Shared Services Partnership Committee - Part A

Thu 19 March 2026, 10:00 - 11:40

Microsoft Teams

Meeting Chaired by Professor Tracy Myhill OBE, NWSSP Chair

Agenda

10:00 - 10:10
10 min

1. Standard Business

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.1. Welcome and Introductions

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.2. Apologies for Absence

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.3. Declarations of Interest

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

1.4. Draft Minutes of Last Meeting Held on 22 January 2026

Decision *Professor Tracy Myhill OBE, NWSSP Chair*

Draft SSPC Minutes Part A Public 22 January 2026.pdf (18 pages)

1.5. Action Log

Information *Professor Tracy Myhill OBE, NWSSP Chair*

SSPC Action Log March 2026.pdf (1 pages)

10:10 - 10:25
15 min

2. Chair/Managing Director's Report

Discussion

2.1. Chair's Report

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

2.2. Chair's Action

Ratification *James Quance, Assistant Director of Corporate Services*

2.2.1. Ratification of All-Wales e-Rostering Solution

Ratification *James Quance, Assistant Director of Corporate Services*

Chair's Urgent Action - SSPC March 2026.pdf (4 pages)

2.3. Managing Director's Report

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

NWSSP Managing Director Report SSPC March 2026.pdf (9 pages)

10:25 - 11:00
35 min

3. Items for Approval

Decision

3.1. Chair's Recruitment

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

Chairs Recruitment March 2026 V2.pdf (5 pages)

3.2. All-Wales e-Rostering System

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

M&D e-Rostering SSPC CP March 2026.pdf (4 pages)

3.3. Oversight Arrangements for NHS Wales Energy Procurement and Contract Management Arrangements

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

Oversight Arrangements for NHS Wales Energy Procurement and Contract Management Arrangements CP SSPC.pdf (4 pages)
Appendix A Wales Energy Group v1.0.pdf (3 pages)
Appendix B Wales Energy Operational Group v1.1 .pdf (4 pages)

3.4. Overarching Service Level Agreements (SLAs) for 2026-27

Decision *James Quance, Assistant Director of Corporate Services*

- *Please note that Service Schedules can be accessed via AdminControl*

NWSSP Ovearching Service Level Agreement 2026-27 SSPC CP March 2026.pdf (3 pages)
Appendix A - 2026-27 OVERARCHING Service Level Agreement.pdf (20 pages)
Schedule A SLA Audit & Assurance 2026-27.pdf (16 pages)
Schedule B SLA Employment Services 2026-27.pdf (48 pages)
Schedule C SLA Specialist Estates Services 2026-27.pdf (53 pages)
Schedule D SLA Legal & Risk Services 2026-27.pdf (26 pages)
Schedule E SLA Primary Care Services 2026-27.pdf (94 pages)
Schedule F SLA Procurement Services 2026-27.pdf (6 pages)
Schedule H SLA Accounts Payable & E-Enablement 2026-27.pdf (8 pages)
Schedule G SLA Health Courier Services 2026-27.pdf (15 pages)

3.5. All Wales Laundry Services Service Level Agreement for 2026-27

Decision *Anthony Hayward, Assistant Director of Laundry and Operations*

All-Wales Laundry Service Service Level Agreement 2026-27 SSPC CP March 2026.pdf (3 pages)
Appendix A - SLA Laundry Services 2026-27.pdf (18 pages)

3.6. Provision of Radiopharmaceutical Products Service Level Agreement for 2026-29

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

- *Please note that the following documents will follow:*
  - *1.1.1 NWSSP IP5 Radiopharmacy Product List NWSSP ABUHB*
  - *1.1.2 Quality Technical Agreement NWSSP ABUHB*
  - *1.2 Schedule 2 Financial Costings for ABUHB*

Radiopharmacy Service Level Agreement SSPC CP March 2026.pdf (4 pages)
Appendix 1 - SLA Radiopharmacy NWSSP_ABUHB docx.pdf (23 pages)
1.1 Schedule 1 Radiopharmacy Services - NWSSP ABUHB.pdf (10 pages)
1.1.1 NWSSP IP5 Radiopharmacy Product List NWSSP ABUHB.pdf (2 pages)
1.1.2 Quality Technical Agreement NWSSP ABUHB.pdf (17 pages)

- 1.2 Schedule 2 Finance Costings NWSSP_ABUHB.pdf (1 pages)
- Appendix 2 - SLA Radiopharmacy NWSSP_CAVUHB .pdf (23 pages)
- 2.1 Schedule 1 Radiopharmacy Services - NWSSP CAVUHB.pdf (10 pages)
- 2.1.1 NWSSP IP5 Radiopharmacy Product List NWSSP CAVUHB.pdf (2 pages)
- 2.2 Schedule 2 Financial Costings - NWSSP CAVUHB.pdf (1 pages)
- 2.1.2 Quality Technical Agreement NWSSP CAVUHB.pdf (17 pages)
- Appendix 3 - SLA Radiopharmacy NWSSP_CTMUHB docx.pdf (23 pages)
- 3.1 Schedule 1 Radiopharmacy Services - NWSSP CTMUHB.pdf (10 pages)
- 3.1.1 NWSSP IP5 Radiopharmacy Product List NWSSP CTMUHB.pdf (2 pages)
- 3.1.2 Quality Technical Agreement NWSSP CTMUHB.pdf (18 pages)
- 3.2 Schedule 2 Financial Costings - NWSSP CTMUHB.pdf (1 pages)
- Appendix 4 - SLA Radiopharmacy NWSSP_VELUNHST .pdf (22 pages)
- 4.1 Schedule 1 Radiopharmacy Services - NWSSP VELUNHST.pdf (10 pages)
- 4.1.1 NWSSP IP5 Radiopharmacy Product List NWSSP VELUNHST.pdf (2 pages)
- 4.1.2 Quality Technical Agreement NWSSP VELUNHST.pdf (17 pages)
- 4.2 Schedule 2 Financial Costings - NWSSP VELUNHST.pdf (1 pages)

11:00 - 11:15
15 min

4. Items for Noting and/or Endorsement

Noting/Discussion

4.1. NWSSP Integrated-Medium Term Plan 2026-29 - Financial Position Update

Noting/Endorsement *Alison Ramsey, Director of Finance & Corporate Services*

- Changes to IMTP following Touchpoint SSPC March 2026.pdf (4 pages)

4.2. Future NHS Workforce Solution Board Briefing

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

- Future NHS Workforce Solution Board Briefing SSPC CP March 2026.pdf (4 pages)

4.3. Transforming Access to Medicines (TrAMs) Programme and Service Management Board Update

Noting/Discussion *Laura-Jayne Keating, Director of Pharmacy Technical Services*

- Transforming Access to Medicines (TrAMs) Programme and Service Management Board Update SSPC March 2026.pdf (3 pages)

11:15 - 11:35
20 min

5. Governance, Performance and Assurance

5.1. Update on Implementation of Recommendations arising from the Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements

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

- Governance Review Implementation Update SSPC March 2026.pdf (6 pages)

5.2. Finance Report

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

- Finance Report SSPC March 2026.pdf (7 pages)

5.3. People and Organisational Development Report

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

- People and Organisational Development Report SSPC March 2026.pdf (19 pages)

5.4. Performance Information Report

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

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

5.5. Outcomes Measure Performance Report

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

- Outcome Measures Performance Report SSPC March 2026.pdf (16 pages)

5.6. Transformation Management Office Update Report

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

- Transformation Management Office Update Report SSPC March 2026.pdf (36 pages)

5.7. Integrated Medium-Term Plan Update Report Q3 of 2025-26

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

- Q3 Integrated Medium-Term Plan Update Report SSPC March 2026.pdf (22 pages)

5.8. NWSSP Corporate Risk Register

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

- NWSSP Corporate Risk Register SSPC CP March 2026.pdf (5 pages)
- Appendix 1 NWSSP Corporate Risk Register SSPC March 2026.pdf (6 pages)

11:35 - 11:35
0 min

6. Items for Information

Information

6.1. Finance Monitoring Returns

Information

6.1.1. Month 9

Information

- a. Monitoring Return Commentary Month 9 NWSSP 2025-26.pdf (9 pages)
- b. Table A Movement MMR Month 9.pdf (1 pages)
- c. Table C, C1 and C2 Savings Schemes MMR Month 9.pdf (2 pages)
- d. Table C3 Tracker MMR Month 9.pdf (1 pages)

6.1.2. Month 10

Information

- a. Monitoring Return Commentary Month 10 NWSSP 2025-26.pdf (9 pages)
- b. Table A Movement MMR Month 10.pdf (1 pages)
- c. Table C, C1 and C2 Savings Schemes MMR Month 10.pdf (1 pages)
- d. Table C3 Tracker MMR Month 10.pdf (1 pages)

6.1.3. Month 11

Information

- a. Monitoring Return Commentary Month 11 NWSSP 2025-26.pdf (9 pages)
- b. Table A Movement MMR Month 11.pdf (1 pages)
- c. Table C, C1 and C2 Savings Schemes MMR Month 11.pdf (2 pages)
- d. Table C3 Tracker MMR Month 11.pdf (1 pages)

6.2. Personal Protective Equipment (PPE) Dashboard Report

Information

Personal Protective Equipment (PPE) Dashboard Report 23-02-26.pdf (1 pages)

6.3. NWSSP Audit Committee Assurance Report from 10 February 2026

Information

NWSSP Audit Committee Assurance Report 10 February 2026 for SSPC.pdf (5 pages)

6.4. SSPC Forward Plan 2026-27

Information

SSPC Forward Plan of Business 2026-27.pdf (7 pages)

11:35 - 11:35
0 min

7. Any Other Business

Verbal *Professor Tracy Myhill OBE, NWSSP Chair*

11:35 - 11:40
5 min

8. Date and Time of Next Meeting - Thursday, 14 May 2026 at 10.00am to 12.00pm, held via Microsoft Teams

Information *Professor Tracy Myhill OBE, NWSSP Chair*

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

MINUTES OF MEETING HELD ON THURSDAY 22 JANUARY 2026

10:00AM – 12:00PM

MEETING HELD ON MICROSOFT TEAMS

PART A – PUBLIC

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Executive Director of Workforce & Organisational Development	ABUHB
Sally May (SM)	Executive Director of Finance	CTMUHB
Claire Osmundsen-Little (COL)	Executive Director of Finance and Business Assurance	DHCW
Glyn Jones (GJ)	Executive Director of Finance, Planning and Performance	HEIW
Carl James (CJ)	Interim Chief Executive	VUNHST
Chris Turley (CT)	Executive Director of Finance and Corporate Resources	WAST
Paul Veysey (PV)	Board Secretary and Head of the Board Business Unit	PHW
OTHER ATTENDEES:		
Andrew Gough (AG)	Deputy Director of Finance *-Deputising for Catherine Phillips*	CAVUHB
Rhian Davies (RhD)	Assistant Director of Finance *-Deputising for Huw Thomas*	HDUHB
Hywel Pullen (HP)	Deputy Director of Finance *-Deputising for Pete Hopgood*	PTHB
Emma Owen (EO)	Head of Workforce Effectiveness and Analytics *-Deputising for Tina Ricketts*	SBUHB
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & Organisation Development and Employment Services	NWSSP
Rebecca Nelson (RN)	Director of Planning, Performance & Informatics	NWSSP
Dr Ruth Alcolado (RA)	Medical Director	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP

Roxann Davies (RD)	Corporate Services Manager (*Secretariat*)	NWSSP
Jonathan Irvine (JI) (*Presenting items 4.2*)	Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services	NWSSP
Stuart Douglas (SD) (*Presenting item 5.1*)	Director of Specialist Estate Services	NWSSP

Item		Action
1.	**STANDARD BUSINESS**	
1.1	**Welcome and Opening Remarks** TM welcomed members to the January 2026 meeting of the Shared Services Partnership Committee (SSPC). TM extended a warm welcome to attendees and to those invited from NWSSP to present agenda items, namely JI and SD, who would join for the allotted time. A number of deputy representatives were in attendance, as follows: • Andrew Gough, Deputy Director of Finance (CAVUHB); • Rhian Davies, Assistant Director of Finance (HDUHB); • Hywel Pullen, Deputy Director of Finance (PTHB); and • Emma Owen, Head of Workforce Effectiveness and Analytics (SBUHB).	
1.2	**Apologies Received** Apologies for absence were received from: • Russell Caldicott, Executive Director of Finance (BCUHB); • Catherine Phillips, Executive Director of Finance (CAVUHB); • Huw Thomas, Executive Director of Finance/SSPC Vice Chair (HDUHB); • Pete Hopgood, Executive Director of Finance, Capital and Support Services (PTHB); • Tina Ricketts, Director of Workforce and Organisational Development (SBUHB); and • Tanya Bull, Union Representative, Unison.	
1.3	**Declarations of Interest** TM invited Members to declare any interests and specify the relevant agenda item to which they related. No further declarations of interest were received from Committee Members.	
1.4	**Minutes of Meeting Held on 14 November 2025** The minutes of the meeting held on 14 November 2025 were reviewed and **APPROVED** as a true and accurate record of the meeting.	
1.5	**Action Log** The Committee received the Action Log which reported three matters arising. Of which, one was completed and two were not yet due. The actions are summarised as follows: • **NWSSP 2026-2029 Integrated Medium-Term Plan (IMTP) Progress Update - Complete:** A meeting took place on 16 December 2025 to discuss how best to approach the incorporation of the customer	

	voice, including frontline feedback and Trade Union input, in respect of NWSSP's IMTP for 2026-29. • **Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference - Not yet due:** Due to the timing of the Wales Energy Group meeting scheduled for February 2026, a comprehensive update would be brought to the March 2026 Committee meeting. • **People and Organisational Development Report - Not yet due:** An update on the forthcoming Resident Doctor contract reform regarding Single Lead Employer arrangements will be brought to a future SSPC meeting. The Committee **NOTED** the update of the Action Log.	
2.	**CHAIR AND MANAGING DIRECTOR'S UPDATES**	
2.1	**Chair's Report** The Chair provided an update on activities since the Committee last met in November 2025. TM reported spending considerable time on the Welsh Government independent review of NWSSP's Accountability and Governance, noting extensive discussions with Velindre's Chair, Sara Moseley, and others, and welcomed the publication of the outcome report, which would be discussed later on the agenda. She confirmed that she and Velindre's Chair had reviewed the draft recommendations together and provided comments. Several one-to-one meetings with the Chair of Velindre have taken place, which is a positive development in the overall working relationship. Attendance was confirmed at a number of engagement events, including the Chairs' meeting in December, the Welsh Risk Pool Committee in November, with the next meeting taking place on 28 January 2026. She also highlighted her contribution towards the Annual Staff Recognition Awards, celebrating achievements of colleagues across the organisation. The Committee **NOTED** the Chair's Report.	
2.2	**Managing Director's Report** NF presented the Managing Director's Report, highlighting key developments across NWSSP since the last meeting. **Operational Activity and IMTP Preparations -** January has been a particularly busy month across all NWSSP divisions, driven by intensive IMTP development activity, year-end service planning, and ongoing operational pressures. Significant work has been undertaken to finalise divisional contributions, align priorities, and ensure services remain on track despite wider system pressures. Further detail would be provided in the dedicated IMTP agenda items later in the meeting. **NWSSP 15-Year Anniversary** – NWSSP will mark its 15-year anniversary in April 2026. NF reflected on the organisation's journey since 2006 and expressed hope that the milestone would create space to acknowledge achievements, the evolution of shared services in NHS Wales, and opportunities for continued improvement through the IMTP and long-term	

	planning process. Committee Members congratulated NWSSP on this forthcoming milestone. **Annual Staff Recognition Awards** – The virtual Staff Awards event took place on 13 January 2026. NF emphasised the privilege of recognising colleagues' professionalism, commitment and contribution across NWSSP and NHS Wales. He noted the high standard of nominations and the vital role staff play, often undertaken quietly behind the scenes, which has a significant positive impact on service quality and patient-facing organisations across NHS Wales. **Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements -** The review outcome has now been published, confirming that NWSSP's governance and accountability framework is fundamentally sound, with some areas identified as recommendations that would benefit from adjustments to strengthen the arrangements. NF welcomed the assurance this provides and noted improved joint working with CJ in his interim role. **Financial Position** – The non-recurrent distribution had been fixed at £6m, which was slightly higher than anticipated. Additional clarity regarding the Welsh Risk Pool allocation was received in December, with further detail set out in the Finance Report later in the agenda. NF noted that year-end financial management remained a significant focus across all divisions. **Radiopharmacy - South East Wales** – New isolators have been installed and are undergoing testing and snagging, ahead of handover and subsequent validation and regulatory inspections ahead of the planned June go-live. Ongoing work continues with Aneurin Bevan University Health Board (ABUHB) regarding staffing challenges in existing units, of which the pressures are anticipated to continue until the South Hub is fully operational. We continue to collaborate with ABUHB to identify mitigation options to maintain service continuity during the transition. Substantial works have been undertaken by the Team over the Christmas period to progress the South East Hub. The Committee received confirmation that the Full Business Case will be shared with organisations for local governance at the earliest opportunity, prior to submission to Welsh Government. **South West and North Wales Hubs**– Work with Swansea Bay University Health Board and Hywel Dda University Health Board is progressing, with several credible site options identified for assessment based on operational feasibility, accessibility and service need. In North Wales, a project manager has now started, following Betsi Cadwaladr University Health Board's correspondence before Christmas, with an expectation that project momentum will increase as site options and planning assumptions are revisited. **Vaccination Programme** – Over one million vaccines have successfully been delivered to date. Planning for the next year's programme is underway, with lessons learned from the 2025 programme incorporated into operational and logistical arrangements. It was noted that vaccine delivery continues to be a key area of NWSSP contribution towards national winter preparedness. **Primary Care and Medical Examiners** – Primary Care had been extremely busy supporting the Medical Examiners Service. The preparatory work undertaken earlier in the year, informed by learning from the previous winter,	

	had proved highly effective. While activity will continue to be monitored over the coming months, current performance is very encouraging and remains in line with expectations, reflecting the strength of the winter planning and preparedness undertaken. There had been a notable increase in the volume of hospital letters requiring redirection to correct GP practices and work was underway with Digital Health and Care Wales and Heads of Primary Care to automate processes, to reduce manual workload and improve turnaround times. **Welsh Risk Pool Engagement** – Further work on the Welsh Risk Pool continues and will be discussed at the forthcoming Chairs' meeting. Further detail was captured in the Finance Report. **Future Workforce Solution** – Work has continued, at pace, in relation to the new future workforce arrangements, with an update planned for Chief Executives Management Team in February. Pathfinder organisations (Hywel Dda University Health Board and Digital Health and Care Wales) had been identified, with early meetings already taking place and momentum is building as design and implementation planning begins. SS praised the strong engagement from both GH and AJ to date and highlighted the significant risk posed by the lack of confirmed funding beyond the first two years. She stressed this was a shared concern across organisations. NF acknowledged the challenge faced, confirming active efforts with Welsh Government to resolve year-three funding and that he and AR were seeking an urgent meeting to address this. MDJ noted Welsh Government's budget uncertainties beyond next year and confirmed that, much like all organisations, Welsh Government could only give certainty for the two years already agreed. He stated that costs for the new system were higher than the previous one and longer-term funding arrangements would need to form part of allocation setting. TM thanked NF and the Team for their diligent work during an exceptionally busy period. The Committee **DISCUSSED** and **NOTED** the Managing Director's Report.	
3.	**WELSH GOVERNMENT INDEPENDENT REVIEW OF NWSSP ACCOUNTABILITY AND GOVERNANCE ARRANGEMENTS**	
3.1	**Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements** TM provided an update in relation to the outcome of the Welsh Government's independent review of NWSSP's Accountability and Governance Arrangements. The purpose was to enable the Committee to discuss and note the outcome and the next steps regarding the implementation of recommendations. TM introduced the item and welcomed the publication of the Welsh Government's Independent Review shortly before the Christmas break, noting satisfaction that the report confirms NWSSP's governance and accountability framework is *"fundamentally sound."* She observed that, after 15 years of significant growth and diversification, it is appropriate that areas for strengthening have been identified. She also noted that the review contains 19 recommendations, several of which relate specifically to partner	

	organisations. She further highlighted that Welsh Government has issued a formal response, which will inform the next phase of work. TM confirmed that meetings with Welsh Government, involving herself, CJ, Sarah Mosely and NF, were scheduled imminently, and that a working group would be established to take forward the recommendations. She emphasised that this marks an opportunity to address some of the challenges of the past year and ensure hosting arrangements better support partnership functioning. TM invited early reflections from Committee Members on how their organisations were considering the recommendations. COL welcomed the report and noted that the review had been a distraction in recent months, making its publication helpful for clarity. She highlighted the 19 recommendations, including those on meeting attendance and the requirement for Boards to endorse the IMTP. She suggested setting aside time at future in-person meetings to consider the Committee Member related recommendations collectively, similar to Board development sessions. GJ welcomed both the report and Welsh Government's response. He supported the establishment of a working group and expressed interest in participating. He noted that some recommendations, such as those relating to roles and responsibilities across NHS bodies, will require longer-term work, whereas others (e.g. strengthened representation at meetings) could be actioned quickly. He requested clarification on the recommendation relating to formal Board endorsement of the IMTP. CT also welcomed the report, noting that Welsh Ambulance Services University NHS Trust (WAST) had already issued a Board briefing, to raise awareness. He confirmed that the review had generated additional Board-level interest in NWSSP matters. He sought clarity on how to operationalise the IMTP endorsement recommendation, given existing delegated authority, and referenced WAST's interest in NWSSP input to future Board development sessions. CJ thanked members for their support during a challenging year. He reflected that the review had been a valuable exercise in pausing and resetting established rhythms of working. He outlined key themes including clarity on collective roles and responsibilities, effective decision-making, and arrangements for new services. He supported the establishment of a timetable to distinguish actions that can be progressed immediately from those requiring longer-term work. He also noted that several practical improvements could begin now between himself, NF and colleagues, ahead of formal implementation. PV welcomed the report and acknowledged that some recommendations identified could have been addressed earlier. He emphasised the importance of translating recommendations in a way that recognises other hosted arrangements across NHS Wales, promoting consistency and strengthening governance. TM thanked members for their contributions and noted the importance of Board development engagement, particularly given the leadership changes across organisations in recent years. **An update on progress would be brought back to the next Committee agenda, once planned meetings and the working-group arrangements have progressed.** Members were	**JQ**

	encouraged to keep their Boards sighted on the review, ahead of discussion at the forthcoming Chairs' meeting. PV noted that in relation to Chair's tenure, the Committee set its intention to reflect upon the decision made to initially extend for one year and review this arrangement, post review outcome. TM expressed gratitude for the support received from Committee Members and confirmed that the Committee would be kept apprised of any developments. Committee Members also highlighted that both the report's primary recommendation and the Welsh Government's response, referenced the potential for the Chair role to become a public appointment. Clarification will be sought from Welsh Government on its position and associated timing, particularly in the context of the forthcoming election. This will be explored further before determining the appropriate course of action going forward. GH noted that the annual appraisal process for the Chair would soon commence, and henceforth he would be contacting all Committee Members next week to request feedback relating to Chair's appraisal. Outcomes of the appraisal process will be collated and a report brought back to the Committee at the March meeting. TM advised that a forthcoming Chairs' meeting had been scheduled and encouraged Committee Members to share any feedback arising from today's discussion to ensure Chairs were fully sighted on ongoing considerations. A discussion with the Chairs will take place to review their perspectives on current priorities and to gauge their preferred level of engagement in progressing the matters outlined. All points raised were noted for inclusion on the agenda. It was further acknowledged that a dedicated one-off meeting for Committee Members may be convened to examine these issues in greater depth, subject to the outcomes of the Chairs' forthcoming discussions. The Committee **DISCUSSED** and **NOTED** the update provided in respect of the Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements.	
4.	**ITEMS FOR APPROVAL**	
4.1	**NWSSP Integrated Medium Term Plan (IMTP) 2026-2029** RN presented the draft NWSSP Integrated Medium Term Plan (IMTP) 2026-2029, for the Committee's approval. The Welsh Government planning framework and finance allocation was issued on 19 December 2025 and had been incorporated into the draft. There is a statutory requirement to submit the IMTP by 31 March 2026 and that it had been reflected in the document that Ministerial priorities primarily focused on clinical services. A core theme underpinning the plan, originating from the October 2025 Committee Development Day, was how NWSSP could better support Health Organisations in their planning, and this had shaped the overall approach. The draft IMTP had been endorsed internally by the NWSSP Senior Leadership Group in December 2025 and had been strengthened by feedback received. A programme of touch-point meetings with Welsh Government would also take place prior to submission. It was emphasised that the plan was iterative and	

	people-led, with Divisions developing objectives which were then scrutinised centrally for financial viability, deliverability, duplication and cross-division interdependencies. Discussions held through one-to-one performance reviews with Health Organisations had further informed priorities. The Committee was advised of the significant financial pressures, with resource challenges approaching £9m, necessitating difficult decisions and the rejection of several proposals. RN emphasised several material risks, insofar as Radiopharmacy, TrAMS, future workforce solution, upgrades in primary care, e-prescribing, and financial management systems, confirming these were known to the Committee and would continue to impact deliverability. She also referenced the ongoing uncertainty relating to the Welsh Risk Pool. Impact assessments had been undertaken alongside plan development to provide assurance that customer, workforce and service impacts were fully considered. Turning to strategic priorities, she confirmed alignment with Ministerial priorities, customer expectations and the Ministerial Advisory Group (MAG) review. Themes included digital transformation, innovation, workforce, leadership, culture, operational efficiency, service modernisation, sustainability, decarbonisation and continued collaboration across NHS Wales. The plan also introduced a new strategic objective, insofar as Our Partners, which would strengthen visibility, engagement and collaborative delivery. RN highlighted key initiatives and case studies featured, including programmes relating to vaccination, Laundry Services, PPE stockholding and wider service improvements across NWSSP. The Committee was informed that a refreshed Digital Plan was expected in early 2026–27 under the leadership of the new Chief Digital Officer, developed in partnership with Digital Health and Care Wales. The IMTP would be bilingual, accompanied by a short video and a summary version, for publication. Appendices supporting the IMTP had been included. **Committee Members were initially asked to provide comments by 14 February, with Welsh Government submission by 31 March 2026. Subsequent to the meeting, the deadline for Committee feedback was amended and notified by email, bringing the date forward to 8 February 2026 so that it would align with the Welsh Government requirement to provide an Accountable Officer letter to the Director General / NHS Wales CEO by the 13th February.** TM thanked RN for a clear and accessible summary of a complex document and welcomed the strengthened strategic focus on partners. CJ queried whether any new clinical services were included and RN confirmed there were none that organisations were not already aware of. COL commended the comprehensive structure of the plan, the clear financial analysis and transparency, and the strong digital thread, while acknowledging the £8.8m pressures and £3.9m savings requirement. GJ welcomed the clarity and readability of the plan, noting its relevance across multiple parts of the system. He confirmed he would provide further comments separately and expressed interest in further collaborative discussions to strengthen alignment with HEIW's own IMTP. The Committee **APPROVED** the NWSSP Integrated Medium Term Plan 2026-2029, subject to any feedback received prior to 8 February 2026.	**RN**

4.2	**Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme** The Committee received the paper seeking approval for the national purchase of influenza vaccines for the 2026/27 programme. JI joined the meeting to present the item and outlined the background to the procurement arrangements. NWSSP had been tasked by Welsh Government to implement a single national procurement for influenza vaccines, resulting in a competitively-awarded contract covering the current programme and up to two further years. The contract had been extended for a further 12 months to supply the 2026–27 vaccination campaign. Due to manufacturing lead-in times, purchase orders needed to be issued urgently to secure production slots. The required purchase was 912,000 doses of a single trivalent inactivated vaccine at a total cost of £12.6m (including VAT). Consolidation to a single vaccine had enabled a price reduction for 2026–27. Vaccines would be funded in full through a Welsh Government allocation. A corresponding paper would be submitted to the Velindre Trust Board on 29 January 2026, approve the expenditure for the required volumes of vaccine product and to enable authorisation of the purchase order by CJ, in his capacity as Interim Chief Executive. TM thanked Jonathan and his for his work on the programme and highlighted that a Quality Impact Assessment had been completed and made available to Committee Members via AdminControl, and that this would accompany the submission to the Trust Board. The Committee **APPROVED** the expenditure and purchase approval for the influenza vaccines required for the 2026/27 Influenza Vaccination Programme.	
4.3	**Remote Advice and Guidance Contract Extension** The Committee received the paper seeking approval of the Remote Advice and Guidance Contract Extension for 2026/27. AR advised that the remote advice and guidance tool, marketed as Consultant Connect, provides a mechanism for care providers to access clinical advice across organisational boundaries. Although NWSSP does not itself use the system, it has acted as the lead organisation for this arrangement, on behalf of NHS Performance and Improvement (NHS P&I). The contract extension proposed was for 12 months, from 1 April 2026 to 31 March 2027. When the original contract was approved, the funding agreement covered only the first three years; Welsh Government had now agreed to fund a further 12 month period, enabling the extension. She emphasised that there was no financial risk to NWSSP, as the Welsh Government funding agreement was in place and fully covered the extension. A corresponding paper would be submitted to the Velindre Trust Board on 29 January 2026, to approve the contract extension and to enable authorisation of the purchase order by CJ, in his capacity as Interim Chief Executive.	

	The Committee **APPROVED** the Remote Advice and Guidance Contract Extension.	
4.4	**Power Resilience at IP5 to include Radiopharmacy and TrAMS Hub** The Committee received the paper seeking approval the proposed approach to Power Resilience at IP5. AR advised that the proposed approached linked to NWSSP's estates plan and the power resilience work formed part of the planned future requirements for IP5, being essential to supporting delivery of the TrAMS programme. The Programme Board endorsed the solution as the appropriate way forward on 19 February 2026. The proposal involved two separate procurement exercises and two contracts, for the enabling works and the generator, reflecting the scale and structure of the resilience solution. At this stage the Committee was not being asked to enter into any contractual commitments. Rather, approval was sought for the proposed approach, enabling a funding submission to Welsh Government. Once Welsh Government had approved the funding agreement, the matter would return to the Committee for a formal investment decision. The Committee **APPROVED** the proposed approach in respect of power resilience at IP5, enabling progression of the funding submission to Welsh Government.	
4.5	**Forensic and Statement Reconciliation Software Contract Renewal** The Committee received the paper seeking approval of the Forensic and Statement Reconciliation Software Contract Renewal. AR advised that the system, known as Fiscal Tech, is a critical component of NWSSP's Accounts Payable operations, supporting fraud risk prevention, duplicate payment detection, error identification and wider financial control arrangements. It forms part of the fraud risk assessments undertaken across NHS Wales organisations and underpins the robustness of the service provided. The renewal request related to the consolidation of two existing contracts, forensic analysis and supplier statement reconciliation, into a single contract following advice from procurement colleagues. This alignment would streamline management of the service and support improved value for money across the contract lifespan. The proposed contract term was confirmed as 3 years + 1-year extension option. A corresponding paper would be submitted to the Velindre Trust Board on 29 January 2026, to approve the contract renewal and to enable authorisation of the purchase order by CJ, in his capacity as Interim Chief Executive. CJ asked whether procurement activity could have commenced earlier, noting the paper referenced time constraints as a driver. He also sought clarity on references to potential new supplier implementation costs and whether the comparative running-cost information was available. AR advised that the division began discussions with procurement colleagues early in the summer. However, the full tender exercise would have required a significantly longer lead-in period than was possible. Notwithstanding,	

	procurement have assured that the proposed route was compliant. Learning has been identified, particularly the need to consider longer lead-in timescales for digital procurements. The paper reflected the £50k implementation cost that would have been incurred if moving to a new supplier, and that the existing supplier also remained cheaper on running costs, reinforcing the value of renewal. The Committee **APPROVED** the Forensic and Statement Reconciliation Software Contract Renewal.	
4.6	**e-Expenses System Contract Renewal** The Committee received the paper seeking approval of the e-Expenses contract renewal. GH advised that the proposal related to a two-year contract, procured via a legally compliant route, with the option of two further one year extensions. The system, known as Selenity Expenses, now owned by RLDatix following their acquisition of Allocate, supports the processing of all NHS Wales staff expenses. He outlined two additional considerations influencing the timeframe and structure of the renewal, insofar as: • Future Workforce Solution (FWS) – Work was ongoing to determine whether the FWS could, in due course, replace the current expenses system. Therefore, contract flexibility was essential to allow the two programmes to run in parallel. • Medical and Dental Workforce Changes – Following agreement of the new Resident Doctor contractual arrangements, Junior Doctors would move to Agenda for Change (A4C) terms. NWSSP was working with NHS Employers to explore whether remaining medical and dental groups could also transition to a simplified A4C, aligned approach, which may influence future system requirements. Given these uncertainties, the contract structure (2+1+1) provided the necessary flexibility to manage future system alignment and potential tapering arrangements. A corresponding paper would be submitted to the Velindre Trust Board on 29 January 2026, to approve the contract renewal and to enable authorisation of the purchase order by CJ, in his capacity as Interim Chief Executive. SS asked whether there were any financial implications for local organisations and GH confirmed there were none, as the system formed part of NWSSP's centrally funded co-funding arrangements. CJ queried the broader rationale for the extension, particularly in relation to the anticipated transition to the FWS, noting the link between items 4.6 and 4.7 (e-Expenses and TRAC). AR advised that, due to transitional requirements, NWSSP needed to maintain the existing systems for both TRAC and Selenity during the move toward FWS. Procurement colleagues had therefore advised the 2+1+1 structure, to preserve leverage and avoid a 'cliff-edge' at the end of the contract. This approach supports future tapering arrangements when transitioning to the FWS. She emphasised that the procurement strategy ensured continuity while maintaining flexibility for future system alignment.	

	EO welcomed the approach and highlighted the value of procurement colleagues' support, given the interdependencies across multiple systems as organisations prepare for the FWS. She emphasised that procurement's guidance on contract negotiation and continuity would be critical during the transition period. The Committee **APPROVED** the e-Expenses System Contract Renewal.	
4.7	**TRAC Recruitment System Contract Renewal** The Committee received the paper seeking approval of the TRAC recruitment system contract renewal. GH outlined that the renewal followed a similar approach to the previous item, proposing a 2-year contract with the option of two further one-year extensions (2+1+1). TRAC was confirmed as a widely adopted system, used universally across the NHS in England and Wales, with no alternative products currently offering equivalent end-to-end functionality. He noted that the renewal had been deliberately aligned with the development trajectory of the FWS, as work was underway to build onboarding capability into the new core system. This alignment would allow the contract to run in parallel with FWS implementation, enabling a managed transition and avoiding unnecessary disruption. In highlighting TRAC's contribution to improved recruitment performance across NHS Wales, GH noted that two years ago the Time2Hire metric stood at over 100 days. Through system optimisation and automated functionality introduced within TRAC, the majority of organisations were now achieving the 71-day target or below, marking a significant improvement. He emphasised that this renewal sought to maintain recruitment stability while preparing for a potential future exit strategy, should onboarding be successfully incorporated into the FWS. Of the two contract extensions brought forward today, GH indicated he was confident that TRAC functionality could be absorbed into the FWS design than was currently the case with the expenses system, although this position remained dependent on progress in wider contractual work for the medical and dental workforce. A corresponding paper would be submitted to the Velindre Trust Board on 29 January 2026, to approve the contract renewal and to enable authorisation of the purchase order by CJ, in his capacity as Interim Chief Executive. SS emphasised that it was important to acknowledge the improvements achieved through more collaborative and proactive use of the TRAC system, particularly the progress on Time2Hire. The Committee **APPROVED** the TRAC Recruitment System Contract Renewal.	
4.8	**Companies House Lease Renewal** The Committee received the proposal in respect of the Companies House lease renewal. JQ presented the paper and advised that the leases for the third and fourth floors of Companies House had expired previously, and negotiations with the Government Property Agency (GPA) had taken considerably longer than anticipated and had proven complex. NWSSP had been operating under the	

	protection of the security-of-tenure provisions, allowing continued occupation during negotiations. The Estates Team had now concluded negotiations and were in a position to bring forward a proposed five-year lease from April 2025, for approval. He advised that the lease terms were favourable, with a capped service charge and mutual break option in 2028, which provided a balanced approach to both flexibility and operational stability. As part of the accommodation review, the NWSSP footprint had been reduced to half of the fourth floor, consistent with the Agile Working Strategy. The Committee was asked to approve the lease renewal and to authorise instruction to Legal & Risk Services to progress with the lease documentation. Approval was also being sought from Velindre Trust Board on 29 January 2026. The Committee **APPROVED** the Companies House Lease Renewal and to authorise instruction to Legal & Risk Services to progress with the lease documentation.	
4.9	**IP5 Lease Variation** The Committee received the proposal in respect of the IP5 Lease Variation. JQ presented the paper and explained that the request related to a minor variation to the existing lease, required to facilitate the relocation of an electrical distribution board as part of the RadioPharmacy project. The change was straightforward from an Estates perspective no additional operational implications were anticipated. He advised that due to the legal requirements associated with the lease, the variation must be enacted formally through the Velindre Trust Board, including application of the corporate seal. Therefore, approval was being sought from Velindre Trust Board on 29 January 2026. The Committee **APPROVED** the IP5 Lease Variation.	
5.	**ITEMS FOR NOTING/DISCUSSION**	
5.1	**NWSSP Decarbonisation and Adaptation Activity Update** The Committee received the bi-annual update on decarbonisation and adaptation activity. SD presented an overview of progress during 2025. NWSSP had been working to the Decarbonisation Action Plan 2024–2026, and that development of the next plan would take place during the coming year, aligned to the new Strategic Delivery Plan for Decarbonisation, endorsed by NHS Chief Executives in November. Performance was rated as amber for carbon management, buildings/estates/land use, transport and procurement; with adaptation and the approach to healthcare rated as green. A small number of outstanding actions remained but were expected to be completed shortly. He highlighted the completion of organisation-wide adaptation risk workshops, which enabled submission of an adaptation risk plan to Welsh Government in December. Examples of recent achievements included installation of solar panels at Matrix House, new electric vehicle chargers at IP5, and progress against several case studies, including:	

	• The NHS Wales Tray Wrap Project, replacing single-use sterilisation wrap with reusable alternatives, which achieved a 24,000kg CO_2 reduction annually and £61k in savings. • A well-attended decarbonisation and adaptation staff event, including contributions from logistics, construction, environmental specialists, senior colleagues, and which resulted in increased uptake of the Achieving Net Zero training. • The Welsh Health Environment Forum, chaired by NWSSP, which received a national sustainability award in recognition of its contribution to decarbonisation, waste reduction and collaboration across NHS Wales. SD noted that NWSSP had secured approval to purchase 17 electric vehicles in the coming year and outlined activities underway for the next six month period, including development of governance for the new strategy, publication of net-zero building guidance, progression of sustainable transport plans for IP5 and Matrix House, expansion of solar installations, waste strategy development and further fleet replacement, subject to funding. TM sought clarity on the timescales for moving the remaining amber areas to green. SD confirmed that the carbon-management element was dependent on publication of the national ENCODE sustainability document, expected shortly from UK partners and to be adopted or adapted thereafter. He advised that progress on electric vehicles was contingent on the availability of Welsh Government capital funding, and that one remaining procurement related action required finalisation. TM thanked SD for the comprehensive briefing and case studies. The Committee **NOTED** the update provided in relation to NWSSP's Decarbonisation and Adaptation Activity.	
6.	**GOVERNANCE, PERFORMANCE AND ASSURANCE**	
6.1	**Finance Report** LP presented the Finance Report and confirmed that as at 31 December 2025, NWSSP reported a year-to-date surplus of £4.278m, and together with the quarter four forecast this enabled confirmation of a £6m forecast surplus. Savings distribution had been agreed, with invoices now requested to repatriate funding to organisations. Capital expenditure stands at £4.129m against the £11.372m Capital Expenditure Limit (CEL), supported by recent approvals. This includes £3.134m for the IP5 roof overlay and £1.327m for year-end bids relating to laundry, digital, IT hardware refresh and storage; all of which would be initiated to utilise funding within the financial year. The business case for fleet had also been approved for next year, providing an additional £1.2m for vehicles. Discretionary capital has reduced to £0.409m due to the organisational Transforming Estates Fund (TEF) contribution. There has been significant movement in the Welsh Risk Pool position, with the month 9 Departmental Expenditure Limit (DEL) expenditure at £116.731m, exceeding the £109m Welsh Government allocation. A refreshed forecast was in the range of £183.848m–£194.591m, requiring £74m to £85m under the Risk Share Agreement. Welsh Government has confirmed the availability of up to £49m, which would be fully required at the upper end of the forecast. LP	

	outlined an ongoing detailed case review and noted close monitoring and continued work with the Financial Planning and Delivery Unit to assess emerging trends and next year pressures. RD queried distribution and reinvestment for Procurement Services, noting a request from Hywel Dda University Health Board for clarity on service levels and the basis for additional investment. LP confirmed that all Health Boards had recurrently added to NWSSP's allocation over time to increase investment and emphasised that this had always been intended to occur outside of the distribution mechanism. LP and RD welcomed a further discussion outside of the Committee. TM praised the confirmed £6m savings for repatriation across NHS Wales and invited discussion around the Welsh Risk Pool. AG noted significant discussion around in Cardiff and Vale University Health Board, noting materially increased attention due to the impact on next year's plan. He highlighted challenges in explaining the volatility of the numbers and the difficulty in projecting forward. SM reported substantial discussion within Cwm Taf Morgannwg University Health Board, where it represented the largest challenge for the forthcoming plan. She noted the absence of a clear solution, emphasising that while certainty on numbers was needed, the scale of the issue meant only marginal changes were likely, and that longer-term solutions requiring continued discussion would be necessary. NF confirmed efforts to arrange a meeting with Paul Mears, SM, TM, and AR, and offered support to attend conversations with Chairs. TM welcomed this, noting increasing urgency and the Chairs' heightened interest, given the wider financial challenge. RA added that while immediate concerns related to funds required to settle cases already in the system, the more significant issue was preventing such cases in the future, reinforcing the need to focus on learning and reducing avoidable incidents. The Committee **NOTED** the Finance Report.	
6.2	**People & Organisational Development Report** GH presented the People and Organisational Development (POD) Report to the Committee, outlining key developments, with the dashboard capturing data to 31 December 2025. The overarching report summarised a continued rise in headcount and improved turnover performance year-on-year, excluding SLE. Turnover, excluding SLE, has reduced to 8.87%, down from 9.84% in December 2024, while the 12-month rolling sickness rate, including SLE, remains stable at 3.16%, consistently below the NHS Wales average. Statutory and mandatory learning compliance, excluding SLE, is 92.55%, with the Anti-Racism module now above target at 88.96%. PADR compliance, excluding SLE, remains strong at 83.14%, albeit slightly below the 85% target. Work is ongoing to address the 73% voluntary resignation rate and significant activity continues across the employee value proposition and employee experience workstreams. He expressed satisfaction with overall performance, highlighting positive movement in several previously red indicators, particularly in non-mandatory	

	learning. Targeted efforts in areas, such as fraud awareness training within Payroll and Accounts Payable, had resulted in marked improvements, with more indicators turning green. TM welcomed the positive trends and engagement initiatives. She queried the increase in voluntary resignations within the first year of employment, querying potential drivers and invited reflections from workforce colleagues. GH identified two key issues; an increased use of fixed-term contracts, which was prompting some voluntary leavers seeking permanent roles, and ongoing challenges in obtaining meaningful detail from exit questionnaires, with low completion rates limiting insight. POD were exploring alternative approaches, including third-party facilitated work with divisions, but obtaining robust qualitative feedback remained difficult and invited examples of good practice from colleagues. SS confirmed similar trends within Aneurin Bevan University Health Board, noting that leaving within the first 12 months was common across other NHS and non-NHS organisations. She advised that benchmarking had shown this to be a wider, recognised pattern. She also agreed that use of fixed-term contracts was likely to be a contributing factor. TM acknowledged the importance of contractual certainty for staff and thanked colleagues for the update, noting the value of their more current workforce insights. The Committee **NOTED** the People and Organisational Development Report.	
6.3	**Performance Information Report** RN presented the Performance Information Report, providing an update on Key Performance Indicators (KPIs) from August to November 2025. She confirmed that quarter 2 performance reports had been issued to Health Organisations at the end of October 2025 and that quarter 3 reports would be issued at the end of January 2026. Organisational and divisional performance meetings would soon commence, supporting deeper exploration of IMTP objectives and identifying any support required. She reiterated that overall performance remained strong and that there were no significant areas of concerns to bring to the Committee's attention. The overarching report summarised that professional influence benefits totalled £86m to end of November 2025. Of the three KPIs that did not meet target, these were accompanied by clear explanations and remedial actions. Recruitment Time-to-Hire continues to meet the All-Wales target for over 12 months, despite variation across organisations. TM welcomed the clarity, impact and value demonstrated in the performance narrative, noting the improvements achieved in recent iterations of the report. The Committee **NOTED** the Performance Information Report.	
6.4	**Outcome Measures Report** RN presented the Outcomes Measures Report, which continues to demonstrate progress in outcome reporting, demonstrating the impact and value of	

	NWSSP's work, aligned to NWSSP's strategic objectives of value, people and services. She confirmed that the report would continue to be developed for the next IMTP cycle, with the aim of including a partnership-focused page, to reflect strategic priorities. The increase in tailoring of data to better reflect Health Organisations' needs, was highlighted. This work aimed to provide more relevant and actionable information that could support local conversations and performance management. The overarching report summarised positive customer satisfaction, improved employee engagement and growing contributions to decarbonisation and the foundational economy. Voice of the customer themes remain consistently positive, with improvement actions underway across recruitment, audit timeliness, procurement transparency, payroll communication and system development. The Committee **NOTED** the Outcome Measures Report.	
6.5	**Transformation Management Office (TMO) Update Report** RN provided an update on the work of the TMO to the Committee, highlighting the breadth of projects and programmes currently being supported. She advised that there had been no significant change in RAG ratings since the previous iteration. However, she noted that the TMO would face a significant challenge on capacity over the coming period, given the scale of forthcoming work including the Future Workforce Solution, the new Resident Doctors Contract, and the TrAMS programme. She further advised that a North Wales based Project Manager had recently been appointed, bringing welcomed Welsh language capability and enabling a strengthened presence at the North Wales hub. NF reiterated the importance of effective joint working to ensure successful implementation of the new Resident Doctors Contract. He noted that the contract presented a materially different way of working and carried a high risk of operational and reputational impact, should implementation not be managed closely and collaboratively. He advised that an additional resource was being appointed within POD to support this work and emphasised that regular updates would be provided through established performance and programme meetings. GH added that the project initiation meeting was scheduled for early February 2026 and that the project group would begin working through the associated interdependencies. He explained that the Service had recruited an experienced manager to support this work, recognising the significant impact at service level, particularly around rota redesign and ensuring compliance. He highlighted the importance of maintaining positive relationships with Resident Doctors and clarified that implementation would be phased over two years, with some individuals nearing completion of training and therefore not transitioning into the new arrangements. The Committee **NOTED** the TMO Update Report.	

6.6	**NWSSP Corporate Risk Register** 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 20 risks for action identified, of which 6 are rated red, 11 amber and 3 yellow. Four red risks remain unchanged insofar as trends for the threat of a successful cyber-attack, disruption to pharmaceutical supply, risks to patient services if Radiopharmacy and TrAMS developments do not progress, and adverse impacts on the TrAMS Pharmacy Service due to financial and staffing challenges. Two new red-rated risks have been escalated insofar as challenges around the accuracy of forecasting for Welsh Risk Pool and the impending expiration of Microsoft licenses. Seven risks are currently at target and since the November 2025 meeting, three risks have revised target deadlines. Other risks have reduced as a result of management action. The report also highlights there are 5 risks for monitoring, of which there are 2 amber and 3 yellow risks, of which one is a newly escalated risk to organisational reputation arising from public perception that the statutory implementation of the Medical Examiner Service (MES) in September 2024 has caused significant delays in the death certification process. The Committee **NOTED** the NWSSP Corporate Risk Register.	
7.	**ITEMS FOR INFORMATION**	
7.1	The Committee received the following items for information: • 7.1 Finance Monitoring Returns (Months 7 and 8) • 7.2 Personal Protective Equipment (PPE) Report (as at 8 January 2026) • 7.3 NWSSP Audit Committee Assurance Report from 7 November 2025 • 7.4 SSPC Forward Plan 2025-26	
8.	**ANY OTHER BUSINESS (AOB)**	
8.1	There were no matters raised for discussion under Any Other Business.	
9.	**DATE OF NEXT MEETING**	
9.1	TM thanked Committee Members for their contributions and confirmed that the next meeting is scheduled to take place on Thursday 19 March 2026 from 10.00AM to 12.00PM, held via Microsoft Teams.	

SHARED SERVICES PARTNERSHIP COMMITTEE ACTION LOG
UPDATE FOR MARCH 2026 MEETING

No.	Minute Ref	Date	Agreed Action	Lead	Timescale	Status
1.	2025/09/30-a Item 3.3	September 2025	**Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference** AR agreed to review the frequency and structure of meetings in light of current market conditions.	AR	March 2026	**Complete** Agenda item for Oversight Arrangements for NHS Wales Energy Procurement and Contract Management Arrangements has been included for Committee meeting on 19 March 2026.
2.	2026/01/22-a Item 3.1	January 2026	**Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements** Agenda item concerning updates for the Review to be brought back to the next Committee agenda, once planned meetings and the working-group arrangements have progressed.	JQ	March 2026	**Complete** Agenda item has been included for Committee meeting on 19 March 2026.
3.	2026/01/22-a Item 4.1	January 2026	**NWSSP Integrated Medium Term Plan (IMTP) 2026-2029** Committee Members to submit comments by 14 February 2026 (deadline subsequently amended to 8 February 2026), with Welsh Government submission by 31 March 2026.	RN	March 2026	**Complete** Comments have been received and integrated accordingly, following amendment to the deadline which was communicated to Committee Members by email on 26 January 2026.
4.	2025/11/14-a Item 6.2	November 2025	**People and Organisational Development Report** An update would be provided at a future SSPC meeting on in relation to the forthcoming Resident Doctor contract reform regarding Single Lead Employer (SLE) arrangements.	GH	May 2026	**Not Yet Due** A comprehensive update on the Resident Doctor Reform has been scheduled for the Committee meeting in May 2026. Deep dive is planned for the Committee meeting in July 2026.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

The report is not Exempt

Teitl yr Adroddiad/Title of Report:

Ratification of Chair's Urgent Action
All-Wales e-Rostering Solution – Addition of Cardiff & Vale University Health Board Medical and Dental staff

ARWEINYDD: LEAD:	James Quance Assistant Director of Corporate Services
AWDUR: AUTHOR:	Roxann Davies Corporate Services Manager
SWYDDOG ADRODD: REPORTING OFFICER:	James Quance Assistant Director of Corporate Services

Pwrpas yr Adroddiad / Purpose of the Report:

To request that the Committee **RATIFIES** Chairs Action taken since the previous meeting of the Committee on 22 January 2026, relating to the All-Wales e-Rostering Solution, specifically the addition of Cardiff and Vale University Health Board Medical and Dental staff.

Llywodraethu/Governance:

Amcanion/ Objectives:	To ensure that commitments entered into outside of the schedule of Committee meetings via Chairs Action are ratified by the Committee in accordance with the Scheme of Delegation.
Tystiolaeth/ Supporting evidence:	The e-Rostering solution ensures the continued intelligent efficient and safe rostering of staff. This supports the harmonisation of rostering principles for our substantive and temporary workforce that work under Agenda for Change contracts, as well as aligning to the Nurse Staffing Levels (Wales) Act 2016 and supporting the recording of The Welsh Levels of Care (WLOC) consisting of 5 levels of acuity.

Ymgynghoriad/Consultation:

Consultation has been undertaken with the e-Rostering Project Group (comprising subject matter experts from across NHS Wales Health Boards and Trusts), Procurement Services, Digital and Workforce Productivity Solutions, and Health Board representatives; in addition, the original All-Wales contract award was approved by Welsh Government and Velindre University NHS Trust Board. For the addition of Cardiff and Vale University Health Board (CAVUHB), their Board approval was obtained via Chairs' Action, Velindre University NHS Trust Board via Chairs' Action and SSPC Members also approved the via Chairs' Action.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is requested to **RATIFY** the award relating to the All Wales e-Rostering Solution, specifically the addition of Cardiff and Vale University Health Board Medical and Dental staff.

Crynodeb Dadansoddiad Effaith/ Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The E-Rostering solution and workstreams support the harmonisation of rostering principles, reducing variations in practice to proactively address issues of professional equity.
Cyfreithiol: Legal:	To ensure that commitments are made in accordance with Standing Orders. The continuation of an all-Wales E-Rostering solution ensures the continued intelligent, efficient and safe scheduling of staff. This supports the harmonisation of rostering principles for our substantive and temporary workforce that work under "Agenda for Change" contracts, as well as aligning to the Nurse Staffing Levels (Wales) Act 2016 and supporting the recording of The Welsh Levels of Care (WLOC) consisting of 5 levels of acuity.
Iechyd Poblogaeth: Population Health:	System provides organisational ability to allocate and monitor staffing levels across Health Boards/Trusts including acuity levels and ensuring people's needs are met in a timely way.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Delivering quality, safety and effective patient care is at the heart of programme. The system aims to strengthen short- and long-term workforce and planning ensuring clinical and non-clinical areas appropriately staffed and ensuring working time regulations are adhered to.
Ariannol: Financial:	Commitments and approvals are in accordance with the Scheme of Delegation. The contract is administered through NWSSP, who will make payment of the invoices and then recharge the costs to the relevant Organisations (in this case, CVUHB) based on their agreed license requirements. This is in line with the current arrangement which has operated effectively since 2021 and there is therefore no financial risk to NWSSP/Velindre.
Risg a Aswiriant: Risk and Assurance:	Assurance to the Committee that the correct process has been followed. The failure to provide adequate staffing levels poses a critical risk to the ability of Health Boards/Trusts to deliver safe and effective patient care. E-Rostering, as part of the data driven service provides assurance around capacity to meet clinical care and non-clinical requirements.
Safonnau Ansawdd Iechyd a Gofal: Health & Care Quality Standards:	Assists NHS organisations to rostering effective, well-organised NHS services. Harmonisation improves services across a variety of disciplines ensuring we meet the population's health needs.

Gweithlu: Workforce:	E-Rostering is a critical component to ensuring competent, professional and fully resourced teams in line with workforce plans and strategies, whilst supporting also employees work life balance.
Deddf Rhyddid Gwybodaeth/ Freedom of Information:	Open. The information is disclosable under the Freedom of Information Act 2000.

Ratification of Chairs Action taken since the previous meeting of the SSPC on 22 January 2026, relating to the addition of Cardiff and Vale University Health Board (CVUHB) to the All-Wales e-Rostering Contract

1. GOVERNANCE

There may, occasionally, be circumstances where decisions which would normally be made by the Shared Services Partnership Committee (SSPC) need to be taken between scheduled meetings, and it is not practicable to call a meeting of the SSPC.

In these circumstances, the SSPC Chair and the Managing Director of NWSSP may deal with the matter on behalf of the SSPC - after first consulting with at least one other Health Board, Trust, or Special Health Authority Chief Executive (or their representative). Any such action is formally recorded and reported to the next meeting of the SSPC for consideration and ratification.

The action that the SSPC Chair and Managing Director have taken on behalf of the SSPC since the last meeting is set out below. The SSPC is requested to ratify this decision in accordance with the Standing Orders.

2. CHAIR'S URGENT ACTION

The request related to the expansion of contract to include CAVUHB Medical and Dental staff in the All-Wales e-Rostering Solution. The contract period is from 31/01/2026 to 30/01/2030 (with the option to extend for two further 24-month periods).

The reason for this request being dealt with by Chair's Urgent Action, outside of the Committee meeting, is due to the additional expenditure being in excess of £1m and therefore above delegated limits for NWSSP. The core contract was approved by SSPC and Velindre Trust Board in June 2025. A further request is included within the March SSPC and Velindre Trust Board meetings, for approval, for other organisations to be on-boarded to the contract.

CAVUHB currently holds contracts with four separate e-rostering technology providers for the medical workforce. Upon completion of the full implementation of the Welsh Resident Doctor Contract (WRDC), these contracts will be terminated, with Allocate/Medic on Duty established as the single, primary e-rostering platform.

The contract is administered through NWSSP, who will make payment of the invoices and then recharge the costs to the relevant Organisations (in this case, CVUHB) based on their agreed license requirements. This is in line with the current arrangement which has operated effectively since 2021 and there is therefore no financial risk to NWSSP/Velindre.

The recommendation was for approval of the award relating to the expansion of the All-Wales e-Rostering contract to include Medical & Dental staff for Cardiff and Vale University Health Board, and the additional expenditure of £1,121,756.64 associated with the award.

Approval Summary

NWSSP received confirmation on 23 February 2026 that the Board of CAVUHB approved via Chair's Action:

- The full Medic on Duty and Activity Manager contract with supplier RLDatix, covering the period 4+2+2 years, with a total potential value of £1,121,756.64.
- Progression of all required contractual arrangements through NWSSP Procurement.
- Delegation to the Executive Director of People and Culture to oversee implementation and report back via the usual governance routes.

The requisite approval was sought and confirmed via Chair's Action from SSPC Members on 25 February 2026 by the following:

- Professor Tracy Myhill OBE, NWSSP Chair, approved by email on 24 February 2026.
- Neil Frow, Managing Director of NWSSP, approved by email on 24 February 2026.
- Huw Thomas, Executive Director of Finance at Hywel Dda University Health Board and Vice Chair of SSPC, approved by email on 25 February 2026.

The requisite approval was sought and confirmed via Chair's Action from Velindre Trust Board on 2 March 2026.

3. RECOMMENDATION

The Committee is asked to **RATIFY** the award relating to the expansion of the All-Wales e-Rostering contract to include Medical & Dental staff for Cardiff and Vale University Health Board, and the additional expenditure of £1,121,756.64 associated with the award.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**19 March 2026**

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

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

Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Committee with an update on NWSSP activities and issues since the last meeting in January 2026.

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

Ymgynghoriad/Consultation:
Shared Services Partnership Committee

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**	√	**NODI/ NOTE**	√
Argymhelliad/ Recommendation:	The Committee is to **DISCUSS** and **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 Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com). These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

NWSSP Managing Director's Report
March 2026

Introduction

This paper provides an update into the key matters that have impacted upon, and the activities undertaken by, NWSSP since the date of the last meeting on 22 January 2026.

Governance and Accountability Arrangements

The Welsh Government commissioned independent review of NWSSP's governance and accountability arrangements has concluded, with the report published in December 2025. The review confirmed that the existing governance framework is fundamentally sound, while making a series of recommendations aimed at further strengthening clarity, assurance and accountability.

Welsh Government has now established formal working group arrangements to oversee consideration and implementation of the recommendations, working in partnership with NWSSP, Velindre University NHS Trust as host and wider NHS Wales stakeholders. NWSSP is fully engaged in this process and welcomes the opportunity to contribute constructively to the next phase of work, ensuring that governance and accountability arrangements continue to be robust, proportionate and fit for purpose. A more detailed progress update has been incorporated within the March Committee agenda.

Welsh Risk Pool (WRP) Committee

The WRP Committee last met on 28 January 2026. There were 330 cases ratified and the value of reimbursement was £24.1m. There were 13 instances where penalties were authorised. The main areas of business were:

Finance
The Committee considered the Month 9 Department Expenditure Limit (DEL) position, updated risk-share charges and indicative forecasts for 2026/27 to 2028/29. The latest position will form part of the Finance Report, included in the SSPC agenda.

Reinforced Autoclaved Aerated Concrete (RAAC) in NHS Wales Premises
The Committee received a progress update on RAAC risk management. Ongoing identification and mitigation efforts continue across NHS Wales estates.

NHS Indemnity to Apply to Single Patient Arrangement with States of Jersey
The Committee approved a repatriated patient needing specialist care being covered by NHS indemnity, as commercial insurance was deemed uneconomical.

Update on Listening to People Approach
The amendment to the Putting Things Right Regulations introduces revised investigation timelines, mandatory listening discussions and a £50,000 redress limit. Staff capability and training remain priorities, with national groups supporting implementation.

Decision Making and Consent EIDO Contract Extension
The All-Wales EIDO consent platform contract is extended by nine months to complete pilots and ensure ongoing service. Continued efforts to improve consent practices are endorsed.

Quantum Calculations in Redress Cases
Changes to quantum calculations include mandatory NWSSP Legal and Risk Services review for higher-value cases. Efficient processes and manageable workloads are affirmed, with new procedures to begin in April 2026.

Organisational Learning and Case Management Performance
An update was provided to the Committee, focusing on deferred cases and 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 Month 11 financial position as break-even, following the delivery of the £6m non-recurrent savings distribution for 2025/26. This position is reported after absorbing the pro-rata Employers' National Insurance funding shortfall of £0.682m (full-year impact £0.744m). The latest position is reported within the March Committee agenda.

Recurrent savings have been identified within 2025/26 to support a break-even underlying position for 2026/27, consistent with the NWSSP's Integrated Medium-Term Plan. Financial performance indicators remain largely on target, including the forecast outturn and capital position within the Capital Expenditure Limit, with continued strong performance on invoice payment times.

Capital expenditure at the end of February totals £7.167m against a £11.370m Capital Expenditure Limit (CEL), with progress across key schemes including roof overlay and power resilience works at IP5, and targeted estates and digital programmes. All capital schemes are being closely monitored to ensure full utilisation by year-end.

Welsh Risk Pool Departmental Expenditure Limit (DEL) expenditure to Month 11 is £155.332m, with a refreshed 2025/26 forecast of £194.587m, reflecting increased settlement activity compared to IMTP assumptions. Welsh Government has confirmed additional funding of up to £49m to meet the increased risk share requirement, with the current forecast requiring £49.096m, noting an element of residual volatility within the remaining cases.

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

Progress continues across the TrAMs Programme as it moves through several critical delivery milestones. The South East Radiopharmacy facility at IP5 is nearing build completion, with construction activity transitioning from general works, to specialist controlled environment fit-out. Key infrastructure installations are now largely complete, and contractor validation will begin in mid-March 2026, followed by NHS validation in April 2026. Subject to successful validation, a phased service go-live is

planned from June to August 2026, beginning with Aneurin Bevan University Health Board and extending to all organisations by the end of the summer period. Service Level Agreements have been shared with Health Boards, and a comprehensive workforce training and deployment programme is underway to support safe and effective service commencement.

In parallel, the wider TrAMs Programme has strengthened its governance and delivery capacity in response to increasing programme complexity. As previously agreed at the Partnership Committee the changes to programme leadership and assurance arrangements were implemented in January 2026 to enhance grip, resilience and cohesion across projects. Detailed design activity for the South East Hub is progressing to plan, with outputs due to inform the Full Business Case and Estates Annexe. Workforce engagement and phased transition planning are ongoing to support service continuity in advance of hub go-live. Site selection and due diligence activity for the South West Hub continues, alongside mobilisation of the North Hub project, with early stakeholder engagement underway to ensure service models are informed by local clinical and operational requirements. The TrAMs Digital workstream has entered discovery phase, with system design and costing intended to align with the South East Hub business case and support an all-Wales solution across all hubs.

Overall, the programme remains focused on maintaining delivery momentum while actively managing key risks, including dependencies associated with hub site selection and business case progression. Governance arrangements remain in place, with the next period prioritising validation activity, design completion, supplier sign-off and continued mitigation of identified risks to support timely delivery.

NHS Wales Influenza Vaccination Programme

Building on the experience from the 2025-26 programme, preparatory work is underway in relation to the NHS Wales Influenza Vaccination Programme for 2026/27, with planning activity progressing to support timely and effective delivery.

Procurement Services

Potential Impact of Middle Eastern Conflict

Following intelligence received through NWSSP Procurement Services, regarding the potential impact of the ongoing conflict in the Middle East, the Director of Procurement Services and his team have engaged with the Department of Health and Social Care's (DHSC) National Supply Disruption Response (NSDR) Team. At present, there is no immediate threat to UK supply of products sourced from the Far East or Asia. However, should the conflict persist, there is a likely risk of disruption, particularly for products routed through the Strait of Hormuz, a major international shipping corridor.

Further communications from DHSC to the Four Nations Group are expected in the coming days, and these will be shared as soon as they are available. A further NSDR update is expected at the DHSC Supply Disruption Meeting on 17 March 2026, after which a further briefing will be circulated. We will monitor developments closely and keep colleagues updated.

HI-FATIGUE G Bone Cement

The British Orthopaedic Association (BOA) has endorsed Zimmer Biomet's HI-FATIGUE G bone cement as a suitable alternative to the currently unavailable Heraeus product. Following the Medicines and Healthcare products Regulatory Agency (MHRA) approval, all Health Boards have now received deliveries of HI-FATIGUE G, enabling the recommencement of elective orthopaedic surgery from 4 March 2026. The Welsh Orthopaedic Network remains engaged in monitoring use across Health Boards, and early feedback from clinicians has been positive. Zimmer Biomet will continue to supply stock directly to Health Board Pharmacy Departments, with further deliveries made as required once purchase orders are raised.

Implementation of the New Resident Doctors Contract in Wales

Extensive consultation has been undertaken with key stakeholders across NWSSP, HEIW, Health Boards/Trust, NHS Wales Employers, and BMA representatives to inform the development and implementation of the New Resident Doctor Contract in Wales. Engagement has focused on ensuring clarity of roles within the Single Lead Employer model, understanding operational impacts on rota management and workforce processes, and gathering feedback from medical staffing teams and trainee representatives.

This collaborative approach has ensured that the programme reflects operational realities, supports consistent application across organisations, and incorporates the perspectives of those directly affected by the new contractual arrangements.

An All-Wales Implementation Board has been established with appropriate representation from NHS Wales organisations to ensure that the contract reform changes are embedded into working practices. Implementation workstreams have also been set-up to ensure the changes can be introduced at pace, in a safe manner. A more detailed progress update is planned for the May meeting of the SSPC.

Primary Care Service and Medical Examiner Service

Workforce Intelligence System

Engagement with Health Boards, Welsh Government and wider stakeholders has remained strong throughout February. Further system refinements have been deployed, including improved data quality validation rules. Work continues with Welsh Government on the national Gluten Free Scheme; with February activity focused on reviewing operational alignment and identifying opportunities for national consistency.

Misdirected Mail

The Service continues to monitor the volumes of misdirected mail. Automation introduced last month is now providing more reliable data to support Health Boards in identifying the root causes of misdirection. This issue continues to be monitored closely due to associated patient safety risks for health boards to manage with Primary Care Services providing as much support as possible.

Medical Examiner Service

Winter surge management arrangements have continued to support the maintenance of timely Medical Examiner (ME) reviews during February. Despite

ongoing seasonal pressures, ME offices have sustained good performance, supported by active daily workflow audits across the death certification pathway.

Laundry Service

The Laundry Service capital programme is progressing well, with two of the three waste heat recovery systems now installed and commissioned, and the remaining North Wales installation scheduled for mid-March. Bulk storage tanks for the provision of detergent in Swansea are in the process of being commissioned which will reduce the number of site deliveries and the level of manual handling requirements on-site.

The replacement of the Swansea site sorting system and monorail track is scheduled to commence on the 13 March 2026, with a 3-week installation and commissioning timeframe. The site will be utilising a step conveyor to feed the tunnel washer, and there is no anticipated impact on customer supplies.

The Service suffered an unprecedented number of complete site failures in the last week of February with the loss of the Swansea Laundry Production Unit (LPU) for 7 days through the failure of the press basket, during the same week there was a 5 hour loss of production at Greenvale as a result of the failure of the dirty linen lift, both the Church Village and North Wales LPU's also suffered site failure due to the loss of the steam generation plant for several hours. During these faults there was minimal impact on supplies to the customers as supplies were maintained by utilising stock and switching production where possible to neighbouring plants.

Decarbonisation and Adaptation

Work continues apace at Matrix House to provide an upgraded electrical supply and additional electric vehicle (EV) charging. Work also continues at Denbigh Stores to provide roof mounted solar panels and to replace the gas heating system with electrically supplied infra-red heaters. Both projects are due for completion during March 2026.

Following approval by Welsh Government of the business case for investment in the roof overlay at IP5 in mid-December 2025, work commenced on site in February and is programmed to complete in July 2026. Following completion, NWSSP will look to progress with plans for a phased provision of roof mounted solar PV (photovoltaic).

The proposed approach for NWSSP's progression of work on the Decarbonisation Strategic Delivery Plan and Adaptation workstreams was approved by the Senior Leadership Group at its meeting on 26 February 2026. An important element of the plan is to promote staff ownership and support for this endeavour.

Specialist Estates Services' development of guidance for net zero estate development projects under the value of £20m is scheduled for completion in March 2026. Their work to oversee completion of an All-Wales Waste Strategy also continues, with publication scheduled for late May 2026.

Engagement and Leadership Activity

Since the January Committee meeting took place, I have continued to maintain an extensive programme of leadership engagement across national, regional and organisational forums. This included a concentrated series of external and system level meetings in late January, with attendance at the NHS Wales Value and Sustainability Board and the Welsh Risk Pool Committee on 28 January 2026, followed by the Chief Executive Officer's Management Team to provide an update on the Future NHS Workforce Solution, and the Welsh Government–hosted Ystadau Cymru Board meeting on the same date.

During early February, I undertook a number of significant engagement activities, including hosting the Chief Medical Officer visit to IP5, in which she witnessed firsthand the breadth of NWSSP's work for NHS Wales, including procurement savings, delivery of the flu vaccination programme and developments in RadioPharmacy. The visit provided an opportunity to highlight the scale and impact of NWSSP services and engage directly on how they support improved outcomes across NHS Wales.

I also attended the Community by Design Transformation Programme Board, and this was followed by participation in an in-person Climate Emergency Leadership Day and the NWSSP Future Workforce Solution Implementation Board, supporting continued alignment with national workforce, sustainability and transformation priorities. Further system leadership engagement took place mid-February, with attendance at the NHS Wales Leadership Board meeting. I also participated in the Team Finance Event 2026, "Ten Years, One Community", recognising a decade of collaboration across the NHS Wales finance community, followed by the NWSSP Health and Wellbeing Conference on 25 February 2026, reinforcing the organisation's ongoing commitment to staff wellbeing and engagement.

Towards the end of February and into early March, I continued to engage across digital, organisational and partnership forums. This included attendance at the Digital, Data and Technology (DDaT) Leadership Board, participation in a National Organisations Conversation with system leaders, and attendance in person at the Chief Executive's Management Team meeting. I also attended the Chair's peer group meeting to discuss the WRP position for next year, Local Partnership Forum and the Future Workforce Solution Steering Group, ensuring continued engagement with staff-side colleagues and oversight of the Future Workforce Solution at a national level.

Collectively, these engagements have supported effective system leadership, strengthened relationships with key stakeholders, and provided assurance and alignment across workforce, sustainability, estates, digital and organisational development priorities.

Awards and Recognition

Preparations are underway to mark the 15-year anniversary of the establishment of NWSSP on 1 April, with plans to celebrate the organisation's impact and achievements over the past decade and a half. Colleagues are being invited to share stories, memories and milestones to help tell the NWSSP story and recognise the contribution of our people since day one.

The NWSSP Health & Well-Being Conference 2026, held on 25 February 2026, brought colleagues together for a well-attended virtual programme focused on resilience, inclusion and personal wellbeing, featuring a strong line-up of internal and external speakers. The event reinforced NWSSP's ongoing commitment to staff health and wellbeing, with sessions designed to be practical, inclusive and accessible to all.

The Legal & Risk and Welsh Risk Pool teams have been shortlisted for In-House Team of the Year at the LexisNexis Legal Awards, recognising a strong year of service improvement, innovation and customer focus, including new systems, sector-wide training and early risk identification. The shortlisting reflects consistently high performance and impact for NHS Wales, with the awards taking place on 16 April 2026.

Neil Frow OBE
Managing Director, NWSSP
March 2026

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:

Recruitment Process for a new Chair of the Shared Services Partnership Committee (SSPC)

Arwwinydd/ Lead:	Gareth Hardacre - Director of People, Organisation Development & Employment Services
Awdur/ Author:	Gareth Hardacre - Director of People, Organisation Development & Employment Services
Swyddog Adrodd/ Reporting Officer:	Gareth Hardacre - Director of People, Organisation Development & Employment Services

Pwrpas yr Adroddiad/Purpose of the Report:

To seek approval from the Committee for the arrangements for the recruitment of a new Chair.

Llywodraethu/Governance:

Amcanion/ Objectives:	To obtain approval from the Committee for the process to appoint a new Chair.
Tystiolaeth/ Supporting evidence:	Annex 5 to the Standing Orders – Process for the Selection, Appointment and Termination of the Chair of the SSPC and the recruitment pack.

Ymgynghoriad/Consultation:

- Assistant Director of Corporate Services
- Velindre Interim Director of Corporate Governance
- Velindre Chair
- Velindre Interim Chief Executive
- Director of Legal & Risk Services
- Welsh Government Director of Workforce
- Welsh Government Head of NHS Strategic Planning and Operational Planning
- Implementation Group on Strengthening Governance and Accountability Arrangements for NWSSP

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to **APPROVE** the process to appoint a replacement Chair including selection panel membership option 4 in accordance with the SSPC Standing Orders.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact.
Cyfreithiol/Legal:	No direct impact.
Iechyd Poblogaeth/ Population Health:	No direct impact.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	No direct impact.
Ariannol/Financial:	No direct impact.
Risg a Aswiriant/ Risk and Assurance:	No direct impact.
Dyletswydd Ansawdd/Duty of Quality:	No direct impact.
Gweithlu/ Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open.

1. Background

The SSPC approved a further term of appointment of the current SSPC Chair, Tracy Myhill, to November 2026 at its meeting in November 2025. Tracy has formally issued notice to end her tenure, with effect from 30 April 2026. This paper sets out the options for the recruitment process, and the Committee are requested to approve the recommended option.

The Chair of the 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 Regulations') for a set term. Annex 5 of the SSPC Standing Orders confirms that the Committee holds responsibility for appointing its Chair. While this is not a Cabinet Secretary appointment, the process takes account of the principles outlined in the Governance Code on Public Appointments (revised October 2025), as published by the Cabinet Office and updated January 2026 that sets out the regulatory framework for public appointments.

The arrangements have been reviewed in the context of the Welsh Government Review of the NHS Wales Shared Services Partnership Accountability and Governance Arrangements ('the Review') published in December 2025. Recommendation 1 states that the Velindre University NHS Trust Chair (the Velindre Chair) should have a role as a member of the appointment panel for the SSPC Chair. This was accepted by Welsh Government, noting that alternative options should also be explored, including making the SSPC Chair a public appointment. However, this will not be possible within the timescales for this appointment.

The timing is opportune to review the arrangements for the appointment of the Chair by the SSPC and to take the opportunity to include the Velindre Chair on the selection panel.

Going forward, it is likely that amendments will be required to the SSPC Standing Orders (Annexe 5) as part of the overall review and update of SSPC governance documents.

2. Summary

The following essential features of the process set out in Annexe 5 that will continue to apply in line with Governance Code on Public Appointments (revised October 2025), and the principles of public appointments are:

- a panel must be set up to oversee the appointments process;
- the panel must be chaired by an independent assessor;
- an agreed selection process, selection criteria and publicity strategy for a successful appointment;
- a panel report must be prepared, signed by the chair of the appointment panel; and
- the appointment of the successful candidate must be publicised.

It is important that all public appointees uphold the standards of conduct set out in the Committee on Standards in Public Life's Seven Principles of Public Life. The panel must satisfy itself that all candidates for appointment can meet these standards and have no conflicts of interest that would call into question their ability to perform the role.

Composition of the Selection Panel

Annexe 5 states that the recruitment selection panel will comprise the following members:

- 3 members of the SSPC; and
- NWSSP Director of People and Organisational Development.

This is in addition to the independent assessor chair of the panel noted above.

The composition of the panel has been reviewed. Having consulted with Welsh Government, Velindre as host and shared with the Implementation Group on Strengthening Governance and Accountability Arrangements for NWSSP, the following options for the composition of the panel are proposed in order to ensure that the Velindre Chair is included and that there is sufficient balance and independence in the appointment process, including SSPC representation, the following panel composition options are proposed:

Option 1 – Standing Order requirements only

- Independent Assessor (Panel Chair);
- 3 members of the SSPC; and
- NWSSP Director of People and Organisational Development.

This option does not include the Velindre Chair as recommended and supported by Welsh Government and is therefore not recommended.

Option 2 – Standing Order requirements plus Velindre Chair

- Independent Assessor (Panel Chair);
- 3 members of the SSPC;
- Velindre Chair (as NWSSP host invited by the Panel Chair); and

- NWSSP Director of People and Organisational Development.

This addresses the recommendation and the Panel Chair inviting the Velindre Chair on to the panel does not contravene SSPC Standing Orders.

Option 3 – More aligned with public appointment practice

- Independent Assessor (Panel Chair)
- SSPC Vice-chair (representing SSPC)
- Velindre Chair (as NWSSP host)
- Welsh Government representative

This option reflects the WG expectation that Velindre should be involved; aligns more closely with public appointment processes by including a Welsh Government representative; and maintains the intent that this remains an SSPC appointment.

This would require a change to the Standing Orders which will require approval by the Velindre Trust Board.

Option 4 – Maintained SSPC membership with additional members invited by the panel chair

- Independent Assessor (Panel Chair)
- Health Board CEO (First SSPC member)
- Trust CEO (Second SSPC member)
- NWSSP Director of Workforce and Organisational Development (as required in the SSPC Standing Orders)
- Third SSPC member
- Chair of Velindre (as NWSSP host invited by the Panel Chair); and
- WG representative (invited by the Panel Chair).

This reflects both the fact the SSPC is a representative collaboration of the health bodies in Wales, the inclusion of NWSSP and the need for Velindre to be involved from a hosting perspective. Is also meets the Annex 5 appointment provisions of the SSPC Standing Orders – *"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".*

The appointment process is managed by the NWSSP Director of People and Organisational Development.

For senior appointments such as this we also conduct a stakeholder panel where other SSPC members, Directors and Senior NWSSP staff could also meet the candidates and provide feedback to the panel.

Option 3 is recommended because it is in accordance with the SSPC Standing Orders and the Regulations. This option aligns with the public appointments process and the findings of the NWSSP Governance and Accountability Review. Consultation has taken place with Velindre colleagues, including the Interim Chief Executive and Chair, and it is noted that implementation of this option would require an amendment to the Standing Orders, which would be progressed jointly. Further, option 3 provides for an appointment panel comprising an independent assessor, the SSPC Vice Chair, the Velindre Chair and a Welsh Government

representative, with the panel making a recommendation to the Committee, reflecting that this remains a Committee decision, under existing arrangements and timescales. It is likely that a formal public appointment would not be achievable within the current timeframe. A stakeholder panel would also be established to enable wider Committee input.

A recruitment pack including the Person Specification, Job Description and duties of the Chair has been prepared with no changes proposed to the requirements of the role, the time commitment (96 days per year) or remuneration (£350 per day).

Term of Appointment

The Regulations state that a chair may be appointed for a period of no longer than four years. This is consistent with the membership regulations for NHS bodies.

The longer-term future of NWSSP is subject to further review following both the Review noted above and the NHS Wales Accountability Review reported in April 2024 which highlighted an urgent need to simplify the delivery landscape and the associated arrangements for governance which may result in change to the hosted status of NWSSP.

Furthermore, the consideration of making the SSPC Chair a public appointment by the Cabinet Secretary will need to be concluded which would require legislative change through amendment to the Regulations should this be decided to be taken forward by an incoming government.

At the present time offering a term of appointment for up to four years is in-keeping with other NHS Wales Chair appointments and there are mechanisms to take into account any such changes that may occur in the future. However, the recommendation is that the initial appointment would be made for up to two years, with the option to extend for a further two years, reflecting potential future national considerations.

3. Recommendation

The Committee is asked to **APPROVE** the process to appoint a replacement Chair for a term of two years, with an option to extend a further two years, including selection panel membership option 3 in accordance with the SSPC Standing Orders.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:

All Wales E-Rostering System

Arwwinydd/ Lead:	Gareth Hardacre - Director of People, Organisation Development & Employment Services
Awdur/ Author:	Angela Jones, Deputy Director for Digital Workforce Solutions
Swyddog Adrodd/ Reporting Officer:	Gareth Hardacre - Director of People, Organisation Development & Employment Services

Pwrpas yr Adroddiad/Purpose of the Report:

To seek approval to extend the current All-Wales E-Rostering contract to include contracts to support Medical & Dental Staff and the additional expenditure associated with the award.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
Tystiolaeth/ Supporting evidence:	The expansion of the all-Wales E-Rostering contract supports the implementation of the Resident Doctor contract terms and conditions (following the outcome of the referendum in December 2025), including the delivery of newly agreed pay scales, working hours and monitoring and reporting requirements via the Guardian of Safe working. The software will provide efficient and safe rostering of Medical and Dental (M&D) staff, including harmonisation of rostering principles for both substantive and contingent workforce.

Ymgynghoriad/Consultation:

- Welsh Rostering Regional User Group – Rostering Leads
- Resident Doctor Contract Implementation Group
- All Wales Medical Workforce Managers Group
- NHS Employers
- All Wales Subject Matter Experts.
  - Procurement
  - Welsh Language
  - Information Governance
  - Cyber Security
  - Payroll
- Deputy Workforce Directors

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to **APPROVE** the award relating to the expansion of the all-Wales E-Rostering contract to include Medical & Dental staff for a value of £5,183,463.27 and novate current local Medical and Dental contracts for: • Betsi Cadwaladr University Health Board (BCUHB) • Cwm Taf Morgannwg University Health Board (CTMUHB) • Hywel Dda University Health Board (HDUHB) • Swansea Bay University Health Board (SBUHB) This increases the total contract value awarded to £21,842,446.27 excluding VAT (£26,210,935.52 including VAT).
Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	The E-Rostering solution and workstreams support the harmonisation of rostering principles, reducing variations in practice to proactively address issues of professional equity.
Cyfreithiol/Legal:	The expansion of the contract will deliver the newly agreed Resident Doctor Terms and conditions agreed following the outcome of the referendum December 2025. It will also provide intelligent, efficient and safe scheduling of staff, thus supporting the harmonisation of rostering principles for both substantive and temporary workforce.
Iechyd Poblogaeth/ Population Health:	System provides organisational ability to allocate and monitor staffing levels across Health Boards/Trusts thus ensuring people's needs are met in a timely way.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Delivering quality, safety and effective patient care is at the heart of programme. The system aims to strengthen short- and long-term workforce and planning ensuring clinical and non-clinical areas appropriately staffed and ensuring working time regulations are adhered to.
Ariannol/Financial:	The contract is administered through NWSSP, who will make payment of the invoices and then recharge the costs to the relevant Organisations based on their agreed licence requirements. This is in line with the current arrangement which has operated effectively since 2021 and there is therefore no financial risk to NWSSP/Velindre.
Risg a Aswiriant/ Risk and Assurance:	The failure to provide adequate staffing levels poses a critical risk to the ability of Health Boards/Trusts to deliver safe and effective patient care. E-Rostering, as part of the data driven service provides assurance around capacity to meet clinical care and non-clinical requirements.
Dyletswydd Ansawdd/Duty of Quality:	Assists NHS organisations to rostering effective, well-organised NHS services. Harmonisation improves services across a variety of disciplines ensuring we meet the population's health needs.
Gweithlu/ Workforce:	E-Rostering is a critical component to ensuring competent, professional and fully resourced teams in line with workforce plans and strategies, whilst supporting also employees work life balance.

Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	No direct impact/ considerations

All Wales E-Rostering System

1. BACKGROUND

The all-Wales E-Rostering contract for Agenda for Change (AfC) staff was renewed via an open-market procurement process in January 2026. The value of new contract (31/01/2026 – 30/01/2030 4-year with option to extend for a further 2 x 24 months – 8 years total) is.

Core licensing offering.	Core Licensing offering (inc. extension option
• £7,837,644.77 (Exc. VAT)	• £16,658,983.00 (Exc. VAT)
• £9,405,173.72 (Inc. VAT)	• £19,990,779.00 (Inc. VAT)

The award was approved by Shared Services Partnership Committee (SSPC) and Velindre Board in May 2025 and June 2025 respectively.

During the drafting of the technical specification, NHS Wales organisations requested that the ability to roster Medical and Dental Staff was included, in anticipation of the on-going Resident Doctor Contract negotiations, and a potential requirement to roster, facilitate pay and monitor overall work patterns and additional hours of work via an appointed Guardian of Safe working.

Resident doctors in Wales voted (83% in favour) in December 2025 to accept the proposed terms and conditions, with NHS Employers now working with the British Medical Association (BMA) to agree independent contract schedules to support. As part of the agreement and implementation commencement date has been set for August 2026.

2. SITUATION

Currently, the majority of organisations in Wales have M&D rostering contracts in place with the exception of Public Health Wales (PHW), Powys and Velindre. CAVUHB joined the all Wales contract in March 2026 following local, SSPC and Velindre Board approval in February and March 2026 respectively. Aneurin Bevan's Medical and Dental contract is with an alternative supplier and is therefore not currently within the scope of this contract expansion. There is now a requirement to facilitate a swift and compliant route to market for Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay UHB's; and subsequently to transition remaining local contracts upon their expiry. Local Health Board approval is required for Swansea Bay UHB as their spend is over £1m and that will take place in March 2026, the other three (3) Health Boards are within the Director of Finance delegated limit and have been approved locally.

Given the small number of Resident Doctors in Powys at the time of drafting, NWSSP are still exploring whether an alternative rostering approach for these staff can be supported through existing systems. PHW and Velindre have expressed an interest in joining the all-Wales contract, however, they are unlikely to contract until FY 2026/2027. Spend applicable to Public Health Wales and Velindre will follow local governance sign-off before being confirmed via a signed Contract Change Notice.

The current All Wales agreement provides access to raw data sets from the rostering solution and therefore should enable organisations to implement enhanced reporting capabilities utilising platforms such as Power BI to support the Guardian of Safe working.

Following discussions with the four, aforementioned Health Boards for licence and product requirements, and negotiations with RL Datix; the proposed contractual position within the all-Wales contract is:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	TOTAL
£356,830.24	£567,711.43	£654,266.15	£673,894.13	£694,110.95	£714,934.28	£736,382.31	£758,473.78	£5,183,463.27

Please note:

- Costs above are based on total contract expenditure and exclude VAT
- The costs above are an increase to the total contract value. The original approved value is £16,658,983.00, this additional value is £5,183,463.27 so the new contract total is £21,842,446.27 excluding VAT (£26,210,935.52) including VAT)
- Figures include the £1,121,756.64 for Cardiff and Vale University Health Board (CVUHB) which was previously approved by SSPC and Velindre Board via Chairs action February and March 2026 respectively.

It is anticipated that the contract expansions will be administered via Contract Change Notices (CCNs) for all remaining local contracts upon expiry of existing agreements. This is permissible under the Public Contract Regulations from both technical and financial standpoints.

As per the current arrangements, the financial management of the contract will continue to be administered through NWSSP, who will make payment of the invoices and then recharge the costs to the relevant Organisations based on their agreed licence requirements. This is in line with the current arrangement which has operated effectively since 2021.

This proposed expansion of the contract was clearly stated within all tender documentation and falls far below the 50% threshold allowed for increasing contract value under the Regulations.

The expansion incorporates many existing agreements that are currently held across Wales into one single contract, allowing for increased bargaining power (which has already been partly realised through negotiations on the Medical and Dental financial package) as well as reducing significant administration duplication and burden.

The contract is subject to NHS Wales T&C's whilst many of the current locally held arrangements are based on supplier terms, therefore this will bring further benefit to NHS organisations across Wales via greater contractual security.

3. RECOMMENDATION

The Committee is asked to **APPROVE** the award relating to the expansion of the all-Wales E-Rostering contract to include Medical & Dental contracts for a value of £5,183,463.27 excluding VAT and novate current local Medical and Dental contracts for:

- Betsi Cadwaladr University Health Board (BCUHB)
- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Hywel Dda University Health Board (HDUHB)
- Swansea Bay University Health Board (SBUHB)

This increases the total contract value awarded to £21,842,446.27 excluding VAT (£26,210,935.52 including VAT).

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting: 19 March 2026**

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

Teitl yr Adroddiad/Title of Report:	
Oversight Arrangements for NHS Wales Energy Procurement and Contract Management Arrangements	
Arwwinydd/ Lead:	Alison Ramsey Director of Finance and Corporate Services
Awdur/ Author:	Alison Ramsey Director of Finance and Corporate Services
Swyddog Adrodd/ Reporting Officer:	Alison Ramsey Director of Finance and Corporate Services

Pwrpas yr Adroddiad/Purpose of the Report:

The Committee is asked to **APPROVE** the revised Terms of Reference for the Wales Energy Group and Wales Energy Operational Group

Llywodraethu/Governance:	
Amcanion/ Objectives:	To ensure that appropriate governance arrangements are in place to provide strategic and operational oversight for NHS Wales energy procurement and contract management.
Tystiolaeth/ Supporting evidence:	Terms of reference for Wales Energy Group – Appendix A. Terms of reference for Wales Energy Operational Group – Appendix B.

Ymgynghoriad/Consultation:

Terms of Reference have been discussed and endorsed by members of the Wales Energy and Wales Energy Operational Groups.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to APPROVE the revised Terms of Reference for the Wales Energy Group and Wales Energy Operational Group.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	N/A
Cyfreithiol/Legal:	N/A
Iechyd Poblogaeth/ Population Health:	N/A

Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Arrangements are intended to ensure appropriate governance arrangements are in place to support sufficient energy supply to all NHS sites.
Ariannol/Financial:	Appropriate governance arrangements are in place to support oversight of energy pricing and forecasting arrangements.
Risg a Aswiriant/ Risk and Assurance:	The energy market does continue to be subject to geopolitical instability, but the risk has reduced since the current arrangements were established in 2023 with the transfer to the Crown Commercial Services basket purchasing arrangement.
Dyletswydd Ansawdd/Duty of Quality:	Energy sourcing will fall under the remit of the Wales Energy Group to ensure that considerations of energy sourcing including traditional supply and sustainable models are maintained.
Gweithlu/ Workforce:	The revised arrangements propose a more proportionate use of staff time.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Terms of Reference

1. INTRODUCTION

The Shared Services Partnership Committee (SSPC) requested that the governance arrangements for oversight of NHS Wales energy procurement and contract monitoring be reviewed, and consideration given to streamlining the arrangements.

2. SITUATION

Two groups are well established to provide oversight into the procurement and contract arrangements for NHS Wales energy:

- Wales Energy Group
- Wales Energy Operational Group

The scope of the groups covers NHS Wales energy requirements across more than 500 operational sites, with a combined energy supply value of circa £100M per annum. Supply includes gas, electricity, fuel oils and/or biomass fuel, including traditional supply sources and sustainable models of supply such as wind and solar.

Since 2023, NHS Wales organisations have moved to an arrangement where energy procurement is undertaken through Crown Commercial Services (CCS), and to a shared purchasing basket with other parts of the UK public sector. In part this decision was taken to mitigate the risks associated with the energy price volatility operating in the energy market against a backdrop of intense geopolitical disruption including the war in Ukraine.

In 2025, NHS Wales organisations decided, executed by CCS, that from April 2028 we would move into an energy purchasing basket with other NHS organisations in NHS England. This offered marginal cost saving based on forecast pricing at the time, but also an opportunity to be in a basket with similar energy loading requirements i.e. 24/7 services.

In 2023, transition to a new procurement arrangement and the changeover of energy meters to new providers across the whole of the NHS Wales estate required a more intense level of oversight and contract management. Now that these arrangements have become well established, the existing Terms of Reference for both groups have been reviewed and streamlined and are enclosed as Appendices A and B.

Wales Energy Group (WEG)

The Wales Energy Group is Chaired by the NWSSP Director of Finance and Corporate Services and currently meets quarterly. The WEG reports directly to the SSPC, and retains the membership of the Directors of Finance, and NWSSP Director of Procurement Services.

The main change in the revised Terms of Reference is to move to meeting twice a year to align with required timescales/deadlines for energy source decisions and forecasting updates. Members of the WEG have endorsed the revised Terms of Reference in the meeting held on 11 February 2026.

Wales Energy Operational Group (WEOG)

The Wales Operational Energy Group reports into the WEG and currently meets bi-monthly. The WEOG membership is made up of finance and estates representatives of all NHS Wales organisations as well as representatives of Procurement Services.

The main change in the revised Terms of Reference is to move to a quarterly meeting, which is felt to be a more proportionate use of staff time whilst maintaining sufficient oversight of operational arrangements. Members of WEOG have endorsed the revised Terms of Reference in the meeting held on 5 February 2026 which were then subsequently endorsed by the WEG on 11 February 2026.

3. GOVERNANCE AND RISK ISSUES

There continues to be geopolitical instability that may have an impact on energy pricing and supply. However, in practice there is limited practical influence NHS Wales organisations can have on these factors as the basket trading strategies are operated by CCS. As a member of the Wider Public Sector trading basket, the Chair of WEOG attends the External Risk and Governance Board. As we are now moving to the NHS England purchasing basket from April 2028, for which purchasing has now commenced, a member of the WEG will represent NHS Wales organisations on the NHS Commodity Trading Governance Board. Attendance at both these Boards

ensures we are receiving timely information on energy risks and a representative from CCS will continue to attend WEOG and WEG meetings to provide market updates.

Flexibility has been built into the revised Terms of Reference to allow for additional meetings to be stood up if there are emerging issues relating to energy supply, pricing or supplier performance.

The WEG will provide the SSPC with update on oversight arrangements twice a year.

4. CONCLUSION

As summarised above members of the WEOG and WEG group have endorsed the revised Terms of Reference and recommend approval to the Shared Services Partnership Committee.

5. RECOMMENDATION

The Committee are asked to:

- **APPROVE** the revised Terms of Reference for the Wales Energy Group and the Wales Energy Operational Group.

Wales Energy Group

Terms of Reference

Revised January 2026 v1.0	WEG meeting 11/02/2026 SSPC meeting 19/03/2026

Purpose

The purpose of the Wales Energy Group (WEG) is to provide strategic oversight for NHS Wales energy procurement and contract management arrangements, ensuring cost efficiency, reliability of supply, risk mitigation and alignment with Welsh Government sustainability policy priorities.

Scope

The scope of the group covers NHS Wales energy requirements across more than 500 operational sites, with a combined value of circa £100M per annum. Supply includes gas, electricity, fuel oils and/or biomass fuel, including traditional supply sources and sustainable models of supply such as wind and solar.

Objectives

The WEG will:

- Agree the energy purchasing strategy for NHS Wales.
- Monitor the performance of contractual arrangements.
- Receive reports on market conditions from the provider of the existing Supply of Energy contract/s to inform the purchasing strategy.
- Receive reports on forecast costs, good practice and any concerns around supplier performance from the Wales Energy Operational Group (WEOG).
- Escalate formally concerns relating to supplier performance, that have not been able to be resolved through the WEOG arrangements.
- Establish task and finish groups as required, to undertake specific tasks with clear timelines for reporting.
- Agree NHS Wales nominations to any route of supply governance arrangements currently the External Risk Management Group (ERMG) and Commodity Trading Governance Board (CTGB).
- Receive reports on the discussions of the ERMG and CTGB groups.
- Make recommendations for agreed matters to be approved by the Shared Services Partnership Committee. Otherwise report by exception to the Shared Services Partnership Committee.
- Review the Terms of Reference for the group at least annually.
- Nominate a Vice Chair to be approved by the Shared Services Partnership Committee.

Structure

The group will be chaired by the Director of Finance and Corporate Services, Shared Services Partnership.

Other members will include:

- Directors of Finance of all NHS Wales organisations – Note (1).
- Director of Procurement Services, Shared Services Partnership, or their nominated representative with relevant knowledge and experience.
- Chair of Wales Energy Operational Group (WEOG).
- Members of procurement services staff as appropriate to the meeting agenda.

Note (1) Where members cannot attend, they must nominate a deputy who can act with the delegated authority of their Director of Finance and must notify the Chair in advance of the meeting.

A representative from the provider of the existing Supply of Energy contract will attend the meeting in an advisory capacity to provide market intelligence reports.

Meetings

The WEG will meet at least twice a year to align with energy sourcing decision making timescales and forecasting discussions.

Additional meetings may be required to address urgent matters e.g. supplier performance issues, market volatility.

Decision-making

The minimum group representation required to make a quorate 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 voting member organisations represented at the meeting.

All matters for agreement should ideally be via a consensus view. Where a consensus view cannot be reached, then agreements will be made on the view of the majority. NWSSP Procurement Services will not have a vote. In the event of a tie, the Chair (or the Vice Chair) will have the casting vote.

Accountability

The WEG reports to the NHS Wales Shared Services Partnership Committee.

Wales Energy Operational Group

Terms of Reference

Revised January 2026 v1.1	WEG meeting 11/02/2026 SSPC meeting 19/03/2026

Purpose

The purpose of the Wales Energy Operational Group (WEOG) is to provide operational monitoring for NHS Wales energy procurement and contract management arrangements, ensuring cost efficiency, reliability of supply, risk mitigation and alignment with Welsh Government sustainability policy priorities.

Scope

The scope of the group covers NHS Wales energy requirements across more than 500 operational sites, with a combined value of circa £100M per annum. Supply includes gas, electricity, fuel oils and/or biomass fuel, including traditional supply sources and sustainable models of supply such as wind and solar.

Objectives

The WEOG will:

- Work together across finance, procurement and estates teams adopting a collaborative approach to the contractual management of energy contracts.
- Monitor the operational performance of contractual arrangements, including Key Performance Indicators and agree action required to address areas of concern.
- Nominated person to provide a review of Supply of Energy contracts, including escalation to the Wales Energy Group concerns relating to supplier performance, that have not been able to be resolved through agreed escalation arrangements set out in the contractual terms.
- Receive reports on market conditions from the provider of the existing Supply of Energy contract/s to inform the purchasing strategy.
- Receive reports on forecast costs and alignment with procurement purchasing strategy, good practice and any industry wide updates.
- Discuss and promote matters relating to the promotion of Welsh Government sustainability policy priorities.
- Support delivery of any task and finish groups initiated by the Wales Energy Group.
- Agree NHS Wales nominations to any route of supply operational arrangements, currently the CCS Energy Customer Forum. Make recommendations on energy purchasing strategy matters to be

agreed by the Wales Energy Group. Otherwise report by exception to the Wales Energy Group.
- Review the Terms of Reference for the group at least annually. Nominate a Chair and Vice Chair to be approved by the Wales Energy Group.

Structure

The group will nominate a Chair and Vice Chair to be agreed by the Wales Energy Group.

Other members will include:

- Nominated Finance representatives of all NHS Wales organisations.
- Nominated Estates representative of all NHS Wales organisations.
- Procurement Services representative with relevant knowledge and experience.

Changes in nominated representatives must be agreed in advance through the Chair, and by the organisational Wales Energy Group member.

A representative from the provider of the existing Supply of Energy contract will attend the meeting in an advisory capacity to provide market intelligence reports.

Meetings

The WEOG will meet quarterly. Additional meetings may be required to address urgent matters e.g. supplier performance issues, market volatility.

Decision-making

The minimum group representation required to make a quorate 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 voting member organisations represented at the meeting.

All matters for agreement should ideally be via a consensus view. Where a consensus view cannot be reached, then agreements will be made on the view of the majority. NWSSP Procurement Services will not have a vote. In the event of a tie, the Chair (or the Vice Chair) will have the casting vote.

Accountability

The WEOG reports to the Wales Energy Group.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:

Overarching Service Level Agreements for 2026-27

Arwwinydd/ Lead:	Alison Ramsey, Director of Finance & Corporate Services
Awdur/ Author:	James Quance, Assistant Director of Corporate Services
Swyddog Adrodd/ Reporting Officer:	James Quance, Assistant Director of Corporate Services

Pwrpas yr Adroddiad/Purpose of the Report:

To approve the updated Service Level Agreements for the provision of services from NHS Wales Shared Services Partnership for 2026-27.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
Tystiolaeth/ Supporting evidence:	SLA and supporting schedules are attached as appendices.

Ymgynghoriad/Consultation:

Consultation has been undertaken with each Service Lead within organisations and Finance in relation to the financial uplift for the period.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Shared Services Partnership Committee is asked to **APPROVE** the updated Service Level Agreements for 2026-27.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Considered where appropriate
Cyfreithiol/Legal:	Considered where appropriate
Iechyd Poblogaeth/ Population Health:	Considered where appropriate
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Considered where appropriate
Ariannol/Financial:	For 2026/27, Welsh Government allocation set a clear expectation that a 1.11% uplift be passed through to

	providers, underpinning the assumption of a corresponding SLA uplift for NWSSP to mitigate unavoidable cost pressures.
Risg a Aswiriant/ Risk and Assurance:	Considered where appropriate
Dyletswydd Ansawdd/Duty of Quality:	Considered where appropriate
Gweithlu/ Workforce:	Considered where appropriate
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Overarching Service Level Agreements for 2026-27

1. CURRENT POSITION

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

Each year these are reviewed and updated in preparation for approval by the Shared Services Partnership Committee (SSPC) prior to the commencement of the next financial year. This year the overarching SLA was consulted upon with each Service Lead within organisations and Finance teams, in relation to the financial uplift for the period, in addition to the year-round engagement that NWSSP services undertake and discussion in relevant operational and peer groups.

The Welsh Government 2026/27 allocation letter was published on 22 December 2025. This included a core uplift for Health Boards of 1.11%, with the expectation that this should be passed through to provider organisations to support unavoidable inflation and demand pressures. NWSSP did not receive any direct uplift through the allocation process. We can demonstrate such cost pressures exceed 1.11% within NWSSP and our approved IMTP financial plan assumes that our 2026/27 SLAs will be uplifted by 1.11% in line with unequivocal pass-through expectation outlined in the planning assumptions.

The individual Service Schedules have been updated following the review by NWSSP and consultation, as set out above and appended to this report at *Appendix A – 2026-27 Overarching Service Level Agreement.* The key changes to the Overarching SLA and supporting Service Schedules are summarised below, for the Committee's attention:

<u>Overarching SLA</u>

- Definitions strengthened: Duty of Quality added; Freedom of Information Act and Environmental Information Regulations terms clarified.
- Data Protection wording modernised (UK GDPR references and clarity updates).
- Force majeure expanded to explicitly include epidemic/pandemic.
- Governing law clarified: 'as applicable in Wales'.

<u>Schedule A – Audit & Assurance Services</u>

- Aligns wording to Global Internal Audit Standards (structure maintained).
- Stronger emphasis on keeping annual plans under review as priorities change.
- Clearer monitoring of resource inputs/outputs and reporting to Audit Committees.

Schedule B – Employment Services

- Tightened KPI language and clearer process expectations (e.g., access, reconciliation, TUPE).

Schedule C – Specialist Estates Services (SES)

- Governance shift: 6-monthly Capital & Estates Forum with Welsh Government (was Estates Group).
- Estates and Facilities Performance Management System (EFPMS) modernisation: explore risk/decarbonisation data; more analytics/dashboarding.
- Sustainability expanded: Net zero standard and Modern Methods of Construction (MMC) toolkit; guidance development.
- Surplus property database reference updated (NWED → InSite).

Schedule D – Legal & Risk Services (including Welsh Risk Pool)

- Core service model maintained (Putting Things Right, claims, inquests, Welsh Risk Pool, training).
- Slightly strengthened wording around learning from events and Once for Wales Concerns Management System (OfWCMS) operation.

Schedule E - Primary Care Services

- Inclusion of Gluten Free Services (Section 18) into the SLA for completeness.
- Update to workforce intelligence system responsibilities for Primary Care Workforce Information System (PCWIS) (Section 19).
- Expanded Business Information and Reporting, including detailed reporting requirements and digital systems.
- Expanded Digital, Electronic Prescribing Service (EPS) and Data responsibilities - Broader description of system links, data flows, dashboards, KPIs.

Schedule F – Procurement Services (P2P)

- No changes were made to the supporting schedule.

Schedule G – Health Courier Services

- No changes were made to the supporting schedule.

Schedule H – Accounts Payable, Enablement & Staff Benefits

- All-Wales P2P Governance Group continues; 2025 effectiveness review noted; ongoing focus on reducing invoice holds.

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

2. RECOMMENDATION

The Shared Services Partnership Committee is asked to **APPROVE** the updated Service Level Agreements for 2026-27.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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

NHS WALES SHARED SERVICES PARTNERSHIP(NWSSP)

and

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

and

BETSI CADWALADR UNIVERSITY HEALTH BOARD

and

POWYS TEACHING HEALTH BOARD

and

SWANSEA BAY UNIVERSITY HEALTH BOARD

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

and

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

and

HEALTH EDUCATION AND IMPROVEMENT WALES

and

HYWEL DDA UNIVERSITY HEALTH BOARD

and

VELINDRE UNIVERSITY NHS TRUST

and

PUBLIC HEALTH WALES NHS TRUST

and

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

and

DIGITAL HEALTH AND CARE WALES

Revised February 2026 - Version 15

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

Approval Tracking Sheet

Document Status: DRAFT		
Version	**Date**	**Comments**
1	10 Sep 2014	V1 draft for SMT
2	18 Sep 2014	V2 draft for SSPC
3	19 Sep 2014	V3 draft WEDS
4	16 October 2015	V4 draft SMT
5	10 November 2015	V5 SSPC
6	27 October 2016	V6 draft SMT
7	26 October 2017	V7 draft SMT
8	2 January 2019	V8 draft for SSPC
9	11 November 2019	V9 draft for SSPC
10	15 March 2021	V10 draft SSPC
11	10 May 2022	V11 draft SSPC
12	12 May 2023	V12 draft SSPC
13	10 May 2024	V13 draft SSPC
14	25 March 2025	V14 draft to SSPC
15	19 March 2026	V15 draft to SSPC

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

1. Definitions

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

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

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

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

Data Protection Legislation: all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); and the Privacy and Electronic Communications Regulations 2003 (SI 2003 No. 2426) as amended; and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of Personal Data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant data protection or supervisory authority and applicable to a party.

Duty of Quality: the duty to secure improvement in health services placed on Local Health Boards and NHS Trusts in accordance the National Health Service (Wales) Act 2006, as amended, and in accordance with The Duty of Quality Statutory Guidance 2023, as may be amended or replaced from time to time;

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

Environmental Information Regulations: the Environmental Information Regulations 2004 (*SI 2004/3391*) together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such regulations.

FOIA: the Freedom of Information Act 2000, and any subordinate legislation made under the Act from time to time, together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such legislation.

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

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

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

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

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

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

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

UK GDPR: has the meaning given in section 3(10) (as supplemented by section 205(4)) of the DPA 2018.

WG: Welsh Government

2. Introduction

2.1 The NHS in Wales and the Welsh Government has developed and implemented a model for the management of shared services that is used by all NHS Bodies in Wales. Shared Services are professional,

administrative, and technical services provided to the health service in Wales. A number of these shared services were originally hosted by individual Local Health Boards and NHS Trusts, with the intention that all NHS Wales organisations can work together collaboratively and make use of their expertise. The services to be provided include:

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

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

- **ANEURIN BEVAN UNIVERSITY HEALTH BOARD** of St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- **BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD** of Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW;
- **CARDIFF AND VALE UNIVERSITY HEALTH BOARD** of University Hospital of Wales (UHW), Heath Park, Cardiff, CF14 4XW
- **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD** of Ynysmeurig House, Navigation Park, Abercynon, Mid Glamorgan, CF45 4SN;
- **DIGITAL HEALTH AND CARE WALES** of 21 Cowbridge Road East, Cardiff, CF11 9AD;
- **HEALTH EDUCATION AND IMPROVEMENT WALES** of Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ,
- **HYWEL DDA UNIVERSITY HEALTH BOARD** of Corporate Offices, Ystwyth Building, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3BB;
- **POWYS TEACHING HEALTH BOARD** of Glasbury House, Bronllys Hospital, Bronllys, Powys, LD3 0LS;
- **PUBLIC HEALTH WALES NHS TRUST** of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ;

- **SWANSEA BAY UNIVERSITY HEALTH BOARD** of One Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR;

- **VELINDRE UNIVERSITY NHS TRUST** of Unit 2 Charnwood Court, Parc Nantgarw, Nantgarw, Cardiff, CF15 7QZ;

- **WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST** Vantage Point House, Ty Coch Industrial Estate, Ty Coch Way, Cwmbran, NP44 7HF

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

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

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

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

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

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

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

2.10 The parties acknowledge that the activities of both NWSSP and Partner Organisations take place within the national policy framework of NHS Wales

and that policy changes may affect the delivery of services by either party, necessitating changes to this Agreement.

2.11 NWSSP will operate in compliance with the following:

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

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

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

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

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

3. Responsibilities of the Parties

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

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

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

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

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

- Velindre University NHS Trust will not bear any of the risk or rewards of ownership of NWSSP other than through the Host Organisation's participation as a partner organisation as the risk and rewards are to be shared equally and proportionately between the Partner Organisations;

- HR policies and employment terms and conditions applicable to the Host Organisation will apply to all NWSSP staff, subject to any remaining provisions of the original TUPE transfer.

- The NWSSP Managing Director will have delegated authority in respect of NWSSP as agreed with Velindre University NHS Trust.

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

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

3.8 Save as agreed with the NWSSP Senior Leadership Group, each party will make available such facilities as are currently used by the Shared Services immediately prior to the original Commencement Date, on such terms as may be agreed.

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

4. Services

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

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

5. Partnership Management and Monitoring Arrangements

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

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

5.3 The Committee must appoint a vice chair of the Committee from amongst the chief officers or their nominated representatives. The Chair and Vice Chair appointments must be subject to the Shared Services Partnership Committee Standing Orders and the Committee must satisfy itself that the person appointed as the chair has the necessary skills and experience to perform the duties of the chair. Chief officers, a nominated representative of a chief officer and a vice chair may only hold office on the Committee provided he or she holds their respective office of a National Health Service Trust or University Health Board. A chair or vice chair may be appointed for a period of no longer than four years, but may, on the expiration of his or her term of office, be re-appointed, provided that person may not hold office as a chair or vice chair for a total period of more than eight years. The Committee may remove a chair or vice chair from office if it determines that it is not in the interests of the Committee or it is not conducive to the good management of the Committee.

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

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

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

6. Financial Arrangements

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

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board

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

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

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

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

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

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

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

7. Duration

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

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

8. Audit Arrangements

8.1 The NWSSP will operate under the internal controls and governance of Velindre University NHS Trust. All internal audit reports are prepared for the Managing Director of Shared Services and the Velindre University NHS Trust who, in turn, will consider all reports at their Audit Committee for Shared Services. Where the internal audit report relates to a review of systems provided for the Partner Organisations and the operation of

controls relating to those systems, the relevant details (including the level of assurance) will be made available to the Partner Organisations either by copies of the full report or extracts thereof as advised by the NWSSP Director of Finance.

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

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

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

8.5 If a Partner Organisation discovers an alleged fraud committed by Partner Organisation staff or a supplier and requires records held within NWSSP, the Partner Organisation LCFS should contact the NWSSP LCFS contact who will assist to arrange that the records are made available for inspection. The investigation would be led by the Partner Organisation LCFS with assistance being given as required by the NWSSP LCFS.

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

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

9. Service Variations

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

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

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

lead to a cost saving then the principle applies that the specific saving should apply to that Partner Organisation.

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

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

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

10. Performance Indicators

10.1 The development of appropriate performance indicators is a key element in providing each party with a method of ensuring the service is being provided to the agreed level of performance. These performance indicators will be developed as the services evolve. The main mechanisms by which the performance will be assessed will vary between the services provided but are appropriately indicated in Schedules A-H.

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

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

11. Service Disruption

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

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

12. Force Majeure

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

plant or machinery, epidemic or pandemic, fire, flood, storm, or default of suppliers or sub-contractors.

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

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

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

13. Dispute Resolution

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

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

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

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

14. Risk Management

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

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

15. Client Confidentiality

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

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

16. Waiver

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

17. Data Protection[1] and Information Security

Data Protection

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

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

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

the scope, nature and purpose of processing by NWSSP, the duration of the processing and the types of Personal Data and categories of Data Subject.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Information Security

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

(a) notify the relevant Partner Organisation where applicable forthwith of any information security breaches or near misses (including without limitation any potential or actual breaches of confidentiality or actual information security breaches); and

(b) fully cooperate with any audits or investigations relating to information security and any privacy impact assessments undertaken by the Partner Organisations and shall provide full information as may be reasonably requested by each of the Partner Organisations in relation to such audits, investigations and assessments.

17.12 NWSSP shall ensure that it puts in place and maintains an information security management plan appropriate to this Agreement, the type of services being provided and the obligations placed on NWSSP. NWSSP shall ensure that such a plan is consistent with any relevant policies, guidance, and good industry practice.

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

Commented [RH1]: Query whether the reference to the Specification and Tender Response Document is relevant here. This clause may need to be reviewed with input from NWSSP's IG teamDh

18. Freedom of Information

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

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

19. Discrepancies, errors, and omissions

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

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

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

20. Governing Law and Jurisdiction

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

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Audit and Assurance Services Service Level Agreement 2026 Update

Prepared by: Simon Cookson, Director of Audit & Assurance
Date: 11 February 2026

1. Internal Audit and Assurance

Service objective
♦ To provide professional quality internal audit services to NHS organisations in Wales

1.1 Audit scope authority and responsibility

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Clarify the role of a professional internal audit service		
• In accordance with the requirements of the Global Internal Audit Standards the Director of Audit & Assurance shall prepare an Internal Audit Mandate and Charter for adoption by each NHS organisation which defines the scope, authority and responsibility of Internal Audit. The Mandate and Charter will augment the provisions set out in Standing Orders and Standing Financial Instructions.	• Adopt an Internal Audit Mandate and Charter at each organisation to provide clarity on the scope, authority and responsibility of Internal Audit. • In delivering the professional function of Head of Internal Audit including the expression of an independent and objective opinion the Director of Audit & Assurance shall not be subject to the direction or control of any person or authority.	• Formal adoption of the Internal Audit Mandate and Charter by each NHS organisation in Wales.

1.2 Strategic and Operational Audit Plans

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Produce a strategic internal audit plan		
• The strategic plan will be developed to meet the audit needs of the organisation, as assessed by the Head of Internal Audit, using the organisation's objectives and risk assessment processes as a primary resource. • The strategic plan will include provision for the Head of Internal Audit, at least annually, to assess the adequacy of the organisation's risk assessment processes and, if necessary, make recommendations for its review. • The strategic plan will establish the resources and skills required for its delivery and describe the audit techniques selected as the most effective for delivering the audit objectives. It will also set out the relative allocation of audit resources between assurance work and any agreed consultancy work.	• To note that strategic plans are prepared to support the production of the annual internal audit plan.	• Production of a strategic audit plan based on a needs assessment to support the production of the internal audit plan.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Produce an annual internal audit plan		
• To develop an annual internal audit plan drawn from the strategic audit plan in consultation with the Chie Executive as Accountable Officer. • The Head of Internal Audit will engage with the Chief Executive, Director of Corporate Governance, and other relevant individuals in the production and co-ordination of audit plans. • The annual internal audit plan will be kept under review to identify any amendments needed to reflect changing priorities and emerging audit needs	• The annual internal audit plan for the forthcoming year is discussed at Executive Team and approved by the Chief Executive (or Director of Corporate Governance on their behalf) for recommendation to the Audit Committee. • The Audit Committee discusses and approves the annual audit plan. • The Audit Committee will be asked to approve material changes to the annual audit plan.	• Production of an annual internal audit plan. • Percentage of annual internal audit plans signed off by Management and/or Audit Committee by 30 April each year (Note: plans will be subject to change and updating). • Regular liaison with the Director of Corporate Governance during the year.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Produce a detailed schedule of audits with indicative timings		
• Produce a detailed schedule of audits with indicative timings. • Refine the detailed schedule through the course of the year with management leads in audit areas.	• The Director of Corporate Governance (or other nominated executive lead) will distribute the detailed schedule of audits and timings. • Management leads refine and agree the detailed schedule of audits after discussion with Internal Audit.	• Produce a detailed schedule of audits with indicative timings. • Number of reviews requested by management to be delayed including the reasons. • Number of reviews delayed by Internal Audit including the reasons.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Monitor resource inputs and service outputs compared to the annual internal audit plan		
• The Director of Audit & Assurance will ensure that audit resource inputs and service outputs agreed with each NHS organisation are monitored and achieved, and where this is not the case due to unforeseen circumstances to prepare suitable information and alternative courses of action for agreement by the relevant Audit Committee. • The Head of Internal Audit will ensure a progress report is submitted to each Audit Committee detailing the status of all audit reviews. • The Director of Audit & Assurance will ensure that total resource inputs agreed and planned collectively across all NHS organisations are monitored and achieved, and where this is not the case due to unforeseen circumstances to prepare suitable information and alternative courses of action for agreement by the Shared Services Partnership Committee.	• To commit resources sufficient to meet the needs based strategic and annual internal audit plans. • To facilitate the progress of the annual internal audit plans in accordance with the agreed schedule of assignments.	• Monitoring of input days compared to the plan to support the effective resourcing of Internal Audit's work. • Delivery of audit assignments against those agreed in the plan.

1.3 Performance of Audit Reviews

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Production of assignment brief		
• Prior to commencement of an audit, the Executive and Management Leads are issued with a proposed assignment brief describing the area(s) to be reviewed, audit objective(s), scope of the review, planned audit approach, anticipated assurances and reporting arrangements. • Internal Audit will meet with Executive and Management Leads to discuss the proposed audit brief and timing of the audit work (except where unannounced visits are essential to the achievement of the audit objectives). • The audit brief will be formally agreed by the appropriate Executive and Management Leads.	• Audit brief agreed and approved by Executive and Management Leads.	• Client satisfaction feedback will be sought for each audit undertaken.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Undertake audit fieldwork		
• The audit review is undertaken in accordance with the audit assignment brief. • Any queries arising from the fieldwork and internal quality assurance arrangements are addressed.	• Key staff to contribute to the delivery of the audit through meetings and providing information on time as requested and agreed.	• Client satisfaction feedback form. • Internal Quality assurance arrangements.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Reporting findings		
• Following closure of fieldwork and resolution of queries, findings and conclusions are shared with operational management in the form of an exit meeting. • Draft report issued to relevant Executive Lead for further distribution to the Operational Management Leads. • The Head of Internal Audit will apply escalation procedures for any management responses that are judged to be inadequate in relation to the identified risk. • A final report is issued to the relevant Executive Lead following receipt of a complete management response. • The Head of Internal Audit will ensure a progress report is submitted to each Audit Committee detailing the status of all audit reviews	• Operational managers meet with the auditor(s) to discuss findings and comment in respect of accuracy and solutions for improvement. • Management is responsible for confirming the accuracy of the draft report, fairness of assurance rating and agreeing actions to recommendations. A response, including a fully populated action plan, is required within 15 working days of receipt of the formal draft report. • Where responses are still awaited after 15 working days the Director of Corporate Governance will chase, escalating to Executive Management as appropriate. • Final reports are received by the Audit Committee at the next available meeting.	• Reporting of draft findings and conclusions at an exit meeting at the closure of the fieldwork. • Draft report issued within 10 days of fieldwork completion and resolution of queries. • Management response to draft report including populated action plan within 15 working days of receiving the draft report. • Final report issued within 10 working days of receipt of complete management responses. • Percentage of reports meeting the above three timing indicators. Note: response times can be varied subject to local agreement, but this should be reported to and agreed by the Audit Committee.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Follow-up of Recommendations		
• Review implementation of the actions by management for Limited and No assurance rated reports shortly after the completion dates of the relevant action plans.	• Operational management implement agreed improvement actions within the agreed timescale, overseen by Executive Leads. • The Director of Corporate Governance (or other nominated executive lead) reports on management's progress with the implementation of recommendations to the Audit Committee. • The Audit Committee identifies their priority areas for Internal Audit follow up.	• Percentage of high priority audit recommendations implemented by management within the agreed timescale. • Internal Audit undertake follow up work on all Limited and No assurance rated reports shortly after the completion dates of the relevant action plans or at a time to be agreed by Management and/or the Audit Committee.

1.4 Attendance at Audit Committees and Liaison with Regulators

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Attendance at Audit Committees		
• The Head of Internal Audit (or appropriate representative) will attend Audit Committee meetings unless, exceptionally, the Audit Committee decides that they should be excluded from either the whole meeting or for	• To make known the reasons for any such exclusion of Internal Audit to the Accountable Officer. • To plan for the Audit Committee to periodically meet with	• Percentage of Audit Committees attended by Internal Audit. • The Director of Audit & Assurance and Head of Internal Audit meet privately

specific agenda items. • The Director of Audit & Assurance and assigned Head of Internal Audit will meet privately with the Audit Committee of each organisation.	Internal Audit in private session.	with the Audit Committee at least annually and more frequently if required.

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Liaison with Audit Wales, Regulators and Stakeholders		
• The Head of Internal Audit will meet regularly with Audit Wales to consult on audit plans, discuss matters of mutual interest, and ensure local coordination of programmes of work. • The Director of Audit & Assurance will meet periodically with Audit Wales and Health Inspectorate Wales to consult on audit plans; discuss matters of mutual interest; ensure understanding of audit techniques, methods and terminology; and ensure strategic coordination of internal audit plans and work programmes. • Heads of Internal Audit will meet periodically with Audit Wales and the Local Counter Fraud (LCFS) to consult on audit plans; discuss matters of mutual interest; ensure understanding of audit techniques, methods and terminology; and ensure coordination of local internal audit plans and work programmes where appropriate. • The Director of Audit & Assurance will	• Audit Committee to confirm appropriate liaison between Internal Audit and Audit Wales. • Directors of Corporate Governance group to invite Director of Audit & Assurance to attend meetings. • Attendance and participation in the All-Wales Audit Committee Chairs' meetings. • Use the agreed Local Counter Fraud/Internal Audit protocol.	• Liaison meetings held with Audit Wales and confirmed by them. • Strategic liaison meetings held with Audit Wales and HIW and confirmed by the Director of Audit & Assurance. • Stakeholder liaison meetings held with Directors of Corporate Governance and Audit Committee Chairs and confirmed by them. • Local liaison meetings held with Audit Wales and LCFS and confirmed by them.

meet periodically with the Directors of Corporate Governance Group, and the Audit Committee Chairs as the key internal stakeholders to consult on audit service developments and matters of mutual interest.		

1.5 Annual Reporting and presentation of Audit Opinion

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Assurance Opinion for Annual Governance Statement		
• The Head of Internal Audit prepares an Annual Report summarising audit work undertaken during the year and performance against the plan and the Global Internal Audit Standards. • The annual report also contains the Head of Internal Audit opinion on the organisation's governance, risk management and internal control arrangements. This is shared with the Chief Executive and presented to the Audit Committee for inclusion in the Board's Annual Governance Statement.	• Board receives assurance opinion from Head of Internal Audit to inform production of the Annual Governance Statement.	• Annual Report and Head of Internal Audit Opinion reported to an agreed meeting of the Audit Committee to inform Annual Governance Statement.

1.6 Staff training and development

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable - Provide appropriately trained and skilled staff		

• The Director of Audit & Assurance will ensure the division is appropriately staffed in terms of numbers, grades, qualification levels, and experience, having regards to its objectives and to the requirements of the Global Internal Auditing Standards. • Internal auditors should be properly trained to fulfil their responsibilities and should maintain their professional competence through an appropriate ongoing development programme. They should maintain a record of such training activities. Accordingly, the Director of Audit & Assurance will ensure that appropriate provision is made for maintaining and developing the competence of audit staff.	• To support Audit & Assurance staff to deliver the Internal Audit plan and the Global Internal Audit Standards.	• Audits undertaken by appropriately qualified individuals with the right experience. • All auditors have undertaken an appropriate programme of continuing professional development. • Each individual auditor has an annual Personal Development Review and can demonstrate appropriate development in the year.

1.7 Quality assurance and complaints

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable - Provide a professional quality audit service		
• Internal audit services provided in accordance with the Global Internal Audit Standards, current legislation and guidance, and the Audit and Assurance Quality (Audit) Manual under the authority of an Internal Audit Mandate and Charter. • Internal audit services provided with due regard to the Duty of Quality.	• Application of the provisions in the Internal Audit Mandate and Charter at each organisation which defines the scope, authority, and responsibility of internal audit. • Any complaint or compliment regarding the performance of Internal Audit shall be put to	• Formal adoption of the Internal Audit Mandate and Charter by each NHS organisation in Wales. • Self-assessed compliance with The Global Internal Audit Standards. • Results of internal quality assurance reviews, the annual

• The Heads of Internal Audit to apply internal quality assurance review processes to all audit work in accordance with established protocols. • Director of Audit & Assurance to secure periodic external quality review of the NHS Wales Audit & Assurance division in accordance with the Global Internal Audit Standards. • Where a formal complaint is received then the Director Audit & Assurance will deal with the complaint in accordance with the NHS Shared Services Partnership Complaints Policy.	the Director of Audit & Assurance. • Where any such complaint relates to the conduct of the Director Audit & Assurance, the NHS organisation will have access to the Managing Director of the Shared Services Partnership.	Quality Assurance & Improvement Programme, and assessments of conformance against the Duty of Quality. • Reported outcomes of periodic external quality assurance reviews. • Number of complaints/compliments received.

1.8 Value for money and professional influence

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Making a positive difference		
• Internal audit will aim to add value to the organisation through professional influence and the identification of improved or rationalised internal control frameworks, improvements in business processes, operational efficiency improvements, and potential value for money savings.	• Effective use of Internal Audit as a service to management to help identify inefficiency and secure value improvement for the organisation.	• Identification of examples of making a positive difference through professional influence and adding value.

1.9 Internal efficiency and financial performance

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable - Internal audit efficiency		
• The Director of Audit & Assurance will plan to manage the division within the agreed revenue budget for the year. Where this is not possible, they should prepare suitable alternative courses of action for agreement by the Managing Director of Shared Services. • The Director of Audit & Assurance will plan to manage the efficient and effective deployment of staff resources to perform the requirements of the service level agreement across the NHS in Wales.	• To commit resources to the shared services partnership sufficient to deliver a professional internal audit function across the NHS in Wales in accordance with this service level agreement.	• Financial position of the NWSSP Audit & Assurance budget. • Organisational feedback on the quality of internal audit staff.

2. Consulting Services

Service objective
♦ To provide professional consulting services to NHS organisations in Wales

2.1 Provision of consulting services

Responsibilities of NWSSP Audit & Assurance Services	Responsibilities of Health body	Quality Standards/ Performance Indicators
Service deliverable – Consulting services		
• The Global Internal Audit Standards enable Internal Audit to provide an independent and objective consulting service specifically to support management in improving the organisations risk management control and governance. • These consulting services can take a variety of forms, which may include: 1. attendance and facilitation at various committee meetings. 2. provision of guidance and advice on the design of controls. 3. critical friend role on the development of governance, risk management and assurance arrangements; and 4. reviewing new or updated operational or financial control procedures. • In addition to servicing the needs of individual organisations a significant	• Ensure an appropriate baseline provision for consulting services is secured within the strategic internal audit plan. • Ensure discretionary additional requests for consulting services are subject to specification within terms of reference.	• Specific client satisfaction feedback from completed for consulting engagements.

proportion of consulting services provided by the Audit & Assurance division will be directed towards expert advice and guidance on national policy developments, major projects, and systems developments for the collective benefit of NHS Wales. • Internal Audit will adopt the relevant approach to the provision of consulting services (using an established protocol) and where appropriate this will involve the service specifications outlined above in the section on internal audit. • The allocation of baseline resources to consulting services will be considered when determining the needs based strategic internal audit plans. Individual organisations may commission additional consulting services on a discretionary basis according to local demands and needs. The rates and terms for any additional services will be agreed in advance.		

Appendix 1 of Schedule A - Data Processing

Scope	Audit and Assurance
Nature	Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.
Purpose of processing	To enable support of the Audit and Assurance function, namely: Human Resources of audit staff (staff records, PADRs, reviews, etc) Correspondence and Communication Audit files Audit Universes, Plans Audit performance Audit reports (HOIA, Audit meetings Procurement (Tender information, costings) Corporate (declarations of interest) Specialist investigation files Risk Assessments (DSE, Maternity) Reports (audit committee) Minutes, agendas and meeting papers Internal Audit charter and manual
Duration of the processing	Continuous requirement to process data for management of the Audit & Assurance function but only in line with legal processing (with consent where required) and retained under Records Management principles.
Types of personal data	Contract information Human Resources records Customer and NHS data Audit information Payment information Purchasing information Patient and Sensitive Patient data Commercially/Business Sensitive data
Categories of data subject	Personal identifiable Commercially/Business sensitive Patient identifiable Sensitive Patient identifiable

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Cyflogaeth
Shared Services Partnership
Employment Services

EMPLOYMENT SERVICES (SERVICE SCHEDULE B)

Version: 10

Date: February 2026

SERVICE OBJECTIVES/DELIVERABLES

The provision of a Service which will be responsive to customer requirements and will seek to provide improved delivery (the principles of continuous improvement) within allocated budgets and resources

EMPLOYMENT SERVICES VISION:

To deliver highly efficient, cost-effective and quality service that is open and transparent to our customers and trusted partners through a culture of user centred design

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1. FINANCIAL GOVERNANCE, COMPLIANCE & AUDIT

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Director of People and OD and Employment Services must ensure compliance with Health Board/Trust's SOs, SFIs and FCPs • Director of People and OD and Employment Services to support the Audit Process, attend any meetings required, including Audit Committee • Apply Velindre Audit Policy including actioning recommendations applicable to NWSSP process • Health Board/Trust notified immediately if any issues affecting Governance or internal controls occur	• Ensure Employment Services staff are able to access relevant SOs, SFIs and FCPs through the Finance Portal • Ensures Director of People and OD and Employment Services is advised of Audit Plans, dates of visits etc. • Action Audit Recommendations applicable to the Health Board/Trust part of the end to end process • Review NWSSP escalation reports and Quarterly Review Action Plans providing instructions/resolution to NWSSP to effectively manage resolution • Review and sign-off of NWSSP KPI's at Assistant Director of Workforce Group • Ensure NWSSP are informed of any changes to authorised signatories/scrutiny at the point of assignment change or termination	• Provision of a payroll service that meets audit requirements of financial control and compliance • Quarterly Review to facilitate audit tracker and NWSSP Escalation Reports

2. MONTHLY ROUTINES

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
The Director of People and OD and Employment Services is responsible for ensuring: • Month end and year end timetables are adhered to • ESR costing/GL file is transferred and notified to the hub and the Health Board/Trust within agreed timescales detailed in the HB/Trust timetables • Submission of RTI data to HMRC at the end of each payroll process (in accordance with HMRC timescales) • NWSSP to investigate any discrepancies and inform and take corrective action within 3 days of being notified	• Acknowledge receipt of GL transfer to hub • Notification of any issues relating to the GL within two days • Action Manual payments requests made by NWSSP within 3 working days of receipt from NWSSP	• All month end responsibilities as set out in the Closedown Timetable are achieved by the specific measurable deadline

3. YEAR END PROCESSING & REPORTING

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Responsible for Year End Payroll Processing including submission of any P11d documentation in accordance with timescales • P60 production as part of year end payroll	• Year End Timetable agreed by all stakeholders	• All year end responsibilities as set out in the Closedown Timetable are achieved by the deadline

4. MANAGEMENT OF INFORMATION AND KPIs - Payroll

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Monitor and report performance figures monthly to Health Boards/Trusts • Report KPI figures periodically for SMT, NWSSP Committee etc as required. • Objectives and KPI Monitoring are implemented which would be applicable to both the Provider and Customer in the Shared Service Arrangement.	• Agree KPIs and Monitoring measures, amending where agreed by both parties at Assistant Director of Workforce Group • Objectives and KPI Monitoring is well established which would be applicable to both the Provider and Customer in the Shared Service Arrangement • Agree and diarise performance meetings to discuss the delivery of the SLA and the responsibilities of both parties • Review NWSSP escalation reports and performance review actions to address local	• As set out in each area of this SLA for Employment Services • Ensure acceptable performance against agreed KPIs

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Attendance at the NWSSP Shared Services Committee by the Director of People and OD and Employment Services, as required. • Frequent performance reviews focusing on service modernisation and delivery of efficient paper-lite processes under IMTP (Flexibility of quarterly or bi-annual reviews)	hot spot areas and provide NWSSP with resolution outcomes • Review and sign-off of NWSSP KPI's at Assistant Director of Workforce Group • Internal promotion and response to Customer Pulse Surveys (launch in 2015)	

5. SYSTEMS SUPPORT

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators

• Allocate appropriate levels of ESR access to Payroll Users in accordance with the ESR System Access Process including periodical review of user access
 	
• Transfer of costing file to GL and resolution of issues within ESR where costing record is incorrect or excluded
 	
• Ensure that Payrolls are reconciled on completion of a payment run.
	• Delegate responsibility to NWSSP (ESR System Administrator) for the allocation, monitoring and administration of Payroll Users in accordance with the ESR System Access Process
	
	• Allocation of ESR User Responsibility Profiles
	
	• Ensure accessibility of NWSSP staff to all IT systems and wider functionality:
	
	  • ESR
	  • Intranet
		• As set out in agreed payroll timetables

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Balance payroll output files (Cheque and BACs) to payroll input processed within agreed payroll production cycles, and ensuring that process and payment dates reconcile to those agreed with each Partner Organisation/Customer • Work with Finance Staff to identify and eliminate reconciliation differences between ESR & GL in relation to PAYE, NI etc within one month of them arising • Trigger business continuity plan and inform HB/T Lead • Undertake 6 month review of ESR HR and Payroll User Responsibility Profile ensuring allocation within NWSSP Payroll Teams is appropriate to Job Role (in accordance with Wales Audit Office requirements for Nationally Hosted IT)	• Shared data directories • Server Capacity/access • Local IT commitment to resolution • Provide system and hardware support in line with Business Continuity plans • Undertake 6 month review of ESR HR and Payroll User Responsibility Profile ensuring allocation within the organisation is appropriate to Job Role (in accordance with Wales Audit Office requirements for Nationally Hosted IT)	

6. PAYROLL SERVICES

SERVICE OBJECTIVES / DELIVERABLES
♦ Provision of a timely and accurate payroll service ♦ Remedial action to correct over and underpayment in a timely manner ♦ Provision of management information ♦ Compliance with HMRC and other Statutory Regulations ♦ Payroll reconciliation ♦ Ensure excellent communication and liaison with Health Board/Trusts ♦ Provide advice and support where required ♦ Timely response to payroll enquiries

6.1 Payroll dates and deadlines for input of pay details and any changes to Employee Details

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Process payments in accordance with statutory requirements and Local policies within the agreed timescales • Produce payroll deadline schedule for the financial year for the receipt of payroll data in any month or week by the end of the preceding February • Ensure payments are made in accordance with the schedule of pay dates agreed with Health Boards/Trust in line with HMRC within 2 days of HMRC deadline • Ensure data received after the agreed submission dates will be processed	• Health Board/Trust to nominate a point of contact to agree payroll submission dates for the financial year by the end of the Preceding February • Submit payroll documentation, or ensure data is input at source, by the agreed deadline, in the agreed format and accurately recorded • Payroll data must be submitted in the agreed format to Payroll in a timely manner in accordance with the agreed timescales (including electronic file transfers) • Submission and resolution of any issues that impact on the timely submission of any electronic files (for example e-rostering) must	• Ensure that any payroll data received within the agreed timescales and in the correct format is processed in the current pay period within 2 days of HMRC deadline • Output measured against agreed KPI's

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
for payment in the next available/appropriate payroll run • Data received or input through MSS after the agreed submission dates or in the wrong format will not be processed. However, it will be processed for payment in the following month/week's payroll run providing it is in the correct format • Individual cases for additional payment on Supplementary pay runs or Manual payments will be reviewed in accordance with policy/protocol for each Health Board • Submit RTI, P60s, and all other necessary documentation and to HMRC in accordance with statutory requirements and within the prescribed timescales • Pay slips will be distributed in accordance with the agreed distribution process in each Health Board/Trust within the agreed timescales • Produce schedules for the payment of NHS Pensions, PAYE, NI contributions and voluntary deductions in line with agreed	be resolved by the HB/Trust prior to scheduled deadline • Produce schedules for the payment of NHS Pensions, PAYE, NI contributions and voluntary deductions in line with agreed schedules to ensure payments are made in accordance with agreed timescales • Make payment for NHS Pensions, PAYE, NI contributions and voluntary deductions in line with agreed schedules to negate additional costs e.g. NHS Pensions Administration Charge £75 (late payments) from 1 April 2014 • Health Board/Trust to set new starters up with ESS - ESR access	

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
schedules to ensure payments are made in accordance with agreed timescales. This should be received by the Health Board/Trust 2 days before the HRMC deadlines. Ensure that all new starters are set to on line payslips.		

6.2 ESR Data

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• NWSSP is deemed the Data Processor of ESR (relating to data entered/processed by NWSSP under this SLA) • Agreement of timescales for submission of requests for payroll data held in ESR • Support organisations in response to FOI's where the request for data is payroll related to enable the Health Board/Trust to adhere to FOI timescales	• The Health Board/Trust is deemed the Data Controller of ESR • All jointly held data on the ESR system will be accessed and reported on by the Health Board/Trust • Requests for payroll data held in ESR that is not accessible to Health Boards/Trust should be made on a case by case basis and agreement reached regarding response and timescales • Ad hoc reports from the ESR system through Discoverer or ESR BI will be	• Information provided within agreed timescales

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
	sourced through the Health Board/Trust Work Structures Team • Forward Payroll/Recruitment FOI's to NWSSP within 2 working days of Health Board/Trust receiving FOI	

6.3 Payroll Checking Processes

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Work in line with ESR Best practice to undertake variance and quality control checks	• Submission of accurate data in the agreed format. Managers are responsible for the validation of all payroll data submitted.	• Payroll to undertake sample and variance control checks as defined within Audit recommendations

6.4 Pay Awards and Local Agreements

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Implement pay awards as directed by appropriate Pay Circular • Implement Wales National Pay changes as directed • Calculate arrears and process for payment in the next available/ appropriate payroll run	• Inform NWSSP in writing of any new or changed local agreements • To communicate Pay Circulars to employees within the HB/T	• Ensure that any payroll data received within the agreed timescales is processed in the next available appropriate pay run

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Set up new pay elements as and when required in accordance with the agreed timescales • Significant pay arrears to be notified to Finance (value to be determined locally by Finance)		

6.5 Processing of Absence Data

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Amendments will be made to employees pay on submission of any absence data (Maternity/sickness/career break etc).	• Submission or input of any absence data in the agreed format within the agreed timescales • Review open absence dates prior to pay submission date ensuring accurate submission of sickness absence via ESR Self Service • All sickness absence to be entered via ESR Self Service where functionality is implemented (exception where absence information is included as part of an electronic pay file e.g. e-rostering or T&A)	• Ensure that any payroll data received within the agreed local payroll submission timescales and in the correct format is processed in the next available pay period

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
	• The data must be submitted in the agreed format in line with the agreed timescales to ensure accurate information is held for employees and statutory SSP/SMP information is up to date to avoid any overpayment/underpayment	

6.6 Processing Starters & Leavers

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• The Payroll Department will process new starters within the next appropriate and available pay run following receipt of the relevant documentation • Payroll will process leavers within the month of notification if documentation is submitted to the Payroll Department within the agreed timescales. • Reasons for leaving and leave dates will be input onto the ESR system.	• Submission of appointment forms within the agreed Pay Schedule • Submission of termination via ESR Self Service where implemented within the service • Submission of Leavers forms within the agreed timescales (only where ESR Self Service is not available) • Ensure that documentation is submitted in the agreed format and that all mandatory fields are completed accurately on the forms for	• Ensure that any payroll data received within the agreed timescales and in the correct format is processed in the next available pay period

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Payment/deductions for any outstanding leave will be calculated in accordance with the information submitted from the Manager • To reject information provided by the manager where there is non-compliance with national policy/T&C's A/L entitlements, notice periods etc. • NWSSP to work with individual HB/T to implement new appointment form	example notification of outstanding leave • Review and take remedial action of 'hot spot' areas identified and notified as part of NWSSP Escalation and Performance Review Reporting • HB/T to explore with NWSSP roll-out of new appointment form	

6.7 Overpayments, Underpayments and Re-work

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• All overpayments and rework will be recorded and reports will be submitted to Health Boards/Trusts to monitor any specific problem areas • Identify and support training requirements for Managers or staff in adhering to best practice • Deductions from pay as a result of an overpayment will be processed in accordance with each Health Board/Trust's Overpayment Policy	• Ensure that Managers responsible for submission of data to the Payroll Department do so in accordance with the agreed policies, within agreed timescales and in the correct format • Training requirements required for Managers or staff in adhering to best practice • Agreement on the process and timescales for recovery of overpayments from employees	• Information recorded will be used to produce performance reports as part of the agreed KPI reporting suite and will be submitted to the Health Boards/Trusts for monitoring purposes

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Reimbursement of bank charges incurred as a result of an underpayment or nonpayment of salary will be reimbursed in accordance with Health Board/Trust policy/protocol • Underpayments will be corrected within the next appropriate/available payrun • Initiate Overpayment process in line with local Policy	• Agreement on refund of bank charges when required • HB/T representative to attend individual case reviews that are contentious or complex	

6.8 General

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• The Payroll Department will provide advice and support to the HB/Trust on some matters relating to PAYE & NI (employees will be referred to HMRC for matters which are out of scope e.g. tax codes) • Provide a facility through payroll for the deduction of voluntary subscriptions and contributions, as agreed with each Health Board/Trust	• The Health Board/Trust will provide the bilingual detail where payslip messages are requested to be entered on the next available payslip run.	• Providing additional general services dependent on resource availability

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Provide facility to HB/Trust to incorporate a payslip message on individual payslips • Complaints and complements to be recorded and reviewed during customer review meetings		

6.9 Payroll Charges

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Implementation of an agreed list of charges for ad-hoc activity and third party requests agreed (Appendix 1)	• Payment to NWSSP of income deducted through this charging mechanism	

6.10 Administration of Lease Cars and Pool Cars/Commercial Vehicles (where the service is provided by NWSSP Lease Car Department)

SERVICE OBJECTIVES / DELIVERABLES
• Provision of a timely Lease Car/Pool Vehicle Administration Service • Provision of timely information on cost and availability of requested vehicles • Compliance with GPS, Health Board/Trust Policy, HMRC and other Statutory Regulations • Ensure excellent communication and liaison with external suppliers, NWSSP Procurement and Health Board/Trusts • Provide Lease Car/Pool Vehicle All Wales Policy advice and support where required • Timely response to enquiries

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• To provide quotations for Heath Board(s)/Trust for Lease Cars (including Pool vehicles where the service is required via the GPS Fleet Portal system. • Any new Leasing Company Suppliers and garage repair centres are updated via request within Oracle and Finance departments • Place orders on appropriate Oracle login (by Health Board/Trust) from the most cost effective quotation from the Leasing Companies. Update Oracle upon receipt of vehicle (1st year) and years 2&3 respectively.	• Review and agree All Wales Lease Car/Pool Vehicle Policy in the best interest of the service provision and update own local intranet sites with the up to date policy. • Provide NWSSP with appropriate contacts for Workforce and finance relating to policy and financial queries for Lease Cars/Pool Vehicles. • Provide NWSSP Lease Car Department with appropriate contacts for Pool Vehicles where the service is provided. • Provide appropriate Oracle access levels for ordering and authorizing Lease Car (including Pool vehicle	Renewal due to expire of current lease car notification to driver 6 months prior to end of contract. NWSSP KPI delivery of turnaround of authorized application form to initial firm quotation via GPS within 4 working days.

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• To maintain all electronic forms for the administration of Lease Cars/Pool Vehicles • Maintain MID Insurance database for all new Lease Cars, (including Pool Vehicles where the service is required) and remove any Lease Cars, (including Pool Vehicles where the service is required) no longer on lease. • Monthly DVLA checks for tax renewals, Driving licences upon receipt of initial orders • Check all invoices upon receipt, code and update master database with scanned document, internally authorize against original order. Enter invoice on spreadsheet listing detailing registration, employee details and finance code for submission to finance for payment within procurement deadlines • Administer any Lease Car charges payable by Lease Car Driver by setting up deduction in ESR. Set up of company vehicle in ESR vehicle repository and assign to employee. • Where the Leasing Company does not immediately pay parking/congestion fines NWSSP Lease Car Department will request urgent payment of these fines with	where the service is provided orders on behalf of the Health Board/Trust. • Managers to provide the Lease Car department with authorized completed applications for lease cars/Pool Vehicles in line with the All Wales Lease Car/Pool Vehicle Policy • Managers of Pool Vehicles where the service is provided to provide NWSSP Lease Car Department with accurate/specific vehicle detail of additional/replacement vehicles in writing prior to quotations being sought. • Managers of Pool Vehicles where the service is provided must take appropriate action to maintain the HMRC rules on the day to day management of Pool Vehicles locally on their respective sites, keeping daily logs of drivers, mileage, damage which must be available for inspection upon request. • Managers of Pool Vehicles where the service is provided, upon receipt of any parking/congestion etc fines must identify the driver responsible and pass the detail of the fine and the driver to NWSSP Lease Car Department for recovery from the employee via ESR. • Review and authorize annual fleet insurance policy and arrange prompt payment of invoice.	

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
finance to avoid additional escalating charges and recharge driver as necessary. • Annually audit MID Insurance database prior to renewal of fleet insurance policy. Distribute annual renewal policy documents where applicable • Upon final completion invoice from Leasing Company reconcile mileages and arrange for payment or refund to the Lease Car Driver • To adhere with HMRC rules and regulations on Company Cars and fuel benefit. • To provide P11d's for all Lease Car Drivers where payrolling of benefits is not in place. • Complete and submit P46 (car) forms in ESR • Administering TUPE transfers of Lease Cars via Novation documents • Dealing with day to day employee/Health Board(s)/Trust and dealer/leasing company queries • Dealing with excess charges following accident claims setting up deduction where appropriate	• Line Manager to carry out periodic Driving Licence checks. • Process prompt payment of all Lease Car Invoices (including pool vehicles where the service is provided) notified via spreadsheet (e-mailed to finance) including payment demands received for parking fines. • Directorate and Line Manager periodically check employee mileage in line with current lease car (including Pool vehicles where the service is provided) contract mileage to ensure cost efficiency. • Notification to NWSSP Lease Car Department of any internal restructure resulting in change of base and/or termination/retirement/career break etc. • Notification to NWSSP Lease Car Department of any changes in Pool Vehicles where the service is provided which affect the insurance of the vehicle.	

6.11 Additional Ad Hoc Activity

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
Additional activity will be undertaken but may require agreement of additional resource/funding to undertake work such as: • Retrospective A4C assimilation • Retrospective Consultant Contract reviews • TUPE transfers (where long term maintenance of T&C's/elements are required or insufficient notice given to NWSSP) • Salary sacrifice • Equal pay claims • Freedom of Information requests • Additional ad-hoc requests • Implementation of additional payrolls (e.g. additional weekly pay activity) • Utilise ESR MOCP for all TUPE transfers (minimum of 200 staff transferring)	• Submit timely application for additional activity to be undertaken • Early discussion on policy/protocols containing pay impacting areas • Provide early notice of TUPE transfers to NWSSP (minimum of 3 months) • Utilise ESR MOCP for all TUPE transfers (minimum of 20 staff transferring) to support Hire to Retire Direct Hire Standard	• Ensure work undertaken within agreed timescale which meets demand and capacity requirements

7. EXPENSE PAYMENTS SERVICE

SERVICE OBJECTIVES / DELIVERABLES
• Provision of a timely and accurate Expense Payments Service • Provision of a timely and accurate Relocation Expenses Service for M&D Trainees • Remedial action to correct over and underpayments in a timely manner • Provision of management information • Compliance with HMRC and other Statutory Regulations • Ensure excellent communication and liaison with Health Board/Trusts • Provide advice and support where required • Timely response to enquiries

7.1 Deadlines and Payment of Expenses

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Process payments in accordance with statutory requirements and local policies and controls within the agreed timescales • Submit details of deadline dates for the financial year for the receipt of Expense Claims in any month or week by the end of the preceding February • Ensure payments are made in accordance with the schedule of pay	• Health Board/Trust to nominate a point of contact for each Health Board to agree submission dates for the financial year by the end of the Preceding February • Ensure that Manager responsible for submission of data to the Payroll Department do so in accordance with the agreed policies, within agreed timescales and in the correct format	• Ensure that any Expense claim data received within the agreed timescales and in the correct format is processed in the current pay period • Information recorded will be used to produce performance reports as part of the agreed KPI reporting suite and will be submitted to the Health Boards/ Trusts for monitoring purposes

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
dates agreed with Health Boards/Trusts • Ensure that all data received within the agreed timescales is processed on the payroll for that month or week • Data received or input through e-Expenses after the agreed submission dates or in the wrong format will not be processed. However, it will be processed for payment in the following month/ week's payroll run providing it is in the correct format • Individual cases for additional payment on Supplementary pay runs or advance payments will be reviewed on an individual basis in accordance with agreed criteria for each Health Board/Trust • All overpayments and errors will be recorded and reports will be submitted to Health Boards/Trusts to highlight any specific problem areas or training requirements that may be required for Managers or staff • NWSSP act upon instructions to adjust authorised signatories and car details within e-expenses system	• Expense claims must be submitted to the Expenses Department on a monthly basis, no more than three months from the date of the claim. Claims submitted after the 90 day cut off period will be subject to additional authorisation in accordance with agreed policies within each Health Board/Trust. This will also apply to any claims input through e-Expenses • Monthly claims received or entered into e-Expenses after the agreed deadline dates will be processed for payment in the following month/week's payroll run • Ensure that all payments for goods and services are made through the accounts payable system and not reimbursed to staff through the travel expense claim system • Ensure NWSSP are appropriately notified of all changes to authorised signatories • HB/T users of e-expenses are responsible for ensuring car details are correct and up-to-date prior to submission of expenses claim	

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Confirm eligibility of application for M&D Trainee expense relocation • Set-up e-expenses account for eligible M&D Trainee applicants	• M&D Trainees to submit individual applications for relocation expenses on application template attached to Policy • M&D Trainees to only invoke expenses after receipt of successful application from NWSSP	

7.2 ESR Reporting of Mileage and Other Expenses

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Agreement of timescales for submission of requests for Expense Claim data held in ESR. This will be in accordance with the current arrangements in each organisation (Expense Data is not currently provided in some Health Boards)	• All jointly held data on the ESR system will be accessed and reported on by the Health Board/Trust • Requests for Expense Claim data held in ESR that is not accessible to Health Boards/Trust should be made on a case by case basis and agreement reached regarding timescales for response • Ad hoc reports from the ESR system will be sourced through the Health Board/Trust Work Structures Team	• Information provided within agreed timescales dependent on reporting access rights and within system constraints

7.3 Expense Claim Checking Processes

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
Checking processes for paper claims submitted prior to implementation of e- Expenses: • Ensuring claims are signed by claimant and employee • Checking that receipts are provided against claimed items • Checking that claims are within agreed limits • Input checking – verification of data input into ESR through Batch Entry prior to payment of claims • Manual Claim forms control checks (claims submitted outside of policy or limits) in accordance with agreed limits within each Health Board. These claims will be verified with the authorising Manager prior to payment • Notify Health Board/Trusts when Managers authorise claims outside agreed limits and tolerances	• Submission of accurate data in the agreed format. Managers are responsible for the checking and validation of all Expense claims submitted. • Claimants are required to inform the Expenses Department of any change In location, home address and vehicle as this may affect the rate and number of miles payable. • E-Expenses control checks, it is the Authorising Managers responsibility to ensure all e-expense claims are checked and approved in accordance with agreed limits and timescales within each Health Board before submitting electronically for payment.	• To undertake variance control checks as defined with each Health Board/Trust and within Audit recommendations

7.4 Increases in Rates for Mileage and Other Expenses

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Implement new rates as directed by National Agreements • Implement increases to Local Rates in accordance with the agreed timetable. New rates for mileage must be entered into e-Expenses and ESR no more than one calendar month in arrears (claims are entered monthly in arrears) as there is no provision for calculation of arrears on mileage elements. • Set up new elements as and when required in accordance with agreed timescales	• Submit details of any new local amendments within the agreed timescales	• Ensure that any notification of increase/decrease in local rates received within the agreed timescales is applied to mileage claims no more than one month in arrears

7.5 Payment of Expense Allowances During Employee Absences (Maternity/Adoption/Sickness)

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Amendments will be made to employees pay on submission of any absence data maternity/ sickness/career break etc)	• Submission or input of any absence data in the agreed format within the agreed timescales	• Ensure that any amendments to allowances during period of absence are applied accordingly

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• The payment of allowances such as Regular User allowance (Medical &Dental only) and Telephone Rental allowance will be re-calculated as appropriate during the period of absence • Ensure that any payment of allowances are re-instated following periods of absence once notification is received from Manager	• Sickness certificates to be retained by Health Board/Trust • Notification of return to work and approval to continue with payment of allowances as applicable according to return to work agreements	

8. PENSIONS SERVICE

SERVICE OBJECTIVES / DELIVERABLES
♦ Provision of a timely and accurate Pension service ♦ Timely provision of Pension costs and estimates ♦ Provision of management information ♦ Provision of pension payments within defined KPI ♦ Compliance with HMRC, Pension Agency and other Statutory Regulations ♦ Ensure excellent communication and liaison with Health Board/Trusts ♦ Provide advice and support where required ♦ Timely response to enquiries

8.1 General

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Provide a comprehensive pension service to all employees of NHS Organisations contracted to NWSSP through a Service Level Agreement • Apply the terms and conditions of the National Health Service Pension Scheme to all scheme members • Maintain pension records via Pensions Online System, resolving queries as required • Provide advice to managers as required	• Fulfill legal obligations by providing employees and members with appropriate information about the NHS Pension Scheme on request and as required by NHS Pensions Agency	• Performance measured through agreed KPI and audit outcomes

8.2 Joiners

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Ensure that each new employee is brought into the NHS Pension scheme, or the local alternative scheme (NEST) if entitled • Refund any contributions to an employee who elects to leave the scheme within the opt out period • Ensure that the correct tier of contributions is deducted and the details on the Pension Element in ESR are completed in order for an accurate pension record to be created • Provide a transfer pack to any member wishing to transfer previous pension rights into the NHS Scheme from a previous employment	• On appointment, provide each new employee with a Scheme Guide and the NHS Pension Scheme New Employee Joiner Questionnaire where defined by HB/Trust local practice. This requirement includes temporary and bank staff	• Scheme Guides currently issued by recruitment function for the services they manage

8.3 Information for Employees

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Attend induction and retirement courses in line with local arrangements	• Fulfill legal obligations by providing employees and members with appropriate information about the NHS	• Performance measure during quarterly service reviews

• Provide information on all aspects of the Scheme as required including:- Signposting to NWSSP website where appropriate Improving benefits Service history How to claim benefits/refunds Transfers in/out of the NHS Scheme Arrange for CETV's to be provided for transfers out/divorce proceedings Option/leaving the scheme Death Benefit Nomination Form	Pension Scheme on request and as required by NHS Pensions Agency	

8.4 Estimates

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Provide estimates of retirement benefits for members. • Provide estimates of redundancy benefits for senior members of the organisation in line with local procedures • Provide pension contributions that would be due on an employment break (career break) + signpost to finance to arrange payments	• Request Ill Health estimates allowing sufficient time for completion i.e. 10 working days • Highlighting any members who may meet criteria for commuted Ill Health • Notify pension team of impending employment breaks providing sufficient time for advice to be prepared and given to individual	• In accordance with agreed KPI's- within 30 working days, (or sooner for ill health estimates) where information is available via Pensions Online and a GMP check is not required

8.5 Leavers

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Provide members with info on leaving • Process applications for refunds of contributions	• Provide members with info on leaving	• Measure by agreed KPI

8.6 Retirements

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Process applications for all types of retirement and submit to NHSPA within the agreed timescale • Complete applications for ill health retirements in line with scheme regulations and local procedures • Obtain certified copies of relevant certificates from employees to support the retirement applications	• Ensure that leaving forms are submitted to Payroll & Pensions Departments within the required timescale in line with local requirements, • Complete applications for ill health retirements in line with scheme regulations and local procedures. • Obtain certified copies of relevant certificates from employees to support the retirement applications including verification of date of birth as part of submission of AW8	• Measure by agreed KPI

8.7 Death Benefits for Current Members

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Provide estimates of benefits to survivors. • Issue Paperwork • Meet with Next of Kin/Family if requested • Obtain certified copies of relevant certificates from employees to support the retirement applications • Process paperwork	• Notify Pensions dept of death in service. • Meet with Next of Kin/Family if requested • Obtain certified copies of relevant certificates from employees to support the retirement applications	

8.8 Injury Benefits

Responsibilities of NWSSP Employment Services	Responsibilities of Health Board/Trust	Quality Standards/ Key Performance Indicators
• Issue application forms	• Notify payroll / pensions of industrial injuries in a timely manner. • Complete application forms and collate info to support	

9. RECRUITMENT SERVICES

Recruitment Service Functions are set out below, Whilst the approach across the Recruitment Services is one of standardisation, through the Standard operating Process developed and agreed across the NHS in Wales, there may be minor differences within local offices, which will require local negotiation between HBs/Trusts and Recruitment Services. However, it must be stressed that the overriding position will be one of consistency across all offices.

SECTION HEADINGS – RECRUITMENT SERVICES	
1	General Principles
2	To provide a comprehensive Recruitment and Selection service
3	To Support the HBs/Trusts in co-ordination of the short listing to interview process
4	To undertake the On-boarding process and carry out the necessary pre-employment checks in accordance with the SOP
5	Archive and store recruitment files in line with the Data Protection Act
6	Provide Management Information and KPIs on a regular basis

NWSSP Recruitment Service strives to promote and support the delivery of a high quality, service across NHS Wales through a high quality, competent workforce, with appropriate staffing levels, which is highly motivated, properly rewarded and has a sense of fairness and pride in employment.

The principles underpinning this are:

- to create and implement best practice in staff management, setting standards for others to follow;
- to ensure that equality of opportunity and fairness are central principles in all matters affecting staff and promote a culture where discrimination is not tolerated;
- to achieve and sustain a culture of openness, inclusivity, partnership, involvement and accountability;
- to develop and implement the workforce to meet changing needs and continue to provide high quality, effective and efficient services

9.1 Provide a Comprehensive Recruitment and Selection Service

General Principles
- Provision of a timely and accurate Recruitment service
- Provision of a safe Recruitment Service
- Provision of Management Information within defined KPI
- Compliance with Statutory Regulations
- Ensure excellent communication and liaison with Health Board/Trusts
- Provide advice and support where required
- Resolve queries within agreed KPI's
- Maintain Recruitment records via online systems
- Timely response to enquiries

Responsibility of NWSSP Recruitment Services	Responsibility of HBs/Trusts	Quality Standards/Performance Indicators
• The provision of a customer focused Recruitment function to enable approved vacancies to be filled safely and quickly with relevant quality controls in place to ensure safe recruitment • To advise and support Health Boards and Trusts with the provision of a transactional recruitment function and provide guidance and advice when required. • Make accessible to all managers associated documentation and information • Ensure the Manager is notified of progress at all stages	• Ensure governance control is in place to ensure vacancy approval and control mechanisms (pre-recruitment) • All pre-recruitment activity is complete • Post is approved by relevant controls within HB/Trust • Ensure managers are aware of control governance mechanisms • Support NWSSP in the implementation of governance control procedures	**Target:** **As defined by agreed KPI's set out in Appendix** **Performance Review Meetings** **Customer Surveys** **Regular customer meetings**

9.2 Advertising Stage

♦ To provide a comprehensive Recruitment and Selection service ♦ In conjunction with the HBs/Trusts, establish details of the role, prepare essential documentation and place adverts		
Responsibility of NWSSP Recruitment Services	**Responsibility of HBs/Trusts**	**Quality Standards/Performance Indicators**
• Discuss service provision with HBs/Trusts, according to Recruitment Standard Operating Procedure (SOP) • Advise Manager of completion and release of advert onto NHS Jobs/Trac • Provide Points of Contact to inform users of where to access help/advice on Recruitment matters • Provide advice according to guidelines in the Recruitment SOP/Trac • Advise Recruiting Manager on job description/Person specification, if the content contains inaccurate criteria or discriminatory information, in order to attract the most suitable candidates and meet the requirements of relevant legislation • Arrange placement of advert within 2 working days of receipt of complete vacancy via Trac by recruitment services • No advert will be placed on behalf of A HB/Trust without authorisation	• Upload vacancy and associated documents to Trac within 5 working days of receiving notice of resignation • Provide suitable Job Description, Person Specification, KSF profile and any additional information to Recruitment Services in the agreed format • Provide an appropriately authorised Request to Advertise online form via Trac system • Recruiting Manager to draw up suitable advertisement, to include closing date and where possible the interview date • Provide an Occupational Health form, part A completed by the Manager • Clearly establish if post is to be advertised internally or externally in the first instance. • Where advertising costs are involved, authorised written consent should be	**Target: Advertising a post:** • Arrange placement of advert within 2 working days of receipt of complete Advert pack by recruitment services • Exceptions to meeting the 2 working day target will be on the occasions that HBs/Trusts have submitted bulk adverts for completion, increasing activity to unmanageable levels. **Action if deadlines not met:** • To contact HBs/Trusts to update them of delays in the recruitment process and anticipated length of delay. • When in receipt of bulk adverts HBs/Trusts will be notified that the 2 working day target will not be met and an anticipated advert placement time will be given.

• Arrange placement of advert with external agency where instructed • Ensure compliance with HB/Trusts Welsh Language Scheme (where appropriate) • Recruitment systems are updated	sent to Recruitment Services with Purchase Order Number • Ensure compliance with HB/Trusts Welsh Language Standards and Translation of all advertising documentation described above to be uploaded to Trac prior to vacancy authorisation being requested	

9.3 Interview Stage

♦ Support the HBs/Trusts in co-ordination of the interview process		
Responsibility of NWSSP Recruitment Services	**Responsibility of HBs/Trusts**	**Quality Standards/Performance Indicators**
• Recruitment Services will ensure that the job advert is closed in line with the Recruiting Managers request. • Recruitment Services will conduct an initial long listing process for internal adverts to ensure that candidates are eligible to apply for posts, e.g. internal applicants only, ring fenced posts due to Organisational Change or specialist areas of work, • Recruitment Services will send the Appointing Officer the short listing pack within 2 working days of the advert closing.	• The Recruiting Manager is advised to endeavor to complete the short-listing process within 3 working days of receipt of the short listing information via Trac, to ensure that the recruitment process is managed in a timely and robust manner. • The Recruiting Manager undertakes the short listing and complete interview details on Trac. • The Recruiting Manager notifies Recruitment Services that short listing is complete via Trac and sends interview details to Recruitment to schedule the interviews on their behalf	**Target: Short listing & Invite to interview Process:** • Recruitment Services to send a short listing link to the appointing officer within 2 working days of the advert closing • The Appointing Officer completes short listing within a recommended 3 working day period • The Appointing Officer notifies Recruitment Services of a conditional Offer and completes the interview outcome on Trac within 3 working days of the offer, ensuring there are enough

• Recruitment will send the Appointing Officer the Managers Recruitment guidance for manager to undertake the Short list process via Trac • Once Recruitment services have been notified that short listing is completed unsuccessful candidates are notified that they have not been shortlisted and successful candidates are invited to interview. The manager is sent the interview documentation by email • Trac highlights to the appointing manger where a candidate has advised that they wish to be considered under the two tick scheme to ensure that any reasonable adjustments can be made for any disabled interviewees as required. • Recruitment Information systems are updated with interview details	• The Recruiting Manager arranges interview venue • To support requests for reasonable adjustments to be made for interviewees as required by the Disability Confident Scheme. • The Recruiting Manager undertakes interviews • The successful and unsuccessful candidates are verbally contacted, and a Conditional Offer is made • The Recruiting Manager notifies the Recruitment Service of the Conditional Offer and submits a completed interview outcome form via Trac within 3 days of the verbal offer, ensuring there are enough hours approved for the number of hours they have appointed to. • If there are any requests made by a candidate to conduct their interview in Welsh, the Recruiting Manager is responsible for arranging this and any associated costs. • The Recruiting Manager must contact unsuccessful interviewees and offer feedback on their interview performance.	hours approved for the number of hours appointed to **Action if deadlines not met:** • Delays in sending a Short Listing pack out - to contact HBs/Trusts to update them of delays in the recruitment process and anticipated length of delay. • Delays in Short listing by the Appointing Officer will be reported in Outliers information provided monthly to HBs/Trusts as part of the KPIs • Delays in Recruitment Services receiving the offer information via Trac from the Recruiting Manager will be reported in Outliers information provided monthly to HBs/Trusts as part of the KPIs

9.4 On-boarding Stage

♦ To undertake the On-boarding process and carry out the necessary pre-employment checks in accordance with the SOP		
Responsibility of NWSSP Recruitment Services	**Responsibility of HBs/Trusts**	**Quality Standards/Performance Indicators**
• Recruitment check the documentation and ascertain the level of checks required by the successful applicant relevant to the role. • Recruitment utilise any relevant pre-employment check documentation on file from previous recruitment – across organisations in NHS Wales. • Recruitment Services checks the applicants qualifications accessing on line services for Clinical staff to ensure that registration is live and there are no restrictions • Recruitment Services request factual references • Recruitment services prepare the Conditional Offer letter. The candidate is sent a link to book their pre employment check appointment. • The conditional letter is sent to the applicant with an E-DBS link (if required), Occupational Health (OH) form for completion and return address, and an appointment link for	• The Recruiting Manager notifies the Recruitment Service of the Conditional Offer and submits the interview outcome form on Trac, including any special requests and relevant number of hours approved (if there any additions to the original approval), within 3 working days of the offer, to ensure that the recruitment process is managed in a timely and robust manner. • Applicant to complete the OH form and return within 3 days of receipt (where the form is not processed as part of the PEC) • Recruiting Manager to approve references and resolve references where Recruitment have been unable to obtain references • Once the Recruiting Manager is notified of additional information on a DBS outcome, they must follow the local escalation process in conjunction with the relevant nominated HR lead	**Target: To produce a Conditional Offer letter:** • To produce a Conditional Offer letter within 4 working days of receipt of the complete interview outcome form and relevant approved hours if additional hours are required. **Target: To produce a Conditional Offer letter:** • To produce a Conditional Offer letter within 4 working days of receipt of the complete interview outcome form on Trac from the Recruiting Manager **Action if deadlines not met:**

them to book their PEC appointment via Trac. • Advise applicant to complete the OH form and return within 3 days of receipt (where the form is not processed as part of the PEC as a self-declaration) • The applicant is given contact details if they may have any queries or need to change the time/venue of their PEC meeting • Recruitment undertake the PEC meeting and ensure that the following checks have been made: 1.ascertain the applicants ID, 2.Right to Work, 3.Qualifications/ certificates (capture person specification essential qualifications on ESR) 4.Registration of professional bodies (if applicable) 5.process their E-DBS (if required) 6.Request references 7. check that OH form has been submitted to the OH department. 8.Check valid work permit (if applicable) 9.Verify Date of Birth and record on ESR	• The Recruiting Manager should not agree a start date until all PECs are complete and that they have been notified of this by the Recruitment Service. • The Recruiting Manager can arrange a start date when PECs have been completed • The Recruiting Manager should notify the Recruitment service of the start date or via the New Appointment Form (NAF where applicable.) • The appointing officer gives the starter the 2 copies of the contract to read and sign, one to be kept on the personal file • Appointing Officer to provide details of specific salary and particular terms and conditions • Sign and distribute contract of employment if appropriate • Provide workplace induction • Ensure attendance at a corporate induction event • Monitor performance of HB/T activity via Trac Dashboard to deliver Hire to Retire performance measures e.g.	• To contact HBs/Trusts to update them of delays in the recruitment process and anticipated length of delay. **Target: Applicant to complete and return OH form to OH department to be Health Screened** • Applicant to complete and return OH form to OH department to be Health Screened within 3 days of receipt **Action if deadlines not met:** • To contact HBs/Trusts to update them of delays in the recruitment process as part of the KPI monthly reporting process **Target: Undertake the On Boarding process within 27 days of receipt of the interview outcome on Trac.** • To ensure that all checks are undertaken in line with NHS standards, the Home Office and DBS Agency. • Exceptions to NWSSP meeting performance targets will be during periods of bulk submission by HB/T **Action if deadlines not met:** • To provide HBs/Trusts with regular information via the escalation reports

• To ensure that when results are received by the Recruitment Service they are immediately passed on to the Manager. The manager will: 1. Receive regular updates by email of PECs completed to date and what is still outstanding 2. Be required to approve references received on Trac 3. Receive DBS outcomes 4. Receive an email advising of next steps for the manager if there is additional information on the DBS outcome in line with local policy • Once all PECs are completed the Recruiting Manager is notified and can agree a start date with the successful candidate • Send Unconditional Offer letter within 2 working days • Once Recruitment services receive the start date from the Recruiting Manager the personal file and Contract (T&Cs) can be prepared. • Recruitment send Contract to Appointee cc the Recruitment Manager.	commencing staff with incomplete pre employment checks	on all delays to the on boarding process and at what stage the delay is. • To regularly update HBs/Trusts of delays in the recruitment process as part of the KPI monthly reporting process **Target: To produce a Contract for the new starter by their first day of employment** To produce a contract of T&Cs for the new starter by their first day of employment if the start date was received by the recruitment service at least 7 working days prior to the start date. **Action if deadlines not met:** • To provide HBs/Trusts with regular information via the escalation reports on all delays to the on boarding

• Recruitment services email the Appointing Manager the Personal file via Trac. Recruitment to record pre-employment check data on ESR (6 pre-employment checks)		process and at what stage the delay is. • To regularly update HBs/Trusts of delays in the recruitment process as part of the KPI monthly reporting process

9.5 Certificates of Sponsorship (CoS)

Responsibility of NWSSP Recruitment Services	Responsibility of HBs/Trusts	Quality Standards/Performance Indicators
• NWSSP assuming formal legal obligations and duties under the legislation and the UKBA/Home Office will look to NWSSP to comply with these obligations and to ensure all monitoring and data recording requirements are met (M&D Trainees only) • Support Boards in what is a complex area of legislation as well as being able to guide trainees with their immigration journey • Receipt CoS Request from Deanery and HB/T • Monthly recharge of Certificate to HB/T (paper to NWSSP Committee to outline cost model)	• Submit CoS Request to NWSSP CoS Team • HB/Trust to obtain copy of Tier 2 Visa, and agree internal process of starting Applicant • HB/T to adhere to reporting activity requirements under the Memorandum of Understanding within 24 hours – change to individual circumstances • Payment of certificate fee to NWSSP in 30 days of recharge (paper to NWSSP Committee to outline cost model)	• Archive and store records in line with legislation • HB/T to report change of circumstances to NWSSP within 24 hours of change

9.6 Recruitment Data and File Management

♦ Archive and store recruitment files in line with the Data Protection Act		
Responsibility of NWSSP Recruitment Services	**Responsibility of HBs/Trusts**	**Quality Standards/Performance Indicators**
• Recruitment Services to fully complete any documentation and update systems as necessary, relating to the Recruitment process for monitoring and legislative purposes	• Store files associated with the recruitment process in secure accommodation in accordance with the guidelines on data protection. .	**Target:** • Archive and store records in line with policy **Action if deadlines not met:** • To notify HBs/Trusts of any data breaches and what action has been taken to mitigate the risk and ensure minimum damage to individuals, organisations or reputation • Complete an internal investigation and report findings to the affected individuals/HBs/Trust • Escalate to Information governance Commissioner if appropriate

9.7 Management of Information and KPI's – Recruitment

♦ Provide Management Information and KPIs on a regular basis		
Responsibility of NWSSP Recruitment Services	**Responsibility of HBs/Trusts**	**Quality Standards/Performance Indicators**

• Provide regular reports and statistics as required which may include reports in relation to the following : 1.Escalation reports 2.Outliers reports 3.Monthly activity & KPI reports 4.Ad hoc reports • Frequent performance reviews focusing on service modernisation and delivery of efficient processes under IMTP (Flexibility of quarterly or bi-annual reviews)	• Give at least two weeks' notice of request for Ad hoc reports or additional information • To work in partnership with Recruitment Services to reduce the Time to Hire • To support Recruitment Services in adhering to the principles of "Safer Recruitment" and endeavoring to eradicate the enrolment of new starters whose PECs are not completed.	**Target: To produce regular reports and undertake performance reviews** • To produce monthly Performance and KPI reports • Undertake regular performance review Meetings • Work in partnership to reduce recruitment times to targets of: - 44 working days from Vacancy Submitted on Trac to Conditional Offer made (including vacancy approval) - 27 days from Conditional Offer to PECs complete

APPENDIX 1

Employment Services Charges Schedule:

Information	Charge	**Cost of provision** (Based on resource and task to access systems, printing, postage)
Copy Payslip x 1	£2.00	Access systems, printing, postage
Additional Copy Payslip	£1.00	Access systems, printing, postage
Copy P11D, P60,or P45 detail	£5.00	Access systems, printing, postage
Third Party Claims	£100.00 or 10% of settlement	Third party claims often require considerable time and resource to access systems, printing, postage. Very seldom dealt with in one instance.
Letters: All Third Party / Mortgage, Lettings or confirmation of salary or employment	£10.00	Access systems, printing, completion of form documents, postage
Pay over of Union deductions	2.5%	Access system, calculation of value, completion of document
St. David's Lottery (AB only)	10%	
Attachment of Earnings orders	£1.00	Standard fee as directed by the courts
Personal Insurance requests	£5.00	Completion of form documents, postage
WHA	3%	Letter of agreement in respect of ABMUHB
Provision of information to local Counter Fraud services in connection with cases that are forwarded to Court	£100	This will not be a charge to the Counter Fraud services but will be requested for inclusion in any claim for costs that they seek to recoup in bringing the case to court.
Provision of Lease Car Administration Service	£150	Charged per annum per Lease Car Vehicle

APPENDIX 2

Employment Services Key Performance Measures:

Performance Measure	Health Board/Trust	NWSSP
Payroll Accuracy	Total Number of Inaccurate Payments generated by HB/T within a Pay Period shown as a % of Payslips Produced	Total Number of Inaccurate Payments generated by NWSSP within a Pay Period shown as a % of Payslips Produced
Payroll Accuracy Target	99.8%	99.8%
Over Payments	Total Number of inaccurate payments generated by HB/T resulting in Over Payment	Total Number of inaccurate payments generated by NWSSP resulting in Over Payment
Over Payments Target		
Manual Payments	Total Number of inaccurate payments generated by HB/T resulting in a Manual Payment	Total Number of inaccurate payments generated by NWSSP resulting in a Manual Payment
Manual Payment Target		
Vacancy Approval	Number of working days to approve vacancies Target: 10 working days	
Place Advert		Number of working days to place advert Target: 2 working days
Send applications to Manager		Number of working days to send applications to manager Target: 2 working days
Shortlisting	Number of working days taken by manager to shortlist Target: 3 working days	
Interview Outcome	Number of working days taken by manager to inform Recruitment Services of interview outcome Target: 3 working days	
Conditional Offer		Number of working days to send conditional offer letter Target: 4 working days

Unconditional Offer		Number of working days to send unconditional offer letter Target: 2 working days
Contract of Employment		Issue on day 1 where the start date has been received by recruitment within 7 days of start date

APPENDIX 3

Data Processing

Scope	Recruitment Services
Nature	Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.
Purpose of processing	Employment Processing, namely: Vacancy and appointee processing (inc NHS jobs/trac) Reporting (performance, trac, recruitment activity (DORA), Helpdesk management ESR administration Disclosure and Barring Service (DBS) Administration of current staff (RTW, Communication (Recruitment central email inboxes – helpdesk, onboarding, primary care, adverts) Human Resource functions for internal staff Minutes, agendas and meeting papers Register access (Nursing and Midwifery, Occupational Health
Duration of the processing	Continuous requirement to process data for management of the advertisement and recruitment of NHS Wales staff but only in line with legal processing (with consent where required) and retained under Records Management principles.
Types of personal data	• Contact details such as names, addresses, telephone numbers; • Assignment number; • Base/location; • Emergency contact(s); • Employment records (including salary, NI number, professional membership, references and proof of eligibility to work in the UK); • Personal demographics (including gender, race, ethnicity, sexual orientation, religion); • Medical information including physical health or mental condition; • Trade union membership (where staff subscribe via their pay); • Employment investigations and outcomes; • Offences (including alleged offences), criminal proceedings, outcomes and sentences; • Employment Tribunal applications, complaints, accidents, and incident details; • Employment history checks.
Categories of data subject	General and Special Category Personal Data as defined in Articles 4, 9 and 10 of UK General Data Protection Regulation

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau
Gwasanaethau Ystadau Arbenigol

Shared Services Partnership
Specialist Estates Services

NWSSP – SPECIALIST ESTATES SERVICES (SES) SCHEDULE OF SERVICES FOR NHS WALES 2026/27

Commented [SR1]: @Stuart Douglas (NWSSP - SES - Senior Management) Checked and minor changes made. @Craig Morgan (NWSSP-SES) still has some items to adjust

Version: Working draft
Date: ~~1 April 2025~~09 February 2026

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
GENERAL QUALITY STATEMENT	All services described within this document will be provided in accordance with the SES Quality Management System which meets the requirements of BS EN ISO 9001:2015		
CAPACITY STATEMENT	All services will be provided within the capacity of the funded Establishment, currently 55.91WTE, and subject to SES meeting obligations under its SLA with Welsh Government and identified supplementary works (e.g. The GP Rent Review Service).		
1.0	Service Deliverable – To provide advice and support to Health Boards and Trusts on all matters of healthcare estates and facilities		
1.1 Advise Health Boards/Trusts on all matters of estates and facilities.	Advice and guidance		G06 Communication G07 Job Registration G08 Job Quality plan
1.2 Actively contribute to national groups involved in healthcare estates and facilities.	Advice and guidance Refer to SES Stakeholder Group schedule.	Nominate group representatives as required.	To be reviewed by the Director, Specialist Estates Services or Nominated Deputy prior to issue. G06 Communication G07 Job Registration G08 Job Quality plan
1.3 Working in conjunction with Welsh Government Ffacilitate ~~quarterly~~ 6 monthly meetings of the	Advice and guidance	Nominate an individual to represent the organisation	~~G07 Job Registration~~ G06 Communication

Commented [SD2]: @Suzanne Pullen (NWSSP - SES) please insert latest Establishment number

Commented [SP3R2]: @Stuart Douglas (NWSSP - SES - Senior Management) now amended as requested

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
NHS Wales Capital and Estates ~~Group~~ Forum comprising capital and estates ~~and facilities~~ representatives from NHS Wales and the Welsh Government.		on the NHS Wales Estates Group.	
2.0	Service Deliverable - To develop and maintain estates and facilities standards and best practice guidance		
2.1 Consult NHS bodies through the Technical Guidance Service Advisory Group (SAG), in order to determine the needs and priorities of the service in Wales in respect of guidance topics.	Schedule of publications issued annually with request for comments	Nominate an individual to represent the organisation on the Technical Guidance SAG and contribute to the development of guidance needs and priorities.	G06 Communication
2.2 Consult NHS bodies through the Technical Guidance SAG during the production drafting stages of estates and facilities guidance.	Guidance as required	Nominate an individual to represent the organisation on the Technical Guidance SAG and contribute to the development of guidance content that meets the specific needs of NHS Wales.	G06 Communication
2.3 Provide access to healthcare estates and facilities guidance and technical information through the SES intranet/internet website.	Advice and guidance.		G06 Communication G09 Information services

Commented [SR4]: Should we change this to 6 monthly or maybe asking their opinions on whether the WG Estates Engagement Forum is a better use of time for them, rather than having 2 meetings along the same lines?

Commented [SD5R4]: Worth asking in the draft

Commented [IG6R4]: Definitely one for consideration - if we could have one meeting covering both that would seem sensible. Happy to consider frequency of Estates Engagement Forum (along with agenda etc). May be merit in it being twice a year, say a 3 hour agenda - half being NWSSP and the other on topic(s) presented by orgs.

Commented [SD7R4]: Agree - 2 x 3 hour meetings pa as you say

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
2.4 Provide a telephone helpline in support of technical guidance located on the SES intranet/internet websites.	Advice and guidance.		G06 Communication G09 Information services
2.5 Provide notice of the issue of new or updated guidance.	Publication Notices as required.		Publications procedure to be included
2.6 Provide notifications of incidents and reports affecting the NHS estate in Wales along with high voltage (HV) hazard alerts.	Issue Specialist Estates Services Notifications (SESN's) and HV Hazard alerts as required.		G06 Communication T15 Estates & Facilities Alerts.
3.0	Service Deliverable - To provide data to support NHS Wales in the performance management and benchmarking of estates and facilities services		
3.1 Record and report relevant healthcare estates and facilities data to assist Health Boards/Trusts in the performance management and benchmarking of their services.	Advice and guidance.	Use benchmark data to support improvements in the management of estates and facilities.	G06 Communication P07 EFPMS
3.2 Maintain the online Estates and Facilities Performance System (EFPMS) to enable Health Boards/Trusts to submit performance data annually.	Manage system upgrades and maintenance contracts. Research options for creating a modern and compliant EFPMS to incorporate risk status and decarbonisation data.	Timeliness of commitment of data to the EFPMS. Nominate a 'Module Manager' to manage the input of data to the EFPMS and be the official contact for EFPMS queries raised by SES. Nominate the senior manager responsible for	G06 Communication P07 EFPMS

Commented [SD8]: @Ian.gunney@gov.wales comment linked to text which had to be deleted - the note said we need to resolve EFPMS reporting to make it meaningful for decision making

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
		validating the data due to be committed to the EFPMS. Commit estates and facilities performance data to the EFPMS by the required date agreed between SES and the Welsh Government.	
3.3 Carry out high-level validation of data submitted to the EFPMS.	Validated information for reporting purposes.	Respond to validation queries in a timely manner.	G06 Communication P07 EFPMS
3.4 Produce an annual NHS estate and facilities performance management system (EFPMS) dashboard style report and EFPMS supplementary data spreadsheet.	Issue EFPMS information to the Welsh Government and NHS Wales Health Boards/Trusts in December annually ~~2021~~. Publish the report on the SES intranet website.	Provide data as required Disseminate the EFPMS report throughout Health Boards/Trusts as required.	G06 Communication P07 EFPMS
3.5 Provide training in the use of the EFPMS as required by Health Boards/Trusts.	One-to-one training as required.	Facilitate attendance at training sessions.	G06 Communication P07 EFPMS
3.6 Provide a helpdesk facility to address Health Boards/Trusts queries relating to the EFPMS.	Advice and guidance		G06 Communication P07 EFPMS
3.7 Provide analysis of data from EFPMS for benchmarking and risk analysis	Develop interactive dashboards using EFPMS to assist with	Provision of data by health boards	G06 Communication P07 EFPMS

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
	benchmarking and risk analysis		
4.0	Service Deliverable - To deliver a programme of seminars and workshops on topical estates and facilities issues		
4.1 Provide seminars and workshops on an ad hoc basis, on relevant technical subjects, including topics requested by Health Boards/Trusts.	Organise seminars and workshops as required.	To support seminars and workshops.	G06 Communication G04 Purchasing G07 Job Registration G08 Job Quality plan
5.0	Service Deliverable - To provide advice, guidance and support on all aspects of strategic estate planning and implementation		
5.1 Advise Health Boards/Trusts on how to structure strategic estate planning exercises.	Advice and guidance.		G06 Communication G04 Purchasing G08 Job quality plan P01 Estate development advice P02 Land & property transactions
5.2 Maintain a Health Service Planners framework on behalf of NHS Wales (subject to outcome of surveys on use / preference).	4-year framework renewed in May 2024.	Contact SES to ~~facility~~facilitate the process of appointing Health Care Planners.	G06 Communication G07 Job Registration G08 Job quality plan
5.3 Provide advice and guidance to Health Boards/Trusts and IRCF applicants on the format and content of Business Cases.	Advice and guidance.	Contact SES for business case advice	G06 Communication G07 Job Registration G08 Job quality plan P01 Estate development advice
5.4 Liaise with Health Boards/Trusts and other bodies to agree major development capital budgets for recommendation to WG.	Advice and Guidance.	Contact SES to agree budgets for all major capital projects.	G06 Communication G07 Job Registration G08 Job quality plan

Commented [SD9]: @Mike Travers (NWSSP-SES) need to do a survey of health orgs in late 2026 to see if they still want this - I think with the emergence of TEAMs and virtual meetings, the need is much less.

Commented [IG10]: Think that with the launch of our new infrastructure investment guidance - we tag on the IRCF

Commented [SD11R10]: SJ-D has developed a draft of the IRCF guide

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
5.5 Provide quarterly advice to Health Boards/Trusts regarding inflation indices, reporting levels and location factor adjustment.	Quarterly briefing note for Health Boards/Trusts.	Ensure update information is used on all future budgets within business cases.	G06 Communication G07 Job Registration G08 Job quality plan
5.6 Provide cost planning advice on all new build and refurbishment projects.	Advice and guidance.	Contact SES for cost planning advice.	G06 Communication G07 Job Registration G08 Job quality plan
5.7 Provide advice on project durations, budgets, fees and briefing content for construction projects.	Advice and guidance.	Contact SES for information on project durations, budget planning and fee assessment.	G06 Communication G07 Job Registration G08 Job quality plan
6.0	Service Deliverable - Promote, encourage and embed design and engineering excellence in the delivery of construction projects		
6.1 Facilitate all Achieving Excellence Design Evaluation Toolkit (AEDET) reviews at the following RIBA stages: • Preparation and Briefing Stage 1 for initial toolkit establishment purposes; • Concept Design Stage 2 as a report for inclusion in the Outline Business Case; • Technical Design Stage 4 as a report for inclusion in the Full Business Case • 'Use' Stage 7 as a report to inform the health organisation's Post Project Evaluation	Facilitate AEDET reviews as required.	Identify projects requiring AEDET reviews.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
6.2 Issue AEDET summary reports.	Prepare AEDET reports in line with client requirements.	Respond to actions and include attendance list and summary results within the Estates Annexe of the Business Case.	G06 Communication G07 Job Registration G08 Job quality plan
6.3 Provide engineering advice and support to ensure a clear and detailed building services' brief is produced for all major projects.	Advice and guidance.	Request the provision of engineering services support via the engineering resources request form. Ensure that a brief is developed	G06 Communication G07 Job Registration G08 Job quality plan
6.4 Identify the witness testing regime required.	Review works information for witness testing planning purposes.	Request the provision of witness testing support via the engineering resources request form. Ensure that the witness testing regime is included in the Works Information. Notify the appropriate contractor of SES involvement in the scheme.	G06 Communication G07 Job Registration G08 Job quality plan T12 Witness Testing
7.0	Service Deliverable - Promote, encourage and embed the principles of sustainable development in the delivery of construction projects		
7.1 Support and advise Health Boards/Trusts on Building Research	Advice and guidance.	Request the provision of BREEAM support services.	G06 Communication G07 Job Registration

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
Establishment Environmental Assessment Method (BREEAM) assessments completed by consultants.			G08 Job quality plan
7.2 Monitor BREEAM achievement levels across all NHS funded projects.	Advice and guidance.	Work with the consultants and supply chain partner to achieve a BREEAM 'excellent' score for new build projects and 'very good' for refurbishment.	G06 Communication G07 Job Registration G08 Job quality plan
7.3 Monitor implementation of the NHS Net Zero Standard across all Welsh Government funded projects.	Advice and guidance	Work with consultants and supply chain partner to achieve a more integrated approach to the reduction and elimination of Greenhouse Gases (GHGs)	G06 Communication G07 Job Registration G08 Job quality plan
7.4 Monitor the implementation of the Modern Methods of Construction (MMC) ~~levels toolkit~~ in ~~applicable~~ Welsh Government funded projects	Advice and guidance	Work with consultants and supply chain partners to ~~achieve low carbon design solutions~~determine the opportunity within the project scope for adopting MMC methodologies. ~~achieve a more integrated approach to the reduction and elimination of Greenhouse Gases (GHGs)~~	G06 Communication G07 Job Registration G08 Job quality plan

Commented [SD12]: @Mike Travers (NWSSP-SES) @Andrew Waddington (NWSSP - SES) suggest may need to think about MMC in this section too...

Commented [M(13R12]: I have added it under 7.4

Commented [AS14R12]: I have amended wording in 7.4 to reflect purpose of the MMC toolkit. It shouldn't be conflated with the requirements of the NZ BS which could be covered under 7.5. @Craig Morgan (NWSSP-SES) to review suggested wording

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
7.5 Monitor the implementation of the Net Zero toolkit in applicable Welsh Government funded projects	~~Advice and guidance~~ Production of NHS Wales Net Zero Building standard alignment documents Work to develop guidance for NHS buildings £2-20 million range.	Work with consultants and supply chain partner to achieve low carbon design solutions	G06 Communication G07 Job Registration G08 Job quality plan
8.0	Service Deliverable - To ensure that life critical engineering systems are validated prior to clinical deployment		
8.1 Provide a pre-clinical validation (witness testing) service in respect of specialist engineering systems on all major projects.	Report on the outcome of the validation process~~.~~	Request the provision of witness testing services via the engineering resources request form. Provide an indicative programme indicating when witness testing is required. Inform SES of the contact details of the project team	G06 Communication G07 Job Registration G08 Job quality plan T12 Witness Testing

Commented [IG15]: Can we discuss these values - just so clear and whether we need to reflect in the revised guidance.

Commented [SD16R15]: We are drafting guidance on application of the NZ standard so that schemes which are between £2-20m apply it more pragmatically and professional fees are not impacted at disproportionate levels. Guidance due out shortly.

Commented [SD17R15]: Suggest we pick up on Friday am (I'll add to agenda)

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
		and any meetings that require attendance. Via liaison with SES arrange with the contractor for adequate time and contractor resources to be made available to complete the task.	
9.0	Service Deliverable - Manage the acquisition process of land and property assets by NHS Wales organisations		
9.1 To manage the acquisition process on behalf of NHS Wales Health Boards/Trusts.	Acquire land/property for NHS clients as required.	Identify a requirement for land and property (whether freehold or leasehold) and provide a liaison contact.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.2 Agree site requirements, criteria and timescales with Health Boards/Trusts.	Advice and guidance.	Agree site requirements, criteria and timescales with SES.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.3 Establish whether another NHS organisation has suitable surplus land or property.	Review appropriate land registers and databases.		G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.4 Establish whether other public sector land is available.	Review appropriate land registers.		G06 Communication G07 Job Registration G08 Job quality plan

Commented [SD18]: @clive.ball@wales.nhs.uk where should we cover developing green leases?

Commented [CB19R18]: I don't see that we need to include this as a separate responsibility (as it should be completed by this time next year). It would come under Section 11 if included.

Commented [SD20R18]: Thanks

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
			P02 Land and property transactions
9.5 Conduct a site/property search in accordance with agreed criteria. Clarify deliverability, likely asking price and identify potential constraints.	Advice and guidance.	Ensure appropriate representatives of the User Group are involved in search and set criteria.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.6 Provide site information and advice to inform the Health Boards/Trusts option appraisal/business case process.	Advice and guidance.	To manage option appraisal/business case process.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.7 Identify due diligence work to be undertaken (site investigations and other factors affecting land/property value).	Advice and guidance.	Commissioning of site investigations and due diligence surveys.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.8 Provide input into the planning application process.	Advice and guidance.	Town Planning Advisor or Health Boards/Trusts to manage planning application process and seek planning consent.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.9 Manage negotiation of price (or occasionally option to purchase) and heads of terms (either from within in-house resources or through the appointment of an external consultant or District Valuer).	Recommend the consultant appointment in accordance with the Health Boards/Trusts procedures and standing orders.	Make formal appointment of consultants and pay invoices/costs.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
9.10 Instruct the Health Boards/Trusts legal advisers to	Advice and guidance.	Health Boards/Trusts to provide relevant information	G06 Communication G07 Job Registration

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
undertake appropriate searches, prepare and agree legal contracts and progress to legal completion of purchase.		in response to pre-contract enquiries and other matters. Obtain Health Board/Trust approval where necessary and sign and seal legal documents.	G08 Job quality plan P02 Land and property transactions
9.11 Advise on compulsory purchase order (CPO) procedure where necessary and recommend appropriate specialist consultants.	Advice and guidance.	Make formal appointment of consultants and pay invoices/costs.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.0	Service Deliverable - Manage the disposal process of land and property assets by NHS Wales organisations		
10.1 Manage the disposal process once land/property is identified for disposal.	Dispose of surplus NHS Wales Health Boards/Trusts property/land in line with requirements.	To consult on closure of health buildings, identify and declare land and property as surplus and obtain Minister's approval (for Health Boards/Trusts). Timely notification of when a disposal process can commence (preferably a minimum of 12 months).	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.2 Agree site/property closure programme with Health Boards/Trusts (decommissioning dates, closure date/s, disposal phases).	Programme development assistance.	Agree key dates and closure programme with SES.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
10.3 Enter the site/property as surplus on the InSite~~NWED~~ database.	Establish whether the site is required by other NHS organisations, public bodies or priority purchasers.	Identify surplus property and notify SES. Confirm to SES when the surplus InSite~~NWED~~ entry can be made.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.4 Establish whether any other priority purchasers exist	Determine whether a site is suitable for affordable housing. If so, make local authority and/or housing association aware of site availability.	Identify surplus property and notify SES.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.5 Action land/property transfers between NHS organisations or other public sector bodies.	Timely transfer of property.	Obtain necessary approvals, sign and seal contracts and formal transfer documents.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.6 If no public sector interest is identified establish a disposal team and agree consultant appointments with Health Boards/Trusts. Work with Procurement Services to identify suitable property agents, planning advisers and other consultants and obtain fee quotations if required in accordance with Health Board/Trust Standing Orders.	See 10.1 and 10.2	Provide a liaison contact and attend disposal team meetings throughout the process. Issue purchase orders for all appointments made throughout the disposal process as agreed with SES. Arrange payment of consultant~~s~~ invoices.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
10.7 Resolve legal issues affecting disposal including negotiating and formalising 3rd party occupations where necessary.	Advice and guidance.	Identify 3rd party occupations to SES. Sign and seal documents where necessary.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.8 Identify appropriate reports/surveys required including planning, legal, ground condition, highways and access, ecology and environmental and produce a technical information pack for prospective purchasers.	Advice and guidance on information required for a technical information pack.	Make formal appointments and commission work as agreed with SES and organise payment of invoices. Make arrangements when required for property inspection/viewings.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.9 Seek to obtain the most appropriate planning consent/development brief for development or change of use to achieve the best value and ensure suitable representations are made on Local Development Plans (LDP) processes if necessary.	Advice and guidance.	Make formal appointments and commission work as agreed with SES and organise payment of invoices.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.10 Select method of disposal, and agree disposal and marketing strategy with Health Boards/Trusts, property agent and disposal team.	Advice and guidance and the agreement with the Health Boards/Trusts to a suitable marketing strategy and budget.	Agree disposal and marketing strategy together with marketing budget.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
10.11 Negotiate/establish best offer (including overage and clawback provisions if relevant) and provide recommendation to the Health Boards/Trusts for Board approval.	Provide a report with best offer recommendations.	Arrange opening of tenders (where required) in accordance with Standing Orders. Agree best offer with SES and advisers and submit for board approval where necessary.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
10.12 Recommend solicitors to prepare contracts and sale documents and liaise with and co-ordinate all parties until completion of sale.	Recommend the solicitor to be appointed in accordance with the Health Boards/Trusts procedures and standing orders.	Raise an order in respect of the solicitor appointment and arrange payment of invoices. Arrange for signature and sealing of all legal contract and transfer documents. Complete all site/building decommissioning works and notify local authority (for business rates) and other relevant bodies (e.g. utility companies) of vacation. Arrange handover of keys to solicitors/purchasers.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land and property transactions
11.0	Service Deliverable - Manage c.740725 landlord and tenant relations (including all lease/licence arrangements) cases per annum		

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
11.1 Collate all lease information and populate the NWED database.	Administer the NWED database.	Provide all lease documentation and supplemental information (e.g. on current rent, floor areas) for input into NWED.	G06 Communication G07 Job Registration G08 Job quality plan
11.2 Provide training to enable Health Boards/Trusts to access their lease information.	Arrange training for Health Boards/Trusts.	Enable staff to attend training.	G06 Communication G07 Job Registration G08 Job quality plan
11.3 SES will conduct all contact with prospective landlords or tenants relating to any negotiation of terms.	Manage landlord and tenant relations.	Health Boards/Trusts should contact SES immediately when a new lease acquisition is being considered and prior to any contact with landlords or their agents.	G06 Communication G07 Job Registration G08 Job quality plan
11.4 Undertake negotiation of terms for all occupation agreements (leases, licences, tenancies at will, MOTOs etc.) including: acquisitions, renewals, surrenders, assignments, re-gears, grants and rent reviews.	Manage landlord and tenant relations.	Notify SES as soon as a requirement is identified in order that SES can manage the negotiations.	G06 Communication G07 Job Registration G08 Job quality plan
11.5 Manage process for negotiating and agreeing costs of dilapidations at the end of leases. Identify the requirement for external appointments.	Manage landlord and tenant relations including the provision of recommendations regarding external appointments.	All external appointments will be made by the Health Boards/Trusts following recommendations from SES.	G06 Communication G07 Job Registration G08 Job quality plan
11.6 Notify Health Boards/Trusts of key dates for actions or serving notices and counter notices. SES will advise on the appropriate response	Advice and guidance. Provide annual report to Health Boards/Trusts on	Health Boards/Trusts to refer all received notices/ correspondence to SES immediately upon receipt.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
and will action accordingly through the Health Boards/Trusts solicitors.	landlord and tenant actions required over a 2-year period.		
11.7 Liaise with the Health Boards/Trusts legal advisers on lease contracts/serving of notices and liaise with the legal adviser throughout the process.	Advice and guidance.	Health Boards/Trusts to refer all received notices/ correspondence to SES immediately upon receipt.	G06 Communication G07 Job Registration G08 Job quality plan
11.8 Negotiation and advice on service charges due under leasehold arrangements.	Advice and guidance.	Health Boards/Trusts to ensure proper records of service charge costs incurred are maintained and ensure service charge payments do not exceed any agreed caps. Health Boards/Trusts to inform SES if concerns over service charge items or costs arise.	G06 Communication G07 Job Registration G08 Job quality plan
11.9 SES will advise on responsibilities and obligations under a lease e.g. repair, insurance, outgoings.	Advice and guidance.	Health Boards/Trusts to exercise responsibility for repair/ maintenance as required under the lease and for compliance with health, safety and statutory requirements.	G06 Communication G07 Job Registration G08 Job quality plan
12.0	Service Deliverable - Manage the valuation of property assets		
12.1 SES will monitor ad-hoc asset valuations.	Asset monitoring.	Health Boards/Trusts will notify SES of material	G06 Communication G07 Job Registration

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
		changes to property assets and instruct a professional valuer for interim ad-hoc asset valuation updates informing SES of revised valuations.	G08 Job quality plan P02 Land & property transactions
12.2 All requirements for other land and property valuations (including market valuations) will be channelled through SES which will either provide the valuation in-house or recommend appointment of an appropriate external valuer in line with relevant procurement rules.	Undertake land and property valuations or recommend external valuer.	Any formal external appointments will be made through the Health Boards/Trusts (as recommended by SES).	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
13.0	Service Deliverable – Manage property management activities (easements, wayleaves and other property rights)		
13.1 Manage all negotiations for other property management activities such as rights required by third parties over Health Boards/Trusts land and rights required by the NHS over third-party land. SES will recommend any external appointments which may be required in line with procurement rules.	Third party negotiation.	Formal appointments will be made through the Health Boards/Trusts. Health Boards/Trusts will arrange signing and sealing of all contracts, deeds and legal documents.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
13.2 As required, manage disputes relating to land and property.	Advice and guidance. Dispute report including recommendations.	Formal appointments to be made through the Health Boards/Trusts.	G06 Communication G07 Job Registration G08 Job quality plan

Commented [CB21]: I prefer Manage (and many other headings use Manage) as 13.1 and 13.2 expalin what is involved.

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
		Health Boards/Trusts will arrange signing and sealing of all contracts, deeds and legal documents.	P02 Land & property transactions
14.0	Service Deliverable - Manage overage and clawback provisions		
14.1 Maintain records of overage and clawback benefits reserved in sale contracts of NHS property and review and monitor sites where necessary.	Maintenance of records.	Provide legal documentation where required.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
14.2 Negotiate all overage or clawback payments which may become payable (may require the appointment of an external adviser).	Advice and guidance.	To appoint and fund external consultants where recommended by SES.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
15.0	Service Deliverable - Manage the NHS Wales Land and Property Portfolio (LAPP)		
15.1 Provide the appropriate Health Boards/Trusts with access to updated Land and Property Portfolio (LAPP) plans in the requested format.	Undertake approximately 146 LAPP reviews and surveys in in 2026/27 in line with the LAPP programme.	Health Boards/Trusts to confirm the sites comprising their estate at the outset of each LAPP review.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions P04 LAPP management
16.0	Service Deliverable - Manage NHS Wales' interest in the Local Development Plans (LDP) process		
16.1 Monitor local authorities' Local Development Plans (LDP) processes and advise on action and planning consultant appointments when	Advice and guidance.	To appoint and fund external consultants where recommended by SES.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
opportunities arise to influence or respond to the LDP process.			P02 Land & property transactions
17.0	Service Deliverable - Provide advice in respect of business rates		
17.1 Notify Health Boards/Trusts of changes to business rate legislation or processes.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
17.2 Ensure Health Boards/Trusts have a suitable rating consultant appointed for each revaluation period.	Advice and guidance.	To confirm inclusion in procurement process.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
17.3 Procure and manage external rating consultants in respect of rating appeals of the NHS estate and GP surgery premises.	Advice and guidance.	To appoint and fund external consultants where recommended by SES.	G06 Communication G07 Job Registration G08 Job quality plan P02 Land & property transactions
18.0	Service Deliverable - Provide advice and guidance to support portfolio rationalisation		
18.1 Advise on the rationalisation of Health Boards/Trusts property portfolio	Advice and guidance.	Provide occupancy costs and data on its land and property assets.	G06 Communication G07 Job Registration G08 Job quality plan
19.0	Service Deliverable - Provide advice and guidance in support of the strategic planning and management of the Primary Care estate		
19.1 Provide technical and strategic support to Health Boards relating to the development of new primary care premises.	Advice and guidance.	Regularly update integrated primary care service and estate strategies.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
19.2 To provide support and advice to Health Boards relating to requirements linked to strategic documents.	Advice and guidance.	Provide robust estate strategies, linked to primary healthcare service delivery to ensure strategic fit for primary care.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.3 Through the Health Board provide technical support to General Practitioners (GPs) relating to property ownership and/or lease arrangement.	Advice and guidance.	Identify priorities linked to estates and the delivery of primary and community health services.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.4 Provide technical support relating to configuration of space requirements linked to General Medical Services (GMS) reimbursements.	Advice and guidance.	To provide relevant information and documentation.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.5 Provide professional support and advice with regards to valuation services on existing and new premises in order that valuations can be carried out in a timely and appropriate manner.	Advice and guidance.	Health Board to ensure relevant information is available and to work closely with SES team member.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.6 Provide technical support for the exploration of differing funding methods to advise the Health Boards in identifying risk linked to deliverability of new schemes.	Advice and guidance.	Ensure early advice sought.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.7 Develop a proactive and supportive role in the development of submission documents for funding.	Advice and guidance.	Ensure early advice sought.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
19.8 Provide professional property expertise into the preparation of plans to reconfigure primary care premises and enable GMS and community services to be expanded.	Advice and guidance.	To provide relevant information/ documentation and plans.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.9 Undertake property appraisals of existing premises on request from the Health Boards to assess building and site constraints and opportunities to identify re-development potential.	Advice and guidance and report as required.	Provide support to Independent Contractor with regard to appointment of specialist advice. Advise contractors with regard to reimbursable costs.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.10 Support Health Boards in identifying opportunities for GPs who own their own premises to participate in modernisation works funded by improvement grants, notional rent increases or capital grants.	Advice and guidance.	Ensure inclusion of SES at appropriate meetings with independent contractors.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.11 Identify criteria and factors influencing deliverability.	Advice and guidance.	Health Board to agree criteria.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.12 Report to Health Boards on national and local decisions that may influence the Health Board priorities programme.	Advice and guidance and report as required.	Health Board to facilitate links with independent contractors.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
19.13 Provide support to Health Boards on GP sale and leaseback applications.	Advice and guidance. Attend meetings as required and provide valuation report for	Health Board to liaise with GP Practice and confirm change in reimbursement if approved.	

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
	reimbursement changes.		
19.14 Provide support to Health Boards on property matters linked to GP sustainability issues.	Advice and guidance. Attend meetings if requested. Identify possible solutions.	Heath Board to decide on action.	
20.0	Service Deliverable - Provide professional advice and guidance in the management of GPs rental and rates reimbursement		
20.1 Provide professional advice to Health Boards relating to the valuation and payment of GP rent and rates reimbursements in order to: • ensure valuation reviews are carried out in a timely manner to minimise back payments of rental. • ensure the Health Board is advised on all matters relating to disputed Notional, Leased or Cost Rent reviews. Undertake timely accrual rental valuations for GMS lease premises as at rent review date.	Advice and guidance. Complete approximately 157 rental assessments during 2026/27. Preparation of appeal submissions to deadlines. Preparation and issue of valuation for health board use only and on confidential basis.	Ensure all new or amended information relating to Contractor reimbursements is passed on to the relevant NWSSP-Primary Care Services (PCS) officer in a timely manner. Provide updated information regarding changes to premises contracts in a timely manner. Action as appropriate. To report figures to finance dept for accrual of funds	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
Advise the Health Board on Premises Cost Directions and interpretation and implementation. Manage rental reimbursement appeals under the GMS contract.		Provide information required seek further legal advice if required and action result of decision.	
20.2 Provide information to the Health Board relating to expenditure in respect of Contractor reimbursements.	Advice and guidance.	Provide information relating to systems and procedures linked to the payment of fees and reimbursements.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
21.0	Service Deliverable - Provide professional advice and guidance in the management improvement grant applications		
21.1 Inspect the GP premises with the Health Board to provide professional assessment of the potential for redevelopment as well as the extent of reimbursable accommodation.	Advice and guidance.	Receive initial requests from GPs for improvements to their premises. Contact practice manager to make appointment to inspect.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
21.2 Provide advice in respect of the extent of the eligible works, compliance of proposed design and layout with current guidance and standards, acceptability of the estimated costs and fees of the works, security of tenure of the GPs, timetable and period of guaranteed use.	Advice and guidance.	Support process, review plans, costs and fees. Ensure GP practice completes Improvement grant application form.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Commented [CB22]: Numbers removed as no IG funding was available this year and this may be the same case in 2026/27.

Commented [IG23R22]: Agree - but Sarah Jane is looking at alternatives so one to keep an eye on.

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
21.3 Evaluate whether any disputed rental figure is in line with current market levels.	Advice and guidance.	Instruction to SES and provide agreement, or request further clarification, to any proposed increase in rental.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
21.4 Assess whether the rental abatement calculation is in accordance with Schedule 3, Part 1 and 2 of the Premises Cost Directions.	Advice and guidance. PCS to provide calculation.	Approve or refer figures.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
21.5 Review the improvement grant application to ensure compliance with Premises Cost Directions. Ensure most recent guidance is followed as best practice.	Advice and guidance.	Prepare and submit, on behalf of the GP practice, the report for submission to Health Board or WG for approval.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
21.6 Undertake final inspection of the works to confirm completion and report on abated rent figures if applicable.	Inspect, where required, and report.	Inform SES of completion of works. Action findings and confirm final approval.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
21.7 Report to the Health Board on national and local decisions that may influence the Health Board priorities programme.	Provide reports as appropriate.	Liaison as required.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
22.0	Service Deliverable - Manage landlord and tenant relations where NHS bodies occupy developments by Third Party Developers (3PDs)		
22.1 Manage all rental negotiations.	Support Health Boards on 3PD developments during 2020/21.	Provide copy of signed leases.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
22.2 Contact the landlord or agent, report rental valuation advice to the Health Board, negotiate and agree settlement.	Advice and guidance and report as required.	Issue instruction on advice provided and obtain approval to settlement figure. Arrange for Memorandum to be signed.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
22.3 For new Health Board occupations, negotiate legal documentation to comply with agreed Heads of Terms.	Advice and guidance.	Obtain Board approval and compliance with lease terms. Arrange for lease to be signed.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.0	Service Deliverable – Provide professional advice and guidance in support of the development of c.48 primary care Third Party Developments (3PDs) and capital schemes		
23.1 Support Health Boards in the development of proposal documents, including guidance on: • schedules of accommodation, • service models, • identifying stakeholders, • financial implications, • engagement and exit strategies.	Advice and guidance.	Action advice and supply information requests.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.2 Provide professional and technical advice regarding mortgage deficits, guaranteed minimum sale price and relocation support for GPs under the Premises Cost Directions.	Advice and guidance.	Action, instruct and obtain DV report for capital valuations if required.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
23.3 Liaise with Health Board's solicitor on property matters as well as the legal requirements of the Procurement Act 2023 apply (post OJEU).	Advice and guidance.	Instruct solicitor where the FTS (post OJEU) process required and pay invoices.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.4 Provide advice and support to the Health Board relating to the selection process.	Advice and guidance.	To identify a requirement for a 3PD primary care scheme following receipt of approval of IPD and further development of the service brief.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.5 Advise on pre-qualification questionnaires and financial and non-financial criteria for short-listing.	Advice and guidance.	Assessment of 3PDs' financial standings.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.6 Advise on interview questions and scoring methodology based on past experience with other 3PD schemes to assess the professional approach and validity of the candidates and their proposals.	Advice and guidance.	Assist and approve.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.7 Attend short-listing meetings and interviews with 3PDs in order to provide a property professionals influence in the decision-making.	Advice and guidance.	Provide appropriate staff members to attend the meetings and the interviews.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.8 Support the processing of standard letters to be sent to the successful and unsuccessful companies in order to achieve	Advise on letters for Health Boards approval.	Prepare, approve and issue letters.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
consistency in approach and information feedback.			
23.9 Support feedback responses to the unsuccessful companies, where required, ensuring consistency of approach and continuity of discussions about property development matters.	Advice and guidance.	Respond to queries.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.10 Provide professional advice and support in respect of the invitation of expressions of interests from 3PDs to ensure that the process is fair, equitable and delivers value for money.	Advice and guidance in accordance with WHC(2007)07 and WHC(2008)09.	Payment of any costs of advertising for 3PDs.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.11 Attend Project Steering Groups and Boards.	Advice and guidance.	Arrange Project Steering Group meetings.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.12 Where GPs require additional information, organise lease workshops to explain their responsibilities under the exemplar documentation and provide advice on occupational arrangements.	Provide training as required.	Arrange meetings with GPs to obtain commitment to the scheme and to the lease.	G06 Communication G07 Job Registration G08 Job Quality Plan P06 Primary Care Estate
23.13 Provide professional advice and support in respect of design and development matters including the schedule of accommodation, room utilisation schedules, room sizes,	Advice and guidance. Support Health Boards in 3PD developments during 2020/21.	Arrange regular Project Steering Group and Project Board meetings.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
specification matters, patient flow and confidentiality.			
23.14 Coordinate and facilitate the Achieving Excellence Design Evaluation Toolkit (AEDET) workshop for 3PD developments to encourage good design and answer queries from proposed tenants regarding the proposed design and layout.	Liaise with EDS. See 6.1 and 6.2 above.	Provide notice of date of AEDET and arrange attendance by appropriate staff members.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.15 Liaise with Health Boards regarding the scrutiny of valuation matters including reasonable assumptions to be made in respect of build costs, the extent and quantification of abnormal costs, investment yields, development appraisals, site acquisition costs, costs of developer finances and comparable evidence.	Advice and guidance.	Instructions to the DV and payment of fees. Facilitate discussions between 3PDs and the DV. As the client liaise with DV over ongoing negotiations with the same. Ensure timescales for agreements are set and managed.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.16 Following approval, provide professional input into the agreement of the room data sheets with Health Boards and GPs to include extent of equipment and furnishings, compliance with WHBN36 and comparisons with other 3PD schemes.	Advice and guidance.	Approve through Project Board	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
23.17 Provide support and advice to the Health Board to negotiate the treatment of complex issues such as the apportionment of shared areas in multi-tenanted buildings and the assessment of non-standard arrangements.	Advice and guidance on content of reports received.	Ensure in-principle commitment from all relevant parties is obtained. Stakeholder agreement to the design. Check DV's report has been received and rent has been provisionally agreed with the 3PD. Receive DV value for money (VFM) Report and Cost Appraisal relating to the rent.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.18 Review the estates information in the business case process to ensure compliance with WG requirements, including assistance in the estimation of the reimbursable financial items such as Land Transaction Tax on leases, rates payable, legal and monitoring surveyors' fees.	Advice and guidance.	Initial draft of the formal business case document completed. Final drafting and submission to Board for final sign off.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.19 Liaise with the GP and Health Board legal advisors in respect of the detailed use of the exemplar lease documentation to ensure compliance and to serve the needs of the tenant.	Advice and guidance. Lead negotiation with developer on lease issues.	Where Health Board lease, instruct solicitor to contact SES primary care property surveyor.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
23.20 As required, review and update the exemplar lease documentation.	Amend exemplar lease documentation.		G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.21 Provide professional property advice and support to user groups on occupational issues including service charges and the setting up of in-house facilities management structures.	Advice and guidance.	Attend user group meetings.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.22 Attend site meetings if required to provide a property perspective on technical and property management matters that arise during the construction period.	Advice and guidance.	Ensure management of advice received is in line with professional advisors working for the GPs.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.23 Liaise with the GP practice, their monitoring surveyor and Health Board Project Manager to promote good practice, check compliance issues, discuss any variations to the original specification and feedback to the Health Board.	Advice and guidance.	Action as appropriate	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.24 Provide feedback on 3PD contractors' performances to the Health Board to inform the selection process for future schemes.	Advice and guidance.	Action as appropriate	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.25 Organise post-completion AEDET.	Arrange with EDS. See 6.1 and 6.2 above	Liaise and organise attendance by key stakeholders.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
			P06 Primary Care Estate
23.26 Obtain feedback from occupiers on the condition and performance of the building, including maintenance and running costs and produce a Completion Report for the Health Board.	Obtain feedback. Produce report and provide to Health Board.	Review and action findings if appropriate. Approve and pay invoices.	G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
23.27 Oversee post-completion monitoring and liaison with Health Board and GPs on issues around estate and inherent defects.	Produce reports if required.		G06 Communication G07 Job Registration G08 Job quality plan P06 Primary Care Estate
24.0	Service Deliverable - Provide professional advice and guidance in support of environmental management		
24.1 Provide advice, guidance and support to Health Boards/Trusts in maintaining environmental management system ISO 14001 accreditation.	Advice and guidance.	Nominate the principal contact point for environmental management.	G06 Communication G07 Job Registration G08 Job quality plan
24.2 In support of the updated Welsh Government Decarbonisation Strategy Delivery Plan 202~~1/22~~ 25 promote energy efficiency at Health Boards/Trusts and the uptake of low and zero carbon technologies. Supporting the implementation of energy and carbon saving improvement initiatives.	Advice and guidance.	Nominate the principal contact point for energy and carbon management.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
Providing adaptation advice and coordinating activity where applicable.	Provide system leadership and coordination services.		
24.3 Promote waste minimisation / resource efficiency and the Towards Zero Waste national strategy through adoption of best practice.	Advice and guidance.	Nominate the principal contact point for waste management.	G06 Communication G07 Job Registration G08 Job quality plan
24.4 Facilitate the Welsh Health Environmental Forum (WHEF) and its sub-groups (Energy and Waste). Support WHEF with its specific projects and initiatives.	Administer the WHEF group through the organisation of regular meetings / events, the management of its website and facilitation of any initiatives at the request of the group.	Contribute by regular attendance at the WHEF Forum and associated sub-groups. Provide a Chairperson for the WHEF Groups as required. Contribute to the identification of initiatives for WHEF to review.	G06 Communication G07 Job Registration G08 Job quality plan
24.5 Assist Health Boards, NWSSP Procurement Services and the Clinical Waste Consortium in the re-tendering of the All Wales clinical waste contract.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan
25.0	Service Deliverable - Provide professional engineering advice and guidance in support of the provision of diagnostic imaging services. This service area explicitly includes other clinical areas such as Diagnostic Imaging IT solutions, Cardiology, Ultrasound and Medical Physics		

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
25.1 Provide advice guidance and support on diagnostic imaging technologies.	Programme support, advice and guidance.	Nominate the principal contact point for diagnostic imaging.	G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
25.2 Assist in the development and implementation of diagnostic imaging equipment (or service contract) procurement strategies and managed services.	Programme support, advice and guidance.	Provide diagnostic imaging technologies development/ replacement programme.	G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
25.3 Support Health Boards/Trusts in equipment technical feasibility and design option appraisal.	Programme support, advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
25.4 Ensure equipment complies with the needs of Health Boards/Trusts.	Programme support, advice and guidance.	Provide notification of the commencement of diagnostic imaging projects.	G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
25.5 Test room systems and sign off the joint acceptance document.	Programme support, advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
26.0	Service Deliverable - Provide professional advice and guidance in support of the provision of radiotherapy services		
26.1 Provide advice guidance and support on radiotherapy technologies.	Programme support, advice and guidance.	Nominate the principal contact point for radiotherapy services	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
			T13 Diagnostic Imaging & Radiotherapy
26.2 Assist in the development and implementation of Radiotherapy systems (or service contract) procurement strategies and managed services.	Programme support, advice and guidance.	Provide radiotherapy technologies development/replacement programme.	G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
26.3 Support Health Boards/Trusts in equipment technical feasibility and design option appraisal.	Programme support, advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
26.4 Ensure equipment complies with the needs of Health Boards/Trusts.	Programme support, advice and guidance.	Provide notification of the commencement of radiotherapy projects.	G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
26.5 Test room systems and sign off the joint acceptance document.	Programme support, advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan T13 Diagnostic Imaging & Radiotherapy
27.0	Service Deliverable - Provide professional engineering advice and guidance in support of the provision of decontamination services		
27.1 Maintain an Authorising Engineer (Decontamination) (AE(D)) resource providing general and	Advice and guidance.	Appoint SES as the AE (D) and provide contact details.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
impartial advice on all matters concerned with decontamination	Fulfil the role of AE (D) for Health Boards/Trusts.		T16 Instrument calibration
27.2 Prepare and submit to Health Boards/Trusts audit reports on validation, revalidation and yearly tests. Including regularly auditing the operation and management of decontamination reprocessing equipment and built environments	Report on audits undertaken.	Agree a programme of audits with the AE (D). Request for service and provided access.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration
27.3 Assess Authorised Persons (Decontamination) (AP (D)) competencies and advise Health Board/Trust on their appointment. This will include attendance at periodic meetings of Health Board AP (D) group meetings.	Report on completed AP (D) assessments.	Nominate potential APs to the AE (D) for assessment.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration
27.4 Audit department and machine log books and quarterly test reports as prepared by the Competent Person for decontamination equipment.	Report on audits undertaken.	Send test reports to SES as required, or discuss and sign at site visits.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration
27.5 Undertake an annual validation and performance testing programme as required for sterilizers, washer disinfectors, steam quality and particulates to the requirements and standards given in healthcare guidance.	c.196 tests to be completed. Report on each test.	Confirm contact point details for site visits. Agree with SES a programme of annual testing providing access for SES personnel.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
		Confirm contact details for the receipt of test reports.	
27.6 Provide technical advice to Public Health Wales (PHW) and carry out audits of decontamination areas or units at the request of Health Boards/Trusts i.e. JAG, endoscopy and SSD's.	Advice and guidance and report as required.	Request technical advice and audits when required.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration
27.7 Attend the Strategic Decontamination Group (SGD).	Advice and guidance.	Invite the AE (D) to SGD meetings.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration
27.8 Produce for individual Health Boards/Trusts an annual report on the activities of the AE (D).	Produce an annual report.	Provide access to records for scrutiny purposes and make staff available to support inspections.	G06 Communication G07 Job Registration G08 Job quality plan T07 Decontamination T16 Instrument calibration
28.0	Service Deliverable - Provide professional engineering advice and guidance in support of the provision of medical gases.		
28.1 Fulfil the role of Authorising Engineer (AE) (Medical Gas Pipeline Systems) (MGPS) for Health Boards/Trusts providing general and impartial advice on all matters concerned with medical gases pipeline systems.	Advice and guidance.	Appoint SES as the AE (MGPS) and provide contact details. Request advice. Provide details of the MG pipeline installations.	G06 Communication G07 Job Registration G08 Job quality plan T11 Medical gases

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
		Agree a programme of inspections with the AE (MGPS).	
28.2 Undertake audits of the safe systems of work and safety procedures.	Report on audits in accordance with HTM02.	Request service and arrange access.	G06 Communication G07 Job Registration G08 Job quality plan T11 Medical gases
28.3 Assess the competence of Authorised Person (AP) (MGPS) and advise Health Boards/Trusts on the appointment of AP (MGPS) personnel issuing a 3 year certificate of competence to the APs and maintaining a register of all certified AP(MGPS)s.	Report on assessments. Issue certificates of competence. Maintain a register of AP(MGPS).	Provide a list of AP (MGPS) up to date qualification certification. Appoint AP following successful assessment.	G06 Communication G07 Job Registration G08 Job quality plan T11 Medical gases
28.4 Investigate adverse incidents including dangerous occurrences for installations and issue reports and advice to the service.	Produce a report.	Implement corrective action as appropriate.	G06 Communication G07 Job Registration G08 Job quality plan T11 Medical gases
28.5 Attend the Medical Gas Committee/Group (MGC/G) meetings.	Advice and guidance.	Invite the AE (MGPS) to MGC/G meetings.	G06 Communication G07 Job Registration G08 Job quality plan
28.6 Produce for individual Health Boards/Trusts an annual report on the activities of the AE (MGPS).	Produce an annual report.	Provide access to records for scrutiny purposes and make staff available to support inspections.	G06 Communication G07 Job Registration G08 Job quality plan T11 Medical gases
29.0	Service Deliverable - Provide professional engineering advice and guidance in support of electrical systems		
29.1 Fulfil the role of Authorised Engineer (AE) High Voltage (HV) for	Advice and guidance.	Appoint SES as the AE (HV) and provide contact details.	G06 Communication G07 Job Registration

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
Health Boards/Trusts providing general and impartial advice on all matters concerned with HV systems.			G08 Job quality plan T03 High voltage
29.2 Undertake audits of the safe systems of work and safety procedures on a triennial basis for reporting each HV installation.	Report on audits in accordance with HTM06-03.		G06 Communication G07 Job Registration G08 Job quality plan T03 High voltage
29.3 Assess the competence of AP (HV)'s and advise the Health Board/Trust on their appointment issuing a 3-year certificate of competence to the APs and maintaining a register of all certified AP(HVs).	Report on assessments. Issue certificates of competence. Maintain a register.	Provide a list of AP(HV)'s and qualification certification Health Board/Trust to appoint AP(HV)	G06 Communication G07 Job Registration G08 Job quality plan T03 High voltage
29.4 Investigate adverse HV incidents including dangerous occurrences and issue reports and advice to the service.	Advice and guidance and report as required.	Implement recommendations as appropriate.	G06 Communication G07 Job Registration G08 Job quality plan T03 High voltage
29.5 Advise on any issued restriction or notification relating to HV systems, together with any changes to statutory compliance relating to these systems.	Advice and guidance. Publishing of HV hazard alerts via WG website		G06 Communication G07 Job Registration G08 Job quality plan T03 High voltage
29.6 Produce an annual report on the activities of the AE (HV) for individual Health Boards/Trusts for the period.	Produce an annual report.	Provide access to records for scrutiny purposes and make staff available to support inspections.	G06 Communication G07 Job Registration G08 Job quality plan T03 High voltage
29.7 Fulfil the role of Authorised Engineer (AE) Low Voltage (LV) for NHS Wales providing general and	Advice and guidance.	Appoint SES as the AE (LV) and provide contact details.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
impartial advice on all matters concerned with LV systems.			
29.8 Undertake audits including audits on a triennial basis for the safe systems of work and safety procedures for each LV installation and report the findings to the Health Board/Trust	Report on audits.in accordance with HTM 06-02		G06 Communication
29.9 Assist in the initial selection and interview of AP (LV) candidates and advise the Health Board/Trust on their appointment issuing a 3 year certificate of competence to the APs and maintaining a register of all certified AP (LVs).	Advice and guidance. Issue certificates of competence. Maintain a register	Provide information on the AP (LV) candidate including qualifications and experience. Health Board/Trust to appoint AP (LV).	G06 Communication G07 Job Registration G08 Job quality plan
29.10 Assist the AP (LV) in investigating adverse incidents including dangerous occurrences and the issue of reports and advice to the service.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan
29.11 Produce an annual report on the activities of the AE (LV) for individual Health Boards/Trusts for the period.	Produce an annual report.	Provide access to records for scrutiny purposes and make staff available to support inspections.	G06 Communication G07 Job Registration G08 Job quality plan
29.12 Attend the quarterly Electrical Safety Group (ESG) meetings.	Advice and guidance.	Invite the AE (HV) and AE (LV) to ESG meetings.	G06 Communication G07 Job Registration G08 Job quality plan
30.0	Service Deliverable - Provide professional engineering advice and guidance in support of specialist ventilation systems		

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
30.1 Fulfil the role of Authorising Engineer (AE) (Ventilation) (V) for Health Boards/Trusts providing advice on all matters concerned with the specialist ventilation of healthcare premises.	Advice and guidance.	Appoint SES as the AE (V) and provide contact details.	G06 Communication G07 Job Registration G08 Job quality plan
30.2 Regularly audit the performance (validation) of specialist healthcare ventilation systems and associated safe systems of work and safety procedures and report the findings to the Health Board/Trust.	Report on audits in accordance with WHTM 03-01.	Agree a programme of audits with the AE (V).	G06 Communication G07 Job Registration G08 Job quality plan
30.3 Carry out the annual verification of critical ventilation plant on request from the HBs/Trusts	To include a detailed inspection of the system together with the measurement of its actual performance and production of an annual report.	Agree a programme of audits with the AE (V). Request service.	G06 Communication G07 Job Registration G08 Job quality plan
30.4 Assess the competence of AP (V)'s and advise Health Boards/Trusts on the appointment of AP (V) personnel issuing a 3-year certificate of competence to the APs and maintaining a register of all certified AP(Vs).	Report on assessments. Certificate of competence. Maintain a register	Appoint AP (V) following successful assessment. Provide a list of AP (V) and their up to date qualification certification.	G06 Communication G07 Job Registration G08 Job quality plan
30.5 Investigate adverse incidents including dangerous occurrences and issuing reports and advice to the service.	Advice and guidance and report as required.	Request service.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
30.6 Attend the Ventilation Safety Group (VSG) Meeting.	Advice and guidance.	Invite the AE (V) to VSG meetings.	G06 Communication G07 Job Registration G08 Job quality plan
30.7 Produce an annual report on the activities of the AE (V) for Health Boards/Trusts.	Annual Report	Provide access, records and staff availability for scrutiny and inspections.	G06 Communication G07 Job Registration G08 Job quality plan
31.0	Service Deliverable - Provide professional engineering advice and guidance in support of water systems		
31.1 Fulfil the role of Authorising Engineer (AE) Water (W) for Health Boards/Trusts providing ~~advice~~advice on all matters concerned with water systems for healthcare premises.	Advice and guidance.	Appoint SES as the AE (W) and provide contact details.	G06 Communication G07 Job Registration G08 Job quality plan
31.2 Regularly audit the operation and management of water systems.	Report on audits in accordance with WHTM 04-01.	Agree a programme of audits with the AE (W) and provide access, records and staff availability for scrutiny and inspections.	G06 Communication G07 Job Registration G08 Job quality plan
31.3 Investigate adverse incidents including dangerous occurrences and issuing reports and advice to the service.	Advice and guidance and report as required.	Request service.	G06 Communication G07 Job Registration G08 Job quality plan
31.4 Attend the quarterly Water Safety Group (WSG).	Advice and guidance.	Invite the AE (W) to WSG meetings.	G06 Communication G07 Job Registration G08 Job quality plan
31.5 Produce an annual report on the activities of the AE (W) for Health Boards/Trusts.	Annual Report.	Provide access, records and staff availability for scrutiny and inspections.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
32.0	Service Deliverable - Provide a specialist investigation service to advise on engineering system failures or poor performance		
32.1 To carry out specialist investigations of engineering systems to ensure that engineering systems are safe and fit for purpose and in compliance with statutory and current healthcare requirements.	Produce a report.	Provide service requests for specialist investigation support together with the contact details. Provide any access to equipment and locations that may be required together with the appropriate Health Board/Trust personnel. Provide full details of the request together with an adequate time window for the advice/issue to be investigated and reported. Provide any required permits and personnel to enter locations and isolate services when required.	G06 Communication G07 Job Registration G08 Job quality plan T12 Special investigations
33.0	Service Deliverable - Provide professional engineering advice and guidance to support fire safety		
33.1 Fulfil the role of Authorising Engineer (AE) Fire (F) for Health Boards/Trusts.	Fulfil the role in accordance with the details set out in FSN 11/14 Annex A.	Appoint SES as the AE (F) and provide the contact details.	G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
33.2 Provide independent professional advice on all matters of fire safety.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan
33.3 Undertake independent reviews of fire safety standards and management at selected healthcare facilities.	Carry out 5 Independent Fire Safety Reviews before 31st March 2025.	Agree site(s) to be reviewed. Provide access to requested information.	G06 Communication G07 Job Registration G08 Job quality plan T14 Fire
33.4 Provide advice and guidance to Health Board/Trust on programmes of periodic testing and maintenance for fire safety systems.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan
33.5 Annually audit the performance on periodic testing and maintenance of fire safety systems.	Report on audit.	Provide the necessary support to enable the audit to be carried out.	G06 Communication G07 Job Registration G08 Job quality plan T14 Fire
33.6 Support and develop the competence of Fire Safety management teams and advise Health Boards/Trusts on the appointment of FSA personnel on request.	Conduct presentations and/or workshops on fire related topics and promote CPD activity.	Provide details of the FSAs to SES.	G06 Communication G07 Job Registration G08 Job quality plan
33.7 Investigate adverse incidents including dangerous occurrences and issuing reports and advice to the service.	Produce a report.	Provide SES with the necessary support to enable the investigations to be undertaken.	G06 Communication G07 Job Registration G08 Job quality plan
33.8 Advise on any issued restriction or notification relating to fire safety system, together with any changes to statutory compliance relating to these systems.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
33.9 Advise on the design and commissioning of fire safety systems.	Advice and guidance.		G06 Communication G07 Job Registration G08 Job quality plan
33.10 Manage the national Fire Audit and Fire Incident and Fire Risk assessment modules of the All Wales Fire Management System.	Annual reports on fire incidents	Submit accurate data in a timely manner.	G06 Communication G07 Job Registration G08 Job quality plan T14 Fire
33.11 Validate and, where necessary, amend data to produce annual Fire Safety reports for Health Boards/Trusts.	Annual reports on fire safety	Respond to validation queries in a timely manner.	G06 Communication G07 Job Registration G08 Job quality plan T14 Fire
34.0	Service Deliverable – Provide advice and support in relation to ~~the credits for cleaning initiative~~monitoring of cleaning standards.		
34.1 ~~Centrally manage the 'Credits For Cleaning' (C4C) software and provide a link between Health Boards/Trusts and the software developer responding to queries or issues as they arise~~Support finalisation and implementation of the new regulations / standards. ~~Provide advice where appropriate and liaise with the software developer as required.~~	Respond to queries and assist Health Boards/Trusts resolve problems in interpretation of standards or reporting requirements.	~~Ensure C4C monitoring system is used appropriately.~~	G06 Communication G07 Job Registration G08 Job quality plan
~~34.2 Facilitate and chair the 'Credits For Cleaning' (C4C) User Group, to assist Health Boards/Trusts to meet objectives in the use of the all-Wales~~	~~Facilitate the group and respond to queries in a timely manner.~~	~~Nominated representatives to attend and participate in meetings as necessary.~~	~~G06 Communication G07 Job Registration G08 Job quality plan~~

Commented [SD24]: @Craig Morgan (NWSSP-SES) grateful for updated clauses….if possible

Commented [C(25R24]: C4C has been phased out with other systems - Potential wording could be that SES will continue to monitor and assist health boards to improve and assist with current and new cleaning standards?

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
~~monitoring tool (as required by 'Free to Lead, Free to Care', June 2008).~~			
35.0	Service Deliverable – Provide services in relation to the maintenance and management of the NHS Building for Wales (BfW) construction procurement frameworks.		
35.1 Maintain and manage the~~:~~ BfW frameworks and processes. Be the source of guidance for any queries on the framework	Maintain all necessary documentation, guidance notes and supply chain partner (SCP) and consultant membership relating to the BfW framework. Undertake framework compliance checks during the year and after the call-off agreement stage at each project letting. Update framework rates annually for inflation/deflation. Maintain a website presence and communicate requirements.	Utilise the appropriate framework for schemes. Attend Strategic Framework Board (SFB) meetings. To implement all guidance and updates received.	Framework KPI progress to be reported at project level as they are completed and in annual SFB report.

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
35.2 Assist Health Boards in call-off contract selection process.	Compilation of tender documentation, electronic tendering, financial and community benefits evaluation, facilitating interviews, debriefs and production of contract documents.	To provide all necessary documentation and personnel to assist process. To process contracts upon receipt.	No challenge from private sector parties. Contracts forwarded to Health Boards/Trusts within fifteen days of conclusion of selection process.
35.3 Provide periodic and annual reporting to the Strategic Framework Board. Capture information on Community Benefits.	Quarterly reporting on general matters. Provision of annual reports covering the following areas to the SFB at the first meeting of the financial year: Key Performance Indicators; Community Benefits; Health and Safety; Cost savings. Manage the collation of data produced by the Supply Chain Partners (SCPs) relating to community benefits in respect of projects on site and issue to Welsh	Attend SFB Quarterly meetings. To keep SES updated with the information required by Welsh Government and other parties in respect of Community Benefits.	For Welsh Government to process and report.

Responsibilities of NWSSP SES	Outputs/Target Dates	Responsibilities – Health Boards/Trusts	Quality Standards/ Key Performance Indicators
	Government every 12 months.		
35.4 Facilitate design and construction Post Project Evaluations (PPEs).	PPEs to be carried out within three months of scheme completion and handover. The report being made available to WG and NHS Wales bodies following the PPE activity.	To input and assist SES in the compilation of these reports.	
35.5 Maintain a list of consultant and contractor frameworks which may be applicable (outside of the scope of BfW)	Update report on availability annually		G06 Communication G07 Job Registration
35.6 Provide / facilitate a programme of training for project Directors in Wales	Deliver or arrange for quarterly seminars on best practice		G06 Communication G07 Job Registration
35.7 Provide a repository of sample information (business cases, estates annexes, lessons learned, specialist unit layouts, schedules of accommodation etc.)	Generate Intranet folders for access to information by NHS organisations.	A mandate for access to these documents will be required	G06 Communication G07 Job Registration

Commented [IG26]: Stuart - I would like to expand the library concept to all approved business cases, lessons learned reports etc.

Commented [SD27R26]: Agreed - we probably need this to be a condition in WG letters of approval.

Commented [SD28R26]: And potentially written into new IIG document

ANNEX 1 -

Service Area Volumes for Information

Service Deliverable	Outputs	Estimated Volumes Per Annum
2.0 To develop and maintain estates and facilities standards and best practice guidance.	Issue Specialist Estates Services Notifications (SESNs) and HV hazard alerts as required.	30 SESNs. 35 HV hazard alerts.
9.0 Manage the acquisition of land and property assets cases per annum.	Acquire land/property for NHS clients as required.	20 live acquisition cases.
10.0 Manage the disposal of land and property assets per annum.	Dispose of surplus NHS Wales Health Boards/Trusts property/land in line with requirements.	35 live disposal cases.
11.0 Manage landlord and tenant relations (including all lease/licence arrangements) cases per annum.	Administer the NWED database.	725 landlord and tenant relations cases.
15.0 Manage the NHS Wales Land and Property Portfolio (LAPP)	Undertake LAPP reviews and surveys in line with the LAPP programme.	140 LAPP reviews and surveys.
20.0 Provide professional advice and guidance in the management of GPs rental and rates reimbursement.	Complete rental assessments during ~~2021~~2026/~~22~~27.	144 rental reassessments.
21.0 Provide professional advice and guidance in the management of improvement grant applications per annum.	Advice and guidance.	25 improvement grant applications.
23.0 Provide professional advice and guidance in support of the development of primary care Third Party Developments (3PDs) and capital schemes.	Advice and guidance.	60 3PDs and capital schemes
27.0 Provide professional engineering advice and guidance in support of the provision of decontamination services.	Issue annual validation and performance testing programme reports within 4 weeks of the test.	196 machines for testing.

Service Deliverable	Outputs	Estimated Volumes Per Annum
33.0 Provide professional engineering advice and guidance to support fire safety.	Report on independent Fire Safety Reviews before 31st March ~~2026~~2027.	5 independent fire safety reviews to be completed.

ANNEX 2 – Data Processing

Scope	Personal and Commercially Sensitive data processed by Specialist Estates Services
Nature	Employee management Training Legal Deeds and documents Technical Surveys and reports Rental Reimbursements Property databases Testing reports Project Related Design Contract documentation Audit information Risk management Independent reviews Strategies Tenders Construction related information including contracts, audit and correspondence General correspondence related to the above purposes
Purpose of processing	Statutory responsibilities Employment related functionality Legal related work Surveys Official business Commercial engagements Audit Risk Review
Duration of the processing	The nature of the processing and duration of each is related to a legitimate business need under the UK General Data Protection Regulation. Duration of processing is only for the time required for the task and the NHS Wales Shared Services Partnership (NWSSP) follow strict Records Management principles to manage and control the retention and destruction of information no longer required after a specific time

Types of personal data	Categories of Personal data as defined in Article 4 of UK GDPR (General Category Personal Data)
Categories of data subject	Categorisation of data subjects as defined in Article 4 of UK GDPR (Categorisation of Data Subjects) including employees, suppliers, customers/clients, job applicants, consultants, visitors, contractors

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Cyfreithiol a Risg
Shared Services Partnership
Legal and Risk Services

SERVICE SCHEDULE D
LEGAL AND RISK SERVICES AND WELSH RISK POOL SERVICES

Version: 10
Date: February 2026

1. CLINICAL NEGLIGENCE/NHS REDRESS

Service objective

- **To provide high quality management of Clinical Negligence Claims and advice under NHS Redress Regulations**

Management of Clinical Negligence Claims for NHS Trusts/LHBs in Wales

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide legal advice and act in legal proceedings		
• Advise and act on behalf of Health Boards/Trusts in clinical negligence matters, in accordance with the arrangements set out in Appendices 1 and 5	• Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in Appendices 1 and 4	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

Support NHS Trusts/LHBs in Wales in Managing the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 (Putting Things Right and Redress)

Service Deliverable – To provide legal advice and support		
• Advise Health Boards/Trusts in the NHS PTR and Redress Processes, in accordance with the arrangements set out in Appendices 1 and 5	• Provide clear, timely instructions, evidence and access to staff initially and upon request, in accordance with the arrangements described in Appendix 4	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

Support the WRP Committee

Service Deliverable – To provide information and advice		
• Advise/provide information to the Committee to assist in making decisions about re-imbursement of clinical negligence claims (refer to Appendix 3).	• Provide monthly financial information to L&R/WRP Finance Business Partner to enable prompt reconciliation of claims data to support the resource modelling for the WRPS	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence • Month on month review of variances and achievement of budget

Lessons Learned from issues which may lead to Clinical Negligence Claims

Service Deliverable – To Assist NHS bodies in Wales in Learning Lessons from Clinical Negligence Claims		
• Advise Health Boards/Trusts about weaknesses in practice identified from the management of Clinical Negligence claims • Identification of trends or key risks affecting NHS Wales • Engage with national groups and drive all-Wales programmes to promote awareness of claims and key issues • Conduct reviews of Health Board/Trust arrangements for the management of claims and issues which may lead to a claim.	• Ensure that arrangements are in place to critically review arrangements to address weaknesses to reduce the risk of recurrence and cascade learning throughout the organization	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence • Themed work approved by the WRP Committee • WRP Assessments

2. PERSONAL INJURY

Service objective

- ♦ **To provide high quality management of Personal Injury claims (Employers' and Public Liability)**

Management of Personal Injury Claims for NHS Trusts/LHBs in Wales

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide legal advice and act in legal proceedings		
• Advise and act on behalf of Health Boards/Trusts in clinical negligence matters, in accordance with the arrangements set out in Appendix 1 and 5	• Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in Appendices 1 and 4	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

Lessons Learned from Personal Injury Claims

Service Deliverable – To Assist NHS bodies in Wales in learning lessons from Personal Injury claims		
• Advise Health Boards/Trusts about weaknesses in practice identified from the management of Personal Injury claims • Identify all Wales trends and risks • Engage with national groups and drive all-Wales programmes to promote awareness of claims and key issues • Conduct reviews of Health Board/Trust arrangements for the management of claims and issues which may lead to a	• Ensure that arrangements are in place to critically review arrangements and to address weaknesses to reduce the risk of recurrence and cascade learning throughout the organization	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence • Themed work approved by the WRP Committee

3. LEGAL ADVICE TO NHS BODIES IN WALES

Service objective

- **To provide legal advice and to act in healthcare related legal matters**

Legal Advice

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide legal advice and support		
• To provide legal advice and support to Health Boards/Trusts in legal matters in accordance with the arrangements set out in Appendices 1 and 5, including without prejudice to the generality of the legal services to be provided, such legal services listed in Appendix 2.	• Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in Appendices 1 and 4	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

4. INQUESTS

Service objective

- **To provide high quality legal advice and support at Inquests**

Legal Advice and Support in relation to Inquests for NHS Trusts/LHBs in Wales

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide legal advice and act at Inquests		
• Advise and act at Inquests where the Health Boards/Trust has been identified as an *Interested Person*, in accordance with the arrangements set out in Appendices 1 and 5.	• Provide clear, timely instructions, evidence and access to staff initially and upon request, and to reimburse invoices in accordance with the arrangements described in Appendices 1 and 4	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

Lessons Learned from Inquests

Service Deliverable – To Assist NHS bodies in Wales in learning lessons from Inquests		
• Advise Health Boards/Trusts about lessons arising from Inquests • Advise Health Boards/Trusts about weaknesses in practice identified from the management of Coronial Inquiries and Inquests • Identify all Wales trends and risks • Conduct reviews of Health Board/Trust arrangements for the management of Coronial Inquiries	• Set up and maintain appropriate communications to ensure lessons learned promulgated throughout the organization	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence • WRP Assessments

5. REIMBURSEMENTS TO HEALTH BODIES AND LEARNING FROM EVENTS (appendix 3)

Service objective

- **To provide timely and accurate reimbursements to members and to ensure that NHS Wales learns from events to improve quality and safety**

Reimbursement arrangements

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To reimbursement members in respect of claims		
• To ensure that that there are robust procedures for the receipt and management of claims & redress cases for the timely and accurate reimbursement	• Submit claims in accordance with the reimbursement procedures.	• Key performance indicators in place governing the timely receipt and reimbursement

WRP Committee

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To ensure that there is multidisciplinary review of claims		
• To ensure that that there is an effective Committee for the scrutiny of claims including a multidisciplinary review to consider trends and scope for additional work	• Ensure that there is adequate representation in accordance with the Terms of Reference	• Learning Advisory Panel • WRPC Terms of Reference • Annual Review • Themed work

Learning from Events

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – Assurance on systems of learning		
• To ensure that systems and processes are in place to provide assurance that key weaknesses (section 1.4 refers) have been addressed and that lessons have been cascaded	• Ensure that claims are fully supported by adequate information that systems have been reviewed and amended as appropriate to address weaknesses	• Outcome from Learning Advisory Panel and WRP Committee • Assessment of high-risk clinical and non-clinical areas • WRP Assessments

Resource management

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To ensure adequate liquidity to reimburse members		
• To ensure that effective processes are in place to determine likely resource requirements and to secure appropriate funding from the WG	• Ensure that information requests are responded to in a timely and accurate manner	• Achievement of financial resource balance

6. CLAIMS SUPPORT (Appendix 3)

Service objective

- **To provide high quality claims management advice and support**

Claims & Redress Case Management Support

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide claims management advice and support		
• Provide support and guidance to staff managing claims within member organisations to ensure that claims are effectively managed	• To ensure that adequate and appropriately trained resources are provided for the ongoing management of claims	• Customer satisfaction survey

Assessment of standards for the management of concerns and claims within Health Boards and Trusts

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – An assessment of arrangements within Health Bodies and Trusts		
• To maintain standards for the assessment of the management of claims, redress cases and matters which may give rise to a claim	• To ensure that arrangements are in place for the management of concerns and claims	• Assessment scores and reports

Management of the Once for Wales Concerns Management System (OfWCMS)

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators

Service deliverable – Management of the Once for Wales Concerns Management System (OfWCMS)		
• To lead the procurement and operation of systems which make up the OfWCMS • To implement a governance framework for the operation of an all-Wales OfWCMS • To collate and validate safety and event data from the OfWCMS to comply with requests from Welsh Government, NHS Executive and other appropriate bodies.	• To provide representation to the OfWCMS Programme Board, sub-groups and workstreams to achieve a consensus on all-Wales operations of the systems • To provide data when requested for validation and management of all-Wales safety data	• OfWCMS Terms of Reference • OfWCMS Memorandum of Understanding • Safety data reports

7. RISK (Appendix 3)

Service objective

- **To provide high quality risk management advice and support**

Risk Management Advice and Support for NHS Trusts/LHBs in Wales

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide an assessment of high-risk clinical areas		
• To develop and assess clinical evidence criteria for high risk clinical areas	• To demonstrate compliance with clinical evidence criteria	• Assessment scores and reports

Risk Management Advice and Support for NHS Trusts/LHBs in Wales

Responsibilities of NWSSP L&R	Responsibilities of Health Board /Trust	Quality Standards/ Performance Indicators
Service deliverable – To provide an assessment of high risk clinical areas		
• Actively contribute to risk management across the NHS in Wales, in particular to provide the services listed in Appendix 3, in accordance with the arrangements set out in Appendix 5	• Provide clear, timely information, access to staff initially as required, in accordance with the arrangements described in Appendix 4	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

8. TRAINING

Service objective

- **To provide high quality training on legal and risk related issues**

Training

Service Deliverable – To deliver seminars and workshops on topical legal and risk issues		
• Provide seminars and workshops on an ad hoc basis, on relevant technical subjects, including topics requested by Health Boards/Trusts/GPs.	• To support seminars and workshops. • Offer feedback and indicate training requirements	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

9. LEGAL MONITORING SERVICES

Service objective

- **To provide high quality legal monitoring services**

Training

Service Deliverable – To monitor and report on the services of external legal services providers		
• To monitor and report on the services of external providers of legal services in accordance with the arrangements described in Appendix 5	• To make arrangements for Legal and Risk Services to receive notification of the instruction of external providers and to instruct providers to co-operate with requests for information, in accordance with the arrangements described in Appendix 5	• Law Society Lexcel Quality Standard • SRA/Solicitors' Code of Conduct • Customer Service Excellence

Appendix 1

Financial Arrangements

1. Save for the exceptions set out in paragraph 5 of this Appendix 1 of this Schedule, Legal and Risk Services shall provide the services herein at such rates as may be agreed annually.

2. The rates that have been agreed for 2025/26 are:

- ££106.55per hour for work conducted by a qualified solicitor, barrister or CILEX Fellow, and
- ££82.84per hour for work undertaken by others.

3. In addition to the rates described in paragraphs 1 and 2 of Appendix 1 of this Agreement the instructing NHS body shall pay or reimburse such expenses, disbursements and costs as Legal and Risk Services may reasonably incur on its behalf for the provision of the services.

4. The instructing NHS body shall pay within 14 days of receipt:

- The quarterly invoice raised for all approved chargeable matters since the previous quarterly invoice. Any request for reimbursement or payment of such expenses, disbursements or costs that Legal and Risk Services has incurred on behalf of the Instructing Body for the provision of the services. Charges for legal advice relating to Employment matters are approved at the end of the financial year and added to the final quarterly invoices raised on the last working day of March.

5. Whereas at the commencement of this Agreement the Welsh Government provides funding for Legal and Risk Services to provide the following services, subject to the requirements of paragraph 3 of this Appendix 1 of this Schedule which shall apply in any event Legal and Risk Service shall until such time as the Welsh Government ceases to provide such full funding provide the following services free of charge:

- Legal services by way of advising or acting on behalf of an instructing NHS body in relation to a Clinical Negligence claim.
- The Legal Monitoring Services described in Appendix 5.

- The Risk Management Services described in Appendix 5.

6. At such time as the Welsh Government shall cease to provide funding for Legal and Risk to provide any or all of the services described in paragraph 5 of Appendix 1 of this Agreement the provisions of paragraphs 1 - 5 of Appendix 1 of this Agreement shall apply to the provision of those services.

Appendix 2

List of Legal Services

- Advising on the impact of NHS reorganisation of the existing contractual commitments
- Alternative Dispute Resolution/Mediation
- Clinical Negligence and Personal injury litigation
- Commissioning, commercial litigation, contracts and service level agreements (at drafting and dispute stage)
- Corporate Governance
- Criminal Prosecutions
- Data Protection, Freedom of Information and Confidentiality
- Debt recovery (including overpayments and unpaid invoices).
- Doctors Disciplinary Cases, Professional Conduct and Competency
- Employment Disputes, Employment Contracts, Policy and Procedure, TUPE, Employment Tribunal Cases
- Environmental Legislation
- FHSAA appeal hearings
- General and Legal Advice and Assistance
- Healthcare related Family Law matters
- Healthcare regulatory law

- Horizon scanning/alerts
- Human Rights Act, Disability Discrimination Act, The Sex Discrimination (Gender Reassignment) Regulations 1999 and the Gender Recognition Act (2004), Equality Act 2010 and other anti-discriminatory legislation
- Immigration Law
- Income Generation
- Informed Consent (adults, children, mentally incapacitated individuals)
- Insolvency
- Intellectual Property
- Legal challenges to *NHS Body* decisions (including Judicial Review Proceedings)
- Media Law and Internet Regulation and defamation
- Mental Capacity Act 2005, Best Interests, the Deprivation of Liberty Safeguards and applications to the Court of Protection
- Mental Health Acts 1983 and 2007
- NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 including investigation of incidents, complaints under PTR and application of Redress
- Independent Review and Public Services Ombudsman Investigations
- Partnership Arrangements with other Organisations
- Procurement Law
- Project Planning

- Property Law and Litigation
- Public and Internal Inquiries, Health and Safety and Trading Standards issues and Environment Agency prosecutions
- Public relations advice
- Registered Nursing Homes, CSIW cases, continuing care and discharge of care.
- Risk, Product Liability and Health and Safety
- Supplementary prescribing and Patient Group or Specific Directives. Provision of advice on indemnity and related matter
- Drafting and contributing to project documentation

Appendix 3

List of Welsh Risk Pool Services

- Ensure an effective Committee is established with multidisciplinary input to provide advice and guidance on issues including indemnity, reimbursement and learning from events.
- Establish clear board level communication with member organisations to promote awareness of claims against NHS Wales
- Financial pooling and claims reimbursement for all NHS Wales organisations.
- Forecast and control budget for reimbursement, including agreement of funding directly with WG.
- Ensure that arrangements are in place within NHS Wales organisations to learn from events to reduce the risk of recurrence: to include the delivery of primary care via general practitioners and associated healthcare staff.
- Identifying trends and key issues arising from claims and assessments that may impact on delivery of patient care.
- Review successful claims to assess proposed remedial action and monitoring address the identified failings and are deemed sufficient to minimise the risk of recurrence.
- Ongoing management and valuation for accounting purposes of claims settled using periodical payments.
- Management of claims relating to the activities of the former health authorities.
- Management of claims arising from general medical practice

Assessing standards of performance in risk and claims & concerns management.

- Management of the Once for Wales Concerns Management System (OfWCMS)

- Claims advice and support including the provision of direct claims management services for NHS bodies by separate arrangement.
- Facilitation of specialist networks for risk, claims and complaints managers.

- Risk management guidance, education, management development and training.

- Thematic work to address identified trends (e.g. Consent Programme, WRP Maternity & Neonatal Programmes).

- Identification and dissemination across Wales of good practice identified as part of claims assessment process (i.e. ensuring that risks and action taken are communicated to all NHS bodies).

- Undertake assessment of high-risk clinical and non-clinical areas to provide assurance of overall arrangements.

Appendix 4

The Duties of the Instructing NHS Body

1. Subject to the provisions of the NHS Redress (Wales) Measure 2008 (where applicable) the instructing NHS body shall instruct Legal and Risk Services as soon as reasonably practicable upon becoming aware of a requirement for legal services for which it intends or is required under the provisions of this Agreement to instruct Legal and Risk Services, including but not limited to its awareness of:

    - Any written or oral communication that intimates an actual or possible legal action or claim against the instructing NHS body,
    - A letter of claim in accordance with a pre-action protocol under the Civil Procedure Rules.
    - Any application, notice, order, claim form, particulars of claim or similar document under the Civil Procedure Rules or under the rules of any other court or tribunal.
    - Any circumstance or set of circumstances that gives rise to a need for legal services.

2. Upon receipt and acceptance of instructions by Legal and Risk in accordance with the provisions of Appendix 2 of this Agreement the instructing NHS body shall:

    Provide Legal and Risk services with a timely response to requests for information, access to documentation, staff and premises and financial re-imbursement for expenditure reasonably incurred by Legal and Risk Services in the provision of the services.

    Provide Legal and Risk Services with clear, comprehensive and timely instructions.

    Where the instructing NHS body does not agree or accept advice provided by Legal and Risk Services request clarification of the advice provided or provide Legal and Risk Services with a clear and logical explanation.

    Where the Instructing Body is not able to agree with Legal and Risk Services the action to be taken in respect of any legal

advice provided by Legal and Risk Services, refer the issue to the authorised officer for legal services of the Instructing Body for determination.

Indemnify Legal and Risk Services for any expenditure reasonably incurred on behalf of the Instructing Body and for any financial settlement or agreement of any liability made by Legal and Risk Services under the instruction and on behalf of the instructing NHS body.

3. **If Legal and Risk is unable to act** an instructing NHS body may instruct another provider of legal services:

It shall instruct the provider to notify Legal and Risk Services of such instruction in accordance with such arrangements as may be agreed from time to time.

3.2. It shall provide or instruct the other provider of legal services to provide such additional information as Legal and Risk Services may request from time to time.

Appendix 5

Service Provision

The Provision of Legal Services

1. Legal and Risk Services shall provide Legal Services to NHS bodies in Wales:

1.1.1 Subject to expertise, capacity and compliance with the standards referred to in paragraphs 1.1.1 - 1.1.2 of this appendix 5, upon receipt and acceptance of instructions from an instructing NHS body, Legal and Risk Services shall provide legal services by way of advising or acting on behalf of the instructing NHS body, and shall have in place quality arrangements for the provision of the same in accordance with the requirements of:

1.1.2 The Lexcel quality assurance standard of the Law Society of England and Wales where applicable, and

1.1.3 The Solicitors Regulation Authority.

1.2 Without prejudice to paragraph 1.1 of this appendix 5 upon acceptance of instructions Legal and Risk Services shall advise or act on behalf of the instructing NHS body in a manner that is timely, accurate and effective.

1.3 Legal and Risk Services shall provide to the instructing NHS body such quality and performance information as may be agreed from time to time with the instructing NHS body.

The Provision of Legal Monitoring Services

2. Legal and Risk services shall provide the following legal monitoring services to NHS bodies in Wales:

2.1 Subject to expertise and capacity, upon receipt and acceptance of instructions from an instructing NHS body or from

Legal and Risk Services shall monitor and report on the services of an external provider of legal services in accordance with the provisions of paragraph 2.2 of this Appendix 5.

Legal and Risk Services shall:

2.1.1 Review a summary of the instructions provided to the external provider of legal services,

2.1.2 Review such further information as may be provided or as Legal and Risk may request,

2.2 Prepare a report on the cost, time and quality of the work undertaken by the external provider of legal services in such format as may be agreed from time to time between the Legal and Risk Services and an instructing NHS body.

The Provision of Risk Management Services

3. Legal and Risk Services shall provide risk management services to NHS bodies in Wales.

4. Without prejudice to the generality of the services to be provided under this Agreement, such risk management services shall include the services set out in Appendix 3 of Schedule D.

Appendix 6 of Schedule D

Data Processing

Scope	Legal & Risk Services
Nature	Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.
Purpose of processing	To enable support of the NHS Wales Legal & Risk Services function, namely: Human Resources of staff (staff records, PADRs, reviews, etc) Correspondence and Communication Minutes, agendas and meeting papers Procurement activity Health Records Legal advice and case management Court documents, pleadings and proceedings CRU documents Policies and procedures Department of Work and Pensions processes Employee settlements Expert reports Financial records (special damages, settlements, invoices, disbursements) General Medical Council Local Authority/Educational information Product documents Property related documentation Witness administration (statements) Welsh Risk Pool records and documents (database) Reimbursements Payment Case Management Redress information Claim reviews/investigations/inspections/indemnities

Duration of the processing	Continuous requirement to process data for management of the Legal & Risk Services function but only in line with legal processing (with consent where required) and retained under Records Management principles.
Types of personal data	Human Resources records Healthcare data Reporting data Purchasing information Personal information Sensitive personal information Patient information Sensitive patient information Business Sensitive information
Categories of data subject	General and Special Category Personal Data as defined in Articles 4 and 9 of UK GDPR in which the information is identified as Personal and sensitive identifiable, Patient and sensitive patient identifiable and Business/commercially sensitive

Title:	**PCS Service Level Agreement 2026/2029**		
Date:	Feb 2026	**Release:**	March 2026
Author:	Nicola Phillips, Director of Primary Care Services		
Owner:	Nicola Phillips, Director of Primary Care Services		
Clients:	Swansea Bay University Health Board; Aneurin Bevan University Health Board; Betsi Cadwaladr University Health Board; Cardiff & Vale University Health Board; Cwm Taf-Morgannwg University Health Board; Hywel Dda University Health Board; Powys teaching Health Board, Welsh Government		

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Note: This document is only valid on the day it was printed

FINAL

SERVICE LEVEL AGREEMENT 2025/2028

This is the Service Level Agreement (SLA) between NHS Wales Shared Services Partnership – PCS (PCS), Health Boards (HBs) in Wales and Welsh Government (WG).

The document identifies the main service areas as set out in the table below. The detail contained in this Service Level Agreement is intended to clarify the services to be provided by PCS and to differentiate between the responsibilities of HBs and PCS. It will need to be further developed and amended over time.

It is implicit in the arrangements between the PCS division of NWSSP and HBs that the PCS Department will authorise non-discretionary non-cash limited payments on behalf of the HBs where the underlining statutory requirements are met. The authorisation will be carried out in accordance with the PCS authorisation arrangements. Where discretion is applicable, the PCS Department will liaise accordingly with the HB.

Shared Services' Caldicot Guardian will deal with any routine Caldicot and GDPR issues. Complex, contentious or public interest matters will be referred to the Caldicot Guardians of HBs/WG.

PCS recognises that some HB activity is in the commercial in confidence domain. PCS will work in a manner to seek to ensure that matters relating to commercial in confidence issues are not disclosed without the specific approval of HBs.

To assist in the process of delivering this aspect of the Service Level Agreement (SLA), Standard Operational Procedures (SOPs) have been developed and throughout the document are appropriately referenced and are available on request at nwssp-primarycareservices@wales.nhs.uk. They are updated as needed to reflect any changes as part of the compliance with ISO 9001 accreditation. Similarly, the performance/quality measures identified in the SLA may require further development as the service itself changes.

Key Performance Indicators (KPIs) will be developed in partnership with HBs/WG in line with service plans and these will continue to be developed as services evolve. To ensure the effectiveness of the services listed below, each is strategically aligned with NWSSP's core objectives as outlined:
Our People – Working together to be the best that we can be.
Our Services – Driving the pace of innovation and consistently providing high quality services.
Our Value- Maximising the benefit, efficiency, and social impact of what we do for our partners.

Any activity requested of PCS by HBs/WG that is not specifically prescribed under the relevant service regulations and dealt with in this SLA will normally be subject to an additional charge.

For further information or any queries relating to the content of this document should be referred to nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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	➢ To process applications in respect of SFE for locum allowances including Sickness, Maternity, Paternity and Adoption	
	➢ To notify patients of practice changes including dissolutions and mergers of contracts and contractor retirements	
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	➢ Ensure that the Primary Care Registration Management (PCRM) System operates effectively and efficiently as a patient registration database and all GMS contract claims/payments are processed in accordance with the provisions of the SFE	
	➢ Monitoring the assignment process of individuals as part of the Safeguarding Children Scheme	
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	➢ To provide the Welsh Government (WG), Department of Health (DoH) and HBs with accurate information from the PCRM System	
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- The consideration of applications in respect of Rurality from Community Pharmacy Wales (CPW), Local Medical Committees (LMCs) or HBs
- The consideration of applications in respect of Outline Consent and Premise Approval for GPs
- To receive, record, sort and scan all prescriptions submitted for pricing by Welsh dispensing contractors
- To capture all information necessary to enable all prescriptions to be priced and prepare remuneration reports
- To complete all tasks to ensure that remuneration for submitted prescription items meets quality standards
- To maintain the security of data captured during the remuneration process
- To produce dispensing reports and ensure that they are accessible to all relevant stakeholders
- To develop, maintain and ensure the availability of data for a suite of web applications
- To provide data to and receive data from designated stakeholder organisations
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	➢ To prepare and cleanse patient medical records. ➢ To develop, maintain and update national protocols and guidance to support the summarising process. ➢ To summarise patient medical records via the remote access functionality. ➢ To undertake quality assurance to provide clinical assurances for GP Practices.	
17.	**Business Information / Reporting**	84-90
	➢ To produce dispensing reports and ensure they are accessible to all relevant stakeholders ➢ To develop, maintain and ensure the availability of data for a suite of web applications ➢ To develop, maintain and ensure the availability of data for a suite of desktop applications ➢ To provide data to and receive data from designated stakeholder organisations	
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1. Communication Arrangements

Service objectives / deliverables
➢ To communicate effectively with customers and stakeholders

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Identification of staff knowledge gaps regarding services available to the HB ▪ HBs to extend an invitation to the Director of PCS to attend National Heads of Primary Care Group meetings	▪ Engage with stakeholders through existing communication channels ▪ Signposting stakeholders to PCS key sites including but not limited to SharePoint, SLA, Action Point, EPS ▪ To facilitate the delivery of information sessions to HB staff and other external agencies ▪ Director of PCS to attend National Heads of Primary Care Group meetings as requested. ▪ Maintain and manage user access to dashboards, including regular refresh and troubleshooting where issues arise and provide ongoing developments as required.	▪ Delivery of 'PCS Engagement sessions' via TEAMS. ▪ Data refresh of dashboards to reflect changes in activity ▪ Routine EPS amendment requests to be developed and deployed to dashboards/website within 10 working days of request. ▪ Urgent EPS amendment requests to be developed and deployed to dashboards within 5 working days of request/identification. ▪ Urgent changes to information published on website within 5 working days		

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2. General Medical Services (GMS)

Service objectives / deliverables
➢ To act on behalf of HBs in dealing with contractual matters

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
Decision on: ▪ Establishment of new GMS/Personal Medical Service (PMS) contracts ▪ Mergers/splits ▪ Cessation of contracts	▪ To ensure Common Practitioner Module (CPM) database adequately reflects the contracts held by HBs including details of performers within a contract (including managed practices). ▪ To notify, as necessary, patients of individual performer contracts. ▪ Process all necessary internal administration relating to new/replacement partners ▪ PCS to maintain a database of Contractors. ▪ To provide technical and financial advice including that relating to managed practices. ▪ To ensure policy and procedural elements are available for implementation of EPS function by the practice, including undertaking periodic audit activities in accordance to EPS policy	▪ Available no later than the commencement of contract. ▪ PMS and/or alternative provider practices in accordance with WG Directions ▪ Run reports on smartcard users to check numbers and roles assigned.	M-SOP-001	

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2. GMS (cont)

Service objectives / deliverables
➢ To ensure appropriate arrangements are in place for entry to and removal from the Medical Performers List (MPL) (to include freelance locums, retainers and salaried doctors), General practitioners (GPs), Registrars and Personal Medical Services (PMS).

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ HBs will decide in accordance with NHS Regulations and following receipt of information from PCS which doctors are to be admitted to or removed from to the above Lists ▪ To commission appropriate enhanced and supplementary services	▪ Process all necessary forms for HBs relating to doctors wishing to be admitted to the MPL. ▪ Make appropriate checks with Disclosure Barring Service (DBS), General Medical Council (GMC), CFSMS and other statutory bodies regarding applications for admission to the List ▪ Make appropriate checks for clinical references, professional indemnity, public liability (where appropriate), language testing ▪ To monitor continuation of inclusion in professional registers. ▪ To monitor compliance with insurance requirements. ▪ Maintain an up to date MPL accessible by HBs via SQL database.	▪ Complete process within 10 weeks, except PMS which requires agreement with WG.	M-SOP-003	KPI 6 KPI 6A KPI 13

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2. GMS (cont)

Service objectives / deliverables
➢ To ensure appropriate arrangements are in place for entry to and removal from the Medical Performers List (MPL) (to include freelance locums, retainers and salaried doctors), General practitioners (GPs), Registrars and Personal Medical Services (PMS).

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ To sign off routine applications for entry to the List ▪ Where applicable (and for non-routine applications), forward the appropriate completed pack with recommendations as appropriate to HB for determination ▪ To issue appropriate letters to medical performers on behalf of HBs ▪ To process the administration of enhanced and supplementary service applications, as and when required to do so by HBs. ▪ To undertake an annual review exercise on behalf of the HBs. ▪ DBS fees to be charged separately to HBs.		M-SOP-004	

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2. GMS (cont)

Service objectives / deliverables
➢ Maintain and amend the MPL

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Publicise the MPL	▪ Maintain central List of all medical performers for all HBs in Wales ▪ Advise HBs of admissions/deletions, etc. ▪ To assist HBs with guidance relating to the Performers List regulations.	▪ Issue lists and updates to HBs as appropriate.	M-SOP-003	

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ Quality Assurance and Improvement Framework (QAIF) process

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Agreement of QIF points in respect of Quality Assessment ▪ Agreement of QIF points in respect of Quality Improvement ▪ Ensure appropriate data is shared with PCS in a timely manner to inform/enable statutory payments. ▪ Ensure random prepayment checks of practice achievement claims	▪ Action payments in a timely manner and in accordance with statutory payment deadlines. ▪ Provide supporting data, as required	▪ Payment in accordance with the SFE.	M-SOP-042	KPI 1

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ To ensure eligibility for Seniority and Partnership Premium Payments in accordance with the Statement of Financial Entitlements (SFE)

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with the SFE	▪ Maintain appropriate records relating to GPs' dates of GMC registration and date of entry to the MPL (or former equivalents) ▪ Maintain details of reckonable clinical service for GP's and non-GP Partners ▪ Where applicable provide advice to GPs and non-GP partners.	▪ Payment in accordance with SFE.	M-SOP-40	

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ To process applications in respect of SFE for locum allowances including Sickness, Maternity, Paternity and Adoption

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure compliance with statutory requirements ▪ Approve applications from GPs including Sickness, Maternity, Paternity, Adoption, Neo Natal care, Shared Parental leave and suspended doctors in accordance with SFE provisions	▪ Assess when required eligibility for payment ▪ Provide forecast as required by HBs. ▪ Make payments	▪ Applications to be passed to HBs for consideration within 3 working days from the date of receipt. ▪ Payment in accordance with SFE and within one month of the authorisation or if not practicable, by no later than the end of the month following the month of authorisation.	M-SOP-006	

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ To notify patients of practice changes including dissolutions and mergers of contracts and contractor retirements

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure patients are aware of practice changes ▪ Funding of notifications issued by PCS.	▪ Notification to patients (as required) of changes in practices as directed by the HB. ▪ Appropriate recharges to be applied to the responsible HB.	▪ Letters to be agreed with HBs and practices and normally sent to PCS at least 14 days before changes occur. ▪ PCS to issue communication (prepare merge, print & post) within 6 working days of receipt from HB.	M-SOP-007	

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ Assignment of patients to contractors in accordance with GMS regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure patients, including safe haven patients are assigned in accordance with regulations and local arrangements ▪ Hear representations against assignments	▪ Assignments including safe haven patients to be made in accordance with policy agreed with HBs ▪ Assisting as required with Closed Lists. ▪ To provide quarterly/annual reports on removal at doctor's request and assignments. ▪ When requested, attend safe haven patient scheme meetings	▪ Reports on assignments to be provided to HBs on a quarterly basis. ▪ PCS action patient assignment within 1 working day.	M-SOP-008	KPI 2

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ Ensure that the PCRM System operates effectively and efficiently as a patient registration database and the Medical Record Transfer application (MR Transfer) for the processing of medical record transfers. All GMS contract claims/payments are processed in accordance with the provisions of the SFE

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure that Statutory provisions are observed on all aspects of patient and clinical services.	▪ Routine medical record transfers to/from GMS contractors and other Primary Care Agencies ▪ Listing of outstanding Medical Records for GP/Partnership/PCS ▪ Urgent transfer of clinically necessary medical records ▪ Retention of digital and paper medical records ▪ Arrangement of archiving aligning to WG directive of both digital and paper for deceased and suspended medical records ▪ Deal accordingly with requests for release of medical records ▪ Assisting in providing access to medical records national initiatives ▪ Maintain GP patient list including acceptances/deductions and allocations	▪ PCS to transfer 98% within 3 weeks of request ▪ PCS to transfer to recipient within 5 working days ▪ Urgent Medical Record transfer within 2 working days ▪ Statutory time periods http://howis.wales.nhs.uk/doclib/WHC(00)71_appbret.htm	M-SOP-009	KPI 3 KPI 4

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3. GMS (cont)

Service objectives / deliverables
➢ Ensure that the PCRM System operates effectively and efficiently as a patient registration database and all GMS contract claims/payments are processed in accordance with the provisions of the SFE

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Maintain Registration Computer Links with GP practices ▪ Acceptance/deduction to/from GPs list for linked. ▪ Provision of relevant reports to practices and HBs, WG and other parties. ▪ Liaison with NHS National Back Office – EDI Links including Adoption, Gender Reassignment procedures. ▪ Patient removals at GPs request (including immediate removals of violent patients ▪ Removals at patient request	▪ Within 2 working days ▪ Within 2 working days	M-SOP-012 M-SOP-013 M-SOP-014 M-SOP-015 M-SOP-016 M-SOP-017	KPI 5

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2. GMS (cont)

Service objectives / deliverables
➢ Ensure that the PCRM System operates effectively and efficiently as a patient registration database and all GMS contract claims/payments are processed in accordance with the provisions of the SFE

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ GP list changes (bulk transfers, retirements etc) ▪ Up to date lists of GPs sent to patients on request ▪ All patients with 'no PAF key' report undertaken ▪ Quarterly and Annual review of GP dispensing lists ▪ List inflation monitoring/FP69/immigration/Anti-age/Student/Multi-occupancy ▪ Residential/Institution checks ▪ Run reconciliation programmes between GMS Contractor databases with PCRM database ▪ Check quarterly MES reporting ▪ Quarterly duplicate reports checking ▪ Review any hospital notes sent to the incorrect recipients ▪ Review incoming requests from hospitals for patient's details	▪ At least every 3 years	M-SOP-020 A-SOP-QA-001 A-SOP-QA-015 A-SOP-QA-011 A-SOP-QA-007 M-SOP-022 M-SOP-023	**KP19**

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2. GMS (cont)

Service objectives / deliverables
➢ Ensure that the PCRM System operates effectively and efficiently as a patient registration/claims/payments database and all GMS contract claims/payments are processed in accordance with the provision of the SFE

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Issue new medical cards (letter format) ▪ Process mismatches of patients (e.g. NDRI) ▪ Salvation Army missing persons/trace line requests ▪ Issue health related exemption certificates ▪ Issue Entitlement Cards, as appropriate, for all Wales ▪ Scanning and reconciliation of additional patient notes/hospital letters ▪ Provision of capitation reports to WG, HBs and DOH ▪ Audit enquiries of patients ▪ Monitor GP patient death details		M-SOP-024 M-SOP-025 M-SOP-039	

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2. GMS (cont)

Service objectives / deliverables
➢ Monitoring the assignment process of individuals as part of the Safeguarding Children Scheme

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Safeguarding Children for the Health Board	▪ To monitor and report figures of children under 18 years who remain un-registered following removals as OPA/7-day practice request	▪ Patient Safety, monthly reporting		

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FINAL

2. GMS (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with Statutory Regulations and payment timetables	**Process local payments relating to:** ▪ Global Sum and Practice Support Payments - Monthly Payments ▪ Quarterly Payments ▪ GP Superannuation Scheme (Administration) ▪ Payments to Doctors who dispense ▪ Payments to Doctors for personally administered drugs and appliances	▪ All payments to be processed and accurately paid within statutory requirements. .	M-SOP-026 M-SOP-028 M-SOP-029	KPI 1

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2. GMS (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Enhanced Services payments ▪ Aspiration payments ▪ Achievement payments ▪ Childhood Immunisation payments ▪ Locum payments for sickness, maternity, paternity, neonatal care, adoption, shared parental leave and suspended doctors ▪ Seniority/Partnership Premium payments ▪ Retainer Scheme Payments ▪ GP Registrars Scheme ▪ Appropriate travel and subsistence payments, e.g. Section 63		M-SOP-031 M-SOP-032 M-SOP-033 M-SOP-034 M-SOP-035	

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2. GMS (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to GMS contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Recording individual GP NHS profit figure ▪ Water Rates Payments ▪ Improvement Grant Schemes ▪ Calculation and payment of actual rent for GPs, and non-domestic rates payments for GPs ▪ Rent Reimbursement for GPs ▪ Trade refuse reimbursement for GPs ▪ Healthcare waste contract for GPs. ▪ All other payments as required under GMS Regulations		M-SOP-037 M-SOP-035 M-SOP-036 M-SOP-038	

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2. GMS (cont)

Service objectives / deliveries
➢ To provide the Welsh Government (WG), Department of Health (DOH) and HBs with accurate information from the PCRM System

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Utilise information received to effectively manage Primary Care	▪ Data returns for GP Census including any necessary liaison with HBs ▪ HSW quarterly age/sex profile ▪ Production of contractor directories/labels ▪ Download of patient details for mapping counts by Post Code/Ward ▪ PCRM downloads as required e.g. Cancer Research, WDS/PDS ▪ Quarterly downloads to management/HBs ▪ Statutory monitoring returns to WG/DOH ▪ Advice to patients concerning medical cards, health related exemption certificates and entitlement cards. ▪ When requested, maintain, update and review a register of practice boundaries.			

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2. GMS (cont)

Service objectives / deliverables
➢ To effectively manage all PCS operations relating to PCRM System and other GP payment systems

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with statutory requirements in respect of PCRM System	▪ Compliance with Statutory requirements ▪ Management of the PCRM System for HBs ▪ Management of network communications including the ICM System	▪ Undertake a 6-monthly review of system access	M-SOP-043 M-FORM-001 M-FORM-002 M-FORM-003 M-FORM-004	

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2. GMS (cont.)

Service objectives / deliverables
➢ To effectively manage all PCS operations relating to the EPS System

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with statutory requirements	▪ Provide training and invitation to verify identity of RA Agent for Apply for Care ID and Care Identity Management (CIM) ▪ Share guidance to Temporary Access Cards (TACs) ▪ To create and manage roles for Smartcard users within a GP Practice ▪ Respond to ServicePoint calls raised by GP Practices and/or triaged by/to DHCW ▪ To manage Smartcard requests and training for Locum GPs	▪ Locum Smartcard Notification forms are responded to within 2 working days ▪ Apply for Care ID invite sent within 3 working days of receiving notification ▪ ServicePoint calls are responded to within 2 working days		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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3. General Dental Services (GDS)

Service objectives / deliverables
➢ To act on behalf of HBs in dealing with contractual matters

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Decision on: - Establishment of new GDS/PDS contracts - Cessation of contracts - To negotiate and secure dental contracts - To authorise individual dental contracts - To submit appropriate contract details to PCS	▪ To ensure Business Services Authority (BSA) CoMPASS database adequately reflects the contracts held by HBs including details of performers within a contract. ▪ Process all necessary internal administration relating to new/replacement providers/performers ▪ PCS to maintain database of contractors. ▪ To act as the system administrator for the CoMPASS System. As required, to set up the dental contracts on the CoMPASS System. ▪ To ensure that CoMPASS System is updated in accordance with BSA requirements	▪ Available no later than the commencement of contract. ▪ PDS provider practices in accordance with WG Directions ▪ Undertake a 6-monthly review of system access	D-SOP-001 D-SOP-001 App3	

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3. GDS (cont)

Service objectives / deliverables
➢ To act on behalf of HBs in dealing with contractual matters

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Assess eligibility for seniority, business rate reimbursement, patient refunds and maternity, sickness, paternity and adoption payments ▪ Advise HBs on the level of private practice notified by GDS contractors. ▪ To monitor continuation of inclusion in professional registers. ▪ To monitor compliance with insurance requirements.		D-SOP-004 D-SOP-005 D-SOP-006 D-SOP-009	

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FINAL

3. GDS (cont)

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Service objectives / deliverables
➢ To ensure appropriate arrangements are in place for entry to and removal from the Dental Performers List (DPL) (to include Dental Foundation Trainees)

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ HBs will decide in accordance with NHS Regulations and following receipt of information from PCS which dentists are to be admitted to or removed from the DPL	▪ Process all necessary forms for HBs relating to dentists wishing to be admitted to the DPL. ▪ Make appropriate checks with DBS, GDC, CFSMS and other statutory bodies regarding applications for admission to the DPL. ▪ Make appropriate checks for clinical references, professional indemnity, public liability (where appropriate), language testing and eligibility to work in the UK. ▪ To monitor continuation of inclusion in professional registers. ▪ To monitor compliance with insurance requirements. ▪ To sign off routine applications for entry to the List ▪ Where applicable (and for non-routine applications), forward the appropriate completed pack with recommendations as appropriate to HB for determination	▪ All applications for entry to the DPL to be processed within 10 weeks of receipt of application	D-SOP-002 D-SOP-009	KPI 6 KPI 6A

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3. GDS (cont)

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Service objectives / deliverables
➢ To ensure appropriate arrangements are in place for entry to and removal from the DPL (to include Dental Foundation Trainees)

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ To issue appropriate letters to dental performers on behalf of HBs ▪ DBS fees to be charged separately to HBs.		D-SOP-002	

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FINAL

3. GDS (cont)

Service objectives / deliverables
➢ Maintain and amend the Dental Performers List (DPL)

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Publicise DPL	▪ Maintain central List of all dental performers for HBs in Wales ▪ PCS to validate lists ▪ Advise HBs of admissions/deletions, etc. ▪ Where agreed, maintain and update a list of dentists accepting NHS patients and provide this information to HBs and the public.	▪ Issue lists and updates to HBs as appropriate	D-SOP-002 D-SOP-011	

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FINAL

3. GDS (cont)

Service objectives / deliverables
➢ Assist with the administration of the Emergency Dental Scheme (EDS)/Out of Hours (OOH) Rotas

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure EDS operates in accordance with current Regulations	▪ Administer arrangements, including rotas and liaison with dentists and reporting as required on behalf of HBs. ▪ Make payments, as required on behalf of HBs ▪ Ensure provider/performer is on the DPL	▪ Regular activity/financial report to be sent to HBs as may be agreed locally in terms of timescales and content	D-SOP-007 D-SOP-008	

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FINAL

3. GDS (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to General Dental Practitioner contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with Statutory Requirements and payment timetables ▪ To check and authorise CoMPASS System	▪ Enter the baseline financial allocation on the CoMPASS system ▪ Make appropriate contract/financial adjustments as advised by HBs ▪ Ensure appropriate authorisations from HBs are actioned on CoMPASS system ▪ Provide payment data to HBs in order to populate each HB ledger ▪ Appropriate travel and subsistence payments for trainers and trainees, e.g. Section 2 ▪ Discretionary payments on CoMPASS ▪ Dental VT Scheme ▪ Business Rates on CoMPASS ▪ Refund of patients' charges under Statutory Regulations ▪ Enter Superannuation on CoMPASS ▪ Orthodontic payments ▪ Healthcare waste contract for dentists	▪ All payments to be processed and accurately paid within Statutory requirements	D-SOP- 001 D-SOP- 003 D-SOP- 004 D-SOP- 005 D-SOP- 006 D-SOP- 010	KPI 1

3. GDS (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to GDP contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards /Performance Indicators	References	
			SOP	KPI
	▪ Trade refuse payments and recoveries, as required ▪ Statutory monitoring returns to WG/DOH, as required by HBs ▪ Dental Audit Claims - CAPR ▪ All other payments as required under GDS Regulations		D-SOP-013	

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FINAL

4. Community Pharmacy Services (CPS)

Service objectives / deliverables
➢ Approval of entry to and removal from the All-Wales Pharmacy Database (AWPD) (to include Appliance Contractors)
➢ Applications from Pharmacists and Appliance Contractors to relocate Pharmacy premises
➢ Applications from Pharmacists and Appliance Contractors for change of ownership of a Pharmacy

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Arrange for applications by Pharmacists and Appliance Contractors for new pharmacy contracts to be considered in accordance with the NHS (Pharmaceutical Services)(Wales) Regulations (Wales) 2020	**Process all applications relating to :** ▪ Entry to, removal from and relocation of pharmacies in the AWPD ▪ Provide advice and guidance to HBs, Pharmacists and Appliance Contractors ▪ Undertake statutory consultation ▪ Process applications for Change of Ownership ▪ Service Pharmaceutical Application Committees or other Advisory Committee which will determine applications on behalf of HBs ▪ Issue decision letter on behalf of HBs ▪ Assist HBs with appeals ▪ To ensure policy and procedural elements are available for implementation of EPS function, including undertaking periodic audit activities in accordance with the RA Smartcard policy	▪ Decision letter to be issued to applicants within one month of the decision by the Committee/Board ▪ Run reports on smartcard users to check numbers and roles assigned.	P-SOP-001 P-SOP-002	

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ Maintain and amend the AWPD

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Publicise the AWPD	▪ PCS to maintain the AWPD of premises & pharmacists currently in contract with HBs to provide pharmaceutical services ▪ Administer and ensure appropriate access to the AWPD. ▪ Advise HBs of admissions/deletions, etc. ▪ Maintain the NHS Wales Pharmacist Independent Prescribers List	▪ Issue lists and updates to HBs as appropriate	P-SOP-007	

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ The consideration of applications from pharmacists for payments under the Essential Small Pharmacy Scheme, Rota Services and Pharmacist independent Prescribers Scheme , the arrangements for service hours, for directed, advanced and enhanced services.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with statutory requirements ▪ To approve applications	▪ To deal with accreditation issues associated with directed, advanced and enhanced clinical services ▪ Process applications from pharmacists ▪ Issue appropriate letters to pharmaceutical contractors on behalf of HBs	▪ All applications to be processed within 5 working days of receipt for existing contractors/pharmacists on the AWPD.	P-SOP-003 P-SOP-005 P-SOP-009	

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ The consideration of applications in respect of Rurality from Community Pharmacy Wales (CPW), Local Medical Committees (LMCs) or HBs

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To decide on the rurality of specified areas	▪ Process applications relating to rurality ▪ Provide advice and guidance to HBs ▪ Undertake statutory consultation ▪ Service the Pharmaceutical Application Committees or other Advisory Committee which will determine applications on behalf of HBs ▪ Issue appropriate letters to relevant interested parties on behalf of HBs ▪ Assist HBs with appeals	▪ All decision letters to be issued within one month of the Committee/Board decision.	P-SOP-001	

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ The consideration of applications in respect of Outline Consent and Premise Approval for Dispensing GPs

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To determine applications for Outline Consent and Serious Difficulty	▪ Process applications relating to Outline Consent and Premise Approval ▪ Provide advice and guidance to HBs and GMS/PMS contractors ▪ Undertake statutory consultation ▪ Service the Pharmaceutical Application Committees or other Advisory Committee which will determine applications on behalf of HBs ▪ Issue appropriate letters to Dispensing GPs on behalf of HBs ▪ Assist HBs with appeals ▪ Process applications relating to dispensing under Serious Difficulty	▪ Decision letters to be issued within one month of the Committee/Board decision.	P-SOP-001	

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ To receive, record, sort and scan all prescriptions submitted for pricing by Welsh dispensing contractors

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ WG to approve arrangements for submission of prescriptions by dispensing contractors and generate updates to Drug Tariff where necessary. ▪ HBs to ensure all dispensing contractors submit their monthly accounts in accordance with the Drug Tariff, Statement of Fees and Allowances and their Terms and Conditions of Service. ▪ HBs to ensure that NHS prescriptions written by prescribers in England and Wales must be written on WP10/FP10 forms or their variants and in accordance with the doctor's terms of service and legal requirements. In order to preserve the integrity of the information where non computerised forms are used prescribers must use the forms issued to them bearing their identification number and not use forms issued to partners	▪ To provide prompt and accurate details of all dispensing and prescribing contractors within their area. ▪ To provide weekly updates of changes to dispensing and prescribing contractors within their area. ▪ To receive, identify, sort and scan all parcels submitted for pricing purposes by Welsh contractors allocating batch headers as appropriate. ▪ To enter details in such a manner as to determine if an account has been received from a dispensing contractor. ▪ To identify parcels that have not been received, and to contact the dispensing contractor to clarify the position, prior to the advance payment process being completed. ▪ To check that prescription forms submitted correspond with what has been declared by contractors. ▪ To check that the information on the contractor's declaration form is consistent with the information held on the PCS Master File database. ▪ To record the dispensing month, the account number and the declaration figures	▪ Complete by the designated target date for the current processing cycle. ▪ Timely recording of declaration figures as received from contractors ▪ Notify dispensing contractors of differences of +/-10% to allow the dispensing contractor to confirm the level of declaration claim.		

▪ HBs / PCS to ensure that computer printed prescription forms comply with the guidance provided in the BNF and with Welsh Office circular FPN279 issued in March 1981. Accuracy and completeness of prescriptions is essential.	per account. This will include the amount of prescription forms and items declared, the contractor to declare the number of hours worked each week by dispensing staff and the days open for Common Ailment Scheme to enable an advance payment to be made by PCS for the submitted month. ▪ To scan all prescription forms and ensure that an image of each form is retained for use in processing systems, information systems and to fulfil the requirements for prescription retention under the agreement between WG and PCS.			

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ To capture all information necessary to enable all prescriptions to be priced and prepare remuneration reports

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To communicate all changes to the remuneration structure applicable to Welsh dispensing contractors in a timely manner and generate updates to Drug Tariff where necessary	▪ To capture dispensing contractor details to enable the processing of the account. ▪ To interpret what has been prescribed and identify what has been dispensed and to capture the information necessary to enable the prescriptions to be priced and to allow PCS to prepare accurate remuneration reports. ▪ Where appropriate to pre-populate data entry systems by interpreting and applying drug tariff rules through the PCS automated pricing rules engine. ▪ To identify and return an image of items to the dispensing contractor for further information to enable processing to be completed. ▪ To monitor servers for misdirected EPS claim messages ▪ To provide an image of Schedule 10 and disallowed items to contractors. ▪ To validate and correct when necessary high-cost items. All items over £100 are validated and items with a value of £500 or more are subject to a further validation. ▪ To maintain documentary evidence to enable an audit trail to be produced, which will identify all staff who have been involved	▪ To generate and transfer electronic remuneration data to the payments department 6 working days prior to statutory payment date ▪ Internal audit processes to measure: - Items to be priced to an accuracy of 99% or above. ▪ To report production on a monthly basis detailing current prescription items processed, % change from same period last year and % change from financial year to date compared to same period last year.	A-SOP-001 A-SOP-002 A-SOP-003 A-SOP-004 A-SOP-008	KPI 12

	in the processing of each account. ▪ To check discrepancies between one months and the previous months' data and correct as appropriate.			

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ To complete all tasks to ensure that remuneration for submitted prescription items meets quality standards described above

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ To provide a general advisory service in relation to payment and account queries. ▪ Responsible for the full checking of accounts processed by the processing unit in order to allow external auditor to issue HBs with a Letter of Assurance for the work undertaken with regard to NHS Wales contractor dispensing services. ▪ To investigate potential cases of irregularities on behalf of the WG and HBs, preparing reports for discussion with the initiating body. ▪ To undertake investigation of accounts as requested by HBs or individual contractors. ▪ To provide reasonable facilities for contractors, Local Pharmaceutical Committees and HBs to examine submitted prescription forms. ▪ To undertake the input of changes to fee structures in respect of the changes to dispensing contractor remuneration services as required by WG. ▪ To ensure all financial adjustments to accounts from internal processing checks are undertaken and auditable. ▪ To promote fraud awareness and to provide advice and guidance to NHS	▪ Monthly Community Pharmacy checks and associated remuneration information to be submitted to CPW on the 1st of the month. ▪ To complete the monthly audit within the audit plan timetable subject to Internal Audit and Wales Audit Office scrutiny. ▪ 95% of contractor queries submitted via the PCS Help Desk to be answered within 1 working day.	A-SOP-005	

	Wales in respect of investigative matters. ▪ To compile monthly audit analysis reports which provide details of over or under payments to dispensing contractors. ▪ To provide three community pharmacy accounts remuneration information to CWP each month. ▪ To manage and support EPS activities			

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ To maintain the security of data captured during the remuneration process

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To take ownership of the documents, information and data held as part of the remuneration process.	▪ PCS may not collect information or data relating to prescribing or dispensing data for other purposes. The WG will agree what information is to be collected and what purposes it can be used for in advance of the information to be collected. ▪ NWSSP are not allowed to use knowledge gained about Welsh dispensing and prescribing information in any other part of its business, without the express permission of an appropriate WG representative.			

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to Pharmacy contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with Statutory Regulations and payment timetables.	**Process payments relating to:** ▪ Monthly payments to Pharmacists ▪ Directed Services ▪ Advanced Services ▪ Enhanced Services ▪ Essential Small Pharmacy Scheme ▪ Payments to dispensing contractors in respect of personally administered drugs and appliances (cross refer to nGMS) ▪ Payments of claims for Pre-Registration Trainees ▪ Payments to EPS enabled contractors ▪ Statutory monitoring returns to WG/DOH ▪ Healthcare waste contract for Pharmacists ▪ All other payments as required under Pharmaceutical Services Regulations **Develop, maintain and ensure the availability of the following service claim processing applications:** • NECAF NECAF / Choose Pharmacy Interface	▪ All payments to be processed and accurately paid within Statutory requirements	M-SOP-029	http://natbshp01/sites/ContractorServicesLHBLiason/KPIsKPI 1

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4. Community Pharmacy Services (cont)

Service objectives / deliverables
➢ To effectively manage all PCS operations relating to the EPS system
➢ To establish Registration Authority (RA) Policy arrangements for Community Pharmacies

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with Statutory Regulations.	**Process payments relating to:** ▪ Provide training and invitation to verify identity of RA Agent for Apply for Care ID and Care Identity Management (CIM) ▪ Share guidance to Temporary Access Cards (TACs) ▪ To create and manage roles for Smartcard users within a Community Pharmacy ▪ To manage Smartcard/Token requests and training for Locum Pharmacists ▪ Provide guidance for community pharmacies on how to obtain/replenish stock for Tokens ▪ Receive and process the Golden Prescription, enable EPS flag within NWSSP tables and generate one off payment	▪ Locum Smartcard Notification forms are responded to within 2 working days ▪ Apply for Care ID invite sent within 3 working days of receiving notification ▪ ServicePoint calls are responded to within 2 working days ▪ Golden Prescription to be provided to site within 2 working days of request		http://natbshp01/sites/ContractorServicesLHBLiason/KPIs

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Welsh General Ophthalmic Services (WGOS)

Service objectives / deliverables
➢ To act on behalf of HBs in dealing with contractual matters

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
Decision on: ▪ Establishment of a Combined Ophthalmic List, which consists of an Ophthalmic List (OL), and a Supplementary Ophthalmic List (SOL) and an administrative list. ▪ Cessation of service agreement ▪ To submit appropriate service agreement details to PCS	▪ Maintain a central list of all persons and bodies on the OL and SOL and Administrative list for all Wales. ▪ Enter Service agreement on K2 System. ▪ Provide SBE 515 activity statistics bi-annually to WG on behalf of HBs when requested. ▪ Statutory monitoring returns to WG/DOH.	▪ Information to be available on K2 no later than the commencement of service agreement	O-SOP-001	

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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5. WGOS (cont)

Service objectives / deliverables
➢ To ensure appropriate arrangements are in place for entry to and removal from the OL and SOL

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ HBs will decide in accordance with NHS Regulations and following receipt of information from PCS which ophthalmic opticians, ophthalmic medical practitioners and /or accredited Practitioners are to be admitted to or removed from to the above Lists	▪ PCS to process all necessary forms for HBs relating to persons wishing to be admitted to the Combined Ophthalmic List (OL/ SOL) ▪ PCS to work with HEIW to ensure that the necessary mandatory training has been undertaken. ▪ Make appropriate checks with DBS, GOC, CFSMS and other statutory bodies regarding applications for admission to the List ▪ Make appropriate checks for clinical references, professional indemnity, public liability (where appropriate), and language testing. ▪ To monitor continuation of inclusion in professional registers. ▪ To monitor compliance with insurance requirements. ▪ To sign off routine applications for entry to the List ▪ Where applicable (and for non-routine applications), forward the appropriate completed pack with recommendations as appropriate to HBs for determination	▪ All applications for entry to OL and SOL to be processed within 10 weeks of receipt of application	O-SOP-001 O-SOP-002	KPI 6

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5. WGOS (cont)

Service objectives / deliverables
➢ To ensure appropriate arrangements are in place for entry to and removal from the OL and SOL.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ To issue appropriate letters to ophthalmic opticians and ophthalmic medical practitioners on behalf of HBs ▪ DBS fees to be recharged accordingly. ▪ To undertake an annual review exercise on behalf of the HBs.			

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5. WGOS (cont)

Service objectives / deliverables
➢ Maintain and amend OL and SOL

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Publicise the Combined Ophthalmic List (OL/SOL) and Administrative List	▪ Maintain central list of opticians for HBs in Wales to be made electronically available via OL, SOL, and administrative list. ▪ PCS to validate list. ▪ Advise HBs of admissions, deletions, and amendments.	▪ Issue list(s) and updates to HBs as appropriate	O-SOP-001	

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5. WGOS (cont)

Service objectives / deliverables
➢ Payment of Pre-Registration Training, Medical Retina and Glaucoma Grants

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure compliance with statutory requirements	▪ Process applications in accordance with statutory guidance ▪ Maintain records on behalf of HB ▪	▪ Accurate payment to be made in accordance with statutory requirements and within one month of the application or if not practicable, by no later than the end of the month following the month of application.	O-SOP-003 O-SOP-004	

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5. WGOS (cont)

Service objectives / deliverables
➢ Payment of CPD Allowance to Optometrists, Independent Prescribing Optometrists and Dispensing Opticians

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure compliance with statutory requirements.	▪ Process applications in accordance with statutory guidance. ▪ Maintain records on behalf of HB.	▪ Accurate payment to be made in accordance with statutory requirements and within one month of the application or if not practicable, by no later than the end of the month following the month of application.	O-SOP-005	

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5. WGOS (cont)

Service objectives / deliverables
➢ To administer responsibilities under WGOS.

Responsibilities of HB/HEIW	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI

▪ Responsible for the provision ofWGOS.	▪ Populate and thereafter maintain the relevant accreditation data on the OPL database.
	▪ Arrange practice site inspections where necessary.
	▪ Issue approval letters.
	▪ Chairing of WGOS Clinical Sub-Group
	▪ Chairing of WGOS IT Digital & Data Sub-Group
	▪ Secretariat for Eye Care Wales Committee
	▪ Fulfilling relevant strategic and operational objectives under ECWC including:
	  ▪ Hosting and maintaining Eye Care Wales website;
	  ▪ Annually reviewing and publishing the WGOS Clinical Manuals;
	  ▪ Providing clinical leadership to ECWC to include strategic direction and collation of annual report;
	  ▪ Delivery and assurance of the WGOS Quality Package.
	▪ To administer the provision for issuing NHS Email addresses to Optometrists, Dispensing Opticians and New Ophthalmic Practices in conjunction with DHCW.
			O-SOP-006	

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5. WGOS (cont)

Service objectives / deliverables
➢ To ensure all payment functions undertaken by PCS on behalf of HBs to WGOS contractors are in accordance with Statutory Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure compliance with Statutory Regulations and payment timetables	**Process payments relating to:** ▪ WGOS Levels 1- 5 ▪ Supply, repair and replacement of optical appliances for children and adults. ▪ OMP Superannuation Scheme (*as applicable)* ▪ Mobile Services payments ▪ ROC/ OW Levy ▪ Pre- registration trainees ▪ Hospital Eye Service claims (HES) ▪ CPD payments ▪ Ophthalmic patient refunds ▪ Quality for Optometry payments ▪ Local Eye Care Initiatives ▪ All other payments as required under WGOS Regulations: The National Health Service (Ophthalmic Services) (Wales) Regulations 2023 (senedd.wales)	▪ All payments to be processed and accurately paid within Statutory requirements. ▪ Duplicate claims check reports ▪ Monthly retail down reports ▪ Duplicate Domiciliary fee check report	O-SOP-004	KPI 6

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6. Probity (Medical, Dental, Pharmacy & Ophthalmic) Services

Service objectives / deliverables
➢ To assist HBs in dealing with Primary Care Contractors/Performers performance concerns

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To monitor performance of independent Contractors and take steps to deal with deficiencies	▪ To advise and assist HBs in their dealings with practitioner performance concerns ▪ Maintain a library of template probity letters for use by HBs ▪ To attend Reference Panels in an advisory capacity (but not to provide secretarial support) ▪ Distribute notification/decision letters to interested parties ▪ To ensure that the status of performers is correctly reflected on the Performers List (or equivalent) databases.	▪ Compliance with statutory requirements		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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7. Primary Care Advisory Team (PCAT)

Service objectives / deliverables
➢ To provide primary medical, ophthalmic and pharmaceutical advice to WG and NWSSP

Responsibilities of WG/NWSSP	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To include PCAT in Primary Care matters as appropriate	▪ To provide timely advice and/or signposting as appropriate ▪ To contribute to policy and contract changes as appropriate ▪ To assist on the process and management of the MPL and OPL and enhanced service provision ▪ To agree and prioritise projects requested within the PCAT work plan. ▪ Work in collaboration with NWSSP Legal & Risk Teams to provide medical advice relating to GMPI (General Medical Practice Indemnity) ▪ To support the Strategic Programme with the Clinical GP Self-Assessment tool (CGPSAT), and to review through the year. ▪ To support the delivery of the Wales General Ophthalmic Services (WGOS) Contract and develop the service. ▪ To provide leadership and management, clinical and governance advice, quality assurance and service improvement. ▪ To lead on strategic development and implementation as a future approach for optometry services. ▪ To clinically input for service evaluation, quality, audit, research, and service development. Working collaboratively with other disciplines in the PCAT team to share and enhance service offerings	▪ Initial response within 2 weeks by PCAT		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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7. PCAT (cont)

Service objectives / deliverables
➢ To provide advice and support to HBs in relation to GPs whose performance and/or conduct gives rise to concern and regarding referral to relevant panels and bodies.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To provide background documentation to PCAT as requested ▪ To work collaboratively with PCAT in determining action plans to address the performance concern. ▪ To contribute to PCAT feedback for each case referred	▪ To collate case discussions, investigations and outcomes including timescales in an annual report ▪ To work with other organisations and stakeholders to fulfil HB investigation training requirements as agreed ▪ To ensure that the PCA's are kept up to date with relevant internal training requirements. ▪ To contribute to service quality improvement initiatives	▪ Compliance with statutory requirements ▪ Annual report ▪ Maintenance of database of live, dormant and closed PCAT cases		

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7. PCAT (cont.)

Service objectives / deliverables
➢ To assist HBs in the review or investigation of GP practitioners and GP practices performance

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To provide background documentation to PCAT as requested ▪ To work collaboratively with PCAT in determining action plans including the development of mutually agreed Terms of Reference for each investigation ▪ To contribute to PCAT feedback for each investigation undertaken ▪ To ensure investigation outcomes are determined and shared with PCAT at 6- and 12-month intervals	▪ To respond to HB referrals in accordance with agreed timescales. ▪ To collate investigations and outcomes ▪ To ensure that the PCA's are kept up to date with relevant training requirements ▪ To develop and maintain standardised PCAT templates ▪ To share learning internally and with relevant stakeholders	▪ Compliance with statutory requirements ▪ Annual report		

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7. PCAT (cont.)

Service objectives / deliverables
➢ To provide, in partnership with the HB Medical Director and Assistant Medical Directors (Primary Care), an expert forum, with the skills, expertise and experience necessary to advise and comment on relevant issues.
➢ To provide, in partnership with Welsh Government, Optometry Wales and other relevant bodies an expert forum, with the skills, expertise and experience necessary to advise and comment on relevant issues.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To include PCAT in HB matters as appropriate. ▪ To contribute to the ongoing strategic development of PCAT	▪ To contribute to HB business including training programmes as appropriate ▪ Assist HB Optometric Advisors to determine where a service would fall under the remit of WGOS. ▪ Provision of advice where funding is to be met by the HB.	▪ Compliance with statutory requirements ▪ PCAT response to email query within 2 weeks		

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7. PCAT (cont.)

Service objectives / deliverables
➢ To provide advice and support concerning applications from doctors to join the MPL and to provide other services that require an accreditation process.

Responsibilities of HB/NWSSP	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure PCAT are made aware of changes to GMS contracts ▪ To ensure PCAT are made aware of changes in regulations	▪ To ensure PCA review applications according to agreed SOP ▪ To contribute to service quality improvement initiatives ▪ Reference checks for Optometrists, OMPs, Dispensing Opticians and Contact Lens Opticians applying to provide WGOS services.	▪ Compliance with statutory requirements ▪ MPL review within 3 weeks of presentation to PCAT		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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7. PCAT (cont.)

Service objectives / deliverables
➢ To advise the WG on the monitoring of contractor regulations

Responsibilities of WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure PCAT are made aware of potential changes to GMS /WGOS contracts. ▪ To ensure PCAT are made aware of potential changes in regulations.	▪ To contribute to service quality improvement initiatives. ▪ Liaise with Logistics and Policy team to ensure that interpretation of regulation is reflected accurately in communication provided to the profession.	▪ Compliance with statutory requirements		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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7. PCAT (cont)

Service objectives / deliverables
➢ To provide HBs and the NWSSP with advice and support on the developments of general practice and the wider primary care agenda, including the potential for new contractual arrangements

Responsibilities of HB/NWSSP	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure PCAT are made aware of potential changes to GMS/WGOS contracts. ▪ To ensure PCAT are made aware of potential changes in regulations. ▪ To work with PCAT on developing and supporting new contractual arrangements	▪ To respond in a timely manner to requests for advice and support. ▪ To agree and prioritise projects requested within the PCAT workplan. ▪ Perform Ophthalmic Practice visits on behalf of the HB i.e. Post WGOS implementation validation visits.	▪ Compliance with statutory requirements ▪ PCAT workplan		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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8. Post Payment Verification (PPV) Services

Service objectives / deliverables
➢ Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and Pharmaceutical Services.

Responsibilities of HB/WG	Responsibilities of PCS	Quality standard/ performance Indicators	References	
			SOP	KPI
Establishment of arrangements for a post payment compliance testing function				
▪ Collaborate with PCS in establishing local arrangements	▪ Ensure appropriate post payment verification training is carried out within 6 months of new appointee starting ▪ Monitor and report on recoveries to demonstrate return on costs.	▪ Attend and provide update reports to HB audit committees as requested		
▪ Carry out quarterly review of issues arising in quarter and progress on reports	▪ Participate in quarterly review. ▪ Support HBs in liaising with external agencies and chair bi-monthly HB working group meetings.	▪ Attend and provide update reports to HB Primary Care teams – Quarterly liaison meetings		
▪ Liaise with all external agencies such as police, audit or local professional bodies in a timely and professional manner involving PCS as appropriate.	▪ Liaise as appropriate with local professional bodies in a timely and professional manner involving HB as appropriate			
▪ Identify risks arising from the use of computer or manual systems	▪ Identify risks arising from the use of computer or manual systems as appropriate			

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

8. PPV Services (Cont)

Service objectives / deliverables
➢ Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and Pharmaceutical Services.

Responsibilities of HB/WG	Responsibilities of PCS	Quality standard/ performance Indicators	References	
			SOP	KPI
Establishment of arrangements for a post payment compliance testing function				
▪ Examine issues to establish risk of inappropriate or under claiming.	▪ Examine issues to establish inappropriate or under claiming.			
Fraud Investigations				
▪ Cooperate in all Wales level enquiries and investigations	▪ Cooperate in all Wales level enquiries and investigations			
▪ Initiate counter fraud investigations.	▪ Collaborate and share information with HB's Local Counter Fraud Services	▪ Signed protocol in place.	PPV CF Sharing Protocol	
Audit Committee				
▪ Ensure regular reports to Audit Committee on progress in development of function and progress with investigations	▪ Attend Audit Committee as required to report on progress against plan	▪ Achievement of audit plan ▪ Achievement of deadlines for reports to Audit Committee		
Training				
▪ Collaborate with PCS to ensure systematic training of all staff and contractors in awareness training (emphasising reporting arrangements, risk minimisation, preventative measures and the procedures to be followed when fraud is a concern)	▪ Support HBs to achieve a systematic programme of staff and contractor training ▪ Engagement and involvement with the relevant committees to ensure collaborative working arrangements are maintained.	▪ Maintenance of an up to date/relevant training package which can be delivered on request.		

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8. PPV Services (cont)

Service objectives / deliverables
➢ Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and Pharmaceutical Services.

Responsibilities of HB/WG	Responsibilities of PCS	Quality standard/ performance Indicators	References	
			SOP	KPI
Compliance testing				
▪ Agree an outline plan for compliance visits with PCS ▪ Agree with PCS appropriate action following reports on compliance testing visits ▪ Work with the PCS to agree required PPV protocols in partnership with the relevant professional body. ▪ Monitor and amend PPV plans to respond to the needs of the HB.	▪ Undertake compliance-testing visits (PPV) to independent contractors as part of a preventative approach to fraud detection. This testing will be via remote access arrangements within the GMS, GPS and GOS Environment (part remote for GOS). ▪ Take action indicated by HB for carrying out follow up audits to contractors based on their routine audit ▪ Work with HBs & WG to agree required PPV protocols in partnership with the relevant professional body. ▪ Provide regular updates to HB Audit Committees and Directors of Finance	▪ Produce annual PPV plans to meet required "visit cycles" ▪ Achievement of the number of visits set out in the annual plan ▪ Report back findings to contractor within 28 days of visit ▪ PPV practice file to be completed and closed 4 months of date of visit. (Increased from 3 months due to CV19 impact, agreed with GPCW)	GMS/GPS/ GOS PPV Protocols	KPI 9 & 8
Confidentiality and data security				
▪ Comply with patient confidentiality and data security protocols	▪ Comply with patient confidentiality and data security protocols ▪ Undertake 2 weekly NIIAS access checks			

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

8. PPV Services (cont)

Service objectives / deliverables
➢ Where appropriate, the provision of a PPV service to HBs in respect of GMS, GOS and Pharmaceutical Services.

Responsibilities of HB/WG	Responsibilities of PCS	Quality standard/ performance Indicators	References	
			SOP	KPI
Access to information				
▪ Ensure LCFS have access to all information necessary to effectively undertake their role	▪ Collaborate and share information with HB's Local Counter Fraud Services.	▪ Signed protocol in place.		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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9. Waste Management Services (recharge applies for service delivery)

Service objectives / deliverables
➢ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Acting as Waste Broker in accordance with Hazardous Waste Regulations.	▪ Implement an audit schedule based on GP Practices being audited on a 3-year rolling programme. ▪ Undertake surveys at GP premises to determine level of awareness and compliance.	▪ Monitor quarterly progress against schedule.	Waste Management Protocol	
▪ Ensure GP and Pharmacy practices are aware of their obligations under Regulations.	▪ Issue GP Practices with guidance based on current Hazardous Waste Legislation. ▪ Issue GP and Pharmacy Practices with proposed policies and procedures for local implementation. ▪ Provide advice and guidance to GP and Pharmacy Practices. ▪ Make audit reports available to HBs via SharePoint.	▪ Letters, guidance issued to Producers as necessary. ▪ Availability of template documents which reflect current legislation.		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

9. Waste Management Services (recharge applies for service delivery) (cont)

Service objectives / deliverables
➢ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure that appropriate audits at practices are undertaken and that 'due diligence' is being observed.	▪ Advise GP Practices of audit outcomes in writing.	▪ Advise GP Practices of audit outcomes in writing within 28 working days		
	▪ Retain all audit information in chronological order by HB for reference by regulating bodies			
▪ Agree contracting arrangements regarding waste collection.	▪ Respond to routine collection/delivery queries. Scrutinise, process and where required raise queries regardinginvoices associated with the collection and disposal arrangements of clinical hazardous waste produced by GP and Pharmacy Practices and submit to Accounts Payable for payment			

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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9. Waste Management Services (recharge applies for service delivery) (cont)

Service objectives / deliverables
➢ To monitor and develop compliance within primary care (GP and Pharmacy) against current Waste Management Regulations.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Agree SLA with PCS.	▪ The PCS reserves the right to renegotiate the SLA following any significant legislative changes relating to the management of Hazardous Waste.			
	▪ To represent Primary Care HBs at the All-Wales Clinical Waste Consortium relating to waste matters.			

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

10. Printing Services (Recharge may apply for service delivery)

Service objectives / deliverables
➢ To provide a printing and design service to HBs/WG.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Poster design – capable of A1 x unlimited size in any desired finish. ▪ Production of manuals, booklets & leaflets – combed, heat bound, stapled, trifold, two-fold, & glossy. ▪ ID badges/entitlement cards – quality badges complete with holder and lanyard. ▪ Printing and distribution of Smartcards and Tokens in line with the national implementation plan. ▪ Signage – designed to the customer's requirements suitable for internal or external use up to A1 size. ▪ Laminating – quality laminating up to A1 size. ▪ Mail distribution service – professionally printed, folded, enveloped and posted. ▪ Design service – experienced personnel will work with requester to achieve design requirements. ▪ Posters, letter heads, leaflets, signage, forms, booklets with the capacity to print up to A1 size offering a variety of finishes.	Smartcards to be printed and distributed within 14 working days of NWSSP being notified. NB: This does not include the delivery timeframe Bulk Mail distributions within 6 working days of approved request	A-SOP-003	KPI 14

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

11. Document Scanning Services (Recharge applies for service delivery)

Service objectives / deliverables
➢ To provide a document scanning service to HBs

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	To discuss customer requirements with a view to agreeing a bespoke service package which could include but is not exclusive to: ▪ Secure physical storage – peace of mind that documentation is kept secure pending and post scanning. ▪ Secure digital storage – quick access to digital storage via a secure portal. ▪ Document Management System – a standardised methodology for managing, indexing and controlling access to documents. ▪ Logistics – material to be scanned collected and returned to any location in Wales. ▪ Digital mail room services – mail arrives at the document-scanning centre which is sorted and indexed digitally. ▪ Medical Records Scanning – Preparation and Scanning of medical records for any Health Records Requests received from GP practices or 3rd party requesters.	Standards followed includes ▪ Assurances – BS10008, ISO270001. ▪ Destruction – Certified (BS7858 Standard)		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

12 Contractor Stationery and Supplies Services

Service objectives / deliverables
➢ Effective processing of orders from contractors and the procurement of supplies and stores items

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Ensure that orders for stationery, prescriptions etc. are dealt with in a timely manner	▪ Processing orders for the supply and dispatch of forms and stationery ▪ Supply of needles and syringes to GP practices ▪ Processing orders for the supply and despatch of prescriptions to contractors ▪ Processing orders for the supply and despatch of private controlled drug prescriptions (costs recharged to the recipient) ▪ To procure/maintain adequate supplies of Smartcards, tokens and equipment	▪ Orders dispatched within 7 working days ▪ Orders dispatched within 7 working days ▪ Orders dispatched within 21 working days ▪ Orders dispatched within 10 working days ▪ In accordance with Statutory guidelines		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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13.Distribution Services

Service objectives / deliverables
➢ To provide HBs, PCS, Independent Contractors and other external agencies with an effective postal/communication service during office hours

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure all postal and other communications to independent contractors and other external agencies are effective	▪ Coordinate distribution services between the PCS, HBs, GP surgeries, dental surgeries, pharmacies and optometrists and, by agreement and potential recharge of costs, distribute material to practices as requested by HB/Primary Care Contractor. ▪ Management of urgent communications to contractors e.g. hazard warnings ▪ Linkage to All-Wales (WG) and courier services including distribution to HBs	▪ All deliveries made to agreed timetable ▪ Category A alerts issued within 4 hours of receipt ▪ Category B alerts issued within 1 working day of receipt	A-SOP-001	KPI 14 KPI 7 KPI 7A

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

14. Patient Medical Records Storage (PMR) and Retrieval Services (Recharge applies for service delivery)

Service objectives / deliverables
➢ To manage the secure storage and effective retrieval of primary care patient medical records on behalf of HBs

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure that requirements of stakeholders are identified and prioritised to support health care agendas/GP sustainability. ▪ Agree SLA with PCS. ▪ Agree funding on a case-by-case basis. Costs to be recharged to HBs or responsible GP Practice.	▪ Ensure timely and appropriate guidance and information is supplied to practices expressing an interest within service. ▪ To manage the secure storage of patient medical records in line with defined standard operating procedures to support the movement of individual records. ▪ To provide general advice regarding the day to day running of the service. ▪ To manage the effective and timely retrieval of patient medical records ▪ To manage systems to support the physical transfer of patient medical records to/from requesting GP practices. ▪ To manage systems to support the digitising and electronic transfer of patient medical records. ▪ To ensure that applicable monitoring and audit procedures are in place. ▪ To communicate and manage the post transfer verification process for GP practices joining the service. ▪ Investigate and consolidate findings of the verification process with GP practices. ▪ Maintain an up to date list of all users of live PMR storage and retrieval software management system.	▪ Services provided in accordance with agreed SLA which is issued to all GP practices/ Health Boards prior to transfer into the service. ▪ Requests for urgent medical records can be met via Royal Mail next day delivery service or via the scan on demand service whereby medical records will be scanned and available via the portal within 24 hours. ▪ Non-urgent/standard medical records requests can be met via the scan on demand 1 week turnaround route, the medical record will be scanned and available to the practice in the portal within 1 working week. ▪ Requests for Non-urgent/standard medical record requests can be met via the PMR Bag HCS courier arrangements. The turnaround time is based	A-WI-013	

	▪ Undertake an annual cleanse of the users of live PMR storage and retrieval software management system. ▪ Ensure all financial charges have been undertaken and are auditable. ▪ Work with stakeholders to drive service quality improvements initiatives. ▪ Issue new GP practices within the service a survey within 3 months of joining.	on an agreed internal weekly request cut off day and the HCS delivery day for a given practice.		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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15. Scan and Transfer

Service objectives / deliverables
➢ To support GP Practices with the provision of medical records to 3rd party requestors

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	▪ Engagement with the GP practice regarding the service, the timescales, courier arrangements and associated costs and recharging. ▪ Provision of a scan and transfer bag to the practice to facilitate the exchange of medical records. ▪ Accurately weigh the medical record/s to calculate the recharge cost. ▪ Prepare and scan the medical record. ▪ Upload the medical record onto the secure file sharing portal for the practice to access,	▪ Records returned to the GP practice within one week. ▪ Record available to download via the secure file sharing portal for 30 days.	A-WI-006	

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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16. Summarising Patient Medical Records (Recharge applies for service delivery)

Service objectives / deliverables
➢ To prepare and complete initial summaries for live patient medical records.

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure that requirements of stakeholders are identified and prioritised to support health care agendas/GP sustainability. ▪ Agree SLA with PCS. ▪ Agree funding on a case-by-case basis. Costs to be recharged to HBs or responsible GP Practice.	▪ Prepare medical records in readiness for the initial summary to be undertaken. ▪ Use and maintain a national file preparation standard operating procedure. ▪ Use, maintain and update a national "Summarising Medical Records" guidance document. ▪ Complete initial patient medical record summaries for newly registered patients at a GP Practice using the remote access facility. ▪ Implement internal quality assurance measures to provide clinical assurances.	▪ Practice medical record backlog will be received weekly summarised and returned to practice within 4 weeks ▪ Exceptional requests will be processed at 2 boxes a week per practice - exceptional circumstances would be in relation to a practice receiving records from a closed practice ▪ Monthly Quality Control of one record per practice	A-SOP-SUM-001 PCS Summarising Protocol	

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

17 Business Information / Reporting

Service objectives / deliverables
➢ To produce dispensing reports as listed below and ensure that they are accessible to all relevant stakeholders linked to CPS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
	To provide the following dispensing reports: - ▪ WP10 (HP) - Hospital Report (monthly) ▪ PD1 (HA51) - Chemist and Appliance Contractors ▪ PD1 (A) - Extended Chemist and Appliance Contractors Report ▪ PD1 (WP51) - Dispensing General Practitioners ▪ PD1 Supplementary ▪ GP (WP51) - Personal Administration ▪ SPB7A - Chemist and Appliance Contractor Exemption / Charges ▪ Board Letter - All aspects of remuneration ▪ Prescription Cost Analysis (annual & on request) ▪ Welsh Dispensing Analysis (annual) ▪ Dispensing Doctor Account Summary ▪ Personal Admin. Account Summary ▪ Dispensing Costs Forecast	▪ To publish the described reports within 10 days of the production of the final dispensing remuneration information		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

17. Business Information / Reporting (cont)

Service objectives / deliverables
➢ To produce prescribing reports as listed below and ensure that they are accessible to all relevant stakeholders linked to CPS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To provide a publication schedule for annual reports in accordance with WG statistical publication policy	To provide the following monthly prescribing reports: - ▪ Category A Monthly Monitoring Report ▪ Category M Monthly Monitoring Report ▪ PPRS Monthly Monitoring Report To provide the following quarterly prescribing reports: - ▪ All-Wales Prescribing Indicators ▪ All Wales Comparators To provide the following annual prescribing reports: - ▪ Welsh Prescribing Analysis ▪ National Programme Budget Reports	▪ To publish the monthly reports within 10 days of the production of the final dispensing remuneration information ▪ To publish the quarterly reports within 14 days of the production of the final dispensing remuneration ▪ To publish annual reports in accordance with WG publication schedule		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

17. Business Information / Reporting (cont)

Service objectives / deliverables
➢ To develop, maintain and ensure the availability of data for a suite of web applications linked to CPS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure that requirements of stakeholders are identified and prioritised through the PS Service Improvement Group	To provide the following web applications: ▪ Prescribing Audit Reports ▪ Budget Analysis ▪ On-Line Catalogue ▪ Standard Charts ▪ Control Charts ▪ Directed Enhanced Services ▪ Electronic Multi-vaccines Claims ▪ eSchedule	▪ Updated data to drive applications to be available within 14 days of the production of the final dispensing remuneration information		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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17. Business Information / Reporting (cont)

Service objectives / deliverables
➢ To develop, maintain and ensure the availability of data for a suite of desktop applications linked to CPS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To ensure that requirements of stakeholders are identified and prioritised through the PS Service Improvement Group	To provide the following desktop applications: ▪ CASPA.net	▪ Updated data to drive applications to be available within 14 days of the production of the final dispensing remuneration information		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

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17. Business Information / Reporting (cont)

Service objectives / deliverables
➢ To provide data to and receive data from designated stakeholder organisations linked to CPS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ To supply English prescriber and Master Drug data by 5th working day of each month ▪ To supply remuneration data for Welsh Prescriptions dispensed in England by end of second month following dispensing ▪ To supply new releases and monthly updates of all amendments to manuals and charts for implementation in the following month. ▪ To provide a telephone support service, available to respond to individual queries and to supply new drug codes on request.	To supply the NHSBSA with: ▪ English prescription data dispensed in Wales ▪ Weekly copy of Welsh Nurse Prescriber File (nurse and cost centre) ▪ Weekly copy of Welsh doctor file (DR and surgery details) ▪ Weekly EPS update to make Pharmacy 'live' and available to nominate ▪ Monthly details of Hospital Information	▪ English prescription data to be supplied by the end of the second month following dispensing ▪ Weekly files to be supplied by close of play every Monday (except bank holidays)		

For further information or any queries please e-mail nwssp-primarycareservices@wales.nhs.uk. This is a central facility which will triage queries to the appropriate personnel throughout PCS.

17. Business Information / Reporting (cont)

Service objectives / deliverables
➢ To produce and maintain a variety of reports and dashboards linked to GMS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪	To produce the following weekly reports ▪ Multiple OSMR reports To produce the following monthly reports ▪ Practice Additions and Deductions ▪ Gluten Free comparison ▪ Dental Performers List ▪ FPPS Data Update To produce the following quarterly reports ▪ Dispensing Pharmacy Distance ▪ Medical Examiner Comparison ▪ Capitation Report ▪ Population Report ▪ Care Home demographics ▪ LSOA To produce the following yearly reports ▪ Over 65 Fire Service ▪ Preschool / School age report Ensure the refresh of the following dashboards ▪ EPS Internal and External ▪ Medical Examiner ▪ PPV Dashboards based on the above reports		A-WI-GMSC-003A-WI-GMSC-011 A-WI-GMSC-013 A-WI-GMSC-015 A-WI-GMSC-017 A-WI-GMSC-019 A-WI-GMSC-020 A-WI-GMSC-021 A-WI-GMSC-023 A-WI-GMSC-024 A-WI-GMSC-025	

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17.Business Information / Reporting (cont)

Service objectives / deliverables
➢ To produce and maintain a variety of reports and dashboards linked to WGOS

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪	To produce the following monthly reports ▪ Ledger ▪ Optometry Wales Levy report ▪ Activity by claim type report ▪ Activity by age and partial postcode ▪ WGOS2 reason by bands ▪ Patient demographic data ▪ Counter Fraud reports ▪ WGOS 4 and WGOS 5 additional activity data ▪ WGOS 4 Transformation Eye Care project data To produce the following quarterly reports ▪ Counter Fraud trend data ▪ ECWC Committee quarterly report To produce the following yearly reports ▪ Welsh Government annual data reports Ensure the refresh of the relevant dashboards based on some of the above reports		O-WI-GS-053 O-WI-GS-062 O-WI-GS-065 O-WI-GS-037 O-WI-GS-038 O-WI-GS-070 O-WI-GS-078 O-WI-GS-072 O-WI-GS-040 O-WI-GS-068 O-WI-GS-016 O-WI-GS-043 O-WI-GS-075	

18.-Gluten Free Service

Service objectives / deliverables
➢ Provide and upload funds to subsidy cards for patients with coeliac condition

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪ Approving local guidance for GP's and dieticians ▪ Local prescribing policy for gluten free items ▪ Monitoring compliance and prescribing trends	▪ Onboarding and processing patient information. ▪ Supporting policy implementation. ▪ Regular financial uploads to the gluten free scheme pre-paid cards. ▪ Financial analysis on gluten free product range.			

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19. Primary Care Workforce Information System PCWIS

Service objectives / deliverables
➢ Maintain and Administer access to PCWIS and generate a variety of reports

Responsibilities of HB/WG	Responsibilities of PCS	Quality Standards/ Performance Indicators	References	
			SOP	KPI
▪	▪ Ensure users can login and update the relevant information for their practice To produce the following report on an ad hoc basis ▪ ACP ▪ Others as requested Produce the following monthly reports ▪ Demographics and Workforce Overview ▪ Login Report ▪ Cluster Report ▪ Qualification Report ▪ Staff Role and Age Group ▪ Headcount per 100k Practice Total ▪ Staff Role FTE ▪ Physician Associate Report ▪ Profession Overview ▪ Over 55 report ▪ Practice Data Quality		A-WI-GMSC-037 A-WI-GMSC-038 A-WI-GMSC-039 A-WI-GMSC-040	

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20. Customer Service Matrix.

All services outlined above are provided to all HBs within Wales with the exceptions as below:

Service	Swansea Bay UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys tHB
GMS							
Monitoring the assignment process of individuals as part of the Safeguarding Children Scheme	⚑	⚐	⚑	⚐	⚐	⚐	⚑
GDS							
Assist with the administration of the EDS/OOH Rotas	⚑	⚐	⚐	⚑	⚑	⚐	⚐
Contractor Stationery and Supplies Services							
Effective processing of orders from contractors and the procurement of supplies and stores items	⚑	⚑	⚐	⚑	⚑	⚑	⚑

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Appendix 1
Data Processing

Scope	Primary Care Services provides a wide range of services to and on behalf of Welsh Health boards and Welsh Government covering primary care contractors, appliance contractors, reimbursements to primary care contractors, post payment verification (PPV) and patient registration services. The division also issues alerts and hazard warning distributions to NHS contractors, care homes, nursing homes, children's homes, further educational colleges and independent hospitals on a national basis.
Nature	Key functions include: • The safe inclusion and removal of Doctors, Dentists, Opticians and Pharmacists onto the all Wales Primary Care Performers Lists. • The provision of timely and accurate advice in dealing with performance issues relating to efficiency, fraud or suitability and contractual issues relating to service provision. • Payments to service providers are made in accordance with Statutory Directions and Regulations for Primary Care Contractors. • The secure and timely dissemination of health alerts. • The secure and timely supply of NHS stationery & forms to Primary Care Contractors. • The provision of health and safety management services, security and risk management, archiving, courier services, internal and external mail and portering services. • The secure, timely and accurate transfer of medical records from GP practice to GP practice. • The timely and accurate capture of data from every NHS prescription dispensed in Wales. This data is used to calculate the reimbursement due to community pharmacies, appliance contractors, dispensing doctors and GPs who personally administer medication for medicines and medical devices they dispense against NHS prescriptions. • The provision of management information to budget, plan for and manage the use of medicines in NHS Wales.
Purpose of processing	Statement of Financial Entitlements, NHS Contractor Regulations, Drug Tariff, Performers List Regulations, NHS Standing Financial Instructions. Annual payments to service providers are made in accordance with Statutory Directions and Regulations for Primary Care Contractors
Duration of the processing	Processed in line with internal procedures with information retained in line with WHC (2000) Retention Schedule
Types of personal data	Name, address, date of birth, NI number, telephone number, pay, images, financial information, personal health information, personal e-mail address, personal certification,
Categories of data subject	Staff, contractor practice staff, patients, general public, independent healthcare contractors, private healthcare providers contractors, suppliers, private prescribers of controlled drugs, non-medical prescribers,
List of Third-Party Contracts	Disclosure Barring Service, Reference requests, Counter Fraud and Security Management Service, Ipsum

PROCUREMENT SERVICES - PURCHASE TO PAY SERVICE LEVEL AGREEMENT

PROCUREMENT SERVICES SPECIFICATION

SERVICE OBJECTIVES/DELIVERABLES

- The provision of an effective and efficient Procurement Services operation on behalf of NHS Wales which secures value for money, robust compliance with governance arrangements and facilitates the delivery of key priorities through active intervention in the procurement supply chain.
- Procurement Services are committed to achieving its Duty of Quality, having implemented a quality management system compliant with relevant standards and industry best practice to ensure our services are continuously improved and delivered in a safe, timely, effective, efficient, equitable manner. Relevant management standard certifications and accreditations will be maintained to demonstrate compliance where appropriate.

ACTIVITY DESCRIPTION – NWSSP	ACTIVITY DESCRIPTION – HB/TRUST/ORGANISATION	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Developing and delivering an agreed national, regional and local savings and reporting strategy with on-going delivery. Including financial and non-financial social, economic and environmental sustainability benefits. • Supporting the Value & Sustainability Non Pay and Procurement deliverables through additional savings opportunities via	• Engaging and supporting IMTP planning activity so that contract programmes and savings plans may be developed, including potential service improvement and development opportunities. • Supporting the Value & Sustainability Non Pay and Procurement deliverables through additional savings opportunities via rationalisation/standardisa	• Director of Procurement Services. • Directors of Finance. • Relevant Directors and Executive leads within NHS Wales.	• Value of cash releasing savings. Target = 100% of annual total savings plan. • Value of cost avoidance savings. • Total non-pay expenditure influenced. Target = 80% of total non-pay expenditure. • Reduce % value of direct award contracts. Target = 15%. • Increase % of catalogue lines. Target = 90%. • % of contracts awarded on	Savings dashboard. – Qliksense reporting feeding into multiple updates for a variety of stakeholder groups/forums Bravo milestone report. Quarterly Performance Reports

rationalisation/standardisation and reducing clinical and non-clinical variation	tion and reducing clinical and non-clinical variation • Providing requests for procurement that have been approved in line with relevant SFI and governance arrangements. • Providing data and information necessary for procurement to be undertaken in a manner that will meet stakeholder, governance and legislative requirements. • Engaging and supporting All Wales collaborative procurement activity.		time. Target = 100%.	
• Delivering the agreed Foundational Economy workplan for NHS Wales in respect of Procurement outcomes. • Segment national and procurement workplans to target Foundational Economy growth opportunities and initiate procurement activity accordingly..	• Engaging and supporting procurement activity to balance Foundational Economy priorities with other priorities to ensure optimal delivery through NHS Wales non-pay expenditure. •	• Director of Procurement Services. • Directors of Finance. • Relevant Directors and Executive leads within NHS Wales.	• Value of retained and additional NHS Wales non-pay expenditure within the Foundational Economy. Target = annual target agreed with Welsh Government and individual HB/Trust/Organisations based on national, regional and local workplans.	Foundational Economy reporting template.

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Delivery of the Procurement contribution to the NHS Wales Decarbonisation Strategic Delivery Plan. Segment national and procurement workplans to target decarbonisation opportunities and initiate procurement activity accordingly.	• Engaging and supporting procurement activity to balance Decarbonization priorities with other priorities to ensure optimal delivery through NHS Wales non-pay expenditure. •	• Director of Procurement Services. • Directors of Finance. • Relevant Directors and Executive leads within NHS Wales.	• Procurement supply chain emissions to reduce in line with NHS Wales Decarbonisation Strategic Delivery Plan. Targets as published in plan.	Decarbonisation dashboard and HSSG Climate Change Project Highlight Report.
Scan4Safety National Roll-out and implementation.	• Engage and enable implementation and roll-out of the Scan4Safety platform within HB/Trusts/Organisations	• Director of Procurement Services. • Directors of Finance. • Relevant Directors and Executive leads within NHS Wales.	• Volume and value of agreed clinical and non-clinical transactions captured via Scan4Safety. Target = 100% of agreed activity	Scan4Safety dashboard.
Capital Equipment Procurement – Discretionary/All Wales Capital Programme Funding. Capital Procurement – Major Construction Works Projects (to be delivered by Procurement Services where funding and associated resource has been agreed and provided).	• HB/Trust/Organisation to provide timely notification of capital requirements wherever possible and agreement with Procurement Services on capacity to deliver within timescales	• Director of Procurement Services. • Directors of Finance. • Relevant Directors and Executive leads within NHS Wales.	• Target = 100% of agreed capital procurements delivered within agreed timescales.	Local, regional and national capital procurement workplans.
Maintaining contract price accuracy for the eCatalogue.	N/A	• Director of Procurement Services.	• Calculated as % catalogue price not in dispute/on hold. Target = 90%.	Strategic dashboard view.

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Achieving requisition turnaround target (3 days)	• Providing requests for procurement that have been approved in line with appropriate SFI and governance arrangements.	• Director of Procurement Services.	• % of authorised non-catalogue requisitions, approved by buyer and sent to supplier in 3 working days. Target = 90%.	Strategic and tactical dashboard views.
Supporting No PO/No Pay policy operation (including responsibility for NPNP hold releases which are a local Organisation responsibility where additional funding has been agreed for this service)	• Support internal processes for compliance with the No PO/No Pay policy.	• Director of Procurement Services. • Directors of Finance. • Relevant Directors and Executive leads within NHS Wales.	• % of non-pay invoices matched to a purchase order (PO). Target = 100%.	Invoice Compliance (No PO No Pay) dashboard.
Modernise the warehousing and inventory management model for NHS Wales. Warehousing and distribution support to WG for agreed product range to include PPE and related emergency planning and response product requirements and in accordance with separate SLAs where relevant	• Engage with and support move to consolidated warehousing and a nationally stocked product range. •	• Director of Procurement Services.	• Number and value of nationally stocked product lines. Target = 10% increase in number of nationally stocked product lines per annum. Consolidation of existing dispersed warehouse lines and inclusion of NHS Supply Chain products (currently directly delivered to NHS HBs/Trusts/Orgs).	Supply Chain dashboard.
Delivering stock items that meet customer requirements.	N/A	• Director of Procurement Services.	• Efficiency First Pick. Target ≥99%.	Supply Chain dashboard.
Delivering stock items to schedule.	N/A	• Director of Procurement Services.	• Compliance with delivery schedule. Target = 100%.	Internal records.
Delivery to customer from	N/A	• Director of Procurement	• Target = Delivery within	Internal records.

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R&D/Self Service Point (for all Organisations with the exception of Aneurin Bevan where this service has not transferred to NWSSP).		Services.	48hrs.	
Obtain customer feedback on satisfaction with services.	• Provide open and honest feedback and facilitate where necessary completion of the necessary questionnaires/ polls/interviews etc.	• Director of Procurement Services.	• Customer satisfaction score achieved against maximum score achievable. Target = 95%.	Customer Satisfaction dashboard.
Work in compliance with best practice management standards including: ISO standards (International Standards Organisation), STS (Food Safety Standard) and GDP (Good Distribution Practice).	N/A	• Director of Procurement Services.	• Target = Third party certification achieved and/or maintained.	Third party certification to the following Standards: ISO 9001, ISO 14001, ISO 45001. Audit against GDP requirements at our Stores as part of MHRA license held by SMPU (St Mary's Pharmaceutical Unit).
Work in compliance with the Customer Excellence Standard.	• Provide open and honest feedback and facilitate where necessary completion of the necessary questionnaires/ polls/interviews etc.	• Director of Procurement Services	• Target = Third party accreditation maintained.	Audited compliance.

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Appendix 1 of Schedule F

Data Processing

Scope	Procurement Services
Nature	Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.
Purpose of processing	To enable support of the Procurement function, namely: Human Resources of staff (staff records, PADRs, reviews, etc) Correspondence and Communication Minutes, agendas and meeting papers Legal advice Management reports/Business Intelligence Contract Management programme Market analysis processes Invoices/Purchase orders Inventory processes Requisitions and orders Supply chain correspondence/information/queries Facilities and Equipment inspection Complaints register Contracts (NHS T&Cs, advertisements, awards) Reports (stock, activity)
Duration of the processing	Continuous requirement to process data for management of the Procurement Services function but only in line with legal processing (with consent where required) and retained under Records Management principles.
Types of personal data	Contract information Human Resources records Customer and NHS data Procurement reporting data Payment information Purchasing information Patient and Sensitive Patient data Commercially/Business Sensitive data
Categories of data subject	General and Special Category Personal Data as defined in Articles 4, 9 and 10 of the UK GDPR in which the information is identified as person identifiable, patient and sensitive patient identifiable and Business/commercially sensitive

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CORPORATE AND FINANCIAL SERVICES – ACCOUNTS PAYABLE, ENABLEMENT & STAFF BENEFITS SERVICE LEVEL AGREEMENT
NWSSP AND UHB/TRUST/SHA

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ACCOUNTS PAYABLE, ENABLEMENT SERVICE & STAFF BENEFIT SERVICES SPECIFICATION

SERVICE OBJECTIVES/DELIVERABLES

- The provision of an efficient and comprehensive payments service for all trade and other creditor payments, and timely payments to UHB/Trust(s) in respect of LTA agreements.
- Provision of an efficient and effective Enablement Service to Procurement Services staff and Health Organisation staff who use i-Procurement eg Training, Catalogue maintenance etc
- Provision of inclusive and detailed Staff Benefit Schemes to UHB/Trust/SHA(s) checking employee eligibility in a timely and efficient manner.

NWSSP SECTIONS:

AP – Accounts Payable Team	**EE – Enablement Team**	**SB – Staff Benefit**
	F – UHB/Trust/SHA Finance Team	**PS – Procurement Services**

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SECTION 1 – Accounts Payable activity

During 2024/25 the Accounts Payable function processed and paid 2.12 million invoices with a value of £8.80 billion

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST/SHA	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
To support UHB/Trusts/SHAs to achieve the Welsh Government PSPP target for NHS and Non NHS invoices, through the activities set out below.	Ensure that invoices on hold are investigated and released promptly and if disputed ensure that a dispute is entered onto Oracle	AP	95% within 30 days	PSPP returns that are sent to Welsh Government
To ensure that telephone calls made to the Accounts Payable Services Helpdesk are answered and captured on Action Point and Action Points are sent to the function that can resolve the query raised	Not applicable	AP	95% of calls answered	Tactical view.
To ensure that all new supplier requests and amendments to supplier data including bank account changes are fully investigated and authorised to protect NHS organisations from Bank Mandate Fraud.	Not applicable	AP	95% within 5 working days	Tactical view.
To support NHS Organisations in administering the No PO No Pay Policy and ensuring that suppliers are communicated to where an invoice is placed on a No PO No Pay hold	Health organisations must ensure that staff involved in the procure to pay process understand the No PO No Pay Policy and work in accordance with it	AP	Weekly reporting	Ensuring that Suppliers are informed, invoices are placed in dispute and weekly reports are

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST/SHA	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
				circulated
To ensure that duplicate payments are prevented utilising Forensic Software	Not applicable	AP	Monthly reporting	Monthly reporting
To support Health Organisations in maximizing rebate income savings arising from the Priority Supplier Programme	Ensuring that P2P processes for on-boarded supplier are efficient, enabling invoices to be typically accelerated for payment typically by day 10	AP	Monthly reporting	Monthly reporting
Ensure that payment runs are efficiently processed	Notify AP if insufficient funds are available to pay invoices	AP	All payment runs processed	Tactical view
Work closely with Internal Audit, Audit Wales and Counter Fraud to ensure that there are no fraudulent activities within the Accounts Payable function	Not applicable	AP	No cases raised	NFI Audit, Fiscal Tec reporting, Audit report findings and recommendations
Establishment of the All Wales P2P Governance Group from May 2024 has provided us the forum to progress a number of quality improvement P2P initiatives with a targeted action plan with key deliverables.	An example initiative is All Wales No PO No Pay Policy. The Policy was refreshed and relaunched across NHS Wales from September 2024 – a review of the effectiveness of the policy was undertaken in September 2025. The reduction of invoices on hold volumes is a key priority for the group.	AP	The All Wales P2P Governance Group meets monthly and is supported by local P2P Meetings where service quality and issues are raised by organisations	Monthly meetings and the Action Plan agreed by the All Wales P2P Governance Group
Service Improvement initiatives have been launched during 2024/25	Includes the agreement of processes with Organisations for statement	AP	Monthly reporting	Monthly reporting

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST/SHA	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
with the aim to reduce the number of invoices on hold and improve processes across the P2P remit	reconciliation adjustments and the introduction of RPA initiatives to improve receipting options.			

SECTION 2 – Enablement activity

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
Provision of Oracle iProcurement (purchasing) training via interactive Online content, Webinars (live events), eGuides and where necessary for learning difficulties, classroom based sessions	Ensure that where applicable Health Organisation staff attend Oracle iProcurement training	EE	NHS Staff involved with i-Proc are competent	Training feedback and no significant issues arising from staff using Oracle i-Proc
Maintenance of the Oracle iProcurement electronic Catalogue of goods and services in accordance with contractual updates received from Procurement Services for NHS Wales	Not applicable	EE	3 working days to upload changes	Maintaining accuracy of the i-Proc electronic accuracy to minimize Price holds
On-board suppliers for electronic trading utilizing PEPPOL/GHX and Basware	Not applicable	EE	10% growth from a baseline at the end of March 2025	Increased number of e-trading invoices.
Co-ordination of the Oracle accounting and NWSSP P2P groups to improve functionality and standardisation of processes within	Meeting coordination	EE	Monthly	Monthly

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
Oracle to improve the quality of outputs and user experiences				

SECTION 3 – Staff Benefit Services

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
Ensure that all Salary Sacrifice Car scheme applications are eligibility checked and processed in an accurate and timely manner	Ensure that applications are authorised and the scheme is promoted across the Health Organisations	SB	7-10 working days	Reports and customer feedback
Ensure that all Salary Sacrifice Home Electronic scheme applications are eligibility checked and processed in an accurate and timely manner	Ensure that applications are authorised and the scheme is promoted across the Health Organisations	SB	5-7 working days	Reports and customer feedback
Ensure that all Salary Sacrifice Cycle Scheme applications are eligibility checked and processed in an accurate and timely manner	Ensure that applications are authorised and the scheme is promoted across the Health Organisations	SB	5-7 working days	Reports and customer feedback
Ensure that all scheme queries are dealt with appropriately and escalated if necessary	Not applicable	SB	2-3 working days	Reports and customer feedback

SECTION 4 – Quality activity

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER (S)	QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
Obtain customer feedback on satisfaction with services.	Submission of customer feedback	AP, EE & SS	Customer satisfaction score achieved against maximum score achievable. Customer Service Excellence Target 95%	Customer Satisfaction dashboard.
Work in compliance with best practice management standards including: ISO standards	Not applicable	AP, EE & SS	Third party certification achieved and/or maintained	Third party certification to the following Standards: ISO 9001, ISO 27001,
Work in compliance with the Customer Excellence Standard.	Not applicable	AP, EE & SS	Third party accreditation maintained.	Audited compliance.

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Appendix 1

Data Processing

Scope	Accounts Payable, Enablement Services & Staff Benefit services
Nature	Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.
Purpose of processing	To enable support of the Accounts Payable, Enablement & Staff Benefit functions, namely: Human Resources of staff (staff records, PADRs, reviews, etc) Correspondence and Communication Minutes, agendas and meeting papers Management reports/Business Intelligence Invoices/Purchase orders Complaints register
Duration of the processing	Continuous requirement to process data for management of the Accounts Payable, Enablement & Staff Benefit functions but only in line with legal processing (with consent where required) and retained under Records Management principles.
Types of personal data	Data contained on Invoices Human Resources records Customer and NHS data Payment information Patient and Sensitive Patient data
Categories of data subject	General and Special Category Personal Data as defined in Articles 4, 9 and 10 of the UK GDPR in which the information is identified as person identifiable, patient and sensitive patient identifiable and Business/commercially

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HEALTH COURIER SERVICE

SERVICE SPECIFICATION 2026 - 2027

SERVICE OBJECTIVES/DELIVERABLES

- The provision of an effective and efficient Transport & Logistics function, securing Value for Money (VFM) for NHS Wales UHB/Trust(s), and the achievement of identified Key Performance Indicators.
- Relevant management standard certifications and accreditations will be maintained to demonstrate compliance where appropriate.
- To Ensure Administrative KPI's in transactional services are met in line with PSPP targets.
- HCS are committed to achieving its Duty of Quality, with the implementation of a quality management system compliant with relevant standards and industry best practice to ensure our services are continuously improved and delivered in a safe, timely, effective, efficient, equitable manner and are person centered, thereby contributing to better outcomes for service users.

Services by Area Are:

Swansea Bay UHB	ABHB	Betsi Cadwalader
• Complete service - Mail, specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU, Primary Care and Laundry Distribution • Overnight Pathology & Transport service • *Ad hoc* Transport • On Call Support • Clinical Waste (Renal) • EMRTS Support for Air Ambulance (Blood, Clotting Agents, Controlled Drugs) • Radioactive Isotopes • Cryoship for Stem Cell Transplant • Wound Management Service • Additional Swansea Valley Schedules • Medical Records Service	• Complete service - Mail, specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU, Primary Care and Laundry Distribution • Call Centre (ad hoc services) vehicle. • Stores & Supplies Distribution • Foetus/Stillborn Transfer • School Vaccination Distribution • Home Care Clinical Waste Inc. Call Taking • HSDU/CSSD • Wound Management Service • Pharmaceutical Distribution Service • Revised SLA to include 24/7 cover.	• Complete service - Mail, specimens, , Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU • GP stores & Primary Care Distribution • Pharmacy Distribution (Temp Controlled) • *Ad hoc* Transport – Inc Isotopes & SARU • *Dedicated pathology service* • Blue Light Service (linked to WBS) • Out of Hours On Call for Emergency Blood/Specialist Transplant/Pathology • EMRTS Support to Welshpool (managed via ABMU SLA) • Renal Pathology Welshpool (Powys) • Internal Mail & Site Transport @ BYN • T20 Medicines Service

Cardiff & Vale UHB	Cwm Taf	Hywel Dda
• Complete Service - Mail, Specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU, Primary Care and Laundry Distribution & Call Centre • 24/7 service (Inc. On Call Support) • *Ad hoc* Transport (Inc. Sure start/Flying Start) • Blue Light service • Dangerous Goods Safety Advice Provision/Annual Audit • Source and deliver UN3373 Compliant Pathology Carriage Bags to GP Practices • Specialist Chemo and HPN Distribution & Genomics • School Vaccination Programmes • Radioactive Isotopes	• Primary Care Distribution • Laundry Services • Ironing Service • Home Clinical Waste (full-service Inc. call taking) *RCT area only • Ad Hoc Services (Chargeable basis) • Potential Full Service from April 2022 (Proposals shared) • Wound Management	• Primary Care Distribution • Pathology • Stores & Equipment Deliveries • Mail Services • Medical records • CSSD/HSDU • *Ad hoc* Transport • Wound Management Service – Enhanced 2024 • Laundry Distribution • Radioactive Isotopes (Via SBUHB) • *Likely addition of 6+ Schedules in 25/26*
Powys	**Public Health Wales**	**Velindre NHS Trust**
• Complete service - Mail, Specimens, Blood, staff, medical records, pathology, pharmacy, CSSD/HSDU, Primary Care and Laundry Distribution • Primary Care Distribution • Pharmacy Medicines Distribution	• Microbiology Service - A55/M4 Corridors • Distribution & to support Public Health inoculations – HPV, Meningitis, and Flu Etc. • Distribution of consumables to PHW laboratory sites across Wales ***(inc Supply Chain).*** • Standby Support provided ad-hoc for pandemic / Cat A support* H1N1 etc., e.g. standby for Ebola *Porton Down agreement to be finalised	**Service to VCC and NWSSP** • Transport of Mail, Pathology & Clinical Waste • Operator's License Holder for NWSSP • Supply Chain & Laundry Transport / Distribution • Distribution to Primary Care inc Med Records • Aseptic Chemotherapy distribution. • Medicines Distribution for IP5 Pharmacy
Welsh Ambulance Service NHS Trust (Legacy Agreement)	**Welsh Blood Service**	**Welsh Government**
• Clinical Waste • Internal mail (for sites regularly attended) • Laundry, equipment, furniture moves • Ad-hoc transport needs • Non-Patient 'Blue Light' Transport to avoid use of Clinical Staff • Medical Consumable Deliveries (New SLA 2021)	• In and Out of Hours Support for distribution and collection, plus Emergency and Urgent Restock of Blood and Blood products • HCS provided Blood Bank transport via WBS on behalf of the Health Boards • Support for Blue Light Blood Distribution on ad-hoc basis in Life Threatening situations • BCU SLA & Distribution inc Blue Light	**No direct service, but SLA to cover.** • CBRN - Civil Contingency support for Health Counter Measures (HCMR) for both 'Immediate' and 'Rising Tide' Incidents • Mass Casualty / Major Inc - Bag replenishment & Distribution & Support for MERIT • Vaccination and Medicines Distribution linked to Wales Medicines Stockpile, Influenza and Covid

NWSSP SECTIONS:

LMT – Local Management Team SMT – Senior Management Team BSU – HCS Business Support Unit

SECTION 1 – Clinical Pathology

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Pathology will be transported as per ADR 2015 in accordance with UN3373 & UN2814 regulations and transported in IATA P620 & P650 compliant drop tested containers. **Note: Includes Specialist **Cryogenic Handling***	• All Pathology from GP Practices, Primary Care Centre's, NHS Wales Treatment Centre's and Hospital sites will be appropriately packaged, contained and labelled	LMT		Appoint DGSA Annual DGSA Audit	DGSA Advisor report
• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk	LMT			DATIX Incident Reports
• Schedules will be operated in accordance with agreed collection / drop off points, subject to regular review to ensure their effectiveness & Compliance to planned 2 Hour Time In transit Temperature Controlled agreement	• Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made	LMT		70%* *Exception for Centrifuged	Planned Schedules / Cleric Reports
• Provide Consignee/Consignor handover signatures for High Risk, Specialist & Foetal Pathology, in line with agreed procedures and Home Office/Coroner regulations for carriage of Cadaver or the Deceased	• Provide Consignee/Consignor handover signatures on dispatch & receipt of High Risk, Specialist & Foetal Pathology using HCS handover books/electronic device (where known and available)	LMT		Evidence of Handover	Documentation as per All Wales Protocol
• Manage leaks, spills or incidents in accordance with agreed procedures	• Report any non-compliance • Assist with advice on clean-up of specialist incidents	LMT			DATIX Incident Reports

SECTION 2 – Blood Products

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• To only utilise GMP (Good Manufacturing Practice) compliant staff when transporting Blood & Blood Products and evidence the required audit trail	• To ensure Blood/Blood products are appropriately packaged, sealed and handed over for transport to the identified destination	LMT		Only Staff Trained in Managing Blood to be utilized	GMP as part of Core Skills Compliance for all HCS staff
• Only Transport Blood/Blood Products in line with BSQR and GMP Regulations. This will include ensuring: ○ Non-Carriage of Animals (Assistance Dogs Exempt) ○ Carriage of Passengers (unless an employee of the organisation/GMP trained) ○ The most direct route is taken ○ The journey in managed within Road Traffic Act requirements, notifying units of any delay ○ Consignments are not tampered with. ○ Ensuring any 'Blue Light' activation is managed as per agreed activation protocol	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk	LMT		**South Wales (C&V):** Blue Light – 1 Hour Urgent – 90 Minutes Routine – 4 Hours **BCU- Collection** Ad-hoc: 100% in 45 minutes 95% in 30 Minutes **Blue Light OOH:** 100% in 40 Minutes In Hours: 100% in 20 Minutes **Delivery –** YGC – 100% in 90m YGB – 100% in 150m WXM – 100 in 10m	Reports Database / Cleric
• No other detail should be carried out when transporting Blood/Blood Products unless with the express permission of the Health Board	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk	LMT			Journey Tracking & Scheduling Block on Cleric
• Report any loss or damage to consignment	• Report any loss or damage of consignment	LMT			Escalation to Manager

SECTION 3 – Radioactive Isotopes

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
For Radioactive isotopes (Class 7 goods under ADR): ○ Provide training, including security awareness training, for all drivers involved in transport of Class 7 goods. ○ Provide a certificate to all drivers who are trained in the carriage of Class 7 goods, to be carried on board for every consignment. ○ Ensure that "ADR Instructions in Writing" are available to drivers during every consignment. ○ Maintain vehicles to a high standard to minimise the risk of breakdown during transport. ○ Provide each vehicle with the required equipment for carriage of Class 7 goods, including "radioactive" placards, metal fireproof sign, ADR driver safety kit and appropriate fire extinguishers. ○ Ensure all drivers are familiar with Emergency Arrangements and the Security Action Plan ○ Assist with a response to a Radiological Emergency arising during transport of Class 7 Goods ○ Appoint a Dangerous Goods Safety Advisor (DGSA) & Radiation protections Advisor (RPA) to oversee regulatory compliance. ○ Implement any recommended actions resulting from internal and external audits/inspections. ○ Have Radiation Protection Supervisors (RPS) in place	For Radioactive isotopes (Class 7 goods under ADR): ○ Implement a suitable radiation protection programme. ○ Provide a secure location for dispatch and receipt of radioactive packages. ○ Ensure all staff involved in dispatch and receipt are trained in accordance with ADR, including security awareness training. ○ Categorise all radioactive packages correctly according to their contents & transport index (TI) ○ Pack radioactive isotopes in approved containers ○ Label and mark Class 7 packages correctly. ○ Provide correct and traceable documentation for all Class 7 packages. ○ Maintain a security action plan. ○ Prepare and test Emergency Arrangements, and provide instructions to NWSSP HCS ○ Initiate and assist with a response to a Radiological Emergency arising during transport of Class 7 Goods ○ Meet Legal Obligations to Appoint a Dangerous Goods Safety Advisor (DGSA) and Radiation Protection Advisor (RPA) to oversee regulatory compliance. ○ In House Radio Protection Supervisors (RPS) ○ Implement any recommended actions resulting from internal and external audits/inspections	LMT		Nil	DATIX Incident Reports

SECTION 4 – Internal mail

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Collect & Deliver mail to agreed scheduled locations without negative disruption of Clinical Pathology	• Ensure all internal mail: ○ is Packaged correctly. ○ is Correctly addressed. ○ is Sealed Appropriately ○ Does not contain any Dangerous Goods/Items ○ Does not contain Pathology (unless UN3373 Packaged)	LMT		Nil	DATIX Incident Reports
• Sort & exchange mail in the established Mail Hubs/Post Rooms, ensuring reasonable processing time of items		LMT			N/A
• Provide Audit Data in relation to Activity & Volume		LMT		Audit	Audit

SECTION 5 – CSSD/HSDU

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Collect & Deliver CSSD/HSDU to agreed scheduled locations	• Ensure all items: ○ are Packaged Correctly. ○ are appropriately labelled (for 'Used Medical Devices') ○ are Correctly Addressed. ○ are Sealed Appropriately • Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made	LMT		Agreed TOV by HB dependent on Clinical Need	Planned Schedules
• Report any loss or damage to consignment or risk of cross contamination	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk	LMT			DATIX Incident Reports
• Urgent and Blue Light for theatres where service is available	• Ensure only appropriate activation, based on Clinical Need		HB	Call Script based on Clinical need	

SECTION 6 – Medical Records

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Collect & Deliver Medical records to agreed scheduled locations. • *Operate within PAS97:2021 Guidance*	• Ensure all Records: ○ Are appropriately contained. ○ Are correctly identified with delivery point				Planned Schedules/ Recorded Urgent Requests
• Ensure security of Medical Records in line with Data Protection requirements	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce risk				DATIX Incident Reports
• Where Confidential/Records Waste are transported, ensure compliance with Data Protection and vehicle security	• Ensure any confidential waste is securely packaged for transit				DATIX Incident Reports re Non-Compliance

SECTION 7 – Clinical Waste

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Collect Clinical Waste & Deliver to agreed scheduled locations/Waste Transfer or Disposal Stations	• Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made.	LMT			Planned Schedule
• Ensure all Waste is handled and transported in line with ADR Regulations to include where necessary: ○ ADR licensed Staff (unless derogation applies) ○ Correctly Marked Vehicles in line with Transport Law	• Ensure all Waste: ○ is Packaged correctly. ○ is correctly separated. ○ is Correctly contained. ○ is correctly tagged	LMT		DGSA Annual Report	DGSA Report
• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk. ○ This may include HCS issuing a Non-Compliance note to meet NRW requirements.	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk	LMT			DATIX Incident Reports
• Where managed from Home Addresses, ensure any access, storage or visible issues are reported to the Health Board • Consumables are replenished as necessary and any issues with supply of items are escalated	• Ensure 'Pre-Acceptance Audits' are (where we provide them) in line with NRW Regulations to include appropriate storage. • Provide a Risk assessment in relation to access, egress and storage at the location	LMT		SLA Agreed by HB Area	Compliance/Activity Reports

SECTION 8 – Controlled Drugs/Pharmaceuticals

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Collect & Deliver General Pharmacy/Controlled Drugs ensuring safe transportation and handover in accordance with ADR Regulations and MHRA audit compliant procedures. • Suitable Staff Familiarisation and Procedures in place in line with Good Distribution Practice Requirements.	• Ensure HCS staff are aware they are transporting controlled drugs to ensure local handover procedures can be applied. • Provide Consignee/Consignor handover signatures on dispatch & receipt using HCS handover books / electronic device (where available)				Cleric Reports
• Ensure the security of Controlled Drugs at all times	• Ensure appropriate handovers documents are supplied and monitored for compliance				
• Manage Specialist Pharmacy within required timeframes and local /national (Inc. Blue Light) procedures and Hand-over requirements *to include correct Cold Chain, Security and adherence to* ***Pharmacy Technical Agreements****, Reviewed Annually*	• Where this service is delivered in the Health Board area, use the agreed 'Blue Light' Activation protocol for confirmed cases. • Agree to investigate any non-compliance / Inappropriate activation.				Cleric Reports
• Transport Medical Gases in Line with Transport Regulations					
• Manage & Transport Radioactive Isotopes in accordance with Transport Regulations ensuring: ○ Staff are appropriately trained ○ Adherence to accident/incident Procedures	• Ensure staff are aware when carrying Radioactive materials using agreed local procedures				Agreed Procedures
• HPN Distribution of HPN to Patients homes within Cold Chain parameters (4c-8c)	• Correct packaging and labeling of items			Temp Reports	Download from Quartix

SECTION 9 – Laundry Services

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Collect & Deliver Laundry to agreed scheduled locations ensuring provision with driver hours regulations	• Notification to HCS of changes in service delivery that may cause alteration of planned schedules in sufficient time to allow adjustments to be made • Understand driver hours regulations				Planned Schedule
• Ensure vehicles are adequately cleaned internally to meet infection control requirements	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce clinical risk				Cleaning Audit
• Manage fleet inspection downtime of Large Goods Vehicles to prevent impact on service delivery	• Work with NWSSP HCS to maximize Fleet utilization to allow rotation of vehicles				Fleet Maintenance Plan

SECTION 10 – Stores & Supplies Transport

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Distribution of NHS Supply Chain items from stores to Health Boards and community settings, where agreed	• Order Items in sufficient time to allow for schedules to operate as planned				Planned Delivery Schedules and Cleric References
• Ensure vehicles are adequately cleaned internally to meet infection control requirements (due to Dried Food Stock)	• Any Non-Compliance will be raised and addressed in reasonable timescales to reduce risk				Vehicle Cleaning Schedule
• Manage fleet inspection downtime of Large Goods Vehicles to prevent impact on service delivery	• Work with NWSSP HCS to maximize Fleet utilization to allow rotation of vehicles				Fleet Maintenance Plan

SECTION 11 – Transport of Equipment & Furniture

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Transport Medical Equipment, Furniture items etc. in a professional manner, obtain handover signatures and in the event of damaged items ensure they are reported, re-charging for cost where required	• Ensure items are appropriately packaged, labeled and tested. • Accept that any claims are managed in-line with Welsh Risk Pool protocols. As HCS is unable to hold commercial insurance				Invoicing for Services

SECTION 12 – Blue Light Emergency Support

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
• Provide Blue Light Emergency Support for: (Not Exhaustive): ○ Emergency Blood/Blood Products ○ Frozen Section Histopathology ○ Specialist Pharmacy e.g. Specialist Chemo ○ Emergency CSSD/HSDU for Theatre ○ HCMR & MERIT Activation ○ Non-Patient Emergency Response ■ Anti-Venom ■ Specialist Toxicology ■ Category A	• Where this service is delivered in the Health Board area, use the agreed Activation protocol for confirmed cases • Agree to investigate any non-compliance / Inappropriate activation  WAST Blue Light Activation for Blood B  road traffic order_june 2014.pdf				Database Reports for Activity
• Ensure only appropriately trained staff undertake this function, all subject to regular refresher training to meet Emergency Driver Compliance	• WAST & South Wales Police as accredited agency to continue to provide Driver Training support and registration of authorized staff.				

Key Performance Indicators

KPI Section A – PSPP/IOH/Invoicing

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
KPI 1 – To ensure that HCS achieve the Welsh Government PSPP target		BSU		95%	Monthly System Driven Reporting from Failed Invoices report
KPI 2 – To ensure HCS meets the time deadline for return of Invoices on Hold (IOH) Reports	• For IOH reports to be sent on time to HCS for scrutiny	BSU		95%	Non-Compliant returns
KPI 3 – Ensure Monthly Invoices out via AR are managed to capture correct recharging for Ad-Hoc work		BSU		95%	Monthly Invoicing

KPI Section B – Pathology

ACTIVITY DESCRIPTION – SSP	ACTIVITY DESCRIPTION – UHB/TRUST	OWNER(S)		QUALITY STANDARD / PERFORMANCE INDICATOR	DEMONSTRATED BY
KPI 1 - To Ensure that planned schedules meet a 'Time in Transit' within 2 hours as per Section 1 point 3	• Report areas where spoilt pathology has occurred as a direct result of delayed delivery	LMT		70%* *Exception for Centrifuged	Planned Scheduled Times
KPI 2 – % of Frozen Section Histopathology managed within 90 minutes of request	• Ensure notification of planned events as far as practically possible	LMT		90%	Journey Log

*Note – SLA monitoring is also undertaken vis SLA review Meetings by HB Area

All Wales Pathology Standards (As health Boards Subscribe to the Revised Service)

Compliance with ISO15189

ISO15189 stipulates that laboratory's shall have a documented procedure for monitoring the transportations of samples to ensure they are transported:

1) Within a time frame appropriate to the nature of the requested examination and the laboratory disciplined concerned (2 Hours). The Cleric system monitors compliance with the scheduled standard and live reports for non-compliance

2) Within a temperature interval specified for sample collection and handling and with the designated preservatives to ensure the integrity of samples (Maximum range 15°C and 25°C)

For Wales, to ensure we are well within the parameters, the desired National Key Performance Indicators (KPI's) for Pathology Transport proposed are:

KPI No. 1 – Environmental Factors
Specific Measurable Elements:

A. 100% of all specimens to be transported at an ambient temperature of between **18°C and 22°C** regardless of external temperatures, unless otherwise specified.
B. The ability to transport specimens at **4°C**.
C. 100% of all journeys to be Temperature Logged.
D. The ability to transport some frozen samples

Management of the conditions in which the pathology specimens are transported will prevent exposure to excessive temperature, and result in fewer spoilt samples. It will also ensure a full review of specialist pathology requirements, transport initiatives and reconfigurations
Linking to the HCS Cleric system (Transport Scheduling CAD), the temperature controlled boxes will have the ability to report on the temperature environment of items from point of collection (Primary Care setting or Acute Centre setting) to the Pathology Lab. This will provide live and retrospective reportable data that can be cross-referenced with the Pathology services IT system (LIMS) to report on service improvements

Why is this being done?

1. There is a risk that patient care will be compromised if samples degrade during transit because they are not transported in accordance with the required environmental factors.

2. There is a risk that pathology services will be unable to obtain and maintain UKAS accreditation if pathology transport services do not meet the environmental and regulatory requirements listed in KPIs.

3. There is a risk that pathology services will need to seek alternate providers of transport services if current providers are not able to deliver against the KPIs. This risks a fragmented approach to managing pathology

4. There is a risk that if not introduced centrally, then fragmentation across Health Boards would result in inconsistency and not meet principles of prudent healthcare.

5. There is a risk of increased patient inconvenience and unnecessary clinician time incurring unnecessary costs and duplication,

6. Spoilt results could result in increased patient re-bleeds; increased hospital admission through missed/lost results from spoilt pathology; increased unnecessary spend; unnecessary clinical intervention with invasive techniques.

All Wales Pathology Specification Standards	Service Specification for Pat

Appendix 1 of Schedule G - Data Processing

Scope	Health Courier Services
Nature	Collection, recording, organisation, structuring, input, sharing, reporting, restriction, archival, erasure and destruction.
Purpose of processing	To enable support of the business, namely: Human Resources of HCS staff (staff records, PADRs, etc) Completion of Risk Assessments Recording of assets Corporate functions (declaration of interests) Medical Updates Prescription requests Management of Deliveries (customer database) Management of vehicle fleet (fuel cards, fleetcheck) Vehicle documentation (MOT/V5C/Tax/Insurance) Procurement (tender information Financial transactions (purchases, accounts receivable, budget management, invoices) Minutes, agendas and meeting papers Contracts (Clinical Waste) Service Level Agreements Transport requests Correspondence and communication
Duration of the processing	Continuous requirement to process data for management of the Health Courier Service functions but only in line with legal processing (with consent where required) and retained under Records Management principles.
Types of personal data	Contract information Human Resources records Customer and NHS data Purchasing information Account numbers
Categories of data subject	General and Special Category Personal Data as defined in Articles 4, 9 and 10 of the UK GDPR in which the information is identified as person identifiable, patient identifiable and Business/commercially sensitive.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:

All-Wales Laundry Service, Service Level Agreement
1st April 2026 – 31st March 2027

Arwwinydd/ Lead:	Anthony Hayward, Assistant Director of Laundry and Operations
Awdur/ Author:	Anthony Hayward, Assistant Director of Laundry and Operations
Swyddog Adrodd/ Reporting Officer:	Jonathan Irvine, Director of Procurement & Health Courier Services

Pwrpas yr Adroddiad/Purpose of the Report:

To consider and **approve** the revised Service Level Agreement.

Llywodraethu/Governance:

Amcanion/ Objectives:	To deliver a service model that is fit for purpose, complies with modern standards, provides a sustainable and resilient laundry service, and represents an operational model delivering best value for money for NHS Wales.
Tystiolaeth/ Supporting evidence:	Revised Service Level Agreement for the provision of laundry services 1st April 2026 – 31st March 2027.

Ymgynghoriad/Consultation:

October 2025 - Existing users of Laundry Services.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	**APPROVE** the proposed Service Level Agreement for the provision of laundry services for the period 1st April 2026 – 31st March 2027.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	Considered where appropriate.
Cyfreithiol/Legal:	Considered at Sections 11-21 of the Agreement.
Iechyd Poblogaeth/ Population Health:	Volumes agreed with each customer based on service requirements to meet the needs of the population and services provided.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Services provided in accordance WHTM 01-04 Decontamination of linen for health and social care; aligned to the European Standard BS EN 14065.

Ariannol/Financial:	No change to existing financial arrangements as set out at Section 8 of the Agreement.
Risg a Aswiriant/ Risk and Assurance:	Considered throughout the Agreement. Laundry Services has robust risk management processes in place.
Dyletswydd Ansawdd/Duty of Quality:	Embedded throughout the service, reference Sections 2–7, 9.
Gweithlu/ Workforce:	Existing workforce aligned to deliver the requirements of the Agreement.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

PROPOSED SERVICE LEVEL AGREEMENT
PROVISION OF LAUNDRY SERVICES
1st April 2026 – 31st MARCH 2027

1. INTRODUCTION

In July 2021 the Shared Services Partnership Committee approved the Service Level Agreement for the provision of laundry services for a 3-year period commencing from 1st April 2021. This agreement has been reviewed and updated for 1st April 2026 – 31st March 2027, subject to Committee approval.

2. SITUATION

The purpose of this report is to seek Committee approval of the revised and updated Service Level Agreement for the Provision of Laundry Services as set out at **Appendix A**.

3. GOVERNANCE AND RISK ISSUES

Following internal review and consultation with existing customers, key changes incorporated in the revised and updated Service Level Agreement include:

- Removal of Customer Schedules (Appendices A-O) - this has been replaced with one table identifying total volumes (new Appendix A). Individual Customer Schedules will be managed separately based on the total volumes.
- Removal of Agreement Comments / Responses Log (Appendix P) - not relevant to this release.
- Updated Linen Bag User Specification (previously Appendix Q, now Appendix B) in line with WHTM01-04.
- Updated terminology.
- Updated/new links to reference documentation.
- General document formatting.

4. CONCLUSION

The revisions and updates to the Service Level Agreement have been identified following internal review and consultation with existing customers.

5. RECOMMENDATION

The Committee are asked to:

- **APPROVE** the proposed Service Level Agreement for the provision of Laundry Services for the period 1st April 2026 – 31st March 2027.

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau
Gwasanaethau Golchi

Shared Services Partnership
Laundry Services

Service Level Agreement

Provision of Laundry Services

by

NHS Wales Shared Services Partnership

1st April 2026 to 31st March 2027

Document Control:

Version	Status	Revision	Owner
1.0	Final	Final version, April 2021-March 2024 agreed July 2021	ARH
1.1	Draft	SLA Review April 2026-March 2027	ARH
1.2	Draft	Correction to CTMUHB volumes.	ARH
2.0	Final	Distributed to customers for comment.	ARH

Reviewers

Version	Reviewers	Date
1.1	Anthony Hayward, All-Wales Laundry Services	Sep 2025
1.1	Customers (identified at Appendix A)	Oct 2025
2.0	SSPC for approval	

Approvals

Version	Approver	Date
1.0	Shared Services Partnership Committee	July 2021
2.0	Shared Services Partnership Committee	

Final

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Final

1. INTRODUCTION

April 1st, 2021, saw the creation of the All-Wales Laundry Services provided by NHS Wales Shared Service Partnership (NWSSP). The transfer of the laundry service provision from Health Boards to NWSSP was agreed by the Shared Service Committee and is based on continuity of service through a 'lift and shift' principle.

The principle of continuity is founded on the same levels of service of both a quantitative and qualitive nature as defined by either existing Service Level Agreements or in their absence implied through customer practice.

This Service Level Agreement is for the provision of laundry services by NWSSP Laundry Service to NHS Wales Health Boards and Trusts together with any external customers.

The services provided are the wash, dry and finish of linen and other items the delivery of clean linen and collection of soiled linen to and from nominated delivery points as defined within the individual customer schedules based on the total volumes set out at **Appendix A**.

Linen items are provided in one of two ways; pooled stock - items purchased and replenished by NWSSP or return to sender (RTS) - items purchased and replenished by the customer. In most cases, common bedding linen and towels are provided as pooled stock with all other items, including personal clothing, mops, pyjamas, curtains and specialist items are return to sender. Certain items may be a combination of pooled stock and RTS, e.g., patient gowns, theatre tops and bottoms.

Whilst this agreement was initially designed to be operational during the transitional period prior to the completion of the All-Wales Laundry Transformational Programme, at the direction of Welsh Government, this Programme remains on hold until further notice. Subject to periodic refresh, this agreement will therefore remain extant.

2. SERVICE REQUIREMENT

2.1. NWSSP Laundry Service will be responsible for the collection of dirty articles from the storage areas as designated by individual customers, the laundering of these articles and the delivery of clean articles to the nominated delivery points.

2.2. Linen shall be identified as one of three classified groups by NWSSP Laundry Service:

- 2.2.1. Pooled Stock items, i.e. items owned and supplied by NWSSP Laundry Services.
- 2.2.2. RTS Items, i.e. recognised items which are owned by the individual customer which are processed by the laundry and returned
- 2.2.3. Hybrid Stock are those items that can be either of the above, e.g. theatre tops and bottoms.

2.3. NWSSP Laundry Services will ensure that sufficient stocks of pooled stock items are available to meet the agreed delivery volumes by managing stocks in totality and where required redirecting supplies to respond to shortages created through increased demand or production issues.

2.4. NWSSP Laundry Services will maintain the quality of all pooled stock items, repairing or condemning/replacing items as necessary.

2.5. NWSSP Laundry Services shall launder RTS items belonging to its customers, subject to:

2.5.1. Provision of manufacturers laundering guidelines.

2.5.2. NWSSP Laundry Services having processing capability to meet manufacturer's guidelines, within the parameters of current legislation and guidance for the laundering of used hospital linens.

2.6. NWSSP Laundry Services will assist in the provision of additional linen during an Infectious Outbreak or Major Incident and deliver items within 12 hours from the point of request.

2.7. NWSSP Laundry Services will collect soiled linen and deliver agreed weekly volumes of pooled stock items as defined within individual customer schedules.

2.8. NWSSP Laundry Services shall supply colour coded re-usable bags for the bagging of used linen. (This shall be revised, should legislation change, and require the use of a single use impermeable bag – as included in WHTM 01-04. Whilst provision of single use non-permeable bags would become the responsibility of the customer, NWSSP will actively work with customer groups to remove single use plastic).

- White bags – Soiled and fouled linen
- Red bags – Infectious linen

It is the responsibility of the customers to provide alginate bags (water-soluble) for the bagging of 'Infected Linen'.

Appendix B contains an illustration of the type of linen bags and their required usage.

2.9. NWSSP Laundry Services agrees, subject to 1 months' notice, to remain flexible to the changing needs of NHS Wales.

- Decreases or revision in delivery pattern of existing stock can be implemented with mutual agreement, within one month.

- Increases in service requirements will be subject to discussion and agreement. Increases requiring purchase of additional linens can normally be implemented within 1 month.

- Changes to nominated delivery points with 1 months' notice (for permanent changes, short term modifications to accommodate temporary site disruptions should have at least 1 weeks' notice)

3. DELIVERY, COLLECTION AND TRANSPORTATION.

3.1. All deliveries (unless otherwise stated) shall be made by method of bulk delivery to the nominated delivery point at each site.

3.2. RTS (client owned items) shall normally be delivered back to the site where it was collected, within three working days (excluding Bank Holidays) from receipt at the laundry (subject to the item being clearly labelled and able to be processed within the laundering parameters used at NWSSP Laundry Service).

3.3. In exceptional circumstances where a delay or non-delivery may occur the customer nominated representative will be notified within 1 hour of the delay and advised of either an expected delivery time or alternative arrangements which will be put in place. Further delays will see the escalation to service owners of both parties.

3.4. NWSSP Laundry Service will deliver sufficient stock of pooled stock items to meet the requirements of the individual customers as defined within the agreed customer schedule and remove all soiled linen from the designated collection point, at the same site visit.

3.5. Where an additional journey is required to collect soiled linen due to not be available at the scheduled collection time, an additional charge will be made for the direct costs incurred at £2.46 pence per mile and the delivery details logged on a variation log with a copy sent to the customer representative.

3.6. NWSSP Laundry Service shall ensure that the Laundry delivered will be no less than 95% of that required by the customer each week for each specific site. Where this is not achieved NWSSP Laundry Service shall endeavour to agree diversion of stock from sites with surplus linen or agree priorities with customer.

3.7. Clean articles shall be packed and delivered in roll cages. All cages of clean linen shall be covered with a waterproof recyclable cover and should have the destination identified.

3.8. NWSSP Laundry Service will ensure that all containers and cages are clean and suitable for the transport of linen and are to be safe and fit for purpose. Laundry vehicles will be of a size to comply with the constraints of the loading facilities within each site.

3.9. NWSSP Laundry Service shall leave a sufficient supply of empty cages at the delivery/collection points for the dirty linen bags to be stacked on. It is the supplier's responsibility to load and unload all cages of laundry onto the vehicle, and where necessary collect and return keys for the unlocking of the storage areas. Excess cages will be removed from the site promptly.

3.10. Cages are the property of NWSSP Laundry Service. Cages must not be used for any other purpose.

3.11. NWSSP Laundry Service shall provide details of each delivery made (a delivery note for each site) which shall record the total number of articles against each article heading delivered on that delivery. This delivery note shall also be summarised and shall be referred to in all invoices and shall tally with those invoices provided to the NWSSP Laundry Service customers.

3.12. NWSSP Laundry Service will endeavour to ensure the security of all linen items being carried on the Laundry's delivery/collection vehicle. NWSSP Laundry Service will report any incidents to the Authorised Officer immediately.

3.13. All vehicles used for the transportation of clean articles shall be regularly cleaned and disinfected to minimise the possibility of cross-contamination for linen.

3.14. Dirty and clean articles shall not be allowed to come into contact at any time. Dirty and clean articles of laundry should not be carried in the same vehicle unless effectively separated by a waterproof partition or barrier, i.e. used linen bagged appropriately, with clean linen cages being protected with a waterproof recyclable polythene cover.

3.15. In the event of Adverse Weather, and escalation confirmed (suspension of normal service delivery) Health Courier Services (HCS)/Supply Chain (SC) will revert to (after discussion and agreement with the customer) core essential services only, as highlighted in the prioritised list below.

Other services may also be provided, with agreement of the customer, and this may include support in maintaining core staffing in Critical Services with respective Health Boards.

Staff Attendances will be managed in line with the NWSSP Adverse Weather Plan and only used for key staff. In the interest of staff safety, where staff have the capability to work remotely, this should be encouraged.

Where lease (Contract Hire) vehicles are used, an arrangement should be in place for them to be exchanged for 4x4 type vehicles to ensure business continuity in the event of adverse weather.

The HCS/ SC decisions should be made locally in partnership with Senior customer representative who will identify priorities to maintain service delivery.

As a minimum, in the event of routine services being suspended, the expected business continuity at time of escalation will be a prioritised list (not exhaustive):

- Maintenance of Blood Banks
- Movements of Emergency Equipment
- CSSD/Theatres Support
- Key Medical Consumables – e.g. Supply to HBs, Inc. Ward Stocking etc
- Key Food stocks (where held in stores)
- Key Laundry Items/Urgent Re-Stocks
- Emergency Specimens/Tissue/Organs & Mortuary
- Emergency Pharmacy e.g. CDs, HPN, Chemotherapy, Anti Virals (Inc Pandemic Distribution)
- Public Health Wales Requirements
- Renal Diagnostics
- Radioactive Isotopes

As the SLA is a bipartite agreement and will operate for both parties there is an expectation for good planning in the event adverse weather is forecast and a collaborative approach to planning and communication.

4. PROCESSING OF ARTICLES

4.1 NWSSP Laundry Service shall process articles in accordance with health service guidance on laundry procedures WHTM 01-04 Decontamination of linen for health and social care.

4.2 All laundry will be processed in accordance with WHTM 01-04 and pressed or appropriately finished and folded, in a way that leaves articles in a clean condition and does not cause damage or undue deterioration or distortion of the fabrics. All washed linen shall be odour free, properly dried and without stains, marks, or creases.

4.3 All RTS items must have the manufacturers laundering instructions available for NWSSP Laundry Service to be able to refer to. Items must be permanently marked to indicate the site which the items belong to, and the ward, if applicable, for linen room staff to identify on return.

4.4 All RTS items shall be processed in accordance with WHTM 01-04 and returned within 3 working days (excluding Bank Holidays) of receipt for processing at the laundry.

5. STANDARD OF FINISH

5.1 Any article of laundry delivered to the any customer site after processing by the NWSSP Laundry Service, which is damaged or is not clean or disinfected and finished in all

respects to the Contract Standard may be rejected by the Authorised Officer/Nominated Person.

5.2 NWSSP Laundry Service shall where practicably possible, inspect pooled stock (linen hire) items and identify physically damaged/faulty items during the finishing process and either repair prior to circulation, or reject and withdraw items from circulation.

5.3 Any pooled stock items identified with faults, or which do not meet the customers standards shall be rejected. Rejected linen shall include, but is not limited to:

5.3.1 Items beyond repair

5.3.2 Items which are stained or discoloured beyond the acceptable standard

5.3.3 Items which are unacceptably distorted, namely where there has been a substantial deviation in the dimensions of an item from those specified by the manufacturer, for example, shrinkage

5.3.4 Items that are incomplete or that have missing parts that cannot reasonably be replaced or repaired.

5.4 Rejected articles of pooled stock items shall be replaced free of charge by the NWSSP Laundry Service.

5.5 Rejected items of RTS items of linen shall be re-processed, free of charge.

5.6 Damage to RTS items will be investigated by NWSSP Laundry Service and the customer representative within 5 working days. Unless damage can be shown to be caused by negligence or inappropriate processing (subject to care instructions being available with the item) NWSSP Laundry Service will not be responsible for replacement.

5.7 Finish of all items of linen to be folded in a uniform way and stacked neatly onto a roll cage.

6. CUSTOMER CONCERNS

6.1 NWSSP Laundry Service will maintain and demonstrate an appropriate concerns procedure that ensures that customer concerns will be responded to in writing (email) within 48 hours (Monday to Friday, excluding Bank Holidays).

6.2 This procedure will demonstrate actions taken and evidence that such action resulted in customer agreed resolution, within 5 working days of implementing action.

7. SERVICE MONITORING

7.1 Service monitoring information will be provided to each customer group on a quarterly basis with the option of a review meeting if required.

7.2 The Customer will chair the monitoring meetings.

7.3 Membership will include nominated representatives of customer and the NWSSP Laundry Service.

7.4 NWSSP Laundry Service will be invited to attend customer user linen group meetings as required.

8. FINANCE

As part of the transitional programme the financial arrangements were agreed and are based on either a fixed cost (previous service providers) or a variable volume-based cost (previous customers). It is however acknowledged that a provision to discuss variations to the volumes provided is required to protect the interest of both parties.

The volume variation provision shall be provided in the form of a trigger activated by a potential band based on a percentage of the total volumes per customer within the existing volume envelope, this percentage shall be used as the catalyst for discussion.

Review and monitoring of trigger activations will form part of the standing agenda for a Quarterly Service Performance review with each customer and agreement made as to additional / reduction in volumes against the baseline volumes. Where individual customers require it in addition to the quarterly review meeting NWSSP Laundry Services will establish service monitoring meetings with a frequency each customer is content with.

An Annual Service Performance Review will also be held with each customer whereas part of the standing agenda the last quarter's volumes will be agreed and totalled with the 3 previous quarters to calculate the annual linen consumption against the baseline.

Customers who are invoiced based on a fixed monthly cost for their linen will be charged / rebated utilising the proportional bands against their respective sites at a cost associated with the variable costs elements of the service and applied against the current cost per piece.

The charge or credit will be based upon the variable element of the service provision the split of the fixed and variable cost elements for the price per piece is 68% and 32% respectively, therefore any additional charges / rebate will be applied at a rate of 32% of the current cost per piece specific to each Laundry Production Unit's cost base. The volumes and charge or credit will be identified separately and invoiced retrospectively.

Table 1: Trigger Table below, illustrates the trigger and the variable parameters applied to the 2019 volume baseline to determine the trigger a material change for each of the customers.

Table 1: Trigger Table

Annual Volumes	Quarterly Volumes (max)	% Trigger	Quarterly Variable +/- (max)
5,000,001 - 7,000,000	1,750,000	5.0%	87,500
3,000,001 - 5,000,000	1,250,000	6.0%	75,000
1,000,001 - 3,000,000	750,000	7.0%	52,500
500,001 - 1,000,000	250,000	8.0%	20,000
250,001 - 500,000	125,000	10.0%	12,500
100,001 - 250,000	62,500	15.0%	9,375
50,001 - 100,000	25,000	20.0%	5,000
Up to 50,000	12,500	30.0%	3,750

Final

9. KEY PERFORMANCE INDICATORS

NWSSP Laundry Service KPIs

KPI	Description of Laundry Service KPI	Action
A	Each delivery meets 90% of individual items ordered for individual sites ordered requirement; provided ordered requirements are no more than 120% of the average daily order for the last 8 weeks. Where shortages are identified prior to deliver NWSSP Laundry service will inform the customer by 10:00hrs on the day of delivery. Agreed remedial actions to rectify shortages must be implemented within 24 hours. A delivery note must accompany all deliveries.	Balance to be made up within the working week to ensure total weekly volume meets volumes set out in the agreed customer schedule.
B	90% of deliveries to be made within 2 hours of delivery times shown within the individual customer appendices No more than **5**% of scheduled deliveries to be received outside of the delivery window in a 30-day period, unless evidenced to be outside the control of the NWSSP Laundry Service	Review of delivery schedules for practicability.
C	Ensure that all linen is finished in accordance with agreed service specification. Service standards to be met on 98% of all pieces in each delivery received by the customer.	Rejected items replaced FOC.
D	Provide management information and reports to customer monthly, or as varied by agreement, which shows. ▪ Delivery summary of item category by site ▪ KPIs	Report emailed to nominated service manager monthly

Final

KPI	Description of Laundry Service KPI	Action
	Complaints and resolutions to be supported by bi-monthly review meetings between appropriate representatives of both parties.	Contract monitoring meetings to be scheduled.
E	Regular microbiological and environmental monitoring to be conducted and results available on request to customer. ▪ Water quality ▪ ATP tests of hard surfaces (including cages and vehicles) ▪ Environmental monitoring	Quarterly summary of results to be included with routine contract monitoring reports

10. CUSTOMER KPIs

KPI	Description of Customer KPI	Action
F	Soiled linen is collected form wards in a timely manner to ensure that sufficient soiled linen is returned for processing	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.
G	No site logistics prevent the linen from being delivered or collected within the agreed delivery or collection time	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.
H	Advise NWSSP Laundry service of any shortages or quality issues within 24–48 hours of receipt of delivery	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.

Final

KPI	Description of Customer KPI	Action
I	Linen provided is used for the purpose intended	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.
J	Any soiled and fouled non-infectious articles should be placed in a white material bag; any infectious articles should be placed in water-soluble (alginate) bags, tied, before placing in a red material bag (**Appendix B**) prior to being returned in a cage designated for the sole purpose of transporting linen and laundry to NWSSP's Laundry Service for processing	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.
K	No Clinical waste to be returned to NWSSP Laundry service	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.
L	All soiled, fouled and infectious linen to be bagged in line with bagging procedure	NWSSP Laundry service to monitor volumes and if a recurring issue will report at quarterly service review meetings.

Final

11. REMEDIES OR NON-PERFORMANCE

Following a receipt from either the supplier or customer that the terms of the Agreement are not being, the findings will be discussed between the appropriate levels of management.

In the event the customer or supplier is not performing according to the terms of this Agreement the following procedure will apply.

Where one party considers the other party has under-performed its contractual obligations, they will initiate a meeting with the other party within 14 days. Following the meeting the party that has not performed adequately will be given 14 days to resolve the issue to the satisfaction of the other party. It is assumed that there will be joint discussions between both parties to research a mutually acceptable outcome.

Where the non-conformance has not been rectified within the agreed tie scale, the other party will have the right of recourse to arbitration.

12. ARBITRATION

In the event of a dispute over non-performance arising between the two parties which cannot be resolved locally, the guidance in 'NHS Contracts Resolving Disputes' will apply.

It is agreed that an appropriate impartial adjudicator will be appointed in this event.

13. FINANCIAL CONSEQUENCES OF UNDER PERFORMANCE

If the customer is required to place remedial work, from the agreement with the supplier with another supplier as a consequence of Paragraph 9, the cost incurred will be deducted if judged appropriate by the adjudicator from the authorised agreed price.

14. CONFIDENTIALITY

The customer shall keep in strict confidence all technical or commercial know-how, specifications, inventions, processes or initiatives which are of a confidential nature and have been disclosed to the customer by the supplier, its employees, agents, consultants or subcontractors and any other confidential information concerning the suppliers business or its services which the provider may obtain.

The customer may disclose such information:

- To its employees, officers, representatives, advisors, agents, or subcontractors who need to know such information for the purpose of carrying out the customers obligations under the Agreement.

- As may be required by Law, court order or any governmental or regulatory authority.

15. FORCE MAJEURE

A party shall not be in breach of the Agreement, nor liable for any failure or delay in performance of any obligations under the Agreement arising from or attributes to act, events, omissions, or accidents beyond its reasonable control.

16. SEVERABILITY

If any provision or part of this Agreement is held to be invalid, amendments to this Agreement may be made by the addition or deletion of wording as appropriate to remove the invalid part or provision but otherwise retain the provision and the other provisions of this Agreement to the maximum extent permissible under the applicable law.

17. THIRD PARTY RIGHTS

No term of this Agreement is enforceable under the Contracts (Rights of Third Parties) Act 1999 by any person who is not a party.

18. ENTIRE AGREEMENT

This Agreement and its Appendices (which are incorporated into and made a part of this Agreement) constitute the entire agreement between the parties and supersedes all negotiations, understandings or previous agreements between the parties relating to its subject matter.

19. NOTICES

19.1. Except as otherwise expressly provided within the Agreement, no notice or other communication from one party to the other shall have any validity under this Agreement unless made in writing by or on behalf of the party concerned. Any demand, notice or other communication to be given or made in writing under this Agreement will be deemed to have been duly given or made as follows:

19.1.1. If sent by prepaid first-class post on the second working day after the date of posting; or

19.1.2. If delivered by hand upon delivery at the address provided for in this Agreement.

19.2. Any such demand notice or other communication will be addressed to and sent to NWSSP Laundry Service and to the customer contact at such other address as may from time to time be notified in writing by the parties as being the address for service provided.

20. VARIATION/AMENDMENT

This Agreement may only be amended in writing signed by the duly authorised representatives of the parties.

21. LAW AND JURISDICTION

This Agreement shall be deemed to be a contract made in Wales and shall be governed by and interpreted in accordance with the law of England and Wales, as it applies in Wales. All disputes arising under or in connection with it shall (subject to Clauses 10 and 11 above) be submitted in the first instance to the non-exclusive jurisdiction of the Courts in Wales.

APPENDIX A – CUSTOMER VOLUMES

Customer	Annual Volume	Quarterly Volume
Aneurin Bevan UHB	5,938,296	1,484,574
Betsi Cadwaladr UHB	6,159,585	1,539,896
Cardiff & Vale UHB	3,863,860	965,965
Cwm Taf Morgannwg UHB	5,130,127	1,282,532
Hywel Dda UHB	4,122,457	1,030,614
Powys tHB	417,980	104,495
Swansea Bay UHB	4,796,792	1,199,198
Velindre NHS Trust	147,212	36,803
WAST	224,858	56,215
Marie Curie Hospice	21,892	5,473
Breast Test Wales	5,356	1,339
Bowel Screening Service	2,652	663
WEQAS Laboratories	1,768	442
Welsh Blood NBTS	480	120
Grand Total	**30,833,315**	**7,708,329**

APPENDIX B - LINEN BAG USER SPECIFICATION

Guidance on the Segregation and Bagging of Linen



SOILED AND FOULED LINEN

Linen not identified as infectious should be placed in the white material bag and secure.



'INFECTED' LINEN

All linen identified as infectious should be placed in a water-soluble bag and tied.

Place the water-soluble bag into a red material bag and secure.

BAGS SHOULD ONLY BE FILLED UP TO ⅔ FULL

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:

Approval of the Service Level Agreement for the Provision of Radiopharmaceutical Products

Arwwinydd/ Lead:	Laura-Jayne Keating, Director Pharmacy Services
Awdur/ Author:	Rachel Pember, Project Manager, Transformation Management Office
Swyddog Adrodd/ Reporting Officer:	Laura-Jayne Keating, Director Pharmacy Services

Pwrpas yr Adroddiad/Purpose of the Report:

To approve the Service Level Agreement (SLA) for the provision of Radiopharmaceutical Products from NHS Wales Shared Services Partnership to Health Boards/Trust in readiness for service go live June 2026. For the initial 3 year period of 2026 to 2029.

Llywodraethu/Governance:

Amcanion/ Objectives:	Excellence – to develop a service that delivers a process excellence through a focus on continuous service improvement.
Tystiolaeth/ Supporting evidence:	Appendix 1 – Service Level Agreement, Aneurin Bevan University Health Board (ABUHB) Appendix 2 – Service Level Agreement, Cardiff and Vale University Health Board (CVUHB) Appendix 3 – Service Level Agreement, Cwm Taf Morgannwg University Health Board (CTMUHB) Appendix 4 – Service Level Agreement, Velindre University NHS Trust (VUNHST)

Ymgynghoriad/Consultation:

Engagement and oversight arrangements have been established through the involvement of Directors of Pharmacy from ABUHB, CTMUHB, CVUHB and VUNHST, supported by operational and peer groups including relevant clinical reference groups, alongside agreed performance management arrangements. Each Health Board and Trust within scope, have confirmed their acceptance of the Service Level Agreement to date, providing the necessary assurance to support submission to the Committee in advance of the planned service go live in June 2026.

Adduned y Pwyllgor/Committee Resolution (insert √):							
DERBYN/ APPROVE	✔	**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	
Argymhelliad/ Recommendation:	To **APPROVE** the service level agreements for the provision of Radiopharmaceutical Products from NHS Wales Shared Services Partnership to Health Boards/Trust in readiness for service go live June 2026. For the initial 3 year period of 2026 to 2029.						

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No direct impact
Cyfreithiol/Legal:	Legal and Risk Services have advised on the SLA format and content. This is a highly regulated activity and appropriate arrangements for the compliance are in place.
Iechyd Poblogaeth/ Population Health:	This will enhance the current service delivery model and improve patient outcomes.
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	This will enhance the current service delivery model and improve patient outcomes.
Ariannol/Financial:	The finance subgroup to the project have considered the financial modelling and the Project Board has considered the financial risks and opportunities.
Risg a Aswiriant/ Risk and Assurance:	The Project Board has had oversight of the risks. Close monitoring will continue during the early years of the service delivery.
Dyletswydd Ansawdd/Duty of Quality:	The Pharmacy Division has embedded Duty of Quality domains into their ways of working. Regular reporting will flow though the relevant Quality and Safety groups within NWSSP and regular updates provided to our Host QSP Committee.
Gweithlu/ Workforce:	There will be some staff joining from existing sites and organisations and opportunities for new roles with emerging career pathways to flow from this service.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

SERVICE LEVEL AGREEMENT FOR THE PROVISION OF RADIOPHARMACEUTICAL PRODUCTS FROM NHS WALES SHARED SERVICES PARTNERSHIP TO HEALTH BOARDS/TRUST.

1. INTRODUCTION

The South East Radiopharmacy project comprises both construction and service readiness. This project has been ongoing across the past few years but is now reaching a critical stage in the combined timeline with key go live decisions and agreements requiring completion.

2. CURRENT POSITION

The Radiopharmacy project is reaching a critical stage for both the construction and service readiness projects. To support service readiness, Service Level Agreements (SLAs) for each of the Health Boards/Trust that will utilise products supplied by the new South East Radiopharmacy need to be established in line with existing governance procedure.

The SLAs will run for an initial 3 year period of 2026 to 2029 covering the provision of Radiopharmaceutical Products from NHS Wales Shared Services Partnership to Health Boards/Trust.

The SLAs have been circulated through the appropriate Health Board/Trust governance to ensure compliance ahead of NHS Wales Shared Services Partnership submission.

The SLAs set out the service specification (scope of services, delivery schedule, quality and compliance standards, performance metrics, and escalation pathways), define the pricing mechanism (methodology, assumptions, and any indexation or review provisions), and provide vial costs for the radiopharmaceutical products supplied.

The SLAs have been through a multistage endorsement process involving stakeholders from ABUHB, CTMUHB, CVUHB and VUNHST. All HB's/Trust have indicated their endorsement prior to submission at SSPC.

3. GOVERNANCE AND RISK ISSUES

The main risks for the service would be that operating without fully agreed and approved SLAs could impact elements such as :-

- Lack of defined standards for service quality
- Lack of defined uptime and performance metrics
- Potential misinterpretation of and inconsistent service demand

- Financial risk to all parties

4. CONCLUSION

The SLAs have been approved by each in scope Health Board/Trust which support the submission to the NHS Wales Shared Services Partnership committee ahead of service go live currently planned for June 2026.

5. RECOMMENDATION

The Committee are asked to:

- **Approve** – The NHS Wales Shared Services Partnership Committee are asked to approve the service level agreements for the provision of Radiopharmaceutical Products from NHS Wales Shared Services Partnership to Health Boards/Trust in readiness for service go live June 2026. For the initial 3 year period of 2026 to 2029.

Service Level Agreement between:

Aneurin Bevan University Local Health Board

And

NHS Wales Shared Services Partnership
(as hosted by Velindre University NHS Trust)

for the provision of:
Radiopharmaceutical Products

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THIS AGREEMENT is made on the 2026

PARTIES TO THE AGREEMENT

This Agreement is between

PARTIES

1. **NHS Wales Shared Services Partnership (NWSSP)**, whose principal place of business is 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ (“**NWSSP”**); and

2. **Aneurin Bevan University Local Health Board,** whose principal place of business is Executive Headquarters, St Cadocs Hospital, Lodge Road, Caerleon, Newport NP18 3XQ(‘**ABUHB**’)

Each a ‘**Party**’ and together ‘the **Parties**’.

BACKGROUND

A. This Service Level Agreement sets out the terms and conditions upon which the Parties have agreed to govern the provision Radiopharmaceutical Products (as defined below) from NWSSP to ABUHB for Radiopharmacy services.

B. The Radiopharmaceutical Products to be provided from NWSSP to ABUHB are manufactured and supplied from the dedicated Radiopharmacy facility at IP5, located at Imperial Park, Unit 5 Celtic Way, Newport, NP10 8BE, a Radiopharmacy and medicines preparation hub under the management of NWSSP.

C. The Parties agree to cooperate in good faith to achieve the objectives of this Service Level Agreement and to act in a manner consistent with the reasonable expectations of the other Party.

1. DEFINITIONS

Agreement means this Service Level Agreement.

Applicable Laws means all applicable laws, statutes, regulations and codes from time to time in force.

Business Hours means the period from 6.00 am to 2.00 pm on any Business Day.

Business Day means a day, other than a Saturday, Sunday or public holiday in England and Wales when banks in London and Cardiff are open for business.

Commencement Date means the date that the Agreement is signed by both Parties.

Confidential Information means all confidential information (however recorded or preserved) disclosed by a Party or its Representatives to the other Party and that Party's Representatives whether before or after the date of this Agreement in connection with the Radiopharmacy Services, including but not limited to:

a. the existence and terms of this Agreement or any agreement entered into in connection with this Agreement;

b. any information that would be regarded as confidential by a reasonable businessperson relating to:

   i. the business, assets, affairs, customers, clients, suppliers, plans, intentions, or market opportunities of the disclosing Party; and
   ii. the operations, processes, product information, know-how, designs, trade secrets or software of the disclosing Party;

c. any information developed by the Parties in the course of carrying out this Agreement.

Data Protection Legislation means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and all other legislation and regulatory requirements in force from time to time which apply to a Party relating to the use of personal data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

Delivery means the time at which the Radiopharmaceutical Products are deemed to be delivered to ABUHB under clause 5.

Delivery Location means the location specified in an Order to which NWSSP shall deliver or procure the delivery of the Radiopharmaceutical Products.

Force Majeure is as defined in clause 22.1.

Intellectual Property Rights means patents, utility models rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

Order has the meaning given to it in clause 4.1.

personal data, Processor, processing and process is as set out in the Data Protection Legislation.

Radiopharmaceutical Products means the products described within Schedule 1.

Representatives means in relation to a Party, its employees, officers, representatives, contractors, subcontractors, and advisers.

UK GDPR has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

Warranty Period has the meaning given in clause 6.

2. STATUS

2.1. This Agreement is made pursuant to section 7(5) of the National Health Service (Wales) Act 2006 (as applied in Wales) and must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales. Notwithstanding, the Parties agree to act in good faith and in accordance with the provisions stated in this Agreement.

3. DURATION OF AGREEMENT

3.1. This Agreement will commence on the Commencement Date and shall continue unless terminated earlier in accordance with the terms set out in clause 0 (Termination) for an initial period of three years (Initial Term), when it shall terminate automatically without notice, unless no later than three months before the end of the Initial Term (or any Extended Term agreed under this clause), the Parties agree in writing that the term of the Agreement shall be extended for an additional three years (Extended Term).

4. ORDERS

4.1. ABUHB must submit routine Orders for Radiopharmaceutical Products to NWSSP using the NWSSP Radiopharmacy proforma as detailed in Schedule 1 and received by 12:00 (midday) two Business Days prior to Delivery or in any other form that the Parties may agree from time to time (an Order).

4.2. Non-routine Orders of Radiopharmaceutical Products for agreed clinically urgent scenarios must be received prior to 15:00 on the day prior to delivery. Emergency Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. Communication via telephone is required prior to submission of emergency orders.

4.3. An Order shall constitute an offer by ABUHB to purchase the Radiopharmaceutical Products on the terms of the Agreement, which may or may not be accepted by NWSSP.

4.4. The offer constituted by an Order shall remain in effect and be capable of being accepted by NWSSP for 10 Business Days from the date on which ABUHB submitted the Order, after which time it shall automatically lapse and be withdrawn.

4.5. NWSSP will endeavour to accept all valid Orders, however, there may be rare circumstances in which NWSSP is required to decline an Order, as outlined in Schedule 1.

4.6. An Order shall not be accepted, and no binding obligation to supply any Radiopharmaceutical Products shall arise, until the earlier of:

4.6.1. NWSSP's written acceptance of the Order; or

4.6.2. NWSSP dispatching the Radiopharmaceutical Products.

5. DELIVERY AND INSPECTION

5.1. Delivery schedules, transport arrangements and packaging requirements are specified under the 'Transport and Delivery Schedule' in Schedule 1.

5.2. The Radiopharmaceutical Products are to be delivered by Health Courier Service (HCS) a courier service operated by NWSSP, to the Delivery Location on the date(s) specified in the Order;

The Radiopharmaceutical Products shall be deemed delivered on receipt of delivery of the Radiopharmaceutical Products by NWSSP to the Health Board/Trust.

5.3. ABUHB shall not be entitled to reject any Delivery of the Radiopharmaceutical Products on the basis that an incorrect volume of Radiopharmaceutical Products has been supplied provided the volumes are within the tolerances (if any) set out in the Order.

5.4. The Radiopharmaceutical Products may be delivered by instalments if specified in the Order. Any delay in delivery or defect in an instalment shall not entitle ABUHB to cancel any other instalment.

5.5. Delivery of the Radiopharmaceutical Products shall be accompanied by a delivery note stating:

5.5.1. the date of the Order;

the product numbers, type and quantity of Radiopharmaceutical Products in the consignment and the delivery note will display maximum activity in the case for each product at time of packing, reflecting actual contents in the package and not decay corrected activity values, accounting for travel time.

5.5.2. any special handling instructions.

5.6. NWSSP shall deliver the Radiopharmaceutical Products in accordance with any applicable dates or time periods for Delivery detailed in the Order.

Unless the Parties agree otherwise, packaging material (as specified under Schedule 1) shall not be disposed of by ABUHB and at its cost, returned to NWSSP.

Packaging materials include transport cases, attachments and transport vial shields that are contained within each transport case.

The organisation will only incur a charge if a transport case is not returned or is deemed not fit for use due to damage occurred after receipt by the HB, in which situation the replacement cost of the case would be applied.

Transport cases and vial shields must be monitored, be contamination free and appropriately labelled before this is handed/transported back to IP5 via HCS.

5.7. NWSSP shall not be liable for any delay in or failure of Delivery to the extent caused by ABUHB's failure to:

5.7.1. make the Delivery Location available;

5.7.2. prepare the Delivery Location as required for Delivery;

5.7.3. provide NWSSP with adequate instructions for Delivery; or

5.7.4. an event of Force Majeure.

5.8. NWSSP Radiopharmacy shall be the primary and preferred supplier for the radiopharmaceutical products covered under Schedule 1.

ABUHB shall provide NWSSP with prompt written notice In the event of any such unforeseen operational circumstances arising that materially change the customers required supply or render NWSSP unable to meet the agreed service levels.

ABUHB will detail the nature of the circumstances and the expected impact on supply requirements. NWSSP shall be afforded reasonable opportunity to remedy or mitigate the issue before ABUHB seeks alternative supply of radiopharmaceutical products from external suppliers without such justification or prior notice will constitute a breach of this Agreement"

6. WARRANTY

6.1 NWSSP warrants that, from Delivery until the product's labelled expiry date, the Radiopharmaceutical Products delivered by NWSSP shall:

6.1.1. conform in all material respects to the Radiopharmaceutical Products as described in Schedule 1;

6.1.2. be free from material defects in design, materials and workmanship;

6.1.3. comply with all Applicable Laws, standards and good industry practice (as outlined in more detail in Schedule 1 (including in relation to their manufacture, packaging and Delivery); and

6.1.4. be of satisfactory quality within the meaning of the Sale of Goods Act 1979.

6.2. ABUHB may reject any Radiopharmaceutical Products that do not comply with clause 6 provided that ABUHB:

6.2.1. provides written notification to NWSSP;

6.2.2. during the Warranty Period in the case of defects discovered by a physical inspection; or

6.2.3. in the case of latent defects, during the Warranty Period or, if the Warranty Period has expired, within one month from the date on which ABUHB became aware (or should reasonably have become aware) of the defect;

6.2.4. provides NWSSP with sufficient information as to the nature and extent of the defects and the uses to which the Radiopharmaceutical Products had been put prior to the defect arising; and

6.2.5. gives NWSSP a reasonable opportunity to examine the defective Radiopharmaceutical Products.

6.3. As soon as reasonably practicable but in any event within 10 Business Days after receiving a written notification in accordance with clause 6.2, the NWSSP shall at NWSSP's option:

6.3.1. repair or replace the Radiopharmaceutical Products; or

6.3.2. provide ABUHB with a full refund of the Price paid by ABUHB for the Radiopharmaceutical Products.

6.4. NWSSP shall at its own cost collect any Radiopharmaceutical Products rejected under clause 6.2. Risk in the rejected Radiopharmaceutical Products shall pass back to NWSSP at the point at which the Radiopharmaceuticals are collected. If title in the rejected Radiopharmaceutical Products has already passed to ABUHB under clause 7.2, title shall pass back to NWSSP on collection of the Radiopharmaceutical Products to be replaced, or upon payment of a refund to ABUHB (as applicable).

6.5. The provisions of this Agreement shall apply to any Radiopharmaceutical Products that are repaired or replaced pursuant to clause 6.3.

6.6. NWSSP shall not be liable for any breach of clause 6:

6.6.1. where such failure arises as a result of fair wear and tear of Radiopharmaceutical Products as described in Schedule 1, ABUHB's or a third party's wilful damage, or ABUHB's or a third party's negligence (excluding any wilful damage or negligence caused by any of NWSSP's subcontractors);

The wear and tear on such NWSSP capital assets is out of scope for direct recharge.

6.6.2. to the extent caused by ABUHB's failure to comply with NWSSP's reasonable instructions in relation to the Radiopharmaceutical Products, including any instructions on installation, operation, storage and maintenance;

6.6.3. to the extent caused by NWSSP following any specification or requirement of ABUHB in relation to the Radiopharmaceutical Products;

6.6.4. where ABUHB modifies any Radiopharmaceutical Products without the NWSSP's prior written consent or, having received such consent, not in accordance with NWSSP's reasonable instructions; or

6.6.5. where ABUHB uses any of the Radiopharmaceutical Products after notifying NWSSP that it does not comply with clause 6.

6.7. Clauses 6.2 and 6.3 set out ABUHB's sole and exclusive remedies (howsoever arising, whether in contract, tort, negligence or otherwise) for any breach by NWSSP of clause 6 (without prejudice to ABUHB's right to claim damages for such a breach provided there is no double recovery with any refund paid to ABUHB in accordance with clause 6.3.2). Except as set out in this clause 0, the NWSSP gives no warranty or undertaking and makes no representations in relation to the Radiopharmaceutical Products, shall have no liability for their failure to comply with clause 6, and all warranties, terms and conditions (including the conditions implied by sections 13–15 of the Sale of Goods Act 1979) whether express or implied by statute, common law or otherwise are excluded to the extent permitted by Applicable Law.

7. RISK AND TITLE

7.1. Risk in the Radiopharmaceutical Products shall pass to ABUHB on Delivery.

7.2. Title to the Radiopharmaceutical Products shall pass to ABUHB once NWSSP has received payment in full and cleared funds for the Radiopharmaceutical Products.

8. NWSSP OBLIGATIONS

8.1. In supplying the Radiopharmaceutical Products NWSSP shall

8.1.1. manufacture and supply the Radiopharmaceutical Products in accordance with clauses 6.1.1 to 6.1.4

8.1.2. conform with any service objectives, regulatory compliance, contract monitoring, governance obligations, performance monitoring, and health and safety standards as detailed in Schedule 1.

8.1.3. co-operate with ABUHB in all matters relating to the supply of the Radiopharmaceutical Products, and comply with ABUHB's reasonable instructions regarding Delivery and any Radiopharmaceutical Products handling requirements;

8.1.4. maintain all consents, licences and permissions needed to manufacture and supply the Radiopharmaceutical Products in accordance with this Agreement excluding any licences, consents and permissions that, where applicable, ABUHB has agreed in writing to maintain;

8.1.5. ensure that the Radiopharmaceutical Products supplied conform to any specifications, requirements and standards as agreed between the Parties and that the Deliverables are fit for any purpose that ABUHB expressly or impliedly makes known to NWSSP;

8.1.6. ensure that the Radiopharmaceutical Products and all materials, standards and techniques used in their manufacture and supply is of the highest quality and are free from defects in all material respects; and

8.1.7. comply with all Applicable Laws, governing the manufacture, storage, transport and supply of the Radiopharmaceutical Products

8.2. NWSSP cannot rely on ABUHB's breach of the Agreement to excuse any failure in NWSSP'S performance unless NWSSP promptly notifies ABUHB in writing and in reasonable detail of the ABUHB's breach ad its effect or anticipated effect on the:

8.2.1. Radiopharmaceutical Products;

8.2.2. the obligations that NWSSP cannot perform are directly and materially impacted by ABUHB's breach; and

8.2.3. NWSSP uses all reasonable endeavours to continue to meet its obligations in accordance with the Agreement.

9. NWSSP PERSONNEL

9.1. NWSSP shall ensure that all employees, workers, contractors, and other personnel — including any subcontractors nominated by NWSSP and engaged by ABUHB for the provision of the Radiopharmaceutical Products are:

9.1.1. appropriately appointed to be able to manufacture and supply the Radiopharmaceutical Products.

9.1.2. are suitably skilled and experienced to perform the tasks assigned to them, and in sufficient number to fulfil NWSSP's obligations;

9.1.3. observe all reasonable health and safety rules and regulations and security requirements that apply from time to time at the Site; and

9.1.4. comply with all Applicable Laws.

10. ABUHB's OBLIGATIONS

10.1. ABUHB shall:

10.1.1. co-operate with NWSSP in all matters relating to the receipt, handling and administration of the Radiopharmaceutical Products;

10.1.2. comply with all Applicable Laws;

10.1.3. provide all information reasonably required by ABUHB for the provision of the Radiopharmaceutical Products by NWSSP;

10.1.4. maintain all consents, licences and permissions needed for lawful receipt, storage and use of the Radiopharmaceutical Products, excluding any licences, consents and permissions that NWSSP has agreed in writing to maintain;

10.1.5. Ensure that appropriate facilities, equipment, and trained personnel are available for the safe handling and administration of the Radiopharmaceutical Products in accordance with Applicable Laws and agreed protocols.

11. DATA PROTECTION

11.1. The Parties do not envisage that any Personal Data will be shared or processed under or in connection with this Agreement.

11.2. If, at any point, the Parties believe that Personal Data may need to be shared or processed, they will:

11.2.1. collect and process any personal data in accordance with their respective privacy notices. Each Party will make its privacy notice available to the other upon request;

11.2.2. comply with all applicable Data Protection Legislation at all times;

11.2.3. when necessary, carry out a Data Protection Impact Assessment and enter into any relevant data protection agreements; and

11.2.4. update this clause 11 to reflect the data processing arrangements.

12. INTELLECTUAL PROPERTY INDEMNITY

12.1. Subject to clause 12.2.4, NWSSP will indemnify ABUHB from and against all losses, damages, liabilities, reasonable costs and expenses (including reasonable legal and other professional fees, costs and expenses) and claims suffered or incurred by it as a direct result of any third party claim that the use or possession of the Radiopharmaceutical Products (or any part thereof) infringes the Intellectual Property Rights of any third party (IPR Claim).

12.2. ABUHB shall:

12.2.1. promptly notify NWSSP in writing on becoming aware of any IPR Claim;

12.2.2. not make any admission of liability or agree any settlement or compromise of the relevant IPR Claim without the prior written consent NWSSP (such consent not to be unreasonably withheld or delayed);

12.2.3. grant NWSSP at its reasonable request the sole control and conduct of the defence of the IPR Claim and of any related settlement or negotiations; and

12.2.4. at NWSSP's reasonable request and expense, provide NWSSP with all reasonable assistance in relation to the IPR Claim.

12.2.5. NWSSP shall not have any liability or obligation under this clause 12 in respect of any IPR Claim to the extent that it results from or arises in connection with:

12.2.6. ABUHB's breach of the Agreement;

12.2.7. the modification or use of the Pharmaceutical Products by ABUHB other than in accordance with this Agreement or NWSSP's reasonable instructions; or

12.2.8. ABUHB's wilful misconduct or negligence.

13. CHARGES AND PAYMENT

In consideration for the provision of Radiopharmaceutical Products, ABUHB shall pay NWSSP the Charges as set out in **Error! Reference source not found..**

All sums payable by ABUHB include the costs of packaging, delivery and transport. VAT will not be charged on invoices to ABUHB

13.1. ABUHB shall pay all invoices:

13.1.1. in full and in cleared funds within 30 days of the date of each invoice; and if invoices are not paid within the 30 day payment terms, debts will the escalated in line with the Welsh Government Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales.

13.1.2. to the bank account details noted on the invoices.

13.2. NWSSP shall provide ABUHB with any documents and other information reasonably requested by ABUHB to verify the accuracy of NWSSP's invoices. This includes product details, quantities supplied and any agreed additional charges.

14. REGULATORY INSPECTIONSAND REPORTS

14.1. NWSSP shall comply with all regulatory inspections and audits conducted by relevant authorities in relation to the manufacture, handling, and supply of the Radiopharmaceutical Products.

14.2. NWSSP shall use reasonable endeavours to ensure that any regulatory inspection does not unreasonably disrupt its ability to meet its obligations under this Agreement.

14.3. NWSSP shall maintain accurate records of all regulatory inspections, audits, and compliance reports relating to the Radiopharmaceutical Products.

14.4. NWSSP shall promptly notify ABUHB of any regulatory inspection findings that may impact the supply of the Radiopharmaceutical Products under this Agreement.

14.5. NWSSP shall implement any corrective actions required by regulatory authorities within the specified timeframes and keep ABUHB informed of progress where such actions affect Delivery.

14.6. Both Parties (where appropriate) shall cooperate in any regulatory inspections or external audits relating to the Radiopharmaceutical Products provided under this Agreement.

15. DISPUTES

15.1. In the event of any dispute or claim arising out of or relating to this Agreement, the Parties agree to first attempt to resolve the matter through good faith negotiations between the nominated individuals in section 15.3. In principle, both Parties will seek to resolve any disagreements amicably at an operational level and to the shared beneficial interest of patients. If the Parties are unable to reach an initial agreement on any matter arising under this Agreement within 15 days, the following escalation process shall apply:

15.1.1. Step 1: Service Manager (NWSSP) to Service Manager (ABUHB), if the matter cannot be resolved within 15 days, the Parties shall move to step 2;

15.1.2. Step 2: Service director (NWSSP) to Service director (ABUHB), if the matter has not been resolved within 15 days, the Parties shall move to step 3;

15.1.3. Step 3: Director(s) (NWSSP) to Executive Director(s) (ABUHB), if the matter has not been resolved within 15 days, then the parties refer the dispute in accordance with clause 15.1.3.

15.2. If the dispute cannot be resolved within 60 days of such negotiations commencing, the matter shall be referred to the Welsh Ministers for resolution in accordance with Section 7 of the National Health Service (Wales) Act 2006.

15.3. Nominated individuals:

15.3.1. **NWSSP:**

Name: **Laura-Jayne Keating**

Job title: **Director of Pharmacy Services**

Email: Laura-Jayne.Keating@wales.nhs.uk

Telephone: **07879 452213**

15.4. **ABUHB:**

Name:

Job title:

Email:

Telephone:

16. CONFIDENTIALITY

16.1. Each Party undertakes that it shall not at any time disclose to any person any Confidential Information belonging to the other Party except as permitted by Clause 16.2.

16.2. Each Party may disclose the other Party's Confidential Information:

16.2.1. to its Representatives who need to know such information for the purposes of exercising the Party's rights or carrying out its obligations under or in connection with this Agreement. Each Party shall ensure that Representatives to whom it discloses the other Party's Confidential Information comply with this Clause 16; and

16.2.2. as may be required by law, a court of competent jurisdiction or any governmental or regulatory authority.

16.3. No Party may use any other Party's Confidential Information for any purpose other than to exercise its rights and perform its obligations under or in connection with this Agreement.

17. REVIEW

17.1. This Agreement shall be reviewed jointly by both Parties on an annual basis, or earlier if either Party reasonably requests a review due to a material change in service requirements, applicable legislation, or operational circumstances.

The review shall assess the effectiveness, performance, and relevance of the Radiopharmaceutical Products including compliance with this Agreement, regulatory obligations, service standards, and financial arrangements. Outcomes shall be documented and, where appropriate, incorporated into a formal variation to this Agreement, subject to mutual written consent.

18. WELSH LANGUAGE OBLIGATIONS

18.1. Each Party warrants and undertakes that it will not perform this agreement in such a way as to breach its obligations in respect of the Welsh language including but not limited to its obligations under the Government of Wales Act 2006, the Welsh Language Act 1993, or the Welsh Language (Wales) Measure 2011.

19. ANTI-SLAVERY

19.1. In performing its obligations under the Agreement, the Parties shall:

19.1.1. comply with all applicable anti-slavery and human trafficking laws, statutes, and regulations from time to time in force including the Modern Slavery Act 2015; and

19.1.2. comply with the NHS Anti-slavery policy.

19.2. Breach of this clause 19 shall be deemed a material breach under clause 24.1.1.

20. ANTI-BRIBERY AND CORRUPTION

20.1. Each party shall, throughout the term of this Agreement:

20.1.1. comply with all applicable anti-bribery laws, including the Bribery Act 2010;

20.1.2. avoid any conduct that would constitute an offence under sections 1, 2, or 6 of the Bribery Act 2010 if carried out in the UK;

20.1.3. adhere to each of their respective anti-bribery policies and any relevant industry codes, as updated from time to time;

20.1.4. maintain and enforce adequate anti-bribery procedures to ensure compliance;

20.1.5. promptly notify the other Party in writing of any breach or suspected breach of this clause, or any request for an improper advantage;

20.1.6. disclose if a foreign public official becomes associated with it, and confirm none are associated as of the Commencement Date; and

20.1.7. provide annual written certification of compliance, signed by an officer, along with supporting evidence upon request.

20.1.8. Each Party shall ensure that all third parties engaged in fulfilling its obligations under this Agreement are bound by equivalent anti-bribery terms and shall be liable for their compliance.

20.1.9. Breach of this clause shall constitute a material breach under clause 24.1.1.

20.1.10. Definitions of “adequate procedures”, “foreign public official”, and “associated person” shall follow the Bribery Act 2010 and related guidance.

21. FREEDOM OF INFORMATION

21.1. The Parties acknowledge that each Party is subject to the requirements of the Freedom of Information Act 2000 (“FOIA”) and the Environmental Information Regulations 2004 (“EIR”). Each Party shall assist and cooperate with the other to enable a Party to meet their obligations and requirements under the FOIA and EIR legislation and comply with their disclosure requirements under the FOIA.

22. FORCE MAJEURE

22.1. In this Agreement "Force Majeure" shall mean any cause preventing a Party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Party so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, epidemic or pandemic, fire, flood or storm.

22.2. Neither Party shall be liable for any delay or failure in the performance of its obligations for so long as and to the extent that such delay or failure is as a result of a Force Majeure. If the period of delay or non-performance continues for 30 days, the Party not affected may terminate this Agreement by giving not less than 10 days' written notice to the affected Party.

23. INDEMNITIES AND LIMITATION OF LIABILITY

23.1. Nothing in this Agreement shall limit or exclude a Party's liability:

23.1.1. for death or personal injury caused by its negligence, or that of its employees, agents, or sub-contractors;

23.1.2. for fraud or fraudulent misrepresentation;

23.1.3. for any other act, omission, or liability which may not be limited or excluded by law.

23.2. **NHS Indemnity Schemes:**

23.2.1. both ABUHB and NWSSP (hosted by Velindre University NHS Trust), each being a Health Body under the National Health Service (Wales) Act 2006, confirm that NHS Indemnity applies to activities covered by this Agreement, and that they each participate in the Welsh Risk Pooling Scheme. Upon identification of a claim that is indemnified by the WRP, an assessment of liability will need to be undertaken to determine which party bears the cost of the WRP excess

23.3. **Incident Handling, Investigations and Cooperation:**

23.3.1. in the event of any incident, complaint, claim, regulatory enquiry or other investigation:

23.3.1.1 the Parties shall collaborate to facilitate a thorough and appropriate investigation, sharing all relevant information; and/or

23.3.1.2 if required, the Parties shall mutually appoint a lead body responsible for coordinating the investigation and liaising with third parties.

23.4. **Compliance with Welsh NHS Regulations:**

23.4.1. both Parties agree to comply with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. If redress under Part 6 is triggered, or negligence is established resulting in a settled claim:

23.4.1.1 the Parties shall cooperate in determining any allocation of payments to the claimant; or

23.4.1.2 If they cannot agree, the matter will be referred to the Welsh Risk Pool for resolution.

23.5. **Mutual Indemnity:**

23.5.1. Except as set out in Clause 1, each Party ("Indemnifying Party") indemnifies the other ("Indemnified Party") against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses (including legal fees) arising from any breach of this Agreement or any wrongful act or omission of the Indemnifying Party or its Representatives.

23.5.2. This indemnity shall not extend to indirect or consequential losses, such as loss of profits, revenue, goodwill, business opportunities or anticipated savings.

23.5.3. The indemnity shall not apply to liabilities of the Indemnifying Party which arise from the fraud, dishonesty, wilful default or wilful negligence, unlawful expenditure, libel or slander of the Indemnified Party.

24. TERMINATION

24.1 Without affecting any other right or remedy available to it, either Party to the Agreement may terminate it with immediate effect by giving written notice to the other Party if:

24.1.1. the other Party commits a material breach of any term of the agreement which breach is irremediable or (if such breach is remediable) fails to remedy that breach within a period of 30 days after being notified in writing to do so;

24.1.2. the other Party takes any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), applying to court for or obtaining a moratorium under Part A1 of the Insolvency Act 1986, being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business or, if the step or action is taken in another jurisdiction, in connection with any analogous procedure in the relevant jurisdiction;

24.1.3. the other Party suspends, or threatens to suspend, or ceases or threatens to cease to carry on all or a substantial part of its business; or

24.1.4. the other Party's financial position deteriorates to such an extent that in the terminating Party's reasonable opinion the other Party's capability to adequately fulfil its obligations under the agreement has been placed in jeopardy.

24.1.5 Without affecting any other right or remedy available to it, either Party may terminate this Agreement on giving not less than 6 months written notice to the other Party.

25. GENERAL

25.1 ASSIGNMENT AND OTHER DEALINGS

Neither Party shall assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under the Agreement without the other Party's prior written consent.

25.2 ENTIRE AGREEMENT

25.2.1 The Agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations, and understandings between them, whether written or oral, relating to its subject matter.

25.2.2 Each Party acknowledges that in entering into the Agreement it does not rely on and shall have no remedies in respect of any statement, representation, assurance, or warranty (whether made innocently or negligently) that is not set out in the Agreement. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or negligent misstatement based on any statement in the Agreement.

26. VARIATION

No variation of the Agreement shall be effective unless it is in writing and signed by the Parties (or their authorised Representatives).

27. WAIVER

A waiver of any right or remedy under the Agreement or by law is only effective if given in writing and shall not be deemed a waiver of any subsequent right or remedy.

A failure or delay by a Party to exercise any right or remedy provided under the Agreement or by law shall not constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict any further exercise of that or any other right or remedy. No single or partial exercise of any right or remedy provided under the Agreement or by law shall prevent or restrict the further exercise of that or any other right or remedy.

28. SEVERANCE

If any provision or part-provision of the Agreement is or becomes invalid, illegal, or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal, and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this Clause 0 shall not affect the validity and enforceability of the rest of the Agreement.

29. NOTICES

29.1 Any notice or other communication given to a Party under or in connection with the Agreement shall be in writing and shall be:

29.1.1.1 delivered by hand or by pre-paid first-class post or other next Business Day delivery service at its principal place of business; or

29.1.1.2 sent by email to the address specified in clause 15.3.

29.1.1.3 Any notice or communication shall be deemed to have been received:

29.1.1.4 if delivered by hand, at the time the notice is left at the proper address;

29.1.1.5 if sent by pre-paid first-class post or other next Business Day delivery service, at 9.00 am on the second Business Day after posting; or

29.1.1.6 if sent by email, at the time of transmission, or, if this time falls outside Business Hours in the place of receipt, when Business Hours resume.

29.1.1.7 This Clause 29 does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

30 THIRD PARTY RIGHTS

Unless it expressly states otherwise, the Agreement does not give rise to any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of the Agreement.

The rights of the Parties to rescind or vary the Agreement are not subject to the consent of any other person.

31 GOVERNING LAW

The Parties recognise that this Agreement is not a legally binding contract but nevertheless will honour, observe, and perform as if it was.

This Agreement is executed on behalf of the parties by their duly authorised officers as follows:

For or on behalf of **NHS WALES SHARED SERVICES PARTNERSHIP**

Name:

Title:

Signed:

Date:

For or on behalf of **ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD**

Name:

Title:

Signed:

Date:

Schedule 1 Radiopharmacy Services and Product Specification



Schedule 1 Services NWSSP_ABUHB.docx

Schedule 2 Finance Costing



Schedule 2 Finance Costings NWSSP_ABU

Schedule 1 Radiopharmacy Services, NWSSP / ABUHB

1. PURPOSE

This service specification sets out the arrangements for NHS Wales Shared Services Partnership (NWSSP) to supply technetium-based radiopharmaceuticals, manufactured by the Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit based at IP5, for use within Aneurin Bevan University Health Board, specifically at the Royal Gwent Hospital (RGH) and Nevill Hall Hospital (NHH) sites.

2. SERVICE OBJECTIVES

- Supply technetium-based radiopharmaceutical products that comply with all applicable regulatory requirements and Good Manufacturing Practice (GMP) standards, ensuring they are safe, effective, and fit for their intended clinical use.
- Provide all radiopharmaceutical products in accordance with the orders provided from the Nuclear Medicine departments at RGH and NHH (subject to availability of product), at an agreed dispatch time from the Radiopharmacy unit at IP5.
- Notify the Nuclear Medicine Department(s) at RGH and NHH as soon as possible should any deviations from the agreed principles or delivery schedule outlined in this agreement.
- Provide accurate information on the validated shelf life of the supplied radiopharmaceuticals in order to enable ABUHB patients at both sites to be scheduled appropriately by the Nuclear Medicine Department(s).

3. SCOPE OF SERVICE

3.1 <u>License Status</u>

Wherever possible, the cold kits used for radiopharmaceutical preparation by NWSSP will hold a UK Marketing Authorisation (Product Licence). However, the IP5 Radiopharmacy Unit will prepare radiopharmaceuticals under its Manufacturer's Specials (MS) Licence according to agreed specifications. Finished products will therefore be unlicensed medicines.

The following definitions will apply throughout this specification:

Licensed radiopharmaceutical medicines
Radiopharmaceutical products that hold a valid UK Marketing Authorisation (Product Licence) and are manufactured, labelled, and used in accordance with the authorised terms of that licence.

Unlicensed radiopharmaceutical medicines
Radiopharmaceutical products manufactured and/or supplied without a UK Marketing Authorisation, including those prepared and supplied under a Manufacturer's "Specials" (MS) Licence to meet the special clinical needs of patients where a licensed alternative is unavailable or unsuitable.

Unlicensed indications (off-label use)

The clinical use of a radiopharmaceutical outside the indications, dose, route, or patient population covered by its Marketing Authorisation. Such use is subject to governance requirements and is the clinical responsibility of the ARSAC Practitioner.

3.2 Supply Arrangement

- Radiopharmaceuticals supplied by NWSSP are prepared under the conditions of an MS Licence.
- Radiopharmaceuticals will be supplied in a multi-dose vial.
- Each vial will be supplied in a suitably shielded container.
- The vial will be labelled in compliance with the Medicines (Labelling) Amendment regulations.
- Vials will be packaged in a validated Type A category package to meet regulatory requirements and to ensure the safe transport of products.
- Nuclear Medicine Departments are responsible for ensuring appropriate arrangements are in place to receive the package and the action to take if any damage/spill occurs on or after delivery to the Department.
- Nuclear Medicine Departments are responsible for communicating promptly any changes that may impact radiopharmaceutical supply. These include, but are not limited to:
    - Amendments to the Natural Resource Wales (NRW) permit
    - Changes to the ARSAC Employer License
    - The introduction of unlicensed indications
- All radiopharmaceutical orders for unlicensed cold kits and unlicensed indications must be accompanied with a signed referral and or disclaimer signed by only the ARSAC practitioner in ABUHB.
- For cold kits with a UK product licence (PL), made in line with the specifications of the PL, IP5 Radiopharmacy will undertake Quality Control testing on the first kit of each batch received. For cold kits which do not have a UK PL, IP5 Radiopharmacy will undertake Quality Control testing (including radiochemical purity), in line with the manufacturer's requirements, for each vial produced.
- All secondary care activity undertaken through this arrangement will be the responsibility of ABUHB.
- Periodic revalidation of NWSSP cleanrooms and associated equipment will be undertaken to ensure compliance with all applicable regulatory requirements. During these scheduled revalidation periods, the IP5 Radiopharmacy will not be operational. Advance notice of these dates will be provided to ABUHB to allow appropriate planning.
- In the event of unforeseen technical issues resulting in reduced availability of technetium-99m, NWSSP will promptly notify the Nuclear Medicine Department to ensure timely communication and mitigation.

3.3 Ordering

- All orders of radiopharmaceutical vials need to be made using the NWSSP Radiopharmacy proforma.
- Only orders for radiopharmaceuticals listed in the approved product portfolio (see attached schedule) will be available for manufacture and supply under this agreement. Any request for products outside of this approved portfolio will require a formal risk assessment and must follow the established New Product Approval Process prior to introduction into routine manufacture.



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adiopharmacy%20Prc

- Orders must be requested and signed by the ARSAC practitioner licence holder or a nominated deputy.
- As standard, routine orders must be received before **12:00 (midday) two days prior to delivery**.
- Orders for **agreed clinically urgent scenarios** can be requested up to **15:00 on the day prior to delivery**. Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. These requests must initially be via telephone conversation with the Radiopharmacy Lead or nominated deputy to ensure that there is sufficient capacity to undertake the request.
- NWSSP will endeavour to accept all valid orders. However, there may be rare circumstances where orders may be rejected due to operational, regulatory, quality, safety or capacity issues preventing safe or compliant fulfilment. Examples include, but are not limited to late orders, unavailable materials, capacity breaches, unmet regulatory requirements and critical equipment failures. Where an order cannot be accepted, NWSSP will communicate this as soon as possible.

3.4 Transport

- All transportation from the Radiopharmacy at IP5 will be arranged via Health Courier Services (HCS).
- Transport coordination via HCS and payment will be the responsibility of NWSSP.
- HCS will ensure that appropriate arrangements are in place for the collection and distribution of radiopharmaceuticals in full compliance with the regulatory requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009),

3.5 Delivery Schedule

- Deliveries between the Radiopharmacy unit at IP5 and the Nuclear Medicine departments in RGH and NHH will occur daily (Monday - Friday).

- The routine daily target dispatch time from the IP5 Radiopharmacy Unit will be **09:00**, with deliveries scheduled to arrive by:
  - **09:30** at the Nuclear Medicine Department, RGH
  - **10:00** at the Nuclear Medicine Department, NHH
- While every effort will be made to adhere to the agreed delivery windows, there may be instances where delays occur outside the control of the Radiopharmacy.
  Examples include, but are not limited to:
  - Traffic congestion or road closures
  - Vehicle breakdowns
  - Emergency situations such as fire alarm evacuations
- To accommodate the specified delivery schedules, radiopharmaceuticals will be transported via dedicated HCS vehicles that will deliver products directly to RGH and NHH.
- Nuclear medicine departments must inform NWSSP Radiopharmacy within 24 hours of the scheduled delivery time if an order is to be cancelled and/or transport is no longer required.

4. TRANSITION PLAN

Prior to commencement of a fully operational Radiopharmacy service at IP5, NWSSP will implement a Transition Plan to support the safe and compliant commissioning of the service. ABUHB will be the first organisation to receive supply over a 12-week period. Throughout this period, ABUHB will receive full fulfilment of all requested radiopharmaceuticals for the Nuclear Medicine departments at RGH and NHH.

Upon completion of the 12-week transition period, the IP5 Radiopharmacy Unit will expand supply, extending the provision of radiopharmaceuticals to include all other participating organisations. From this point onward, these organisations will receive full supply of requested radiopharmaceuticals. This implementation phase has been designed to mitigate risk and prepare the organisation for progression to full operational delivery across all organisations.

The transition plan will be as follows:

Phased Opening (Weeks 0–12):
From the commencement of service, ABUHB will receive full fulfilment of all clinically requested radiopharmaceuticals for Royal Gwent Hospital and Nevill Hall Hospital, Monday to Friday. Swansea Bay University Health Board (SBUHB) will continue to supply radiopharmaceuticals to other organisations. This phased opening period is designed to maximise workforce competency and address transitional challenges, while maintaining uninterrupted supply to ABUHB.

Full Operations (Week 13 onward):

Following successful completion of the phased opening, the service will become fully operational, supplying all designated Health Board/Trust sites as per agreed delivery schedules and service specifications.

5. SERVICE INTERRUPTION

5.1 Mutual Aid Arrangement

NWSSP shall maintain a Contingency Plan to ensure continuity of radiopharmaceutical supply in the event of an unforeseen interruption to production at the NWSSP Radiopharmacy facility.

In the event of a service interruption, NWSSP will activate a pre-agreed mutual aid arrangement with SBUHB Radiopharmacy. This arrangement will ensure that clinically requested radiopharmaceuticals can be sourced and supplied to affected sites to minimise disruption to patient care. The scope of the agreement will be as follows:

- Emergency supply will be applied to all organisations receiving supply of radiopharmaceuticals from NWSSP.
- Supply will prioritise urgent and time-critical procedures and will be provided in line with the available production capacity of the SBUHB Radiopharmacy unit.
- Upon activation of the contingency plan, NWSSP will provide immediate notification to the affected organisations.
- NWSSP will coordinate directly with SBUHB and impacted organisations to confirm product availability and delivery schedules during the contingency period.

5.2 Supply Disruptions

In the event of any disruption related to global or national radiopharmaceutical supply issues, NWSSP shall notify ABUHB at the earliest opportunity. NWSSP will provide timely updates on the nature of the disruption, anticipated impact on service delivery, and any mitigation measures being implemented.

NWSSP will work proactively with suppliers, national Radiopharmacy working groups, and government representatives as required to manage such shortages.

6. SERVICE KEY DELIVERABLES

- ABUHB shall ensure that all clinical referrals are appropriately justified prior to placing an order for a radiopharmaceutical from NWSSP Radiopharmacy. This includes compliance with ARSAC employer and practitioner licenses held by ABUHB.

- NWSSP shall ensure service continuity by covering any staff absences due to annual leave, sickness, or study leave that would otherwise prevent the service from operating**.**
- NWSSP shall supply all radiopharmaceuticals with sufficient activity, ensuring all requested patient requirements are met.
- NWSSP will execute a structure transition plan prior to full-service implementation. During this transition phase, ABUHB will receive complete fulfilment of orders in accordance with the specifications set out in this agreement.
- NWSSP will ensure that radiopharmaceutical products are prepared and ready for the agreed daily transport collection time as mutually agreed with ABUHB; however, there may be circumstances beyond NWSSP's control where this cannot be achieved. In such cases, ABUHB will be notified promptly.
- NWSSP will make every effort to fulfil urgent emergency requests, but these cannot be guaranteed (as they are subject to staffing and radionuclide availability).
- NWSSP shall perform quality control testing on manufactured technetium-99m radiopharmaceuticals at defined intervals in accordance with section 3.2.
- ABUHB must submit routine 99mTc-radiopharmaceutical orders to the IP5 Radiopharmacy by no later than 12:00 (midday), two working days prior to the intended delivery date. Orders for agreed clinically urgent scenarios can be requested up to 15:00 on the day prior to delivery.
- ABUHB must confirm any late additions, changes, or cancellations made to radiopharmaceutical orders after this deadline with NWSSP Radiopharmacy by telephone and email.
- ABUHB will have a predefined delivery schedule for supply of radiopharmaceuticals. ABUHB must inform NWSSP if delivery is not required before the order deadline specified above.
- Type A transport cases need to be returned to the NWSSP Radiopharmacy in a non-contaminated state within two working days after use. As standard practice, containers can be returned with the HCS courier on the same working day. The only circumstance where this would differ is in the event of contamination of the transport case. In such cases, the Nuclear Medicine department will retain the container and return it when it is safe to do so. In such events, notification must be provided to NWSSP

7. REGULATORY STANDARDS

7.1 Good Manufacturing Practice (GMP)

NWSSP facilities used for the preparation of radiopharmaceuticals, and all personnel engaged in production, shall comply with the requirements set out in the current edition of the *Rules and Guidance for Pharmaceutical Manufacturers and Distributors* (Orange Guide) and the current version of *The Rules Governing Medicinal Products in the*

European Union Volume 4 - EU Guidelines for Good Manufacturing Practice for Medicinal Products for Human and Veterinary Use . NWSSP shall ensure full adherence to Good Manufacturing Practice (GMP) principles and maintain readiness for inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA). These standards will govern all aspects of production, quality control, and documentation to ensure patient safety and regulatory compliance.

Schedule 3 Quality Technical Agreement



Schedule 3 QTA NWSSP_ABUHB.docx

7.2 Health and Safety

NWSSP shall ensure that all radiopharmaceutical preparation and handling, and transport activities comply with the current versions of the Ionising Radiations Regulations (IRR), Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), and all applicable UK health and safety legislation.

7.3 Transport

All transport of radiopharmaceuticals shall comply with the *Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations*. HCS will ensure that all statutory standards are met, including:

- Vehicles used for the service are reliable, maintained in a legally roadworthy condition, and covered by appropriate breakdown assistance.
- Drivers comply with all road traffic and transport laws and adhere to instructions issued by law enforcement authorities.
- Procedures, equipment, and vehicles used for transportation are designed to maintain the integrity and quality of radiopharmaceuticals. Medicines are protected from heat, cold, light, moisture, microorganisms, pests, and cross-contamination throughout transit.
- Appropriate motor insurance is in place for all vehicles used in the service.
- All drivers handling radiopharmaceuticals are trained to meet the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).
- Vehicles display the necessary signage and carry safety equipment in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

7.4 Environmental Permits

- NWSSP Radiopharmacy must maintain compliance with the Environmental Permitting (England and Wales) Regulations 2016 (EPR16) as issued by Natural Resources Wales (NRW). NWSSP shall:
    - Obtain and maintain all necessary NRW-issued permits for handling, storage, and disposal of radioactive materials and associated emissions.

- Adhere to all permit conditions, including monitoring, reporting, and emergency response requirements.
- Notify the Client immediately of any changes to permit status, breaches, or actions that may impact service delivery.

8. KEY PERFORMANCE INDICATORS

Key Performance Indicators	***Method of Measurement***	***Target***	***Frequency of reporting***
Daily dispatch and arrival times met	NWSSP and HCS transport logs	>85%*	Monthly
Radiopharmaceutical quality control failures	NWSSP QMS records	<2	Monthly
Customer complaints received	NWSSP QMS records	0	Monthly
Radiopharmacy unscheduled down time	NWSSP Activity and QMS records	0 days	Monthly

* Delays will be categorised as Minor (10–30 minutes), Moderate (31–60 minutes), and Severe (>60 minutes), and will be reported as a percentage of all recorded delays, against an overall KPI target of achieving at least 85% of deliveries on time.

- Key Performance Indicators (KPIs), including delivery timelines, will be subject to regular review with the aim of identifying opportunities to introduce earlier delivery times in the future.

9. FINANCIAL INFORMATION AND CONTRACT GOVERNANCE

- This service specification will fall under the Heads of Agreement 2026/27 between NWSSP and ABUHB, and both parties agree to following the terms and conditions as set out in the 2026/27 SLA documentation.
- Radiopharmaceuticals are charged by the multi-dose vial, as detailed in Schedule 2.
- The Radiopharmacy Service operates on a full cost recovery basis. Fees recover all direct and indirect costs of production and supply (including direct staff costs, materials, regulatory compliance, maintenance, utilities, overheads, and transport). Tariffs are reviewed annually and may be adjusted to reflect changes in actual costs. Any significant in year cost increases may require an in-year adjustment to the tariff price.
- Demand and capacity requirements will be subject to ongoing review and evaluation.

- Activity volumes (vials supplied) will be reviewed monthly as part of routine financial scrutiny.
- Quarterly service review meetings will be convened with each participating Health Board/Trust to review service delivery outcomes activity against agreed baselines, and the financial evaluation and cost recovery position.
- As advised by the Health Boards and Trust, the predicted lower estimate demand for 26/27 for **ABUHB is 856 vials** (assuming a start date of 01st June 2026). At the higher level of advised demand, the 2026/27 requirement would be 1,284 vials.
- The baseline volume for the purpose of capacity planning, tolerance application, and financial reconciliation is set by the lower estimate above.
- An initial **tolerance of 10%** on the agreed vial volumes will apply. This tolerance is intended to accommodate minor fluctuations in demand without immediate financial adjustment.

	Full Year	Full Year	Part Year 2026/27	Part Year 2026/27
Organisation	Lower Level Vial Demand	Higher Level Vial Demand	Lower Level Vial Demand	Higher Level Vial Demand
ABUHB	1016	1524	856	1284
CAVUHB	1270	1778	770	1078
VELUNHST	508	508	308	308
CTMUHB	381	381	231	231
Total	3175	4191	2165	2901

- Cost recovery escalation may be implemented if the 10% tolerance is breached cumulatively within a financial year. Activity volumes will continue to be reviewed monthly and formally reviewed quarterly.
- Following the initial six-month period, the Parties will undertake a formal review of activity volumes to determine any required amendments to baseline volumes, tolerance, and the associated financial adjustment and escalation mechanisms.
- Where a Health Board's actual activity (vials supplied) deviates by more than 10% from its agreed baseline vial volume within a financial year, this will trigger additional charges or credits. If the vial volume is more than 10% below baseline, any under recovery of costs attributable to the variance above the 10% tolerance will be borne by the organisation; or if the vial volume is more than 10% above baseline, any over recovery attributable to the variance above the 10% tolerance will be credited to that organisation.

10. SERVICE KEY CONTACT

10.1 NWSSP

Name	Title	Telephone	Email
Laura-Jayne Keating	Director of Pharmacy		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Kristian Edginton	Production Lead		Kristian.Edginton@wales.nhs.uk
Jan Wines	Production Lead		Jan.Wines@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk

10.2 ABUHB

Name	Title	Telephone	Email

NWSSP IP5 Radiopharmacy Product List

The following list comprises all Tc-99m-based radiopharmaceuticals that will be supplied by the Radiopharmacy Unit at IP5. All products are manufactured and distributed in accordance with the terms and conditions of the facility's Medicines and Healthcare products Regulatory Agency (MHRA) Specials Licence. Unlicensed products will only be provided where no licensed alternative is available, in compliance with applicable regulatory requirements.

Product Name	Radiolabelled form	Distributor	PL Number	Maximum Vial Activity	Storage conditions (after radiolabelling)	Shelf life (after radiolabelling)
UTK Tc/Mo99 Generator	Sodium Pertechnetate (Tco4)	Curium Pharma	PL 12288/0017	**20GBq**	**below 25°C**	**8 hours**
Renocis	(99mTc) dimercaptosuccinic acid (DMSA)	Curium Pharma	PL 11876/0008	**3.7GBq**	**below 25°C**	**8 hours**
Technescan DTPA	(99mTc) pentetate (DTPA)	Curium Pharma	PL 12288/0011	**11.1GBq**	**below 25°C**	**8 hours**
Technescan MIBI	(99mTc) sestamibi	Curium Pharma	PL 12288/0002	**11.1GBq**	**below 25°C**	**10 hours**
Pulmocis (MAA)	(99mTc)-macroaggregated albumin	Curium Pharma	PL 11876/0009	**3.7GBq**	**below 25°C**	**8 hours**
Technescan HDP	(99mTc) Oxidronate	Curium Pharma	PL 12288/0012	**14GBq**	**below 25°C**	**8 hours**
Technescan MAG3	(99mTc)-mertiatide	Curium Pharma	PL 12288/0014	**3.7GBq**	**below 25°C**	**8 hours**
NanoScan	nanocolloidal (99mTc) albumin	Curium Pharma	PL 40129/0002	**5.5GBq**	**below 25°C**	**8 hours**
Tetrofosmin ROTOP	(99mTc) tetrofosmin	Xiel	PL 41222/0004	**11.2GBq**	**below 25°C**	**12 hours**
Tektrotyd	99mTc-EDDA/HYNIC-TOC	Xiel	PL 45925/0001	**1.6GBq**	**below 25°C**	**4 hours**
IELMAG3	(99mTc)-mertiatide	Xiel	PL 45925/0005	**4GBq**	**below 25°C**	**8 hours**
Stabilised Ceretec	(99mTc) Exametazime	GE Healthcare	PL 00221/0136	**1.11GBq**	**below 25°C**	**5 hours**
MBrIDA	(99mTc) MBrIDA	Diagnostic Ltd	***Unlicenced in UK***. Licenced in EU	**1.5GBq**	**below 25°C**	**5 hours**
Teceos (DPD)	(99mTc)-butedronate	Curium Pharma	***Unlicenced in UK***. Licenced in EU	**11.1GBq**	**below 25°C**	**8 hours**

QUALITY TECHNICAL AGREEMENT

FOR THE MANUFACTURE AND DELIVERY OF ASEPTIC RADIOPHARMACEUTICAL PRODUCTS

Between

Aneurin Bevan University Health Board (ABUHB)
(hereafter referred to as Contract Giver – CG)

And

NHS Wales Shared Services Partnership (NWSSP)
(hereafter referred to as Contract Acceptor – CA)

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Validity: This agreement is valid for the period noted with the SLA documentation this document is embedded within

Version: 1

Reference: …….

QUALITY TECHNICAL AGREEMENT

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1. PARTIES & SCOPE

This Quality Technical Agreement is made between:

ABUHB Clinical Director of Pharmacy (CG)

ABUHB Radiology Departments

Royal Gwent Hospital,	Nevill Hall Hospital,
Cardiff Road,	Brecon Road,
Newport.	Abergavenny
NP20 2UB	NP7 7EG

And

NWSSP Radiopharmacy (CA)
Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit,
Imperial Park Unit 5
Celtic Way,
Newport.
NP10 8BE
MS number: MS52641

Licensed medicinal products within the UK are subject to extensive safety, quality, and efficacy testing. Regulation 167 of the Human Medicines Regulations 2012 (see Appendix 1) provides an exemption from the need for a marketing authorisation (also known as a product licence) in certain narrowly-defined circumstances. Products which are manufactured and supplied under this exemption are known as "specials".

The manufacturer of a "special" must hold a Manufacturer's "Specials" (MS) Licence granted by the Licensing Authority (in the UK, this is the Medicines and Healthcare products Regulatory Agency (MHRA)). Under an MS Licence, regulatory assessment extends only to manufacturing processes; products do not undergo any formal licensing procedure. All "specials", particularly those which are aseptically manufactured, therefore pose an inherently higher risk to patient safety than licensed medicinal products.

Within this QTA, "ready-to-use" products are defined as radiopharmaceuticals for parenteral administration, supplied in a vial at the correct concentration for administration to a patient. A dose may be drawn up from the vial with no further manipulation required prior to administration. Where specified, multiple doses, for different patients, may be drawn up from the same vial within a single administration session.

NWSSP Radiopharmacy supplies aseptically manufactured ready-to-use radiopharmaceutical "specials" products under MS Licence MS52641. The purpose of this agreement is to provide a technical agreement for the supply of ready-to-use aseptic radiopharmaceutical "specials" products to CG by CA. The agreement also defines the roles and responsibilities between CG and CA in relation to the manufacture and delivery of unlicensed radiopharmaceutical "specials" products for patients under the care of CG.

This Quality Technical Agreement (hereafter referred to as QTA) is supplemental to any financial agreements and any subsequent agreements, between the two parties and will last for the

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duration of the agreement. This QTA shall be reviewed every 12 months or earlier if requested by either party.
This QTA is executed in duplicate, all of which shall be deemed to be originals, and all of which shall constitute one and the same Agreement binding upon both parties.
Services will be provided on an ongoing annual basis, with a review of the quality of service made at renewal. This QTA shall be effective as of the date of the final signature and shall remain in effect until annual review or termination. A termination notice of at least 6 months must be provided.

2. SUBJECT OF THE AGREEMENT

CA is a provider of unlicensed radiopharmaceutical "special" products, which are manufactured according to an agreed specification and delivered to the CG.

CA shall manufacture and deliver the products in accordance with this QTA, in addition to any other terms and conditions of supply and/or financial agreements.

CA is subject to registration and inspection by the competent national authorities and holds the necessary manufacturing licence according to the respective legislation.

CG has the responsibility to screen each order for its clinical appropriateness including its pharmaceutical shelf-life and/or stability where possible or appropriate. However, CA will take responsibility for the assigned shelf-life and/or stability of each manufactured item ordered and will provide stability statements when requested. CA takes no clinical responsibility for any order.

CA hereby acknowledges that CG is relying on the skill and experience of CA in the proper manufacture and delivery of the contractual products under this Agreement and CA accordingly warrants to CG that:

- The product shall be of satisfactory quality and fit for purpose.
- The product shall comply in all respects (or be within agreed tolerances) with the order provided by the CA.

Whilst all of CA's products are made under licence granted by the MHRA, CG agrees to indemnify and hold harmless CA against all claims and proceedings (to include any settlements or ex gratia payments made with the consent of the Parties hereto and reasonable legal and expert costs and expenses) made or brought (whether successfully or otherwise) by or on behalf of any party (including third parties) arising out of or relating to the prescribing, the clinical appropriateness, the dose, or the administration of the "special" radiopharmaceutical ordered from CG.

The above indemnity shall not apply to any such claim or proceeding which is for personal injury (including death) which is caused by the negligent or wrongful acts or omissions of CA in the manufacture of the "special".

Both parties will strictly observe the detailed pharmaceutical responsibilities which are specified in Appendix 1 'Responsibilities'.

CA and CG must appoint Contact Persons as named in Appendix 2 'Key Contact Names'.

3. KEY CONTACT NAMES

Key contact names in case of queries or concerns on pricing, quality, delivery, complaints etc. for both CG (ABUHB) and CA (NWSSP) are listed in Appendix 2.

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4. REGULATORY INFORMATION

CA is responsible for ensuring that the manufacture and distribution of products meets all current legislation, regulatory requirements and best practice guidelines.

For the period of the contract, CA will ensure that they hold suitable MHRA approval for the manufacture and supply of ready-to-use radiopharmaceutical products.

5. STARTING MATERIALS

All starting materials used by the CA for aseptic preparation of "specials" must be sterile.

CA shall source starting materials which possess a UK Marketing Authorisation wherever possible. All starting materials, regardless of licensed status, must be sourced from a bona fide Manufacturer or Wholesaler holding a UK Wholesale Distribution Authorisation.

It is recognised that problems relating to the supply of starting materials may require urgent action. The substitution of any UK-licensed starting material with an equivalent material that does not hold a UK marketing authorisation should be notified to CG at the earliest opportunity, prior to implementation. In the event of unavailability of a licensed starting material, the CA should notify the CG in writing for approval before use of an unlicensed alternative.

6. ORDERING

Authorised CG Radiology staff order products for and on behalf of CG ARSAC practitioner licence holders. Radiopharmaceutical orders must specify the product required, clinical indication, radioactivity required, number of patients, and start/end time(s) of patient injection windows.

Products will be requested by CG by means of a written order submitted to CA on a standardised order proforma via email. Orders will be generated by CG in good time but, specifically, by 12pm two days before the products are required *at the latest*.

Late Orders and Late Order Changes

Late orders and/or order changes (i.e. those received after the cut-off time above) cannot be guaranteed by CA (although CA will always try to fulfil these as far as practicably possible). Any late orders and/or order changes must be communicated to the CA directly by means of telephone and subsequent email.

7. MANUFACTURE

CA facilities and staffing for the preparation of radiopharmaceuticals will meet the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors. CA shall perform all operations in accordance with current Good Manufacturing Practice (GMP). CA shall refrain from performing any activities that could adversely affect the quality of the service or products provided.

CA shall manufacture the ready-to-use radiopharmaceutical product(s) in accordance with the order placed by CG. CA will notify CG of any production issues as soon as possible.

Capacity

CA must always work within their production capacity (in terms of production time and radioactivity) in order to ensure product and service quality. It may therefore be necessary for CA to request CG orders be amended in order to comply with this. CA will liaise directly with CG

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to discuss any order amendments so that there is full acknowledgement and oversight of any proposed changes by both parties.

Any CG workload capacity changes should be discussed with CA at the earliest opportunity to enable an appropriate arrangement to be reached.

8. QUALITY CONTROL / ASSURANCE

CA products undergo sterility testing in line with current regulatory guidance (e.g. MHRA 'Guidance for specials manufacturers') in order to provide sterility assurance.

CA performs visual inspections for particulate contamination on all manufactured products. CA performs product radiochemical purity and pH testing at pre-defined intervals for radiopharmaceuticals manufactured from licensed "cold kits" and on *all* radiopharmaceuticals manufactured from unlicensed "cold kits". CA will notify CG at the earliest opportunity of any problems with visual inspections and/or quality control testing.

Release of each product shall be under the authority of an authorised releasing officer. The concept of parametric release is sometimes necessary in order to ensure a timely release of radiopharmaceuticals. In such cases, CA will notify CG which product(s) are affected. CA will clearly communicate the results of Quality Control testing to CG once they are available. CG accepts responsibility for ensuring that the radiopharmaceutical shall *not* be used clinically until CA has confirmed the product has passed quality control testing.

CA shall maintain a suitable and regulatory compliant Pharmaceutical Quality System (PQS). This system will be appropriately resourced by the CA and an annual quality review supplied to the CG.

9. STORAGE & DISTRIBUTION

CA shall store, handle, and distribute the product according to its defined storage and handling conditions, and in compliance with legal and regulatory requirements.

Transport and distribution arrangements (including packaging and labelling) for radiopharmaceutical products must comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

CA will pack vials of radiopharmaceutical product(s) in appropriate CDG-compliant packages for transport. CA shall ensure deliveries of all product(s) are packaged securely in such a way as to give them adequate protection from damage during transit.

Transport arrangements for the delivery of radiopharmaceuticals to the CG are the responsibility of the CG unless agreed otherwise. CA shall ensure that product(s) shall be delivered in accordance with agreed procedures and records of delivery and receipt shall be retained by each party to ensure a satisfactory audit trail in the event of inspection and/or recall.

CA may request the return of items used in the transport and packaging of radiopharmaceutical product(s) supplied to the CG. In this instance, CG must comply with CA's stated requirements for the safe transport of such items. These should be in line with the CDG and any other applicable legislation, regulatory requirements and best practice guidance.

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10. DOCUMENTATION

CA will maintain all necessary records and documentation as per the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors and current GMP.

CG will maintain records and documentation in line with current legal, regulatory and best practice requirements.

CA and CG shall archive their respective completed documentation according to current legal, regulatory and best practice requirements. This includes records relating to transport and distribution.

11. CHANGE CONTROL

Changes which could impact radiopharmaceutical product quality must be controlled by a change control procedure. Information related to any planned change to the product, overall process, or specification for the product(s) by CA is to be notified to CG in writing at the earliest opportunity and authorised by CG prior to the change being effected.

12. UNPLANNED DEVIATIONS

Information relating to any major or critical unplanned deviation associated with the individual product supplied, or overall process, by CA is to be notified to CG at the earliest opportunity.

Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported to CG by CA at the earliest opportunity.

13. COMPLAINTS

CG complaints relating to delivery, quality and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material, or to activity/volume supplied, should be reported to CA as a matter of urgency to enable analysis or other investigations as required.

Any complaint from CG concerning the supplied product(s) shall be acknowledged by CA within 3 working days (less if the complaint is regarding unexpected biodistribution of the material or activity/volume supplied). The complaint will be assessed by senior technical and/or management personnel to determine any immediate actions required. After the initial assessment has been completed, a full investigation will be completed.

A report containing details of the investigation with corrective and/or preventative actions, as appropriate, shall be forwarded to the CG within sixty calendar days. This may take the form of an interim report if the investigation has not been completed within this timeframe. The CA shall make every effort to complete investigations and provide feedback (including actions assigned) to CG in a timely manner.

In the first instance, any complaint or dispute arising between the parties in connection with this QTA should be discussed between authorised representatives of each party in an attempt to reach a resolution. If a satisfactory outcome cannot be achieved, the matter must be escalated to the senior manager from both parties. Ultimately if a satisfactory outcome still cannot be achieved, financial penalties, or termination of the contract may be considered.

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14. RECALL & RETURNS

CA shall notify CG of any recall (CA- or MHRA-led) relating to contracted products manufactured by CG, or starting materials/components which were used in their manufacture.

Recalls which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported at the earliest opportunity.

The CA shall co-coordinate and document the recall process. The CA is responsible for coordination and disposal of all products returned by CG. CG will co-operate with the collection, logging, storage and segregation of any recalled and returned product as required.

CG must notify CA in advance if they intend to return a radiopharmaceutical product for a reason other than a recall.

Radiopharmaceutical products which are returned from CG to CA for any reason must be packaged, labelled and transported in line with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

15. AUDIT

CG will be informed immediately of any critical or major findings following audit of CA by the MHRA, the NHS Pharmaceutical Quality Assurance Committee (NHSPQA) and/or any other external body. CA will correct any major deficiencies identified during audits conducted by external bodies as soon as possible. A copy of the audit report can be requested by the CG.

CG can request to audit CA – a reasonable notice period must be provided.

16. CONFIDENTIALITY

The information contained in this agreement is confidential and must not be divulged to any other party without the permission of all signatories.

17. CONTINGENCY

CA must ensure a robust contingency plan has been arranged to ensure continuity of service in the event that they cannot provide the pre-defined quantities of ready-to-use radiopharmaceuticals as agreed with CG. The use of any sub-contractors must be agreed by CG prior to implementation. Any contingency partner must agree to the terms within this technical agreement.

A list of pre-existing subcontractors used by CA as part of their contingency arrangements may be found in Appendix 3 of this Agreement.

18. SUB-CONTRACTING

CA shall not delegate or sub-contract any of the work entrusted to it under this QTA without prior evaluation and approval of the arrangements by CG. CA shall be responsible for the inherent responsibilities of their sub-contractors.

A list of pre-existing subcontractors used by CA may be found in Appendix 3 of this Agreement.

19. PHARMACOVIGILANCE

CG will inform CA of any notifications of a confirmed or suspected adverse drug reaction associated with a product supplied by CA. CA and/or CG will investigate the possible causes and agree any remedial plans of action.

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20. FINAL PROVISION

Amendments of this Quality Technical Agreement and its Appendices may only be carried out by mutual consent and shall be made in writing. Any amendments to the appendices 1-5 may be signed for CA by a responsible Quality representative and together with the signature of CG the appendix will be binding upon the parties.

QUALITY TECHNICAL AGREEMENT APPROVAL

Agreed on behalf of Aneurin Bevan University Health Board Radiology Departments (Contract Giver)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Director of Radiology

Name:			
Job Title:			
Signature:			
Date:			

Agreed on behalf of NHS Wales Shared Services Partnership Radiopharmacy (Contract Acceptor)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Head of Quality / Head of Production

Name:			
Job Title:			
Signature:			

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Date:			

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Appendix 1: RESPONSIBILITIES

	CG	CA	Comments
1. Regulatory Processes			
CA must hold appropriate 'specials' manufacturing licence of relevant national authority in order to manufacture products as agreed by CG. Comply with any and all EU and other local current applicable laws, regulations and guidelines relating to GMP and GDP.		✓	
CG is to be informed of any changes to licence, outcome of regulatory inspection and any pending regulatory action. Actions to remedy any deficiencies identified by regulatory inspection shall be made available to CG upon request.		✓	
Report pharmacovigilance events to CA and/or CG.	✓	✓	
Ensure competent authorities are notified of all complaints concerning suspected adverse events / reactions / lack of effect according to existing regulations and requirements.	✓	✓	
2. Starting Materials and Components			
Purchase sterile starting materials with a UK MA from bona fide suppliers wherever possible.		✓	
Where use of an unlicensed starting material is unavoidable, this must be sterile and purchased from a bona fide supplier.		✓	
Assess the quality of starting materials for use.		✓	
Ensure all starting materials are TSE/BSE free.		✓	
Maintain a supplier qualification programme		✓	
Check that the condition of all containers, closures, seals and labelling of delivered starting materials are satisfactory for use.		✓	
Only purchase primary packaging materials from approved suppliers in accordance with a specification.		✓	
Check that the condition of all packaging material is satisfactory for use.	✓	✓	
3. Manufacture			
Undertake Qualification / Validation according to applicable current GMP requirements for production equipment, utilities, staff and processes.		✓	
Maintain a suitable environment in line with current GMP requirements		✓	
Maintain a specific batch number system to enable identification of individual products.		✓	
Provide stability data to support the allocated expiry of the products. (Methods to determine product stability shall be in line with current regulatory requirements.)		✓	This data shall be made available to CG upon request.
Ensure in-process checks are performed and are deemed satisfactory.		✓	
Ensure appropriate design and use of manufacturing batch documentation.		✓	

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	CG	CA	Comments
Ensure all critical automated processes are fully validated and appropriate for use and meet the requirements of Good Automated Manufacturing Practice (GAMP).		✓	
Ensure that all products are manufactured in accordance with the agreed specification and current legislative, regulatory and best practice requirements.		✓	
Handle medicines with appropriate safety measures in line with current legal, regulatory and best practice requirements.	✓	✓	
Ensure all labelling of products is in compliance with all laws, regulations and guidelines associated with the labelling of unlicensed "specials".		✓	
Release product according to agreed criteria.		✓	
Preparation and completion of documentation for release.		✓	
Have satisfactory systems in place that ensure patients only receive released products.		✓	
Ensure released product conforms to order placed by CG.		✓	
5. Sterility and Microbiology			
Provide sterility assurance using methods defined in current guidelines.		✓	
Maintain a suitable system to record, investigate, and risk assess all microbiological non-conformances (out-of-limit) results. Implement appropriate corrective and/or preventative actions following the investigation and root cause analysis.		✓	
Assess the potential impact a microbiological non-conformance (isolated result or 'trend') could have on product quality and patient risk and act accordingly.		✓	
Trend microbiological non-conformances.		✓	
Make available an annual summary of all microbiological non-conformances to CA, on request.		✓	This data shall be made available to CG upon request.
7. Storage / Distribution			
Undertake Qualification / Validation of storage sites for starting materials and finished products as appropriate.	✓	✓	
Undertake Qualification / Validation of transport of the products from place of manufacture to the CG.		✓	
Store all products and/or starting materials / other ingredients / excipients / auxiliary materials under appropriate conditions in compliance with GMP/GDP requirements and any licence requirements.		✓	
Ensure documentation is sufficient to maintain an audit trail to patient level.	✓	✓	
Ensure all transport arrangements (including but not limited to packaging, labelling, driver training, and contamination monitoring) comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to	✓	✓	

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	CG	CA	Comments
any other applicable legislation, regulatory requirements and best practice guidance.			
Use delivery containers that ensure the product is protected during delivery and complies with transport and health and safety standards and legislation.		✓	
Provide staff with appropriate Personal Protective Equipment (PPE) to safely handle the products	✓	✓	
Distribute to the CG in a timely way as described in this technical agreement and other financial agreements.		✓	
8. Documentation			
Ensure that the appropriate clinical particulars and prescription forms (e.g. from ARSAC practitioner licence holder to justify patient radiation exposure) are clear, correct, and in place before an order is placed with CA. Ensure patient administration records are also kept. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.	✓		
Ensure that the appropriate records of manufacture and distribution are clear, correct, and filed appropriately. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.		✓	
Ensure written procedures are available to describe all operations that may affect the quality of the products.	✓	✓	
Maintain complete and accurate records relating to the ordering, receipt, and storage of purchased products.		✓	
Store all documents and records so that they are easily retrievable and stored protected from loss and damage.	✓	✓	
Archive documents according to current regulatory guidance.	✓	✓	
Maintain a record of batch numbers of all starting materials and products manufactured, supplied, or returned in the event of a recall.		✓	
9. Change Control			
Maintain a suitable change control system and communicate all information relating to planned changes with quality implications in writing, before implementation.		✓	
Maintain a suitable unplanned deviation system and communicate all unplanned changes (unplanned deviation excluding microbiological results) deemed to be major or critical. Events shall be reported at the earliest possible opportunity.		✓	Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product used by a CG patient should also be reported. The investigation and any associated corrective and/or preventative actions shall be made available upon request by CA.

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	CG	CA	Comments
In the event of non-availability of licensed product, CA must obtain the written agreement of CG to use an unlicensed starting material.	✓	✓	CA to notify, CG to approve if acceptable.
No work should be sub-contracted by CA without the prior written agreement of CG.		✓	
10. Complaints			
CG complaints relating to delivery and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material or activity/volume supplied should be reported to CA as a matter of urgency to enable analysis or other investigations as required.	✓		
Acknowledge CG complaints relating to activity/volume supplied or unexpected biodistribution of the material as a matter of urgency, preferably within 1 working day.		✓	
Acknowledge any other complaints from CG within 3 working days. Assessed by senior technical and/or management personnel to determine any immediate actions required.		✓	
Investigate and document any complaint relating to contracted products within sixty calendar days. Feedback may be in the form of an interim or final report. This document should include details of all corrective and/or preventative actions as appropriate.		✓	
11. Recalls			
In the event of product or any starting materials or components being recalled, arrange for the collection, re-stocking and segregation of products affected. This also includes products which were manufactured using a recalled starting material or component.		✓	Must comply with timelines as specified in regulations.
Maintain a product recall procedure for use when it is necessary to recall a defective product from market, and test the procedure at least annually.		✓	This also includes products which were manufactured using a recalled starting material or component.
Advise CG if they have received products which are/contain starting materials which are subject to MHRA Drug Alert or Recall.		✓	Must comply with timelines as specified in regulations.
Inform prescribers of any recalls concerning products supplied to patients.	✓		
12. Audit			
Provide reasonable access, at agreed pre-determined times, to permit audits of the relevant facilities and documents by CG or the regulatory authorities.		✓	
Conduct internal audit in order to monitor the implementation of and compliance with GMP and GDP.		✓	
Propose necessary corrective measures following internal audit.		✓	
Make available evidence of adherence to internal audit schedules.		✓	This data shall be made available to CG upon request.
Make available evidence of closure of external audits and inspections, and the anticipated date of the next MHRA inspection.		✓	
Undertake necessary audits of subcontractors, as required for assurance of this agreement.		✓	

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	CG	CA	Comments
13. Confidentiality and Other			
Undertake training of staff involved in all aspects of the service, as appropriate to their role.	✓	✓	This includes training for outsourced contractors.
Ensure staff comply with relevant legislation and NHS requirements concerning both patient and commercial confidentiality e.g. Data Protection Act.	✓	✓	

Appendix 2: KEY CONTACT NAMES

1. Contract Giver (Aneurin Bevan University Health Board)

Name	Title	Tel. No.	E-mail

2. Contract Acceptor (NWSSP)

Name	Title	Tel. No.	E-mail
Laura-Jayne Keating	Director of Pharmacy Services		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk

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Appendix 3: LIST OF SUB-CONTRACTORS acting on behalf of CA

e.g. Couriers, Contingency partners, and Contract Laboratories

Contractor	Type of Contractor and Services Provided	Address
NWSSP Health Courier Services	Courier	NWSSP Headquarters. Unit 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw. CF15 7QZ
Public Health Wales Microbiology	Contract microbiology lab	University Hospital Llandough Penlan Road, Penarth, Cardiff CF64 2XX
Connect 2 Cleanrooms (*Angstrom Technology*)	Cleanroom Maintenance and Servicing	Riverside House, Forge Lane, Halton, Lancaster, Lancashire. LA2 6RH
Swansea Bay University Health Board	Contingency Partner	SBUHB Radiopharmacy Unt, Singleton Hospital, Sketty Lane, Sketty, Swansea. SA2 8QA

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Appendix 4: VERSION HISTORY

Version Number	Date of Amendment	Amendment(s) Made
v1		Technical Agreement Agreed by all Parties

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Schedule 2
Breakdown of NWSSP IP5 Radiopharmacy Tariff
Based on Vials Demand of 2,165 for 2026/27 only

		Drugs (Pharmaceutical Kits)																	
Pharmaceutical	Invoice Name	Drug Supplier	Current Price per Box	Vial Quantity per Box	Price per Vial	VAT 20%	Drugs per Vial plus VAT	Drug Generators	Consumables	Transport (In)	Transport (Out)	Equipment & Maintenance Contract	Regulatory Fees & Radiation Protection	PPE & Cleanroom Clothing	IT	Site Costs	Cleaning	Other (Staff non-pay, waste etc.)	Staffing	TOTAL Tariff per Vial
							Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Note 11	Note 12	Note 13	
IELMAG3	MAG3	Xiel Ltd	£414.00	5	£82.80	£16.56	£99.36	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£670.59**
Technescan MAG3	MAG3	Curium Pharma UK Ltd	£300.00	5	£60.00	£12.00	£72.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£643.23**
mBriDA	mBriDA	Diagnostic Imaging Ltd	£484.00	5	£96.80	£19.36	£116.16	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£687.39**
Nanoscan	Nanoscan	GE Healthcare Ltd	£320.00	5	£64.00	£12.80	£76.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£648.03**
Pertechnetate	Pertechnetate	Other	£10.27	1	£10.27	£2.05	£12.32	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£583.55**
Pulmocis MAA	MAA	Curium Pharma UK Ltd	£101.00	5	£20.20	£4.04	£24.24	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£595.47**
Renocis	DMSA/ Renocis	Curium Pharma UK Ltd	£90.00	5	£18.00	£3.60	£21.60	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£592.83**
ROTOP Tetrofosmin	Tetrofosmin	Xiel Ltd	£525.00	5	£105.00	£21.00	£126.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£697.23**
Stabilised Ceretec	Ceretec	GE Healthcare Ltd	£950.00	5	£190.00	£38.00	£228.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£799.23**
Teceos	DPD (Teceos)	Curium Pharma UK Ltd	£191.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Technescan DTPA	DTPA	Curium Pharma UK Ltd	£69.00	5	£13.80	£2.76	£16.56	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£587.79**
Technescan HDP	HDP	Curium Pharma UK Ltd	£84.00	5	£14.80	£2.96	£17.76	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£588.99**
Technescan Sestamibi	MIBI	Curium Pharma UK Ltd	£220.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Tektrotyd	Tektrotyd	Xiel Ltd	£1,135.00	1	£1,135.00	£227.00	£1,362.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£1,933.23**

Note 1	Based on latest current costs or as per the NHS England Framework of pharmaceutical kits including VAT. Charged per order at cost.
Note 2	Costs based on the current available drug generators for Radiopharmacy. Requirement of two drug generators per week to meet estimate demand levels.
Note 3	Consumables include items such as broth, plates, sterile vials, sodium chloride.
Note 4	Transport In includes costs of weekly delivery of generators and cold kits.
Note 5	Transport Out includes Health Courier Services costs for deliveries to HBs/Trust.
Note 6	Equipment Maintenance Contracts costs include ongoing annual costs in support of isloators, cleanrooms and various equipment,
Note 7	Regulatory Fees and Radiation Protection costs include support and advice and fees in relation to staff health screening, MHRA and National Resources Wales.
Note 8	PPE and Cleanroom Clothing costs include both general and speacialised cleanroom protective clothing.
Note 9	IT costs includes software support costs in realtion to waste management, quality management and radiochromatography.
Note 10	Site costs includes additional utility costs less savings achieved from IP5 solar energy implementation.
Note 11	Cleaning costs includes general cleaning of the unit and specialised gassing of of cleanrrom and isolators.
Note 12	Other Costs relate to additional costs for waste removal, staff training, additional finance support and office costs such as label printing.
Note 13	Staff Pay relates to 13 wte to be employed at the new unit as per the Business Justification Case. An agreed NWSSP contribution of £294k has been deducted from staff costs until the South East Hub opens.
Note 14	The above prices are based on vial demand of 2,165 for 2026/27.

Service Level Agreement between:

Cardiff and Vale University Health Board

And

NHS Wales Shared Services Partnership

(as hosted by Velindre University NHS Trust)

for the provision of:

Radiopharmaceutical Products

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THIS AGREEMENT is made on the 2026

PARTIES TO THE AGREEMENT

This Agreement is between

PARTIES

1. **NHS Wales Shared Services Partnership (NWSSP)**, whose principal place of business is 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ ("**NWSSP"**); and

2. **Cardiff and Vale University Health Board**, whose principal place of business is Woodland House, Maes-y-Coed Road, Cardiff, CF14 4HH **('CAVUHB')**

Each a '**Party**' and together 'the **Parties**'.

BACKGROUND

A. This Service Level Agreement sets out the terms and conditions upon which the Parties have agreed to govern the provision Radiopharmaceutical Products (as defined below) from NWSSP to CAVUHB for radiopharmacy services.

B. The Radiopharmaceutical Products to be provided from NWSSP to CAVUHB are manufactured and supplied from the dedicated radiopharmacy facility at IP5, located at Imperial Park, Unit 5 Celtic Way, Newport, NP10 8BE, a radiopharmacy and medicines preparation hub under the management of NWSSP.

C. The Parties agree to cooperate in good faith to achieve the objectives of this Service Level Agreement and to act in a manner consistent with the reasonable expectations of the other Party.

1. DEFINITIONS

Agreement means this Service Level Agreement.

Applicable Laws means all applicable laws, statutes, regulations and codes from time to time in force.

Business Hours means the period from 6.00 am to 2.00 pm on any Business Day.

Business Day means a day, other than a Saturday, Sunday or public holiday in England and Wales when banks in London and Cardiff are open for business.

Commencement Date means the date that the Agreement is signed by both Parties.

Confidential Information means all confidential information (however recorded or preserved) disclosed by a Party or its Representatives to the other Party and that Party's Representatives whether before or after the date of this Agreement in connection with the radiopharmacy Services, including but not limited to:

a. the existence and terms of this Agreement or any agreement entered into in connection with this Agreement;
b. any information that would be regarded as confidential by a reasonable businessperson relating to:

i. the business, assets, affairs, customers, clients, suppliers, plans, intentions, or market opportunities of the disclosing Party; and
ii. the operations, processes, product information, know-how, designs, trade secrets or software of the disclosing Party;

c. any information developed by the Parties in the course of carrying out this Agreement.

Data Protection Legislation means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and all other legislation and regulatory requirements in force from time to time which apply to a Party relating to the use of personal data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

Delivery means the time at which the Radiopharmaceutical Products are deemed to be delivered to CAVUHB under clause 5.

Delivery Location means the location specified in an Order to which NWSSP shall deliver or procure the delivery of the Radiopharmaceutical Products.

Force Majeure is as defined in clause 22.1.

Intellectual Property Rights means patents, utility models rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

Order has the meaning given to it in clause 4.1.

personal data, Processor, processing and process is as set out in the Data Protection Legislation.

Radiopharmaceutical Products means the products described within Schedule 1.

Representatives means in relation to a Party, its employees, officers, representatives, contractors, subcontractors, and advisers.

UK GDPR has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

Warranty Period has the meaning given in clause 6.

2. STATUS

2.1. This Agreement is made pursuant to section 7(5) of the National Health Service (Wales) Act 2006 (as applied in Wales) and must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales. Notwithstanding, the Parties agree to act in good faith and in accordance with the provisions stated in this Agreement.

3. DURATION OF AGREEMENT

3.1. This Agreement will commence on the Commencement Date and shall continue unless terminated earlier in accordance with the terms set out in clause 0 (Termination) for an initial period of three years (Initial Term), when it shall terminate automatically without notice, unless no later than three months before the end of the Initial Term (or any Extended Term agreed under this clause), the Parties agree in writing that the term of the Agreement shall be extended for an additional three years (Extended Term).

4. ORDERS

4.1. CAVUHB must submit routine Orders for Radiopharmaceutical Products to NWSSP using the NWSSP radiopharmacy proforma as detailed in Schedule 1 and received by 12:00 (midday) two Business Days prior to Delivery or in any other form that the Parties may agree from time to time (an Order).

4.2. Non-routine Orders of Radiopharmaceutical Products for agreed clinically urgent scenarios must be received by 15:00 on the day prior to delivery. Emergency Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. Communication via telephone is required prior to submission of emergency orders.

4.3. An Order shall constitute an offer by CAVUHB to purchase the Radiopharmaceutical Products on the terms of the Agreement, which may or may not be accepted by NWSSP.

4.4. The offer constituted by an Order shall remain in effect and be capable of being accepted by NWSSP for 10 Business Days from the date on which CAVUHB submitted the Order, after which time it shall automatically lapse and be withdrawn.

4.5. NWSSP will endeavour to accept all valid Orders, however, there may be rare circumstances in which NWSSP is required to decline an Order, as outlined in Schedule 1.

4.6. An Order shall not be accepted, and no binding obligation to supply any Radiopharmaceutical Products shall arise, until the earlier of:

4.6.1. NWSSP's written acceptance of the Order; or

4.6.2. NWSSP dispatching the Radiopharmaceutical Products.

5. DELIVERY AND INSPECTION

5.1. Delivery schedules, transport arrangements and packaging requirements are specified under the 'Transport and Delivery Schedule' in Schedule 1.

5.2. The Radiopharmaceutical Products are to be delivered by Health Courier Service (HCS) a courier service operated by NWSSP, to the Delivery Location on the date(s) specified in the Order;

The Radiopharmaceutical Products shall be deemed delivered on receipt of delivery of the Radiopharmaceutical Products by NWSSP to the Health Board/Trust.

5.3. CAVUHB shall not be entitled to reject any Delivery of the Radiopharmaceutical Products on the basis that an incorrect volume of Radiopharmaceutical Products has been supplied provided the volumes are within the tolerances (if any) set out in the Order.

5.4. The Radiopharmaceutical Products may be delivered by instalments if specified in the Order. Any delay in delivery or defect in an instalment shall not entitle CAVUHB to cancel any other instalment.

5.5. Delivery of the Radiopharmaceutical Products shall be accompanied by a delivery note stating:

5.5.1. the date of the Order;

the product numbers, type and quantity of Radiopharmaceutical Products in the consignment and the delivery note will display maximum activity in the case for each product at time of packing, reflecting actual contents in the package and not decay corrected activity values, accounting for travel time.

5.5.2. any special handling instructions.

5.6. NWSSP shall deliver the Radiopharmaceutical Products in accordance with any applicable dates or time periods for Delivery detailed in the Order.

Unless the Parties agree otherwise, packaging material (as specified under Schedule 1) shall not be disposed of by CAVUHB and at its cost, returned to NWSSP.

Packaging materials include transport cases, attachments and transport vial shields that are contained within each transport case.

The organisation will only incur a charge if a transport case is not returned or is deemed not fit for use due to damage occurred after receipt by the HB, in which situation the replacement cost of the case would be applied.

Transport cases and vial shields must be monitored, be contamination free and appropriately labelled before this is handed/transported back to IP5 via HCS.

5.7. NWSSP shall not be liable for any delay in or failure of Delivery to the extent caused by CAVUHB's failure to:

5.7.1. make the Delivery Location available;

5.7.2. prepare the Delivery Location as required for Delivery;

5.7.3. provide NWSSP with adequate instructions for Delivery; or

5.7.4. an event of Force Majeure.

5.8. NWSSP Radiopharmacy shall be the primary and preferred supplier for the radiopharmaceutical products covered under Schedule 1.

CAVUHB shall provide NWSSP with prompt written notice In the event of any such unforeseen operational circumstances arising that materially change the customers required supply or render NWSSP unable to meet the agreed service levels.

CAVUHB will detail the nature of the circumstances and the expected impact on supply requirements. NWSSP shall be afforded reasonable opportunity to remedy or mitigate the issue before CAVUHB seeks alternative supply of radiopharmaceutical products from external suppliers without such justification or prior notice will constitute a breach of this Agreement"

6. WARRANTY

6.1 NWSSP warrants that, from Delivery until the product's labelled expiry date, the Radiopharmaceutical Products delivered by NWSSP shall:

6.1.1. conform in all material respects to the Radiopharmaceutical Products as described in Schedule 1;

6.1.2. be free from material defects in design, materials and workmanship;

6.1.3. comply with all Applicable Laws, standards and good industry practice (as outlined in more detail in Schedule 1 (including in relation to their manufacture, packaging and Delivery); and

6.1.4. be of satisfactory quality within the meaning of the Sale of Goods Act 1979.

6.2. CAVUHB may reject any Radiopharmaceutical Products that do not comply with clause 6 provided that CAVUHB:

6.2.1. provides written notification to NWSSP;

6.2.2. during the Warranty Period in the case of defects discovered by a physical inspection; or

6.2.3. in the case of latent defects, during the Warranty Period or, if the Warranty Period has expired, within one month from the date on which CAVUHB became aware (or should reasonably have become aware) of the defect;

6.2.4. provides NWSSP with sufficient information as to the nature and extent of the defects and the uses to which the Radiopharmaceutical Products had been put prior to the defect arising; and

6.2.5. gives NWSSP a reasonable opportunity to examine the defective Radiopharmaceutical Products.

6.3. As soon as reasonably practicable but in any event within 10 Business Days after receiving a written notification in accordance with clause 6.2, the NWSSP shall at NWSSP's option:

6.3.1. repair or replace the Radiopharmaceutical Products; or

6.3.2. provide CAVUHB with a full refund of the Price paid by CAVUHB for the Radiopharmaceutical Products.

1.1 NWSSP shall at its own cost collect any Radiopharmaceutical Products rejected under clause 6.2. Risk in the rejected Radiopharmaceutical Products shall pass back to NWSSP at the point at which the Radiopharmaceuticals are collected. If title in the rejected Radiopharmaceutical Products has already passed to CAVUHB under clause 7.2, title shall pass back to NWSSP on collection of the Radiopharmaceutical Products to be replaced, or upon payment of a refund to CAVUHB (as applicable).

6.4. The provisions of this Agreement shall apply to any Radiopharmaceutical Products that are repaired or replaced pursuant to clause 6.3.

6.5. NWSSP shall not be liable for any breach of clause 6:

6.5.1. where such failure arises as a result of fair wear and tear of Radiopharmaceutical Products as described in Schedule 1, CAVUHB's or a third party's wilful damage, or CAVUHB's or a third party's negligence (excluding any wilful damage or negligence caused by any of NWSSP's subcontractors);

The wear and tear on such NWSSP capital assets is out of scope for direct recharge.

6.5.2. to the extent caused by CAVUHB's failure to comply with NWSSP's reasonable instructions in relation to the Radiopharmaceutical Products, including any instructions on installation, operation, storage and maintenance;

6.5.3. to the extent caused by NWSSP following any specification or requirement of A CAVUHB in relation to the Radiopharmaceutical Products;

6.5.4. where CAVUHB modifies any Radiopharmaceutical Products without the NWSSP's prior written consent or, having received such consent, not in accordance with NWSSP's reasonable instructions; or

6.5.5. where CAVUHB uses any of the Radiopharmaceutical Products after notifying NWSSP that it does not comply with clause 6.

6.6. Clauses 6.2 and 6.3 set out CAVUHB's sole and exclusive remedies (howsoever arising, whether in contract, tort, negligence or otherwise) for any breach by NWSSP of clause 6 (without prejudice to CAVUHB's right to claim damages for such a breach provided there is no double recovery with any refund paid to CAVUHB in accordance with clause 6.3.2). Except as set out in this clause 0, the NWSSP gives no warranty or undertaking and makes no representations in relation to the Radiopharmaceutical Products, shall have no liability for their failure to comply with clause 6, and all warranties, terms and conditions (including the conditions implied by sections 13–15 of the Sale of Goods Act 1979) whether express or implied by statute, common law or otherwise are excluded to the extent permitted by Applicable Law.

7. RISK AND TITLE

7.1. Risk in the Radiopharmaceutical Products shall pass to CAVUHB on Delivery.

7.2. Title to the Radiopharmaceutical Products shall pass to CAVUHB once NWSSP has received payment in full and cleared funds for the Radiopharmaceutical Products.

8. NWSSP OBLIGATIONS

8.1. In supplying the Radiopharmaceutical Products NWSSP shall

8.1.1. manufacture and supply the Radiopharmaceutical Products in accordance with clauses 6.1.1 to 6.1.4

8.1.2. conform with any service objectives, regulatory compliance, contract monitoring, governance obligations, performance monitoring, and health and safety standards as detailed in Schedule 1.

8.1.3. co-operate with CAVUHB in all matters relating to the supply of the Radiopharmaceutical Products, and comply with CAVUHB's reasonable instructions regarding Delivery and any Radiopharmaceutical Products handling requirements;

8.1.4. maintain all consents, licences and permissions needed to manufacture and supply the Radiopharmaceutical Products in accordance with this Agreement excluding any licences, consents and permissions that, where applicable, CAVUHB has agreed in writing to maintain;

8.1.5. ensure that the Radiopharmaceutical Products supplied conform to any specifications, requirements and standards as agreed between the Parties and that the Deliverables are fit for any purpose that CAVUHB expressly or impliedly makes known to NWSSP;

8.1.6. ensure that the Radiopharmaceutical Products and all materials, standards and techniques used in their manufacture and supply is of the highest quality and are free from defects in all material respects; and

8.1.7. comply with all Applicable Laws, governing the manufacture, storage, transport and supply of the Radiopharmaceutical Products

8.2. NWSSP cannot rely on CAVUHB's breach of the Agreement to excuse any failure in NWSSP'S performance unless NWSSP promptly notifies CAVUHB in writing and in reasonable detail of the CAVUHB's breach ad its effect or anticipated effect on the:

8.2.1. Radiopharmaceutical Products;

8.2.2. the obligations that NWSSP cannot perform are directly and materially impacted by CAVUHB's breach; and

8.2.3. NWSSP uses all reasonable endeavours to continue to meet its obligations in accordance with the Agreement.

9. NWSSP PERSONNEL

9.1. NWSSP shall ensure that all employees, workers, contractors, and other personnel — including any subcontractors nominated by NWSSP and engaged by CAVUHB for the provision of the Radiopharmaceutical Products are:

9.1.1. appropriately appointed to be able to manufacture and supply the Radiopharmaceutical Products.

9.1.2. are suitably skilled and experienced to perform the tasks assigned to them, and in sufficient number to fulfil NWSSP's obligations;

9.1.3. observe all reasonable health and safety rules and regulations and security requirements that apply from time to time at the Site; and

9.1.4. comply with all Applicable Laws.

10. CAVUHB's OBLIGATIONS

10.1. CAVUHB shall:

10.1.1. co-operate with NWSSP in all matters relating to the receipt, handling and administration of the Radiopharmaceutical Products;

10.1.2. comply with all Applicable Laws;

10.1.3. provide all information reasonably required by CAVUHB for the provision of the Radiopharmaceutical Products by NWSSP;

10.1.4. maintain all consents, licences and permissions needed for lawful receipt, storage and use of the Radiopharmaceutical Products, excluding any licences, consents and permissions that NWSSP has agreed in writing to maintain;

10.1.5. Ensure that appropriate facilities, equipment, and trained personnel are available for the safe handling and administration of the Radiopharmaceutical Products in accordance with Applicable Laws and agreed protocols.

11. DATA PROTECTION

11.1. The Parties do not envisage that any Personal Data will be shared or processed under or in connection with this Agreement.

11.2. If, at any point, the Parties believe that Personal Data may need to be shared or processed, they will:

11.2.1. collect and process any personal data in accordance with their respective privacy notices. Each Party will make its privacy notice available to the other upon request;

11.2.2. comply with all applicable Data Protection Legislation at all times;

11.2.3. when necessary, carry out a Data Protection Impact Assessment and enter into any relevant data protection agreements; and

11.2.4. update this clause 11 to reflect the data processing arrangements.

12. INTELLECTUAL PROPERTY INDEMNITY

12.1. Subject to clause 12.2.4, NWSSP will indemnify CAVUHB from and against all losses, damages, liabilities, reasonable costs and expenses (including reasonable legal and other professional fees, costs and expenses) and claims suffered or incurred by it as a direct result of any third party claim that the use or possession of the Radiopharmaceutical Products (or any part thereof) infringes the Intellectual Property Rights of any third party (IPR Claim).

12.2. CAVUHB shall:

12.2.1. promptly notify NWSSP in writing on becoming aware of any IPR Claim;

12.2.2. not make any admission of liability or agree any settlement or compromise of the relevant IPR Claim without the prior written consent NWSSP (such consent not to be unreasonably withheld or delayed);

12.2.3. grant NWSSP at its reasonable request the sole control and conduct of the defence of the IPR Claim and of any related settlement or negotiations; and

12.2.4. at NWSSP's reasonable request and expense, provide NWSSP with all reasonable assistance in relation to the IPR Claim.

12.2.5. NWSSP shall not have any liability or obligation under this clause 12 in respect of any IPR Claim to the extent that it results from or arises in connection with:

12.2.6. CAVUHB's breach of the Agreement;

12.2.7. the modification or use of the Pharmaceutical Products by CAVUHB other than in accordance with this Agreement or NWSSP's reasonable instructions; or

12.2.8. CAVUHB's wilful misconduct or negligence.

13. CHARGES AND PAYMENT

In consideration for the provision of Radiopharmaceutical Products, CAVUHB shall pay NWSSP the Charges as set out in **Error! Reference source not found..**

All sums payable by CAVUHB include the costs of packaging, delivery and transport. VAT will not be charged on invoices to CAVUHBCAVUHB shall pay all invoices:

13.1.1. in full and in cleared funds within 30 days of the date of each invoice; and if invoices are not paid within the 30 day payment terms, debts will the escalated in line with the Welsh Government Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales.

13.1.2. to the bank account details noted on the invoices.

13.2. NWSSP shall provide CAVUHB with any documents and other information reasonably requested by CAVUHB to verify the accuracy of NWSSP's invoices. This includes product details, quantities supplied and any agreed additional charges.

14. REGULATORY INSPECTIONSAND REPORTS

14.1. NWSSP shall comply with all regulatory inspections and audits conducted by relevant authorities in relation to the manufacture, handling, and supply of the Radiopharmaceutical Products.

14.2. NWSSP shall use reasonable endeavours to ensure that any regulatory inspection does not unreasonably disrupt its ability to meet its obligations under this Agreement.

14.3. NWSSP shall maintain accurate records of all regulatory inspections, audits, and compliance reports relating to the Radiopharmaceutical Products.

14.4. NWSSP shall promptly notify CAVUHB of any regulatory inspection findings that may impact the supply of the Radiopharmaceutical Products under this Agreement.

14.5. NWSSP shall implement any corrective actions required by regulatory authorities within the specified timeframes and keep CAVUHB informed of progress where such actions affect Delivery.

14.6. Both Parties (where appropriate) shall cooperate in any regulatory inspections or external audits relating to the Radiopharmaceutical Products provided under this Agreement.

15. DISPUTES

15.1. In the event of any dispute or claim arising out of or relating to this Agreement, the Parties agree to first attempt to resolve the matter through good faith negotiations between the nominated individuals in section 15.3. In principle, both Parties will seek to resolve any disagreements amicably at an operational level and to the shared beneficial interest of patients. If the Parties are unable to reach an initial agreement on any matter arising under this Agreement within 15 days, the following escalation process shall apply:

15.1.1. Step 1: Service Manager (NWSSP) to Service Manager (CAVUHB), if the matter cannot be resolved within 15 days, the Parties shall move to step 2;

15.1.2. Step 2: Service director (NWSSP) to Service director (CAVUHB), if the matter has not been resolved within 15 days, the Parties shall move to step 3;

15.1.3. Step 3: Director(s) (NWSSP) to Executive Director(s) (CAVUHB), if the matter has not been resolved within 15 days, then the parties refer the dispute in accordance with clause 15.1.3.

15.2. If the dispute cannot be resolved within 60 days of such negotiations commencing, the matter shall be referred to the Welsh Ministers for resolution in accordance with Section 7 of the National Health Service (Wales) Act 2006.

15.3. Nominated individuals:

15.3.1. **NWSSP:**

Name: **Laura-Jayne Keating**

Job title: **Director of Pharmacy Services**

Email: Laura-Jayne.Keating@wales.nhs.uk

Telephone: **07879 452213**

15.4. **CAVUHB:**

Name:

Job title:

Email:

Telephone:

16. CONFIDENTIALITY

16.1. Each Party undertakes that it shall not at any time disclose to any person any Confidential Information belonging to the other Party except as permitted by Clause 16.2.

16.2. Each Party may disclose the other Party's Confidential Information:

16.2.1. to its Representatives who need to know such information for the purposes of exercising the Party's rights or carrying out its obligations under or in connection with this Agreement. Each Party shall ensure that Representatives to whom it discloses the other Party's Confidential Information comply with this Clause 16; and

16.2.2. as may be required by law, a court of competent jurisdiction or any governmental or regulatory authority.

16.3. No Party may use any other Party's Confidential Information for any purpose other than to exercise its rights and perform its obligations under or in connection with this Agreement.

17. REVIEW

17.1. This Agreement shall be reviewed jointly by both Parties on an annual basis, or earlier if either Party reasonably requests a review due to a material change in service requirements, applicable legislation, or operational circumstances.

The review shall assess the effectiveness, performance, and relevance of the Radiopharmaceutical Products including compliance with this Agreement, regulatory obligations, service standards, and financial arrangements. Outcomes shall be documented and, where appropriate, incorporated into a formal variation to this Agreement, subject to mutual written consent.

18. WELSH LANGUAGE OBLIGATIONS

18.1. Each Party warrants and undertakes that it will not perform this agreement in such a way as to breach its obligations in respect of the Welsh language including but not limited to its obligations under the Government of Wales Act 2006, the Welsh Language Act 1993, or the Welsh Language (Wales) Measure 2011.

19. ANTI-SLAVERY

19.1. In performing its obligations under the Agreement, the Parties shall:

19.1.1. comply with all applicable anti-slavery and human trafficking laws, statutes, and regulations from time to time in force including the Modern Slavery Act 2015; and

19.1.2. comply with the NHS Anti-slavery policy.

19.2. Breach of this clause 19 shall be deemed a material breach under clause 24.1.1.

20. ANTI-BRIBERY AND CORRUPTION

20.1. Each party shall, throughout the term of this Agreement:

20.1.1. comply with all applicable anti-bribery laws, including the Bribery Act 2010;

20.1.2. avoid any conduct that would constitute an offence under sections 1, 2, or 6 of the Bribery Act 2010 if carried out in the UK;

20.1.3. adhere to each of their respective anti-bribery policies and any relevant industry codes, as updated from time to time;

20.1.4. maintain and enforce adequate anti-bribery procedures to ensure compliance;

20.1.5. promptly notify the other Party in writing of any breach or suspected breach of this clause, or any request for an improper advantage;

20.1.6. disclose if a foreign public official becomes associated with it, and confirm none are associated as of the Commencement Date; and

20.1.7. provide annual written certification of compliance, signed by an officer, along with supporting evidence upon request.

20.1.8. Each Party shall ensure that all third parties engaged in fulfilling its obligations under this Agreement are bound by equivalent anti-bribery terms and shall be liable for their compliance.

20.1.9. Breach of this clause shall constitute a material breach under clause 24.1.1.

20.1.10. Definitions of “adequate procedures”, “foreign public official”, and “associated person” shall follow the Bribery Act 2010 and related guidance.

21. FREEDOM OF INFORMATION

21.1. The Parties acknowledge that each Party is subject to the requirements of the Freedom of Information Act 2000 (“FOIA”) and the Environmental Information Regulations 2004 (“EIR”). Each Party shall assist and cooperate with the other to enable a Party to meet their obligations and requirements under the FOIA and EIR legislation and comply with their disclosure requirements under the FOIA.

22. FORCE MAJEURE

22.1. In this Agreement "Force Majeure" shall mean any cause preventing a Party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Party so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, epidemic or pandemic, fire, flood or storm.

22.2. Neither Party shall be liable for any delay or failure in the performance of its obligations for so long as and to the extent that such delay or failure is as a result of a Force Majeure. If the period of delay or non-performance continues for 30 days, the Party not affected may terminate this Agreement by giving not less than 10 days' written notice to the affected Party.

23. INDEMNITIES AND LIMITATION OF LIABILITY

23.1. Nothing in this Agreement shall limit or exclude a Party's liability:

23.1.1. for death or personal injury caused by its negligence, or that of its employees, agents, or sub-contractors;

23.1.2. for fraud or fraudulent misrepresentation;

23.1.3. for any other act, omission, or liability which may not be limited or excluded by law.

23.2. **NHS Indemnity Schemes:**

23.2.1. both CAVUHB and NWSSP (hosted by Velindre University NHS Trust), each being a Health Body under the National Health Service (Wales) Act 2006, confirm that NHS Indemnity applies to activities covered by this Agreement, and that they each participate in the Welsh Risk Pooling Scheme. Upon identification of a claim that is indemnified by the WRP, an assessment of liability will need to be undertaken to determine which party bears the cost of the WRP excess

23.3. **Incident Handling, Investigations and Cooperation:**

23.3.1. in the event of any incident, complaint, claim, regulatory enquiry or other investigation:

23.3.1.1. the Parties shall collaborate to facilitate a thorough and appropriate investigation, sharing all relevant information; and/or

23.3.1.2. if required, the Parties shall mutually appoint a lead body responsible for coordinating the investigation and liaising with third parties.

23.4. **Compliance with Welsh NHS Regulations:**

23.4.1. both Parties agree to comply with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. If redress under Part 6 is triggered, or negligence is established resulting in a settled claim:

23.4.1.1 the Parties shall cooperate in determining any allocation of payments to the claimant; or

23.4.1.2 If they cannot agree, the matter will be referred to the Welsh Risk Pool for resolution.

23.5. **Mutual Indemnity:**

23.5.1. Except as set out in Clause 1, each Party ("Indemnifying Party") indemnifies the other ("Indemnified Party") against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses (including legal fees) arising from any breach of this Agreement or any wrongful act or omission of the Indemnifying Party or its Representatives.

23.5.2. This indemnity shall not extend to indirect or consequential losses, such as loss of profits, revenue, goodwill, business opportunities or anticipated savings.

23.5.3. The indemnity shall not apply to liabilities of the Indemnifying Party which arise from the fraud, dishonesty, wilful default or wilful negligence, unlawful expenditure, libel or slander of the Indemnified Party.

24. TERMINATION

24.1 Without affecting any other right or remedy available to it, either Party to the Agreement may terminate it with immediate effect by giving written notice to the other Party if:

24.1.1. the other Party commits a material breach of any term of the agreement which breach is irremediable or (if such breach is remediable) fails to remedy that breach within a period of 30 days after being notified in writing to do so;

24.1.2. the other Party takes any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), applying to court for or obtaining a moratorium under Part A1 of the Insolvency Act 1986, being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business or, if the step or action is taken in another jurisdiction, in connection with any analogous procedure in the relevant jurisdiction;

24.1.3. the other Party suspends, or threatens to suspend, or ceases or threatens to cease to carry on all or a substantial part of its business; or

24.1.4. the other Party's financial position deteriorates to such an extent that in the terminating Party's reasonable opinion the other Party's capability to adequately fulfil its obligations under the agreement has been placed in jeopardy.

24.1.5 Without affecting any other right or remedy available to it, either Party may terminate this Agreement on giving not less than 6 months written notice to the other Party.

25. GENERAL

25.1 ASSIGNMENT AND OTHER DEALINGS

Neither Party shall assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under the Agreement without the other Party's prior written consent.

25.2 ENTIRE AGREEMENT

25.2.1 The Agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations, and understandings between them, whether written or oral, relating to its subject matter.

25.2.2 Each Party acknowledges that in entering into the Agreement it does not rely on and shall have no remedies in respect of any statement, representation, assurance, or warranty (whether made innocently or negligently) that is not set out in the Agreement. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or negligent misstatement based on any statement in the Agreement.

26. VARIATION

No variation of the Agreement shall be effective unless it is in writing and signed by the Parties (or their authorised Representatives).

27. WAIVER

A waiver of any right or remedy under the Agreement or by law is only effective if given in writing and shall not be deemed a waiver of any subsequent right or remedy.

A failure or delay by a Party to exercise any right or remedy provided under the Agreement or by law shall not constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict any further exercise of that or any other right or remedy. No single or partial exercise of any right or remedy provided under the Agreement or by law shall prevent or restrict the further exercise of that or any other right or remedy.

28. SEVERANCE

If any provision or part-provision of the Agreement is or becomes invalid, illegal, or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal, and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this Clause 0 shall not affect the validity and enforceability of the rest of the Agreement.

29. NOTICES

29.1 Any notice or other communication given to a Party under or in connection with the Agreement shall be in writing and shall be:

29.1.1. delivered by hand or by pre-paid first-class post or other next Business Day delivery service at its principal place of business; or

29.1.2. sent by email to the address specified in clause 15.3.

29.1.3. Any notice or communication shall be deemed to have been received:

29.1.4. if delivered by hand, at the time the notice is left at the proper address;

29.1.5. if sent by pre-paid first-class post or other next Business Day delivery service, at 9.00 am on the second Business Day after posting; or

29.1.6. if sent by email, at the time of transmission, or, if this time falls outside Business Hours in the place of receipt, when Business Hours resume.

29.1.7. This Clause 29 does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

30. THIRD PARTY RIGHTS

Unless it expressly states otherwise, the Agreement does not give rise to any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of the Agreement.

The rights of the Parties to rescind or vary the Agreement are not subject to the consent of any other person.

31. GOVERNING LAW

The Parties recognise that this Agreement is not a legally binding contract but nevertheless will honour, observe, and perform as if it was.

This Agreement is executed on behalf of the parties by their duly authorised officers as follows:

For or on behalf of **NHS WALES SHARED SERVICES PARTNERSHIP**

Name:

Title:

Signed:

Date:

For or on behalf of **CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

Name:

Title:

Signed:

Date:

Schedule 1 Radiopharmacy Services and Product Specification



Schedule 1 Services NWSSP_CAVUHB.doc

Schedule 2 Finance Costing



Schedule 2 Finance Costings NWSSP_CA\

Schedule 1 Radiopharmacy Services

1. PURPOSE

This service specification sets out the arrangements for NHS Wales Shared Services Partnership (NWSSP) to supply technetium-based radiopharmaceuticals, manufactured by the Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit based at IP5, for use within Cardiff and Vale University Health Board, specifically at the University Hospital Wales (UHW) and University Llandough Hospital (UHL) sites.

2. SERVICE OBJECTIVES

- Supply technetium-based radiopharmaceutical products that comply with all applicable regulatory requirements and Good Manufacturing Practice (GMP) standards, ensuring they are safe, effective, and fit for their intended clinical use.
- Provide all radiopharmaceutical products in accordance with the orders provided from the Nuclear Medicine departments at UHW and UHL (subject to availability of product), at an agreed dispatch time from the radiopharmacy unit at IP5.
- Notify the Nuclear Medicine Department(s) at UHW and UHL as soon as possible should any deviations from the agreed principles or delivery schedule outlined in this agreement.
- Provide accurate information on the validated shelf life of the supplied radiopharmaceuticals in order to enable CAVUHB patients at both sites to be scheduled appropriately by the Nuclear Medicine Department(s).

3. SCOPE OF SERVICE

3.1 License Status

Wherever possible, the cold kits used for radiopharmaceutical preparation by NWSSP will hold a UK Marketing Authorisation (Product Licence). However, the IP5 Radiopharmacy Unit will prepare radiopharmaceuticals under its Manufacturer's Specials (MS) Licence according to agreed specifications. Finished products will therefore be unlicensed medicines.

The following definitions will apply throughout this specification:

Licensed radiopharmaceutical medicines
Radiopharmaceutical products that hold a valid UK Marketing Authorisation (Product Licence) and are manufactured, labelled, and used in accordance with the authorised terms of that licence.

Unlicensed radiopharmaceutical medicines
Radiopharmaceutical products manufactured and/or supplied without a UK Marketing Authorisation, including those prepared and supplied under a Manufacturer's "Specials" (MS) Licence to meet the special clinical needs of patients where a licensed alternative is unavailable or unsuitable.

Unlicensed indications (off label use)

The clinical use of a radiopharmaceutical outside the indications, dose, route, or patient population covered by its Marketing Authorisation. Such use is subject to governance requirements and is the clinical responsibility of the ARSAC Practitioner.

3.2 Supply Arrangement

- Radiopharmaceuticals supplied by NWSSP are prepared under the conditions of an MS Licence.
- Radiopharmaceuticals will be supplied in a multi-dose vial.
- Each vial will be supplied in a suitably shielded container.
- The vial will be labelled in compliance with the Medicines (Labelling) Amendment regulations.
- Vials will be packaged in a validated Type A category package to meet regulatory requirements and to ensure the safe transport of products.
- Nuclear Medicine Departments are responsible for ensuring appropriate arrangements are in place to receive the package and the action to take if any damage/spill occurs on or after delivery to the Department.
- Nuclear Medicine Departments are responsible for communicating promptly any changes that may impact radiopharmaceutical supply. These include, but are not limited to:
    - Amendments to the Natural Resource Wales (NRW) permit
    - Changes to the ARSAC Employer License
    - The introduction of unlicensed indications
- All radiopharmaceutical orders for unlicensed cold kits and unlicensed indications must be accompanied with a signed referral and or disclaimer signed by only the ARSAC practitioner in CAVUHB.
- For cold kits with a UK product licence (PL), made in line with the specifications of the PL, IP5 radiopharmacy will undertake Quality Control testing on the first kit of each batch received. For cold kits which do not have a UK PL, IP5 radiopharmacy will undertake Quality Control testing (including radiochemical purity), in line with the manufacturer's requirements, for each vial produced.
- All secondary care activity undertaken through this arrangement will be the responsibility of CAVUHB.
- Periodic revalidation of NWSSP cleanrooms and associated equipment will be undertaken to ensure compliance with all applicable regulatory requirements. During these scheduled revalidation periods, the IP5 radiopharmacy will not be operational. Advance notice of these dates will be provided to CAVUHB to allow appropriate planning.
- In the event of unforeseen technical issues resulting in reduced availability of technetium-99m, NWSSP will promptly notify the Nuclear Medicine Department to ensure timely communication and mitigation

3.3 Ordering

- All orders of radiopharmaceutical vials need to be made using the NWSSP Radiopharmacy proforma.
- Only orders for radiopharmaceuticals listed in the approved product portfolio (see attached schedule) will be available for manufacture and supply under this agreement. Any request for products outside of this approved portfolio will require a formal risk assessment and must follow the established New Product Approval Process prior to introduction into routine manufacture.



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- Orders must be requested and signed by the ARSAC practitioner licence holder or a nominated deputy.
- As standard, routine orders must be received before **12:00 (midday) two days prior to delivery**.
- Orders for **agreed clinically urgent scenarios** can be requested up to **15:00 on the day prior to delivery**. Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. These requests must initially be via telephone conversation with the Radiopharmacy Lead or nominated deputy to ensure that there is sufficient capacity to undertake the request.
- NWSSP will endeavour to accept all valid orders. However, there may be rare circumstances where orders may be rejected due to operational, regulatory, quality, safety or capacity issues preventing safe or compliant fulfilment. Examples include, but are not limited to late orders, unavailable materials, capacity breaches, unmet regulatory requirements and critical equipment failures. Where an order cannot be accepted, NWSSP will communicate this as soon as possible.

3.4 Transport

- All transportation from the radiopharmacy at IP5 will be arranged via Health Courier Services (HCS).
- Transport coordination via HCS and payment will be the responsibility of NWSSP.
- HCS will ensure that appropriate arrangements are in place for the collection and distribution of radiopharmaceuticals in full compliance with the regulatory requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

3.5 Delivery Schedule

- Deliveries between the radiopharmacy unit at IP5 and the Nuclear Medicine departments in UHW and UHL will occur daily (Monday – Friday).
- The routine daily target dispatch time from the IP5 Radiopharmacy Unit will be **09:00**, with deliveries scheduled to arrive by:
  - **09:30** at the Nuclear Medicine Department, UHW

- **09:30** at the Nuclear Medicine Department, UHL

- While every effort will be made to adhere to the agreed delivery windows, there may be instances where delays occur outside the control of the Radiopharmacy. Examples include, but are not limited to:
  - Traffic congestion or road closures
  - Vehicle breakdowns
  - Emergency situations such as fire alarm evacuations
- To accommodate the specified delivery schedules, radiopharmaceuticals will be transported via dedicated HCS vehicles that will deliver products directly to UHW and UHL.
- Nuclear medicine departments must inform NWSSP radiopharmacy within 24 hours of the scheduled delivery time if an order is to be cancelled and/or transport is no longer required.

4. TRANSITION PLAN

Prior to commencement of a fully operational radiopharmacy service at IP5, NWSSP will implement a Transition Plan to support the safe and compliant commissioning of the service. Aneurin Bevan University Health Board will be the first organisation to receive supply over a 12-week period. This implementation phase has been designed to mitigate risk and prepare the organisation for progression to full operational delivery across all organisations

Upon completion of the 12-week transition period, the IP5 Radiopharmacy Unit will expand supply, extending the provision of radiopharmaceuticals to include all other participating organisations. **From this point onward, CAVUHB and other designated organisations will receive full supply of requested radiopharmaceuticals in accordance with agreed service specifications.**

The transition plan will be as follows:

Phased Opening (Weeks 0–12):
From the commencement of service, ABUHB will receive full fulfilment of all clinically requested radiopharmaceuticals for Royal Gwent Hospital and Nevill Hall Hospital, Monday to Friday. Swansea Bay University Health Board (SBUHB) will continue to supply radiopharmaceuticals to other organisations. This phased opening period is designed to maximise workforce competency and address transitional challenges, while maintaining uninterrupted supply to ABUHB.

Full Operations (Week 13 onward):
Following successful completion of the phased opening, the service will become fully operational, supplying all designated Health Board/Trust sites as per agreed delivery schedules and service specifications.

5. SERVICE INTERRUPTION

5.1 Mutual Aid Arrangement

NWSSP shall maintain a Contingency Plan to ensure continuity of radiopharmaceutical supply in the event of an unforeseen interruption to production at the NWSSP radiopharmacy facility.

In the event of a service interruption, NWSSP will activate a pre-agreed mutual aid arrangement with SBUHB radiopharmacy. This arrangement will ensure that clinically requested radiopharmaceuticals can be sourced and supplied to affected sites to minimise disruption to patient care. The scope of the agreement will be as follows:

- Emergency supply will be applied to all organisations receiving supply of radiopharmaceuticals from NWSSP.
- Supply will prioritise urgent and time-critical procedures and will be provided in line with the available production capacity of the SBUHB radiopharmacy unit.
- Upon activation of the contingency plan, NWSSP will provide immediate notification to the affected organisations.
- NWSSP will coordinate directly with SBUHB and impacted organisations to confirm product availability and delivery schedules during the contingency period.

5.2 Supply Disruptions

In the event of any disruption related to global or national radiopharmaceutical supply issues, NWSSP shall notify CAVUHB at the earliest opportunity. NWSSP will provide timely updates on the nature of the disruption, anticipated impact on service delivery, and any mitigation measures being implemented.

NWSSP will work proactively with suppliers, national radiopharmacy working groups, and government representatives as required to manage such shortages.

6. SERVICE KEY DELIVERABLES

- CAVUHB shall ensure that all clinical referrals are appropriately justified prior to placing an order for a radiopharmaceutical from NWSSP Radiopharmacy. This includes compliance with ARSAC employer and practitioner licenses held by CAVUHB.
- NWSSP shall ensure service continuity by covering any staff absences due to annual leave, sickness, or study leave that would otherwise prevent the service from operating.

- NWSSP shall supply all radiopharmaceuticals with sufficient activity, ensuring all requested patient requirements are met.
- NWSSP will ensure that radiopharmaceutical products are prepared and ready for the agreed daily transport collection time as mutually agreed with CAVUHB; however, there may be circumstances beyond NWSSP's control where this cannot be achieved. In such cases, CAVUHB will be notified promptly.
- NWSSP will make every effort to fulfil urgent emergency requests, but these cannot be guaranteed (as they are subject to staffing and radionuclide availability).
- NWSSP shall perform quality control testing on manufactured technetium-99m radiopharmaceuticals at defined intervals in accordance with section 3.2.
- CAVUHB must submit routine 99mTc-radiopharmaceutical orders to the IP5 Radiopharmacy by no later than 12:00pm (midday), two working days prior to the intended delivery date. Orders for agreed clinically urgent scenarios can be requested up to 3pm on the day prior to delivery.
- CAVUHB must confirm any late additions, changes, or cancellations made to radiopharmaceutical orders after this deadline with NWSSP Radiopharmacy by telephone and email.
- CAVUHB will have a predefined delivery schedule for supply of radiopharmaceuticals. CAVUHB must inform NWSSP if delivery is not required before the order deadline specified above.
- Type A transport cases need to be returned to the NWSSP Radiopharmacy in a non-contaminated state within two working days after use. As standard practice, containers can be returned with the HCS courier on the same working day. The only circumstance where this would differ is in the event of contamination of the transport case. In such cases, the Nuclear Medicine department will retain the container and return it when it is safe to do so. In such events, notification must be provided to NWSSP.

7. REGULATORY STANDARDS

7.1 Good Manufacturing Practice (GMP)

NWSSP facilities used for the preparation of radiopharmaceuticals, and all personnel engaged in production, shall comply with the requirements set out in the current edition of the *Rules and Guidance for Pharmaceutical Manufacturers and Distributors* (Orange Guide) and the current version of *The Rules Governing Medicinal Products in the European Union Volume 4 - EU Guidelines for Good Manufacturing Practice for Medicinal Products for Human and Veterinary Use* . NWSSP shall ensure full adherence to Good Manufacturing Practice (GMP) principles and maintain readiness for inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA). These standards will govern all aspects of production, quality control, and documentation to ensure patient safety and regulatory compliance.

Schedule 3 Quality Technical Agreement



Schedule 3 QTA
NWSSP_CAVUHB.doc

7.2 Health and Safety

NWSSP shall ensure that all radiopharmaceutical preparation and handling, and transport activities comply with the current versions of the Ionising Radiations Regulations (IRR), Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), and all applicable UK health and safety legislation.

7.3 Transport

All transport of radiopharmaceuticals shall comply with the *Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations*. HCS will ensure that all statutory standards are met, including:

- Vehicles used for the service are reliable, maintained in a legally roadworthy condition, and covered by appropriate breakdown assistance.
- Drivers comply with all road traffic and transport laws and adhere to instructions issued by law enforcement authorities.
- Procedures, equipment, and vehicles used for transportation are designed to maintain the integrity and quality of radiopharmaceuticals. Medicines are protected from heat, cold, light, moisture, microorganisms, pests, and cross-contamination throughout transit.
- Appropriate motor insurance is in place for all vehicles used in the service.
- All drivers handling radiopharmaceuticals are trained to meet the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).
- Vehicles display the necessary signage and carry safety equipment in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

7.4 Environmental Permits

- NWSSP Radiopharmacy must maintain compliance with the Environmental Permitting (England and Wales) Regulations 2016 (EPR16) as issued by Natural Resources Wales (NRW). NWSSP shall:
    - Obtain and maintain all necessary NRW-issued permits for handling, storage, and disposal of radioactive materials and associated emissions.
    - Adhere to all permit conditions, including monitoring, reporting, and emergency response requirements.
    - Notify the Client immediately of any changes to permit status, breaches, or actions that may impact service delivery.

8. KEY PERFORMANCE INDICATORS

Key Performance Indicators	*Method of Measurement*	*Target*	*Frequency of reporting*
Daily dispatch and arrival times met	NWSSP and HCS transport logs	>85%*	Monthly
Radiopharmaceutical quality control failures	NWSSP QMS records	<2	Monthly
Customer complaints received	NWSSP QMS records	0	Monthly
Radiopharmacy unscheduled down time	NWSSP Activity and QMS records	0 days	Monthly

* Delays will be categorised as Minor (10–30 minutes), Moderate (31–60 minutes), and Severe (>60 minutes), and will be reported as a percentage of all recorded delays, against an overall KPI target of achieving at least 85% of deliveries on time.

- Key Performance Indicators (KPIs), including delivery timelines, will be subject to regular review with the aim of identifying opportunities to introduce earlier delivery times in the future.

9. FINANCIAL INFORMATION AND CONTRACT GOVERNANCE

- This service specification will fall under the Heads of Agreement 2026/27 between NWSSP and CAVUHB, and both parties agree to following the terms and conditions as set out in the 2026/27 SLA documentation.
- Radiopharmaceuticals are charged by the multi-dose vial, as detailed in Schedule 2.
- The Radiopharmacy Service operates on a full-cost-recovery basis. Fees recover all direct and indirect costs of production and supply (including direct staff costs, materials, regulatory compliance, maintenance, utilities, overheads, and transport). Tariffs are reviewed annually and may be adjusted to reflect changes in actual costs. Any significant in year cost increases may require an in-year adjustment to the tariff price.
- Demand and capacity requirements will be subject to ongoing review and evaluation
- Activity volumes (vials supplied) will be reviewed monthly as part of routine financial scrutiny.
- Quarterly service review meetings will be convened with each participating Health Board/Trust to review service delivery outcomes, activity against agreed baselines, and the financial evaluation and cost-recovery position.

- As advised by the Health Boards and Trust, the predicted lower estimate demand for 26/27 for **CAVUHB is 770 vials** (assuming a start date of 24th August 2026). At the higher level of advised demand, the 2026/27 requirement would be 1078 vials.
- The baseline volume for the purpose of capacity planning, tolerance application, and financial reconciliation is set by the lower estimate above.
- An initial **tolerance of 10%** on the agreed vial volumes will apply. This tolerance is intended to accommodate minor fluctuations in demand without immediate financial adjustment.

	Full Year	Full Year	Part Year 2026/27	Part Year 2026/27
Organisation	Lower Level Vial Demand	Higher Level Vial Demand	Lower Level Vial Demand	Higher Level Vial Demand
ABUHB	1016	1524	856	1284
CAVUHB	1270	1778	770	1078
VELUNHST	508	508	308	308
CTMUHB	381	381	231	231
Total	3175	4191	2165	2901

- Cost recovery escalation may be implemented if the 10% tolerance is breached cumulatively within a financial year. Activity volumes will continue to be reviewed monthly and formally reviewed quarterly.
- Following the initial three-month period, the Parties will undertake a formal review of activity volumes to determine any required amendments to baseline volumes, tolerance, and the associated financial adjustment and escalation mechanisms.
- Where a Health Board's actual activity (vials supplied) deviates by more than 10% from its agreed baseline vial volume within a financial year, this will trigger additional charges or credits. If the vial volume is more than 10% below baseline, any under-recovery of costs attributable to that variance will be borne by the organisation; or if the vial volume is more than 10% above baseline, any over-recovery attributable to the variance will be credited to that organisation.

10. SERVICE KEY CONTACT

10.1 NWSSP

Name	Title	Telephone	Email
Laura-Jayne Keating	Director of Pharmacy		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Kristian Edginton	Production Lead		Kristian.Edginton@wales.nhs.uk
Jan Wines	Production Lead		Jan.Wines@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk

10.2 CAVUHB

Name	Title	Telephone	Email

NWSSP IP5 Radiopharmacy Product List

The following list comprises all Tc-99m-based radiopharmaceuticals that will be supplied by the Radiopharmacy Unit at IP5. All products are manufactured and distributed in accordance with the terms and conditions of the facility's Medicines and Healthcare products Regulatory Agency (MHRA) Specials Licence. Unlicensed products will only be provided where no licensed alternative is available, in compliance with applicable regulatory requirements.

Product Name	Radiolabelled form	Distributor	PL Number	Maximum Vial Activity	Storage conditions (after radiolabelling)	Shelf life (after radiolabelling)
UTK Tc/Mo99 Generator	Sodium Pertechnetate (Tco4)	Curium Pharma	PL 12288/0017	**20GBq**	**below 25°C**	**8 hours**
Renocis	(99mTc) dimercaptosuccinic acid (DMSA)	Curium Pharma	PL 11876/0008	**3.7GBq**	**below 25°C**	**8 hours**
Technescan DTPA	(99mTc) pentetate (DTPA)	Curium Pharma	PL 12288/0011	**11.1GBq**	**below 25°C**	**8 hours**
Technescan MIBI	(99mTc) sestamibi	Curium Pharma	PL 12288/0002	**11.1GBq**	**below 25°C**	**10 hours**
Pulmocis (MAA)	(99mTc)-macroaggregated albumin	Curium Pharma	PL 11876/0009	**3.7GBq**	**below 25°C**	**8 hours**
Technescan HDP	(99mTc) Oxidronate	Curium Pharma	PL 12288/0012	**14GBq**	**below 25°C**	**8 hours**
Technescan MAG3	(99mTc)-mertiatide	Curium Pharma	PL 12288/0014	**3.7GBq**	**below 25°C**	**8 hours**
NanoScan	nanocolloidal (99mTc) albumin	Curium Pharma	PL 40129/0002	**5.5GBq**	**below 25°C**	**8 hours**
Tetrofosmin ROTOP	(99mTc) tetrofosmin	Xiel	PL 41222/0004	**11.2GBq**	**below 25°C**	**12 hours**
Tektrotyd	99mTc-EDDA/HYNIC-TOC	Xiel	PL 45925/0001	**1.6GBq**	**below 25°C**	**4 hours**
IELMAG3	(99mTc)-mertiatide	Xiel	PL 45925/0005	**4GBq**	**below 25°C**	**8 hours**
Stabilised Ceretec	(99mTc) Exametazime	GE Healthcare	PL 00221/0136	**1.11GBq**	**below 25°C**	**5 hours**
MBrIDA	(99mTc) MBrIDA	Diagnostic Ltd	***Unlicenced in UK***. Licenced in EU	**1.5GBq**	**below 25°C**	**5 hours**
Teceos (DPD)	(99mTc)-butedronate	Curium Pharma	***Unlicenced in UK***. Licenced in EU	**11.1GBq**	**below 25°C**	**8 hours**

Schedule 2
Breakdown of NWSSP IP5 Radiopharmacy Tariff
Based on Vials Demand of 2,165 for 2026/27 only

		Drugs (Pharmaceutical Kits)																	
Pharmaceutical	Invoice Name	Drug Supplier	Current Price per Box	Vial Quantity per Box	Price per Vial	VAT 20%	Drugs per Vial plus VAT	Drug Generators	Consumables	Transport (In)	Transport (Out)	Equipment & Maintenance Contract	Regulatory Fees & Radiation Protection	PPE & Cleanroom Clothing	IT	Site Costs	Cleaning	Other (Staff non-pay, waste etc.)	Staffing	TOTAL Tariff per Vial
							Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Note 11	Note 12	Note 13	
IELMAG3	MAG3	Xiel Ltd	£414.00	5	£82.80	£16.56	£99.36	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£670.59**
Technescan MAG3	MAG3	Curium Pharma UK Ltd	£300.00	5	£60.00	£12.00	£72.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£643.23**
mBriDA	mBriDA	Diagnostic Imaging Ltd	£484.00	5	£96.80	£19.36	£116.16	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£687.39**
Nanoscan	Nanoscan	GE Healthcare Ltd	£320.00	5	£64.00	£12.80	£76.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£648.03**
Pertechnetate	Pertechnetate	Other	£10.27	1	£10.27	£2.05	£12.32	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£583.55**
Pulmocis MAA	MAA	Curium Pharma UK Ltd	£101.00	5	£20.20	£4.04	£24.24	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£595.47**
Renocis	DMSA/ Renocis	Curium Pharma UK Ltd	£90.00	5	£18.00	£3.60	£21.60	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£592.83**
ROTOP Tetrofosmin	Tetrofosmin	Xiel Ltd	£525.00	5	£105.00	£21.00	£126.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£697.23**
Stabilised Ceretec	Ceretec	GE Healthcare Ltd	£950.00	5	£190.00	£38.00	£228.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£799.23**
Teceos	DPD (Teceos)	Curium Pharma UK Ltd	£191.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Technescan DTPA	DTPA	Curium Pharma UK Ltd	£69.00	5	£13.80	£2.76	£16.56	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£587.79**
Technescan HDP	HDP	Curium Pharma UK Ltd	£84.00	5	£14.80	£2.96	£17.76	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£588.99**
Technescan Sestamibi	MIBI	Curium Pharma UK Ltd	£220.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Tektrotyd	Tektrotyd	Xiel Ltd	£1,135.00	1	£1,135.00	£227.00	£1,362.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£1,933.23**

Note 1	Based on latest current costs or as per the NHS England Framework of pharmaceutical kits including VAT. Charged per order at cost.
Note 2	Costs based on the current available drug generators for Radiopharmacy. Requirement of two drug generators per week to meet estimate demand levels.
Note 3	Consumables include items such as broth, plates, sterile vials, sodium chloride.
Note 4	Transport In includes costs of weekly delivery of generators and cold kits.
Note 5	Transport Out includes Health Courier Services costs for deliveries to HBs/Trust.
Note 6	Equipment Maintenance Contracts costs include ongoing annual costs in support of isloators, cleanrooms and various equipment,
Note 7	Regulatory Fees and Radiation Protection costs include support and advice and fees in relation to staff health screening, MHRA and National Resources Wales.
Note 8	PPE and Cleanroom Clothing costs include both general and speacialised cleanroom protective clothing.
Note 9	IT costs includes software support costs in realtion to waste management, quality management and radiochromatography.
Note 10	Site costs includes additional utility costs less savings achieved from IP5 solar energy implementation.
Note 11	Cleaning costs includes general cleaning of the unit and specialised gassing of of cleanrrom and isolators.
Note 12	Other Costs relate to additional costs for waste removal, staff training, additional finance support and office costs such as label printing.
Note 13	Staff Pay relates to 13 wte to be employed at the new unit as per the Business Justification Case. An agreed NWSSP contribution of £294k has been deducted from staff costs until the South East Hub opens.
Note 14	The above prices are based on vial demand of 2,165 for 2026/27.

QUALITY TECHNICAL AGREEMENT

FOR THE MANUFACTURE AND DELIVERY OF ASEPTIC RADIOPHARMACEUTICAL PRODUCTS

Between

Cardiff And Vale University Health Board (CAVUHB)
(hereafter referred to as Contract Giver – CG)

And

NHS Wales Shared Services Partnership (NWSSP)
(hereafter referred to as Contract Acceptor – CA)

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Validity: This agreement is valid for the period noted with the SLA documentation this document is embedded within

Version: 1

Reference: …….

QUALITY TECHNICAL AGREEMENT

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1. PARTIES & SCOPE

This Quality Technical Agreement is made between:

CAVUHB Clinical Director of Pharmacy (CG)

CAVUHB Radiology Departments

University Hospital Wales,	University Hospital Llandough
Heath Park,	Penlan Road,
Cardiff.	Llandough.
CF14 4XW	CF64 2XX

And

NWSSP Radiopharmacy (CA)
Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit,
Imperial Park Unit 5
Celtic Way,
Newport.
NP10 8BE
MS number: MS52641

Licensed medicinal products within the UK are subject to extensive safety, quality, and efficacy testing. Regulation 167 of the Human Medicines Regulations 2012 (see Appendix 1) provides an exemption from the need for a marketing authorisation (also known as a product licence) in certain narrowly-defined circumstances. Products which are manufactured and supplied under this exemption are known as "specials".

The manufacturer of a "special" must hold a Manufacturer's "Specials" (MS) Licence granted by the Licensing Authority (in the UK, this is the Medicines and Healthcare products Regulatory Agency (MHRA)). Under an MS Licence, regulatory assessment extends only to manufacturing processes; products do not undergo any formal licensing procedure. All "specials", particularly those which are aseptically manufactured, therefore pose an inherently higher risk to patient safety than licensed medicinal products.

Within this QTA, "ready-to-use" products are defined as radiopharmaceuticals for parenteral administration, supplied in a vial at the correct concentration for administration to a patient. A dose may be drawn up from the vial with no further manipulation required prior to administration. Where specified, multiple doses, for different patients, may be drawn up from the same vial within a single administration session.

NWSSP Radiopharmacy supplies aseptically manufactured ready-to-use radiopharmaceutical "specials" products under MS Licence MS52641. The purpose of this agreement is to provide a technical agreement for the supply of ready-to-use aseptic radiopharmaceutical "specials" products to CG by CA. The agreement also defines the roles and responsibilities between CG and CA in relation to the manufacture and delivery of unlicensed radiopharmaceutical "specials" products for patients under the care of CG.

This Quality Technical Agreement (hereafter referred to as QTA) is supplemental to any financial agreements and any subsequent agreements, between the two parties and will last for the

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duration of the agreement. This QTA shall be reviewed every 12 months or earlier if requested by either party.
This QTA is executed in duplicate, all of which shall be deemed to be originals, and all of which shall constitute one and the same Agreement binding upon both parties.
Services will be provided on an ongoing annual basis, with a review of the quality of service made at renewal. This QTA shall be effective as of the date of the final signature and shall remain in effect until annual review or termination. A termination notice of at least 6 months must be provided.

2. SUBJECT OF THE AGREEMENT

CA is a provider of unlicensed radiopharmaceutical "special" products, which are manufactured according to an agreed specification and delivered to the CG.

CA shall manufacture and deliver the products in accordance with this QTA, in addition to any other terms and conditions of supply and/or financial agreements.

CA is subject to registration and inspection by the competent national authorities and holds the necessary manufacturing licence according to the respective legislation.

CG has the responsibility to screen each order for its clinical appropriateness including its pharmaceutical shelf-life and/or stability where possible or appropriate. However, CA will take responsibility for the assigned shelf-life and/or stability of each manufactured item ordered and will provide stability statements when requested. CA takes no clinical responsibility for any order.

CA hereby acknowledges that CG is relying on the skill and experience of CA in the proper manufacture and delivery of the contractual products under this Agreement and CA accordingly warrants to CG that:

- The product shall be of satisfactory quality and fit for purpose.
- The product shall comply in all respects (or be within agreed tolerances) with the order provided by the CA.

Whilst all of CA's products are made under licence granted by the MHRA, CG agrees to indemnify and hold harmless CA against all claims and proceedings (to include any settlements or ex gratia payments made with the consent of the Parties hereto and reasonable legal and expert costs and expenses) made or brought (whether successfully or otherwise) by or on behalf of any party (including third parties) arising out of or relating to the prescribing, the clinical appropriateness, the dose, or the administration of the "special" radiopharmaceutical ordered from CG.

The above indemnity shall not apply to any such claim or proceeding which is for personal injury (including death) which is caused by the negligent or wrongful acts or omissions of CA in the manufacture of the "special".

Both parties will strictly observe the detailed pharmaceutical responsibilities which are specified in Appendix 1 'Responsibilities'.

CA and CG must appoint Contact Persons as named in Appendix 2 'Key Contact Names'.

3. KEY CONTACT NAMES

Key contact names in case of queries or concerns on pricing, quality, delivery, complaints etc. for both CG (CAVUHB) and CA (NWSSP) are listed in Appendix 2.

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4. REGULATORY INFORMATION

CA is responsible for ensuring that the manufacture and distribution of products meets all current legislation, regulatory requirements and best practice guidelines.

For the period of the contract, CA will ensure that they hold suitable MHRA approval for the manufacture and supply of ready-to-use radiopharmaceutical products.

5. STARTING MATERIALS

All starting materials used by the CA for aseptic preparation of "specials" must be sterile.

CA shall source starting materials which possess a UK Marketing Authorisation wherever possible. All starting materials, regardless of licensed status, must be sourced from a bona fide Manufacturer or Wholesaler holding a UK Wholesale Distribution Authorisation.

It is recognised that problems relating to the supply of starting materials may require urgent action. The substitution of any UK-licensed starting material with an equivalent material that does not hold a UK marketing authorisation should be notified to CG at the earliest opportunity, prior to implementation. In the event of unavailability of a licensed starting material, the CA should notify the CG in writing for approval before use of an unlicensed alternative.

6. ORDERING

Authorised CG Radiology staff order products for and on behalf of CG ARSAC practitioner licence holders. Radiopharmaceutical orders must specify the product required, clinical indication, radioactivity required, number of patients, and start/end time(s) of patient injection windows.

Products will be requested by CG by means of a written order submitted to CA on a standardised order proforma via email. Orders will be generated by CG in good time but, specifically, by 12pm two days before the products are required *at the latest*.

Late Orders and Late Order Changes

Late orders and/or order changes (i.e. those received after the cut-off time above) cannot be guaranteed by CA (although CA will always try to fulfil these as far as practicably possible). Any late orders and/or order changes must be communicated to the CA directly by means of telephone and subsequent email.

7. MANUFACTURE

CA facilities and staffing for the preparation of radiopharmaceuticals will meet the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors. CA shall perform all operations in accordance with current Good Manufacturing Practice (GMP). CA shall refrain from performing any activities that could adversely affect the quality of the service or products provided.

CA shall manufacture the ready-to-use radiopharmaceutical product(s) in accordance with the order placed by CG. CA will notify CG of any production issues as soon as possible.

Capacity

CA must always work within their production capacity (in terms of production time and radioactivity) in order to ensure product and service quality. It may therefore be necessary for CA to request CG orders be amended in order to comply with this. CA will liaise directly with CG

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to discuss any order amendments so that there is full acknowledgement and oversight of any proposed changes by both parties.

Any CG workload capacity changes should be discussed with CA at the earliest opportunity to enable an appropriate arrangement to be reached.

8. QUALITY CONTROL / ASSURANCE

CA products undergo sterility testing in line with current regulatory guidance (e.g. MHRA 'Guidance for specials manufacturers') in order to provide sterility assurance.

CA performs visual inspections for particulate contamination on all manufactured products. CA performs product radiochemical purity and pH testing at pre-defined intervals for radiopharmaceuticals manufactured from licensed "cold kits" and on *all* radiopharmaceuticals manufactured from unlicensed "cold kits". CA will notify CG at the earliest opportunity of any problems with visual inspections and/or quality control testing.

Release of each product shall be under the authority of an authorised releasing officer. The concept of parametric release is sometimes necessary in order to ensure a timely release of radiopharmaceuticals. In such cases, CA will notify CG which product(s) are affected. CA will clearly communicate the results of Quality Control testing to CG once they are available. CG accepts responsibility for ensuring that the radiopharmaceutical shall *not* be used clinically until CA has confirmed the product has passed quality control testing.

CA shall maintain a suitable and regulatory compliant Pharmaceutical Quality System (PQS). This system will be appropriately resourced by the CA and an annual quality review supplied to the CG.

9. STORAGE & DISTRIBUTION

CA shall store, handle, and distribute the product according to its defined storage and handling conditions, and in compliance with legal and regulatory requirements.

Transport and distribution arrangements (including packaging and labelling) for radiopharmaceutical products must comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

CA will pack vials of radiopharmaceutical product(s) in appropriate CDG-compliant packages for transport. CA shall ensure deliveries of all product(s) are packaged securely in such a way as to give them adequate protection from damage during transit.

Transport arrangements for the delivery of radiopharmaceuticals to the CG are the responsibility of the CG unless agreed otherwise. CA shall ensure that product(s) shall be delivered in accordance with agreed procedures and records of delivery and receipt shall be retained by each party to ensure a satisfactory audit trail in the event of inspection and/or recall.

CA may request the return of items used in the transport and packaging of radiopharmaceutical product(s) supplied to the CG. In this instance, CG must comply with CA's stated requirements for the safe transport of such items. These should be in line with the CDG and any other applicable legislation, regulatory requirements and best practice guidance.

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10. DOCUMENTATION

CA will maintain all necessary records and documentation as per the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors and current GMP.

CG will maintain records and documentation in line with current legal, regulatory and best practice requirements.

CA and CG shall archive their respective completed documentation according to current legal, regulatory and best practice requirements. This includes records relating to transport and distribution.

11. CHANGE CONTROL

Changes which could impact radiopharmaceutical product quality must be controlled by a change control procedure. Information related to any planned change to the product, overall process, or specification for the product(s) by CA is to be notified to CG in writing at the earliest opportunity and authorised by CG prior to the change being effected.

12. UNPLANNED DEVIATIONS

Information relating to any major or critical unplanned deviation associated with the individual product supplied, or overall process, by CA is to be notified to CG at the earliest opportunity.

Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported to CG by CA at the earliest opportunity.

13. COMPLAINTS

CG complaints relating to delivery, quality and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material, or to activity/volume supplied, should be reported to CA as a matter of urgency to enable analysis or other investigations as required.

Any complaint from CG concerning the supplied product(s) shall be acknowledged by CA within 3 working days (less if the complaint is regarding unexpected biodistribution of the material or activity/volume supplied). The complaint will be assessed by senior technical and/or management personnel to determine any immediate actions required. After the initial assessment has been completed, a full investigation will be completed.

A report containing details of the investigation with corrective and/or preventative actions, as appropriate, shall be forwarded to the CG within sixty calendar days. This may take the form of an interim report if the investigation has not been completed within this timeframe. The CA shall make every effort to complete investigations and provide feedback (including actions assigned) to CG in a timely manner.

In the first instance, any complaint or dispute arising between the parties in connection with this QTA should be discussed between authorised representatives of each party in an attempt to reach a resolution. If a satisfactory outcome cannot be achieved, the matter must be escalated to the senior manager from both parties. Ultimately if a satisfactory outcome still cannot be achieved, financial penalties, or termination of the contract may be considered.

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14. RECALL & RETURNS

CA shall notify CG of any recall (CA- or MHRA-led) relating to contracted products manufactured by CG, or starting materials/components which were used in their manufacture.

Recalls which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported at the earliest opportunity.

The CA shall co-coordinate and document the recall process. The CA is responsible for coordination and disposal of all products returned by CG. CG will co-operate with the collection, logging, storage and segregation of any recalled and returned product as required.

CG must notify CA in advance if they intend to return a radiopharmaceutical product for a reason other than a recall.

Radiopharmaceutical products which are returned from CG to CA for any reason must be packaged, labelled and transported in line with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

15. AUDIT

CG will be informed immediately of any critical or major findings following audit of CA by the MHRA, the NHS Pharmaceutical Quality Assurance Committee (NHSPQA) and/or any other external body. CA will correct any major deficiencies identified during audits conducted by external bodies as soon as possible. A copy of the audit report can be requested by the CG.

CG can request to audit CA – a reasonable notice period must be provided.

16. CONFIDENTIALITY

The information contained in this agreement is confidential and must not be divulged to any other party without the permission of all signatories.

17. CONTINGENCY

CA must ensure a robust contingency plan has been arranged to ensure continuity of service in the event that they cannot provide the pre-defined quantities of ready-to-use radiopharmaceuticals as agreed with CG. The use of any sub-contractors must be agreed by CG prior to implementation. Any contingency partner must agree to the terms within this technical agreement.

A list of pre-existing subcontractors used by CA as part of their contingency arrangements may be found in Appendix 3 of this Agreement.

18. SUB-CONTRACTING

CA shall not delegate or sub-contract any of the work entrusted to it under this QTA without prior evaluation and approval of the arrangements by CG. CA shall be responsible for the inherent responsibilities of their sub-contractors.

A list of pre-existing subcontractors used by CA may be found in Appendix 3 of this Agreement.

19. PHARMACOVIGILANCE

CG will inform CA of any notifications of a confirmed or suspected adverse drug reaction associated with a product supplied by CA. CA and/or CG will investigate the possible causes and agree any remedial plans of action.

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20. FINAL PROVISION

Amendments of this Quality Technical Agreement and its Appendices may only be carried out by mutual consent and shall be made in writing. Any amendments to the appendices 1-5 may be signed for CA by a responsible Quality representative and together with the signature of CG the appendix will be binding upon the parties.

QUALITY TECHNICAL AGREEMENT APPROVAL

Agreed on behalf of Cardiff and Vale University Health Board Radiology Departments (Contract Giver)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Director of Radiology

Name:			
Job Title:			
Signature:			
Date:			

Agreed on behalf of NHS Wales Shared Services Partnership Radiopharmacy (Contract Acceptor)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Head of Quality / Head of Production

Name:			
Job Title:			
Signature:			

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Date:			

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Appendix 1: RESPONSIBILITIES

	CG	CA	Comments
1. Regulatory Processes			
CA must hold appropriate 'specials' manufacturing licence of relevant national authority in order to manufacture products as agreed by CG. Comply with any and all EU and other local current applicable laws, regulations and guidelines relating to GMP and GDP.		ü	
CG is to be informed of any changes to licence, outcome of regulatory inspection and any pending regulatory action. Actions to remedy any deficiencies identified by regulatory inspection shall be made available to CG upon request.		ü	
Report pharmacovigilance events to CA and/or CG.	ü	ü	
Ensure competent authorities are notified of all complaints concerning suspected adverse events / reactions / lack of effect according to existing regulations and requirements.	ü	ü	
2. Starting Materials and Components			
Purchase sterile starting materials with a UK MA from bona fide suppliers wherever possible.		ü	
Where use of an unlicensed starting material is unavoidable, this must be sterile and purchased from a bona fide supplier.		ü	
Assess the quality of starting materials for use.		ü	
Ensure all starting materials are TSE/BSE free.		ü	
Maintain a supplier qualification programme		ü	
Check that the condition of all containers, closures, seals and labelling of delivered starting materials are satisfactory for use.		ü	
Only purchase primary packaging materials from approved suppliers in accordance with a specification.		ü	
Check that the condition of all packaging material is satisfactory for use.	ü	ü	
3. Manufacture			
Undertake Qualification / Validation according to applicable current GMP requirements for production equipment, utilities, staff and processes.		ü	
Maintain a suitable environment in line with current GMP requirements		ü	
Maintain a specific batch number system to enable identification of individual products.		ü	
Provide stability data to support the allocated expiry of the products. (Methods to determine product stability shall be in line with current regulatory requirements.)		ü	This data shall be made available to CG upon request.
Ensure in-process checks are performed and are deemed satisfactory.		ü	
Ensure appropriate design and use of manufacturing batch documentation.		ü	

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	CG	CA	Comments
Ensure all critical automated processes are fully validated and appropriate for use and meet the requirements of Good Automated Manufacturing Practice (GAMP).		ü	
Ensure that all products are manufactured in accordance with the agreed specification and current legislative, regulatory and best practice requirements.		ü	
Handle medicines with appropriate safety measures in line with current legal, regulatory and best practice requirements.	ü	ü	
Ensure all labelling of products is in compliance with all laws, regulations and guidelines associated with the labelling of unlicensed "specials".		ü	
Release product according to agreed criteria.		ü	
Preparation and completion of documentation for release.		ü	
Have satisfactory systems in place that ensure patients only receive released products.		ü	
Ensure released product conforms to order placed by CG.		ü	
5. Sterility and Microbiology			
Provide sterility assurance using methods defined in current guidelines.		ü	
Maintain a suitable system to record, investigate, and risk assess all microbiological non-conformances (out-of-limit) results. Implement appropriate corrective and/or preventative actions following the investigation and root cause analysis.		ü	
Assess the potential impact a microbiological non-conformance (isolated result or 'trend') could have on product quality and patient risk and act accordingly.		ü	
Trend microbiological non-conformances.		ü	
Make available an annual summary of all microbiological non-conformances to CA, on request.		ü	This data shall be made available to CG upon request.
7. Storage / Distribution			
Undertake Qualification / Validation of storage sites for starting materials and finished products as appropriate.	ü	ü	
Undertake Qualification / Validation of transport of the products from place of manufacture to the CG.		ü	
Store all products and/or starting materials / other ingredients / excipients / auxiliary materials under appropriate conditions in compliance with GMP/GDP requirements and any licence requirements.		ü	
Ensure documentation is sufficient to maintain an audit trail to patient level.	ü	ü	
Ensure all transport arrangements (including but not limited to packaging, labelling, driver training, and contamination monitoring) comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to	ü	ü	

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	CG	CA	Comments
any other applicable legislation, regulatory requirements and best practice guidance.			
Use delivery containers that ensure the product is protected during delivery and complies with transport and health and safety standards and legislation.		ü	
Provide staff with appropriate Personal Protective Equipment (PPE) to safely handle the products	ü	ü	
Distribute to the CG in a timely way as described in this technical agreement and other financial agreements.		ü	
8. Documentation			
Ensure that the appropriate clinical particulars and prescription forms (e.g. from ARSAC practitioner licence holder to justify patient radiation exposure) are clear, correct, and in place before an order is placed with CA. Ensure patient administration records are also kept. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.	ü		
Ensure that the appropriate records of manufacture and distribution are clear, correct, and filed appropriately. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.		ü	
Ensure written procedures are available to describe all operations that may affect the quality of the products.	ü	ü	
Maintain complete and accurate records relating to the ordering, receipt, and storage of purchased products.		ü	
Store all documents and records so that they are easily retrievable and stored protected from loss and damage.	ü	ü	
Archive documents according to current regulatory guidance.	ü	ü	
Maintain a record of batch numbers of all starting materials and products manufactured, supplied, or returned in the event of a recall.		ü	
9. Change Control			
Maintain a suitable change control system and communicate all information relating to planned changes with quality implications in writing, before implementation.		ü	
Maintain a suitable unplanned deviation system and communicate all unplanned changes (unplanned deviation excluding microbiological results) deemed to be major or critical. Events shall be reported at the earliest possible opportunity.		ü	Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product used by a CG patient should also be reported. The investigation and any associated corrective and/or preventative actions shall be made available upon request by CA.

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	CG	CA	Comments
In the event of non-availability of licensed product, CA must obtain the written agreement of CG to use an unlicensed starting material.	ü	ü	CA to notify, CG to approve if acceptable.
No work should be sub-contracted by CA without the prior written agreement of CG.		ü	
10. Complaints			
CG complaints relating to delivery and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material or activity/volume supplied should be reported to CA as a matter of urgency to enable analysis or other investigations as required.	ü		
Acknowledge CG complaints relating to activity/volume supplied or unexpected biodistribution of the material as a matter of urgency, preferably within 1 working day.		ü	
Acknowledge any other complaints from CG within 3 working days. Assessed by senior technical and/or management personnel to determine any immediate actions required.		ü	
Investigate and document any complaint relating to contracted products within sixty calendar days. Feedback may be in the form of an interim or final report. This document should include details of all corrective and/or preventative actions as appropriate.		ü	
11. Recalls			
In the event of product or any starting materials or components being recalled, arrange for the collection, re-stocking and segregation of products affected. This also includes products which were manufactured using a recalled starting material or component.		ü	Must comply with timelines as specified in regulations.
Maintain a product recall procedure for use when it is necessary to recall a defective product from market, and test the procedure at least annually.		ü	This also includes products which were manufactured using a recalled starting material or component.
Advise CG if they have received products which are/contain starting materials which are subject to MHRA Drug Alert or Recall.		ü	Must comply with timelines as specified in regulations.
Inform prescribers of any recalls concerning products supplied to patients.	ü		
12. Audit			
Provide reasonable access, at agreed pre-determined times, to permit audits of the relevant facilities and documents by CG or the regulatory authorities.		ü	
Conduct internal audit in order to monitor the implementation of and compliance with GMP and GDP.		ü	
Propose necessary corrective measures following internal audit.		ü	
Make available evidence of adherence to internal audit schedules.		ü	This data shall be made available to CG upon request.
Make available evidence of closure of external audits and inspections, and the anticipated date of the next MHRA inspection.		ü	
Undertake necessary audits of subcontractors, as required for assurance of this agreement.		ü	

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	CG	CA	Comments
13. Confidentiality and Other			
Undertake training of staff involved in all aspects of the service, as appropriate to their role.	ü	ü	This includes training for outsourced contractors.
Ensure staff comply with relevant legislation and NHS requirements concerning both patient and commercial confidentiality e.g. Data Protection Act.	ü	ü	

Appendix 2: KEY CONTACT NAMES

1. Contract Giver (Cardiff and Vale University Health Board)

Name	Title	Tel. No.	E-mail

2. Contract Acceptor (NWSSP)

Name	Title	Tel. No.	E-mail
Laura-Jayne Keating	Director of Pharmacy Services		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk

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Appendix 3: LIST OF SUB-CONTRACTORS acting on behalf of CA

e.g. Couriers, Contingency partners, and Contract Laboratories

Contractor	Type of Contractor and Services Provided	Address
NWSSP Health Courier Services	Courier	NWSSP Headquarters. Unit 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw. CF15 7QZ
Public Health Wales Microbiology	Contract microbiology lab	University Hospital Llandough Penlan Road, Penarth, Cardiff CF64 2XX
Connect 2 Cleanrooms (*Angstrom Technology*)	Cleanroom Maintenance and Servicing	Riverside House, Forge Lane, Halton, Lancaster, Lancashire. LA2 6RH
Swansea Bay University Health Board	Contingency Partner	SBUHB Radiopharmacy Unt, Singleton Hospital, Sketty Lane, Sketty, Swansea. SA2 8QA

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Appendix 4: VERSION HISTORY

Version Number	Date of Amendment	Amendment(s) Made
v1		Technical Agreement Agreed by all Parties

FINAL

Service Level Agreement between:

Cwm Taf Morgannwg University Health Board

And

NHS Wales Shared Services Partnership

(as hosted by Velindre University NHS Trust)

for the provision of:

Radiopharmaceutical Products

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THIS AGREEMENT is made on the 2026

PARTIES TO THE AGREEMENT

This Agreement is between

PARTIES

1. **NHS Wales Shared Services Partnership (NWSSP)**, whose principal place of business is 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ ("**NWSSP"**); and

2. **Cwm Taf Morgannwg University Health Board, whose principal place of business is Dewi Sant Health Park, Albert Road, Pontypridd, CF37 1LB ('CTMUHB')**
   Each a '**Party**' and together 'the **Parties**'.

BACKGROUND

A. This Service Level Agreement sets out the terms and conditions upon which the Parties have agreed to govern the provision Radiopharmaceutical Products (as defined below) from NWSSP to CTMUHB for Radiopharmacy services.

B. The Radiopharmaceutical Products to be provided from NWSSP to CTMUHB are manufactured and supplied from the dedicated Radiopharmacy facility at IP5, located at Imperial Park, Unit 5 Celtic Way, Newport, NP10 8BE, a Radiopharmacy and medicines preparation hub under the management of NWSSP.

C. The Parties agree to cooperate in good faith to achieve the objectives of this Service Level Agreement and to act in a manner consistent with the reasonable expectations of the other Party.

1. DEFINITIONS

Agreement means this Service Level Agreement.

Applicable Laws means all applicable laws, statutes, regulations and codes from time to time in force.

Business Hours means the period from 6.00 am to 2.00 pm on any Business Day.

Business Day means a day, other than a Saturday, Sunday or public holiday in England and Wales when banks in London and Cardiff are open for business.

Commencement Date means the date that the Agreement is signed by both Parties.

Confidential Information means all confidential information (however recorded or preserved) disclosed by a Party or its Representatives to the other Party and that Party's Representatives whether before or after the date of this Agreement in connection with the Radiopharmacy Services, including but not limited to:

a. the existence and terms of this Agreement or any agreement entered into in connection with this Agreement;
b. any information that would be regarded as confidential by a reasonable businessperson relating to:

i. the business, assets, affairs, customers, clients, suppliers, plans, intentions, or market opportunities of the disclosing Party; and
ii. the operations, processes, product information, know-how, designs, trade secrets or software of the disclosing Party;

c. any information developed by the Parties in the course of carrying out this Agreement.

Data Protection Legislation means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and all other legislation and regulatory requirements in force from time to time which apply to a Party relating to the use of personal data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

Delivery means the time at which the Radiopharmaceutical Products are deemed to be delivered to CTMUHB under clause 5.

Delivery Location means the location specified in an Order to which NWSSP shall deliver or procure the delivery of the Radiopharmaceutical Products.

Force Majeure is as defined in clause 22.1.

Intellectual Property Rights means patents, utility models rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

Order has the meaning given to it in clause 4.1.

personal data, Processor, processing and process is as set out in the Data Protection Legislation.

Radiopharmaceutical Products means the products described within Schedule 1.

Representatives means in relation to a Party, its employees, officers, representatives, contractors, subcontractors, and advisers.

UK GDPR has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

Warranty Period has the meaning given in clause 6.

2. STATUS

2.1. This Agreement is made pursuant to section 7(5) of the National Health Service (Wales) Act 2006 (as applied in Wales) and must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales. Notwithstanding, the Parties agree to act in good faith and in accordance with the provisions stated in this Agreement.

3. DURATION OF AGREEMENT

3.1. This Agreement will commence on the Commencement Date and shall continue unless terminated earlier in accordance with the terms set out in clause 0 (Termination) for an initial period of three years (Initial Term), when it shall terminate automatically without notice, unless no later than three months before the end of the Initial Term (or any Extended Term agreed under this clause), the Parties agree in writing that the term of the Agreement shall be extended for an additional three years (Extended Term).

4. ORDERS

4.1. CTMUHB must submit routine Orders for Radiopharmaceutical Products to NWSSP using the NWSSP Radiopharmacy proforma as detailed in Schedule 1 and received by 12:00 (midday) two Business Days prior to Delivery or in any other form that the Parties may agree from time to time (an Order).

4.2. Non-routine Orders of Radiopharmaceutical Products for agreed clinically urgent scenarios must be received prior to 15:00 on the day before delivery. Emergency Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. Communication via telephone is required prior to submission of emergency orders.

4.3. An Order shall constitute an offer by CTMUHB to purchase the Radiopharmaceutical Products on the terms of the Agreement, which may or may not be accepted by NWSSP.

4.4. The offer constituted by an Order shall remain in effect and be capable of being accepted by NWSSP for 10 Business Days from the date on which CTMUHB submitted the Order, after which time it shall automatically lapse and be withdrawn.

4.5. NWSSP will endeavour to accept all valid Orders, however, there may be rare circumstances in which NWSSP is required to decline an Order, as outlined in Schedule 1.

4.6. An Order shall not be accepted, and no binding obligation to supply any Radiopharmaceutical Products shall arise, until the earlier of:

4.6.1. NWSSP's written acceptance of the Order; or

4.6.2. NWSSP dispatching the Radiopharmaceutical Products.

5. DELIVERY AND INSPECTION

5.1. Delivery schedules, transport arrangements and packaging requirements are specified under the 'Transport and Delivery Schedule' in Schedule 1.

5.2. The Radiopharmaceutical Products are to be delivered by Health Courier Service (HCS) a courier service operated by NWSSP, to the Delivery Location on the date(s) specified in the Order;

The Radiopharmaceutical Products shall be deemed delivered on receipt of delivery of the Radiopharmaceutical Products by NWSSP to the Health Board/Trust.

5.3. CTMUHB shall not be entitled to reject any Delivery of the Radiopharmaceutical Products on the basis that an incorrect volume of Radiopharmaceutical Products has been supplied provided the volumes are within the tolerances (if any) set out in the Order.

5.4. The Radiopharmaceutical Products may be delivered by instalments if specified in the Order. Any delay in delivery or defect in an instalment shall not entitle CTMUHB to cancel any other instalment.

5.5. Delivery of the Radiopharmaceutical Products shall be accompanied by a delivery note stating:

5.5.1. the date of the Order;

the product numbers, type and quantity of Radiopharmaceutical Products in the consignment and the delivery note will display maximum activity in the case for each product at time of packing, reflecting actual contents in the package and not decay corrected activity values, accounting for travel time.

5.5.2. any special handling instructions.

5.6. NWSSP shall deliver the Radiopharmaceutical Products in accordance with any applicable dates or time periods for Delivery detailed in the Order.

Unless the Parties agree otherwise, packaging material (as specified under Schedule 1) shall not be disposed of by CTMUHB and at its cost, returned to NWSSP.

Packaging materials include transport cases, attachments and transport vial shields that are contained within each transport case.

The organisation will only incur a charge if a transport case is not returned or is deemed not fit for use due to damage occurred after receipt by the HB, in which situation the replacement cost of the case would be applied.

Transport cases and vial shields must be monitored, be contamination free and appropriately labelled before this is handed/transported back to IP5 via HCS.

5.7. NWSSP shall not be liable for any delay in or failure of Delivery to the extent caused by CTMUHB's failure to:

5.7.1. make the Delivery Location available;

5.7.2. prepare the Delivery Location as required for Delivery;

5.7.3. provide NWSSP with adequate instructions for Delivery; or

5.7.4. an event of Force Majeure.

5.8. NWSSP Radiopharmacy shall be the primary and preferred supplier for the radiopharmaceutical products covered under Schedule 1.

CTMUHB shall provide NWSSP with prompt written notice In the event of any such unforeseen operational circumstances arising that materially change the customers required supply or render NWSSP unable to meet the agreed service levels.

CTMUHB will detail the nature of the circumstances and the expected impact on supply requirements. NWSSP shall be afforded reasonable opportunity to remedy or mitigate the issue before CTMUHB seeks alternative supply of radiopharmaceutical products from external suppliers without such justification or prior notice will constitute a breach of this Agreement"

6. WARRANTY

6.1 NWSSP warrants that, from Delivery until the product's labelled expiry date, the Radiopharmaceutical Products delivered by NWSSP shall:

6.1.1. conform in all material respects to the Radiopharmaceutical Products as described in Schedule 1;

6.1.2. be free from material defects in design, materials and workmanship;

6.1.3. comply with all Applicable Laws, standards and good industry practice (as outlined in more detail in Schedule 1 (including in relation to their manufacture, packaging and Delivery); and

6.1.4. be of satisfactory quality within the meaning of the Sale of Goods Act 1979.

6.2. CTMUHB may reject any Radiopharmaceutical Products that do not comply with clause 6 provided that CTMUHB:

6.2.1. provides written notification to NWSSP;

6.2.2. during the Warranty Period in the case of defects discovered by a physical inspection; or

6.2.3. in the case of latent defects, during the Warranty Period or, if the Warranty Period has expired, within one month from the date on which CTMUHB became aware (or should reasonably have become aware) of the defect;

6.2.4. provides NWSSP with sufficient information as to the nature and extent of the defects and the uses to which the Radiopharmaceutical Products had been put prior to the defect arising; and

6.2.5. gives NWSSP a reasonable opportunity to examine the defective Radiopharmaceutical Products.

6.3. As soon as reasonably practicable but in any event within 10 Business Days after receiving a written notification in accordance with clause 6.2, the NWSSP shall at NWSSP's option:

6.3.1. repair or replace the Radiopharmaceutical Products; or

6.3.2. provide CTMUHB with a full refund of the Price paid by CTMUHB for the Radiopharmaceutical Products.

6.4. NWSSP shall at its own cost collect any Radiopharmaceutical Products rejected under clause 6.2. Risk in the rejected Radiopharmaceutical Products shall pass back to NWSSP at the point at which the Radiopharmaceuticals are collected. If title in the rejected Radiopharmaceutical Products has already passed to CTMUHB under clause 7.2, title shall pass back to NWSSP on collection of the Radiopharmaceutical Products to be replaced, or upon payment of a refund to CTMUHB (as applicable).

6.5. The provisions of this Agreement shall apply to any Radiopharmaceutical Products that are repaired or replaced pursuant to clause 6.3.

6.6. NWSSP shall not be liable for any breach of clause 6:

6.6.1. where such failure arises as a result of fair wear and tear of Radiopharmaceutical Products as described in Schedule 1, CTMUHB's or a third party's wilful damage, or CTMUHB's or a third party's negligence (excluding any wilful damage or negligence caused by any of NWSSP's subcontractors);

The wear and tear on such NWSSP capital assets is out of scope for direct recharge.

6.6.2. to the extent caused by CTMUHB's failure to comply with NWSSP's reasonable instructions in relation to the Radiopharmaceutical Products, including any instructions on installation, operation, storage and maintenance;

6.6.3. to the extent caused by NWSSP following any specification or requirement of CTMUHB in relation to the Radiopharmaceutical Products;

6.6.4. where CTMUHB modifies any Radiopharmaceutical Products without the NWSSP's prior written consent or, having received such consent, not in accordance with NWSSP's reasonable instructions; or

6.6.5. where CTMUHB uses any of the Radiopharmaceutical Products after notifying NWSSP that it does not comply with clause 6.

6.7. Clauses 6.2 and 6.3 set out CTMUHB's sole and exclusive remedies (howsoever arising, whether in contract, tort, negligence or otherwise) for any breach by NWSSP of clause 6 (without prejudice to CTMUHB's right to claim damages for such a breach provided there is no double recovery with any refund paid to CTMUHB in accordance with clause 6.3.2). Except as set out in this clause 0, the NWSSP gives no warranty or undertaking and makes no representations in relation to the Radiopharmaceutical Products, shall have no liability for their failure to comply with clause 6, and all warranties, terms and conditions (including the conditions implied by sections 13–15 of the Sale of Goods Act 1979) whether express or implied by statute, common law or otherwise are excluded to the extent permitted by Applicable Law.

7. RISK AND TITLE

7.1. Risk in the Radiopharmaceutical Products shall pass to CTMUHB on Delivery.

7.2. Title to the Radiopharmaceutical Products shall pass to CTMUHB once NWSSP has received payment in full and cleared funds for the Radiopharmaceutical Products.

8. NWSSP OBLIGATIONS

8.1. In supplying the Radiopharmaceutical Products NWSSP shall

8.1.1. manufacture and supply the Radiopharmaceutical Products in accordance with clauses 6.1.1 to 6.1.4

8.1.2. conform with any service objectives, regulatory compliance, contract monitoring, governance obligations, performance monitoring, and health and safety standards as detailed in Schedule 1.

8.1.3. co-operate with CTMUHB in all matters relating to the supply of the Radiopharmaceutical Products, and comply with CTMUHB's reasonable instructions regarding Delivery and any Radiopharmaceutical Products handling requirements;

8.1.4. maintain all consents, licences and permissions needed to manufacture and supply the Radiopharmaceutical Products in accordance with this Agreement excluding any licences, consents and permissions that, where applicable, CTMUHB has agreed in writing to maintain;

8.1.5. ensure that the Radiopharmaceutical Products supplied conform to any specifications, requirements and standards as agreed between the Parties and that the Deliverables are fit for any purpose that CTMUHB expressly or impliedly makes known to NWSSP;

8.1.6. ensure that the Radiopharmaceutical Products and all materials, standards and techniques used in their manufacture and supply is of the highest quality and are free from defects in all material respects; and

8.1.7. comply with all Applicable Laws, governing the manufacture, storage, transport and supply of the Radiopharmaceutical Products

8.2. NWSSP cannot rely on CTMUHB's breach of the Agreement to excuse any failure in NWSSP'S performance unless NWSSP promptly notifies CTMUHB in writing and in reasonable detail of the CTMUHB's breach ad its effect or anticipated effect on the:

8.2.1. Radiopharmaceutical Products;

8.2.2. the obligations that NWSSP cannot perform are directly and materially impacted by CTMUHB's breach; and

8.2.3. NWSSP uses all reasonable endeavours to continue to meet its obligations in accordance with the Agreement.

9. NWSSP PERSONNEL

9.1. NWSSP shall ensure that all employe**e**s, workers, contractors, and other personnel — including any subcontractors nominated by NWSSP and engaged by CTMUHB for the provision of the Radiopharmaceutical Products are:

9.1.1. appropriately appointed to be able to manufacture and supply the Radiopharmaceutical Products.

9.1.2. are suitably skilled and experienced to perform the tasks assigned to them, and in sufficient number to fulfil NWSSP's obligations;

9.1.3. observe all reasonable health and safety rules and regulations and security requirements that apply from time to time at the Site; and

9.1.4. comply with all Applicable Laws.

10. CTMUHB's OBLIGATIONS

10.1. CTMUHB shall:

10.1.1. co-operate with NWSSP in all matters relating to the receipt, handling and administration of the Radiopharmaceutical Products;

10.1.2. comply with all Applicable Laws;

10.1.3. provide all information reasonably required by CTMUHB for the provision of the Radiopharmaceutical Products by NWSSP;

10.1.4. maintain all consents, licences and permissions needed for lawful receipt, storage and use of the Radiopharmaceutical Products, excluding any licences, consents and permissions that NWSSP has agreed in writing to maintain;

10.1.5. Ensure that appropriate facilities, equipment, and trained personnel are available for the safe handling and administration of the Radiopharmaceutical Products in accordance with Applicable Laws and agreed protocols.

11. DATA PROTECTION

11.1. The Parties do not envisage that any Personal Data will be shared or processed under or in connection with this Agreement.

11.2. If, at any point, the Parties believe that Personal Data may need to be shared or processed, they will:

11.2.1. collect and process any personal data in accordance with their respective privacy notices. Each Party will make its privacy notice available to the other upon request;

11.2.2. comply with all applicable Data Protection Legislation at all times;

11.2.3. when necessary, carry out a Data Protection Impact Assessment and enter into any relevant data protection agreements; and

11.2.4. update this clause 11 to reflect the data processing arrangements.

12. INTELLECTUAL PROPERTY INDEMNITY

12.1. Subject to clause 12.2.4, NWSSP will indemnify CTMUHB from and against all losses, damages, liabilities, reasonable costs and expenses (including reasonable legal and other professional fees, costs and expenses) and claims suffered or incurred by it as a direct result of any third party claim that the use or possession of the Radiopharmaceutical Products (or any part thereof) infringes the Intellectual Property Rights of any third party (IPR Claim).

12.2. CTMUHB shall:

12.2.1. promptly notify NWSSP in writing on becoming aware of any IPR Claim;

12.2.2. not make any admission of liability or agree any settlement or compromise of the relevant IPR Claim without the prior written consent NWSSP (such consent not to be unreasonably withheld or delayed);

12.2.3. grant NWSSP at its reasonable request the sole control and conduct of the defence of the IPR Claim and of any related settlement or negotiations; and

12.2.4. at NWSSP's reasonable request and expense, provide NWSSP with all reasonable assistance in relation to the IPR Claim.

12.2.5. NWSSP shall not have any liability or obligation under this clause 12 in respect of any IPR Claim to the extent that it results from or arises in connection with:

12.2.6. CTMUHB's breach of the Agreement;

12.2.7. the modification or use of the Pharmaceutical Products by CTMUHB other than in accordance with this Agreement or NWSSP's reasonable instructions; or

12.2.8. CTMUHB's wilful misconduct or negligence.

13. CHARGES AND PAYMENT

In consideration for the provision of Radiopharmaceutical Products, CTMUHB shall pay NWSSP the Charges as set out in **Error! Reference source not found..**

All sums payable by CTMUHB include the costs of packaging, delivery and transport. VAT will not be charged on invoices to CTMUHB.

13.1. CTMUHB shall pay all invoices:

13.1.1. in full and in cleared funds within 30 days of the date of each invoice; and if invoices are not paid within the 30 day payment terms, debts will the escalated in line with the Welsh Government Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales.

13.1.2. to the bank account details noted on the invoices.

13.2. NWSSP shall provide CTMUHB with any documents and other information reasonably requested by CTMUHB to verify the accuracy of NWSSP's invoices. This includes product details, quantities supplied and any agreed additional charges.

14. REGULATORY INSPECTIONSAND REPORTS

14.1. NWSSP shall comply with all regulatory inspections and audits conducted by relevant authorities in relation to the manufacture, handling, and supply of the Radiopharmaceutical Products.

14.2. NWSSP shall use reasonable endeavours to ensure that any regulatory inspection does not unreasonably disrupt its ability to meet its obligations under this Agreement.

14.3. NWSSP shall maintain accurate records of all regulatory inspections, audits, and compliance reports relating to the Radiopharmaceutical Products.

14.4. NWSSP shall promptly notify CTMUHB of any regulatory inspection findings that may impact the supply of the Radiopharmaceutical Products under this Agreement.

14.5. NWSSP shall implement any corrective actions required by regulatory authorities within the specified timeframes and keep CTMUHB informed of progress where such actions affect Delivery.

14.6. Both Parties (where appropriate) shall cooperate in any regulatory inspections or external audits relating to the Radiopharmaceutical Products provided under this Agreement.

15. DISPUTES

15.1. In the event of any dispute or claim arising out of or relating to this Agreement, the Parties agree to first attempt to resolve the matter through good faith negotiations between the nominated individuals in section 15.3. In principle, both Parties will seek to resolve any disagreements amicably at an operational level and to the shared beneficial interest of patients. If the Parties are unable to reach an initial agreement on any matter arising under this Agreement within 15 days, the following escalation process shall apply:

15.1.1. Step 1: Service Manager (NWSSP) to Service Manager (CTMUHB), if the matter cannot be resolved within 15 days, the Parties shall move to step 2;

15.1.2. Step 2: Service director (NWSSP) to Service director (CTMUHB), if the matter has not been resolved within 15 days, the Parties shall move to step 3;

15.1.3. Step 3: Director(s) (NWSSP) to Executive Director(s) (CTMUHB), if the matter has not been resolved within 15 days, then the parties refer the dispute in accordance with clause 15.1.3.

15.2. If the dispute cannot be resolved within 60 days of such negotiations commencing, the matter shall be referred to the Welsh Ministers for resolution in accordance with Section 7 of the National Health Service (Wales) Act 2006.

15.3. Nominated individuals:

15.3.1. **NWSSP:**

Name: **Laura-Jayne Keating**

Job title: **Director of Pharmacy Services**

Email: Laura-Jayne.Keating@wales.nhs.uk

Telephone: **07879 452213**

15.4. **CTMUHB:**

Name:

Job title:

Email:

Telephone:

16. CONFIDENTIALITY

16.1. Each Party undertakes that it shall not at any time disclose to any person any Confidential Information belonging to the other Party except as permitted by Clause 16.2.

16.2. Each Party may disclose the other Party's Confidential Information:

16.2.1. to its Representatives who need to know such information for the purposes of exercising the Party's rights or carrying out its obligations under or in connection with this Agreement. Each Party shall ensure that Representatives to whom it discloses the other Party's Confidential Information comply with this Clause 16; and

16.2.2. as may be required by law, a court of competent jurisdiction or any governmental or regulatory authority.

16.3. No Party may use any other Party's Confidential Information for any purpose other than to exercise its rights and perform its obligations under or in connection with this Agreement.

17. REVIEW

17.1. This Agreement shall be reviewed jointly by both Parties on an annual basis, or earlier if either Party reasonably requests a review due to a material change in service requirements, applicable legislation, or operational circumstances.

The review shall assess the effectiveness, performance, and relevance of the Radiopharmaceutical Products including compliance with this Agreement, regulatory obligations, service standards, and financial arrangements. Outcomes shall be documented and, where appropriate, incorporated into a formal variation to this Agreement, subject to mutual written consent.

18. WELSH LANGUAGE OBLIGATIONS

18.1. Each Party warrants and undertakes that it will not perform this agreement in such a way as to breach its obligations in respect of the Welsh language including but not limited to its obligations under the Government of Wales Act 2006, the Welsh Language Act 1993, or the Welsh Language (Wales) Measure 2011.

19. ANTI-SLAVERY

19.1. In performing its obligations under the Agreement, the Parties shall:

19.1.1. comply with all applicable anti-slavery and human trafficking laws, statutes, and regulations from time to time in force including the Modern Slavery Act 2015; and

19.1.2. comply with the NHS Anti-slavery policy.

19.2. Breach of this clause 19 shall be deemed a material breach under clause 24.1.1.

20. ANTI-BRIBERY AND CORRUPTION

20.1. Each party shall, throughout the term of this Agreement:

20.1.1. comply with all applicable anti-bribery laws, including the Bribery Act 2010;

20.1.2. avoid any conduct that would constitute an offence under sections 1, 2, or 6 of the Bribery Act 2010 if carried out in the UK;

20.1.3. adhere to each of their respective anti-bribery policies and any relevant industry codes, as updated from time to time;

20.1.4. maintain and enforce adequate anti-bribery procedures to ensure compliance;

20.1.5. promptly notify the other Party in writing of any breach or suspected breach of this clause, or any request for an improper advantage;

20.1.6. disclose if a foreign public official becomes associated with it, and confirm none are associated as of the Commencement Date; and

20.1.7. provide annual written certification of compliance, signed by an officer, along with supporting evidence upon request.

20.1.8. Each Party shall ensure that all third parties engaged in fulfilling its obligations under this Agreement are bound by equivalent anti-bribery terms and shall be liable for their compliance.

20.1.9. Breach of this clause shall constitute a material breach under clause 24.1.1.

20.1.10. Definitions of “adequate procedures”, “foreign public official”, and “associated person” shall follow the Bribery Act 2010 and related guidance.

21. FREEDOM OF INFORMATION

21.1. The Parties acknowledge that each Party is subject to the requirements of the Freedom of Information Act 2000 (“FOIA”) and the Environmental Information Regulations 2004 (“EIR”). Each Party shall assist and cooperate with the other to enable a Party to meet their obligations and requirements under the FOIA and EIR legislation and comply with their disclosure requirements under the FOIA.

22. FORCE MAJEURE

22.1. In this Agreement "Force Majeure" shall mean any cause preventing a Party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Party so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, epidemic or pandemic, fire, flood or storm.

22.2. Neither Party shall be liable for any delay or failure in the performance of its obligations for so long as and to the extent that such delay or failure is as a result of a Force Majeure. If the period of delay or non-performance continues for 30 days, the Party not affected may terminate this Agreement by giving not less than 10 days' written notice to the affected Party.

23. INDEMNITIES AND LIMITATION OF LIABILITY

23.1. Nothing in this Agreement shall limit or exclude a Party's liability:

23.1.1. for death or personal injury caused by its negligence, or that of its employees, agents, or sub-contractors;

23.1.2. for fraud or fraudulent misrepresentation;

23.1.3. for any other act, omission, or liability which may not be limited or excluded by law.

23.2. **NHS Indemnity Schemes:**

23.2.1. both CTMUHB and NWSSP (hosted by Velindre University NHS Trust), each being a Health Body under the National Health Service (Wales) Act 2006, confirm that NHS Indemnity applies to activities covered by this Agreement, and that they each participate in the Welsh Risk Pooling Scheme. Upon identification of a claim that is indemnified by the WRP, an assessment of liability will need to be undertaken to determine which party bears the cost of the WRP excess

23.3. **Incident Handling, Investigations and Cooperation:**

23.3.1. in the event of any incident, complaint, claim, regulatory enquiry or other investigation:

23.3.1.1. the Parties shall collaborate to facilitate a thorough and appropriate investigation, sharing all relevant information; and/or

23.3.1.2. if required, the Parties shall mutually appoint a lead body responsible for coordinating the investigation and liaising with third parties.

23.4. **Compliance with Welsh NHS Regulations:**

23.4.1. both Parties agree to comply with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. If redress under Part 6 is triggered, or negligence is established resulting in a settled claim:

23.4.2. the Parties shall cooperate in determining any allocation of payments to the claimant; or

23.4.3. If they cannot agree, the matter will be referred to the Welsh Risk Pool for resolution.

23.5. **Mutual Indemnity:**

23.5.1 Except as set out in Clause 1, each Party ("Indemnifying Party") indemnifies the other ("Indemnified Party") against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses (including legal fees) arising from any breach of this Agreement or any wrongful act or omission of the Indemnifying Party or its Representatives.

23.5.2 This indemnity shall not extend to indirect or consequential losses, such as loss of profits, revenue, goodwill, business opportunities or anticipated savings.

23.5.3 The indemnity shall not apply to liabilities of the Indemnifying Party which arise from the fraud, dishonesty, wilful default or wilful negligence, unlawful expenditure, libel or slander of the Indemnified Party.

24. TERMINATION

24.1 Without affecting any other right or remedy available to it, either Party to the Agreement may terminate it with immediate effect by giving written notice to the other Party if:

24.1.1. the other Party commits a material breach of any term of the agreement which breach is irremediable or (if such breach is remediable) fails to remedy that breach within a period of 30 days after being notified in writing to do so;

24.1.2. the other Party takes any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), applying to court for or obtaining a moratorium under Part A1 of the Insolvency Act 1986, being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business or, if the step or action is taken in another jurisdiction, in connection with any analogous procedure in the relevant jurisdiction;

24.1.3. the other Party suspends, or threatens to suspend, or ceases or threatens to cease to carry on all or a substantial part of its business; or

24.1.4. the other Party's financial position deteriorates to such an extent that in the terminating Party's reasonable opinion the other Party's capability to adequately fulfil its obligations under the agreement has been placed in jeopardy.

24.1.5 Without affecting any other right or remedy available to it, either Party may terminate this Agreement on giving not less than 6 months written notice to the other Party.

25. GENERAL

25.1 ASSIGNMENT AND OTHER DEALINGS

Neither Party shall assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under the Agreement without the other Party's prior written consent.

25.2 ENTIRE AGREEMENT

25.2.1 The Agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations, and understandings between them, whether written or oral, relating to its subject matter.

25.2.2 Each Party acknowledges that in entering into the Agreement it does not rely on and shall have no remedies in respect of any statement, representation, assurance, or warranty (whether made innocently or negligently) that is not set out in the Agreement. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or negligent misstatement based on any statement in the Agreement.

26. VARIATION

No variation of the Agreement shall be effective unless it is in writing and signed by the Parties (or their authorised Representatives).

27. WAIVER

A waiver of any right or remedy under the Agreement or by law is only effective if given in writing and shall not be deemed a waiver of any subsequent right or remedy.

A failure or delay by a Party to exercise any right or remedy provided under the Agreement or by law shall not constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict any further exercise of that or any other right or remedy. No single or partial exercise of any right or remedy provided under the Agreement or by law shall prevent or restrict the further exercise of that or any other right or remedy.

28. SEVERANCE

If any provision or part-provision of the Agreement is or becomes invalid, illegal, or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal, and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this Clause 0 shall not affect the validity and enforceability of the rest of the Agreement.

29. NOTICES

29.1 Any notice or other communication given to a Party under or in connection with the Agreement shall be in writing and shall be:

29.1.1 delivered by hand or by pre-paid first-class post or other next Business Day delivery service at its principal place of business; or

29.1.2 sent by email to the address specified in clause 15.3.

29.1.3 Any notice or communication shall be deemed to have been received:

29.1.4 if delivered by hand, at the time the notice is left at the proper address;

29.1.5 if sent by pre-paid first-class post or other next Business Day delivery service, at 9.00 am on the second Business Day after posting; or

29.1.6 if sent by email, at the time of transmission, or, if this time falls outside Business Hours in the place of receipt, when Business Hours resume.

29.1.7 This Clause 29 does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

30 THIRD PARTY RIGHTS

Unless it expressly states otherwise, the Agreement does not give rise to any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of the Agreement.

The rights of the Parties to rescind or vary the Agreement are not subject to the consent of any other person.

31 GOVERNING LAW

The Parties recognise that this Agreement is not a legally binding contract but nevertheless will honour, observe, and perform as if it was.

This Agreement is executed on behalf of the parties by their duly authorised officers as follows:

For or on behalf of **NHS WALES SHARED SERVICES PARTNERSHIP**

Name:

Title:

Signed:

Date:

For or on behalf of **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

Name:

Title:

Signed:

Date:

Schedule 1 Radiopharmacy Services and Product Specification



Schedule 1 Services NWSSP_CTMUHB.doc

Schedule 2 Finance Costing



Schedule 2 Finance Costings NWSSP_CTM

Schedule 1 Radiopharmacy Services, NWSSP_CTMUHB

1. PURPOSE

This service specification sets out the arrangements for NHS Wales Shared Services Partnership (NWSSP) to supply technetium-based radiopharmaceuticals, manufactured by the Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit based at IP5, for use within Cwm Taf Morgannwg University Health Board (CTMUHB), specifically at the Royal Glamorgan Hospital (RGH) and Princess of Wales (POW) hospital sites.

2. SERVICE OBJECTIVES

- Supply technetium-based radiopharmaceutical products that comply with all applicable regulatory requirements and Good Manufacturing Practice (GMP) standards, ensuring they are safe, effective, and fit for their intended clinical use.
- Provide all radiopharmaceutical products in accordance with the orders provided from the Nuclear Medicine departments at RGH and POW (subject to availability of product), at an agreed dispatch time from the radiopharmacy unit at IP5.
- Notify the Nuclear Medicine Department(s) at RGH and POW as soon as possible should any deviations from the agreed principles or delivery schedule outlined in this agreement.
- Provide accurate information on the validated shelf life of the supplied radiopharmaceuticals in order to enable CTMUHB patients at both sites to be scheduled appropriately by the Nuclear Medicine Department(s).

3. SCOPE OF SERVICE

3.1 <u>License Status</u>

Wherever possible, the cold kits used for radiopharmaceutical preparation by NWSSP will hold a UK Marketing Authorisation (Product Licence). However, the IP5 Radiopharmacy Unit will prepare radiopharmaceuticals under its Manufacturer's Specials (MS) Licence according to agreed specifications. Finished products will therefore be unlicensed medicines.

The following definitions will apply throughout this specification:

Licensed radiopharmaceutical medicines
Radiopharmaceutical products that hold a valid UK Marketing Authorisation (Product Licence) and are manufactured, labelled, and used in accordance with the authorised terms of that licence.

Unlicensed radiopharmaceutical medicines
Radiopharmaceutical products manufactured and/or supplied without a UK Marketing Authorisation, including those prepared and supplied under a Manufacturer's "Specials"

(MS) Licence to meet the special clinical needs of patients where a licensed alternative is unavailable or unsuitable.

Unlicensed indications (off-label use)
The clinical use of a radiopharmaceutical outside the indications, dose, route, or patient population covered by its Marketing Authorisation. Such use is subject to governance requirements and is the clinical responsibility of the ARSAC Practitioner.

3.2 Supply Arrangement

- Radiopharmaceuticals supplied by NWSSP are prepared under the conditions of an MS Licence.
- Radiopharmaceuticals will be supplied in a multi-dose vial.
- Each vial will be supplied in a suitably shielded container.
- The vial will be labelled in compliance with the Medicines (Labelling) Amendment regulations.
- Vials will be packaged in a validated Type A category package to meet regulatory requirements and to ensure the safe transport of products.
- Nuclear Medicine Departments are responsible for ensuring appropriate arrangements are in place to receive the package and the action to take if any damage/spill occurs on or after delivery to the Department.
- Nuclear Medicine Departments are responsible for communicating promptly any changes that may impact radiopharmaceutical supply. These include, but are not limited to:
    - Amendments to the Natural Resource Wales (NRW) permit
    - Changes to the ARSAC Employer License
    - The introduction of unlicensed indications
- All radiopharmaceutical orders for unlicensed cold kits and unlicensed indications must be accompanied with a signed referral and or disclaimer signed by only the ARSAC practitioner in CTMUHB.
- For cold kits with a UK product licence (PL), made in line with the specifications of the PL, IP5 radiopharmacy will undertake Quality Control testing on the first kit of each batch received. For cold kits which do not have a UK PL, IP5 radiopharmacy will undertake Quality Control testing (including radiochemical purity), in line with the manufacturer's requirements, for each vial produced.
- All secondary care activity undertaken through this arrangement will be the responsibility of CTMUHB.
- Periodic revalidation of NWSSP cleanrooms and associated equipment will be undertaken to ensure compliance with all applicable regulatory requirements. During these scheduled revalidation periods, the IP5 radiopharmacy will not be operational. Advance notice of these dates will be provided to CTMUHB to allow appropriate planning.

- In the event of unforeseen technical issues resulting in reduced availability of technetium-99m, NWSSP will promptly notify the Nuclear Medicine Department to ensure timely communication and mitigation

3.3 Ordering

- All orders of radiopharmaceutical vials need to be made using the NWSSP Radiopharmacy proforma.
- Only orders for radiopharmaceuticals listed in the approved product portfolio (see attached schedule) will be available for manufacture and supply under this agreement. Any request for products outside of this approved portfolio will require a formal risk assessment and must follow the established New Product Approval Process prior to introduction into routine manufacture.



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adiopharmacy%20Prc

- Orders must be requested and signed by the ARSAC practitioner licence holder or a nominated deputy.
- As standard, routine orders must be received before **12:00 (midday) two days prior to delivery**.
- Orders for **agreed clinically urgent scenarios** can be requested up to **15:00 on the day prior to delivery**. Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. These requests must initially be via telephone conversation with the Radiopharmacy Lead or nominated deputy to ensure that there is sufficient capacity to undertake the request.
- NWSSP will endeavour to accept all valid orders. However, there may be rare circumstances where orders may be rejected due to operational, regulatory, quality, safety or capacity issues preventing safe or compliant fulfilment. Examples include, but are not limited to late orders, unavailable materials, capacity breaches, unmet regulatory requirements and critical equipment failures. Where an order cannot be accepted, NWSSP will communicate this as soon as possible.

3.4 Transport

- All transportation from the radiopharmacy at IP5 will be arranged via Health Courier Services (HCS).
- Transport coordination via HCS and payment will be the responsibility of NWSSP.
- HCS will ensure that appropriate arrangements are in place for the collection and distribution of radiopharmaceuticals in full compliance with the regulatory requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009),

3.5 Delivery Schedule

- Deliveries between the radiopharmacy unit at IP5 and the Nuclear Medicine departments shall occur on Monday, Wednesday, and Friday for RGH and POW.
- The routine daily target dispatch time from the IP5 Radiopharmacy Unit will be **09:00**, with deliveries scheduled to arrive by:
  - **09:30** at the Nuclear Medicine Department, RGH
  - **10:00** at the Nuclear Medicine Department, POW
- While every effort will be made to adhere to the agreed delivery windows, there may be instances where delays occur outside the control of the Radiopharmacy. Examples include, but are not limited to:
  - Traffic congestion or road closures
  - Vehicle breakdowns
  - Emergency situations such as fire alarm evacuations
- Radiopharmaceuticals shall be transported via a dedicated HCS vehicle, delivering initially to RGH and subsequently to POW (on designated days), in accordance with the agreed delivery schedules.
- Nuclear medicine departments must inform NWSSP radiopharmacy within 24 hours of the scheduled delivery time if an order is to be cancelled and/or transport is no longer required.

4. TRANSITION PLAN

Prior to commencement of a fully operational radiopharmacy service at IP5, NWSSP will implement a Transition Plan to support the safe and compliant commissioning of the service. Aneurin Bevan University Health Board will be the first organisation to receive supply over a 12-week period. This implementation phase has been designed to mitigate risk and prepare the organisation for progression to full operational delivery across all organisations

Upon completion of the 12-week transition period, the IP5 Radiopharmacy Unit will expand supply, extending the provision of radiopharmaceuticals to include all other participating organisations. **From this point onward, CTMUHB and other designated organisations will receive full supply of requested radiopharmaceuticals in accordance with agreed service specifications.**

The transition plan will be as follows:

Phased Opening (Weeks 0–12):
From the commencement of service, ABUHB will receive full fulfilment of all clinically requested radiopharmaceuticals for Royal Gwent Hospital and Nevill Hall Hospital, Monday to Friday. Swansea Bay University Health Board (SBUHB) will continue to supply radiopharmaceuticals to other organisations. This phased opening period is designed to maximise workforce competency and address transitional challenges, while maintaining uninterrupted supply to ABUHB.
Full Operations (Week 13 onward):

Following successful completion of the phased opening, the service will become fully operational, supplying all designated Health Board/Trust sites as per agreed delivery schedules and service specifications.

5. SERVICE INTERRUPTION

5.1 Mutual Aid Arrangement

NWSSP shall maintain a Contingency Plan to ensure continuity of radiopharmaceutical supply in the event of an unforeseen interruption to production at the NWSSP radiopharmacy facility.

In the event of a service interruption, NWSSP will activate a pre-agreed mutual aid arrangement with SBUHB radiopharmacy. This arrangement will ensure that clinically requested radiopharmaceuticals can be sourced and supplied to affected sites to minimise disruption to patient care. The scope of the agreement will be as follows:

- Emergency supply will be applied to all organisations receiving supply of radiopharmaceuticals from NWSSP.
- Supply will prioritise urgent and time-critical procedures and will be provided in line with the available production capacity of the SBUHB radiopharmacy unit.
- Upon activation of the contingency plan, NWSSP will provide immediate notification to the affected organisations.
- NWSSP will coordinate directly with SBUHB and impacted organisations to confirm product availability and delivery schedules during the contingency period.

5.2 Supply Disruptions

In the event of any disruption related to global or national radiopharmaceutical supply issues, NWSSP shall notify CTMUHB at the earliest opportunity. NWSSP will provide timely updates on the nature of the disruption, anticipated impact on service delivery, and any mitigation measures being implemented.

NWSSP will work proactively with suppliers, national radiopharmacy working groups, and government representatives as required to manage such shortages.

6. SERVICE KEY DELIVERABLES

- CTMUHB shall ensure that all clinical referrals are appropriately justified prior to placing an order for a radiopharmaceutical from NWSSP Radiopharmacy. This includes compliance with ARSAC employer and practitioner licenses held by CTMUHB.

- NWSSP shall ensure service continuity by covering any staff absences due to annual leave, sickness, or study leave that would otherwise prevent the service from operating**.**
- NWSSP shall supply all radiopharmaceuticals with sufficient activity, ensuring all requested patient requirements are met.
- NWSSP will ensure that radiopharmaceutical products are prepared and ready for the agreed daily transport collection time as mutually agreed with CTMUHB; however, there may be circumstances beyond NWSSP's control where this cannot be achieved. In such cases, CTMUHB will be notified promptly.
- NWSSP will make every effort to fulfil urgent emergency requests, but these cannot be guaranteed (as they are subject to staffing and radionuclide availability).
- NWSSP shall perform quality control testing on manufactured technetium-99m radiopharmaceuticals at defined intervals in accordance with section 3.2.
- CTMUHB must submit routine 99mTc-radiopharmaceutical orders to the IP5 Radiopharmacy by no later than 12:00 (midday), two working days prior to the intended delivery date. Orders for agreed clinically urgent scenarios can be requested up to 15:00 on the day prior to delivery.
- CTMUHB must confirm any late additions, changes, or cancellations made to radiopharmaceutical orders after this deadline with NWSSP Radiopharmacy by telephone and email.
- CTMUHB will have a predefined delivery schedule for supply of radiopharmaceuticals. CTMUHB must inform NWSSP if delivery is not required before the order deadline specified above.
- Type A transport cases need to be returned to the NWSSP Radiopharmacy in a non-contaminated state within two working days after use. As standard practice, containers can be returned with the HCS courier on the same working day. The only circumstance where this would differ is in the event of contamination of the transport case. In such cases, the Nuclear Medicine department will retain the container and return it when it is safe to do so. In such events, notification must be provided to NWSSP.

7. REGULATORY STANDARDS

7.1 Good Manufacturing Practice (GMP)

NWSSP facilities used for the preparation of radiopharmaceuticals, and all personnel engaged in production, shall comply with the requirements set out in the current edition of the *Rules and Guidance for Pharmaceutical Manufacturers and Distributors* (Orange Guide) and the current version of *The Rules Governing Medicinal Products in the European Union Volume 4 - EU Guidelines for Good Manufacturing Practice for Medicinal Products for Human and Veterinary Use* . NWSSP shall ensure full adherence to Good Manufacturing Practice (GMP) principles and maintain readiness for inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA). These standards will govern all aspects of production, quality control, and documentation to ensure patient safety and regulatory compliance.

Schedule 3 Quality Technical Agreement



Schedule 3 QTA NWSSP_CTMUHB.doc

7.2 Health and Safety

NWSSP shall ensure that all radiopharmaceutical preparation and handling, and transport activities comply with the current versions of the Ionising Radiations Regulations (IRR), Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), and all applicable UK health and safety legislation.

7.3 Transport

All transport of radiopharmaceuticals shall comply with the *Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations*. HCS will ensure that all statutory standards are met, including:

- Vehicles used for the service are reliable, maintained in a legally roadworthy condition, and covered by appropriate breakdown assistance.
- Drivers comply with all road traffic and transport laws and adhere to instructions issued by law enforcement authorities.
- Procedures, equipment, and vehicles used for transportation are designed to maintain the integrity and quality of radiopharmaceuticals. Medicines are protected from heat, cold, light, moisture, microorganisms, pests, and cross-contamination throughout transit.
- Appropriate motor insurance is in place for all vehicles used in the service.
- All drivers handling radiopharmaceuticals are trained to meet the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).
- Vehicles display the necessary signage and carry safety equipment in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

7.4 Environmental Permits

- NWSSP Radiopharmacy must maintain compliance with the Environmental Permitting (England and Wales) Regulations 2016 (EPR16) as issued by Natural Resources Wales (NRW). NWSSP shall:
    - Obtain and maintain all necessary NRW-issued permits for handling, storage, and disposal of radioactive materials and associated emissions.
    - Adhere to all permit conditions, including monitoring, reporting, and emergency response requirements.
    - Notify the Client immediately of any changes to permit status, breaches, or actions that may impact service delivery.

8. KEY PERFORMANCE INDICATORS

Key Performance Indicators	*Method of Measurement*	*Target*	*Frequency of reporting*
Daily dispatch and arrival times met	NWSSP and HCS transport logs	>85%*	Monthly
Radiopharmaceutical quality control failures	NWSSP QMS records	<2	Monthly
Customer complaints received	NWSSP QMS records	0	Monthly
Radiopharmacy unscheduled down time	NWSSP Activity and QMS records	0 days	Monthly

* Delays will be categorised as Minor (10–30 minutes), Moderate (31–60 minutes), and Severe (>60 minutes), and will be reported as a percentage of all recorded delays, against an overall KPI target of achieving at least 85% of deliveries on time.

- Key Performance Indicators (KPIs), including delivery timelines, will be subject to regular review with the aim of identifying opportunities to introduce earlier delivery times in the future.

9. FINANCIAL INFORMATION AND CONTRACT GOVERNANCE

- This service specification will fall under the Heads of Agreement 2026/27 between NWSSP and CTMUHB, and both parties agree to following the terms and conditions as set out in the 2026/27 SLA documentation.
- Radiopharmaceuticals are charged by the multi-dose vial, as detailed in Schedule 2.
- The Radiopharmacy Service operates on a full-cost-recovery basis. Fees recover all direct and indirect costs of production and supply (including direct staff costs, materials, regulatory compliance, maintenance, utilities, overheads, and transport). Tariffs are reviewed annually and may be adjusted to reflect changes in actual costs. Any significant in year cost increases may require an in-year adjustment to the tariff price.
- Demand and capacity requirements will be subject to ongoing review and evaluation
- Activity volumes (vials supplied) will be reviewed monthly as part of routine financial scrutiny.
- Quarterly service review meetings will be convened with each participating Health Board/Trust to review service delivery outcomes, activity against agreed baselines, and the financial evaluation and cost-recovery position.

- As advised by the Health Boards and Trust, the predicted lower estimate demand for 26/27 for **CTMUHB is 231 vials** (assuming a start date of 24th August 2026).
- The baseline volume for the purpose of capacity planning, tolerance application, and financial reconciliation is set by the lower estimate above.
- An initial **tolerance of 10%** on the agreed vial volumes will apply. This tolerance is intended to accommodate minor fluctuations in demand without immediate financial adjustment.

Organisation	Full Year Lower Level Vial Demand	Full Year Higher Level Vial Demand	Part Year 2026/27 Lower Level Vial Demand	Part Year 2026/27 Higher Level Vial Demand
ABUHB	1016	1524	856	1284
CAVUHB	1270	1778	770	1078
VELUNHST	508	508	308	308
CTMUHB	381	381	231	231
Total	3175	4191	2165	2901

- Cost recovery escalation may be implemented if the 10% tolerance is breached cumulatively within a financial year. Activity volumes will continue to be reviewed monthly and formally reviewed quarterly.
- Following the initial three-month period, the Parties will undertake a formal review of activity volumes to determine any required amendments to baseline volumes, tolerance, and the associated financial adjustment and escalation mechanisms.
- Where a Health Board's actual activity (vials supplied) deviates by more than 10% from its agreed baseline vial volume within a financial year this will trigger additional charges or credits. If the vial volume is more than 10% below baseline, any under-recovery of costs attributable to the variance above the 10% tolerance will be borne by the organisation; or if the vial volume is more than 10% above baseline, any over-recovery attributable to the variance above the 10% tolerance will be credited to that organisation.

10. SERVICE KEY CONTACT

10.1 NWSSP

Name	Title	Telephone	Email
Laura-Jayne Keating	Director of Pharmacy		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Kristian Edginton	Production Lead		Kristian.Edginton@wales.nhs.uk
Jan Wines	Production Lead		Jan.Wines@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk

10.2 CTMUHB

Name	Title	Telephone	Email

NWSSP IP5 Radiopharmacy Product List

The following list comprises all Tc-99m-based radiopharmaceuticals that will be supplied by the Radiopharmacy Unit at IP5. All products are manufactured and distributed in accordance with the terms and conditions of the facility's Medicines and Healthcare products Regulatory Agency (MHRA) Specials Licence. Unlicensed products will only be provided where no licensed alternative is available, in compliance with applicable regulatory requirements.

Product Name	Radiolabelled form	Distributor	PL Number	Maximum Vial Activity	Storage conditions (after radiolabelling)	Shelf life (after radiolabelling)
UTK Tc/Mo99 Generator	Sodium Pertechnetate (Tco4)	Curium Pharma	PL 12288/0017	**20GBq**	**below 25°C**	**8 hours**
Renocis	(99mTc) dimercaptosuccinic acid (DMSA)	Curium Pharma	PL 11876/0008	**3.7GBq**	**below 25°C**	**8 hours**
Technescan DTPA	(99mTc) pentetate (DTPA)	Curium Pharma	PL 12288/0011	**11.1GBq**	**below 25°C**	**8 hours**
Technescan MIBI	(99mTc) sestamibi	Curium Pharma	PL 12288/0002	**11.1GBq**	**below 25°C**	**10 hours**
Pulmocis (MAA)	(99mTc)-macroaggregated albumin	Curium Pharma	PL 11876/0009	**3.7GBq**	**below 25°C**	**8 hours**
Technescan HDP	(99mTc) Oxidronate	Curium Pharma	PL 12288/0012	**14GBq**	**below 25°C**	**8 hours**
Technescan MAG3	(99mTc)-mertiatide	Curium Pharma	PL 12288/0014	**3.7GBq**	**below 25°C**	**8 hours**
NanoScan	nanocolloidal (99mTc) albumin	Curium Pharma	PL 40129/0002	**5.5GBq**	**below 25°C**	**8 hours**
Tetrofosmin ROTOP	(99mTc) tetrofosmin	Xiel	PL 41222/0004	**11.2GBq**	**below 25°C**	**12 hours**
Tektrotyd	99mTc-EDDA/HYNIC-TOC	Xiel	PL 45925/0001	**1.6GBq**	**below 25°C**	**4 hours**
IELMAG3	(99mTc)-mertiatide	Xiel	PL 45925/0005	**4GBq**	**below 25°C**	**8 hours**
Stabilised Ceretec	(99mTc) Exametazime	GE Healthcare	PL 00221/0136	**1.11GBq**	**below 25°C**	**5 hours**
MBrIDA	(99mTc) MBrIDA	Diagnostic Ltd	***Unlicenced in UK***. Licenced in EU	**1.5GBq**	**below 25°C**	**5 hours**
Teceos (DPD)	(99mTc)-butedronate	Curium Pharma	***Unlicenced in UK***. Licenced in EU	**11.1GBq**	**below 25°C**	**8 hours**

QUALITY TECHNICAL AGREEMENT

FOR THE MANUFACTURE AND DELIVERY OF ASEPTIC RADIOPHARMACEUTICAL PRODUCTS

Between

Cwm Taf Morgannwg University Health Board (CTMUHB)
(hereafter referred to as Contract Giver – CG)

And

NHS Wales Shared Services Partnership (NWSSP)
(hereafter referred to as Contract Acceptor – CA)

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Validity: This agreement is valid for the period noted with the SLA documentation this document is embedded within

Version: 1

Reference: …….

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1. PARTIES & SCOPE

This Quality Technical Agreement is made between:

CTMUHB Clinical Director of Pharmacy (CG)

CTMUHB Radiology Departments

Royal Glamorgan Hospital,	Princess of Wales Hospital
Ynysmaerdy,	Coity Road,
Pontyclun.	Bridgend.
CF72 8XR	CF31 1RQ

And

NWSSP Radiopharmacy (CA)
Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit,
Imperial Park Unit 5
Celtic Way,
Newport.
NP10 8BE
MS number: MS52641

Licensed medicinal products within the UK are subject to extensive safety, quality, and efficacy testing. Regulation 167 of the Human Medicines Regulations 2012 (see Appendix 1) provides an exemption from the need for a marketing authorisation (also known as a product licence) in certain narrowly-defined circumstances. Products which are manufactured and supplied under this exemption are known as “specials”.

The manufacturer of a “special” must hold a Manufacturer’s “Specials” (MS) Licence granted by the Licensing Authority (in the UK, this is the Medicines and Healthcare products Regulatory Agency (MHRA)). Under an MS Licence, regulatory assessment extends only to manufacturing processes; products do not undergo any formal licensing procedure. All “specials”, particularly those which are aseptically manufactured, therefore pose an inherently higher risk to patient safety than licensed medicinal products.

Within this QTA, “ready-to-use” products are defined as radiopharmaceuticals for parenteral administration, supplied in a vial at the correct concentration for administration to a patient. A dose may be drawn up from the vial with no further manipulation required prior to administration. Where specified, multiple doses, for different patients, may be drawn up from the same vial within a single administration session.

NWSSP Radiopharmacy supplies aseptically manufactured ready-to-use radiopharmaceutical “specials” products under MS Licence MS52641. The purpose of this agreement is to provide a technical agreement for the supply of ready-to-use aseptic radiopharmaceutical “specials” products to CG by CA. The agreement also defines the roles and responsibilities between CG and CA in relation to the manufacture and delivery of unlicensed radiopharmaceutical “specials” products for patients under the care of CG.

This Quality Technical Agreement (hereafter referred to as QTA) is supplemental to any financial agreements and any subsequent agreements, between the two parties and will last for the

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duration of the agreement. This QTA shall be reviewed every 12 months or earlier if requested by either party.
This QTA is executed in duplicate, all of which shall be deemed to be originals, and all of which shall constitute one and the same Agreement binding upon both parties.
Services will be provided on an ongoing annual basis, with a review of the quality of service made at renewal. This QTA shall be effective as of the date of the final signature and shall remain in effect until annual review or termination. A termination notice of at least 6 months must be provided.

2. SUBJECT OF THE AGREEMENT

CA is a provider of unlicensed radiopharmaceutical "special" products, which are manufactured according to an agreed specification and delivered to the CG.

CA shall manufacture and deliver the products in accordance with this QTA, in addition to any other terms and conditions of supply and/or financial agreements.

CA is subject to registration and inspection by the competent national authorities and holds the necessary manufacturing licence according to the respective legislation.

CG has the responsibility to screen each order for its clinical appropriateness including its pharmaceutical shelf-life and/or stability where possible or appropriate. However, CA will take responsibility for the assigned shelf-life and/or stability of each manufactured item ordered and will provide stability statements when requested. CA takes no clinical responsibility for any order.

CA hereby acknowledges that CG is relying on the skill and experience of CA in the proper manufacture and delivery of the contractual products under this Agreement and CA accordingly warrants to CG that:

- The product shall be of satisfactory quality and fit for purpose.
- The product shall comply in all respects (or be within agreed tolerances) with the order provided by the CA.

Whilst all of CA's products are made under licence granted by the MHRA, CG agrees to indemnify and hold harmless CA against all claims and proceedings (to include any settlements or ex gratia payments made with the consent of the Parties hereto and reasonable legal and expert costs and expenses) made or brought (whether successfully or otherwise) by or on behalf of any party (including third parties) arising out of or relating to the prescribing, the clinical appropriateness, the dose, or the administration of the "special" radiopharmaceutical ordered from CG.

The above indemnity shall not apply to any such claim or proceeding which is for personal injury (including death) which is caused by the negligent or wrongful acts or omissions of CA in the manufacture of the "special".

Both parties will strictly observe the detailed pharmaceutical responsibilities which are specified in Appendix 1 'Responsibilities'.

CA and CG must appoint Contact Persons as named in Appendix 2 'Key Contact Names'.

3. KEY CONTACT NAMES

Key contact names in case of queries or concerns on pricing, quality, delivery, complaints etc. for both CG (CTMUHB) and CA (NWSSP) are listed in Appendix 2.

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4. REGULATORY INFORMATION

CA is responsible for ensuring that the manufacture and distribution of products meets all current legislation, regulatory requirements and best practice guidelines.

For the period of the contract, CA will ensure that they hold suitable MHRA approval for the manufacture and supply of ready-to-use radiopharmaceutical products.

5. STARTING MATERIALS

All starting materials used by the CA for aseptic preparation of "specials" must be sterile.

CA shall source starting materials which possess a UK Marketing Authorisation wherever possible. All starting materials, regardless of licensed status, must be sourced from a bona fide Manufacturer or Wholesaler holding a UK Wholesale Distribution Authorisation.

It is recognised that problems relating to the supply of starting materials may require urgent action. The substitution of any UK-licensed starting material with an equivalent material that does not hold a UK marketing authorisation should be notified to CG at the earliest opportunity, prior to implementation. In the event of unavailability of a licensed starting material, the CA should notify the CG in writing for approval before use of an unlicensed alternative.

6. ORDERING

Authorised CG Radiology staff order products for and on behalf of CG ARSAC practitioner licence holders. Radiopharmaceutical orders must specify the product required, clinical indication, radioactivity required, number of patients, and start/end time(s) of patient injection windows.

Products will be requested by CG by means of a written order submitted to CA on a standardised order proforma via email. Orders will be generated by CG in good time but, specifically, by 12pm two days before the products are required *at the latest*.

Late Orders and Late Order Changes

Late orders and/or order changes (i.e. those received after the cut-off time above) cannot be guaranteed by CA (although CA will always try to fulfil these as far as practicably possible). Any late orders and/or order changes must be communicated to the CA directly by means of telephone and subsequent email.

7. MANUFACTURE

CA facilities and staffing for the preparation of radiopharmaceuticals will meet the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors. CA shall perform all operations in accordance with current Good Manufacturing Practice (GMP). CA shall refrain from performing any activities that could adversely affect the quality of the service or products provided.

CA shall manufacture the ready-to-use radiopharmaceutical product(s) in accordance with the order placed by CG. CA will notify CG of any production issues as soon as possible.

Capacity

CA must always work within their production capacity (in terms of production time and radioactivity) in order to ensure product and service quality. It may therefore be necessary for CA to request CG orders be amended in order to comply with this. CA will liaise directly with CG

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to discuss any order amendments so that there is full acknowledgement and oversight of any proposed changes by both parties.

Any CG workload capacity changes should be discussed with CA at the earliest opportunity to enable an appropriate arrangement to be reached.

8. QUALITY CONTROL / ASSURANCE

CA products undergo sterility testing in line with current regulatory guidance (e.g. MHRA 'Guidance for specials manufacturers') in order to provide sterility assurance.

CA performs visual inspections for particulate contamination on all manufactured products. CA performs product radiochemical purity and pH testing at pre-defined intervals for radiopharmaceuticals manufactured from licensed "cold kits" and on *all* radiopharmaceuticals manufactured from unlicensed "cold kits". CA will notify CG at the earliest opportunity of any problems with visual inspections and/or quality control testing.

Release of each product shall be under the authority of an authorised releasing officer. The concept of parametric release is sometimes necessary in order to ensure a timely release of radiopharmaceuticals. In such cases, CA will notify CG which product(s) are affected. CA will clearly communicate the results of Quality Control testing to CG once they are available. CG accepts responsibility for ensuring that the radiopharmaceutical shall *not* be used clinically until CA has confirmed the product has passed quality control testing.

CA shall maintain a suitable and regulatory compliant Pharmaceutical Quality System (PQS). This system will be appropriately resourced by the CA and an annual quality review supplied to the CG.

9. STORAGE & DISTRIBUTION

CA shall store, handle, and distribute the product according to its defined storage and handling conditions, and in compliance with legal and regulatory requirements.

Transport and distribution arrangements (including packaging and labelling) for radiopharmaceutical products must comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

CA will pack vials of radiopharmaceutical product(s) in appropriate CDG-compliant packages for transport. CA shall ensure deliveries of all product(s) are packaged securely in such a way as to give them adequate protection from damage during transit.

Transport arrangements for the delivery of radiopharmaceuticals to the CG are the responsibility of the CG unless agreed otherwise. CA shall ensure that product(s) shall be delivered in accordance with agreed procedures and records of delivery and receipt shall be retained by each party to ensure a satisfactory audit trail in the event of inspection and/or recall.

CA may request the return of items used in the transport and packaging of radiopharmaceutical product(s) supplied to the CG. In this instance, CG must comply with CA's stated requirements for the safe transport of such items. These should be in line with the CDG and any other applicable legislation, regulatory requirements and best practice guidance.

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10. DOCUMENTATION

CA will maintain all necessary records and documentation as per the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors and current GMP.

CG will maintain records and documentation in line with current legal, regulatory and best practice requirements.

CA and CG shall archive their respective completed documentation according to current legal, regulatory and best practice requirements. This includes records relating to transport and distribution.

11. CHANGE CONTROL

Changes which could impact radiopharmaceutical product quality must be controlled by a change control procedure. Information related to any planned change to the product, overall process, or specification for the product(s) by CA is to be notified to CG in writing at the earliest opportunity and authorised by CG prior to the change being effected.

12. UNPLANNED DEVIATIONS

Information relating to any major or critical unplanned deviation associated with the individual product supplied, or overall process, by CA is to be notified to CG at the earliest opportunity.

Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported to CG by CA at the earliest opportunity.

13. COMPLAINTS

CG complaints relating to delivery, quality and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material, or to activity/volume supplied, should be reported to CA as a matter of urgency to enable analysis or other investigations as required.

Any complaint from CG concerning the supplied product(s) shall be acknowledged by CA within 3 working days (less if the complaint is regarding unexpected biodistribution of the material or activity/volume supplied). The complaint will be assessed by senior technical and/or management personnel to determine any immediate actions required. After the initial assessment has been completed, a full investigation will be completed.

A report containing details of the investigation with corrective and/or preventative actions, as appropriate, shall be forwarded to the CG within sixty calendar days. This may take the form of an interim report if the investigation has not been completed within this timeframe. The CA shall make every effort to complete investigations and provide feedback (including actions assigned) to CG in a timely manner.

In the first instance, any complaint or dispute arising between the parties in connection with this QTA should be discussed between authorised representatives of each party in an attempt to reach a resolution. If a satisfactory outcome cannot be achieved, the matter must be escalated to the senior manager from both parties. Ultimately if a satisfactory outcome still cannot be achieved, financial penalties, or termination of the contract may be considered.

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14. RECALL & RETURNS

CA shall notify CG of any recall (CA- or MHRA-led) relating to contracted products manufactured by CG, or starting materials/components which were used in their manufacture.

Recalls which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported at the earliest opportunity.

The CA shall co-coordinate and document the recall process. The CA is responsible for coordination and disposal of all products returned by CG. CG will co-operate with the collection, logging, storage and segregation of any recalled and returned product as required.

CG must notify CA in advance if they intend to return a radiopharmaceutical product for a reason other than a recall.

Radiopharmaceutical products which are returned from CG to CA for any reason must be packaged, labelled and transported in line with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

15. AUDIT

CG will be informed immediately of any critical or major findings following audit of CA by the MHRA, the NHS Pharmaceutical Quality Assurance Committee (NHSPQA) and/or any other external body. CA will correct any major deficiencies identified during audits conducted by external bodies as soon as possible. A copy of the audit report can be requested by the CG.

CG can request to audit CA – a reasonable notice period must be provided.

16. CONFIDENTIALITY

The information contained in this agreement is confidential and must not be divulged to any other party without the permission of all signatories.

17. CONTINGENCY

CA must ensure a robust contingency plan has been arranged to ensure continuity of service in the event that they cannot provide the pre-defined quantities of ready-to-use radiopharmaceuticals as agreed with CG. The use of any sub-contractors must be agreed by CG prior to implementation. Any contingency partner must agree to the terms within this technical agreement.

A list of pre-existing subcontractors used by CA as part of their contingency arrangements may be found in Appendix 3 of this Agreement.

18. SUB-CONTRACTING

CA shall not delegate or sub-contract any of the work entrusted to it under this QTA without prior evaluation and approval of the arrangements by CG. CA shall be responsible for the inherent responsibilities of their sub-contractors.

A list of pre-existing subcontractors used by CA may be found in Appendix 3 of this Agreement.

19. PHARMACOVIGILANCE

CG will inform CA of any notifications of a confirmed or suspected adverse drug reaction associated with a product supplied by CA. CA and/or CG will investigate the possible causes and agree any remedial plans of action.

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20. FINAL PROVISION

Amendments of this Quality Technical Agreement and its Appendices may only be carried out by mutual consent and shall be made in writing. Any amendments to the appendices 1-5 may be signed for CA by a responsible Quality representative and together with the signature of CG the appendix will be binding upon the parties.

QUALITY TECHNICAL AGREEMENT APPROVAL

Agreed on behalf of Cwm Taf Morgannwg University Health Board Radiology Departments (Contract Giver)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Director of Radiology

Name:			
Job Title:			
Signature:			
Date:			

Agreed on behalf of NHS Wales Shared Services Partnership Radiopharmacy (Contract Acceptor)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Head of Quality / Head of Production

Name:			
Job Title:			

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Signature:			
Date:			

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Appendix 1: RESPONSIBILITIES

	CG	CA	Comments
1. Regulatory Processes			
CA must hold appropriate 'specials' manufacturing licence of relevant national authority in order to manufacture products as agreed by CG. Comply with any and all EU and other local current applicable laws, regulations and guidelines relating to GMP and GDP.		✓	
CG is to be informed of any changes to licence, outcome of regulatory inspection and any pending regulatory action. Actions to remedy any deficiencies identified by regulatory inspection shall be made available to CG upon request.		✓	
Report pharmacovigilance events to CA and/or CG.	✓	✓	
Ensure competent authorities are notified of all complaints concerning suspected adverse events / reactions / lack of effect according to existing regulations and requirements.	✓	✓	
2. Starting Materials and Components			
Purchase sterile starting materials with a UK MA from bona fide suppliers wherever possible.		✓	
Where use of an unlicensed starting material is unavoidable, this must be sterile and purchased from a bona fide supplier.		✓	
Assess the quality of starting materials for use.		✓	
Ensure all starting materials are TSE/BSE free.		✓	
Maintain a supplier qualification programme		✓	
Check that the condition of all containers, closures, seals and labelling of delivered starting materials are satisfactory for use.		✓	
Only purchase primary packaging materials from approved suppliers in accordance with a specification.		✓	
Check that the condition of all packaging material is satisfactory for use.	✓	✓	
3. Manufacture			
Undertake Qualification / Validation according to applicable current GMP requirements for production equipment, utilities, staff and processes.		✓	
Maintain a suitable environment in line with current GMP requirements		✓	
Maintain a specific batch number system to enable identification of individual products.		✓	
Provide stability data to support the allocated expiry of the products. (Methods to determine product stability shall be in line with current regulatory requirements.)		✓	This data shall be made available to CG upon request.
Ensure in-process checks are performed and are deemed satisfactory.		✓	
Ensure appropriate design and use of manufacturing batch documentation.		✓	

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	CG	CA	Comments
Ensure all critical automated processes are fully validated and appropriate for use and meet the requirements of Good Automated Manufacturing Practice (GAMP).		✓	
Ensure that all products are manufactured in accordance with the agreed specification and current legislative, regulatory and best practice requirements.		✓	
Handle medicines with appropriate safety measures in line with current legal, regulatory and best practice requirements.	✓	✓	
Ensure all labelling of products is in compliance with all laws, regulations and guidelines associated with the labelling of unlicensed "specials".		✓	
Release product according to agreed criteria.		✓	
Preparation and completion of documentation for release.		✓	
Have satisfactory systems in place that ensure patients only receive released products.		✓	
Ensure released product conforms to order placed by CG.		✓	
5. Sterility and Microbiology			
Provide sterility assurance using methods defined in current guidelines.		✓	
Maintain a suitable system to record, investigate, and risk assess all microbiological non-conformances (out-of-limit) results. Implement appropriate corrective and/or preventative actions following the investigation and root cause analysis.		✓	
Assess the potential impact a microbiological non-conformance (isolated result or 'trend') could have on product quality and patient risk and act accordingly.		✓	
Trend microbiological non-conformances.		✓	
Make available an annual summary of all microbiological non-conformances to CA, on request.		✓	This data shall be made available to CG upon request.
7. Storage / Distribution			
Undertake Qualification / Validation of storage sites for starting materials and finished products as appropriate.	✓	✓	
Undertake Qualification / Validation of transport of the products from place of manufacture to the CG.		✓	
Store all products and/or starting materials / other ingredients / excipients / auxiliary materials under appropriate conditions in compliance with GMP/GDP requirements and any licence requirements.		✓	
Ensure documentation is sufficient to maintain an audit trail to patient level.	✓	✓	
Ensure all transport arrangements (including but not limited to packaging, labelling, driver training, and contamination monitoring) comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to	✓	✓	

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	CG	CA	Comments
any other applicable legislation, regulatory requirements and best practice guidance.			
Use delivery containers that ensure the product is protected during delivery and complies with transport and health and safety standards and legislation.		✓	
Provide staff with appropriate Personal Protective Equipment (PPE) to safely handle the products	✓	✓	
Distribute to the CG in a timely way as described in this technical agreement and other financial agreements.		✓	
8. Documentation			
Ensure that the appropriate clinical particulars and prescription forms (e.g. from ARSAC practitioner licence holder to justify patient radiation exposure) are clear, correct, and in place before an order is placed with CA. Ensure patient administration records are also kept. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.	✓		
Ensure that the appropriate records of manufacture and distribution are clear, correct, and filed appropriately. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.		✓	
Ensure written procedures are available to describe all operations that may affect the quality of the products.	✓	✓	
Maintain complete and accurate records relating to the ordering, receipt, and storage of purchased products.		✓	
Store all documents and records so that they are easily retrievable and stored protected from loss and damage.	✓	✓	
Archive documents according to current regulatory guidance.	✓	✓	
Maintain a record of batch numbers of all starting materials and products manufactured, supplied, or returned in the event of a recall.		✓	
9. Change Control			
Maintain a suitable change control system and communicate all information relating to planned changes with quality implications in writing, before implementation.		✓	
Maintain a suitable unplanned deviation system and communicate all unplanned changes (unplanned deviation excluding microbiological results) deemed to be major or critical. Events shall be reported at the earliest possible opportunity.		✓	Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product used by a CG patient should also be reported. The investigation and any associated corrective and/or preventative actions shall be made available upon request by CA.

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	CG	CA	Comments
In the event of non-availability of licensed product, CA must obtain the written agreement of CG to use an unlicensed starting material.	✓	✓	CA to notify, CG to approve if acceptable.
No work should be sub-contracted by CA without the prior written agreement of CG.		✓	
10. Complaints			
CG complaints relating to delivery and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material or activity/volume supplied should be reported to CA as a matter of urgency to enable analysis or other investigations as required.	✓		
Acknowledge CG complaints relating to activity/volume supplied or unexpected biodistribution of the material as a matter of urgency, preferably within 1 working day.		✓	
Acknowledge any other complaints from CG within 3 working days. Assessed by senior technical and/or management personnel to determine any immediate actions required.		✓	
Investigate and document any complaint relating to contracted products within sixty calendar days. Feedback may be in the form of an interim or final report. This document should include details of all corrective and/or preventative actions as appropriate.		✓	
11. Recalls			
In the event of product or any starting materials or components being recalled, arrange for the collection, re-stocking and segregation of products affected. This also includes products which were manufactured using a recalled starting material or component.		✓	Must comply with timelines as specified in regulations.
Maintain a product recall procedure for use when it is necessary to recall a defective product from market, and test the procedure at least annually.		✓	This also includes products which were manufactured using a recalled starting material or component.
Advise CG if they have received products which are/contain starting materials which are subject to MHRA Drug Alert or Recall.		✓	Must comply with timelines as specified in regulations.
Inform prescribers of any recalls concerning products supplied to patients.	✓		
12. Audit			
Provide reasonable access, at agreed pre-determined times, to permit audits of the relevant facilities and documents by CG or the regulatory authorities.		✓	
Conduct internal audit in order to monitor the implementation of and compliance with GMP and GDP.		✓	
Propose necessary corrective measures following internal audit.		✓	
Make available evidence of adherence to internal audit schedules.		✓	This data shall be made available to CG upon request.
Make available evidence of closure of external audits and inspections, and the anticipated date of the next MHRA inspection.		✓	
Undertake necessary audits of subcontractors, as required for assurance of this agreement.		✓	

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	CG	CA	Comments
13. Confidentiality and Other			
Undertake training of staff involved in all aspects of the service, as appropriate to their role.	✓	✓	This includes training for outsourced contractors.
Ensure staff comply with relevant legislation and NHS requirements concerning both patient and commercial confidentiality e.g. Data Protection Act.	✓	✓	

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Appendix 2: KEY CONTACT NAMES

1. Contract Giver (Cwm Taf Morgannwg University Health Board)

Name	Title	Tel. No.	E-mail

2. Contract Acceptor (NWSSP)

Name	Title	Tel. No.	E-mail
Laura-Jayne Keating	Director of Pharmacy Services		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk

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Appendix 3: LIST OF SUB-CONTRACTORS acting on behalf of CA

e.g. Couriers, Contingency partners, and Contract Laboratories

Contractor	Type of Contractor and Services Provided	Address
NWSSP Health Courier Services	Courier	NWSSP Headquarters. Unit 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw. CF15 7QZ
Public Health Wales Microbiology	Contract microbiology lab	University Hospital Llandough Penlan Road, Penarth, Cardiff CF64 2XX
Connect 2 Cleanrooms (*Angstrom Technology*)	Cleanroom Maintenance and Servicing	Riverside House, Forge Lane, Halton, Lancaster, Lancashire. LA2 6RH
Swansea Bay University Health Board	Contingency Partner	SBUHB Radiopharmacy Unt, Singleton Hospital, Sketty Lane, Sketty, Swansea. SA2 8QA

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Appendix 4: VERSION HISTORY

Version Number	Date of Amendment	Amendment(s) Made
v1		Technical Agreement Agreed by all Parties

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Schedule 2
Breakdown of NWSSP IP5 Radiopharmacy Tariff
Based on Vials Demand of 2,165 for 2026/27 only

		Drugs (Pharmaceutical Kits)																	
Pharmaceutical	Invoice Name	Drug Supplier	Current Price per Box	Vial Quantity per Box	Price per Vial	VAT 20%	Drugs per Vial plus VAT	Drug Generators	Consumables	Transport (In)	Transport (Out)	Equipment & Maintenance Contract	Regulatory Fees & Radiation Protection	PPE & Cleanroom Clothing	IT	Site Costs	Cleaning	Other (Staff non-pay, waste etc.)	Staffing	TOTAL Tariff per Vial
							Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Note 11	Note 12	Note 13	
IELMAG3	MAG3	Xiel Ltd	£414.00	5	£82.80	£16.56	£99.36	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£670.59**
Technescan MAG3	MAG3	Curium Pharma UK Ltd	£300.00	5	£60.00	£12.00	£72.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£643.23**
mBriDA	mBriDA	Diagnostic Imaging Ltd	£484.00	5	£96.80	£19.36	£116.16	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£687.39**
Nanoscan	Nanoscan	GE Healthcare Ltd	£320.00	5	£64.00	£12.80	£76.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£648.03**
Pertechnetate	Pertechnetate	Other	£10.27	1	£10.27	£2.05	£12.32	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£583.55**
Pulmocis MAA	MAA	Curium Pharma UK Ltd	£101.00	5	£20.20	£4.04	£24.24	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£595.47**
Renocis	DMSA/ Renocis	Curium Pharma UK Ltd	£90.00	5	£18.00	£3.60	£21.60	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£592.83**
ROTOP Tetrofosmin	Tetrofosmin	Xiel Ltd	£525.00	5	£105.00	£21.00	£126.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£697.23**
Stabilised Ceretec	Ceretec	GE Healthcare Ltd	£950.00	5	£190.00	£38.00	£228.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£799.23**
Teceos	DPD (Teceos)	Curium Pharma UK Ltd	£191.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Technescan DTPA	DTPA	Curium Pharma UK Ltd	£69.00	5	£13.80	£2.76	£16.56	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£587.79**
Technescan HDP	HDP	Curium Pharma UK Ltd	£84.00	5	£14.80	£2.96	£17.76	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£588.99**
Technescan Sestamibi	MIBI	Curium Pharma UK Ltd	£220.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Tektrotyd	Tektrotyd	Xiel Ltd	£1,135.00	1	£1,135.00	£227.00	£1,362.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£1,933.23**

Note 1	Based on latest current costs or as per the NHS England Framework of pharmaceutical kits including VAT. Charged per order at cost.
Note 2	Costs based on the current available drug generators for Radiopharmacy. Requirement of two drug generators per week to meet estimate demand levels.
Note 3	Consumables include items such as broth, plates, sterile vials, sodium chloride.
Note 4	Transport In includes costs of weekly delivery of generators and cold kits.
Note 5	Transport Out includes Health Courier Services costs for deliveries to HBs/Trust.
Note 6	Equipment Maintenance Contracts costs include ongoing annual costs in support of isloators, cleanrooms and various equipment,
Note 7	Regulatory Fees and Radiation Protection costs include support and advice and fees in relation to staff health screening, MHRA and National Resources Wales.
Note 8	PPE and Cleanroom Clothing costs include both general and speacialised cleanroom protective clothing.
Note 9	IT costs includes software support costs in realtion to waste management, quality management and radiochromatography.
Note 10	Site costs includes additional utility costs less savings achieved from IP5 solar energy implementation.
Note 11	Cleaning costs includes general cleaning of the unit and specialised gassing of of cleanrrom and isolators.
Note 12	Other Costs relate to additional costs for waste removal, staff training, additional finance support and office costs such as label printing.
Note 13	Staff Pay relates to 13 wte to be employed at the new unit as per the Business Justification Case. An agreed NWSSP contribution of £294k has been deducted from staff costs until the South East Hub opens.
Note 14	The above prices are based on vial demand of 2,165 for 2026/27.

Service Level Agreement between:

Velindre University NHS Trust

And

NHS Wales Shared Services Partnership

(as hosted by Velindre University NHS Trust)

for the provision of:

Radiopharmaceutical Products

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THIS AGREEMENT is made on the 2026

PARTIES TO THE AGREEMENT

This Agreement is between

PARTIES

1. **NHS Wales Shared Services Partnership (NWSSP)**, whose principal place of business is 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ ("**NWSSP"**); and

2. **Velindre University NHS Trust, whose principal place of business is Unit 2 Charnwood Court Heol Billingsley, Parc, Nantgarw, Cardiff CF15 7QZ ('VELUNHST')**
Each a '**Party**' and together 'the **Parties**'.

BACKGROUND

A. This Service Level Agreement sets out the terms and conditions upon which the Parties have agreed to govern the provision Radiopharmaceutical Products (as defined below) from NWSSP to VELUNHST for radiopharmacy services.

B. The Radiopharmaceutical Products to be provided from NWSSP to VELUNHST are manufactured and supplied from the dedicated radiopharmacy facility at IP5, located at Imperial Park, Unit 5 Celtic Way, Newport, NP10 8BE, a radiopharmacy and medicines preparation hub under the management of NWSSP.

C. The Parties agree to cooperate in good faith to achieve the objectives of this Service Level Agreement and to act in a manner consistent with the reasonable expectations of the other Party.

1. DEFINITIONS

Agreement means this Service Level Agreement.

Applicable Laws means all applicable laws, statutes, regulations and codes from time to time in force.

Business Hours means the period from 6.00 am to 2.00 pm on any Business Day.

Business Day means a day, other than a Saturday, Sunday or public holiday in England and Wales when banks in London and Cardiff are open for business.

Commencement Date means the date that the Agreement is signed by both Parties.

Confidential Information means all confidential information (however recorded or preserved) disclosed by a Party or its Representatives to the other Party and that Party's Representatives whether before or after the date of this Agreement in connection with the radiopharmacy Services, including but not limited to:

a. the existence and terms of this Agreement or any agreement entered into in connection with this Agreement;
b. any information that would be regarded as confidential by a reasonable businessperson relating to:

i. the business, assets, affairs, customers, clients, suppliers, plans, intentions, or market opportunities of the disclosing Party; and
ii. the operations, processes, product information, know-how, designs, trade secrets or software of the disclosing Party;

c. any information developed by the Parties in the course of carrying out this Agreement.

Data Protection Legislation means all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder); the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and all other legislation and regulatory requirements in force from time to time which apply to a Party relating to the use of personal data (including, without limitation, the privacy of electronic communications); and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

Delivery means the time at which the Radiopharmaceutical Products are deemed to be delivered to VELUNHST under clause 5.

Delivery Location means the location specified in an Order to which NWSSP shall deliver or procure the delivery of the Radiopharmaceutical Products.

Force Majeure is as defined in clause 22.1.

Intellectual Property Rights means patents, utility models rights to inventions, copyright and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

Order has the meaning given to it in clause 4.1.

personal data, Processor, processing and process is as set out in the Data Protection Legislation.

Radiopharmaceutical Products means the products described within Schedule 1.

Representatives means in relation to a Party, its employees, officers, representatives, contractors, subcontractors, and advisers.

UK GDPR has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

Warranty Period has the meaning given in clause 6.

2. STATUS

2.1. This Agreement is made pursuant to section 7(5) of the National Health Service (Wales) Act 2006 (as applied in Wales) and must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales. Notwithstanding, the Parties agree to act in good faith and in accordance with the provisions stated in this Agreement.

3. DURATION OF AGREEMENT

3.1. This Agreement will commence on the Commencement Date and shall continue unless terminated earlier in accordance with the terms set out in clause 0 (Termination) for an initial period of three years (Initial Term), when it shall terminate automatically without notice, unless no later than three months before the end of the Initial Term (or any Extended Term agreed under this clause), the Parties agree in writing that the term of the Agreement shall be extended for an additional three years (Extended Term).

4. ORDERS

4.1. VELUNHST must submit routine Orders for Radiopharmaceutical Products to NWSSP using the NWSSP **r**adiopharmacy proforma as detailed in Schedule 1 and received by 12:00 (midday) two Business Days prior to Delivery or in any other form that the Parties may agree from time to time (an Order).

4.2. Non-routine Orders of Radiopharmaceutical Products for agreed clinically urgent scenarios must be received prior to 15:00 on the day before delivery. Emergency Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. Communication via telephone is required prior to submission of emergency orders.

4.3. An Order shall constitute an offer by VELUNHST to purchase the Radiopharmaceutical Products on the terms of the Agreement, which may or may not be accepted by NWSSP.

4.4. The offer constituted by an Order shall remain in effect and be capable of being accepted by NWSSP for 10 Business Days from the date on which VELUNHST submitted the Order, after which time it shall automatically lapse and be withdrawn.

4.5. NWSSP will endeavour to accept all valid Orders, however, there may be rare circumstances in which NWSSP is required to decline an Order, as outlined in Schedule 1.

4.6. An Order shall not be accepted, and no binding obligation to supply any Radiopharmaceutical Products shall arise, until the earlier of:

4.6.1. NWSSP's written acceptance of the Order; or

4.6.2. NWSSP dispatching the Radiopharmaceutical Products.

5. DELIVERY AND INSPECTION

5.1. Delivery schedules, transport arrangements and packaging requirements are specified under the 'Transport and Delivery Schedule' in Schedule 1.

5.2. The Radiopharmaceutical Products are to be delivered by Health Courier Service (HCS) a courier service operated by NWSSP, to the Delivery Location on the date(s) specified in the Order;

The Radiopharmaceutical Products shall be deemed delivered on receipt of delivery of the Radiopharmaceutical Products by NWSSP to the Health Board/Trust.

5.3. VELUNHST shall not be entitled to reject any Delivery of the Radiopharmaceutical Products on the basis that an incorrect volume of Radiopharmaceutical Products has been supplied provided the volumes are within the tolerances (if any) set out in the Order.

5.4. The Radiopharmaceutical Products may be delivered by instalments if specified in the Order. Any delay in delivery or defect in an instalment shall not entitle VELUNHST to cancel any other instalment.

5.5. Delivery of the Radiopharmaceutical Products shall be accompanied by a delivery note stating:

5.5.1. the date of the Order;

the product numbers, type and quantity of Radiopharmaceutical Products in the consignment and the delivery note will display maximum activity in the case for each product at time of packing, reflecting actual contents in the package and not decay corrected activity values, accounting for travel time.

5.5.2. any special handling instructions.

5.6. NWSSP shall deliver the Radiopharmaceutical Products in accordance with any applicable dates or time periods for Delivery detailed in the Order.

Unless the Parties agree otherwise, packaging material (as specified under Schedule 1) shall not be disposed of by VELUNHST and at its cost, returned to NWSSP.

Packaging materials include transport cases, attachments and transport vial shields that are contained within each transport case.

The organisation will only incur a charge if a transport case is not returned or is deemed not fit for use due to damage occurred after receipt by the HB, in which situation the replacement cost of the case would be applied.

Transport cases and vial shields must be monitored, be contamination free and approriately labelled before this is handed/transported back to IP5 via HCS.

5.7. NWSSP shall not be liable for any delay in or failure of Delivery to the extent caused by VELUNHST's failure to:

5.7.1. make the Delivery Location available;

5.7.2. prepare the Delivery Location as required for Delivery;

5.7.3. provide NWSSP with adequate instructions for Delivery; or

5.7.4. an event of Force Majeure.

5.8. NWSSP Radiopharmacy shall be the primary and preferred supplier for the radiopharmaceutical products covered under Schedule 1.

VELUNHST shall provide NWSSP with prompt written notice In the event of any such unforeseen operational circumstances arising that materially change the customers required supply or render NWSSP unable to meet the agreed service levels.

VELUNHST will detail the nature of the circumstances and the expected impact on supply requirements. NWSSP shall be afforded reasonable opportunity to remedy or mitigate the issue before VELUNHST seeks alternative supply of radiopharmaceutical products from external suppliers without such justification or prior notice will constitute a breach of this Agreement"

6. WARRANTY

6.1 NWSSP warrants that, from Delivery until the product's labelled expiry date, the Radiopharmaceutical Products delivered by NWSSP shall:

6.1.1. conform in all material respects to the Radiopharmaceutical Products as described in Schedule 1;

6.1.2. be free from material defects in design, materials and workmanship;

6.1.3. comply with all Applicable Laws, standards and good industry practice (as outlined in more detail in Schedule 1 (including in relation to their manufacture, packaging and Delivery); and

6.1.4. be of satisfactory quality within the meaning of the Sale of Goods Act 1979.

6.2. VELUNHST may reject any Radiopharmaceutical Products that do not comply with clause 6 provided that VELUNHST:

6.2.1. provides written notification to NWSSP;

6.2.2. during the Warranty Period in the case of defects discovered by a physical inspection; or

6.2.3. in the case of latent defects, during the Warranty Period or, if the Warranty Period has expired, within one month from the date on which VELUNHST became aware (or should reasonably have become aware) of the defect;

6.2.4. provides NWSSP with sufficient information as to the nature and extent of the defects and the uses to which the Radiopharmaceutical Products had been put prior to the defect arising; and

6.2.5. gives NWSSP a reasonable opportunity to examine the defective Radiopharmaceutical Products.

6.3. As soon as reasonably practicable but in any event within 10 Business Days after receiving a written notification in accordance with clause 6.2, the NWSSP shall at NWSSP's option:

6.3.1. repair or replace the Radiopharmaceutical Products; or

6.3.2. provide VELUNHST with a full refund of the Price paid by VELUNHST for the Radiopharmaceutical Products.

6.4. NWSSP shall at its own cost collect any Radiopharmaceutical Products rejected under clause 6.2. Risk in the rejected Radiopharmaceutical Products shall pass back to NWSSP at the point at which the Radiopharmaceuticals are collected. If title in the rejected Radiopharmaceutical Products has already passed to VELUNHST under clause 1.2, title shall pass back to NWSSP on collection of the Radiopharmaceutical Products to be replaced, or upon payment of a refund to VELUNHST (as applicable).

6.5. The provisions of this Agreement shall apply to any Radiopharmaceutical Products that are repaired or replaced pursuant to clause 6.3.

6.6. NWSSP shall not be liable for any breach of clause 6:

6.6.1. where such failure arises as a result of fair wear and tear of Radiopharmaceutical Products as described in Schedule 1, VELUNHSTs or a third party's wilful damage, or VELUNHST's or a third party's negligence (excluding any wilful damage or negligence caused by any of NWSSP's subcontractors);

The wear and tear on such NWSSP capital assets is out of scope for direct recharge.

6.6.2. to the extent caused by VELUNHST's failure to comply with NWSSP's reasonable instructions in relation to the Radiopharmaceutical Products, including any instructions on installation, operation, storage and maintenance;

6.6.3. to the extent caused by NWSSP following any specification or requirement of VELUNHST in relation to the Radiopharmaceutical Products;

6.6.4. where VELUNHST modifies any Radiopharmaceutical Products without the NWSSP's prior written consent or, having received such consent, not in accordance with NWSSP's reasonable instructions; or

6.6.5. where VELUNHST uses any of the Radiopharmaceutical Products after notifying NWSSP that it does not comply with clause 6.

1.1 Clauses 6.2 and 6.3 set out VELUNHST's sole and exclusive remedies (howsoever arising, whether in contract, tort, negligence or otherwise) for any breach by NWSSP of clause 6 (without prejudice to VELUNHST's right to claim damages for such a breach provided there is no double recovery with any refund paid to VELUNHST in accordance with clause 6.3.2). Except as set out in this clause 0, the NWSSP gives no warranty or undertaking and makes no representations in relation to the Radiopharmaceutical Products, shall have no liability for their failure to comply with clause 6, and all warranties, terms and conditions (including the conditions implied by sections 13–15 of the Sale of Goods Act 1979) whether express or implied by

statute, common law or otherwise are excluded to the extent permitted by Applicable Law.

7. RISK AND TITLE

7.1. Risk in the Radiopharmaceutical Products shall pass to VELUNHST on Delivery.

1.2 Title to the Radiopharmaceutical Products shall pass to VELUNHST once NWSSP has received payment in full and cleared funds for the Radiopharmaceutical Products.

8. NWSSP OBLIGATIONS

8.1. In supplying the Radiopharmaceutical Products NWSSP shall

8.1.1. manufacture and supply the Radiopharmaceutical Products in accordance with clauses 6.1.1 to 6.1.4

8.1.2. conform with any service objectives, regulatory compliance, contract monitoring, governance obligations, performance monitoring, and health and safety standards as detailed in Schedule 1.

8.1.3. co-operate with VELUNHST in all matters relating to the supply of the Radiopharmaceutical Products, and comply with VELUNHST's reasonable instructions regarding Delivery and any Radiopharmaceutical Products handling requirements;

8.1.4. maintain all consents, licences and permissions needed to manufacture and supply the Radiopharmaceutical Products in accordance with this Agreement excluding any licences, consents and permissions that, where applicable, VELUNHST has agreed in writing to maintain;

8.1.5. ensure that the Radiopharmaceutical Products supplied conform to any specifications, requirements and standards as agreed between the Parties and that the Deliverables are fit for any purpose that VELUNHST expressly or impliedly makes known to NWSSP;

8.1.6. ensure that the Radiopharmaceutical Products and all materials, standards and techniques used in their manufacture and supply is of the highest quality and are free from defects in all material respects; and

8.1.7. comply with all Applicable Laws, governing the manufacture, storage, transport and supply of the Radiopharmaceutical Products

8.2. NWSSP cannot rely on VELUNHST's breach of the Agreement to excuse any failure in NWSSP'S performance unless NWSSP promptly notifies VELUNHST in writing and in reasonable detail of the VELUNHST's breach ad its effect or anticipated effect on the:

8.2.1. Radiopharmaceutical Products;

8.2.2. the obligations that NWSSP cannot perform are directly and materially impacted by VELUNHST's breach; and

8.2.3. NWSSP uses all reasonable endeavours to continue to meet its obligations in accordance with the Agreement.

9. NWSSP PERSONNEL

9.1. NWSSP shall ensure that all employe**e**s, workers, contractors, and other personnel — including any subcontractors nominated by NWSSP and engaged by VELUNHST for the provision of the Radiopharmaceutical Products are:

9.1.1. appropriately appointed to be able to manufacture and supply the Radiopharmaceutical Products.

9.1.2. are suitably skilled and experienced to perform the tasks assigned to them, and in sufficient number to fulfil NWSSP's obligations;

9.1.3. observe all reasonable health and safety rules and regulations and security requirements that apply from time to time at the Site; and

9.1.4. comply with all Applicable Laws.

10. VELUNHST's OBLIGATIONS

10.1. VELUNHST shall:

10.1.1. co-operate with NWSSP in all matters relating to the receipt, handling and administration of the Radiopharmaceutical Products;

10.1.2. comply with all Applicable Laws;

10.1.3. provide all information reasonably required by VELUNHST for the provision of the Radiopharmaceutical Products by NWSSP;

10.1.4. maintain all consents, licences and permissions needed for lawful receipt, storage and use of the Radiopharmaceutical Products, excluding any licences, consents and permissions that NWSSP has agreed in writing to maintain;

10.1.5. Ensure that appropriate facilities, equipment, and trained personnel are available for the safe handling and administration of the Radiopharmaceutical Products in accordance with Applicable Laws and agreed protocols.

11. DATA PROTECTION

11.1. The Parties do not envisage that any Personal Data will be shared or processed under or in connection with this Agreement.

11.2. If, at any point, the Parties believe that Personal Data may need to be shared or processed, they will:

11.2.1. collect and process any personal data in accordance with their respective privacy notices. Each Party will make its privacy notice available to the other upon request;

11.2.2. comply with all applicable Data Protection Legislation at all times;

11.2.3. when necessary, carry out a Data Protection Impact Assessment and enter into any relevant data protection agreements; and

11.2.4. update this clause 11 to reflect the data processing arrangements.

12. INTELLECTUAL PROPERTY INDEMNITY

12.1. Subject to clause 12.2.4, NWSSP will indemnify VELUNHST from and against all losses, damages, liabilities, reasonable costs and expenses (including reasonable legal and other professional fees, costs and expenses) and claims suffered or incurred by it as a direct result of any third party claim that the use or possession of the Radiopharmaceutical Products (or any part thereof) infringes the Intellectual Property Rights of any third party (IPR Claim).

12.2. VELUNHST shall:

12.2.1. promptly notify NWSSP in writing on becoming aware of any IPR Claim;

12.2.2. not make any admission of liability or agree any settlement or compromise of the relevant IPR Claim without the prior written consent NWSSP (such consent not to be unreasonably withheld or delayed);

12.2.3. grant NWSSP at its reasonable request the sole control and conduct of the defence of the IPR Claim and of any related settlement or negotiations; and

12.2.4. at NWSSP's reasonable request and expense, provide NWSSP with all reasonable assistance in relation to the IPR Claim.

12.2.5. NWSSP shall not have any liability or obligation under this clause 12 in respect of any IPR Claim to the extent that it results from or arises in connection with:

12.2.6. VELUNHST's breach of the Agreement;

12.2.7. the modification or use of the Pharmaceutical Products by VELUNHST other than in accordance with this Agreement or NWSSP's reasonable instructions; or

12.2.8. VELUNHST's wilful misconduct or negligence.

13. CHARGES AND PAYMENT

In consideration for the provision of Radiopharmaceutical Products, VELUNHST shall pay NWSSP the Charges as set out in **Error! Reference source not found..**

All sums payable by VELUNHST include the costs of packaging, delivery and transport. VAT will not be charged on invoices to VELUNHST

13.1. VELUNHST shall pay all invoices:

13.1.1. in full and in cleared funds within 30 days of the date of each invoice; and if invoices are not paid within the 30 day payment terms, debts will the escalated in line with the Welsh Government Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales.

13.1.2. to the bank account details noted on the invoices.

13.2. NWSSP shall provide VELUNHST with any documents and other information reasonably requested by VELUNHST to verify the accuracy of NWSSP's invoices. This includes product details, quantities supplied and any agreed additional charges.

14. REGULATORY INSPECTIONSAND REPORTS

14.1. NWSSP shall comply with all regulatory inspections and audits conducted by relevant authorities in relation to the manufacture, handling, and supply of the Radiopharmaceutical Products.

14.2. NWSSP shall use reasonable endeavours to ensure that any regulatory inspection does not unreasonably disrupt its ability to meet its obligations under this Agreement.

14.3. NWSSP shall maintain accurate records of all regulatory inspections, audits, and compliance reports relating to the Radiopharmaceutical Products.

14.4. NWSSP shall promptly notify VELUNHST of any regulatory inspection findings that may impact the supply of the Radiopharmaceutical Products under this Agreement.

14.5. NWSSP shall implement any corrective actions required by regulatory authorities within the specified timeframes and keep VELUNHST informed of progress where such actions affect Delivery.

14.6. Both Parties (where appropriate) shall cooperate in any regulatory inspections or external audits relating to the Radiopharmaceutical Products provided under this Agreement.

15. DISPUTES

15.1. In the event of any dispute or claim arising out of or relating to this Agreement, the Parties agree to first attempt to resolve the matter through good faith negotiations between the nominated individuals in section 15.3. In principle, both Parties will seek to resolve any disagreements amicably at an operational level and to the shared beneficial interest of patients. If the Parties are unable to reach an initial agreement on any matter arising under this Agreement within 15 days, the following escalation process shall apply:

15.1.1. Step 1: Service Manager (NWSSP) to Service Manager (VELUNHST), if the matter cannot be resolved within 15 days, the Parties shall move to step 2;

15.1.2. Step 2: Service director (NWSSP) to Service director (VELUNHST), if the matter has not been resolved within 15 days, the Parties shall move to step 3;

15.1.3. Step 3: Director(s) (NWSSP) to Executive Director(s) (VELUNHST), if the matter has not been resolved within 15 days, then the parties refer the dispute in accordance with clause 15.1.3.

15.2. If the dispute cannot be resolved within 60 days of such negotiations commencing, the matter shall be referred to the Welsh Ministers for resolution in accordance with Section 7 of the National Health Service (Wales) Act 2006.

15.3. Nominated individuals:

15.3.1. **NWSSP:**

Name: **Laura-Jayne Keating**

Job title: **Director of Pharmacy Services**

Email: Laura-Jayne.Keating@wales.nhs.uk

Telephone: **07879 452213**

15.4. **VELUNHST:**

Name:

Job title:

Email:

Telephone:

16. CONFIDENTIALITY

16.1. Each Party undertakes that it shall not at any time disclose to any person any Confidential Information belonging to the other Party except as permitted by Clause 16.2.

16.2. Each Party may disclose the other Party's Confidential Information:

16.2.1. to its Representatives who need to know such information for the purposes of exercising the Party's rights or carrying out its obligations under or in connection with this Agreement. Each Party shall ensure that Representatives to whom it discloses the other Party's Confidential Information comply with this Clause 16; and

16.2.2. as may be required by law, a court of competent jurisdiction or any governmental or regulatory authority.

16.3. No Party may use any other Party's Confidential Information for any purpose other than to exercise its rights and perform its obligations under or in connection with this Agreement.

17. REVIEW

17.1. This Agreement shall be reviewed jointly by both Parties on an annual basis, or earlier if either Party reasonably requests a review due to a material change in service requirements, applicable legislation, or operational circumstances.

The review shall assess the effectiveness, performance, and relevance of the Radiopharmaceutical Products including compliance with this Agreement, regulatory obligations, service standards, and financial arrangements. Outcomes shall be documented and, where appropriate, incorporated into a formal variation to this Agreement, subject to mutual written consent.

18. WELSH LANGUAGE OBLIGATIONS

18.1. Each Party warrants and undertakes that it will not perform this agreement in such a way as to breach its obligations in respect of the Welsh language including but not limited to its obligations under the Government of Wales Act 2006, the Welsh Language Act 1993, or the Welsh Language (Wales) Measure 2011.

19. ANTI-SLAVERY

19.1. In performing its obligations under the Agreement, the Parties shall:

19.1.1. comply with all applicable anti-slavery and human trafficking laws, statutes, and regulations from time to time in force including the Modern Slavery Act 2015; and

19.1.2. comply with the NHS Anti-slavery policy.

19.2. Breach of this clause 19 shall be deemed a material breach under clause 24.1.1.

20. ANTI-BRIBERY AND CORRUPTION

20.1. Each party shall, throughout the term of this Agreement:

20.1.1. comply with all applicable anti-bribery laws, including the Bribery Act 2010;

20.1.2. avoid any conduct that would constitute an offence under sections 1, 2, or 6 of the Bribery Act 2010 if carried out in the UK;

20.1.3. adhere to each of their respective anti-bribery policies and any relevant industry codes, as updated from time to time;

20.1.4. maintain and enforce adequate anti-bribery procedures to ensure compliance;

20.1.5. promptly notify the other Party in writing of any breach or suspected breach of this clause, or any request for an improper advantage;

20.1.6. disclose if a foreign public official becomes associated with it, and confirm none are associated as of the Commencement Date; and

20.1.7. provide annual written certification of compliance, signed by an officer, along with supporting evidence upon request.

20.1.8. Each Party shall ensure that all third parties engaged in fulfilling its obligations under this Agreement are bound by equivalent anti-bribery terms and shall be liable for their compliance.

20.1.9. Breach of this clause shall constitute a material breach under clause 24.1.1.

20.1.10. Definitions of “adequate procedures”, “foreign public official”, and “associated person” shall follow the Bribery Act 2010 and related guidance.

21. FREEDOM OF INFORMATION

21.1. The Parties acknowledge that each Party is subject to the requirements of the Freedom of Information Act 2000 (“FOIA”) and the Environmental Information Regulations 2004 (“EIR”). Each Party shall assist and cooperate with the other to enable a Party to meet their obligations and requirements under the FOIA and EIR legislation and comply with their disclosure requirements under the FOIA.

22. FORCE MAJEURE

22.1. In this Agreement "Force Majeure" shall mean any cause preventing a Party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Party so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, epidemic or pandemic, fire, flood or storm.

22.2. Neither Party shall be liable for any delay or failure in the performance of its obligations for so long as and to the extent that such delay or failure is as a result of a Force Majeure. If the period of delay or non-performance continues for 30 days, the Party not affected may terminate this Agreement by giving not less than 10 days' written notice to the affected Party.

23. INDEMNITIES AND LIMITATION OF LIABILITY

23.1. Nothing in this Agreement shall limit or exclude a Party's liability:

23.1.1. for death or personal injury caused by its negligence, or that of its employees, agents, or sub-contractors;

23.1.2. for fraud or fraudulent misrepresentation;

23.1.3. for any other act, omission, or liability which may not be limited or excluded by law.

23.2. **NHS Indemnity Schemes:**

23.2.1. both VELUNHST and NWSSP (hosted by Velindre University NHS Trust), each being a Health Body under the National Health Service (Wales) Act 2006, confirm that NHS Indemnity applies to activities covered by this Agreement, and that they each participate in the Welsh Risk Pooling Scheme. Upon identification of a claim that is indemnified by the WRP, an assessment of liability will need to be undertaken to determine which party bears the cost of the WRP excess

23.3. **Incident Handling, Investigations and Cooperation:**

23.3.1. in the event of any incident, complaint, claim, regulatory enquiry or other investigation:

23.3.1.1. the Parties shall collaborate to facilitate a thorough and appropriate investigation, sharing all relevant information; and/or

23.3.1.2. if required, the Parties shall mutually appoint a lead body responsible for coordinating the investigation and liaising with third parties.

23.4. **Compliance with Welsh NHS Regulations:**

23.4.1. both Parties agree to comply with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. If redress under Part 6 is triggered, or negligence is established resulting in a settled claim:

23.4.1.1. the Parties shall cooperate in determining any allocation of payments to the claimant; or

23.4.1.2. If they cannot agree, the matter will be referred to the Welsh Risk Pool for resolution.

23.5. **Mutual Indemnity:**

23.5.1. Except as set out in Clause 1, each Party ("Indemnifying Party") indemnifies the other ("Indemnified Party") against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses (including legal fees) arising from any breach of this Agreement or any wrongful act or omission of the Indemnifying Party or its Representatives.

23.5.2. This indemnity shall not extend to indirect or consequential losses, such as loss of profits, revenue, goodwill, business opportunities or anticipated savings.

23.5.3. The indemnity shall not apply to liabilities of the Indemnifying Party which arise from the fraud, dishonesty, wilful default or wilful negligence, unlawful expenditure, libel or slander of the Indemnified Party.

24. TERMINATION

24.1 Without affecting any other right or remedy available to it, either Party to the Agreement may terminate it with immediate effect by giving written notice to the other Party if:

24.1.1. the other Party commits a material breach of any term of the agreement which breach is irremediable or (if such breach is remediable) fails to remedy that breach within a period of 30 days after being notified in writing to do so;

24.1.2. the other Party takes any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), applying to court for or obtaining a moratorium under Part A1 of the Insolvency Act 1986, being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business or, if the step or action is taken in another jurisdiction, in connection with any analogous procedure in the relevant jurisdiction;

24.1.3. the other Party suspends, or threatens to suspend, or ceases or threatens to cease to carry on all or a substantial part of its business; or

24.1.4. the other Party's financial position deteriorates to such an extent that in the terminating Party's reasonable opinion the other Party's capability to adequately fulfil its obligations under the agreement has been placed in jeopardy.

24.1.5 Without affecting any other right or remedy available to it, either Party may terminate this Agreement on giving not less than 6 months written notice to the other Party.

25. GENERAL

25.1 ASSIGNMENT AND OTHER DEALINGS

Neither Party shall assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under the Agreement without the other Party's prior written consent.

25.2 ENTIRE AGREEMENT

25.2.1 The Agreement constitutes the entire agreement between the Parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations, and understandings between them, whether written or oral, relating to its subject matter.

25.2.2 Each Party acknowledges that in entering into the Agreement it does not rely on and shall have no remedies in respect of any statement, representation, assurance, or warranty (whether made innocently or negligently) that is not set out in the Agreement. Each Party agrees that it shall have no claim for innocent or negligent misrepresentation or negligent misstatement based on any statement in the Agreement.

26. VARIATION

No variation of the Agreement shall be effective unless it is in writing and signed by the Parties (or their authorised Representatives).

27. WAIVER

A waiver of any right or remedy under the Agreement or by law is only effective if given in writing and shall not be deemed a waiver of any subsequent right or remedy.

A failure or delay by a Party to exercise any right or remedy provided under the Agreement or by law shall not constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict any further exercise of that or any other right or remedy. No single or partial exercise of any right or remedy provided under the Agreement or by law shall prevent or restrict the further exercise of that or any other right or remedy.

28. SEVERANCE

If any provision or part-provision of the Agreement is or becomes invalid, illegal, or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal, and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this Clause 0 shall not affect the validity and enforceability of the rest of the Agreement.

29. NOTICES

29.1 Any notice or other communication given to a Party under or in connection with the Agreement shall be in writing and shall be:

29.1.1.1 delivered by hand or by pre-paid first-class post or other next Business Day delivery service at its principal place of business; or

29.1.1.2 sent by email to the address specified in clause 15.3.

29.1.1.3 Any notice or communication shall be deemed to have been received:

29.1.1.4 if delivered by hand, at the time the notice is left at the proper address;

29.1.1.5 if sent by pre-paid first-class post or other next Business Day delivery service, at 9.00 am on the second Business Day after posting; or

29.1.1.6 if sent by email, at the time of transmission, or, if this time falls outside Business Hours in the place of receipt, when Business Hours resume.

29.1.1.7 This Clause 29 does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

30 THIRD PARTY RIGHTS

Unless it expressly states otherwise, the Agreement does not give rise to any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of the Agreement.

The rights of the Parties to rescind or vary the Agreement are not subject to the consent of any other person.

31 GOVERNING LAW

The Parties recognise that this Agreement is not a legally binding contract but nevertheless will honour, observe, and perform as if it was.

This Agreement is executed on behalf of the parties by their duly authorised officers as follows:

For or on behalf of **NHS WALES SHARED SERVICES PARTNERSHIP**

Name:

Title:

Signed:

Date:

For or on behalf of **VELINDRE UNIVERSITY NHS TRUST**

Name:

Title:

Signed:

Date:

Schedule 1 Radiopharmacy Services and Product Specification



Schedule 1 Services NWSSP_VELUNHST.d

Schedule 2 Finance Costing



Schedule 2 Finance Costings NWSSP_VEL

Schedule 1 Radiopharmacy Services, NWSSP_VELUNHST

1. PURPOSE

This service specification sets out the arrangements for NHS Wales Shared Services Partnership (NWSSP) to supply technetium-based radiopharmaceuticals, manufactured by the Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit based at IP5, for use within Velindre University NHS Trust (VELUNHST), specifically at the Velindre Cancer Centre site.

2. SERVICE OBJECTIVES

- Supply technetium-based radiopharmaceutical products that comply with all applicable regulatory requirements and Good Manufacturing Practice (GMP) standards, ensuring they are safe, effective, and fit for their intended clinical use.
- Provide all radiopharmaceutical products in accordance with the orders provided from the Nuclear Medicine department at VCC (subject to availability of product), at an agreed dispatch time from the radiopharmacy unit at IP5.
- Notify the Nuclear Medicine Department at VCC as soon as possible should any deviations from the agreed principles or delivery schedule outlined in this agreement.
- Provide accurate information on the validated shelf life of the supplied radiopharmaceuticals in order to enable patients at VCC to be scheduled appropriately by the Nuclear Medicine Department.

3. SCOPE OF SERVICE

3.1 License Status

Wherever possible, the cold kits used for radiopharmaceutical preparation by NWSSP will hold a UK Marketing Authorisation (Product Licence). However, the IP5 Radiopharmacy Unit will prepare radiopharmaceuticals under its Manufacturer's Specials (MS) Licence according to agreed specifications. Finished products will therefore be unlicensed medicines.

The following definitions will apply throughout this specification:

Licensed radiopharmaceutical medicines
Radiopharmaceutical products that hold a valid UK Marketing Authorisation (Product Licence) and are manufactured, labelled, and used in accordance with the authorised terms of that licence.

Unlicensed radiopharmaceutical medicines
Radiopharmaceutical products manufactured and/or supplied without a UK Marketing Authorisation, including those prepared and supplied under a Manufacturer's "Specials" (MS) Licence to meet the special clinical needs of patients where a licensed alternative is unavailable or unsuitable.

Unlicensed indications (off-label use)

The clinical use of a radiopharmaceutical outside the indications, dose, route, or patient population covered by its Marketing Authorisation. Such use is subject to governance requirements and is the clinical responsibility of the ARSAC Practitioner.

3.2 Supply Arrangement

- Radiopharmaceuticals supplied by NWSSP are prepared under the conditions of an MS Licence.
- Radiopharmaceuticals will be supplied in a multi-dose vial.
- Each vial will be supplied in a suitably shielded container.
- The vial will be labelled in compliance with the Medicines (Labelling) Amendment regulations.
- Vials will be packaged in a validated Type A category package to meet regulatory requirements and to ensure the safe transport of products.
- Nuclear Medicine Departments are responsible for ensuring appropriate arrangements are in place to receive the package and the action to take if any damage/spill occurs on or after delivery to the Department.
- Nuclear Medicine Departments are responsible for communicating promptly any changes that may impact radiopharmaceutical supply. These include, but are not limited to:
    - Amendments to the Natural Resource Wales (NRW) permit
    - Changes to the ARSAC Employer License
    - The introduction of unlicensed indications
- All radiopharmaceutical orders for unlicensed cold kits and unlicensed indications must be accompanied with a signed referral and or disclaimer signed by only the ARSAC practitioner in VELUNHST.
- For cold kits with a UK product licence (PL), made in line with the specifications of the PL, IP5 radiopharmacy will undertake Quality Control testing on the first kit of each batch received. For cold kits which do not have a UK PL, IP5 radiopharmacy will undertake Quality Control testing (including radiochemical purity), in line with the manufacturer's requirements, for each vial produced.
- All secondary care activity undertaken through this arrangement will be the responsibility of VELUNHST.
- Periodic revalidation of NWSSP cleanrooms and associated equipment will be undertaken to ensure compliance with all applicable regulatory requirements. During these scheduled revalidation periods, the IP5 radiopharmacy will not be operational. Advance notice of these dates will be provided to VELUNHST to allow appropriate planning.
- In the event of unforeseen technical issues resulting in reduced availability of technetium-99m, NWSSP will promptly notify the Nuclear Medicine Department to ensure timely communication and mitigation.

3.3 Ordering

- All orders of radiopharmaceutical vials need to be made using the NWSSP Radiopharmacy proforma.
- Only orders for radiopharmaceuticals listed in the approved product portfolio (see attached schedule) will be available for manufacture and supply under this agreement. Any request for products outside of this approved portfolio will require a formal risk assessment and must follow the established New Product Approval Process prior to introduction into routine manufacture.



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- Orders must be requested and signed by the ARSAC practitioner licence holder or a nominated deputy.
- As standard, routine orders must be received before **12:00 (midday) two days prior to delivery**.
- Orders for **agreed clinically urgent scenarios** can be requested up to **15:00 on the day prior to delivery**. Orders submitted after 15:00 will be accommodated where possible but will be dependent on operational capacity. These requests must initially be via telephone conversation with the Radiopharmacy Lead or nominated deputy to ensure that there is sufficient capacity to undertake the request.
- NWSSP will endeavour to accept all valid orders. However, there may be rare circumstances where orders may be rejected due to operational, regulatory, quality, safety or capacity issues preventing safe or compliant fulfilment. Examples include, but are not limited to late orders, unavailable materials, capacity breaches, unmet regulatory requirements and critical equipment failures. Where an order cannot be accepted, NWSSP will communicate this as soon as possible.

3.4 Transport

- All transportation from the radiopharmacy at IP5 will be arranged via Health Courier Services (HCS).
- Transport coordination via HCS and payment will be the responsibility of NWSSP.
- HCS will ensure that appropriate arrangements are in place for the collection and distribution of radiopharmaceuticals in full compliance with the regulatory requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

3.5 Delivery Schedule

- Deliveries between the radiopharmacy unit at IP5 and the Nuclear Medicine department at VCC will occur daily (Monday to Friday).
- The routine daily target dispatch time from the IP5 Radiopharmacy Unit will be **09:00**, with deliveries scheduled to arrive by:
  - **09:30** at the Nuclear Medicine Department, VCC.

- While every effort will be made to adhere to the agreed delivery windows, there may be instances where delays occur outside the control of the Radiopharmacy. Examples include, but are not limited to:
    - Traffic congestion or road closures
    - Vehicle breakdowns
    - Emergency situations such as fire alarm evacuations
- Radiopharmaceuticals shall be transported via a dedicated HCS vehicle, delivering directly to VCC in accordance with the agreed delivery schedules.
- Nuclear medicine departments must inform NWSSP radiopharmacy within 24 hours of the scheduled delivery time if an order is to be cancelled and/or transport is no longer required.

4. TRANSITION PLAN

Prior to commencement of a fully operational radiopharmacy service at IP5, NWSSP will implement a Transition Plan to support the safe and compliant commissioning of the service. Aneurin Bevan University Health Board (ABUHB) will be the first organisation to receive supply over a 12-week period. This implementation phase has been designed to mitigate risk and prepare the organisation for progression to full operational delivery across all organisations

Upon completion of the 12-week transition period, the IP5 Radiopharmacy Unit will expand supply, extending the provision of radiopharmaceuticals to include all other participating organisations. **From this point onward, VELUNHST and other designated organisations will receive full supply of requested radiopharmaceuticals in accordance with agreed service specifications.**

The transition plan will be as follows:

Phased Opening (Weeks 0–12):
From the commencement of service, ABUHB will receive full fulfilment of all clinically requested radiopharmaceuticals for Royal Gwent Hospital and Nevill Hall Hospital, Monday to Friday. Swansea Bay University Health Board (SBUHB) will continue to supply radiopharmaceuticals to other organisations. This phased opening period is designed to maximise workforce competency and address transitional challenges, while maintaining uninterrupted supply to ABUHB.

Full Operations (Week 13 onward):
Following successful completion of the phased opening, the service will become fully operational, supplying all designated Health Board/Trust sites as per agreed delivery schedules and service specifications.

5. SERVICE INTERRUPTION

5.1 Mutual Aid Arrangement

NWSSP shall maintain a Contingency Plan to ensure continuity of radiopharmaceutical supply in the event of an unforeseen interruption to production at the NWSSP radiopharmacy facility.

In the event of a service interruption, NWSSP will activate a pre-agreed mutual aid arrangement with SBUHB radiopharmacy. This arrangement will ensure that clinically requested radiopharmaceuticals can be sourced and supplied to affected sites to minimise disruption to patient care. The scope of the agreement will be as follows:

- Emergency supply will be applied to all organisations receiving supply of radiopharmaceuticals from NWSSP.
- Supply will prioritise urgent and time-critical procedures and will be provided in line with the available production capacity of the SBUHB radiopharmacy unit.
- Upon activation of the contingency plan, NWSSP will provide immediate notification to the affected organisations.
- NWSSP will coordinate directly with SBUHB and impacted organisations to confirm product availability and delivery schedules during the contingency period.

5.2 Supply Disruptions

In the event of any disruption related to global or national radiopharmaceutical supply issues, NWSSP shall notify VELUNHST at the earliest opportunity. NWSSP will provide timely updates on the nature of the disruption, anticipated impact on service delivery, and any mitigation measures being implemented.

NWSSP will work proactively with suppliers, national radiopharmacy working groups, and government representatives as required to manage such shortages.

6. SERVICE KEY DELIVERABLES

- VELUNHST shall ensure that all clinical referrals are appropriately justified prior to placing an order for a radiopharmaceutical from NWSSP Radiopharmacy. This includes compliance with ARSAC employer and practitioner licenses held by VELUNHST.
- NWSSP shall ensure service continuity by covering any staff absences due to annual leave, sickness, or study leave that would otherwise prevent the service from operating.
- NWSSP shall supply all radiopharmaceuticals with sufficient activity, ensuring all requested patient requirements are met.
- NWSSP will ensure that radiopharmaceutical products are prepared and ready for the agreed daily transport collection time as mutually agreed with VELUNHST; however, there may be circumstances beyond NWSSP's control where this cannot be achieved. In such cases, VELUNHST will be notified promptly.

- NWSSP will make every effort to fulfil urgent emergency requests, but these cannot be guaranteed (as they are subject to staffing and radionuclide availability).
- NWSSP shall perform quality control testing on manufactured technetium-99m radiopharmaceuticals at defined intervals in accordance with section 3.2.
- VELUNHST must submit routine 99mTc-radiopharmaceutical orders to the IP5 Radiopharmacy by no later than 12:00 (midday), two working days prior to the intended delivery date. Orders for agreed clinically urgent scenarios can be requested up to 15:00 on the day prior to delivery.
- VELUNHST must confirm any late additions, changes, or cancellations made to radiopharmaceutical orders after this deadline with NWSSP Radiopharmacy by telephone and email.
- VELUNHST will have a predefined delivery schedule for supply of radiopharmaceuticals. VELUNHST must inform NWSSP if delivery is not required before the order deadline specified above.
- Type A transport cases need to be returned to the NWSSP Radiopharmacy in a non-contaminated state within two working days after use. As standard practice, containers can be returned with the HCS courier on the same working day. The only circumstance where this would differ is in the event of contamination of the transport case. In such cases, the Nuclear Medicine department will retain the container and return it when it is safe to do so. In such events, notification must be provided to NWSSP.

7. REGULATORY STANDARDS

7.1 Good Manufacturing Practice (GMP)

NWSSP facilities used for the preparation of radiopharmaceuticals, and all personnel engaged in production, shall comply with the requirements set out in the current edition of the *Rules and Guidance for Pharmaceutical Manufacturers and Distributors* (Orange Guide) and the current version of *The Rules Governing Medicinal Products in the European Union Volume 4 - EU Guidelines for Good Manufacturing Practice for Medicinal Products for Human and Veterinary Use* . NWSSP shall ensure full adherence to Good Manufacturing Practice (GMP) principles and maintain readiness for inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA). These standards will govern all aspects of production, quality control, and documentation to ensure patient safety and regulatory compliance.

Schedule 3 Quality Technical Agreement



Schedule 3 QTA NWSSP_VELUNHST.d

7.2 Health and Safety

NWSSP shall ensure that all radiopharmaceutical preparation and handling, and transport activities comply with the current versions of the Ionising Radiations Regulations (IRR),

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), and all applicable UK health and safety legislation.

7.3 Transport

All transport of radiopharmaceuticals shall comply with the *Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations*. HCS will ensure that all statutory standards are met, including:

- Vehicles used for the service are reliable, maintained in a legally roadworthy condition, and covered by appropriate breakdown assistance.
- Drivers comply with all road traffic and transport laws and adhere to instructions issued by law enforcement authorities.
- Procedures, equipment, and vehicles used for transportation are designed to maintain the integrity and quality of radiopharmaceuticals. Medicines are protected from heat, cold, light, moisture, microorganisms, pests, and cross-contamination throughout transit.
- Appropriate motor insurance is in place for all vehicles used in the service.
- All drivers handling radiopharmaceuticals are trained to meet the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).
- Vehicles display the necessary signage and carry safety equipment in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009).

7.4 Environmental Permits

- NWSSP Radiopharmacy must maintain compliance with the Environmental Permitting (England and Wales) Regulations 2016 (EPR16) as issued by Natural Resources Wales (NRW). NWSSP shall:
    - Obtain and maintain all necessary NRW-issued permits for handling, storage, and disposal of radioactive materials and associated emissions.
    - Adhere to all permit conditions, including monitoring, reporting, and emergency response requirements.
    - Notify the Client immediately of any changes to permit status, breaches, or actions that may impact service delivery.

8. KEY PERFORMANCE INDICATORS

Key Performance Indicators	***Method of Measurement***	***Target***	***Frequency of reporting***

Daily dispatch and arrival times met	NWSSP and HCS transport logs	>85%*	Monthly
Radiopharmaceutical quality control failures	NWSSP QMS records	<2	Monthly
Customer complaints received	NWSSP QMS records	0	Monthly
Radiopharmacy unscheduled down time	NWSSP Activity and QMS records	0 days	Monthly

* Delays will be categorised as Minor (10–30 minutes), Moderate (31–60 minutes), and Severe (>60 minutes), and will be reported as a percentage of all recorded delays, against an overall KPI target of achieving at least 85% of deliveries on time.

- Key Performance Indicators (KPIs), including delivery timelines, will be subject to regular review with the aim of identifying opportunities to introduce earlier delivery times in the future.

9. FINANCIAL INFORMATION AND CONTRACT GOVERNANCE

- This service specification will fall under the Heads of Agreement 2026/27 between NWSSP and VELUNHST, and both parties agree to following the terms and conditions as set out in the 2026/27 SLA documentation.
- Radiopharmaceuticals are charged by the multi-dose vial, as detailed in Schedule 2.
- The Radiopharmacy Service operates on a full-cost-recovery basis. Fees recover all direct and indirect costs of production and supply (including direct staff costs, materials, regulatory compliance, maintenance, utilities, overheads, and transport). Tariffs are reviewed annually and may be adjusted to reflect changes in actual costs. Any significant in year cost increases may require an in-year adjustment to the tariff price.
- Demand and capacity requirements will be subject to ongoing review and evaluation
- Activity volumes (vials supplied) will be reviewed monthly as part of routine financial scrutiny.
- Quarterly service review meetings will be convened with each participating Health Board/Trust to review service delivery outcomes, activity against agreed baselines, and the financial evaluation and cost-recovery position.
- As advised by the Health Boards and Trust, the predicted lower estimate demand for 26/27 for VELUNHST **is 308 vials** (assuming a start date of 24th August 2026).
- The baseline volume for the purpose of capacity planning, tolerance application, and financial reconciliation is set by the lower estimate above.

- An initial **tolerance of 10%** on the agreed vial volumes will apply. This tolerance is intended to accommodate minor fluctuations in demand without immediate financial adjustment.

	Full Year	Full Year	Part Year 2026/27	Part Year 2026/27
Organisation	Lower Level Vial Demand	Higher Level Vial Demand	Lower Level Vial Demand	Higher Level Vial Demand
ABUHB	1016	1524	856	1284
CAVUHB	1270	1778	770	1078
VELUNHST	508	508	308	308
CTMUHB	381	381	231	231
Total	3175	4191	2165	2901

- Cost recovery escalation may be implemented if the 10% tolerance is breached cumulatively within a financial year. Activity volumes will continue to be reviewed monthly and formally reviewed quarterly.
- Following the initial three-month period, the Parties will undertake a formal review of activity volumes to determine any required amendments to baseline volumes, tolerance, and the associated financial adjustment and escalation mechanisms.
- Where a Health Board's actual activity (vials supplied) deviates by more than 10% from its agreed baseline vial volume within a financial year this will trigger additional charges or credits. If the vial volume is more than 10% below baseline, any under-recovery of costs attributable to the variance above the 10% tolerance will be borne by the organisation; or if the vial volume is more than 10% above baseline, any over-recovery attributable to the variance above the 10% tolerance will be credited to that organisation.

10. SERVICE KEY CONTACT

10.1 NWSSP

Name	Title	Telephone	Email
Laura-Jayne Keating	Director of Pharmacy		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Kristian Edginton	Production Lead		Kristian.Edginton@wales.nhs.uk
Jan Wines	Production Lead		Jan.Wines@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk

10.2 VELUNHST

Name	Title	Telephone	Email

NWSSP IP5 Radiopharmacy Product List

The following list comprises all Tc-99m-based radiopharmaceuticals that will be supplied by the Radiopharmacy Unit at IP5. All products are manufactured and distributed in accordance with the terms and conditions of the facility's Medicines and Healthcare products Regulatory Agency (MHRA) Specials Licence. Unlicensed products will only be provided where no licensed alternative is available, in compliance with applicable regulatory requirements.

Product Name	Radiolabelled form	Distributor	PL Number	Maximum Vial Activity	Storage conditions (after radiolabelling)	Shelf life (after radiolabelling)
UTK Tc/Mo99 Generator	Sodium Pertechnetate (Tco4)	Curium Pharma	PL 12288/0017	**20GBq**	**below 25°C**	**8 hours**
Renocis	(99mTc) dimercaptosuccinic acid (DMSA)	Curium Pharma	PL 11876/0008	**3.7GBq**	**below 25°C**	**8 hours**
Technescan DTPA	(99mTc) pentetate (DTPA)	Curium Pharma	PL 12288/0011	**11.1GBq**	**below 25°C**	**8 hours**
Technescan MIBI	(99mTc) sestamibi	Curium Pharma	PL 12288/0002	**11.1GBq**	**below 25°C**	**10 hours**
Pulmocis (MAA)	(99mTc)-macroaggregated albumin	Curium Pharma	PL 11876/0009	**3.7GBq**	**below 25°C**	**8 hours**
Technescan HDP	(99mTc) Oxidronate	Curium Pharma	PL 12288/0012	**14GBq**	**below 25°C**	**8 hours**
Technescan MAG3	(99mTc)-mertiatide	Curium Pharma	PL 12288/0014	**3.7GBq**	**below 25°C**	**8 hours**
NanoScan	nanocolloidal (99mTc) albumin	Curium Pharma	PL 40129/0002	**5.5GBq**	**below 25°C**	**8 hours**
Tetrofosmin ROTOP	(99mTc) tetrofosmin	Xiel	PL 41222/0004	**11.2GBq**	**below 25°C**	**12 hours**
Tektrotyd	99mTc-EDDA/HYNIC-TOC	Xiel	PL 45925/0001	**1.6GBq**	**below 25°C**	**4 hours**
IELMAG3	(99mTc)-mertiatide	Xiel	PL 45925/0005	**4GBq**	**below 25°C**	**8 hours**
Stabilised Ceretec	(99mTc) Exametazime	GE Healthcare	PL 00221/0136	**1.11GBq**	**below 25°C**	**5 hours**
MBrIDA	(99mTc) MBrIDA	Diagnostic Ltd	***Unlicenced in UK***. Licenced in EU	**1.5GBq**	**below 25°C**	**5 hours**
Teceos (DPD)	(99mTc)-butedronate	Curium Pharma	***Unlicenced in UK***. Licenced in EU	**11.1GBq**	**below 25°C**	**8 hours**

QUALITY TECHNICAL AGREEMENT

FOR THE MANUFACTURE AND DELIVERY OF ASEPTIC RADIOPHARMACEUTICAL PRODUCTS

Between

Velindre University NHS Trust (VELUNHST)
(hereafter referred to as Contract Giver – CG)

And

NHS Wales Shared Services Partnership (NWSSP)
(hereafter referred to as Contract Acceptor – CA)

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Validity: This agreement is valid for the period noted with the SLA documentation this document is embedded within

Version: 1

Reference: …….

QUALITY TECHNICAL AGREEMENT

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1. PARTIES & SCOPE

This Quality Technical Agreement is made between:

VELUNHST Director of Pharmacy (CG)

VELUNHST Radiology Department
Velindre Cancer Centre
Whitchurch,
Cardiff.
CF14 2TL

And

NWSSP Radiopharmacy (CA)
Transforming Access to Medicines (TrAMs) South East Wales Radiopharmacy Unit,
Imperial Park Unit 5
Celtic Way,
Newport.
NP10 8BE
MS number: MS52641

Licensed medicinal products within the UK are subject to extensive safety, quality, and efficacy testing. Regulation 167 of the Human Medicines Regulations 2012 (see Appendix 1) provides an exemption from the need for a marketing authorisation (also known as a product licence) in certain narrowly-defined circumstances. Products which are manufactured and supplied under this exemption are known as "specials".

The manufacturer of a "special" must hold a Manufacturer's "Specials" (MS) Licence granted by the Licensing Authority (in the UK, this is the Medicines and Healthcare products Regulatory Agency (MHRA)). Under an MS Licence, regulatory assessment extends only to manufacturing processes; products do not undergo any formal licensing procedure. All "specials", particularly those which are aseptically manufactured, therefore pose an inherently higher risk to patient safety than licensed medicinal products.

Within this QTA, "ready-to-use" products are defined as radiopharmaceuticals for parenteral administration, supplied in a vial at the correct concentration for administration to a patient. A dose may be drawn up from the vial with no further manipulation required prior to administration. Where specified, multiple doses, for different patients, may be drawn up from the same vial within a single administration session.

NWSSP Radiopharmacy supplies aseptically manufactured ready-to-use radiopharmaceutical "specials" products under MS Licence MS52641. The purpose of this agreement is to provide a technical agreement for the supply of ready-to-use aseptic radiopharmaceutical "specials" products to CG by CA. The agreement also defines the roles and responsibilities between CG and CA in relation to the manufacture and delivery of unlicensed radiopharmaceutical "specials" products for patients under the care of CG.

This Quality Technical Agreement (hereafter referred to as QTA) is supplemental to any financial agreements and any subsequent agreements, between the two parties and will last for the

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duration of the agreement. This QTA shall be reviewed every 12 months or earlier if requested by either party.
This QTA is executed in duplicate, all of which shall be deemed to be originals, and all of which shall constitute one and the same Agreement binding upon both parties.
Services will be provided on an ongoing annual basis, with a review of the quality of service made at renewal. This QTA shall be effective as of the date of the final signature and shall remain in effect until annual review or termination. A termination notice of at least 6 months must be provided.

2. SUBJECT OF THE AGREEMENT

CA is a provider of unlicensed radiopharmaceutical "special" products, which are manufactured according to an agreed specification and delivered to the CG.

CA shall manufacture and deliver the products in accordance with this QTA, in addition to any other terms and conditions of supply and/or financial agreements.

CA is subject to registration and inspection by the competent national authorities and holds the necessary manufacturing licence according to the respective legislation.

CG has the responsibility to screen each order for its clinical appropriateness including its pharmaceutical shelf-life and/or stability where possible or appropriate. However, CA will take responsibility for the assigned shelf-life and/or stability of each manufactured item ordered and will provide stability statements when requested. CA takes no clinical responsibility for any order.

CA hereby acknowledges that CG is relying on the skill and experience of CA in the proper manufacture and delivery of the contractual products under this Agreement and CA accordingly warrants to CG that:

- The product shall be of satisfactory quality and fit for purpose.
- The product shall comply in all respects (or be within agreed tolerances) with the order provided by the CA.

Whilst all of CA's products are made under licence granted by the MHRA, CG agrees to indemnify and hold harmless CA against all claims and proceedings (to include any settlements or ex gratia payments made with the consent of the Parties hereto and reasonable legal and expert costs and expenses) made or brought (whether successfully or otherwise) by or on behalf of any party (including third parties) arising out of or relating to the prescribing, the clinical appropriateness, the dose, or the administration of the "special" radiopharmaceutical ordered from CG.

The above indemnity shall not apply to any such claim or proceeding which is for personal injury (including death) which is caused by the negligent or wrongful acts or omissions of CA in the manufacture of the "special".

Both parties will strictly observe the detailed pharmaceutical responsibilities which are specified in Appendix 1 'Responsibilities'.

CA and CG must appoint Contact Persons as named in Appendix 2 'Key Contact Names'.

3. KEY CONTACT NAMES

Key contact names in case of queries or concerns on pricing, quality, delivery, complaints etc. for both CG (VELUNHST) and CA (NWSSP) are listed in Appendix 2.

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4. REGULATORY INFORMATION

CA is responsible for ensuring that the manufacture and distribution of products meets all current legislation, regulatory requirements and best practice guidelines.

For the period of the contract, CA will ensure that they hold suitable MHRA approval for the manufacture and supply of ready-to-use radiopharmaceutical products.

5. STARTING MATERIALS

All starting materials used by the CA for aseptic preparation of "specials" must be sterile.

CA shall source starting materials which possess a UK Marketing Authorisation wherever possible. All starting materials, regardless of licensed status, must be sourced from a bona fide Manufacturer or Wholesaler holding a UK Wholesale Distribution Authorisation.

It is recognised that problems relating to the supply of starting materials may require urgent action. The substitution of any UK-licensed starting material with an equivalent material that does not hold a UK marketing authorisation should be notified to CG at the earliest opportunity, prior to implementation. In the event of unavailability of a licensed starting material, the CA should notify the CG in writing for approval before use of an unlicensed alternative.

6. ORDERING

Authorised CG Radiology staff order products for and on behalf of CG ARSAC practitioner licence holders. Radiopharmaceutical orders must specify the product required, clinical indication, radioactivity required, number of patients, and start/end time(s) of patient injection windows.

Products will be requested by CG by means of a written order submitted to CA on a standardised order proforma via email. Orders will be generated by CG in good time but, specifically, by 12pm two days before the products are required *at the latest*.

Late Orders and Late Order Changes

Late orders and/or order changes (i.e. those received after the cut-off time above) cannot be guaranteed by CA (although CA will always try to fulfil these as far as practicably possible). Any late orders and/or order changes must be communicated to the CA directly by means of telephone and subsequent email.

7. MANUFACTURE

CA facilities and staffing for the preparation of radiopharmaceuticals will meet the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors. CA shall perform all operations in accordance with current Good Manufacturing Practice (GMP). CA shall refrain from performing any activities that could adversely affect the quality of the service or products provided.

CA shall manufacture the ready-to-use radiopharmaceutical product(s) in accordance with the order placed by CG. CA will notify CG of any production issues as soon as possible.

Capacity

CA must always work within their production capacity (in terms of production time and radioactivity) in order to ensure product and service quality. It may therefore be necessary for CA to request CG orders be amended in order to comply with this. CA will liaise directly with CG

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to discuss any order amendments so that there is full acknowledgement and oversight of any proposed changes by both parties.

Any CG workload capacity changes should be discussed with CA at the earliest opportunity to enable an appropriate arrangement to be reached.

8. QUALITY CONTROL / ASSURANCE

CA products undergo sterility testing in line with current regulatory guidance (e.g. MHRA 'Guidance for specials manufacturers') in order to provide sterility assurance.

CA performs visual inspections for particulate contamination on all manufactured products. CA performs product radiochemical purity and pH testing at pre-defined intervals for radiopharmaceuticals manufactured from licensed "cold kits" and on *all* radiopharmaceuticals manufactured from unlicensed "cold kits". CA will notify CG at the earliest opportunity of any problems with visual inspections and/or quality control testing.

Release of each product shall be under the authority of an authorised releasing officer. The concept of parametric release is sometimes necessary in order to ensure a timely release of radiopharmaceuticals. In such cases, CA will notify CG which product(s) are affected. CA will clearly communicate the results of Quality Control testing to CG once they are available. CG accepts responsibility for ensuring that the radiopharmaceutical shall *not* be used clinically until CA has confirmed the product has passed quality control testing.

CA shall maintain a suitable and regulatory compliant Pharmaceutical Quality System (PQS). This system will be appropriately resourced by the CA and an annual quality review supplied to the CG.

9. STORAGE & DISTRIBUTION

CA shall store, handle, and distribute the product according to its defined storage and handling conditions, and in compliance with legal and regulatory requirements.

Transport and distribution arrangements (including packaging and labelling) for radiopharmaceutical products must comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

CA will pack vials of radiopharmaceutical product(s) in appropriate CDG-compliant packages for transport. CA shall ensure deliveries of all product(s) are packaged securely in such a way as to give them adequate protection from damage during transit.

Transport arrangements for the delivery of radiopharmaceuticals to the CG are the responsibility of the CG unless agreed otherwise. CA shall ensure that product(s) shall be delivered in accordance with agreed procedures and records of delivery and receipt shall be retained by each party to ensure a satisfactory audit trail in the event of inspection and/or recall.

CA may request the return of items used in the transport and packaging of radiopharmaceutical product(s) supplied to the CG. In this instance, CG must comply with CA's stated requirements for the safe transport of such items. These should be in line with the CDG and any other applicable legislation, regulatory requirements and best practice guidance.

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10. DOCUMENTATION

CA will maintain all necessary records and documentation as per the requirements of the current edition of the MHRA Rules and Guidance for Pharmaceutical Manufacturers and Distributors and current GMP.

CG will maintain records and documentation in line with current legal, regulatory and best practice requirements.

CA and CG shall archive their respective completed documentation according to current legal, regulatory and best practice requirements. This includes records relating to transport and distribution.

11. CHANGE CONTROL

Changes which could impact radiopharmaceutical product quality must be controlled by a change control procedure. Information related to any planned change to the product, overall process, or specification for the product(s) by CA is to be notified to CG in writing at the earliest opportunity and authorised by CG prior to the change being effected.

12. UNPLANNED DEVIATIONS

Information relating to any major or critical unplanned deviation associated with the individual product supplied, or overall process, by CA is to be notified to CG at the earliest opportunity.

Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported to CG by CA at the earliest opportunity.

13. COMPLAINTS

CG complaints relating to delivery, quality and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material, or to activity/volume supplied, should be reported to CA as a matter of urgency to enable analysis or other investigations as required.

Any complaint from CG concerning the supplied product(s) shall be acknowledged by CA within 3 working days (less if the complaint is regarding unexpected biodistribution of the material or activity/volume supplied). The complaint will be assessed by senior technical and/or management personnel to determine any immediate actions required. After the initial assessment has been completed, a full investigation will be completed.

A report containing details of the investigation with corrective and/or preventative actions, as appropriate, shall be forwarded to the CG within sixty calendar days. This may take the form of an interim report if the investigation has not been completed within this timeframe. The CA shall make every effort to complete investigations and provide feedback (including actions assigned) to CG in a timely manner.

In the first instance, any complaint or dispute arising between the parties in connection with this QTA should be discussed between authorised representatives of each party in an attempt to reach a resolution. If a satisfactory outcome cannot be achieved, the matter must be escalated to the senior manager from both parties. Ultimately if a satisfactory outcome still cannot be achieved, financial penalties, or termination of the contract may be considered.

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14. RECALL & RETURNS

CA shall notify CG of any recall (CA- or MHRA-led) relating to contracted products manufactured by CG, or starting materials/components which were used in their manufacture.

Recalls which do not directly relate to a contractual product but could impact on the quality of a product purchased by CG should also be reported at the earliest opportunity.

The CA shall co-coordinate and document the recall process. The CA is responsible for coordination and disposal of all products returned by CG. CG will co-operate with the collection, logging, storage and segregation of any recalled and returned product as required.

CG must notify CA in advance if they intend to return a radiopharmaceutical product for a reason other than a recall.

Radiopharmaceutical products which are returned from CG to CA for any reason must be packaged, labelled and transported in line with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to any other applicable legislation, regulatory requirements and best practice guidance.

15. AUDIT

CG will be informed immediately of any critical or major findings following audit of CA by the MHRA, the NHS Pharmaceutical Quality Assurance Committee (NHSPQA) and/or any other external body. CA will correct any major deficiencies identified during audits conducted by external bodies as soon as possible. A copy of the audit report can be requested by the CG.

CG can request to audit CA – a reasonable notice period must be provided.

16. CONFIDENTIALITY

The information contained in this agreement is confidential and must not be divulged to any other party without the permission of all signatories.

17. CONTINGENCY

CA must ensure a robust contingency plan has been arranged to ensure continuity of service in the event that they cannot provide the pre-defined quantities of ready-to-use radiopharmaceuticals as agreed with CG. The use of any sub-contractors must be agreed by CG prior to implementation. Any contingency partner must agree to the terms within this technical agreement.

A list of pre-existing subcontractors used by CA as part of their contingency arrangements may be found in Appendix 3 of this Agreement.

18. SUB-CONTRACTING

CA shall not delegate or sub-contract any of the work entrusted to it under this QTA without prior evaluation and approval of the arrangements by CG. CA shall be responsible for the inherent responsibilities of their sub-contractors.

A list of pre-existing subcontractors used by CA may be found in Appendix 3 of this Agreement.

19. PHARMACOVIGILANCE

CG will inform CA of any notifications of a confirmed or suspected adverse drug reaction associated with a product supplied by CA. CA and/or CG will investigate the possible causes and agree any remedial plans of action.

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20. FINAL PROVISION

Amendments of this Quality Technical Agreement and its Appendices may only be carried out by mutual consent and shall be made in writing. Any amendments to the appendices 1-5 may be signed for CA by a responsible Quality representative and together with the signature of CG the appendix will be binding upon the parties.

QUALITY TECHNICAL AGREEMENT APPROVAL

Agreed on behalf of Velindre University NHS Trust Radiology Departments (Contract Giver)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Director of Radiology

Name:			
Job Title:			
Signature:			
Date:			

Agreed on behalf of NHS Wales Shared Services Partnership Radiopharmacy (Contract Acceptor)

Director of Pharmacy

Name:			
Job Title:			
Signature:			
Date:			

Head of Quality / Head of Production

Name:			
Job Title:			
Signature:			

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Date:			

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Appendix 1: RESPONSIBILITIES

	CG	CA	Comments
1. Regulatory Processes			
CA must hold appropriate 'specials' manufacturing licence of relevant national authority in order to manufacture products as agreed by CG. Comply with any and all EU and other local current applicable laws, regulations and guidelines relating to GMP and GDP.		✓	
CG is to be informed of any changes to licence, outcome of regulatory inspection and any pending regulatory action. Actions to remedy any deficiencies identified by regulatory inspection shall be made available to CG upon request.		✓	
Report pharmacovigilance events to CA and/or CG.	✓	✓	
Ensure competent authorities are notified of all complaints concerning suspected adverse events / reactions / lack of effect according to existing regulations and requirements.	✓	✓	
2. Starting Materials and Components			
Purchase sterile starting materials with a UK MA from bona fide suppliers wherever possible.		✓	
Where use of an unlicensed starting material is unavoidable, this must be sterile and purchased from a bona fide supplier.		✓	
Assess the quality of starting materials for use.		✓	
Ensure all starting materials are TSE/BSE free.		✓	
Maintain a supplier qualification programme		✓	
Check that the condition of all containers, closures, seals and labelling of delivered starting materials are satisfactory for use.		✓	
Only purchase primary packaging materials from approved suppliers in accordance with a specification.		✓	
Check that the condition of all packaging material is satisfactory for use.	✓	✓	
3. Manufacture			
Undertake Qualification / Validation according to applicable current GMP requirements for production equipment, utilities, staff and processes.		✓	
Maintain a suitable environment in line with current GMP requirements		✓	
Maintain a specific batch number system to enable identification of individual products.		✓	
Provide stability data to support the allocated expiry of the products. (Methods to determine product stability shall be in line with current regulatory requirements.)		✓	This data shall be made available to CG upon request.
Ensure in-process checks are performed and are deemed satisfactory.		✓	
Ensure appropriate design and use of manufacturing batch documentation.		✓	

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	CG	CA	Comments
Ensure all critical automated processes are fully validated and appropriate for use and meet the requirements of Good Automated Manufacturing Practice (GAMP).		✓	
Ensure that all products are manufactured in accordance with the agreed specification and current legislative, regulatory and best practice requirements.		✓	
Handle medicines with appropriate safety measures in line with current legal, regulatory and best practice requirements.	✓	✓	
Ensure all labelling of products is in compliance with all laws, regulations and guidelines associated with the labelling of unlicensed "specials".		✓	
Release product according to agreed criteria.		✓	
Preparation and completion of documentation for release.		✓	
Have satisfactory systems in place that ensure patients only receive released products.		✓	
Ensure released product conforms to order placed by CG.		✓	
5. Sterility and Microbiology			
Provide sterility assurance using methods defined in current guidelines.		✓	
Maintain a suitable system to record, investigate, and risk assess all microbiological non-conformances (out-of-limit) results. Implement appropriate corrective and/or preventative actions following the investigation and root cause analysis.		✓	
Assess the potential impact a microbiological non-conformance (isolated result or 'trend') could have on product quality and patient risk and act accordingly.		✓	
Trend microbiological non-conformances.		✓	
Make available an annual summary of all microbiological non-conformances to CA, on request.		✓	This data shall be made available to CG upon request.
7. Storage / Distribution			
Undertake Qualification / Validation of storage sites for starting materials and finished products as appropriate.	✓	✓	
Undertake Qualification / Validation of transport of the products from place of manufacture to the CG.		✓	
Store all products and/or starting materials / other ingredients / excipients / auxiliary materials under appropriate conditions in compliance with GMP/GDP requirements and any licence requirements.		✓	
Ensure documentation is sufficient to maintain an audit trail to patient level.	✓	✓	
Ensure all transport arrangements (including but not limited to packaging, labelling, driver training, and contamination monitoring) comply with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (CDG), in addition to	✓	✓	

FINAL

	CG	CA	Comments
any other applicable legislation, regulatory requirements and best practice guidance.			
Use delivery containers that ensure the product is protected during delivery and complies with transport and health and safety standards and legislation.		✓	
Provide staff with appropriate Personal Protective Equipment (PPE) to safely handle the products	✓	✓	
Distribute to the CG in a timely way as described in this technical agreement and other financial agreements.		✓	
8. Documentation			
Ensure that the appropriate clinical particulars and prescription forms (e.g. from ARSAC practitioner licence holder to justify patient radiation exposure) are clear, correct, and in place before an order is placed with CA. Ensure patient administration records are also kept. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.	✓		
Ensure that the appropriate records of manufacture and distribution are clear, correct, and filed appropriately. These records should be readily available and retained for the period required by current legislation. Records shall ensure the traceability of the origin and destination of products.		✓	
Ensure written procedures are available to describe all operations that may affect the quality of the products.	✓	✓	
Maintain complete and accurate records relating to the ordering, receipt, and storage of purchased products.		✓	
Store all documents and records so that they are easily retrievable and stored protected from loss and damage.	✓	✓	
Archive documents according to current regulatory guidance.	✓	✓	
Maintain a record of batch numbers of all starting materials and products manufactured, supplied, or returned in the event of a recall.		✓	
9. Change Control			
Maintain a suitable change control system and communicate all information relating to planned changes with quality implications in writing, before implementation.		✓	
Maintain a suitable unplanned deviation system and communicate all unplanned changes (unplanned deviation excluding microbiological results) deemed to be major or critical. Events shall be reported at the earliest possible opportunity.		✓	Unplanned deviations which do not directly relate to a contractual product but could impact on the quality of a product used by a CG patient should also be reported. The investigation and any associated corrective and/or preventative actions shall be made available upon request by CA.

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	CG	CA	Comments
In the event of non-availability of licensed product, CA must obtain the written agreement of CG to use an unlicensed starting material.	✓	✓	CA to notify, CG to approve if acceptable.
No work should be sub-contracted by CA without the prior written agreement of CG.		✓	
10. Complaints			
CG complaints relating to delivery and product performance must be made to CA within 7 days of receipt of the material. Complaints relating to unexpected biodistribution of the material or activity/volume supplied should be reported to CA as a matter of urgency to enable analysis or other investigations as required.	✓		
Acknowledge CG complaints relating to activity/volume supplied or unexpected biodistribution of the material as a matter of urgency, preferably within 1 working day.		✓	
Acknowledge any other complaints from CG within 3 working days. Assessed by senior technical and/or management personnel to determine any immediate actions required.		✓	
Investigate and document any complaint relating to contracted products within sixty calendar days. Feedback may be in the form of an interim or final report. This document should include details of all corrective and/or preventative actions as appropriate.		✓	
11. Recalls			
In the event of product or any starting materials or components being recalled, arrange for the collection, re-stocking and segregation of products affected. This also includes products which were manufactured using a recalled starting material or component.		✓	Must comply with timelines as specified in regulations.
Maintain a product recall procedure for use when it is necessary to recall a defective product from market, and test the procedure at least annually.		✓	This also includes products which were manufactured using a recalled starting material or component.
Advise CG if they have received products which are/contain starting materials which are subject to MHRA Drug Alert or Recall.		✓	Must comply with timelines as specified in regulations.
Inform prescribers of any recalls concerning products supplied to patients.	✓		
12. Audit			
Provide reasonable access, at agreed pre-determined times, to permit audits of the relevant facilities and documents by CG or the regulatory authorities.		✓	
Conduct internal audit in order to monitor the implementation of and compliance with GMP and GDP.		✓	
Propose necessary corrective measures following internal audit.		✓	
Make available evidence of adherence to internal audit schedules.		✓	This data shall be made available to CG upon request.
Make available evidence of closure of external audits and inspections, and the anticipated date of the next MHRA inspection.		✓	
Undertake necessary audits of subcontractors, as required for assurance of this agreement.		✓	

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	CG	CA	Comments
13. Confidentiality and Other			
Undertake training of staff involved in all aspects of the service, as appropriate to their role.	✓	✓	This includes training for outsourced contractors.
Ensure staff comply with relevant legislation and NHS requirements concerning both patient and commercial confidentiality e.g. Data Protection Act.	✓	✓	

Appendix 2: KEY CONTACT NAMES

1. Contract Giver (Velindre University NHS Trust)

Name	Title	Tel. No.	E-mail

2. Contract Acceptor (NWSSP)

Name	Title	Tel. No.	E-mail
Laura-Jayne Keating	Director of Pharmacy Services		Laura-Jayne.Keating@wales.nhs.uk
Rhys Hamer	Head of Production		Rhys.Hamer2@wales.nhs.uk
Sarah Crawford	Head of Quality		Sarah.Crawford2@wales.nhs.uk
Julie Coles	Assistant Finance Business Partner		Julie.Coles@wales.nhs.uk
Paul Beckett	Programme Lead Finance		Paul.Beckett@wales.nhs.uk

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Appendix 3: LIST OF SUB-CONTRACTORS acting on behalf of CA

e.g. Couriers, Contingency partners, and Contract Laboratories

Contractor	Type of Contractor and Services Provided	Address
NWSSP Health Courier Services	Courier	NWSSP Headquarters. Unit 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw. CF15 7QZ
Public Health Wales Microbiology	Contract microbiology lab	University Hospital Llandough Penlan Road, Penarth, Cardiff CF64 2XX
Connect 2 Cleanrooms (*Angstrom Technology*)	Cleanroom Maintenance and Servicing	Riverside House, Forge Lane, Halton, Lancaster, Lancashire. LA2 6RH
Swansea Bay University Health Board	Contingency Partner	SBUHB Radiopharmacy Unt, Singleton Hospital, Sketty Lane, Sketty, Swansea. SA2 8QA

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Appendix 4: VERSION HISTORY

Version Number	Date of Amendment	Amendment(s) Made
v1		Technical Agreement Agreed by all Parties

FINAL

Schedule 2
Breakdown of NWSSP IP5 Radiopharmacy Tariff
Based on Vials Demand of 2,165 for 2026/27 only

		Drugs (Pharmaceutical Kits)																	
Pharmaceutical	Invoice Name	Drug Supplier	Current Price per Box	Vial Quantity per Box	Price per Vial	VAT 20%	Drugs per Vial plus VAT	Drug Generators	Consumables	Transport (In)	Transport (Out)	Equipment & Maintenance Contract	Regulatory Fees & Radiation Protection	PPE & Cleanroom Clothing	IT	Site Costs	Cleaning	Other (Staff non-pay, waste etc.)	Staffing	TOTAL Tariff per Vial
							Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Note 11	Note 12	Note 13	
IELMAG3	MAG3	Xiel Ltd	£414.00	5	£82.80	£16.56	£99.36	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£670.59**
Technescan MAG3	MAG3	Curium Pharma UK Ltd	£300.00	5	£60.00	£12.00	£72.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£643.23**
mBriDA	mBriDA	Diagnostic Imaging Ltd	£484.00	5	£96.80	£19.36	£116.16	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£687.39**
Nanoscan	Nanoscan	GE Healthcare Ltd	£320.00	5	£64.00	£12.80	£76.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£648.03**
Pertechnetate	Pertechnetate	Other	£10.27	1	£10.27	£2.05	£12.32	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£583.55**
Pulmocis MAA	MAA	Curium Pharma UK Ltd	£101.00	5	£20.20	£4.04	£24.24	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£595.47**
Renocis	DMSA/ Renocis	Curium Pharma UK Ltd	£90.00	5	£18.00	£3.60	£21.60	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£592.83**
ROTOP Tetrofosmin	Tetrofosmin	Xiel Ltd	£525.00	5	£105.00	£21.00	£126.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£697.23**
Stabilised Ceretec	Ceretec	GE Healthcare Ltd	£950.00	5	£190.00	£38.00	£228.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£799.23**
Teceos	DPD (Teceos)	Curium Pharma UK Ltd	£191.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Technescan DTPA	DTPA	Curium Pharma UK Ltd	£69.00	5	£13.80	£2.76	£16.56	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£587.79**
Technescan HDP	HDP	Curium Pharma UK Ltd	£84.00	5	£14.80	£2.96	£17.76	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£588.99**
Technescan Sestamibi	MIBI	Curium Pharma UK Ltd	£220.00	5	£44.00	£8.80	£52.80	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£624.03**
Tektrotyd	Tektrotyd	Xiel Ltd	£1,135.00	1	£1,135.00	£227.00	£1,362.00	£77.45	£26.59	£15.92	£55.80	£28.80	£32.42	£15.86	£15.24	£84.66	£22.22	£24.76	£171.50	**£1,933.23**

Note 1	Based on latest current costs or as per the NHS England Framework of pharmaceutical kits including VAT. Charged per order at cost.
Note 2	Costs based on the current available drug generators for Radiopharmacy. Requirement of two drug generators per week to meet estimate demand levels.
Note 3	Consumables include items such as broth, plates, sterile vials, sodium chloride.
Note 4	Transport In includes costs of weekly delivery of generators and cold kits.
Note 5	Transport Out includes Health Courier Services costs for deliveries to HBs/Trust.
Note 6	Equipment Maintenance Contracts costs include ongoing annual costs in support of isloators, cleanrooms and various equipment,
Note 7	Regulatory Fees and Radiation Protection costs include support and advice and fees in relation to staff health screening, MHRA and National Resources Wales.
Note 8	PPE and Cleanroom Clothing costs include both general and speacialised cleanroom protective clothing.
Note 9	IT costs includes software support costs in realtion to waste management, quality management and radiochromatography.
Note 10	Site costs includes additional utility costs less savings achieved from IP5 solar energy implementation.
Note 11	Cleaning costs includes general cleaning of the unit and specialised gassing of of cleanrrom and isolators.
Note 12	Other Costs relate to additional costs for waste removal, staff training, additional finance support and office costs such as label printing.
Note 13	Staff Pay relates to 13 wte to be employed at the new unit as per the Business Justification Case. An agreed NWSSP contribution of £294k has been deducted from staff costs until the South East Hub opens.
Note 14	The above prices are based on vial demand of 2,165 for 2026/27.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:	
NWSSP Integrated Medium-Term Plan 2026-29 update	
Arwwinydd/ Lead:	Rebecca Nelson, Director of Planning, Performance & Informatics
Awdur/ Author:	Linsay Payne, Deputy Director of Finance & Corporate Services
Swyddog Adrodd/ Reporting Officer:	Alison Ramsey, Director of Finance & Corporate Services

Pwrpas yr Adroddiad/Purpose of the Report:

To provide an update to the Committee on changes made to the IMTP financial plan following the Touchpoint meeting with Welsh Government and the Financial Planning & Delivery team from NHS Wales Performance & Improvement

Llywodraethu/Governance:	
Amcanion/ Objectives:	To note the changes made to the financial plan prior to submission to Welsh Government before 31 March 2026.
Tystiolaeth/ Supporting evidence:	NWSSP IMTP 2026-2029

Ymgynghoriad/Consultation:

SSPC consideration and approval of IMTP on 22 January 2026.
Touchpoint meeting with Welsh Government on 12 February 2026.

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	To note the amendments and endorse submission of the IMTP to Welsh Government before 31 March 2026 deadline.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	
Cyfreithiol/Legal:	
Iechyd Poblogaeth/ Population Health:	
Ansawdd, Diogelwch a Profiad y Claf/	

Quality, Safety & Patient Experience:	
Ariannol/Financial:	Minor amendment to the financial plan for 2026-2029 and establishment of Programme of work to review our savings opportunities pipeline
Risg a Aswiriant/ Risk and Assurance:	
Dyletswydd Ansawdd/Duty of Quality:	
Gweithlu/ Workforce:	
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

1. INTRODUCTION

The Committee received a presentation of the 2026-29 IMTP at the January 2026 meeting. The IMTP was subsequently approved by the Committee at this meeting pending any further comments from members. No further comments from members have been received.

Our IMTP Finance Touchpoint meeting was held on 12th February 2026, with Welsh Government and the Financial Planning & Delivery team from NHS Wales Performance & Improvement. Following a presentation of our financial plan some changes were requested to be made which have been actioned and are noted within this report.

2. SUMMARY OF CHANGES TO THE FINANCIAL PLAN

There were two key issues/actions raised that required amendment to our IMTP:

(i) Underlying Deficit

The financial plan presented to the Committee in January included a brought forward underlying deficit of £0.744m, in respect of the unfunded Employers National Insurance contributions increase in 2025/26.

Our plan noted identification of savings to recurrently mitigate this pressure during 2026/27. The touchpoint meeting noted a clear expectation that recurrent savings needed to be identified in 2025/26 to remove the underlying deficit to carry forward to the new financial year.

This issue is primarily presentational due to the timing of the preparation of papers for the January Committee. Recurrent savings were already

identified from Month 1 to fully mitigate the £0.744m pressure in 2026/27, however these were presented as in year savings for the new financial year rather than the identification of new savings in the 2025/26 financial year.

This has been amended, with the impact of removing the underlying deficit of £0.744m from our pressures table, so that our 2026/27 pressures have now reduced from £8.803m to £8.059m. There is also a corresponding reduction in new savings identification in 2026/27, as these will now be included as recurrent additional 2025/26 savings from our Month 11 monitoring return.

The revised pressures tables in our financial plan is noted below:

PRESSURES	**2026/27 £m**	**2027/28 £m**	**2028/29 £m**
B/f deficit	0.000	0.000	0.000
Pay	0.738	0.500	0.500
Non Pay	0.759	0.492	0.469
Demand/Service Growth	5.326	1.936	1.548
Local/Service	1.236	0.241	0.230
TOTAL PRESSURES	**8.059**	**3.169**	**2.747**
FUNDED BY:			
Income Generation	2.077	0.460	0.460
Savings - identified	3.230	0.000	0.070
Savings - to be identified	0.000	1.233	1.129
WG Funding	1.916	1.329	1.088
Reserves Investment	0.836	0.147	0.000
	8.059	**3.169**	**2.747**
NET PRESSURES	**0.000**	**0.000**	**0.000**

The in year savings now represent 3.15% of our 2026/27 funding allocation.

(ii) Opportunities Pipeline

The Touchpoint presented an opportunity to discuss what additional short, medium and longer term actions NWSSP could consider with partners and including Welsh Government, to support the overarching goals of NHS Wales. It also posed the question of what stretch looks like for NWSSP going forward.

To address this challenge, we are establishing a programme of work to review our opportunities pipeline to identify potential opportunities and timelines in more detail to feed into our future investment and savings plans. The first meeting has been arranged for 16th March 2026, and the

establishment of this Programme has been noted in the final version of the plan.

3. GOVERNANCE AND RISK ISSUES

The 2026-29 IMTP has already been approved by Committee pending any comments. This paper summarises the small changes made to the plan since the last meeting.

An update on the risks and opportunities arising from the pipeline programme of work will be reported through the Committee and will form part of the development sessions with the Committee for 2026/27.

4. CONCLUSION

The requested changes from Welsh Government have been made to our IMTP prior to planned submission before 31st March 2026 deadline.

5. RECOMMENDATION

The Committee are asked to:

- Note the changes made to the IMTP since approval in January SSPC meeting.
- Recommend submission to Welsh Government prior to 31st March 2026.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:	
Future Workforce Solution - ESR Transformation Programme	
Arwwinydd/ Lead:	Gareth Hardacre - Director of People, Organisation Development & Employment Services
Awdur/ Author:	Angela Jones, Deputy Director for Digital and Workforce Productivity Solutions
Swyddog Adrodd/ Reporting Officer:	Gareth Hardacre - Director of People, Organisation Development & Employment Services

Pwrpas yr Adroddiad/Purpose of the Report:

To provide an update to the Committee on the selected Early Adopter organisations for the Future Workforce Solution - ESR Transformation Programme.

Llywodraethu/Governance:	
Amcanion/ Objectives:	Excellence – to systemically develop process excellence with a focus on continuous service improvement.
Tystiolaeth/ Supporting evidence:	

Ymgynghoriad/Consultation:

Chief Executives
Executive Directors/ Deputy Directors of Workforce
Executive Directors/ Deputy Directors of Finance
Directors of Digital
Strategic Lead Partners in HEIW & Digital Health & Care Wales
Welsh Government Workforce & Social Care Colleagues (NWSSP)

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee is asked to **note** the Early Adopter organisations for NHS Wales, as selected by the NHSBSA. The Committee is asked to **endorse** the Early Adopter status for NWSSP, as it will provide system leadership to the whole Shared Service model across NHS Wales.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth/ Equality and diversity:	The Future Workforce Solution will further enhance the standardisation and harmonisation of Workforce principles, reducing variation in practice to proactively address issues of professional equity.
Cyfreithiol/Legal:	The programme aligns with the Strategic Workforce Plan and the digital transformation agenda, and will facilitate compliance with legislative requirements around our NHS Workforce
Iechyd Poblogaeth/ Population Health:	The initiative will support Workforce Planning and provide a digital solution to understand workforce implications of population health needs
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Delivering quality, safety and effective patient care is at the heart of programme. The system aims to strengthen short- and long-term workforce and planning issues ensuring clinical and non-clinical areas appropriately staffed by facilitating the management of employee data throughout careers
Ariannol/Financial:	Financial Management of the overarching Programme is managed by NHSBSA with NHS Wales liable for 6.1315% of the total costs of the programme. Finance monitoring (inc Capital and Revenue) will be monitored throughout the programme
Risg a Aswiriant/ Risk and Assurance:	Replacing the existing system (ESR) is not without Risk – and these risks will be the subject of ongoing governance and assurance reporting.
Dyletswydd Ansawdd/Duty of Quality:	Quality assurance processes will be implemented to ensure that Project deliverables meet the required standards. Regular reviews and audits will be conducted to maintain quality, with updates provided to NHS Wales Steering Group and SSPC.
Gweithlu/ Workforce:	The Change Management associated with ensuring the successful deployment and implementation of a transformed NHS workforce solution across all organisations is significant. Activities will be delivered in line with and agreed change management approach, with a strong focus on customer experience and engagement.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	No direct Impact / considerations

Future Workforce Solution - ESR Transformation Programme

1. Background

As the Committee is aware from the briefing presented in January 2026, the Future Workforce Solution - ESR Transformation Programme is moving from Discovery & Procurement phase into the Foundational Readiness and Implementation phase. This paper provides committee with an update on the Early Adopter organisations selected by the NHS Business Services Authority (NHSBSA). Selected organisations have provided their agreement in principle. This paper is requesting formal approval to enable organisations to enter the Early Adopter Phase and commence foundational readiness activities in the Summer of 2026.

2. Approach to Selection

Expressions of interest to be an early adopter were gathered via an Organisational Readiness Survey that each NHS Wales organisation undertook in January 2025. Through this process, organisations declared their readiness and willingness to participate with over 90% of organisations in Wales volunteering to be an early adopter.

Organisations were shortlisted by the NHSBSA and Infosys through a defined selection process, supported by NHS England, NHS Wales, and the NHSBSA's CEO and Advisory Boards. The early adopter cohort needs to represent around 10% of the NHS workforce across NHS England and Wales; and be a representative cross-section of organisation types, baseline contexts and geographies. NHS Wales organisations were evaluated carefully in this selection process to ensure the diversity of the NHS Wales landscape was considered.

Early Adopter organisations for NHS Wales are:

- **Digital Health and Care Wales**
  - *to lead and inform on NHS Wales Digital and Data architecture, infrastructure and interoperability requirements and SME for cyber security.*
- **Hywel Dda University Health Board**
  - Providing the role of a clinical and administrative user organisation with a diverse workforce that delivers primary, community and hospital-based healthcare.
- **NHS Wales Shared Service Partnership**
  - To ensure the continued delivery of large scale 'shared service' activities for NHS Wales; the learning of which will also inform the pathway for the new target operating model for NHS England led through the Upscaling People Services Programme.
  - **Llais Wales** (circa 100 employees) will also transfer alongside NWSSP to sustain the provision of several key administrative and corporate services provided by NWSSP via an agreed SLA.

The role of the Early Adopter organisation will be to validate and shape the implementation approach, so every following organisation will benefit from proven processes leading to smoother deployment.

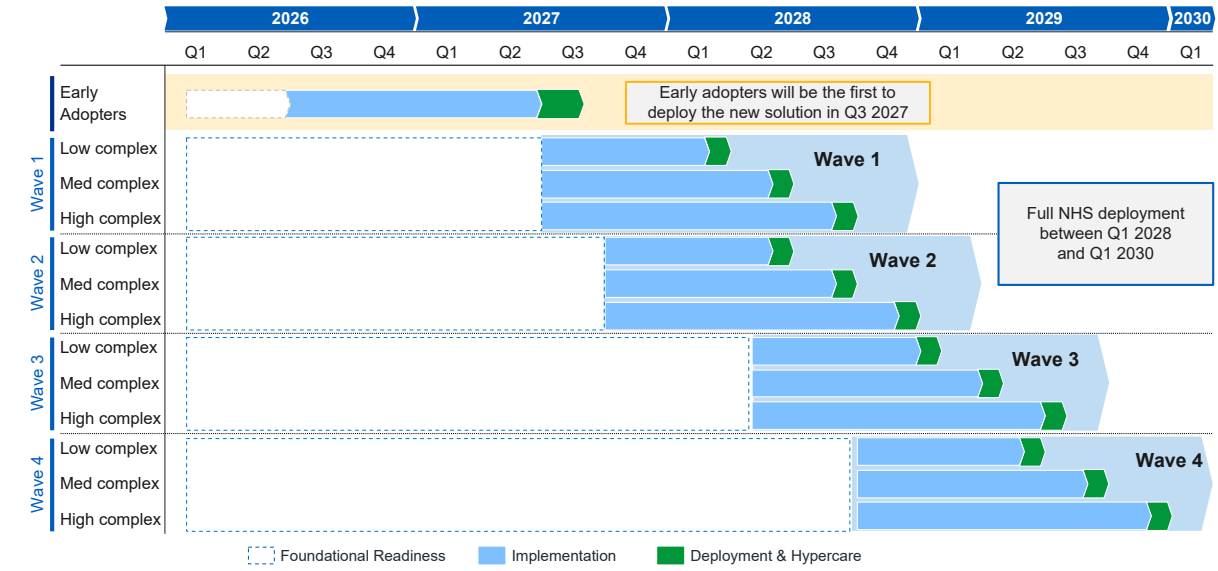
It is currently anticipated that early adopters will shortly receive a project scoping document and Foundational Readiness Guidance. EAs will then work through a defined set of inputs, demonstrate Board commitment and complete the scoping document to formally enter the Warly Adopter stage by July 26.

Organisations in later waves will also be required to embrace foundational readiness activities, the detail of which is presently awaited from the NHSBSA.

Alongside the NHS BSA & Infosys, NHS Wales Shared Services Digital Workforce Solution team will provide the learning support to transition from the pilot to future waves. This will ensure that lessons learned and best practice deployment is scalable through the waves.

In the meantime, all NHS Wales organisations will continue to maintain the national piece of work underway, working towards validation of data against the national workforce data standards.

Deployment of the new solution will be phased over the next five years



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3. Recommendation

The Committee is asked to:

- **Note** the Early Adopter organisations for NHS Wales, as selected by the NHSBSA.
- **Endorse** the Early Adopter status for NWSSP, as it will provide system leadership to the whole Shared Service model across NHS Wales.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

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

Teitl yr Adroddiad/Title of Report:

Transforming Access to Medicines (TrAMs) Programme and Service Management Board Update

Arwwinydd/ Lead:	Laura-Jayne Keating, Director of Pharmacy Technical Services (TrAMs Programme Director)
Awdur/ Author:	Sarah Ferrier (TrAMs Programme Manager)
Swyddog Adrodd/ Reporting Officer:	Sarah Ferrier (TrAMs Programme Manager)

Pwrpas yr Adroddiad/Purpose of the Report:

Inform the Shared Services Partnership Committee (SSPC) of the effectiveness of the TrAMs Programme and Service Management Board as requested when the Terms of Reference were approved by the Committee in November 2025.

Llywodraethu/Governance:

Amcanion/ Objectives:	To listen and learn from staff to co-produce innovative solutions with our partners.
Tystiolaeth/ Supporting evidence:	

Ymgynghoriad/Consultation:

- TrAMs Programme Team
- TrAMs Senior Reporting Officer (SRO)

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	The Committee are asked to **NOTE** the contents of this report.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No impact identified
Cyfreithiol/Legal:	Considered where appropriate – no direct impact identified

Iechyd Poblogaeth/ Population Health:	Considered where appropriate – no direct impact identified
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Considered where appropriate – no direct impact identified
Ariannol/Financial:	No direct impact identified
Risg a Aswiriant/ Risk and Assurance:	Provides Committee with assurance of ongoing TrAMs ToR effectiveness
Dyletswydd Ansawdd/Duty of Quality:	Considered where appropriate – no direct impact identified
Gweithlu/ Workforce:	No direct impact identified
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

TRANSFORMING ACCESS TO MEDICINES PROGRAMME AND SERVICE MANAGEMENT BOARD UPDATE

1. INTRODUCTION

The Transforming Access to Medicines (TrAMs) Programme and Service Management Board Terms of Reference (ToR) were previously agreed by Committee in November 2025. It was agreed that the effectiveness of the ToR would be reviewed by Committee in the 6 months following.

2. CURRENT POSITION

As TrAMs approaches critical junctures within both the programme and its projects, a review was undertaken in January 2026 to enhance the current processes and utilised resources. Accordingly, there have been amendments including the appointing of Programme Director - Laura-Jayne Keating (Director of Pharmacy Services), addition of Programme Assurance & Delivery - Ian Rose (Assistant Director of Transformation) and Programme Manager - Sarah Ferrier (Assistant Head of Transformation). Moreover, as South West and North Hubs are progressed, additional project managers have been aligned to deliver the hubs, with the intention to provide further cohesion to deliver this transformation for NHS Wales.

The TrAMs Programme Board has convened twice since SSPC in November 2025, and the ToR now reflects expanded representation across NHS Wales. From 16 March 2026 all Health Boards and Trusts are now formally represented at Programme Board.

3. GOVERNANCE AND RISK ISSUES

With the anticipated phased opening of the South East Radiopharmacy in June 2026, a further ToR review will be undertaken to establish a Service Management Board, ensuring the effectiveness of the service is monitored appropriately.

4. CONCLUSION

The TrAMs Programme and Service Management Board ToR have been enhanced with greater representation across NHS Wales. No further amendments to the ToR are proposed at this time. The establishment of a South-East Radiopharmacy Service Management Board later this year will further strengthen this effectiveness.

5. RECOMMENDATION

The Committee are asked to:

- **NOTE** the contents of this report.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **19 March 2026**

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

Teitl yr Adroddiad/Title of Report:

Progress with Welsh Government Review Implementation Group (Strengthening Governance and Accountability Arrangements for NWSSP)

Arwwinydd/ Lead:	Neil Frow, Managing Director
Awdur/ Author:	James Quance, Assistant Director of Corporate Services
Swyddog Adrodd/ Reporting Officer:	James Quance, Assistant Director of Corporate Services

Pwrpas yr Adroddiad/Purpose of the Report:

To update the Shared Services Partnership Committee (SSPC) on progress made by the Welsh Government–led Review Implementation Group (IG) in delivering the recommendations from the Independent Review, and to set out the next steps, including areas requiring SSPC input.

Llywodraethu/Governance:

Amcanion/ Objectives:	Strengthening governance arrangements
Tystiolaeth/ Supporting evidence:	Written Statement: NHS Wales Shared Services Partnership (NWSSP) governance and accountability review report (22 December 2025) | GOV.WALES

Ymgynghoriad/Consultation:

NHS Wales Shared Services Partnership Review Implementation Group

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation:	SSPC is asked to **NOTE** the progress made through the Implementation Group and next steps, including input from the SSPC.

Crynodeb Dadansoddiad Effaith/Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth/ Equality and diversity:	No impact – any potential impact identified when implementing recommendations will be addressed through established impact assessment process.
Cyfreithiol/Legal:	Strengthening of arrangements within the existing legal framework
Iechyd Poblogaeth/ Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf/ Quality, Safety & Patient Experience:	Implementation will lead to clearer improved arrangements for providing assurance regarding quality.
Ariannol/Financial:	To be delivered within existing resources – potential cost of legal fees for drafting when updating governance documents.
Risg a Aswiriant/ Risk and Assurance:	Risk and assurance is a core part of the work to be delivered.
Dyletswydd Ansawdd/Duty of Quality:	Implementation will lead to clearer improved arrangements for providing assurance regarding quality.
Gweithlu/ Workforce:	No impact currently – to be reviewed should improved arrangements impact on corporate team.
Deddf Rhyddid Gwybodaeth/Freedom of Information Act:	Open. The information is disclosable under the Freedom of Information Act 2000.

Progress with Welsh Government Review Implementation Group (Strengthening Governance and Accountability Arrangements for NWSSP)

1. INTRODUCTION

Welsh Government (WG) published the Independent Review into strengthening governance and accountability arrangements for NHS Wales Shared Services Partnership (NWSSP) in December 2025. The Review concluded that the framework is fundamentally sound, but identified opportunities to strengthen clarity, assurance and accountability.

In response, WG has established a Review Implementation Group (the "Implementation Group" / "IG") to oversee, coordinate and support delivery of the accepted recommendations. The IG is WG-led and includes senior representation from WG, NWSSP and Velindre University NHS Trust (Velindre), with governance/legal advisors attending as appropriate. The IG does not hold formal decision-making authority; where approvals are required these will continue to be sought through existing governance routes (including SSPC) until any changes are formally agreed and implemented.

2. IMPLEMENTATION PROGRESS AND NEXT STEPS

Progress to Date

At its first meeting on 19 February the IG agreed its terms of reference and membership and began translating the Review recommendations into an implementable programme of work, including agreeing (or drafting) governance arrangements, reporting products, and an overall action plan. NWSSP and Velindre provided their priority areas to support the development of the plan.

Following this a more detailed operational planning session was held on 27 February between the NWSSP Assistant Director of Corporate Services, the Velindre Interim Director of Corporate Governance and the WG Head of NHS Strategic and Operational Planning to develop a more detailed plan with allocated lead responsibilities and target dates for completion. The target is for the programme of work to be concluded by the end of August 2026. Highlight reporting will be developed from the group to inform future updates.

Priority Areas

It was agreed that the immediate priority areas are:

1. the appointment process of the SSPC Chair (recommendation 1) and
2. the assurance arrangements for NWSSP services with clinical components (recommendations 7 and 8).

The revision to the process for the appointment of the SSPC Chair is presented to the Committee in a separate agenda item at this meeting.

Preparatory work has been undertaken with the NWSSP Medical Director to draw together the existing governance arrangements in NWSSP for services that include clinical aspects into a format for discussion with Velindre colleagues as statutory host and for the next meeting of the IG on 30 March. Confirmation will then be sought from SSPC member organisations that appropriate clinical governance processes are in place including links to their own internal processes and Board assurance where relevant.

Input Required from SSPC

In addition to providing updates to SSPC at each meeting until all actions are completed, items requiring SSPC approval being submitted as needed such as changes to existing governance documentation.

There are recommendations that specifically require input from the SSPC and can be addressed relatively quickly that are set out in the table below together with the action proposed and input required from the SSPC.

Recommendation	Input from SSPC	Timing
1: The Velindre Chair should have a role as a member of the appointment panel for the SSPC Chair, together with a formal process for performance management specifically in relation to the effective management of the business of the SSPC as required under Standing Orders.	Approval of revised SSPC Chair appointment process and update to Standing Orders (SOs). Approve further amendment to SOs following consideration of performance management arrangements for the SSPC Chair by the IG .	March 2026 SSPC meeting
5: The SSPC and its constituent organisations should assure themselves that the performance reporting process is operating as intended, and	Existing NWSSP Performance Framework to be re-circulated to SSPC members for assessment of current arrangements, which will be shared with the SSPC	April 2026 circulation May 2026 SSPC

that assurance is provided to each NHS Board.		
7: Welsh Government, the SSPC and its constituent bodies should satisfy themselves that appropriate clinical governance processes are in place including links to their own internal processes and Board assurance where relevant.	See Priority Areas section above	March 2026 IG May 2026 SSPC
8: Velindre and the SSPC/NWSSP should satisfy themselves that the clinical governance processes of the SSPC/NWSSP are consistent with the clinical governance framework of Velindre as the host statutory organisation.	See Priority Areas section above	March 2026 IG May 2026 SSPC
10: All NHS bodies should review their participation in the SSPC and increase attendance at SSPC meetings to ensure effective governance including the representation of their organisations' interests at the SSPC and the provision of assurance to their Boards.	SSPC Chair to write to organisations to confirm their representative.	March 2026 report to May 2026 SSPC
11: Welsh Government should consider reconstituting the SSPC with a CEO-level membership meeting 3 or 4 times a year to discuss overarching policy and strategy, supported by a group meeting bi-monthly with the current membership of the SSPC to oversee detailed planning, operational management and delivery	Discussed at the IG group and not considered to be workable to constitute 3 or 4 times per year given existing commitments within own organisations. Proposed instead that CEOs attend Autumn Development session where NWSSP direction and strategy are discussed and one	To confirm at March 2026 IG and report back to May SSPC with confirmed timetable and items for discussion.

including performance reporting.	formal meeting of the SSPC when approval of the IMTP is sought.	
17: Welsh Government and the SSPC should ensure that a clear process is in place for adding new services to the shared services portfolio. The SSPC should agree any changes where it would be accountable for the planning and delivery of those services.	WG are leading on the process but will require SSPC to agree. The current process for adding new services would be through the IMTP development and approval process.	April 2026

3. GOVERNANCE AND RISK ISSUES

There are potential barriers to timely implementation that NWSSP, Velindre and WG are working through together:

- Clarity of decision routes: Several recommendations may require changes to Standing Orders / Schemes of Delegation or to established reporting lines. Until changes are agreed, decisions must continue through existing routes, which may impact pace of implementation.
- Resourcing and capacity: Design and implementation will require sustained input from NWSSP/Velindre governance and corporate teams alongside business-as-usual commitments.
- Interdependencies: Some actions are contingent on WG policy positions and/or legal advice; sequencing is being managed through the IG implementation plan.
- Stakeholder alignment: Changes will need buy-in from all partner organisations represented on SSPC; early engagement is important to avoid rework.

A risk/issues log will be maintained by the IG group and any significant concerns will be included in future updates to the SSPC. However, working relationships remain positive and IG members share a clear commitment to delivering the actions required within the agreed timescales.

4. RECOMMENDATION

The Committee is asked to **NOTE** the progress made through the Implementation Group and next steps, including input from the SSPC.

NWSSP Finance Report March 2026

Reporting on the period to 28th February 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

The purpose of this report is to update the Shared Services Partnership Committee on NWSSP financial issues to 28th February 2026

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

2025/26 Financial Position to 28th February 2026

Revenue

NWSSP reported a year-to-date **break-even** financial position to the end of February. This was achieved after providing the **£6.000m** savings distribution for 2025/26 which was confirmed to Committee in January 2026.

Our break-even position is reported after covering the pro-rata year to date Employers National Insurance funding shortfall of **£0.682m**. The full year impact of this is **£0.744m**. Recurrent savings for 2026/27 have been identified in 2025/26 to ensure our underlying position remains at break-even which is reflected in our IMTP financial plan.

	Annual Budget £000	YTD Budget £000	YTD Expend £000	YTD Variance £000
Income	-892,307	-766,823	-765,503	1,320
Pay	432,855	398,610	392,238	-6,372
Non Pay	264,865	212,881	211,933	-948
WRP – DEL	194,587	155,332	155,332	0
Year to date underspend	0	0	0	0
Distribution	0	0	6,000	6,000
	0	**0**	**0**	**0**

Our non-recurrent 2025/26 savings distribution of £6.000m was apportioned in line with the formula noted in our IMTP and detailed in the table below. Organisations have started to submit invoices for us to repatriate these savings before the end of the financial year.

Organisation	%	2025/26 DISTRIBUTION £	AGREED REINVESTMENTS	2025/26 DISTRIBUTION TO BE INVOICED
Aneurin Bevan	9.85	591,000	0	591,000
Swansea Bay	8.80	528,000	0	528,000
Betsi Cadwaladr	11.98	718,800	0	718,800
Cardiff and Vale	10.49	629,400	0	629,400
Cwm Taf Morgannwg	10.60	636,000	0	636,000
Hywel Dda	7.77	466,200	-230,363	235,837
Powys	1.95	117,000	0	117,000
Velindre	1.17	69,900	0	69,900
WAST	1.28	76,800	0	76,800
Public Health Wales	0.87	52,200	0	52,200
Welsh Government	35.25	2,114,700	0	2,114,700
Total	**100.00**	**6,000,000**	**-230,363**	**5,769,637**

Financial Position and Key Targets

KPI	Target	2025/26 February	March	April	May	June	July	August	September	October	November	December	January	February	Trend
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	-£15k	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL Monthly	On Target	Achieved	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
Distribution	0 Annually	£3.6m	£3.6m	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	£6m	£6m	£6m	
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	98.45%	97.95%	98.35%	99.43%	99.40%	97.95%	97.85%	97.91%	98.33%	98.30%	98.37%	98.25%	98.91%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	97.88%	97.89%	98.35%	98.94%	99.08%	98.73%	98.57%	98.46%	98.44%	98.43%	98.42%	98.40%	98.44%	
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	94.63%	98.10%	97.85%	94.74%	92.94%	94.38%	92.22%	90.74%	89.94%	94.21%	94.21%	71.43%	89.42%	
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.30%	95.64%	97.85%	96.36%	95.26%	95.05%	94.72%	94.04%	93.41%	93.49%	93.56%	91.48%	91.22%	

Corporate

KPI	Target	2025/26 February	March	April	May	June	July	August	September	October	November	December	January	February	Trend
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	9	2	4	2	1	0	2	0	0	5	1	0	5	
Variable Pay – Overtime	<£100k Monthly	£140k	£142k	£94k	£80k	£83k	£93k	£71k	£70k	£66k	£75k	£141k	£62k	£65k	
Overtime % Adjusted to exclude SLE	<1.25% Monthly	1.60%	0.88%	1.07%	0.88%	0.93%	1.03%	0.68%	0.76%	0.72%	0.80%	1.49%	0.67%	0.69%	
Agency % to date	<0.8% Cumulative	0.03%	0.01%	0.00%	0.00%	0.00%	0.03%	0.02%	0.02%	0.02%	0.00%	0.00%	0.01%	0.01%	
Agency % Adjusted to exclude SLE	<1% Cumulative	0.11%	0.05%	0.00%	0.00%	0.00%	0.10%	0.08%	0.07%	0.05%	0.04%	0.04%	0.05%	0.04%	

Capital

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Laptop refresh	194	194	0
Estates works - Matrix & Alder House	72	25	-47
Wireless access and surface hub replacement	14	4	-10
SES - Occupeye Equipment & Data loggers	7	7	0
Medicines Unit - Laminar Flow Cabinet	22	22	0
Stores Pest Control	15	9	-6
PCS - Scanner and Fire Doors	13	3	-10
SMTL Steriliser	27	0	-27
VAT recoveries	-7	-7	0
Laundry - Sheet picker machines Church Village	51	0	-51
Unallocated	1	0	-1
Discretionary Capital Total	**409**	**257**	**-152**
IP5 discretionary	250	165	-85
Laundry Discretionary	200	95	-105
SE Wales Radiopharmacy - IP5	4,527	3,993	-534
SE Wales TrAMS hub advance funding	264	267	3
South East Wales TrAMS Programme - incl fees	402	190	-212
TEF - Decarbonisation	1,247	297	-950
TEF - Infection Prevention Control	664	84	-580
End of Year Digital Funding 2025-26	250	201	-49
Roof overlay works IP5	1,500	750	-750
End of Year Digital Funding - December 2025-26	343	224	-119
End of Year Funding 2025-26	661	168	-493
End of Year funding January 2025-26	18	0	-18
End of Year Digital Funding - January 2025-26	55	0	-55
Power Resilience at Imperial Park 5, Newport	104	0	-104
Additional Capital Total	**10,485**	**6,434**	**-4,051**
IFRS16 Capital	476	476	0
IFRS16 Capital Total	**476**	**476**	**0**
TOTAL CAPITAL ALLOCATION	**11,370**	**7,167**	**-4,203**

At the end of February, we have incurred **£7.167m** capital expenditure against our Capital Expenditure Limit (CEL) of **£11.370m.**

Our discretionary funding has been reduced from £0.800m to **£0.409m** in respect of the 30% Organisational contribution required to the Targeted Estates Fund (TEF) schemes.

Additional capital funding for the IP5 roof overlay works was confirmed in December, with £3.134m approved in total. £1.500m has been allocated to 2025/26, with £0.750m spent year-to-date. Crane lifts at the start of March were completed successfully, allowing works to progress with minimal disruption to site operations.

In February we received confirmation of capital funding approval for power resilience works at IP5 for £1.510m. £0.104m has been allocated to 2025/26 in respect of initial expenditure that will be incurred this financial year. We also received funding confirmation of £0.238m for TRAMS South-East hub fees for April-September 2026 to cover the period up to the estimated FBC approval date.

Allocation adjustments were made in February for the Radiopharmacy and South-East Wales TRAMS Programmes to reflect revised forecasts of expenditure for 2025/26.

We are closely monitoring all capital schemes during March to ensure funding can be fully utilised within the financial year to meet our Capital Expenditure Limit.

Welsh Risk Pool

Expenditure type	Position as at M11 2024/25 £m	Position as at M11 2025/26 £m
Claims reimbursed & WRP Managed Exper	91.258	150.071
Periodical Payments made to date	24.597	25.731
Redress Reimbursements	1.363	2.145
EIDO – Patient consent	0.092	0.098
Clinical Negligence Salary Subsidy	0.558	0.300
WRP Transfers, Consent, Prompt, CTG	0.424	0.482
Movement on Claims Creditor	-11.545	-23.495
Year to date expenditure	**106.747**	**155.332**

DEL FORECAST 2025/26	£m
Actual spend to February 2026	155.332
Settled cases – awaiting payment	11.250
Joint Settlement/Round Table Meeting/Offer	26.085
Periodical Payment Orders to March 2026	0.070
Sub Total	**192.737**
Future Estimated Settlements in 2025/26	1.850
2025/26 FORECAST	**194.587**

DEL expenditure to Month 11 is **£155.332m** compared to £106.747m 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.

A detailed review of individual cases for settlement this year identified a significant increase in the funding requirement compared to the IMTP planning assumptions. The refreshed forecast at the end of February is **£194.587m**, although due to continued uncertainty this could range from £193.683m - £197.583m**.**

In December 2025, Welsh Government confirmed additional funding of up to **£49m** had been secured to cover the additional risk share costs in 2025/26. Allocation adjustments for the original risk share requirement of £36.056m were actioned in January.

The forecast at Month 11 would require **£49.096m** additional funding from Welsh Government.

The minimum forecast would require £48.192m, but the maximum forecast would require £52.092m. The maximum forecast represents the worse case outcome for all outstanding cases and accruals which is very unlikely to occur.

	Forecast £m	Minimum Forecast £m	Maximum Forecast £m
Welsh Government allocation	109.435	109.435	109.435
Risk Share Agreement - HBs/Trusts	36.056	36.056	36.056
Additional Welsh Government funding	49.096	48.192	52.092
	194.587	**193.683**	**197.583**

Contact details

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People and OD
SSPC Report
March 2026 Meeting

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

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

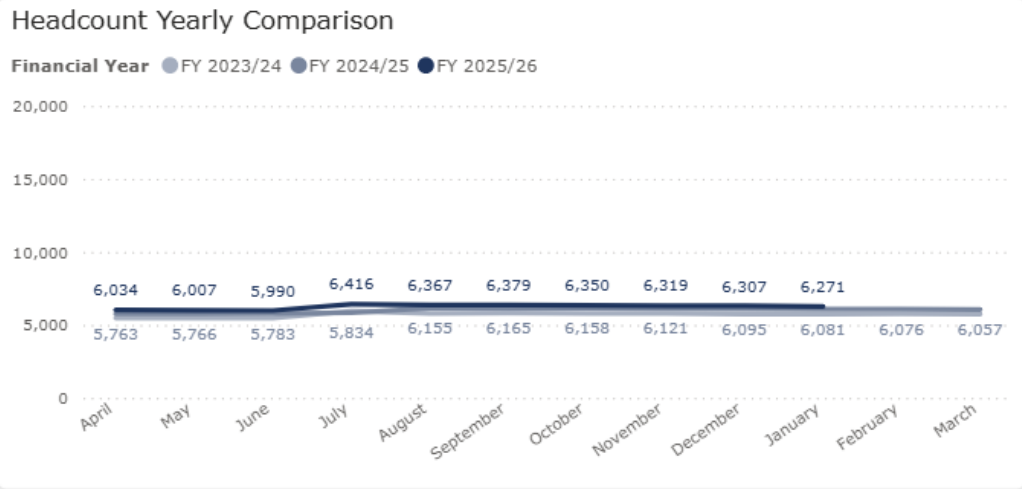
MEETING	Shared Services Partnership Committee (SSPC)
REPORT AUTHOR	Samantha Wright, Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services

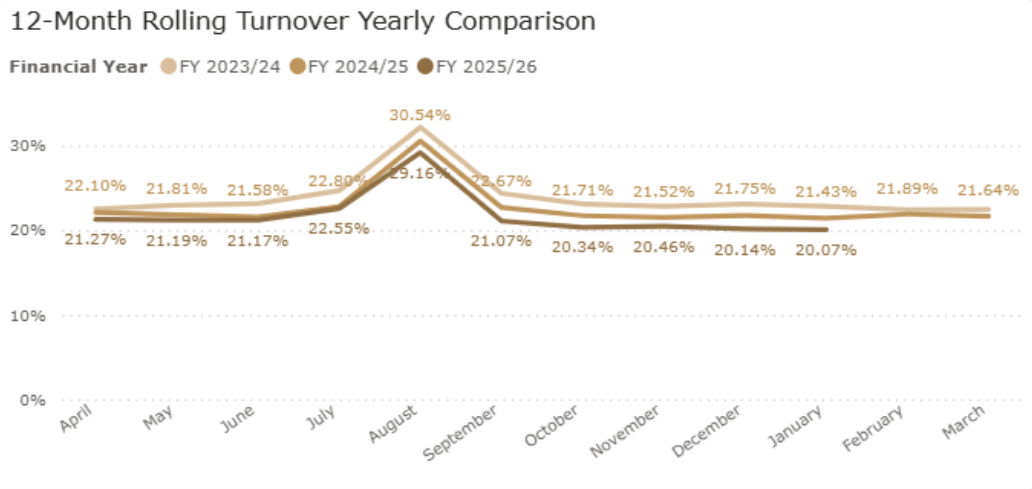
PURPOSE OF REPORT

The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31st January 2026. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity.

The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.

Including SLE





Headcount

The January headcount including SLE **(6,271)** has **decreased** from December **(6,307)**.

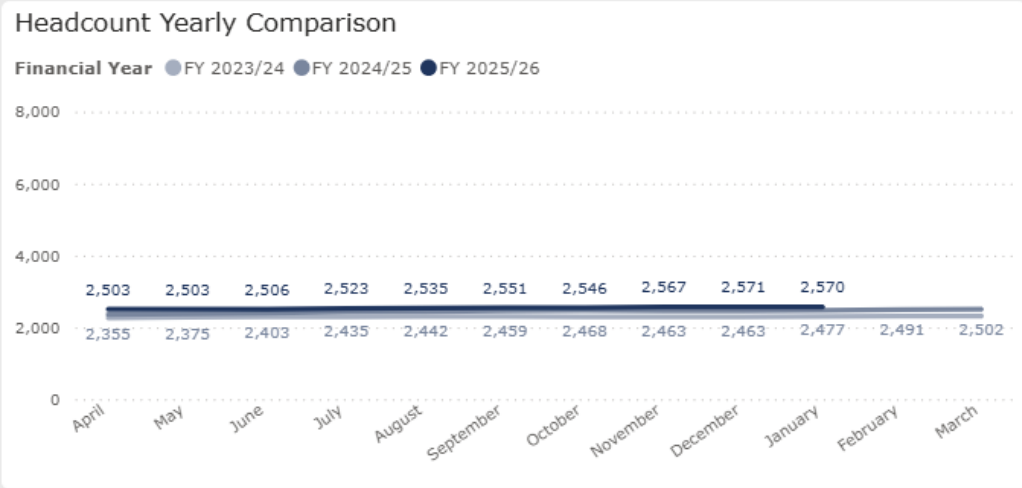
Excluding SLE, the headcount is **2,570** which has **slightly decreased** since December **(2,571)** and has **increased** since January 2025 by **3.75%** from **2,477**.

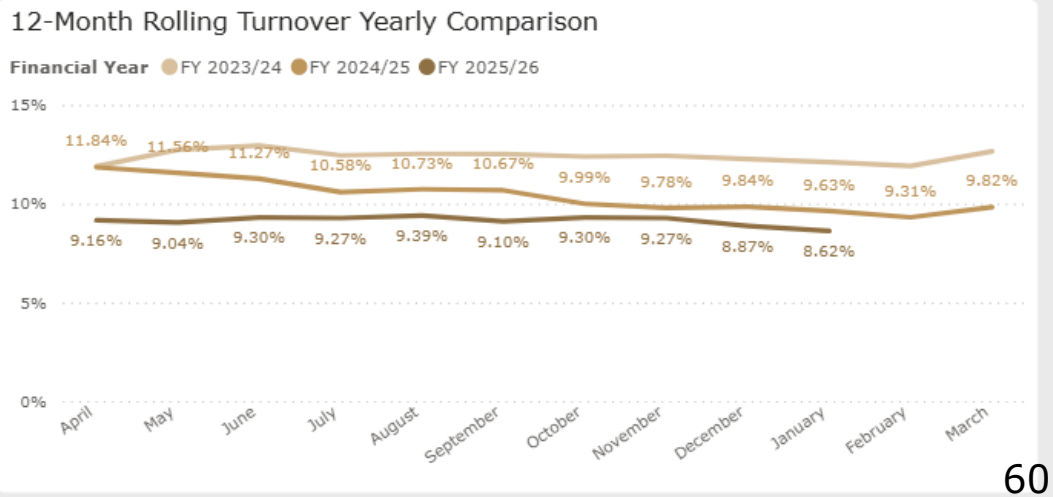
Turnover

Including SLE, the January turnover is **20.07%**. This has **decreased** by **1.36%** from January 2025 **(21.43%)**.

Excluding SLE, the January turnover is **8.62%**. This is **down** by **1.01%** from January 2025 **(9.63%)**.

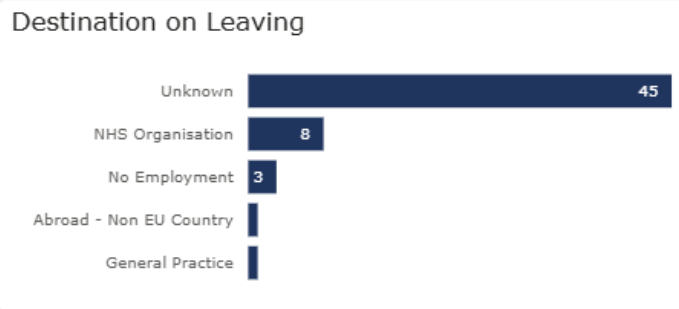
Excluding SLE

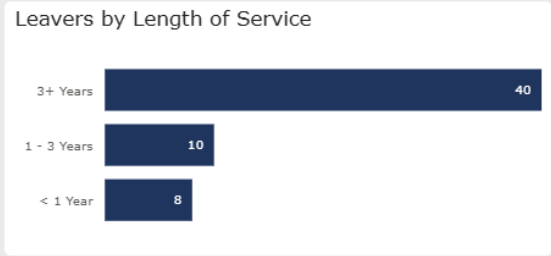


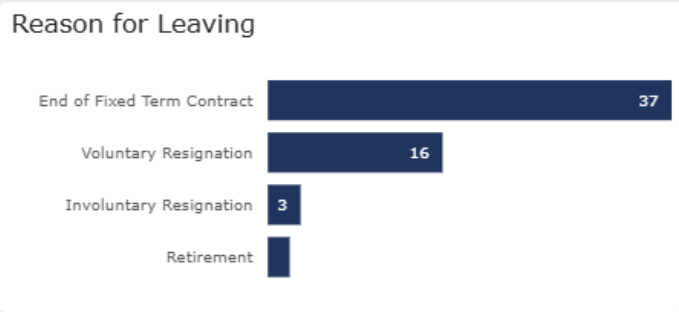


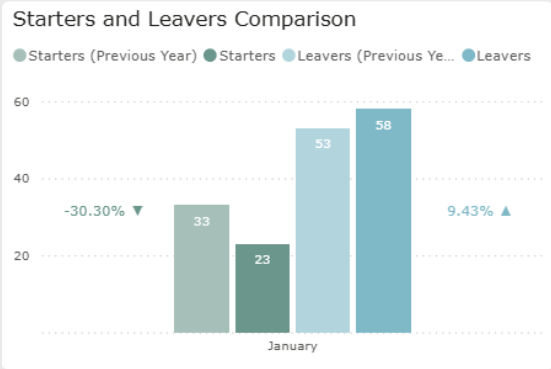
PEOPLE & OD WORKFORCE SUMMARY

Including SLE

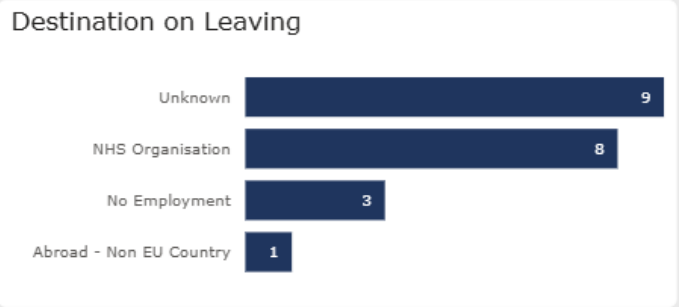


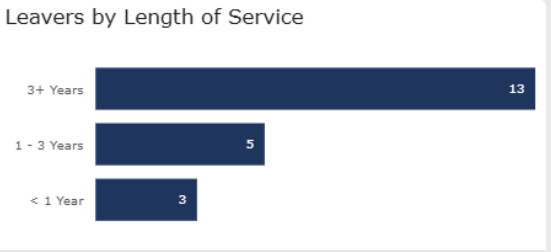


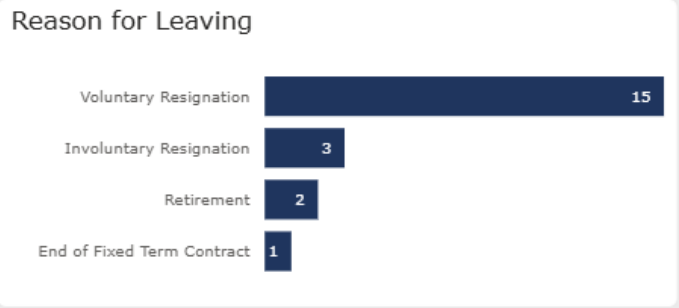


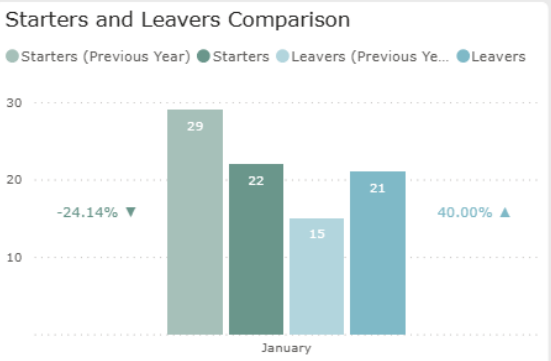


Excluding SLE









Starters

Including SLE, there were **23** starters in January 2026. Excluding SLE, there were **22** starters in January 2026. This is **down** by **24.14%** from **29** starters in January 2025.

Excluding SLE, the main recruitment source was **NHS organisations** which accounted for **52.17%** of starters. **Private sector** and **other public sector** each accounted for **13.04%**.

Reasons for Leaving

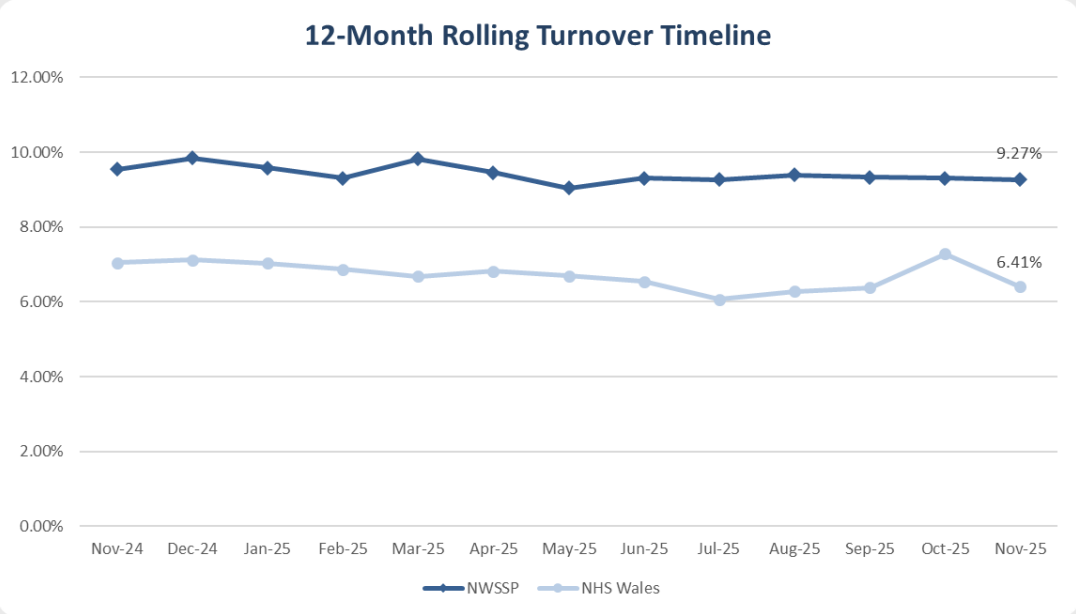
Excluding SLE, **71.43%** of leavers were due to **voluntary resignation**. This is **significantly higher** than January 2025 **(53.33%)** and **consistent** with the past two months.

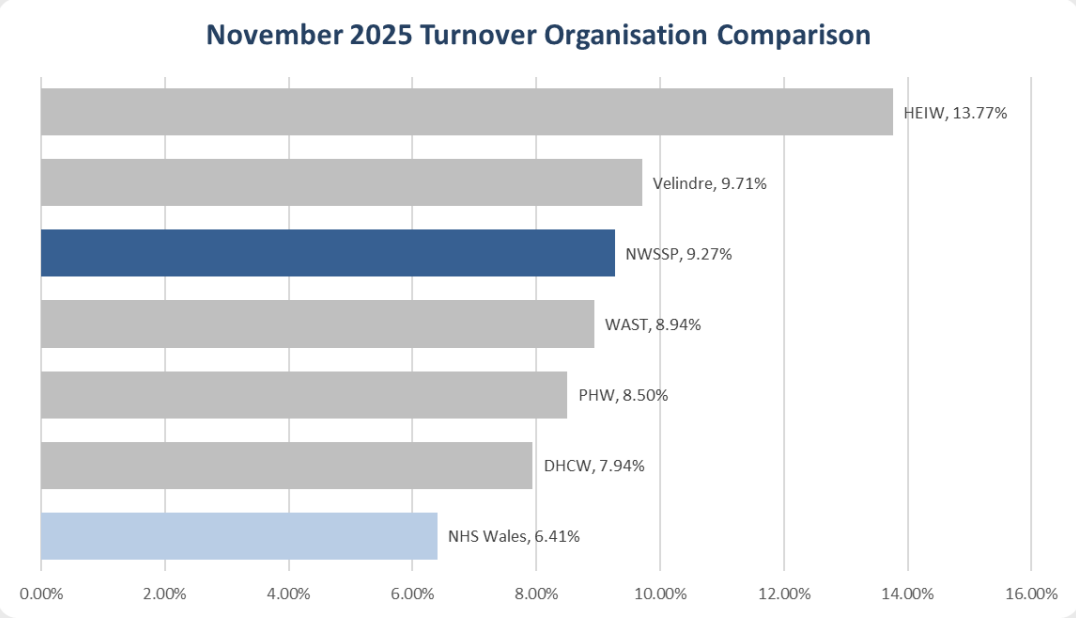
Of the voluntary resignations, **60.00%** of staff had 3+ years of service with NWSSP. Since January 2025,**48.57%** of voluntary resignations had 3+ years of service. This shows a significant loss of long-term staff, however **29.41%** of those went to another NHS organisation. Comparisons with other organisations would be beneficial to see whether this is positive (e.g. leaving for promotions within NHS) or negative (e.g. due to NWSSP workplace culture). However, a significant portion of voluntary resignations have an unknown destination, so conclusions are limited.

Since January 2025, for all service lengths, the top destinations are NHS organisation (**27.14%**) and no employment (**10.00%**). However, **43.57%** of voluntary resignations had **unknown** destinations on leaving. This has a large impact on the ability to understand our retention of all staff. Managers may need reminding about the importance of this field, and they should be encouraged to fill this out.

Since January 2025, **21.43%** of voluntary leavers have been with NWSSP for **less than 1 year** (excluding SLE). This further suggests a significant difficulty in retention over the past year..

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 **2.86% higher** than the overall NHS Wales turnover rate for **1st December 2024 – 30th November 2025.**

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

NHS Wales turnover has a **consistent trend** since 1st July 2024, with October showing a slight **increase**.

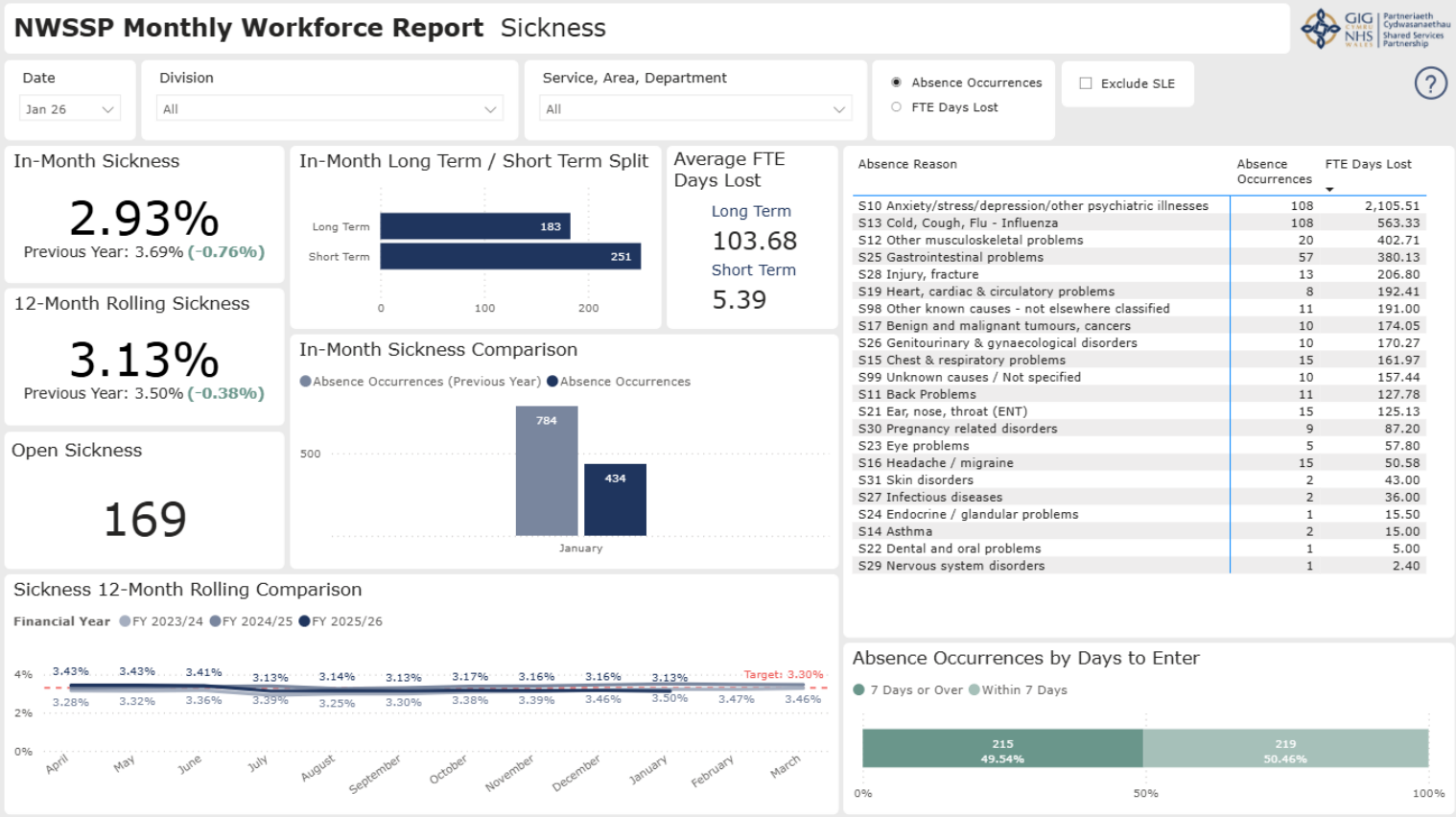
NWSSP turnover has **remained consistent** since 1st April 2025.

12-Month Rolling Turnover – November 2025

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

However, NWSSP turnover is consistently close to the median turnover value, which suggests it is in the expected range for these organisations.

PEOPLE & OD WORKFORCE SUMMARY



Division	Sickness %	Target *
Laundry Division	10.32%	5.55%
Medical Workforce Division	8.68%	2.00%
Employment Division	6.47%	4.03%
Procurement Division	6.45%	4.15%
Medical Examiner Division	5.62%	4.15%
Surgical Materials Testing (SMTL) Division	4.88%	2.00%
Primary Care Division	4.73%	4.15%
Finance Academy Division	3.47%	2.00%
Corporate Division	3.36%	2.00%
Planning, Performance and Informatics Division	3.21%	2.00%
Audit & Assurance Division	2.82%	2.00%
Legal & Risk Division	2.74%	2.00%
E-Business Central Team Division	2.41%	2.00%
People & OD Division	2.40%	2.00%
Digital Workforce Division	2.30%	2.00%
Accounts Payable Division	3.78%	4.15%
Specialist Estates Division	1.86%	2.00%
Welsh Employers Unit Division	1.11%	2.00%
Finance Division	0.99%	2.00%
Pharmacy Technical Services Division	0.99%	2.00%

12-Month Rolling Sickness

The January 12-month rolling sickness, including SLE **(3.13%)** has **remained consistent** since July 2025. The sickness rate has **slightly decreased** since January 2025 by **0.38%** from **3.50%**.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 2.92% and 3.46%. Sickness remains around the target of **3.30%**.

Excluding SLE, the 12-month rolling sickness is **5.39%** which has **slightly increased** since January 2025 by **0.20%** from **5.18%**.

Overall, this shows the sickness rate has remained relatively stable since FY 2023/24, between 4.80% and 5.42%, although there has been a slowly rising trend since February 2024**.**

Long Term / Short Term

Including SLE, long term sickness has **slightly decreased** since January 2025 from **187** occurrences to **183** occurrences.

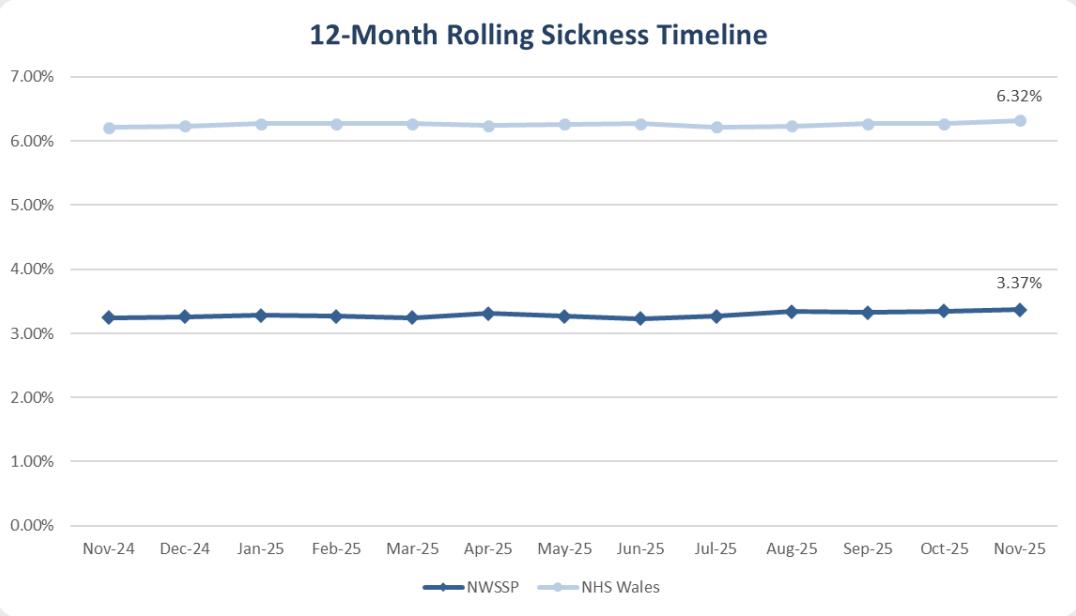
The average days lost to long term sickness is **103.68** FTE days. The average days lost to short term sickness is **5.39** FTE days. Excluding SLE, short term sickness occurrences have **significantly decreased** from **302** in January 2025 to **175** in January 2026.

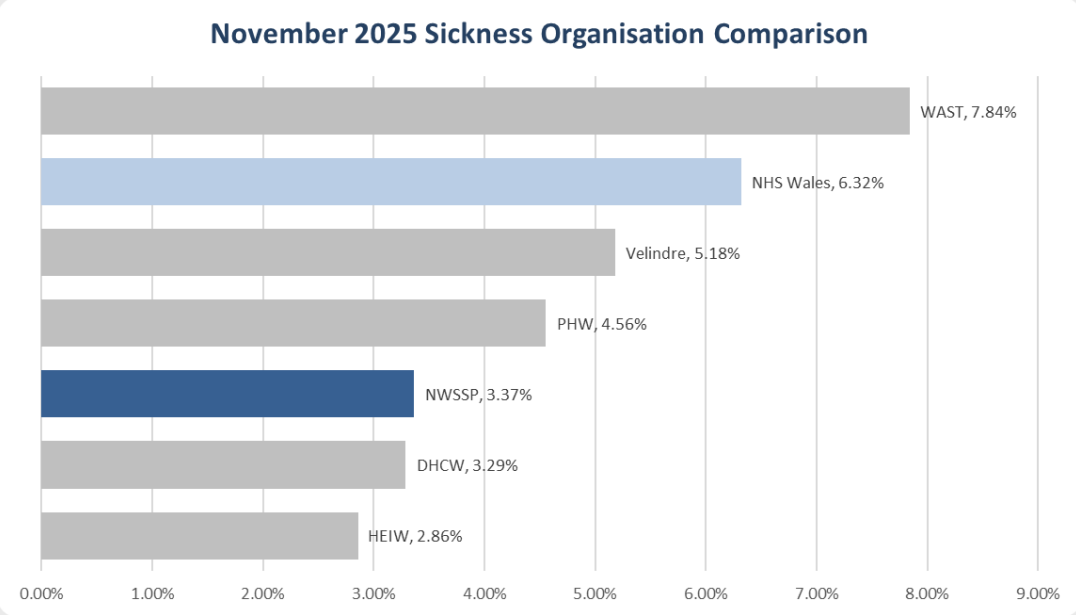
In the CIPD *Health and Wellbeing at Work 2025* report, they state that **public sector** workers had an average of **13.3 working days** sickness per year (short and long term). The current **NWSSP** average is **10.38 working days**, significantly lower than the public sector average.

Top 5 Sickness Reasons

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

NWSSP Sickness Comparison to NHS Wales





This data is from the HEIW Workforce Performance Measures Dashboard.

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

** The NWSSP sickness submission includes SLE.*

12-Month Rolling Sickness

NWSSP sickness has remained **consistently below** the NHS Wales overall sickness rate for **1st December 2024 – 30th November 2025.**

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

Sickness % (FTE) – November 2025

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

PEOPLE & OD WORKFORCE SUMMARY

Including SLE

NWSSP Monthly Workforce Report Learning Compliance

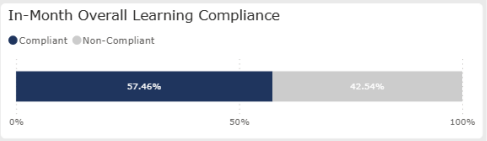
Date: Jan 26 | Division: All | Service, Area, Department: All | Exclude SLE: ☐

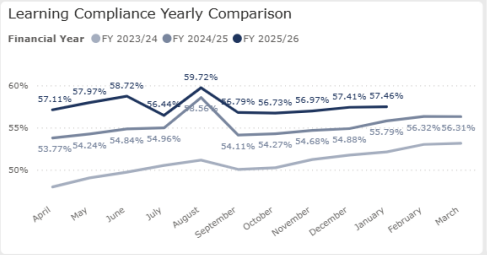
In-Month Overall Learning Compliance

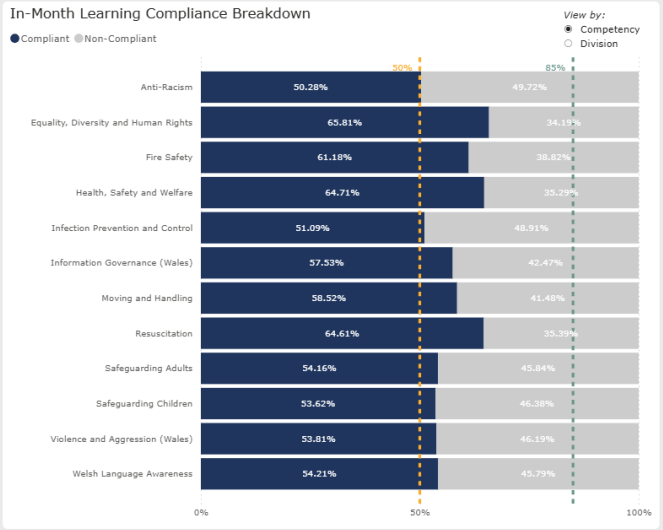
57.46%

Previous Year: 55.79% (+1.67%)

Red: Below 50% **Amber:** 50% to 85% **Green:** 85% and above







Excluding SLE

NWSSP Monthly Workforce Report Learning Compliance

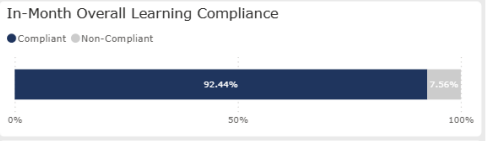
Date: Jan 26 | Division: All | Service, Area, Department: All | Exclude SLE: ☑

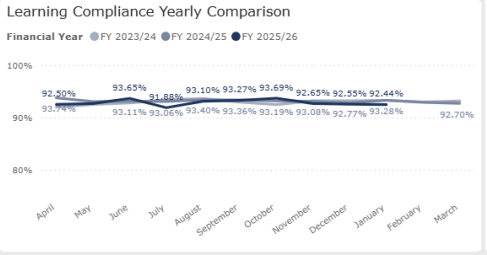
In-Month Overall Learning Compliance

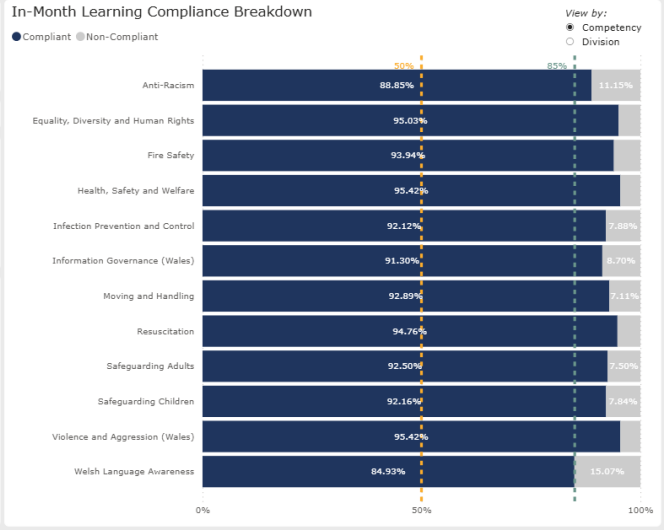
92.44%

Previous Year: 93.28% (-0.84%)

Red: Below 50% **Amber:** 50% to 85% **Green:** 85% and above







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	96.75%	98.70%	95.45%	98.70%	98.05%	95.45%	96.10%	96.75%	96.75%	95.45%	98.05%	89.61%
Audit & Assurance Division	87.50%	98.21%	94.64%	98.21%	96.43%	91.07%	92.86%	91.07%	94.64%	96.43%	100.00%	80.36%
Corporate Division	92.59%	96.30%	96.30%	96.30%	92.59%	96.30%	96.30%	96.30%	96.30%	96.30%	100.00%	74.07%
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	100.00%	88.46%	96.15%	92.31%	92.31%	96.15%	100.00%	96.15%	96.15%	96.15%	100.00%	73.08%
E-Business Central Team Division	100.00%	100.00%	88.89%	100.00%	100.00%	83.33%	88.89%	100.00%	100.00%	100.00%	100.00%	77.78%
Employment Division	97.40%	97.40%	97.40%	97.69%	97.11%	97.98%	97.40%	97.98%	97.69%	97.40%	99.71%	91.33%
Finance Academy Division	87.50%	87.50%	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%	100.00%	100.00%	100.00%	87.50%
Finance Division	100.00%	93.10%	89.66%	96.55%	100.00%	89.66%	100.00%	96.55%	100.00%	100.00%	100.00%	86.21%
Laundry Division	50.24%	84.88%	82.93%	88.78%	80.00%	70.73%	73.66%	88.78%	77.07%	75.61%	78.05%	66.34%
Legal & Risk Division	90.91%	96.46%	91.92%	95.96%	91.92%	85.86%	88.89%	94.44%	93.94%	93.43%	95.96%	81.31%
Medical Examiner Division	88.78%	97.96%	92.86%	98.98%	94.90%	89.80%	90.82%	95.92%	91.84%	89.80%	93.88%	93.88%
Medical Workforce Division	89.47%	100.00%	89.47%	94.74%	73.68%	78.95%	89.47%	89.47%	73.68%	73.68%	94.74%	84.21%
People & OD Division	93.75%	95.83%	97.92%	97.92%	91.67%	93.75%	97.92%	100.00%	97.92%	97.92%	100.00%	77.08%
Pharmacy Technical Services Division	87.04%	92.59%	94.44%	94.44%	87.04%	90.74%	88.89%	92.59%	87.04%	87.04%	98.15%	85.19%
Planning, Performance and Informatics Division	95.83%	100.00%	97.92%	100.00%	93.75%	97.92%	100.00%	100.00%	93.75%	93.75%	95.83%	89.58%
Primary Care Division	98.40%	99.04%	98.40%	99.68%	97.76%	97.44%	98.40%	99.04%	99.04%	99.04%	99.36%	96.47%
Procurement Division	87.10%	92.95%	93.19%	92.71%	89.25%	91.52%	92.83%	92.00%	89.96%	89.84%	94.15%	82.44%
Single Lead Employer Division	23.79%	45.75%	38.68%	43.61%	22.91%	34.33%	34.92%	43.91%	27.82%	27.15%	25.23%	33.10%
Specialist Estates Division	96.23%	98.11%	96.23%	96.23%	94.34%	96.23%	98.11%	98.11%	94.34%	94.34%	100.00%	90.57%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%
Welsh Employers Unit Division	62.50%	100.00%	100.00%	87.50%	87.50%	50.00%	100.00%	100.00%	75.00%	75.00%	100.00%	75.00%

Learning Compliance

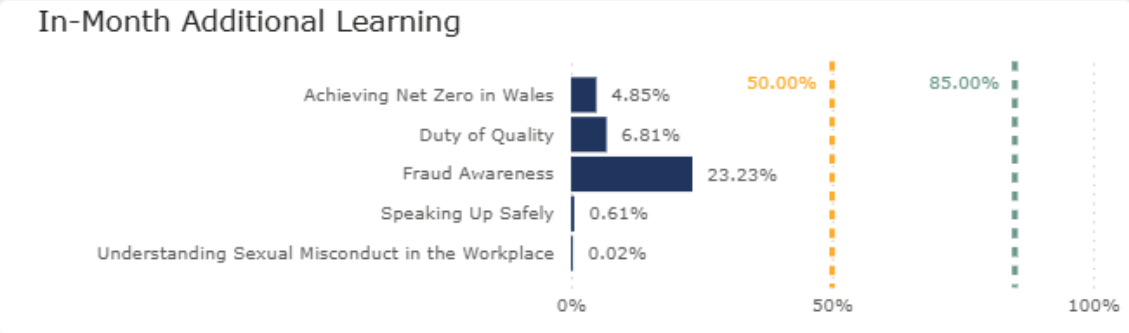
Excluding SLE, the January learning compliance **(92.44%)** is **consistent** with December **(92.55%)**.

All competencies are over the 85% target with the exception of Welsh Language Awareness, which sits at **84.93%**. However, there is currently a known issue of this module updating which could account for the smaller figures.

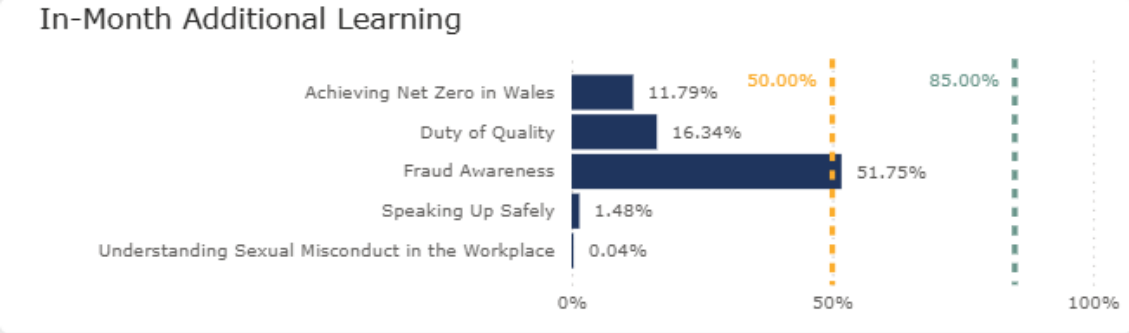
There are still some divisions with compliance below target, and Business Partners have been asked to work with the relevant management teams.

Non-Mandatory Learning

Including SLE



Excluding SLE



Division	Achieving Net Zero in Wales	Duty of Quality	Fraud Awareness	Speaking Up Safely	Understanding Sexual Misconduct in the Workplace
Accounts Payable Division	41.18%	49.67%	94.77%	1.31%	0.00%
Audit & Assurance Division	1.75%	38.60%	66.67%	1.75%	0.00%
Corporate Division	33.33%	22.22%	81.48%	3.70%	0.00%
Counter Fraud Division	100.00%	100.00%	85.71%	0.00%	0.00%
Digital Workforce Division	44.44%	96.30%	88.89%	0.00%	0.00%
E-Business Central Team Division	83.33%	100.00%	94.44%	0.00%	0.00%
Employment Division	1.17%	0.58%	91.23%	0.29%	0.00%
Finance Academy Division	0.00%	0.00%	0.00%	0.00%	0.00%
Finance Division	40.00%	20.00%	80.00%	3.33%	0.00%
Laundry Division	0.00%	0.49%	2.94%	0.98%	0.00%
Legal & Risk Division	3.55%	7.61%	16.75%	2.03%	0.00%
Medical Examiner Division	0.00%	11.22%	13.27%	1.02%	0.00%
Medical Workforce Division	0.00%	5.26%	5.26%	0.00%	0.00%
People & OD Division	28.57%	40.82%	36.73%	24.49%	2.04%
Pharmacy Technical Services Division	0.00%	24.53%	15.09%	0.00%	0.00%
Planning, Performance and Informatics Division	16.33%	12.24%	55.10%	4.08%	0.00%
Primary Care Division	23.55%	57.42%	64.19%	0.65%	0.00%
Procurement Division	2.15%	0.72%	48.86%	0.84%	0.00%
Single Lead Employer Division	0.03%	0.19%	3.43%	0.00%	0.00%
Specialist Estates Division	96.30%	1.85%	7.41%	0.00%	0.00%
Surgical Materials Testing (SMTL) Division	32.00%	20.00%	92.00%	4.00%	0.00%
Welsh Employers Unit Division	0.00%	0.00%	14.29%	14.29%	0.00%

Non-Mandatory Learning

Additional learning courses are not mandatory, however given the importance of understanding required in these areas, NWSSP staff are encouraged to complete the following courses:

- Achieving Net Zero in Wales (e-learning)
- Duty of Quality (e-learning)
- Fraud Awareness (e-learning)
- Speaking Up Safely (OD delivered course)
- Understanding Sexual Misconduct (e-learning)

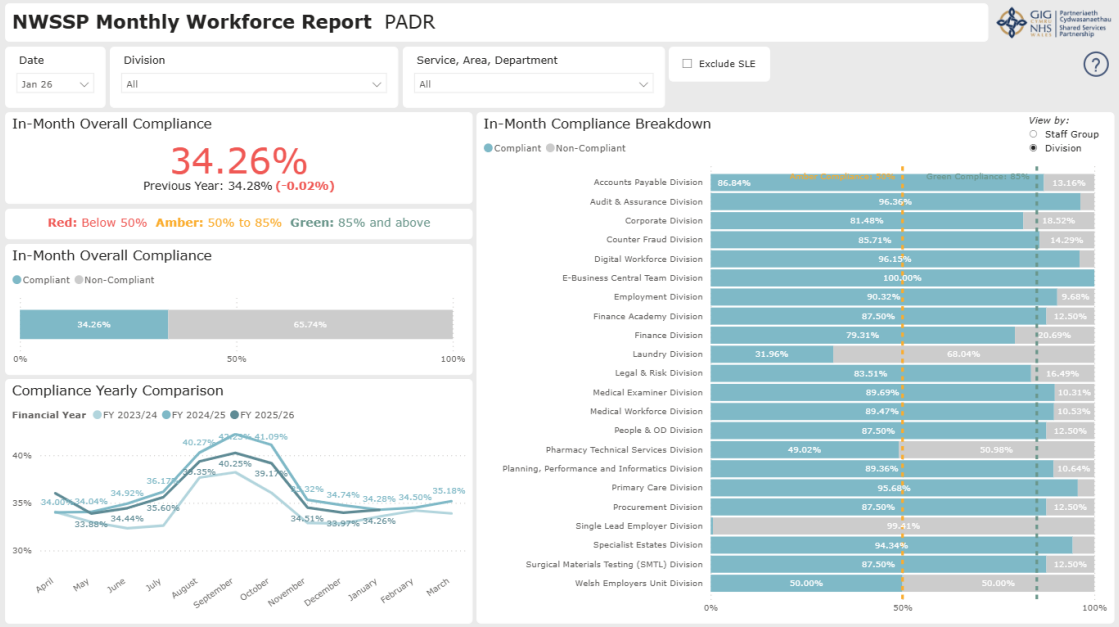
Recently, a new course of Understanding Sexual Misconduct in the Workplace was added. Given this course was introduced in mid-December, it is currently a low completion rate.

The course with the highest completions is Fraud Awareness, with **51.58% of staff** completing (excluding SLE).

Overall, most divisions have low completion rates for all courses, with the average division completion rate being **21.69% (**excluding SLE).

Completion rates of Speaking Up Safely are lower than the others, this is expected given the frequency of courses and that places are limited per course. While P&OD have limited resource to deliver this course, where this topic is delivered at Development Days etc., delegate lists are being manually input into ESR. The remaining courses are all e-learning, making them more accessible.

Including SLE

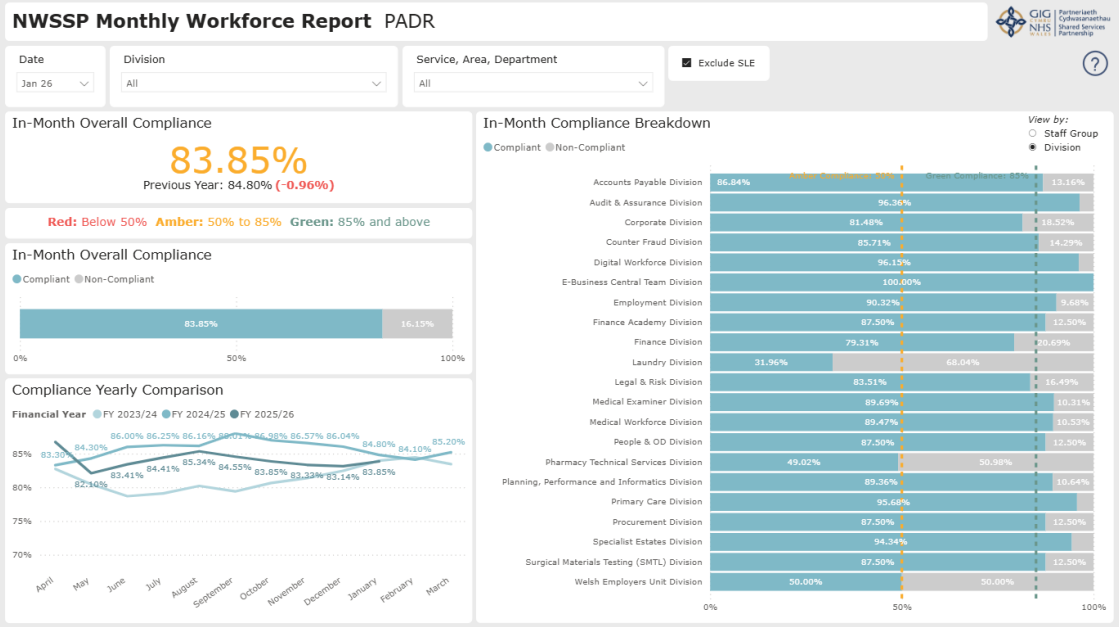


PADR Compliance

The January PADR compliance including SLE **(34.26%)** has **slightly increased** from December **(33.97%)**.

The compliance has **remained consistent** with January 2025 (**34.28**%).

Excluding SLE



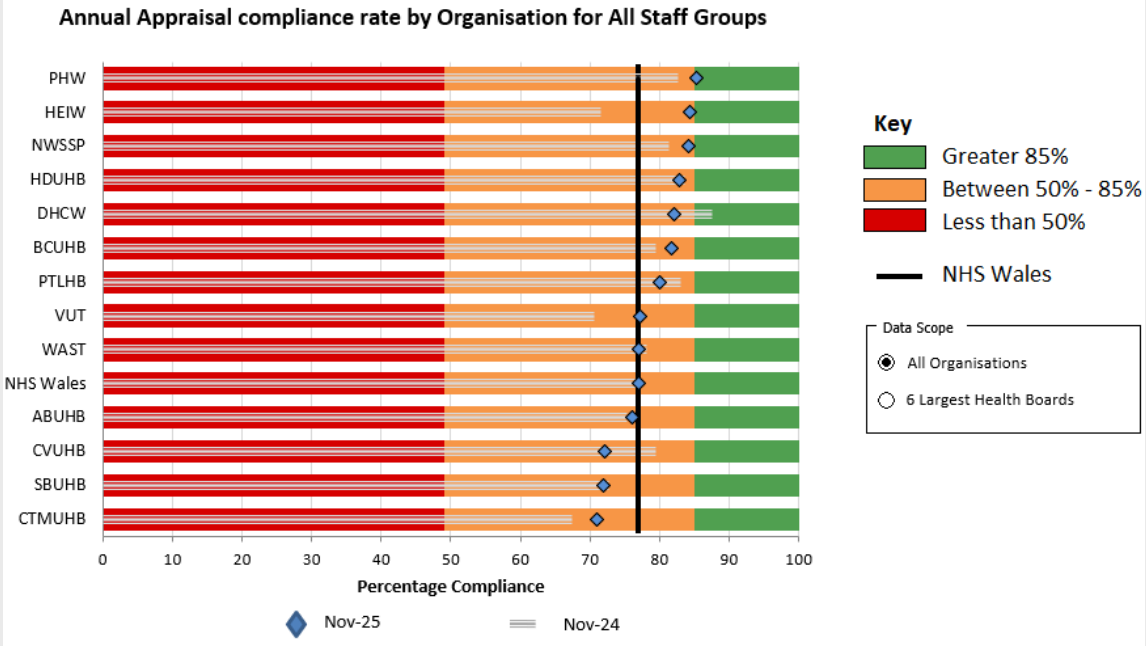
PADR Compliance

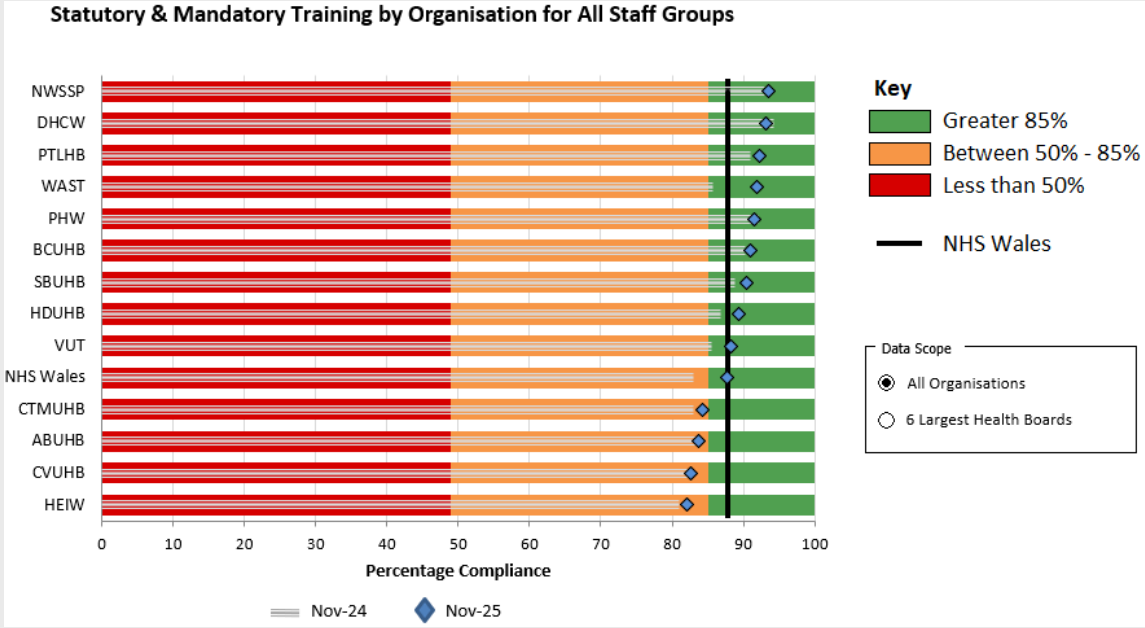
Excluding SLE, the January PADR compliance **(83.85%)** is **below target**, with August being the only point above target since April 2025.

The compliance has **decreased** since January 2025 by **0.96%** from **84.80%**.

The PADR compliance rate has **large variation** over the past 3 years, ranging from **78.70**% to **88.01**% at the peak. This month slightly improves the downward trend from August.

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 **November 2025** NWSSP had the **third highest** appraisal review compliance **(84.3%)** in comparison to other NHS Wales organisations. This is below PHW and HEIW. This remains higher than the NHS Wales overall figure **(77.0%).**

Statutory and Mandatory Training Compliance

In **November 2025** NWSSP had the **highest** statutory and mandatory training compliance **(93.5%)** in comparison to other NHS Wales organisations. DHCW came slightly above at 94.5%. NWSSP remains higher than the NHS Wales overall figure **(87.8%)**.

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

Armed Forces Update: Building on our formal signing of the Armed Forces Covenant and Bronze Award recognition, we have now completed a comprehensive policy review, strengthened our recruitment guidance to embed military-friendly practices, and consolidated evidence required for Silver submission. Meetings with the Regional Employer Engagement Director have shaped our final documentation and the Armed Forces Community Group has reviewed the full criteria, and we are now entering the final preparation stage ahead of formally submitting the Silver Award nomination for 2026.

Attraction & Retention Group: The previous Recruitment & Retention Group has been formally repositioned and re-launched as the Attraction & Retention (A&R) Group, a subgroup of the Local Partnership Forum (LPF), giving us a refreshed platform to drive this more meaningful, people-centred direction. We're shifting to a people first, storytelling approach that brings real experiences, voices and journeys to the forefront of how we attract and retain talent. By focusing on what it truly feels like to work in NWSSP, our culture, our values, and our impact.

Widening Access

Career Events: The table on the right-hand side outlines the career events that were attended by members of the Early Careers Network throughout January.

Event	Location	Target Audience	Attended by
Tonyrefail Community School	RCT	Year 9 students	People & OD
King Henry VIII Evening Careers Fair	Abergavenny	Year 9-12 students	People & OD

National Apprenticeship Week: The week will commence on the 9th of February and will end on the 16th of February. In preparation, People and OD have co-ordinated visits to:

- **Church Village Laundry**
- **Bridgend Stores**

In addition, there will be two virtual 'Lunch and Learn' sessions to promote the recruitment of Apprentices and staff development through funded qualifications (Apprenticeships)

Corporate Parenting Charter: The recruitment process began in January for the Step in the Right Direction Programme. RCT council have funding for 5 trainees for this March Cohort. The initial stage of the process includes the collection of CVs sent in by individuals hoping to gain a traineeship, who will then be interviewed and placed in the most suitable organisation for their career goals. NWSSP are not guaranteed to have an individual join the organisation in March as it does depend on the interest of the individual, however the council will have another intake of young people in September.

Work Placements: There have been no work placements hosted throughout January. We are expecting a minimum of 2 work placements to take place in our services during the month of February (paperwork has already been received and documented).

RESOURCE - VACANCY CONTROL & TIME TO HIRE

2025	Approved	Declined	Total
April	33	1	34
May	29	0	30
June	30	0	33
July	41	1	45
August	31	2	34
September	36	1	37
October	38	1	42
November	40	1	46
December	26		26
January	34		34

Vacancy Control	January 2025		
Row Labels	Vacancy	Business Case	Grand Total
Approved	29	5	34
Grand Total	29	5	34

Vacancy Control Process

January saw all 29 of the 29 TRAC adverts approved.

In addition to this, 5 business cases were approved, all of these were scrutinised to ensure no Bank or FTC contracts would be impacted and were within budgeted establishment.

Job Evaluation Update

12 Job Descriptions have been submitted for evaluation in 2026 for Job Evaluation Processes, including:

- 3 x New Job Descriptions
- 2 x Re-evaluation
- 7 x Refinement (minor changes/modernisation)

Of these 12, 9 have been processed and released already, 3 remain in the process.

			Average Time in Working Days					
Trac Report Code	Trac Recruitment Health Check	Target	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25
T0a	Notice Date to Authorisation Start Date	5	24.3	31.8	34.7	45.2	37.6	57.5
T1a	Time to Approve Vacancy Request	10	8.5	5.1	7.9	6.2	6.4	6.3
T4	Time to Shortlist	3	7.4	7.7	4.4	7.5	5.9	9.0
T5b	Time to Update Interview Outcomes	3	3.0	5.6	4.6	3.2	2.6	9.4
T9b	Time to Approve References	2	2.3	1.1	2.5	2.5	2.7	2.8
T13	Vacancy Creation to Conditional Offer	44	39.9	34.4	42.2	36.7	38.3	37.3
T14	Vacancy Creation to Unconditional Offer	71	55.1	50.7	47.5	53.8	56.5	52.1
T23	Conditional Offer to Ready for Start date notification	27	16.0	13.3	12.0	13.0	20.4	11.1

Time to Hire

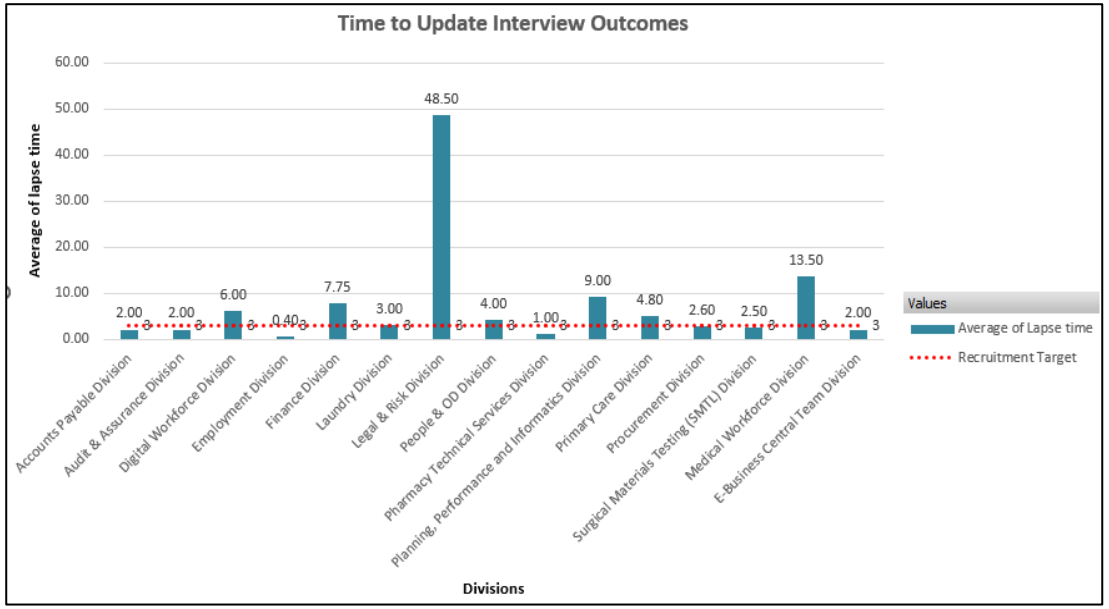
NWSSP sit at **55.1 days** against a KPI of 71 (up from 50.7 in last month) We are now achieving 6 of the 7 core KPI's, the same as last month.

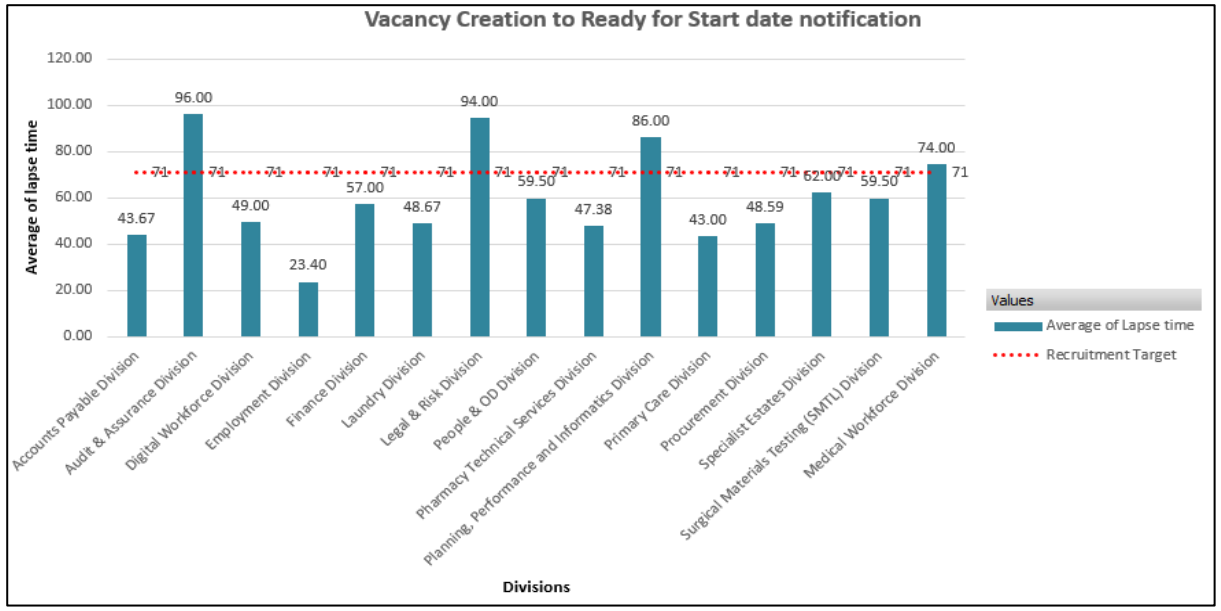
T1a Time to approve – has increased from 5.1 days to 8.5 this month. We are seeing additional scrutiny within the services as well as introducing a new Job Description check which has highlighted changed job descriptions without going through a process.

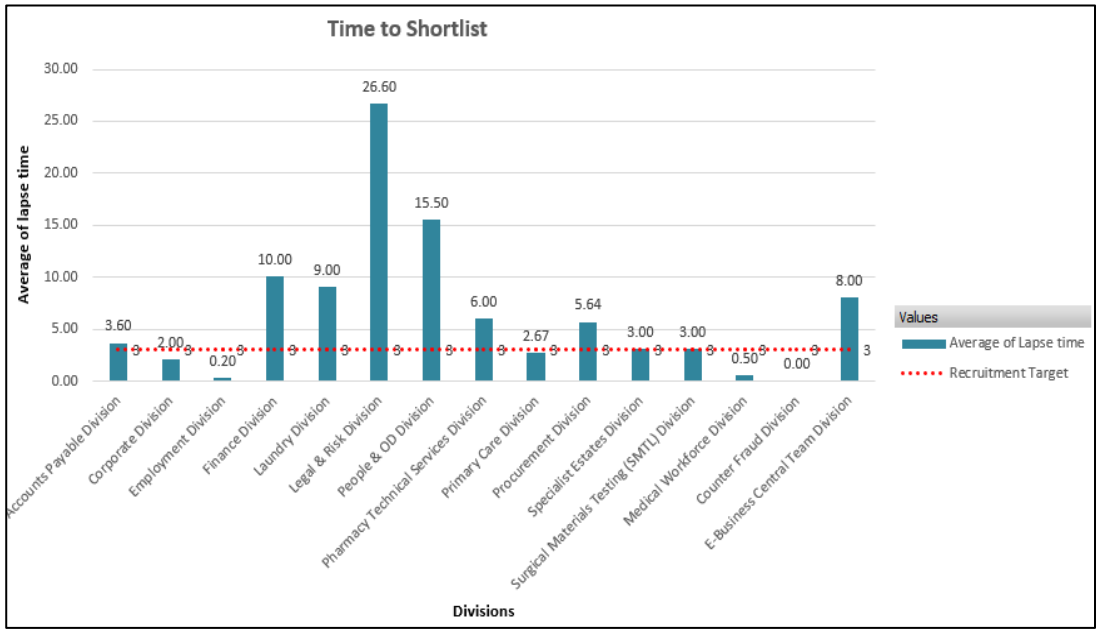
T4 Time to Shortlist – This has reduced from 7.7 days in December, to 7.4 days in January.

T9b –This has increased to 2.3 days against a target of 2 days.

NEW DIVISONAL TIME TO HIRE







Divisional Data

The charts illustrate a 3 month performance for three of the five core time-to-hire targets and include all divisions that have vacancies in the relevant stage in that 3 month period.

Time to Shortlist – 7 out of 14 divisions are over the target of 3 days, with 26.6 days average over the 3 month period being the highest in the **Legal and Risk Division**.

Time to Interview – 8 out of 15 divisions are over the target of 3 days, with the highest being 48.50 days average over a 3 month period in the **Legal and Risk Division**.

RESOURCE BANK AND AGENCY

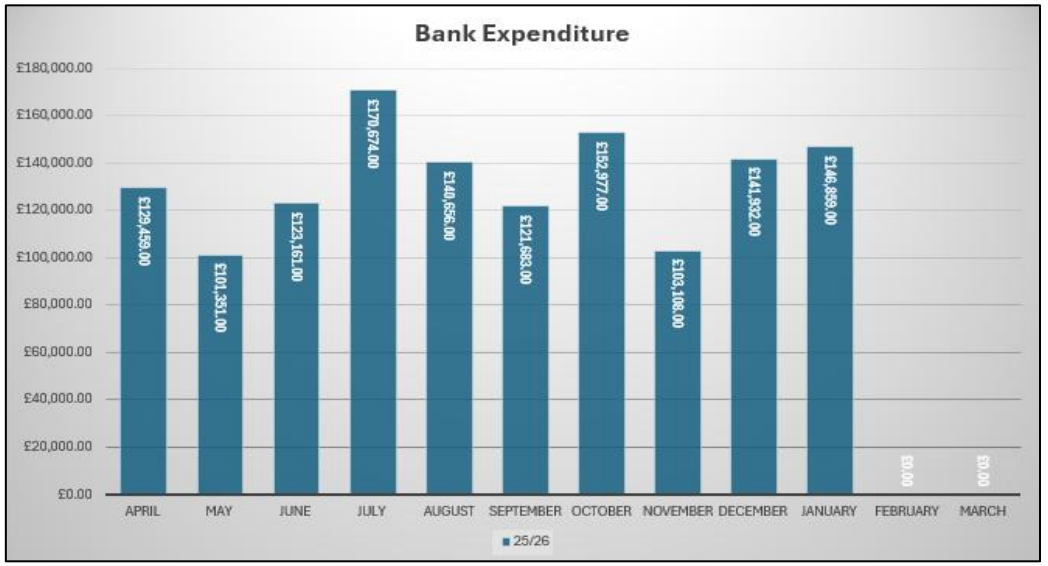
General Bank

Since 1st April 2025 we have received 235 Expressions of Interest (EOIs) for 288 Bank Workers.

The highest users being Procurement, Supply Chain and Laundry.

January saw 17 requests for 21 workers, 12 were extension requests. Total spend of £146,859 in January which compares to £141,932 in December. There was £0 spend on the Collaborative Bank.

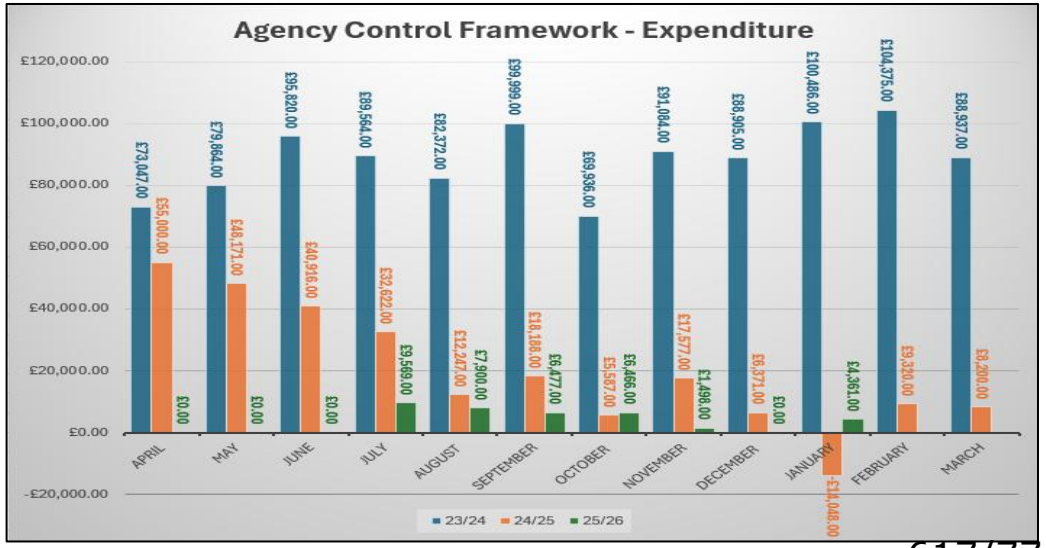
Number of Bank Workers Requested by Division	Total
Audit & Assurance	3
Corporate & Finance	25
Laundry	84
Legal & Risk/ WRP	4
Medical Examiner	8
PCS	14
People & OD	27
Pharmacy Technical Services	1
Procurement/ HCS & Supply Chain	117
SMTL	2
TRAMS	3
Grand Total	**288**



	P08-26		P09-26		P10-26	
Division	**November Actual**	**November WTE Actual**	**December Actual**	**December WTE Actual**	**January Actual**	**WTE Actual**
Accounts Payable & e-Enablement	6,424	2.29	5,344	1.95	2,875	1.18
Audit & Assurance Services	-338	-0.02	-33	0	0	0
Central Team eBusiness Services	2,845	0.98	2,900	0.97	2,894	0.97
Collaborative Bank Partnership	-362	0	0	0	0	0
Finance and Corporate Services	4,701	1.26	4,322	1.45	2,275	0.7
Health Courier Services	22,298	8.15	29,565	10.69	27,097	9.55
Laundry Services	29,663	9.42	40,308	13.35	45,950	15.22
Legal & Risk Services	2,033	0.6	2,746	0.8	-97	-0.02
Medical Examiner Service	-204	-0.09	1,029	0.35	2,577	0.92
People & Organisational Development	4,562	1.71	5,067	1.33	6,551	1.71
Pharmacy Technical Services	4,628	1.55	2,337	0.73	1,638	0.22
Primary Care Services	9,721	3.36	10,690	3.61	5,708	2
Procurement Services	16,020	5.75	34,661	12.43	32,830	11.38
Surgical Materials Testing Laboratory	0	0	0	0	9,084	0.71
Welsh Employers Unit	0	0	0	0	1,789	0.12
Welsh Risk Pool	1,117	0.62	2,996	0.96	5,688	1.28
Grand Total	**103,108**	**35.58**	**141,932**	**48.62**	**146,859**	**45.94**

Agency Use

No new Agency requests have been received. The report reflects spend but this was a ledger adjustment and **not** actual January spend



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

Training Needs Analysis (TNA)

Following the December deadline for services to populate their divisional training plan for 2026-7, our team have attended two local SMTs to share the analysis undertaken of their training plans. In total, **11 of our 15 divisions have shared training plans for 2026-7** and we are continuing to work with those divisions remaining to support them in their submissions.

Between February and March, our team will continue to attend local SMT's to share the training and learning support available. As an organisation, the trends that have been identified are highlighted on the right-hand side.

Trend	Learning Need	Figures	Total
Welsh Language Development	Training and Awareness	180	**180**
Management and Leadership Development	Managing Attendance at Work	42	**170**
	Aspiring Managers	40	
	Recruitment Training	28	
	Policies into Practice	28	
	ILM	22	
	Management training	5	
	Leading for Excellence and Innovation	5	
Digital Skills and Capability	Microsoft Excel Co-Pilot	64	**69**
	Power BI	5	
Skills and Awareness Development	Shadowing	19	**52**
	Report Writing and Analysis	12	
	Performance and Appraisal Training	6	
	Compassionate Cultures Training	5	
	Net Zero	5	
	Counter Fraud	5	
Continuous Professional Development	Recognised Qualification	27	**27**

Leaders of the Future … *For NWSSP's Rising Stars*

In March, our first cohort of Leaders of the Future will complete the placement element of the programme. In preparation, we will shortly provide them with the opportunity to complete Insights Discovery Profiles to support them in their leadership development. They will also be provided with another opportunity to complete their General Health Care Leader Self-Assessment, so that they can track their development because of the programme.

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People and OD Training Attendance for January 2026

Capability: Policies in Practice	7 Attendees
Introduction to Project Management	8 Attendees
Introduction to Service Improvement	9 Attendees
Recruitment Training: Welcome to NWSSP	4 Attendees
PADR Training	29 Attendees
Compassionate Culture Module 2	4 Attendees
Aspiring Managers Training	9 Attendees
Total	70 Attendees

Welcome Toolkit Compliance (Please see table on the right hand side)

Please note, new starters attendance at the Welcome Session and their return of the Welcome Induction Toolkit Declaration Form are both required to ensure compliance.

NWSSP's current overall Induction Compliance (January 2026 - 38.37%)

The importance of completing both elements is to ensure all new starters are welcomed appropriately and understand the expectations of NWSSP as an employer.

Division	No of New Starters Since January 2024	Attendance Induction	Completed Toolkit
Accounts Payable Division	13	11	4
Audit & Assurance Division	6	4	4
Corporate Division	5	5	4
Digital Workforce Division	3	2	1
E-Business Central Team Division	1	1	1
Employment Division	19	15	8
Finance Division	6	5	2
Laundry Division	28	2	
Legal & Risk Division	42	34	21
Medical Examiner Division	25	19	18
Medical Workforce Division	3	3	
People & OD Division	13	12	6
Pharmacy Technical Services Division	30	24	9
PPI	8	5	3
Primary Care Division	36	28	18
Procurement Division	169	104	56
Specialist Estates Division	3	2	2
Surgical Materials Testing (SMTL)	3	2	2
Welsh Employers Unit Division	3	3	1
Grand Total	416	281	160
		67.5%	38.4%

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Culture and Engagement

Staff Recognition Awards

The virtual awards ceremony took place on the 13th January, with **295** staff joining the event. Please note: this **does not include** staff viewing through the streaming rooms.

Upcoming In-Person Regional Award Ceremonies

Staff Awards planning team is now preparing for the in-person regional events. Our 3 events will take place on the following dates and locations:

- **17th March: Matrix House**
- **16th April: IP5/Cwmbran House (TBC)**
- **21ST May: Denbigh Stores**

Diversity, Inclusion and Well-being

Suicide Awareness Training

SMTL have now requested these sessions for their division which we are aiming to deliver in April / May. This continues to be positively received, and we are reviewing rolling it out to customer service focused areas.

Bereavement Support

A Bereavement Support procedure has been drafted alongside the Death in Service Policy to ensure sufficient support for teams when a colleague passes away. This will include receiving bereavement support training with Cruse Training so that appropriate members of the POD team and Mental Health First Aiders are able to respond quickly and compassionately in these instances. Training is scheduled for March 2026.

Diversity and Inclusion (D&I) Ambassador Recruitment

We will be recruiting for more D&I Ambassadors across our Divisions in February 2026, we hope to include our Ambassadors in the engagement sessions for the Strategic Equality Plan for 2026.

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.

NHS Wales Staff Survey

- HEIW has received the Staff Survey data from IQVIA and uploaded the results into an enhanced version of their dashboard. During this process, HEIW identified issues within the data set.
- The provisional data and dashboard were shared with Staff Survey Leads on 3rd February to allow them to test the dashboard's functionality and report any issues to HEIW by **13 February** so that any required fixes can be made.
- While testing is underway, HEIW is working with IQVIA to investigate the data issues and aims to release the results by **23rd February.**
- Staff Survey Leads will share a PDF report of the Staff Survey results with all staff to ensure transparency. The communication will include a caveat that Staff Survey Leads are still analysing the data and will provide further insights over the next few weeks.

Inclusive Culture Action Plan

- A pulse survey to understand staff experience regarding time pressures and presenteeism as well as the barriers to being able to achieve work/life balance, was launched on the 5th December, closing on the 2nd January. Culture Change Champions have analysed the results and shared the findings to the group.
- From the results, POD and Culture change champions are preparing to hold some engagement sessions to dig deeper into the findings.
- A poster is in draft ready to share with the organisation on the overall progress of our Inclusive Culture Action Plan.

This is our NWSSP

- Following recent commitment conversations, several existing Culture Change Champions have confirmed they are unable to continue in the programme.
- As a result, we are planning a recruitment drive for Culture Change Champions across NWSSP's divisions. This will be done in collaboration with our recruitment drive for new Diversity and Inclusion Ambassadors to ensure the programme remains fully supported.

Speaking Up Safely

- A total of 64 employees have registered as users on Work in Confidence and 12 concerns have been raised. Four concerns are still open and eight are now closed.
- OD attended the CAVUHB Paediatric Doctors Forum on 28th January 2026, and the Resident Doctor induction in Morriston Hospital on 4th February 2026, there was high engagement and interest in the Work in Confidence platform, and we plan to attend further events like this.

NWSSP Performance Information Report

March 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for October – January 2026.

Health Organisations received their individual performance reports for Quarter 3 at the end of January 2026 and will receive the Quarter 4 reports at the end of April 2026.

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

Key Messages

The in-month January performance was good with most reported KPIs achieving the target.

All Wales Time to Hire target in Recruitment has been consistently met for over twelve months with some variation in Health organisations.

However, 2 KPIs did not achieve the target. One within Audit and Assurance and one within Digital Workforce Solutions. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £256M at end of January. This is further broken down on Page 14 of this report.

Summary Position by exception – 2 KPIs off Target



Of the 2 KPIs that did not achieve the targets for January 26

- 1 is the responsibility of NWSSP.
- 1 is the responsibility of the health organisation.

Summary of KPIS

KFA	KPIs	Target		25/26 October	November	December	January	Trend
				Audit & Assurance				
Our Services	Audit opinions/annual reports on track	Y/N	Cumulative	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Cumulative	92%	91%	89%	85%	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Cumulative	100%	100%	100%	100%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Cumulative	70%	69%	68%	66%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Cumulative	100%	100%	99%	100%	
				Procurement Services				
Our Value	Procurement savings *Current Year	£25m	Cumulative	£37,056,354	£37,651,373	£43,016,056	£45,568,888	
				Accounts Payable				
Our Value	Savings and Successes		Monthly	£670,854	Not Available	£1,407,000	Not Available	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	97%	Reported Quarterly	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	89%	Reported Quarterly	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	97%	98%	99%	98%	
				Employment Services Payroll				
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.79%	99.84%	99.81%	99.86%	
Our Services	Payroll % Calls Handled	95%	Monthly	99.01%	98.84%	98.37%	98.62%	
				Recruitment All Wales				
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	63.4%	68.1%	68.4%	61.9%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	64.00	63.40	62.30	64.70	
				Recruitment Responsibility				
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	99%	100%	100%	100%	
Our Services	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	99.7%	99.7%	99.6%	99.6%	
Our Services	Recruitment % Calls Handled	95%	Monthly	99.0%	99.4%	99.1%	99.1%	

Summary of KPIS

KFA	KPIs	Target		25/26 October	November	December	January	Trend
				Student Awards				
Our Services	% of NHS Bursary Applications processed within 20 days	100%	Monthly	100%	100%	100%	100%	
Our Services	Student Awards % Calls Handled	95%	Monthly	98.43%	99.04%	99.26%	97.38%	
				Primary Care				
Our Services	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%	
Our Services	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.72%	99.73%	99.23%	99.85%	
Our Services	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%	
				Legal & Risk				
Our Value	Savings and Successes		Monthly	Not Available	£20,185,960	£87,046,112	£72,525,558	
Our Services	Timeliness of advice acknowledgement - within 24 hours	95%	Monthly	100%	100%	100%	100%	
Our Services	Timeliness of advice response – within 3 days or agreed timescale	95%	Monthly	99%	98%	98%	98%	
				Welsh Risk Pool				
Our Services	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%	
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%	
Our Services	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%	
				Specialist Estates Services				
Our Value	Professional Influence		Monthly	£768,451	£144,719	£150,667	£195,713	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	100%	100%	100%	100%	
Our Services	Issues and Complaints	0	Monthly	0	0	0	0	
				CTES				
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	Not Applicable	Not Applicable	Not Applicable	
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	99%	100%	100%	100%	

Summary of KPIS

KFA	KPIs	Target		25/26 October	November	December	January	Trend
				Digital Workforce				
Our Services	DWS % Calls Handled	85%	Monthly	96.00%	93.69%	96.12%	95.95%	
Our Services	Customer Satisfaction	95%	Monthly	94%	94%	93%	94%	
				SMTL				
Our Services	% of Monitoring reports completed within 14 days from receipt into the laboratory	91%		100%	100%	100%	Not Applicable	
Our Services	% delivery of audited reports on time (Commercial)	92%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	92%	Monthly	Not Applicable	Not Applicable	100%	100%	
Our Services	% delivery of Technical assurance evaluations on time	90%	Monthly	100%	100%	100%	100%	
				Pharmacy Services				
Our Services	Complaints			0	0	0	0	
				Medical Examiners Service				
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	Not Available	One Month Reporting Lag	
Our Services	Never Events	0	Monthly	0	0	Not Available	One Month Reporting Lag	
				All Wales Laundry				
Our Services	Orders dispatched meeting customer standing orders	91%	Monthly	95%	90%	98%	99%	
Our Services	Number of pieces of returned linen by customer not meeting quality standards	<100 Items	Monthly	0	0	0	Not Available	
Our Services	Microbiological contact failure points	90%	Monthly	95%	95%	95%	95%	

Audit & Assurance

Division	KPIs	Target		24/25 January	February	March	April	May	June	July	August	25-26 September	October	November	December	January	Trend	Lead KPI
Our Services																		
Audit & Assurance	Audits delivered for each Audit Committee in line with agreed plan (Excluding External)	80%	Monthly	75%	76%	77%	77%	75%	100%	100%	100%	92%	92%	91%	89%	85%	↓	K
Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	98%	97%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	→	
Audit & Assurance	Report turnaround management response to draft report [15 days]	80%	Monthly	62%	64%	62%	64%	66%	Not Applicable	88%	80%	79%	70%	69%	68%	66%	↓	
Audit & Assurance	Report turnaround draft response to final reporting [10 days]	95%	Monthly	98%	99%	98%	98%	98%	Not Applicable	100%	100%	100%	100%	100%	99%	100%	↑	

What is happening?

*Report turnaround man*agement response to draft report (15 days) - Management Response to draft reporting turnaround times was missed in January. The target for the 15-day turnaround is 80%, 66% of reports were completed within that time frame (38 missing the target to date). **This KPI is the responsibility of the health organisation and dependent on client engagement.**

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

Heads of Audit continue to discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Audit & Assurance performance at end of January 26.

Client	Total Reviews Planned	Audits Reported (Draft / Final)	Audits in Progress	On Track/ Achieved Proposed Audit Committee	Report turnaround fieldwork to draft reporting [10 days]	Report turnaround management response to draft report [15 days]	Report turnaround draft response to final reporting [10 days]
Aneurin Bevan	25	48.0%	32.0%	90.00%	100.0%	50.0%	100.0%
Betsi Cadwaladr	35	48.6%	34.3%	88.89%	100.0%	50.0%	100.0%
Cardiff & Vale	37	37.8%	35.1%	55.56%	100.0%	75.0%	100.0%
Cwm Taf Morgannwg	33	27.3%	33.3%	56.52%	100.0%	37.5%	100.0%
DHCW	13	53.8%	46.2%	100.00%	100.0%	66.7%	100.0%
HEIW	13	69.2%	15.4%	81.82%	100.0%	87.5%	100.0%
Hywel Dda	31	48.4%	16.1%	66.67%	100.0%	76.9%	100.0%
Joint Commissioning Committee	4	25.0%	0%	100.00%	100.0%	100.0%	100.0%
NHS Wales Performance & Improvement	4	50.0%	25.0%	100.00%	100.0%	0%	100.0%
NWSSP	18	38.9%	33.3%	55.56%	100.0%	66.7%	100.0%
PHW	12	58.3%	25.0%	90.00%	100.0%	100.0%	100.0%
Powys THB	23	52.2%	17.4%	80.00%	100.0%	77.8%	100.0%
Swansea Bay	27	40.7%	37.0%	86.36%	100.0%	55.6%	100.0%
Velindre	17	41.2%	29.4%	92.86%	100.0%	40.0%	100.0%
WAST	20	55.0%	40.0%	80.00%	100.0%	83.3%	100.0%
Total	**312**	**45.2%**	**30.1%**	**77.66%**	**100.0%**	**66.1%**	**100.0%**

% of audits on track/achieved proposed audit committee excluding where there is an external reason

85.47%

Target 80% (72%-79.9% = amber)

Digital Workforce Solutions - Customer Satisfaction

Division	KPIs	Target		24/25 January	February	March	April	May	June	July	August	25-26 September	October	November	December	January	Trend	Lead KPI
Our Services																		
DWS	DWS % Calls Handled	85%	Monthly	93%	96%	96%	94%	95%	96%	92%	99%	98%	96%	94%	96%	96%		K
DWS	DWS Volume Total Calls		Monthly	2,724	2,186	2,183	2,303	2,131	2,178	2,306	2,027	3,133	3,474	2,997	2,218	3,460		K
DWS	Customer Satisfaction	95%	Monthly	94%	93%	92%	93%	94%	93%	94%	95%	94%	94%	94%	93%	94%		K

What is happening?

Customer satisfaction slightly missed the target for January achieving 94% against the target of 95%. The target was reviewed for 25-26 and was raised from 90% to 95%

What steps are we taking?

The performance has been reviewed, and it is believed that the responses impacting the overall score relate more to system satisfaction than to the service itself.

It is important to note that no satisfaction scores were recorded as dissatisfied; rather, the responses were neutral.

Areas of success

Employment Services – Recruitment

Division	KPIs	Target		24/25 January	February	March	April	May	June	July	August	25-26 September	October	November	December	January	Trend	Lead KPI
Our Services																		
ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC	Monthly	67.2%	67.3%	64.7%	72.0%	70.4%	67.9%	67.3%	66.6%	67.7%	63.4%	68.1%	68.4%	61.9%		
ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	Monthly	62.5	66.7	62.2	61.5	61.8	62.4	61.0	63.8	63.7	64.0	63.4	62.3	64.7		K

What is happening?

The average time to hire (TTH) across NHS Wales for January 2026 is 65 days and the target is 71 days which is a broadly consistent with the previous months however,3 organisations missed the target which can be seen on pages 11 and 12. During January activity volumes decreased for posts advertised (1,444 to 1,225), WTE advertised decreased (1,690 to 1,471) and the number of conditional offers sent decreased (1,677 to 1,455) compared to December 2025.

The chart below highlights the Number of Conditional Offers sent over the last 13 months with a further breakdown of activity on Page 12.

Division	Activity		January	February	March	April	May	June	July	August	September	October	November	December	January	Trend
ES - Recruitment	Number of Conditional Offers Sent	Monthly	1,423	1,379	1,399	1,452	1,517	1,699	2,549	1,758	1,738	1,822	1,432	1,677	1,455	

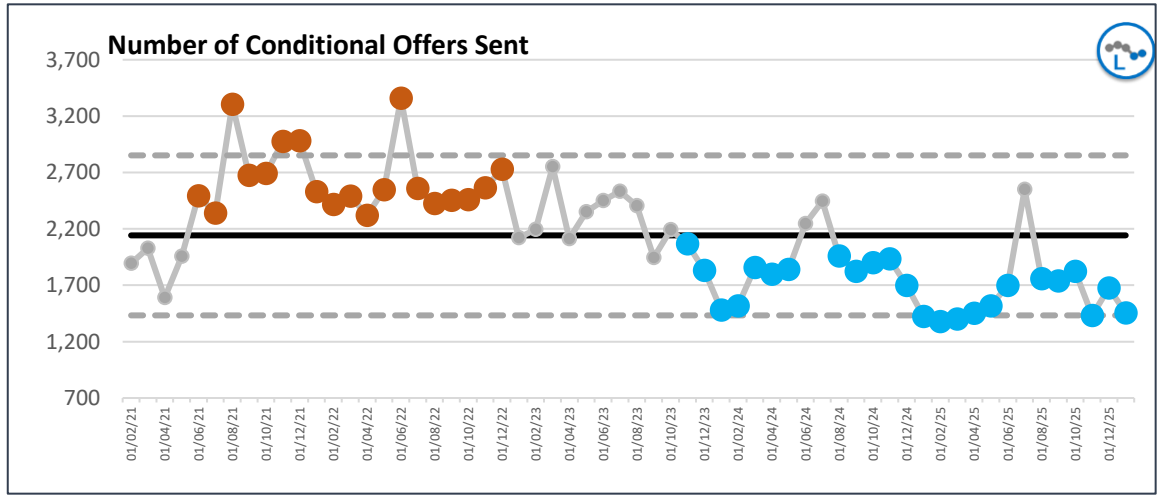
What we continue to do?

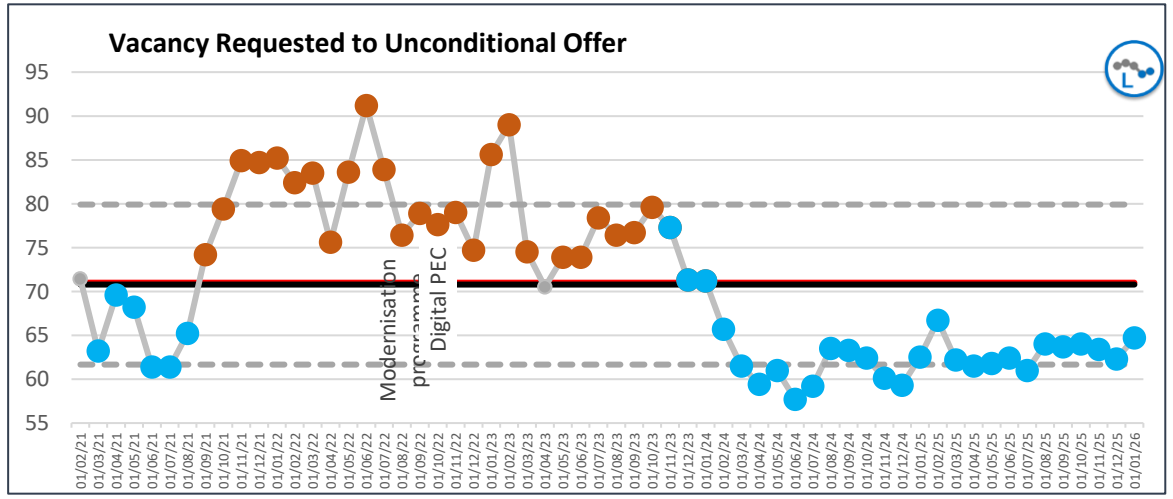
There were 1725 applicants who completed checks in January 2026. Whilst good progress has been made on the older records in the system, 7.6% of applicants across Wales have been outstanding completion of the mandatory employment checks for more than 91 days since receiving their offer letter. An Escalation 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

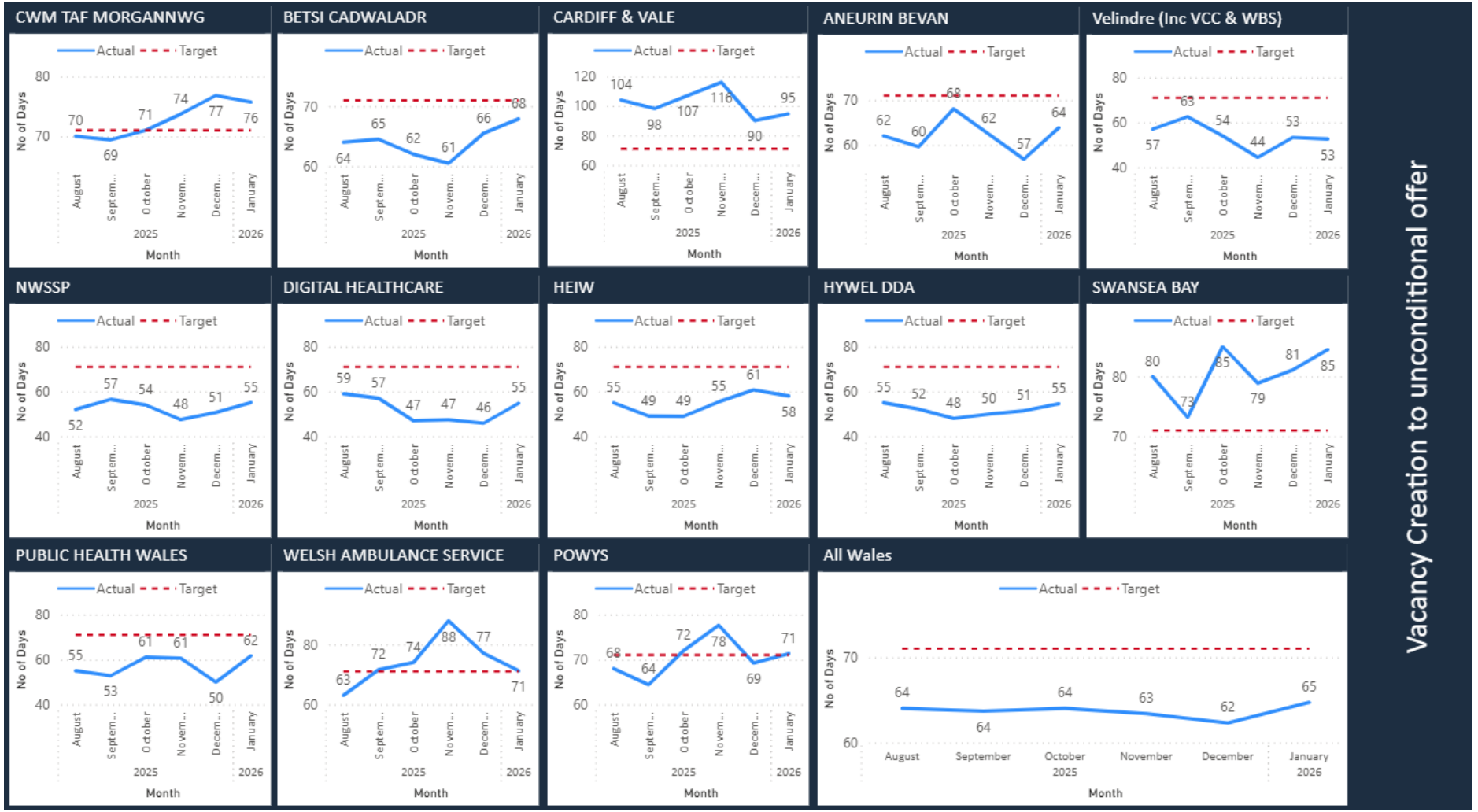
Recruitment Org	Target	Vacancy Creation to Unconditional Offer												
		Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Trend
AB	71	64	64	58	59	61	58	62	60	68	63	57	64	
BCU	71	58	56	60	58	63	68	64	65	62	62	66	68	
CV	71	88	95	88	86	94	102	104	98	107	116	90	95	
CTM	71	76	74	70	68	70	71	70	69	71	74	77	76	
HD	71	48	51	48	49	50	49	55	52	48	50	51	55	
HEIW	71	66	47	60	48	58	63	55	49	49	55	61	58	
DHCW	71	53	32	34	58	46	48	59	57	47	47	46	55	
NWSSP	71	56	61	58	54	58	42	52	57	54	48	51	55	
PTHB	71	70	81	65	68	71	58	68	64	72	78	69	71	
PHW	71	59	63	55	59	58	59	55	53	61	61	50	62	
SBU	71	71	72	76	73	70	70	80	73	85	79	81	85	
VEL	71	67	54	55	50	54	50	57	63	54	44	53	53	
WAST	71	76	76	84	96	76	78	63	72	74	88	77	71	
All Wales	71	67	62	62	62	62	61	64	64	64	63	62	65	





Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations August – January 26.



Professional Influence Benefits

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

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management, 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.

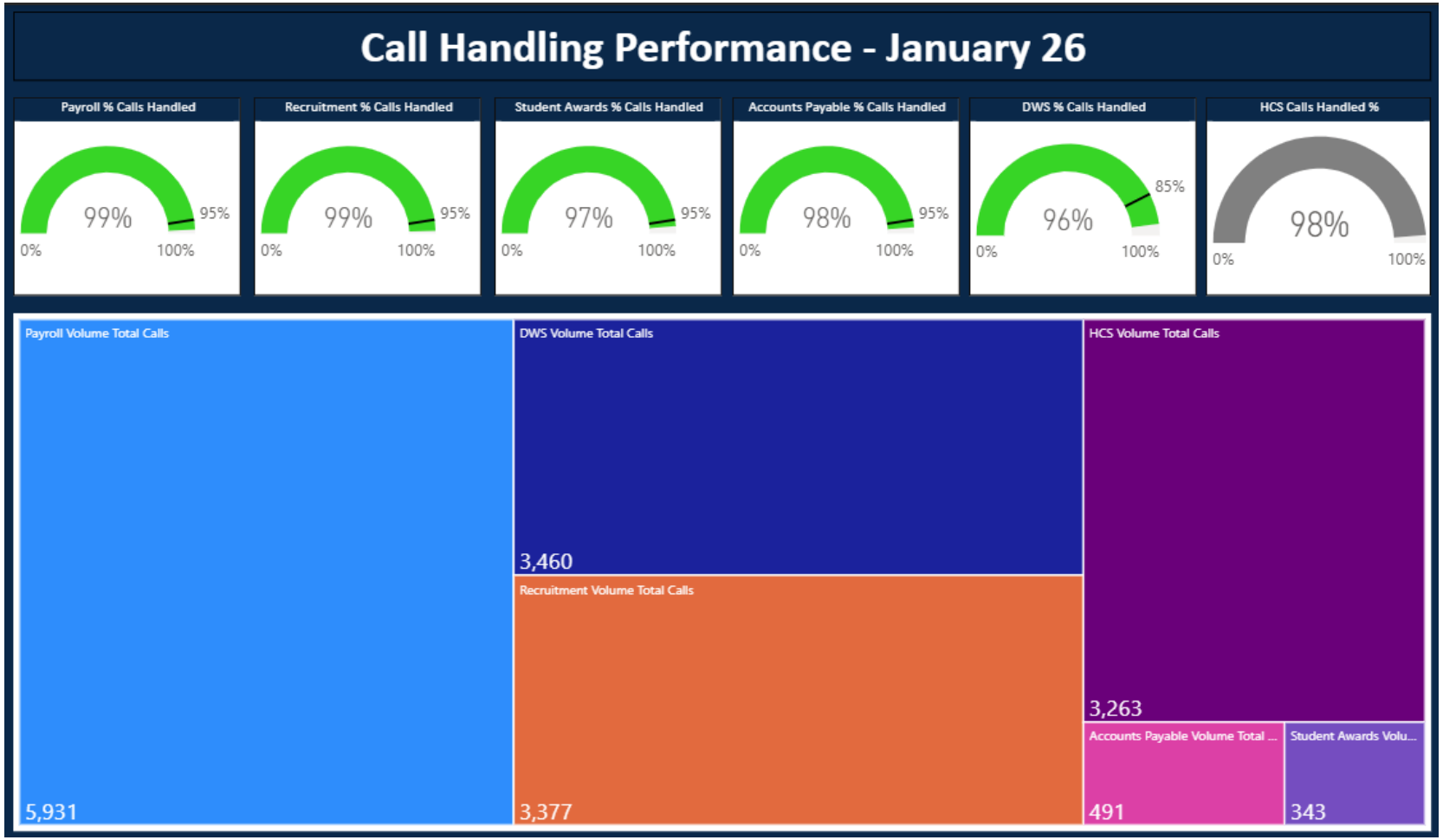
The indicative financial benefits across NHS Wales arising in the period April - January 2026 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	3.7
Specialist Estates Services - Build for Wales**	1.2
Procurement Services	15.7
Procurement Services – Pharmacy	29.9
Procurement Services - Cost Avoidance	16.3
Legal & Risk Services	179.8
Accounts Payable*	7.9
Oxygen Finance – PSP*	0.4
Counter Fraud Services	0.7
Total	256

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

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

- Reporting on **Legal & Risk** savings is now reported with £179.8m savings reported for April – January 26.
- **Medical Examiner** performance information was unavailable at the time of writing and will be included in the next report.

Recommendations

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

- The significant level of professional influence benefits generated by NWSSP to 31st January 2026.
- The performance against the high-level key performance indicators to 31st January 2026.
- The continued achievement of the Employment Services recruitment Time to Hire target.

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership



Delivering Value, Innovation and Excellence through Partnership

NWSSP Outcome Measures Performance Report

March 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose of the Report

The purpose of this report is to provide the SSPC with an update on the agreed Outcome Measures for January 2026 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

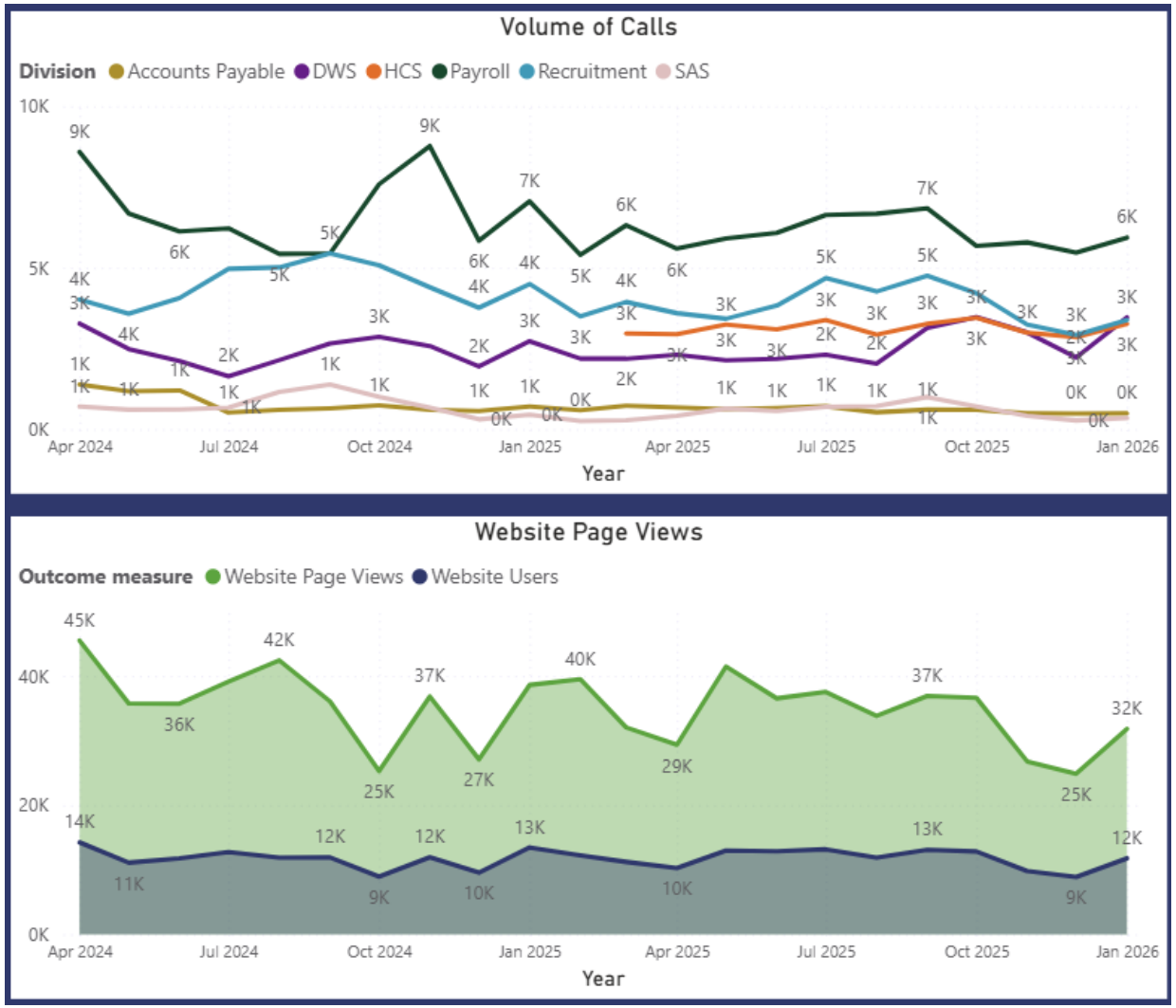
NWSSP demonstrates strong performance across key areas, customer satisfaction, positive trajectory in employee satisfaction, professional influence benefits and a positive contribution towards the decarbonisation and foundational economy.

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



Our Services



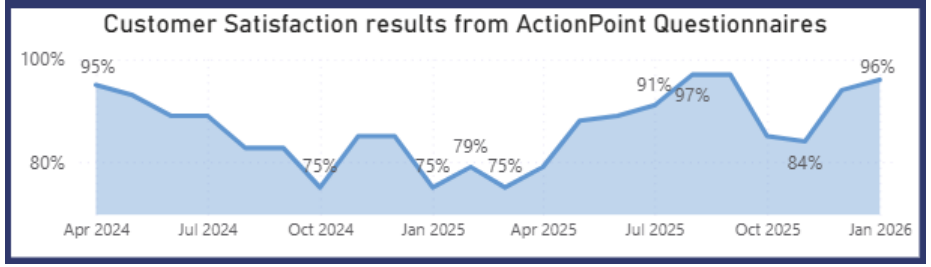
Legal & Risk Services



Digital Workforce Solutions



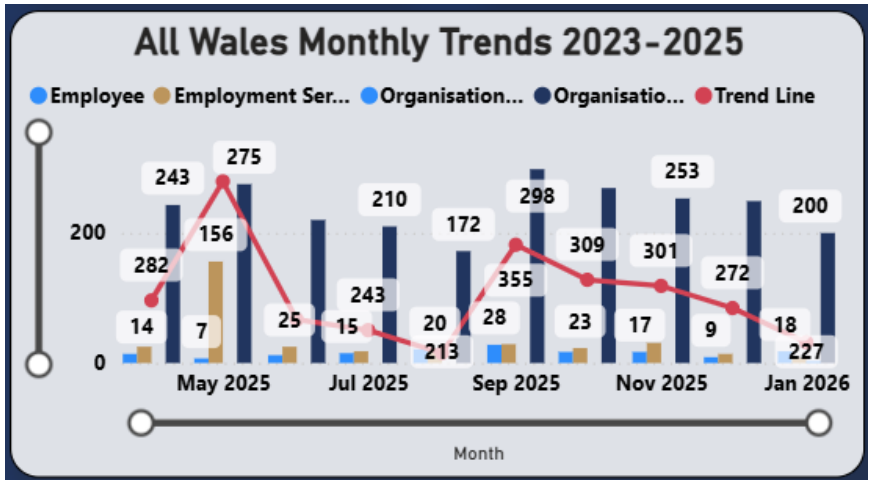
Primary Care Services



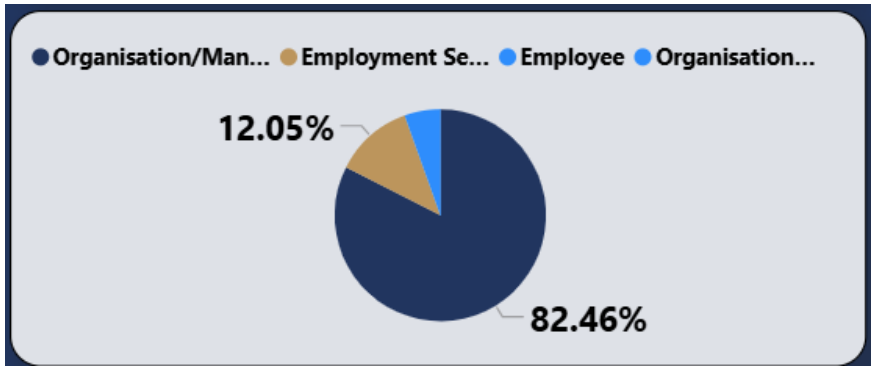
All Wales Payroll Overpayments

The charts summarises All Wales payroll overpayment volumes by responsibility from April to January 26, based on dashboard data.

Overpayment by Responsibility trend April – January 26



Overpayment by Responsibility split April – January 26



Most overpayments associated with the organisation/manager result from delayed terminations and late changes.

Examples of Reasons by responsibility

- Organisation – Late Terminations & Changes
- Payroll – Incorrect action taken
- Employee – Late Notification of Absence

Our Services

Customer Satisfaction

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

Website Analytics

- Website Users and page views increased in January (12k and 32k) compared to December (9k and 25k). The top 3 page views were current vacancies, Student awards and Contact Us.

Call Handling

- Call Handling achieved the target in January for all reported areas. A total of 17k calls were received across the reported areas during the period.

Customer Service Excellence

- NWSSP successfully achieved CSE accreditation for the 3rd Year.

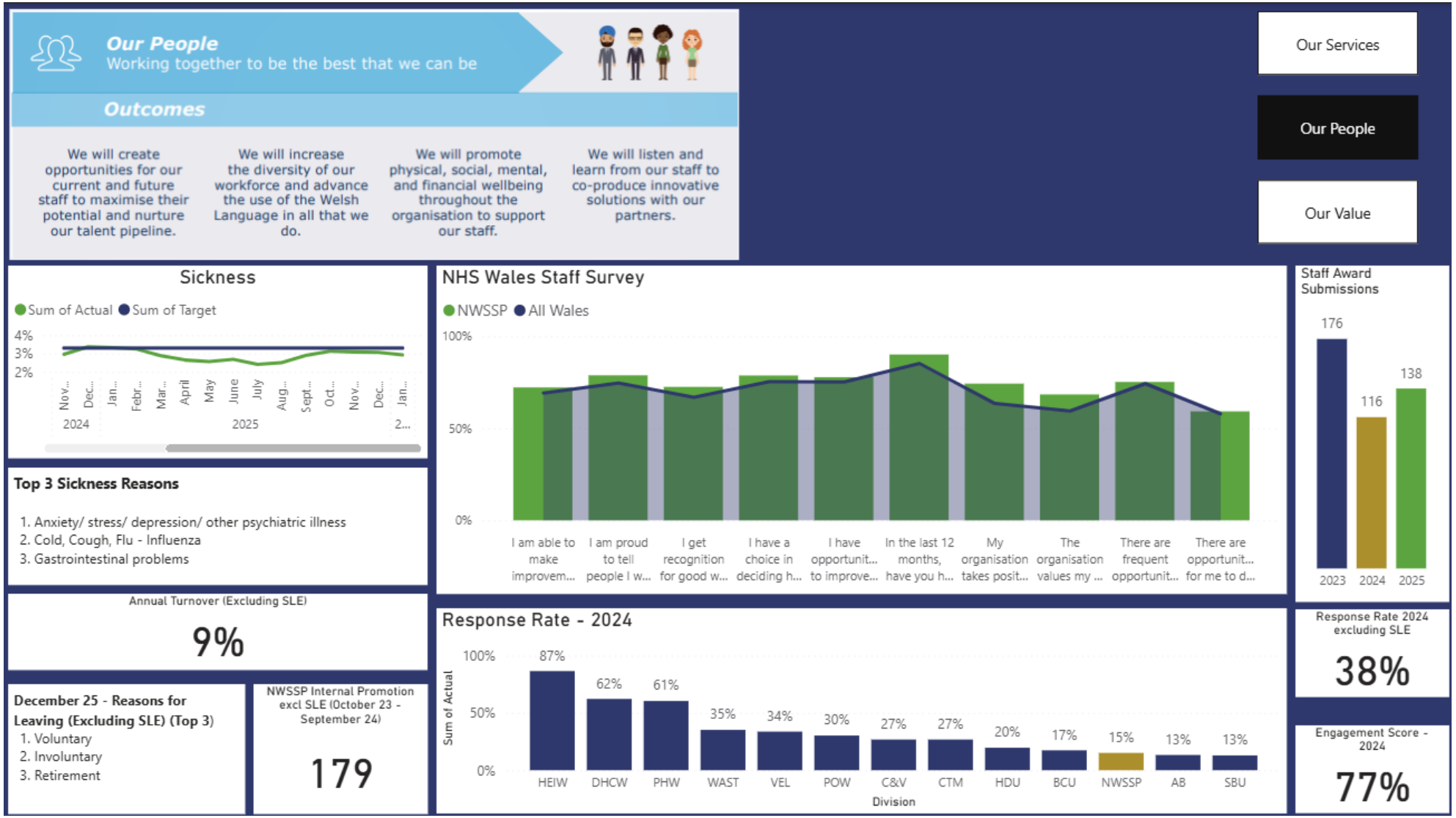
Audit & Assurance

- 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 six completed: four with reasonable assurance and two with substantial assurance.

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.

Our People


Our People
Working together to be the best that we can be
Outcomes
We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.
We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.
We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.
We will listen and learn from our staff to co-produce innovative solutions with our partners.
Our Services
Our People
Our Value
Sickness
Sum of Actual
Sum of Target
4%
3%
2%
Nov...
Dec...
Jan...
Febr...
Mar...
April
May
June
July
Aug...
Sept...
Oct...
Nov...
Dec...
Jan...
2024
2025
Top 3 Sickness Reasons
1. Anxiety/ stress/ depression/ other psychiatric illness
2. Cold, Cough, Flu - Influenza
3. Gastrointestinal problems
Annual Turnover (Excluding SLE)
9%
December 25 - Reasons for Leaving (Excluding SLE) (Top 3)
1. Voluntary
2. Involuntary
3. Retirement
NWSSP Internal Promotion excl SLE (October 23 - September 24)
179
NHS Wales Staff Survey
NWSSP
All Wales
100%
50%
0%
I am able to make improvem...
I am proud to tell people I w...
I get recognition for good w...
I have a choice in deciding h...
I have opportunit... to improve...
In the last 12 months, have you h...
My organisation takes posit...
The organisation values my ...
There are frequent opportunit...
There are opportunit... for me to d...
Response Rate - 2024
100%
50%
0%
Sum of Actual
87%
62%
61%
35%
34%
30%
27%
27%
20%
17%
15%
13%
13%
HEIW
DHCW
PHW
WAST
VEL
POW
C&V
CTM
HDU
BCU
NWSSP
AB
SBU
Division
Staff Award Submissions
176
116
138
2023
2024
2025
Response Rate 2024 excluding SLE
38%
Engagement Score - 2024
77%

Our People

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 closed and awaiting results which are due mid February.

Staff Awards

- Staff Award Submissions increased from 116 in 2024 to 138 in 2025.

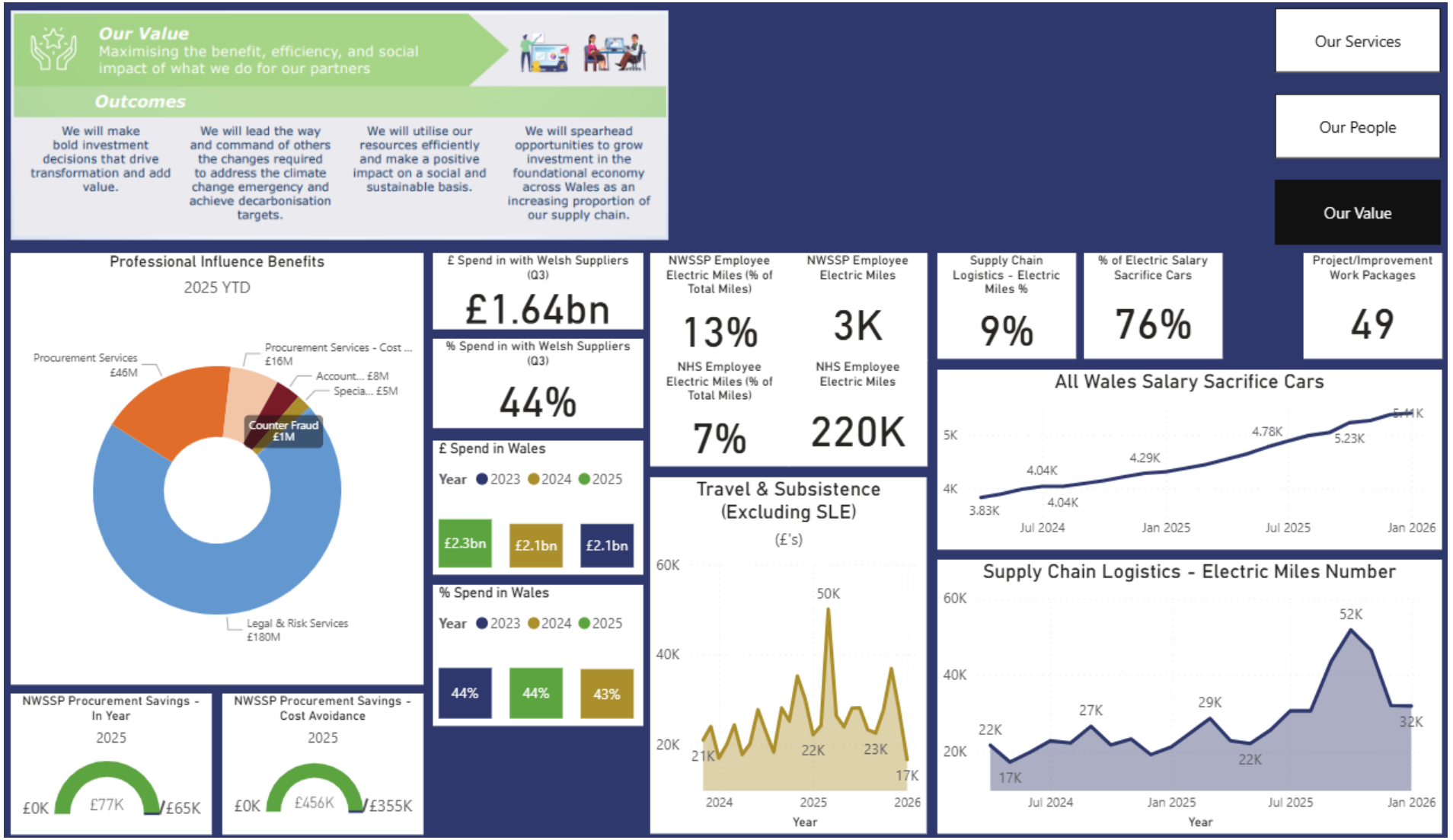
Turnover and Reasons for Leaving

- Annual turnover for the rolling 12 months (9%) which is the third highest turnover rate when compared to similar size NHS organisations (Under 10% for shared services organisations is considered good from some initial desktop research). Turnover does not include internal churn.
- 71% of leavers excluding SLE were voluntary. 60% of the voluntary leavers had 3 plus years of service.

Sickness

- Staff sickness rate (2.9%) achieved the overall target (3.3%) for January however, 12 of the 20 divisions still missing their target. Further detail is available in the People & OD report.
- Top 3 absence reasons are, anxiety, stress, depression, cold, cough, flu and gastrointestinal problems.

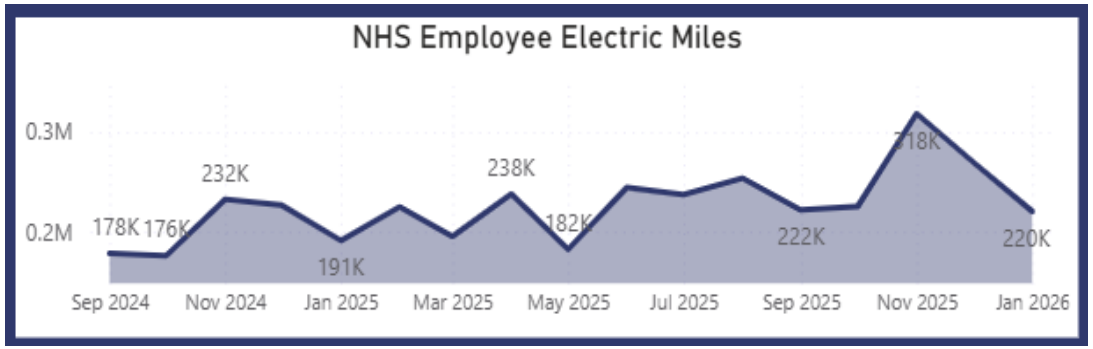
Our Value


Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners
Outcomes
We will make bold investment decisions that drive transformation and add value.
We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.
Our Services
Our People
Our Value
Professional Influence Benefits
2025 YTD
Procurement Services £46M
Procurement Services - Cost ... £16M
Account... £8M
Specia... £5M
Counter Fraud £1M
Legal & Risk Services £180M
£ Spend in with Welsh Suppliers (Q3)
£1.64bn
% Spend in with Welsh Suppliers (Q3)
44%
£ Spend in Wales
Year 2023 2024 2025
£2.3bn
£2.1bn
£2.1bn
% Spend in Wales
Year 2023 2024 2025
44%
44%
43%
NWSSP Employee Electric Miles (% of Total Miles)
13%
NWSSP Employee Electric Miles
3K
NHS Employee Electric Miles (% of Total Miles)
7%
NHS Employee Electric Miles
220K
Supply Chain Logistics - Electric Miles %
9%
% of Electric Salary Sacrifice Cars
76%
Project/Improvement Work Packages
49
All Wales Salary Sacrifice Cars
5K
4K
3.83K
4.04K
4.04K
4.29K
4.78K
5.23K
Jul 2024
Jan 2025
Jul 2025
Jan 2026
Travel & Subsistence (Excluding SLE)
(£'s)
60K
40K
20K
21K
22K
50K
23K
17K
2024
2025
2026
Year
Supply Chain Logistics - Electric Miles Number
60K
40K
20K
22K
17K
27K
22K
29K
52K
32K
Jul 2024
Jan 2025
Jul 2025
Jan 2026
Year
NWSSP Procurement Savings - In Year
2025
£0K
£77K
/£65K
NWSSP Procurement Savings - Cost Avoidance
2025
£0K
£456K
/£355K

Mileage Claims

The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in January 26.

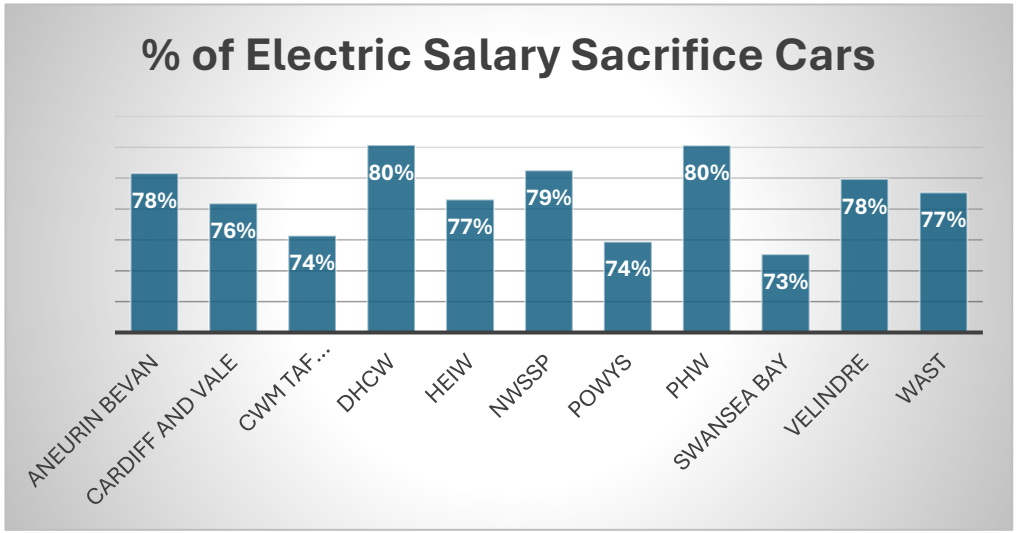
Organisation	Total Miles Claimed	Electric Miles Claimed	Electric Miles %
Cardiff & Vale	156,145	9,296	6%
WAST	148,518	12,814	9%
DHCW	11,633	1,558	13%
CVB	2,958	-	0%
Public Health	55,531	6,408	12%
AB	398,777	32,812	8%
NWSSP SLE	328,378	13,107	4%
NWSSP exc SLE	21,371	2,775	13%
BCU	675,248	59,257	9%
Powys	136,053	12,966	10%
HEIW	11,143	1,496	13%
Hywel Dda	386,157	25,000	6%
Cwm Taf	328,398	25,780	8%
Velindre	13,881	12	0%
Swansea Bay	270,701	17,204	6%
Total	2,944,890	220,485	7%



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 January 26.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	1,001	784	191	26	78%
Cardiff and Vale	1,037	792	203	42	76%
Cwm Taf Morgannwg	925	687	196	42	74%
DHCW	146	117	25	4	80%
HEIW	77	59	16	2	77%
NWSSP	349	274	74	1	79%
Powys	111	82	24	5	74%
PHW	171	137	31	3	80%
Swansea Bay	988	722	217	49	73%
Velindre	136	106	27	3	78%
WAST	471	363	96	12	77%
TOTAL	**5,412**	**4,123**	**1,100**	**189**	**76%**



Our Value

Professional Influence Benefits

- Professional Influence April – January 26 shows significant benefits (£256m) across Procurement, Legal & Risk, Specialist Estates, Accounts Payable and Counter fraud.

Procurement Savings & Spend In Wales

- Procurement Savings targets have been achieved for January for both in year and full year.
- NWSSP has achieved £456k procurement cost avoidance savings in the first 10 months of the year and £77k of cash releasing savings against a target of £65k.

Transformation Management Office (TMO)

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

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

- In January, £17k (excluding SLE) of T&S was claimed, a decrease on the December position which was £28k.
- In January NHS Wales employees claimed for 220k electric miles which is 7% of the total miles claimed. NWSSP employees (exc SLE) claimed for 3k electric miles which is 13% of the total NWSSP miles claimed.

Salary Sacrifice

- As of January, there are 5,412 salary sacrifice cars in use across All NWSSP managed NHS Wales organisations. Of these 76% are electric.
- For NWSSP as of January there were 349 cars in use with 79% classed as electric.

Foundational Economy

- In 2025/26, expenditure with Welsh suppliers as at quarter 3 is £1.6 billion. This represents 44% of total spend being retained within Wales.

Recommendations

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

- The Outcome measures in the report.
- That Outcome Reporting is a work in progress which we are actively developing and refining our approach to continue to provide more comprehensive information.
- Request for feedback and any suggestions on the format and content of the report to Richard.Phillips@wales.nhs.uk.

Voice of the Customer

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

Areas of Strength

Theme	Summary of Customer Voice
Strong Working Relationships	Repeated praise for collaborative and supportive engagement with NWSSP teams, particularly in Recruitment, Audit and Employment Services.
Responsiveness & Timeliness	Acknowledgement of improved responsiveness and timely support in several areas including Audit and Recruitment.
System Developments	Positive feedback regarding the usability and usefulness of the SMA application.
Engagement & Communication	Customers feel well engaged, particularly where performance is transparent and support is proactive.
Data Insight	Additional data and insights now shared routinely has received positive feedback and generated meaningful discussion.

Appendix A

Areas of Consideration

Theme	Summary of Customer Voice	What we have done or doing
Recruitment Efficiency	High applicant volumes causing delays. Desire for automation, AI screening, possible use of filter questions and system usability.	Potential process improvements for handling high-volume recruitment with various health organisations.
Audit & Assurance Timeliness	Acknowledgement of delays in management responses causing delays to audit report turnaround times. Consider improving communication.	We are now ensuring that target response times are communicated to the service at the start of each audit
Procurement Transparency	Requests for details breakdowns of savings.	Breakdown of our procurement savings is routinely shared, and Heads of Procurement meet regularly with finance to discuss savings opportunities.
Payroll Communication	Feedback highlighted opportunities to improve response times and enhance clarity in Payroll communications	This has been fed back into the service.
Legal & Risk Services	Information that explains Breakdown of Savings to be provided.	We have developed case studies that illustrate savings achieved in legal claims.
Customer Satisfaction Insight	Interest in more qualitative satisfaction data across services where we do not currently report – not just cost or performance metrics.	In development.
System & Process Development	Improvements in internal systems, smarter forms, and innovation in service delivery.	Our Transformation Management Office and service teams are regularly collaborating to identify and implement service improvements, including the use of new technologies such as Robotic Process Automation (RPA) and Power Automate.
Benchmarking & Best Practice	Interest in learning from high-performing areas by sharing success stories and comparative performance insights.	We are developing a breakdown of our performance measures by each individual health organisation
KPI Clarity & Performance Data	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.

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership



Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**19/03/2026**

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Transformation Management Office and Service Improvement Update Report

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

Pwrpas yr Adroddiad:

Purpose of the Report:

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

Llywodraethu/Governance

Amcanion: Objectives:	**Our value -** To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. **Our services** - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. **Our people** - To have an appropriately skilled, productive, engaged and healthy workforce.
Tystiolaeth: Supporting evidence:	NWSSP approved IMTP 2025-28

Ymgynghoriad/Consultation:

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert √):

DERBYN/ APPROVE		**ARNODI/ ENDORSE**		**TRAFOD/ DISCUSS**		**NODI/ NOTE**	✓
Argymhelliad/ Recommendation	The Committee is asked to NOTE the progress with key projects and programmes undertaken by NWSSP.						

Crynodeb Dadansoddiad Effaith:

Summary Impact Analysis:

TMO Dashboard Report

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

GIG Cymru Partneriaeth Cydwasnaethau NHS Wales Shared Services Partnership TMO Report

TMO Dashboard Report

NWSSP TMO Update - 03 March 2026

Prepared by Ian Rose

Summary

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

Projects	18
Programmes	2
SI Initiatives	6

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:

- **62% (16 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
- **38% (10 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

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

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

SSPC Recommendation

SSPC are requested to note the contents of the report.

TMO Dashboard Report

Key Trend information and Initiative Overview

Initiatives – 20

All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
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%
TRAMS - Radio Pharmacy Build	Neil Frow	Amber	Amber	Medium	01/01/2024	31/03/2025	20/03/2026	80%
Implementation of Clinical Waste Service for Welsh General Ophthalmic Services (WGOS)	Nicola Phillips	Green	Green	Medium	18/11/2024	31/03/2025	30/06/2026	70%
Optimising Data Population (ODP)	Angela Jones	Green	Green	Large	01/03/2024	15/09/2025	30/09/2026	60%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	LargeXOrg	01/10/2022	31/03/2026	N/A	46%
Managing the Impact of Change for the Wales General Ophthalmic Service Contract reform for NWSSP.	Nicola Phillips	Amber	Green	Large	05/11/2024	31/03/2026	N/A	68%
Corporate Governance Community of Practice	James Quance	Green	Green	Large	19/05/2025	31/03/2026	29/06/2026	64%
Digitisation of Patient Medical Records	Nicola Phillips	Green	Green	Large	11/11/2024	30/04/2026	N/A	93%
Implementation of SLE Resident Doctor Contract Changes	Gareth Hardacre	Amber	Amber	LargeXOrg	10/02/2026	31/07/2026	N/A	10%
TRAMS - Implementation of Radiopharmacy	Rhys Hamer	Green	Green	LargeXOrg	08/09/2025	31/10/2026	N/A	52%
Gluten Free Subsidiary Card	Sarah Jones	Green	Green	Medium	01/10/2025	31/12/2026	N/A	30%
Implementation of computer-based training managed by TMO	Ian Rose	Green	Green	Small	05/11/2025	31/03/2027	N/A	90%
Future Workforce Solution	Gareth Hardacre	Green	Green	LargeXOrg	14/10/2025	02/12/2030	N/A	5%
TRAMS - Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%
Fleet Modernisation Programme	Tony Chatfield & Jonathan Irvine	Green	Green	Medium	03/02/2025	31/03/2031	N/A	5%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
JD Modernisation	Abigail Sheppard	Green	Green	Large			N/A	0%
Laundry Memorandum of Terms of Occupancy (MOTO)	Stuart Douglas	Amber	Amber	Small	21/02/2024	16/01/2025	31/03/2026	50%
Wales Infected Blood Support Scheme Decommissioning	Rebecca Nelson	Green	Green	Small	10/06/2025	15/01/2026	15/01/2027	0%
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	30/01/2026	19/12/2025	100%
L&R Case Management System implementation phase	Mark Harris	Amber	Amber	LargeXOrg	01/09/2020	23/06/2025	31/03/2026	99%

TMO Dashboard Report

Service Improvement Key Trend information and Initiative Overview

Initiatives – 6

All Wales	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
IOH - Medtronic Review (PoC)	Linsay Payne/Russell Ward	Amber	Amber	Define	10/04/2025	05/10/2025	28/06/2026

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	06/06/2026
Greenvale Laundry	Anthony Hayward	Amber	Amber	Improve	16/09/2024	02/06/2025	31/06/2026
Account Payable - Productivity Discovery	Russell Ward	Green	Green	Improve	03/03/2025	30/09/2025	31/07/2026
IOH Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Improve	22/06/2023	31/01/2026	31/03/2027
Variable Pay Initiative	Neil Frow	Green	Green	Improve	01/09/2023	31/03/2026	30/09/2026

TMO Dashboard Report

Key Individual Project/Programme Updates		
Project Name	**Programme Manager**	**Project Exec/SRO**
TRAMS - Programme	Sarah Ferrier	Neil Frow

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

Status	**Red** (Overall)	**Red** (Time)	**Amber** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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

Update 27/02/26

As TrAMs approaches critical junctures within both the programme and its projects, a review was undertaken in January 2026 to enhance the current processes and utilised resources. Accordingly, there have been amendments including the appointing of TrAMs Programme Director - Laura-Jayne Keating (Interim Director of Pharmacy Services) Addition of TrAMs Programme Assurance & Delivery - Ian Rose (Assistant Director of Transformation) and TrAMs Programme Manager - Sarah Ferrier (Assistant Head of Transformation). Moreover, as South West and North Hubs are progressed, additional project managers have been aligned to deliver the hubs, with the intention to provide further cohesion as we strive to deliver this significant transformation for NHS Wales.

South East Radiopharmacy is nearing build completion, contractor Validation (IQ/OQ) is anticipated in March 2026, and NHS Validation (PQ) in April 26, leading to a phased service Go Live from June 2026 – August 2026. A training and deployment plan has been prepared to support go live. SLAs to confirm 2026/7 costs have been circulated in February 2026 to relevant organisations, followed by Shared Services Partnership Committee on 19 March 2026. Workforce consultation was ongoing until end of February 2026, to ensure alignment of workforce contracts and Radiopharmacy operating hours.

South East Hub Detailed design of the SE Hub commenced on 11 November 2025. Design deliverables are due in March 2026, to then be incorporated into the FBC and Estates Annexe documents. Further workshops to ensure robust benefits are scheduled in March 2026 to provide robustness in the FBC completion by business case developer, Archus. Newly appointed project manager (William Brown, NWSSP) continues to expand the service project elements, including logistics and finalised URS documents in collaboration with Scitech. Arrangements for a site visit to Ortner to develop Isolator mock-ups has been arranged for March 1st – March 4th. Workforce engagement is ongoing, with a phased transition plan being developed to understand the roles and requirements during the 12 month period prior to South East hub go live.

Site selection for the **South West Hub** continues, with due diligence being undertaken at preferred site, Sandringham Park, Swansea. This includes site valuation, power and flood risk assessments to inform prospective building purchase. Project executive (Judith Vincent, NWSSP) and project manager (Bethan Rees, NWSSP) were appointed to lead the hub development, with a project mobilisation meeting taking place 4th February 2026. Initial project work will focus upon engaging with key stakeholders in understanding the current service needs, to ensure service development is well informed and sighted on Healthboard and Trusts requirements.

The **North Hub** project was formally mobilised on 4th February 2026, with appointed Project executive (Judith Vincent, NWSSP) and project manager (Arial Desscan, NWSSP) set to lead the TrAMs development within this region. The project team are already establishing key contacts and relationships within BCUHB to ensure service development is well informed and has a clear understanding current medicines practice. A phased development will be considered as a result of the consolidation of the clinical nuclear medicine service, and both existing and standalone sites will be included in site assessment.

The **TRAMs Digital project** is now in discovery phase with 'Version1', a pre-established NHS Wales supplier of Oracle, providing new modules to suit the requirements of an all-Wales workflow and stock control system. It is anticipated that the condensed discovery phase will conclude by the end of February 2026, with a system design and costing being integrated into the South East hub FBC submission. This funding mechanism will allow the digital solution to be implemented across all three hubs.

Main Issues, Risks & Blockers

Key Risks

- Delay to delivery of SE Hub - Mitigation Work proactively with stakeholders to resolve all issues around FBC delivery
- Potential workforce shortages within Pharmacies across Wales - Mitigation Project ongoing, led by POD, to reduce risk and increase staff engagement

Key Issues

- Securing a site for the SW Hub - Mitigation Due diligence and business case to purchase preferred choice being completed by March 2026
- Need to confirm product supply model and benefits for the North, to enable site selection to progress - Mitigation Project formally commenced February 2026 to address this issue

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
L&R Case Management System implementation phase	Daniel Sinderby	Mark Harris

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

Status	**Amber** (Overall)	**Amber** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - No	Quantitative - Yes
Recent Gateway Review?	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 successfully deployed the iCasework Legal Case and Document Management System across the service. The project is still within the closure stage, with activity focused on completing formal handover.

The current outstanding activity relates to finalising arrangements for the Application Programming Interface (API) used to extract data for the monthly Quantum financial reports to Health Boards. Work is ongoing to stabilise and fully automate the API, with responsibility transitioning from DHCW Client Services to NWSSP Informatics, enabling greater control and resilience over reporting. Key financial reports have already been successfully automated and a dedicated server environment has been established to support report automation ensuring stability for future reporting cycles.

To support this transition, licences to enable access to the new server environment have been purchased. Informatics are currently awaiting access to these licences in order to deploy the reporting scripts onto the server. Once complete, L&RS will have direct access to run the reports, removing the current dependency on third parties and supporting full operational handover.

Main Issues, Risks & Blockers

Issue

1. **API stabilisation and handover to NWSSP:** L&RS use an API developed by DHCW to get the data required out of iCasework due to the reporting limitations within Civica which was explained to us after the procurement. The live issue occurred due to the API failing which delayed data being extracted from the system and some data was missing. This resulted in the quantum financial reports circulated to the Health Boards being incorrect. L&RS have been working with DHCW, Informatics and Civica to understand the root cause, stabilise the technology being used to run the API and hand over all the components to from DHCW to NWSSP in order for tighter control over running the reports.

Impact on Existing Service/Arrangements

None

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

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

Status	**Amber** (Overall)	**Amber** (Time)	**Amber** (Cost)	**Amber** (Overall)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

Progress Update

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PCWIS

Good progress has been made on the project during January, in terms of completing required enhancements to PCWIS and completion

of the Performers List Review.

Performers List Review

Bluewave were commissioned in January to undertake an independent review of the Performers List build to establish the quality of the build and suitability for go live.

The five day review was extremely successful and Bluewave provided the project with findings and recommendations that are currently being considered by the Project Board.

Commercial Update

Project Board approved a two year extension with Softcat which will take the contract up to July 2028. Procurement approval is underway, and this will provide much needed stability for the next two years whilst allowing enough time to re-procure a solution in line with the IT strategy and Procurement rules.

In addition to that, confirmation is expected this week on the new sub-contractor, as Credera are ceasing to trade with Salesforce partners at the end of February. Timescales for confirmation are extremely tight, however Softcat have provided assurances that the contract will continue to be supported in this transition period.

Main Issues, Risks & Blockers

Issues

1) Softcat have advised that Credera's Salesforce arm will cease trading. Therefore, this will impact the PCWIS contract.

Softcat will ensure the contractual arrangements remains seamless whilst moving from one sub-contractor to the new sub-contractor

2) An independent review of PCWIS has confirmed that the build has been built using Aura experience cloud framework as opposed to the future proof Lightening Web runtime experience cloud.

PCWIS is in a stable environment, however it is recommended by the independent review to adopt Lightening Web runtime Experience cloud as the target state infrastructure and provides additional functionality & improved performance. A decision on next steps will be taken by Project Board in February.

Impact on Existing Service/Arrangements

There will be no impact on service arrangements if the reporting requirements are met.

Project Name	Project Manager	Project Exec/SRO
TRAMS - Radio Pharmacy Build	Peter Elliott	Neil Frow

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

Status	**Amber** (Overall)	**Amber** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes

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.

Cleanroom build started on site on 23 June 2025. The cleanroom build was physically complete by 31 Jan 2026. Contractor validation activity is planned to be completed by 27 March 2026. NHS Validation and regulatory inspections are scheduled for April to May 2026.

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.

The staffing establishment has been assembled based on:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. These staff mobilised with NWSSP on 4 Aug 2025.
2. The identification of an interim standalone structure for Radio pharmacy in NWSSP and recruitment to the vacancies.

Initial recruitment was completed in Oct 2025, ongoing recruitment remains in place to covers ordinary staff turnover and vacancies.

Total Project capital costs are currently well within the £9.2m allowed in BJC v2. We continue to manage construction risks pro-actively, and to 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 the time constraint, the delay from original timelines largely having been driven by 8 months awaiting planning permission, and a further 2 months by delays to the build.

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.

- **Regulatory** - We need the approval of 3 regulators to be able to open the service:
- MHRA License to manufacture medicine (MS Specials)
- NRW Permit for radiation particularly in regard to foul drainage
- HSE Consent for storing and handling radioactive materials.

- While the MHRA regulator has indicated informally that our design is likely to be acceptable, they have also warned about the timescale for inspections. They require 2 months' notice of an inspection, and these can only be booked once everything is ready, including all staff in post, and they are 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
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)
High Level Benefits	Cash Releasing - No	Non Cash Releasing - No	Qualitative - No	Quantitative - Yes
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
Implementation of SLE	Gill Bailey	Gareth Hardacre

TMO Dashboard Report

Resident Doctor Contract Changes		

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

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

High Level Benefits Cah Releasing – No Non Cash Releasing – No Qualitative – Yes Quantitative – Yes

Recent Gateway Review? No

Objective

Programme Purpose:

An Implementation Board consisting of representatives spanning NHS Wales has been established to provide the coordinated oversight for the safe and timely implementation of the Resident Doctor Contract reforms under the Single Lead Employer (SLE) model for Foundation and Medical trainees.

The project will

- Work alongside the NHS Wales Employers team who have negotiated the new arrangements with the British Medical Association (BMA) team
- Facilitate operational readiness across NWSSP, HEIW and host Health Boards
- Oversee all changes required to implement contractual, technological, rostering, payroll, and workforce reforms
- provide a forum to assess progress, risks and system readiness against project objective and deliverables.

Project Objective:

To facilitate the implementation of Single Lead Employer Resident Doctor Contract Reform on a phased basis commencing with new resident Doctor intake on 01 August 2026.

Progress Update

Following a request from NWSSP, Director of Workforce & Organisational Development, a Project Manager from TMO has been assigned and commenced activities to understand and confirm:

- Governance structure
- Risks and Issues
- Project Work Package to inform Project Plan

The project status has been initially set to Amber due to the restricted timeline set, whilst the intention is to introduce the contract changes for new Resident Doctors on the 01 August 2026, systems need to be updated by end of May-26 due to notification period required. An Implementation Board has been established with the next meeting scheduled on 04 March 2026. Implementation Workstreams are in the process of being established with nominations received from all Health Boards.

Main Issues, Risks & Blockers

Initial key risks and issues have been identified although these need to be assessed with mitigation actions developed and implemented.

Impact on Existing Service/Arrangements

To be clarified once Risks and issues have been fully assessed.

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

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

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

High Level Benefits Cash Releasing - Yes Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

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 dispenser of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also

send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by Mar-23, this was delayed on 3 separate occasions by the Programme before being realised in Nov-23.

Progress Update

Overall project completion based on the newly scoped milestones: 46%. The end date of this project is currently being reviewed, and approval to change being sought, with the appropriate re-baslining taking place thereafter.

The Programme continues to focus on the handover of implementation and Business as Usual (BAU), Urgent & Emergency Care (Out of Hours), Service Search and assurance of Dispensing Doctors.

The Programme is currently working towards the next milestone of EPS live in 228 GP Practices across Wales. Welsh Government have asked that the rollout of EPS is to be completed by November 2026. Additional practices will be brought into the implementation plan taking the rollout up to 40 practice go-lives per month, starting in May 2026.

Apotec have re-engaged with the Programme and are currently working through the Test in Test assurance process in order to implement EPS across Wales.

Progress Update

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

EPS Efficiencies: EPS impact assessments continue, with efficiencies identified in document sorting. Since EPS introduction, significant reductions in paper volumes are being realised, supporting operational performance. Further EPS-related savings are anticipated by the end of Q3 (December 2026). Efficiencies within Prescription Processing are also being investigated.

EPS Dashboard: Updates to the EPS utilisation filters are complete and work is underway on amendments to nominations reporting. The dashboard SLA will be finalised following sign-off of the Quality Assurance SOP.

Internal Reporting: The internal PCS dashboard has been enhanced to show comparative trends between scanned and EPS forms, demonstrating a continued shift from paper to EPS. This work is now completed and closed.

Consolidation Process - Phase 2: The Change of Ownership scenarios via holding company/share sale and companies entering administration remain under investigation.

NWSSP BAU Funding Requirements: A proposed BAU funding methodology has been developed for Health Board and Welsh Government consideration. Discussions are ongoing with the EPS Programme Leads and Directors of Finance.

EPS requirements for PCWIS: EPS requirements for PCWIS system to be investigated and scoped.

Northern Ireland EPS Solution: No confirmation from Northern Ireland on whether NWSSP will be an option in the delivery of their EPS onboarding. Will continue to monitor until decision is made.

Urgent Primary Care / Out of Hours: Smartcard onboarding for Swansea Bay OOH First of Type has been completed. Test in Live is planned however may be delayed due to technical issues with configuration. PCS are reviewing RA Policy wording updates to be progressed through appropriate governance.

Dispensing Doctors First of Type (FOT): Optum have identified a First of Type site and the EPS Programme Team are awaiting a plan for assurance purposes.

Smartcard Audit Processes: RA Agent compliance audits pilot are underway across Health Boards for February 2026, with results to be reviewed. Preparatory work for staff card and TAC audits is in progress following the approved approach to deploy during Q3 of financial year 2026/27.

Smartcards Key Performance Indicators (KPIs): Potential KPI areas have been identified for further development, including printing, audits and training delivery.

Cluster Training: This work has now been completed and closed.

Main Issues, Risks & Blockers

Risks

BAU recurring funding for EPS Service - Currently there is no confirmed funding for Business As Usual costs of the EPS Service. DHCW EPS Programme Team have produced a paper proposing the methodology for BAU funding to be signed off by the Health Boards, Directors of Finance and Welsh Government where contributions have been calculated based on the number of GP-registered patients in each health board area. Discussions are currently underway with the Directors of Finance. If there is no BAU funding confirmed then NWSSP would be unable to fund the resources, materials and overall operational costs of EPS, resulting in the EPS Service halting.

Impact on Existing Service/Arrangements

No impact to existing arrangements.

TMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO
Optimising Data Population (ODP)	Rhiann Iles	Angela Jones

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

Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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

This report provides the Project Board with a progress update against the agreed project scope, workforce data population activity.

Scope Overview

Phase 1 – Core Workforce Data

Population of Emergency Contact and Nationality data within ESR, using data from TRAC and TrustID, supported by automation and targeted communications.

Phase 2 – Equality Data

Population of Ethnicity, Sexual Orientation, Disability, Marital Status and Religion fields. Initial population will utilise TRAC data for Agenda for Change recruitment, with further data sources under exploration.

Progress by Activity

Activity 1 – TRAC to ESR Error Codes

Early engagement identified that error code issues are limited in scope and often resolvable within the interface. Further engagement with recruitment teams is required to confirm consistent handling and escalation practices. Digital Workforce support remains available to ensure a consistent all-Wales approach.

Activities 2 & 3 – Nationality Data and TrustID Integration

An agreed approach is in place to use TrustID passport data to populate ESR nationality records via RPA for new starters, with targeted communications addressing gaps for existing staff. Controls have been defined to prevent overwriting self-reported data and to align terminology between systems.

Integration activity is progressing, with reporting requirements confirmed and initial extracts under review. Final launch timing is to be confirmed following completion of the data validation review. Further discussions are ongoing to progress a possible data verification and population exercise utilising information already extracted for RPA activity to verify against existing date of birth information held within ESR and populate any gaps within this data field. Potential resource and compliance implications for inclusion within the project are being considered as part of ongoing discussions.

Activity 4 – Targeted Communications

General communications encouraging staff to update all personal information held within ESR have been issued, with evaluation planned over the coming weeks. Targeted communications are in development and will align with forthcoming NHS BSA Foundational Readiness guidance.

Organisational Rollout

The approach developed within NWSSP is expected to support rollout to early adopter organisations, followed by wider implementation across NHS Wales.

Risks and Issues

There are currently no risks or issues exceeding the agreed reporting threshold.

Summary

The project continues to make steady progress, supported by effective collaboration between Digital Workforce, Informatics (RPA) and Recruitment Services.

Main Issues, Risks & Blockers

As identified within scoping document.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Lease Management Solution	Daniel Sinderby	Clive Ball
Monthly Update (key/issues (blockages)/risks)		

Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - No	Quantitative - Yes
Recent Gateway Review?	No			

Objective

Procure and implement an alternative system to Electronic Property Information Mapping Service (ePIMS) that meets the requirements of the Specialist Estates Services (SES) Property Team.

Background:
The project has been established to support the purchase of an alternative system for the SES Property Team to manage leases across NHS Wales. The UK Cabinet Office has been working with stakeholders to develop a new system for property management as the previous system, Electronic Property Information Mapping Service (ePIMS), was phased out in Mar-25. SES colleagues who have participated in this process, were informed that the new software would not be a replacement of ePIMS as this would not satisfy SES's needs, as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.

Progress Update

The SES Lease Management Solution project is now closed following the successful implementation of the NHS Wales Estates Database (NWED) application, the NWED Dashboard and accompanying reporting mechanisms.

Project Closure documentation has been approved, the benefits realisation plan has been handed over, lessons learnt have been signed off and a Service Management Board has been established and transitioned into Business As Usual for ongoing support and monitoring purposes.

Main Issues, Risks & Blockers

None.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Digitisation of Patient Medical Records	Alison Lewis	Nicola Phillips
Monthly Update (key/issues (blockages)/risks)		

Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - No	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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, ie babies.
3. Remove need to routinely print the Electronic Patient Record (EPR) when a patient becomes deceased, or their record is held in suspense (where a patient is deregistered from a practice but does not register with another).
4. Benchmark medical records digitisation with Health Boards in NHS Wales.

Progress Update

The All Wales Patient Medical Records, Task and Finish Group met on 27 January 2026, agreed to cancel the February meeting and to conclude on email.

The Deceased records regulatory change were laid in the Senedd end of January and came into force on 2 March 2026.

Destruction of Records - The Director of Primary Care and Medical Examiner is updating the FAQ's which can be adopted by practices/Health Boards. Welsh Government confirmed that the Lloyd George envelope needs to be retained. The suggested guidance to Heads of Primary Care for adoption will be issued after 2-Mar-26.

The NWSSP Operational Working Group met on 22-Jan-26 and continue reviewing the benefits and preparing information for the options paper, which included providing baseline statistics of the scanning team, and current processes.

The Project Manager is currently liaising with NWSSP IT to provide estimated costs for additional digital storage which will be incorporated into the options paper as this will be a requirement.

The Project is due to be closed by 30 April 2026.

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)
High Level Benefits	Cash Releasing - Unsure	Non Cash Releasing - Unsure	Qualitative - Yes	Quantitative - Yes
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 Update

We have identified a significant increase in non-collection charges from Stericycle. This issue is being actively investigated in collaboration with Stericycle and the Procurement team to determine the root cause and assess whether any contractual breaches have occurred. The objective is to resolve these discrepancies promptly and implement measures to prevent recurrence.

A meeting was held with Stericycle to discuss potential improvement measures aimed at reducing non-collections, which are currently resulting in significant additional charges. During the meeting, Stericycle advised that the use of smaller bins may help to reduce non-collection charges, as practices are currently experiencing difficulties in filling the larger bins. Stericycle also confirmed that a new invoice-checking process will be implemented, whereby invoices will be double-checked prior to being issued to us. In addition, an eight-week improvement period has been agreed; should performance not improve within this timeframe, the matter will be escalated to Procurement for further intervention.

Domiciliary Clinical Waste Process

The project team has proactively engaged with domiciliary care providers to gain a comprehensive understanding of their existing clinical waste management arrangements. This collaborative approach is intended to ensure that the new contract reflects best practice and aligns as closely as possible with the operational models currently in place.

Data collected from these providers is now undergoing detailed analysis to identify patterns, requirements, and potential gaps. This process will inform the development of a robust onboarding strategy, enabling a smooth transition and minimising disruption to service delivery. Once this review is complete, onboarding activities will commence in accordance with the agreed implementation timeline.

Additional Bin Request

It has been clearly communicated by multiple practices that the inclusion of an additional bin is essential to support full operational functionality under the current contract. Specifically, the 'blue bin' has been requested by several practices; however, it is not presently included within the scope of the existing agreement. Stericycle has provided pricing information for the blue bin, and discussions are currently underway to assess its financial and operational viability.

Discussions have taken place with colleagues in Procurement regarding the feasibility of using the blue bins provided under the wider Stericycle clinical waste contract. This is being considered on the basis that the WGOS Clinical Waste contract was incorporated into, and aligned with, that overarching arrangement.

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
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)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
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

Progress Update

Overall Progress

The project is **68% complete overall**, reflecting continued delivery momentum across all workstreams.

- **Project Priorities:** 62% complete
- **Operational Activities:** 73% complete

Status Overview

Solid progress has been achieved during the reporting period. Some priority project activities for system integration and signed orders have been subject to delays; however, these are being actively managed and remain within project tolerance at this stage.

Key Updates – Project Priorities

System Integration

System integration activity is focused on integrating existing data capture mechanisms for WGOS categories 4 and 5, in addition to Certification of Vision Impairment (CVI) data into the digital workflow system, K2. This integration will create time and resource

efficiencies within PCS and will improve data quality. Initial integration options identified have been omitted based on cost, Nintex have been provided with additional suggestions, and the team awaits further information on the feasibility of these options. It is anticipated that this work will be completed before the end of the current financial year.

Signed Orders

Delays experienced within the signed orders workstream were due to external queries, requiring regulation clarification and resulted in subsequent amendment requests to the form to be available to and issued by optometry contractors. All queries have been resolved, and the form is with Xerox, to print and distribute directly to contractors. A collaborative training package is being developed with HEIW to support the implementation of this new service. System development activities are on track to enable payments to be made post implementation.

Consumables

A decision to sign off the preferred reimbursement model for consumable optometry products was deferred at the last meeting of the Eye Care Wales Committee (ECWC) in January 2026. A paper was produced by NWSSP, detailing four costing models, further reduced to two following extensive discussion. The deferment was agreed to provide health boards an opportunity for further analysis and reflection to reach a consensus, the final decision will be made within the next scheduled meeting in April 2026.

IT, Digital, Data and SMT Priorities

The intention to produce electronic statements and develop mechanism for electronic returns for optometrists remains dependent on completion of the *Scanning Key from Image* project which due to complexities identified within the testing environment, will not be completed in the current financial year but will remain a priority for development and implementation upon confirmation of firm timescales for completion of the above project.

Operational Activities

Operational activities continue to be managed alongside project priorities and have progressed considerably during this reporting cycle, with an expectation that most activities will achieve completion before 31 March 2026.

Low Vision Pilot and Extension of Project Timescale

A request to provide project management support for a six-month period to facilitate the development and implementation of a Low Vision Service pilot was made to the Transformation Management Office (TMO) at the last project board meeting in January 2026. This has been reviewed and accepted, with work to commence in April 2026. Early discussions have identified the potential of maintaining small stocks of frequently used low vision equipment within a small number of optometric practices to test the feasibility of offering this provision on a larger scale. The pilot will consider system modernisation, subject to relevant legal, financial and governance requirements and will be subject to an evaluation, to consider whether wider rollout of the pilot is viable.

To support the above pilot, in addition to managing the consumables workstream through to completion, also supporting residual operational project activities, a six-month extension to the original project timescale has been agreed. This has been managed through the updating of the project scoping documentation, which details information gathered to date and reflects the change to ongoing project oversight for residual activities and tasks within the original scope of the project.

Activities for Next Reporting Cycle

- Primary focus on system integration and signed orders implementation and delivery.
- Completion of the consumables workstream following the April 2026 Eye Care Wales Committee decision.
- Closure of most operational activities, with residual actions managed within the agreed 6-month extension period agreed, to manage the low vision pilot.

Main Issues, Risks & Blockers

Risks and Issues

As noted there have been several challenges, particularly within the signed orders workstream due to changes needed to the format and content of the form.

A new risk has been identified and added to the log detailing the potential effect that a delay in the printing of the form and return of the forms from Xerox could have and the subsequent impact on distribution, both in terms of available distribution options and timescales. This risk will be reviewed regularly as further information is received.

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	Programme Manager	Project Exec/SRO
Fleet Modernisation	Tim Knight	Tony Chatfield & Jonathan Irvine

TMO Dashboard Report

Programme		

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

Status	**Green** (Overall)	**Amber** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

A shortened version of the programme vision is to have a fully operational fleet, which meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan. Therefore, the fleet should utilise battery electric and ultra-low emissions vehicles wherever practicably possible, to include the upgrading or development of the relevant supporting infrastructure. The new fleet will need to continue to deliver on the existing requirements of the health organisations within NHS Wales, including those functions that are internal to NWSSP, in addition to being able to support the continuously evolving needs of primary, secondary, and community care provision.

This is a ten-year vision which is to be achieved through two sequential five-year programmes, and each programme will have annual Business Justification Cases submitted to demonstrate the case for change, options appraisal, potential benefits before outlining the preferred way forward.

The initial programme seeks to deliver objectives that:

- Optimises the current service offering, to ensure that the right vehicle is on the right route with the right load at the right time and the fleet is effectively right sized against the service need.
- Replace existing vehicles that have both reached the seven-year vehicle maintenance profile and are no longer fit for purpose with either Battery Electric or Ultra Low Emissions Vehicles, increasing our operational resilience whilst reducing our carbon emissions and our fuel/maintenance costs and meeting the expectations of the NHS Wales Decarbonisation Strategic Delivery Plan.
- To have sufficient and robust vehicle maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.
- Install new, or upgrade existing, charging infrastructure to allow for effective fleet optimisation with new Vehicles.
- To have sufficient and robust infrastructure maintenance arrangements in place helping to safeguard vehicle operators whilst improving vehicle longevity and efficiency.

Progress Update

A Programme Business Case has been written and submitted to Welsh Government, together with the Business Justification Case for year 1 which has been approved. That said, the capital funding approved within year one are not going to be made available by Welsh Government until the start of year 2 (2026/2027), which will have a slight impact on the anticipated benefits realisation due to the intended vehicles becoming operational later than expected. This is not seen as an issue, and will have no impact on the overall Programme Plan.

The team are working to begin the procurement process for 17 Brand New Battery Electric Vehicles in the early part of 2026/2027.

Additional work is about to commence developing the scoping document for the process optimisation and fleet maintenance review, following which we will begin to consider the next stages of the fleet modernisation programme and develop the BJC for year 2.

Main Issues, Risks & Blockers

The mobilisation of new vehicles needs to be done as quickly as safely possible to reduce the impact on benefits realisation.

Intended sites need to ensure that they have adequate charging capacity and capability.

Impact on Existing Service/Arrangements

None, as the old fleet vehicles will be decommissioned after their replacements become operational.

Project Name	Project Manager	Project Exec/SRO
Corporate Governance Community of Practice	Julian Bowen-Sargent, Rachel Pember	James Quance

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

Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Unsure	Non Cash Releasing - No	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

TMO Dashboard Report

The Community of Corporate Governance Practice formally launched on 26 May 2025 with information provided on Viva Engage and an article on the HEIW Gwella platform.

There are currently 161 members on the Viva Engage site with the article on Gwella has received 581 views.

Of the 13 NHS Wales organisations working within the corporate governance field there are approximately a workforce of 150 staff.

The focus is to build on that successful launch by providing content that will enthuse members and continued 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. **COMPLETE**
- Develop Masterclasses for Corporate Governance. - **PROGRAMME AGREED AND BEING DEPLOYED**
- 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 - **COMPLETE**
- 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) **COMPLETE**

Progress Update

The Conference Planning sub group held a Conference Lesson Learnt meeting on 15 December 2025, which focused on the strategic and operational aspects of the Conference. The Project Closure Document was approved and this workstream now closed.

The sharing of resources/content to make relevant to colleagues (for example, legislation and board effectiveness documents) on Viva Engage, folders set up and communicated to the Community of Corporate Governance Practice team. This workstream is now completed.

The Masterclass programme was presented to the Directors of Corporate Governance forum, which includes all 13 NHS Wales organisations within the Community of Corporate Governance Practice. Topics cover so far:

- What is Corporate Governance
- Audit Recommendation Tracking
- Risk Management Best Practice
- Senedd elections and potential impact on Corporate Governance

The Project Team recently discussed options for the next conference with the focus of exploring the options for hosting the next conference at Wrexham Football Club, Wrexham University, and local hotels to compare feasibility and costs.

The Community of Corporate Governance Practice Steering Group have submitted a request to NWSSP Transformation Management Office for additional Project Support for the 2026 Conference.

The All-NHS Wales Mentoring Programme of Professional development opportunities Corporate Governance Staff - initial draft scoping document drafted for discussion for the Corporate Governance Project Team to be considered/reviewed on 09 March 2026, then submitted to All-Wales NHS Directors of Corporate Governance Forum for approval

Mentoring Programme Project Plan being produced with the aim of launch in July 2026.

Main Issues, Risks & Blockers

Initial risk and issue have been captured and documented.

Impact on Existing Service/Arrangements

No impact on service and under Risk Threshold.

Project Name	Project Manager	Project Exec/SRO
Wales Infected Blood Support Scheme Decommissioning	Paul Thomas	Rebecca Nelson

Monthly Update (key/issues (blockages)/risks)				
Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - No	Non Cash Releasing - No	Qualitative - Yes	Quantitative - Yes

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 is 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 IBCA Newcastle branch.

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.

2 Project Team meetings commenced September 25.

Workstream 1 – Staffing

Initial meeting took place 09 September 25.

The Terms of reference was agreed by the team.

The meeting focused on the process that will need to be followed to ensure the staff are managed and supported through the options available to them for the change.

It was agreed what without Infected Blood Compensation Authority (IBCA) confirming the roles available, the office location, the expectations around travelling to and from the Newcastle base for the WIBSS staff, the engagement with the staff to make a choice would not be possible.

Project Board will focus on engaging with IBCA for the above detail.

Work stream 2 – WIBSS Database

Initial meeting took place 11 September 25.

The group agreed that due the revised end date and having limited risks to achieving this action, the group will pause and reconvene 6 months prior to January 27.

An Update in November 2025, due to WIBSS currently experiencing a huge volume of work due to Estate payment applications going live and the need to be processed. In addition, formal direction has been provided that WIBSS will remain open until January 2027. As a result, IBCA are unlikely to proceed at pace with our decommissioning, therefore it was requested by the SRO that the project will pause until early 2026.

Due to the lack of movement from IBCA. The Cabinet Office has set up a Programme Team to oversee the movement of the 4 nations transfer to the IBCA. The initial meeting took place at the end of January. This project has been paused further until March 2026 to understand the outcome of the Cabinet Office's Programme Team meeting.

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 27

Project Name	Project Manager	Project Exec/SRO
TRAMS - Implementation of Radiopharmacy	Rachel Pember	Rhys Hamer

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

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

High Level Benefits Cash Releasing - No Non Cash Releasing – Yes Qualitative – Yes Quantitative – Yes

Recent Gateway Review?

Objective

To commission a radiopharmacy service in preparation for the opening of the radiopharmacy building.

Progress Update

The Radiopharmacy Project Board and Project Team meetings have been established with sub workstreams in place.

- Radiopharmacy
- Finance
- Facilities, Estates, Health & Safety & Fire
- Procurement
- Health Courier Service
- I.T

Workstream Updates: -

Radiopharmacy

There has been several priority tasks needed for completion.

- The communication newsletter has been issued to Health Boards/Trusts on a Monthly basis.
- SBUHB comms have been sent out separately February 2026.
- Work continues to define the timeline from building handover to Radiopharmacy operations, this timeline remains provisional, pending input from the RPA regarding any additional validation or qualification requirements.
- The DPIA has been reviewed by Information Governance with actions to be reviewed by Radiopharmacy for Final sign off.
- The SLAs for each participating Health Board have been finalised, with a target for sign off after SSPC in March 2026.
- Training plan has been drafted and to be incorporated into handover implementation timeline.
- SOPS' have been identified and work started to complete approval of all SOPs.
- SLA for CVUHB RPA has been signed by CVUHB & NWSSP. Initial engagement has been made to prepare validation requirements.
- Workforce contracts are being reviewed in readiness for change of working hours. Engagement meetings with staff are being held March 2026.

Finance Update

- Service costs for Health Boards have been finalised.
- Equipment costs are monitored pending delivery received

Facilities, Estates, Health & Safety & Fire

- Health & Safety training plan has been drafted.
- Identified an equipment list and associated costs. All equipment requirements to be in place by end of March 2026.
- Maintenance of equipment (build and equipment) to be reviewed by estates.
- Datix requirements have been implemented for the new service.
- Fire equipment requirements have been identified and purchased.
- Legionella risk assessment has been planned after handover.
- Cleaning contract is in situ in readiness for handover.

Procurement

- Procurement have aligned the NHS England framework in readiness for contract agreement.
- Usage figures and contract length have been shared with Procurement.
- Items to be bulk loaded into the Oracle Catalogue in readiness to procure.
- Initial purchase orders to be placed March 2026

Health Courier Service

- Health Courier Services have finalised costs for when the service will move to IP5.
- Delivery schedules have been finalised.
- Staff to be in place once handover date confirmed.
- Vehicles to be in place once handover date confirmed.
- Quality Technical Agreement to be drafted in readiness for go live between HCS and Radiopharmacy.

IT

- Work has started to identify necessary software and hardware to support finance costings.
- Meetings are planned between Radiopharmacy and Pharmagraph to discuss implementation.
- Photocopiers and Printers have been confirmed and purchase orders have been raised.
- Cyber Security are reviewing all Radiopharmacy IT packages.

Main Issues, Risks & Blockers

No Risks currently over threshold

Impact on Existing Service/Arrangements

SBUHB are currently providing services to Health Boards that NWSSP will take over upon full roll out

Project Name	Project Manager	Project Exec/SRO
Gluten Free Subsidiary Card	Rachel Pember	Sarah Jones

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

Status	**Green** (Overall)	**Green** (Time)	None (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - No	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

To roll out Gluten free Subsidiary card across NHS Wales to allow patients to purchase gluten free products from participating stores.

Progress Update

Project team meetings are established and the team are working on the project plan tasks.

● **EQIA:** An initial meeting was held to obtain an overview of the requirements. A follow-up meeting has been scheduled for the end of February to finalise completion of the form.

● **DPIA:** The form has been completed, submitted, and acknowledged, accompanied by the Information Governance Manager's review and comments.

● **Recruitment of Staff:** The process is currently awaiting approval from the Establishment Control and Scrutiny Panel before progressing to the Job Evaluation Panel. It is anticipated that the two GFFSC staff members may be available to commence duties in May.

● **IT Update:** A meeting has been arranged to confirm the additional details required to further develop the existing database.

● **Service Level Agreement (SLA):** The PCS SLA will need to incorporate GFFSC. These are scheduled for sign-off by the end of March.

● **PCS Template:** The PCS template for patient sign-off is currently in the formatting stage.

● **Communications:** Plans are in place to develop a periodic communication letter to be shared at the March delivery board for sign off. This will include contact information, details of lead officers, and relevant updates.

● **Delivery Board:** Discussions have been held regarding the development of a Health Board standardised reporting template and potential content. Further discussions also considered the organisation and management of the working groups within the Health Board. A suggestion was made for these working groups to meet on a bimonthly basis.

Establish Health Board implementation working groups and predicted timeline for start-up. Sub working groups to be established for

Health Board "Standard Operating Procedures and GMS Coding" and "Basket of Goods" pricing works.

Delivery Board meetings have been scheduled for 2026.

Establishment of a Delivery Board risk register.

Main Issues, Risks & Blockers

None over threshold.

Impact on Existing Service/Arrangements

None.

Project Name	Project Manager	Project Exec/SRO
Implementation of computer-based training managed by TMO	Gill Bailey	Ian Rose

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

Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - No	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

Implementation of project management, service improvement and change management computer-based training for stakeholders, based on good practice and managed by TMO team.

Progress Update

Start-up completed.

Following discussion and in line with Digital strategy, Project Executive agreed to pursue developing computer-based training on ESR due to:

- Existing platform
- Digital Learning Wales, DLW (funded by Welsh Government and managed by Digital & Workforce Productivity Solutions) have a team of developers who will create content at no charge to NWSSP
  - Expertise exists within the in-house team
  - Three month KPI for delivery
  - Module based
- Development in stages
- NHS Wales staff have access to ESR and therefore can expand roll out
- Option to replicate learning material on Learning@Wales platform which is available to wider public sector

Initiation: 90% completed

Phased implementation plan agreed:

1. Introduction to Project Management
2. Introduction to Service Improvement
3. Introduction to Agile Project Management
4. Introduction to Business Cases
5. Risks & Issues (bite sized learning)
6. Planning & Scheduling (bite sized learning)
7. Benefits Realisation (bite sized learning)
8. Introduction to Change Management

Delivery:

Introduction to Project Management identified as a pilot with training material submitted to DLW for development on ESR. Initial course content received and reviewed by project team with feedback provided. Awaiting final draft. Once received, project plan will be updated based on phased implementation above.

Main Issues, Risks & Blockers

None to report over risk threshold.

Impact on Existing Service/Arrangements

Non applicable.

TMO Dashboard Report

Project Name	Project Manager	Project Exec/SRO
Future Workforce Solution	Ollie Rix	Gareth Hardacre

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

Status	**Green** (Overall)	**Green** (Time)	**Green** (Cost)	**Green** (Quality)
High Level Benefits	Cash Releasing - Yes	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?	No			

Objective

The NHSBSA recently announced their partnership and the award of a 15-year contract to Infosys to deliver the Future NHS Workforce Solution. This solution will succeed the current ESR system with a modern, intuitive, and integrated national workforce platform.

The objective of this project is to roll out the Future Workforce Solution (FWS) across NHS Wales beginning with three identified early adopters then across successive waves to have all NHS Wales organisations over by 2030.

Progress Update

Strategic workshops on the functional design of the future solution, involving key stakeholders from NHSE, NHSW, DHSC, NHSBSA took place in November. These were then extended in January to a larger community of SMEs from across the Service and delivery partners.

Engagement with the identified cohort of Early Adopter organisations, 4 in Wales has commenced as planned, with briefings underway with organisation leadership teams. Progress continues in defining the strategies and approaches for engagement with user organisations during the Foundational Readiness phase. This will shortly commence with introductory webinars for both functional domains and technical elements of the solution.

Engagement with IBM (incumbent) continues regarding the take on of the existing service from 1 September 2026. A joint transition plan between IBM and Infosys is expected to be baselined by the end of January 2026.

A benefits work stream commenced in January 2026 to better understand what this means for NHS Wales, in an already upscaled model of working. Two initial workshops have taken place.

NHS Wales has refined its established leadership and governance with several project groups identified. Work continues to establish the TOR for these groups.

Discussions are still ongoing in terms of the required resource needed within NWSSP and the local organisations.

Main Issues, Risks & Blockers

As a result of resource pressures within local teams, there is a risk that user organisations may not have sufficient capacity or capability to implement the required process and technology improvement, which could result in lower take up, sub optimal implementations and/or extended rollout/reduced local benefits realisation. It is therefore recognised that additional resource is likely to be needed by User Organisations to undertake their responsibilities. The NHSBSA programme team will bring capacity and functional expertise to deploy the solution working alongside NWSSP and local teams. However, under the auspice of the NHS Wales Programme Steering Group, resource to support the programme locally will continue to be monitored to ensure each organisation is supported to prepare for and support their transition.

Impact on Existing Service/Arrangements

None currently identified.

Project Name	Project Manager	Project Exec/SRO
JD Modernisation	Kimberly Eley	Abigail Sheppard

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

Status	**Green** (Overall)	**Green** (Time)		**Green** (Quality)
High Level Benefits	Cash Releasing - No	Non Cash Releasing - Yes	Qualitative - Yes	Quantitative - Yes
Recent Gateway Review?				

Objective

Standardise Job Descriptions across NWSSP by reducing the number in circulation and ensuring all information is accurate and consistently matched in both English and Welsh.

Progress Update

The JD Modernisation work continues to progress, with teams focusing on resolving inconsistencies between English and Welsh job descriptions and strengthening compliance within the current review process. There is increasing emphasis on improving governance

and communication, including plans to develop a centralised JD library aligned to all-Wales templates to reduce the volume of JDs in circulation.

Teams are also beginning to use Copilot to support JD documentation activities, such as refining tone and drafting content.

Next Steps

The project is progressing toward its next phase, with preparation underway to establish a formal project board, define clear task ownership, and ready the programme for operational delivery. Planning activity is on track, and the project is expected to formally commence in April 2026.

Main Issues, Risks & Blockers

None

Impact on Existing Service/Arrangements

N/A

TMO Dashboard Report

Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
L&R Matters Invoicing Process	Niall Quilton	Stefan Dakovic, Sue Saunders

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

Status **Red** (Overall)

High Level Benefits Cash Releasing - No Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

Objective

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

Outcomes to be achieved:

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

What other indirect benefits may arise from this work?

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

Progress Update

Legal & Risk, supported by NWSSP Digital, are currently developing 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. We are waiting on an update to the solution to start updating our MS Power Automation process with the new changes, so that we can finish the development and implement the Finance Legal & Risk Matters & Invoice process solution.

The original Go Live date was scheduled in for 01 November 2024 but has had to be rescheduled a number of times, most recently to after receiving an email from NWSPP Digital on 13 February 2025 proposing that the implementation of this solution was paused until the implementation of the new NWSSP Legal & Risk (L&R) iCaseworker system, which went live 07 April 2025.

NWSSP Legal & Risk and NWSPP Digital concluded that Quarter Billing System (QBS) and the processes (one of which is the data for Finance) that are in 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.

Benefits:

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

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

- Automating the initial email chasers for 297 QBS matters will save an average of 14.86 hours of time, based on the timing of the process taking 3 minutes for creating the email, attaching the invoice etc. This equates to an initial saving of approx... 2 days.
- Automating the saving of each individual PDF from the remote desktop to SharePoint will save 3 days.
- Automating the QBS day 1 process will save 3.7 hours which equates to 0.5 days
- Setting up an automated reminder system should see an average saving of 2.6 days per month.

In parallel, the improvement group are currently working to identify and improve the data coming from the system to make it suitable for automation, which need to happen before testing the developed process following submission.

Main Issues, Risks & Blockers

The main issues and blockers:

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

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

N/A

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Greenvale Laundry	Kim Eley	Anthony Hayward

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

Status **Amber** (Overall)

High Level Benefits Cash Releasing - Yes Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

Objective

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

Progress Update

Governance documents have been revised following a recent meeting, and a project board along with two project teams has been established to support any improvement opportunities identified.

Greenvale Project Team Meeting Group

The Project Team is responsible for managing the day-to-day delivery of approved workstreams, projects, and improvement initiatives, while escalating any risks, issues, or concerns around tolerance limits.

Health Courier Service (HCS) Project Team Meeting

The purpose of these meetings is to strengthen communication between Greenvale Laundry and HCS, ensuring transparency and collaboration when identifying opportunities to improve the delivery and receipt of linen in line with SLA requirements. The meetings also provide a forum to raise any risks or issues occurring either at Greenvale or customer sites, and to highlight any areas that may require additional support or improvement.

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
IOH - Medtronic Review (PoC)	Rebecca Bowen	Linsay Payne/Russell Ward

TMO Dashboard Report

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

Status **Amber** (Overall)

High Level Benefits Cash Releasing - No Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

Objective

To establish a task/resource team within Medtronic and NWSSP, who will work together to reduce outstanding invoices needing approval.

Progress Update

Medical supplier Medtronic is currently in the top 5 suppliers with the highest Invoices on Hold in Wales.

To rectify this issue the project group have agreed to reduce the number of Invoices on Hold by:

1. Addressing current Invoices on Hold. Focussing on Aged Invoices (2024 and older) and Qty Rec Invoices.
2. Analysing current processes within Accounts Payable, Procurement and Medtronic.

Stage 1.

The total amount has reduced by 270 invoices, which relates to clearing £762,715.83 of invoices throughout Wales.

Aged Invoices

Qty Rec

The project group are still working with Accounts Payable, Procurement and Medtronic to reduce these specific outstanding invoices.

Stage 2.

Possible quick wins were identified by both parties, and investigative operations were conducted on the plausibility of these actions being implemented to achieve maximum outcomes.

Quick wins

- Medtronic to only accept email amendments to Purchase Orders – *This action is being implemented.*
- Medtronic to email replies asking to update Purchase Order form – *This action is being implemented.*
- NWSSP to highlight delivery address on Oracle – *This is still being investigated*.
- Look at process for actioning PO numbers – *This is still being investigated*.
- Medtronic to send invoices via GHX and credits through OCR only (if possible) – *This is still being investigated.*
- No replacement items sent unless stated on PO form – *This is being actioned and monitored in BCUHB.*
- Oracle to be updated monthly/quarterly with approver contact information – *This is still being investigated.*

Longer term solutions were also discussed with further investigations to be completed by NWSSP and Medtronic.

Longer Term Solutions

Medtronic switching all patients onto scheduled orders – *This is an ongoing action*.

All Health Boards having Blanket Orders – *No action taken at this time.*

Training for NWSSP staff and Medtronic – *This is an ongoing action.*

NWSSP to employ additional staff to investigate suppliers IOH in more detail within agreed timeframes – *No action taken at this time.*

NWSSP Project team meet fortnightly to discuss updates, with Medtronic communication updates completed through email reports and Teams meetings when necessary.

Main Issues, Risks & Blockers

- Staff resource availability
- Data availability
- Contract related issues
- Staff training within all areas involved, internal and external
- Different processes in place within different Health Boards

Impact on Existing Service/Arrangements

Reduced Invoices On Hold and improved supplier customer relations.

TMO Dashboard Report

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
IOH Review	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

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

Status **Green** (Overall)

High Level Benefits Cash Releasing - Yes Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

Objective

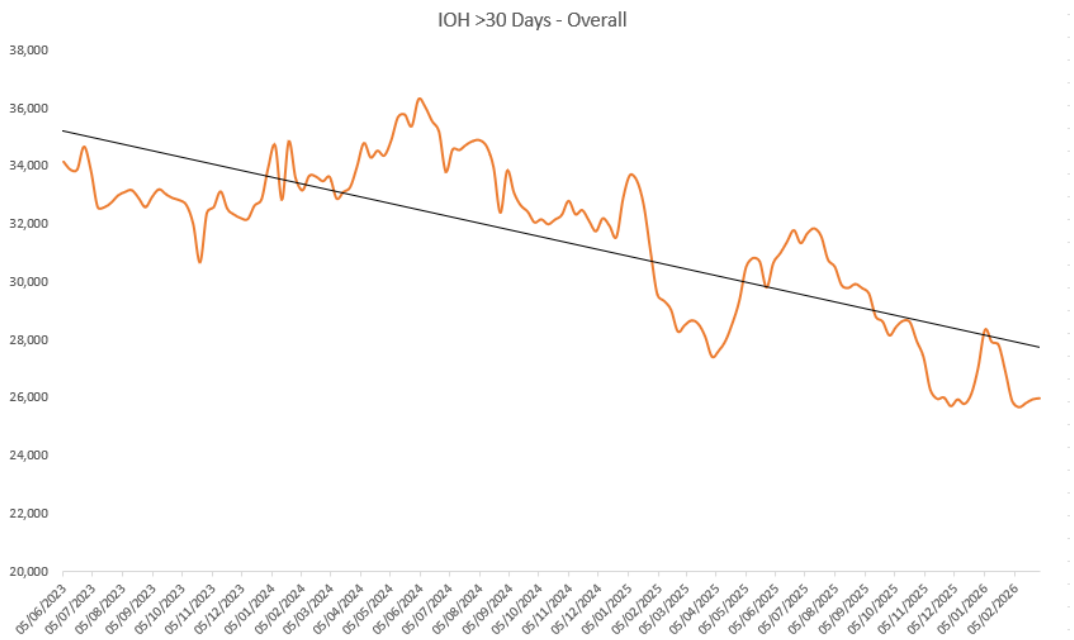
The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

Some of the indirect benefits of this project will come from an improved reputation that encourages other businesses to compete for our business, increased staff availability/capacity, reduced cost to serve and improved supplier (process customer) and customer HB/Trust satisfaction.

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

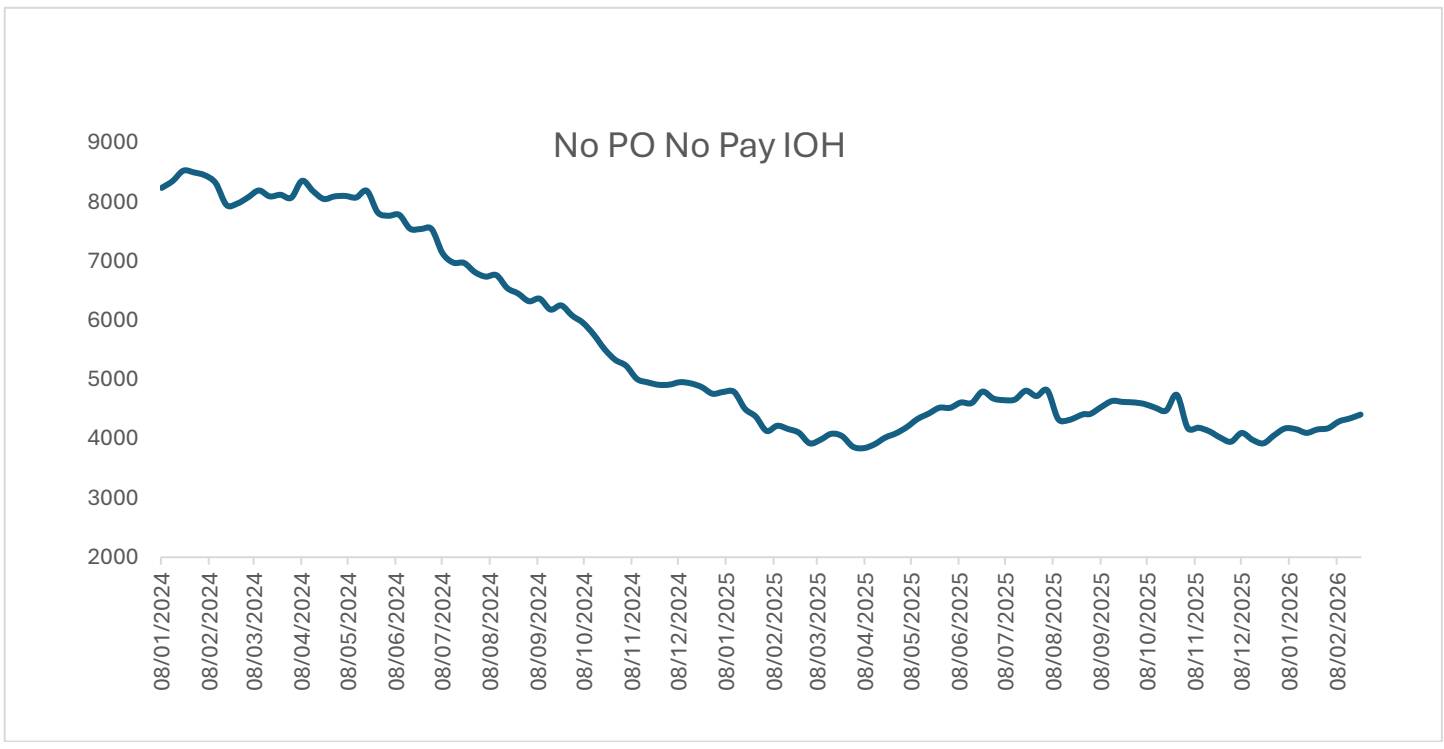
Progress Update

The Invoices on Hold (IOH) over 30 Day position is at 25,974 continuing its downward trend and compared to a high of 36,058. The recent spike is expected over the Christmas period and can be seen in the previous years also.



The NWSSP IOH steering group, consisting of Heads of Service and senior leaders from Finance, Accounts Payable, Procurement, and the Transformation Management Office meet every fortnight to identify and implement IOH related improvements. Some of the more recent considerations include the automatic removal of accounts marked as not on statement and also the standardisation of the national approach to the handling of receipting holds.

An updated position regarding invoices marked as No Purchase Order No Pay can be seen below also, sitting at 4409 from a high point of 8497 when our joint initiatives began.



Main Issues, Risks & Blockers

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

Impact on Existing Service/Arrangements

The streamlining and subsequent standardisation of processes will allow for the effective removal of waste and reduced failure demand, increasing workforce capacity and delivering quality improvements.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Variable Pay Initiative	Tim Knight	Neil Frow

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

Status **Green** (Overall)

High Level Benefits Cash Releasing - Yes Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

Objective

The NWSSP Service Improvement Team were asked to lead an initiative looking into variable pay spend across NWSSP and excluding laundry services. The primary goals of this initiative were to:

- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes

Through our findings it was determined that 89% of variable pay is worked across bands 2,3 and 4 and the use of bank staff offered the most cost effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime. Additionally, there was a 75% correlation identified between the use of variable pay and the number of hours lost between special leave, and sickness absence.

Following the principles of pareto analysis, we then worked to identify the root causes, identifying 18 improvements that can be made in this area across different levels of the Organisation. These improvements are managed centrally through a task and finish group that has been put in place to work through them in sequence, and is formed of service leads from Finance, People & Organisational Development, Performance and Service Improvement.

Progress Update

The current Organisational Variable Pay spend has reduced by 72%, or over £500k per month, since the start of the initiative in September 2023. With the largest reductions coming within the use of Bank and then Agency resource respectively.

Some of the improvements being explored and managed by the relevant service areas are as follows, and these will act as enablers to further improvements around the centralisation of data and scale and spread of live reporting:

Overtime Request Form - We have launched the pilot of an overtime request form across 70% of our service, helping to provide earlier points for both prior scrutiny and approval within the existing overtime request process. This information is helping relevant stakeholders to understand when overtime is being requested, in what section, and for what reason, which is all to be pulled together in a live dashboard. This offers improved visibility to strategic and operational leads helping to identify potential problems, support data led decision making, and resource capacity planning.

The Pilot currently has 70% 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.

Productivity Pilot (Also reported separately in more detail) - We have commenced the pilot of a productivity measure within one of our highly transaction services, Accounts Payable, which is designed to help safeguard colleagues from any risk of overburden whilst supporting data-led decision making and enabling the effective forecasting of future clearance, allowing for improved workforce capacity planning and the effective right sizing of teams.

This pilot was due to start on the 28 April 2025, but went live during week commencing 27 October 2025. The delivery team are now in a position to move to a beta phase, and will then come away from direct service support and development for a period of three months, allowing them to review benefits realisation, map out a plan to scale and spread, and to complete focussed data analyses.

The Task and Finish Group regularly meet to update each other on the initiatives which are currently in flight, with the Assistant Director of Transformation reporting progress into the Director of Finance on a bi-monthly basis.

Main Issues, Risks & Blockers

The capacity of teams who are seen as essential to both the support, and subsequent delivery, of suggested and approved improvements.

Impact on Existing Service/Arrangements

Improved workforce capacity planning delivering more consistent service delivery and process output that can be adjusted according to customer demand. The data provided from the initiatives mentioned above will also allow for the detailed analyses of different workstreams, helping the variable pay team and service managers to identify opportunities to consistently improve and optimise service delivery and process flow.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Account Payable - Productivity Discovery	Niall Quilton	Russell Ward

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

Status **Green** (Overall)

High Level Benefits Cash Releasing - No Non Cash Releasing - Yes Qualitative - Yes Quantitative - Yes

Objective

Measure productivity across teams through data analysis, stakeholder feedback, and pilot trials.

Progress Update

As at the 27 February 2026

1. Key Highlights & Milestones

- Dashboard Deployment & Access - The dashboard is now in beta for further user testing and feedback without any developments happening. This is forecasted to last until end of May.
- Quality Assurance & Error Handling – Work continues on bridging any errors from manual hours worked among staff and time inputted onto Timeware software.
- Staff Engagement & Feedback – Feedback was gathered with a FAQ provided in response to those who had participated. No further follow up has been asked on this area.

2. Workstream Progress & Actions

Workstream	Status	Detailed Update	Actions & Next Steps
Define Objective of Discovery	Done	No further changes: objectives remain clear and agreed with stakeholders.	—
Identify Key Stakeholders and User Needs	Ongoing	Continued stakeholder mapping and engagement. Staff concerns about pilot objectives, unfilled positions, and invoice volume noted. Empathy mapping and user stories ongoing. Anonymous staff survey being prepared to gather feedback on pilot experience and concerns. Direct engagement with outlier staff to validate dashboard data.	Launch staff survey (target-January). Review survey results and address concerns. Continue empathy mapping and user story development. Maintain direct engagement with staff for feedback validation.
Define Current Workstreams and Processes	Done	All work processes mapped. Ongoing standardisation of activity log formats and naming conventions. Documentation being shared via SharePoint. Addressing issues with copying errors and inconsistent data entry in logs.	Finalise and communicate standard formats and conventions. Continue process documentation and staff guidance.
Gather Data and Identify Potential Productivity Measures (KPIs)	Done	November data (Oracle, OCR, Timeware) uploaded and validated. October data locked for reporting. Manual invoice counting logic updated (now by invoice, not line). Compliance tracking features added to dashboard. Considering a tally system for tracking quality issues. Enhanced output reporting for	Refine data collection and reporting logic. Implement compliance and quality tracking features. Continue regular uploads and validation.

		manual invoice processing and complexity.	
Analyse Data, Identify Issues, and Define Data Capture	Done	Ongoing investigation and resolution of discrepancies between time logs, activity logs, and system data. Standardisation of date formats and naming conventions enforced. Technical fixes for formula errors and data entry inconsistencies. Enhanced dashboard features for day-level analysis and compliance tracking. Staff reminders and process for timely Timeware data completion.	Maintain regular data validation and reconciliation. Continue technical improvements and staff reminders. Implement new dashboard features for anomaly detection.
Create Dashboard	Done	Dashboard now hosted in Microsoft Fabric Environment for security and sharing. Role-based access and permissions being implemented. Visual enhancements- new visuals for activity logs, service summaries, and flexible date filtering. Two dashboards maintained (live and development); updates validated before publishing. Ongoing feedback sessions to improve usability.	Finalise role-based access and permissions. Continue refining visuals and usability. Prepare for broader rollout and management review.
Measure and Monitor Progress	Done	Enhanced KPI tracking and compliance features in dashboard. Short feedback sprints and one-to-one sessions planned to iterate dashboard design. Service summary metrics (cost per invoice, labour productivity ratios) developed. Regular performance reviews and dashboard updates ongoing. Staff engagement and feedback prioritised.	Prepare for management review and feedback. Continue regular reviews and dashboard updates. Implement feedback from user sessions.
Final Evaluation and Feedback Loop	On-going	Anonymous staff survey presented and feedback on to staff who participated. Lessons learned and opportunities log initiated. Project milestones reviewed and deliverables coordinated around holiday period. Plans for focused sessions with stakeholders before expanding to new areas. Meeting schedules coordinated for January review.	Document lessons learned and opportunities. Prepare framework for scaling the pilot.

3. Challenges & Risks

Data quality remains and area of work on-going. In part to the process around capturing staff work time. Meetings have been held to discuss this with key stakeholders and a plan will be agreed to mitigate as much as possible on this area.

4. What's Next

- Dashboard & Reporting Improvements – In beta the aim now will be to allow the dashboard to be used by line management for managing the service with feedback sought after March 2026.
  Prepare clear, accurate data and visualisations for upcoming management reviews, ensuring that productivity metrics and their implications are well understood.
- Scaling & Lessons Learned - Document lessons learned and opportunities for improvement, and plan focused sessions with stakeholders before expanding to new areas.

- Organise meetings post April 2026 (after final year reporting) to allow staff time to settle with dashboard and pick up on final

feedback loop before presenting to SLG (TBC).

Thematic Insights

- Collaboration & Communication - The project demonstrates strong cross-team collaboration, with regular meetings, clear action tracking, and a focus on transparency.
- Continuous Improvement - There is a clear commitment to iterative development, user feedback, and technical refinement to ensure the dashboard meets user needs and supports workforce planning.
- Change Management - Staff engagement and support are prioritised, recognising the challenges of change and the importance of addressing concerns proactively.

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

Improved workforce capacity planning delivering more consistent service delivery and process output that can be adjusted according to customer demand.

NON TMO Managed Initiatives

Key Individual Project/Programme Updates		
Project Name	**Project Manager**	**Project Exec/SRO**
Scan 4 Safety	Andrew Smallwood	Andy Smallwood

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

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

Recent Gateway Review? No

Objective

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, 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.

Progress Update

The team continue the roll-out of the Inventory Management System across NHS Wales with All Health Boards now extending the coverage of scanning. The majority of work is currently within Theatres and Cardiac Cath Labs where the system will have greatest benefit both financially and more importantly on patient safety.

Work has begun between the Programme, Omnicell and the National Joint Registry to enable pre-operative implant combination checks to alert surgical teams to possible mismatch of components which would have previously resulted in a never event.

Work has also begun with DHCW to explore interfacing the Scan for Safety information with core patient systems such as Welsh Clinical Portal and National Data Resource.

February 2026 saw 2 major implementations, Theatres across Withybush General Hospital went live. As did Orthopaedic Trauma theatres at the Royal Glamorgan Hospital.

Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources, and in many cases, alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW is respect of developing a Welsh Health

Circular to be issued.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. Additional moratoriums on non-medical or nursing staff recruitment are in place at a number of organisations. This is being worked around with each organisation based on local pressure, but impacting the speed of rollout.

Impact on Existing Service/Arrangements

No detrimental impact

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:

- 49 units are currently live to payroll.
- Roll out plan 26-27 - HCS Mass Vaccination are splitting cost centres so an additional cost centre will be on roster.

E-Rostering

- **Budget Alignment:** Roster schedules are being aligned with budgets across all service areas. So far, 28 services have completed this alignment, with 21 still in progress. This process is helping to identify where unavailability and relief percentages are not being allocated appropriately.
- **Roster efficiency Meeting**: These meetings continue to serve as a forum for retraining, refining roster templates, and promoting rostering standards. Ongoing collaboration with service areas is supporting continuous improvement in rostering practices.
- **Roster Sign-Off Compliance**: Engagement with services is ongoing to ensure compliance with the 12-week roster sign-off deadlines following the Welsh Government Circular. Monthly audits are undertaken and circulated to POD.
- **Process Improvement (TOIL):** In partnership with POD, efforts are underway to address and rectify inconsistencies in the TOIL. Updates continue to be shared with the Senior Management Team (SMT), highlighting areas required to reduce figures.
- **Health Roster Policy**: This is currently being reviewed and updated. This is currently with the union for comment. This will then be submitted to policy group.
- **Leavers:** Terminations are reviewed weekly in ESR for those on Health Roster to ensure annual leave balances are aligned at the point of termination. This prevents staff from over-taking annual leave in Health Roster after leaving their post and provides managers with accurate figures to process terminations efficiently.
- **Reducing manual pay process**: We are actively engaging with bank staff to ensure they access Loop to review and confirm their worked shifts in advance. This ensures shifts are recorded in the system before payroll is processed, reducing manual intervention and late shift entries

Bank Staff ●

- **Bank Team Resource**: The Bank team is continuing to work on service improvements, automation of some processes and approvals process. Currently an approval flow is being tested for Bank approvals by Finance, Business Partners and Vacancy Control Panel.
- **Utilising Health Roster:** We are exploring how we can use Health Roster / Bank Staff further for reactive placements in Laundry and HCS and to identify what skills are needed.
- **Recruitment Activities**: We continue to recruit HGV drivers and have recently undertaken recruitment campaigns for the following: -
  - Laundry Assistants
  - Drivers/ Warehouse
- **Working with Serco:** We have recently partnered with a company called Serco who run a programme called 'Restart' to get people back to work. We have successfully onboarded 13 Serco applicants who have started in assignments and we have approximately 40 to be interviewed shortly. This has been a great start to the partnership helping people get back in work

AOB

- **Internal Audits -** Implemented a monitoring process for managers, providing them will regular updates on their live cost centres on Health Roster including position numbers to avoid staff being recruited to incorrect positions.

Licence Numbers

NWSSP currently fund 1,100 licenses. As of January 2026, via Health roster and Bank we are utilising 823 licenses.

PHW Roll out

- All 36 units identified on the 2024/2025 project plan, have been successfully migrated to Health Roster and currently live to payroll. A total of 787 staff, excluding bank staff
- NWSSP Rostering Team are working with PHW Project Team to draft the out plan for 26/27

Other updates:

- PHW have agreed funding for Rostering Resource for 2026/2027. The SLA will continue until 31 March 2027.

Main Issues, Risks & Blockers

PHW SLA has now been extended until 31 March 2027 therefore no current risks

Impact on Existing Service/Arrangements

On track – no impact to customers

End of report.

NWSSP IMTP 2025-28

2025-26 Quarter 3 Report

March 2026

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Purpose

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

The report will cover:

- Key Messages
- Quarterly overview
- Divisional progress and areas of challenge
- What did we achieve in Q3
- Areas of focus
- Recommendations

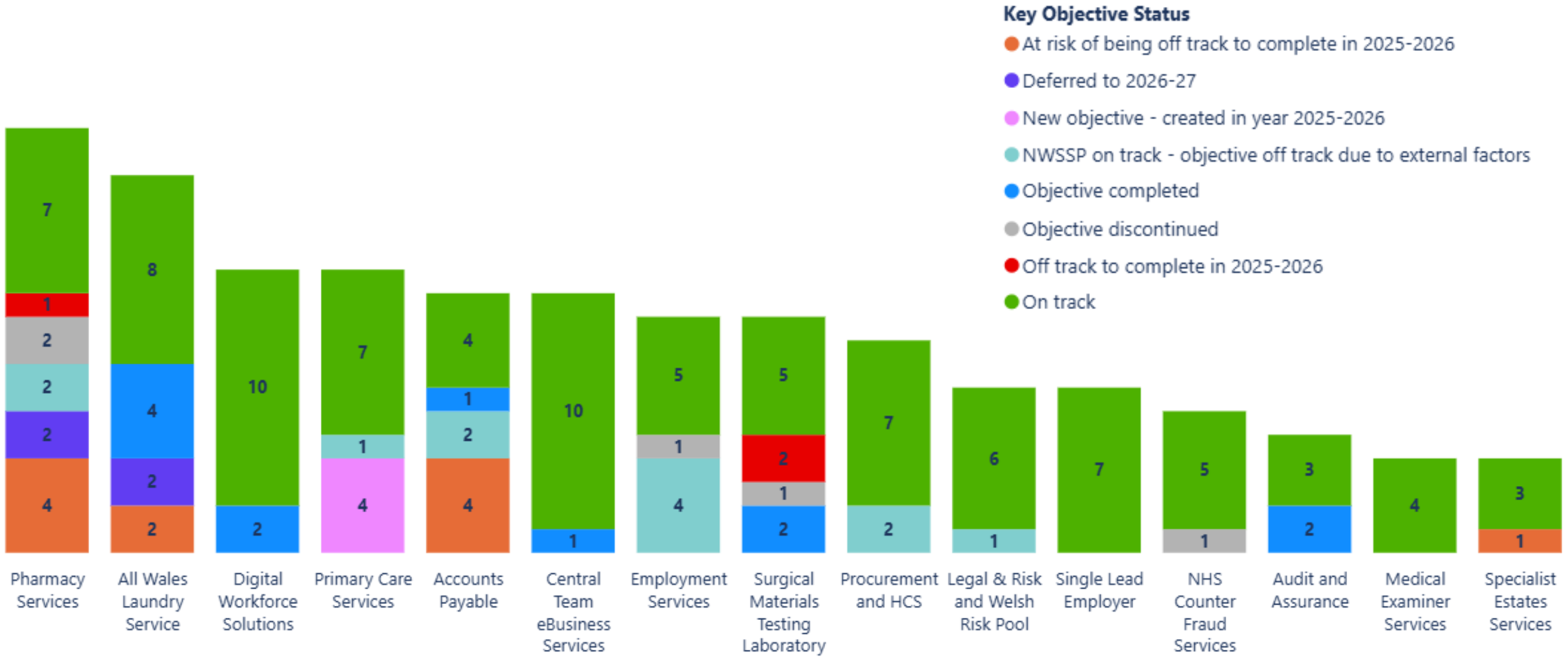
As highlighted in our IMTP our overarching principles for 2025-26 were:

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

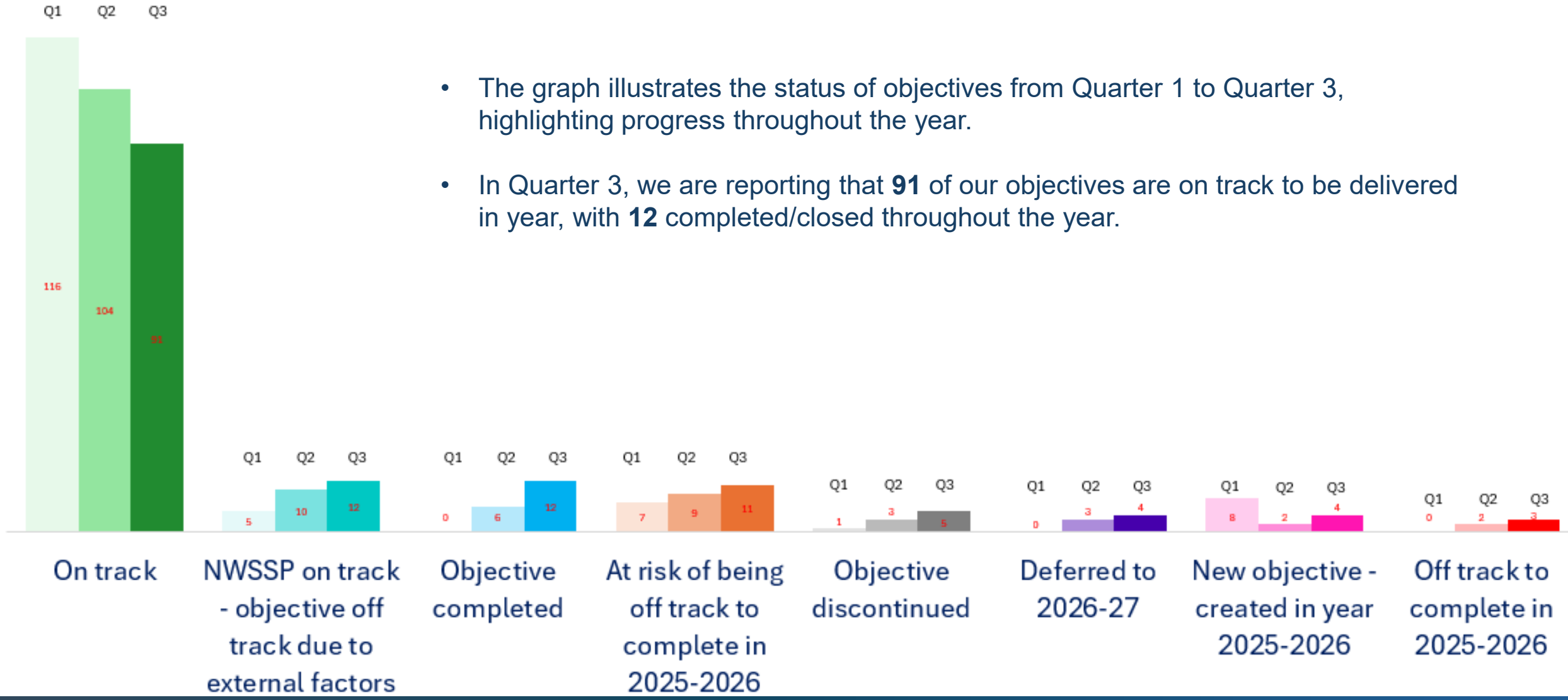


Divisional Progress

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



Quarter 3 Overview



- The graph illustrates the status of objectives from Quarter 1 to Quarter 3, highlighting progress throughout the year.
- In Quarter 3, we are reporting that **91** of our objectives are on track to be delivered in year, with **12** completed/closed throughout the year.

Divisional challenge areas

- **3** objectives are **off track to complete in 2025-26** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Pharmacy Services	At risk of being off track to complete in 2025-26	**TRAMS South West Hub development.**	The preferred site has been selected, but Cell Pathology is also interested in the site. No action can be taken until Cell Pathology selects its preferred site. We will continue to monitor sites for opportunities as well as await the outcome of the Cell Pathology selection.
Surgical Materials Testing Laboratory	At risk of being off track to complete in 2025-26	**Implement a new Laboratory Information Management System (LIMS) to modernise the system.**	Unable to finalise the report templates due to a significant change in layout required, and are awaiting final amendments to be made by Agaram. Worksheet approval is paused whilst an amendment is made to the Equipment database. The Training Database is ready for implementation in 2026. We will finalise the report output for all templates in Q4 and gain the approval of all remaining worksheets, with a site visit to be scheduled.
		Investigate expanding the range of biological test methods offered. Continuing the development of viral penetration testing and initiate validation of bacterial filtration efficacy testing.	Due to reduced staff, work hasn't continued as planned. However, additional staff should be available in February 2026, which will allow this objective to proceed.

Divisional challenge areas

- **11** objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Accounts Payable	On track	**Increase the number of suppliers using the new statement reconciliation software to 600 suppliers. Review if suppliers who currently send their invoices directly to Health Organisations can utilise the new statement reconciliation software.**	Current focus is on the top 200 suppliers, and we continue to chase many of them for their statements. We expect the introduction of Contract Management to improve the regularity of statement submissions. However, as statement volumes increase, so will the issues to address and the need for dedicated resources. We will ensure all top 200 suppliers use the new software and work with Procurement to confirm they are contract managed.
	On track	**Implement a Portal in the Staff Benefits team for staff to utilise.**	Due to team reconfiguration and sickness, the development of the portal has been delayed. It is anticipated that this will be picked up in February 2026.
	On track	**Develop a training framework to enhance the current training provision for all Procurement and Accounts Payable staff relating to 'purchase-to-pay' to improve the customer experience resulting in a reduction in service desk calls.**	Procurement Buyer Oracle functionality training has been completed but is awaiting sign-off. All-Wales P2P webinars have been successfully delivered for Swansea Bay, Betsi Cadwaladr, and the Welsh Ambulance Service. In addition, focused receipting webinars for All-Wales users were scheduled and delivered in December. Accounts Payable Oracle functionality training content has also been finalised, though sign-off is pending, with the aim of obtaining approval in Q4, alongside the Procurement Buyer Oracle functionality training.
	New objective – created in year 2025-26	**To review the findings arising from the Accounts Payable Productivity pilot that was agreed by SLG in February. Build a productivity Dashboard working with the TMO**	Work is still ongoing with the build of the dashboard. The aim is to conclude in Q4 and extend it to the other Accounts Payable teams.

Divisional challenge areas

- **11** objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Pharmacy Services	At risk of being off track to complete in 2025-26	**Development and roll-out of electronic Pharmaceutical Quality System to support radiopharmacy and TrAMs.**	The validation of the ePQS has experienced delays due to staffing gaps. Documentation validation is now underway and is scheduled for completion in April 2026. The initiation of supplier templates was delayed as they were not provided in a timely manner. Asset validation has not yet commenced, as it is dependent on the completion of documentation validation, which is expected to start in March/April 2026. A quote has been obtained for additional supplier support, should it be required; this is currently under review and not yet approved. Upon successful execution (i.e., passing validation), this process will support the Radiopharmacy Quality System and facilitate information upload for commissioning.
	On track	**Transforming Access to Medicines (TRAMS) develop operational model for Radiopharmacy unit.**	The build is ongoing, with completion now expected by the end of March 2026. NHS Wales handover is planned for mid March for commissioning to start. Go-live is anticipated for early June 2026. Service implementation is progressing well, with many tasks completed. Final SLAs have been shared with Health Boards. Both build and implementation plans continue to be closely monitored for any slippage.
	At risk of being off track to complete in 2025-26	**TRAMS Digital System Project.**	We are continuing to explore the option of utilising Oracle through supplier Version 1. Following successful feasibility workshops, a Discovery exercise has started in early January and will run for up to nine weeks. This phase is critical to establish a fixed scope, costings, and a clear implementation plan, ensuring streamlined future stages. Several workshops and meetings will be scheduled throughout January and February 2026. Digital post has been included in the project's capital costs, and the JD has been matched and completed.

Divisional challenge areas

- **11** objectives are **at risk of being off track to complete in 2025-26** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Pharmacy Services	At risk of being off track to complete in 2025-26	**Development of the TRAMS Aseptic South East Hub.**	Work on the Full Business Case (FBC) is progressing, with Archus onboarded. The digital project remains in exception, but a discovery exercise plan has been developed with Version 1. A mature draft of the transition and capacity plan is ready, enabling work on the financial and economic case. The SE hub product scope has been agreed with VCC, and work continues on the clinical trial offering. Detailed design has been the main focus, with layout agreed with the cleanroom contractor, an equipment list generated, and updates to data sheets and URS planned. Timeline scrutiny continues to manage slippage and ensure accurate communication with Programme and Project Boards, with early indications suggesting submission to Welsh Government by June 2026, while seeking opportunities to pull the timeline back.
All Wales Laundry Services	On track	**Develop real-time monitoring systems for tracking energy usage across all utilities and major consumers.**	Due to staff absence, no progress was made in Quarter 3. Work will continue with sourcing and installing outstanding gas meters in Q4.
	At risk of being off track to complete in 2025-26	**Introduction of user linen segregation awareness training.**	Resources have been identified to progress this objective, with work expected to recommence in Quarter 4.
Specialist Estates Services	On track	**Provide Authorising Engineer capacity and resilience in the Engineering Team Decontamination section.**	Awaiting feedback from the Job Evaluation panel. Once received, it will go out to advert.

Divisional challenge areas

- **12** objectives are **off track due to external factors** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Accounts Payable	NWSSP on track – objective off track due to external factors	**Increase the number of invoices (transactions) processed via e-trading by 10%.**	Welsh Government and Basware are not engaging with NHS Wales, so there is no update on Smart PDF line-level development. Compliance for exchange suppliers has improved from 83.5% to 89.91% over the past year (previously 90.9% in September, impacted by PO outbound issues). Four suppliers have been engaged for EDI, with PEPPOL requested and in development. PEPPOL PO transmission between Aneurin Bevan and NHS Supply Chain is live, the first in Wales, with inbound e-invoicing testing pending. In Q3, one supplier (Williams Medical) was adopted via Basware. Key priorities include firming the timeline to test smart PDS invoices, increasing compliance to 95%, adopting two more suppliers, and testing PEPPOL e-invoicing to go live in 2026.
	On track	**Develop improved communication methods to ensure information for customers and staff is managed, clear and accessible. To include reviewing the volume of service desk calls and analyzing feedback to identify and reduce sources of dissatisfaction.**	Procurement has not consistently adopted Action Point across Wales. A recent workshop to confirm IOH processes found the process correct, but services must provide more detailed call information, which is now complete. Resource constraints appear to impact call management. SharePoint support pages are now embedded in all iProcurement homepages, though AB remains restricted to its Health Board. The next phase will remove outdated information and ensure Procurement updates SharePoint with accurate content. The targeted 15% reduction in service desk calls was not achieved and remains consistent. Key actions include agreeing a consistent approach with Procurement for Action Point calls, rolling out IOH workshops to local teams, request health organisations to remove NWSSP support information from internal sites, add bespoke processes to the P2P Hub, and increasing webinars for user engagement.

Divisional challenge areas

- **12** objectives are **off track due to external factors** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Employment Services	NWSSP on track – objective off track due to external factors	**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.**	The agreed December 2025 deployment has not occurred and is currently pending a decision from SBUHB. This delay in onboarding SBUHB continues to impact the design of scripts and the overall pension digital transformation workplan. We will continue to engage and monitor progress with SBUHB as the outcome of the SBUHB deployment will be critical in determining a revised timeline for Power Automate script implementation and the pension digital transformation programme.
	NWSSP on track – objective off track due to external factors	**Implement the All Wales Staff Benefits Programme.**	The proposed NWSSP model has been outlined to Health Boards (HBs). Engagement on transitioning to this model cannot begin until either a confirmed commitment is received from the HBs, or a national policy position is established. The Division will re-engage with HBs in early Q4 to progress discussions.
	On track	**Prepare for the implementation of the Electronic Staff Record (ESR) replacement in 2027-30.**	Attendance at strategy oversight sessions and individual workshops has enabled the Division to communicate essential functionality requirements, ensuring continuity of business for NHS Wales. As detailed functionality has matured, several gaps in legacy critical pathways have been identified. These gaps are now reflected in the Division's Risk Register. We will continue to monitor progress against the program timeline.
	NWSSP on track – objective off track due to external factors	**In line with the National Workforce Implementation Plan, we will support the development of NHS Wales Volunteers.**	Due to resource constraints and some minor technical challenges, progress has been delayed. The NHS Wales Volunteering Standards have been collaboratively developed with Health Board Network representatives and are now being implemented. The revised rollout to early adopters takes into account each Health Board's volunteering capacity and onboarding commitments. We will begin evaluating the implementation process and capturing lessons learned to inform future improvements. Additionally, we will determine the most appropriate procurement route to support the Ministerial briefing and secure ongoing funding commitments from Welsh Government.

Divisional challenge areas

- **12** objectives are **off track due to external factors** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Legal & Risk and Welsh Risk Pool	On track	**Continue the design, implementation, evaluation and analysis of the impact of Safety & Learning programmes, with a focus on maternity & neonatal services.**	Data collection for V&A is complete, and analysis is underway. The PROMPT Wales annual report has been published. A Kirkpatrick evaluation has commenced for PROMPT Wales 2025/26, focusing on attitudes toward safety and procedural compliance. Additionally, MoNET Wales feedback has been analysed, and scenarios for Year 2 have been developed. The WRP leadership team will pursue funding options for MoNET Wales or close the programme from the end of the financial year if funding cannot be obtained despite the success of the programme.
Pharmacy Services	Off track to complete in 2025-26	**Ongoing All Wales assessment and management of unlicensed medicines.**	Contract adjudication for imports and specials has been completed. The delay in obtaining Welsh Government (WG) approval has now been resolved. Work is ongoing to assess unlicensed liquid formulations in collaboration with the paediatric clinical team at CAV, prior to adjudication. In Q4 we plan to complete clinical assessment of unlicensed liquids.
	Off track to complete in 2025-26	**Set up a national homecare medicines delivery service based on outcomes from 2024-25.**	Ongoing delays in developing the homecare business case due to uncertainties around NWSSP hosting. An internal NWSSP meeting will be convened, with a seconded staff member now in place.

Divisional challenge areas

- **12** objectives are **off track due to external factors** at the end of Quarter 3.

Division	Status in Q2	Desired Objectives	Targeted Action for Q4
Primary Care Services	NWSSP on track – objective off track due to external factors	**Implement the NWSSP components of the national Electronic Prescription Services Programme with Digital Health and Care Wales (DHCW).**	Dispensing Doctors assurance testing has not yet commenced, as a suitable dispensing doctor clinical system has not been made available by Digital Health and Care Wales to support testing. Review activity has commenced with TMO; and, analysis is ongoing.
Procurement and HCS	On track	**Improve Supply Chain, Logistics and Transport operations and infrastructure at all sites to reduce carbon emissions.**	Implementation of works at DNB and Matrix has taken place and the completion of the Strategic Outline Business Case. The success criteria is dependent on Welsh Government Capital Funding, which has not yet been made available. This lack of funding is preventing full implementation of the requirement.
	NWSSP on track – objective off track due to external factors	**Develop a Strategic Fleet Replacement Programme and Strategic Outline Business Case for next 10 years, together with annual BJC for Capital Funding**	The Strategic Outline Business Case is finalised and approved by SSPC and Velindre Board. We are awaiting approval from Welsh Government. We will seek this approval in Q4.

Divisional challenge areas

- **2** objectives have been **discontinued** at the end of Quarter 3.

Division	Desired Objectives	Reason for discontinuation
NHS Counter Fraud Services	**Explore the provision of Specialist Financial Investigation Services to other public sector services in Wales.**	Decision was made that this proposal is not viable with existing AFI and FIO resources and legislation limitations.
Surgical Materials Testing Laboratory	**Explore the possibility of adding the American Society for Testing and Materials (ASTM) physical glove methods to our testing schedule.**	Unable to carry out any testing due to the additional piece of equipment needed. Due to the cost of the additional equipment, we are not planning on pulling this through to next year. We do recognise that we may be able to offer other parts of the ASTM glove tests.

- **1** objective has been **deferred to 2026-27** at the end of Quarter 3.

Division	Desired Objectives	Reason for deferral
All Wales Laundry Services	**Investigate options to help strengthen the Laundry Senior Management Team.**	Due to funding restraints, this objective is deferred to 2026/27.

Divisional challenge areas

- **4 new objectives for 2025-26** are the following.

Division	Desired Objectives
Primary Care Services	To deliver a consistent, efficient, and equitable national process for providing Gluten Free Subsidy Cards to eligible patients across Wales.
	Modernising Prescription Processing and Workforce Optimisation.
	To provide effective assurance and oversight that services are delivering against IMTP priorities and wider service delivery expectations, with clear visibility of performance, risks, and outcomes.
	Evaluating Digital Transformation to Shape the Future Workforce

Delivery achievements in Q3

With the growth in artificial intelligence (AI) tools, we have developed interim guidance to advise colleagues how to use these tools productively, securely and responsibly.

New memorandum signed between South Wales Police and NHS Counter Fraud Services Wales to prevent NHS Wales fraud. The memorandum is in place as a guide to effectively detect, investigate and ultimately prevent fraud within or against NHS Wales.

The NHS Business Service Authority recently announced its partnership and the award of a 15-year contract to Infosys to deliver the Future NHS Workforce Solution.
The programme is now moving from the Discovery & Procurement phase into the Foundational Readiness and Implementation phase.

Foundational Economy

Quarter 3, saw significant stakeholder engagement including presenting at the Spread and Scale Academy, Health Anchors Learning Network and, for the first time, the holding of a digital Sustainable Procurement Forum. These events provided the opportunity to give context, share the work of the team and seek stakeholder feedback.

The quarter also saw further engagement with Welsh Government and with the wider Welsh Public Sector on the statutory guidance and requirements of the Social Partnership and Public Procurement Act 2023, as well as the launch of the Welsh Themes and Outcomes measurement (TOMS) tool. Both of which will shape the collection and reporting of wider sustainability criteria in the future, with a further consultation closing in Quarter 4 to further refine this.

Quarter 3 provided the opportunity to present at the “Meet the Buyer” event in Llandudno. This enabled the team to engage directly with existing and new suppliers as well as provide guidance as to how to work with NWSSP and bid for future competitive tenders.

Additionally, there was continued engagement with procurement teams on targeted contracts, with a particular emphasis on refining procurement tools, inventions and approaches that can help deliver both Foundational Economy and Decarbonisation outcomes. Quarter 3 saw refinement of our Power BI dashboard, with the introduction of activity-based units of measurement, designed to track NHS Wales and organisational progress over time.

The teams focus remained on strengthening the quality and assurance of data related to NHS Wales supply chain expenditure. This encompassed both Foundational Economy and NHS Wales carbon footprint reporting and specifically the impact of NHS Wales procurement and purchasing activities.

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 3 – 2024 / 2025 - Expenditure

Quarter	Overall Spend	Welsh Spend	Percentage
Quarter 1	£1,263,289,036	£534,283,551	42.29%
Quarter 2	£1,221,010,532	£529,623,076	43.38%
Quarter 3	£1,330,947,534	£581,058,665	43.66%

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

Diversity, inclusion and foundational economy

- The refreshed PADR process has been launched with dedication awareness sessions for staff and a recording made available on SharePoint.
- An engagement plan for the Strategic Equality Plan which will replace the Diversity and Inclusion Action Plan is in place and sessions will take place in Q4.
- People and OD have commenced management of the EQIIA process.



Staff Wellbeing

- A pulse survey on time pressures, presenteeism and achieving healthy work life balance has been launched and will results will be explored in Q4.
- The Mental Health Achievements video was published in line with World Mental Health Day in October, marking 5 years since NWSSP became a Time to Change Pledged organisation.
- Menopause Guidance has been published as part of World Menopause Day, and awareness sessions have been delivered to staff.
- Options have been explored for both further financial well-being support and the introduction for a health and well-being quality mark.

People and Organisational Development – *Continued*

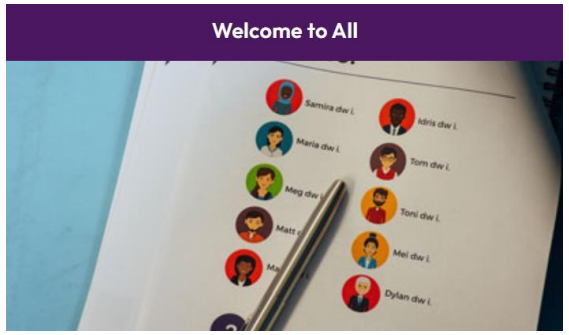
Speaking Up Safely

- The Resident Doctor Roadshow has commenced across NHS Wales sites with NWSSP Speaking up Safely leads attending events to speak to Resident Doctors about the new Working in Confidence platform and Speaking up Safely framework.

- Delivery of Speaking up Safely Training has been rolled out to internal networks, Champions and Ambassadors throughout the quarter. This training will be available on ESR for all staff to book and attend from Q4.

Welsh

- We have promoted Welsh language sessions with the Single Lead Employer and created a Welsh Language Champion role description. Five people have come forward to be Welsh Champions and create case studies of how they use Welsh in their roles.
- An all Wales Procurement Welsh Language Assessment Tool has been created and is currently in consultation with Procurement Leads across the NHS System and Welsh Language Leads in Health Boards.
- The Centre for Learn Welsh have agreed to fund NWSSP staff and SLE learning hours to support learning and increasing confidence using Welsh at work, once the Welsh Language Policy has been through Policy Group, SLG and LPF.



Progress against key focus areas

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

- Planning is underway for an international medical recruitment event in late January and early February 2026, targeting psychiatry and general specialties across Delhi and Kochi, with an anticipated intake of 25–40 doctors.
- Welsh Government has confirmed funding rollover into 2026/27, aiming to recruit within the first two quarters; NHS Wales organisations have been asked to submit updated forecasts by 31 December for a report to be submitted to Welsh Government for the Cabinet briefing in early January.
- Two Emergency Medical Retrieval & Transfer Service ACCTS candidates are fully compliant and due to arrive in 2026, alongside a Ministry of Defence (MOD) candidate who has started in January and a Jamaican candidate joining in Q1 2026; engagement with Cardiff and Vale and Shared Services continues, with the Memorandum of Understanding awaiting MOD confirmation.
- General Medical Council audit for international recruitment was approved this quarter, maintaining sponsorship status.

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

- The Digital Strategy refresh process has commenced with a Senior Leadership workshop and engagement with key stakeholders.
- Refreshing the digital strategy will reflect current and future business needs, aligning resources to maintain focus on organisational priorities.
- Development of the Procurement CMS app has commenced, with assessment of the call-off process ongoing and will be accessed based on the successful delivery of the Procurement CMS app.
- Creating a model for migration to the cloud of in-house hosted solutions that includes financial profiling, patterns and practices has been deferred to 2026-27 due to competing priorities.

Progress against key focus areas

Electronic prescribing services – *supporting sustainable service delivery within community pharmacies*

- Dispensing Doctors assurance testing is on hold as Digital Health and Care Wales has not yet provided a suitable clinical system to enable testing.
- Review activity with TMO of resource efficiencies achieved through reimbursement automation has started and is progressing.

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

- Addaven and Peditrace manufacturing now fully operational, producing two batches of each per week.
- Staff training and transition plan for radiopharmacy now in place and progressing.
- MS licence updated to include microbiology laboratory.

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

- Responsibility for developing a national digital strategy for eye care in Wales has now transferred to Primary Care Services.
  A paper outlining the proposed approach has been prepared and shared with the Chair and Vice Chair. It has also been presented to the IT Digital and Data Subgroup and will be submitted to the Eye Care Wales Committee for ratification in April.

Conclusion and Recommendations

- 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 3 and will continue focusing on targeted actions as we move into Quarter 4.
- We ask Partnership Committee to note the contents of the report.
- Partnership Committee are asked to feedback any comments regarding the Quarter 3 report before submission to WG.

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GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** 19 March 2026

The report is not Exempt
Teitl yr Adroddiad/Title of Report
NWSSP Corporate Risk Register Update – March 2026

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Pwrpas yr Adroddiad: Purpose of the Report:
To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.

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

Ymgynghoriad/Consultation:
The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. NWSSP Audit Committee receive the NWSSP Corporate Risk Register at each meeting. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

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

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd / Duty of Quality:	Access to the new Heath and Care Quality Standards can be obtained from the following link: Duty of Quality (sharepoint.com). These Standards drive the approach that we take to making decisions in our work, through embedding the Duty of Quality.
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE
MARCH 2026

1. INTRODUCTION

Since the Shared Services Partnership Committee meeting on 22 January 2026, several changes have been made to the NWSSP Corporate Risk Register, as outlined below.

The NWSSP Corporate Risk Register is presented at **Appendix 1,** for information.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

Current Risk Rating	March 2026
Red Risk	6
Amber Risk	11
Yellow Risk	3
Green Risk	0
Total	**20**

Red-rated Risks

There are currently **six** red risks captured under the Risks for Action section, which are outlined below:

1. 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);

2. the risk that there may be disruption to the supply of pharmaceuticals caused by external factors, resulting in significant restrictions to provision (A4b);

3. the threat to patient services if the planned developments of the Radiopharmacy and Transforming Access to Medicines Services (TrAMS) hub is not allowed to progress, due to funding or planning limitations (A10);

4. the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges (A14);

5. the challenges in scaling support for the Future Workforce Solution rollout (replacement of ESR), risks from limited user organisation capacity that may hinder implementation success, and uncertainties around contract management and funding that require clarification from Welsh Government colleagues (A15); and

6. the reputational risk for NWSSP regarding the forecast accuracy for the Welsh Risk Pool (A17).

Newly Escalated Risks

Since the last meeting, **one** risk has emerged within this category. Risk A19 has been escalated to the Risks for Action section and relates to NWSSP's facilitation of the implementation of the new Resident Doctor terms and conditions. However, due to the controls and plans in place the risk is currently assessed as an amber (9).

Revised Target Deadlines

Since the last Committee meeting in January 2026, there are a number of changes to report target dates, these are as follows:

- Risk A5a and Ab: the target date has been extended from 28 February 2026 to 31 March 2026.
- Risk A16: the target date has been extended from 1 March 2026 to 27 March 2026.
- Risk A18: the target date has been extended from January to 28 February 2026.

Risks at Target

Currently, there are **eight** Risks for Action at their target level.

Risk Trends

Since the last meeting, there have been no change to risk trends to bring to the Committee's attention.

3. RISKS FOR MONITORING

Five risks remain stable, with progress updates provided where applicable. These continue to be monitored through the NWSSP Corporate Risk Register to ensure appropriate oversight. Additionally, the score for Risk M5 has reduced from an amber (12) to a yellow (6) as winter pressures have eased, supported by established business continuity arrangements that have ensured ongoing service continuity.

Current Risk Rating	March 2026
Red Risk	0
Amber Risk	1
Yellow Risk	4
Green Risk	0
Total	**5**

Newly Escalated Risks

There are no updates to report under this category.

4. RECOMMENDATION

- The Committee is asked to **NOTE** the updates outlined above to the NWSSP Corporate Risk Register.

NWSSP Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	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. **Strategic Objective - Service Development**	5	5	25	Cyber Security Action Protocol Business Continuity Planning (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 attended 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. The 2025/26 CAF audit has been received and reported to SLG with a plan to implement all recommendations. Additional communications were sent to al staff regarding cyber security and the need to be professionally sceptical when received emails with links and/or attachments. **Risk Lead: Director of Planning, Performance and Informatics**	➔	**31/03/2026**
A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part. **Strategic Objective - Staff**	3	5	15	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. August 2025 Time to hire activity now shows NWSSP sitting at 52.1 days against a target of 71 days. There are still key areas where there needs to be a focus on recruitment and recruitment methods, taking into consideration the candidate experience and the impact that can have on recruitment. November 2025 saw the refresh of the LPF Sub Group focussing on Attraction and Retention, which will work with colleagues across the organisation and implement best practice in these areas. **Risk Lead: Director People and Organisational Development and Employment Services**	➔	**At target**
A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services. **Strategic Objective - Services**	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. 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 Planning, Performance and Informatics and the Head of Emergency Preparedness led exercise Pegasus from NWSSP's perspective which tested pandemic preparedness.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. NWSSP was part of Operation Pegasus which took place Sept-Nov 2025. We are awaiting the external key findings and recommendations which will be reported in early 2026. **Risk Lead: Director of Planning, Performance and Informatics**	➔	**At target**

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A4a	There is a risk that disruption in the Personal Protective Equipment (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 working 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. This work will be completed as part of a tender exercise to determine which FFP3 products will be included in the stockpile for future use. A number of critical orders have now been placed in relation to the agreed stock holding limits; procurement arrangements are mostly in place. SLA with WG capturing resilience arrangements has been amended via CCN to include PPE responsibilities and reported to the SSPC in November 2025. Work ongoing with SMTL and Contractor to verify quality of face visor product. As a result the order for face visors is unable to be placed until the Contractor achieves the required regulatory conformance.	➔	**31/03/2026**
	Strategic Objective - Services									**Risk Lead: Director of Finance and Corporate Services and Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services**		
A4b	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular and ongoing monitoring of stock levels and supplier performance to identify risks early. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales. Contract reallocation, insofar as when awarded suppliers withdraw, the National Medicines Procurement Team reallocates contracts to alternative manufacturers able to supply. We have introduced and manage a contingency stockpile which is a controlled reserve of critical pharmaceutical products is maintained to mitigate short-term supply chain disruptions. Despite these measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. This risk has also been considered as part of overarching business continuity planning.	5	4	20	Whilst further actions remain limited at this time in terms of pharmaceuticals, largely due to the fact that NWSSP are dealing with global manufacturers and therefore, also subject to the geopolitical pressures and wider market forces, we will continue to conduct heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments. Despite the existing controls and mitigation measures, the risk remains high due to global market volatility, geopolitical pressures, and potential changes in trade tariffs. Continued visibility remains essential at this time.	➔	**31/03/2026**
	Strategic Objectives - Services									**Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical Services**		
A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the newly published 2025 NHS Wales SDP for Decarbonisation and associated Climate Adaptation planning measures. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Development of a new reporting format for monitoring progress against the updated SDP initiatives; followed by reporting of the risk through to the National Programme Board through the NWSSP CAP team. 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. Provision of Advice on governance for the climate adaptation workstream.	A new reporting arrangement and format is being developed for use with the updated SDP for decarbonisation. 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 mobilising to develop plans for progression and coordination of relevant national initiatives listed in the updated SDP. Draft organisation and governance arrangements have also been submitted to WG for Climate Adaptation for discussion / review. NWSSP have developed case studies for schemes and will use various forums (Estates, BELP, TAP etc) to promote wider application. NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored with no significant delays to report. Draft organisation and governance arrangements have been submitted to WG for Climate Adaptation for discussion / review.	➔	**31/03/2026**
	Strategic Objective - Service Development									**Risk Lead: Director of Specialist Estates Services**		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, updated SDP initiatives and associated climate Adaptation planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency. **Strategic Objective - Service Development**	4	4	16	NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and TMO Support in place. NWSSP DAP published and submitted to Welsh Government. Regular monitoring of progress against objectives is in place. Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024	3	4	12	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. A new Decarbonisation Action Plan will be developed in the coming months with estimated costs for inclusion in the 27/28 IMTP update. Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set. Following on from Risk Assessments in 2025, Adaptation Option appraisals and associated costs will be progressed and proposals submitted to WG by Dec 2026 (and inclusion of costs within the IMTP as appropriate). Preparation of Climate Adaptation Risk Assessments. Option appraisals and associated costs will take place for issue to WG by Dec 2026 (and inclusion of costs within the IMTP as appropriate). Progress on Decarbonisation Training in NWSSP to be monitored.	The following TEF funded schemes are being implemented over 2 financial years 25/26 - 26/27. a) Denbigh Stores RM PV and infra-red heating: On site and completion due Mar 26. b) Matrix House EV Charging & Infrastructure Upgrade: On site and completion due Mar 26. c) Waste Water Heat Reclaim Systems (GV,CV&YGC laundries): Final installation at YGC is scheduled for completion 20 Feb 26. Work has now commenced on oversheeting the roof at IP5 and should complete in July 2026. Research will now commence on potential for incremental roof mounted PV development. Welsh Government has approved funds for completion of the roof overlay and insulation works at IP5 - it is anticipated that works will be completed between February- July 2026. Work can now progress on research and planning for incremental roof mounted PV development. NWSSP CAP team are leading development of plans for progression of organisation specific NWSSP obligations as listed in the SDP. The Climate Adaptation risk assessment was completed in December 2025 and following Programme Board and SLT approval was issued to WG. A process of option generation and appraisal will take place iin coming months for submission to WG in Dec 2026. Progress on implementation of Decarbonisation Training is being monitored as appropriate. **Risk Lead: Director of Specialist Estates Services**	➔	**31/03/2026**
A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services. **Strategic Objective - Services**	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. There may be ongoing work in relation to the committee style review that Welsh Government set up, to capture issues that weren't covered by the main UK Public Inquiry. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. A motion to dissolve the Wales COVID-19 Inquiry Special Purpose Committee was made on 8 October 2025. However, pending the outcome of the Senedd elections in May 2026, this position may change significantly dependent upon the elected party and their associated manifesto / policies. **Risk Lead: Director of Finance and Corporate Services**	➔	**At target**
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2025-2028 IMTP. **Strategic Objective - Services**	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 & Q3 JET meetings have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. We received the IMTP response letter from Welsh Government during the summer. Our financial performance to the end of Q3 provides assurance of achievement of our financial plan. Pay award funding for 2024/25 and 2025/26 has now been confirmed. We have confirmed a £6m savings distribution for 2025/26 to our partners due to the over-achievement of non-recurrent savings during the financial year. **Risk Lead: Director of Finance and Corporate Services**	➔	**31/03/2026**
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements. **Strategic Objective - Services**	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	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. **Risk Lead: Responsible Directors**	➔	**At target**
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: Information Governance Manager Information Governance Steering Group (IGSG) On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. More training is being arranged nationally. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning. Need to link to work on Cybersecurity and our supply chain.	➔	**At target**

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
	Strategic Objective: Services									**Risk Lead: Director of Finance and Corporate Services**		
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TrAMS service is not allowed to progress due to funding or planning limitations. **Strategic Objective - Services**	5	5	25	TrAMS Programme Board 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. Submission of South East Hub FBC to Welsh Government is anticipated July 2026, this will determine any funding limitations to the TrAMs hub service.	The format and timeframes for the TrAMS Outline Business Case (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 VCC that we are aware of. Good progress was made on the 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, CTMUHB, CAVUHB 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. Current forecast is for "power on" 16/1/26, Practical Completion 30/1/26, Handover following contractor validation (IQ/OQ) 27/2/26, and delivery of all documentation deliverables by 13/3/26, when the project is forecast to close. South East Radiopharmacy is nearing build completion, Contractor Validation (IQ/OQ) is anticipated in March 2026, and NHS Validation (PQ) in April 26, leading to a phased service Go Live from June 2026 – August 2026. A workforce training and deployment plan has been prepared to support go live. SLAs to confirm 2026/7 costs have been circulated in February 2026 to relevant organisations to be presented to SSPC on 19 March 2026. North and South West projects have been mobilised in February 2026, with dedicated Project teams to further reduce the risk of poor hub service progression. **Risk Lead: Director of Pharmacy Technical Services**	→	**31/03/2026**
A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services. **Strategic Objective: Services**	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions Business Continuity 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 June 2024) 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. Mass Causalities Management Report was presented to SLG in November 2025. **Risk Lead: Director of Planning, Performance and Informatics**	→	**At target**
A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities. **Strategic Objective - Service Development**	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group (CPG) supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement have been able to commence earlier in the financial year. Head of Facilities and Estates started on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.	NWSSP Capital Prioritisation Group will continue to refine the internal arrangements. The Capital Financial Control Procedure was approved by Audit Committee in May 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. A number of schemes were submitted before end of September and additional funding of £1.327m for 2025/26 has now been confirmed. Funding for the IP5 roof business case was approved by Welsh Government in December for £3.134m, with £1.500m approved for 2025/26. The Fleet BJC has now been approved for funding in 2026/27. In the Feb capital meeting with Welsh Government further discussions were had on year end flexibility and provision of funding across into 2026/27 for Power Resilience at IP5, Radio Pharmacy and SE TrAMS Hub schemes. **Risk Lead: Director of Finance and Corporate Services**	→	**31/03/2026**
A13	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. **Escalated Divisional/Programme Risk**	4	4	16	Lease extended by 1 year for HQ with approval now being sought to extend for a further 5 years from January 2026. 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.	2	4	8	Discussions with the HQ landlord have progressed and a new lease approved from January 2026 for 5 years with a tenant only break -clause after 3 years. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo. Heads of terms have now been received and a project for next steps beyond CoHo arrangements being kicked off.	CoHo lease extensions were approved by the SSPC and Trust Board in January 2026. The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. This will be considered by the SSPC and Trust Board in January 2026. The anticipated savings for the new arrangements had been £200k but the actual savings have been £183k so a cost pressure to be met from savings elsewhere. This provides a medium term solution in line with our future business need and agile working arrangements and the Head of Estates and Facilities will commence a project to look at options for the medium term. **Risk Lead: Director of Finance and Corporate Services**	↓	**At target**

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A14	The planned development of the TrAMS Pharmacy Service is adversely impacted due to financial and staffing challenges. Health Boards and Trusts may not approve the revenue funding required to resource the service, leading to Business Cases not being approved by SSPC and Welsh Government. Possible downstream impacts on supply of medicine to patients if the go live of the facility is delayed.	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	Business Case drafts to be shared within reference groups in advance of formal approvals. Basis of data and calculations to be transparent based on recognised data sets. Summaries of each table split by organisation will be provided. Learning and feedback points to be captured and carried forward from one Business Case to the next. Shared learning sessions are being held between Project Managers working on different projects in the programme. Ensure contractor deliverable drafts are reviewed by Project Team prior to wider issue.	Radiopharmacy BJC approved by SSPC July 2024 and Cabinet Secretary February 2025. South East(SE) Hub OBC approved by SSPC July 2025 and Cabinet Secretary September 2025. Current focus is preparation of the SE Hub FBC. Preparatory work is ongoing for the North and South West Projects, to reduce risk of Business Case approvals.	→	**31/03/2026**
	Escalated Divisional Risk									**Risk Lead: Director of Pharmacy Technical Services**		
A15	There is a risk that NWSSP is not adequately prepared to support the roll out of the Future Workforce Solution (replacement for ESR) with the ability to quickly scale support services and to react to a rapid demand for services from both the NHSBSA and NHS Wales organisations. There is also a secondary risk in user organisation capacity and capability resulting in sub-optimal implementations and or extended timescales and reduced benefits; suggesting a requirement for central specialised implementation support team. Finally, there is a risk to a potential requirement for contract management and subsequent funding arrangements, which require further clarification from WG colleagues.	4	5	20	Informed by the preferred bidder, the NHSBSA included the cost of resource that each user organisation will need to prepare for and support the transition to the FWS within the FBC. Final costs included are the top of band A4C and equate to 3 FTE additional resources per organisation for a number of months (based on the size of organisation and complexity of delivery required) to cover project and change management for each User Organisation. This totals £89.2m within the FBC, however it remains unclear what proportion of this is allocated to NHS Wales. NWSSP is represented at the Future Workforce Solution Transformation Programme Board, CEO Board and Advisory Board to receive early indication of emerging risks and response requirements. Regular meetings in place with NHSBSA SLT. Draft Programme and Resource Plan in place. Regular liaison with Welsh Government also noted in JET meetings. IMTP objective and is scrutinised via quarterly review process Wales Steering group established reporting via SSPC, WODs and DoFs.	4	4	16	Discussions with WG regarding proposed central implementation team. Continue discussions and develop collaboration agreement between NHSBSA and NWSSP on behalf of NHS Wales. Finance meeting with WG Continue meetings with NHSBSA SLT to further inform and finalise Implementation & Resource plan Develop and agree communication plan for NHS Wales organisations. Review of existing organisation resources; both insitu and required to deliver the FWS.	Resource and Implementation proposal prepared and submitted to WG 10/11/25 Meetings between WG & NHSBSA arranged and scheduled for November 2025. Collaboration agreement in draft. To be finalised and ratified via NHS Wales Governance structure prior to submission to the NHSBSA. Review of organisation structures underway.	→	**April 2026 to support Early Adopter Organisations** **Programme completion date 2030.** **Interim target milestones TBC**
	Escalated Divisional Risk									**Risk Lead: Director of People, Organisational Development and Employment Services**		
A16	There is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by Health Boards to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles.	4	3	12	Working with colleagues across HEIW and HBs to highlight the issue and where applicable seek out additional vacancies for streamlining graduates. Communicating with students on the streamlining programme and providing additional support through the escalation process. HEIW established a Strategic Oversight Board with the aim of improving visibility and planning for the pipelines of students in the Education Commissioning system.	3	2	6	Heath Boards - Workforce, Nursing and Finance Directors to support HEIW and NWSSP on the Streamlining Programme and ensure that vacancies match commissioning numbers for nursing and midwifery.	The decision to proceed with 2026 Streamlining for N&M will be taken by the Strategic Oversight Board. NWSSP has submitted a proposal to EDON & WODs to delay the Summer 2026 Streamlining timeline. This adjustment will allow HB's to submit their vacancies by the 07.04.26. NWSSP will work with HEIW to secure the release of graduate numbers to HBs, enabling them to finalise the release of vacancies and prepare for the launch of Streamlining. The proposed go-live date for Students (N&M) is the 08.04.26.	→	**27/03/2026**
	Escalated Divisional Risk									**Risk Lead: Director of People, Organisational Development and Employment Services**		
A17	There is a reputational risk for NWSSP regarding the accuracy of the forecast for the Welsh Risk Pool which, if incorrect, could materially impact the financial position of NHS Wales Organisations due to the costs they are required to fund under the Risk Sharing agreement.	3	4	12	The Welsh Risk Pool forecast has historically been prepared using a forecasting model that utilises historic settlement trends. During 2025/26 it has been identified that the historic trends are not being reflected in current case settlements, with increasing case values and lump sum payments and a significant increase in the number of trials booked within the financial year. We are reviewing alternative methods to validate forecast and additional fields can now be reported on in the CMS to enable this. We monitor the forecast monthly in detail to enable early identification of any risk of forecast movements.	4	4	16	Work with FP&D data science team to facilitate additional insights into forecasting options they can support - project brief being prepared. Work with NHSR colleagues to understand their forecasting model in more detail. Monthly forecast meetings with senior LARS colleagues to ensure understanding of key cases, timings and values that will impact the forecast. Regular communications with DoFs & DDoFs on any risks to the forecast position	The maximum forecast for 2025/26 is £49m above the risk sharing expectations included in the planning assumptions for the financial year. Welsh Government have non-recurrently secured additional funding of £49m to fund this increased requirement in 2025/26. The initial forecast for 2026/27 that has been shared for 2026-29 planning assumptions has identified a further significant increase in the DEL expenditure from 2026/27. The forecast has been prepared with reference to the expected cashflows on the iCasework database and a revision to the historic forecasting model with reference to known/expected trial dates and the volumes and values of high values cases. We are working with the Financial Planning & Delivery Unit to review case settlement trends and values with a longer term aim to build to develop a model using data insights and intelligence to inform future forecasts. The initial forecast identifies that NHS Wales Organisations will need to fund £162m under the risk share in 2026/27 placing a significant financial burden on their financial plans. The 2025/26 forecast is £85m funded £36m from HBs/Trusts and £49m additional WG funding.	↑	**31/03/2027**
	Escalated Divisional Risk									**Risk Lead: Director of Legal & Risk Services & Director of Finance & Corporate Services**		
A18	The impending expiration of the Microsoft licensing agreement poses a strategic and financial risk, particularly for SMA and CODI applications (approx. 25,900 licences). Non-renewal or suboptimal licensing decisions could disrupt critical administrative processes.	3	4	12	Working with colleagues at DHCW on the contract renewal with particular emphasis on the impact of digital applications on reducing administration costs. Additionally presenting to Finance Directors across NHS Wales on the impact of digital applications on business efficiency and promoting the continuation of the MS 365 licence.	3	2	6	Regular updates from DHCW on contract negotiations with MS.	Contract negotiations between DHCW and Microsoft have progressed well. DHCW anticipate receiving the returned proposal w.c. 16.02.26. Once received, it will be shared with HB's for approval.	→	**At target**
	Escalated Divisional Risk									**Risk Lead: Director of Workforce, Organisational Development and Employment Services**		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
A19	Facilitating the Implementation of the new Resident Doctor terms and conditions. The contract will be phased over a two-year transition period with new starters, foundation doctors and doctors on unbanded rotas transitioning to new arrangements by August 2026. There is a risk that the volume of trainees and defined delivery timescales will prove challenging. Delivery is reliant on workflow arrangements and changes to digital software (some of which is pay impacting); which fall under the responsibility of external software suppliers.	5	4	20	NHS Wales Shared Services Partnership, NHS Wales Employers, and BMA Cymru Wales will work jointly on the implementation arrangements via the Single Lead Employer Model. Implementation Project Board will convene in early 2026 introducing both local and national task and finish groups. Appointment of Programme Manager in January 2026 and support provided by the TMO. Preparatory discussions held with software suppliers pre referendum. All Wales Medical Workforce Managers meeting will be used to mitigate risk around engagement. Run dual systems over the next 3 years so there will always be functionality in terms of how out of hours work and prospective cover will be managed through the use of the data sets.	3	3	9	Scope the impact of the contractual changes on trainees, employers and service providers (SLE/HEIW) on transition to the new arrangements. Develop, agree and implement workflow arrangements between software suppliers and users. Introduce arrangements to support the Guardian of Safe and Flexible Working. Develop and agree funding and financial flow arrangements. Develop a wide reaching communication & engagement strategy. Plan for data collection, management, migration. Work required by the payroll team in terms of liaising with IBM in uploading the new pay scales.	PID in development. Programme Manager to commence January 2026. NHSBSA / IBM / RL Datix informed of referendum outcome.	✱	**31/03/2026**
	Strategic Objective - Services									**Director of People, Organisational Development and Employment Services**		
	Risks for Monitoring											
M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation was provided to DoFs in October. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource when it goes live, hopefully in the calendar year.	➔	**For Monitoring**
	Strategic Objective - Value For Money									**Risk Lead: Director of Finance and Corporate Services**		
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities is exploring longer term storage solution for records currently in the CoHo. A project group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused as a consequence of the decision by UK government and Welsh government on retention requirements for potential future IBCA claims.. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Options for document storage preferably as part of PPE storage are being actively explored and will form part of IMTP for 2026-2029.	➔	**For Monitoring**
	Strategic Objective - Service Development									**Risk Lead: Director of Finance and Corporate Services**		
M3	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the NWSSP Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards.	➔	**For Monitoring**
										Risk Lead: Director of Finance and Corporate Services		
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 31 March 2025) 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**
	Strategic Objective - Service Development									**Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services**		

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 9 - DECEMBER 2025

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for December 2025 and should be read in conjunction with the Monitoring Return tables submitted for Month 9.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 9 is reported at break-even in line with our IMTP forecast.

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 movement on planned income generation and non-recurrent savings totalling £4.836m are reported primarily due to variable pay savings and ongoing high vacancies across our services. We are forecasting that, combined with the accounting gain we have included in our return from this month, these could reach £6.744m by the end of the financial year and we will utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding.

This enables us to increase our 2025/26 savings distribution to £6.000m which will be reported to the Shared Services Partnership Committee on 22nd January 2026. The Organisational shares of this distribution are per the table below and Organisations will be asked to invoice for their shares this month **(Action Point 8.1)**

Organisation	%	DISTRIBUTION £
Aneurin Bevan	9.85	591,000
Swansea Bay	8.80	528,000
Betsi Cadwaladr	11.98	718,800
Cardiff and Vale	10.49	629,400
Cwm Taf Morgannwg	10.60	636,000
Hywel Dda	7.77	466,200
Powys	1.95	117,000
Velindre	1.17	69,900
WAST	1.28	76,800
Public Health Wales	0.87	52,200
Welsh Government	35.25	2,114,700
Total	**100.00**	**6,000,000**

Our IMTP has identified additional recurrent savings in 2026/27 to eliminate the opening deficit position which is a result of the shortfall in funding of the Employers National Insurance contribution increase **(Action Point 8.2)**

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2025/26 is £882.162m. This is an increase from the £880.386m reported at Month 8 due to an increase in the GMPI forecast (£0.9m) and increased stores income in December (£0.8m).

- The GMPI forecast has increased by £0.9m in month primarily due to one case now estimated for settlement in 2025/26 at £1m more than was originally forecast. This has the impact of increasing the overall GMPI forecast to £23m against the £22m funding allocation. A detailed review of the forecast has been undertaken, and it is not expected to fluctuate significantly from this revised forecast, however there is always unpredictability in the claims settlement process and claimant preference for larger lump sums and lower PPOs can impact this **(Action Point 8.4)**

  The value of the GMPI income and expenditure forecast in our opening plan prepared in January 2025 was £12.5m – there were subsequent increases in the forecast in months 3, 5 and 7 then a decrease in month 8 followed by an increase in month 9 **(Action Plan 8.3)**

- The SLE pay and non-pay forecast totals £335.517m (£335.566m at Month 8) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TO
PAY	24.325	24.309	23.987	24.054	32.547	27.776	26.852	26.712	26.669	27.006	27.006	27.006	**31**
NON-PAY	1.316	1.239	1.273	1.367	1.472	1.411	2.005	1.371	1.649	1.360	1.360	1.445	**1**
TOTAL	**25.641**	**25.549**	**25.261**	**25.421**	**34.019**	**29.187**	**28.857**	**28.083**	**28.318**	**28.366**	**28.366**	**28.451**	**33**

The SLE 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.

- The new pharmacy rebate for Mounjaro has not entirely been phased into Month 12. The rebates commenced in September 2025, and the pharmacy rebate information is received a quarter in arrears. The September rebate is included in Month 9 and the estimates for the quarter 3 actuals and the quarter 4 accrual are included in Month 12 **(Action Point 8.5)**

- Non-cash charges of £6.453m continue to be included in the forecast based on the approved funding schemes submitted in the non-cash return in November. This includes the impact of the indexation adjustment.

- At Month 9 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation. We have reviewed the assumptions in our forecast and there are some one-off expenditure items for disposal and legal costs linked to PPE that we anticipate will be incurred in Quarter 4 which increase the monthly expenditure forecast above the run rates reported to date **(Action Point 8.6)**

  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 in September to review this credit note against cash funding received for provisions and a credit note for £5.420m was issued in early December.

- £116.731m income and expenditure is included to Month 9 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts. A step change is reported this month as the majority of the annual PPO payments are made in December each year.

  The full year WRP forecast in Table B continues to reflect the previously communicated best case forecast of £187.455m which aligns with the briefing paper that was circulated to Organisations. The income requirement under the risk sharing agreement for this forecast value is included in Table E1 to reflect the £78.020m forecast funding.

A review of the forecast in early January has identified movement on a number of cases during December. These movements are primarily due to receipt of additional evidence and/or Counsel advice impacting probabilities, forecast case values or the estimated timing of RTMs and/or case settlements. The overall impact of these known changes has amended the forecast range to £183.848m minimum to £194.591m maximum as noted in the table below and the £187.455m included in Table B continues to be within this range:

	M5 £m	M6 £m	M7 £m	M8 £m	M9 £m
DEL expenditure to date	41.999	46.329	**63.895**	**78.590**	**116.731**
Settled - awaiting payment	12.717	22.633	23.367	18.289	24.508
PPO's 2025/26	28.969	28.097	27.627	26.535	0.649
FORECAST AGREED COSTS	**83.686**	**97.059**	**114.889**	**123.414**	**141.888**
Settlement/Round Table Meeting in diary or offer made	71.015	70.594	49.608	37.503	27.645
FORECAST DEPENDENT UPON JSM/RTM	**154.700**	**167.653**	**164.497**	**160.917**	**169.533**
Highly likely but no offer/RTM yet	11.811	6.900	9.074	6.037	4.186
Personal Injury - estimate to March 26	2.042	1.750	1.458	1.167	0.875
Identified as potential settlements in 25/26	7.636	6.967	5.325	4.035	2.997
Estimate 40% of Probable claims <£200K	1.716	1.655	1.327	0.000	0.000
Estimate 40% of Certain claims <£200K	10.820	10.730	9.158	10.967	5.938
Managed Claims/Redress/Nosocomial/Other	4.345	3.724	3.104	2.483	1.862
TOTAL WRP FORECAST	**193.069**	**199.379**	**193.943**	**185.605**	**185.391**
Opportunities - linked to lower settlements/potential delays	-5.614	-5.100	0.000	-2.781	-1.543
Risks - linked to Lump sum/PPO & probability change	5.756	5.756	4.720	4.520	9.200
MINIMUM FORECAST (including opportunities)	**187.455**	**194.279**	**193.943**	**182.824**	**183.848**
MAXIMUM FORECAST (including potential risks)	**198.825**	**205.135**	**198.663**	**190.125**	**194.591**

The opportunities identified in the forecast relate to cases where solicitors have indicated that cases may settle for less than forecast or where delays may result meaning the case will no longer settle in 2025/26. The risks identified relate to two cases, one where the claimant preference for a lump sum or PPO settlement will not be confirmed until the RTM at the end of January and another case for £6.8m that may potentially have a RTM in April or May which would need to be accrued. If the maximum forecast was reached, the full £49m additional WRP funding secured will be utilised.

The table below notes the range of the forecast and the relevant funding contributions:

	2025/26 RSA%	RSA Requirement £m	Minimum Forecast £183.848m	Maximum Forecast £194.591m
Aneurin Bevan	18.22%	6.568		
Swansea Bay	13.97%	5.037		
Betsi Cadwaladr	21.00%	7.572		
Cardiff & Vale	16.76%	6.045		
Cwm Taf Morgannwg	14.60%	5.263		
Hywel Dda	10.03%	3.617		
Powys	2.12%	0.763		
Public Health Wales	0.64%	0.232		
Velindre	0.79%	0.284		
Welsh Ambulance	1.87%	0.674		
Welsh Government			38.357	49.100
	100.00%	**36.056**	**38.357**	**49.100**

The minimum forecast has increased by £1.024m between Month 8 and 9. The reasons for this are summarised in the table below **(c/f Action Point 7.1)**

	Number of cases	M8-9 movement £m
Variances from trend on <£200k cases		(3.268)
Adjustment to quantum	26	4.695
Increase in offer	1	0.132
Increase in probability of settlement	1	0.150
Interim payment - difference to value previously forecast	6	(0.224)
Case settlement will occur in 26/27	7	(1.844)
Case reinstated following offer	1	1.383
TOTAL MINIMUM FORECAST MOVEMENT	**42**	**1.024**

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income –the full year increase is primarily due to the increase in the stores income in December (£0.8m).
- Welsh Government Income – the in-month income increase is due to the rephasing of the profile of income linked to payments made in December for WRP, WIBSS and GMPI. The full year increase is primarily due to the increase in the GMPI forecast (£0.9m).
- Other income – the in-month reduction is due to a reprofile of income phasing for pharmacy rebates
- Provider Services – Non-Pay – the in-month increase is due to the net effect of the rephasing of expenditure for WIBSS and GMPI payments made in December, the increased stores issues and the reduction in the pharmacy rebate expenditure. The full year forecast increase is due to the GMPI forecast increase and increased stores issues
- Losses, Special Payments & Irrecoverable Debts – the in-month increase is due to the WRP payments varying from the straight-line forecast profile with no impact on the full year forecast.

Table B2 has been amended in Month 9 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 £6.000m 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 total £35.546m at Month 9 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.
    - £10.5m – 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.
    - £4m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues.
    - £4m – reduction in GMPI forecast from Month 7 due to a review of expected case settlement dates

2. Underlying Position (Table A1)

No changes have been made to Table A1 in Month 9

3. Risk Management (Table A2)

This table has been reviewed in Month 9 and the opportunity of additional savings has been removed following the increase in the savings forecast and distribution.

4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to report against.

5. Agency/Locum (Premium) Expenditure (Table B3 – Sections B & C)

We reported zero agency expenditure in Month 9 following the short-term additional need for HGV driver support that we identified earlier in the financial year.

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)

Variable pay increased in Month 9 to £0.283m and is above our previous forecast of £0.220m per month. This is due to additional overtime expenditure being incurred in December to cover a backlog of work that we anticipate will be required for the next few months and the forecast has been updated to reflect this.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

To month 9 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings of £5.051m largely due to the number of vacancies we are now holding as part of our 2026/27 IMTP planning and saving assumptions and the additional controls we have implemented for variable pay.

We are reporting an under achievement of income generation of £0.215m in Month 9 in respect of a review of chargeable work in progress that we will invoice in our Legal & Risk department and the impact of lower income generation over the Christmas leave period.

We have included an identified accountancy gain of £0.444m in our forecast for Month 10 following a review of older creditor accruals that we will release.

We estimate the net impact of our forecast overachievement of savings, under achievement of income and accountancy gains will total £6.744m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall and the increased distribution of £6.000m to NHS Wales & Welsh Government will be reported to the January Shared Services Partnership Committee.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

A number of anticipated income items have been removed from the table this month to reflect the review of the forecast we have undertaken in early January or to update where confirmation of funding has been received. A number of items removed no longer require funding in 2025/26 and we can manage them within our forecast outturn non-recurrently, but they remain recurrent issues we are anticipating income for in our IMTP we need to resolve. These include ESR replacement implementation team, GMPI team and Medicines Value unit support.

9. Health Care Agreements and Major Contracts

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25th March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 31st December 2025 we had 1 invoice outstanding over 17 weeks, which was paid in early January **(Action Point 8.7)**

11. Cash Flow Forecast (Table G)

Not required for completion by NWSSP.

12. Public Sector Payment Policy Compliance (Table H)

This table is not required for NWSSP.

13. Capital Schemes and Other Developments (Tables I, J & K)

These tables have been completed based on our revised £11.372m Capital Expenditure Limit received on 9th January 2026.

This includes confirmation of funding for several year-end bids submitted which we are progressing to ensure delivery of the schemes 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 8 and 9 Financial Monitoring Return at the January Committee meeting.

16. Authorisation of Return



……

NEIL FROW
MANAGING DIRECTOR
NWSSP



……..

ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

14th January 2026

NHS Wales Shared Services Partnership **Period : Dec 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	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	3,020	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		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
12	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-215	0	-215	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	962	1,097	-135	-104
17	Additional In Year Identified Savings - Forecast	5,553	5,418	135	135
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	6,419	6,419		
20	In Year Accountancy Gains	444	444	0	0
21	Unplanned Spend Reductions	35,546	35,546	0	0
22	Unplanned Cost Pressures	-745	-1	-744	-775
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	-6,000	-6,000	0	0
26	NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	0	0		
27	Welsh Risk Pool Increase	-41,964	-41,964		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**960**	**-959**	**-744**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0
2	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-9,396
3	637	637	637	637	637	637	637	637	637	637	637	637	5,735
4													0
5												0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	2,266
7	155	155	155	155	155	155	155	156	155	156	155	156	1,397
8													0
9													0
10													0
11													0
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
13	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0
15	0	0	0	0	0	0	0	0	-215	0	0	0	-215
16	81	216	98	89	89	89	88	-15	57	58	58	57	790
17	502	339	505	486	503	477	509	575	363	416	417	458	4,261
18													0
19		-9,425	2,537	-2,055	-2,675	-2,503	-2,265	-3,032	-2,584	11,452	11,455	5,514	-22,002
20	0	0	0	0	0	0	0	0	0	444	0	0	0
21	0	7,675	-787	2,054	2,675	2,503	2,265	3,032	2,584	2,535	2,534	8,476	22,001
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-62	-62	-559
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	1,750	-1,750	0	-2,597	-504	-536	-498	-143	-855	-413	-455	-4,278
26	-583	583											0
27										-13,988	-13,988	-13,988	0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

NHS Wales Shared Services Partnership

Period : Dec 25

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / *YTD variance as %age of YTD*	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000		Full-Year Effect of Recurring Savings £'000
1	Pay	Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,711	2,280		0	0				
2		Actual/F'cast	672	613	675	656	673	647	679	641	535	587	589	626	5,791	7,593	76.27%	7,593	0	5,519	2,074	0	2,075
3		Variance	482	423	485	466	483	457	489	451	343	397	398	438	4,080	5,313	*238.42%*	7,593	0				
4	Non-Pay	Budget/Plan	62	62	62	62	62	62	62	61	60	61	61	63	555	740		740	0				
5		Actual/F'cast	163	194	180	171	171	171	171	170	137	138	138	140	1,526	1,942	78.57%	1,942	0	1,303	639	0	669
6		Variance	101	132	118	109	109	109	109	109	77	77	77	77	971	1,202	*175.15%*	1,202	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	252	252	252	252	252	252	252	251	252	251	252	251	2,266	3,020		740	0				
35		Actual/F'cast	835	807	855	827	844	818	850	811	672	725	727	766	7,317	9,535		9,535	0	6,822	2,713	0	2,744
36		Variance	583	555	603	575	592	566	598	560	420	474	475	515	5,051	6,515		8,795	0				
37	Variance in month		231.71%	220.59%	239.66%	228.14%	234.89%	224.57%	237.17%	223.07%	166.63%	188.81%	188.46%	205.12%	222.93%								
38	In month achievement against FY forecast		8.75%	8.46%	8.96%	8.67%	8.85%	8.58%	8.91%	8.50%	7.05%	7.60%	7.62%	8.03%									

NHS Wales Shared Services Partnership

Period : Dec 25

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,711	2,280	0	0			
2	Pay - General & Substantive	Actual/F'cast	672	613	356	612	575	530	588	509	535	538	540	536	4,990	6,604	6,604	0	4,530	2,074	2,075
3		Variance	482	423	166	422	385	340	398	319	343	348	349	348	3,279	4,324	6603.988784	0			
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5	Pay - Variable	Actual/F'cast	0	0	319	44	98	117	91	132	0	49	49	90	801	989	989	0	989	0	0
6		Variance	0	0	319	44	98	117	91	132	0	49	49	90	801	989	989	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Pay - Agency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,711	2,280	0	0			
11	Total	Actual/F'cast	672	613	675	656	673	647	679	641	535	587	589	626	5,791	7,593	7,593	0	5,519	2,074	2,075
12		Variance	482	423	485	466	483	457	489	451	343	397	398	438	4,080	5,313	7,593	0			

Table C2- V&S Saving Categories

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1		Budget/Plan		190	190	190	190	190	190	190	190	192	190	191	188	1,711	2,280
2	Workforce	Actual/F'cast		672	613	675	656	673	647	679	641	535	587	589	626	5,791	7,593
3		Variance		482	423	485	466	483	457	489	451	343	397	398	438	4,080	5,313
4		Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Medicines Management	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	62	61	60	61	61	63	555	740
8	Procurement & Non-pay	Actual/F'cast		163	194	180	171	171	171	171	170	137	138	138	140	1,526	1,942
9		Variance		101	132	118	109	109	109	109	109	77	77	77	77	971	1,202
10		Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC	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	Pathway	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	Other - Commissioning	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

WG Wales Shared Services Partnership

Dec 25

This Table is currently showing: 0 areas.

Table 2a - Revenue

	Activity	WP	Mgr	Lvl	Lvl	Hdg	Tbls	Acc	Accs	Mac	Lec	Vac	Ins	Total FTE	Full year forecast	Non Recurring	Recurring	Full Adjustment	Full year Effect
Service Delivery Area	Band 8 - Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Non Recurring Investment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Non Recurring Investment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Medicines	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Locums	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Clinical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Service Delivery Area	Band 8 - Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Non Recurring Investment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Non Recurring Investment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Medicines	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Locums	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Clinical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	Band 8 - Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Non Recurring Investment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Band 8 - Non Recurring Investment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Medicines	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Locums	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Clinical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Summary (all Forecast Month 0 & 12+ Year) (000's) - Service Delivery Area	Band 8 - Total	Band 8 - Non Recurring Investment	Band 8 - Other	Band 8 - Non Recurring Investment	Medicines	Locums	Clinical Supplies
0 Effective Areas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0 Ineffective Areas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0 Unknown Areas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	Band 8 - Total	Band 8 - Non Recurring Investment	Band 8 - Other	Band 8 - Non Recurring Investment	Medicines	Locums	Clinical Supplies
Effective Areas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ineffective Areas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unknown Areas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

| | Programme/Area | Schedule Project/Activity Title | Activities | Business Unit/Site | Redeploy To/Service Activities | Reinvestment (£), Post Reconfiguration | Justifications | Gross Annual Recurring Savings £'000s | Phase Out (Months) during Activities Ceased £'000s | Contract Year Commences (Month) | Date of Activity Ceasing (Month for Non-Pay Costs) | Reference Activities/Post No. (Month 1 or 0 for Pay, Qtr 1 for Non-Pay) | Recurrent CRL(Recurring Reference) using £'000s | Activity Start Date | Name Schedule Programme/Area and Owner | Activity To Be Ceasing | Service Area | NHSR Company (Oh not available) or Income Generate Activity | NHSR Level 2 (if used) | Schedule Type | Sept Plan £'000s | May Plan £'000s | June Plan £'000s | Jul Plan £'000s | Aug Plan £'000s | Sep Plan £'000s | Oct Plan £'000s | Nov Plan £'000s | Dec Plan £'000s | Jan Plan £'000s | Feb Plan £'000s | Mar Plan £'000s | Annual Plan £'000s | Jan Cost £'000s | Feb Cost £'000s | Mar Cost £'000s | Apr Cost £'000s | May Cost £'000s | Jun Cost £'000s | Jul Cost £'000s | Aug Cost £'000s | Sep Cost £'000s | Oct Cost £'000s | Nov Cost £'000s | Dec Cost £'000s | Jan Income £'000s | Feb Income £'000s | Mar Income £'000s | Apr Income £'000s | May Income £'000s | Jun Income £'000s | Jul Income £'000s | Aug Income £'000s | Sep Income £'000s | Oct Income £'000s | Nov Income £'000s | Dec Income £'000s | Total Income £'000s | Total Expenditure £'000s | Net Income £'000s | Full Effective Activity Ceased (Month) | Activities Ceased Reference | Pay Non-Pay |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 10 – JANUARY 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for January 2026 and should be read in conjunction with the Monitoring Return tables submitted for Month 10.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 10 is reported at break-even in line with our IMTP forecast.

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 movement on planned income generation, non-recurrent savings and an accountancy gain totalling £5.704m are reported primarily due to variable pay savings, ongoing high vacancies across our services and a release of non-pay accruals following a review. We continue to forecast that these will reach £6.744m by the end of the financial year and we will utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding. Your response regarding the identification, timing and reporting of future accountancy gains is noted **(Action Point 9.1)**

The additional savings achieved and forecast has enabled us to confirm our 2025/26 savings distribution of £6.000m which was reported to the Shared Services Partnership Committee on 22nd January 2026. Organisations have started invoicing to repatriate these savings to them per the table below, which remains in line with what was reported in our return last month **(c/f Action Point 8.1)**.

Organisation	%	DISTRIBUTION £
Aneurin Bevan	9.85	591,000
Swansea Bay	8.80	528,000
Betsi Cadwaladr	11.98	718,800
Cardiff and Vale	10.49	629,400
Cwm Taf Morgannwg	10.60	636,000
Hywel Dda	7.77	466,200
Powys	1.95	117,000
Velindre	1.17	69,900
WAST	1.28	76,800
Public Health Wales	0.87	52,200
Welsh Government	35.25	2,114,700
Total	**100.00**	**6,000,000**

Our IMTP has identified additional recurrent savings in 2026/27 to eliminate the opening underlying deficit position which is a result of the shortfall in funding of the Employers National Insurance contribution increase. These new savings have been identified as part of the planning cycle of savings schemes to be achieved in 2026/27 rather than being able to consider any more of the 2025/26 savings schemes as recurrent **(c/f Action Point 8.2)**

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2025/26 is £886.002m. This is an increase from the £882.162m reported at Month 9 due to inclusion of the latest ESR recharge forecast (£3.3m increase), an increase in forecast WIBSS expenditure (£1.2m) and AME income for asset derecognition (£0.5m). This is partially offset by reductions in income for stores recharges (£0.6m), SLE costs (£0.3m) and a reduction in the GMPI forecast (£0.2m).

- The SLE pay and non-pay forecast totals £335.237m (£335.517m at Month 9) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TO
PAY	24.325	24.309	23.987	24.054	32.547	27.776	26.852	26.712	26.669	26.670	27.005	27.005	**31**
NON-PAY	1.316	1.239	1.273	1.367	1.472	1.411	2.005	1.371	1.649	1.418	1.360	1.445	**1**
TOTAL	**25.641**	**25.549**	**25.261**	**25.421**	**34.019**	**29.187**	**28.857**	**28.083**	**28.318**	**28.088**	**28.365**	**28.450**	**33**

The SLE forecast will continue to vary over the last two months of the financial year with the February intake/rotation and payment of variable locum shifts to SLE trainees.

- The non-pay forecast for Month 12 has been reviewed and considered robust given the pharmacy rebate accrual that is made for two quarters in March. The increase between Months 11 and 12 non-pay expenditure is also reflected in the broadly similar step up in 'other income' as pharmacy rebates are only included as non-pay expenditure to repatriate the income accrued from pharmacy suppliers **(Action Point 9.2)**.

- Non-cash charges of £6.981m are now forecast with the inclusion of the additional AME funding for asset derecognition.

- At Month 10 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation with the continued expectation of one-off expenditure items that will be incurred in Quarter 4.

  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. As stocks have been issued and/or stock provisions funded with cash backing, the credit note has now been reduced to £12.117m.

- £140.855m income and expenditure is included to Month 10 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts.

  The full year WRP forecast in Table B continues to reflect the previously communicated best case forecast of £187.455m which aligns with the briefing paper that was circulated to Organisations. The income requirement under the risk sharing agreement for this forecast value is included in Table E1 to reflect the £78.020m forecast funding.

A review of the forecast in early February has identified movement on a number of cases during January. These movements are primarily due to receipt of additional evidence and/or Counsel advice impacting probabilities, forecast case values or the estimated timing of RTMs and/or case settlements. The overall impact of these known changes has amended the forecast range to £186.443m minimum to £188.416m maximum as noted in the table below and the £187.455m included in Table B continues to be within this range.

	M9 £m	M10 £m	Movement £m
DEL expenditure to date	**116.731**	**140.854**	**24.124**
Settled - awaiting payment	24.508	17.122	-7.386
PPO's 2025/26	0.649	0.315	-0.334
FORECAST AGREED COSTS	**141.888**	**158.291**	**16.403**
FORECAST DEPENDENT UPON JSM/RTM	**169.533**	**170.334**	**0.801**
TOTAL WRP FORECAST	**185.391**	**187.488**	**2.097**
Opportunities - linked to lower settlements/potential delays	-1.543	-1.045	0.499
Risks - linked to Lump sum/PPO & probability change	9.200	0.928	-8.272
MINIMUM FORECAST (including opportunities)	**183.848**	**186.443**	**2.595**
MAXIMUM FORECAST (including potential risks)	**194.591**	**188.416**	**-6.175**
Minimum additional funding required from £49m	**38.357**	**40.952**	
Maximum additional funding required from £49m	**49.100**	**42.925**	

The opportunity identified in the forecast relates to one case where solicitors have indicated that delays may result meaning the case will no longer settle in 2025/26. The risks identified relate to three cases, where we have identified that payments may need to be made in 2025/26 that were not originally forecast. If the maximum forecast is reached, this will require £42.925m of the £49m additional WRP funding secured.

We are reviewing cases forecast to settle in Quarter 1 2026/27 to identify if there are any further cases that may settle earlier than planned, which would then utilise more of the additional £49m funding available.

The minimum forecast has increased by £2.595m, and the maximum forecast decreased by £6.175m between Month 9 and 10. The reasons for this are summarised in the table below **(c/f Action Point 7.1)**

	Number of cases	M9-10 movement £m
Accelerated from 26/27	1	7.250
Amendment to offer value	1	(0.808)
Conversion from Possible in M10	2	1.116
Decrease in Quantum estimate	3	(1.032)
Delay to 26/27	15	(2.755)
Increase in Quantum estimate	3	0.474
Increased probability of settlement	1	0.203
Quantum adjustments on settlement	23	2.188
Reduced probability of IP payment	1	(0.150)
GMPI FLS recharge to M10		(1.352)
<£200K HB returns and differences to monthly trend		(2.539)
TOTAL MINIMUM FORECAST MOVEMENT	**50**	**2.595**

	Number of cases	M9-10 movement £m
Settlement finalised via Lump Sum & PPO	1	(2.400)
26/27 case accelerated - now in minimum forecast	1	(6.800)
Potential settlement now identified in 25/26	1	0.345
Offer now anticipated in 25/26	1	0.333
Potential interim payment if lose at liability trial	1	0.250
Movement of most likely forecast M9-10		2.097
TOTAL MAXIMUM FORECAST MOVEMENT	**5**	**(6.175)**

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income –the full year increase is due to the net effect of the increased income for ESR recharges and reductions in stores and SLE recharges.
- Welsh Government Income – the in-month income reduction is due to rephasing of WRP, WIBSS & GMPI payments, with the full year forecast increase due to the WIBSS forecast increasing and the AME income for the asset derecognition.
- Other income – the in-month reduction is due to a reprofile of income phasing for pharmacy rebates
- Provider Services – Non-Pay – the in-month decrease is due to the net effect of the rephasing of expenditure for WIBSS and GMPI payments and pharmacy rebates and a reduction in stores recharges. The full year increase is due to the increase in ESR recharges included in the forecast from this month.
- Losses, Special Payments & Irrecoverable Debts – the in-month increase is due to the WRP payments varying from the straight-line forecast profile with no impact on the full year forecast.

Table B2 has been amended in Month 10 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 £6.000m reflects the confirmed 2025/26 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 total £36.550m at Month 10 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.
    - £10.5m – 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.
    - £4m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues.
    - £4m – reduction in GMPI forecast from Month 7 due to a review of expected case settlement dates

2. Underlying Position (Table A1)

No changes have been made to Table A1 in Month 10

3. Risk Management (Table A2)

There are no further risks or opportunities to report.

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 £0.004m agency expenditure in Month 10 as part of the short-term additional need for HGV driver support that we identified earlier in the financial year.

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)

Variable pay reduced in Month 10 to £0.209m and is now more in line with our updated forecast of £0.220m per month. We anticipate the need for some additional overtime costs in February and our forecast has been updated to reflect this.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

To month 10 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings and the identification of an accountancy gain which combined total £5.704m. This is largely due to the number of vacancies we are now holding as part of our 2026/27 IMTP planning and saving assumptions and the additional controls we have implemented for variable pay.

We continue to estimate the net impact of our forecast overachievement of savings, under achievement of income and accountancy gains will total £6.744m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall. The increased distribution of £6.000m to NHS Wales & Welsh Government was reported to the January Shared Services Partnership Committee.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

A number of anticipated income items have been removed from the table this year to reflect the review of the forecast we have undertaken. A number of items removed no longer require funding in 2025/26 and we can manage them within our forecast outturn non-recurrently, but they remain recurrent issues we are anticipating income for in our IMTP we need to resolve. These include ESR replacement implementation team, GMPI team and Medicines Value unit support.

9. Health Care Agreements and Major Contracts

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25th March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 31st January 2026 we did not have any invoices outstanding over 17 weeks **(Action Point 9.3)**.

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 revised £11.848m Capital Expenditure Limit received on 9th February 2026.

This includes confirmation of funding for several year-end bids submitted which we are progressing to ensure delivery of the schemes within the financial year.

We have identified some underspends on the Radiopharmacy and South East TRAMS capital allocations and continue to liaise with Ian Gunney regarding the management of these.

14. IFRS 16 & CAME (Table Q)

This table has been updated with our latest forecast.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 10 and 11 Financial Monitoring Return at the March Committee meeting.

16. Authorisation of Return



……

NEIL FROW
MANAGING DIRECTOR
NWSSP



……..

ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

12th February 2026

NHS Wales Shared Services Partnership **Period : Jan 26**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	3,020	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		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
12	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-215	0	-215	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	962	1,097	-135	-104
17	Additional In Year Identified Savings - Forecast	5,553	5,418	135	135
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	5,413	5,413		
20	In Year Accountancy Gains	444	444	0	0
21	Unplanned Spend Reductions	36,550	36,550	0	0
22	Unplanned Cost Pressures	-744	0	-744	-775
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	-6,000	-6,000	0	0
26	NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	0	0		
27	Welsh Risk Pool Increase	-41,964	-41,964		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**959**	**-959**	**-744**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0
2	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-10,440
3	637	637	637	637	637	637	637	637	637	637	637	637	6,372
4													0
5												0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	2,517
7	155	155	155	155	155	155	155	156	155	156	155	156	1,553
8													0
9													0
10													0
11													0
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
13	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0
15	0	0	0	0	0	0	0	0	-215	0	0	0	-215
16	81	216	98	89	89	89	88	-15	57	58	58	57	848
17	502	339	505	486	503	477	509	575	363	366	463	462	4,628
18													0
19		-9,425	2,537	-2,055	-2,675	-2,503	-2,265	-3,032	-2,584	-3,540	18,449	12,507	-25,542
20	0	0	0	0	0	0	0	0	0	444	0	0	444
21	0	7,675	-787	2,054	2,675	2,503	2,265	3,032	2,584	3,539	2,534	8,476	25,540
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-62	-61	-621
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	1,750	-1,750	0	-2,597	-504	-536	-498	-143	-805	-459	-458	-5,083
26	-583	583											0
27											-20,982	-20,982	0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

NHS Wales Shared Services Partnership

Period : Jan 26

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1 Apr £000	2 May £000	3 Jun £000	4 Jul £000	5 Aug £000	6 Sep £000	7 Oct £000	8 Nov £000	9 Dec £000	10 Jan £000	11 Feb £000	12 Mar £000	Total YTD	Full-year forecast	YTD as %age of FY *YTD variance as %age of YTD*	Assessment Green £000	Assessment Amber £000	Full In-Year forecast non recurring £000	Full In-Year forecast recurring £000	Full-Year Effect of Recurring Savings £000
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,901	2,280		0	0			
2	Pay	Actual/F'cast	672	613	675	656	673	647	679	641	535	537	635	630	6,328	7,593	83.35%	7,593	0	5,519	2,074	0 2,075
3		Variance	482	423	485	466	483	457	489	451	343	347	444	442	4,427	5,313	*232.84%*	7,593	0			
4		Budget/Plan	62	62	62	62	62	62	62	61	60	61	61	63	616	740		740	0			
5	Non-Pay	Actual/F'cast	163	194	180	171	171	171	171	170	137	138	138	140	1,664	1,942	85.68%	1,942	0	1,303	639	0 669
6		Variance	101	132	118	109	109	109	109	109	77	77	77	77	1,048	1,202	*170.29%*	1,202	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11	Secondary Care Drugs	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14	CHC/FNC	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17	Primary Care Contractor	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Healthcare Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20	Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Non-healthcare Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23	Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
26	Other Private & Voluntary Sector	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
28		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29	Joint Financing & Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0 0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34		Budget/Plan	252	252	252	252	252	252	252	251	252	251	252	251	2,517	3,020		740	0			
35	Total	Actual/F'cast	835	807	855	827	844	818	850	811	672	675	773	770	7,992	9,535		9,535	0	6,822	2,713	0 2,744
36		Variance	583	555	603	575	592	566	598	560	420	424	521	519	5,475	6,515		8,795	0			
37	Variance in month		231.71%	220.59%	239.66%	228.14%	234.89%	224.57%	237.17%	223.07%	166.63%	168.89%	206.71%	206.72%	217.54%							
38	In month achievement against FY forecast		8.75%	8.46%	8.96%	8.67%	8.85%	8.58%	8.91%	8.50%	7.05%	7.08%	8.11%	8.07%								

NHS Wales Shared Services Partnership

Period : Jan 26

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £000	2 May £000	3 Jun £000	4 Jul £000	5 Aug £000	6 Sep £000	7 Oct £000	8 Nov £000	9 Dec £000	10 Jan £000	11 Feb £000	12 Mar £000	Total YTD	Full-year forecast	Assessment Green £000	Assessment Amber £000	Full In-Year forecast non recurring £000	Full In-Year forecast recurring £000	Full-Year Effect of Recurring Savings £000
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,901	2,280	0	0			
2	Pay - General & Substantive	Actual/F'cast	672	613	356	612	575	530	588	508	535	440	565	561	5,430	6,556	6,556	0	4,482	2,074	2,075
3		Variance	482	423	166	422	385	340	398	319	343	250	374	373	3,529	4,276	6555.988784	0			
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5	Pay - Variable	Actual/F'cast	0	0	319	44	98	117	91	132	0	97	70	69	898	1,037	1,037	0	1,037	0	0
6		Variance	0	0	319	44	98	117	91	132	0	97	70	69	898	1,037	1,037	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Pay - Agency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,901	2,280	0	0			
11	Total	Actual/F'cast	672	613	675	656	673	647	679	641	535	537	635	630	6,328	7,593	7,593	0	5,519	2,074	2,075
12		Variance	482	423	485	466	483	457	489	451	343	347	444	442	4,427	5,313	7,593	0			

Table C2- V&S Saving Categories

		Month	1 Apr £000	2 May £000	3 Jun £000	4 Jul £000	5 Aug £000	6 Sep £000	7 Oct £000	8 Nov £000	9 Dec £000	10 Jan £000	11 Feb £000	12 Mar £000	Total YTD	Full-year forecast
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	1,901	2,280
2	Workforce	Actual/F'cast	672	613	675	656	673	647	679	641	535	537	635	630	6,328	7,593
3		Variance	482	423	485	466	483	457	489	451	343	347	444	442	4,427	5,313
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Medicines Management	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	62	61	60	61	61	63	616	740
8	Procurement & Non-pay	Actual/F'cast	163	194	180	171	171	171	171	170	137	138	138	140	1,664	1,942
9		Variance	101	132	118	109	109	109	109	109	77	77	77	77	1,048	1,202
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC	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	Pathway	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	Other - Commissioning	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

Table 01: Header

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total FTE	Full year forecast	Non Recurring	Recurring	Full adjustment	Full year Effect
Budget — Band 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Budget - Band 3 and above	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Budget - Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual - Band 2 and below	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual - Band 3 and above	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual - Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Variance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Variance (Cumulative)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Budget — Band 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Budget - Band 3 and above	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Budget - Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual - Band 2 and below	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual - Band 3 and above	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual - Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Variance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Variance (Cumulative)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Summary (all Directorate Wide/Hr & Ops Apps) (2020/21 - 2024/25 Only)	Current Financial Year	Current Financial Year + 1	Current Financial Year + 2	Current Financial Year + 3	Current Financial Year + 4
Full Time Units (FTUs)	0.00	0.00	0.00	0.00	0.00
Funded Staff Cost	0.00	0.00	0.00	0.00	0.00
Non Pay Expenditure	0.00	0.00	0.00	0.00	0.00
Total Expenditure	0.00	0.00	0.00	0.00	0.00
Underwriting Income	0.00	0.00	0.00	0.00	0.00
Trading Profit	0.00	0.00	0.00	0.00	0.00
Trading Profit (£000s) (Excl. COVID)	0.00	0.00	0.00	0.00	0.00
Underlying Profit (Excl. COVID, Restructure & Severance)	0.00	0.00	0.00	0.00	0.00
Cumulative Underlying Profit (£000s)	0.00	0.00	0.00	0.00	0.00
Current Financial Support	0.00%	0.00%	0.00%	0.00%	0.00%
Future Year + 1 Financial Support	0.00%	0.00%	0.00%	0.00%	0.00%
Total	0.00%	0.00%	0.00%	0.00%	0.00%

| # | Project/Activity | Activity Project/Activity Title | Activities | Business Unit | Strategy To Which Activity Relates | Maintenance (M), Risk Reduction (RR) | Justification | Current Year Income (£'000s) | Plus FTE (Recurring Activities only) (£'000) | Current Year Overspend (£'000s) | Risk of Activity Delivery (Further Activities only) | Reference Activities Risk No. (Refer to Risk Tab, Col A) - At Least | Recurrent FTE (Recurring Activities only) (£'000) | Activity Start Date | Name Services Requirement is per/Given | Activity Ex Ante ranking | Service Area | NWSSP Company (Do not complete for Income Generation Activity) | NWSSP Level (1 or Level) | Activities Type | Year Plan (£'000) | Year Plan (£'000) | Less Plan (£'000) | Less Plan (£'000) | Less

NHS WALES SHARED SERVICES PARTNERSHIP
MONITORING RETURN COMMENTARY FOR PERIOD 11 – FEBRUARY 2026

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for February 2026 and should be read in conjunction with the Monitoring Return tables submitted for Month 11.

Overview of Performance and Financial Position

NWSSP's financial outturn for Month 11 is reported at break-even in line with our IMTP forecast.

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 movement on planned income generation, non-recurrent savings and an accountancy gain totalling £6.225m are reported primarily due to variable pay savings, ongoing high vacancies across our services and a release of non-pay accruals following a review. We continue to forecast that these will reach £6.744m by the end of the financial year and we will utilise £0.744m of these savings to cover the shortfall in Employer National Insurance funding.

The additional savings achieved and forecast enabled us to confirm our 2025/26 savings distribution of £6.000m. This was reported to the Shared Services Partnership Committee on 22nd January 2026, and Organisations are now invoicing us to receive their share of the savings distribution.

Further to our Touchpoint meeting on 12th February 2026, we have revisited the savings plans included within our IMTP. Due to the timing of the finalisation of our financial plan for Committee approval, some savings schemes were identified as new year savings rather than in-year savings schemes with a recurrent impact. This has been amended in Month 11 to eliminate the carry forward underlying deficit from our 2025/26 forecast. Our IMTP has also been updated accordingly to reflect the opening break-even underlying financial plan **(c/f Action Point 8.2)**

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2025/26 is £892.307m. This is an increase from the £886.002m reported at Month 10 primarily due to the increased WRP forecast (£7.1m) which will fully utilise the additional £49m funding available. There are other smaller movements in our income forecast including an increase in WIBSS income (£0.6m) due to 3 new interim compensation applications in month, a reduction in SLE income (£1.1m) following the February rotation and a reduction in stores income (£0.6m) due to reduced issues of stock in month.

- Notional pension adjustments are not included in the forecast

- The SLE pay and non-pay forecast totals £334.106m (£335.237m at Month 10) as detailed below.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TO
PAY	24.325	24.309	23.987	24.054	32.547	27.776	26.852	26.712	26.669	26.670	26.181	26.500	**31**
NON PAY	1.316	1.239	1.273	1.367	1.472	1.411	2.005	1.371	1.649	1.418	1.557	1.445	**1**
TOTAL	**25.641**	**25.549**	**25.261**	**25.421**	**34.019**	**29.187**	**28.857**	**28.083**	**28.318**	**28.088**	**27.738**	**27.945**	**33**

- An error was noted in the pay figures reported for Month 10, which has been corrected in Month 11 to ensure the correct cumulative figures are reported.

- Non-cash charges of £7.147m are now forecast which aligns with the final non-cash return submitted on 9th March 2026.

- At Month 11 we are continuing to report a break-even full year forecast against our Covid/Health Protection allocation with the continued expectation of one-off expenditure items that will be incurred in Month 12 primarily for disposal costs. We are reviewing PPE storage requirements for 2026/27 and have identified a need for additional storage with associated costs expected to exceed the funding included within our recurrent allocation. We will confirm this when the competitive exercise for external storage provision has been completed.

  We are also reviewing the residual volumes of flu vaccine that remain in stock to ensure these are correctly managed and the appropriate accounting treatment is followed.

  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. As stocks have

been issued and/or stock provisions funded with cash backing, the credit note has now been reduced to £12.117m.

- £155.333m income and expenditure is included to Month 11 in relation to the WRP DEL budget. This expenditure is reported separately on line 18 – Losses, Special Payments & Irrecoverable Debts.

  The full year WRP forecast in Table B has been increased to reflect our most recent forecast outturn of £194.587m. This includes the anticipated accruals that need to be made for the costs of settled cases and offers made. This requires additional funding of £49.096m above the £36.056m risk share adjustment recovered from Health Boards and Trusts. There continues to be several cases which will impact the expenditure that will be incurred/accrued in March. Our forecast range is £193.683m to £197.583m which would require additional funding of £48.192m-£52.092m. The maximum forecast range is unlikely to be reached based on the latest review of cases and anticipated accruals **(Action Point 10.1)**.

	M9 £m	M10 £m	M11 £m	Movement £m
DEL expenditure to date	**116.731**	**140.854**	**155.332**	**14.478**
Settled - awaiting payment	24.508	17.122	11.250	-5.872
PPO's 2025/26	0.649	0.315	0.070	-0.245
Settlement/Round Table Meeting in diary or offer made	27.645	12.043	26.085	14.041
Managed Claims/Redress/Nosocomial/Other	1.862	1.241	0.621	-0.621
TOTAL WRP FORECAST	**185.391**	**187.488**	**194.587**	**7.099**
Opportunities - linked to lower settlements/potential delays	-1.543	-1.045	-0.904	0.141
Risks - linked to Lump sum/PPO & probability change	9.200	0.928	2.996	2.068
MINIMUM FORECAST (including opportunities)	**183.848**	**186.443**	**193.683**	**7.240**
MAXIMUM FORECAST (including potential risks)	**194.591**	**188.416**	**197.583**	**9.167**
Minimum additional funding required from £49m	**38.357**	**40.952**	**48.192**	
Maximum additional funding required from £49m	**49.100**	**42.925**	**52.092**	

The opportunity identified in the forecast relates to the ongoing solicitor review of costs to be accrued for settled cases, which may be less than current estimates included in the forecast. The risks relate to the potential requirement to make an interim payment of £1.5m in March, a case with an RTM on 23rd March and the potential that the solicitor review of costs for settled cases may be more than currently included in the forecast.

The minimum forecast has increased by £7.240m, and the maximum forecast increased by £9.167m between Month 10 and 11. The reasons for this are summarised in the tables below

	Number of cases	M10-11 movement £m
Anticipated accrual for offers made	1	3.398
Anticipated costs accrual for settled cases	1	2.260
RTM confirmed	4	1.598
<£200K variance to trend	2	1.579
Increases in quantum estimates	2	1.440
Supreme court ruling - lost years	1	0.450
Interim Payment forecast amendment	17	0.396
Amendments to cost estimates	27	(0.088)
Adjustment after review of payments	1	(0.108)
PPO removal from quantum estimate	1	(0.486)
Decrease in quantum on settlement	6	(0.740)
Delay to 26/27	3	(0.896)
Amendment to offer value	7	(1.563)
TOTAL MINIMUM FORECAST MOVEMENT	**73**	**7.240**

	Number of cases	M10-11 movement £m
Costs accrual for settled cases is more than forecast		1.356
Potential settlements that may occur in March	1	(0.788)
Potential interim payments	1	1.500
Movement of most likely forecast M10-11		7.099
TOTAL MAXIMUM FORECAST MOVEMENT	**2**	**9.167**

Table B1 key movements identified are primarily due to:

- Welsh NHS LHB & Trust income –the in month and full year reduction is primarily due to the reduction in the SLE and stores income.
- Welsh Government Income – the in-month income reduction is due to rephasing of WRP, WIBSS & GMPI income linked to payments, with the full year forecast increase due to the increase in the WRP forecast (£7.1m) and the increase in the WIBSS forecast (£0.6m)
- Other income – the in-month reduction is due to a reprofile of income phasing for pharmacy rebates
- Provider Services – Pay – the in month and full year reduction is due to the reduction in actual SLE pay costs in February and the forecast reduction for March.
- Non-Pay – the in-month decrease is due to the net effect of the rephasing of expenditure for WIBSS and GMPI payments and pharmacy rebates and a reduction in stores recharges.

- Losses, Special Payments & Irrecoverable Debts – the in-month reduction is due to the WRP payments varying from the straight-line forecast profile. The full year forecast has increased due to the overall increase in the WRP forecast outturn reported this month.

Table B2 has been amended in Month 11 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 £6.000m reflects the confirmed 2025/26 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 total £38.383m at Month 11 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.
    - £11.5m – 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.
    - £5.5m – Stores issues – reduction in the forecast value of stores issues against the IMTP forecast based on 2024/25 issues.
    - £4m – reduction in GMPI forecast from Month 7 due to a review of expected case settlement dates

2. Underlying Position (Table A1)

This table has been amended in Month 11 to reflect the full year effect of recurring savings identified in 2025/26 which removes the previously reported underlying deficit.

3. Risk Management (Table A2)

There are no further risks or opportunities to report.

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 £0.001m agency expenditure in Month 11 which relates to the short-term additional need for HGV driver support that we identified earlier in the financial year. The actual costs when invoiced were slightly more than anticipated.

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)

Variable pay reduced in Month 11 to £0.203m and remains in line with our updated forecast of £0.220m per month.

7. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

To month 11 we are reporting a non-recurrent overachievement of savings against our planned vacancy factor and increased variable pay savings and the identification of an accountancy gain which combined total £6.225m. This is largely due to the number of vacancies we are now holding as part of our 2026/27 IMTP planning and saving assumptions and the additional controls we have implemented for variable pay.

We continue to estimate the net impact of our forecast overachievement of savings, under achievement of income and accountancy gains will total £6.744m by the end of the financial year although £0.744m of these savings will be utilised to cover the NI funding shortfall. The increased distribution of £6.000m to NHS Wales & Welsh Government was reported to the January Shared Services Partnership Committee.

8. Income Assumptions (Tables D, E & E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these will be subject to change in future months.

A number of anticipated income items have been removed from the table this year to reflect the review of the forecast we have undertaken. A number of items removed no longer require funding in 2025/26 and we can manage them within our forecast outturn non-recurrently, but they remain recurrent issues we are anticipating income for in our IMTP we need to resolve. These include ESR replacement implementation team, GMPI team and Medicines Value unit support.

The depreciation figures align with our final non-cash submission made on 9th March but do vary marginally from the Day 5 return which was completed prior to finalisation of the non-cash forecast.

A new item has been added in Month 11 for the anticipated income for the VSM pay award of £0.036m.

The values included within the table represent the income values that haven't been invoiced at the end of February.

9. Health Care Agreements and Major Contracts

Approval of the 2025/26 NWSSP overarching SLA was given by the Shared Services Partnership Committee meeting on 25th March 2025. This included the assumption that all NWSSP SLAs and NHS income streams would be uplifted by the agreed 1.77%.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

At 28th February 2026 there were 5 invoices outstanding over 17 weeks, 4 of which have now been paid. We are urgently reviewing any unpaid invoices that will breach 17 weeks at 31st March to ensure these are all cleared prior to agreement of balances **(Action Point 10.3)**.

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 revised £11.370m Capital Expenditure Limit received on 27th February 2026.

The latest CEL includes amendments for the Radiopharmacy and South-East TRAMS hub adjustments that we requested. We have therefore not needed to use the Min/Max range **(Action Point 10.2)**

We are closely reviewing forecast expenditure in March to ensure that we can achieve our CEL.

14. IFRS 16 & CAME (Table Q)

This table has been updated with our latest forecast to align with our submission on 9th March.

15. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee will receive the Month 10 and 11 Financial Monitoring Return at the March Committee meeting.

16. Authorisation of Return



……

NEIL FROW
MANAGING DIRECTOR
NWSSP



……..

ALISON RAMSEY
DIRECTOR OF FINANCE &
CORPORATE SERVICES
NWSSP

11th March 2026

NHS Wales Shared Services Partnership **Period : Feb 26**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Cost Pressures (Negative Value)	-12,528	-696	-11,832	-11,832
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	7,646	26	7,620	7,620
4	Other Income Uplift / (Reduction)	0	0		
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	3,020	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		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0		
12	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	0	0	0	0
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-215	0	-215	84
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	962	1,097	-135	401
17	Additional In Year Identified Savings - Forecast	5,552	5,418	135	290
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	10,716	10,716		
20	In Year Accountancy Gains	444	444	0	0
21	Unplanned Spend Reductions	38,379	38,379	0	0
22	Unplanned Cost Pressures	-744	0	-744	-775
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	-6,000	-6,000	0	0
26	NWSSP Reserve for reinvestment, funding of pressure or distribution to NHS Wales & WG	0	0		
27	Welsh Risk Pool Increase	-49,096	-49,096		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**959**	**-959**	**0**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	0	0	0	0	0	0	0	0	0	0	0	0	0
2	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-1,044	-11,484
3	637	637	637	637	637	637	637	637	637	637	637	637	7,009
4													0
5												0	0
6	252	252	252	252	252	252	252	251	252	251	252	251	2,769
7	155	155	155	155	155	155	155	156	155	156	155	156	1,707
8													0
9													0
10													0
11													0
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
13	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0
15	0	0	0	0	0	0	0	0	-215	0	0	0	-215
16	81	216	98	89	89	89	88	-15	57	58	58	57	905
17	502	339	505	486	503	477	509	575	363	366	463	462	5,091
18													0
19		-9,425	2,537	-2,055	-2,675	-2,503	-2,265	-3,032	-2,584	-3,540	5,958	30,301	-19,585
20	0	0	0	0	0	0	0	0	0	444	0	0	444
21	0	7,675	-787	2,054	2,675	2,503	2,265	3,032	2,584	3,539	3,884	8,955	29,424
22	0	-1,138	-603	-574	2,005	-62	-62	-62	-62	-62	-62	-61	-683
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	1,750	-1,750	0	-2,597	-504	-536	-498	-143	-805	-459	-458	-5,542
26	-583	583											0
27											-9,841	-39,255	-9,841
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

NHS Wales Shared Services Partnership

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	2,092	2,280		0	0				
2	Pay	Actual/F'cast	672	613	675	656	673	647	679	641	535	537	635	630	6,963	7,593	91.71%	7,593	0	5,519	2,074	0	2,603
3		Variance	482	423	485	466	483	457	489	451	343	347	444	442	4,871	5,313	*232.81%*	7,593	0				
4		Budget/Plan	62	62	62	62	62	62	62	61	60	61	61	63	677	740		740	0				
5	Non-Pay	Actual/F'cast	163	194	180	171	171	171	171	170	137	138	138	140	1,802	1,942	92.78%	1,942	0	1,303	639	0	801
6		Variance	101	132	118	109	109	109	109	109	77	77	77	77	1,125	1,202	*166.30%*	1,202	0				
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11	Secondary Care Drugs	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
14	CHC/FNC	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17	Primary Care Contractor	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
22		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23	Non-healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26	Other Private & Voluntary Sector	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29	Joint Financing & Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34		Budget/Plan	252	252	252	252	252	252	252	251	252	251	252	251	2,769	3,020		740	0				
35	Total	Actual/F'cast	835	807	855	827	844	818	850	811	672	675	773	770	8,765	9,535		9,535	0	6,822	2,713	0	3,404
36		Variance	583	555	603	575	592	566	598	560	420	424	521	519	5,996	6,515		8,795	0				

37	Variance in month	231.71%	220.59%	239.66%	228.14%	234.89%	224.57%	237.17%	223.07%	166.63%	168.89%	206.71%	206.68%	216.56%
38	In month achievement against FY forecast	8.75%	8.46%	8.96%	8.67%	8.85%	8.58%	8.91%	8.50%	7.05%	7.08%	8.11%	8.07%	

NHS Wales Shared Services Partnership

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	2,092	2,280	0	0			
2	Pay - General & Substantive	Actual/F'cast	672	613	356	612	575	530	588	509	535	440	508	561	5,938	6,499	6,499	0	4,425	2,074	2,551
3		Variance	482	423	166	422	385	340	398	319	343	250	317	373	3,846	4,219	6498.988784	0			
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5	Pay - Variable	Actual/F'cast	0	0	319	44	98	117	91	132	0	97	127	69	1,025	1,094	1,094	0	1,094	(0)	52
6		Variance	0	0	319	44	98	117	91	132	0	97	127	69	1,025	1,094	1,094	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Pay - Agency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	2,092	2,280	0	0			
11	Total	Actual/F'cast	672	613	675	656	673	647	679	641	535	537	635	630	6,963	7,593	7,593	0	5,519	2,074	2,603
12		Variance	482	423	485	466	483	457	489	451	343	347	444	442	4,871	5,313	7,593	0			

Table C2- V&S Saving Categories

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1		Budget/Plan	190	190	190	190	190	190	190	190	192	190	191	188	2,092	2,280
2	Workforce	Actual/F'cast	672	613	675	656	673	647	679	641	535	537	635	630	6,963	7,593
3		Variance	482	423	485	466	483	457	489	451	343	347	444	442	4,871	5,313
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Medicines Management	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	62	61	60	61	61	63	677	740
8	Procurement & Non-pay	Actual/F'cast	163	194	180	171	171	171	171	170	137	138	138	140	1,802	1,942
9		Variance	101	132	118	109	109	109	109	109	77	77	77	77	1,125	1,202
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC	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	Pathway	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	Other - Commissioning	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

NHS Wales Shared Services Partnership

Feb 26

11 **This Table is currently showing 0 errors**

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	252	252	252	252	252	252	252	252	252	252	252	252	2,768	3,020	307	2,713	(0)	2,713
	Month 1 - Actual/Forecast	333	487	349	341	341	341	349	236	368	368	368	368	3,674	3,980	1,454	2,575	539	3,114
	Variance	81	235	96	89	89	89	96	(15)	57	56	56	57	906	960	1,097	(139)	539	401
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(0)	(0)
	In Year - Actual/Forecast	505	339	505	488	505	477	505	575	393	393	463	463	5,063	5,523	5,418	135	153	288
	Variance	505	339	505	488	505	477	505	575	393	393	463	463	5,063	5,523	5,418	135	153	288
	Total Plan	252	252	252	252	252	252	252	252	252	252	252	252	2,768	3,020	307	2,713	(0)	2,713
	Total Actual/Forecast	838	827	855	829	846	818	855	811	672	675	775	775	8,785	9,538	6,822	2,710	692	3,402
	Total Variance	586	574	602	577	593	566	602	560	420	424	521	523	5,969	6,518	5,515	(3)	692	689
Net Income Generation	Month 1 - Plan	155	155	155	155	155	155	155	156	156	156	155	156	1,767	1,865	364	1,499	0	1,499
	Month 1 - Actual/Forecast	155	155	155	155	155	155	155	156	(63)	156	155	155	1,462	1,647	364	1,284	299	1,583
	Variance	0	0	0	0	0	0	0	0	(218)	0	0	(0)	(305)	(218)	0	(215)	299	84
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	155	155	155	155	155	155	155	156	156	156	155	156	1,767	1,865	364	1,499	0	1,499
	Total Actual/Forecast	155	155	155	155	155	155	155	156	(63)	156	155	155	1,462	1,647	364	1,284	299	1,583
	Total Variance	0	0	0	0	0	0	0	0	(218)	0	0	(0)	(305)	(218)	0	(215)	299	84
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	444	0	0	444	444	444	0	0	0
	Variance	(0)	89	(0)	0	0	0	0	0	0	444	0	0	444	444	444	0	0	0
Total	Month 1 - Plan	407	407	407	407	407	407	407	407	407	407	407	407	4,475	4,885	670	4,212	0	4,212
	Month 1 - Actual/Forecast	488	642	504	496	496	496	504	392	249	468	464	463	5,169	5,626	1,788	3,860	838	4,697
	Variance	81	235	96	89	89	89	96	(15)	(158)	61	56	57	694	741	1,097	(350)	838	486
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(0)	(0)
	In Year - Actual/Forecast	505	339	505	488	505	477	505	575	393	837	463	463	5,526	5,966	5,862	135	153	288
	Variance	505	339	505	488	505	477	505	575	393	837	463	463	5,526	5,966	5,862	135	153	288
	Total Plan	407	407	407	407	407	407	407	407	407	407	407	407	4,475	4,885	670	4,212	0	4,212
	Total Actual/Forecast	993	982	1,010	982	999	973	1,009	967	642	1,305	927	925	10,701	11,592	7,630	3,995	990	4,985
	Total Variance	586	574	602	573	593	566	602	560	235	898	521	518	6,225	6,707	6,959	(216)	990	773

NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 22/02/2026 (Updated 23/02/2026)

Product Type	Units in Stock	Orders Placed (Units)	Average Weekly Issue Rate (Last 4 Weeks)	Stock on Hand based on Target Stock	Target Stock Holding (16 or 12 Weeks Plus 4 Weeks BAU)	Target Stock - on hand plus orders placed	SUPPLY CHAIN UPDATE
Splash Proof Aprons (Roll)	1,667,600	13,700,000	189,350	11.0%	15,100,000	101.8%	Order placed for 13,700,000 To date delivered 4,536,000 Outstanding 9,164,000 Balance confirmed for delivery by 26/3/26
Splash Proof Aprons (Flat Pack)	16,537,700	0	42,806	125.3%	13,200,000	125.3%	No order placed, not required
Type IIR Masks	29,940,500	0	96,863	94.7%	31,600,000	94.7%	Order placed for 29,001,600 Fully Delivered. Additional order for 2,995,200 to be placed w/c 9/3/26
FFP3 Masks (Un-Valved)	551,080	0	315	55.1%	1,000,000	55.1%	ITT being drafted with PHW, SMTL and HB's. Order to be placed in 2026/7
FFP3 Masks (Valved)	1,776,936	0	247	N/A	0	N/A	No order placed as stockpile to contain Non-Valved masks moving forward
FFP3 Masks Total	***2,328,016***	***0***	***562***	***232.8%***	***1,000,000***	***232.8%***	
Face Shields/Visors	223,560	0	459	14.0%	1,600,000	14.0%	Order to be placed w/c 9/3/27 for manufacture of 1,600,000 To be delivered 2026/7
Gloves	206,120,500	71,912,000	3,029,100	140.9%	146,300,000	190.0%	Ongoing bulk purchase order in place
Full Body Gowns	259,588	105,000	3,822	51.9%	500,000	72.9%	Order placed for 500,024 To date delivered 395,024 Outstanding 105,000 Balance to be delivered w/c 9/3/26
Wipes	13,382,000	30,000,000	1,368,150	44.0%	30,400,000	142.7%	Order placed for 30,000,000 To date delivered 0 Outstanding 30,000,000 Balance to be delivered 16-26 March
Hand Sanitizer	212,436	0	1,124	212.4%	100,000	212.4%	No plan to order due to sufficient stock on hand
Clinical Waste Bags	211,650	0	4	100.8%	210,000	100.8%	Order placed for 210,000 Fully Delivered
Liquid Soap	4,188	15,306	678	26.9%	15,576	125.2%	Order placed for 15,516 To date delivered 210 Outstanding 15,306 Balance to be delivered by year end, date to be confirmed
Detergent Tablets	408,600	0	42	102.2%	400,000	102.2%	Order placed for 400,500 Fully Delivered
Total	**271,296,338**	**115,732,306**	**4,732,960**		**240,425,576**		

Key Notes & Assumptions

a) The reported stock holding does not include stock physically held within the receiving organisations.
b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
d) The reporting of stock is based on individual units, except for:
- Hand sanitizer where a unit is a container regardless of size
e) The dashboard output is a sanpshot at a point in time of a dynamic position
f) Issue rate reflects the average number of issues made in the last 4 weeks
g) Stock on hand reflects the percentage based on the target stock holding
h) RAG Rating is currently based on 12 Weeks for Aprons, Type IIR Masks, Face Shields, Full Body Gowns, Hand Sanitizer & Wipes. 16 Weeks for FFP3s and Gloves. Plus 4 Weeks of BAU based on Average issues in June 25

At or above target volume
Below target volume but within 5%
80-95% target volume
60-80% target volume
Below 60% target volume

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership	**Date of Meeting:** **19 March 2026**

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Audit Committee Assurance Report – February 2026

ARWEINYDD: **LEAD:**	James Quance Assistant Director of Corporate Services, NWSSP
AWDUR: **AUTHOR:**	Carly Wilce Corporate Services Manager, NWSSP
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alison Ramsey Director of Finance & Corporate Services, NWSSP
MANYLION CYSWLLT: **CONTACT DETAILS:**	Alison Ramsey Director of Finance & Corporate Services, NWSSP 02921 501500 / Alison.ramsey@wales.nhs.uk

Pwrpas yr Adroddiad:
Purpose of the Report:

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on **10 February 2026.**

Llywodraethu/Governance

Amcanion: **Objectives:**	Each of the five key Corporate Objectives
Tystiolaeth: **Supporting evidence:**	Individual reports submitted to Audit Committee

Ymgynghoriad/Consultation:

Who has been consulted on the details of the report?

- NWSSP Audit Committee

Adduned y Pwyllgor/Committee Resolution (insert √):

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

Argymhelliad/ Recommendation	The Committee is asked to **NOTE** the report.

Crynodeb Dadansoddiad Effaith:
Summary Impact Analysis:

Cydraddoldeb ac amrywiaeth: **Equality and diversity:**	No direct impact
Cyfreithiol: **Legal:**	No direct impact
Iechyd Poblogaeth: **Population Health:**	No direct impact
Ansawdd, Diogelwch a Profiad y Clef:	No direct impact

Quality, Safety & Patient Experience:	
Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Shared Services Committee that NWSSP has robust risk management processes in place.
Dyletswydd Ansawdd/ Duty of Quality:	No direct impact
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT – 10 FEBRUARY 2026

1. **SITUATION**

To provide the Shared Services Partnership Committee (**SSPC**) with details of the key issues considered by the Velindre NHS Trust Audit Committee for NHS Wales Shared Services Partnership (**NWSSP Audit Committee**), at its meeting on 10 February 2026 for **NOTING**.

2. **BACKGROUND**

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership provides assurance to the SSPC on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 10 February 2026, is outlined below:

3. SUMMARY OF MATTERS FOR CONSIDERATION

ALERT / ESCALATE	There were no matters for **alert/escalation** to the Board.
ADVISE	An update was provided on the timescales for the TrAMS South East Hub Full Business Case (FBC), noting that approval would not be secured ahead of the Welsh Government pre-election period. Timescales were dependent on the Welsh Government approval process and therefore remained uncertain. Ongoing discussions are taking place regarding submission options to support scrutiny and minimise delays. The start of the operational phase will be dependent on approval, with the FBC expected to be shared with NHS organisations in April/May to enable governance processes to commence. Regular updates will be provided through the Programme Board and the Partnership Committee.

ASSURE	**NWSSP Integrated Medium Term Plan (IMTP) 2026-29** The Director of Planning, Performance and Informatics presented the 2026–29 Integrated Medium-Term Plan (IMTP), which was approved by the Shared Services Partnership Committee on 22 January 2026. The Plan aligns with the Welsh Government Planning Framework published in December 2025 and sets out NWSSP's planned delivery, performance monitoring arrangements, and approach to managing financial and operational pressures. It also outlines how NWSSP will support Health Boards in delivering their clinical priorities. The financial allocation letter for 2026–27 was received in December 2025, and the IMTP will be submitted to Welsh Government by the deadline of 31 March 2026. The IMTP will be presented to the Velindre University NHS Trust Board on 26 March 2026 to enable Board review. The Audit Committee **NOTED** the 2026-29 NWSSP Integrated Medium Term Plan.
ASSURE	**Managing Directors Update** The Managing Director provided members with a comprehensive update on significant developments within NWSSP, as summarised below: • The Welsh Government review of NWSSP's Governance and Accountability arrangements has been published and provided a positive assessment, confirming that the arrangements are materially sound. An Implementation Group will be established by Welsh Government to take forward the recommendations identified. • A non-recurring savings distribution of £6.0m will be allocated to Welsh Government, Health Boards, and Trusts in 2025/26. This represents the highest savings distribution achieved by NWSSP to date. • TrAMS works are progressing well. The Radiopharmacy element is scheduled for completion in June 2026. The Final Business Case (FBC) for the South-East Hub is in development, (see Advise section above), a building has been identified for the South-West Hub, and a Project Manager has been appointed for the North Wales Hub, with early engagement underway with Betsi Cadwaladr University Health Board. • The Medical Examiner Service was in a stronger position compared to the previous year, highlighting that winter planning arrangements had been effective. The Audit Committee **NOTED** the Managing Director's Update.
ASSURE	**Welsh Government's Independent Review of NWSSP's Accountability and Governance Arrangements.** The Assistant Director of Corporate Services advised that Welsh Government had developed a draft Terms of Reference for the Implementation Group, which had been shared for comment and the initial

	meeting of the Group was scheduled to take place on 19 February 2026. The Audit Committee would be updated on progress and any developments. The Committee **NOTED** the update.
ASSURE	**Audit Wales Update** Audit Wales presented the update highlighting that the assurance work for 2025-26 had begun and the planned arrangements would be presented to the next Committee meeting in April 2026. Planned work for 2026-27 would be consistent with the previous year, with the addition of the Case Management System (CMS) for Welsh Risk Pool, which replaced the Quantum system last April. The Committee **NOTED** the Audit Wales update.
ASSURE	**Results from a Pilot Data Matching Exercise on GP Patient Lists** The Audit Committee received an Audit Wales report on how NWSSP Primary Care Services manage GP patient lists across Wales on behalf of Health Boards. The report provided assurance that appropriate control measures are in place to mitigate the risk of fraud. The Auditor General shared the report with NHS Wales Chief Executives, who provided positive feedback on the assurances, while welcoming a small number of areas for further improvement. The report will also be shared with the Counter Fraud Steering Group for completeness. The Committee **NOTED** the National Fraud Initiative Update.
ASSURE	**Internal Audit Progress Report** The Head of Internal Audit provided an update on the progress made against the 2025-26 Internal Audit Plan confirming that two reports had been finalised during the period and were on the agenda. Fieldwork for other reports was advanced and nearing completion. The Audit Committee **NOTED** the Internal Audit Position Statement.
ASSURE	**Internal Audit Reports** The Committee received the Internal Audit reports detailed below for review and consideration. One audit received Substantial Assurance and one Reasonable Assurance. Progress against the actions identified will be monitored via the Audit Recommendation Tracker. • **Targeted Estate Fund**: This audit was the second review of the scheme, following the initial review undertaken in December 2023. The initial assurance level was assessed as Reasonable; however, the current audit received Substantial Assurance, reflecting improvements in transparency, consistency, and governance. Two key findings were identified for action, one of which has already been implemented within the agreed timescales.

	• **TrAMS Digital**: This audit reviewed the digital and technical specifications of the TrAMS project to ensure current and future requirements are met and that legislative requirements for information governance and cyber security have been appropriately included. An overall Reasonable Assurance rating was awarded. Three key findings were identified for action, all of which have been implemented. The Audit Committee **NOTED** the Internal Audit Reports outlined above.
ASSURE	**Quality Assurance Improvement Programme** The Director of Audit and Assurance Services presented the 2024/25 Quality Assurance and Improvement Programme (QAIP), outlining the approach and planned work for 2025/26. The programme was developed in accordance with the Audit and Assurance Manual and Internal Audit Standards, ensuring the annual plan covers all aspects of internal audit activity. It incorporates supporting information, including survey results and KPI outcomes, and is complemented by the five-yearly External Quality Assessment, providing assurance of compliance. An audit satisfaction questionnaire has been introduced, with feedback received from over 50% of organisations. Members were also reminded of the new Global Internal Audit Standards introduced in 2025/26, which establish a more formal framework and will apply to future quality assessments. The Audit Committee **NOTED** the Quality Assurance Improvement Programme report.
ASSURE	**Governance Matters** The Governance Matters report detailed the contracting activity for the last quarter. There were no occasions for any contract awards not progressed in accordance with the Standing Orders and Scheme of Delegation. **31** contracts were let for by NWSSP and **33** further contracts on an All-Wales basis for NHS Wales. **5** declarations had been made as to gifts, hospitality or sponsorship since the last meeting and no internal audit reports concluded with limited or no assurance. Of **123** audit recommendations, **113** had been implemented, **10** were not yet due and there were none to report as overdue. The NWSSP Corporate Risk Register contains **6** red risks, **11** amber and **3** yellow, for action. The Audit Committee **NOTED** the Governance Matters Report for the period.
INFORM	**The following items were received for information** • NWSSP Audit Committee Forward Plan 2026-27.

Shared Services Partnership Committee

Forward Plan of Business

2026-27

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
14 May 2026	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Duty of Quality Update Integrated Medium-Term Plan Update Report (Q4 of 2025-26) Transforming Access to Medicine / Pharmacy Technical Services Update	Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	Internal Audit Plan Audit Wales Plan Duty of Quality Annual Report Surgical Material Testing Laboratory Annual Report Medical Examiner Services Annual Report
16 July 2026	Minutes and Action Log Declarations of Interest Chair's Report	Deep Dive Session Decarbonisation and Adaptation Update	Update on Welsh Government Independent Review of NWSSP Governance and Accountability	Annual Governance Statement NWSSP Annual Review

	Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Integrated Medium-Term Plan Update Report (Q1 of 2026-27)	Review Recommendations NWSSP Corporate Risk Register Approve NWSSP Annual Update of Audit Committee Terms of Reference NWSSP Audit Committee Assurance Report	NWSSP Audit Committee Annual Report Annual Report on Concerns and Complaints Annual Report on Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Local Counter Fraud Service Annual Report Information Governance Annual Report Welsh Language Annual Report Health and Safety Annual Report
17 September 2026	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report	Deep Dive Session	Update on Welsh Government Independent Review of NWSSP Governance and Accountability Review Recommendations	Welsh Infected Blood Support Scheme Annual Report

	Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update		NWSSP Corporate Risk Register Declarations of Interest NWSSP Audit Committee Assurance Report	
19 November 2026	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report	Deep Dive Session Duty of Quality Update Integrated Medium-Term Plan Update Report (Q2 of 2026-27) Transforming Access to Medicine / Pharmacy Technical Services Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Approval of Annual Update of NWSSP Audit Committee Terms of Reference	Audit Wales Management Letter

	Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
21 January 2027	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report	Deep Dive Session Decarbonisation and Adaptation Update	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report Update of SSPC Standing Orders	IMTP – Approval

	Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update			
18 March 2027	Minutes and Action Log Declarations of Interest Chair's Report Managing Director's Report Finance Report People and Organisational Development Update Performance Information Report Outcome Measures Report Transformation Management Office Report Monthly Monitoring Financial Returns Personal Protective Equipment Stockholding Position Update	Deep Dive Session Review of Overarching Service Level Agreements (SLAs) Integrated Medium-Term Plan Update Report (Q3 of 2026-27)	NWSSP Corporate Risk Register NWSSP Audit Committee Assurance Report	

Additional Meeting Dates for Diary	• 2026 Autumn Committee Development Day – Date to be confirmed