	9.0	6.9	5.1
T5b	Time to Update Interview Outcomes	3	9.4	3.1	3.7
T9b	Time to Approve References	2	2.8	2.5	3.0
T13	Vacancy Creation to Conditional Offer	44	37.3	37.6	40.2
T14	Vacancy Creation to Unconditional Offer	71	52.1	41.8	57.9
T23	Conditional Offer to Ready for Start date notification	27	11.1	10.0	10.6

**Time to Hire**

NWSSP sit at 52.1 days against a KPI of 71 (up from 41.8 in last month) We are now achieving 3 of the 7 core KPI's.

**T1a Time to approve** – has increased from 5.4 days to 6.3 and continues to be a key focus for the People and OD team in the last month.

**T4 Time to Shortlist** – This has increased from 6.9 days in July, to 9.0 in August. (This was from 5 vacancies ranging from 29 days to 77 days to shortlist candidates in Legal and Risk, Corporate and Finance. HCS and Laundry Services)

**T5b Time to Update Interview Outcomes** – This has gone from 3.1 days in July to 9.4 days in August. (This is from 5 vacancies ranging from 30 to 39 days within Finance and Corporate and Laundry Services. )

## RESOURCE BANK AND AGENCY

### General Bank – Monthly Use

Total spend of £140,656 in August, £128,820 excluding Collaborative Bank which compares to £156,370 in July (excluding Collaborative Bank)

August saw 16 EOI requests, 9 being extensions and 7 for new assignments totalling 13 people.

During reconciliation of workers against EOI requests 1 service had engaged 3 workers without EOIs in Procurement – these have now been submitted retrospectively. All Bank workers not assigned to an EOI are blocked on Health Roster.

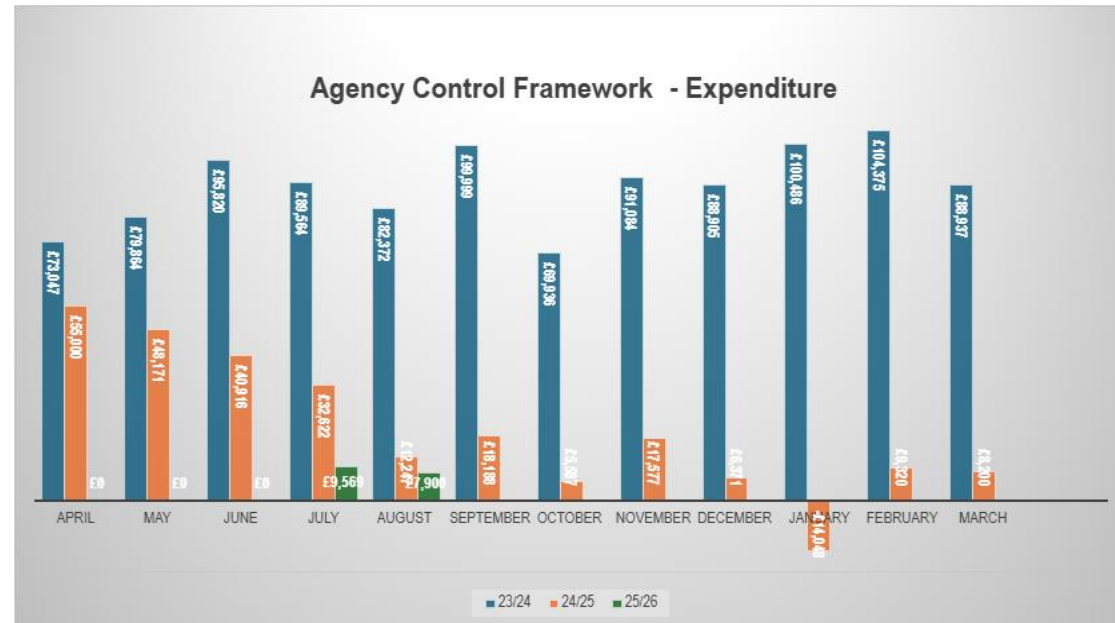
### Agency Use

Agency spend for August decreased to £7,900 (Down from - £9,659 in July)

2 x HGV drivers were approved through scrutiny, however 5 additional workers were engaged under a third party contract in HCS which has been costed to Agency. Retrospective EOIs have been requested to cover this and go through panel. Terms of the contract need to be reviewed to ensure in line with Agency contracts.

Division	P03-26		P04-26		P05-26	
	Cur Month A	WTE Actual	Cur Month A	WTE Actual	Cur Month A	WTE Actual
Audit & Assurance Services	0	0	0	0	0	0
Central Team eBusiness Services	0	0	0	0	0	0
Health Courier Services	0	0	9,659	2	7,900	4
Laundry Services	0	0	0	0	0	0
Procurement services	0	0	0	0	0	0
<b>Grand Total</b>	<b>0</b>	<b>0</b>	<b>9,659</b>	<b>2</b>	<b>7,900</b>	<b>4</b>

Division	Cur Month Actual	WTE Actual
Accounts Payable & e-Enablement	6,015	1.73
Audit & Assurance Services	5,709	0.93
Collaborative Bank Partnership	11,836	1.88
Digital Workforce Solutions	0	0
Employment Services	168	0
Finance and Corporate Services	18,010	2.08
Health Courier Services	17,531	5.71
Laundry Services	32,086	9.52
Legal & Risk Services	139	0.02
Medical Examiner Service	3,362	0.8
People & Organisational Development	9,683	2.8
Pharmacy Technical Services	2,148	0.28
Primary Care Services	3,974	1.25
Procurement Services	41,416	14.01
Surgical Materials Testing Laboratory	379	0.02
Wales Infected Blood Support Scheme	0	0
Welsh Employers Unit	728	0.05
Welsh Risk Pool	-12,528	-1.51
<b>Grand Total</b>	<b>140,656</b>	<b>39.57</b>



**PEOPLE SERVICES UPDATES****People & Business Partnering Development**

It has been identified that the current Action Point system is not being utilised to its full potential and is not accessible to all employees. To address this, a project group has been established to review the system and explore new ways to streamline how our services can be accessed. A more interactive system has already been identified, and the team is working closely with IT to implement this solution. Progress updates will be provided as the project develops.

**Job Evaluation Update**

55 Jobs Descriptions have been submitted in 2025 for Job Evaluation Processes

- New Job Descriptions – 24
- Re-evaluation – 10
- Refinement (minor changes/modernisation) – 21

Most advertised jobs are being focussed on for modernisation – all Job Descriptions over 3 years old must be reviewed to ensure accurate and a true reflection of the role.

**Analytics Update**

The People Analytics team continues to make strong progress in delivering a data driven approach in our Power BI Workforce Dashboards.

The strategic aim remains that we make this data meaningful and provide interactive and intuitive People focused Insight. Recent and upcoming developments reflect our commitment to streamlining reporting, enhancing visibility and enabling deeper strategic engagement with our workforce data.

**Learning Dashboard**

The team has finalised enhancements to the Learning dashboard, introducing deeper drill-down capabilities that allow services to explore training compliance and prompts/triggers in greater detail.

**Upcoming Dashboard Developments**

All existing workforce planning dashboards including EDI data, workforce profiles, Welsh language metrics and enhanced leavers data will be migrated into the single, centralised Power BI dashboard. This will replace legacy Excel-based tools and provide a more intuitive, real-time analytics experience. The consolidated dashboard will offer a holistic view of NWSSP's workforce, enabling services to identify risks, gaps, and critical role shortages. This supports a shift from reactive to proactive workforce management.

## 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”.

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

## People Development

### Corporate Induction Compliance

Since January 2024, NWSSP has welcomed 332 new starters into the organisation. Out of those 332 individuals, 87 have returned Welcome Toolkit Declaration Forms and 237 have attended our Welcome Induction Session. People and OD continue to engage with managers to request the completion of all mandatory documentation and training aligned to Welcome Induction.

Since changing to the new Microsoft Declaration form we have seen a steady increase in returns from managers. New starters attendance at the Welcome Session, and their return of the Welcome Toolkit are both required to ensure compliance.

Corporate Induction Participation by Division	No of New Starters Since 1 January 2024	Attendance at Welcome Induction Workshop	Returned Completed Welcome Induction Toolkit Declaration Forms
Accounts Payable Division	14	8	2
Audit & Assurance Division	4	4	2
Corporate Division	6	5	3
Digital Workforce Division	3	3	1
E-Business Central Team Division	1	1	1
Employment Division	13	12	3
Finance Division	5	5	1
Laundry Division	17	2	
Legal & Risk Division	34	29	18
Medical Examiner Division	23	16	5
Medical Workforce Division	3	3	
People & OD Division	12	11	3
Pharmacy Technical Services Division	19	13	2
Planning, Performance and Informatics Division	5	4	1
Primary Care Division	32	25	13
Procurement Division	131	87	28
Specialist Estates Division	2	2	2
Surgical Materials Testing (SMTL) Division	2	2	2
Welsh Employers Unit Division	3	2	
Unknown	3	3	
<b>Grand Total</b>	<b>332</b>	<b>237</b>	<b>87</b>
		71.38%	26.20%

## 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****Leading for Excellence and Innovation**

All learners were notified in August of the outcome of their application. The programme commenced on 12<sup>th</sup> September at an in-person event where both cohorts were introduced to Insights Discovery. There are 31 participants - 16 candidates on the Leadership Essentials cohort and 15 on the Strategic Leadership cohort.

**Training attendance**

Training attendance for all courses that took place in August is as follows:

Division	Aspiring Managers Training 21/08/2025	Autism code of practice/ND resources- Neurodivergence Wales 14/08/2025	Equality, Diversity and Inclusion Training 19/08/2025	Resilience Awareness - Virtual Class via Teams 19/08/25	Welcome to NHS Wales Shared Services Partnership 06/08/2025	Total
Accounts Payable Division	1	5	5			11
Audit & Assurance Division		1				1
Corporate Division		2		1		3
Counter Fraud Division			1			1
Employment Division	1	15	1	2		19
Finance Academy Division		2	1			3
Finance Division	1					1
Legal & Risk Division	3	5	2	1	2	13
Medical Examiner Division	1	8		2	1	12
Medical Workforce Division		2				2
People & OD Division		1	1			2
Pharmacy Technical Services Division					1	1
Primary Care Division	3	6			1	10
Procurement Division	6	6	2	1	1	16
Specialist Estates Division		1		1		2
<b>Grand Total</b>	<b>16</b>	<b>54</b>	<b>13</b>	<b>8</b>	<b>6</b>	<b>97</b>

There were 9 places empty due to nonattendances without notice. The individuals who did not attend on the day spanned 6 different services.

## EMPLOYEE EXPERIENCE

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

### Diversity, Inclusion and Well-being

#### Menopause

The Menopause and Menstruation guidance will be launched the week following World Menopause Day on 18th October.

#### Mental Health

The team are working on a celebrating success video with the communication team to highlight the positive work that has been achieved over the last 5 years, once completed this will be shared with the organisation and put out on social media. This will tie in with World Mental Health Day on 10th October, where our Mental Health First Aiders will also be available on sites with a stand to support and signpost any staff to our services.

#### South Asian Heritage Month

A webinar was held for South Asian Heritage Month on Wednesday 13th August, led by Sujatha Thaladi, the Wales Lead for South Asian Heritage Trust. Colleagues were invited from across NHS Wales as part of a collaboration with the NHS Wales Equality Leadership Group. It was a well-attended session with positive feedback and education around how we continue to provide support and include the voices of those within the Black, Asian and Minority Ethnic communities.

#### Safe Inclusivity Campaign

The campaign is coming to an end in September, and we will be sharing the learning from the campaign and using this to inform our Strategic Equality Plan that will be launched in the new year. Our final in-person session is being held in North Wales from 8th – 10th September. We will be present in Denbigh Stores, North Wales Laundry and Alder House and have asked managers and site leads to let the teams know.

#### Specialist OD Facilitator

We're pleased to confirm that former Graduate Management Trainee, Khadija Uddin has started in her post as a Specialist OD Facilitator for Diversity and Inclusion. This post will provide resilience for the OD Facilitator function as well as operationally leading the ongoing work in diversity and inclusion.

## 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”.

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

**Culture and Engagement****This is Our NWSSP**

Culture Change Champions have been encouraged to volunteer their agreed champion time to work together on the actions from the Inclusive Culture Action Plan. People and OD are arranging meetings with each small group to support them to undertake each task.

**NHS Wales Staff Survey**

The NHS Wales Staff Survey will launch on 6<sup>th</sup> October. It will close on 1<sup>st</sup> December for electronic submissions and 5<sup>th</sup> December for paper copies. Drop-in sessions are planned at NWSSP sites across Wales to drive engagement and online drop-in sessions are available for desk-based colleagues.

There is a target in place to increase participation by 5% and HEIW are supporting this through the provision of branded materials and funding for further local initiatives. NWSSP staff survey leads are creating guides and stories to drive participation.

**NWSSP Staff Recognition Awards**

The window for nominations for the NWSSP staff awards closed on Monday 15<sup>th</sup> September. The team will quality check all nominations and prepare for the judging panel which takes place in October. The awards event will take place online on 13<sup>th</sup> January and will be followed by regional in-person winners' events in the following months.

**Engagement and Events Co-Ordinator**

Harriet Rofer started her new role as the Engagement and Events Co-ordinator in August. She will be supporting events such as roadshows, drop-in sessions, NWSSP's Staff Awards and the Health and Well-being Conference.

**Speaking Up Safely**Work in Confidence Platform

The launch of the Work in Confidence platform has been agreed for 22<sup>nd</sup> September with a short survey to be sent out beforehand as a tool to measure the effectiveness of the platform.

Engagement

We are in the process of planning a roadshow covering our sites and potentially some hospital sites with resident doctors present to highlight the purpose of speaking up safely work and access to the platform.

# NWSSP Performance Information Report

September 2025

*Delivering Value, Innovation  
and Excellence through  
Partnership*

1/14



110/295

## Purpose

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

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

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

## Key Messages












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The in-month August performance was good with all reported KPIs achieving the target.


















Time to Hire target in Recruitment has been consistently met for over twelve months.

Professional influence benefits amount to £53M at end of August. This is further broken down on Page 11 of this report.










# Summary of KPIS

				25/26				
KFA	KPIs	Target		May	June	July	August	Trend
<b>Audit &amp; Assurance</b>								
<b>Our Services</b>	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
<b>Our Services</b>	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	75%	100%	100%	100%	
<b>Our Services</b>	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	99%	100%	100%	100%	
<b>Our Services</b>	Report turnaround management response to draft report [15 days]	75%	Cumulative	66%	Not Applicable	88%	80%	
<b>Our Services</b>	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	98%	Not Applicable	100%	100%	
<b>Procurement Services</b>								
<b>Our Value</b>	Procurement savings *Current Year	£18m	Cumulative	£9,700,108	£18,266,056	£27,186,389	£30,358,331	
<b>Accounts Payable</b>								
<b>Our Value</b>	Savings and Successes		Monthly	£2,938,922	£703,549	£631,991	Not Available	
<b>Our Services</b>	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	96%	Reported Quarterly	Reported Quarterly	
<b>Our Services</b>	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	89%	Reported Quarterly	Reported Quarterly	
<b>Our Services</b>	Accounts Payable % Calls Handled (South)	95%	Monthly	96%	98%	99%	99%	
<b>Employment Services Payroll</b>								
<b>Our Services</b>	Overall Payroll Accuracy	99.60%	Monthly	99.84%	99.83%	99.84%	99.86%	
<b>Our Services</b>	Payroll % Calls Handled	95%	Monthly	98.51%	98.75%	98.91%	98.56%	
<b>Recruitment All Wales</b>								
<b>Our Services</b>	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	70.4%	67.9%	67.3%	66.6%	
<b>Our Services</b>	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	61.80	62.40	61.00	63.80	
<b>Recruitment Responsibility</b>								
<b>Our Services</b>	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	99.8%	99.4%	99.6%	99.5%	
<b>Our Services</b>	Recruitment % Calls Handled	95%	Monthly	99.5%	99.3%	99.0%	99.0%	

# Summary of KPIS

				25/26				
KFA	KPIs	Target		May	June	July	August	Trend
<b>Student Awards</b>								
<b>Our Services</b>	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Student Awards % Calls Handled	95%	Monthly	99.22%	98.93%	98.41%	97.76%	
<b>Primary Care</b>								
<b>Our Services</b>	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.79%	99.69%	99.78%	99.81%	
<b>Our Services</b>	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	99%	100%	99%	100%	
<b>Legal &amp; Risk</b>								
<b>Our Value</b>	Savings and Successes		Monthly	Not Available	Not Available	Not Available	Not Available	
<b>Our Services</b>	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Timeliness of advice response - within 3 days or agreed timescale	95%	Monthly	100%	100%	100%	100%	
<b>Welsh Risk Pool</b>								
<b>Our Services</b>	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
<b>Specialist Estates Services</b>								
<b>Our Value</b>	Professional Influence		Monthly	£268,906	£346,996	£501,757	£216,728	
<b>Our Value</b>	Building for Wales/Designed for Life Savings		Quarterly	£1,293,691	Reported Quarterly	Reported Quarterly	Not Available	
<b>Our Services</b>	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Issues and Complaints	0	Monthly	0	0	0	0	
<b>CTES</b>								
<b>Our Services</b>	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	Not Applicable	Not Applicable	
<b>Our Services</b>	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	99%	100%	99%	

# Summary of KPIS

				25/26				
KFA	KPIs	Target		May	June	July	August	Trend
<b>Digital Workforce</b>								
<b>Our Services</b>	DWS % Calls Handled	85%	Monthly	94.88%	96.00%	91.80%	98.52%	
<b>Our Services</b>	Customer Satisfaction	95%	Monthly	94%	93%	94%	95%	
<b>SMTL</b>								
<b>Our Services</b>	% of Monitoring reports completed within 14 days from receipt into the laboratory	91%		100%	100%	100%	100%	
<b>Our Services</b>	% delivery of audited reports on time (Commercial)	92%	Monthly	100%	100%	97%	100%	
<b>Our Services</b>	% delivery of audited reports on time (NHS)	92%	Monthly	Not Applicable	Not Applicable	100%	Not Applicable	
<b>Our Services</b>	% delivery of Technical assurance evaluations on time	90%	Monthly	100%	100%	100%	100%	
<b>Pharmacy Services</b>								
<b>Our Services</b>	Complaints			0	0	0	0	
<b>Medical Examiners Service</b>								
<b>Our Services</b>	Deaths Scrutinised	60%	Monthly	100%	100%	100%	Not Applicable	
<b>Our Services</b>	Never Events	0	Monthly	0	0	0	Not Applicable	
<b>All Wales Laundry</b>								
<b>Our Services</b>	Orders dispatched meeting customer standing orders	91%	Monthly	97%	94%	102%	96%	
<b>Our Services</b>	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	0	0	0	
<b>Our Services</b>	Microbiological contact failure points	90%	Monthly	97%	97%	97%	96%	

# Areas of success

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6/14



115/295

Division	KPIs	Target	Frequency	September	October	November	24/25 December	January	February	March	April	25-26 May	June	July	August	Trend	Lead KPI
Our Services																	
DWS	Customer Satisfaction	95%	Monthly	95%	92%	93%	94%	94%	93%	92%	93%	94%	93%	94%	95%		K



## What is occurring?

After several months of underperformance, customer satisfaction met the goal in August, reaching 95%, achieved the target of 95%. The target for 2025-26 was revised, increasing from 90% to 95%.

## What we continue to do?

DWS have expanded the Helpdesk's functionality to resolve more issues internally, thereby reducing the need for escalation and routed to other departments or health boards.


# Employment Services – Recruitment

Division	KPIs	Target	September	October	November	24/25 December	January	February	March	April	25-26 May	June	July	August	Trend	Lead KPI	
Our Services																	
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	67.9%	65.7%	64.7%	70.6%	67.2%	67.3%	64.7%	72.0%	70.4%	67.9%	67.3%	66.6%	↓	
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.5	62.4	60.1	59.3	62.5	66.7	62.2	61.5	61.8	62.4	61.0	63.8	↓	 K

## What is happening?

The average time to hire (TTH) across NHS Wales for August 2025 is 64 days and the target is 71 days which is an improvement on the previous month however, 2 organisations missed the target which can be seen on pages 9 and 10. During August activity volumes decreased, posts advertised (1,645 to 1,349) the number of conditional offers sent increased (2,549 to 1,758) and WTE advertised (1,999 to 1,593) compared to July2025.

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	September	October	November	December	January	February	March	April	May	June	July	August	Trend
ES - Recruitment	Number of Conditional Offers Sent	1,842	1,899	1,933	1,699	1,423	1,379	1,399	1,452	1,517	1,699	2,549	1,758	

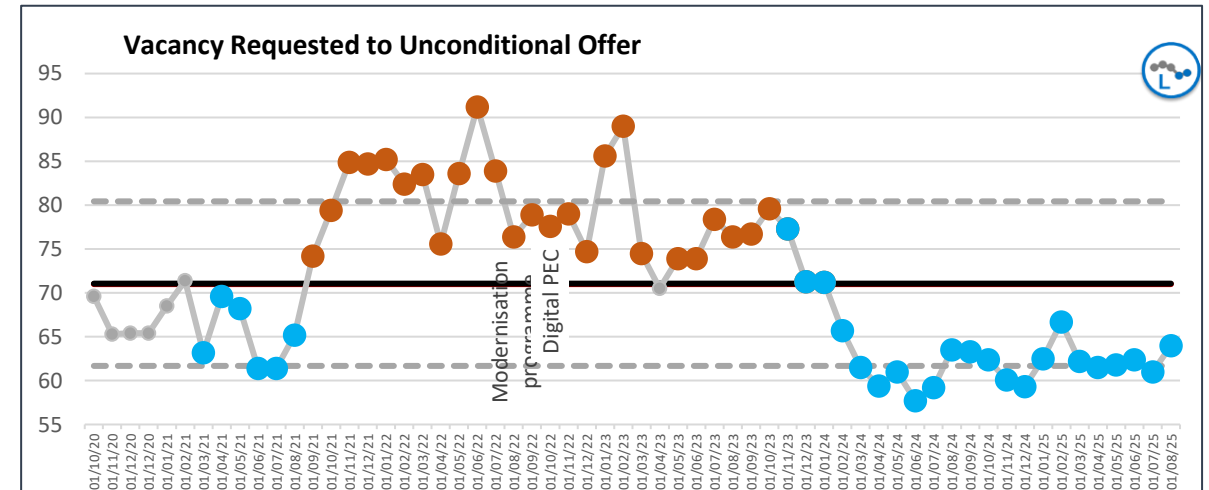
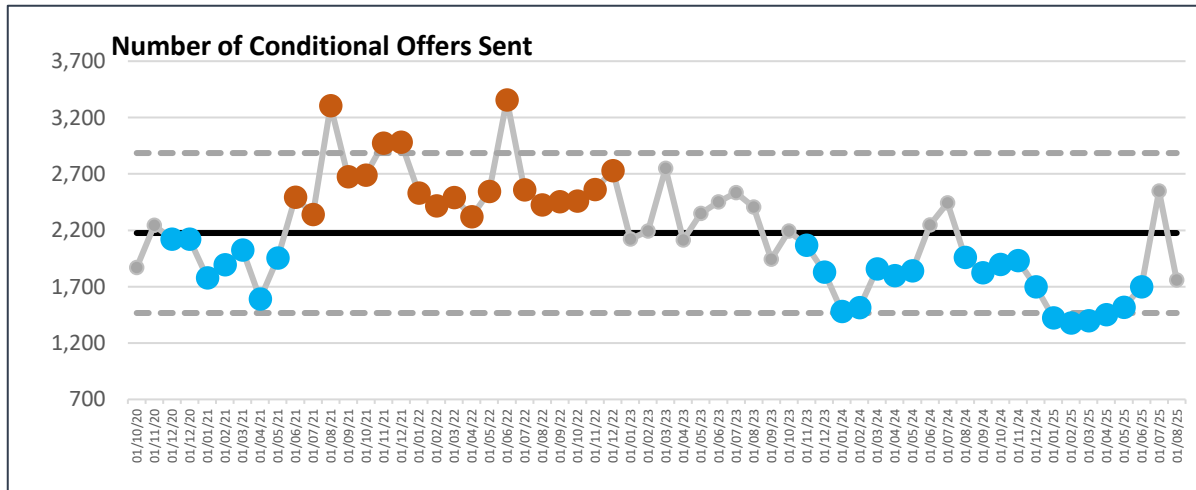
## What we continue to do?

There were 1,594 applicants who completed checks in August 2025. Whilst good progress has been made on the older records in the system, 6.5% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter. Although this has reduced significantly from around 25% in Summer 2023. An Escalation Report is shared monthly with health organisations to identify and review these records as well as a reminder to continue to work on the records that have been in the system for 51-90 days also to ensure they don't tip into the 91+ days category.

The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

# Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer													
Org	Target	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Trend	
AB	71	69	67	76	68	70	64	64	58	59	61	58	62	↓	
BCU	71	66	66	61	57	58	58	56	60	58	63	68	64	↑	
CV	71	85	87	82	75	81	88	95	88	86	94	102	104	↓	
CTM	71	71	72	72	75	74	76	74	70	68	70	71	70	↑	
HD	71	55	52	55	50	56	48	51	48	49	50	49	55	↓	
HEIW	71	55	62	53	44	61	66	47	60	48	58	63	55	↑	
DHCW	71	43	46	39	45	57	53	32	34	58	46	48	59	↓	
NWSSP	71	63	60	49	50	61	56	61	58	54	58	42	52	↓	
PTHB	71	71	72	70	70	76	70	81	65	68	71	58	68	↓	
PHW	71	55	58	52	55	52	59	63	55	59	58	59	55	↑	
SBU	71	60	65	65	63	68	71	72	76	73	70	70	80	↓	
VEL	71	58	51	50	55	49	67	54	55	50	54	50	57	↓	
WAST	71	70	76	79	72	77	76	76	84	96	76	78	63	↑	
All Wales	71	63	62	60	59	63	67	62	62	62	62	61	64	↓	



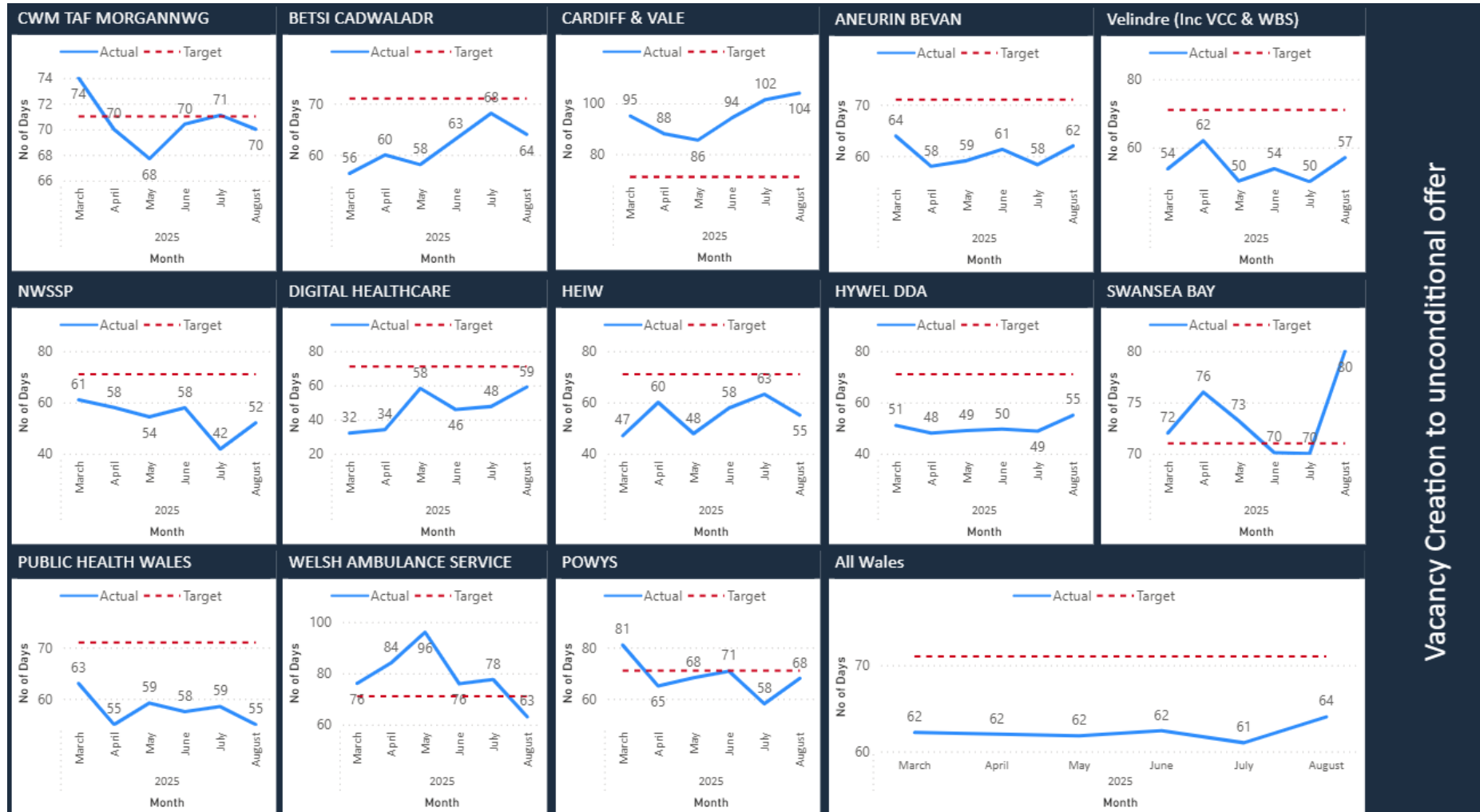
# Employment Services – Recruitment



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

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



Vacancy Creation to unconditional offer

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

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

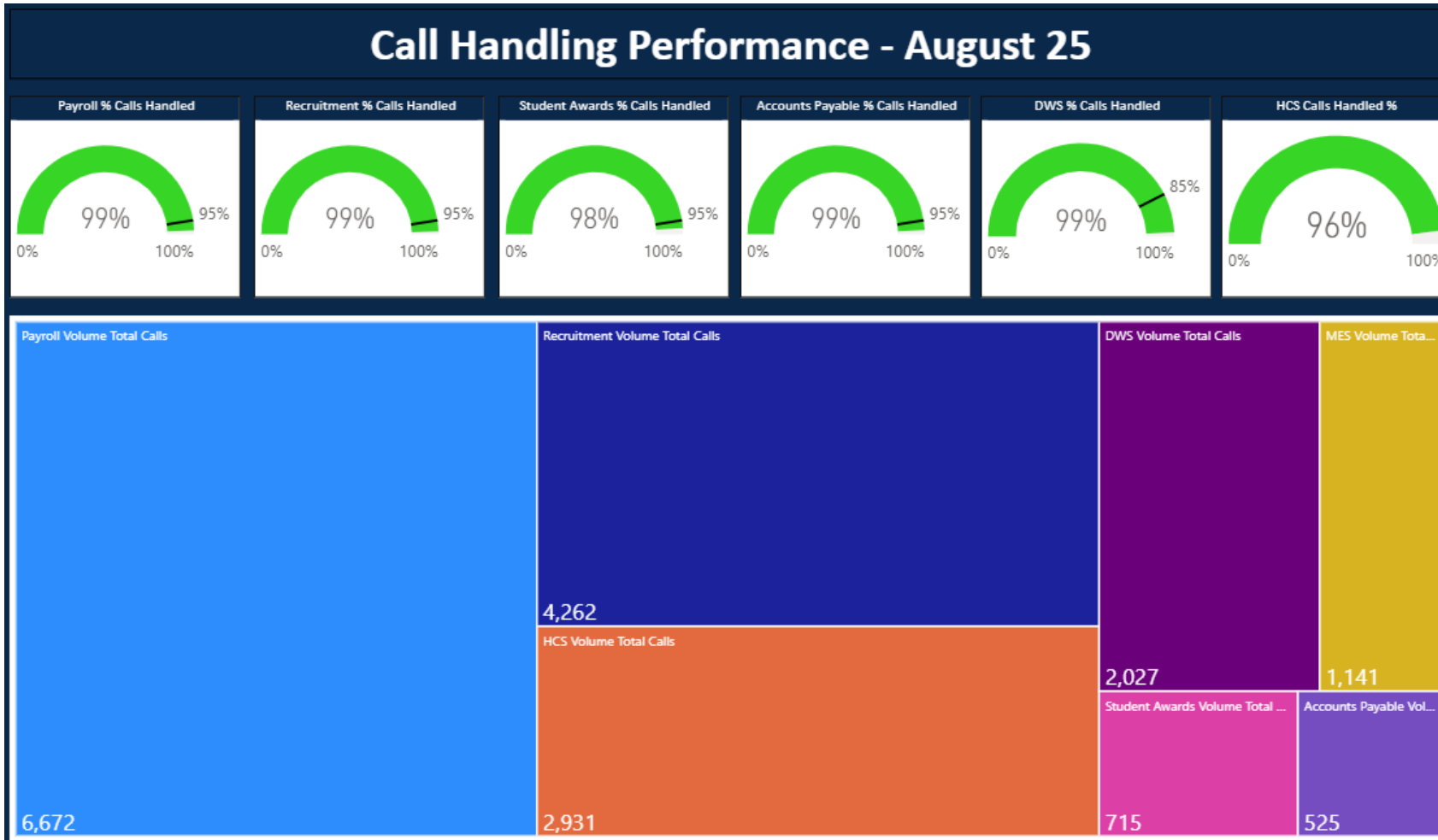
The indicative financial benefits across NHS Wales arising in the period April - August 2025 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	2.0
Specialist Estates Services - Build for Wales**	1.2
Procurement Services	12.2
Procurement Services – Pharmacy	18.1
Procurement Services - Cost Avoidance	15.0
Legal & Risk Services	Not Available
Accounts Payable	4.4
Oxygen Finance – PSP	0.2
Counter Fraud Services	0.2
<b>Total</b>	<b>53</b>

- \*\* This relates to Q4 24/25 Build for Wales

# Call Handling

To provide an overview of the current call handling performance, the following dashboard highlights both the number of calls handled and the call volumes across the services for which data is currently available in this report.



## Other points to note

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- Reporting on **Legal & Risk** savings and successes is expected to resume in September 25, following the implementation of the new case management system and alignment with other system priorities. Client Satisfaction data for August is also unavailable due to some system issues being addressed.
- **Accounts Payable** savings information was not available at the time of writing due to delays in gathering data on statement reconciliation and duplicate payments.

## Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 31st August 2025.
- The performance against the high-level key performance indicators to 31st August 2025.
- The continued achievement of the Employment Services recruitment Time to Hire target.



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# NWSSP Outcome Measures Performance Report

September 2025

*Delivering Value, Innovation  
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Partnership*



## Purpose of the Report

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The purpose of this report is to provide the SSPC with an update on the agreed Outcome Measures for August 2025 or the most recent annual information.

Building on the focus on Outcomes in the IMTP we need to highlight and report the impact and importance of what we do which the Outcome measures aim to demonstrate.

Appendix A captures recent Voice of the Customer insights from performance meetings, included in the report to keep our customer perspectives front of mind and provide an explanation on what we have done or doing.

## Key Messages

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

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

## Our Services

Driving the pace of innovation and consistently providing high quality services

### Outcomes

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

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

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

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

#### RPA Processes

Division

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



#### Legal & Risk Services

Case Closure Client Satisf...



#### DWS

Customer Satisfaction



#### Primary Care Services

Customer Satisfaction re...



#### Central Team

Annual Customer Satisfa...



#### Specialist Estates

Annual Customer Satisfa...



#### Website Bounce Rate

36%

Website Users	Website Page Views
12K	34K

**Website Pages - August 25 (Top 3)**

1. Current Vacancies - 4,723
2. Student Award Services - 3,056
3. How do I apply for a bursary - 2,792

#### Customer Service Excellence



#### NWSSP Assurance Overview - 24/25



#### Volume of Calls



#### Calls Answered



## Customer Satisfaction

- Most divisions met their customer satisfaction targets.
  - Digital Workforce Solutions achieved the stretched target in August.
  - CTeS missed their annual satisfaction survey target as previously reported.

## Call Handling

- Call Handling achieved the target in August for all reported areas. A total of 15k calls were received across the reported areas during the period.

## 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

- In 24/25, 13 NWSSP audits were reported: three with substantial assurance, five with reasonable assurance, one with limited assurance and four were of an advisory type.
- In 25/26 there are 19 audits reviews planned with none yet completed however, 32% in progress.

## Website Analytics

- Website Users and page views decreased in August (12k and 34k) compared to July (13k and 38k). The top 3 page views were current vacancies, Student awards and How to apply for a Bursary.
- Page views for current vacancies and How do I apply for a Bursary both have increased by 13% compared to July.

## Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

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### Outcomes

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

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

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

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

### Sickness



● Sum of Actual ● Sum of Target

### NHS Wales Staff Survey



● NWSSP ● All Wales

### Staff Award Submissions

2023

176

2024

116

---

### Top 3 Sickness Reasons

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Gastrointestinal problems
3. Other musculoskeletal problems

### Response Rate - 2024



Sum of Actual

Division

### Response Rate 2024 excluding SLE

38%

---

### Annual Turnover (Excluding SLE)

9%

### August 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. End of fixed term contract

### Engagement Score - 2024

77%

---

### August 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. End of fixed term contract

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

179

## Staff Survey

- NWSSP shows a positive trajectory with improved feelings of pride, recognition, valued work, opportunities for knowledge and skill development, and improved health and wellbeing. NWSSP consistently outperformed when compared to the all-Wales average, demonstrating strong employee engagement and positive workplace experiences. Specifically, there's a reduction in reported work-related stress and musculoskeletal problems within NWSSP.
  - Staff Survey for 25/26 is due to open soon.

## Staff Awards

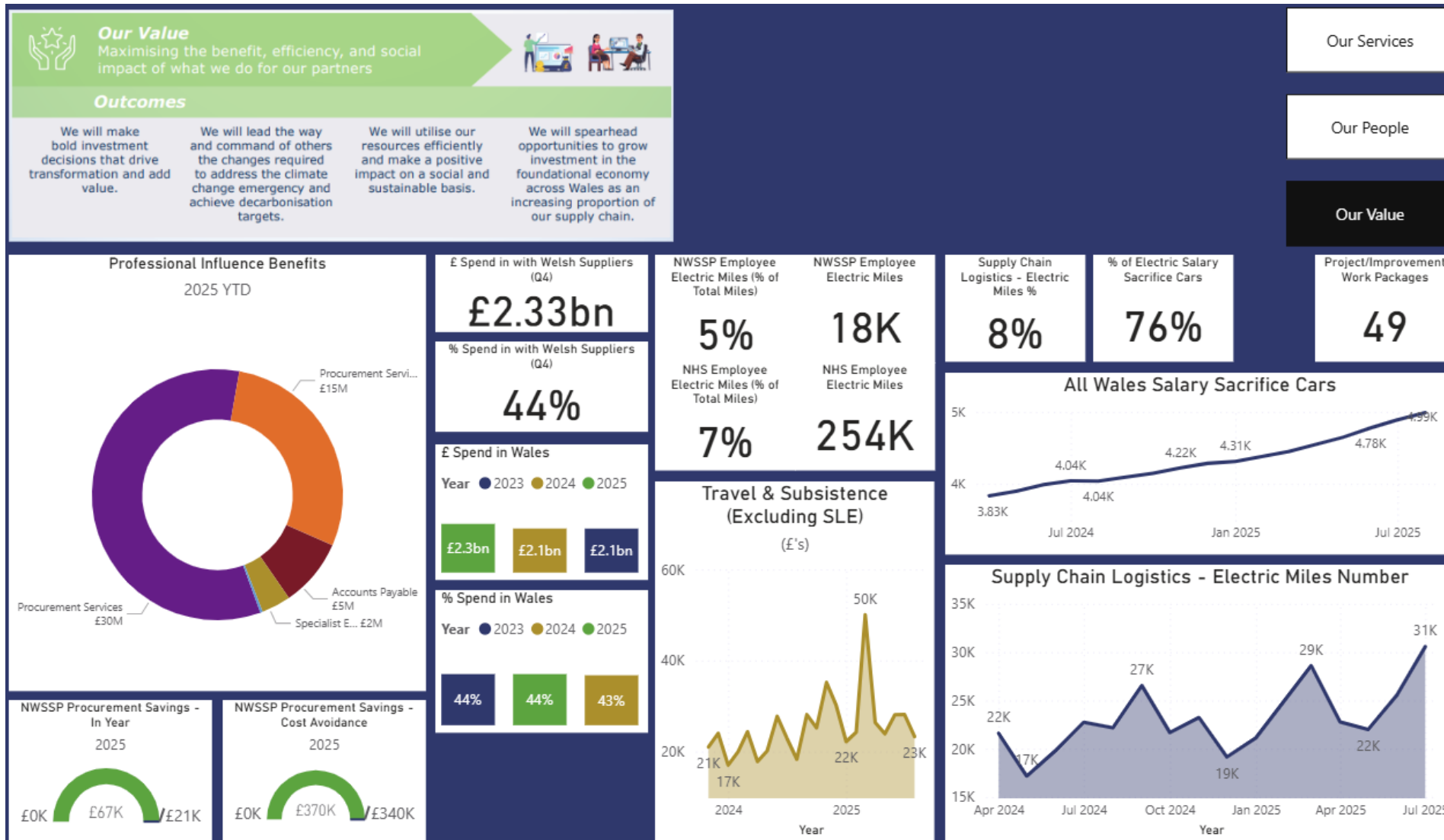
- Staff Award Submissions decreased from 176 in 2023 to 116 in 2024.
  - Staff Award Nominations for 2025 closed 15th September 2025.

## Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%) which is the third highest turnover rate when compared to similar size NHS organisations. Turnover does not include internal churn.
- 59% of leavers excluding SLE were voluntary (All of these who left were employed for over a year) which potentially highlights some retention issues.

## Sickness

- Staff sickness rate (2.5%) achieved the overall target (3.3%) for August however, 14 of the 22 divisions still missing their target. Further detail is available in the People & OD report.
- Top 3 absence reasons are, anxiety, stress, depression, gastrointestinal problems or other musculoskeletal problems.



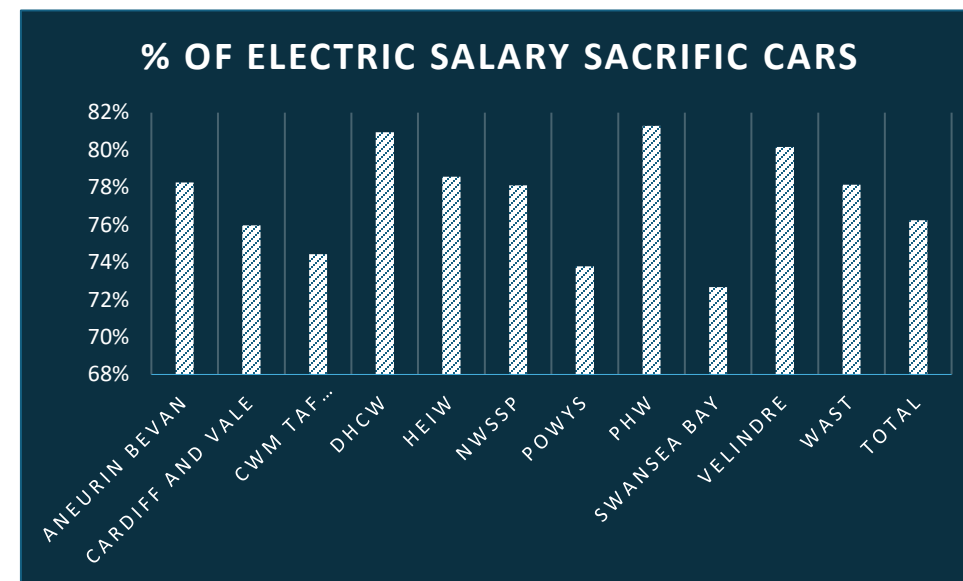
The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in August 25.

Organisation	Total Miles Claimed	Electric Miles	
		Claimed	Electric Miles %
Cardiff & Vale	170,520	8,932	5%
WAST	183,367	26,122	14%
DHCW	14,511	2,449	17%
CVB	6,247	-	0%
Public Health	63,901	6,281	10%
AB	450,467	33,935	8%
NWSSP (Inc SLE)	337,425	17,627	5%
BCU	731,323	59,860	8%
Powys	185,319	9,700	5%
HEIW	10,576	918	9%
Hwyel Dda	510,384	32,057	6%
Cwm Taf	411,030	35,723	9%
Velindre	18,379	442	2%
Swansea Bay	349,639	19,585	6%
<b>Total</b>	<b>3,443,088</b>	<b>253,630</b>	<b>7%</b>

# Salary Sacrifice Cars

The table and chart below provide an overview of the total number of vehicles managed under the NWSSP scheme, along with the proportion that are electric as of August 25.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	920	720	173	27	<b>78.26%</b>
Cardiff and Vale	978	743	190	45	<b>75.97%</b>
Cwm Taf Morgannwg	849	632	177	39	<b>74.44%</b>
DHCW	147	119	24	4	<b>80.95%</b>
HEIW	70	55	13	2	<b>78.57%</b>
NWSSP	297	232	63	2	<b>78.11%</b>
Powys	103	76	22	5	<b>73.79%</b>
PHW	155	126	26	3	<b>81.29%</b>
Swansea Bay	926	673	200	52	<b>72.68%</b>
Velindre	126	101	22	3	<b>80.16%</b>
WAST	421	329	81	11	<b>78.15%</b>
<b>TOTAL</b>	<b>4,992</b>	<b>3,806</b>	<b>991</b>	<b>193</b>	<b>76.24%</b>



## Professional Influence Benefits

- Professional Influence for August 25 shows significant benefits (£53m) across Procurement, Specialist Estates Accounts Payable and Counter fraud. Legal & Risk savings and successes will be reported from September due to the new Case management system and other priorities.

## Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for August for both in year and full year.
- NWSSP has achieved £370k procurement cost avoidance savings in the first 5 months of the year and £67k of cash releasing savings against a target of £21k.

## Transformation Management Office (TMO)

- The TMO is supporting 49 Project/Improvement work packages at various stages.

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

- In August, £23k (excluding SLE) of T&S was claimed, a decrease on the July position of £28k.
- In July NHS Wales employees claimed for 254k electric miles which is 7% of the total miles claimed. NWSSP employees(Inc SLE) claimed for 18k miles which is 5% of the total NWSSP miles claimed.

## Salary Sacrifice

- As of August, there are 4,992 salary sacrifice cars in use across All NWSSP managed NHS Wales organisations with a further 427 on order. Of these 4,992, 76% are electric.
- For NWSSP as of August there were 297 cars in use with 78% classed as electric.

## Foundational Economy

- In 2024/25, expenditure with Welsh suppliers increased to £2.3 billion, up from £2.1 billion over the previous two years. This represents 44% of total spend being retained within Wales.

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](mailto:Richard.Phillips@wales.nhs.uk).

## Voice of the Customer

This summary consolidates feedback gathered during recent performance meetings with NHS Health Organisations. It captures recurring themes expressed by stakeholders across divisions, grouped under “Areas of Strength” and “Areas for Consideration.” The intent is to inform continuous improvement efforts, surface emerging opportunities, and celebrate areas of high performance as voiced directly by our partners. The themes are not attributed to individual organisations but reflect collective insight.

### Areas of Strength

Theme	Summary of Customer Voice
<b>Strong Working Relationships</b>	Repeated praise for collaborative and supportive engagement with NWSSP teams, particularly in Recruitment, Audit and Employment Services.
<b>Responsiveness &amp; Timeliness</b>	Acknowledgement of improved responsiveness and timely support in several areas including Audit and Recruitment.
<b>System Developments</b>	Positive feedback regarding the usability and usefulness of the SMA application.
<b>Engagement &amp; Communication</b>	Customers feel well engaged, particularly where performance is transparent and support is proactive.

## Areas of Consideration

Theme	Summary of Customer Voice	What we have done or doing
<b>Recruitment Efficiency</b>	High applicant volumes causing delays. Desire for automation, AI screening, possible use of filter questions and system usability.	Potential process improvements for handling high-volume recruitment with various health organisations.
<b>Audit &amp; Assurance Timeliness</b>	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.	We are now ensuring that target response times are communicated to the service at the start of each audit
<b>Procurement Transparency</b>	Requests for details breakdowns of savings.	A breakdown of our procurement savings is being shared via the performance reports. In addition, Heads of Procurement meet monthly with finance colleagues to discuss savings opportunities.
<b>Payroll Communication</b>	Feedback highlighted opportunities to improve response times and enhance clarity in Payroll communications	This has been fed back into the service.
<b>Legal &amp; Risk Services</b>	Breakdown of Savings to be provided routinely.	In development – discussions on what relevant data can be provided.
<b>Customer Satisfaction Insight</b>	Interest in more qualitative satisfaction data across services – not just cost or performance metrics.	In development.
<b>System &amp; Process Development</b>	Improvements in internal systems, smarter forms, and innovation in service delivery.	Our Transformation Management Office and service teams are regularly collaborating to identify and implement service improvements, including the use of new technologies such as Robotic Process Automation (RPA) and Power Automate.
<b>Benchmarking &amp; Best Practice</b>	Interest in learning from high-performing areas by sharing success stories and comparative performance insights.	We are developing a breakdown of our performance measures by each individual health organisation
<b>KPI Clarity &amp; Performance Data</b>	Some users requested clearer visibility of SLA performance, metric ownership, and opportunities for better reporting granularity.	We have started routinely sharing more granular data in our performance reports and are exploring further opportunities for increased detail.

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



# NWSSP IMTP 2025-28

## 2025-26 Quarter 1 Report

Georgia Keegan

September 2025

*Delivering Value, Innovation  
and Excellence through  
Partnership*



# Purpose

The purpose of this report is to provide the Partnership Committee with a quarterly update on our progress, ensuring we are on track to deliver the IMTP objectives for the year 2025–26.

The report will cover:

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

Whilst the Ministerial priorities laid out in the Planning Framework are primarily directed at Local Health Boards, we have considered how our plans contribute and provide support to these priorities. Additional focus areas include:

Medicines Unit

Speaking Up Safely

International Recruitment

National Ophthalmic Contract for Wales

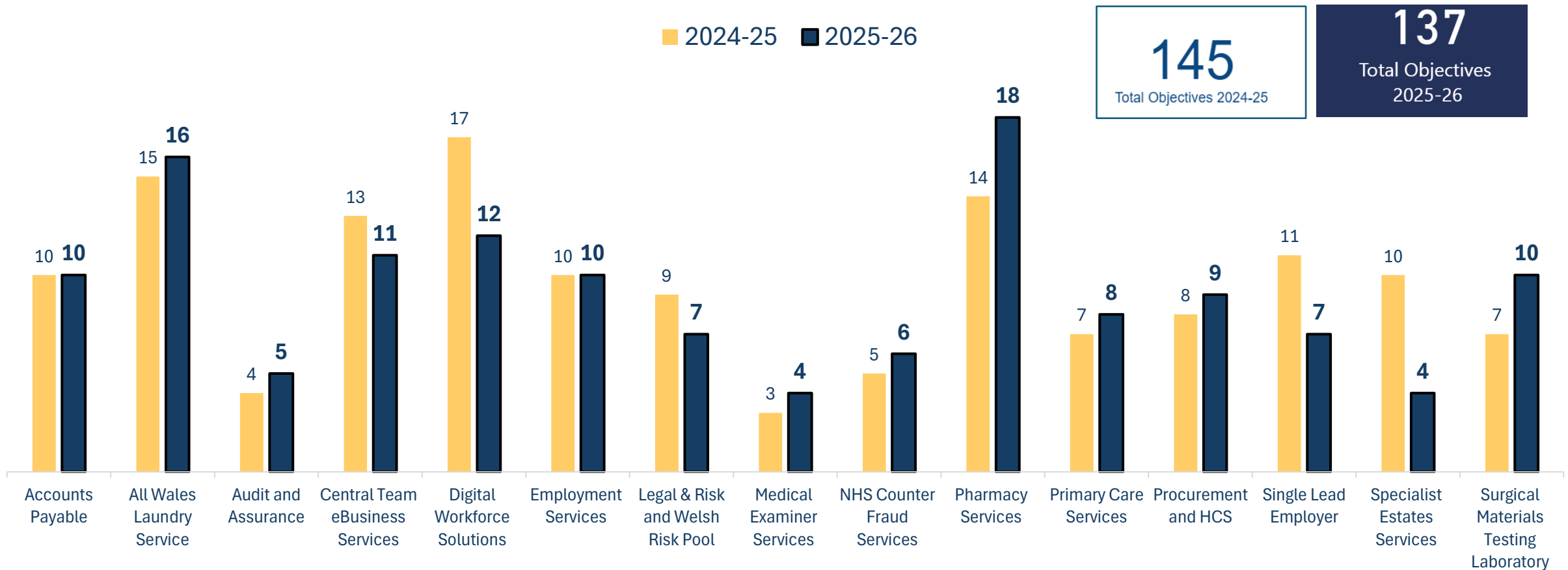
Electronic Prescribing Service

We will report progress against the areas throughout the year.



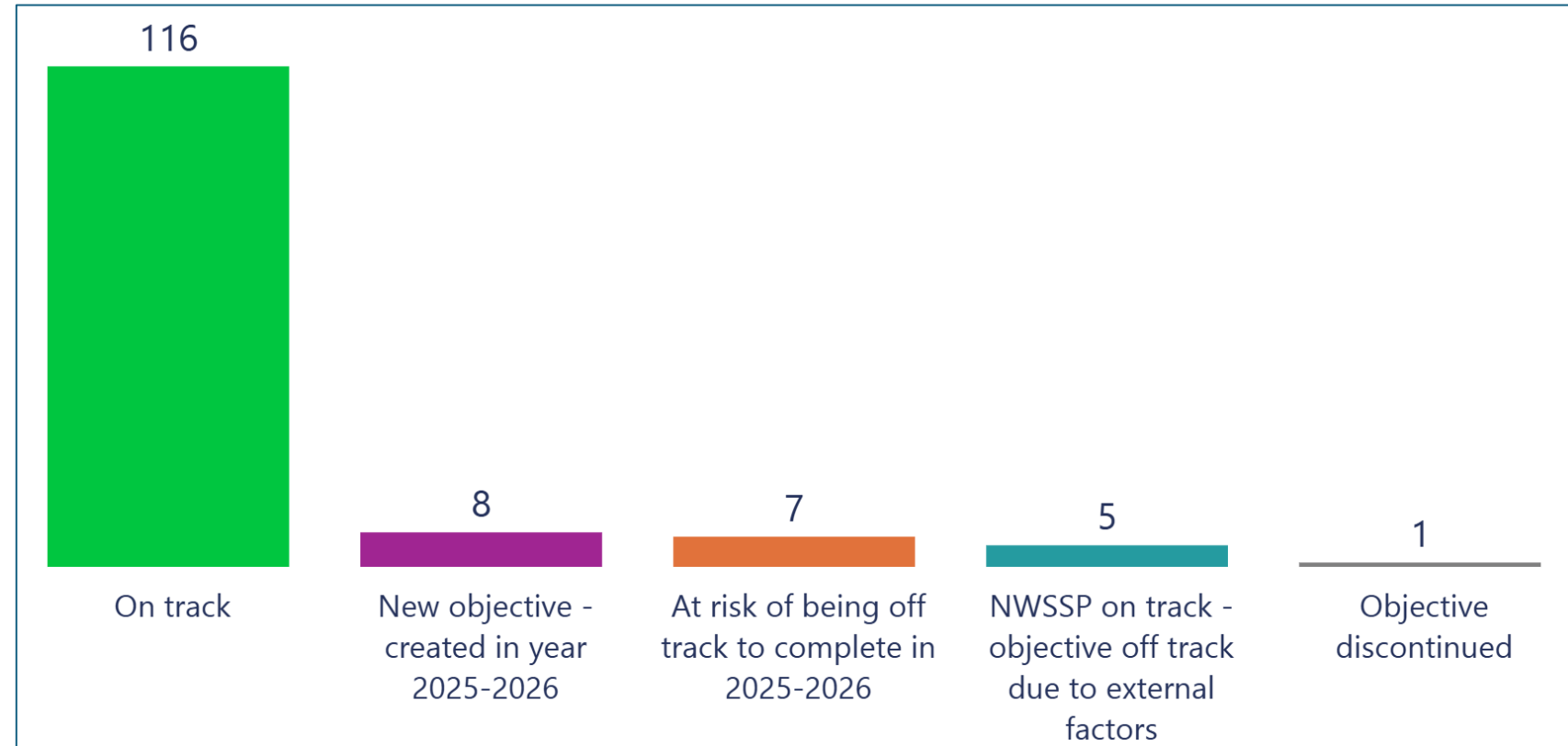
# Key Messages

- The distribution of objectives across the divisions for 2025-26 in comparison to 2024-25 is shown in the bar chart below and can be summarised as follows:
  - 5 divisions have reduced the number of objectives to be delivered, 8 divisions have increased their number of deliverable objectives and 2 divisions have maintained the same number of objectives as previous years.



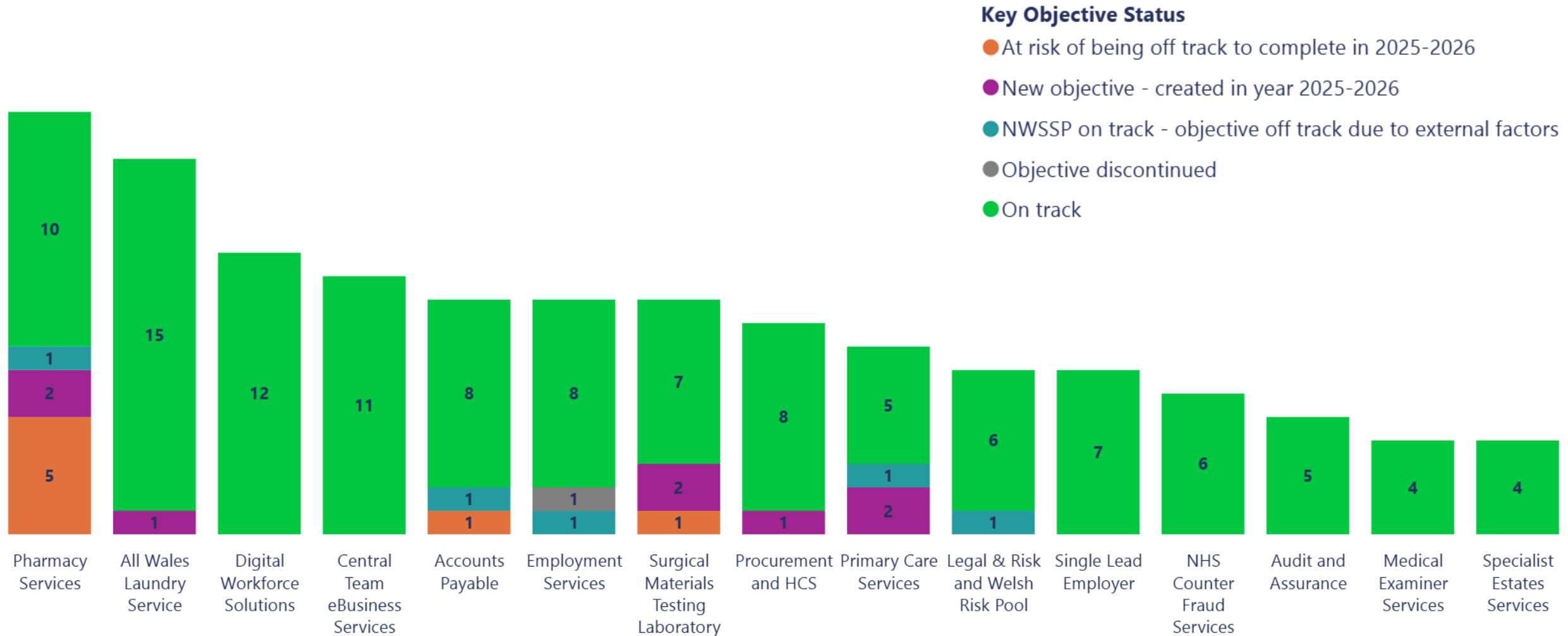
# Quarter 1 Overview

- In Quarter 1 we are reporting that **85%** 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 1 reviews commenced on 21 July 2025 and completed on 13 August 2025.



# Divisional Progress

- This bar chart illustrates the distribution of objective statuses across the divisions.



# Divisional challenge areas

- 7 objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 1.

Division	Status in Q4 (2024-25)	Desired Objectives	Targeted Action for Q2
Accounts Payable	Objective not completed- carry over to IMTP 2025-26.	<b>Implement a Portal in the Staff Benefits team for staff to utilise.</b>	There have been ongoing discussions with Corporate Communications regarding the selection of a suitable Health Board to trial the prototype. The recent team restructuring will enable us to resume this initiative over the next few months.
Pharmacy Services	Objective not completed- carry over to IMTP 2025-26.	<b>Development and roll-out of electronic Pharmaceutical Quality System to support radiopharmacy and TrAMs.</b>	No work was completed on the electronic Pharmaceutical Quality system during Q1 due to the absence of a project lead. However, a new project lead has been appointed in Q2 and has now commenced their role.
	Objective not completed- carry over to IMTP 2025-26.	<b>Ongoing All Wales assessment and management of unlicensed medicines.</b>	The tender bids and analysis have been completed and presented to the All Wales Drug Committee. Significant resources are needed for quality assessment and paediatric acceptability. Without these, we risk delaying contract timelines. A low value low risk (LVLR) case has been submitted to the Value and Sustainability Board.
	Objective not completed due to external factors – carry over to IMTP 2025-26.	<b>Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.</b>	Development of the proposed 2024/25 database is on hold pending approval to recruit data analytical support. We are updating the single-stage SBAR based on feedback from NWSSP finance, intending to resubmit it to secure approval for a data analyst.
	Objective not completed due to external factors – carry over to IMTP 2025-26.	<b>Set up a national homecare medicines delivery service based on outcomes from 2024-25.</b>	The business case is completed and is currently awaiting review by senior leadership. An external review is ongoing, with input on the benefits and risks. We are still awaiting the final review, which is now past the contracted timeline.

# Divisional challenge areas

- 7 objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 1.

Division	Status in Q4 (2024-25)	Desired Objectives	Targeted Action for Q2
Pharmacy Services	New objective in 2025-26.	Development of the TRAMS Aseptic South East Hub.	The Outline Business Case (OBC) was completed and circulated to the Health Boards and Trust on 13 May 2025. After review, an updated version (v1.1) was issued for approval on 9 June 2025. This version has been endorsed by the South East Wales Project Board and TrAMS Programme Board. The OBC was presented and approved at the July 2025 Shared Services Partnership Committee. The Full Business Case (FBC) is being developed.
Surgical Materials Testing Laboratory	Objective not completed- carry over to IMTP 2025-26.	Implement a new Laboratory Information Management System (LIMS) to modernise the system.	Worksheet completion and approval have been delayed. While some reports have been generated, additional work is required. Regular progress meetings will be scheduled, and resources will be prioritised to address this.

# Divisional challenge areas

- 5 objectives are off track due to external factors at the end of Quarter 1.

Division	Status in Q4 (2024-25)	Desired Objectives	Targeted Action for Q2
Accounts Payable	Objective not completed due to external factors – carry over to IMTP 2025-26	<b>Increase the number of invoices (transactions) processed via e-trading by 10%.</b>	<p>Despite an increase in e-Invoices with GHX, a drop in Basware resulted in only a 1% overall increase.</p> <p>Basware Smart PDF: Testing delayed until January 2026; development to proceed in summer 2025, with a potential go-live in Q1 2026.</p> <p>Basware EDI: Progress with three suppliers; two live with PO transmission, leading to an 8% decrease in Basware's total.</p> <p>GHX PEPPOL: Successful PO outbound testing; decision pending on simultaneous PO and invoice go-live.</p> <p>GHX EDI: Several new suppliers added, resulting in a 9% increase in GHX's total.</p>
Employment Services	Objective not completed due to external factors – carry over to IMTP 2025-26.	<b>Evaluation of the Payroll Modernisation Programme to identify further streamlining opportunities. Co-development of a roll-out plan migrating all Health Boards from NWSSP Staff Movement Advice on to Electronic Staff Record Manager Self-Service.</b>	<p>Aneurin Bevan and Hywel Dda are scheduled to go live in July 2025. However, we are still waiting for Swansea Bay's decision regarding the rollout and migration to Electronic Staff Record Manager Self-Service. We hope to receive their decision in Q2.</p>
Legal & Risk and Welsh Risk Pool	Objective completed- planned carry over to IMTP 2025-26.	<b>Implementation of Legal Case and Document Management System solution.</b>	<p>The Minimum Viable Project was completed on 7 April 2025. However, delays with the Application Programming Interface (API) managed by DHCW have adversely impacted our reporting capability. DHCW has agreed to transfer control of the API to NWSSP IT..</p>

# Divisional challenge areas

- 5 objectives are off track due to external factors at the end of Quarter 1.

Division	Status in Q4 (2024-25)	Desired Objectives	Targeted Action for Q2
Pharmacy Services	Objective not completed- carry over to IMTP 2025-26.	Supply PreP packs to community pharmacy 'hubs' to support service specification developed in conjunction with department of sexual health Cardiff/Welsh Government.	We have not yet received an update from the Welsh Government, but we will continue to follow up to identify key actions.
Primary Care Services	Objective not completed due to external factors – carry over to IMTP 2025-26.	Implement the NWSSP components of the national Electronic Prescription Services Programme with Digital Health and Care Wales.	The system review has been completed; however, assurance testing with Dispensing Doctors has been delayed because DHCW has not yet secured a dispensing doctor contract with an enabled clinical system to commence testing. The Registered Authority (RA) training package for contractors has been finalised, and internal staff are now equipped to begin delivering the training.

- 1 objective is discontinued at the end of Quarter 1 as the current ESR system cannot undertake an all-Wales weekly pay Nurse Bank or alternative solutions.

Division	Desired Objectives
Employment Services	Carry out a feasibility study into the ability of the current ESR payroll system to undertake an all-Wales weekly pay Nurse Bank or if applicable other alternative solutions.

# Divisional challenge areas

- 8 new objectives for 2025-26 are the following.

Division	Desired Objectives
All Wales Laundry Service	Shift West - redirection of the supply of linen for Morriston and Neath Port Talbot hospitals from Church Village LPU to Llansamlet LPU
Procurement and HCS	Develop a Strategic Fleet Replacement Programme and Strategic Outline Business Case for next 10 years, together with annual BJC for Capital Funding.
Pharmacy Services	TRAMS Digital System Project.
Pharmacy Services	Implement aflibercept and denosumab biosimilars with maximal efficiency to the NHS in Wales delivering timely savings to the NHS in Wales.
Primary Care Services	Implement the PCWIS Performer list Phase 2 plan.
Primary Care Services	Develop PCWIS Data management arrangements to support the BI Dashboard requirements.
Surgical Materials Testing Laboratory	Review structure to ensure it enables effective delivery of SMTL services.
Surgical Materials Testing Laboratory	Retention of trained skilled temporary staff to enable SMTL meet current and future demands.

## Foundational Economy – Q4 Summary

In Quarter 4 of the 2024–25 financial year, the focus remained on strengthening the quality and assurance of data related to NHS Wales supply chain expenditure. This encompassed both the carbon footprint and the Foundational Economy impact of NHS Wales procurement activities. Looking ahead to 2025–26, there will be further opportunities to review the size and sectors of the businesses from which we procure. This will support the ongoing enhancement of data quality and reporting accuracy.

Initial discussions took place in Quarter 4 concerning the operational collection and reporting requirements associated with the Well-being Impact Metrics, set out in the Social Partnership and Public Procurement (Wales) Act. A formal Welsh Government consultation is anticipated in Quarter 2 of 2025–26, to which NWSSP intends to respond.

During the quarter, NWSSP undertook a sustainable procurement maturity review in collaboration with colleagues from WRAP. The outcomes were broadly positive, with NWSSP performing well in comparison to industry peers. The recommendations from this review are currently under consideration and are expected to inform future workplans.

There was continued engagement with procurement teams on targeted contracts, with a particular emphasis on refining procurement tools and approaches that can help deliver both Foundational Economy and Decarbonisation outcomes. Notably, Quarter 4 also saw the introduction of a Power BI dashboard designed to identify and highlight opportunities within these two strategic areas.

### **NWSSP remains committed to the core principles of the Foundational Economy. Our agenda continues to prioritise**

- *Increasing procurement spend within Wales*
- *Shortening supply chains*
- *Strengthening supply chain resilience*
- *Supporting workforce development from within our local communities*

### Quarter 4 – 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%
Quarter 3	£1,283,533,445.66	£585,320,206.39	45.60%
Quarter 4	£1,513,572,147.98	£685,708,051.55	45.30%

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

### Diversity, inclusion and foundational economy

- Equality, Diversity, and Inclusion training has started this quarter, which has proved very popular. We've added more dates and increased attendee numbers to accommodate the waiting lists.
- We have agreed to work closely with Neurodivergent Wales to provide webinars for all staff, including sessions for managers. An Autism and Neurodiversity webinar has been scheduled in July, and further opportunities will be agreed and advertised to the organisation.
- Some of our staff in June supported Pride Cymru in Cardiff.



### Staff Wellbeing

- The Menopause Guidance has been sent for feedback to relevant networks and groups.
- We will be piloting Menstrual product provision at NWSSP, but it has been delayed due to availability and will take place in Q2.
- The NWSSP review of the Death in Service process has been completed, and a report has been developed and sent for feedback and guidance. The aim is to determine a Death in Service Support that is a wraparound service for managers and teams who lose team members.
- The new Health and Wellbeing SharePoint pages will launch in Q2



## People and Organisational Development – Continued

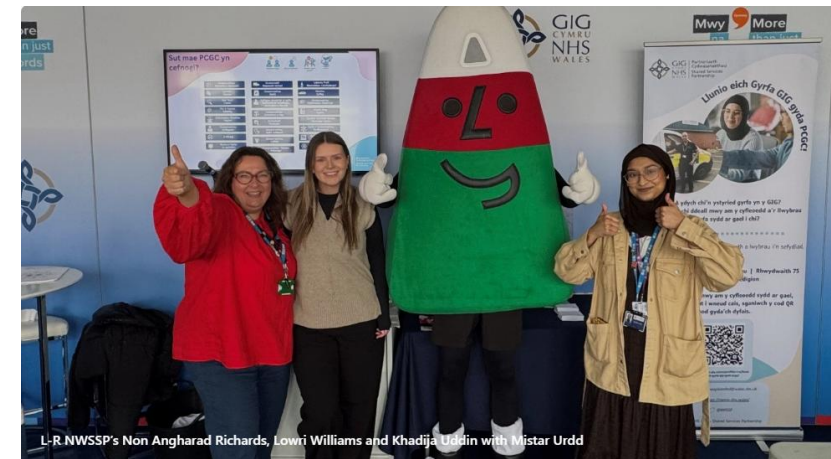
### Speaking up safely

- Speaking Up Safely training sessions have begun for key groups likely to be approached, including Mental Health First Aiders, Health and Well-being Champions, Menopause Buddies, Diversity and Inclusion Ambassadors, and Culture Change Champions.
- An anonymous reporting platform has been procured, and a Decision Making Group has been established to ensure its effective rollout. This group will report to the Speaking Up Safely Steering Group.
- The Speaking Up Safely Policy has been formally approved.



### Welsh

- We attended the Urdd National Eisteddfod at Margam Park in late May 2025, engaging with many individuals interested in careers within the NHS and NWSSP. We will also be attending the National Eisteddfod in Wrexham in August 2025.
- The internal use of the Welsh Language Policy aims to launch for Diwrnod Shwmae in October 2025.



L-R NWSSP's Non Angharad Richards, Lowri Williams and Khadija Uddin with Mistâr Urdd

## **Digital** - *Maximising the return on investment in new digital systems and applications.*

- Review meetings on the Digital Strategy and roadmap have taken place. The approach has been adjusted due to the upcoming change in the Chief Digital Officer, who will set the future direction.
- The terms of reference and the initial cohort for the Power Platform Makers Peer Group have been identified
- We are in the process of establishing a Digital Business Partner model to support divisions on their digital journey.
- New targets have been agreed upon to support the recommendations of the CRU Cyber Assessment Framework report and enhance NWSSP's cybersecurity.

## **International Recruitment** – *delivering an ethical, sustainable supply of healthcare professional into the NHS Wales Workforce*

- There has been a significant reduction in operational recruitment activity, with many organisations cancelling or reducing their recruitment plans for 2025/26.
- Due to the number of students in escalation, in-country nurse recruitment has been paused, and medical posts have been reduced or withdrawn; the July recruitment event will focus on medical positions at Specialty and Specialist grades.
- The reduction in operational activity has paused the review of the governance framework, allowing focus on service improvement initiatives, including the launch of our Social Media presence and developing a long-term engagement strategy with clinical leads.
- Notification of Cabinet Secretary funding approval was received from WG on 2 July 2025.

## **Electronic Prescription Service** – *supporting sustainable service delivery within community pharmacies*

- The system review is complete.
- Assurance testing with Dispensing Doctors is delayed because DHCW hasn't secured a contract with an enabled clinical system.
- The Registered Authority (RA) training package for contractors is finalised.
- Internal staff are ready to start delivering the RA training.

## **Medicines Unit** – *Supporting local aseptic, cancer and critical care services within our partner Health Boards.*

- Two product opportunities have been highlighted to help Cardiff and Vale University Health Board, with the proposed closure of Llandough PSU.
- Manual manipulation training for operator is underway with a planned start date in September for durvalumab followed by Addaven and Peditrace in October for Cardiff and Vale University Health Board.

## **National Ophthalmic Contract for Wales** – *Enhanced eye care services available within Primary Care setting*

- Engagement has taken place with key stakeholders to inform delivery of agreed objectives, which have been submitted to Eye Care Wales Committee.

Our work 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 in Quarter 1 and will continue focusing on targeted actions as we move into Quarter 2. Additional scrutiny will be applied to objectives identified as off track or at risk of becoming off track during the quarterly review process.

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

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

# Contact details

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Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

**website:** [nwssp.nhs.wales](http://nwssp.nhs.wales)

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Transformation Management Office Update Report**

<b>ARWEINYDD: LEAD:</b>	Rebecca Nelson, Director of Planning, Performance & Informatics
<b>AWDUR: AUTHOR:</b>	Tim Knight, Assistant Head of Service Improvement
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ian Rose, Assistant Director Transformation
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	----- <a href="mailto:Ian.rose@wales.nhs.uk">Ian.rose@wales.nhs.uk</a>

**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

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

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Tystiolaeth:  
Supporting evidence:** NWSSP IMTP 2025-28 approved in principle February 2025

**Ymgynghoriad/Consultation:**

Senior Leadership Group

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

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

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

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

# TMO Dashboard Report

<b>Cydraddoldeb ac amrywiaeth:</b> <b>Equality and diversity:</b>	No direct impact
<b>Cyfreithiol:</b> <b>Legal:</b>	Compliance with procurement regulations where applicable
<b>Iechyd Poblogaeth:</b> <b>Population Health:</b>	No direct impact
<b>Answdd, Diogelwch a Profiad y Claf:</b> <b>Quality, Safety &amp; Patient Experience:</b>	No direct impact
<b>Ariannol:</b> <b>Financial:</b>	Compliance with financial instructions and processes where applicable
<b>Risg a Aswiriant:</b> <b>Risk and Assurance:</b>	Assessed, monitored and managed within each project
<b>Safonau Iechyd a Gofal:</b> <b>Dyletswydd Answdd / Duty of Quality:</b>	Duty of Quality assessed within each project
<b>Gweithlu:</b> <b>Workforce:</b>	Capacity constraints are highlighted against each project where applicable
<b>Deddf Rhyddid Gwybodaeth/</b> <b>Freedom of Information</b>	Open

## NWSSP TMO Update - 09 September 2025

Prepared by Tim Knight (Assistant Head of Service Improvement)

### Summary

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

<b>Projects</b>	18
<b>Programmes</b>	2
<b>SI Initiatives</b>	5

The schemes have different SRO/Project Executive Leads across a number of NWSSP directorates and Health Boards.

Also, within the schemes the breakdown of scheme size and coverage ranges from:

- **48% (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
- **52% (13 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health Board** – Typically supporting schemes for Health Boards but where NWSSP play a role in the service provision

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

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

### SSPC Recommendation

SSPC are requested to note the contents of the report.

## Key Trend information and Initiative Overview

### Initiatives – 20

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Corporate Governance Community of Practice	James Quance	Green	Green	Large	19/05/2025	31/03/2026	N/A	0%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Amber	Amber	Large	13/04/2021	29/03/2024	31/03/2026	65%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/03/2025	31/03/2026	82%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	31/10/2025	58%
Implementation of NWSSP Microbiology Monitoring Service	Laura-Jayne Keating	Green	Green	Medium	10/12/2024	20/09/2025	N/A	85%
Influenza Vaccine programme 2025	Jonathan Irvine	Green	Green	Large	05/02/2024	30/09/2025	N/A	69%
Workforce Intelligence Service	Nicola Phillips	Amber	Amber	Medium	08/07/2024	31/12/2025	N/A	16%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	31/03/2026	N/A	50%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP	Nicola Phillips	Green	Green	Large	05/11/2024	31/03/2026	N/A	32%
Optimising Data Population (ODP)	Angela Jones	Green	Green	Large	01/03/2024	15/09/2025	31/03/2026	7%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%
TRAMS – Radio pharmacy	Neil Frow	Amber	Amber	Medium	01/01/2024	31/03/2025	01/04/2026	50%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	31/03/2026	50%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	31/03/2025	19/12/2025	95%
L&R Case Management System implementation phase	Mark Harris	Amber	Amber	LargeXOrg	01/09/2020	30/04/2025	30/09/2025	99%
Nantgarw HQ and Companies House refurbishment	Alison Ramsey	Green	Green	Small	01/01/2025	30/04/2025	23/09/2025	95%
Data Management	Scott Lavender	Amber	Amber	Large	04/04/2022	30/09/2025	N/A	73%
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	10%
Fleet Modernisation Programme	Tony Chatfield	Green	Green	Medium	03/02/2025	31/03/3031	N/A	10%
Speaking Up Safely	Gareth Hardacre	Green	Green	Small	29/07/2025	30/09/2025	N/A	75%

# TMO Dashboard Report

## Service Improvement Key Trend information and Initiative Overview

### Initiatives – 5

NWSSP	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Red	Red	Improve	06/12/2023	30/05/2025	06/12/2025
Greenvale Laundry	Anthony Hayward	Amber	Amber	Improve	16/09/2024	02/06/2025	31/01/2026
VP - Productivity Pilot - Accounts Payable	Russell Ward	Green	Green	Management Action	03/03/2025	29/09/2025	N/A
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/12/2025	N/A
Variable Pay Initiative	Neil Frow/Alison Ramsey	Green	Green	Improve	01/09/2023	31/03/2026	N/A

Project Name	Project Manager	Project Exec/SRO
<b>TRAMS Programme</b>	Peter Elliott	Neil Frow

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

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

**Recent Gateway Review?** No

### Objective

To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.

### Progress Update

- Concept design work has verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.
- Planning application has been approved covering both the South East Radio pharmacy and the South East Hub.
- Detailed design of the Radio pharmacy has concluded, and scrutiny has been completed, and build is in progress.
- Enabling works covering both Radio pharmacy and Hub have been completed as part of the Radio pharmacy project.
- Outline Business Case (OBC) for the remainder of the South East Hub was approved by SSPC on 17 July 2025, and by the Cabinet Secretary for Health and Social Care on 1 Sept 2025.
- Programme Board has approved tendering for the Hub isolators which are the only remaining major item not under contract. The isolator tenders are currently being analysed, with the preferred bidder due to be selected in early October 2025.
- Fees have been received to develop the South East Hub Full Business Case (FBC) and initial work is underway.
- The South West Hub project is also active. A longlist of 6 sites was ranked by a panel of stakeholders in July 2025. The opportunity to secure a site is being explored with Welsh Government. We are in negotiations with vendors based on this ranking.
- The programme continues to interface with BCUHB to understand their plans for clinical transformation of their Nuclear Medicine service, and to understand the implications for the future North Medicines Hub.
- Laboratory space in IP5 is being brought into use. Staffing for the Micro Monitoring Lab has been recruited and mobilised. This facility will be key in bringing the new Radio pharmacy into use, and an MHRA inspection of the Lab has been requested.
- The TRAMS Digital Project is in Exception after a curtailed tender process. A recovery plan is being prepared which has the potential to recover the timeline and avoid adverse programme impacts. 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 paper outlining options for the preparation of materials for clinical trials has been prepared and stakeholder engagement is proceeding. The agreed arrangements will be included alongside the rest of the product supply model within the FBC.
- 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 August 2025 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts is being updated again based on 2024/2025 numbers for the Hub FBC. Resource workshops have been planned from August 2025 – December 2025 to finalise these numbers.
- Education and Training Project are successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

### **Main Issues, Risks & Blockers**

- **Time taken** to deliver production capacity to the service remains a major concern for the Programme.
  - We must have new aseptic cleanroom capacity for Cancer Therapies open before the new Velindre Cancer Centre opens, and their legacy aseptic unit closes.
  - Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least four Health Boards in this position.
  - The Swansea Radio pharmacy currently represents a single point of failure for twelve major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested.

- Current **staffing pressures** throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. The proposed level of staffing to operate the TRAMS service model is also being actively reviewed to ensure the project as a whole remains affordable.
- We are exploring with the IP5 Programme how the **power resilience of IP5** can be improved. The new TRAMS facilities will be Grade 1 in accordance with WHTM 06-01 4.30. If capital investments are needed to improve power resilience these will be included in the Hub Business Case, but the engineering design of the power resilience solution must also be suitable for the needs of all building users.
- The **governance arrangements for NWSSP** are currently under formal review. This has the potential to delay the programme if key approvals are in the process of being sought at the time when a change of governance takes place.
- The **Welsh Government elections** on 1 May have the potential to impact investment decisions, particularly if there is a prolonged period of negotiations before a new government emerges.
- 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
<b>TRAMS - Radio Pharmacy</b>	Peter Elliott	Neil Frow

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

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

**Recent Gateway Review?** No

## Objective

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

## Progress Update

The project has been established within the TRAMS Programme, managed by the South East Wales Project Board. An initial Business Case was prepared that analysed the investment options and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the South East Wales Hub was carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available. The revised Business Justification Case v2.2 was approved by Shared Services Partnership Committee in July 2024.

Planning Permission was approved on 13 Feb 2025.

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

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

The enabling works tender covered:

- Removal of racking from the work area
- Rectification of the dividing wall for fire compartmentation
- Refurbishment of staff toilet and locker room facilities
- Connection of new drains for the production area
- Over cladding the roof above the pharmacy production area

This work package completed on 30 May 2025.

A tender process has been carried out for the cleanroom contractor, the contract awarded, concept and detailed design for the radio pharmacy completed. A contract change notice is now being progressed, to capture changes resulting from the design cycle, and provide a clean baseline for the build phase.

Cleanroom build started on site on 23 June 2025. The cleanroom build is planned to be physically complete by the end of Sept 2025. Contractor validation activity is planned to be completed by the end of December 2025. NHS Validation and regulatory inspections are scheduled for Jan to March 2026.

Isolators have passed Factory Acceptance Tests (FAT) and been delivered to site ready to be integrated into the build.

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

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

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. They will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.

2. The identification of an interim stand alone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radio pharmacy with other supporting capabilities

CAVUHB came across as planned on the target TUPE transfer date of 4 Aug 2025. Key management posts have been recruited to, other recruitment is ongoing, and we are targeting having the full staffing establishment in post by 1 Oct 2025, ready to support validation activity.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2. We continue to manage construction risks pro-actively, and are report the spend position to Welsh Government

Project risks are now falling, in line with maturity of the design and construction.

Project is rated Amber overall to to the time constraint, the delay from original timelines largely having been driven by 8 months awaiting planning permission.

## Main Issues, Risks & Blockers

The main risks and issues to the project are as follows:

- **IP5 Power** – assessments are that the available power margin **will be sufficient** to support the entire SE Hub Scope. This risk will continue to be monitored and reported on. We continue to engage actively with the IP5 Programme about power resilience for the site as a whole, and this will be deconflicted with power resilience proposals in the Hub Case.
    - A specialist contractor is being engaged to design options to improve the power resilience of the site.
  - **Regulatory** - We need the approval of 3 regulators to be able to open the service:
    - MHRA License to manufacture medicine (MS Specials)
    - NRW Permit for radiation particularly in regard to foul drainage
    - HSE Consent for storing and handling radioactive materials.
1. While the MHRA regulator has indicated informally that our design is likely to be acceptable, they have also warned about the timescale for inspections. They require 2 months notice of an inspection, and these can only be booked once everything is ready including all staff in post and fully trained. There is currently only 1 inspector in the UK who does radio pharmacy inspections. There will then be a further 6-8 weeks after the inspection for defect rectification and final approval to make medicine for patients. Therefore, there is an overall 4 month period from being "inspection ready" to being "service ready". This has two principal risks (1) of delay to patients in going live and (2) financial risk, if all the capital funding for staff doing validation has been consumed, and yet no income is being generated because no patient doses have yet been supplied. NWSSP will be vigilant on this risk and report any unfunded deficit to SSPC in a timely way.

## Impact on Existing Service/Arrangements

Currently 12 major hospitals and cancer centres in South and West Wales are being supplied with diagnostic Tc99m injections, used on all patients needing a Gamma Camera scan, from a single isolator in a single cleanroom in Swansea. Any interruption to this service will result in us being unable to carry out Gamma Scans in these hospitals. Building this new facility provides capacity and resilience and will contribute to cut waiting lists as well as reducing the risk of not being able to scan patients at all.

Project Name	Project Manager	Project Exec/SRO
Data Management	Alison Lewis	Scott Lavender

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

<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			

## Objective

The main project objective is to create solutions that enable data driven service development, 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, which will be completed as part of discovery, and 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.

# TMO Dashboard Report

- 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 service lead is waiting on information from the Strategic Programme on legal justification on why the service is now being asked for new data not previously shared to our stakeholders. This requires a change to the approved Data Privacy Impact Assessment, once received this will be sent onto NWSSP Information Governance Manager for guidance.

Project Board agreed to pause any further developments for Ophthalmic (WGOS) as this is delaying progress to the other contract services / workstreams.

Project Board agreed for both General Medical Services (GMS) and Pharmacy contractor services dashboards to be released externally by 30-Sept-25.

Project Board to make decision on where to commit resources for next workstreams, Dental Services, Performers List (New Workforce Intelligence System) remain for dashboards to be developed.

The Project Manager has been requested to re-scope the project as there is a requirement for Employment Services (New Workforce intelligence System) to receive reports and a decision will need to be made whether it is included within the existing Data Management Project or a new Project will need to be started.

## **Main Issues, Risks & Blockers**

No risks or issue over the threshold of rating of >15.

## **Impact on Existing Service/Arrangements**

No impact to existing service arrangements.

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

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

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

**Recent Gateway Review?** No

## **Objective**

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

## **Progress Update**

### **Phase One – Workforce Implementation**

#### **Optometry Go Live**

Optometry have been live since 23 June 2025 in PCWIS, and feedback has been extremely positive with no major concerns raised by users or Optometry Wales. However, a request for Drop-in sessions by Optometry Wales will be followed up in the next month.

#### **Dental Implementation**

PCWIS was successfully rolled out to the Dental profession on 08 July 2025. All data was migrated into PCWIS and users have been accessing the eLearning prior to provide their workforce updates in PCWIS. The team are continuing to support users accessing PCWIS for the first time and with general queries. However no significant issues were raised which is extremely positive.

#### **GMS & Pharmacy Implementation**

The final PCWIS roll out for the GMS & Pharmacy professions successfully went live on 17 July 2025. Data migration was a challenge, however due to excellent collaboration and team work within NWSSP the data migrated successfully. As with Optometry and Dental, there were no major issues raised by users during the go live period, and users are being supported by the team to access PCWIS for the first time and resolve any queries that users encounter, such as entering ACP claims.

## **Data Quality**

Work is progressing to improve data quality within PCWIS, working in collaboration with PCWIS users. This work is critical and will improve future reports for stakeholders used for Workforce planning & training purposes.

## Reporting

Development work on the BI reporting is progressing well. The team have received reporting requirements from Employment Services and met with colleagues in Welsh Government to discuss their requirements. A plan is currently being developed to ensure that all reporting requirements for the September reporting deadline are achieved to meet NWSSP's obligations. In addition to that, further engagement is planned with stakeholders during September to discuss new or enhanced reporting requirements.

## Commercial Update

Discussions are underway with Softcat regarding phase two of the project, Performers List (the database for contractors from the four professions. Medical, Dental, Optometry & Pharmacy). Access to the Performers List build has been granted and the key members of Project Team are reviewing the build to assess whether the functionality built achieves the minimum viable product or if additional development work is required.

## Main Issues, Risks & Blockers

### Risks Over Threshold

- 1) Risk of data inconsistencies in PCWIS due to source data quality.
  - PCS teams are currently updating PCWIS to resolve data quality issues.

### Issues

- 1) Issue raised that it is likely that service continuity will be affected if ACP (additional capacity payments) for GMS is not available within PCWIS before end of July deadline for reporting. - Roll out GMS during week commencing 14 July 2025.
- 2) There is a GDPR issue around data integrity due to the source data being incorrect resulting the incorrect people being assigned to the wrong practice. - Request users validate data when PCWIS implemented.
- 3) Optometry Wales request drop in sessions, however these could not be supported by the Project Team due availability of staff & capacity. - Re-arrange drop in sessions to accommodate Optometry Wales.
- 4) An issue has occurred whereby a user has logged into PCWIS, but the practice was on the inactive practice list and subsequently deleted along with all the staff.
  - PCS are currently resolving this issue

## Impact on Existing Service/Arrangements

There will be no impact on service arrangements if the reporting requirements are met for the September reporting deadline.

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.

No further update at this stage.

### **Work Stream 2 (Glangwili)**

HDUHB has worked constructively with NWSSP to plan and implement a suitable agreement to formalise NWSSP's occupation of the site.

Research completed by NWSSP Specialist Estates Services, acting on behalf of both sides indicated that adoption of a more informal format of agreement (in unsigned form) would reduce the risk of creating obligations which may otherwise be deemed to apply under the Minimum Energy Efficiency Standard (MEES).

An 'Agreement' document has been developed between NWSSP and HDUHB, setting out roles and responsibilities around occupation of the hub site by NWSSP and confirming that the arrangement runs for the period 08 January 2025 to 31 March 2030.

## **Main Issues, Risks & Blockers**

### **Issues**

No issues

### **Risks**

Work Stream 1 - If CTMUHB and NWSSP cannot reach agreement on Tenure arrangements working relationships could become strained and increased risk of destabilising the revised operating model.

Workstream 1 - The condition of the building and site will generally deteriorate and may fall beneath a safe or viable operating standard.

### **Buy-in Risk**

If Health Boards do not buy-in to the process, there is a risk of failure to secure a signed MOTO. Communication has begun between all parties to mitigate any risk.

## **Impact on Existing Service/Arrangements**

No impact to existing service/arrangements

Project Name	Project Manager	Project Exec/SRO		
<b>Workforce Intelligence Service</b>	Bethan Rees	Nicola Phillips		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Amber</b> (Cost)	<b>Amber</b> (Overall)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
<b>Key Deliverables:</b>				
The key deliverables are: -				

- Review and expand staff benefits that are currently not available to primary care staff and to explore potential to expand access. For example, Salary Sacrifice Scheme.
- Develop understanding of why people stay or leave their roles in Primary Care.
- Undertake Feasibility Study to facilitate temporary staffing solutions in Primary Care.
- Co-ordinate guidance and expertise from NWSSP to contribute to delivery of key objective access to benefits.
- Develop NWSSP project in line with programme line.
- Monitor any risks & issues to delivery of plan.

## Progress Update

NWSSP are supporting delivery of the Strategic Workforce Plan for Primary Care in collaboration with HEIW. Progress has been made on the objective 'An equitable offer for Primary Care in terms of access to benefits, health and well-being, support and development opportunities' within the last month.

The following progress has been made during the last month: -

- **Staff Benefits** – This objective has been investigated extensively and can now be closed.
- **Exit Process** – No progress has been made in this period, as HEIW have not been able to share the data with NWSSP to complete analysis for the baseline position. However, discussions have taken place between HEIW and NWSSP and a data sharing agreement is in the process of being developed to allow data to be shared between the two organisations.
- **Temporary Staffing Solutions** – Discussions have taken place with the three professions to explore the option of extending Locum Hub (originally developed for indemnity purposes) to other professions such as Ophthalmic and Pharmacy. However, there was limited support for extending the Locum Hub at the present time. Therefore, there is no further action required for this objective.

## Main Issues, Risks & Blockers

### **Risks Above Threshold**

- There are no risks identified above the threshold.

## Impact on Existing Service/Arrangements

There is no impact on existing service 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)

<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			

### Objective

The objective of the project was to procure and implement a case management system.

## Progress Update

Legal and Risk Services (L&RS) have deployed the iCasework Legal Case and Document Management System across the division.

- The project is currently in the Closure stage aiming to handover all follow-on actions, backlog of developments, accepted risks, lessons learned and benefits realisation, however currently the team are focused on resolving an issue with the Application Programming Interface (API) that is responsible to extract the data used to create the monthly Quantum reports to the Health Boards. The work aims to stabilise the API, with handover of control from DHCW Client Services to NWSSP Informatics. Key reports have been successfully handed over and currently NWSSP L&RS and Informatics are working towards developing the automation of the reports

## Main Issues, Risks & Blockers

### **Issue**

API stabilisation and handover to NWSSP

## Impact on Existing Service/Arrangements

None

Project Name	Project Manager	Project Exec/SRO
Optimising Data Population	Rhiann Iles	Angela Jones

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

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

**Recent Gateway Review?** No

## Objective

Address known workforce data gaps in ESR ahead of the migration to the future workforce solution by:

- Designing and implementing a communications campaign to encourage NHS Wales employees to review and complete their personal data for all fields listed below.
- Collaborating with NWSSP Informatics to develop and deliver a technical solution to populate data gaps listed below (excluding fields\*).
  - Change Reason\*
  - Nationality
  - Emergency Contact\*
  - Ethnicity
  - Sexual Orientation
  - Disability
  - Marital Status
  - Religion

## Progress Update

The project has been subject to change since the last reporting period, and updated objectives and scope were agreed at a project board meeting on 14 July 2025. The supporting documentation presented at the meeting established clear boundaries for the project, ensuring a shared understanding among stakeholders and outlining deliverables for the project to achieve. This alignment was vital to ensure project progress, avoiding further delay and to focus efforts on actionable tasks that support the timeline for migrating from ESR to the future workforce solution.

The following documentation has been completed to support the updated project objectives:

- Scoping Document
- Terms of Reference
- High Level Project Plan
- Risk and Issue logs
- Action and Decision log
- Lessons Learned log

In recognition of future project direction and purpose, the project has been renamed- Optimising Data Population (ODP) and has progressed to the initiation stage.

The focus of the project will now centre on the development and implementation of communication activities to support employees (and Managers, where applicable) to update and review their personal information within ESR to populate gaps in data. In parallel, there is a continuation of an exploratory exercise with NWSSP Informatics to support the population of data from existing data sources, this also provides an opportunity to address any interface issues, creating a blocker within current automation processes.

A meeting took place on 06 August 2025 to establish data sources and discuss possibilities within existing systems. Actions are currently being undertaken to establish/progress the following:

- Provide baseline data from ESR to establish current picture of data gaps (all identified fields excluding change reason functionality are available within ESR) and stored information. held. This will be completed for NWSSP employees initially with the understanding that the practice will be repeated for all organisations within NHS Wales.
- Continue to explore automation as an option to populate data gaps from baseline data gathered.
- Scrutiny of information to explore if Nationality data can be extracted from current detail held within ESR. It is noted that Nationality data forms part of the national minimum data set requirements.

- A further option to address Nationality data gaps was presented: to explore the possibility of utilising data captured but not collected by Recruitment Services (Passport photo) as part of identity or Right to Work (RTW) checks has been discussed. The use of a passport for the purpose of these checks equates to 50% of the checks undertaken. A discussion with supplier TRUSTID will be facilitated if required. The possible use of Optical Character Recognition (OCR) software to capture nationality data has also been raised.

# TMO Dashboard Report

- Implementation of flow-based reminders as part of a communication campaign to employees to complete data, with possible escalation to managers for continuing incompleteness. Activity required will be derived from baseline data and may utilise automation.

The meeting also highlighted the need to update a previous mapping exercise to identify staff groups outside Agenda for Change (A4C) terms, in addition to any other interfaces with ESR or alternative recruitment practices. This is to recognise that the utilisation of a digital development/solution approach is not suitable for all areas of the NHS Wales workforce. This also provides further evidence to support a communications campaign with an emphasis on self-completion of data. It was further recognised that any activities planned must be aligned with privacy and data protection standards.

Progress against the above activities will be reported within the next reporting period.

## Risks and Issues

There are no risks or issues reporting over the agreed reporting threshold at this stage of the project.

## Main Issues, Risks & Blockers

As identified within scoping document. There are currently no risks or issues to report above the threshold of risk rating 15.

## Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Influenza Vaccine programme 2025	Rachel Pember	Jonathan Irvine

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

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	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 pharmacy lead has engaged with People and Organisational Development to create and fill new posts for the picking and packing of the Influenza Vaccines.

All Wales deployment of vaccine underway and bi weekly operational meetings established.

Ongoing discussions underway regarding next session Flu Vaccination programme with Welsh Government.

## Main Issues, Risks & Blockers

There are currently no risks or issues to report above the threshold of risk rating 15.

## Impact on Existing Service/Arrangements

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)

<b>Status</b>	<b>Green</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			

## Objective

Procure and implement an alternative system to Electronic Property Information Mapping Service (ePIMS) that meets the requirements of the Specialist Estates Services (SES) Property Team

## Background:

The project has been established to support the purchase of an alternative system for the SES Property Team to manage leases across NHS Wales. The UK Cabinet Office has been working with stakeholders to develop a new system for property management as the previous system, Electronic Property Information Mapping Service (ePIMS), was phased out in Mar-25. SES colleagues who have participated in this process, were informed that the new software would not be a replacement of ePIMS as this would not satisfy SES's needs as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.

## Progress Update

The NHS Wales Estates Database (NWED) was launched within the SES Property Team on the 02 May 2025, after the final data set was provided. Testing of the latest release has taken place with some minor changes to be made within the application. A few minor snagging points are in the process of being resolved. The Dashboard is almost ready to be deployed to the Health Boards and Trusts so that live reporting data and documents can be accessed by the specific users and this should occur by the end of September 2025. The focus will now be on ensuring communication and user training material/guides is available whilst the Project Team work on the automated notifications that SES and the Health Boards/Trust receive to ensure they are functioning correctly.

## Main Issues, Risks & Blockers

There is a risk around the transfer of knowledge throughout NWSSP Informatics as the Chief Digital Officer is scheduled to leave the organisation. The Project Team now consists of additional Informatics resources to handover knowledge and ensure that ongoing support arrangements have been made.

## Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Digitisation of Patient Medical Records	Bethan Rees, Alison Lewis	Nicola Phillips

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

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

**Recent Gateway Review?** No

## Objective

### IMTP 2024/25

1. Cease printing Electronic Patient Record (EPR) where GP2GP has been successful. GP2GP allows healthcare workers to transfer patients' electronic health records securely, and quickly between their old and new practices when they change GPs.
  - 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, i.e. 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

The All Wales Patient medical records, Task and Finish Group meeting was held on 14-Aug-25, prioritising 3 objectives and are due to meet on 17-Sept-25 for a progress update and agree next steps.

Deceased records require a change to the regulations and will be supported by Dr Ian Harris (GPC/BMA member) and Claire Cullen from Welsh Government to ensure this is completed by January 2026.

Destruction of Records - Department Health Commission Wales (DHCW) representative has agreed to review and feedback good practice guidance and suggested template/protocol being used in England as these have recently been updated, with the plan of adopting these and rollout to all Health Boards in Wales. The Head of Primary Care will obtain further legal advice, on how Wales can adopt the England guidelines.

The Project Manager and NWSSP Primary Care representatives are setting up an Operational Working Group to commence work required in the destruction of Primary Care medical records held on NWSSP Sites.

Cross Border GP2GP - The group agreed this needs to be a priority, The Department Health Commission Wales (DHCW) representative has agreed to contact the CIS2/Smartcard programme to start conversations to see if there is an opportunity to pilot some potential solutions. There is a requirement to link in with the Practice Manager who is on the group to understand the current cross border problems being experienced.

Cyber Security - The group agreed that the remit was to provide Heads of Primary Care with an update / briefing note on education and the eLearning opportunities, DHCW agreed to link in with Cyber / IG Colleagues to obtain the relevant information.

## Main Issues, Risks & Blockers

There are currently no risks or issues to report above the threshold of risk rating 15.

## Impact on Existing Service/Arrangements

There is no impact to existing arrangements.

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

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

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

**Recent Gateway Review?** No

## Objective

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

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

## Progress Update

### Implementation

Both Phase One and Phase Two of the implementation are now live.

Further correspondence has been sent to practices to confirm their switchover dates and to provide comprehensive guidance on what to expect throughout the transition period.

Following the rollout, the project team will shift focus towards establishing a robust process for domiciliary care providers.

Collaborative efforts are ongoing with Optometry Wales, domiciliary service providers, and National Clinical Leads to design a streamlined and effective clinical waste management solution tailored specifically for domiciliary settings.

### Revised Timescales

Due to the phased nature of the contract implementation, the revised project completion date is now set for October 2025. This extension will ensure sufficient time for the successful delivery of Phases One and Two, as well as allow for a thorough review and refinement of internal processes.

## Main Issues, Risks & Blockers

### Risks

There is a risk that of inadequate resource within the NWSSP Primary Care Services team to manage the new process for WGOS Clinical Waste. To mitigate this risk the Project Team will work closely with PCS colleagues to ensure adequate resource is available.

## Impact on Existing Service/Arrangements

Project on target therefore no impact to stakeholders.

Project Name	Project Manager	Project Exec/SRO
Implementation of NWSSP Microbiology Monitoring Service	Myra Jones	Laura-Jayne Keating

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

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

**Recent Gateway Review?** No

## Objective

Creation of a new service, based at IP5, to provide sterility assurance for the injectable medicines that are produced within its Aseptic Units. To be a licensed and fully functioning microbiology monitoring service and operational by Jun-25.

## Progress Update

### Audit & GAP Analysis

An independent readiness audit was completed and was positive. A GAP analysis will be undertaken to identify any additional actions required, which will be incorporated into the existing Project Plan.

The audit report will be circulated alongside the meeting Action Notes (CP to send to MJ).

### Documentation

The Project Plan now includes a comprehensive list of 120 documents required for service delivery. These have been prioritised for completion.

The approval process remains a pinch point; however, mitigation steps have been taken:

- David Wardle has been allocated dedicated time to work from home to reduce interruptions and improve focus.
- Staffing within the unit has improved, with a third Band 4 member (with Microbiology experience) joining on 4th August. This individual will support document completion alongside the existing Band 4 staff.

All documents must be completed prior to inspection. While the service is not yet operational, this provides an advantage in simplifying the inspection process. Review responsibilities have been clearly assigned, and prioritisation is in place.

### Timeline & MHRA Inspection

The target for service readiness is end of October. While it is technically possible to commence without MHRA approval, this is not the preferred route. The license variation has been submitted, but an inspection date is still pending.

### Validation & Incident Review

Two incubators require temperature validation due to being out of sync. This task will be added to the Project Plan.

A recent incident at Llandough prompted a review of process robustness. The investigation confirmed that existing procedures are sufficiently robust and would have prevented the issue.

To date (14/08/2025)

Approved Documents: 25

Documents Not Started: 71

## Main Issues, Risks & Blockers

To be identified.

## Impact on Existing Service/Arrangements

Project is currently on target, therefore no impact on existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP	Rhiann Iles	Nicola Phillips

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

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

**Recent Gateway Review?** No

## Objective

The objectives of the project are:

- To align, streamline and enhance operational practices within NWSSP Primary Care Services with change established by contract reform within the Wales General Ophthalmic Service (WGOS) to maintain robust and efficient service delivery.
- With particular focus on the NWSSP led IT, Data and Digital workstream, explore and identify opportunities and options for digital enhancement and development to meet workstream objectives. This includes:
- Exploration of an alternative provision to replace the existing National Form Contract, in support of a transition to a Value-Based contract and a paperless system in advance of the end of the current contract on 30th June 2028. (NHS Wales is a named beneficiary of the contract held between NHSBSA and Xerox UK Ltd) \*.

\* See report content for proposed objective revision.

## **Progress Update**

Work has continued throughout the reporting period to deliver the objectives of the project, developed in close alignment with goals set within the IT, Data and Digital Workstream of the Welsh General Ophthalmic Service (WGOS) programme, governed by the Eye Care Wales Committee (ECWC).

The overall project percentage completion has reduced since the last reporting period, and this is due to the recent reconfiguration of the project plan.

## **Activities within Reporting Period**

### **Project Board Meeting 03 September 2025**

There was an overall review of project progress and timescale. Discussion within the meeting recognised that current and ongoing activities within the wider WGOS programme necessitates a change in one of the project objectives:

- National Form Contract Review and redesign- In recognition of the anticipated timescale for project completion, work to deliver a review and re-design of the contract, planned activities will centre on updating and streamlining current, paper WGOS forms for contractor claim and remuneration. This work will support and contribute to the subsequent review as well as provide an outline specification for the future data capture requirements for NWSSP in preparation for the introduction of ongoing digital developments within the overall programme.

- A proposal for the revised objective will be sent to project board for approval and will be confirmed within the next report.

Discussion within the meeting confirmed acceptance of project progress to date and an agreement of the continuing RAG status (green).

## **Project Team Activities**

The project team continues to deliver activities to meet the set objectives. Areas of work include:

-Acceptance of v.2 of the project plan following a reconfiguration exercise to focus on remaining tasks in alignment with ongoing rollout of the Primary Care Workforce Information System (PCWIS). This exercise was further supported through discussion within project board.

Ongoing streamlining, enhancement and completion of Standard Operating Procedures (SOP's) to support operational processes to facilitate contractor claim and remuneration.

In addition, further areas of project activity have identified the need for the development of further SOP's, and these are currently in progress.

The implementation of Signed Orders - A series of internal workshops are in progress to plan the development of systems and processes to support the introduction and integration of Signed Orders within the programme. A series of options are being explored to ensure that NWSSP is able to facilitate payment and comply with reporting requirements with immediacy, in addition to developing an optimum solution.

Consumables Remuneration process - A payment schedule for 2025/2026 has been finalised, based on current payment criteria. Workshop sessions are ongoing to identify and capture alternative options for remuneration as requested by Welsh Government and a paper will be presented to the Eye Care Wales Committee upon completion of this exercise.

## **Future Project Team Activities**

Work planned for the next reporting period includes the following:

- Ongoing completion of Standard Operating Procedures (SOP's)
- Completion of Signed Orders workshops to inform activities
- Completion of Consumables workshops to inform future directions and establish activities required.
- Commencement of activities to review paper forms to inform the revised Contract Review objective.

## **Main Issues, Risks & Blockers**

There are no risks and issues scoring over the agreed threshold. However, the following additional risk and issue are noted:

### **Risk**

Resource for development work needed for the implementation of Signed Orders – Current conversations will inform exact activities required and secure an estimated timescale.

### **Issue**

Practice Closure Protocol- From SMT list. The document is awaiting Health Board sign off and this is being seen as a blocker to the passing of the document.

## Impact on Existing Service/Arrangements

The resources needed to undertake developments required as part of the project may have a potential impact on operational (business as usual) activities.

Project Name	Project Manager	Project Exec/SRO
<b>Nantgarw HQ and Companies House refurbishment</b>	Abbie Shackson	Alison Ramsey

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

**Status** Green (Overall)

**Recent Gateway Review?** No

### Objective

### Progress Update

Both sites have been refurbished using predominantly recycled furniture, in accordance with the project scope.

The proposed desk layout has been implemented at both locations, and both sites are now fully operational. Agile workspaces have been created where feasible, and the desk booking system is fully deployed and in use at both sites.

A staff survey has been distributed to gather feedback on the refurbishment. The data collected from this survey will be used to identify potential lessons learned and areas for improvement.

The Project Team is currently exploring the integration of meeting room bookings into the desk booking application.

All surplus furniture not claimed by staff was collected by the appointed removal company, Masons, for appropriate recycling and disposal.

The project is now moving towards closure, with certain elements being transitioned to business as usual.

A lessons learned document has been drafted.

## Main Issues, Risks & Blockers

There are no risks or issues scoring over the agreed reporting threshold within the project environment.

## Impact on Existing Service/Arrangements

Project is currently on target, therefore not currently any impact on existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
<b>Corporate Governance Community of Practice</b>	Rachel Pember, Julian Bowen-Sargent	James Quance

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

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

**Recent Gateway Review?** No

### Objective

The Community of Corporate Governance Practice formally launched on 26 May with information provided on [Viva Engage](#) and an article on the HEIW [Gwella platform](#).

There are currently 102 members on the Viva Engage site with the article on Gwella has receiving 581 views.

Of the 13 NHS Wales organisations working within the corporate governance field there are approximately a workforce of 150 staff.

The focus is to build on that successful launch by providing content that will enthuse members and continue engagement by taking forward the details on some key initiatives.

The primary objectives are:

- Promoting Corporate Governance as a career - support retention and development of staff.
- Support all NHS Wales organisations to learn and/or work collaboratively on Governance matters where this adds value.
- Improving standards of governance across Wales, reducing the risk and costs of Governance failure.

**Key deliverables over the next 12 months are:**

- Engagement and Sharing - A bespoke Viva Engage and Gwella Platform to communicate and engage with each other.
- Develop Masterclasses for Corporate Governance.
- Professional development opportunities such as establishing a mentoring programme for Corporate Governance Staff in NHS Wales.
- An inaugural All Wales NHS Corporate Governance Conference in October 2025
- Opportunities to identify and support the integration of compassionate leadership and NHS Management Competencies into Corporate Governance practices
- Shared resources/content to make relevant to colleagues (for example, legislation and board effectiveness documents)

## Progress Update

Initial meeting with Programme Manager in Jun 25 went ahead to discuss project support requirements and key deliverables.

Scoping document underway and will be presented at the next Project Board.

Terms of Reference approved by Project Board / Steering Group in August 2025.

Conference planning underway with date confirmed of 24 October 2025, speakers confirmed and ongoing preparation being undertaken.

Dedicated conference subgroup established with the Head/Directors of Governance from Betsi Cadwaladr University Health Board (BCUHB) and Digital Health Care Wales (DHCW) meeting bi-weekly and then weekly in Oct 25.

Corporate Governance Masterclasses for 2025 dates confirmed with first class scheduled for 26 Sept 2025.

## Main Issues, Risks & Blockers

There are no risks or issues scoring over the agreed reporting threshold within the project environment.

## Impact on Existing Service/Arrangements

There is not currently any anticipated impact on existing service arrangements.

Project Name	Project Manager	Project Exec/SRO
<b>Wales Infected Blood Support Scheme Decommissioning</b>	Paul Thomas	Rebecca Nelson

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

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

**Recent Gateway Review?** No

## Objective

WIBSS (Wales Infected Blood Support Scheme) was established in 2017 following the dissolution of UK-wide Alliance House organisations.

Each devolved nation took over administration for their own infected individuals. Disparities in payment rates between nations were resolved in 2020 with a parity agreement.

The Infected Blood Inquiry has led to interim compensation payments to date. There are approximately 217 beneficiaries registered through the scheme.

Welsh Government notified NHS Wales Shared services and Velindre University Health Board of the decision that the service is to be centralised, and the Wales Infected Blood Support Scheme (WIBSS) will be made redundant with the service moving to the new newly established Infected Blood Compensation Authority (IBCA).

There will be limited changes seen for the beneficiaries but there is currently 8 members of WIBSS staff that are affected.

The Objective is to ensure a smooth decommission / transition process for the beneficiaries, staff, database, website, physical files by 15 January 27.

## Progress Update

SRO has been confirmed, Project Board is now established. Other Project Team members have been identified, and engagement has commenced.

On 21 July 25, it was agreed in Parliament that the Wales, Scotland and Northern Ireland Schemes would be extended for a further 12 months.

The first Project Board meeting took place 24 July 25. It was agreed by the Board to continue with the project and approval was granted to move the project to initiation stage with a revised end date of 15 January 27.

Project Team meetings have been arranged and will commence W/C 08 September 25.

## **Main Issues, Risks & Blockers**

### Risks

R1 - If Job role, travel requirements and location are not confirmed by IBCA, the staff will not be able to decide on transfer, delaying the process

R2 - If communication is not clear throughout process, this will cause further stress on staff and beneficiaries

R3 - If the physical files are lost in transit from WIBSS to IBCA, this will breach the Data Protection and GDPR regulations

R4 - Project will run through the summer and Christmas, reducing the availability on resources over project period

## **Impact on Existing Service/Arrangements**

Current service will continue until the transfer of services on 15 January 2027

Project Name	Project Manager	Project Exec/SRO
Speaking Up Safely	Abigail Shackson	Gareth Hardacre

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

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

**Recent Gateway Review?** No

### **Objective**

To facilitate the onboarding and sustainability of a new service to allow colleagues to follow the Speaking Up framework as directed to us to do by Welsh Government.

### **Progress Update**

The project team has been established, and a comprehensive project plan outlining key tasks and milestones has been developed.

Following agreement between the Project Executive and the Project Manager, the go-live date for the 'Working in Confidence' platform has been rescheduled to week commencing 22 September 2025, to accommodate annual leave commitments.

A draft project brief has been produced and circulated for stakeholder feedback. In addition, initial project risks and anticipated benefits have been identified and documented.

## **Main Issues, Risks & Blockers**

### Risks

#### **Misuse of the Platform**

- Staff may use the platform to submit malicious, false, or frivolous complaints.

#### **Lack of Follow-Up**

- Concerns raised may not be addressed within the timeframes specified which may lead to loss of trust.

#### **Platform Technical Failures**

- There is a risk of platform downtime or data loss

#### **Lack of Welsh Language Conversational Recipients**

- Lack of fluent Welsh conversational recipients in due to internal resourcing constraints

#### **Potential risk of breach of confidentiality**

- Identity of the person raising the concern may be unintentionally revealed.

### Issues

- No live issue

## **Impact on Existing Service/Arrangements**

None

Project Name	Programme Manager	Project Exec/SRO
<b>Fleet Modernisation Programme</b>	Tim Knight	Tony Chatfield

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

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

**Recent Gateway Review?** No

**Objective**

A shortened version of the programme vision is to have a fully operational fleet, which meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan. Therefore, the fleet should utilise battery electric and ultra-low emissions vehicles wherever practicably possible, and the programme is to include the upgrading or development of the relevant supporting charging infrastructure.

The new fleet will need to continue to deliver on the existing requirements of the health organisations within NHS Wales, including those functions that are internal to NWSSP, in addition to being able to support the continuously evolving needs of primary, secondary, and community care provision, and as such fleet optimisation and maintenance arrangements of the fleet will be reviewed as part of the programme also.

This is a ten-year vision which is to be achieved through two sequential five-year programmes, and each programme will have annual Business Justification Cases submitted to demonstrate the case for change, options appraisal, potential benefits before outlining the preferred way forward.

The initial programme seeks to deliver objectives that:

- Replace existing vehicles that have both reached the seven-year vehicle maintenance profile and are no longer fit for purpose with either Battery Electric or Ultra Low Emissions Vehicles, increasing our operational resilience whilst reducing our carbon emissions and our fuel/maintenance costs and meeting the expectations of the NHS Wales Decarbonisation Strategic Delivery Plan.
- To have sufficient and robust vehicle maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.
- Install new, or upgrade existing, charging infrastructure to allow for effective fleet optimisation with new Vehicles.
- To have sufficient and robust infrastructure maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.

**Progress Update**

We are working to deliver an initial draft of the Programme Business Case (PBC) to Welsh Government in the coming weeks, which will outline the approach for each of the five years.

In the interest of time, this Business Justification Case for year 1 was submitted prior to the Programme Business Case. This was sent at the start of August 2025 and was done following guidance from Welsh Government.

Within the Year 1 Business Justification Case, we are requesting capital for the procurement of seventeen medium sized Battery Electric Vehicles, and the response to this submission is pending.

**Main Issues, Risks & Blockers**

Time is the biggest risk to progress at the moment, and we would like to be starting the procurement process during October ideally, to allow time for the procurement process to complete together with vehicle conversions to be installed and the vehicles made operational prior to the end of March 2026.

**Impact on Existing Service/Arrangements**

Current service will continue and new vehicles will be gradually integrated with little to no impact.

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

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

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

**Recent Gateway Review?** No

## Objective

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by March 2023, this was delayed on 3 separate occasions by the Programme before being realised in November 2023.

## Progress Update

To note the percentage completion is based on an average of both Reimbursement and Smartcards workstreams. With the addition of tasks relating to Processes, Dispensing Doctors, Dashboard, Smartcards Dispensing Drs and Urgent Primary Care the new latest workstream percentages are: 93% Reimbursement, 71% Smartcards. Overall project completion is 82%.

The Programme continues to focus on rollout to Dispensing Doctors, Urgent & Emergency Care (Out of Hours) and EPS Anywhere.

There is no further update on INPS (Cegedim GP) buyer however DHCW Executive have granted approval for the accelerated GP clinical migration. Additional practice will be onboarded from October 2025, concluding in May 2026 (going from an average of 2 a week up to 4 per week). Additional resource has been approved for NWSSP to support this.

A decision has been made within NWSSP to re-scope the EPS Project to include emerging requirements, timescales and benefits of each. This will take place over the subsequent weeks and signed off by the Project Board for approval to proceed.

## Progress Update

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

**Integration/Development of Internal Applications:** The live EPS public facing dashboard continues to be monitored and developed. The User Acceptance Testing (UAT) of the EPS changes to Quality Control and the Reg App is still underway. The Agency Nurse independent prescribers J numbers process SBAR has been reviewed by PCS Contracts Management who have provided feedback that is currently being reviewed internally by the Project Team to be escalated to the impacted Health Board with the NWSSP agreed decision.

**Assurance:** Urgent Primary/Emergency Care (Out of Hours) testing is underway and Data Capture have located numerous claims from the Adastra/OneAdvanced supplier that have been processed correctly. PCS have agreed that the EPS Programme can proceed with the testing process. The Dispensing Drs First of Type (FOT) sites for Invatech and EMIS are still unconfirmed, therefore is on hold until agreed.

**Service Management:** The dashboard SLA content has been reviewed by the EPS Programme Manager who has provided feedback. Changes are currently being made and the updated version will be submitted to NWSSP Project Board and DHCW Commercial team. The Change of Ownership/Consolidation process was approved by PCS SMT on the 21 August 2025. Programme teams are working with NWSSP and DHCW PCMH to hand over service ownership by the end of the quarter.

**Communication Approach:** DHCW are currently developing the bilingual EPS web pages.

**Funding:** Funding has been secured for 2025/2026, and the invoice has been raised. EPS Programme Team are still working towards securing ongoing BAU funding for EPS by writing a communication to Welsh Government which is awaiting feedback.

## Smart Cards:

- The validating the Superintendent Pharmacist when nominating RA Agents process has been agreed by the Smartcards team and Contracts Management. This will now be utilised for new RA Agent nominations.
- Smartcard and RA provisions for Urgent Primary Care (UPC) discussions have started. NWSSP have agreed to mirror the approach that is currently used for GP sites, where an RA Agent will be nominated for each Health Board, with multiple Sponsors available for the Out of Hours shifts.
- RA Agent Nomination form has been built for UPC and will be used for the FOT site.
- Discussions ongoing regarding the Standard Smartcards Positions that should be needed for every ODS code/UPC site.
- Investigation into the Care Identity Management test system is progressing towards setting up the Smartcards team with additional Smartcards specifically to access the system in order to deliver joint training sessions to the RA Agents at the Cluster sites.

## Main Issues, Risks & Blockers

## Risks

BAU recurring funding for EPS Service - Currently there is no confirmed funding post financial year 2025/2026 for BAU costs of the EPS Service. DHCW EPS Programme Team have submitted a formal letter to Welsh Government outlining the current position and the funding requirements to continue the EPS Service across Wales. If there is no BAU funding confirmed then NWSSP would be unable to fund the resources, materials and overall operational costs of EPS, resulting in the EPS Service halting.

## Impact on Existing Service/Arrangements

No impact to existing arrangements. Project status returned to Green since confirmation of 2025/2026 funding.

## Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>L&amp;R Matters Invoicing Process</b>	Niall Quilton, Tim Knight, Rebecca Bowen	Stefan Dakovic, Sue Saunders

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

**Status** Red (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

This initiative has been moved into Red to reflect the delays outside of TMO control. These delays have been noted in the Verto progress updates, and rely on NWSSP Legal & Risk to provide a resolution to the data/API feeds with the support of NWSSP Digital.

The original Go Live date was scheduled in for 01 November 2024 but has had to be rescheduled a number of times, most recently to after receiving an email from NWSSP Digital on 13 February 2025 proposing that the implementation of this solution was paused until the implementation of the new NWSSP Legal & Risk (L&R) iCaseworker system, which went live 07 April 2025.

NWSSP Legal & Risk and NWSSP Digital concluded that Quarter Billing System (QBS) and the processes (one of which is the data for Finance) that are place around it will be impacted by the go live of the iCasework Solution, and that the technical landscape will change either in the immediate or medium term significantly enough to cause an impact the design and work being done for our Finance power apps solution.

Legal & Risk are currently developing the reporting function through the iCasework system to provide the output required for the Finance L&R Matters process and have confirmed that they will inform us when the reporting function is operational, so that we can proceed with implementation planning. We were informed this was likely to be in July 2025, but this solution is still not in place.

#### **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 approximately 2 days.
- Automating the saving of each individual PDF from the remote desktop to SharePoint will save 3 days.
- Automating the QBS day 1 process will save 3.7 hours which equates to 0.5 days
- Setting up an automated reminder system should see an average saving of 2.6 days per month.

In parallel, the improvement group are currently working to identify and improve the data coming from the system to make it suitable for automation, which need to happen before testing the developed process following submission.

#### Main Issues, Risks & Blockers

#### **The main issues and blockers:**

# TMO Dashboard Report

1. Implementation of the Legal & Risk (L&R) iCaseworker system and subsequent review and development of associated apps that impact on the L&R Matters invoice files and data required by Finance.
2. If deemed required following the above, the RPA Team need to secure Power App gateway permissions and governance sign-off to move files from the on-premises location to the cloud. This is required to complete the Power App build, test the development and secure a go-live date.
3. 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.
4. Preparing the data in the current Finance spreadsheet format to load into the MS List. This requires adjustments, testing and validation.
5. Initial staff training was delivered to the Finance team by the RPA team in early January 2025, with on-going support scheduled before and proceeding Go-live. We will revisit training refreshers closer to Go-live once this is known.

## The risks are as follows:

- Benefits to be realised by Finance being lost due to continuing delays and reliance on inter-dependant projects.
- Implementation of the Legal & Risk (L&R) iCaseworker system does not produce the required outputs for Finance and the power apps solution.
- Power BI dashboard not producing the required reporting and monitoring output – requires live data to fully test between the current Excel summary dashboard and the new Power BI dashboard.
- Corruption or errors found in the transfer of data from the current spreadsheet data to the new MS List format.
- The output from changes to the Legal & Risk Quarterly Billing System (QBS) and case management system causing issues to the new Matters approval process.
- Capacity of RPA/M365 Power Apps Team to develop, test and implement within timescales set.
- Functionality of the M365 Power Apps to complete the ask without manual interventions.

## Impact on Existing Service/Arrangements

To improve the process through automation, increasing capacity through the increased availability of staff.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Greenvale Laundry</b>	Kim Eley, Oliver Rix	Anthony Hayward

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

**Status** Amber (Overall)

### Objective

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

### Progress Update

Moved to Amber status due to complications in communication channels and overall resource availability, driven by the implementation of organisational change and employee absence.

Due to the high level of staff absence at Greenvale, overall progress has slowed. As a result, efforts have primarily focused on HCS, with particular attention given to driver scheduling.

A driver tracker has been developed to monitor the volume of cages delivered to sites, the number of dirty linen cages collected, and the remaining cages left on-site. Initial data has indicated slight deviations in driver scheduling, which have been escalated to HCS for review. A meeting was held on 29th August 2025 to discuss these challenges and agree on actions to address the scheduling concerns and support service delivery moving forward.

### Main Issues, Risks & Blockers

Access to relevant data and availability of resource.

## Impact on Existing Service/Arrangements

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

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>IOH Review</b>	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

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

**Status** Green (Overall)

### Objective

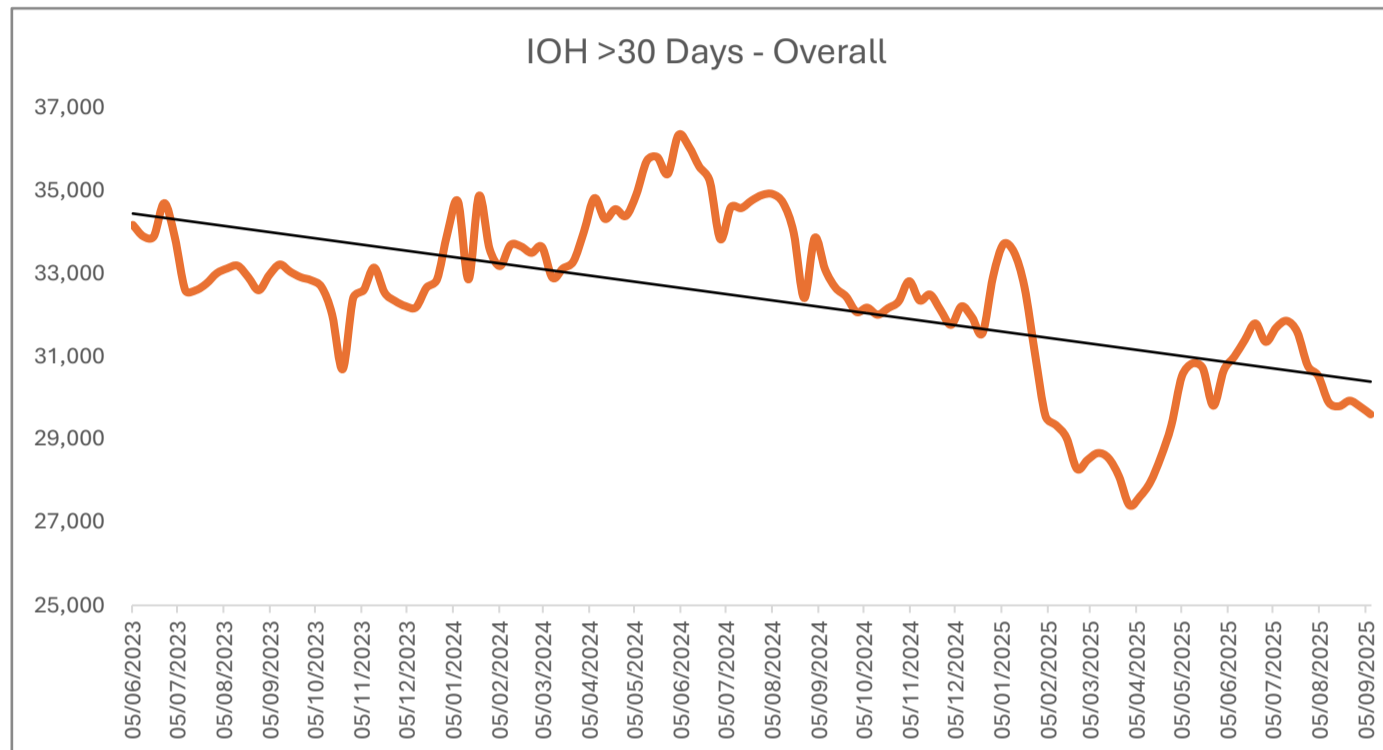
The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

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 Invoices on Hold (IOH) over 30 Day position is at 29,601 compared to 33,090 at the same time last year, representing an 11% reduction which is in line with our forecast.



The overall IOH is following a similar trend, showing a 5 % reduction over the last 12 months, reporting at 43,106 compared to 45,448 at the same time last year.

The NWSSP IOH steering group, consisting of Heads of Service and senior leaders from Finance, Accounts Payable, Procurement, and the Transformation Management Office have now been recommended.

### **All Wales Procure to Pay Governance Group (AWP2PGG) -**

The Steering Group have reinstated the All Wales P2P Governance Group which meets every month to review progress against key objectives and actions, to include Receipting, No Purchase Order No Pay and Tolerance thresholds relating to the Invoices on Hold report.

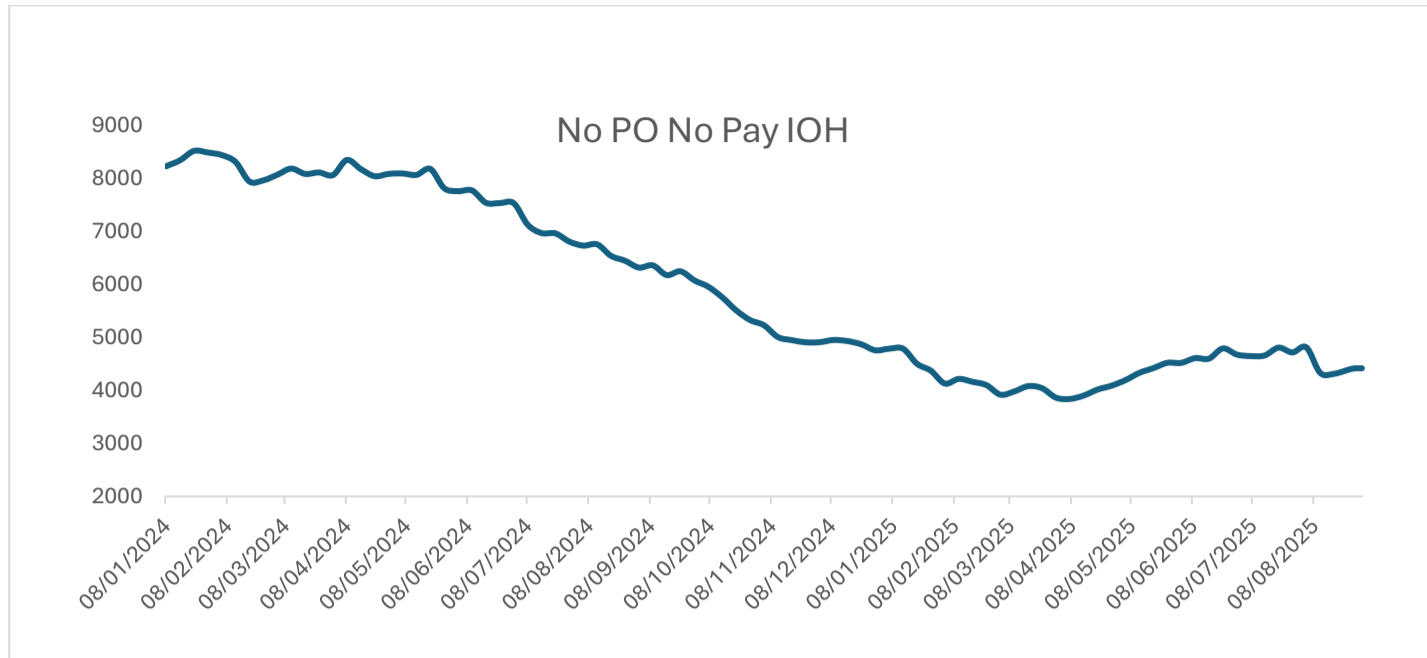
The group also offers an opportunity for wider scrutiny of improvements from partners and are always aiming to deliver all Wales adoption of improvements and processes where possible.

The AWP2PGG is facilitated by the eEnablement and Service Improvement team forming part of their BAU, and the NWSSP Transformation Management Office attend the monthly meetings on a contributory basis to provide updates on any inflight initiatives, and also from a consultancy position to offer guidance on other matters as required.

Some of the inflight initiatives can be seen below.

### **No Purchase Order No Pay (NPNP) -**

The position has plateaued, reporting 4421 compared to 6323 at the same time last year, representing a 30% reduction year on year.



**Max Ship Holds -**

As capacity allows, the Transformation Management Office 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. Work has begun in this area with an increasing focus over recent months.

**Quantity Received Holds - Receipting Reminder Automation**

To improve consistency with the reminder process and ensure all Wales coverage, the pre-existing reminder process has been automated and improved. Requisitioners and Approvers will now receive and email that includes and attachment which advises of all goods that need to be receipted within Oracle that come under their responsibility, and they are invited to go to Oracle to approve. This process went live on the 13 January 2025 (Phase 1).

Phase 2 is to build in an escalation point for invoices that remain "unreceipted" within Oracle following 20 days. The process has been mapped, though the point of escalation has not been confirmed and we will be working to establish this over the coming months. As the escalation will represent a new process to Health Boards, we will seek confirmation and approval through the All Wales P2P Governance Group, the members of which are aware of this Improvement and have been providing feedback as it develops.

**Account Management Proof of Concept - Medtronic -**

Meetings are taking place with our third largest supplier, Medtronic, in terms of IOH, and we are looking to work collaboratively to explore opportunities for both organisations to improve their processes in order to improve the number of invoices that are submitted and are processed without human intervention (increasing out straight through processing metric). Maxship and Quantity Received holds form more than 70% of the Invoices that are on hold for Medtronic and we are currently reconciling statements against that they have provided, whilst also completing further analyses before coming back with suggestions for improvement.

Additionally, we are exploring option to reduce hold relating to Not on Statement, Quantity Received and any older than January 2024 as a priority, in an attempt to build faith, traction and motivation. Individual Health Organisations have been approached for confirmation on what they would need to release these invoices.

**Transformation Management Office Support -**

The support provided by the Transformation Management Office was due to end at the end of April, other than to attend the AWP2PGG and complete any inflight initiatives. That said, the Assistant head of Service Improvement has offered a six month extension from the start of July to reactivate the IOH Steering Group and to identify improvements to change the course of current trends.

**Main Issues, Risks & Blockers**

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

**Impact on Existing Service/Arrangements**

None

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Variable Pay Initiative	Tim Knight	Neil Frow/Alison Ramsey
<b>Monthly Update (key/issues (blockages)/risks)</b>		
<b>Status</b>	<b>Green</b> (Overall)	
<b>Objective</b>		

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.

## **Headline**

There has been a 67% reduction in overtime usage between August 2023 and August 2025, and since this initiative began. There will have been many contributing factors to this reduction, some of which are outlined below.

## **Progress Update**

Through our findings it was determined that 89% of variable pay is worked across bands 2,3 and 4 and the use of bank staff offered the most cost effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime. Additionally, there was a 75% correlation identified between the use of variable pay and the number of hours lost between special leave, and sickness absence.

Following the principles of pareto analysis, we then worked to identify the root causes, identifying 18 improvements that can be made in this area across different levels of the Organisation. These improvements are managed centrally through a task and finish group that has been put in place to work through them in sequence, and is formed of service leads from Finance, People & Organisational Development, Performance and Service Improvement.

Some of the improvements being explored and managed by the relevant service areas are as follows, and these will act as enablers to further improvements around the centralisation of data and scale and spread of live reporting:

## **Overtime Request Application** –

We have launched an overtime request application across 75% of our organisation, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process. This information is helping relevant stakeholders to understand when overtime is being requested, in what section, and for what reason, which is all to be pulled together in a live dashboard. This offers improved visibility to strategic and operational leads helping to identify potential problems, support data led decision making, and resource capacity planning.

The Pilot currently has 75% Organisational coverage and is to be extended in the coming weeks to different services areas, increasing our coverage to 90% of overtime requests being raised.

In parallel, a procedure document has been developed to formalise our approach as an organisation, this procedure has been co-created with partners from People and Organisational Development, Information Governance, Finance, and Union representatives, and was approved through our Formal Senior Leadership Group.

We have also developed real-time dashboards in relation to overtime being used within the areas that have been onboarded to the application.

## **Organisational Dashboard**

We are beginning to explore the development of an Organisational Variable pay dashboard, presenting information around the use of Bank, Agency and Overtime in as close to real time as possible, and exploratory work on this will commence in the coming months.

## **Productivity**

Productivity Pilot - Reported separately and below -

## **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**

There is a requirement to fill out the overtime request form manually, taking approximately 30 seconds per request, with most service areas requiring between 10 and 20 requests per week as a maximum.

<b>Initiative Name</b>	<b>Service Improvement Lead</b>	<b>Service Improvement Sponsor</b>
<b>VP - Productivity Pilot - Accounts Payable</b>	Niall Quilton	Russell Ward
<b>Monthly Update (key/issues (blockages)/risks)</b>		
<b>Status</b>	<b>Green</b> (Overall)	
<b>Objective</b>		

Measure productivity across teams through data analysis, stakeholder feedback, and pilot trials.

## Progress Update

Date: **1st September 2025**

### 1. Key Highlights

- Dashboard has been "show n tell'd" to working group for feedback
- Scheme has been developed and to go live by the end of September
- RPA & TMO are now working on taking dashboard to beta
- Activity logs – feedback received from team and process is now live
- Plan to scale and spread needs to be completed

### 2. What's Next

Final phase will be to go live and monitor the impact of the application, reviewing lessons learned. We need to set up a future feedback loop (meeting or report) to showcase how this can be used in future workforce planning.

## Main Issues, Risks & Blockers

Time availability of AP staff – Limited windows for observation due to operational pressures and month-end deadlines.

Access to systems and data – Restrictions on financial data visibility due to confidentiality and compliance requirements.

Legacy system instability – Older systems may perform inconsistently, affecting the observation.

Change of Software / SOP - potential for disruption and potential resource needed to change measures/dashboard

Manual processes not documented – Informal workarounds may not be visible or officially recorded.

Staff resistance – not all teams currently time record and there are different mechanisms in place for doing some activity recording. It will be a task to ensure that a standard way of capturing data is approved and sustained.

## Impact on Existing Service/Arrangements

The activity logs are taking approximately 20% longer to complete than the older versions and work is being done to understand this in greater detail.

## NON TMO Managed Initiatives

Project Name	Project Manager	Project Exec/SRO
<b>ESR Transformation Programme</b>	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 as follows:

### Programme Update

- A preferred bidder has been identified and official notification of who the new supplier is will be announced in early September 2025. Contract signing is scheduled for 6 October 2025.
- Transition to supplier of new agreement will commence in Autumn 2025, with design, development and build of new solution to commence at the same time.
- The Full Business Case (FBC) has been submitted to DHSC, and we are waiting on approval from Welsh Government and DHSC, which will include financial modelling.
- Approval of the FBC by Cabinet and HM Treasury is anticipated early September

### Early Readiness Survey/Baselining

Work continues in the Organisational Readiness space. A Readiness Framework will be developed to include data from the Organisational Readiness Survey and the Levels of Attainment to aid the supplier with their implementation in terms of identifying early adopters.

## NHSBSA Structure

The Readiness and Implementation teams within the NHSBSA have been established, with one specifically dedicated to NHS Wales with the support of a Senior Implementation Manager and Implementation Manager. This will be boosted by further support over the coming months.

## Design Workshops

A total of 65 volunteers from across NHS Wales have submitted expressions of interest to support the design and build stage of the new solution. The NHSBSA will now validate the submissions, the outcome of which will be expected October/November with the aim to commence the workshops in the New Year.

## Shared Services Workshop

A workshop was held in August facilitated by the NHSBSA to understand the concept of our Shared Services organisation with a deep dive into the specific functions impacted by the new future workforce solution. Representatives from Digital Workforce, People & OD and Employment Services were in attendance. Feedback will be provided over the next few weeks.

## Engagement

The team continue to engage with various forums and are scheduled to attend the Welsh Language Group and Workforce Planning Forum in October/November 2025. They have also been asked to partake in an ESR Transformation Project Workshop with PHW in October.

## Optimisation Update

**Data Quality** - Work progresses in terms of the Nursing & Midwifery staff group data. Various meetings have been held with respective SMES, and presentations have been given at various nursing forums. In addition to this there are individual projects reviewing optometry, theatre and digital staff groups.

**Establishment Control** - A strategic workshop was held on 11th July to re-establish this piece of work which was fully supported by Workforce and Finance colleagues. A Community of Practice is currently being established to provide guidance and support to those organisations who are about to embark on the journey. It is planned that the first meeting will be held in October 2025.

**Self Service** - Efforts continue to maximise existing functionality and address data gaps. A campaign is being developed to encourage individuals to update their personal data in ESR. The team is working with NWSSP informatics to develop a solution to prevent further data gaps.

## What's next?

- The announcement of the preferred bidder
- Outcome from the Shared Services workshop
- Confirmation of volunteers for the design workshops
- A series of innovation hubs are currently being planned, whereby you will have an opportunity to meet the team from the NHSBSA who will be working with us through this next phase. The innovation hubs will explore change readiness transformation, assess implications and benefits, and shape local readiness plans. The data collected earlier this year will enable these discussions.

## Main Issues, Risks & Blockers

Significant culture and process change  
 Consideration to existing processes including payroll to ensure no disruption to service  
 No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

## Impact on Existing Service/Arrangements

On track - no impact to customers.

Project Name	Project Manager	Project Exec/SRO		
Scan 4 Safety	Andrew Smallwood	Andy Smallwood		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
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, strengthen 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.				
<b>Progress Update</b>				

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly patient safety wise.

All Health Boards are now up and running with scanning products to patients following Cwm Taf Morgannwg and Betsi Cadwaladr University Health Boards both going live in the last Quarter.

Current run rates are as follows:

Value of monthly S4S transactions c£6.2m

Volume of monthly requisition lines automated c85k

Number of patients scanned and linked to products per month c1,400

## **Main Issues, Risks & Blockers**

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases, alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW in respect of developing a Welsh Health Circular to be issued. A publication date is not known, but expected to be within 2025.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. Additional moratoriums on non-medical or nursing staff recruitment are in place at a number of organisations. This is being worked around with each organisation based on local pressure, but impacting the speed of rollout.

Health Board calculation and reporting of benefits remain a challenge with significant variation of approaches. This is also a common theme across S4S implementations in the rest of the UK. A four Nations group is working together to learn from each other to help capture and quantify the benefits realised.

## **Impact on Existing Service/Arrangements**

No detrimental impact

Project Name	Project Manager	Project Exec/SRO
Health Roster Implementation	Vicki Harris	Rebecca Jarvis

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

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

**Recent Gateway Review?**                      No

## **Objective**

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

## **Progress Update**

### **NWSSP Roll Out:**

- 42 units are currently live to payroll.
- Further 3 planned for 2025/2026

### **Other updates:**

- Health Roster Transition: Variable pay arrangements are under review. Recommendations will be presented to the relevant director to assess interest in transitioning identified areas to Health Roster.
- Roster Sign-Off Compliance: Engaging with services to ensure 12 week roster sign-off deadlines are met ahead of the Welsh Government Circular.
- Budget Alignment: Aligning the roster schedule with the budget for one service area, with the intention of replicating the approach across other rosters once successful.

- **Sickness Reporting & Pay Impact:** A delay between roster submission and ESR processing can negatively affect staff who are approaching half or zero pay. To reduce the risk, managers are now required to notify Payroll directly in such cases. Payroll has developed a Standard Operating Procedure (SOP), which has been shared with all Health Roster managers. In addition, weekly checks are now in place to identify and correct any inaccurate sickness reporting in Health Roster
- **Process Improvement (TOIL, On-Call):** Working with POD to address and correct inconsistencies in current TOIL and On-Call processes. Updates have been presented to the Senior Management Team (SMT).
- **NWSSP currently fund 1,100 licenses.** As of June 25, via Health roster and Bank we are using circa 700 licenses.

## **Bank Staff**

1. **Visa Compliance:** We have reviewed Visa requirements and cross-checked them against our Bank Register. The process and communication with managers have been tightened to ensure full understanding of restrictions
2. **Reduction in Agency Usage:** We have been focused on reducing agency reliance and are pleased to report that agency spend has significantly reduced.
3. **Resourcing Controls:** All Bank requests are now closely scrutinised through our Resourcing Control Panel. Alternative solutions are actively explored, including advertising roles before filling via Bank staff.
4. **Bank Register Cleanse:** A major data cleanse has been completed, resulting in the removal of over two hundred inactive or outdated worker records.

## **PHW Roll out**

- Thirty-five units currently live to payroll.

## **Other updates:**

- PHW funding for Rostering Resource has been secured until 31 March 2026.

## **Main Issues, Risks & Blockers**

If PHW funding ends on 31 March 2025, we will lose the Band 5 resource, leaving only one Band 6 to manage the full NWSSP Rostering service. Paper to be submitted to SLG in Q3

## **Impact on Existing Service/Arrangements**

On track – no impact to customers

Project Name	Project Manager	Project Exec/SRO	
Speaking Up Safely	Abbie Shackson	Gareth Hardacre	
<b>Monthly Update (key/issues (blockages)/risks)</b>			
<b>Status</b>	<b>Green</b> (Overall)	<b>None</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No		
<b>Objective</b>			
To facilitate the onboarding and sustainability of a new service to allow colleagues to follow the Speaking Up framework as directed to us to do by Welsh Government.			
<b>Progress Update</b>			
The project team has been established, and a comprehensive project plan outlining key tasks and milestones has been developed. Following agreement between the Project Executive and the Project Manager, the go-live date for the 'Working in Confidence' platform has been rescheduled to week commencing 22 September 2025, to accommodate annual leave commitments. A draft project brief has been produced and circulated for stakeholder feedback. In addition, initial project risks and anticipated benefits have been identified and documented.			
<b>Main Issues, Risks &amp; Blockers</b>			

## Risks

### Misuse of the Platform

- Staff may use the platform to submit malicious, false, or frivolous complaints.

### Lack of Follow-Up

- Concerns raised may not be addressed within the timeframes specified which may lead to loss of trust.

### Platform Technical Failures

- There is a risk of platform downtime or data loss

### Lack of Welsh Language Conversational Recipients

- Lack of fluent Welsh conversational recipients in Non's absence

### Potential risk of breach of confidentiality

- Identity of the person raising the concern may be unintentionally revealed.

## Issues

- No live issue

### Impact on Existing Service/Arrangements

None

End of Report



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**Date of Meeting:**  
30 September 2025

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Register Update – September 2025**

<b>ARWEINYDD: LEAD:</b>	James Quance Assistant Director of Corporate Services
<b>AWDUR: AUTHOR:</b>	Sharon Edwards Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Ramsey Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Alison Ramsey Director of Finance & Corporate Services <a href="mailto:Alison.Ramsey@wales.nhs.uk">Alison.Ramsey@wales.nhs.uk</a>

**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**

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

**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.

<b>Adduned y Pylori/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the report.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Iechyd Poblogaeth: Population Health:</b>	No impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Ariannol: Financial:</b>	Not applicable
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Safonau Ansawdd Iechyd a Gofal: Health &amp; Care Quality Standards:</b>	<a href="#">Health and Care Quality Standards</a>
<b>Gweithlu: Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

# NWSSP CORPORATE RISK REGISTER UPDATE

## September 2025

### 1. INTRODUCTION

Since the last Shared Services Partnership Committee meeting in July 2025, there have been updates made to the NWSSP Corporate Risk Register. For clarity, all changes to the NWSSP Corporate Risk Register have been highlighted in red.

The NWSSP Corporate Risk Register is presented at **Appendix 1**, for information.

### 2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

<b>Current Risk Rating</b>	<b>September 2025</b>
Red Risk	4
Amber Risk	12
Yellow Risk	1
Green Risk	0
<b>Total</b>	<b>17</b>

#### Red-rated Risks

The following red risks remain on the NWSSP Corporate Risk Register:

- the threat of a successful cyber-attack leading to potential loss of systems and/or sensitive data which could have an impact of service delivery (A1);
  - **To note:** A national cyber crisis exercise is currently underway, with updates to be provided at future meetings.
- the risk that there may be disruption to the supply of pharmaceuticals caused by external factors resulting in significant restrictions to provision (A4b);
- the threat to patient services if the planned developments of the Radiopharmacy and hub TRAMS service is not allowed to progress due to funding or planning limitations (A10); and
- the planned development of the TrAMS Pharmacy Service is adversely impacted due to financial and staffing challenges (A15).

The following three risks with an initial target date of 30 June 2025 were reviewed and reassessed, resulting in revised target dates. These are:

1. Resource constraints prevent NWSSP to meet the expectations of the Welsh Government and the public in leading the delivery of the NHS Wales Decarbonisation Action Plan. This may impact the Welsh Governments ability to respond effectively to its declaration of a Climate Emergency (A5a). **New target date of 30 November 2025.**
2. The threat to patient services if the planned developments of the Radiopharmacy and Hub for TrAMS is not allowed to progress, due to funding or planning limitations (A10). **New target date of 31 December 2025.**
3. The risk that the delayed implementation of the Primary Care Workforce Information System will lead to increased cost and time (A13). **New target date of 31 July 2025.**

*Update: The Director has since confirmed that the associated workforce arrangements have been successfully implemented, and the revised target date has been achieved. In light of this, the risk is now closed and can be moved to the 'Closed' tab within the register.*

### Risks at Target

There are currently seven risks that have reached their target status:

- one is classed as minor; and
- six are classified as having the potential for moderate to major impact if realised.

No further changes have been made to the target deadlines associated with other risks since the last meeting of the Committee.

### **3. RISKS FOR MONITORING**

There are four risks which are retained on the NWSSP Corporate Risk Register to be monitored and are rated as follows:

<b>Current Risk Rating</b>	<b>September 2025</b>
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
<b>Total</b>	<b>4</b>

## 4. EMERGING RISKS

There are currently six emerging risks for monitoring. Of which, three previously recognised emerging risks remain unchanged. Although not formally documented on the NWSSP Corporate Risk Register, they continue to be closely monitored due to their potential impact.

These relate to:

1. Public concerns regarding the perceived impact of the Medical Examiners service introduction on death certification timescales;
2. Recent challenges in the relationship with our hosting organisation, Velindre University NHS Trust, which we anticipate being addressed through the Welsh Government review of accountability and governance arrangements, for which we are awaiting the outcome. The Welsh Government has clarified that current arrangements will remain in place until the review is completed; and
3. The Welsh Risk Pool (WRP) claims settlement values and profiles do not follow prior year trends. Early trigger warnings have been identified with regard to increasing claim volumes and settlement values for cases scheduled to settle in 2025/26. These are combined with increased certainty of settlement of these cases, due to scheduled Round Table Meetings and/or trial dates. This is out of line with previous year trends that have been accurately predicted, using the complex WRP forecasting model. It indicates that the 2025/26 WRP forecast is likely to be exceeded, with an increased funding requirement due from UHBs/Trusts, under the agreed WRP risk share mechanism.

An update was noted in relation to the fourth risk, concerning delays in the rollout of HEIW's CODI system, in the August Formal Senior Leadership Group.

4. Comprehensive work is still being undertaken by HEIW to revert to CODI. They are still working towards a November switch over date and assurances have been given by HEIW leads that no changes will be made unless they are fully confident in the system and the information stored. Senior members of the SLE team remain a member of the CODI Programme Board, with the next meeting scheduled for the end of September 2025.

### New Emerging Risks

Two new additional emerging risks were highlighted at the August Formal Senior Leadership Group meeting.

1. Staff Movement Advice (SMA) App licensing – a risk potentially arises from the re-negotiation of the All-Wales Microsoft Enterprise Agreement that will take effect from July 2027. If Health Boards were to seek to reduce their costs by reducing the number of ‘per user’ or ‘per app’ Power App licenses, there is potential that their users would not be licensed to access SMA. NWSSP is not alone in this, as the other national organisations have built apps that could run into the same issue. The negotiating team is aware of this and there will be an exercise as part of the re-procurement to identify the correct ‘personas’ to be used in the licensing model; and
2. Shift in recruitment behaviours in Health Boards – planned recruitment is being curtailed to reduce costs. We are seeing an increase in retire and returns and, as a result, are not in a position to take the students graduating from Health Education and Improvement Wales commissioned courses. This has caused a significant issue for student streamlining in this current year’s intake for NWSSP, as we manage the streamlining service on behalf of NHS Wales and Welsh Government. A high volume of students were not matched within the deadline. Similar issues for Welsh Ambulance NHS Services Trust and student paramedics, however that does appear to be resolved. This has the potential for reputational risk and there could also be a risk for the future of international recruitment plans, where we are likely to see little nurse recruitment activity with our focus being on medical recruitment in targeted areas.

## **5. RECOMMENDATION**

The Committee is asked to **NOTE** the update to the Corporate Risk Register as at September 2025.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>NWSSP Corporate Risk Register</b>												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
4	<b>Risks for Action</b>												
5	<b>A1</b>	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. This could impact on service delivery within other NHS organisations dependent on our services and support as well as reputational damage.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learning monitored through Quarterly Reviews Internal Audit review BCP Action Cards Annual Cyber Assurance Framework (CAF) completed Continuing CAF compliance measured via KPIs through a continuous improvement plan; reported to SLG quarterly. Regular 'Exercise in a box' exercises with SLG and targeted service areas. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team to 4 WTE. Ongoing monitoring of existing controls is in place.	3	5	15	More disaster recovery and scenario testing is required across all Divisions linked to work on Business Continuity Planning. NWSSP needs assurance on DHCW scenario testing regime of the national infrastructure and systems they run on which NWSSP is dependent.	The volume of cyber attacks globally and those targeting public sector infrastructure and systems is increasing. This is triggered by political instability and rise in state sponsored terrorism. So the likelihood of an attack is increasing in spite of controls in place. Advice ongoing to divisions to assist in completion of their Divisional Business Impact Assessments. Head of EPPR attending SLG in June to provide an update on progress.  Rolling program to implement Security Information and Event Monitoring to local and cloud services being led by DHCW. CAF remediation actions all cleared and reported to the Cyber Resilience Unit. Next CAF audit is due in Q3.  A national cyber crisis exercise is being undertaken on 16 September. This will be led by DHCW in partnership with PwC and NWSSP will be taking part	➔	<b>31/03/2026</b>
6	<b>Strategic Objective - Service Development</b>		<b>Risk Lead: Director of Planning, Performance and Informatics</b>										
7	<b>A2</b>	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part.	3	5	15	Regular reporting to SLG and SSPC through POD report looking at recruitment and retention data. Changes made to use of social media to target interest in NWSSP roles.	2	3	6	Workforce planning strategy for NWSSP roles has been approved and templates being rolled out to support Divisional workforce planning. A programme of learning and development opportunities to nurture NWSSP talent pipeline and retain staff has been put in place.  Further turnover trend analysis has been initiated within Divisions with a focus on losing staff with under one years' service. Look at Divisional recruitment metrics to understand if there are links between recruitment timescales and retention.	NWSSP continues to develop it's own programme via "This is our NWSSP" action plan – and we are having success in attracting new recruits in most areas. There are 2 hard to fill areas in Procurement and Audit that we are continuing to focus on, and would reflect a higher risk profile in their Divisional registers. This will be monitored through Quarterly Review process. Time to hire activity now shows NWSSP sitting at 55.8 days against a KPI of 71. We are now green of 5 of the 7 core KPI's (February 2025). Alongside the ongoing efforts on recruiting innovatively, through our employee value proposition work programme and our Agency scrutiny and subsequent reduction, we have seen improvements in all areas. However, while our turnover data shows a decrease of circa 35 we must now focus on a number of our professional roles/divisions where we still experience difficulty attracting high calibre applicants.	➔	<b>At target</b>
8	<b>Strategic Objective - Staff</b>		<b>Risk Lead: Director People and Organisational Development and Employment Services</b>										

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9	<b>A3</b>	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services.	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned from the COVID Inquiry in October 2024 and awaiting WG consolidated learning. Head of Emergency Preparedness commenced in post w/c 13 January 2025.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. Further action may be required in response to the COVID Inquiry. Further clarity required from Welsh Government on the links into UK response modelling. Planning, training and pre-exercise desktop training is underway to support Operation Pegasus which will test the UK response to a pandemic.	➔	At target
10	<b>Strategic Objective - Services</b>		<b>Risk Lead: Director Planning, Performance and Informatics</b>										
11	<b>A4a</b>	There is a risk that disruption in the PPE supply chain caused by external factors or supplier failure results in significant restriction in service provision.	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from COVID pandemic and any subsequent disruption incidents has been implemented wherever possible.	3	3	9	The Welsh Government Director of Public Health wrote to the Managing Director on 25 March to confirm that the Cabinet Secretary for Health and Social Care agreed that stockpiles of all PPE products should have at least 12 weeks of supply.-NWSSP currently working through with Welsh Government on interim stockholding levels, and there is now greater clarity.	A PPE project is work through the next steps including the sourcing and future warehousing requirements to meet the Welsh Government prescribed targets for stock and stockholding of PPE products. Work will commence with PHW to support fit testing arrangements required to source replacement FFP3 products as part of a national procurement. A number of critical orders will be placed within the next month in relation to the agreed stock holding limits; procurement arrangements being put in place.	➔	31/03/2026
12	<b>Strategic Objective - Services</b>		<b>Risk Lead: Director of Finance and Corporate Services and Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services</b>										
13	<b>A4b</b>	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular monitoring of stock levels is in place. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales.	5	4	20	No new actions planned at this time other than heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments.	➔	31/03/2026
14	<b>Strategic Objectives - Services</b>		<b>Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical Services</b>										

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15	<b>A5a</b>	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan and associated Climate planning measures. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Regular reporting of the risk through to the National Programme Board through the NWSSP CAP team. Support to the WG SDP refresh process. Promotion of success through case studies. Additional capital funding has been made available to NHS Wales for 2025-2027 through the Targeted Estates Fund which should help to enable some objectives within local DAPs.	Agreed reporting processes are being maintained Whilst the availability of finance is the principal risk, there is also a requirement to change custom and practice which requires behavioural change. This too is difficult to influence and change. The need to recoup investment over relatively short financial planning cycles makes this more difficult to achieve. NWSSP will continue to raise risks and opportunities through the National Programme Board. NWSSP are fully engaged with the SDP refresh process.  NWSSP have developed case studies for recently completed schemes and will be using various forums (Estates, TAP etc. to encourage partners to do the same).  NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored.	➔	31/11/2025
16	<b>Strategic Objective - Service Development</b>										<b>Risk Lead: Director of Specialist Estates Services</b>		
17	<b>A5b</b>	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan and associated climate planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and PMO Support in place.  NWSSP DAP published and submitted to Welsh Government.  Regular monitoring of progress against objectives is in place.  Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024.	3	4	12	Work is being done by the NWSSP Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources.  The NWSSP Costed Decarbonisation Programme Plan has been developed to guide investment planning and was updated in June 2025  Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set.  Climate Adaptation Risk Assessments are required.  Progress on Decarbonisation Training in NWSSP will be reported to the A&A Committee in October 2025.	DAP: During 2024-25 a number of capital bids were approved by Welsh Government that related to decarbonisation objectives including EV chargers, Matrix Roof mounted PV installation, new vehicles, which included 11 full EV, 6 Hybrid and two specialist converted refrigerated vehicles. All new fleet is fitted with the TRAILAR solar panel system, which will further reduce emissions and carbon footprint.  The following TEF funded schemes are being implemented over 2 financial years 25/26 - 26/27 a) Denbigh Stores RM PV b) Matrix House EV Charging and Infrastructure Upgrade c) Waste Water Heat Reclamation Systems (GV, CV and YGC laundries)  Following receipt of WG approval to progress with a business case for re-covering the IP5 roof, work has commenced on researching feasibility of installing roof mounted PV; this will be progressed incrementally to reflect increased demand following phased TRAMS implementation.  Adaptation risk assessment in preparation.	➔	31/03/2027
18	<b>Strategic Objective - Service Development</b>										<b>Risk Lead: Director of Specialist Estates Services</b>		

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3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
19	<b>A6</b>	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. We will also monitor the Senedd Committee which may require submissions or evidence in the future if it deems that there are gaps in the coverage of Module 5 or the rest of the Inquiry. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. NWSSP will need to reassess the risk arising from the Senedd Committee hearing once the COVID Inquiry publishes its recommendations and the likely scope of any additional scrutiny is known. There is a current stalemate around the committee but there may be a Wales-level inquiry following next year's election depending on who forms a government.	➔	At target
20	<b>Strategic Objective - Services</b>		<b>Risk Lead: Director of Finance and Corporate Services</b>										
21	<b>A7</b>	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2025-2028-IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Report to SSPC and to Audit Committee through Managing Directors update Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. These have helped informed 2025-2028 plans. Vacancy Control Arrangements implemented	3	4	12	At the end of Quarter 1 all savings plans have been identified to meet the IMTP target requirement and are on track to be achieved. At the end of July 2025, NWSSP reported a surplus of £2.316m which will either be used to fund pressures within NWSSP, be reinvested within NWSSP and/or distributed to NHS Wales/WG	Touchpoint meetings with Welsh Government including the Finance and Performance unit and the Q1 JET meeting have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. Discussions with one organisation are ongoing, but the majority of partners supported the decision to approve and submit the plan. We expect our IMTP response letter from Welsh Government during the summer. Our financial performance in Q1 provides additional assurance of achievement of our IMTP objectives although the value of pay award funding to be received remains a risk.	➔	31/03/2026
22	<b>Strategic Objective - Services</b>		<b>Risk Lead: Director of Finance and Corporate Services</b>										
23	<b>A8</b>	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly.  Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	3	4	12	Map of all regulatory requirements being developed. Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Procurement Division is on track with preparedness arrangements for the new regulations in terms of services it delivers to others including NWSSP.	Procurement Services to run an awareness session to be presented to Informal SLG meeting to ensure compliance requirements are understood by Heads of Service. Internal audit programme to consider governance reviews of new or more recent areas of business on a cyclical basis.	➔	At target
24	<b>Strategic Objective - Services</b>		<b>Risk Lead: Responsible Directors</b>										

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>NWSSP Corporate Risk Register</b>												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
25	A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning.	➔	At target
26	<b>Strategic Objective: Services</b>										<b>Risk Lead: Director of Finance and Corporate Services</b>		
27	A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TrAMs service is not allowed to progress due to funding or planning limitations.				TrAMs Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TrAMs unit. The Radiopharmacy BJC was approved by partners through the SSPC in July 2024. Some further delays incurred in achieving sign offs through our hosting arrangements, and it is essential there are no further delays to internal approval processes. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board.	The format and timeframes for the TRAMs OBC are currently being finalised through the Programme Board and with Welsh Government finance and CPO office. NWSSP has been asked to consider how time can be recovered due to the pressures faced by the unit is Swansea and consequent impact on patient care. There is also an impact on the opening of the NnVCC that we are aware of. Good progress was made on the Outline Business Case (OBC) in Q4 of 2024-25 and broad agreement on the revenue model methodology by the finance sub group. We are targeting the July SSPC meeting for approval of the next business case stage to allow partners to take the proposals through their local governance arrangements. This target deadline is tight and is being monitored weekly. Concerns have been raised by our host about the Quality and Patient Safety reporting arrangements, whilst these continue to be discussed, lack of support for the OBC by Velindre risks further delay to the OBC timeframes. OBC was approved at July SSPC and has been approved by ABUHB, CTUHB, CVUHB and Velindre. FBC option definition remains under discussion with Velindre Trust, to ensure optimum outcomes for all stakeholders for both aseptic products and clinical trials. Radiopharmacy build is on target with floor preparation and steel work completed. Ducting and panels have been delivered to site.	➔	31/12/2025
28	<b>Strategic Objective - Services</b>										<b>Risk Lead: Director of Pharmacy Technical Services</b>		

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29	A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services.	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App All departments are now required to carryout a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity	2	5	10	Implemented recommendations from Internal Audit Report (30 Jun 24) Business Impact assessment workshops have been delivered to Business Continuity Champions. Training and organisational development is now aimed at alignment to the principles and requirements of ISO 22301. Further work to embed this in the organisation will enhance preparedness and response to Business Continuity events.	A series of courses have been published to provide Business Continuity Impact Assessment and Business Continuity Plan development guidance and courses to prepare managers for the management of business continuity and major incident event management. A desk top exercise is planned with the SLG for later in Q1, in readiness for a planned national exercise likely later this year. We need to conduct scenario testing to validate our assumptions.	➔	At target
30	<b>Strategic Objective: Services</b>										<b>Risk Lead: Director of Planning, Performance and Informatics</b>		
31	A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement can commence early in the financial year. Head of Facilities and Estates starts on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.	NWSSP Capital Priority Group will continue to refine the internal arrangements. A Capital Financial Control Procedure has been drafted and submitted to Audit Committee for approval to support larger capital schemes. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. With increased funding available for 2025-2027, the responsibility falls on NWSSP to deliver effectively	➔	31/03/2026
32	<b>Strategic Objective - Service Development</b>										<b>Risk Lead: Director of Finance and Corporate Services</b>		

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33	<b>A13</b>	The risk that the delayed implementation of the Primary Care Workforce Information System will lead to increased cost and time.	5	3	15	Project Board in Place Legacy system contract extended to 30.06.25 Build assessment plan implemented Parallel running being implemented, to ensure we can migrate users and data from the current solution in a safe and controlled manner.	3	4	12	There have been significant contractual and subcontractor issues that have affected the progress of this project through its life cycle that have meant delays to anticipated completion. The Project Board has overseen the management of these issues and implemented mitigating measures, including providing more internal resources to support the build. The contract with the previous supplier was extended by 3 months to ensure there was some reporting functionality for Q1.	There continues to be challenges in managing the contractor and sub contractor relationship. The deadline for User Acceptance Testing has needed to be pushed back to 1 May 2025. Progress on agreement of outstanding costs has been time consuming and whilst some progress has been made in recent days, there remains some areas of dispute to be worked through. Monitoring arrangements are still operating on a weekly basis. There are plans to commence the launch of the product in a control manner during June 25. This will be an incremental launch plan with releases to each contractor discipline in a rolling programme. We have put a project reset in and a Commercial and technical workstream to ensure we can maintain momentum . We are also engaging with the professional committees to start the conversations about the launch plans so all of this early signalling and preparation in in place to reduce the risk identified. The Director confirmed that the workforce replacement arrangements have been rolled out.. All contractor professions now have the ability to populate their workforce data via the new system arrangements.	➔	<b>31/07/2025 Target date achieved. RISK CLOSED.</b>
34	<b>Escalated Divisional Risk</b>										<b>Risk Lead: Director of Primary Care and Medical Examiner Services</b>		
35	<b>A14</b>	There is a risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff and a corresponding fall in quality and responsiveness of the services impacted.	4	4	16	Lease extended by 1 year for HQ. Agreement in principle to extend lease arrangements in CoHo for up to 3 years. Project Team scope of work was adjusted to focus on refurbishment of arrangements within HQ and CoHo in Q4 of 2024-25.	3	4	12	Discussions with HQ landlord have progressed and a draft Head of Terms is in the process of being approved for a new lease from January 2026 for 5 years with a tenant only break-clause after 3 years. Head of Facilities and Estates started in post on 1 May to oversees future plans.	The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. Discussions with Government Property Agency are slow but progressing positively and revised costings have informed 2025-26 IMTP. This provides a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo.	➔	<b>At target</b>
36	<b>Escalated Divisional/Programme Risk</b>										<b>Risk Lead: Director of Finance and Corporate Services</b>		

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>NWSSP Corporate Risk Register</b>												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
37	A15	The planned development of the TrAMs Pharmacy Service is adversely impacted due to financial and staffing challenges.	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	Good progress has been made by the Finance Sub Group and the Outline Business Case (OBC) is targeted to be completed for submission to stakeholders by May 2025. Regular updates on progress are discussed at NWSSP Capital meetings with Welsh Government in terms of the timing and approval of capital funding cashflows.	SSPC will consider the South East Hub Outline Business Case (OBC) for approval in July 2025; this will be dependent on support from partner organisations. There OBC will then be submitted to Welsh Government for consideration. The next stage then will be the FBC document. There will be an Organisational Change Process put in place to engage with affected staff and support them through any transitional arrangements. Our host Velindre has raised some queries about this which we are discussing further. OBC has been approved at July SSPC which includes an executive summary of risks which outlines the requirement to look at the OCP/TUPE process as we move to FBC.	➔	31/03/2026
38		Escalated Divisional Risk											

	A	B	C	D	E	F	G	H	I	J	K	L	M	
1	<b>NWSSP Corporate Risk Register</b>													
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date	
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score					
39	<b>Risks for Monitoring</b>													
40	M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation to DoF Group is planned for 2025-2026. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource.	➔	For Monitoring	
41		Strategic Objective - Value For Money	Risk Lead: Director of Finance and Corporate Services											
42	M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities will be picking up longer term storage solution for records currently in the CoHo.. A project Group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused whilst discussions are ongoing with Welsh Government in relation to potential future IBCA claims. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Agreement in place to move racking to Bridgend Stores in next few weeks. FFP3 masks have temporarily been moved to other areas within IP5 awaiting sale at auction.	➔	For Monitoring	
43		Strategic Objective - Service Development	Risk Lead: Director of Finance and Corporate Services											
44	M3	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards.	➔	For Monitoring	
45		Risk Lead: Director of Finance and Corporate Services												
47		Risk Lead: Director of Finance and Corporate Services												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>NWSSP Corporate Risk Register</b>												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
48	M4	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites and additional H&S resources appointed to support changes required on the sites. Glangwilli site closed in March 2024 and a new stock holding hub established on the site instead.	2	3	6	The additional H&S resource is supporting staff on sites, actions are reported monthly in a All Wales Laundry Service (AWLS) H&S meeting and quarterly via the All Wales Health and Safety meeting. H&S manager also attends Laundry Managers meeting on a regular basis to support delivery of agreed actions. Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks.	Laundry stock has been converted from the existing laundry site into a hub (completed 31st Mar'25) with the provision of 2 days stock held ( this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.		For Monitoring
49		Strategic Objective - Service Development									Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services		

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r  
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS  
Wales Chief Executive



Llywodraeth Cymru  
Welsh Government

Neil Frow  
Managing Director  
NHS Wales Shared Services Partnership

Our Ref: IMTP/JP/SB

[Neil.Frow@wales.nhs.uk](mailto:Neil.Frow@wales.nhs.uk)

28 July 2025

Dear Neil

### **Integrated Medium-Term Plan 2025-28: Accountability Conditions**

I am pleased to note your Committee's submission of a balanced Integrated Medium-Term Plan (IMTP) for 2025–28, in alignment with the NHS Planning Framework and in the spirit of section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by the NHS Finance (Wales) Act 2014). While the submission of a three-year IMTP is not a statutory duty for the NWSSP, it reflects a strong commitment to strategic planning and financial sustainability.

I can confirm your organisation's Integrated Medium-Term Plan (IMTP) has been assessed as satisfactory. This recognises the development of integrated planning, against the current challenges and management of risks. In addition, the Cabinet Secretary for Health and Social Care has noted the position.

We were pleased to note that the plan is balanced and well-presented, demonstrating a clear commitment to Health and Care Quality Standards and addressing health inequalities. It includes milestones aligned with the delivery of Ministerial priorities.

However, when reviewing the plan, we also noted several risks within the IMTP that will require active management and mitigation. Consequently, a set of accountability conditions have been agreed to support the plan's implementation. The accountability conditions are outlined in Annex 1 of this letter.

In addition, the Cabinet Secretary has issued a written statement, Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26, which outlines his expectations for the year ahead. These expectations were also set out in his recent letter to Chairs and Chief Executives and must be clearly reflected in your delivery plans.

While I recognise that you may not be directly responsible for the broader NHS conditions referenced in Annex 1, it is important that you are aware of the wider system expectations, and there are areas where your organisation can contribute and support health boards and trusts. I expect that such support will be made readily available through the monitoring process, to provide assurance that your organisation is fulfilling its role as a system leader.

I expect you and the Committee to work closely to scrutinise plan delivery and ensure that progress is effectively monitored throughout the year. Quarterly updates on plan delivery should be submitted to [HSS-PlanningTeam@gov.wales](mailto:HSS-PlanningTeam@gov.wales).

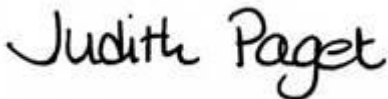
Future Joint Executive Team (JET) meetings will include discussions on progress against the accountability conditions and overall plan delivery. Performance and risk areas will also be reviewed through ongoing engagement between the NHS Planning Team and your planning leads.

If any material changes to the plan are required during the year, these must be communicated to me in an 'Accountable Officer' letter.

As Managing Director, I expect you to lead by example and with compassion, drawing on the full capability of your executive team to meet the accountability conditions, engage constructively with the Welsh Government, and deliver measurable improvements.

I trust this letter provides clarity on our expectations. However, should you have any questions, please do not hesitate to contact me.

Yours sincerely



**Judith Paget CBE**

cc: Nick Wood, Deputy Chief Executive, NHS Wales  
Samia Edmonds, Director of Strategic Planning  
Hywel Jones, Director of Finance  
Jeremy Griffith, Director of Operations

## Annex 1. Accountability Conditions

### Your plans should be underpinned by:

The '**Five Ways of Working**' sustainable development principle of the Well-being of Future Generations Act remains central to the NWSSP's approach. It is essential that the organisation builds on the progress made and ensures its well-being approach aligned with, and supported by, its planning arrangements.

The **12 Health and Care Standards** of the Quality Framework guide

**Wider regulatory and national priorities**, which include but are not limited to:

- Welsh Language and the Active Offer;
- Support for vulnerable groups;
- The All-Wales Anti-Racism Action Plan; and
- Delivery of actions outlined in the LGBTQ+ Plan.

### Your organisation's accountability conditions include:

1. Where appropriate and relevant, delivery of - or contribution to - the objectives stated in the letter from Cabinet Secretary for Health and Social Care sent on 3<sup>rd</sup> July 2025, which include:

**Delivering** the key Welsh Government priorities for the NHS:

- a. Reducing waiting times
- b. Reducing Pathways of Care delays
- c. Improving women's health services

**Strengthening** how we run the NHS

- a. Modernising leadership and culture
- b. Getting better at regional working
- c. Improving openness, accountability and collaboration

**Getting services ready** for the future

- a. More effective prevention of ill health
- b. Putting more services into the community
- c. Realising the potential of digital and innovation

2. Delivery of the priorities and enabling actions set out in the **NHS Wales Planning Framework 2025-28**.
3. Supporting Wales's ambition to become a **Marmot nation, by embedding the principles of equity and social justice into** actions and values.
4. Ensuring the **workforce actions** in your plan will translate into delivery requirements.
5. **Delivering and sustaining a financially balanced position**, through:
  - a. Demonstrating delivery, in full, of the planned level of savings that underpin the NWSSP's financially balanced plan
  - b. Demonstrating actions that are being taken to mitigate any in-year pressures that may arise
  - c. Ensuring delivery of the financially balanced plan that the Committee has approved

- d. Identifying and delivering actions that positively improve the NWSSP's recurrent position for 26/27 and beyond

### **Reporting arrangements**

- The IMTP and summary explainer video must be published on your organisation's public facing website
- Reporting must be submitted quarterly to provide a delivery update against your IMTP, as well as the conditions outlined above. There should be reporting against the key milestones associated with that quarter, an explanation of any delays/amendments to milestones, identification of next steps and the mitigation of any new/emerging risks.
- Any material changes must be communicated to the Director General for Health, Social Care and Early Years and the NHS Wales Chief Executive, through an Accountable Officer letter.
- Quarterly updates on plan delivery should be submitted to [HSS-PlanningTeam@gov.wales](mailto:HSS-PlanningTeam@gov.wales)

# **Shared Services Partnership Committee**

## **Forward Plan of Business**

**2025-26**

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
<b>October 2025</b>	Autumn Development Workshop - <i>Provisional date of Friday 10 October 2025</i>			
<b>14 November 2025</b>	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Information Report Outcome Measures Report Transformation Management Office Report People and Organisational Development Update Monthly Monitoring Financial Returns	Deep Dive Session Decarbonisation Update Duty of Quality Update Integrated Medium-Term Plan Update Report Quarter 2 of 2025-26	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Approve Annual Update of NWSSP Audit Committee Terms of Reference Personal Protective Equipment Stockholding Update Outcome of Governance and Assurance Review	Audit Wales Management Letter
<b>21 January 2026</b>	Minutes and Action Log Declarations of Interest Chair's Report	Deep Dive Session Integrated Medium-Term Plan Update Report Quarter 3 of 2025-26	NWSSP Corporate Risk Register	IMTP – Approval

	<p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p>			
<p><b>19 March 2026</b></p>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p>	<p>Deep Dive Session</p>	<p>NWSSP Corporate Risk Register</p> <p>NWSSP Audit Committee Assurance Report</p> <p>Personal Protective Equipment Stockholding Update</p>	

	Transformation Management Office Report			
	People and Organisational Development Update			
	Monthly Monitoring Financial Returns			
<b>14 May 2026</b>	Minutes and Action Log	Decarbonisation Update	NWSSP Corporate Risk Register	Internal Audit Plan
	Declarations of Interest	Duty of Quality Update		Audit Wales Plan
	Chair's Report	Review of Service Level Agreements (SLAs)	NWSSP Audit Committee Assurance Report	Duty of Quality Annual Report
	Managing Director's Report	Integrated Medium-Term Plan Update Report Quarter 4 of 2025-26	Personal Protective Equipment Stockholding Update	
	Finance Report			
	Performance Information Report			
	Outcome Measures Report			
	Transformation Management Office Report			
	People and Organisational Development Update			
	Monthly Monitoring Financial Returns			
<b>16 July 2026</b>	Minutes and Action Log	Deep Dive Session	NWSSP Corporate Risk Register	Annual Governance Statement

	<p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p>		<p>Declarations of Interest</p> <p>Approve NWSSP Annual Update of Audit Committee Terms of Reference</p> <p>Annual Governance Statement</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>NWSSP Annual Review</p> <p>NWSSP Audit Committee Annual Report</p> <p>Annual Report on Concerns and Complaints</p> <p>Annual Report on Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship</p> <p>Local Counter Fraud Service Annual Report</p> <p>Information Governance Annual Report</p> <p>Welsh Language Annual Report</p>
<b>17 September 2026</b>	<p>Minutes and Action Log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p>	<p>Deep Dive Session</p> <p>Integrated Medium-Term Plan Update Report Quarter 1 of 2026-27</p>	<p>NWSSP Corporate Risk Register</p> <p>Declarations of Interest</p> <p>NWSSP Audit Committee Assurance Report</p>	<p>Welsh Infected Blood Support Scheme Annual Report</p> <p>Medical Examiner Services Annual Report</p> <p>Health and Safety Annual Report</p>

	<p>Performance Information Report</p> <p>Outcome Measures Report</p> <p>Transformation Management Office Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Financial Returns</p>		<p>Personal Protective Equipment Stockholding Update</p>	
<p><b>Additional Meeting Dates for Diary</b></p>	<ul style="list-style-type: none"> <li>• <i>19 November 2026</i></li> <li>• <i>21 January 2027</i></li> <li>• <i>18 March 2027</i></li> </ul>			

## NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 4 - JULY 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for July 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 4.

### Overview of Performance and Financial Position

NWSSP's financial outturn for Month 4 is reported at break-even in line with our IMTP forecast.

Our balanced financial plan continues to be based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. In particular, the outstanding confirmation of recurrent funding for the 2025/26 pay award remains a risk to our financial plan. We assume recurrent funding for the 2024/25 pay award will be received in line with the indicative values shared as part of the pay mapping exercise pending confirmation from some organisations.

#### 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.

Year to date non-recurrent savings of £2.316m are reported primarily due to variable pay savings and ongoing high vacancies across our services. We have identified that these could reach £3.917m by the end of the financial year before we utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding (**Action Point 3.8**).

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2025/26 is £801.049m. This is an increase from the £798.109m reported at Month 3 primarily due to the revision of the WIBSS income forecast following the announcement in July 2025 to extend the continuation of the scheme beyond January 2026

(£1.2m) and also to amend the stores income forecast to align with the cumulative average value of issues to date (£1.4m).

- The SLE pay and non-pay forecast totals £319.956m (£319.949m at Month 3) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	24.32 5	24.30 9	23.98 7	24.05 4	31.50 5	25.08 4	25.13 9	25.13 9	25.13 9	25.13 9	25.13 9	25.17 6	<b>304.13</b> <b>4</b>
NON PAY	1.316	1.239	1.273	1.367	1.292	1.292	1.495	1.292	1.292	1.294	1.292	1.377	<b>15.822</b>
<b>TOTAL</b>	<b>25.64</b> <b>1</b>	<b>25.54</b> <b>9</b>	<b>25.26</b> <b>1</b>	<b>25.42</b> <b>1</b>	<b>32.79</b> <b>7</b>	<b>26.37</b> <b>6</b>	<b>26.63</b> <b>3</b>	<b>26.43</b> <b>1</b>	<b>26.43</b> <b>1</b>	<b>26.43</b> <b>3</b>	<b>26.43</b> <b>1</b>	<b>26.55</b> <b>3</b>	<b>319.95</b> <b>6</b>

We will need to review this forecast in September following the summer intake and rotation and payment of the pay award arrears in August. The forecast will also vary as we progress through the financial year with the February intake/rotation and payment of variable locum shifts to SLE trainees.

- Anticipated funding of £6.145m for the 2024/25 pay awards and £4.464m for the 2025/26 pay awards (including Real Living Wage) has been incorporated into our forecast and the income has been anticipated in Table E1.
- Welsh Government income increases in Months 5 & 6 as we have invoiced for the influenza vaccines in July and deferred the income which will be recognised in August & September in line with the delivery and payment profile of the invoices.
- The profile of other income and non-pay spikes in Months 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
- Forecast non-cash charges of £6.424m have been included based on the approved funding schemes submitted in the non-cash return in early July.
- £17.756m income and expenditure is included to Month 4 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast remains in Table B1 at £145.491m as included in our IMTP and is phased on a straight-line basis over remaining months.

Further to discussions at Directors of Finance and Deputies meetings, we have flagged a risk of 2025/26 WRP DEL expenditure significantly exceeding the value in our IMTP. We have undertaken a detailed review of all cases with a value in excess of £200k due to settle in 2025/26 and continue to indicate that the forecast could reach £187.5m which would require £78m funding from the risk share agreement. There are also

currently five large value cases that we are tracking which could further impact this forecast if the timing and lump sum elements vary from the forecast assumptions. As recommended to Directors of Finance, Organisations will look to include their shares of the indicative increased value of £42m as a risk from Month 3. We have commenced discussions with Welsh Government as to how we agree the reporting approach, in a consistent way, as the forecast evolves with greater certainty, and if/when the risk starts to crystallise, how this then needs to be reported within financial returns and allocation adjustments made.

The WRP Risk Share percentages will be updated for 2025/26 in September when all cost driver information is available, however Deputy DoFs requested an indicative update to the percentages in August which was provided on 8<sup>th</sup> August. The impact of the risk share % change is noted below against the planning assumptions and the potential additional £42m risk share funding requirement is also apportioned on this revised basis (c/f Action Point 2.2).

	Planning assumption RSA% 2025/26	2025/26 indicative update % - Aug 25 (final TBC Sept 25)	2025/26 Planning assumption RSA contribution	2025/26 contribution updated for indicative updated RSA %	Difference to planning assumptions due to RSA % changes	2025/26 potential additional RSA charge	Total estimated RSA charge 2025/26	Overall difference from planning assumptions
			£m	£m	£m	£m	£m	£m
Aneurin Bevan	18.26%	18.58%	6.582	6.700	0.118	7.804	14.504	7.922
Swansea Bay	15.28%	14.32%	5.510	5.164	-0.347	6.015	11.179	5.669
Betsi Cadwaladr	19.41%	20.53%	6.999	7.404	0.405	8.624	16.028	9.029
Cardiff & Vale	15.81%	16.95%	5.702	6.112	0.411	7.120	13.232	7.530
Cwm Taf Morgannwg	15.50%	14.17%	5.589	5.110	-0.479	5.952	11.062	5.474
Hywel Dda	9.57%	9.84%	3.451	3.549	0.098	4.133	7.682	4.231
Powys	2.71%	2.29%	0.977	0.827	-0.150	0.963	1.791	0.813
Public Health Wales	0.64%	0.64%	0.232	0.232	0.000	0.271	0.503	0.270
Velindre	0.85%	0.79%	0.306	0.284	-0.021	0.331	0.616	0.310
Welsh Ambulance	1.97%	1.87%	0.709	0.674	-0.034	0.785	1.459	0.751
	<b>100.00%</b>	<b>100.00%</b>	<b>36.056</b>	<b>36.056</b>	<b>0</b>	<b>42.000</b>	<b>78.056</b>	<b>42.000</b>

- At Month 4 we are reporting a break-even full year forecast against our Covid/Health Protection allocation. There are several variables that will influence this forecast as we progress through the financial year, and we will update the forecast when we have more information available.

At the end of 2024/25 we continued to accrue a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We met with Welsh Government colleagues on 16<sup>th</sup> June to review this and have a further meeting arranged for 18<sup>th</sup> August to further review this now purchase volumes and values can be confirmed.

Table B1 key movements identified are primarily due to:

- Welsh Government Income – In month income reduction is due to the reprofile of both the WRP and influenza income between months with no impact on the full year forecast. The full year forecast increase is due to the increased WIBSS income forecast following the extension of the scheme beyond January 2026 and the recognition of income for the Health Pathways contract.
- Provider Services – Non-Pay – the in-month expenditure reduction is due to the reprofile of the influenza vaccine expenditure and the full year increase is due to the WIBSS extension and the Health Pathways expenditure.
- Losses, Special Payments & Irrecoverable Debts – the in-month reduction is due to the WRP payment profile changing from what was forecast with no impact of the full year forecast

Table B2 has been amended in Month 4 to reflect our summary position– key points to note are:

- The unplanned cost pressure reported against pay of £0.744m relates to the Employers National Insurance funding shortfall which continues to be reported gross as requested. This will be funded from the forecast in-year overachievement of savings (**Action Point 3.1**)
- The unplanned cost pressure in non-pay of £3.171m reflects the potential reinvestment/distribution after funding the NI shortfall.
- Additional spend associated with in year funding is primarily attributable to the pay award, the funded element of the NI increase, pharmacy rebates, SLE, influenza vaccine and GMPI.
- The unplanned spend reductions which total £26.958m at Month 4 (£24.721m Month 3) (**Action Point 3.2**) are in relation to the reduction in our forecast expenditure compared to our IMTP expenditure assumptions and primarily relate to:
  - £12m – WIBSS – due to a reduction in both the eligible number of beneficiaries and application rates that we have seen for compensation payments.
  - £7m – SLE – due to our IMTP assumption being based on full establishment to training posts costed at assumed points of scale and actual costs reflecting vacancies and actual points of scale which are less than the IMTP forecast
  - £5m – Medicines Unit/Radiopharmacy expenditure – amended assumptions due to slippage in the Radiopharmacy unit opening date from the IMTP assumption and a reduction in the year to date issues of drugs from the medicines unit
  - £3m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues

- The table has been corrected so that the ‘additional spend associated with in year funding/income above plan’ only reports positive values (**Action Point 3.5**)
- The positive ‘unplanned spend reduction’ that is reported in Month 3 is due to the need to amend the cumulative position to Month 3, following a discussion with Gary Young, without amending prior month values – this adjustment relates to the unplanned spend reconciliation noted above referenced in Action Point 3.2 (**Action Point 3.6**).

## 2. Underlying Position (Table A1)

Table A1 has been completed to reflect the recurrent overachievement of savings due to new savings being identified in year over and above the savings that were noted as ‘to be identified’ in our IMTP.

## 3. Risk Management (Table A2)

This table has been further reviewed and updated in Month 4 with the following changes

- The risk of funding for the 2024/25 pay award has been removed following the indicative confirmation of the funding to be allocated which is in line with our assumptions (**Action Point 3.4**).
- The risk for the 2025/26 pay award has been reduced to 10% of the value anticipated to reflect the risk that the values have not yet been confirmed and may not align with our assumptions (**Action Point 3.3**).

## 4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

## 5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported £0.009m agency expenditure in Month 4 for additional HGV driver support that we indicated we may require in previous returns. This expenditure is reported against estates and ancillary so does not impact our planned achievement of the target to eliminate admin & clerical agency expenditure by

September 2025. We are projecting that additional agency resource will continue to be needed until the end of October, and we will monitor this closely.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

**6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)**

The variable pay table has been populated with actual data to Month 4 and our revised monthly forecast. We are reporting increased expenditure in July of £0.264m in July against the revised forecast of £0.260m due to increased bank costs that we have incurred in month over the summer holiday period. We continue to strengthen our controls on variable pay expenditure across NWSSP and we are introducing an overtime principles procedure and control process to enhance this further in quarter 2.

**7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)**

The savings tracker has been populated per our IMTP with the removal of the one amber scheme, which has now been replaced with a new scheme that has been achieved for £0.135m in respect of DHCW SLA desktop support savings.

To month 4 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £2.316m due to the number of vacancies we are in the process of recruiting to and the additional controls we have implemented for variable pay. We estimate our forecast overachievement of savings will total £3.917m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall and other pressures that arise in year. We note the future month forecast over-achievement of savings are less than we have achieved year to date and we are undertaking a detailed review of our forecast and plan to update our forecast savings achievement in the Month 6 return (**Action Point 3.7**)

**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 (including the estimated pay award impact) based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-27 have been populated with anticipated income streams for which we have yet to raise invoices and/or receive formal funding confirmation, and which were highlighted as income assumptions in our IMTP. The influenza income has been removed from the table this month as an invoice was raised in July. These values continue to align with those reported at Day 5 (**Action Point 3.9**)

## **9. Health Care Agreements and Major Contracts**

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25<sup>th</sup> March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

## **10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)**

At 31<sup>st</sup> July 2025 we did not have any invoices outstanding over 17 weeks. We note your comment regarding proactive actions required to ensure this does not reoccur next financial year (**c/f Action Point 1.9**)

## **11. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

## **12. Public Sector Payment Policy Compliance (Table H)**

This table is not required for NWSSP.

## **13. Capital Schemes and Other Developments (Tables I, J & K)**

These tables have been completed based on our current forecast capital expenditure profile against our revised £8.701m Capital Expenditure Limit and

the profile of expenditure will be updated as we progress through the financial year.

We confirmed that we are able to accelerate our 2026/27 TEF schemes and deliver these in 2025/26 if our 30% contribution can still be provided in 2026/27 as originally planned which has now been agreed and included in our revised CEL received on 8<sup>th</sup> August 2025.

**14. IFRS 16 & CAME (Table Q)**

This table has been completed and reconciles to the most recent IFRS16 return.

**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 4 and 5 Financial Monitoring Return at the September Committee meeting.

**16. Authorisation of Return**



.....  
**NEIL FROW  
MANAGING DIRECTOR  
NWSSP**



.....  
**ALISON RAMSEY  
DIRECTOR OF FINANCE &  
CORPORATE SERVICES  
NWSSP**

**13<sup>th</sup> August 2025**

NHS Wales Shared Services Partnership

Period : Jul 25

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
 Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3 Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4 Other Income Uplift / (Reduction)	0	0	0	0
5 RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6 Planned (Finalised) Green and Amber Savings Plan	3,020	307	2,713	2,713
7 Planned (Finalised) Net Income Generation	1,863	364	1,499	1,499
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
10	0	0	0	0
11 Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
12 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
13 Reversal of Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
15 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
16 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	395	426	-31	0
17 Additional In Year Identified Savings - Forecast	3,522	3,491	31	31
18 Variance to Planned RRL	0	0	0	0
19 Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	-26,960	-26,960	0	0
20 In Year Accountancy Gains	0	0	0	0
21 Unplanned Spend Reductions	26,958	26,958	0	0
22 Unplanned Cost Pressures	-3,915	-3,915	0	0
23 Planned Mitigations Yet To Be Finalised	0	0	0	0
24 Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25 Other	0	0	0	0
26 NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	0	0	0	0
27	0	0	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-4,176	-12,528
3	637	637	637	637	637	637	637	637	637	637	637	637	2,549	7,646
4													0	0
5												0	0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	1,007	3,020
7	155	155	155	155	155	155	155	156	155	156	155	156	621	1,863
8													0	0
9													0	0
10													0	0
11													0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	81	216	98	89	-11	-11	-11	-11	-11	-10	-10	-11	483	395
17	502	339	505	486	211	211	211	211	211	211	211	211	1,833	3,522
18													0	0
19		-9,425	2,537	-2,055	-2,252	-2,252	-2,252	-2,252	-2,252	-2,253	-2,251	-2,253	-8,943	-26,960
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	7,675	-787	2,054	2,252	2,252	2,252	2,252	2,252	2,252	2,251	2,253	8,942	26,958
22	0	-1,138	-603	-574	-200	-200	-200	-200	-200	-200	-200	-200	-2,315	-3,915
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	1,750	-1,750	0	0	0	0	0	0	0	0	0	0	0
26	-583	583											0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year Items is not greater than In Year Items	Ok
FYE of Recurring Items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring Items only reported against Recurring Items	Ok
Has Organisation name being selected	Ok

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	759	2,280		0	0				
2	Pay	672	613	675	656	381	381	381	381	383	382	383	379	2,616	5,666	46.17%	5,666	0	3,593	2,074	0	2,075
3	Variance	482	423	485	466	191	191	191	191	192	192	192	191	1,857	3,386	244.58%	5,666	0				
4	Budget/Plan	62	62	62	62	62	62	61	60	61	61	63	248	740	740		740	0				
5	Non-Pay	163	194	180	171	71	71	71	70	69	70	70	72	706	1,270	55.62%	1,270	0	631	639	0	669
6	Variance	101	132	118	109	9	9	9	9	9	9	9	9	459	531	185.40%	531	0				
7	Primary Care - Drugs & Appliances	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Secondary Care Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
11	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	CHC/FNC	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
14	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
17	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
20	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22	Non-healthcare Services Provided by Other Healthboards	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
23	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
26	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
29	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0	0	0
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	252	252	252	252	252	252	252	251	252	251	252	251	1,007	3,020		740	0				
35	Actual/Fcast	836	807	856	827	452	452	452	451	452	452	452	451	3,323	6,937		6,937	0	4,224	2,713	0	2,744
36	Variance	583	555	603	575	200	200	200	200	200	201	200	200	2,316	3,917		6,197	0				

37	Variance in month	231.71%	220.59%	239.66%	228.14%	79.33%	79.33%	79.33%	79.65%	79.33%	80.05%	79.53%	79.65%	230.03%
38	In month achievement against FY forecast	12.03%	11.63%	12.32%	11.92%	6.51%	6.51%	6.51%	6.50%	6.51%	6.51%	6.52%	6.50%	

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		
1	Pay - General & Substantive	190	190	190	190	190	190	190	190	192	190	191	188	759	2,280	0	0	2,830	2,074	0	2,075
2	Actual/Fcast	672	613	675	656	381	381	381	381	383	382	383	379	2,616	5,666	4,903	0				
3	Variance	482	423	485	466	191	191	191	191	192	192	192	191	1,857	3,386	4903.488784	0				
4	Pay - Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Actual/Fcast	0	0	319	44	50	50	50	50	50	50	50	50	363	763	763	0	763	0	0	0
6	Variance	0	0	319	44	50	50	50	50	50	50	50	50	363	763	763	0				
7	Pay - Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Total	190	190	190	190	190	190	190	190	192	190	191	188	759	2,280	0	0				
11	Actual/Fcast	672	613	675	656	381	381	381	381	383	382	383	379	2,616	5,666	5,666	0	3,593	2,074	0	2,075
12	Variance	482	423	485	466	191	191	191	191	191	192	192	191	1,857	3,386	5,666	0				

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	759	2,280
2	Actual/F'cast	672	613	675	656	381	381	381	381	383	382	383	379	2,616	5,666
3	Variance	482	423	485	466	191	191	191	191	191	192	192	191	1,857	3,386
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Budget/Plan	62	62	62	62	62	62	61	60	61	61	63	248	740	
8	Actual/F'cast	163	194	180	171	71	71	71	70	69	70	72	706	1,270	
9	Variance	101	132	118	109	9	9	9	9	9	9	9	458	531	
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Budget/Plan	252	252	252	252	252	252	252	251	252	251	252	251	1,007	3,020
23	Actual/F'cast	835	807	855	827	452	452	452	451	452	452	451	451	3,323	6,937
24	Variance	583	555	603	575	200	200	200	200	200	201	200	200	2,316	3,917

**Table C - Identified Expenditure Savings Schemes**

Annual Forecast Savings (Ensure all 12 months are completed)	Ok
Total Forecast Savings agrees to Table A	Ok
Total FYE of Recurring Savings agrees to Table A	Ok
Total Forecast Savings in Table C agrees to Table C2	Ok
Total Forecast Savings in Table C agrees to Table C3	Ok





Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2010													
2011													
2012													
2013													
2014													
2015													
2016													
2017													
2018													
2019													
2020													
2021													
2022													
2023													
2024													
2025													
2026													
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## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 5 - AUGUST 2025**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for August 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 5.

### **Overview of Performance and Financial Position**

NWSSP's financial outturn for Month 5 is reported at break-even in line with our IMTP forecast.

Our balanced financial plan continues to be based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. In particular, the outstanding confirmation of recurrent funding for the 2025/26 pay award remains a risk to our financial plan. The 2024/25 pay award funding has been confirmed in line with previous communications and will be invoiced, in addition to the Employers NI funding, in our future allocation invoices to be raised from September.

#### **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.

Year to date non-recurrent savings of £2.908m are reported primarily due to variable pay savings and ongoing high vacancies across our services. We have identified that these could reach £4.309m by the end of the financial year before we utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2025/26 is £810.819m. This is an increase from the £801.049m reported at Month 4 primarily due to an increase in the SLE forecast following the rotation and payment of the pay

award and arrears (£10.5m), this is partly offset by reductions in income forecast for 2025/26 pay award (£0.5m) and stores issues (£0.4m).

- The SLE pay and non-pay forecast totals £330.601m (£319.956m at Month 4) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	24.325	24.309	23.987	24.054	32.547	26.500	26.500	26.500	26.500	26.500	26.500	26.500	314.720
NON PAY	1.316	1.239	1.273	1.367	1.472	1.316	1.316	1.316	1.316	1.316	1.316	1.316	15.881
<b>TOTAL</b>	<b>25.641</b>	<b>25.549</b>	<b>25.261</b>	<b>25.421</b>	<b>34.019</b>	<b>27.816</b>	<b>27.816</b>	<b>27.816</b>	<b>27.816</b>	<b>27.816</b>	<b>27.816</b>	<b>27.816</b>	<b>330.601</b>

The pay award arrears paid in month were in line with forecast, but the increase in WTE trainees paid in August was greater than anticipated. We are reviewing this as there may be an overlap with new trainees starting and delays with trainees qualifying. We have included an element of increased training places into the revised forecast but will need to review this forecast further in September when we can see the WTE and pay costs for the month. The forecast will also vary as we progress through the financial year with the February intake/rotation and payment of variable locum shifts to SLE trainees.

- Anticipated funding of £6.145m for the 2024/25 pay awards and £1.679m for the Employer NI funding are included in Table E1 as these invoices will be raised in September. The split of the NI funding with Velindre has been agreed based on the NI values in the 2024/25 annual accounts (**Action Point 4.2**). £3.927m for the 2025/26 pay awards (including Real Living Wage) has been incorporated into our forecast and the income has been anticipated in Table E1. This is a reduction from £4.464m anticipated in previous months now that we have been able to review actual costs.
- Welsh Government income increases in Months 5 & 6 in respect of the influenza vaccine recharges and is in line with the delivery and payment profile of the invoices.
- The profile of other income and non-pay spikes in Months 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
- Forecast non-cash charges of £6.488m have been included based on the approved funding schemes submitted in the non-cash return in August.
- £42.000m income and expenditure is included to Month 5 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast remains in Table B1 at £145.491m as included in our IMTP and is phased on a straight-line basis over remaining months.

Further to discussions at Directors of Finance and Deputies meetings, we have flagged a risk of 2025/26 WRP DEL expenditure significantly exceeding the value in our IMTP. We are finalising a detailed review of the forecast to share with Directors of Finance to support explanations to their Boards in September. The current forecast identifies that the £187.5m forecast, which would require £78m funding from the risk share agreement, is now likely to be a best case outturn and more detail will be included in the communication to be shared. Our forecast outturn and the associated increased income required under the Risk Share Agreement will be updated in our Month 6 return to align with the September circulation and revised forecast included within this.

The WRP Risk Share percentages will also be updated in September and presented to the Welsh Risk Pool Committee on 23<sup>rd</sup> September. The revised forecast funding requirement under the risk share agreement will also be circulated with the new shares by Organisation.

- At Month 5 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation. There are several variables that will influence this forecast as we progress through the financial year, and we will update the forecast when we have more information available. We will keep the Policy Lead updated with the latest forecast spend at our regular scheduled meetings (**Action Point 4.3**)

At the end of 2024/25 we continued to accrue a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We met with Welsh Government colleagues on 16<sup>th</sup> June to review this and are meeting again on 12<sup>th</sup> September to further review this now purchase volumes and values can be confirmed.

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income – the in month and full year increase is due to the SLE increased charges in month which have also been built into the full year forecast to be recharged to Organisations.
- Welsh Government Income – In month income increase is due to the reprofile of the WRP between months to match actual settlements with no impact on the full year forecast (£8.3m). This increase is reduced by reprofiling adjustments for GMPI (£1.4m) and WIBSS (£1.6m) and the reduction in the year to date anticipated 25/26 pay award funding (£0.2m). The full year forecast is reduced by £0.5m in respect of the amended 2025/26 full year pay award funding requirement.

- Provider Services – Pay – the in month and full year increase is due to the increase in the SLE pay costs offset by reduced non-SLE pay costs due to the impact of the pay award being less than previously forecast
- Provider Services – Non-Pay – the in-month expenditure reduction is due to the reprofiling of the WIBSS and GMPI income and adjustments to the stores income which are partially offset by our break-even adjustment within the Velindre ledger. In month 4 the remaining additional non pay spend forecast of £0.500m related to the increase in our savings overachievement which forms part of our break-even accrual reported against non-pay in anticipation of a potential distribution (**Action Point 4.4**)
- Losses, Special Payments & Irrecoverable Debts – the in-month increase is due to the WRP payment profile changing from what was forecast with no impact of the full year forecast

Table B2 has been amended in Month 5 to reflect our summary position– key points to note are:

- The unplanned cost pressure reported against pay of £0.744m relates to the Employers National Insurance funding shortfall which continues to be reported gross as requested. This will be funded from the forecast in-year overachievement of savings.
- The 'other' cost pressure in non-pay of £3.563m reflects the potential reinvestment/distribution after funding the NI shortfall. This has been separately reported on Line 58 this month as requested.
- Additional spend associated with in year funding is primarily attributable to the pay award, the funded element of the NI increase, pharmacy rebates, SLE, influenza vaccine and GMPI.
- The unplanned spend reductions which total £27.472m at Month 5 (£26.958m Month 4) are in relation to the reduction in our forecast expenditure compared to our IMTP expenditure assumptions and primarily relate to:
  - £12m – WIBSS – due to a reduction in both the eligible number of beneficiaries and application rates that we have seen for compensation payments.
  - £7m – SLE – due to our IMTP assumption being based on full establishment to training posts costed at assumed points of scale and actual costs reflecting vacancies and actual points of scale which are less than the IMTP forecast
  - £5m – Medicines Unit/Radiopharmacy expenditure – amended assumptions due to slippage in the Radiopharmacy unit opening date into 26/27 which differs from the IMTP assumption and a reduction in the year to date issues of drugs from the medicines unit
  - £3.5m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues

## 2. Underlying Position (Table A1)

Table A1 has been completed to reflect the recurrent overachievement of savings due to new savings being identified in year over and above the savings that were noted as 'to be identified' in our IMTP.

## 3. Risk Management (Table A2)

This table has been further reviewed and updated in Month 5 with the following changes

- The risk of activity increases above baseline funded levels has been removed given our potential to fund any support for non-recurrent increases in activity if they arise during the financial year from our savings overachievement (**Action Point 4.1**).
- The risk of the Medical Examiner increased funding not being agreed has been removed following confirmation of funding that has been received from DHSC in August
- The risk of the PPE stockpile requirements incurring additional warehousing or operational staff costs has been removed as we anticipate we can cover these costs from our covid allocation during this financial year.
- The opportunity for potential VAT recovery on the MS licences remains pending any update from DHCW on whether this may crystallise in 25/26.

## 4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

## 5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported £0.008m agency expenditure in Month 5 for additional HGV driver support that remains in line with our forecast. This expenditure is reported against estates and ancillary so does not impact our planned achievement of the target to eliminate admin & clerical agency expenditure by September 2025. We are projecting that additional agency resource will continue to be needed until the end of October, and we will monitor this closely.

We have excluded the locum shifts paid to SLE trainees in Table B2 to avoid any duplication in reporting as these will be in UHB/Trust returns.

**6. Variable Pay Excluding Agency/Locum (Premium) Expenditure (Table B3 Section D)**

The variable pay table has been updated for Month 5 and we are reporting expenditure of £0.212m in August against the revised forecast of £0.260m. Year to date average monthly expenditure is £0.217m so pending our detailed forecast review in September, we will look to further reduce the forecast again. We continue to strengthen our controls on variable pay expenditure across NWSSP and we are introducing an overtime principles procedure and control process to enhance this further in quarter 2.

**7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)**

The savings tracker has been populated per our IMTP with the removal of the one amber scheme, which has now been replaced with a new scheme that has been achieved for £0.135m in respect of DHCW SLA desktop support savings.

To month 5 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £2.908m due to the number of vacancies we are in the process of recruiting to and the additional controls we have implemented for variable pay. We estimate our forecast overachievement of savings will total £4.309m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall and other pressures that arise in year. We note the future month forecast over-achievement of savings are less than we have achieved year to date and we are undertaking a detailed review of our forecast in September to supplement the ongoing monthly high-level reviews. We will update our forecast savings achievement in the Month 6 return (**c/f Action Point 3.7**)

**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 (including the estimated pay award impact) based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

Lines 2-27 have been populated with anticipated income streams for which we have yet to raise invoices and/or receive formal funding confirmation, and which were highlighted as income assumptions in our IMTP.

**9. Health Care Agreements and Major Contracts**

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25<sup>th</sup> March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

**10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)**

At 31<sup>st</sup> August 2025 we had one invoice and one credit note outstanding for payment over 17 weeks with Cardiff & Vale that we continue to urgently chase for payment. We are increasing our debt collection efforts internally aiming to obtain more timely payments, however approval issues and requirements for Purchase Orders in some Organisations often delay this **(Action Point 4.5)**

**11. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

**12. Public Sector Payment Policy Compliance (Table H)**

This table is not required for NWSSP.

**13. Capital Schemes and Other Developments (Tables I, J & K)**

These tables have been completed based on our current forecast capital expenditure profile against our £8.701m Capital Expenditure Limit and the profile of expenditure will continue to be updated as we progress through the financial year.

We have recently received funding approval letters for an additional TEF scheme for racking in Bridgend Stores and the TRAMS FBC fees which will increase our CEL.

We are awaiting the outcome of funding submissions for our Fleet BJC, IP5 Roof BJC and additional laundry equipment.

We are progressing discussions to enable us to submit bids for additional digital and other capital slippage monies that we can deliver within the financial year.

**14. IFRS 16 & CAME (Table Q)**

This table has been completed and reconciles to the most recent IFRS16 return.

**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 4 and 5 Financial Monitoring Return at the September Committee meeting.

**16. Authorisation of Return**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**



.....  
**ALISON RAMSEY**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**  
**NWSSP**

**10<sup>th</sup> September 2025**



Wales Shared Services Partnership

1 C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : Aug 25

This Table is currently showing 0 errors

	Month												Total 2025	Full-year forecast	FTD as %age of FY17	Assessment		Full 12-year forecast		Full Year Effect of Recurring Savings £000
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Gain	Anchor	1st Recurring	2nd Recurring	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Pay</b>	Budget/Plan	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
	Actual/FY cost	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
	Variance	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300
<b>Non-Pay</b>	Budget/Plan	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45
	Actual/FY cost	150	150	150	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171
	Variance	-105	-105	-105	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126	-126
<b>Primary Care - Drugs &amp; Appliances</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Secondary Care Drugs</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CHC/FNC</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Primary Care Contractor</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Healthcare Services Provided by Other Healthboards</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Non-healthcare Services Provided by Other Healthboards</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Private &amp; Voluntary Sector</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Joint Financing &amp; Other</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	Budget/Plan	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
	Actual/FY cost	650	650	650	671	671	671	671	671	671	671	671	671	671	671	671	671	671	671	671
	Variance	-450	-450	-450	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471	-471

Variance as % of	225.0%	225.0%	225.0%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%	235.5%
Expenditure scheme against	11.32%	11.01%	11.06%	11.28%	11.22%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%	6.17%

Table C - Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are complete)	OK
Total Forecast Savings agrees to Table A	OK
Total FYE of Recurring Savings agrees to Table A	OK
Total Forecast Savings in Table C agrees to Table C1	OK
Total Forecast Savings in Table C agrees to Table C2	OK

NHS Wales Shared Services Partnership

Period : Aug 25

Table C1- Savings Schemes Pay Analysis

	Month												Total 2025	Full-year forecast	Assessment		Full 12-year forecast		Full Year Effect of Recurring Savings £000	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Gain	Anchor	1st Recurring	2nd Recurring		
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Pay - General &amp; Substantive</b>	Budget/Plan	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
	Actual/FY cost	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
	Variance	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300
<b>Pay - Variable</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Pay - Agency</b>	Budget/Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Actual/FY cost	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	Budget/Plan	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
	Actual/FY cost	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
	Variance	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300	-300

Table C2: V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total L10	Full-year Forecast
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
Workforce	Budget/Plan	125	125	125	125	125	125	125	125	125	125	125	125	1500	2,250
	Actual/Final	612	612	612	612	612	612	612	612	612	612	612	612	7,344	8,592
	Variance	487	487	487	487	487	487	487	487	487	487	487	487	5,844	6,342
Multi-Track Management	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/Final	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Procurement & Non-pay	Budget/Plan	151	151	151	171	171	171	171	171	171	171	171	171	2,046	1,371
	Actual/Final	151	151	151	151	151	151	151	151	151	151	151	151	1,803	1,803
	Variance	0	0	0	20	20	20	20	20	20	20	20	20	243	568
OHC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/Final	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/Final	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Commissioning	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/Final	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Priority Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/Final	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Budget/Plan	276	276	276	326	326	326	326	326	326	326	326	326	3,996	3,044
	Actual/Final	813	813	813	877	877	877	877	877	877	877	877	877	10,551	12,184
	Variance	537	537	537	551	551	551	551	551	551	551	551	551	6,555	9,140



## NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 28/07/2025 (Updated 28/07/2025)

Product Type	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand based on Target Stock	Target Stock Holding (16 or 12 Weeks Plus 4 Weeks BAU)
Splash Proof Aprons (Roll)	1,798,000	54,000	170,800	12%	15,100,000
Splash Proof Aprons (Flat Pack)	17,189,125	0	39,144	130%	13,200,000
Type IIR Masks	3,213,700	0	49,638	10%	31,600,000
FFP3 Masks (Un-Valved)	624,472	0	1,050	62%	1,000,000
FFP3 Masks (Valved)	1,790,330	0	147	N/A	0
Face Shields/Visors	262,866	0	316	16%	1,600,000
Gloves	208,842,900	168,856,000	2,916,225	143%	146,300,000
Full Body Gowns	42,938	0	2,142	9%	500,000
Wipes	10,445,200	862,200	1,513,238	34%	30,400,000
Hand Sanitizer	215,967	0	1,186	216%	100,000
<b>Total</b>	<b>244,425,498</b>	<b>169,772,200</b>	<b>4,693,885</b>		<b>239,800,000</b>

### Key Notes & Assumptions

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
  - Hand sanitizer where a unit is a container regardless of size
- e) The dashboard output is a snapshot at a point in time of a dynamic position
- f) Issue rate reflects the average number of issues made in the last 4 weeks
- g) Stock on hand reflects the percentage based on the target stock holding
- h) RAG Rating is currently based on 12 Weeks for Aprons, Type IIR Masks, Face Shields, Full Body Gowns, Hand Sanitizer & Wipes. 16 Weeks for FFP3s and Gloves. Plus 4 Weeks of BAU based on Average issues in June 25

At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume

## NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 31/08/2025 (Updated 31/08/2025)

Product Type	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand based on Target Stock	Target Stock Holding (16 or 12 Weeks Plus 4 Weeks BAU)
Splash Proof Aprons (Roll)	1,134,600	310,000	178,100	8%	15,100,000
Splash Proof Aprons (Flat Pack)	16,999,200	0	39,663	129%	13,200,000
Type IIR Masks	2,852,400	0	65,200	9%	31,600,000
FFP3 Masks (Un-Valved)	621,188	0	606	62%	1,000,000
FFP3 Masks (Valved)	1,790,114	0	155	N/A	0
Face Shields/Visors	261,844	0	211	16%	1,600,000
Gloves	194,536,500	155,000,000	2,844,775	133%	146,300,000
Full Body Gowns	31,132	0	2,754	6%	500,000
Wipes	11,074,300	2,529,000	1,480,513	36%	30,400,000
Hand Sanitizer	214,108	1,440	1,045	214%	100,000
<b>Total</b>	<b>229,515,386</b>	<b>157,840,440</b>	<b>4,613,021</b>		<b>239,800,000</b>

### Key Notes & Assumptions

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
  - Hand sanitizer where a unit is a container regardless of size
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At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**30 September 2025**

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Assurance Report – May 2025**

**ARWEINYDD:**

James Quance

**LEAD:**

Assistant Director of Corporate Services, NWSSP

**AWDUR:**

Carly Wilce

**AUTHOR:**

Corporate Services Manager, NWSSP

**SWYDDOG ADRODD:**

Alison Ramsey

**REPORTING OFFICER:**

Director of Finance & Corporate Services, NWSSP

**MANYLION CYSWLLT:**

Alison Ramsey

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**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on **13 May 2025**.

**Llywodraethu/Governance**

**Amcanion:**

Each of the five key Corporate Objectives

**Objectives:**

**Tystiolaeth:**

Individual reports submitted to Audit Committee

**Supporting evidence:**

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP Audit Committee

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

✓

**Argymhelliad/  
Recommendation**

The Committee is asked to **NOTE** the report

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

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

No direct impact

**Cyfreithiol:  
Legal:**

No direct impact

**Iechyd Poblogaeth:  
Population Health:**

No direct impact

**Ansawdd, Diogelwch a Profiad  
y Clef:**

No direct impact

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

### 1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on **13 May 2025**, is outlined below:

<b>ALERT</b>	There were no matters for alert/escalation to the Board.
<b>ADVISE</b>	There were no matters for alert/escalation to the Board
<b>ASSURE</b>	<p>NWSSP Update</p> <p>The Managing Director provided the Committee with an update on key developments within NHS Wales Shared Services Partnership (NWSSP) since the previous meeting held in February 2025. The key matters reported were as follows:</p> <ul style="list-style-type: none"> <li>• <b>Finance:</b> A balanced financial position was achieved at year-end, with the Capital Expenditure Limit fully utilised. A total of £3.6 million has been returned to the Welsh Government and NHS organisations across NHS Wales.</li> <li>• <b>All Wales Pharmacy Developments:</b> <ul style="list-style-type: none"> <li>○ The South-East Radiopharmacy project has experienced a minor delay; however, the main contractor is expected to commence work imminently on the clean room construction. The target completion date of March 2026 remains unchanged.</li> <li>○ <b>South-East Hub Business Case:</b> The Business Justification Case for the South-East Hub is currently under development and is scheduled for presentation at the Velindre University NHS Trust Board meeting on 24 July 2025, following its review by the Shared Services Partnership Committee on 17 July 2025.</li> <li>○ <b>South-West Hub: Site Identification:</b> Efforts are ongoing to identify a suitable location for the South-West Hub, with a particular focus on the Cross Hands and Swansea Northside areas.</li> </ul> </li> <li>• <b>Laundry Services:</b> There are currently 33 active schemes aimed at enhancing site resilience. There are 6 dryers at the Swansea Laundry site which require replacement, necessitating a temporary closure of the facility. Contingency arrangements have been implemented, with operations temporarily transferred to Church Village to ensure continuity of service. Additional cost-</li> </ul>

	<p>saving measures, similar to those in place in Carmarthen, are under consideration.</p> <ul style="list-style-type: none"> <li>• <b>Medical Examiner Services:</b> Challenges persist in the death certification process, particularly in obtaining the Medical Certificate of Cause of Death (MCCD). NWSSP continues to collaborate with NHS organisations to identify and address the root causes of these issues. The NWSSP Medical Director will engage with counterparts across NHS Wales to support improvements.</li> <li>• <b>Accommodation Update:</b> Reconfiguration works at both Charnwood Court and Companies House have been completed. Staff feedback on the completed works has been overwhelmingly positive.</li> <li>• <b>Personal Protective Equipment:</b> The Cabinet Secretary has approved the PPE stockholding policy. Specifications have been communicated via formal correspondence, and a stock level equivalent to sixteen weeks has been agreed. The final location for stockholding will be determined following analysis of the product inventory.</li> <li>• <b>Decarbonisation:</b> Solar panel installations at Matrix House in Swansea and IP5 in Newport are performing well, with energy output covering operational costs for several days. The installation of additional electric vehicle charging points is scheduled to commence shortly. Several bids submitted to the Welsh Government for further Decarbonisation projects have been approved, supporting the organisation’s sustainability agenda.</li> </ul>
<p><b>ASSURE</b></p>	<p><b>External Audit Position Statement</b>  Audit Wales provided an update on both current and planned audit activities. They confirmed that there were no matters of concern or significant findings requiring the attention of management or the Audit Committee.</p> <p>It was also noted that a National Report had recently been published concerning the Well-being of Future Generations (Wales) Act and the responses of public bodies to its requirements.</p>
<p><b>ASSURE</b></p>	<p><b>NWSSP Audit Assurance Arrangements 2024-25</b>  Audit Wales presented the report outlining the assurance work undertaken in support of the core functions delivered by NWSSP on behalf of NHS Wales organisations. This work offers assurance to the relevant audit teams and underpins the audit of the 2024/25 financial statements.</p> <p>The assurance activities include a review of NWSSP’s core functional processes and operational arrangements, as well as an assessment of hosted IT services. The fieldwork for these reviews has been completed, with the exception of some ongoing work relating to the Single Lead Employer function. However, no material issues, weaknesses, or concerns have been identified that require escalation to management or the Audit Committee.</p>

	<p>Audit Wales confirmed that findings of both audits would be communicated with NHS audit teams by the end of April 2025.</p>
<p><b>ASSURE</b></p>	<p><b>Internal Audit Position Statement</b>  The Head of Internal Audit presented the Position Statement together with an overview of other activity undertaken since the previous meeting. Key points to highlight were:</p> <ul style="list-style-type: none"> <li>• Three Internal Audit reports from the 2024/25 Internal Audit Annual Plan have been finalised and are included on the agenda for this meeting.</li> <li>• In addition to the completed reports, progress is being made on the three advisory reviews outlined in the work plan—namely, Stores Stock Requisitions, Primary Care, and Contract Management. These are advancing well.</li> <li>• Planning for the development of the 2025/26 Internal Audit Plan has been completed and received formal approval at the Senior Leadership Group meeting held in April 2025.</li> <li>• It was agreed that the audits on Risk Management and Digital Strategy Implementation would be deferred to July 2025. As such, these will now be incorporated into the 2025/26 Internal Audit work plan.</li> </ul>
<p><b>ASSURE</b></p>	<p><b>Internal Audit Reports</b>  The following reports were also presented to the Committee, for review and consideration:</p> <p><b><u>Variable Pay</u></b>  This audit examined the arrangements in place to ensure effective controls over the monitoring, management, and expenditure of temporary staffing and variable pay. The audit concluded with a reasonable assurance rating, identifying two findings requiring management action.</p> <p><b><u>Payroll Services</u></b>  The objective of this audit was to assess the design and operational effectiveness of systems within Payroll Services. The audit outcome was highly positive, achieving substantial assurance with no recommendations raised.</p> <p><b><u>Primary Care Services Pharmacy</u></b>  This review aimed to provide assurance that Primary Care Services maintains a robust system to ensure timely and accurate payments to pharmacy contractors. The audit achieved substantial assurance, with only one medium-priority recommendation identified for management action.</p>
	<p><b>Draft Internal Audit Annual Plan and Charter 2025-26</b>  The Head of Internal Audit presented the draft Internal Audit Plan and Charter for 2025/26, which had been developed in accordance with relevant Auditing Standards. The draft Audit Plan was reviewed and endorsed by the Senior Leadership Group in April 2025. Progress against the plan, along with any amendments, will be monitored throughout the</p>

<b>ASSURE</b>	<p>year. A number of reporting references in the Charter required updating and it was noted that Internal Audit coverage may be part of the review by Welsh Government of Accountability and Governance Arrangements.</p> <p>The Audit Committee formally <b>APPROVED</b> the 2025-26 Internal Audit Plan. However, the Internal Audit Charter was not APPROVED at this stage as it was subject to further amendment by Internal Audit.</p>
<b>ASSURE</b>	<p><b>Counter Fraud Position Statement</b></p> <p>NWSSP’s Local Counter Fraud Manager presented the Q4 Counter Fraud Position Statement to the Committee, with an overview of activity. As of 31 March 2025, a total of 210.5 days of Counter Fraud work has been completed against the agreed full year 210 days, as detailed in the Counter Fraud Annual Work Plan for the 2024/25 financial year. The Statement summarised the following activity in the last quarter:</p> <ul style="list-style-type: none"> <li>• in the last twelve months, a total of 257 new starters have attended a fraud awareness session;</li> <li>• the NWSSP Local Counter Fraud Service intranet page continues to be updated, with support from the NWSSP Communications team. The NFI Privacy notice still features on the ESR Carousel to advise staff of the 2025 NFI exercise;</li> <li>• 2 fraud awareness sessions have been delivered to Legal and Risk Management team and the Health and Safety team and 3 sessions delivered to new starters;</li> <li>• a further 81 members of staff have completed the All-Wales Counter Fraud E-learning module in Q4, which equates to 1,098 members of staff in total;</li> <li>• during the reporting period, 2 new fraud referrals have been received for investigation; and</li> <li>• during the reporting period the NWSSP Counter Fraud Team received 2 new referrals for investigation, 1 of which was transferred to NHS CFS Wales for investigation.</li> <li>•</li> </ul>
<b>ASSURE</b>	<p><b>Counter Fraud Annual Plan 2025/26</b></p> <p>The 2024/25 Annual Counter Fraud Plan was presented to the Committee for approval.</p> <p>The plan has been developed in alignment with the Cabinet Office Standards for Counter Fraud Arrangements. It was noted that the 2025/26 work plan would be subject to ongoing review throughout the year, with its effectiveness to be evaluated and reported in the year-end Annual Report to the Audit Committee.</p> <p>The Audit Committee <b>APPROVED</b> the Annual Counter Fraud Annual Plan 2025/26.</p>
	<p><b>Governance Matters</b></p> <p>The Governance Matters report detailed the contracting activity for the last quarter. 67 contracts had been let for NWSSP and 19 further contracts for NHS Wales. There were no declarations made as to gifts, hospitality or sponsorship since the last meeting and there was 1 internal audit report concluded as limited assurance, namely Procurement</p>

<b>ASSURE</b>	<p>Services, Capital Team, which was reported to the Audit Committee at its meeting on 05 February 2025.</p> <p>Of 107 audit recommendations, 97 had been implemented, 7 were not yet due and 3 were overdue, but were dependent on a third party to fully implement. The proposed revised target deadlines of 30 June 2025 were approved.</p> <p>The Corporate Risk Register contains 5 red risks, 10 amber and no yellow or green risks, for action.</p>
<b>INFORM</b>	<p><b>Risk Management</b> The Audit Committee agreed to defer the NWSSP Risk Management Protocol.</p> <p>A meeting would be scheduled between the NWSSP Deputy Director of Corporate Services and the VUNHST Director of Corporate Governance to ensure alignment between the NWSSP Risk Protocol and the overarching Trust Risk Policy.</p> <p><b>Risk Appetite</b> The NWSSP Risk Appetite Statement, which was recently approved by the Shared Services Partnership Committee, was presented to Audit Committee members for review and comment. It was agreed that consideration of this item would be deferred until a future Audit Committee meeting, to align with the outcomes of the Velindre University NHS Trust (VUNHST) Risk Management Policy review.</p>
<b>ASSURE</b>	<p><b>Losses and Special Payments Paper</b></p> <p>The Manual Accounts stipulate that:</p> <p><i>'NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government H&amp;SSG Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit.'</i></p> <p><i>Annex 4 to Chapter 6 sets out the delegated limits above which Health bodies need to obtain WG approval for the write off of the loss. The delegated limit is £50,000.</i></p> <p>The Committee received a report detailing the losses and special payments incurred during the period 1 April 2024 to 31 March 2025.</p> <p>Discussions have already taken place with the Welsh Government regarding the reduction of current PPE stock levels, and an agreement has been reached, as referenced in the Managing Director's earlier update.</p> <p>In accordance with Standing Orders, the report must be presented to the Audit Committee for noting prior to submission to the Welsh Government for formal approval.</p>

	The Audit Committee <b>APPROVED</b> all checklists submitted, thereby authorising the formal requests to the Welsh Government for approval to write off the identified losses.
<b>ASSURE</b>	<p><b>Financial Control Procedure</b></p> <p>The Deputy Director of Finance and Corporate Services presented the proposed Financial Control Procedure for Capital Monitoring to the Audit Committee for approval. This Procedure has been developed to ensure robust mechanisms and controls are in place for the management of capital expenditure, with particular focus on the TrAMS and Radiopharmacy programmes.</p> <p>As the existing Velindre University NHS Trust (VUNHST) Capital Policy does not extend to NWSSP, this Procedure has been designed to mirror the VUNHST Policy as closely as reasonably practicable.</p> <p>During the discussion, it was suggested that a single, unified policy be developed going forward to avoid duplication and ensure consistency across the organisation.</p> <p>The Audit Committee formally <b>APPROVED</b> the Financial Control Procedure, with the understanding that future efforts will be made to amalgamate relevant documents into a single, cohesive policy framework.</p>
<b>INFORM</b>	<p><b>Items for Information</b></p> <p><b>Forward Plan of Business for 2025-26</b></p> <p>The forward plan of business for the 2025-26 period was presented. There were no fundamental changes to report and the plan was in line with the previous year. The 2025-26 Audit Committee forward plan was approved.</p>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Assurance Report



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**30 September 2025**

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Assurance Report – July 2025**

**ARWEINYDD:**

James Quance

**LEAD:**

Assistant Director of Corporate Services, NWSSP

**AWDUR:**

Carly Wilce

**AUTHOR:**

Corporate Services Manager, NWSSP

**SWYDDOG ADRODD:**

Alison Ramsey

**REPORTING OFFICER:**

Director of Finance & Corporate Services, NWSSP

**MANYLION CYSWLLT:**

Alison Ramsey

**CONTACT DETAILS:**

Director of Finance & Corporate Services, NWSSP  
02921 501500 / [Alison.ramsey@wales.nhs.uk](mailto:Alison.ramsey@wales.nhs.uk)

**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on **8 July 2025**.

**Llywodraethu/Governance**

**Amcanion:**

Each of the five key Corporate Objectives

**Objectives:**

**Tystiolaeth:**

Individual reports submitted to Audit Committee

**Supporting evidence:**

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP Audit Committee

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

✓

**Argymhelliad/  
Recommendation**

The Committee is asked to **NOTE** the report

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

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

No direct impact

**Cyfreithiol:  
Legal:**

No direct impact

**Iechyd Poblogaeth:  
Population Health:**

No direct impact

**Ansawdd, Diogelwch a Profiad  
y Clef:**

No direct impact

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open



## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT - 08 JULY 2025

### 1. SITUATION

To provide the Shared Services Partnership Committee (**SSPC**) with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership (**NWSSP Audit Committee**), at its meeting on 08 July 2025 for **NOTING**.

### 2. BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership provides assurance to the SSPC on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 08 July 2025, is outlined below:

### 3. SUMMARY OF MATTERS FOR CONSIDERATION

<b>ALERT / ESCALATE</b>	There were no matters for <b>alert/escalation</b> to the Board.
<b>ADVISE</b>	There were no matters for <b>alert/escalation</b> to the Board.
<b>ASSURE</b>	<b>Update from NWSSP Managing Director</b> The Managing Director provided members with a comprehensive update on significant developments within NWSSP, as outlined below:

- **Joint Executive Team (JET) Meeting:** The meeting was constructive, focusing on NWSSP's performance during 2024–25, which was deemed successful with no concerns raised by Welsh Government. The outcome letter confirming approval of NWSSP's Integrated Medium Term Plan (IMTP) is expected imminently.
- **Finance – Month 2 Position:** A surplus was reported, following a £3.6 million distribution to Welsh Government and NHS Wales during 2024–25. Financial pressures are anticipated for the 2025–26 financial year due to increased employer national insurance contributions. However, NWSSP's underspend is expected to offset the shortfall. Discussions are ongoing with partner organisations regarding emerging issues within the Welsh Risk Pool, as current funding is insufficient to meet the rising number of cases expected to settle this year. Trend analysis indicates a deviation from the previous year, necessitating additional funding under the Risk Share agreement. The situation is under close review.
- **Transforming Access to Medicines Service (TrAMS) – Radiopharmacy:** Progress continues at the site, with scree installation for the cleanroom underway. Completion of the build is anticipated in September, commissioning in December and the launch remains scheduled for April 2026.
- **South East Hub Outline Business Case (OBC):** The OBC for the South East Hub has been finalised and circulated to Health Organisations for feedback. An updated version has been endorsed by both the Project Board and the TrAMS Programme Board. The OBC is scheduled for presentation to the SSPC on 17 July for approval. Subject to Welsh Government approval, an application for funding to develop the Full Business Case (FBC) will be submitted. The Managing Director assured members that no further delays are expected.
- **South West Hub:** Efforts to identify a suitable site are ongoing, with two preferred options under consideration. A workshop is scheduled for 16 July to evaluate these options. Upon selection of a preferred site, a scoping meeting will be arranged with Welsh Government, including a request for funding to develop the OBC.
- **Laundry Services:** Several schemes were completed during 2024–25, resulting in cost savings following the capital investments. These improvements have increased operational capacity and reduced both transport requirements and carbon emissions.
- **Medical Examiner Services:** A review meeting was held on 3 April, six months post-implementation of the new statutory service, to assess winter pressures. A comprehensive action plan has been developed, focusing on enhanced communication, improved data management, and training. The plan reflects collaborative working and will be monitored by the Director of Primary Care and Medical Examiner Services.
- **Welsh Government Accountability and Governance Review:** The Accountability and Governance Review is progressing. The Managing Director and NWSSP Chair have met with the Review lead. The Review is expected to conclude and report to the Director

	General Health and Social Care/NHS Wales Chief Executive by 31 July 2025.
<b>ASSURE</b>	<p><b>External Audit Position Statement</b></p> <p>Audit Wales provided an update on both ongoing and forthcoming audit activities. They confirmed that there were no issues of concern or significant findings requiring the attention of either management or the Audit Committee. The outcomes of the assurance work will be presented at the next Audit Committee meeting, scheduled for 7 November 2025. The NWSSP Finance Team was formally thanked for their dedication and support throughout the audit process.</p>
<b>ASSURE</b>	<p><b>Head of Internal Audit Opinion 2024-25</b></p> <p>The Head of Internal Audit presented the 2024-25 Internal Audit Opinion to the Committee, which concluded with an overall rating of reasonable assurance. The report was positive, reflecting the substantial volume of work undertaken throughout the year. Regular progress updates had been provided to each NWSSP Audit Committee meeting during the reporting period. The opinion also summarised key findings and outcomes relating to systems and services delivered by NWSSP to NHS Wales. Due to operational pressures within the service, two audits originally scheduled in the 2024-25 workplan have been deferred to 2025-26.</p>
<b>ASSURE</b>	<p><b>Internal Audit Position Statement</b></p> <p>The Head of Internal Audit presented the Position Statement, along with a summary of activities undertaken since the previous meeting. Notably, four of the outstanding audits reported at the last meeting in May had been finalised, and the 2024-25 audit work was complete. Preparations for the 2025-26 workplan were already underway.</p>
<b>ASSURE</b>	<p><b>Internal Audit Reports</b></p> <p>The Committee received the reports detailed below, for review and consideration. All reviews were advisory in nature and therefore have not been allocated assurance ratings. Progress against the resulting actions will be monitored via the Audit Recommendation Tracker, with updates provided at future meetings.</p> <p><u>Stock Approvals</u></p> <p>This review was undertaken at the request of the Director of Procurement, Supply Chain and Laundry Services to assess the processes and controls surrounding stock orders. With PPE stockholding now confirmed as an ongoing requirement, the review aimed to determine whether existing controls required enhancement. Four recommendations for improvement were identified.</p> <p><u>Pharmacy Underpayment</u></p> <p>This review was requested by the Director of Primary Care and Medical Examiner Services following an underpayment of reimbursement to a contractor, with the aim of preventing future occurrences. One action was identified and was already completed at the time of the meeting.</p> <p><u>Decarbonisation Follow Up Review</u></p>

	<p>This review was a follow-up to the audit conducted during 2023–24, focusing on the implementation of agreed actions. The outcome was very positive, with all three actions completed.</p> <p><u>Contract Management Final Advisory Report</u> This review was promoted following a similar review at Betsi Cadwaladr University Health Board, which identified several areas of concern. The review had also been conducted across with other NHS Organisations whereby common themes were identified. The resulting actions would be taken forward in collaboration with partners.</p> <p><u>Contract Management Action Plan</u> The Director of Procurement, Laundry and Supply Chain presented the Contract Management Action Plan, which was developed following the advisory review referenced above. A draft contract management procedure has been prepared and is intended to be progressed at a national level, following its presentation at the Directors of Finance Forum for discussion and consideration.</p>
<p><b>ASSURE</b></p>	<p><b>Counter Fraud Position Statement</b> The Committee received the Q1 Counter Fraud Position Statement from NWSSP’s Local Counter Fraud Manager (LCFM), providing an overview of activity to date. As of 30 June 2025, a total of 47.75 days of Counter Fraud work had been delivered against the 210 days outlined in the 2025/26 Annual Work Plan. The Counter Fraud Manager continues to maintain and update the LCFM intranet page.</p> <p>Since the launch of the All-Wales Counter Fraud Awareness e-learning module in April 2023, 1,098 staff members have successfully completed the course which is a very encouraging uptake. During Q1, 43 new starters attended a dedicated Fraud Awareness session, and an in-person session was delivered to 25 staff at the Surgical Materials Testing Laboratory.</p> <p><b>NWSSP Counter Fraud Annual Report 2024/2025</b> NWSSP’s Local Counter Fraud Manager presented the Counter Fraud Annual Report for 2024–25, detailing the work undertaken throughout the reporting period. The report adheres to Government Functional Standards and aligns fully with the objectives of the NHS Counter Fraud Authority.</p> <p>Key highlights include the successful completion of all 210 allocated days of Counter Fraud activity as set out in the 2024–25 work plan. Additionally, 11 fraud awareness sessions were delivered to a total of 186 staff. Targeted sessions were also provided to teams within Procurement, Legal and Risk, Single Lead Employer, Health and Safety, and Audit and Assurance.</p> <p><b>NWSSP Counter Fraud Functional Standards Return</b> The Counter Fraud Functional Standards Return was received, for information.</p>

<b>ASSURE</b>	<p><b>Annual Governance Statement 2024/2025</b></p> <p>As in previous years, the Annual Governance Statement (AGS) for 2024–2025 was presented to the Committee for consideration. Following a thorough discussion, the Committee <b>NOTED</b> the AGS.</p> <p>It was acknowledged that the outcome of the ongoing Governance and Assurance Review, currently being conducted by Welsh Government, is expected to provide clarity on future governance arrangements.</p>
<b>ASSURE</b>	<p><b>Audit Committee Annual Report 2024/2025</b></p> <p>The Audit Committee Chair presented the Annual Report for 2024-25 to the Committee. The NWSSP Audit Committee <b>NOTED</b> the NWSSP Audit Committee Annual Report 2024/2025.</p>
<b>ASSURE</b>	<p><b>Governance Matters</b></p> <p>The Governance Matters report detailed the contracting activity for the last quarter. <b>22</b> contracts had been let for NWSSP and <b>25</b> further contracts for NHS Wales. <b>2</b> declarations had been made as to gifts, hospitality or sponsorship since the last meeting and there were no internal audit reports concluded as limited or no assurance.</p> <p>Of <b>105</b> audit recommendations, <b>100</b> had been implemented, <b>4</b> were not yet due and <b>1</b> was overdue, but is dependent on a third party to fully implement. The proposed revised target deadline of 31 August 2025 was approved. The Corporate Risk Register contains <b>4</b> red risks, <b>12</b> amber and <b>1</b> yellow, for action.</p>
<b>ASSURE</b>	<p><b>Gifts, Hospitality and Sponsorship and Declarations of Interest Annual Report 2024/2025</b></p> <p>The Committee received the Annual Report detailing compliance with the annual Conflicts of Interest exercise. Overall compliance was positive, showing improvement from the previous year with a completion rate of nearly 83%. However, it was noted that certain areas such as Medical Examiner Services and Pharmacy require further attention. Work to enhance compliance in these areas is already underway.</p> <p>Ongoing monitoring and management of compliance will continue. The report also included a detailed record of all staff declarations related to gifts, hospitality, and sponsorship, both accepted and declined, submitted during the financial year.</p>
<b>INFORM</b>	<p><b>The following items were received for information</b></p> <ul style="list-style-type: none"> <li>• Welsh Language Annual Report 2024/2025</li> <li>• Information Governance Annual Report 2024/2025</li> <li>• Forward Plan of Business 2025/2026</li> </ul>
<b>APPENDICES</b>	Not applicable

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>Date of meeting: 30 September 2025</b>
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<b><i>The report is not Exempt</i></b>	
<b>Teitl yr Adroddiad/Title of Report</b>	
<b>Wales Infected Blood Support Scheme (WIBSS) Annual Report 2024 – 2025</b>	

<b>Arweinydd: Lead:</b>	Rebecca Nelson, Director of Planning, Performance & Informatics
<b>Awdur: Author:</b>	Mary Swiffen-Walker, WIBSS Service Manager
<b>Swyddog Adrodd: Reporting Officer:</b>	Rebecca Nelson, Director of Planning, Performance & Informatics
<b>Manylion Cyswllt: Contact Details:</b>	<a href="mailto:Rebecca.Nelson2@wales.nhs.uk">Rebecca.Nelson2@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>	
To present the Wales Infected Blood Support Scheme (WIBSS) Annual Report for the 2024-25 to the Shared Services Partnership Committee, <b>for information</b> . The report was also presented to the Velindre University NHS Trust Public Trust Board meeting on 25 September 2025.	

<b>Llywodraethu/Governance</b>	
<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
<b>Tystiolaeth: Supporting evidence:</b>	Wales Infected Blood Support Scheme Annual Report 2024 – 2025

<b>Ymgynghoriad/Consultation :</b>	
Approved by the WIBSS Governance Group on 18 June 2025.	

<b>Attuned y Pwyll or/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	

<b>Argymhelliad/ Recommendation</b>	For the Committee to receive the report for information.
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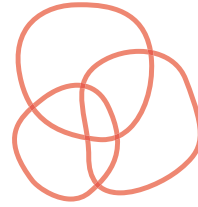
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Established in October 2017, the Wales Infected Blood Support Scheme provides support to people infected with contaminated blood products or tissue.
<b>Cyfreithiol: Legal:</b>	As above.
<b>Iechyd Poblogaeth: Population Health:</b>	As above.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	As above
<b>Ariannol: Financial:</b>	Scheme provides a streamlined financial payment service and personalised support for Welsh beneficiaries.
<b>Risg a Aswiriant: Risk and Assurance:</b>	Annual Report details the proactive work carried out by WIBBS during the period.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Dedicated Welfare Rights Service and a Psychology and well-being services.
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Closed.

## 1. BACKGROUND

The purpose of the report is to provide an update on the finance and support schemes during the reporting period of the Wales Infected Blood Support Scheme. The Annual Report details the proactive work carried out by WIBSS during the period and looks ahead to priorities relating to 2025-26. The Annual Report 2024–2025 was approved by the WIBSS Governance Group on 18<sup>th</sup> June 2025. The Annual Report can be found at **Appendix 1**.

## 2. RECOMMENDATION

The Committee is asked to receive the Wales Infected Blood Support Scheme Annual Report for 2024 – 2025, for information.

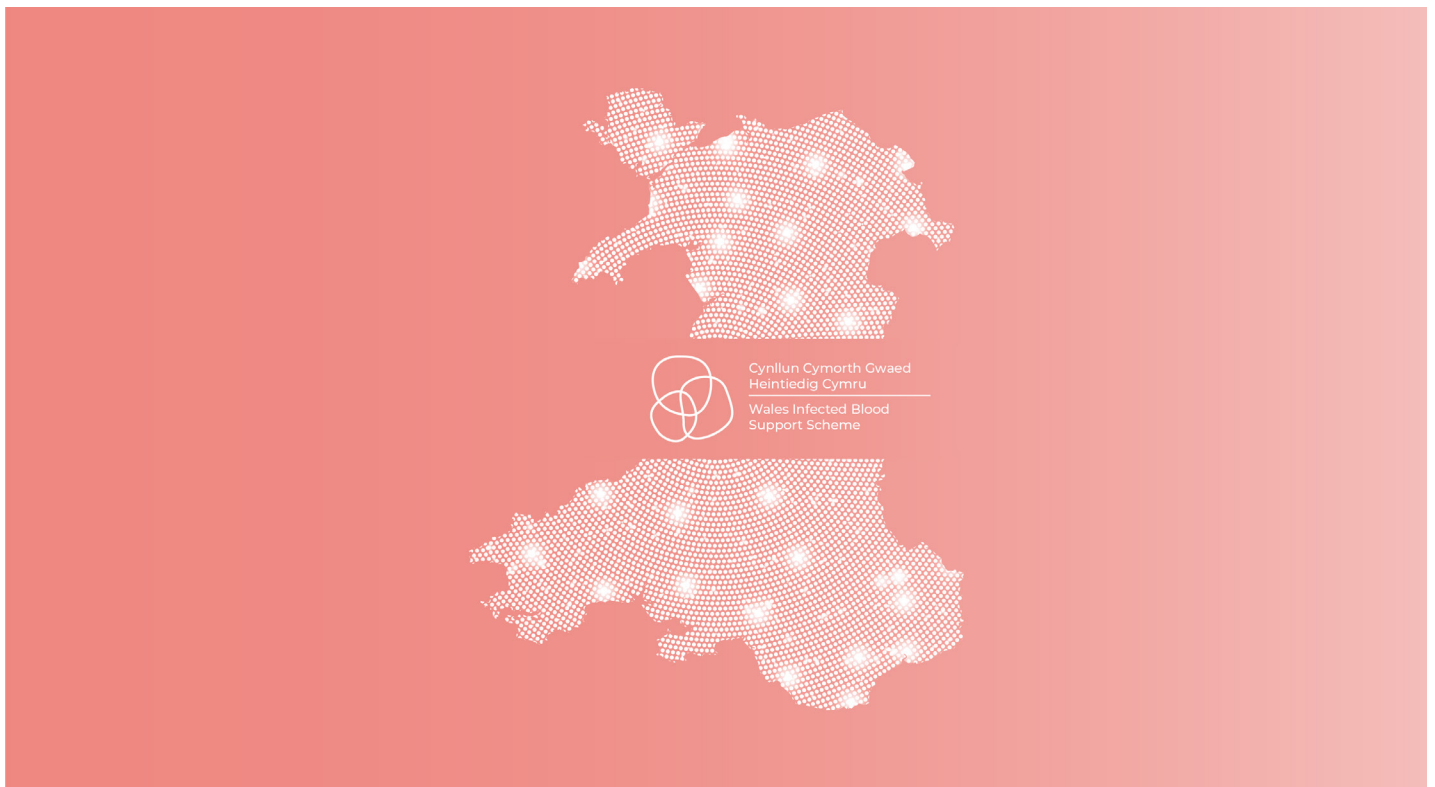


Cynllun Cymorth Gwaed  
Heintiedig Cymru

Wales Infected Blood  
Support Scheme

# Wales Infected Blood Support Scheme

Annual Report 2024-25



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# Wales Infected Blood Support Scheme (WIBSS)

VELINDRE UNIVERSITY NHS TRUST

THROUGH

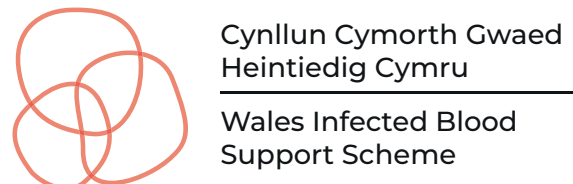
NHS WALES SHARED SERVICES  
PARTNERSHIP (NWSSP)

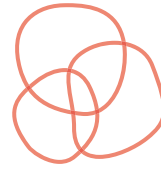
AND

VELINDRE CANCER SERVICE (VCS)

ANNUAL REPORT 2024/2025

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# Introduction

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

Taking over from the existing UK schemes (Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and Caxton Foundation), now referred to as the Alliance House Organisations (AHOs), WIBSS aims to provide both a streamlined financial payment service and personalised support for Welsh beneficiaries. WIBSS also offers a dedicated Welfare Rights Service and a Psychology and Well-being Service.

As of 31 March 2025, WIBSS supports 231 beneficiaries, including bereaved spouses and partners. The welfare team and wellbeing and psychological team support is also provided to wider family members of our beneficiaries.

# The Purpose of the Report



To provide an update on the finance and support services provided during 2024-25 as part of the Wales Infected Blood Support Scheme.



To detail the proactive work carried out by WIBSS during 2024-25



To look ahead to WIBSS priorities relating to 2025-26.

# Key matters arising during 2024-25

The way in which WIBSS services are provided returned to normal during 2023-24 following some required adjustments, resulting from the COVID-19 pandemic. Although staff continued agile working, home visits and face-to-face appointments were reinstated. There were no major changes to the service, but the publication of the Infected Blood Inquiry Report on 20 May 2024, resulted in significant additional work for the team, including payment of additional interim compensation payments and the introduction of the Infected Blood Interim Estates Payments in October 2024. The setting up of the Infected Blood Compensation Authority (IBCA) by the UK Government, to administer the compensation payments, also involved significant involvement of the team.

## Public Inquiry - The Infected Blood Inquiry

*This is an independent public statutory inquiry established to examine the circumstances in which men, women and children treated by the National Health Service in the United Kingdom were given infected blood and infected blood products, since 1970. The Inquiry is Chaired by Sir Brian Langstaff.*

WIBSS co-operated fully with the inquiry and responded to all Rule 9 requests within the required timeframe.

On 5 April 2023 the Chair published an interim report on compensation. The UK Government and devolved administrations stated that they would consider the recommendations in this report, alongside the recommendations made in the final report.

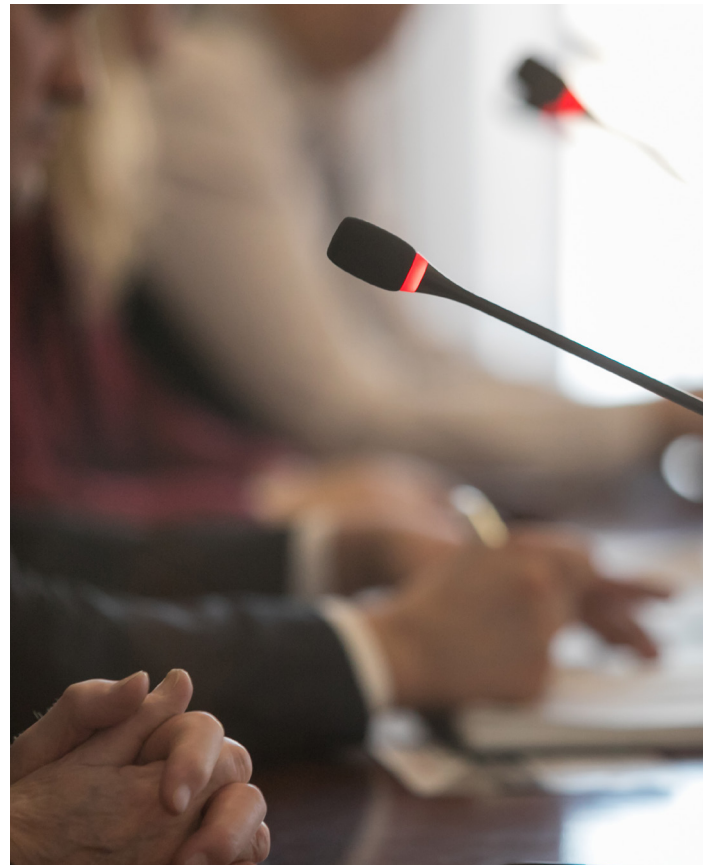
### [Second Interim Report | Infected Blood Inquiry](#)

On 3 February 2023, the Inquiry Chair closed the Inquiry's public hearings, explaining that he would now be focused on writing his report. Some additional hearings were held in July 2023.

*The Inquiry's final report was published on 20 May 2024.*

### [The Inquiry Report | Infected Blood Inquiry](#)

On 21 May, the UK Government announced a Compensation Scheme and the setting up of a new Arm's Length Body (ALB) to administer the compensation scheme, called the Infected Blood Compensation Authority (IBCA).



The WIBSS website was updated with a link to the Infected Blood Compensation Authority landing page, the Final Report of the Infected Blood Inquiry Report and a link to information for the “worried well”.

Publication of the final report and the announcement about the compensation scheme resulted in a significant increase in the number of calls to the WIBSS team from people known and unknown to us.

A Senedd debate was held on 4 June, in response to the Inquiry report and to discuss how it would apply to Wales. During the debate, there was a call for Welsh Government to agree to continue to make the regular payments to beneficiaries, even after they have received compensation, as some of the younger Hep C Stage 1 beneficiaries feel they may be worse off after the compensation is paid.

On 21st May, the Welsh Government, on behalf of the UK Government, asked WIBSS, to make further interim compensation payments of £210,000 before the end of June. These payments were to living “infected” beneficiaries only. Letters were sent to those affected.

Before the payments were made a second letter was issued to beneficiaries to explain what the payment was for and how it will impact any future compensatory amount. The payments were not to be means tested or carry any tax implications.

Payments relating to Hep B were to be picked up by the new Compensation Authority. The Welsh Government confirmed no changes would be made to the current criteria of WIBSS. WIBSS continued to consider applications from those who met the criteria of the scheme. As agreed, across the 4 UK Governments, all the support schemes closed to new applications on 31 March 25.

In August, the UK Government laid regulations to establish the Infected Blood Compensation Scheme, as required by the Victims and Prisoners Act 2024. These regulations will give the Infected Blood Compensation Authority (IBCA) the powers to pay compensation through the Core Route to infected persons, both living and deceased, as set out in the Infected Blood Compensation Scheme Summary: August 2024. The Government expected the IBCA to begin making payments to infected persons by the end of 2024, and this expectation was achieved.



On 24 October, IBCA launched the Infected Blood Interim Estates Payments (IBIEP). This was for estates of people who died when registered with a current Infected Blood Support Scheme (IBSS) or an Alliance House Scheme on or before 17 April 2024; the person who died, their bereaved partner or their estate had not already received an interim compensation payment of £100,000, and the person was living in the UK or Republic of Ireland at the time of their death. The Welsh Government, on behalf of the UK Government, asked WIBSS to administer these applications for those estates where the infected deceased was infected in Wales.

A total of 37 Estates applications were processed to 31st March 2025. 23 were successful, totalling £2,300,000, 6 were rejected due to ineligibility and a further 8 were in progress as at the year-end date.

In addition to this, WIBSS has regular meetings with Welsh Government, UK Cabinet Office and IBCA regarding the setting up and administration of the new body. Three data sharing agreements have been put in place to allow us to access the legacy data, the probate data and to share our data with IBCA, to enable it to start processing the compensation payments. In November, we wrote of all our beneficiaries to inform them that to enable the compensation service to be as simple as possible, WIBSS would share all the information we hold about recipients of WIBSS payments with IBCA. We stated the information we would share with IBCA would include details such as: name, address and contact information, the type and severity of infection, and payments received to date. We also offered them the option to notify us if they did not want their data to be shared.

WIBSS is a member of the Welsh Government's IBI Oversight Group which is tasked with ensuring that the recommendations are implemented in Wales where necessary. This includes 4 nations working. As part of this work WIBSS and Welsh Government meet with Haemophilia Wales regularly to hear firsthand the issues and concerns of our beneficiaries and work together to resolve these or escalate to the 4 nations policy meetings.





# Governance Group

*The Governance Group monitors the operational management of WIBSS and provides governance, leadership and accountability for the scheme, on behalf of Welsh Government (WG), through Velindre NHS Trust.*





## **The WIBSS Governance Group is authorised to:**

- Investigate or have investigated any activity within its Terms of Reference, and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust, relevant to the Governance teams' remit, subject to any restrictions imposed by General Data Protection Regulations (GDPR).
- It can seek any relevant information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the Board.

## **It is empowered with the responsibility for:**

- Reviewing and advising on the management of the WIBSS budgets, including running costs, the annual beneficiaries' budgets and provisions.
- Advising Welsh Government on rate changes and the potential financial and service implications of policy changes, both within Wales and other areas within the UK.
- Implementation of Welsh Government policy.
- Ongoing negotiation and partnership with Welsh Government to ensure the smooth running of the service.

## The membership of the WIBSS Governance Group is as follows:

 <p>Director of Place, Portfolio and Partnerships Velindre University NHS Trust (Chair)</p>	 <p>Welsh Government Finance Representative</p>
 <p>Director of Nursing Velindre Cancer Service</p>	 <p>Welsh Government Policy Representative</p>
 <p>Director of Planning, Performance and Informatics NWSSP</p>	 <p>Senior Welfare Rights Manager and Deputy WIBSS Manager</p>
 <p>WIBSS Service Manager</p>	 <p>Consultant Psychologist</p>

During 2024-25 the Governance Group met twice on 6th June 2024 and 30th October 2024.



# Financial Support

The scheme recognises that individuals living with hepatitis C and/or HIV face extra costs for things like insurance, travel insurance, care costs and travel costs to attend hospital appointments etc. Financial support is available for:

- Current members of the scheme
- Members of previous legacy schemes

There are varying levels of financial support available to beneficiaries of the scheme. These are set out in the Finance Section of this report and are also published on our website.

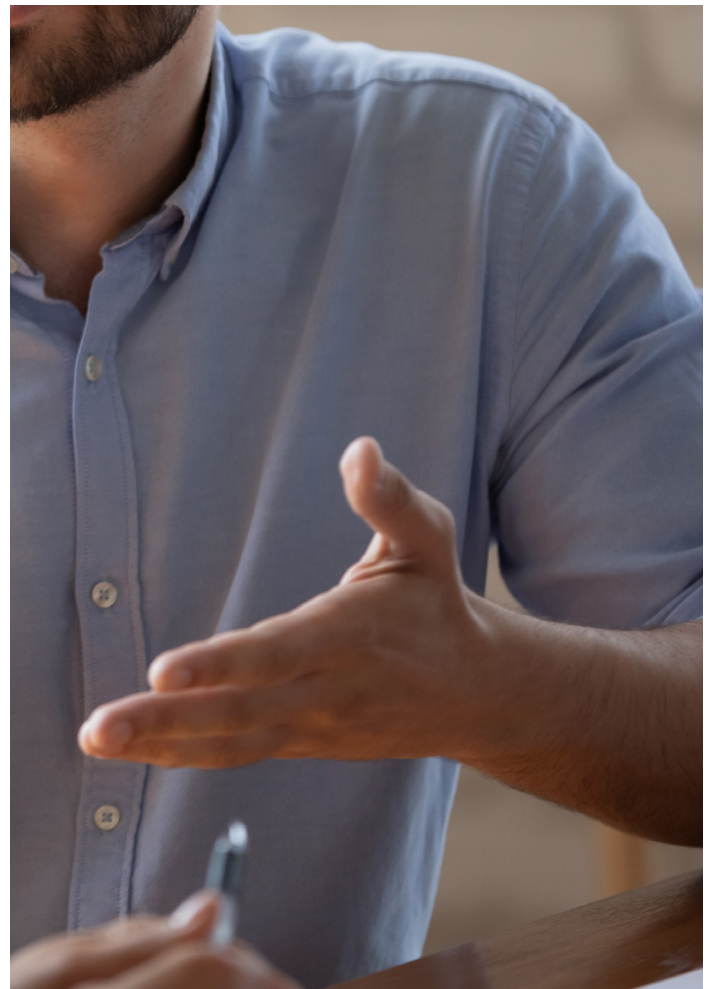
 [Home - WIBSS \(wales.nhs.uk\).](https://www.wales.nhs.uk)

## Appeals Process

If an application to join the scheme is unsuccessful, an applicant can appeal if they disagree with the outcome of their application. Appeals are heard by a panel of independent medical experts with relevant clinical or similar experience in the field.

An appeal will not be considered in cases where it is acknowledged that the applicant is not eligible under the current eligibility criteria, but the applicant disagrees with those criteria (in such cases, the application could only be reconsidered if the Welsh Government agreed to amend the eligibility criteria).

During 2024-25, one appeals panel was convened. It considered 4 appeals. The panel considered all the documentation received by WIBSS from the applicants and scrutinised the decision-making process of WIBSS. The panel then considered all the evidence. The panel also spoke to the appellants. Two of the appeals were successful and two were not.





### Appeal 1

In the first case the panel felt the evidence around the receipt of a blood transfusion was unfortunately circumstantial, and the alleged reason for need for transfusion would be considered a low probability. The panel also considered the issue of receipt of Anti-D. The consensus was it could not uphold the appeal, based on the current criteria of WIBSS. The panel understands the use of Anti-D as a means of infection is currently under review by IBCA, and therefore, the appellant may be eligible for compensation from them.

### Appeal 2

This appeal could not be upheld because there was insufficient evidence of a blood transfusion, and the panel did not feel that the procedure that allegedly led to a transfusion would routinely require a transfusion. In addition, the evidence that the appellant had been told by a Dr that a blood transfusion had taken place was considered by the panel to be unfortunately circumstantial. The panel did recommend that WIBSS try to locate the Dr in question, and if she was found and was willing to make a statement supporting the assertion that a blood transfusion took place, they would reconsider this appeal.

### Appeal 3

The panel was of the unanimous view that the mechanism and type of injury, was highly likely to have resulted in a blood transfusion and that the appeal should be upheld.

### Appeal 4

Again, the panel was unanimous that the mechanism and type of injury sustained gave rise to a reasonable probability of a blood transfusion having been required and the new witness statement was considered as additional supportive evidence. The appeal was, therefore, upheld.

All appellants were notified of the decision made by the panel.

## Beneficiaries' activity 2024-25

There are **231 beneficiaries & bereaved partners** registered for support through the scheme. This is broken down into the following groups. (Valid as at 31st March 2025).

Beneficiary Group	Number of registered Beneficiaries
Hepatitis C Stage 1	36
Hepatitis C Enhanced Stage 1+	92
Hepatitis C Stage 2	35
HIV	2
HIV & Hep C Stage 1 (Co-infected)	1
HIV & Enhanced Stage 1+ (Co-infected)	13
HIV & Hep C Stage 2	2
Bereaved Spouse/Partner	50*
Child Payments	20

*\*2 beneficiaries are classified as both existing beneficiaries and as bereaved spouse/partners.*

## Payment Rates 2024-25

The levels of payments available to beneficiaries in 2024/25 are set out in the table below.

Beneficiary Group	Annual Payments
Hepatitis C Stage 1	£22,905
Hepatitis C Enhanced Stage 1+	£34,736
Hepatitis C Stage 2	£34,736
HIV	£34,736
HIV & Hep C Stage 1 (Co-infected)	£47,150
HIV & Enhanced Stage 1+ (Co-infected)	£54,590
HIV & Hep C Stage 2 (Co-infected)	£54,590
Child Payment; 1st Child	£3,000
Child Payment; 2nd & Subsequent Children	£1,200

WIBSS pay annual payments monthly or quarterly, depending on beneficiary preference. Payments are made on the 20th of the month. Where the 20th falls on a bank holiday or weekend, payment will be the nearest working day prior to the 20th.

One-off non-discretionary lump sum payments are also paid to successful new applicants to the scheme. Under Parity, a new applicant who is Hep C Stage 1 would be entitled to a £50,000 lump sum payment.

A beneficiary who moves from Hep C Stage 1 to Hep C Stage 2 would receive an additional £20,000 lump sum payment.

A new applicant who had already progressed to Hepatitis C Stage 2 would receive a £70,000 lump sum payment.

A new applicant who has HIV would be entitled to a lump sum payment of £80,500. If they were co-infected HIV and Hep C Stage 1, the lump sum would be £80,500 + £50,000 = £130,500 and Stage 2 would be £80,500 + £70,000 = £150,500. A one-off non-discretionary lump sum payment of £10,000 is also paid to the bereaved spouse/partner/dependant relative or estate of a deceased infected beneficiary to assist with funeral costs.

WIBSS also make regular payments to bereaved spouses/partners/dependant relatives, of an infected beneficiary who has passed away. These payments are equal to 100% of the rate the deceased beneficiary was on at time of death for one year and 75% of the rate thereafter.



## Child Payments 2024-25

Child payments were introduced by Welsh Government, via WIBSS, with effect from 1st January 2023.

These discretionary payments are only available to those beneficiaries in Wales and via means testing to beneficiaries of EIBSS.

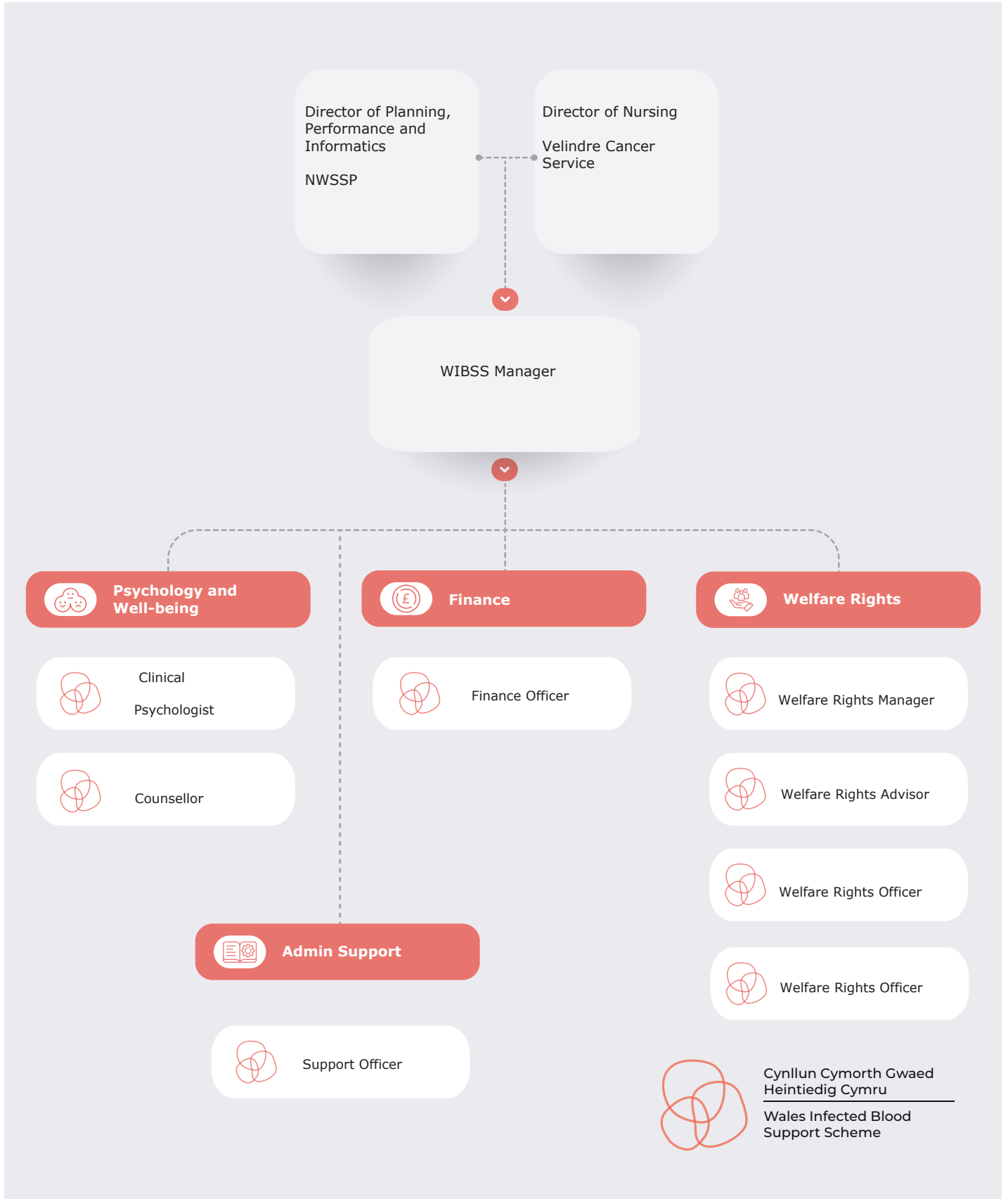
The payment is intended for the care and support of a child/children, up to the age of 18 or 21, if in full-time education, who are either the biological child or form part of the household of an infected beneficiary.

WIBSS child payments are £3,000 for the first child, and £1,200 for the second and subsequent children.

As at 31st March 2025, the total cost of child payments is £72,000. This relates to 30 children paid to 20 beneficiaries. Payments are being paid monthly or quarterly.

# WIBSS Structure

The day-to-day WIBSS team consists of eight members of staff, led by the WIBSS Manager.



# Financial Report

The table below summarises the claims expenditure for 2024-25, the comparative 2023-24 figures does not include the additional living infected or estates interim compensation payments that were announced in 2024/25.

The first announcement by UK Government on 17th August 2022 confirmed that an interim compensation payment of £100,000 would be paid to registered infected and bereaved partner beneficiaries of the UK Infected Blood Support Schemes. Following the publication of the Infected Blood Inquiry report on 21st May 2024, an additional £210K interim compensation payment was announced and would be paid to all the living infected beneficiaries.

These costs include widows and small grants payments.

<b>WIBSS Claims Expenditure</b>	<b>2024-25</b>	<b>2023-24</b>
No. of Beneficiaries	231	225
Regular Payments	£8,348,078	£7,789,344
£100K Interim Compensation Payments	£800,000	£700,000
£210K Additional Living Infected Compensation Payment	£38,850,000	£0
Estates Interim Compensation Payments and Legal Cost Reimbursement	£3,100,609	£0
<b>Total Payments to Beneficiaries</b>	<b>£51,098,687</b>	<b>£8,489,334</b>

Please note the figures above have been subject to in year movements i.e., new applications, deaths in year, moves from one stage to another, ad hoc requests etc.

NWSSP provide the Health and Social Services Finance Team within Welsh Government with regular updates on forecasts throughout the year. The administration of the scheme i.e., claims expenditure, is cost neutral to both NWSSP and Velindre Cancer Service, with Welsh Government funding the scheme in full.

## Running Costs for 2024/25

A summary of the running costs for 2024-25 is set out below with a 2023-24 comparative:

<b>WIBSS Running Costs</b>	<b>2024-25</b>	<b>2023-24</b>
Pay	£297,177	£223,919*
Expenditure	£13,131	£13,880
<b>Total</b>	<b>£310,308</b>	<b>£237,799</b>

*\*The increase in pay costs for 2024/25 is due to the NHS pay award in October 2024, and due to savings in 2023/24 from vacant posts and maternity leave.*



# Performance Report

**WIBSS performance against Key Performance Indicators is set out below.**

Descriptor of Key Performance Indicator	2024-25 Target	Status
Responding to Welsh Government & General correspondence within set time limits	Within 4 working days	100%
Responding to Freedom of Information requests within required deadlines	In line with Trust policy	100%
Dealing with applications within required timescales	Within 28 days from receipt of complete information	100%
Dealing with appeals within set time limits	<p>Within 4 months of notification of intention to appeal. 4 appeals were lodged. Due to pressures within NHS Wales, it took longer than usual to convene an appeal panel due availability of the medical professionals required, so 1 of the appellants waited longer than the required timescale. She was, however, contacted regularly to keep her informed of progress.</p>	75%
Payments made on a timely basis	100% of payments to be made 0-2 days before the due date	100%



**Description of Key Welfare Rights Incidents**

**Status**

Total Welfare Rights Cases opened in previous 12 monts

» 51

Income Generated for beneficiaries (1 April 2023–31 March 2024)

» £31,481

Outstanding outcomes March 2024

- » 1 Universal Credit
- » 2 PIP renewal
- » 1 PIP
- » 1 Mandatory Recon

Appeals and onward Referrals

- » 8 Referrals to WIBSS Wellbeing Service
- » 8 Mortgage Support letters
- » Referral to Southwest Advocacy Network
- » 1 PIP Appeal
- » 2 Social services referrals

## New Applications for Financial Support

WIBSS received 33 applications in 2024-25.

Application Type	Applications Received	Outcome
Hepatitis C Stage 1	18	7 Accepted, 11 Declined
Hepatitis C Stage 1 (Deceased)	10	1 Accepted, 4 Awaiting further information, 5 Declined
Hepatitis C Stage 2	1	1 Declined
Hepatitis C Stage 2 (Deceased)	2	2 Awaiting further information
Hep C Stage 1+	2	2 Accepted
<b>Total</b>	<b>33</b>	<b>10 Accepted, 17 Declined &amp; 6 Awaiting further information</b>

Where an application is declined, it will be because it does not meet the criteria set out in Wales Infected Blood Support Scheme Directions, or insufficient evidence has been provided to support the application.

To access the Directions, please visit the WIBSS Website:

 [Home - WIBSS \(wales.nhs.uk\).](https://www.wales.nhs.uk)

The announcement regarding the interim compensation payments and the media coverage surrounding it, led to an increase in the number of queries about the service and new beneficiaries, who had been registered with one of the legacy schemes, but had not transferred to WIBSS in 2017 when the scheme was established.



## Support and Assistance Grants Scheme

In 2024-25 we received 5 applications for support compared to 6 applications in 2023-24.

The level of small grant applications has remained consistent across both years.

# Welfare Rights Service

## Estates Applications

As stated above, in October 2024 the UK Government introduced a scheme to make interim compensation payments to estates of people who had been registered with a support scheme but passed away before receiving any compensation payment. The welfare team assisted with processing these estate applications by checking the application was completed properly, all the required evidence was included, recording the application onto a monitoring spreadsheet, checking the infected deceased was registered with a legacy scheme or IBSS, checking the with the probate office the probate matched and issuing the appropriate letters.

The welfare team also dealt with requests for support on how and where to find the application forms, how to apply for probate and what evidence was required to support an application.

## Infected Blood Compensation Authority (IBCA)

The welfare team also received regular calls regarding IBCA. Beneficiaries were feeling frustrated about the perceived lack of information on what was happening, and some were concerned about the amount of compensation they might be offered, based on the calculator on the IBCA website. Beneficiaries also called us about IBCA updates they received, as they felt the updates were not always easy to understand. Some individuals were also calling regarding WIBSS "closing in" in January 2026. They were feeling very anxious about the changes and what it would mean for them. Where appropriate, the welfare team reminded people about the psychology service and recommended that people contact them if they needed support.



## Key working

The welfare team continued to receive calls from individuals wanting help or advice on issues including the switch to Universal Credit, general benefit checks to ensure they are receiving benefits they are eligible for, with support to obtain medical records, and emotional support. If someone wanted emotional support, they would be signposted to the wellbeing and psychology service.

## Newsletters

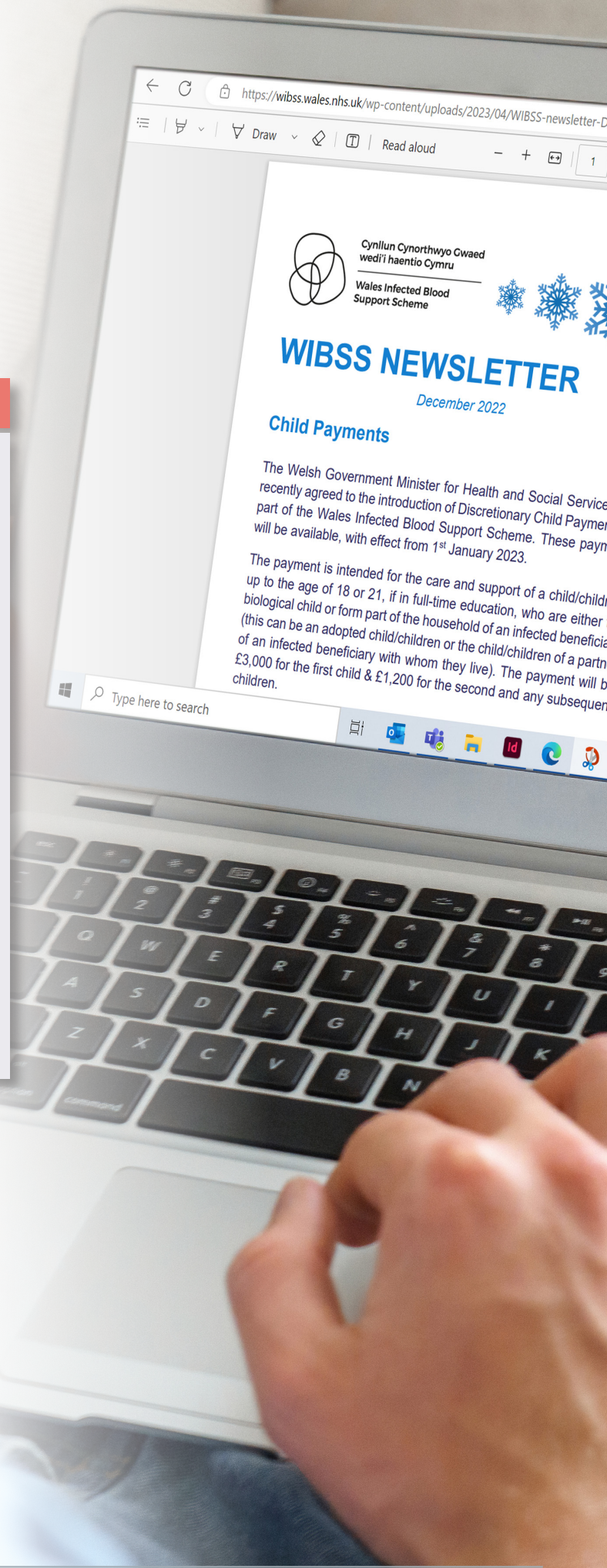
Newsletters are sent out quarterly to all beneficiaries unless they have opted not to receive them. These are sent out electronically or by post, depending on preference.

They are also available on the WIBSS website.

 [Home - WIBSS \(wales.nhs.uk\)](https://wibss.wales.nhs.uk).

### Newsletters this year covered:

- Revised Payment Rates
- Help with Energy and Water Costs
- Welfare Rights Support
- Psychology & Wellbeing Service
- Infected Blood Compensation Authority Updates
- WIBSS closing date
- Fraud and Scams Information
- Pension Credit
- Money Safety Information





## Case Study A

***Beneficiary A contacted WIBSS to discuss his support payments and winter fuel allowance.***

We supported A in understanding his payments from WIBSS. We offered to complete a Quick Benefit Calculation. Following the completion of the calculation, A was advised that he could claim; Pension Credit, further Council tax reduction, as the current claim was incorrect, and Housing Benefit. A advised that he had attempted to claim Housing Benefit but was unsuccessful.

We supported A to put in a new Council Tax claim and a new Housing Benefit claim. Obtaining all the relevant evidence from A took time due to A's physical and mental health issues. Being in contact with A regularly meant that the team were able to identify that A seemed to be a likely

target for financial abuse and required further assistance in the home. The Team advised A of their concerns and that they would make a referral to social services due to their concerns. A was advised on how to protect himself from further abuse and gained additional support to live in his own home.

Whilst the application for Pension Credit claim was successful, the Housing Benefit and Council Tax claims were discontinued due to A passing away before they were assessed.



## Case Study B

### *Beneficiary B contacted WIBSS about a change in circumstances*

A change in circumstances for Beneficiary B resulted in a change to Universal Credit (UC). The welfare team helped Beneficiary B to navigate the change. B was moving in with their partner. WIBSS supported the client emotionally as they were very anxious about the change to UC. They were worried about the WIBSS payments causing issues and about being worse off on UC.

The welfare team undertook a benefit check to inform B how much they would receive. A home visit was carried out to complete the application online.

The welfare team made sure DWP staff dealing with the UC were aware of the WIBSS payments and that they should be disregarded when assessing the application.

B was extremely anxious about attending the job centre due to limited available parking and being unable to walk very far. The welfare team supported B to get a home visit.

# Psychology and Emotional Well-being Service

The team consists of a consultant clinical psychologist and a specialist counsellor who are highly experienced at working with those infected and affected by contaminated blood products. Since the scheme was established, they have worked hard to engage as many beneficiaries as possible of WIBSS, and those close to them, to access the psychology and counselling options that the service provides.

The team continue to receive self-referrals for emotional help and enquiries from external services and health care providers. We have easy to access referral routes and respond in a timely way. Post referral beneficiaries and those close to them, are offered an initial appointment to assess current emotional need and appropriateness for the service. We currently offer open ended intervention which is offered in a collaborative way, either in person, by telephone or video call.

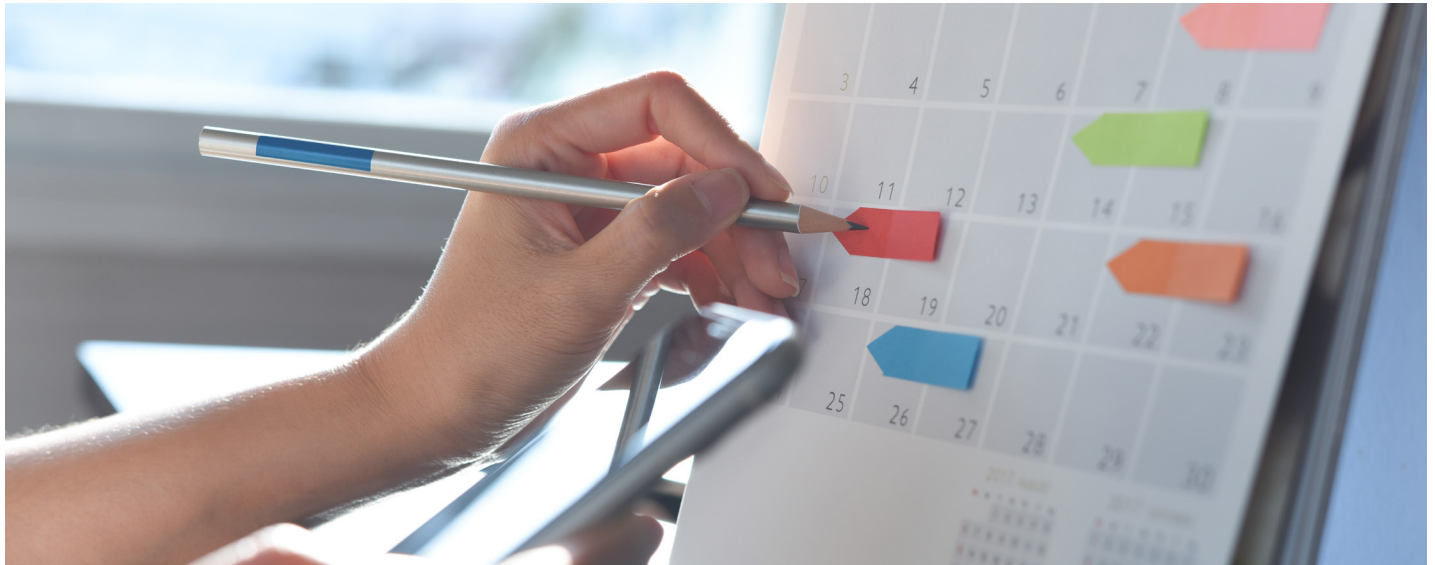
The clinical priority in the previous year has been to support clients emotionally and psychologically through the conclusion of the Infected Blood Inquiry. Also, to forecast what the service can offer clients, and on a wider scale, beneficiaries and those close to them, on a group / community level if required, as we recognise the peer support that the process of the Inquiry has provided for some. We are currently in the process of considering how we can best capture ideas and thoughts from those infected and affected about the next steps regarding their emotional needs considering the proposed recommendations from the Infected Blood Inquiry, plans for compensation alongside the establishment of the IBCA.

Welsh Government are considering the continuation of the psychology and wellbeing part of the service post the closure of WIBSS. There is a strong recommendation from the scheme for this aspect of the service to remain in operation due to the lack of specialist psychological support offered by IBCA and the ongoing relationship that beneficiaries and those close to them have had with WIBSS.



# Things we will do in 2025-2026

*The workplan for 2025-2026 will include the following:*

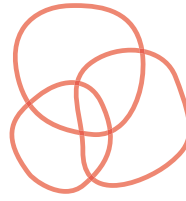


- Continue to deliver a responsive WIBSS service to existing beneficiaries.
- Keep beneficiaries informed of any decisions arising from the Inquiry recommendations that may impact on them.
- Work with the Welsh Government, Cabinet Office and IBCA to inform decisions regarding the expanding up of the new body and to facilitate the operation of the compensation process and the smooth transition of WIBSS into IBCA.

- Continue to administer the Infected Blood Estate Interim Payments on behalf of the Infected Blood Compensation Authority (IBCA), and administer the additional payments, to the estates, announced by UK Government on 21 July 2025.



[Infected Blood Inquiry Additional Report: Oral Statement to Parliament - GOV.UK](#)



Cynllun Cymorth Gwaed  
Heintiedig Cymru

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Wales Infected Blood  
Support Scheme

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



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**Email**

wibss@wales.nhs.uk



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**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:**

30 September 2025

***The report is Exempt***

**Teitl yr Adroddiad/Title of Report**

**Options for the appointment of the Chair of the Shared Services Partnership Committee**

<b>ARWEINYDD: LEAD:</b>	<b>Huw Thomas, Shared Services Partnership Committee Vice Chair</b>
<b>AWDUR: AUTHOR:</b>	<b>James Quance, Assistant Director of Corporate Services</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Huw Thomas, Shared Services Partnership Committee Vice Chair</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>James.Quance@wales.nhs.uk</b>

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

The term of office of the current Chair of the Shared Services Partnership Committee (SSPC) comes to an end on 30 November 2025. This report outlines the options available to the Committee regarding its appointment of the Chair and recommends offering the current Chair a further four year term.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
<b>Tystiolaeth: Supporting evidence:</b>	Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012  Standing Orders for the Operation of the Shared Services Partnership Committee  Welsh Government Advice (Appendix 1)

**Ymgynghoriad/Consultation :**

The options have been discussed with the Director General Health and Social Services/Chief Executive NHS Wales and advice has been sought from Welsh Government officials.

The Managing Director has also sought the views of Chief Executives and SSPC members.

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>	✓	<b>NODI/ NOTE</b>	
<b>Argymhelliad/ Recommendation</b>		That the Committee <b>DISCUSSES</b> the options available and <b>APPROVES</b> the recommendation to offer the current Shared Services Partnership Committee Chair a further four year term to 30 November 2029.					

**Crynodeb Dadansoddiad Effaith:****Summary Impact Analysis:**

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	SSPC's Standing Orders are based on the model Standing Orders issued by Welsh Ministers to NHS Trusts using powers of direction provided in section 19 (1) of the National Health Service(Wales) Act 2006. The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 state that the SSPC Chair is to be appointed by the Committee for no longer than four years in one term and enables the Chair to be re-appointed for a further four year term for a total period of no more than eight years. An anomaly in the Regulations regarding consecutive terms is set out in the paper.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	No direct impact.

<p><b>Risg a Aswiriant: Risk and Assurance:</b></p>	<p>The existing Chair has knowledge and experience of the work of the SSPC and her leadership skills have been instrumental in leading the work of the Committee.</p> <p>The feedback from the Chairs appraisal in 2025 indicated that the Committee is highly satisfied with the Chair’s performance and that she upholds the standards of conduct set out in within the Nolan principles.</p> <p>It should be noted that the outcome of the Welsh Government Review of Accountability and Governance of NWSSP is awaited and having continuity in the role of Chair to support the Committee through any changes that may arise is important.</p>
<p><b>Safonau Ansawdd Iechyd a Gofal: Health &amp; Care Quality Standards:</b></p>	<p>Access to the Standards can be obtained from the following link:  <a href="#">Health and Care Quality Standards 2023 - NHS Wales Shared Services Partnership</a>  Governance, Leadership and Accountability</p>
<p><b>Gweithlu: Workforce:</b></p>	<p>No direct impact.</p>
<p><b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b></p>	<p>Open.</p>

# Appointment of the Shared Services Partnership Committee Chair

## 1. BACKGROUND

The requirement for an independent chair of the Shared Services Partnership Committee (SSPC) is set out in the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 (the Regulations). They stipulate that a chair may be appointed for a period of no longer than four years per term. The four year term of the current SSPC Chair is due to come to an end on 30 November 2025.

The Regulations require that appointment of the SSPC Chair is subject to Standing Orders relating to the Committee. The current Chair, as has been the case previously, was therefore appointed by the Committee under the process set out in the SSPC Standing Orders – Annexe 5: Process for the Selection, Appointment and Termination of the Chair of the SSPC.

Annexe 5 states:

*The Shared Services Partnership Committee (SSPC) has the responsibility for appointing the Chair of the SSPC. Whilst the appointment is not a Ministerial appointment the planned process will take account of the appointment principles outlined in the "Governance Code on Public Appointments" which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments.*

The NHS Chief Executive and Director General Health and Social Care has instructed that SSPC continues to operate under the current accountability and governance arrangements until the review of those arrangements that she commissioned is concluded. As such, the options for the Committee to consider are within those arrangements.

However, advice has been sought from Welsh Government officials, should there be anything arising from the work undertaken as part of the review that could impact the established approach. The advice received is included at Appendix 1 and re-affirms that the legislation is clear that the appointment of the SSPC Chair must be made by the Committee.

The convention established with the previous Chair is for the Committee to offer re-appointment for a second four year term provided that the Chair's performance meets the requirements and expectations of the Committee should the Chair wish to continue in the role. This is one of a number of options for the Committee to consider that are set out below.

## 2. ASSESSMENT

There are four options available to the Committee when considering the appointment of its Chair.

### Option 1 – Offer the current Chair a further four year term

The SSPC Standing Orders indicate that the Chair can serve two terms of office without going through a competitive process where the requirement of the role is being met and where there are no performance issues. This is the process that has been followed with the previous SSPC Chair.

Chairs of Health Boards and Trusts can be appointed by the Minister for a further term, within a maximum tenure of eight years. All related Regulations contain a consistent regulation placing a cap of eight years on the total tenure of the SSPC Chair.

It has been confirmed in the advice from Welsh Government that it would be consistent with Regulations and the principles generally applicable to such appointments for the Committee to offer the Chair a further four year term.

It should be noted that there is an anomaly in the Velindre/NWSSP Regulations which states that a person may not have consecutive appointments as chair. The approach taken by the Committee previously, based upon legal advice and consultation with Welsh Government has been to note this anomaly and to offer a consecutive term.

This position has been revisited and is considered to still hold and is reinforced by the Welsh Government guidance in Appendix 1. It is therefore recommended that the Committee notes this position when considering the options set out in this paper but that it can be assured that if it is to offer a consecutive term the risk of challenge is very low. However, if the Committee considers it to be prudent to require a brief break in service (as for example in the case of employees who retire and return following a 24 hour break) this can be facilitated.

### Option 2 - Offer the current Chair an initial further term of less than four years with an option to extend

Under the arrangements set out above the Committee may wish to consider, if the Chair is amenable, to offer a continuation past 30 November 2025 for a shorter period; a further year, for example. This would ensure continuity in the role as the Committee receives and acts upon the recommendations of the Welsh Government review of accountability and governance arrangements.

This could include an agreed option to extend for a further three years up to the maximum eight years in total, subject to assessment of the Chair's performance and the wishes of the Chair to continue in the role.

### Option 3 – Seek to appoint a new Chair

The Committee may seek to commence an appointment process for a new Chair in accordance with Annex 5 of the SSPC Standing Orders which would need to commence as a matter of priority.

This would require advertisement of the role and the establishment of a panel appointed by the Committee to oversee the appointment process.

This may require the Vice Chair to act up as Chair in any interim period depending upon timing.

It would also be reasonable to expect the Committee to write to the current Chair providing feedback as to why it has decided not to offer a further term.

### **3. CHAIRS PERFORMANCE**

At a Committee meeting on 22 September 2022 arrangements were agreed for the introduction of an annual appraisal framework and process to support the appointment. The Chair's annual appraisal was most recently undertaken and reported to the Committee in March 2025.

Confidential performance feedback was sought from individual members of the Committee via a multiple stakeholder assessment to provide the Chair with feedback on their performance during the year.

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

In summary the feedback was positive, overwhelmingly recognising that they Chair NWSSP Committee meetings well and to time, and ensures focus on the key issues within what is often a very busy agenda and detailed number of papers. There was positive feedback on the recent development of annual away days and development sessions – and this was well organised and facilitated by the Chair. The feedback provided enabled the Chair to receive constructive examples that Committee members had observed during the year. There were also a number of constructive areas suggested,

where it was felt the Chair could further influence and improve the working of the Committee, and to help position the work of NWSSP with NHS partners in Wales.

More recent discussions of the Managing Director with Chief Executives, SSPC members and Welsh Government officials have contained widespread support and have not identified any significant concerns regarding the re-appointment of the Chair for a second term that should be brought to the attention of the Committee.

#### **4. RECOMMENDATION**

The appointment of the Chair is a decision for the Committee. Based upon the Chair's performance and the need for continuation and stability in the role, Option 1 - Offer the current Chair a further four year term is recommended.

The Committee is asked to **DISCUSS** the options and if it is content, **APPROVE** the recommendation to offer the Shared Services Partnership Committee Chair a further four year term to 30 November 2029.

Any approval by the Committee will be subject to ongoing dialogue with the current Chair on her willingness to continue in her role.

This advice sets out the Welsh Government policy lead's interpretation of the relevant regulations concerning the appointment and tenure of the Chair of the Shared Services Partnership Committee (SSPC).

While the Chair's position is not a public appointment, the regulations are broadly consistent with those governing the appointment of Chairs to NHS bodies. Therefore, in areas where there is ambiguity, the Welsh Government's view is that the intent of the regulations was to align the arrangements with those used for appointing Chairs elsewhere in the NHS.

### **Chair appointment**

The Chair of the Shared Services Partnership Committee (SSPC) is appointed by the Committee in accordance with Regulation 6(1) of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 ("the 2012 Regulations") for a set term.

Annex 5 of the SSPC Standing Orders (SOs) confirms that the Committee holds responsibility for appointing its Chair. While this is not a Ministerial appointment, the planned process will take account of the principles outlined in the Governance Code on Public Appointments, which came into effect on 1 January 2017 and sets out the regulatory framework for public appointments.

However, Annex 5 also includes a statement under point A that "ultimate responsibility for appointments and thus the selection of those appointed rests with Ministers who are accountable to Parliament for their decisions and actions." This contradicts the 2012 Regulations and appears to have been included in error. It should therefore be disregarded.

Velindre University NHS Trust was responsible for appointing the first Chair. However, the legislation is clear that all subsequent appointments must be made by the Committee.

The appointment is to be made by a panel comprising three members of the SSPC and the NWSSP Director of Workforce and Organisational Development. At present, there is no guidance on how the three Committee members should be selected, nor on how disputes between members would be resolved.

## **Chair tenure**

The relevant sections of the regulations concerning tenure are provided below, along with Welsh Government's interpretation of those provisions from the policy lead.

### ***Tenure of office of chair and vice chair***

***8.—(1) This regulation applies to any person who is appointed as chair or vice chair of the committee.***

***(2) Subject to these Regulations, a chair or vice chair holds and vacates office in accordance with the terms of that person's appointment.***

***(3) A chair or vice chair may be appointed for a period of no longer than four years.***

This is consistent with the membership regulations for NHS bodies. The term period is simply another way of describing a single term of appointment.

***(4) Subject to paragraph (5) a chair or vice chair may on the expiration of his or her term of office be re-appointed in accordance with regulation 6(1) or 6(3) respectively.***

The appointment must be made by the Committee, with the panel composition specified in the Standing Orders.

***(5) A person may not hold office as a chair or vice chair for the committee for a total period of more than eight years, and a person may not have consecutive appointments as a vice chair or, subject to paragraph (6), a chair.***

The eight-year cap is consistent with membership regulations for NHS bodies, where Chairs can hold office for up to eight years. While there is no formal limit on the number of terms that can be served within that period, the Public Appointments Team generally works to a maximum of three terms, unless exceptional circumstances apply.

Welsh Government officials interpret the regulations as allowing the SSPC Chair to serve a maximum of eight years.

Officials note the ambiguous wording in the latter part of this regulation, which could be interpreted as contradictory to the earlier section. However, precedent across Wales shows that most NHS Chair positions follow the eight-year approach, allowing consecutive terms up to that point. This supports long-term stability for Boards - or in this case, the Committee - and their respective organisations, where necessary.

***(6) The first chair of the committee appointed by Velindre National Health Service Trust in accordance with regulation 6(2), may, when his or her term of appointment comes to an end, be appointed to the position of chair by the committee if he or she is successful in the appointments process run by the committee in accordance with its standing orders.***

***(7) References to the tenure of office of the vice chair are to his or her appointment as vice chair and not to his or her tenure of office as a member of the committee.***