

# NWSSP | MTP 2026-2029

*Delivering Value, Innovation  
and Excellence through  
Partnership*



# Background and Approach

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2/15



634/1146



The Welsh Government require NHS organisations to prepare an IMTP for 2026-2029 in line with the NHS Wales Planning Framework published in late December 2025.



The Ministerial Priorities for 2026-2029 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver against these priorities.



The financial allocation letter for 2026-2027 was published by the Welsh Government in late December and our financial plan is in the reflects this.



The draft IMTP was approved by SSPC in January 2026, subject to any changes/updates received by 8 February. All changes has been received and touchpoint meetings with Welsh Government have been completed.

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

Divisional plans were shared across divisions where synergies were identified.

Divisional Objectives have been discussed at the recent divisional quarterly performance reviews as well as individual touch point meetings with our Divisional Directors.

Furthermore, during recent health organisation performance reviews, we have inquired about the priorities of the organisation.

## Finance

- We are submitting a balanced financial plan for 2026-29. To achieve this, we need to manage pressures of £8.059m in 2026/27.
- Delivery of the financial plan will be challenging and there are several significant financial risks to be managed to achieve this aim. Notable risks include Radiopharmacy, TrAMs, the Future Workforce solution, digital upgrades in Primary Care, E-prescribing and the Oracle Financial Management System development.
- Welsh Risk Pool – The indicative Welsh Government allocation is £109m and any in-year expenditure over and above the allocation, the risk share model will be applied, which for 2026-27 is currently estimated to be £162m. We will be working with NHSP&I and reviewing the timing of settlement dates and values during the year.

## Equality Integrated Impact Assessment

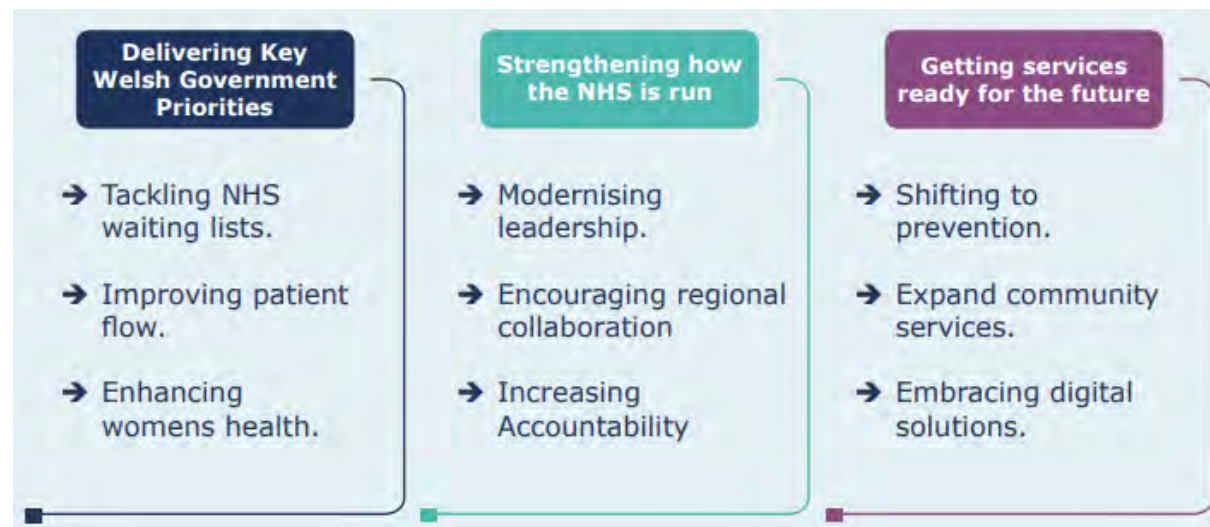
- An Equality Integrated Impact Assessment (EQIIA) has been completed alongside the development of the IMTP. The team have worked closely with divisions to provide an assessment that will be reviewed by the NWSSP EQIIA Panel once the final publication is completed.

# Strategic Priorities, Improving Performance Together Priorities and Key Themes

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Our approach has been similar to previous years, with all of our divisions collaborating to develop a three-year plan for their respective service areas and aligning it with Ministerial Priorities, health organisation priorities, Ministerial Action Group recommendations and our strategic objectives.



## Digital Transformation and Innovation.

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

## Workforce Development, Leadership & Culture.

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

## Operational Efficiency & Service Modernisation.

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

## Sustainability, Decarbonisation & Resilience.

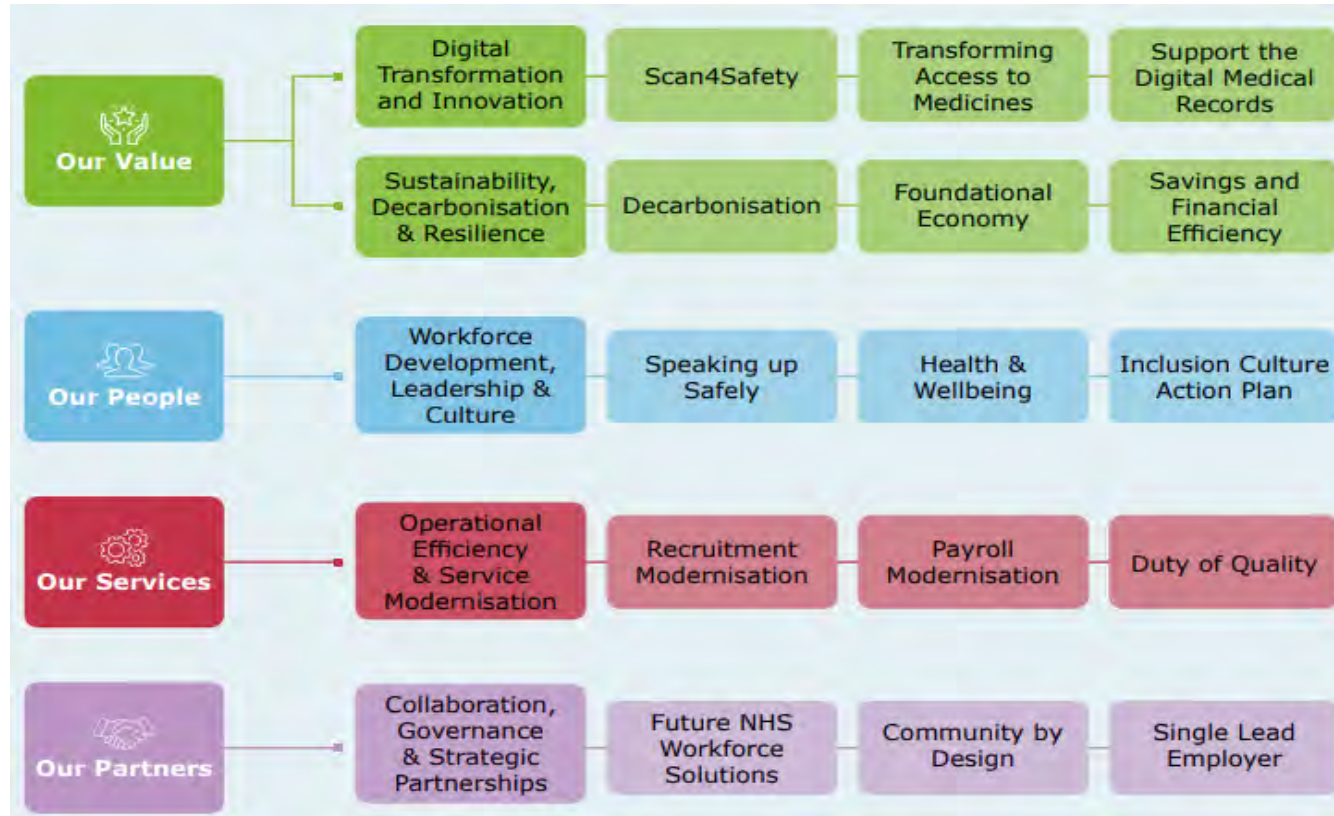
- We understand our responsibility to support the decarbonisation and environmental commitments of NHS Wales. Through more sustainable practices, procurement, and energy-efficient estate planning, we will contribute to national climate goals while improving resilience across our services.

## Collaboration, Governance & Strategic Partnerships.

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

# Highlighting Key Initiatives

In the IMTP we have highlighted some key initiatives in our IMTP aligned to both our strategic objectives and the key themes.



In the IMTP we have highlighted some case studies aligned to our strategic objectives.

Launching the people and culture consultancy service

Development of an All Wales Translation Memory System

Keeping Wales Safe: National NHS Wales Influenza Vaccination Procurement and Distribution Programme 2025

Delivering Decarbonisation Innovations Across NWSSP: Achievements and Impact 2024–2025

The launch of “Work in Confidence”: A Platform for Anonymous Speaking Up

Establishing a pharmacy environmental microbiology service to support Transforming Access to Medicines (TRAMS).

National Insourcing Procurement for Outpatient first appointments – Making a difference for Patients in Wales

Pathway to Partnership Programme and GP ST3 Training – Property training support

Primary Care Workforce Intelligence System Phase 1

Pandemic Personal Protective Equipment (PPE) Stockpiling

Laundry services ‘Shift West’ to maximise efficiencies whilst delivering financial and environmental benefits.

Assisting in the development of an overpayment of salary policy for NHS Wales

## Detailed Appendices

- The plan includes detailed appendices on how we achieve our strategic objectives.

**Our Digital Plan**

**Our Financial Plan**

**Our People Plan**

**Key Performance Measures**

**Our Outcome Measures**

**Enabling Actions**

**Year 2 & Year 3 Plan on a Page**

**Duty of Quality**

# Current Position and Next Steps

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## Next Steps

**SSPC comments received by the 8 February 2026**

**SSPC 20 March 2026 update given**

**Submission to Welsh Government by the 31 March 2026**

**Translation to Welsh for Publication**

**Development of a short video in English & Welsh**

**Development of a Summary IMTP for publication**



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CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership



NHS WALES SHARED SERVICES PARTNERSHIP

# Integrated Medium Term Plan 2026-2029

# NHS Wales Shared Services Partnership

## Integrated Medium Term Plan 2026-29

*Delivering Value, Innovation and  
Excellence through Partnership*

If you require additional copies of this document, it can be downloaded in both English and Welsh from our website.

If you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille.

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## Message from the Chair and Managing Director

As we set out our Integrated Medium-Term Plan for 2026–2029, we also mark a special milestone: fifteen years since NHS Wales Shared Services Partnership (NWSSP) was established on 1 April 2011 to deliver high quality, customer focused shared services across NHS Wales.

### Celebrating 15 years of growth and impact

Over these fifteen years, NWSSP has grown into a trusted national partner—supporting our health organisations in Wales by enabling value, quality and safety and helping the system adapt at pace to changing needs. Our impact has been tangible across multiple fronts, across a number of years. Looking back over the last year in particular, there have been many challenges and pressures that we have faced as part of NHS Wales, yet we have still delivered on key programmes of work:

- » **Vaccination programmes and flu rollout.** Working with Welsh Government and partners, we have supported the national seasonal influenza service. NWSSP have delivered almost one million flu vaccines to more than 1,000 places in Wales for the first time playing a vital role in the fight against flu this winter and delivering the programme in this way is expected to save the NHS around £3m.
- » **Radiopharmacy and the TRAMS journey.** We have advanced the South East Wales radiopharmacy facility at Imperial Park (IP5), with work under way and operations targeted for spring 2026 - an important stepping stone within the Transforming Access to Medicines (TRAMS) programme and the wider South East Wales hub.
- » NWSSP has progressed the enabling infrastructure for TRAMS, a Ministerially endorsed, all Wales programme that is transforming pharmacy technical services through regional working.
- » **Decarbonisation in action.** Our updated Decarbonisation Action Plan 2024–2026 sets an ambitious agenda across buildings, transport, procurement and estates; and, looking ahead, NWSSP is named to lead several procurement and supply chain actions in the NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030 - including a supplier roadmap, training support for SMEs, and lifecycle sustainability criteria.

» **Supporting our people and culture.** We continue to embed inclusive values and behaviours across NWSSP—through our people and culture work, equality and diversity frameworks, and an inclusive approach to leadership—so that colleagues can thrive and contribute their best every day.

» **Welsh language and the Active Offer.** In line with *More than just words* (2022–2027), NWSSP supports bilingual, person centred services—ensuring the Welsh language is offered proactively as part of care and service experience.

» **Supporting an Anti Racist Wales.** We align our practices and programmes with the Welsh Government’s refreshed Anti Racist Wales Action Plan, working with partners to build an inclusive, equitable system by 2030.

These achievements are the result of outstanding teamwork across our services—Procurement, Employment and Workforce, Legal & Risk, Primary Care Services, Specialist Estates, Health Courier, Digital Workforce and more—delivering once for Wales solutions that make a difference every day. Our case studies included in this plan demonstrate some of the fantastic work that our divisions have taken the lead on.

### Looking ahead: 2026–2029

Our IMTP focuses on the programmes and capabilities NHS Wales will need next from us:

» **Transforming Access to Medicines.** We will continue to deliver the new regional medicines preparation facilities and the supporting digital stock ordering and workflow platform, increasing capacity, standardisation and patient safety while enabling care closer to home.



- » **The future workforce solution.** NWSSP will work with national partners on the Future NHS Workforce Solution—successor to ESR—bringing a modern, integrated platform for the full employment lifecycle (recruitment, onboarding, workforce management, payroll, development), and building on our Digital Workforce “hire to retire” programmes to streamline experiences for staff and managers in Wales.
- » **Value, sustainability and resilience.** We will deepen value based procurement and sustainability, including supplier decarbonisation roadmaps, lifecycle criteria and better data on supply chain emissions, consistent with the NHS Wales 2025–2030 decarbonisation plan.
- » **Primary care, Community by Design.** In support of ministerial priorities and A Healthier Wales, NWSSP will contribute to the “Community by Design” approach—using our primary care data and our expertise in estates to support the programme to help care happen safely and effectively in the community, fostering cluster based regional collaboration.

Across these programmes, our role is clear: we are here to support the planning of our health community in Wales. Leveraging on an all-Wales presence, to provide infrastructure, expert services and practical delivery that help Health Boards and partners meet the needs of their populations, while supporting national ministerial actions on prevention, person centred care, value and sustainability.

## Our commitment

As we enter our next chapter, we will do so with the same spirit that has defined our first fifteen years: **working together, innovating, listening and learning, and taking responsibility**—so that our services create more time for care, more value for the public pound, and more sustainable outcomes for future generations.



**Neil Frow,**  
*Managing Director*



**Tracy Myhill,**  
*Chair*

# Part 1

## Executive Summary



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

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

## Our Services



Audit and Assurance Services



Laundry Services



Finance and Corporate Services



Accounts Payable



Lead Employer for medical, dental & pharmacy trainees



Planning, Performance and Informatics



Counter Fraud Wales



Legal and Risk Services



People and Organisational Development



Central E Business Team



Medical Examiner



Surgical Materials Testing Laboratory



Digital Workforce Solutions



Primary Care Services



Salary Sacrifice



Employment Services



Procurement and Supply Chain Services



Student Awards Services



e-Enablement



Pharmacy Services



Welsh Risk Pool



Finance Academy (hosted)



Specialist Estates Services



Wales Infected Blood Support Scheme



Health Courier Service

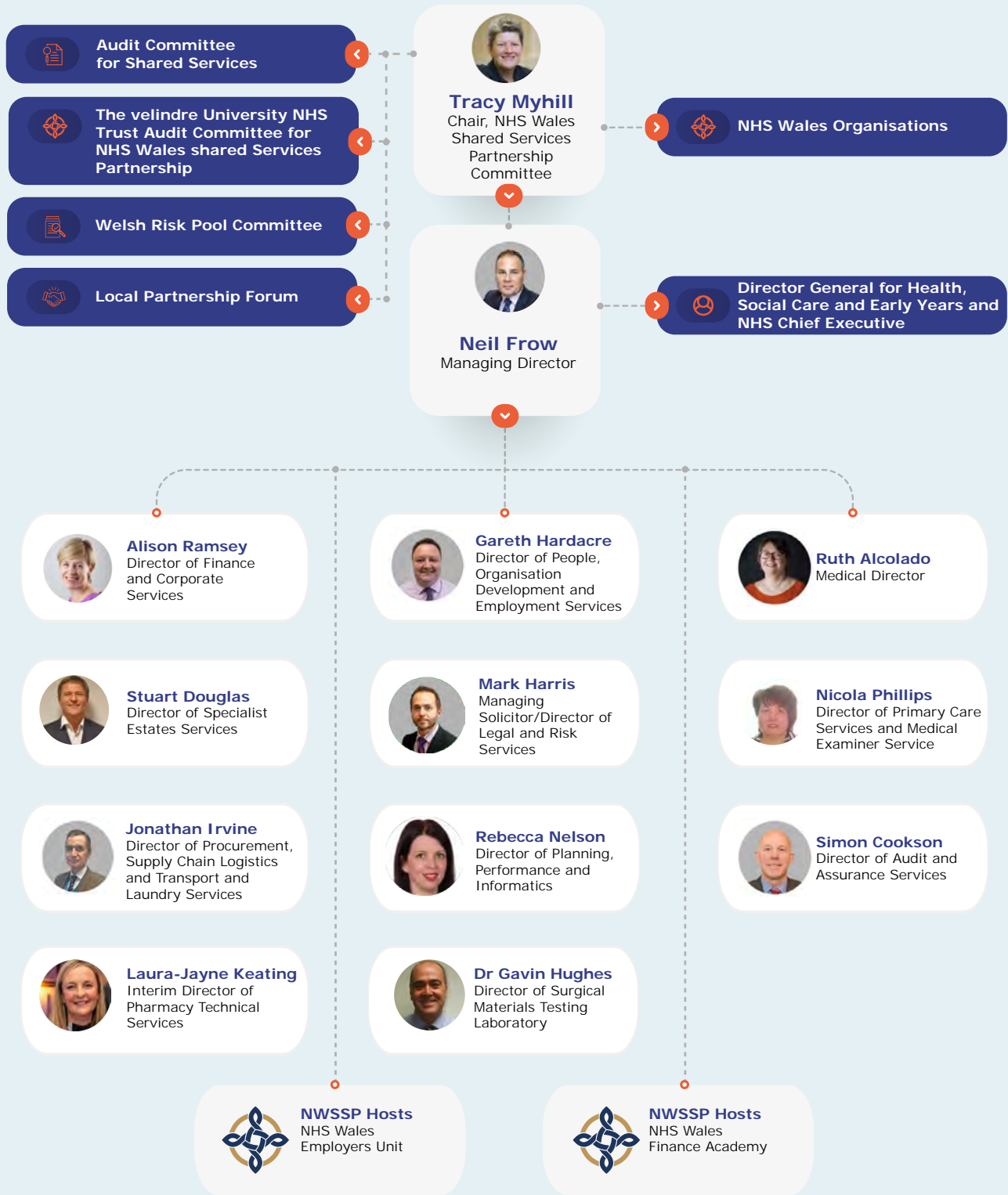


As a hosted organisation we operate under the legal framework of Velindre University NHS Trust. Our Managing Director Neil Frow is accountable to other NHS organisations through the Shared Services Partnership Committee (the Partnership Committee) which is comprised of representatives from the NHS Organisations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

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

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

# Organisational Chart



Our IMTP outlines Delivering Value, Innovation and Excellence through Partnership across all our services, incorporating key policy requirements for NHS Wales. This includes embedding principles from A Healthier Wales and the Well-being of Future Generations (Wales) Act 2015 and responding to the Ministerial Action Group (MAG) review to support NHS Wales in delivery against the recommendations.

We assume a leading role in advancing cross-government priorities within NHS Wales. This includes contributing professional expertise to decarbonisation and climate change initiatives, promoting equality and anti-racism, supporting the Welsh language, and embedding the Well-being of Future Generations Act principles in all that we do. Our IMTP demonstrates how these priorities are integrated through sustainable procurement, inclusive workforce practices, proactive Welsh language support, and responsible partnership working, ensuring our services deliver value, sustainability, and equity across NHS Wales.

We underpin safe, effective, and person-centred services through the Duty of Quality, external accreditations, and a culture of continuous improvement. We are accelerating the rollout of digital solutions in areas like payroll, Scan4Safety, and digital medical records to increase efficiency and modernise services. Our plan also includes specific regional commitments such as the TRAMS Programme, laundry, and Single Lead Employer initiatives.

Throughout this plan, we highlight case studies and key initiatives that demonstrate our commitment to transformation, technology, efficiency, and productivity showcasing the real-world impact of our work for NHS Wales.



## Overarching Themes for 2026 - 2027

### Our Principles:



#### Digital Transformation and Innovation

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



#### Workforce Development, Leadership & Culture

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



#### Operational Efficiency & Service Modernisation

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



### **Collaboration, Governance & Strategic Partnerships**

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



### **Sustainability, Decarbonisation & Resilience**

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



# NWSSP Strategy Map

*Delivering Value, Innovation and Excellence Through Partnership*

## Our Values



**Listening & Learning**



**Taking Responsibility**



**Working Together**



**Innovating**

## Our Strategic Objectives



**Our People**

» **Promote excellence through leadership, wellbeing, inclusivity, and workforce diversity**

Build a capable, high-performing culture that attracts, develops, and retains talented people for the future.

Strengthen recruitment through inclusive language and diverse approaches, ensuring our workforce reflects the communities we serve.

Promote the physical, social, mental, and financial wellbeing of our people to support a healthy and resilient workforce.

Embed a culture of co-production, empowering staff at all levels to shape and improve how we work.



**Our Services**

» **Provide top-quality, innovative services that support NHS Wales goals and promote ongoing improvement**

Enable our customer-facing teams to resolve most enquiries at first contact through faster, higher-quality, and more responsive services.

Drive continuous improvement and innovation through safe and secure digital services, setting the standard for excellence and quality in service delivery.

Working in partnership with Universities to foster academic and developmental collaboration.

Use cyber-secure digital and data services to plan together and support NHS Wales decision-making through shared intelligence.



**Our Value**

» **Increase efficiency, demonstrate value, and improve population health as part of Wales' broader health and care system**

Make bold, evidence-based investment decisions through partnership governance to drive transformation and deliver value.

Collaborate across the system to tackle the climate emergency and meet decarbonisation targets.

Use resources efficiently to maximise social, environmental, and economic sustainability.

Identify opportunities to grow investment in the foundational economy across Wales through an inclusive and responsible supply chain.



**Our Partners**

» **Enhance collaboration through mutual partnership to achieve shared health goals and better services**

Work in co-production with our partners to design and deliver services that improve outcomes and value across health and care.

Collaborate with health and care organisations, industry, and academia to share insight, innovation, and expertise.

Strengthen system-wide relationships that enable collective planning and sustainable improvement for NHS Wales.

Demonstrate leadership in partnership working, building trust and alignment to deliver shared priorities across the health and care system.

## Achievements, Innovation and Case Studies

Case Studies aligned with our strategic objectives:

### Our Value



Delivering Decarbonisation innovations across NWSSP: Achievements and impact 2024-2025



Primary Care Workforce Intelligence System Phase 1



Pandemic Personal Protective Equipment (PPE) Stockpile



Assisting in the development of an overpayment of salary policy for NHS Wales

### Our Services



Keeping Wales Safe: National NHS Wales Influenza Vaccination Procurement and Distribution Programme 2025



Laundry services 'Shift West' to maximise efficiencies whilst delivering financial and environmental benefits



Establishing a pharmacy environmental microbiology service to support Transforming Access to Medicines (TRAMS)

### Our Partners



Development of an All Wales Translation Memory System



Pathway to Partnership Programme and GP ST3 Training – Property training support



National Insourcing Procurement for Outpatient first appointments – Making a difference for Patients in Wales

### Our People



Launching our new People & Culture Consultancy Service



The launch of "Work in Confidence": A Platform for Anonymous Speaking Up

## Key Figures

With an annual budget of **£880.386m** and **6,321** people (including single lead employer) in 2025-26\*, we have:

**167m**  
individual pieces  
of PPE issued



Sent **13,967**  
conditional  
recruitment offers

Handled over  
**20m** items of  
laundry

Processed over  
**1.2m** payslips

Processed more  
than **58.4m**  
prescriptions

**28,865,072**  
prescription forms  
scanned



Achieved **£86m**  
in professional  
influence savings



Processed **1.4m**  
invoices with a  
value of **£5.9b**

**285,519**  
miles covered  
by the electric  
fleet saving  
**118,529kg**  
**co2**



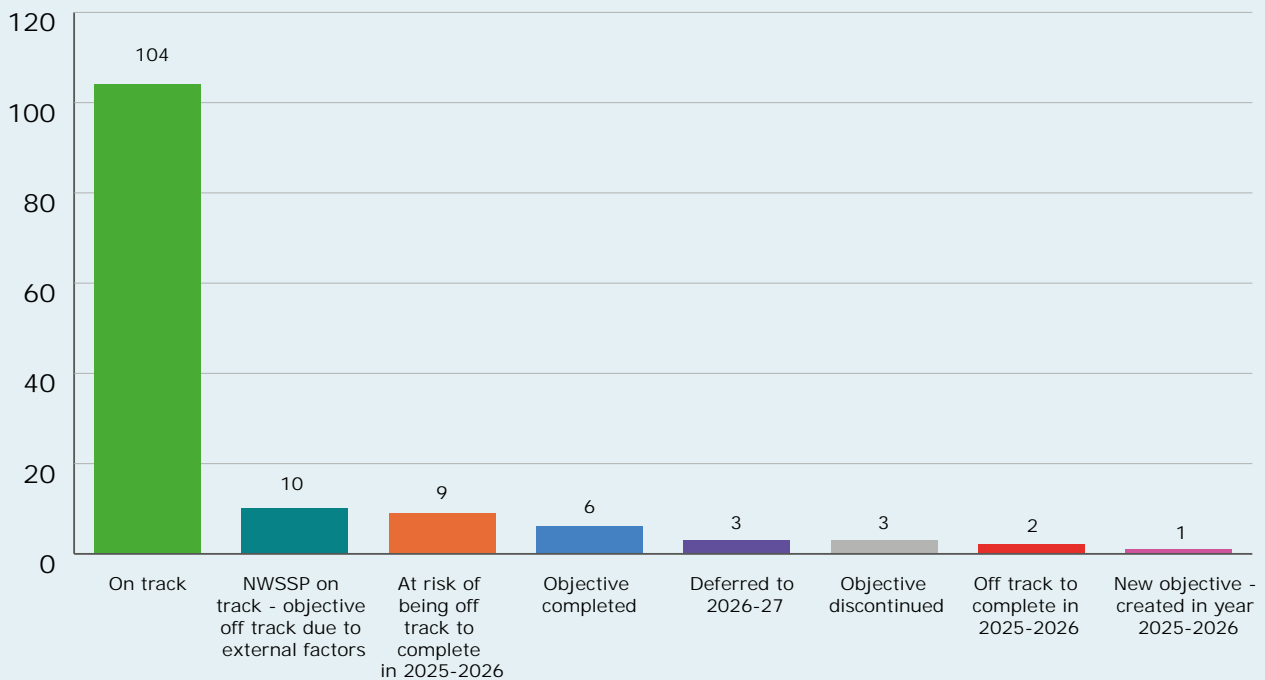
**105**  
international  
registered nurses

**2,154** ready to administer  
medicine prepared for critical care  
and cancer services

\*As at 30th November 2025

## Update on delivery against the IMTP 25-26 plan

We are making significant progress against all of our plans and whilst we cannot provide a full year picture we can confirm at Quarter 2 we reported that from the 138 objectives set, 6 had been completed and 104 were on track to complete in year, the remaining objectives were reported as being discontinued, deferred, off track with actions to bring them back on track in year or external factors were delaying progress. The chart below highlights the progress at quarter 2. The delivery is scrutinised as part of our internal quarterly performance review process. Further details, including reporting our progress to our Partnership Committee and Welsh Government is included in the section monitoring progress against our plan.





GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

# Part 2

## Our IMTP Approach



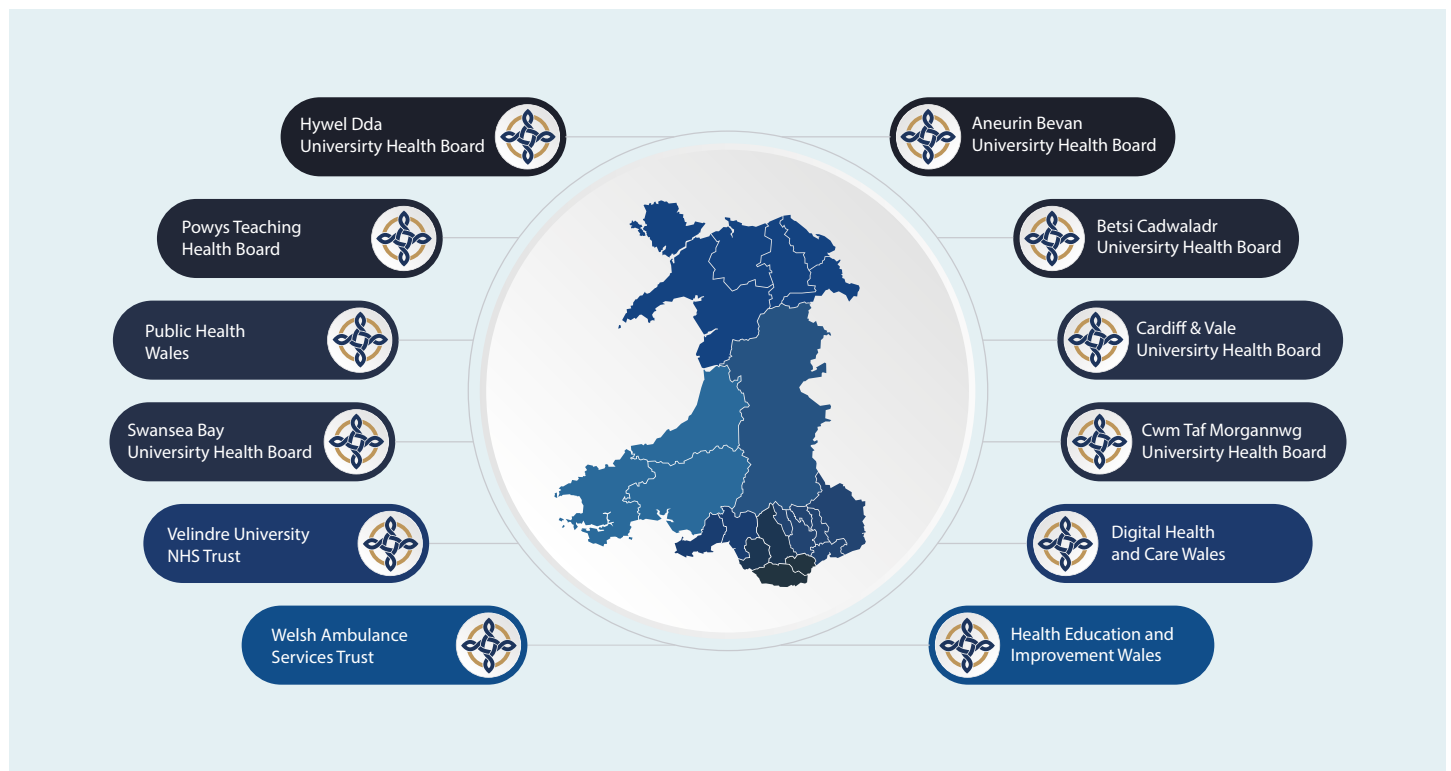
GIG  
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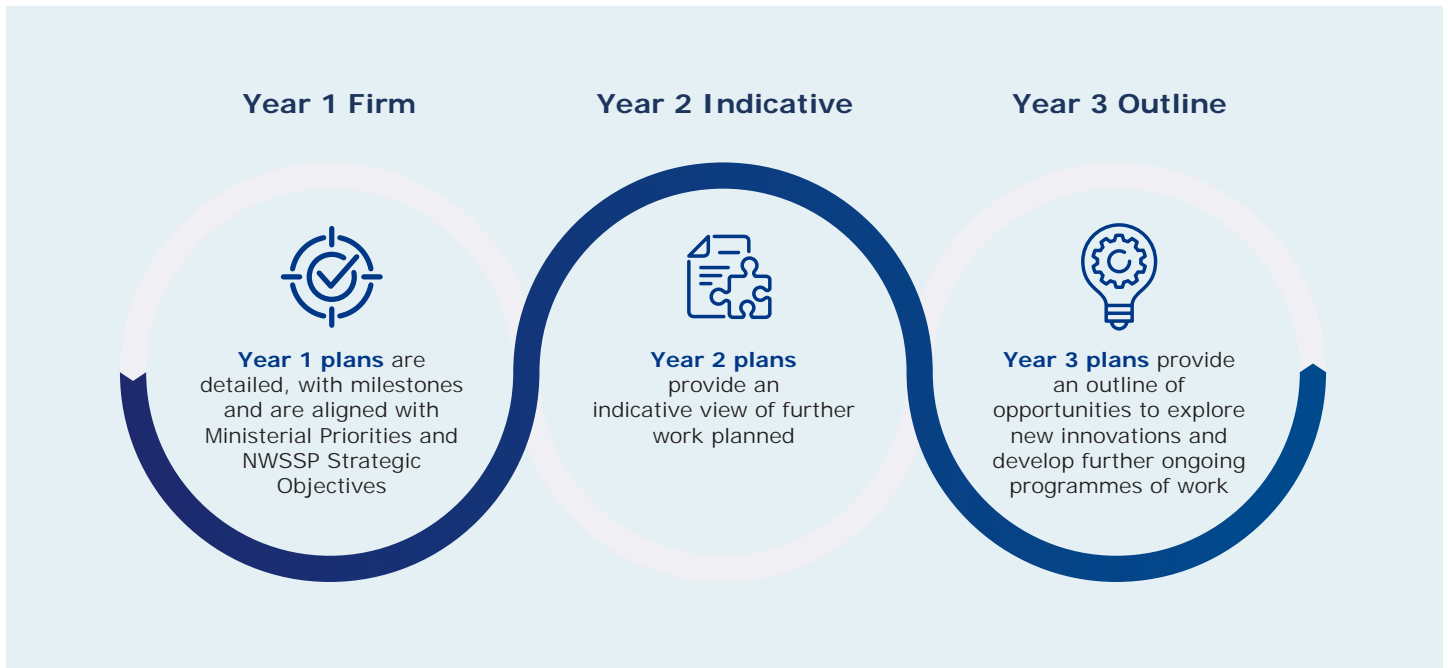
## Our IMTP Approach

In collaboration with our partners through our Partnership Committee and touch point conversations with health organisations we have developed forward thinking and agile IMTP plans for 2026-2029 to support NHS Wales. In addition to working with all Health organisations, NWSSP continues to work collaboratively with HEIW on joint workforce initiatives. Key areas of joint focus include:

- » Single Lead Employer (SLE)
- » Future NHS Workforce Solution
- » Primary Care Workforce Intelligence System (PCWIS)
- » International Recruitment



Our approach has been similar to previous years, with all of our divisions collaborating to develop a three-year plan for their respective service areas and aligning it with Ministerial Priorities, health organisation priorities and our strategic objectives. The road map below highlights the approach to developing our 3 year plan. These three-year plans will be detailed in section two of our published IMTP.

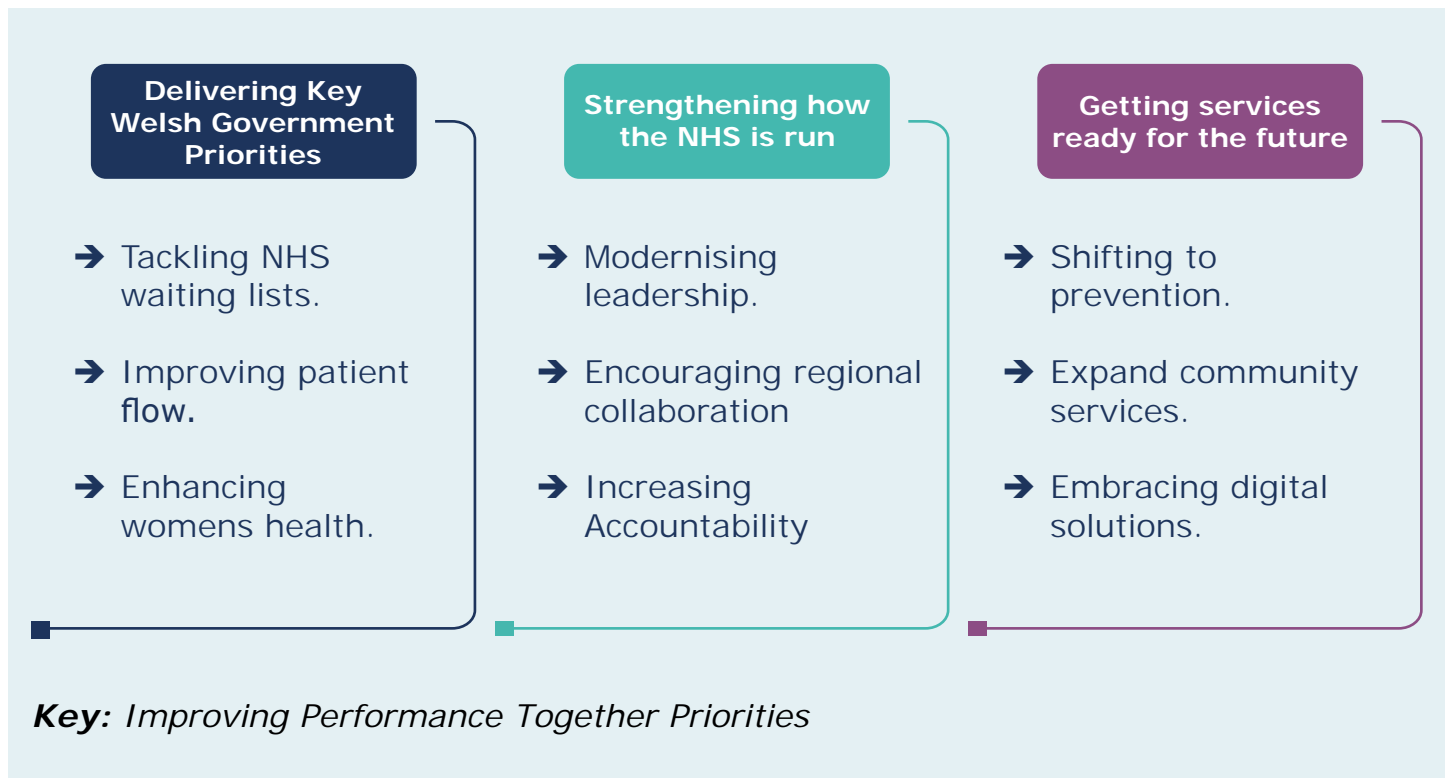


Our IMTP strengthens NWSSP's contribution to Wales becoming a Marmot Nation, aligning with the national focus on reducing health inequalities and improving population wellbeing. Through our enabling roles including workforce, employment services, procurement, primary care, specialist estates and supply chain. We support the Marmot principles by promoting fair employment, improving workforce capability, enhancing prevention, and contributing to healthier, more sustainable environments. Our partnership working across NHS Wales, Welsh Government and wider public bodies help ensure that the services we provide underpin equitable access, stronger communities, and improved long-term health outcomes across Wales.

## NHS Wales Strategic Priorities 2026-29

The Strategic Priorities established in the 2026–29 Planning Framework outline six national objectives, primarily directed at Health Boards. As a patient-focused, enabling organisation, NWSSP has carefully considered how our plans will actively support and add value to the delivery of these priorities. Throughout this IMTP, we demonstrate how our programmes and strategic objectives align with, and contribute to, the achievement of these priorities through ensuring that our services underpin the wider ambitions for NHS Wales. Further work supporting the Ministerial Priorities are included in the [Strategic Objectives](#) section of our plan.





Our NWSSP overarching year one plan for 2026-27 has been condensed into a Plan on a Page summary, located on [page 23](#) of this document, emphasising crucial components aligned with both strategic objectives, Ministerial Priorities and identify alignment with health organisation priorities and recommendations from the MAG. This plan will steer the pace of change and set the capacity for subsequent year two and three plans, summarised in [Appendix G](#).

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

- » [Appendix A](#) Our Digital Plan
- » [Appendix B](#) Our Financial Plan
- » [Appendix C](#) Our People Plan
- » [Appendix D](#) Key Performance Measures
- » [Appendix E](#) Our Outcome Measures
- » [Appendix F](#) Enabling Actions
- » [Appendix G](#) Year 2 and Year 3 plans on a page
- » [Appendix H](#) Duty of Quality



**Our People**

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

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

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

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

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

Launch the staff benefits portal across NHS Wales.

Award Workforce Systems on an All Wales Basis.



**Our Services**

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

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

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

TRAMS Digital System Project.

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

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

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



**Our Value**

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

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

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

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

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

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

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



**Our Partners**

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

Support the National Agency Reduction Programme.

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

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

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

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

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

## Monitoring progress against our plan

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

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

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

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

In developing our plans for 2026-29 we have been establishing performance measures that support the outcomes within our Strategy Map. The outcomes measures have been developed through the Performance and Outcomes Group (POG) and workshop sessions with NWSSP Senior Leadership Group (SLG) and Shared

Services Partnership Committee (SSPC). From May 2024, NWSSP incorporated outcome measures into its reporting structure alongside existing performance metrics. The format of the outcome report is refined through ongoing feedback and additional measures added when identified.

We hold regular performance reviews with health organisations to assess the quality of our services, identify opportunities for additional support, and better understand any challenges faced by these organisations.

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

A summary of our current Key Performance measures can be found in [Appendix D](#) and Outcome Measures in [Appendix E](#).

We also monitor our performance in relation to the enabling actions outlined in the planning framework, as detailed in [Appendix F](#).

## Ministerial Advisory Group (MAG)

The Ministerial Advisory Group (MAG) plays a pivotal role in shaping the strategic direction of health and social care services in Wales. Its recommendations provide a framework for collaborative improvement and innovation across the sector, ensuring alignment with national priorities and long-term objectives. To support this, NWSSP facilitated a development session with the partnership committee and key representatives, ensuring that MAG recommendations were embedded into our strategic planning for 2026–2029.



## Levers of Change

- A sharper focus on a tighter list of priorities.
- The need to accelerate the adoption of validated best practice and to bring those with low levels of adoption close to the current best performers.
- The importance of applying evidence-based standards for how care is organised and being challenging where this is not implemented.
- The importance of leadership in making these changes, in particular medical leadership
- A greater focus on and improvement in basic operational management processes.
- Transparent and rigorous accountability arrangements with a streamlined set of meetings – allowing boards and trusts to get on with driving change whilst ensuring that they are efficiently held accountable for performance.
- Maximising the availability and return on investment of capital and better alignment of financial flows with the objectives of the system.



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

# Part 3

## Strategic Objectives





## Strategic Objectives

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

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

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



Digital Transformation and Innovation



Sustainability, Decarbonisation & Resilience



Workforce Development, Leadership & Culture

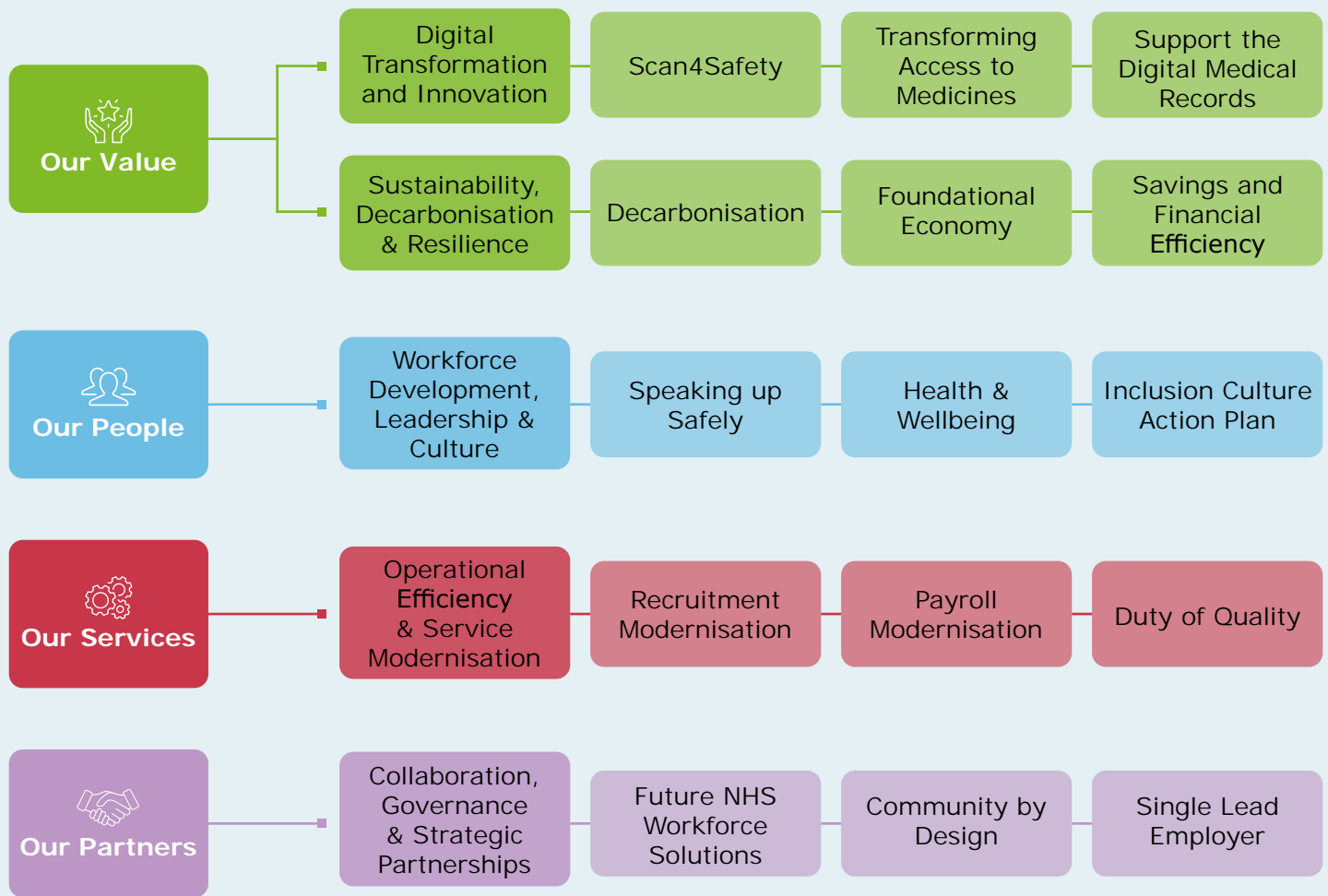


Collaboration, Governance & Strategic Partnerships



Operational Efficiency & Service Modernisation

**Key:** *Our Themes*



**Key:** Strategic Objective, Theme and IMTP Initiative

The following table provides clear mapping between the six national strategic priorities set out in the NHS Wales Planning Framework 2026–29 and some of the key initiatives highlighted in the IMTP.

Strategic Priority	IMTP Initiative	Contribution
<b>Timely Access to Care</b>	Scan 4 Safety	Reduced cancelled theatre lists due to stock outs, wrong product etc. (Scan 4 Safety)
	TRAMS	Improving patient experience through provision of high-quality medicines and services; resilience in medicines supply (TRAMS)
	Support the Digital Medical Record	Remove the need to print and transport medical records, saving resources in general medical practice (Digital Medical Record)
	Recruitment Modernisation	A modernised and efficient recruitment service that meets the needs of our customers and partners (Recruitment Modernisation)
	Payroll Modernisation	Create a greater customer service experience through digital integration and self service (Payroll Modernisation)
	Savings and Financial Efficiency	Savings to free up capacity to tackle waiting lists (Savings and Financial Efficiency)
	Future NHS Workforce Solutions	Support better workforce planning to improve capacity and access (Future NHS Workforce Solutions)
<b>Population Health &amp; Prevention</b>	Foundational Economy	Increase resilience in the supply chain and increase the expenditure and contracts awarded to Welsh Suppliers (Foundational Economy)
	Decarbonisation	Supporting partners to reduce their carbon emissions and deliver on their local Decarbonisation Action Plans (Decarbonisation)
	Inclusive Culture Action Plan	Commitment to promote diversity, equity and fairness (Inclusive Culture Action Plan)
	Speaking up Safely	Commitment to continuous improvement of working conditions, organisational and individual wellbeing (Speaking up Safely)

<b>Community by Design</b>	<p>Community by Design</p> <p>Single Lead Employer</p> <p>Decarbonisation</p> <p>Support the Digital Medical Record</p>	<p>Actively support and embed the principles of the Community by Design programme, using a co-production approach to improve health outcomes (Community by Design)</p> <p>Improved clinical trainee experience leading to improved retention across Wales (Single Lead Employer)</p> <p>Supporting sustainable estates and transport for community care (Decarbonisation)</p> <p>Facilitates paperless records for community services (Digital Medical Record)</p>
<b>Mental Health Access</b>	<p>Speaking up Safely</p> <p>Inclusive Culture Action Plan</p> <p>Health and Wellbeing</p>	<p>Commitment to continuous improvement of working conditions, organisational and individual wellbeing (Speaking up Safely)</p> <p>Commitment to promote diversity, equity and fairness (Inclusive Culture Action Plan)</p> <p>A commitment to promote and support a healthy and engaged workforce (Health &amp; Wellbeing)</p>
<b>Women's Health</b>	<p>Inclusive Culture Action Plan</p> <p>Health and Wellbeing</p>	<p>Commitment to promote diversity, equity and fairness (Inclusive Culture Action Plan)</p> <p>A commitment to promote and support a healthy and engaged workforce (Health &amp; Wellbeing)</p>
<b>Quality and Safety</b>	<p>Scan 4 Safety</p> <p>Duty of Quality</p> <p>Payroll Modernisation</p> <p>Speaking up Safely</p> <p>Inclusive Culture Action Plan</p>	<p>A more resilient and transparent supply chain reducing risk to patients and service disruption (Scan 4 Safety)</p> <p>Embedded 12 Health and Care Quality Standards (Duty of Quality)</p> <p>Reduction in payroll errors (Payroll Modernisation)</p> <p>Commitment to continuous improvement of working conditions, organisational and individual wellbeing (Speaking up Safely)</p> <p>Programme to develop leadership capability for quality improvement and commitment to promote diversity, equity and fairness (Inclusive Culture Action Plan)</p>



## Our Value

*Increase efficiency, demonstrate value, and improve population health as part of Wales' broader health and care system.*

We are committed to maximising efficiency, demonstrating clear value, and strengthening our contribution to population health as part of Wales' wider health and care system. By reducing waste and unwarranted variation, we will optimise the use of resources and create capacity that directly supports improved patient outcomes.

The following key initiatives outlined in our IMTP illustrate our commitment to these objectives, building upon the progress made in 2025-26.



## Digital Transformation and Innovation

### Scan 4 Safety



#### What will this mean to our customers and partners?

A more resilient and transparent supply chain reducing risk to patients and service disruption.

In June 2021 the Minister for Health and Social Services approved a full business case and associated investment as the first steps to embedding Scan for Safety principles and practices across Wales. With patient safety at the heart of the programme, data standards and data capture technology are being introduced across NHS Wales.

We are now in year 4 from 8 that were included in the full business case.

#### Achievements to date

##### Patient Safety

- » Helped with the reduction of possible 'Never Events' by:
  - » Removing expired products from shelves.
  - » Supporting swift product removal following alerts – including recalling patients.

##### Efficiency

- » Reduced lost clinical time to admin – looking for orders, stock etc.
- » Reduced cancelled theatre lists due to stock outs, wrong product etc.
- » Reduced the need for urgent orders.
- » Reduced stock obsolescence and out of date stock

##### Finance

- » Improved real-time accounting – stock levels, movement, receipting etc.
- » Ability to automate patient level costing.



## Legal

- » Data collection used to inform Medical Devices Information System (now Outcome Registries Platform (ORP)).
- » Scan for safety will help NHS Wales meet imminent UK Parliament requirement –mandating Unique Device Identification (UDI) linkage to patients to be introduced from July 2026 and mandated from July 2029.

## In 26-27 we will:

- » Continue to roll-out of Scan for Safety to cover all theatres and treatment laboratories across NHS Wales.
- » Implement improved data standards in relation to patient and product traceability.
- » Improve linkage across patient pathways to outcome measures.
- » Continue to contribute to waste reduction by improving inventory management and minimising over-ordering.
- » Continue to rollout point of care scanning.



## Transforming Access to Medicines (TRAMS)



### What does this mean to our customers and partners?

Establishing cost-effective resilience in our medicines supply, improving the patient experience through the provision of high-quality medicines and services.

The Transforming Access to Medicines (TRAMS) programme, an NHS Wales initiative and a tangible commitment to Regional Delivery, aims to establish a shared Pharmacy Technical Service to strengthen the manufacturing and supply of medicines across Wales. The Programme Business Case (December 2020) set out the need for three regional hubs to deliver sustainable aseptic services. TRAMS will improve access to critical medicines, enhance patient outcomes, and support the quality and resilience of Pharmacy Technical Services.

### In 25-26 we have:

- » South East hub outline business case completed and approved to progress to FBC. OBC being constructed and timeline for completion established.
- » North Wales hub work has started and next steps to develop a business case.
- » South West hub work has started to identify sites/locations to develop a business case.
- » Radiopharmacy
  - Isolators ordered and delivered.
  - Cleanroom build underway and due to complete Jan 26.
  - Service implementation work underway including Service Level Agreements.

### In 26-27 for radiopharmacy we will:

- » Finalise all procedures, workflows, commissioning requirements and regulatory compliance documentation.
- » Secure all required licences and permits and deliver a phased launch of the new operational model.
- » Deliver workforce training and continually review training effectiveness with Quality and Production Leads as part of routine quality governance.
- » Conduct external stakeholder reviews to refine product workflows, procedures and the product catalogue.
- » Maintain regular training and quality reviews within Radiopharmacy to ensure staff competency and service readiness.



## Support the Digital Medical Record



### What does this mean to our customers and partners?

Remove the need to print and transport medical records saving resources in general medical practice.

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

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

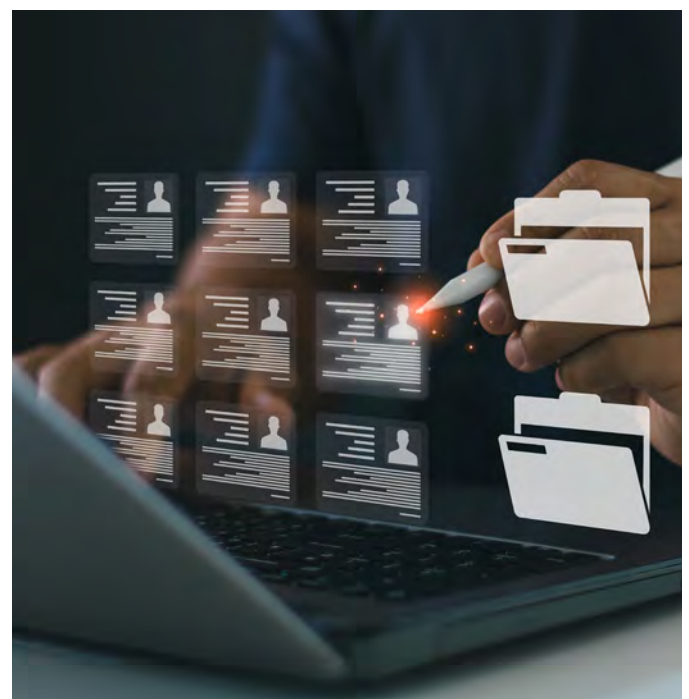
#### In 25-26 we have:

Focused on reducing the burden on GP practices in relation to physical printing and release of patient medical records by changing operational process, challenging regulation and taking advantage of digital advances. Our objectives included:

- » Provided guidance notes, in partnership with the BMA and DHCW, to enable practices to reduce the physical printing of medical records, following the successful transfer of records via the GP2GP system.
- » Providing GP Practices, as the data controller advice on the secure destruction of Medical Records.
- » Process change to reduce the need to create a First medical Record in paper format.
- » Challenged existing regulation in respect of Deceased patient's records, to reduce the burden on GP practices in respect of printing, distribution and resource costs.

#### In 26-27 we will:

- » Review internal storage arrangements and assess the impact of retention requirements across PCS.
- » Identify digital, paper-lite and paperless options to reduce reliance on physical storage.
- » Develop a paper-lite/paperless implementation plan and engage with key stakeholders to agree the approach.
- » Deploy the agreed plan to reduce physical storage requirements across the NWSSP estate and support long-term digital transformation.





## Sustainability, Decarbonisation & Resilience

### Decarbonisation



#### What does this mean to our partners?

We are supporting our partners to reduce their carbon emissions and deliver on their local Decarbonisation Action Plans.

The NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 (Strategic Plan) was originally published in March 2021 and provides a detailed road map for NHS Wales to help facilitate or directly reduce carbon emissions. Following a refresh in Summer 2025, the Strategic Plan now outlines 25 overarching initiatives and associated actions, detailing responsible owner organisations and implemented dates to ensure NHS Wales meets its climate commitments.

A second iteration of NWSSP's Decarbonisation Action Plan (DAP) was produced for the period 2024-2026, detailing the localised response to the Strategic Plan.

Climate Risk has also been prevalent in 2025, with requirements for the creation of an Adaptation Risk Register and associated plan.



## Our National Decarbonisation Role

NWSSP has an essential role at both a national and local level in supporting the Strategic Plan. Recognising the key role it plays in both delivering on the decarbonisation of our own estate and activities, and in the role we play in providing technical, professional and transactional services to the wider NHS in Wales.

This includes governance and leadership; providing Chair and secretariat functions for both the Health and Social Care Climate Emergency (HSCCE) Transport and Procurement Project Board, alongside the Buildings, Estates, Land Use and Planning board. This formal interface is supported by NWSSP hosted forums such as the Welsh Health Environmental Forum (WHEF).

Hosting a number of shared functions, including Procurement, Supply Chain, Fleet and Specialist Estates Services, NWSSP provides expertise to NHS Wales in key climate action areas. This includes the sole ownership of 26 national actions stipulated within the Strategic Plan, spanning across multiple workstreams.

In addition, NWSSP provide the coordination of national Strategic Plan reporting through the Climate Action Partnership, working with our partners to ensure delivery and best practice as aligned with Welsh Government requirements.

## Planned Activity for next 6 months

- » Following the refreshed Strategic Delivery Plan - review, communicate and allocate the actions accordingly within NWSSP.

- » Develop a NWSSP Adaptation Risk Register and associated costed plan.
- » Complete documentation relating to the **Net Zero Building Standards** (for buildings between £2-20 million).
- » Commence an All-Wales Waste Strategy.
- » Implement 14 additional EV Chargers at Matrix House.
- » Install PV Solar Panels at Denbigh Stores.
- » Install infrared heating at Denbigh Stores to reduce gas consumption.
- » Complete Sustainable Transport Plans for IP5 and Matrix House.
- » Increase Procurement spend covered by Carbon Reduction plans.
- » Fleet Replacement Programme and reduction of ICE vehicles.
- » Warehouse re-design to support a reduction in waste.



## Foundational Economy



### What does this mean to our customers and partners?

Our aim is to increase resilience in the supply chain and increase the expenditure and contracts awarded to Welsh Suppliers.

NWSSP understands that our procurement services must deliver the best possible **service to Health Boards and Trusts and the patients and communities they serve.** This means ensuring that products, services, and provisions are sourced **efficiently and at the best value.** We are committed to sourcing and delivering high-value goods and services through working in social partnership with our customers, stakeholders and suppliers.

**In the face of economic and financial challenges, we aim to support reinvestment into the Welsh economy.**

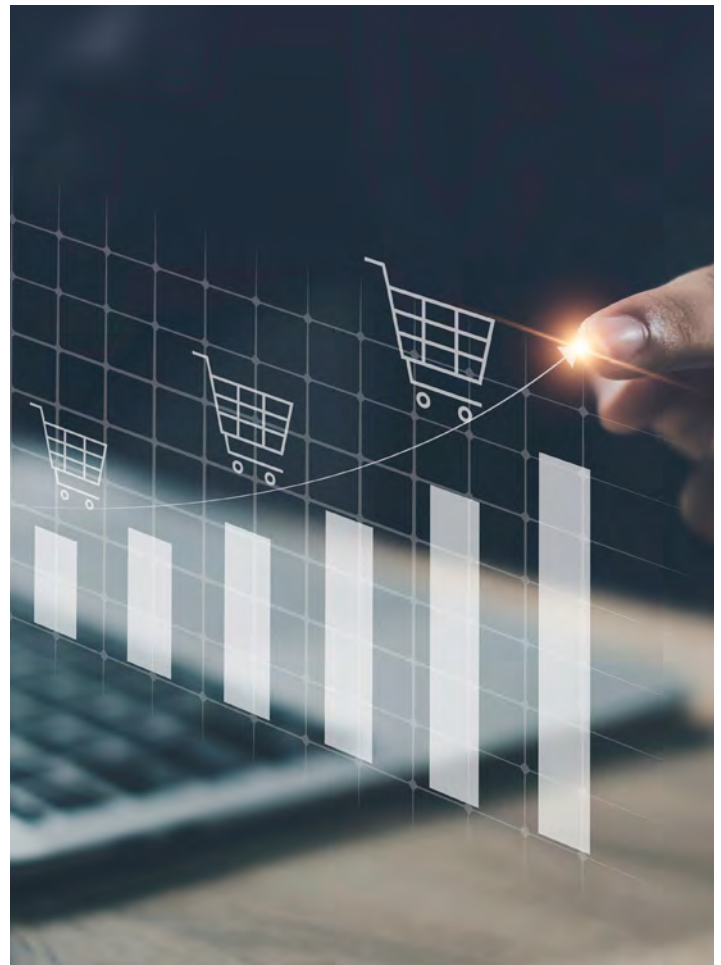
NHS Wales will continue to invest in the Foundational Economy; this focus has led to **the award of significant contracts to Welsh suppliers.** This, along with other initiatives, has resulted in £2.3 billion or 44% of NHS Wales's non-pay expenditure being directed to Welsh suppliers in 2025-26.

### In 25-26 we have:

- » Enhanced data and reporting.
- » Provided training and education to integrated partnership teams.
- » Identified further opportunities in conjunction with health organisations.
- » Engaged with local businesses through "meet the buyer events".

### In 26-27 we will:

- » We aim to increase spend with Welsh suppliers from 44% to 47% which equates to an additional £140m spent in Wales.
- » Further enhance data and reporting.



## Savings and Financial Efficiency



### What does this mean to our customers and partners?

Supporting our customers and partners to realise cost savings and achieve cost improvement targets.

NWSSP Procurement Services remains committed to delivering cash releasing and cost avoidance savings for NHS Wales Organisations. This savings are composed of local, regional and national savings plans developed by the teams across Wales for a range of goods and services. In the **context of the very challenging financial environment** facing NHS Wales alongside new procurement regulations, the need to facilitate further savings opportunities, the Procurement service is providing advice to the NHS Wales Value and Sustainability Board identifying areas where senior Board Executive and Welsh Government support will be required to address clinical preference and unlock the full potential of the additional savings pipeline.

#### In 25-26 we are:

- » On track to exceed the £50m target non pay savings target.
- » Established and agreed the common principles for non-pay savings targets.
- » Established and agreed Clinical Engagement and Delivery model for NHS Wales.
- » Established and embedded in the National Clinical Networks to manage standardisation and rationalisation across key categories across Wales.

#### Moving into 26-27:

- » Develop and deliver £50m savings target.
- » Continue working with the National Clinical Networks on the rationalisation agenda on new areas.
- » Further develop additional national savings opportunities.
- » Work with NHS P&I on developing the non-pay element of the Vault Page.



ORTISO



## Our People

*Promote excellence through leadership, wellbeing, inclusivity, and workforce diversity*

We are committed to fostering a supportive, inclusive and high-performing workplace where our people feel valued, empowered and able to make a meaningful contribution to the health and wellbeing of communities across Wales. We will continue to nurture leadership, promote diversity, and invest in the wellbeing and development of our workforce, including creating opportunities for future talent within the communities we serve.

Our evolving People Plan, detailed in **Appendix C**, strengthens these commitments and builds on the solid foundations already in place.





## Workforce Development, Leadership & Culture

### Speaking up Safely



#### What will this mean to our people?

A commitment to continuous improvement of working conditions, organisational and individual wellbeing.

In 2025-26, the NWSSP launched its Speaking up Safely Policy. Communication and training about the organisation's approach to Speaking up Safely were developed and delivered, including the creation of a dedicated email address for raising related concerns.

Communication initiatives and roadshows for Resident Doctors were conducted across NHS Wales Health Boards in collaboration with Medical Education Leads. The Work in Confidence platform was implemented, enabling colleagues to raise concerns anonymously and providing comprehensive data to identify organisational trends. Suitable Conversation Recipients were appointed to handle initial concerns received via the platform. Information about Speaking up Safely was incorporated into the induction programmes for Resident Doctors, Dental Foundation Trainees, Medical and Dental Postgraduates in Training, and Trainee Pharmacists for 2025.

Additionally, reports were regularly provided to the Senior Leadership Group through the People and Organisational Development monthly update and to the Speaking up Safely Steering Group on a bimonthly basis.

#### Planned activity for 2026 – 27 includes:

- » Embed the All-Wales Sexual Safety Policy that aligns with the Speaking up Safely Framework
- » Development of NWSSP Sexual Safety training based on the NHS Wales Policy and Speaking up Safely Framework
- » Psychological Safety training is developed and rolled out to the organisation
- » Embedding the Work in Confidence Platform and Speaking up Safely Framework within NWSSP including our Resident Doctors, Dental Foundation Trainees and Medical and Dental Postgraduates in Training and Trainee Pharmacists.
- » Develop further communication on ways to raise concerns, including creating transparency through using anonymous customer feedback, and number of concerns and resolutions.



## Health and Wellbeing



### What will this mean to our people?

A commitment to promote and support a healthy and engaged workforce.

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

#### During 2025-26 we have:

- » Increased the number of Mental Health First Aiders we have within the organisation.
- » Delivered further health and wellbeing awareness sessions to staff and managers.
- » Introduced menopause guidance.
- » Reviewed our approach to Death in Service to ensure it was aligned to our values and compassionate leadership.

#### In 2026-27 we intend to:

- » Review our approach to Mental Health First Aid provision.
- » Provide additional focus on Financial Wellbeing.



## Inclusive Culture Action Plan



### What will this mean to our people?

A commitment to promote diversity, equity and fairness.

In 2025, People and OD published NWSSP's Inclusive Culture Action Plan to address feedback and information received about employee experience within the organisation as well as to respond to national priorities. The plan was developed in conjunction with Trade Union colleagues and the organisation's Culture Change Champions from the This is Our NWSSP staff network. It consists of 15 actions to be delivered from 2025-2027 which address the following aims:

- » Improve morale and retention through the implementation of development programmes and other related support.
- » Support a healthy working environment.
- » Enable a Speaking Up Culture with a mechanism to raise concerns.
- » Improve understanding around opportunities for flexible working.
- » Promote and support a compassionate and inclusive culture.
- » Increase diversity in senior roles.
- » Improve engagement through our approach to recognition.
- » Address underreporting of demographic data to better support underrepresented groups.



### Progress towards these aims includes the following achievements for 2025-26:

- » The Leaders of the Future programme commenced which enables participants to lead a stretching piece of work from another part of the organisation whilst undertaking a leadership qualification. They are supported by the People and OD team, the TMO team and a senior mentor. The first cohort, with ringfenced places for those from underrepresented groups, commenced with 5 participants. Success stories are in development, and the programme will look to start cohort 2 in Spring 2027 following engagement with all services to provide initiatives for participants to apply for.

- » A new approach to the Performance Appraisal Development Review has been launched through a Valuing Performance and Development conversation tool which enables individuals to capture ongoing conversations through the year and evidence their contribution to an inclusive and compassionate culture, discuss development needs and well-being needs and ensure they are getting the most out of their role.
- » Compassionate Culture training has been launched which is open to all staff and an increase in Diversity and Inclusion training has seen all courses fully booked. In addition, an Inclusive Recruitment eLearning course has also been provided to NWSSP recruiting managers.
- » NWSSP's Speaking up Safely Policy was launched and the Work in Confidence platform was implemented that enables colleagues to raise concerns anonymously. This system provides comprehensive anonymous data so that we can identify trends in the organisation. Communication and training have been delivered and including roadshows for Resident Doctors across NHS Wales via Medical Education Leads. Information has been included in the NWSSP Induction programme and the induction programme for Resident Doctors, Dental Foundation Trainees, Medical and Dental Postgraduates in Training and Trainee Pharmacists for 2025.
- » A pulse survey has been launched to learn more about staff experience of time pressures, presenteeism and work life balance. Engagement sessions for staff will be run which focus on the outcomes of the survey and planned actions.
- » The recording of demographic information has been increased following awareness raising with non-digital sites improved communications, and integration with the new appraisal conversation tool.





## Our Services

*Provide top-quality, innovative services that support NHS Wales goals and promote ongoing improvement.*

We recognise the critical role that high-quality, innovative services play in supporting NHS Wales priorities and improving outcomes for patients and communities. Throughout this IMTP, we demonstrate how we are advancing this ambition through data-driven improvement, digitally enabled services, and strong collaboration with our partners to deliver sustainable, forward-looking solutions for the health and care system. Through our implementation of the Duty of Quality, maintenance of external accreditations, and a culture of continuous improvement, we underpin the delivery of safe, effective, and person-centred services.

The following key initiatives outlined in our IMTP illustrate our commitment to these objectives, building upon the progress made in 2025-26.



## Operational Efficiency & Service Modernisation

### Recruitment Modernisation



#### What will this mean to our customers and partners?

A modernised and efficient recruitment service that meets the needs of our customers and partners.

### Reducing the Time to Hire

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

Key process changes that have been implemented to date include:

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

#### During 2025-26 we have and will continue to in 2026-27:

- » Review 'owning the journey' progress across NHS Organisations and evaluating the benefits.
- » Explore ideas through consulting with other organisations and recruiting managers.
- » Review implemented changes to ensure they are effective.
- » Utilise digital technology available to support further reductions in 'time to hire'.
- » Continue to explore and implement automation throughout the process to reduce manual work and improve on timescales and streamline processes.
- » Work with the new workforce solution provider to develop and implement the new solution.
- » Rebrand and refocus the Recruitment Modernisation Programme Board to the Recruitment Improvement Board, which will continue to embed service improvements into the process and enhance the customer experience.



## Owning the Recruitment Journey

Whilst the changes to process and the implementation of Digital Identity validation software is showing positive results, there is additional activity that both NHS Organisations and recruiting managers can undertake to support a reduction in the time to hire, including planning recruitment activities in advance and streamlining the number of vacancy approvals required. These activities have been agreed, and work continues across Wales.

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



## Payroll Modernisation



### What will this mean to our customers and partners?

Create a greater customer service experience through digital integration and self service.

### Staff Movement Advice

The Payroll modernisation phase 1 (Staff Movement Advice (SMA) Application) accelerated the roll out to all NHS Wales Organisations apart from Swansea Bay University Health Board, with the efficiencies and significant savings achieved as outlined in the original business case.

The benefits of the SMA include:

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

The second phase which is dependent on power automate being scripted and able to process the SMA digitally, this will require significant testing and looking to have this implemented by October 2026 due to the critical testing to ensure the uplifted Data from the SMA is transferred accurately into ESR for payment.

### Over payments portal

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

The portal benefits include:

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

**Moving into 2026-27 we will be:**

- » Testing and deploying the direct entry into ESR to significantly reduce administration and errors and ultimately offer our user a better customer journey.
- » Continue to work with Health Boards, using the overpayments digital Portal to further reduce overpayments.





## Duty of Quality



**What does this mean for our customers, suppliers and the service users of NHS Wales?**

We continue to focus on quality, reliable, safe, and effective services in line with standards and regulations as appropriate, supporting the overall health system in partnership.

Our second annual report further demonstrated how we have implemented and embedded the 12 Health and Care Quality standards across NWSSP. Our Duty of Quality Implementation team have continued to meet and embed the Duty in their areas of work.

## The health and care quality standards



Quality Standards	
Safe	This focuses on avoiding preventable harm, getting processes and care right, and learning from incidents and concerns to prevent repetition.
Timely	This is described as providing high quality care in the right timeframe.
Effective	This reflects utilisation of evidence-based practice including prevention as well as treatment.
Efficient	A values-based approach to improve outcomes for people.
Person Centred	Meeting people's needs.
Equitable	Providing equality of opportunity and human rights.
Quality Enablers	
Workforce	Ensuring that the workforce is skilled and available to provide care and support to those who provide care.
Leadership	Clear vision with governance and accountability embedded in the organisation.
Culture	Quality systems and safety in a supportive way enabling sharing new ideas and learning from mistakes.
Information	Using data and knowledge to inform service quality and development.
Learning & Improvement	Quality improvement to deliver quality services and outcomes.
Whole System Approach	Improving quality across the health care system to improve population outcomes.

Evidence that demonstrated our commitment to quality in 2024-25 included:

- » Maintaining ISO accreditations and achieving external audit standards.
- » Whole Organisation Customer Service Excellence Award for the third consecutive year.
- » Submission of our second Annual Duty of Quality Report.
- » Quality Driven reporting into Health Boards and Trusts has continued, including Pharmacy Technical Services and WGOS.
- » Quality data continues to inform our development across NWSSP.



These are explained further in the Duty of Quality Annual Review 2024-2025 and a list showing some of our accreditations are in the table below.

Achievement	Division	Quality Domains	Quality Enablers
Decision to seek, and achievement of, NWSSP wide customer service excellence accreditation (CSE)	NWSSP wide	<ul style="list-style-type: none"> <li>Equitable</li> <li>Person Centered</li> </ul>	<ul style="list-style-type: none"> <li>Leadership</li> <li>Culture</li> <li>Information</li> </ul>
Development of a water and energy recovery system for Laundry Services BS14065:2016 for biocontamination control systems	Specialist Estates Laundry Services	<ul style="list-style-type: none"> <li>Efficient</li> <li>Effective</li> <li>Safe</li> </ul>	<ul style="list-style-type: none"> <li>Information</li> <li>Whole System</li> <li>Learning, improvement and research</li> </ul>
Maintaining Divisional accreditations – these act as a visible assurance of quality	NWSSP wide	<ul style="list-style-type: none"> <li>Person Centered</li> <li>Safe</li> </ul>	<ul style="list-style-type: none"> <li>Learning, Improvement and research</li> <li>Leadership</li> <li>Culture</li> <li>Whole System</li> </ul>
Speaking up safely	People and Organisational Development	<ul style="list-style-type: none"> <li>Safe</li> <li>Equitable</li> </ul>	<ul style="list-style-type: none"> <li>Leadership</li> <li>Workforce</li> <li>Culture</li> </ul>
SMTL have achieved ISO/IEC 17025:2017 and BS EN ISO 14001 Testing and calibration and environmental management systems A UKAS audit showed zero noncompliance with one minor recommendation (this level of compliance for an organisation is rare)	Systems Testing and Materials Laboratory	<ul style="list-style-type: none"> <li>Safe</li> <li>Timely</li> <li>Efficient</li> <li>Effective</li> </ul>	<ul style="list-style-type: none"> <li>Information</li> <li>Whole System</li> <li>Learning, Improvement and research</li> </ul>
Maintained Law Society Lexcel service excellence accreditation (Lexcel)	Legal & Risk Services	<ul style="list-style-type: none"> <li>Timely</li> <li>Effective</li> <li>Efficient</li> <li>Equitable</li> <li>Person centered</li> </ul>	<ul style="list-style-type: none"> <li>Leadership</li> <li>Workforce</li> <li>Culture</li> <li>Information</li> <li>Learning, improvement and research</li> <li>Whole system approach</li> </ul>

Whilst these are external reviews and accreditations, our divisions within NWSSP also undertake other forms of internal quality assurance. This includes the work undertaken by the People and Organisational Development team who, quantitatively and qualitatively, measure responses to surveys and evaluations including the People and OD survey, the NHS Wales Staff survey, experiential and impact evaluations of courses, action point response times and the quality of external speakers. These assessments provide feedback for the organisation, course and survey participants and staff, allowing for improved service delivery.

## Quality Driven Decision making

Embedding the 12 Health and Care standards as more formal considerations in our day-to-day decision making, as well as writing in quality metrics for commissioned and procured services is a task we will continue to pursue through the coming year. Workforce and culture are two areas addressed by the NWSSP commitment to the Armed Forces Community, using partnerships and tailored training and development programmes to support the recruitment and retention of ex forces personnel and their families.



## Quality Management Systems (QMS)

The Duty of Quality was introduced in 2023 as a development of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 and requires every Health body in Wales to have an effective QMS. Quality methodology has been part of NHS working for several decades so is familiar to most managers in one iteration or another.

The robust approach to quality has been redefined by the introduction of the Duty of Quality and its enablers and is reinforced by the development of QMS to manage all the aspects of quality.

It is not designed to operate in isolation but is designed to be used as part of a cohesive approach to quality applicable to both clinical and non-clinical services in Health Boards and in our case in NWSSP.

NHS Wales defines a QMS as "An operating framework to continuously, reliably and sustainably meet the needs of the population we serve" [performance-and-improvement.nhs.wales/functions/quality-safety-and-improvement/quality-and-safety/developing-a-quality-management-system/](https://performance-and-improvement.nhs.wales/functions/quality-safety-and-improvement/quality-and-safety/developing-a-quality-management-system/)

- » Quality Planning (QP): through our IMTP, demonstrating the way we have continued to embed quality into our organisational culture.
- » Quality Assurance (QA): from our always on reporting model, to our internal and external accreditations.
- » Quality Control (QC): Ensuring that our KPIs are regularly reviewed with quality measures in mind and that our regular rhythm of review for divisions has quality at its heart.
- » Quality Improvement (QI): being central to our discussions in quarterly reviews, Senior Leadership Group and Partnership Board.

Below is a proposed overarching QMS for NWSSP which will be developed over the next year.



## Reporting

Monthly 'always on' reporting continues and we are now developing a mechanism for including the Duty of Quality as part of Business as Usual in the quarterly reporting process.

In 26-27:

We are continuing to embed the Duty of Quality as part of planning across NWSSP, working with divisions, teams and individuals to reinforce the role of quality in supporting all aspects of the Quality Management System. **Appendix H** refers to examples of how NWSSP is meeting the requirements of the Duty of Quality.



## Our Partners

*Enhance collaboration through mutual partnership to achieve shared health goals and better services.*

We recognise the importance of strong, collaborative partnerships in delivering better outcomes and more sustainable services for the people of Wales. By working closely with health boards, trusts, national bodies and wider partners, we will co-design solutions, share learning and expertise, and ensure that our services are aligned to shared system priorities. Through these relationships, we will strengthen our collective ability to improve population health, enhance service quality and support the long-term ambitions of NHS Wales.

The following key initiatives outlined in our IMTP illustrate our commitment to these objectives, building upon the progress made in 2025-26.



## Collaboration, Governance & Strategic Partnerships

### Future NHS Workforce Solution



#### What will this mean to our customers and partners?

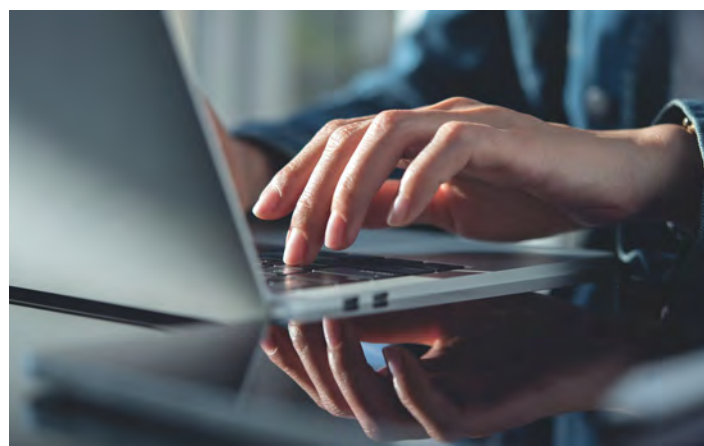
A flexible, agile Human Management system that is more responsive to the needs of NHS Wales which interfaces seamlessly to other NHS Wales e-systems.

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

The Programme is about to move into the design, development & build phase with early adopter organisations going live on the future solution in 2027. This will be followed by a series of implementation waves to all NHS organisations, completed by 2030, when ESR will be decommissioned.

The future solution will:

- » Be a Software as a Service (SaaS) cloud-based workforce solution.
- » Be predicated on self-service for all users.
- » Improve interoperability with other systems.
- » Use the latest AI technology, including digital assistants.
- » Be designed to support the delivery of NHS national ambitions and requirements of key workforce policies and plans.



Anticipated high level benefits are:

- » Increased functionality and an improved user-experience.
- » Access to timely data and insights, which will enable informed decision making.
- » Streamline business processes reducing admin burden, which will free up People Services to further support frontline colleagues in continuing to deliver high quality care.
- » Potential to reduce expenditure on third-party contracts and reduce other future costs.

In May 2024, NHS Wales Shared Services Partnership and NHSBSA launched an Organisation Action Plan with 4 pillars to help organisations start preparing for the future solution.



**In 26-27 we will:**

- » Strengthen programme governance and finalise the collaboration agreement with NHSBSA and the Systems Integrator.
- » Engage actively in the design and build of the new national workforce solution.
- » Launch and implement the Readiness & Implementation Framework across NHS Wales, prioritising early adopters while supporting non-early adopters.
- » Deliver an ongoing engagement and communications plan with NHS organisations, professional users, digital leads and key workforce stakeholders.
- » Soft launch the future workforce solution with managers and users across both early adopter and non-early adopter organisations.
- » Prepare and deliver e-learning materials for national workforce and health protection programmes (including vaccinations).
- » Continue to develop digital resources to support adoption, optimisation and user readiness.

**Transform****Optimise****Improve Data****Keep Engaged**



## Community by Design – Primary Care and Specialist Estates



### What will this mean to our customers and partners?

Actively support and embed the principles of the Community by Design programme, using a co production approach to improve health outcomes.

The strategic programme for Primary Care has developed the Community by Design planning approach, Primary care and Specialist Estates can support our partners with this programme of work.

- » Showcase and provide Primary care data, including workforce and Primary Care activity data to inform workforce planning and future service provision.
- » Continue engagement with the programme to determine what estate data is available and may support programme planning in the short and long term.



## Single Lead Employer



### What will this mean to our customers and partners?

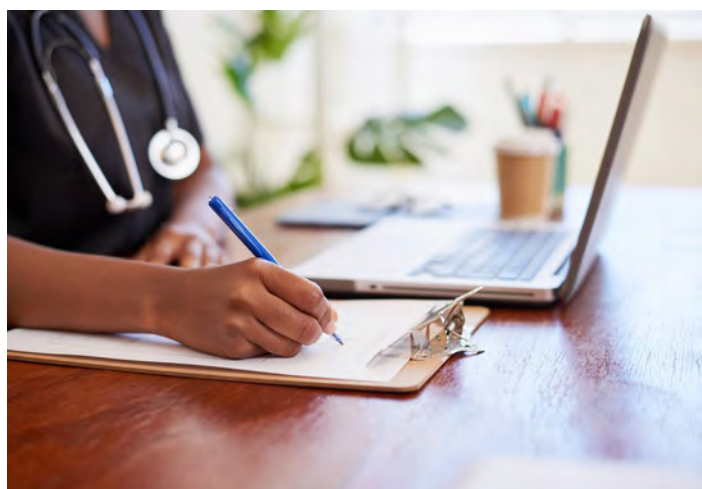
Improved clinical trainee experience leading to improved retention across Wales.

Single Lead Employer (SLE) is an employment arrangement that was put in place to effectively manage and support all Resident Doctors, Dentists and Trainee Pharmacists across Wales for the duration of their training programme. The Single Lead employer team work alongside Health Education Improvement in Wales (HEIW) and Host Organisations as part of a tripartite agreement.

In 25-26 we:

- » Introduced drop in clinics for new and existing trainees.
- » Introduced overseas clinics to assist the transition of any trainees new to the UK/Wales.
- » Promoted Speaking up Safely and the Working in Confidence Platform within trainee hub and induction.
- » Introduced a host hub to replicate the trainee hub.
- » Continued to use Power Apps and Microsoft forms in managing trainees employment, e.g. automated systems for sickness absence, parental leave and pay assessments.
- » Developed a Power App and process in managing trainees requiring reasonable adjustments.
- » Fully utilised the use of TRAC system in managing the onboarding of trainees inclusive of providing contracts of employment.

- » Continued to work on reducing overpayments through collaboration with payroll colleagues and host organisations.



In 26-27 we will:

- » Successfully implement the new resident doctor contract and payments associated with digital systems.
- » CODI is a digital system designed to streamline and enhance the management of resident doctors and postgraduate professionals across NHS Wales. We will continue to work on reducing overpayments through interventions such as validating CODI reports.
- » Further develop automated systems within the SLE including GP incentives, GP returners and compliance information.
- » Introduce Welsh Language champions within the trainee workforce.



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

# Part 4

## Core Supporting Functions





## Digital Priorities

We acknowledge the vital role that digital systems play in supporting our customers and partners, enhancing user experience, and increasing efficiency and performance throughout NHS Wales.

Moving into 26-27 we have a number of areas of key work that will drive efficiency and improve customer experience across NHS Wales. These key areas of work are:

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

Look at innovation and digital tools:

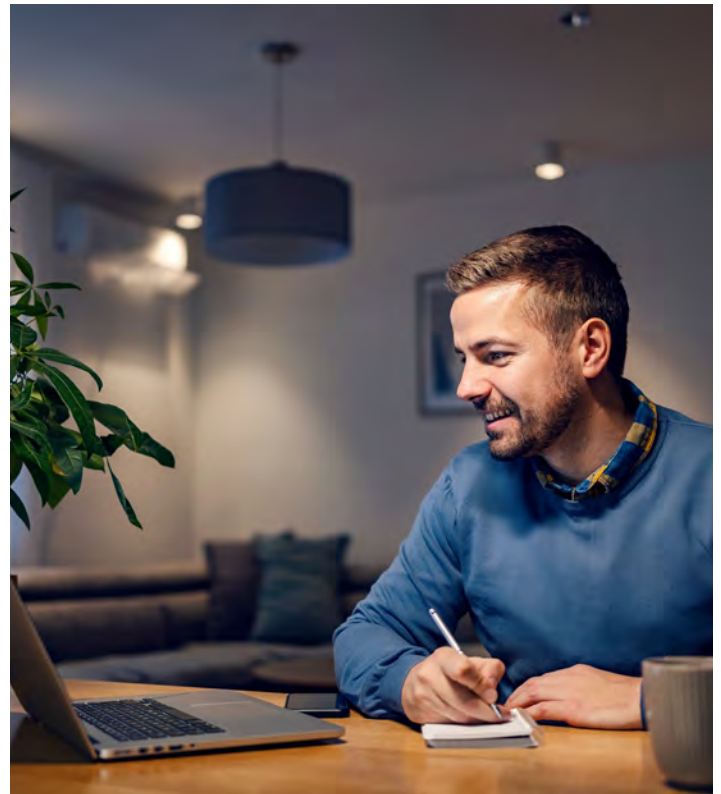
- » We are continuing to develop our digital audit delivery and innovation, which boosts efficiency and frees up more time to deliver added value.
- » Lead the development of the People Portal Transformation Programme.
- » Review and report on the long term strategic options for Financial Management System (FMS) services.

- » Deliver a replacement for the current Primary Care (GP rental reimbursement - GPRR) database.
- » Upgrade dashboard functionality and associated applications to Office 365 in connection with iCaseWork.
- » Source a digital solution to support medicines manufacturing service as part of Transforming Access to Medicines programme of work.
- » Review solutions to support the digital paper medical record in Wales.



To support these digital priorities, we remain committed to ensuring our people and services have the necessary digital competence. The People & Organisational Development division will:

- » Continue to support services in succession planning for critical roles, focusing on digital skills, gaps and training plans.
- » Continue to work with our Trade Union partners to support the development of essential skills including a focus on digital inclusion.
- » Focus on understanding the digital capabilities of our staff to ensure skillsets are aligned with role requirements and to prepare staff for new digital solutions.





## Financial Sustainability

Like other NHS organisations in Wales, NWSSP is navigating considerable financial challenges while trying to deliver major service changes within current resources. We are keen to introduce new services and accelerate innovation - especially by leveraging digital technology within our existing services - all while maintaining the delivery of high-quality services.

Although the 2026–27 financial plan is balanced, it faces notable risks that demand careful oversight and mitigation, and achieving our income and savings targets is essential; without extra investment from partners like the Welsh Government, we must strengthen our controls to maximise savings and reinvestment opportunities.



## Pressures

Identified pressures and priorities of £8.059m for 2026-27 (£12.528m for 2025-26) will be met from additional income generation, cash releasing savings, efficiency savings and Welsh Government income.

Pressures	2026/27 £m	2027/28 £m	2028/29 £m
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
<b>Total Pressures</b>	<b>8.059</b>	<b>3.169</b>	<b>2.747</b>
<b>Funded By:</b>			
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
Reserve Investment	0.836	0.147	0.000
	<b>8.059</b>	<b>3.169</b>	<b>2.747</b>
<b>Net Pressures</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

Major pressures in our plan stem from the high costs of major programmes—such as radiopharmacy, TrAMs, the Future Workforce solution, digital upgrades in Primary Care, and the Oracle Financial Management System—alongside inflationary pressures.

## 2026-27

Looking ahead to 2026-27 we have identified several initiatives and investments will help improve patient access and support our partners to deliver their plans: Examples include:

- » Opening of the new Radiopharmacy unit, progressing business cases for regional TrAMS hubs in South East, South West, and North Wales, and transitioning to a business-as-usual revenue model.
- » Further review of the Laundry costs and operations to progress a common operating model and rebase our SLA charging mechanism.



- » Further progress on readiness across NHS Wales for the provision of the Future Workforce Solution, a replacement for the current Electronic Staff Record.
- » Preparatory work for the replacement of Oracle Financial Management System aligned to the new Finance Operating Model for NHS Wales including implementation of a new point release.
- » The continued challenge to sustain momentum against our Decarbonisation Action Plan and access available capital funding

to ensure we can progress our ambitions and ensure we align with our fleet replacement strategy and EV charging infrastructure plan.

- » Primary Care transformation programmes including the further rollout of the electronic prescribing service across Wales and effectively capturing the benefits and ensuring a transition plan for impacted staff because of the changes.
- » Transfer of WIBSS from January 2027 to the Infected Blood Compensation Authority (IBCA).

## Income Streams

Income streams are forecast at £987.2m for 2026-27 rising to £1048.2m by 2028-29.

The Single Lead Employment arrangements materially impact our income streams, with £343.4m income of our total £987.2m income attributable from this service alone in 2026-27. Continued income growth across several service areas is forecast through to 2027-28 with the significant increase due to the commencement of the regional TrAMS South East services in 2027-28 equating to an additional £19m income.

## Welsh Risk Pool

The Welsh Risk Pool claims settlements forecast to be £271.466m in 2026-27 will require a risk share contribution of £162.031m from Health Boards and Trusts.

## Capital

Capital investment of £107.89m is required for the five-year period 2026-31. Major capital investments are included for the Radiopharmacy and regional TrAMS projects in addition to our fleet replacement strategy and warehouse storage.



## People & Organisational Development

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

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

- » Organisational Design
- » Organisational Development
- » Resourcing
- » People Analytics
- » Employee Relations
- » Welsh Language
- » People and OD Excellence

During 2025-26 we focused on several programmes of work to ensure that our people are at the heart of everything we do. Within each of our strategic priorities, we have aligned our planned work to the Ministerial priorities and wider programme of the Welsh Government. We will continue to build on this in 2026-27.

More detail on the People & OD plan can be seen in **Appendix C**.





## Transformation Management Office

We guide our partners through the complexities of the project lifecycle, delivering tailored project, programme and service improvement solutions. Our teams leverage cross-sector expertise to address unique challenges, fostering adaptability to any project. With a comprehensive suite of management services and expertise, the Transformation Management Office (TMO) ensures that every project embodies our commitment to Delivering Value, Innovation and Excellence through Partnership.

During 25-26 we were integral in delivering a number of successful projects. Nationally, these include the supporting of the Primary Care Workforce Intelligence System, and Corporate Governance Community of Practice. Within the business, a number of successful projects reached their conclusion, including a revamp of Nantgarw HQ and Companies House resulting in positive user feedback, along with successful roll out of the overtime request application and the legal and risk case management system. In addition, we lead training for all NWSSP colleagues to join, including introductory courses into project management, service improvement, business cases and more.



Moving into 26-27 we will be continuing to deliver programmes of national significance including Transformation Access to Medicines (TRAMS), which is creating a shared Pharmacy Technical Service for Wales and supporting the introduction of modern estate IT solutions across NHS Organisations. Further work includes the commencement of the fleet modernisation and optimisation programme and supporting the rollout of the Future Workforce Solution in Wales.



## Risk

Risks and opportunities that have the potential to impact the planned delivery of our IMTP are actively managed through review at each of the monthly Senior Leadership Group meetings. Additionally, the bi-monthly meetings of the Partnership Committee and the quarterly meetings of the Audit Committee receive an update on our key corporate risks. Our NWSSP Corporate Risk Register is structured to classify each risk against the relevant IMTP Strategic Objective. Divisional risks are monitored through the series of Quarterly Performance Reviews and each divisional senior management team monitors the management of these risks, which provide the opportunity for risks to be escalated to the NWSSP Corporate Risk Register as necessary.

### Our Key Corporate Risks

Key Corporate Risks going into 2026-2027 include:

#### Cyber Security

There remains a significant risk that a successful cyber-attack could compromise NWSSP systems or sensitive data, leading to operational disruption across NHS Wales organisations that rely on our services, as well as substantial reputational damage.

The global volume and sophistication of cyber threats continues to rise, driven by geopolitical instability and increased state-sponsored activity. While NWSSP has strong security controls in place, the evolving nature of cyber attacks means that likelihood remains high. This is an inherent risk for all organisations that can never fully be mitigated.



We are mitigating this risk through:

- » Strengthened scenario testing, including participation in national cyber crisis exercises.
- » A rolling programme to implement Security Information and Event Monitoring across cloud and local environments.
- » Completion and closure of all Cyber Assessment Framework remediation actions.
- » Ongoing support to Divisions on their Business Impact Assessments, supported by EPPR leads.

### Implementation of the Transforming Access to Medicines Service (TrAMS)

There is a risk that delays, or funding constraints could impede the development of Radiopharmacy and the wider TrAMS hub model, potentially impacting resilience in the supply of critical aseptic medicines and creating pressure on patient services across NHS Wales.

We are mitigating this risk through:

- » Oversight by the TrAMS Programme Board and strengthened project management disciplines.
- » Active engagement with partner organisations to recover lost time and address clinical pressures, particularly in Swansea.
- » Radiopharmacy construction remains on target, with preparatory works completed and equipment now on-site. Completion is aimed at January 2026.

- » Service implementation work has commenced with expected go live date Spring 2026.

Work on the SE hub FBC continues to ensure optimal outcomes for all stakeholders involved. Work has now commenced on North Wales and South West Wales projects within the wider TrAMS programme.



## Future Workforce Solution Support

There is a risk that NWSSP may not be sufficiently prepared to support the implementation of the Future Workforce Solution (FWS), which could limit our ability to scale operational support rapidly and create delays or inefficiencies for NHS Wales organisations transitioning to the new system.

A secondary risk exists around organisational capacity and capability within NHS Wales bodies, which may lead to extended timescales, sub-optimal implementation, or reduced realisation of benefits. The need for a centralised implementation team is still under discussion with Welsh Government (WG) and NHSBSA.

Mitigations underway include:

- » Ongoing discussions with WG about the establishment and funding of a centralised implementation team.
- » A collaboration agreement between NWSSP and NHSBSA is being drafted, with governance pathways identified.
- » Resource and implementation proposals were submitted to WG in November 2025.
- » Active engagement with NHSBSA senior leadership to finalise implementation and resource plans.
- » Development of a communication plan for NHS Wales organisations.
- » Review of internal NWSSP structures to identify additional capacity and capability requirements.

Meetings between WG and NHSBSA continue through late 2025, and further clarity on contract and funding arrangements is expected in Q4.



## Student Streamlining

There is a reputational risk to NWSSP if insufficient vacancies are declared by Health Boards to support the national Nurse Student Streamlining process, resulting in newly qualified nurses being unable to secure placements.

Vacancy numbers remain constrained due to financial pressures across the system.

Mitigations include:

- » Continued engagement with Health Boards to secure the release of appropriate vacancy numbers.
- » Ongoing liaison with HEIW to ensure commissioned training placements are matched with available roles.
- » Participation in HEIW's Workforce Supply Oversight Group being established to provide greater visibility on trainees in the development pathway.
- » Regular monitoring and escalation through workforce governance structures.

This work remains under close review due to the system-wide workforce challenges.

## Challenging Financial Climate

The financial context in NHS Wales presents a material risk to NWSSP's ability to deliver both existing services and key IMTP commitments, including capital-dependent developments and Ministerial priorities.

Despite successful capital bids for 2025-26, uncertainty remains due to reliance on slippage funding and supply chain cost volatility. Two major schemes – the IP5 roof replacement and the Fleet BJC – are still awaiting approval, creating pressure on procurement and delivery timelines.

Mitigations include:

- » Strengthened internal controls through the Capital Prioritisation Group (CPG).
- » Earlier business case development and engagement with suppliers to understand lead times and cost pressures.
- » Approval of the updated Capital Financial Control Procedure by Audit Committee.
- » Close alignment with Welsh Government and proactive submission of schemes by September deadlines.

Funding decisions for outstanding schemes are expected shortly, and timelines will be closely monitored.



## Pharmaceutical Supply

There is sustained risk to the continuity of pharmaceutical supply due to global instability, manufacturing shortages, political conflict, and trade restrictions, which may limit the availability of critical medicines.

As stockpiling options remain limited for many categories of medicines, NWSSP continues to monitor supply closely.

Mitigations include:

- » Heightened monitoring of stock levels and supplier reliability.
- » Active sourcing of suitable alternatives where possible.
- » Continued alignment with Welsh and UK Government on national responses to supply chain disruption.

The situation remains highly dynamic and externally driven.



## Decarbonisation

Resource constraints, particularly capital funding limitations, continue to pose a significant risk to NWSSP's ability to deliver its Decarbonisation Action Plan and contribute fully to Welsh Government's Climate Emergency commitments.


Progress has been made through the Decarbonisation Delivery Group, TEF-funded schemes, and capital approvals, but the scale of required change exceeds currently available resources.

Mitigations include:

- » Delivery of the NWSSP Costed Decarbonisation Programme Plan (updated June 2025).
- » Ongoing implementation of TEF-funded schemes including EV charging infrastructure and waste heat reclamation.
- » Early planning on IP5 roof replacement and PV feasibility works.
- » Continued reporting through the National Programme Board and the SDP refresh process.
- » Promotion of case studies to support behaviour and culture change.

# Part 5

## Appendices



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

This section explores the key activities outlined in our plans and demonstrates how they contribute to achieving our strategic objectives and demonstrating outcomes. By emphasising the beneficial outcomes for our customers and partners throughout NHS Wales, highlighting our dedication to delivering exceptional services.

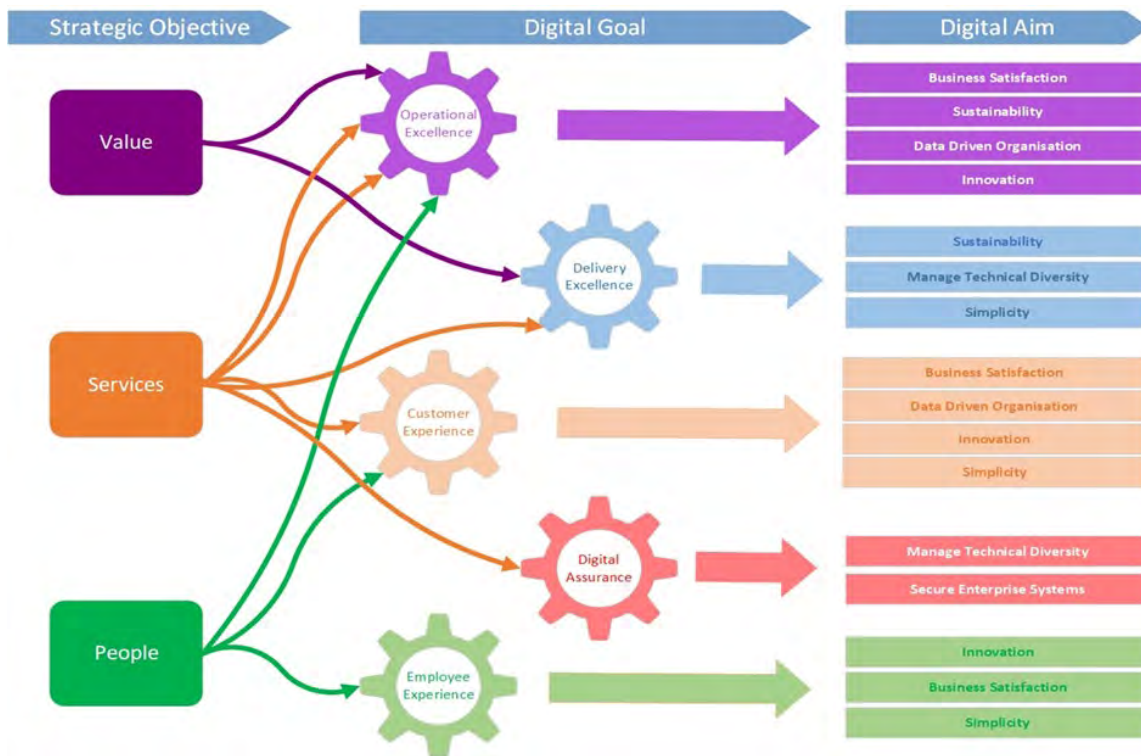


# Appendix A - Our Digital Plan

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

## Digital Strategy and Target Operating Model

In 2025-26 we continued to deliver against the digital goals within three key themes and our journey to a new Target Operating Model as defined by our Digital Strategy.



**Key:** Digital Goals



## Key Themes

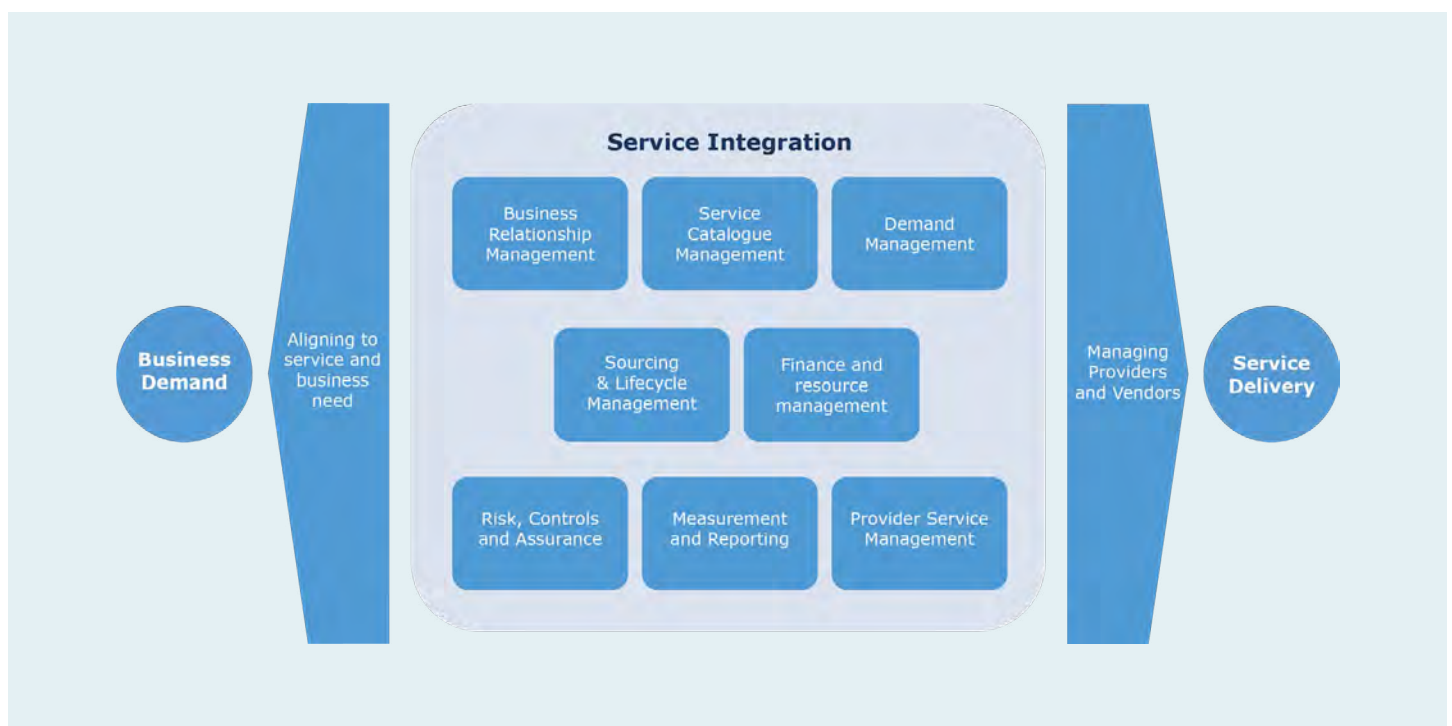
Strategic Alignment	Streamlining solution Portfolio	New Operating Model
<ul style="list-style-type: none"> <li>➤ NWSSP Strategic Objectives</li> <li>➤ Digital Strategy for Wales</li> <li>➤ Key Strategies</li> </ul>	<ul style="list-style-type: none"> <li>➤ Enhance -&gt; Buy -&gt; Build</li> <li>➤ Enterprise level solutions</li> <li>➤ Process alignment</li> </ul>	<ul style="list-style-type: none"> <li>➤ Business Relationship Management</li> <li>➤ Partners and Suppliers</li> <li>➤ "Positioning" appropriately</li> </ul>

We continued our journey to a new Target Operating Model by delivery projects that broadly fit into three categories:

**Stabilisation** – shorter-term activities designed to address gaps or risks in the existing model.

**Optimisation** – medium-term activities designed to realise the Target Operating Model and design process to deliver a continuous cycle of service improvement.

**Sustainability** – longer-term activities designed to ensure that we have a clearly defined model to support continuous improvement cycles and provide a targeted set of digital solutions that are robust and secure.



## Process Automation

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

We continue to develop and support processes with some examples in the following areas:

- » Statement Reconciliation
- » Invoice Approval
- » Staff Contract Updates
- » ESR record management
- » Catalogue Management
- » TRAC record management
- » General Ophthalmic Services (GOS) processing

## Cyber Resilience

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

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

**Govern:** Establish and monitor the organisation's cyber security risk management strategy, expectations and policy.

**Identify:** Manage the organisation's digital assets and identify the level of cyber security risk they present.

**Detect:** Find and analyse possible cyber security attacks and compromises.

**Respond:** Manage, mitigate and recover from the effect of cyber incidents



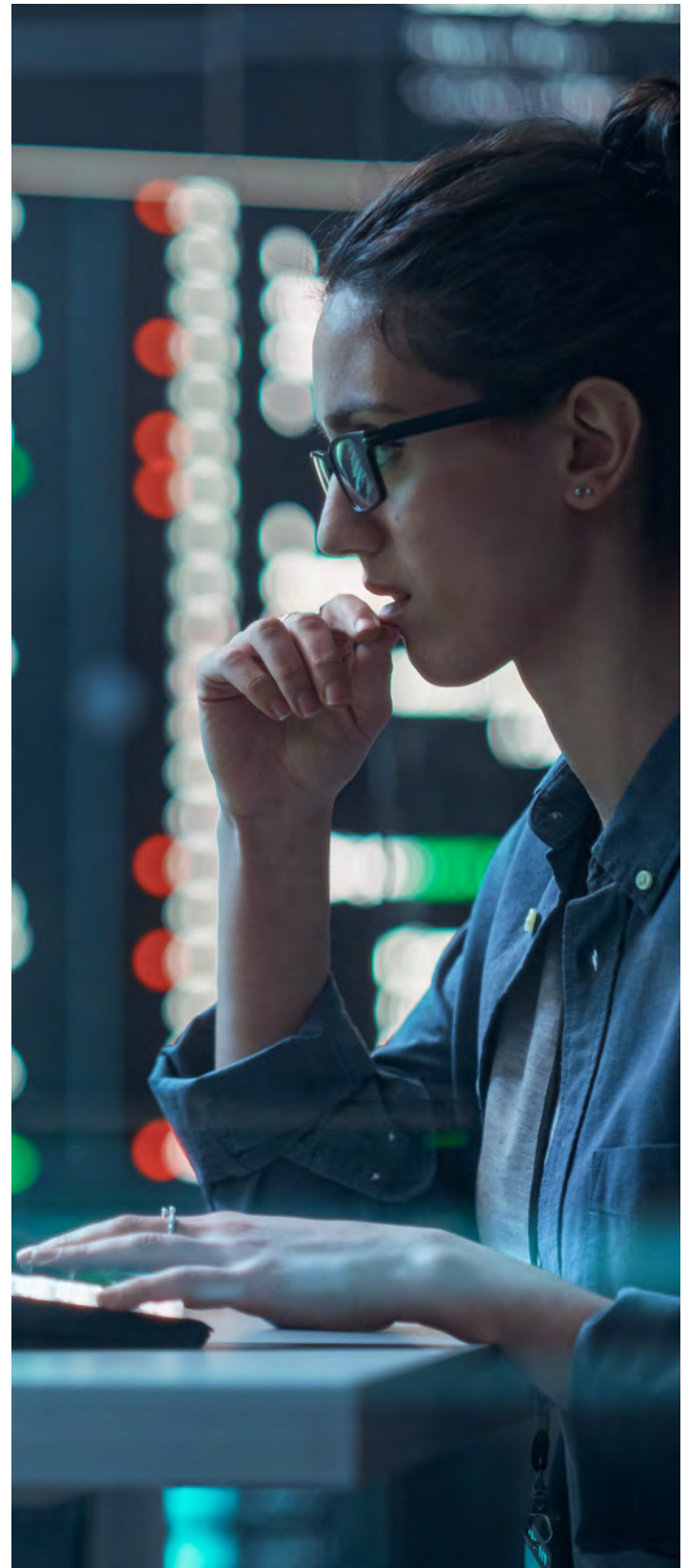
## Staff Development

We remain committed to ensuring our people and services have the necessary digital competence.

We will:

- » Continue to support services in succession planning for critical roles, focusing on digital skills, gaps and training plans.
- » Continue to work with our Trade Union partners to support the development of essential skills including a focus on digital inclusion.
- » Focus on understanding the digital capabilities of our staff to ensure skillsets are aligned with role requirements and to prepare staff for new solutions digital solutions.
- » Expand the use of the Microsoft Power Platform through application makers group led by a central resource, linked to the expertise of the Digital Health & Care Wales Microsoft 365 Centre of Excellence.

***NWSSP Digital Strategy is in the process of being reviewed and refreshed, a draft Digital Strategy will be provided to the SSPC in early 2026.***





## Appendix B - Our Financial Plan

The financial plan sets out our financial strategy, which enables and aligns with the service delivery plans outlined in this IMTP. NWSSP is building on a track history of delivering service growth and improvements year on year. In 2025-26 NWSSP delivered £6 million operational savings that were distributed to our partners and back into patient care in Wales. This was achieved through strengthening grip and control of expenditure whilst also working with partners to transform the way we deliver services through automation to increase efficiency and productivity and also utilising our service users' experience to inform our decision making around priorities.

As we look ahead to 2026-27 and the medium term, we need to further drive out costs on a recurrent basis to

deliver growth, increased productivity and qualitative improvement year on year. Whilst the financial plan for 2026-27 is balanced, there are significant risks that will require close monitoring and mitigation, as well as delivering on the income and savings assumptions included within our plan. Without additional investment from our partners, including the Welsh Government, we will need to enhance our grip and control processes further to maximise savings and reinvestment opportunities. This will require a continued focus on outcomes, embedding a cost consciousness amongst all staff, making effective use of benchmarking to evaluate productivity and the need to think differently in order to deliver sustainable service changes.

The financial plan comprises our three key areas:

## NWSSP Core Revenue Budgets

In 2025-26 NWSSP delivered significant changes providing greater capacity to support, enable and accelerate improved outcomes across NHS Wales including:

- » The progression at pace to design, build and deliver a regional Radiopharmacy service in South East Wales from early 2026-27.
- » The finalisation of the Outline Business Case (OBC) to provide TrAMS in the South East Wales region.
- » Implementation of Phase 2 of our payroll modernisation programme.
- » **Year 1 delivery of the Influenza vaccination campaign across NHS Wales.**
- » Coordination of the procurement and storage of the required PPE stockpile items on behalf of Welsh Government.
- » Changes in skill mix across several Primary Care programmes to embed automation and widen service provision to new areas.
- » Implementation of Phase 2 of our accommodation strategy to rationalise and repurpose and make **more efficient use of our estate for NWSSP and wider NHS Wales use.**
- » Enhanced grip and control measures regarding scrutiny of vacant posts, agency expenditure and overtime expenditure.

Looking ahead, 2026-27 will see further developments in several areas including:

- » Opening of the new Radiopharmacy unit and the transfer to the business-as-usual revenue operating model.
- » **Submission of the FBC for TrAMS South East regional hub and the commencement of works within the financial year dependent upon approval of capital funding.**
- » **Progress OBCs for the South West and North Wales TrAMS regional hubs.**
- » Further review of the laundry costs and operations to progress a common operating model and rebase our SLA charging mechanism.
- » Further progress on readiness across NHS Wales for the provision of the Future Workforce Solution, a replacement for the current Electronic Staff Record.
- » Preparatory work for the replacement of Oracle Financial Management System aligned to the new Finance Operating Model for NHS Wales including implementation of a new point release.
- » The delivery of revenue savings and **decarbonisation benefits** from the capital investment in hot water reclamation, EV chargers and PV panels.

- » The continued challenge to sustain momentum against our Decarbonisation Action Plan and access available capital funding to ensure we can progress our ambitions and ensure we align with our fleet replacement strategy and EV charging infrastructure plan.
- » Further progress on our Customer Service Excellence journey and benchmarking of our services with other providers of shared services where practicable with the aim of increasing productivity and further reducing costs.
- » The transfer of WIBSS from January 2027 to the Infected Blood Compensation Authority (IBCA).
- » Continued support for the Welsh Government's Value & Sustainability Board via our non-pay/procurement and medicines management expertise.
- » Primary Care transformation programmes including the further rollout of the electronic prescribing service across Wales and effectively capturing the benefits and ensuring a transition plan for impacted staff because of the changes.

The table below summarises the revenue income requirements for 2026-29 to enable the priorities identified within Service delivery plans.

NWSSP Revenue Position	2026/27 £m	2027/28 £m	2028/29 £m
<b>WG Allocation</b>			
NWSSP Core Services	102.478	102.478	102.478
Welsh Risk Pool Service (incl. Redress)	109.435	109.435	109.435
<b>Total Allocation</b>	<b>211.913</b>	<b>211.913</b>	<b>211.913</b>
Other Core Invoiced Income	613.261	616.213	635.907
WRP Risk Sharing Agreement Income	162.031	180.830	200.429
<b>Total Income</b>	<b>987.205</b>	<b>1,008.956</b>	<b>1,048.249</b>

## NWSSP Core Services

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

NWSSP Core Revenue Position	2026/27 £m	2027/28 £m	2028/29 £m
<b>WG Allocation - Core &amp; WRP</b>	211.913	211.913	211.913
<b>Other Core Invoiced Income</b>			
Single Lead Employer	343.384	343.384	343.384
Pharmacy Rebate Scheme	88.221	88.221	88.221
Stores recharges	52.941	52.941	52.941
GP Indemnity FLS & ELS Claims	16.950	13.900	12.550
ESR Recharges	15.048	14.581	14.100
WIBSS Claims	14.720	0.000	0.000
All Wales Laundry	13.560	13.560	13.560
Influenza Vaccine	12.673	12.673	12.673
All Wales System Recharges	10.937	11.289	11.435
Health Courier Service	8.655	8.655	8.655
Depreciation	7.297	9.146	9.761
Legal & Risk Charging	7.533	7.533	7.533
Medical Examiner	5.650	5.650	5.650
Radiopharmacy	1.754	1.790	1.790
South East TRAMS	0.000	19.006	39.770
International Recruitment	1.580	1.580	1.580
Scan for Safety	1.420	1.366	1.366
All Wales Relocation Expenses	1.150	1.150	1.150
ESR Transformation	0.896	0.896	0.896
SMTL	0.550	0.550	0.550
Other Core Income	8.342	8.342	8.342
<b>Total Invoiced Income</b>	<b>613.261</b>	<b>616.213</b>	<b>635.907</b>
<b>WRP Risk Share Agreement</b>	<b>162.031</b>	<b>180.830</b>	<b>200.429</b>
<b>Total Core Income</b>	<b>987.205</b>	<b>1,008.956</b>	<b>1,048.249</b>

The Welsh Government allocation has been taken from the 2026-27 Health Board Revenue Allocation (Table 3 – Shared Services Funding top-slice). NWSSP has not received any direct uplift through the allocation process, with the 1.11% uplift only provided to Health Boards to support unavoidable inflation and demand pressures. We can demonstrate that such cost pressures exceed 1.11% within NWSSP, particularly in our laundry and health courier services. Therefore, our plan assumes that our 2026-27 Service Level Agreements will be uplifted by 1.11% in line with the unequivocal pass-through expectation outlined in the planning assumptions.

We have assumed that Welsh Government will fully fund any pay award agreed for 2026-27 and will continue to pay the additional 9.4% superannuation charges centrally in line with previous financial years.

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

The funding allocation provided for PPE and vaccination support services is based on the following assumptions for 2026-2029 and in accordance with our PPE strategy:

- » Stores issues of PPE will continue to be delivered and charged to NHS Wales,
- » The current level of support to the mass vaccination and influenza programmes will continue in future years, including the central procurement of the vaccine.

- » We will continue to incur operational costs for the storage, distribution and management of the PPE stockpile and work through residual stockholding balances.

In setting budgets for 2026-29 we have agreed plans with Divisions to generate further efficiencies and savings, thereby absorbing several cost pressures including a number of areas where there is increased demand and service growth.

These are detailed in individual service plans but are summarised on the following table:



Pressures	2026/27 £m	2027/28 £m	2028/29 £m
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
<b>Total Pressures</b>	<b>8.059</b>	<b>3.169</b>	<b>2.747</b>
<b>Funded By:</b>			
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
Reserve Investment	0.836	0.147	0.000
	<b>8.059</b>	<b>3.169</b>	<b>2.747</b>
<b>Net Pressures</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

A number of our priorities, demands and resulting pressures for Years 2 and 3 will be contingent upon sufficient progress with transformation plans to be achieved in Year 1 and confirmation of available funding streams. These developing issues include:

- » The Future Workforce Solution Programme,
- » The TrAMS FBC approval and its delivery timeline
- » Review of our National Distribution Centre model
- » Fleet optimization including maintenance arrangements which are contingent upon timely capital investment.

Progress with plans and implications for future years will be monitored through our NWSSP Performance Management Framework.

We are looking to maximise recurrent savings opportunities to ensure financial sustainability. The savings requirement equates to 3.15% of our core allocation for 2026-27 and is attributable to three main themes to increase productivity and drive out costs:

- » Pay savings from scrutiny of posts as we redesign services, refine staffing structures and further embed regional working,
- » Greater utilisation of digital technology including automation and emergence of AI solutions accelerating implementation where possible; and
- » Non-pay savings resulting from a review of budgets and accommodation costs.

We are establishing a programme of work to underpin our opportunities pipeline to maximise savings delivery for NHS Wales.

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

WG funding Assumptions	2026/27 £m	2027/28 £m	2028/29 £m
<b>Recurrent</b>			
GMPI additional resource	0.159		
Increase in stockpile SLA	0.019		
Increased Medical Examiner funding requirement	0.131		
<b>Non-Recurrent / In year Allocation</b>			
ESR Transformation support costs	0.896	0.896	0.896
Locum Hub Running Costs	0.130	0.141	
ESR - increased contract costs	0.288		
SLE support to implement new junior doctor contract	0.100	0.100	
Primary Care Workforce Information System	0.192	0.192	0.192
<b>Total</b>	<b>1.916</b>	<b>1.329</b>	<b>1.088</b>

There is an income assumption from Welsh Government to fund the transitional work programme to migrate to the new Future Workforce Solution. These are currently indicative values, and a business case is being prepared which will be impacted by the role NWSSP undertakes in the new system implementation and ongoing service support requirements.

The £8.059m of pressures and investments for 2026-27 identified within the financial plan aligns the key priorities detailed within service plans and can be summarised as:

2026/27 Summary	Priorities	Pressures	Service Development	Total
Digital	0.138	0.233	0.042	0.413
E-Prescribing	0.503	-	-	0.503
ESR new contract cost growth	-	0.288	-	0.288
Future Workforce Solution	0.896	-	-	0.896
Gluten Free Subsidy	0.100	-	-	0.100
Loss of income	-	0.273	-	0.273
Microsoft Licences	-	0.147	-	0.147
Non pay inflation/growth	-	0.588	-	0.588
Oracle Development	0.200	-	-	0.200
Primary Care Digital Systems	0.322	-	-	0.322
Radiopharmacy/TRAMS	0.861	-	-	0.861
Rates revaluation	-	0.149	-	0.149
Repatriation of laundry savings to HBs	0.373	-	-	0.373
Resident Doctor contract	0.100	-	-	0.100
Service Expansion	-	0.032	1.393	1.424
Staffing - increments/structure changes	0.040	1.031	0.194	1.265
Succession Planning	0.088	0.067	-	0.154
<b>TOTAL £m</b>	<b>3.621</b>	<b>2.808</b>	<b>1.629</b>	<b>8.059</b>

Other notable risks within our plan relate to the regional TrAMS project and the need for non- recurrent investment in the transitional periods when the service is being established and the staff need to be trained within the new environment and the units brought into accredited use. The revenue funding model for TrAMS has been agreed with our partners.

Our working assumption is that transitional costs will be funded from budgets when services transfer to NWSSP although further work on timings and profiling of service transfers will need to be undertaken. Investment in this priority area will be the first call on any additional savings as previously agreed by the Shared Services Partnership Committee to support the longer-term vision for the regional programmes.

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

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

## All Wales Risk Pool

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

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

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

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

Different clinical negligence claim patterns emerged during 2025-26 with an increase in the number of high value cases with settlement values >£15m and a higher number of trial dates listed for settlement than in recent years. The cost of clinical negligence settlements is forecast to continue to rise over the next three years. This will require the risk share to be invoked in each year due to ongoing increasing costs from core claims growth and increasing average cost per case but is mainly due to the significant increase in claims with cashflows of >£1m each year. The forecast has been compiled based on the current understanding of claim settlement values and estimated settlement dates on our case management database and with reference to the number of confirmed and expected trials. Enhanced monitoring of cases will continue during 2026-27 utilising the improved quality of information now available in the new case management system. We continue to explore alternative methodologies for modelling and forecasting for future years.

The table below identifies the 2026-2029 high level forecast position at December 2025 for annual expenditure with the forecast outturn for 2025-26:

	2025/26 £m	2026/27 £m	2027/28 £m	2028/29 £m
Welsh Risk Pool Service - Core allocation from Welsh Government	109.435	109.435	109.435	109.435
Risk Sharing Agreement Income - Member NHS Organisations	78.020	162.031	180.830	200.429
<b>TOTAL WRP INCOME</b>	<b>187.455</b>	<b>271.466</b>	<b>290.265</b>	<b>309.864</b>

The risk share model will be applied to any in-year expenditure above the level of the indicative Welsh Government allocation. The risk share was updated from 2025-26 as approved by the Welsh Risk Pool Committee.

The new apportionments include more cost drivers linked to the Management of Concerns and Learning from Events to incentivise. The indicative apportionments between NHS organisation members based on the 2025/26 risk sharing agreement percentages are shown in the following table:

	2025/26	2025/26	2026/27	2027/28	2028/29
	RSA %	RSA £m	RSA %	RSA £m	RSA £m
Aneurin Bevan	18.22%	14.212	29.515	32.939	36.509
Swansea Bay	13.97%	10.899	22.635	25.261	27.999
Betsi Cadwaladr	21.00%	16.385	34.028	37.976	42.092
Cardiff & Vale	16.76%	13.080	27.164	30.315	33.601
Cwm Taf Morgannwg	14.60%	11.389	23.652	26.397	29.258
Hywel Dda	10.03%	7.827	16.255	18.141	20.107
Powys	2.12%	1.652	3.430	3.828	4.243
Public Health Wales	0.64%	0.503	1.044	1.165	1.291
Velindre	0.79%	0.615	1.278	1.426	1.581
Welsh Ambulance Services	1.87%	1.459	3.029	3.381	3.747
Digital Health & Care Wales	0.00%	-	-	-	-
Health Education & Improvement Wales	0.00%	-	-	-	-
<b>Total</b>	<b>100%</b>	<b>78.020</b>	<b>162.031</b>	<b>180.830</b>	<b>200.429</b>

These indicative figures are currently based on 2024-25 cost driver activity information pending full year data for 2025-26 which will be available in September 2026. Based on 2024-25 data, DHCW and HEIW do not currently trigger any apportionment of the risk share, however this could change if any new cases are received during the period of the IMTP.

The Welsh Risk Pool Committee want to explore more ways of incentivising good practice in addition to the changes to the risk share cost drivers from 2025-26.

The Committee also recognises a need for improvement in the quality and timing of Learning from Events submissions and the management of claims more generally. During 2026-27 a review of the approach to learning from events and the management of claims will take place, drawing on the insights and expertise of similar reviews carried out in other parts of the UK.

## Asset and Capital expenditure plan

Our plan identifies a capital investment requirement of £107.886m over the 5-year period 2026-2031. Most of this expenditure relates to the regional major transformation of Pharmacy Services, the resilience of warehousing storage availability and our fleet replacement strategy. The projections included for the regional Pharmacy Services hubs are based on the most recent Business Case figures, where available, or preliminary high-level costings of potential options under consideration. The detailed projections will be developed further as the business cases progress.

Several service development and strategic projects are also identified that will not only ensure business continuity for the services that we provide to NHS Wales but will enable modernisation, automation, resilience and decarbonisation to facilitate the achievement of several key priorities within our wider IMTP.

A significant element of the capital plan continues to be dependent upon the replacement and/or development of existing workforce software some of which will be contingent upon the design functionality of the Future Workforce Solution.

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

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

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

	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m	2030/31 £m	Total £m
Discretionary	0.716	0.898	0.898	0.898	0.898	4.308
IP5 Discretionary	0.281	0.281	0.281	0.281	0.281	1.405
Laundry Discretionary	0.225	0.225	0.225	0.225	0.225	1.125
<b>Total Discretionary</b>	<b>1.222</b>	<b>1.404</b>	<b>1.404</b>	<b>1.404</b>	<b>1.404</b>	<b>6.838</b>
Service Development Projects	40.647	14.867	36.280	3.412	5.842	101.048
<b>Total Capital Funding Requirements</b>	<b>41.869</b>	<b>16.271</b>	<b>37.684</b>	<b>4.816</b>	<b>7.246</b>	<b>107.886</b>

Service Development Projects	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m	2030/31 £m	Total £m
TRAMS - South East	8.093	9.372	1.000			18.465
TRAMS - South West	4.750	0.500	12.650			17.900
TRAMS - North Wales	0.250	0.500	12.650			13.400
Warehouse storage - purchase	8.400					8.400
Warehouse storage - refit	12.480					12.480
Fleet Replacement Programme	1.190	1.865	2.696	1.632	1.419	8.802
Software developments/ replacements	0.375	0.500	5.661	0.200	-	6.736
Laundry developments/ replacements	0.430	0.708	-	-	3.442	4.580
IT Refresh	0.300	0.267	0.352	1.011	0.421	2.351
IP5 Roof	1.634					1.634
Power resilience - IP5 & Denbigh	1.700	-				1.700
Decarbonisation schemes	-	0.500	0.200	0.310	0.310	1.320
EV Charging infrastructure	0.250	0.250	0.250	0.250	0.250	1.250
Warehouse modernisation/ refurbishment	0.582	0.300	-	-	-	0.882
Temperature Controlled Boxes			0.430			0.430
Medicines Unit - Equipment/ homecare delivery	-	0.005	0.391	0.009	-	0.405
Estates databases/modules	0.113	0.100	-	-	-	0.213
PCS Digital Transformation	0.100					0.100
<b>Total</b>	<b>40.647</b>	<b>14.867</b>	<b>36.280</b>	<b>3.412</b>	<b>5.842</b>	<b>101.048</b>

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

In addition to the transformational capital projects, a key risk for the IMTP relates to large volumes of IT equipment for staff to fulfil their roles on a day-to-day basis such as laptops, that we will need to replace on a phased basis from the end of 2026-27.

The funding required for the fleet replacement strategy also poses a risk regarding increased maintenance and/or lease costs, business continuity and our ability to progress our decarbonization delivery plan if funding for new vehicles cannot be approved on a recurrent basis.

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

It should be noted that we have limited funding for depreciation and additional non-cash funding will be required from Welsh Government over and above the baseline funding if capital funding is approved.

It is assumed within our plan that the IFRS 16 Right of Use capital funding required will be available in line with projected funding requirements submitted to Welsh Government throughout 2025-26 and that IFRS16 DEL and AME depreciation funding will also be provided.





## Appendix C - Our People Plan

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

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

- » Organisational Design
- » Organisational Development
- » Resourcing
- » People Analytics
- » Employee Relations
- » Welsh Language
- » People and OD Excellence

During 2025-26 we focused on several programmes of work to ensure that our people are at the heart of everything we do. Within each of our strategic priorities, we have aligned our planned work to the Ministerial priorities and wider programme of the Welsh Government. We will continue to build on this in 2026-27.



## Organisational Design

In 2025-26 we continued to embrace the principles of agile working and agile working. To do this we:

- » Continued to champion our approach to agile working with our Estates and Facilities colleagues and engaged with our external partners to embed best practice across the system in relation to new opportunities for agile working.
- » Supporting services in succession planning for critical roles, focusing on digital skills, gaps and training plans.
- » Use analytics to review workforce plans with Divisions to identify where there are single points of failure and provide support for roles that are difficult to recruit to.

## Organisational Development

During 2025-26 we sought to align several key action plans under one overarching Inclusive Culture Action Plan to:

- » Promote and support a compassionate and inclusive culture.
- » Improve our approach to engagement and recognition.
- » Support a speaking up safely culture for all our staff including our Resident Doctors and Dentists in training.
- » Understand the demographic makeup of our staff to better support underrepresented groups.

In 2026-27 we will:

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

## Support a Healthy and Engaged Workforce

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

During 2025-26 we:

- » Increased the number of Mental Health First Aiders we have within the organisation
- » Delivered further health and wellbeing awareness sessions, including **Suicide Awareness**, to staff and managers
- » Introduced menopause guidance
- » Reviewed our approach to Death in Service to ensure it was aligned to our values and compassionate leadership

In 2026-27 we intend to:

- » Review our approach to Mental Health First Aid provision
- » Provide additional focus on Financial Wellbeing

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

Embedding diversity and inclusiveness into our culture and thinking, and empowering our people to thrive, forms an essential component of the 'This is our NWSSP' programme. It is our continuing aim to offer opportunities to groups within the population who are under-represented in NWSSP, raising the profile of our organisation in the wider community, and ensuring that all are welcomed and encouraged to consider a career with us.

As such in 2025-26 we:

- » Reviewed our employee networks and recruited additional Diversity and Inclusion Ambassadors and Culture Change Champions.
- » Launched the Safe Inclusivity Campaign with virtual and in-person sessions and an online form, leading to the development of FAQs for our staff.
- » Introduced a planned programme of training focussed on learning around Diversity and Inclusion.
- » Introduced learning sessions that positively encouraged those from underrepresented groups to apply.

In 2026-27 we will:

- » Review recruitment data to learn more about how inclusive our recruitment practices are.
- » Introduce an Inclusion Passport that staff can share with managers to encourage open dialogue.

## Develop Appropriate Individual and Collective Competence

Finally, we continue to ensure that we deliver the basics well, ensuring our people have the knowledge skills and experience to grow in their roles and support the delivery of excellent customer service.

In 2025-26 we have:

- » Piloted the introduction of a Short-Term Experience Placement (STEP) programme to enable staff to learn from and gain experience in other areas within the organisation.
- » Worked with our Trade Union partners to support the development of essential skills including a focus on digital inclusion.
- » Utilised the data from our training needs analysis to refresh our approach to learning and development delivery.
- » Introduced in-house Customer Service Training increasing the skills of over 200 people.

In 2026-27 we will:

- » Focus on understanding the digital capabilities of our staff to ensure skillsets are aligned with role requirements and to prepare staff for new solutions including the Future Workforce Solution.
- » Review progress of the Leaders of the Future programme.
- » Support talent development through the development and promotion of practical skills.

## Resourcing

Throughout 2025-26 we found ourselves in a recruiter's market and consequently refreshed our attraction and retention group. As such we:

- » Began exploring the use of a talent pool function on Trac
- » Refreshed our leavers process to understand why people left the organisation
- » Undertook analysis into our retention data especially where people were leaving the organisation with less than one years' service
- » Continued to review our Job Evaluation framework to enable more agile roles and therefore staff moves between divisions.

In 2026-27 we will:

- » Focus on our employee value proposition with particular emphasis on attraction and retention, working in partnership to understand how to enhance our employer brand



## Widening Access

NWSSP remains committed to widening access within the communities we serve to ensure people from across some of our most deprived areas can access opportunities for employment and growth.

In 2025-26 we:

- » Continued to focus our attention on increasing the numbers of staff with protected characteristics
- » Encouraged staff to grow their Welsh Language skills to ensure we were representative of our communities, while also recognising that the organisation operates in a multilingual nation
- » Engaged with Divisions to champion Career Entry Routes
- » Started working with Serco who run "Restart" a back to work scheme, where candidates are supported in application, interview and their first month in work removing barriers to starting work.

In 2026-27 we will continue to focus on engaging with the communities and increasing the number of staff with protected characteristics to apply and be successful in a role with us.

## People Analytics

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

In 2025-26 we:

- » Introduced several intuitive dashboards to understand our staff demographic and staff movement information

In 2026-27 we intend to:

- » Embed national ESR establishment control metrics and enhance organisational readiness for the implementation of the Future Workforce Solution.

## Employee Relations

We continue to focus on restorative justice and compassionate leadership and align our approach to the Avoidable Employee Harm programme of work.

In 2025-26 we:

- » Aligned our training packages to support avoidable employee harm.
- » Introduced a bank of Investigating Officers.
- » Reviewed our process flows to support managers and,
- » Delivered additional employee-support sessions, including Coffee and Conversation events.

In 2026-27 we intend to:

- » Review the internal provision of Investigating Officers to ensure there are enough appropriately trained officers with the capacity to manage complex investigations, ensuring consistent application of policies and procedures.
- » Review and enhance Investigating Officer training to ensure alignment with organisational policies and procedures.
- » Continue the rollout of the Avoidable Employee Harm Programme through the delivery of tailored training packages.
- » Increase awareness of the Anti-Sexual Harassment Policy and develop supporting training to reinforce its implementation.
- » Identify sickness absence hotspots and work collaboratively with Divisions to reduce absence levels.
- » Develop Action Point into a fully accessible and effective system to ensure all employees can access People and OD support.
- » Build management capability to confidently address and resolve low-level employee relations issues.



## Welsh Language

We continue to champion Welsh language across the organisation and in 2025-26 we:

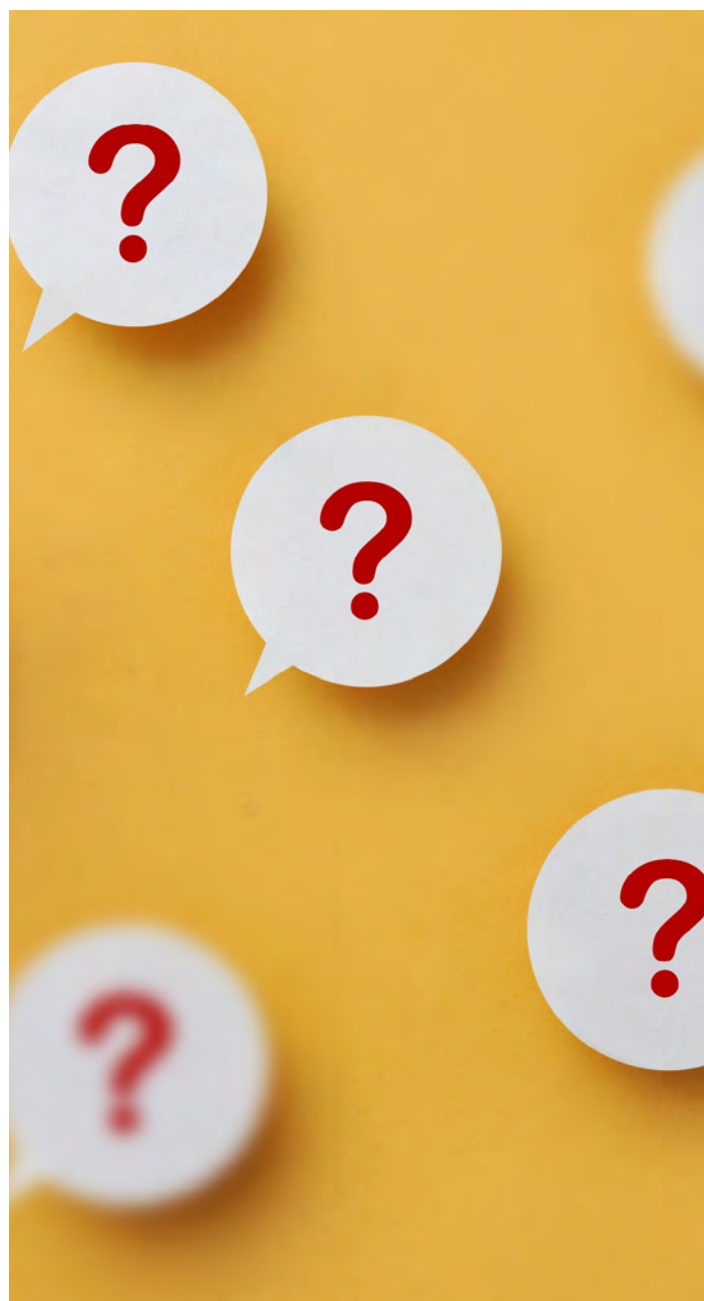
- » Drafted a Welsh Language Skills Strategy.
- » Provided a strong organisational presence at the Urdd Eisteddfod (Margam & Wrexham), resulting in positive engagement with potential Welsh-speaking applicants.
- » Produced Welsh-language promotional resources for future recruitment events.
- » Established a Communications Group to support ongoing compliance across divisions.
- » Initiated procurement planning for the next phase of the Translation Memory System, building on a successful multi-organisation pilot.

In 2026-27 we plan to:

- » Recruit a Welsh Language Tutor to support NWSSP staff to learn Welsh and gain confidence in using their Welsh skills at work.
- » Deliver the Welsh Strategy and Policy across the organisation.
- » Review our telephony services for Welsh language capabilities.

## People and OD Excellence

The People and OD Team must be seen as a credible, trusted partner to our internal and external customers. To measure this, we need to listen to our customers regularly and respond to feedback. In 25-26 we again took part in the Customer Service Excellence (CSE) Accreditation process. In 2026-27 we intend to review our Action Point software to ensure that customers receive an intuitive and timely response to their queries.





## Appendix D - Key Performance Measures

### Monitoring

We consistently align our performance measures with our Strategic Objectives and provide regular reports on divisional Key Performance Indicators (KPIs) to the Partnership Committee, Welsh Government, and our customers through quarterly performance updates.

Performance measures are systematically reviewed during the Quarterly Review process to ensure they remain relevant, ambitious yet achievable, and measurable.

Quarterly Review meetings with divisions evaluate progress against IMTP divisional objectives, as well as performance measures, risk registers, workforce, and financial metrics.

Reports are prepared for monthly scrutiny by the Senior Leadership Group (SLG), bi-monthly by the Shared Services Partnership Committee (SSPC), and on a quarterly basis at the organisational level.

Bi-annual 1:1 performance meetings are also held with health organisations, which include representatives such as the Director of People & OD and the Director of Finance. In these meetings, we have

analysed key themes from our discussions about areas of strength, opportunities and challenges, and we regularly include our findings in reports to support ongoing monitoring.

Joint Executive Team (JET) meetings take place twice a year, serving as a key element in the formal accountability relationship between the Welsh Government and our organisation. The agenda typically covers finance, performance, and the delivery of objectives outlined in the current IMTP.

### Developments

As part of our regular review, we have revised our key performance measures. While largely aligned with the previous planning cycle, continued our emphasis on achieving Customer Service Excellence and try to introduce quality measures into the outcome reporting. Targets have also been revised for process changes and efficiencies with additional stretched targets for future years.

We also measure and report to Welsh Government on a number of enabling actions around three key objectives as part of the Joint Executive Team (JET) Meeting:

- » Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.
- » Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes.
- » Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness.

Set out below are our Lead Performance measures identified for reporting for 2026-27 and where applicable proposed targets for 2027-29.



Strategic Objective	Description of Key Performance Measure	Responsibility	Frequency	2024-25	2025-26	2026-27
<b>NWSSP</b>						
Our Partners	Customer Service Excellence (CSE) Accreditation	NWSSP	Annual	Achieve	Achieve	Achieve
Our Value	Financial Position	NWSSP	Monthly	Breakeven	Breakeven	Breakeven
<b>Audit &amp; Assurance</b>						
Our Services	Audit plans agreed/in draft by 31 March	NWSSP	annual	100%	100%	100%
Our Services	Audit opinions delivered by 31 May	NWSSP	Annual	100%	100%	100%
Our Services	Audits reported vs. total planned audits	NWSSP	Monthly	>95%	>95%	>95%
Our Services	Audits delivered for each Audit Committee in line with agreed plan	Both	Each Committee	85%	90%	90%
Our Services	Progress on Limited /No assurance reports	Both	Annual	In Head of Internal Audit Annual Opinion and Report	In Head of Internal Audit Annual Opinion and Report	In Head of Internal Audit Annual Opinion and Report
Our People	% of recommendations implemented and their impact	Both	Annual	In Head of Internal Audit Annual Opinion and Report	In Head of Internal Audit Annual Opinion and Report	In Head of Internal Audit Annual Opinion and Report
<b>Accounts Payable</b>						
Our Services	Public Sector Pay Performance - Non NHS	Both	Monthly	95%	95%	95%
Our Services	Straight through processing	Both	Monthly	No longer required		

### Laundry Services

Our Services	Orders dispatched meeting customer SLA	NWSSP	Monthly	95%	95%	95%
Our Services	Microbiological contact failure points	NWSSP	Monthly	98%	98%	98%
Our Services	Number of dirty linen pieces returned by customer in comparison to pieces dispatched.	Customer	Monthly	95%	95%	95%
Our Services	All Wales Pieces per operator hour Target	NWSSP	Monthly	>130	>130	>130

### CTeS

Our Services	Achieve a customer satisfaction index of <b>satisfied (85%) or better</b> on an annual basis.	NWSSP	Annual	85%	87%	90%
Our Services	All incidents (except P1) raised with the Central Team are responded to within 2 hours between the times of 9am-5pm	NWSSP	Monthly	94%	95%	95%
Our Services	P1 incidents raised with the Central Team are responded to within 20 minutes between the times of 9am-5pm	NWSSP	Monthly	92%	92%	92%
Our Services	P1 incidents raised with the Central Team are resolved within 8 hours between the time of 9am-5pm, within capability	NWSSP	Monthly	95%	95%	95%
Our Services	BACS Service Point tickets received before 14.00 will be processed the same working day unless issues are identified, and the requestor is not available to address them. The remaining tickets will be processed the next working day.	NWSSP	Monthly	95%	95%	95%

**Digital Workforce Solutions**

Our Services	% of Calls Answered	NWSSP	Monthly	90%	90%	95%
Our Services	% customer satisfaction year on year	NWSSP	Monthly	90%	90%	95%
Our Services	% of live chat responses	NWSSP	Monthly	95%	95%	95%
Our Services	% customer dissatisfaction year on year	NWSSP	Monthly	<5%	<5%	<5%
Our Value	Reduce % number of calls triaged back to local teams	NWSSP	Monthly	20%	20%	15%
Our Services	Number of tickets solved	NWSSP	Monthly	N/A	N/A	N/A
Our Services	% of first contact resolution	NWSSP	Monthly	75%	75%	80%

**Employment Services**

Our Services	% of calls answered - Payroll	NWSSP	Monthly	95%	95%	95%
Our Services	% of calls answered - Student Award	NWSSP	Monthly	95%	95%	95%
Our Services	NWSSP % of pay accuracy in pay period	NWSSP	Monthly	99.60%	99.60%	99.60%
Our Services	Overall % Pay Accuracy	Both	Monthly	99.60%	99.60%	99.60%
Our Services	% of NHS Bursary Applications processed within 20 days	NWSSP	Monthly	100%	100%	100
Our Services	Average Days Vacancy creation to ready for start date within 71 days	Both	Monthly	71 Days	71 Days	71 Days
Our Services	% of calls answered - Recruitment	NWSSP	Monthly	95.00%	95.00%	95.00%

Executive Summary	IMTP Approach	Strategic Objectives	Core supporting functions	Appendices		
Our Services	% of Vacancies advertised within 2 working days of receipt	NWSSP	Monthly	95%	95%	95%
Our Services	All Wales Recruitment Average of Vacancies advertised within 2 working days of receipt	NWSSP	Monthly	2 Days	2 Days	2 Days
Our Services	% of pre-offer activities and issue offer letter within 4 working days	NWSSP	Monthly	95%	95%	95%
Our Services	All Wales Recruitment Average of pre-offer activities and issue offer letter within 4 working days	NWSSP	Monthly	4 Days	4 Days	4 Days
Our Services	FPOC Resolution Recruitment Helpdesk	NWSSP	Monthly	75%	75%	75%
<b>Legal &amp; Risk Services</b>						
Our Services	Timeliness of advice acknowledgement - within 1 business day.	NWSSP	Monthly	95%	95%	95%
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	NWSSP	Monthly	95%	95%	95%
Our Services	Case Closure Client Satisfaction response	NWSSP	Monthly	95%	95%	95%
Our Services	Annual Client Satisfaction Questionnaire response	NWSSP	Annualy	100%	100%	100%
Our Services	Achieved successful Lexcel Accreditation	NWSSP	Annualy	Achieved	Achieved	Achieved
Our Value	Savings and Successes	NWSSP	Monthly	No Target	No Target	No Target
<b>Medical Examiner Service</b>						
Our Services	Total number of deaths scrutinised	MES	Monthly	No Target	No Target	No Target
Our Services	Total number of cases scrutinised with HMC involvement	MES	Monthly	No Target	No Target	No Target
Our Services	Number of cases for HMC investigation following ME scrutiny.	MES	Monthly	No Target	No Target	No Target



**Counter Fraud Service**

Our Value	Increase in financial recoveries for NHS Wales via CFS Wales and LCFS consistent application of enhanced AFI financial recoveries	NWSSP	Quarterly	Ongoing – increased referrals and recoveries	Ongoing – increased referrals and recoveries	Ongoing – increased referrals and recoveries
Our Services	Obtain HM Government Counter Fraud Professional Standards (GCFPS) - Submitted application to HM Government GCFPS for membership and completed Audit Wales Review of public sector Counter Fraud Services in Wales	NWSSP	Quarterly	Maintain GCFPS membership via ongoing CPD work	Maintain GCFPS membership via ongoing CPD work	Maintain GCFPS membership via ongoing CPD work
Our Value	Improve quality of support services to LCFS at HBs via Clue the new case management system. Manage the implementation of the Clue CMS and attend six weekly Counter Fraud Liaison Group (CFLG) Meetings with Lead LCFSs.	NWSSP	Annually & Quarterly	Ongoing – reviews of Clue CMS, improved case allocation and data provision allied to sharing good practice at CFLG	Ongoing – reviews of Clue CMS, improved case allocation and data provision allied to sharing good practice at CFLG	Ongoing – reviews of Clue CMS, improved case allocation and data provision allied to sharing good practice at CFLG
Our Services	Increase quality, consistency and quantity of training provided via NHSCFA and NCA route. Arrange training events for CFS Wales and LCFS staff & maintain Accredited Financial Investigator (AFI) and Financial Intelligence Officer (FIO) powers via CPD and additional online work via National Crime Agency (NCA) framework.	NWSSP	Quarterly	Ongoing – monitor demand for AFI and FIO work and ensure sufficient resources are available and trained by National Crime Agency (NCA)	Ongoing – monitor demand for AFI and FIO work and ensure sufficient resources are available and trained by National Crime Agency (NCA)	Ongoing – monitor demand for AFI and FIO work and ensure sufficient resources are available and trained by National Crime Agency (NCA)

**Pharmacy Service**

Our Services	Service Complaints	Both	Monthly	0	0	0
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**Procurement Services**

Our Value	Savings against Plan	Both	Monthly	To be agreed annually with HB/Trust/Org stakeholders	To be agreed annually with HB/Trust/Org stakeholders	To be agreed annually with HB/Trust/Org stakeholders
Our Value	Value of additional NHS Wales expenditure within the Foundational Economy*	Both	Monthly	To be agreed based on current year procurement workplan	To be agreed based on current year procurement workplan	To be agreed based on current year procurement workplan

Executive Summary	IMTP Approach	Strategic Objectives	Core supporting functions	Appendices		
Our Services	Volume of transactions captured through Scan4Safety implementation	Both	Monthly	1,500,000	1,750,000	2,000,000
Our Services	Number of nationally stocked product lines	NWSSP	Monthly	10% year on year increase from 2,100 product baseline	10% year on year increase from 2,100 product baseline	10% year on year increase from 2,100 product baseline
<b>Single Lead Employer</b>						
Our Services	Pre-employment checks inc Right to Work, DBS & Occ Health, GMC registration checked prior to start date and or Risk Assessment carried out and agreed	Both	Six Monthly	100%	100%	100%
Our Services	Contracts of Employment issued on first day of employment	NWSSP	Six Monthly	100%	100%	100%
<b>SMTL</b>						
Our Services	% of Lab Investigation reports completed within 40 days from receipt into the laboratory	NWSSP	Monthly	92.99%	93.00%	94.00%
Our Services	% delivery of audited reports on time (Commercial)	NWSSP	Monthly	93.00%	94.00%	95.00%
Our Services	% delivery of audited reports on time (NHS)	NWSSP	Monthly	93.00%	94.00%	95.00%
Our Services	Annual UKAS accreditation	NWSSP	Annual	Annual	Attained	Attained
Our Services	UKAS findings addressed on time (Annual)	NWSSP	Annual	Annual	Completed	Completed
<b>Primary Care Services</b>						
Our Value	KPI 1 - Accurate Primary Care Contractor Payments made by NWSSP	NWSSP	Monthly	100%	100%	100%
Our Customers	KPI 2 - Patient assignment actioned within 24 hours of receipt of request	NWSSP	Monthly	100%	100%	100%
Our Customers	KPI 4 - Urgent medical record transfers actioned within 2 working days	NWSSP	Monthly	100%	100%	100%
Our Customers	KPI 7 - Category A Cascade alerts to be issued within 4 hours of receipt	NWSSP	Monthly	100%	100%	100%



Our Services	KPI 12 - Prescription Accuracy Rates compliant with SLA (99%)	NWSSP	Monthly	100%	100%	100%
Our Services	KPI 16 - Retain ISO 9001 accreditation	NWSSP	Annual	Retain	Retain	Retain
<b>Specialist Estates Services</b>						
Our Services	Customer Satisfaction: % of customer satisfaction based on survey information	NWSSP	Annual	95% satisfaction	95% satisfaction	95% satisfaction
Our Services	Issues and Complaints – deal with the same in line with the requirements of the Issues and Complaints Management Protocol (number of complaints)	NWSSP	Monthly	0 complaints	0 complaints	0 complaints
Our Value	Professional Influence Benefits	NWSSP	Monthly/quarterly	To Demonstrate Value	To Demonstrate Value	To Demonstrate Value
Our Services	Timeliness of advice	NWSSP	Monthly	95% of initial business case scrutiny responses returned to WG by the agreed date	95% of initial business case scrutiny responses returned to WG by the agreed date	95% of initial business case scrutiny responses returned to WG by the agreed date






## Appendix E - Our Outcome Measures


In developing our plans for 2026-29 we have continued to develop performance measures that demonstrate the outcomes within our Strategy Map.

To see our outcome measure, please see overleaf.




	Outcomes	Measures
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Our People</p> 	<p>Build a capable, high-performing culture that attracts, develops, and retains talented people for the future.</p>	<ul style="list-style-type: none"> <li>» Turnover</li> <li>» Internal Promotions</li> <li>» Reason for Leaving</li> <li>» Sickness</li> <li>» Sickness Reasons</li> <li>» Staff Award Nominations</li> <li>» Staff Survey - I have had a PADR in the 12 Months that has supported my Development</li> <li>» Staff Survey - I am proud to tell people I work for NWSSP</li> </ul>
	<p>Strengthen recruitment through inclusive language and diverse approaches, ensuring our workforce reflects the communities we serve.</p>	<ul style="list-style-type: none"> <li>» I get recognition for good work.</li> <li>» The organisation values my work.</li> <li>» There are opportunities for me to develop my career in this organisation.</li> <li>» I have opportunities to improve my knowledge and skills.</li> <li>» Staff Survey - I am able to make improvements in my area of work</li> <li>» Staff Survey - We are empowered and supported to enact change</li> </ul>
	<p>Promote the physical, social, mental, and financial wellbeing of our people to support a healthy and resilient workforce.</p>	<ul style="list-style-type: none"> <li>» There are frequent opportunities for me to show initiative in my role.</li> <li>» I have a choice in deciding how to do my work.</li> <li>» My organisation takes positive action on health and wellbeing.</li> <li>» In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities? Yes/No</li> <li>» During the last 12 months have you felt unwell as a result of work-related stress? Yes/No</li> </ul>
	<p>Embed a culture of co-production, empowering staff at all levels to shape and improve how we work.</p>	<ul style="list-style-type: none"> <li>» In the last three months have you ever come to work despite not feeling well enough to perform your duties? Yes/No</li> </ul>




	Outcomes	Measures
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Our Services</b></p> 	<p>Enable our customer-facing teams to resolve most enquiries at first contact through faster, higher-quality, and more responsive services.</p>	<ul style="list-style-type: none"> <li>» Calls Answered</li> <li>» Tasks Automated</li> <li>» Website Users</li> <li>» Website Hits</li> </ul>
	<p>Drive continuous improvement and innovation through safe and secure digital services, setting the standard for excellence and quality in service delivery.</p>	<ul style="list-style-type: none"> <li>» Top Page Views</li> <li>» Website Bounce Rate</li> <li>» Audit &amp; Assurance – Assurance Ratings</li> </ul>
	<p>Working in partnership with Universities to foster academic and developmental collaboration.</p>	<ul style="list-style-type: none"> <li>» Customer Satisfaction</li> </ul>
	<p>Use cyber-secure digital and data services to plan together and support NHS Wales decision-making through shared intelligence.</p>	



	Outcomes	Measures
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Our Value</p> 	<p>Make bold, evidence-based investment decisions through partnership governance to drive transformation and deliver value.</p>	<ul style="list-style-type: none"> <li>» EV Vehicles Mileage</li> <li>» Carbon emissions – Co2e</li> <li>» Transport Costs - Business Miles</li> <li>» Salary Sacrifice Cars</li> </ul>
	<p>Collaborate across the system to tackle the climate emergency and meet decarbonisation targets.</p>	<ul style="list-style-type: none"> <li>» Procurement Savings</li> <li>» Spend in Wales – Foundational Economy</li> <li>» EV Vehicles Mileage – Supply Chain and Logistics</li> </ul>
	<p>Use resources efficiently to maximise social, environmental, and economic sustainability.</p>	<ul style="list-style-type: none"> <li>» Transformation Management Office Initiatives</li> </ul>
	<p>Identify opportunities to grow investment in the foundational economy across Wales through an inclusive and responsible supply chain.</p>	



	Outcomes	Measures
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Our Partners</p> 	<p>Work in co-production with our partners to design and deliver services that improve outcomes and value across health and care.</p>	<ul style="list-style-type: none"> <li>» Customer Service Excellence</li> <li>» <b>Professional Influence Benefits</b></li> <li>» Partnership participation</li> <li>» Performance engagement meetings</li> </ul>
	<p>Collaborate with health and care organisations, industry, and academia to share insight, innovation, and expertise.</p>	<ul style="list-style-type: none"> <li>» Frequency</li> <li>» Voice of the Customer</li> <li>» Exec to Exec meetings</li> </ul>
	<p>Strengthen system-wide relationships that enable collective planning and sustainable improvement for NHS Wales.</p>	<ul style="list-style-type: none"> <li>» <b>Board Presentations</b></li> </ul>
	<p>Demonstrate leadership in partnership working, building trust and alignment to deliver shared priorities across the health and care system.</p>	



## Appendix F - Enabling Actions

In developing our plans for 2026-29 we have continued to evidence our progress against the enabling actions in the planning framework.

## Maximising value for Money

Enabling Actions	Evidence
<p>Non-Pay - ensure implementation of Value &amp; Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.</p>	
<p>Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing &amp; disposal of under-utilised estate.</p>	<ul style="list-style-type: none"> <li>» Reviewing leases to consolidate or reduce space.</li> <li>» Identifying surplus space for use by other NHS bodies.</li> <li>» Using attendance data to remodel workspaces for flexible working.</li> <li>» Desk Booking App: Rolled out to support flexible use at both sites. Meeting rooms to be added in early 2026.</li> <li>» Alder House: Using 'Occupeye' system to monitor desk usage. This will inform future decision making.</li> <li>» Companies House and Charnwood Court: Plan to also review usage via 'Occupeye'</li> <li>» Samlet Road: Lease to be assigned to WAST and released from NWSSP estate following HCS move to Matrix (Mar 2026).</li> <li>» IP5: Surplus space utilised for use for radiopharmacy and TRAMS.</li> <li>» Companies House: Footprint reduced by 75%, 140 desks created, shared office space introduced. - Complete</li> <li>» Nantgarw: Refurbished to provide 70 desks and agile space. - Complete</li> <li>» Matrix House: Co-location of services underway; potential to release further space. - Complete</li> </ul>

## Workforce Productivity

Enabling Actions	Evidence
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.	NWSSP Agency Control Framework introduced in February 2024.
Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.	<p>The NWSSP Resourcing framework has seen the <b>eradication of all off contract agencies and a year-on-year cost reduction as follows:</b></p> <p>April 23 - March 24 <b>£1,064,388</b>            April 24 - March 25 <b>£240,153</b>            April 25 - November 25 <b>£31,910</b></p>
Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.	Downward trajectory as demonstrated above.
Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	<p>NWSSP's sickness absence for the period:</p> <p>1 April 2023 - 31 March 2024 is <b>3.28%</b>            1 April 2024 - 31 March 2025 is <b>3.46%</b>            1 April 2025 - 30 November 2025 is <b>3.16%</b></p>

## Improving Value, Optimising Outcomes, & Minimising Variation

Enabling Actions	Evidence
<p>Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.</p>	<p>Progress has been made across all identified cyber security areas through 2025:</p> <p><b>Govern:</b> Achieved the maximum KPI score of 10. Assurance matrices for procurement have been completed, strengthening governance.</p> <p><b>Identify:</b> Met the target KPI score of 6. Tools to prevent email and website “spoofing” are now implemented, improving risk identification.</p> <p><b>Protect:</b> Achieved a KPI score of 10. NWSSP applications and services are now part of the National Target Architecture, and work is underway to define the future Target Operating Model.</p> <p><b>Detect:</b> Reached the target KPI score of 3. Security Incident and Event Monitoring for local services has been implemented, enhancing detection capabilities.</p> <p><b>Respond:</b> Exceeded the initial target with a KPI score of 4.8, reflecting proactive incident response work.</p> <p><b>Recover:</b> Progress continues, with a comprehensive backup review and planning for greater datacentre resilience.</p> <p>NWSSP has met or exceeded targets in these areas, and ongoing initiatives we will ensure continued improvement and resilience.</p>



## Appendix G - Year 2 and 3 Plan on a Page

The plans for Year 2 and Year 3 primarily represent an extension of objectives established in prior years, rather than the introduction of entirely new objectives. This list is not comprehensive, but highlights some of the main objectives found throughout the divisions.



**Our People**

Continue on the pathway of transitioning existing resident doctors and dentists onto the newly agreed resident doctor contract including documentation and roster systems following the contract reform in 2025.

Evaluating Digital Transformation to Shape the Future Workforce.

Review the revised staffing model to assess impact, including requirements of future staff pipeline.

Award Workforce Systems on an All Wales Basis.

Expand structured training pathways for Medical Examiners and Medical Examiner Officers.

Improve resilience within SES by sponsoring a further 2 N75 students.

Obtain and maintain membership of the Government Counter Fraud Profession (GCFP) via the NHS Counter Fraud Authority Centre for Specialist Learning (CSL).



**Our Services**

Transition plan based on 2026-27 Readiness Assessment of People Portal (Electronic Staff Record ESR) supporting transfer of payroll and recruitment services for NHS Wales by 2027-30.

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

Develop our specialist employment investigation service.

Enhance Clinical Governance and Patient Safety.

Embed and review the preferred digital solution for medical records in Wales.

Developing models for improving prepared medicines administration safety linking with Electronic Prescribing Systems (Scan for Safety).

Undertake required External Audit Assessment in line with Global IIA Standards.



**Our Value**

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

Transition to the NHS Wales Financial Management System (FMS) Managed Service for Oracle and supporting systems.

Utilise planning with Health Courier Service colleagues to roll out more efficient routes for laundry transport.

Implement biosimilars with maximal efficiency to the NHS in Wales delivering timely savings to the NHS in Wales.

Investigate expanding the range of biological test methods offered, initiate validation of bacterial filtration efficacy (BFE) testing.

Undertake ongoing enablement work, governance review and stakeholder engagement for national medicines homecare delivery service.

Improve Supply Chain, Logistics & Transport operations and infrastructure at all sites to reduce carbon emissions.



**Our Partners**

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

Enhance the data analysis to provide effective intelligence in order to support clients improvement programmes.

Integrate digital tools to streamline case management, documentation, and reporting through a web portal referral system.

Ongoing All Wales assessment and management of unlicensed medicines.

The integration of the future workforce solution and its functionality in supporting both the Single Lead Employer and the interface with CODI.

Deliver a replacement for the current Primary Care (GP rental reimbursement - GPRR) database.

Community By Design: Support implementation of plans as appropriate for securing additional estates data and associated processing, analysis etc.



## Our People

Embedding and Sustaining a Digitally Enabled Workforce.

Maintain and expand a well resourced financial investigation and financial intelligence team at Counter Fraud service (CFS) Wales and continue to increase our recoveries and referrals.

Review and improve the current counter fraud e-Learning module for NHS Wales.

Implementing a range of ways to secure Resident Doctor feedback on services provided by the SLE team to enable the production of an annual report.



## Our Services

Continuation of People Portal transition plan (Electronic Staff Record ESR) supporting transfer of payroll and recruitment services for NHS Wales by 2027-30.

Renewal of Laboratory Information Management System.

Retain ISO2000-1 certification and pass audit (full audit every 3 years).

Conduct an evaluation of the WRP assessment programme following the implementation of the listening to people regulations.



## Our Value

Ensure NHS Wales Readiness to support innovative procurement - Outcome Based Agreements.

TrAMs - Development of the South Wales hub Outline Business Case (OBC)

Potential expansion of SLE services related to Health and Wellbeing Services.

Scope requirements to enable automated sorting.



## Our Partners

Assess the opportunities to extend service beyond current boundaries, e.g., mortuary and bereavement services.

Exploring the possibility of an All Wales Property Working Group across Health Boards/Trusts to discuss property themes/problems, lessons learned, best practice.

Develop an All Wales estates risk register database.

Explore the potential of drafting a published paper regarding the importance of nitrous oxide monitoring in the healthcare setting.



## Appendix H - Duty of Quality



### Workforce

Accounts Payable	We will continue to ensure that all staff receive clear and effective “purchase to pay” training. This will include creating robust training frameworks and regularly reviewing and updating induction programs.
All Wales Laundry Service	We plan to support the development of future laundry engineers by offering student work placements through local colleges.
Audit and Assurance	We plan to complete a review of our divisional structure and make necessary changes to optimise resources. This will help improve service delivery through better staff utilisation and a stronger talent pipeline.
Pharmacy Services	We plan to develop a workforce plan to strengthen recruitment, retention, and succession planning.
Procurement and Health Courier Services (HCS)	We plan to conduct a training needs analysis to identify HEIW-funded and commissioned courses for Wales Pharmacy Technical Service. This will ensure staff have access to accredited education and training.
Specialist Estates Services	We plan to build workforce capability and capacity to meet changing organisational needs through improved recruitment, retention, succession planning, and training.
Surgical Materials Testing Laboratory	We plan to ensure continuity by creating a costed recruitment and induction plan to manage senior retirements.



## Culture

Accounts Payable	We will improve staff benefits across NHS Wales by launching a dedicated staff benefits portal.
Digital Workforce Solutions	We continue to lead the delivery of the All-Wales International Recruitment Programme to support workforce sustainability across NHS Wales.
People & OD	We will embed the inclusive culture action plan to create a workplace that is safe, anti-racist, inclusive, and compassionate.
Single Lead Employer	We will support attendance management for Resident Doctors, Dentists, and trainees by providing reasonable adjustments. This will ensure trainees who need specific support can focus on training and delivering patient care.
Single Lead Employer	We will embed speaking up safely within NWSSP to promote openness, effective monitoring, and organisational wellbeing.



## Information

All Wales Laundry Service	We will future-proof laundry operations by introducing automated production dashboards, replacing manual processes, and ensuring a resilient, high-quality service.
Central Team eBusiness Services	We will support the TRAMS project by implementing a new computer based manufacturing system based on Oracle applications, enabling better insights and informed decision making.
Digital Workforce Solutions	We will use Health Roster to support Nurse Workforce Planning across NHS Wales, ensuring workforce plans include temporary staffing and demand forecasting.
Medical Examiner Services	We will improve data quality and accessibility by developing an MES reporting tool with ICD11 coding. This will allow real-time analysis of morality patterns to support public health planning and decision-making.
Pharmacy Services	We will continue to manage the supply chain across Wales, quantifying volumes and building resilience to address medicines shortages. This will require robust data consolidation and analysis.
Primary Care Services	We will continue to support the Primary Care Strategic Workforce Plan by delivering the Primary Care Workforce Intelligence system and supporting services. Shared data sets will help inform workforce planning across Wales.



## Learning, Improvement and Research

Accounts Payable	We will explore options to replace OCR software with AI automation, which will deliver a more efficient Accounts Payable service.
All Wales Laundry Service	We will explore options to benchmark Laundry Services against commercial and NHS providers to further improve service delivery and key performance indicators.
Employment Services	We will evaluate workforce sustainability options to create a clear approach for locum management across primary and community care, aligned with national workforce goals. This will improve workforce planning and help maintain service continuity while responding to changing demands.
Legal and Risk & Welsh Risk Pool	We will work with other nations to share knowledge and good practice about the management of clinical negligence claims.
Primary Care Services	We will introduce and embed research and development within Primary Care Services to ensure we remain at the forefront of delivering evidence-based care to patients in Wales, while offering learning opportunities to other regions in the UK.
Surgical Materials Testing Laboratory	We will complete literature searching and synthesis training within the Research & Development team to strengthen evidence-based practices.
Surgical Materials Testing Laboratory	We will review new post-market surveillance rules from the Medicines and Healthcare products Regulatory Agency (MHRA) and changes to UK Medical Devices Regulations (MDR) to ensure colleagues are supported with interpretation and compliance.



## Whole System Approach

Central Team eBusiness Services	We will expand the use of robotics to support health organisations Financial Management System (FMS) processes, including service desk support and the design of new finance and procurement processes using the Microsoft Power Platform.
Digital Workforce Solutions	We will lead the development of the People Portal Transformation Programme - a flexible, agile workforce system designed to meet NHS Wales' evolving needs, with seamless integration to other NHS Wales e-systems.
Employment Services	We will actively contribute to the Director's Workforce Workplan by providing subject matter expertise, promoting business efficiency, and improving the customer's journey to ensure safe and effective change.
Legal and Risk & Welsh Risk Pool	We will provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR), to be renamed Listening to People (LTP)
Pharmacy Services	We will deliver the seasonal vaccination programme through a national model for vaccine delivery.
Pharmacy Services	We will develop three transforming Access to Medicines (TRAMS) Hubs across Wales, increasing NHS Wales' capacity to prepare essential medicines and enabling the use of advanced technology and automation to improve patient safety and free up nurses time for patient care.
Primary Care	We will deliver a consistent, efficient, and equitable national process for providing Gluten-Free Subsidy Cards to eligible patients across Wales, ensuring a centralised and reliable service.



## Leadership

Audit and Assurance	We will develop a strategy to establish a commercial arm for Audit & Assurance services to provide support to organisations outside NHS Wales.
Digital Workforce Solutions	We will lead the development of the People Portal Transformation Programme, moving from procurement to planning and mobilisation. This will provide a structured, coordinated, and standardised approach throughout the migration process.
Digital Workforce solutions	We will lead the delivery of the NHS Wales International Recruitment Programme, reducing gaps in the clinical workforce and providing a viable and cost effective method for filling hard to fill vacancies through targeted international recruitment.
Legal and Risk & Welsh Risk Pool	We will introduce Digital Decision Making and Consent across NHS Wales, giving clients access to a platform that digitises the consent process.
Pharmacy Services	We will transform Access to Medicines (TRAMS) by developing an operational model for the Radiopharmacy unit. This will build capacity and contingency to ensure patients receive timely, high-quality services.
Procurement and Health Courier Services (HCS)	We will continue work on the Scan4Safety as part of the Wales modernisation programme (a five-year initiative)
Single Lead Employer	We will expand services and specialities under the Single Lead Employer model, giving trainees a streamlined employment relationship so they can focus on training and patient care.
Specialist Estates Services	We will deliver enhanced services to Welsh Government and NHs organisations to support decarbonisation.



## Timely

All Wales Laundry Services	We will implement strategic linen stock holdings to create <b>resilience across the service and ensure sufficient stock</b> to maintain supply if production at a site is disrupted
All Wales Laundry Services	We will examine distribution options for the remaining four laundries based on geographical boundaries to maximise capacity at each site and better meet customer demand.
All Wales Laundry Service	We will develop customer self-service functionality for managing rented stock orders, reducing delays and empowering users.
Central Team eBusiness Services	We will utilise available resources to extend robotics support to health organisations Financial Management System (FMS) processes, including service desk support and the design of new <b>finance and procurement processes using the Microsoft Power Platform</b> . This will free up time for organisations to focus on value-added activities.
Pharmacy Services	We will conduct an All-Wales assessment and management of <b>unlicensed medicines</b> , which will <b>release staff time back to local services</b> .
Pharmacy Services	We will deliver the Transformation Access to Medicines Hubs <b>across Wales to provide sufficient capacity and contingency</b> , ensuring a timely supply of high-quality aseptic products. This will help meet patient treatment demands and reduce waiting times.



## Safe

Central Team eBusiness Services	We will coordinate the annual Financial Management System (FMS) Disaster Recovery (DR) test to ensure readiness in the event of a disaster, providing continuity of service.
Legal and Risk & Welsh Risk Pool	We will advance the design, implementation and evaluation of Safety & Learning programmes, focusing on maternity and neonatal services to mitigate litigation risk by addressing underlying clinical safety issues.
Pharmacy Services	We will maintain the required regulatory and professional licences and registrations (including those from the Medicines and Healthcare Products Regulatory Agency, Home Office licensing, and the General Pharmaceutical Council). This will assure service users that our pharmacy services meet a high standard of quality, evidenced through external review.
Pharmacy Services	We will transform Access to Medicines (TRAMS) by developing an operational model for the Radiopharmacy unit, ensuring patients receive high-quality, timely services.
Pharmacy Services	We will review progress on the strategic implementation of gas testing training and recruitment plans for 2025/26. This will enable pharmacy services across Wales to support gas systems testing and deliver medical gases to patients at their point of need within all Health Boards and Trusts.
Procurement and Health courier Services (HCS)	We will continue implementing Scan4Safety as part of the Wales modernisation programme (a five-year initiative), which will help prevent patient harm.
Surgical Materials Testing Laboratory	We will explore the ability to measure background levels of hydrogen peroxide within decontamination areas, enabling more accurate measurement using gas detector tubes.



## Effective

Audit and Assurance	We will review our audit approach to ensure it remains in line with NHS Wales Requirements and the Global IIA Standards in readiness for External Quality Assessment. This will ensure <b>Audit and Assurance</b> provides a high-quality and effective service.
Legal and Risk & Welsh Risk Pool	We will provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting Things Right (PTR). This will support the fair, effective, and efficient management of cases.
Pharmacy Services	We will implement biosimilars with maximum efficiency for NHS Wales, delivering timely savings and ensuring high-quality, cost-effective care.
Pharmacy Services	We will pilot and roll out an electronic Pharmaceutical Quality System to enhance compliance and streamline processes.
Primary Care Services	We will deliver solutions to drive automation and support embedding the Wales Ophthalmic contract to ensure the timely and effective submission and payment of claims.
Surgical Materials Testing Laboratory	We will review the structure of the Surgical Materials Testing Laboratory to ensure effective service delivery and strengthen resilience through a staffing review.



## Efficient

All Wales Laundry Services	We will work closely with our Health Courier Service colleagues to plan the most efficient and carbon-friendly routes for all laundry deliveries across Wales.
All Wales Laundry Services	We will centralise Laundry Services administrative functions to ensure work is distributed efficiently, improving capacity and meeting customer demand.
Audit and Assurance	We will further develop our digital approach to audit delivery and innovation, ensuring a high-quality, cost-effective service.
Central Team eBusiness Services	We will extend robotics support to Financial Management Systems (FMS) processes and leverage the Microsoft Power Platform for automation, reducing manual effort and boosting productivity.
Medical Examiners Service	We will continue digital development to replace paper-based Medical Certificate of Cause of Death (MCCD) processes, promoting direct referrals via a QR code portal and implementing an improved notification system.
Primary Care Services	We will review solutions to support the digital paper medical record in Wales and reduce physical storage requirements across the NWSSP estate.
Primary Care Services	We will deliver a consistent, efficient, and equitable national process for providing Gluten-Free Subsidy Cards to eligible patients across Wales, creating a simplified and more convenient process.
Procurement and Health Courier Services (HCS)	We will investigate opportunities for AI services to support current transactional activity, reducing errors and creating a more efficient service.



## Equitable

Digital Workforce Solutions	We will lead the development of the People Portal Transformation Programme, moving from procurement to planning and mobilisation. This will provide structure, coordination, and a standardised approach throughout the migration process, resulting in consistent work data across NHS Wales organisations.
People & OD	We will strengthen our Employee Relations (ER) processes and foster a culture of fairness and accountability by establishing a substantive Investigating Officer role. This role will provide specialist, impartial, and high-quality investigations into complex ER cases, ensuring consistent application of policies and procedures, timely progression and closure of cases, reduced risk or procedural error or employee harm, and greater confidence among staff in the fairness of internal investigations.
Pharmacy Services	We will develop a standardised product portfolio for 2026/27, allowing medicines to be manufactured at scale to move medicines closer to patients, improve equity of access, and drive positive service outcomes and patient experiences.
Procurement and Health Courier Services (HCS)	We will support the Foundational Economy workplan by promoting local supplier engagement and fair economic growth.
Procurement and Health Courier Services (HCS)	We will meet the required planning and delivery phases for Pharmacy Logistics, including Year 2 of the Influenza Programme (and other vaccine campaigns), Radio Pharmacy, Home Care Medicines, TrAMS, and other Pharmacy Modernisation Programme. This will ensure a single logistics model that is consistent across all health boards in Wales.
Single Lead Employer	We will support the management of attendance for Resident Doctors, Dentists, and trainees through reasonable adjustments, ensuring those with additional needs receive the support required to focus on their training.



## Person Centred

Accounts Payable	We will launch the staff benefits portal across NHS Wales, ensuring improved access to benefits for all staff.
All Wales Laundry Service	We will develop a self-service order management solution for All Wales Laundry Services, empowering customers to manage their own rented stock orders.
All Wales Laundry Service	We will support the development of future laundry service engineers by securing student work experience placements through local colleges.
Digital Workforce Solutions	We will drive the People Portal Transformation Programme from procurement to planning and mobilisation, enhancing user experience and self-service culture.
Pharmacy Services	We will deliver Access to Medicines (TRAMS) hub development across Wales to enable more capacity and contingency, ensuring high-quality, timely service to patients.
Single Lead Employer	We will embed the Speaking up Safely (SUS) arrangements within NWSSP and ensure concerns are managed in accordance with the agreed policy. We will also ensure effective monitoring arrangements to track actions and outcomes under the Speaking up Safely framework.



## Integrated Medium Term Plan 2026-2029

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

02921 500500

[shared.services@wales.nhs.uk](mailto:shared.services@wales.nhs.uk)

[www.nwssp.wales.nhs.uk](http://www.nwssp.wales.nhs.uk)

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

## TRUST BOARD

### PUBLIC CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT

<b>DATE OF MEETING</b>	26 <sup>th</sup> March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Niké Hooper-Collins, Business Support Officer
<b>PRESENTED BY</b>	Lindsay Faoster, Vice Chair
<b>EXECUTIVE SPONSOR APPROVED</b>	Anne Carey, Chief Operating Officer
<b>REPORT PURPOSE</b>	FOR NOTING

#### 1. PURPOSE

This paper has been prepared to provide the Trust Board with details of the key issues and items considered by the Charitable Funds Committee at its Public meeting held on the 10<sup>th</sup> March 2026.

Key highlights from the meeting are reported in Section 2.

The committee is requested to **NOTE** the contents of the report and actions being taken.

#### 2. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Board from the meeting of the Charitable Funds Committee (CFC) held on the 10th March 2026:

**ALERT /  
ESCALATE**

**Charity Suspension Paper 2025/26**

The Committee were asked to approve the suspension in 2025/26 of £1.5m of expenditure recharge to the Charity for cancer service and Research activities (c£0.838m relating to Research, c£0.579m relating to Patient Services and c£0.082m relating to Staff Services) which has approved Charitable Funds support. These costs will be managed within Velindre NHS Trust core budgets from non-recurrent income gained over the period.

The Committee **APPROVED** the suspension, noting this is consistent with previous years but may not be possible in future years due to changing financial circumstances.

**ADVISE**

**Charitable Funds Membership**

It was explained that the review of the Committee's terms of reference will wait until the wider board governance review is concluded, but confirming the Committee membership will proceed in the meantime.

**Business Case and Expenditure Proposals**

It was emphasised that the Committee was previously concerned about the sufficiency of Charity funds to support significant bids without compromising the Charity's future viability and ability to fund new proposals.

It was highlighted that many bids were adjusted to one-year funding pending review, reflecting service-level scrutiny and financial prudence.

Please see decisions by the CFC below:

<b>Title &amp; Business case number</b>	<b>Decision</b>
Advanced International Fellowship Programme-Medical Training Initiative (MTI) (2025-26 & 2026-27)	Approved
VUNHST Staff and Teams Psychology and Wellbeing Service (2026-14)	Approved
Welfare Rights Services Review	Approved
Pastoral & Spiritual Care Services (2026-19)	Approved
Patient Information and Support Services Manager (2026-20)	Approved
Clinical Psychology and Counselling Patient service (2026-15)	Approved

	Complementary Therapy Expansion (2025-10)	Approved
	Wig Service (2026-18)	Approved
	CNS Team (2026-22)	Approved
	<p>Development of a CDK4/6 inhibitor clinic with dedicated Menopause support (2026-12)</p> <p><b>*Action*</b> The Committee deferred approval pending a review of the financial modelling by the finance team, with a decision to be requested out of committee once the modelling is complete. The aim is to avoid delaying patient access to the drug but ensure financial clarity before proceeding.</p>	<p>Deferred</p> <p>*Follow up action for Matthew Bunce and finance team</p>
<p><b>Business Case Annual Evaluation</b></p> <p>The nVCC (new Velindre Cancer Centre) Arts Strategy outlines the approach for integrating artwork into the new site, supported by a £500,000 charitable fund allocation.</p> <p>An update was provided to the Committee, whereby it was explained that there are four main elements:</p> <ul style="list-style-type: none"> <li>• scope of activities</li> <li>• the art strategy document (framework, context, proposals, delivery)</li> <li>• the arts plan (including procurement and financial plan), and</li> <li>• the appointment of the lead artist</li> </ul> <p>The Committee raised the following points for further consideration:</p> <ul style="list-style-type: none"> <li>• The importance of ensuring engagement with diverse communities in the context of the nVCC art strategy, specifically asking how the engagement work would reflect diversity among patients, carers, staff, and the wider community, and not just represent the mainstream.</li> <li>• Visibility for the Charity's funding in the final artwork and how people will associate the art with the Charity's support.</li> <li>• Integration of art and signage, emphasising the need for a balance between calming art and necessary information, and how these elements are co-ordinated for patient experience.</li> <li>• Suggested that the Arts Strategy should be considered by the nVCC sub-committee for oversight and interdependencies.</li> </ul>		
<b>ASSURE</b>	<b>NONE</b>	



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

**INFORM**

NONE

### 3. RECOMMENDATION

The Committee is asked to **NOTE** the contents of this report.

<b>TRUST BOARD</b>	
<b>All Wales Reserve Forces Training and Mobilisation Policy</b>	
<b>DATE OF MEETING</b>	26/03/2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Donna Dibble, Head of Workforce
<b>PRESENTED BY</b>	SARAH JENKINS, INTERIM EXECUTIVE DIRECTOR OF ORGANISATIONAL DEVELOPMENT AND WORKFORCE
<b>APPROVED BY</b>	SARAH JENKINS, INTERIM EXECUTIVE DIRECTOR OF ORGANISATIONAL DEVELOPMENT AND WORKFORCE
<b>EXECUTIVE SUMMARY</b>	NHS Wales have reviewed the All Wales Reserve Forces Training and Mobilisation Policy.
<b>RECOMMENDATION / ACTIONS</b>	Trust Board are asked to approve this policy.
<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
EMB	26/01/26
QSPC	12/03/26
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
This policy has been shared with the People Policy Review and Development Group via email and will be on the next meeting agenda for noting (15.04.26). The Policy has been endorsed by EMB and QSPC.	
<b>7 LEVELS OF ASSURANCE</b>	

<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Select Current Level of Assurance
<b>APPENDICES</b>	
	1. All Wales Reserve Forces Training and Mobilisation Policy

## 1. SITUATION

- 1.1 NHS Wales have reviewed and updated the All Wales Reserve Forces Training and Mobilisation Policy.

## 2. BACKGROUND

- 2.1 NHS Wales reviews policies regularly, considering any changes in law, so that we can be assured that our policies are up to date and fit for purpose. They provide a robust and fair framework for us to manage within the organisation.
- 2.2 NHS Wales have recently reviewed and updated the All Wales Reserve Forces Training and Mobilisation Policy, for use by NHS Wales organisations.

## 3. ASSESSMENT

- 3.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.
- 3.2 The revised policy was agreed at the Welsh Partnership Forum on 19 November 2025. Some minor changes to the policy have been made following discussions with the regional Armed Forces lead and engagement with 160 British Army (Welsh Brigade). As the changes made are minimal, the Equality Impact Assessment has not changed and is extant.

## 4. SUMMARY OF MATTERS FOR CONSIDERATION

Trust Board are asked to approve this policy for adoption at Velindre University NHS Trust.

## 5. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>
--------------------------------

Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: NO	
If yes - please select all relevant goals: <ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	03 - Workforce Supply and Shape
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
	Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>
<b>QUALITY IMPACT ASSESSMENT</b>  <i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i>	<b>Choose an item</b>  The <a href="#">QIA tool</a> should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.  As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more

	broadly promote good decision-making practice.
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Yes
	<i>This policy was produced by NHS Wales</i>
<b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b>	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below	
If yes, select the relevant goals: <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	<b>Source of Funding:</b> Choose an item  Please explain if 'other' source of funding selected: Click or tap here to enter text  <b>Type of Funding:</b>

	<p><b>Choose an item</b></p> <p><b>Scale of Change</b> Please detail the value of revenue and/or capital impact: <b>Click or tap here to enter text</b></p> <p><b>Type of Change</b> <b>Choose an item</b> Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b></p>
<p><b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a></p>	<p>Not required - please outline why this is not required</p> <p>This policy has been produced by NHS Wales.</p>
<p><b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b></p>	<p>Yes (Include further detail below)</p> <p>In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.</p>

## 6. RISKS

None associated.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE CURRENT RISK SCORE</b>	
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	No

<b>All risks must be evidenced and consistent with those recorded in Datix</b>	



# All Wales Reserve Forces Training and Mobilisation Policy

**Fforwm Partneriaeth Cymru**  
**Welsh Partnership Forum**

GIG Cymru yn  
Gweithio mewn Partneriaeth

NHS Wales  
Working in Partnership



*Approved*  
*Welsh Partnership Forum November 2025*

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# 1. General Introduction

- 1.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.
- 1.2 Employees who wish to take advantage of the provisions contained within this policy must inform their employer that they are a Reservist by contacting the individual identified at Appendix 1 for their *NHS Organisation*. The designated contact for each *NHS Organisation* will keep a register of all employees who are members of the volunteer forces and will ensure that the individual's line manager is aware of their membership of the Volunteer Reserve Forces.
- 1.3 This policy will also apply to High Readiness Reserves (HRR) and Civil Contingency Reaction Forces (CCRF), both of whom must inform their employer of their status given the relatively short notice of deployment. High Readiness Reserves will also require written consent from their employer if they work more than two days per week before they are able to hold this status.
- 1.4 The training undertaken by Reservists enables them to develop skills and abilities that can be of benefit to them as employees, and to the employer in terms of service delivery. Members of staff should be encouraged to share these with colleagues.
- 1.5 A greater understanding of the training and skills development carried out in the Reserve Forces will assist managers in conducting PADRs.

# 2. The Legal Framework

- 2.1 In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.
- 2.2 There are two main pieces of legislation relating to employers and the Volunteer Reserve Forces:
  - Defence Reform Act 2014 (DRA 14)
  - The Reserve Forces Act 1996 (RFA 96) which provides the powers under which Reservists can be mobilised for full-time service.
  - The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) which provides protection of employment for those liable to be mobilised and reinstatement for those returning from mobilised service.

### 3. Practical Support for Training

- 3.1 NHS Wales will support an employee to become a reservist and provide access to annual or unpaid leave to support attendance at any training required in advance of an employee becoming a Reservist.
- 3.2 Paid leave of up to 10 days per year will be made available to Reservists to attend annual camp or equivalent continuous training. Any additional leave required should be taken as annual or unpaid leave.
- 3.3 Line managers will as far as possible facilitate work rosters to allow attendance for annual camp and other training commitments, e.g. weekly or weekend training sessions.
- 3.4 Reservist employees should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances.
- 3.5 Any disputes should be referred to the designated contact (see appendix 1) in the first instance. Employees who remain dissatisfied may thereafter use the grievance procedure.

### 4. Mobilisation

- 4.1 Mobilisation is the process of calling reservists into full-time service. (i) With the Regular Forces on the military operations (ii) To fulfil their part of the UK's defence strategy. The Reserve Forces Act 1996 and the Defence Reform Act 2014 provide the legal basis for mobilisation. Subject to the severity of the crisis there would normally be a minimum of 30 days' notice. Mobilisation will normally be for between 3 and 12 months but on occasion could be as short as 2 weeks.
- 4.2 An employee who wishes to volunteer for mobilisation **must seek prior agreement of their employer through their line manager out of courtesy.** Any such request will be considered within 5 working days.
- 4.3 Where there are multiple requests in a single department/unit these will be referred to the appropriate Senior Manager.
- 4.4 Where there is compulsory mobilisation of any employee the employer (following a similar process to 4.2 above) will decide whether to seek exemption or deferral. The grounds of exemption are strictly limited and would have to show serious harm to the employer's ability to provide services. The employer would only seek exemption in very exceptional circumstances.
- 4.5 Additional information regarding exemption and deferral from mobilisation is contained in Appendix 2.

## 5. Financial Assistance for Employers

5.1 Where an employee's mobilisation results in additional costs the employer may seek compensation from the Ministry of Defence (MoD), e.g.:

- Overtime costs if another employee is used to cover the work of the Reservist.
- Any costs of hiring a temporary replacement that exceeds the Reservist's earnings.
- Advertising for replacement or agency costs.
- Training costs for any training the employee needs as a result of having been mobilised (the MoD will not pay for training that we would have carried out anyway) when they return to work to carry out their duties properly.

5.2 While the Reservist is mobilised, the employer is not obliged to pay their salary or contractual benefits. However, staff will receive their full salary from the employer during the first month of their mobilisation or until they receive their first months pay from the MoD. The excess salary paid after the date of mobilisation will be recoverable when the individual returns to work. The designated contact for the *NHS Organisation* should ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop.

5.3 In order to claim financial assistance the employer will provide the Ministry of Defence with appropriate supporting documentary evidence e.g. invoices.

5.4 The latest date for submitting claims for financial assistance, other than for training, is within four weeks of the date the Reservist is demobilised.

## 6. NHS Pension whilst on Active Service

6.1 A reservist who is called out is entitled to remain a member of the NHS Pension Scheme. The Ministry of Defence (MoD) will pay the employer's pension contributions whilst the individual is mobilised provided they continue to pay their individual contributions. Where mobilisation occurs, the employee will be given special unpaid leave of absence. The employee's pension contributions would be calculated and held over until the employee returns. These would then be recovered monthly from salary and over the same period as the employee was absent. The employer will continue, on request of the employee, to pay employer's contributions to the NHS Pension Scheme for the period of mobilisation and invoice the MoD to recover this amount.

See section 12:

([http://www.nhsbsa.nhs.uk/Documents/Pensions/Call up of Reservists factsheet V2\\_07.13.pdf](http://www.nhsbsa.nhs.uk/Documents/Pensions/Call_up_of_Reservists_factsheet_V2_07.13.pdf))

## 7. Annual Leave whilst Mobilised

- 7.1 Reservists have no entitlement to accrue annual leave whilst mobilised and on unpaid leave.
- 7.2 Reservists will have a period of 'post tour' leave which they **accrue at the rate of one day for every nine calendar days deployed** (JSP 753 Directive – Regulations for the Mobilisation of UK Reserve Forces) from the MoD. This leave must be taken before the individual is demobilised.

## 8. Carry Over of Annual Leave

- 8.1 Reservists should be encouraged to take any holiday accrued before mobilisation. However, any annual leave not taken will be carried forward.

## 9. Pay Progression

- 9.1 Where an employee is absent from work following mobilisation, the service will be considered continuous and an employee will not be penalised if it coincides with their pay step.
- 9.2 Line managers who carry out PADRs and / or appraisal meetings with a reservist should be made aware that the Volunteer Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace. It is therefore good practice that we recognise these skills and abilities in an individual's PADR or appraisal meeting and acknowledge that the activities can be regarded as evidence of achievement or in some circumstances contribute towards an individual being in a position to evidence application of knowledge and skills. These principles will also apply to reservists not employed on Agenda for Change Terms and Conditions, being mindful of professional requests, such as revalidation.

## 10. Support on Return to Work (Demobilisation)

- 10.1 Demobilisation may be a difficult time, with a Volunteer Reservist returning to work after a challenging period in deployment. Helping to ensure a smooth re-integration into the workplace/team will require consideration of:
- The need to update them on changes and developments in the organisation.
  - The need to offer specific refresher training where it is sought/considered necessary.
  - Where the job duties have changed since mobilisation, a period of skills training may be required to assist them with new aspects of the job.

- Whether the Reservist can meet up with colleagues informally or socially (if appropriate) before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment.

10.2 When an employer is advised by a Reservist that they want to return to work, the employer is obliged to employ them in their old job as stated in the Reserve Forces (Safeguard of Employment) Act 1985. Where this is not possible, they must be offered an equivalent position with the same terms and conditions of service in accordance with the Organisational Change Policy. The right to return to work lasts for six months after demobilisation.

10.3 To enable the employer to plan for their return to work after their military service has ended, Reservists must advise the designated organisational contact verbally and/or in writing, copied to their line manager, the date they will be available to start work. This communication should be made no later than three weeks after the completion of military service.

10.4 The employer must be advised as soon as possible if, due to illness or some other reasonable cause, the employee is unable to start work on the agreed date.

## 11. Review

11.1 This policy will be monitored and reviewed every two years or sooner in light of any legislative changes and in line with NHS changes.

## 12. Useful Sources of Help

### **Reserve Forces and Cadet Association for Wales**

Telephone: 02920 375746

[www.wales-rcfa.org](http://www.wales-rcfa.org)

### **NHS Wales Pensions Agency**

Address: NHS Pensions Agency

PO Box 2269

Bolton

BL6 9JS

Telephone: 0300 3301 346

[www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

## Appendix 1 – Designated NHS Organisation Contacts

Each NHS organisation has a responsibility to identify their designated contact, however, for the purposes of this policy the responsibility will be that of each NHS organisation's Director of Workforce and Organisational Development.

It will be the role of the designated NHS Organisation contact to ensure that: -

- they are fully aware of the provisions of this policy and are therefore able to advise employees of the support available to them;
- they maintain an up to date database of all Reservists working in their organisational area;
- they are available to work with both their employee and the employee's line manager to ensure the provisions of the policy are available;
- mechanisms in place to ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop;
- mechanisms in place to ensure that they maintain contact with the employee to ensure they are kept informed about their area. This may be through the provision of a staff newsletter, update e-mails, briefing notes etc;
- they act as first contact in any disputes.

## Appendix 2 – Exemption and Deferral from Mobilisation

- 1.1 The employer has the right to ask for exemption from, or deferral of, mobilisation if it is considered that the organisation will suffer serious harm because of the Reservist's absence.
- 1.2 The definition of definition of 'serious harm', varies from case to case, but the broad guidelines laid out in CORFA 05 specifically mention;
- Serious loss of sales, markets, reputation, goodwill or other financial harm.
  - Serious impairment of the ability to produce goods or provide services.
  - Demonstrable harm to research and development of new products, services or processes, provided that the harm could not be prevented by the employer receiving financial assistance under CORFA 05.
- 1.3 To be considered for exemption or deferral, the Reservist, or the employer, must make an application, within seven days of the Reservist being served with a mobilisation notice, to the Service Adjudication Officer (SAO) for the Service in which the Reservist will serve. Late applications can only be made with the permission of the SAO appointed by the MoD. A serving officer or MoD official normally holds this post.

**Address:** Army Adjudication Officer  
Army Personnel Centre  
PO Box 26703  
GLASGOW G2 8YN

**Tel:** 0800 389 6585  
**Fax:** 0141 224 2689

**Email:** [apc-cmops-mob-so2@mod.uk](mailto:apc-cmops-mob-so2@mod.uk)

**Address:** Royal Navy and Royal Marines Adjudication Officer  
West Battery (MPG-2)  
Whale Island  
PORTSMOUTH PO2 8BX

**Tel:** 02392 628858  
**Fax:** 02392 628660  
**Email:** [NAVYLEGAL-RESERVESADJSO2@MOD.UK](mailto:NAVYLEGAL-RESERVESADJSO2@MOD.UK)

**Address:** Royal Air Force Adjudication Officer  
Royal Air Force Adjudication Service  
c/o Imjin Barracks  
GLOUCESTER GL3 1HW

**Tel:** 01452 712612 ext 6107  
**Fax:** 01452 510939  
**Email:** [aira1-adjmlbx@mod.gov.uk](mailto:aira1-adjmlbx@mod.gov.uk)

1.4 The following information must be provided when applying for exemption or deferral;

- Personal details including full name, address, payroll and national insurance number.
- Details of the job or role they perform within the Board.
- The effect that their absence would have on the Board and/or departmental business and/or service delivery.
- Justification for exemption in terms of the serious harm to the Board and department.

1.5 Once received, the application will be examined by the SAO who will decide if the case for exemption or deferral is acceptable. In making this decision, the SAO will seek to balance the needs of the Board and employing department against the operational needs of the Armed Forces for which the Reservist has been mobilised.

1.6 An appeal can be made to the Reserve Forces Appeal Tribunal if the Board is unhappy with the decision of the SAO. The SAO will provide information on making an appeal.

1.7 Reserve Forces Appeal Tribunals are independent of the MoD, with appointments made by the Secretary of State for Constitutional Affairs and Lord Chancellor. Each tribunal consists of a legally qualified chairperson and two lay-members drawn from a list held by the Employment Tribunals Service.

1.8 Appeals must be lodged with the office of the Secretary to the Tribunal no more than five working days after the SAO's decision is received. Appeals can be faxed or posted first class.

**Address:** Reserve Forces Appeal Tribunal  
Tribunals Service  
Alexandra House  
14 – 22 The Parsonage  
Manchester  
M3 2JA

**Email:** [rfat@tribunals.gsi.gov.uk](mailto:rfat@tribunals.gsi.gov.uk)

- 1.9 The employer will be advised of the date, time and place of the hearing of the appeal. Where considered necessary, employers may be asked to provide the Tribunal with additional information in support of their case. Appeals are normally heard within 28 days of receipt of the appeal, during which time the Reservist will not be deployed outside the United Kingdom.

<b>TRUST BOARD</b>	
<b>MICROSOFT ENTERPRISE AGREEMENT RENEGOTIATION – STRATEGIC CASE ONLY</b>	
<b>DATE OF MEETING</b>	26/03/2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Gareth Daniels, Assistant Director of Digital Services
<b>PRESENTED BY</b>	Carl Taylor, Chief Digital Officer
<b>APPROVED BY</b>	Carl James, Interim Chief Executive Officer
<b>EXECUTIVE SUMMARY</b>	<p>Renewal of the All-Wales Microsoft 365 Enterprise Agreement from 1 July 2026 is essential to maintain safe, secure and uninterrupted digital services for over 135,000 NHS Wales users, underpinning core clinical operations, cybersecurity, collaboration, and alignment with national digital priorities.</p> <p>The shared single-tenant model provides economies of scale, consistent governance and a resilient, world-class security posture, while enabling continued adoption of high-value capabilities such as Power Platform and M365 Copilot.</p>
<b>RECOMMENDATION / ACTIONS</b>	<p>Trust Board are asked to Approve:</p> <ul style="list-style-type: none"> <li>The All-Wales Enterprise Agreement Business Case for Digital Health and Care Wales (DHCW) to contract for the Microsoft 365 suite of products, on behalf of all NHS</li> </ul>

		Wales organizations, for the period 1st July 2026 to 30th June 2031 based on Option 2.
<b>GOVERNANCE ROUTE</b>		
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>		<b>Date</b>
National EA Project Board Approval		23/02/2026
Executive Management Board		23/02/2026
Strategic Development Committee		17/03/2026
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>		
<p>The National Enterprise Agreement Project Board has provided oversight for the scope, negotiations and business case. The Project Board has approved the business case w/c 23/02/2026. VUNHST CDO is a member of the Project Board.</p> <p>EMB Endorsed for Approval the EA Business Case SDC Endorsed for Approval the EA Business Case</p>		
<b>7 LEVELS OF ASSURANCE</b>		
Paper not provided for assurance		
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>		Select Current Level of Assurance
<b>APPENDICES</b>		
Appendix 1	Microsoft Enterprise Agreement Business Case – Strategic Case Only	

**1. SITUATION**

1.1 NHS Wales has operated a Microsoft estate for more than twenty (20) years and has moved in-line with changes to Microsoft’s licensing model to a Microsoft 365 subscription. The current Enterprise Agreement was based on the previous Microsoft / Crown Commercial Service Memorandum of Understanding (MoU) known as the Digital Transformation Agreement 2021 (DTA21).

1.2 NHS Wales moved to a single all-Wales Microsoft 365 tenant in 2020, to enable effective cross-organisational collaboration, realise resourcing synergies and increase collective purchasing power. This approach underpinned the existing Microsoft Enterprise Agreement (EA). This Agreement covered the period 1<sup>st</sup> July 2022 to 30<sup>th</sup> June 2026, with an option to extend for a further year to 30<sup>th</sup> June 2027.

1.3 To ensure that NHS Wales secures the optimum contractual and commercial framework to meet its current and future needs over the medium term a strategic

decision was made to appraise alternative contractual and commercial options with Microsoft via the Microsoft Reseller Framework Agreement with Trustmarque.

1.4 The renewal of Microsoft 365 is not a routine procurement but a strategic investment in the future of health and care in Wales. It is essential for delivering safe, efficient, and innovative services, and for achieving national digital ambitions. The preferred option will offer the greatest value, resilience, and alignment with national policy, ensuring NHS Wales can continue to deliver for patients, staff, and the public.

## **2. BACKGROUND**

2.1 Ensuring continued Microsoft 365 (M365) access is a strategic necessity for NHS Wales and VUNHST. M365 is the digital backbone of the health and care system, underpinning essential operations for over 135,000 users across the nation. The platform is part of core digital infrastructure and, as such, is not discretionary—it is fundamental to turning on devices, accessing Windows and Office, and enabling secure communication and collaboration.

2.2 The renewal directly supports DHCW's objectives to drive digital transformation, deliver high-quality digital services, and achieve better value and outcomes through innovation. It is fully aligned with the Welsh Government's Digital and Data Strategy for Health and Social Care in Wales (2023), mapping to all six missions, including empowering people and staff, building digital platforms fit for Wales, enabling digital-first services, improving data use, strengthening digital skills, and establishing robust digital foundations.

2.3 The single, shared NHS Wales M365 tenant delivers significant benefits:

- Operational continuity and resilience – ensuring uninterrupted access to critical digital services.
- World-class security and compliance – with a Secure Score above 70%, unified controls, and robust governance.
- Economies of scale and cost avoidance – centralised licensing and pooled expertise reduce costs and duplication.
- Collaboration and mobility by default – enabling seamless working across organisational boundaries.
- Scalable innovation – supporting the expansion of Power Apps, Power Automate, and the adoption of M365 Copilot and Copilot Chat.

2.4 The M365 Centre of Excellence (CoE), hosted in DHCW, is pivotal, managing a complex environment and enabling both operational reliability and strategic transformation. The CoE ensures that the value of the platform – both visible and hidden – is realised across all NHS Wales organisations.

## **3. ASSESSMENT**

3.1 The five-case model has been used to develop the business case for the EA Renewal, and the full case is included in Appendix #1. The business cases are summarised here.

### 3.2 Strategic Case

Microsoft 365 renewal represents a strategic investment in the digital future of health and care in Wales, underpinning the safe, efficient and innovative delivery of services across NHS Wales. Continued access is essential to maintaining operational stability, enabling national digital ambitions, and supporting modern, data-driven ways of working. The recommended option provides the strongest value, resilience, and alignment with Welsh Government policy, ensuring NHS Wales can continue to deliver high-quality services for patients, staff and the public.

## 4 SUMMARY OF MATTERS FOR CONSIDERATION

### 4.1 SDC are asked to **Endorse for Approval:**

The Strategic Case as part of the All-Wales Enterprise Agreement Business Case for Digital Health and Care Wales (DHCW) to contract for the Microsoft 365 suite of products, on behalf of all NHS Wales organizations, for the period 1st July 2026 to 30th June 2031 based on Option 2.

## 4 IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information:</i>	05 - Digital Transformation
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	<b>Select all relevant domains below</b>
	<ul style="list-style-type: none"> <li>Safe <input checked="" type="checkbox"/></li> <li>Timely <input checked="" type="checkbox"/></li> <li>Effective <input checked="" type="checkbox"/></li> <li>Equitable <input type="checkbox"/></li> <li>Efficient <input checked="" type="checkbox"/></li> <li>Patient Centred <input type="checkbox"/></li> </ul>

	<p>The Key Quality &amp; Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p><b>Click or tap here to enter text</b></p>
<p><b>QUALITY IMPACT ASSESSMENT</b></p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Not required - not a strategic decision</p> <p>The 2should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p>Not required</p>
<p><b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b></p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: NO</p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/></li> </ul>	

<ul style="list-style-type: none"> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes - please Include further detail below, including funding stream
	The Financial Case is taken in the Private Session
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>	Yes - please outline what, if any, actions were taken as a result
	An Equality Impact Assessment was carried out at the commencement of the project to ensure all potential impacts were considered. The complete assessment is included in the appendices for reference.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.

## 5 RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	
<b>WHAT IS THE CURRENT RISK SCORE</b>	
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	

<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Yes - please detail below
	Availability of additional funding for 26/27 of the Enterprise Agreement.
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

<b>TRUST BOARD</b>	
<b>CHAIR'S URGENT ACTION MATTER REPORT</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	<b>TO RATIFY</b>
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Kay Barrow, Corporate Governance Manager
<b>PRESENTED BY</b>	Non Gwilym, Interim Director of Corporate Governance
<b>APPROVED BY</b>	Non Gwilym, Interim Director of Corporate Governance
<b>EXECUTIVE SUMMARY</b>	<p>This report details Chair's Urgent Actions taken between the <b>23/01/2026 – 19/03/2026</b>.</p> <p>There was one (1) urgent item of business for the Trust Board that was considered via Chairs Urgent Action during this period:</p> <ol style="list-style-type: none"> <li>All-Wales e-Rostering Solution – addition of Cardiff &amp; Vale University Health Board Medical and Dental staff</li> </ol> <p>No objections to approval were received in respect of the items of business considered.</p>
<b>RECOMMENDATION / ACTIONS</b>	The Trust Board is asked to <b>RATIFY</b> the Chairs Urgent Action taken between the <b>23/01/2026 – 19/03/2026</b> .
<b>GOVERNANCE ROUTE</b>	
<b>Trust Board Members – Via Email</b>	<b>27/02/2026:</b> All-Wales e-Rostering Solution – addition of Cardiff & Vale University Health Board Medical and Dental staff
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
The Trust Board <b>APPROVED</b> each item of business considered via Chair's Urgent Action.	
<b>7 LEVELS OF ASSURANCE – N/A</b>	
<b>APPENDICES – N/A</b>	

**1. SITUATION**

This paper provides the Trust Board with an overview of key decisions and outcomes considered via Chair's Urgent Action between the **23/01/2026 – 19/03/2026**.

## **2. BACKGROUND**

- 2.1 In accordance with the Trust Standing Orders, there may occasionally, be circumstances where decisions, which would normally be made by the Board, need to be taken between scheduled meetings and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and Chief Executive, supported by the Interim Director of Corporate Governance, as appropriate, may deal with the matter on behalf of the Board – after first consulting with at least two other Independent Members. The Interim Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification. Where issues are included in the Schedule of 'Expected Urgent Decisions' and prior approval is sought from the Board, these issues will not be reported here.
- 2.2 Chair's Action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

## **3. ASSESSMENT/SUMMARY OF MATTERS FOR CONSIDERATION**

The following is a summary of the key outcomes from the items of business considered by the Trust Board via Chair's Urgent Action since the last formal meeting of the Trust Board in January 2026:

### **3.1 All-Wales e-Rostering Solution – addition of Cardiff & Vale University Health Board Medical and Dental staff**

The Trust Board was sent an email and Chair's Urgent Action Report on the **27 February 2026** in relation to the All-Wales e-Rostering Solution – addition of Cardiff & Vale University Health Board Medical and Dental staff that required urgent approval.

The core All Wales e-Rostering contract was approved by the Shared Services Partnership Committee (SSPC) and Trust Board in June 2025.

A further request will be made to the Trust Board at its March 2026 meeting for approval for other organisations to be on-boarded to the contract.

The urgent need for the Chair's Urgent Action request only pertains to the addition of Cardiff & Vale University Health Board (CVUHB). The change was approved by the Board of CVUHB on 25<sup>th</sup> February 2026 via a Chair's Urgent Action:

1. The full MoD & Activity Manager contract with supplier RLD, covering the period 4+2+2 years, with a total potential value of £1,121,756.64.

2. Progression of all required contractual arrangements through NWSSP Procurement.
3. Delegation to the Executive Director of People & Culture to oversee implementation and report back via the usual governance routes.

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.

As detailed in the request, the Trust Board was asked to:

- **APPROVE** the expansion of the all-Wales E-Rostering contract to include Cardiff & Vale University Health Board Medical & Dental staff, covering the period 4+2+2 years, with a total potential value of **£1,121,756.64**.
- **AUTHORISE** the Chief Executive to **APPROVE** the award of the contract summarised within this report and supporting Commitment of Expenditure paper.
- **AUTHORISE** the Chief Executive to **APPROVE** requisitions for expenditure under the additional contract.

There were no objections or comments made during the approval process.

**Recommendation Approved by:**

- Sara Moseley, Chair
- Carl James, Interim CEO
- Vicky Morris, Independent Member
- Gareth Jones, Independent Member
- Nicola Williams, Executive Director of Nursing, AHPs and Health Sciences
- Sarah Jenkins, Interim Executive Director of People & Organisational Development

**4. IMPACT ASSESSMENT**

<b>TRUST STRATEGIC GOAL(S)</b>
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below
If yes - please select all relevant goals:
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <span style="float: right;"><input checked="" type="checkbox"/></span></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <span style="float: right;"><input type="checkbox"/></span></li> <li>• A beacon for research, development and innovation in our stated areas of priority <span style="float: right;"><input type="checkbox"/></span></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <span style="float: right;"><input type="checkbox"/></span></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <span style="float: right;"><input checked="" type="checkbox"/></span></li> </ul>

<b>RELATED STRATEGIC RISK - BOARD ASSURANCE FRAMEWORK (BAF)</b>	04 - Organisational Culture
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	<p>Yes -select the relevant domain/domains from the list below. Please select all that apply</p> <p>Safe <input checked="" type="checkbox"/></p> <p>Timely <input checked="" type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input checked="" type="checkbox"/></p> <p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></p> <p>This action is by exception and with prior approval from the Chair. The provision to permit this urgent action is to allow for quick decisions to be made where it is not practicable to call a Board meeting and to avoid delays that could affect service delivery and quality.</p>
<b>QUALITY IMPACT ASSESSMENT</b>	Not required - not a strategic decision
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b>	Not required
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>Yes - please Include further detail below, including funding stream</p> <p>Financial impact was captured within the documentation considered by the Board.</p>
<b>EQUALITY IMPACT ASSESSMENT</b>	Not required
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	<p>Yes (Include further detail below)</p> <p>Legal impact was captured within the documentation considered by the Board.</p>

## 5. RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
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## TRUST BOARD

All-Wales e-Rostering Solution (Medical and Dental)

<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Angela Jones Deputy Director for Digital and Workforce Productivity Solutions
<b>PRESENTED BY</b>	Angela Jones Deputy Director for Digital and Workforce Productivity Solutions  Gareth Hardacre - Director of People, Organisation Development & Employment Services.
<b>APPROVED BY</b>	<b>Choose an item</b>
<b>EXECUTIVE SUMMARY</b>	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 paycales, working hours and monitoring and reporting requirements via the Guardian of Safe working. The software will provide efficient and safe rostering of Medical & Dental staff, including harmonisation of rostering principles for both substantive and contingent workforce.

<b>RECOMMENDATION / ACTIONS</b>	<p>The Trust Board is asked to <b>APPROVE</b> the additional expenditure to be incurred and recharged relating to the expansion of the all-Wales E-Rostering contract to include Medical &amp; Dental staff for a value of £5,183,463.27 excluding VAT and novate current local Medical and Dental contracts for:</p> <ul style="list-style-type: none"> <li>• Betsi Cadwaladr University Health Board (BCUHB);</li> <li>• Cwm Taf Morgannwg University Health Board (CTMUHB);</li> <li>• Hywel Dda University Health Board (H DUHB); and</li> <li>• Swansea Bay University Health Board (SBUHB).</li> </ul> <p>This increases the total contract value awarded to £21,842,446.27 excluding VAT (£26,210,935.52 including VAT).</p> <p>The Trust Board is also asked to <b>AUTHORISE</b> the Chief Executive to approve the purchase orders where they exceed NWSSP limits.</p>
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**GOVERNANCE ROUTE**

List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Betsi Cadwaladr University Health Board (BCUHB)	Board approval not required
Cwm Taf Morgannwg University Health Board (CTMUHB)	Board approval not required
Hywel Dda University Health Board (H DUHB)	Board approval not required
Swansea Bay University Health Board (SBUHB) planned	26/03/2026
Jonathan Irvine - Director of Procurement & HCS	13/03/2026
Alison Ramsey - Director of Finance & Corporate Services	13/03/2026
Neil Frow - Managing Director, NWSSP	13/03/2026
Tracy Myhill – NWSSP and Chair of Shared Services Partnership Committee (SSPC)	13/03/2026
Shared Services Partnership Committee (SSPC) planned	19/03/2026

**SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS**

Not applicable	
<b>7 LEVELS OF ASSURANCE</b>	
Not applicable	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Select Current Level of Assurance Not applicable
<b>APPENDICES</b>	
1	Commitment of Expenditure Form
2	Quality Impact Assessment

## 1. SITUATION

Currently, the majority of organisations in Wales have Medical & Dental (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.

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 intention to proceed with the contract award is simultaneously going through all local governance arrangements for the four Health Boards.

A report has been submitted for approval at NHS Wales Shared Services Partnership Committee.

## 2. 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.

<p>Core licensing offering.</p> <ul style="list-style-type: none"> <li>• £7,837,644.77 (Exc. VAT)</li> <li>• £9,405,173.72 (Inc. VAT)</li> </ul>	<p>Core Licensing offering (inc. extension options)</p> <ul style="list-style-type: none"> <li>• £16,658,983.00 (Exc. VAT)</li> <li>• £19,990,779.00 (Inc. VAT)</li> </ul>
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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 an implementation commencement date has been set for August 2026

### 3. ASSESSMENT

**Do nothing** - Failure to award would result in a requirement to develop an alternative pay mechanism to deliver the nuances of the new T&Cs, which would likely delay the implementation commencement date of August 2026. It would also result in the inability to provide adequate staffing levels across Health Boards/Trusts to deliver safe and effective patient care.

**Extend Contract** – Each Health Board currently holds its own local contract with varying durations. Extending these individually would not be cost-effective, as the all-Wales pricing model offers a more favourable financial position. In addition, separate extensions would not support alignment with the existing all-Wales E-Rostering contract for Agenda for Change staff, resulting in inconsistency and reduced efficiency

**Contract Renewal** – The all-Wales e-Rostering contract for Agenda for Change (AfC) staff was renewed via an open-market procurement process in January 2026. Included in the technical specification was the ability to extend the contract to other staff groups e.g. Medical and Dental Staff. This therefore is a compliant option to add and/or novate current locally held contracts to an all-Wales contract.

#### 4. SUMMARY OF MATTERS FOR CONSIDERATION

The existing contract provision accounts for the staff grouping “Medical and Dental” as covered within the technical specification during the re-procurement.

It is anticipated that the contract award 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.

In previous contracts, access to data has been limited with some data fields only available via an additional chargeable module. Within the scope of the contract negotiations, Health Boards/Trusts will have full access to their data at no additional cost, thus realising opportunity cost savings of circa £30k per annum, per organisation

RL Datix have agreed costs will remain in line with current arrangement of 3% uplift on list price per annum.

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.

#### 5. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	01 - Service Capacity
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Select all relevant domains below
	Safe <input checked="" type="checkbox"/>

	Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	The system will support the implementation and satisfy the monitoring requirements of the new Resident Doctor contract to the Guardian of Safe working. The E-Rostering solution ensures the continued intelligent, efficient and safe scheduling of staff. Supports the harmonisation of rostering principles for our substantive and temporary workforce and 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
<b>QUALITY IMPACT ASSESSMENT</b> <i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i>	Yes - Fully completed and signed QIA Enclosed
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Not required  Click or tap here to enter text
<b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b>	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below	
If yes select the relevant goals:	

- A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities.
- A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience.
- A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
- A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
- A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities.
- A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation.
- A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being

<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.
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	<p><b>Source of Funding:</b> Commissioners</p> <p>Please explain if 'other' source of funding selected: <a href="#">Click or tap here to enter text</a></p> <p><b>Type of Funding:</b> <b>Revenue</b></p> <p><b>Scale of Change</b> Please detail the value of revenue and/or capital impact: No capital impact. RL Datix have agreed annual contract costs (which mirrors current and previous contractual arrangements). All expenditure will be recharged to Organisations participating in the contract in line with current arrangements for the contract administration.</p> <p><b>Type of Change</b> <b>Business as Usual Improvement</b> Please explain if 'other' source of funding selected: <a href="#">Click or tap here to enter text</a></p>
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<b>EQUALITY IMPACT ASSESSMENT</b>	Yes - please outline what, if any, actions were taken as a result
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<p><i>For more information:</i>  <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a></p>	<p><i>No actions required. The EQIA assessment was undertaken as part of the procurement process.</i></p>
<p><b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
	<p><b>Click or tap here to enter text</b></p>

## 6. RISKS

The failure to award would result in the inability to provide adequate assurance of staffing levels across 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.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	Not applicable
<b>WHAT IS THE CURRENT RISK SCORE</b>	Not applicable
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	Not applicable
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Not applicable
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	No
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

<b>SCHEME TITLE</b>	All-Wales E-Rostering Solution
<b>DIVISION / HOST ORGANISATION</b>	NHS Wales Shared Services Partnership (NWSSP) on behalf of four (4) Health Boards
<b>DATE PREPARED</b>	3rd March 2026
<b>PREPARED BY</b>	Angela Jones Deputy Director for Digital and Workforce Productivity Solutions
<b>SCHEME SPONSOR</b>	Director of People, Organisation Development & Employment Services

**All Divisional proposals must be consistent with the strategic and operational plans of Velindre University NHS Trust.**

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

E-Rostering software is a clinically safe, intelligent, all-Wales rostering system, which enables the continued intelligent rostering of staff. The solution will support the harmonisation of rostering principles for our substantive and temporary workforce; and in the case of Medical and Dental (M&D) staff will support the implementation of the recently agreed Resident Doctor contract, providing a mechanism to facilitate accurate and timely pay and satisfy the monitoring requirements of the contract via the Guardian of Safe working.

The All-Wales E-Rostering contract (primarily for Agenda for Change (AfC) staff) was renewed via an open-market procurement process in January 2026; contract tenure spans 4 years plus two 24-month extension periods. During the drafting of the technical specification, NHS Wales organisations requested that the ability to roster M&D staff was included, in anticipation of the on-going Resident Doctor Contract negotiations, and a potential requirement to roster, facilitate pay, monitor overall work patterns and additional hours of work via an appointed Guardian of Safe working.

An open procedure Invitation to Tender (ITT) was launched on the Bravo eTender portal on 29th October 2024 with an accompanying contract notice published on Sell2Wales.

39 suppliers registered; 5 suppliers submitted a bid. 3 were discounted for failing to meet all the statutory and mandatory requirements.

Following extensive engagement with the E-Rostering Project Group which included numerous subject matter experts across all Health Boards/Trusts and a robust scoring and evaluation process of the remaining 2 applications, it was recommended that the current supplier (RL Datix) was the most suitable and awarded the contract for the provision of the All-Wales E-Rostering Solution.



The award was approved by Shared Services Partnership Committee (SSPC) and Velindre Board in May 2025 and June 2025 respectively. The value of new contract (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 options)
<ul style="list-style-type: none"> <li>£7,837,644.77 (Exc. VAT)</li> <li>£9,405,173.72 (Inc. VAT)</li> </ul>	<ul style="list-style-type: none"> <li>£16,658,983.00 (Exc. VAT)</li> <li>£19,990,779.00 (Inc. VAT)</li> </ul>

**Situation**

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 an implementation commencement date has been set for August 2026.

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.

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. Expenditure applicable to Public Health Wales and Velindre will follow local governance sign-off before being confirmed via a signed Contract Change Notice. The intention to proceed with the contract award is conditional on the approvals also simultaneously going through all local governance arrangements for the four (4) Health Boards. All relevant approvals within these Health Boards are anticipated to be completed in March 2026. No agreements will be signed to confirm the additional expenditure without confirmation of these approvals.

A report has been submitted for approval to the March 2026 NHS Wales Shared Services Partnership Committee.

It is anticipated that the contract award 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.

<b>1.1 Nature of contract:</b>						
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Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension (Expansion)	<input checked="" type="checkbox"/>	Contract Renewal	<input type="checkbox"/>
<b>1.2 Period of contract including extension options:</b>						
<b>Expected Start Date of Contract</b>		31/01/2026				
<b>Expected End Date of Contract</b>		30/01/2030				
<b>Contract Extension Options (E.g. maximum term in months)</b>		Option to extend for two further 24-month periods to 30/01/2034				

**2. STRATEGIC FIT** (*Host organisations are not required to complete Section 2*)

<b>2.1 OUR STRATEGIC PILLARS</b>	
This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
If not, please explain the reason for this in the space provided.		

### 2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

This scheme should relate to at least one of the Trust's well-being objectives. Please mark with a (x) in the box the relevant objectives for this scheme.

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	<input type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input type="checkbox"/>
Deliver bold solutions to the environmental challenges posed by our activities.	<input type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input type="checkbox"/>
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	<input type="checkbox"/>

### FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

Please mark with a (x) in the box the relevant principles for this scheme.

Click [here](#) for more information

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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### 3. OPTIONS CONSIDERED

Include 'business as usual' i.e. do nothing'

#### 3.1 Please state alternative options considered and reasons for declining

**Do nothing** – Failure to award would result in a requirement to develop an alternative pay mechanism to deliver the nuances of the new T&Cs, which would likely delay the implementation commencement date of August 2026. It would also result in the inability to provide adequate staffing levels across Health Boards/Trusts to deliver safe and effective patient care.

**Extend Contract** – Each Health Board currently holds its own local contract with varying durations. Extending these individually would not be cost-effective, as the all-Wales pricing model offers a more favourable financial position. In addition, separate extensions would not support alignment with the existing all-Wales E-Rostering contract for Agenda for Change staff, resulting in inconsistency and reduced efficiency.

**Contract Expansion** – Full open procedure has been completed for the requirement including the proposed expansion to M&D staff.



#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option
<ul style="list-style-type: none"> <li>• Facilitates the intelligent rostering of medical &amp; dental staff.</li> <li>• Supports the harmonisation of rostering principles for our substantive and temporary workforce.</li> <li>• Provides an accurate and timely mechanism for payroll</li> <li>• Supports the monitoring requirements of the new Resident Doctor contract reporting to the appointed Guardian of Safe Working.</li> <li>• Negotiations for the new contract have resulted in a maintenance of the current list price plus an annual 3% uplift, which mirrors the current contract arrangements.</li> <li>• As part of the original contract award, Health Boards/Trusts will have data flows interoperability at no additional cost (previously available as a chargeable item), thus realising cost savings of circa £30k per annum, per organisation.</li> </ul>

#### 5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
<p>The failure to award would result in the inability to provide adequate staffing levels across 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.</p> <p>Failure to award would also result in a requirement to develop an alternative pay mechanism to deliver the nuances of the new T&amp;Cs, which would likely delay the implementation commencement date of August 2026.</p>	<p>Health Boards / Trust would need to procure their own rostering solution or revert to manual reporting.</p>

#### 6. PROCUREMENT ROUTE



**6.1 How is the contract being procured? Please mark with an (x) as relevant.**

**Competition**

- 3 Quotes
- Formal Tender Exercise
- Mini competition
- Find a Tender   
(replaces OJEU Public Contract regulations 2015 still apply)

**Single source**

- Single Quotation Action
- Single Tender Action
- Direct call off Framework
- All Wales contract

Click [here](#) for link to Procurement Manual for additional guidance

**6.2 Please outline the procurement strategy**

With no suitable frameworks identified, an Open Find a Tender Service (FTS) procedure under the Public Contract Regulations (PCR) (2015) was undertaken to encourage the greatest market competitiveness and involve a wide scope of appropriate suppliers.

Within the Invitation to Tender, 39 suppliers initially registered their interest. Of these 39, 5 suppliers submitted a tender response.

The recommendation of the evaluation panel was to award the contract for a 4+2+2 term to Allocate Software (RL Datix) as the most economically advantageous tender for the terms and costs as submitted.

This award was approved by all relevant stakeholders and bodies at the time of the initial contract award, including Velindre Trust Board and Welsh Government.

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.



**6.3 What is the approximate timeline for procurement?**

Organisations will be onboarded on to the new contract on a staggered basis throughout 2026 and 2027, dependent on their existing agreement status.

The all-Wales commercial offer is based on Cardiff & Vale UHB being onboarded by 28/02/2026, with the other four Health Boards to be onboarded as their current agreements expire (with commitment to this approach required by 31/03/2026).

**6.4 PROCUREMENT ROUTE APPROVAL**

The Head of Procurement / Delegated Authority has approved the preferred procurement route

**Head of Procurement Name:** Jonathan Irvine

**Signature:**

**Date:** 03/03/2026

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£)</b> £21,842,446.27	<b>Including VAT (£)</b> £26,210,935.52
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>

**How is the scheme to be funded?** Please mark with a (x) as relevant.

- Existing budgets
- Additional Welsh Government funding
- Other

**If you have selected 'Other' – please provide further details below:**

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.



## 7. FINANCIAL ANALYSIS

### PROFILE OF EXPENDITURE

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 £1,121,756.84 for Cardiff and Vale University Health Board (CVUHB) which was previously approved by SSPC and Velindre board via Chairs action in February and March 2026 respectively.

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme?</b> E.g. PRINCE 2	<i>Delivered via procurement project group which includes stakeholders from Procurement Services, Digital Workforce Solutions &amp; appropriate Health Board staff.</i>
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## 9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
<b>Lead Director Name:</b>	Gareth Hardacre
<b>Signature:</b>	
<b>Service Area:</b>	Director of People, Organisation Development & Employment Services
<b>Date:</b>	03/03/2026

## 10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

<b>Divisions</b>	<b>Date of Approval:</b>
Betsi Cadwaladr University Health Board (BCUHB)	Board approval not required
Cwm Taf Morgannwg University Health Board (CTMUHB)	Board approval not required
Hywel Dda University Health Board (H DUHB)	Board approval not required
Swansea Bay University Health Board (SBUHB) planned	26/03/2026
Jonathan Irvine - Director of Procurement & HCS	13/03/2026
Alison Ramsey - Director of Finance & Corporate Services	13/03/2026
Neil Frow - Managing Director, NWSSP	13/03/2026
Tracy Myhill – NWSSP Chair and Chair of the Shared Services Partnership Committee (SSPC)	13/03/2026
Shared Services Partnership Committee (SSPC) planned	19/03/2026

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	Submitted to 19 March meeting
HTW – Senior Management Team	



## Quality-driven decision-making






### Quality Impact Assessment


<b>Title of proposal this Quality Impact Assessment (QIA) is supporting:</b>	All Wales E-Rostering System (Medical and Dental)
<b>Reference of proposal:</b>	NWSSP-DWS-57223
<b>Details of Board / Committee the paper is being presented to and when:</b>	SSPC – 19 March 2026 Velindre Trust Board – 26 March 2026

#### Part 1: Health and Care Quality Standards assessment

1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEEP Quality Standards).





Quality Standard  <i>Click each icon for its definition</i>	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	



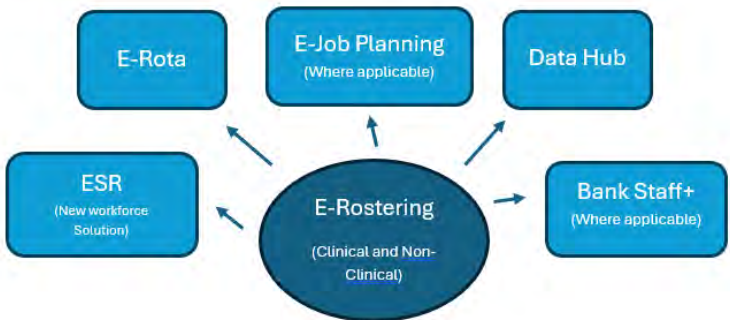
	+1	1	<ul style="list-style-type: none"> <li>The expansion of the all-Wales E-Rostering contract supports the implementation of the Resident Doctor contract terms and conditions, including the monitoring and reporting requirements via the Guardian of Safe working. The software will provide efficient and safe rostering of Medical and Dental (M&amp;D) staff, including harmonisation of rostering principles for both substantive and contingent workforce</li> <li>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.</li> <li>The system will be aligning to the Nurse Staffing Levels (Wales) Act 2016 and support the recording of The Welsh Levels of Care (WLOC) consisting of 5 levels of acuity.</li> <li>Delivering quality, safety and effective patient care is at the heart of programme.</li> <li>E-Rostering is a critical component to ensuring competent, professional and fully resourced teams.</li> <li>E-Rostering, as part of the data driven service provides assurance around capacity to meet clinical care and non-clinical requirements</li> <li>A Data Protection Impact Assessment and a Cyber Security Assessment has been undertaken, and all security and control measures are in place</li> </ul>
	+1	1	<p>The new contract has resulted in Health Boards/Trusts having full access to their data and the ability to report in real time. Expansion to medical staffing, supports the implementation of the Resident Doctor contract terms and conditions and the delivery of newly agreed pay scales, working hours etc.</p>
	+1	1	<p>The E-Rostering solution is a digital platform which process pay automatically via an interface with ESR therefore no manual transactional activity required. The system has been approved and in place for non-clinical staff however now expanding to include clinical.</p>
	+1	1	<p>The system is secure and fully auditable and daily reports from Payroll are received to monitor any issues immediately.</p> <p>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.</p>
	+1	1	<p>The E-Rostering solution and workstreams support the harmonisation of rostering principles, reducing variations in practice to proactively address issues of professional equity</p> <p>The web and mobile application allow for individual access supports employees work life balance.</p>

	+1	1		<p>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. Gives staff access to all their information and the ability to look at schedules and available shifts.</p>
<b>Overall impact</b>	<p>&lt;Using the key points and rationale and scores above, summarise <b>in words</b> whether the overall impact appears to be positive or negative, and the overall level of that impact (High, Medium, Low). Please note that numerical sums may cancel each other out&gt;</p>			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

<b>Quality Standard</b>	<b>Amount of activity required. High (3), Medium (2) or Low (1)</b>	<b>Key points and actions to achieve the changes required</b>
<i>Click each icon for its definition</i>		

	1	<p>The following stakeholders were actively involved in the initial procurement of the solution in 2024.</p> <table border="1" data-bbox="814 321 1738 914"> <tr> <td data-bbox="814 321 1738 764"> <p>E-Rostering Project Group.</p> <ul style="list-style-type: none"> <li>• Welsh Rostering Regional User Group – Rostering Leads</li> <li>• All Wales Temporary Staffing Group</li> <li>• All Wales Nurse Staffing Leads</li> <li>• All Wales Subject Matter Experts.                             <ul style="list-style-type: none"> <li>• Welsh Language (C&amp;V and NWSSP)</li> <li>• Information Governance Manager (NWSSP)</li> <li>• Head of Cyber Security (Powys and NWSSP)</li> <li>• Nursing Leads (Velindre)</li> <li>• Payroll (all-Wales)</li> <li>• Workforce (all Wales)</li> <li>• Clinical Informatics (DHCW)</li> </ul> </li> </ul> </td> </tr> <tr> <td data-bbox="814 764 1738 802">NHS Wales Directors of Finance (<i>individual approvals received</i>)</td> </tr> <tr> <td data-bbox="814 802 1738 839">NWSSP Director of Procurement &amp; HCS</td> </tr> <tr> <td data-bbox="814 839 1738 876">Neil Frow - Managing Director, NHS Wales Shared Services Partnership</td> </tr> <tr> <td data-bbox="814 876 1738 914">Tracy Myhill - Chair of the Partnership Committee</td> </tr> </table>	<p>E-Rostering Project Group.</p> <ul style="list-style-type: none"> <li>• Welsh Rostering Regional User Group – Rostering Leads</li> <li>• All Wales Temporary Staffing Group</li> <li>• All Wales Nurse Staffing Leads</li> <li>• All Wales Subject Matter Experts.                             <ul style="list-style-type: none"> <li>• Welsh Language (C&amp;V and NWSSP)</li> <li>• Information Governance Manager (NWSSP)</li> <li>• Head of Cyber Security (Powys and NWSSP)</li> <li>• Nursing Leads (Velindre)</li> <li>• Payroll (all-Wales)</li> <li>• Workforce (all Wales)</li> <li>• Clinical Informatics (DHCW)</li> </ul> </li> </ul>	NHS Wales Directors of Finance ( <i>individual approvals received</i> )	NWSSP Director of Procurement & HCS	Neil Frow - Managing Director, NHS Wales Shared Services Partnership	Tracy Myhill - Chair of the Partnership Committee
<p>E-Rostering Project Group.</p> <ul style="list-style-type: none"> <li>• Welsh Rostering Regional User Group – Rostering Leads</li> <li>• All Wales Temporary Staffing Group</li> <li>• All Wales Nurse Staffing Leads</li> <li>• All Wales Subject Matter Experts.                             <ul style="list-style-type: none"> <li>• Welsh Language (C&amp;V and NWSSP)</li> <li>• Information Governance Manager (NWSSP)</li> <li>• Head of Cyber Security (Powys and NWSSP)</li> <li>• Nursing Leads (Velindre)</li> <li>• Payroll (all-Wales)</li> <li>• Workforce (all Wales)</li> <li>• Clinical Informatics (DHCW)</li> </ul> </li> </ul>							
NHS Wales Directors of Finance ( <i>individual approvals received</i> )							
NWSSP Director of Procurement & HCS							
Neil Frow - Managing Director, NHS Wales Shared Services Partnership							
Tracy Myhill - Chair of the Partnership Committee							
	1	<p>E-Rostering is a critical component to ensuring competent, professional and fully resourced teams in line with workforce plans and strategies. The system aims to strengthen short- and long-term workforce and planning ensuring clinical and non-clinical areas appropriately staffed. This data is fundamental and informs a variety of forums such as workforce planning, financial management, nurse staffing levels and the agency reduction programme.</p>					
	1	<p>The move from manual processes to a digital culture involves changing how people think, work, and collaborate, often by embracing technology and data. This requires fostering a mindset of continuous learning, building digital fluency, and embracing automation and new technologies</p>					
	1	<p>The new contract has resulted in Health Boards/Trusts having full access to their data and the ability to report in real time. This includes areas such as shifts, sickness, annual leave etc. The system will be aligning to the Nurse Staffing Levels (Wales) Act 2016 and support the recording and reporting of The Welsh Levels of Care (WLOC) consisting of 5 levels of acuity.</p>					

	1	Support compliance with mandatory training. Rules can be set up to prevent staff working if mandatory training is not up to date. Roster can be build ensuring shifts have the right skill mix. Study leave can be added on to the roster.
	1	
<b>Overall amount of activity required</b>	<p>Minimal activity required.</p> <p>The majority of organisations in Wales have M&amp;D rostering contracts in place with the exception of Public Health Wales (PHW), Powys and Velindre.</p> <p>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. If and when they decide to proceed, the supplier provides training and implementation support.</p> <p>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.</p>	

## Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to **Quality overall** is this proposal or strategic decision?

*Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)*



Level of risk to Quality of implementing this proposal	Low	Low/medium	Medium	Medium/high	High
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Level of risk to Quality of <b>NOT</b> implementing this proposal	Low	Low/medium	Medium	Medium/high	High
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**Describe the main risks to Quality of implementing this proposal?**  
**Describe the main risks to Quality of NOT implementing this proposal?**

**Risks to Quality of implementing this proposal?**

- None.

**Risks to Quality of NOT implementing this proposal?**

- Failure to award would result in a requirement to develop an alternative pay mechanism to deliver the nuances of the new T&Cs, which would likely delay the implementation commencement date of August 2026. It would also result in the inability to provide adequate staffing levels across Health Boards/Trusts to deliver safe and effective patient care.
- Extending locally held contract within the Health Boards individually would not be cost-effective, as the all-Wales pricing model offers a more favourable financial position. In addition, separate extensions would not support alignment with the existing all-Wales E-Rostering contract for Agenda for Change staff, resulting in inconsistency and reduced efficiency.

**Part 3: Developing and signing off this Quality Impact Assessment**

<b>QIA completed by / on date</b>	<b>QIA operationally agreed by / on date</b>	<b>QIA clinically agreed by / on date</b>
Vicki Harris – Senior Workforce Productivity Manager (NWSSP) 4 March 2026	NHS Wales Medical E-Rostering Lead	Executive Directors of Nursing endorsed the full procurement proposal in October 2024

**Executive clinical review and sign off (if required)**

<b>Clinical Executive 1 sign off / date</b>	<b>Clinical Executive 2 sign off / date</b>	<b>Clinical Executive 3 sign off / date</b>
Ruth Alcolado NWSSP Medical Director 13/03/2026	Not applicable	Not applicable

<b>TRUST BOARD</b>	
<b>NHS Resolution Service Level Agreement (NHSR)</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Nicola Phillips, Director of Primary Care Services, NWSSP
<b>PRESENTED BY</b>	Alison Ramsey, NWSSP Director of Finance and Corporate Services
<b>APPROVED BY</b>	<b>Choose an item</b>
<b>EXECUTIVE SUMMARY</b>	This report presents the Service Level Agreement between NHS Resolution and NHS Wales Shared Services Partnership covering Practitioner Performance Advice services and outlines the contract extension requirements.
<b>RECOMMENDATION / ACTIONS</b>	<p>The Trust Board is requested to <b>APPROVE</b> the £421,244 expenditure to comply with Year 3 of the overarching SLA which has been approved up to 31 March 2027.</p> <p>The Trust Board is also requested to <b>AUTHORISE</b> the Chief Executive to approve the purchase order.</p>

<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
Senior Leadership Group NWSSP (SLA)	25/04/2024
Shared Services Partnership Committee (SLA)	16/05/2024
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
Not applicable	
<b>7 LEVELS OF ASSURANCE</b>	
If the purpose of the report is selected as ' <b>ASSURANCE</b> ', this section <b>must be</b> completed.	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	<p><b>Select Current Level of Assurance</b></p> <p><i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the “<b>How to Guide for Reporting to Trust Board and Committees</b>”</i></p>
<b>APPENDICES</b>	
1	Commitment of Expenditure Form
2	Quality Impact Assessment

**1. SITUATION**

The SLA sets out the provision of Practitioner Performance Advice functions including advisory services, assessments, remediation, education, training and reporting as required for management of practitioner performance concerns.

The overarching SLA has been approved to cover service provision April 2024 – March 27. This request enables the 26-27 costs relating to Year 3 of a 3-Year SLA to be paid. Trust Board approval is required because the expenditure for the year exceeds authorised limits of the NWSSP Managing Director and Chair.

**2. BACKGROUND**

The agreement commenced on 1 April 2024 for 36 months with annual reviews. It includes fixed annual fees, scope of service, data protection and financial arrangements.

Advisory services provided into both Primary and Secondary care is deemed essential and has been hosted by NHS Wales Shared Services Partnership (NWSSP) since April 2017, at the request of the Chief Medical Officer.

### 3. ASSESSMENT

The contract extension aligns with ongoing operational requirements and ensures continuity of advisory, assessment and remediation services under the defined terms.

### 4. SUMMARY OF MATTERS FOR CONSIDERATION

As the annual SLA charge of £421,244 exceeds NWSSP delegated approval limits, Velindre Trust Board approval is sought to enable 26-27 SLA charges to be paid. Noting this is year 3 (2026-2027) of a three-year SLA. Years 1 and 2 have been paid as approved by host CEO in previous years.

### 5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	08 - Financial Sustainability and Long Term Value
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	<b>Select all relevant domains below</b>
	Safe <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/>

	<p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></p>
<p><b>QUALITY IMPACT ASSESSMENT</b></p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Yes - Fully completed and signed QIA Enclosed</p> <p>The <a href="#">QIA tool</a> should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b></p> <p>For more information:  <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p>Not required</p> <p>A socio economic duty assessment is not required as this decision does not introduce a new policy or service change, but seeks approval of the annual expenditure commitment</p>

	<p>within an existing, previously approved SLA, with no change to scope, access, or delivery.</p> <p><b>Click or tap here to enter text</b></p>
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**TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT**

The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:  
**Choose an item**

- If yes select the relevant goals:
- A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities.
  - A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience.
  - A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
  - A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
  - A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities.
  - A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation.
  - A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being

<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes - please Include further detail below, including funding stream
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	<p>Funding provided by WG to support SLA included in the NWSSP funding allocation</p> <p><b>Source of Funding:</b> Welsh Government</p> <p>Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b></p> <p><b>Type of Funding:</b> <b>Choose an item</b></p>
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	<p><b>Scale of Change</b> Please detail the value of revenue and/or capital impact: <b>Click or tap here to enter text</b></p> <p><b>Type of Change</b> <b>Choose an item</b> Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b></p>
<p><b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a></p>	<p><b>Choose an item</b></p> <p>An equality impact assessment is not required as this decision does not introduce a new policy or service change, but seeks approval of the annual expenditure commitment within an existing, previously approved SLA, with no change to scope, access, or delivery.</p>
<p><b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p><b>Click or tap here to enter text</b></p> <p><i>[In this section, explain in no more than 3 succinct points what the legal implications/ impact is or not (as applicable)].</i></p>

## 6. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	Not applicable
<b>WHAT IS THE CURRENT RISK SCORE</b>	Not applicable
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	Not applicable
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Not applicable

<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	Not applicable
	Not applicable
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

<b>SCHEME TITLE</b>	NHS Resolution Service Level Agreement
<b>DIVISION / HOST ORGANISATION</b>	NHS Wales Shared Services Partnership
<b>DATE PREPARED</b>	23 January .2026
<b>PREPARED BY</b>	Nicola Phillips, Director of Primary Care Services and Medical Examiners Service
<b>SCHEME SPONSOR</b>	Nicola Phillips, Director of Primary Care Services and Medical Examiners Service

**All Divisional proposals must be consistent with the strategic and operational plans of Velindre University NHS Trust.**

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

NHS Resolution provide a wide range of services to Health Boards and Trusts across NHS Wales, in support of primary care contractors and secondary care consultants concerning the management of issues arising from complaints. Services provided to NHS Wales under the Service level agreement range from the provision of a case management service; support for case advice; assessments and interventions, including Professional Support and Remediation (PSR) services; conduct advisor case review meetings; education and training direct to NHS Wales Bodies and the provision of activity reports.

Advisory services provided into both Primary and Secondary care is deemed essential and has been hosted by NHS Wales Shared Services Partnership (NWSSP) since April 2017, at the request of the Chief Medical Officer.

<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>

### 1.2 Period of contract including extension options:

<b>Expected Start Date of Contract</b>	01/04/2024
<b>Expected End Date of Contract</b>	31/03/2027



<b>Contract Extension Options</b> <b>(E.g. maximum term in months)</b>	Arrangements are in place until March 2027. This is Year 3 of a 3 Year SLA and relates to the annual invoice which exceeds the NWSSP Managing Director and Chair delegated limits.
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**2. STRATEGIC FIT** *(Host organisations are not required to complete Section 2)*

<b>2.1 OUR STRATEGIC PILLARS</b>	
This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>

<b>2.2 INTEGRATED MEDIUM TERM PLAN</b>		
Is this scheme included in the Trust Integrated Medium Term Plan?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>If not, please explain the reason for this in the space provided.</p> <p>Included in annual revenue allocation from Welsh Government to NWSSP as a service hosted by NWSSP.</p> <p>This approval request is for £421,244, in respect of Year 3 (Apr 2026 - Mar 2027) of the three-year SLA (Apr 2024 – Mar 2027). Years 1 and 2 (Apr 2024 – Mar 2026) have been paid, as approved by host CEO in previous years.</p>		
<b>2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES</b>		
This scheme should relate to at least one of the Trust's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.		

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	<input type="checkbox"/>
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	<input type="checkbox"/>
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	<input type="checkbox"/>
Deliver bold solutions to the environmental challenges posed by our activities.	<input type="checkbox"/>
Bring communities and generations together through involvement in the planning and delivery of our services.	<input type="checkbox"/>
Demonstrate respect for the diverse cultural heritage of modern Wales.	<input type="checkbox"/>
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	<input type="checkbox"/>
<b>FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED</b>	
Please mark with a (x) in the box the relevant principles for this scheme. Click <a href="#">here</a> for more information	
Prevention <input type="checkbox"/>	Long Term <input type="checkbox"/>
Integration <input type="checkbox"/>	Collaboration <input type="checkbox"/>
Involvement <input type="checkbox"/>	

### 3. OPTIONS CONSIDERED

Include 'business as usual' i.e. 'do nothing'

<b>3.1 Please state alternative options considered and reasons for declining</b>
Alternative Options not considered. This is Year 3 of a 3 year SLA and is a continuation of a current service. NHS Resolution's purpose is to provide expertise to the NHS to resolve concerns fairly, share learning for improvement and preserve resources for patient care.
NHS Resolution is a special health authority, sponsored by the Department of Health and Social Care.

### 4. BENEFITS (Quantifiable / Non-Quantifiable)

<b>4.1 Outline benefits of preferred option</b>
<ul style="list-style-type: none"> <li>• Continuous Partnership working. NHS Resolution established relationships with NHS Wales Health Boards, as a trusted partner.</li> <li>• Supporting Practitioners with concerns</li> <li>• Supporting Health Boards with performance issues/concerns</li> </ul>



- Provides expertise to NHS Wales on resolving disputes and concerns fairly
- Shared learning to improve patient experiences and care

## 5. MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
No provision/lack of expertise to NHS Wales to resolve concerns fairly, share learning for improvement and preserve resources for patient care.	No mitigation – the service would cease to be provided.

## 6. PROCUREMENT ROUTE

6.1 How is the contract being procured? Please mark with a (x) as relevant.	
<p><b>Competition</b></p> <p>3 Quotes <input type="checkbox"/></p> <p>Formal Tender Exercise <input type="checkbox"/></p> <p>Mini competition <input type="checkbox"/></p> <p>Find a Tender <input type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small></p>	<p><b>Single source</b></p> <p>Single Quotation Action <input type="checkbox"/></p> <p>Single Tender Action <input type="checkbox"/></p> <p>Direct call off Framework <input type="checkbox"/></p> <p>All Wales contract <input checked="" type="checkbox"/></p>
Click <a href="#">here</a> for link to Procurement Manual for additional guidance	
6.2 Please outline the procurement strategy	
<p>This requirement concerns the formation of an SLA between NHS Bodies. The hosting arrangement for this service transferred from Welsh Government in April 2017. Three-year SLA (Apr 2024 – Mar 2027) was agreed at NWSSP Senior Leadership Group on 25<sup>th</sup> April 2024 and approved by Shared Services Partnership Committee on 16<sup>th</sup> May 2024.</p> <p>During the 2025-2026 annual review of the overarching 3 year SLA and following discussion at the quarterly service monitoring meetings with NHS Resolution, a CCN was completed to</p>	



ensure the hosting arrangements between NWSSP and Velindre University NHS Trust were clear.

2024 - 2025 SLA was £398,000 subject to annual CPI increase.

2025 – 2026 SLA was £408,975 subject to annual CPI increase.

2026 – 2027 SLA is £421,244 inclusive of 3% CPI on the previous year.

**6.3 What is the approximate time line for procurement?**

This is Year 3 (Apr 2026-Mar 2027) of a 3 Year (Apr 2024 – Mar 2027) SLA agreement.

**6.4 PROCUREMENT ROUTE APPROVAL**

The Head of Procurement / Delegated Authority has approved the preferred procurement route

**Head of Procurement Name:**

Not applicable

**Signature:**

**Date:**

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k)</b> £1,228k	<b>Including VAT (£k)</b> £1,473k
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.		
Existing budgets	<input checked="" type="checkbox"/>	
Additional Welsh Government funding	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
<b>If you have selected 'Other' – please provide further details below:</b>		
Included in annual revenue allocation from Welsh Government to NWSSP		



## 7. FINANCIAL ANALYSIS

### PROFILE OF EXPENDITURE

EXPENDITURE CATEGORY	Year 1 (exc. VAT) £k	Year 2 (exc. VAT) £k	Year 3 (exc. VAT) £k	Total Future Years (exc. VAT) £k	Total (exc.VAT) £k	Total (inc. VAT) £k
Annual SLA amount	398	409	421	N/A	1,228	1,473
<b>Overall Total</b>	<b>398</b>	<b>409</b>	<b>421</b>	<b>N/A</b>	<b>1,228</b>	<b>1473</b>

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme? E.g. PRINCE 2</b>	Quarterly service management meetings are in place allowing monitoring of performance, activity and costs. NHSR provides quarterly reports and a year-end consolidated report.
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## 9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
<b>Lead Director Name:</b>	Nicola Phillips
<b>Signature:</b>	<i>Nm Phillips</i>
<b>Service Area:</b>	Primary Care Services, NWSSP
<b>Date:</b>	23 January 2026



## 10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

<b>Divisions</b>	<b>Date of Approval:</b>
Business Planning Group or local equivalent	
Divisional Senior Management Team	25 April 2024
Executive Management Board	

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	16 May 2024
HTW – Senior Management Team	



## Quality-driven decision-making





### Quality Impact Assessment

<b>Title of proposal this Quality Impact Assessment (QIA) is supporting:</b>	NHS Resolution Service Level Agreement Extension
<b>Reference of proposal:</b>	
<b>Details of Board / Committee the paper is being presented to and when:</b>	Shared Services Partnership Committee on 19 March 2026 Velindre Trust Board – 26 March 2026


#### Part 1: Health and Care Quality Standards assessment






1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEEP Quality Standards).

Quality Standard  <i>Click each icon for its definition</i>	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	
	+1	3	3	Supports safer practice using NHS Resolution expertise.
	+1	3	3	Improves timeliness through collaborative resolution.

	+1	3	3	Aligns with NHS Wales performance expectations.
	+1	3	3	Reduces costs via better claims management.
	+1	3	3	Uniform application across NHS Wales, providing equity for all
	+1	3	3	Supports patient experience with earlier resolution.
<b>Overall impact</b>	<p><i>&lt;Using the key points and rationale and scores above, summarise <b>in words</b> whether the overall impact appears to be positive or negative, and the overall level of that impact (High, Medium, Low). Please note that numerical sums may cancel each other out&gt;</i></p> <p>The overall impact is positive with high impact.</p>			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

<b>Quality Standard</b>	<b>Amount of activity required. High (3), Medium (2) or Low (1)</b>	<b>Key points and actions to achieve the changes required</b>
<p><i>Click each icon for its definition</i></p> 	1	Overarching SLA already in place until March 2027. Collaborative working relationship between all parties with quarterly leadership meetings to share learning, monitor activity and delivery.

	1	No additional training or resource required. Arrangements have been in place since 2017 and well embedded.
	1	The SLA supports transparent, accountable and timely culture where quality and safety is essential/core
	1	NHSR delivers comprehensive, detailed data sets to enable performance and activity reporting to customers. Regular service management meetings enable review
	1	Continuation of existing established Service level agreement
	1	Continuation of existing well established arrangements ,quarterly service management meetings enabling SLA to be monitored to inform service delivery and improvements
<b>Overall amount of activity required</b>		<p>&lt;Using the key points and actions and scores above, summarise <b>in words</b> the overall amount of activity (High, Medi Low) required to achieve the change set out in the proposal&gt;</p> <p>To implement the SLA extension would require low levels of activity as the overarching SLA has been approved to run until March 2027 . Therefore, systems and services are already in place to continue to deliver and monitor arrangements ,</p>

## Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to **Quality overall** is this proposal or strategic decision?

*Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)*

	↓				
Level of risk to Quality of implementing this proposal	<b>Low</b>	<b>Low/medium</b>	<b>Medium</b>	<b>Medium/high</b>	<b>High</b>
Level of risk to Quality of <b>NOT</b> implementing this proposal	<b>Low</b>	<b>Low/medium</b>	<b>Medium</b>	<b>Medium/high</b>	<b>High</b>
			↑		

<p><b>Describe the main risks to Quality of implementing this proposal?</b>  <b>Describe the main risks to Quality of NOT implementing this proposal?</b></p>
<p>NOT implementing:</p> <ul style="list-style-type: none"> <li>• Reduced ability for collective learning</li> <li>• Misalignment with NHS Wales performance framework</li> <li>• Higher organisational risk exposure</li> <li>• Poorer patient experience/ Patient safety risk increases</li> <li>• Failure to meet All Wales performance policy/requirements</li> </ul>



### Part 3: Developing and signing off this Quality Impact Assessment

QIA completed by / on date	QIA operationally agreed by / on date	QIA clinically agreed by / on date
Nicola Phillips, Director of Primary Care Service & Medical Examiner Service for Wales 18/02/2026	Nicola Phillips, Director of Primary Care Service & Medical Examiner Service for Wales 18/02/2026	Not applicable

#### Executive clinical review and sign off (if required)

Clinical Executive 1 sign off / date	Clinical Executive 2 sign off / date	Clinical Executive 3 sign off / date
Ruth Alcolado Medical Director NWSSP 13/03/2026	Not applicable	Not applicable



## TRUST BOARD

### General Medical Services (GMS) Payments System Service Level Agreement (SLA) cost approval

<b>DATE OF MEETING</b>	26/03/2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Gillian Jackson, Head of Transaction Services, Primary Care Services, NWSSP
<b>PRESENTED BY</b>	Alison Ramsey, NWSSP Director of Finance and Corporate Services
<b>APPROVED BY</b>	<b>Choose an item</b>
<b>EXECUTIVE SUMMARY</b>	<p>The Northern Ireland Family Practitioner Payments System (FPPS), approved by NWSSPC and ratified by Velindre UNHST in November 2019, remains essential for delivering secure, accurate payments to all GP Practices in Wales.</p> <p>Approval of 2026-27 expenditure, valued at £605,833, is required to maintain continuity of this critical service. The system was originally procured after NHS Digital withdrew support for legacy National Health Application and Infrastructure Service (NHAIS) infrastructure, prompting NHS Wales to collaborate with Northern Ireland's Business Services Organisation on a modern, reliable payments platform proven to meet Welsh requirements.</p> <p>Performance reports confirm the system is delivering satisfactorily against agreed KPIs, providing assurance for over £600m in annual payments to 375 GMS contractors, with the provider progressing toward ISO 27001 accreditation.</p>

	<p>Quarterly invoicing for 2026-27 aligns with the agreed SLA value and a Quality Impact Assessment identifies the impact of continuing the service as highly positive, with low risks due to the system's maturity and cost-effectiveness. Failure to approve expenditure poses significant risks to service continuity across all GP practices, potentially disrupting payments and compromising business continuity. Continuation of the SLA is required to enable the payments to GP Practices in Wales that NWSSP Primary Care Services support.</p>
<p><b>RECOMMENDATION / ACTIONS</b></p>	<p>The Trust Board is requested to <b>APPROVE</b> the 2026-27 expenditure under the current SLA for an established, secure and reliable National GP Payments system, to enable the continuation of payments to GP Practices in Wales by NWSSP Primary Care Services. The cost for 2026-27 is £605,833 and is fully funded by Welsh Government.</p> <p>The Trust Board is also requested to <b>AUTHORISE</b> the Chief Executive to approve the purchase order.</p>
<p><b>GOVERNANCE ROUTE</b></p>	
<p><b>List the Name(s) of Committee / Group who have previously received and considered this report:</b></p>	<p><b>Date</b></p>
<p><b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b></p> <p>The Northern Ireland Family Practitioner Payments System (FPPS) was approved by NHS Wales Shared Services Partnership Committee and ratified by Velindre University NHS Trust in November 2019.</p>	
<p><b>7 LEVELS OF ASSURANCE</b></p>	
<p>If the purpose of the report is selected as '<b>ASSURANCE</b>', this section <b>must be</b> completed.</p>	
<p><b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b></p>	<p><b>Select Current Level of Assurance</b></p> <p><i>Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the "How to Guide for Reporting to Trust Board and Committees"</i></p>
<p><b>APPENDICES</b></p>	

1	Commitment of Expenditure Form
2	Quality Impact Assessment

## 1. SITUATION

The Northern Ireland Family Practitioner Payments System (FPPS) was approved by NHS Wales Shared Services Partnership Committee and ratified by Velindre University NHS Trust in November 2019.

Continuation of the SLA is required to enable the continuation of payments to GP Practices in Wales that NWSSP Primary Care Services support. The SLA costs for 2026-27 have been confirmed as £605,833, requiring approval of the enclosed Commitment of Expenditure (CoE) Form (Appendix 2). A Quality Impact Assessment (QIA) is also presented to inform the approval process (Appendix 3).

## 2. BACKGROUND

A new arrangement was required in 2020 following the decision by NHS England to market test the payments services and systems in England and the subsequent need for NHS Digital to stop supporting the existing legacy NHAIS service used in NHS England, NHS Northern Ireland, Isle of Man and NHS Wales.

After extensive research and evaluation, NHS Wales decided to procure the Payment Systems solutions from, and in collaboration with, the Business Services Organisation (BSO) Northern Ireland. This system was viewed to be a close fit to NHS Wales's requirements, and had been successfully used in Northern Ireland for a number of years.

The approach was agreed during 2019 with appropriate NHS Governance Groups including the NWSSP Senior Management Team, Welsh Government Primary Care Services and the NWSSP Committee. Culminating in the business case for the introduction of the Northern Ireland Family Practitioner Payments System (FPPS) being approved by the Shared Services Partnership Committee and ratified by Velindre University NHS Trust in November 2019.

The SLA was awarded and the business relationship developed, formalised through formation of a Joint Service Board with performance on agreed KPIs monitored regularly via the Joint Board. The service provided are summarised as a secure, robust and extensive GP payments system, allowing all Welsh GP Practices to submit and

receive approved claims, with reporting functionality and change management process, supported by a three-environment infrastructure.

### 3. ASSESSMENT

#### Performance

The latest report and scorecard, for consideration by Joint Service Board members details satisfactory levels of service provision against agreed KPIs; and assurance for the more than £600m paid to 375 GMS Contractors per annum across Wales via FPPS. By way of further assurance, this service provider is working towards ISO 27001 accreditation in October 2026.

#### Cost

Quarterly SLA costs for provision of this service during 2026-27 are shown below:

<b>2026/27 Costing vs Invoices</b>	
<b>Agreed SLA for 2025/26</b>	<b>£605,833</b>
Invoices	
Q1	£151,458.25
Q2	£151,458.25
Q3	£151,458.25
Q4	£151,458.25
<b>Invoice Total</b>	<b>£605,833.00</b>

Given all commitment of revenue expenditure in excess of £0.250m exceeds the NWSSP Managing Director and Chair delegated approval limits, this request requires approval by the Velindre University Trust Board. The appropriate Commitment of Expenditure form is provided at Appendix 2.

#### Quality Impact Assessment

Overall, the impact of this system is considered to be positive, with the overall level of impact being High. Additionally, the overall amount of activity required to achieve the change set out in the proposal is considered to be Low.

The main risks to Quality of implementing the proposal is represented as Low due to this being an established service, which is reliable and cost-effective. The main risks to Quality of not implementing this proposal would impact on the 6 STEEP quality standards, due to an inability to quickly source an alternative supplier to serve the payments of claims from 375 GMS Practices across Wales at an estimated cost of just over £600m per annum. The subsequent impact on all GMS Practices' business

continuity could be catastrophic. If that were to take place, significant levels of activity would be required across all 6 enabling quality standards to source an alternative (long term) and implement interim arrangements (short term), e.g. paying GMS Contractors at estimated rates based on previous claims much like that seen for many Supplementary ('Enhanced') Services during the pandemic.

#### 4. SUMMARY OF MATTERS FOR CONSIDERATION

Continuation of the SLA is required to enable the continuation of payments to GP Practices in Wales that NWSSP Primary Care Services support. The SLA costs for 2026-27 have been confirmed as £605,833, requiring approval of the enclosed Commitment of Expenditure (CoE) Form (Appendix 2). A Quality Impact Assessment (QIA) is also presented to inform the approval process (Appendix 3).

#### 5. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	08 - Financial Sustainability and Long Term Value
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
	Safe <input checked="" type="checkbox"/>
	Timely <input checked="" type="checkbox"/>
	Effective <input checked="" type="checkbox"/>
	Equitable <input checked="" type="checkbox"/>
	Efficient <input checked="" type="checkbox"/>

	Patient Centred <input checked="" type="checkbox"/>
<p><b>QUALITY IMPACT ASSESSMENT</b></p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>The Key Quality &amp; Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>This payments system has been assessed as having a stabilising, neutral impact in ensuring a safe, effective and person-centred Primary Care. A positive impact is reported on timely, equitable and efficient payment of services across Wales. These are monitored through internal (FPPS and NWSSP) and external (Health Board SLA) KPIs.</p> <p>Yes - Fully completed and signed QIA Enclosed</p> <p>The <a href="#">QIA tool</a> should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b></p> <p><i>For more information:</i>  <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p>Not required</p> <p>This is a business as usual, contract renewal.</p>

<b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:  <b>Choose an item</b></p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p> <p><i>Funding provided by WG as part of NWSSP funding allocation</i></p> <p><b>Source of Funding:</b> Welsh Government</p> <p>Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b></p> <p><b>Type of Funding:</b> <b>Revenue</b> <b>Scale of Change</b> Please detail the value of revenue and/or capital impact: £605,833</p>

	<b>Type of Change</b> <b>Business as Usual Improvement</b> Please explain if 'other' source of funding selected: Click or tap here to enter text
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required  <i>This is a business as usual, contract renewal.</i>
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.  This is a business as usual, contract renewal.

## 6. RISKS

Should this contract not be renewed, the risks identified in the Quality Impact Assessment (Appendix 3) and presented in the Commitment of Expenditure form (Appendix 2) could impact on GP Practices, NWSSP and the Trust.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	Not applicable
<b>WHAT IS THE CURRENT RISK SCORE</b>	Not applicable
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	Not applicable
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Not applicable
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	No
	Not applicable
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

<b>SCHEME TITLE</b>	GENERAL MEDICAL SERVICES (GMS) PAYMENTS SYSTEM – FAMILY PRACTITIONER PAYMENTS SYSTEM (FPPS)
<b>DIVISION / HOST ORGANISATION</b>	NWSSP
<b>DATE PREPARED</b>	23/02/2026
<b>PREPARED BY</b>	Gillian Jackon, Head of Transaction Services
<b>SCHEME SPONSOR</b>	Nicola Phillips, Director of Primary Care Services

**All Divisional proposals must be consistent with the strategic and operational plans of  
Velindre University NHS Trust.**

### 1. DESCRIPTION OF GOODS / SERVICES / WORKS

The FPPS GP Payments system calculates payments due to GP Practices across Wales in respect of claims based on contracted terms. Claims for applicable NHS schemes, including Enhanced Services, childhood immunisations, rent and rates, etc along with Practitioner pension deductions and seniority payments to the GP Practitioners are handled through the system.

Functionality is provided to GP Practices to submit claims through an external portal; these claims are then passed through to the GP Payments team for review and authorisation for payment, with reporting collated by NWSSP for Health Boards. If a submission isn't approved, the Practice are notified via the Contractor Portal.

Once the monthly payment run is complete, the Practice can view their remittance sheets, with the ability to 'drilldown' through all the elements that make up the monthly payment.

Historical Payment History and Claims History are also available to GP Practices, dating back to Go-Live of the FPPS GP Payments system.

The sustainable provision of General Medical Services supports the Strategic Program for Primary Care and facilitates the existing Community by Design infrastructure within Primary Care.

This secure and reliable GP payments system is not merely a financial tool, it is an enabler of equity and whole-person care. It supports the Well-being of Future Generations Act by reducing health inequalities through ensuring stable, fair funding for all practices, consistent service provision in deprived areas and stronger preventative and population health work; alongside



improving whole-person care through freeing-up of clinical and administrative time, supporting integrated, data-driven care.

<b>1.1 Nature of contract:</b> Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>

**1.2 Period of contract including extension options:**

<b>Expected Start Date of Contract</b>	This request relates to the charges for the 2026/27 financial year.
<b>Expected End Date of Contract</b>	N/A
<b>Contract Extension Options (E.g. maximum term in months)</b>	Appendix 1 of the SLA states - The SLA shall be deemed to have commenced on 1 April 2020 and shall continue, unless terminated in accordance with clause 12 (Termination).

**2. STRATEGIC FIT** (*Host organisations are not required to complete Section 2*)

<b>2.1 OUR STRATEGIC PILLARS</b> This scheme should relate to at least one of the Trust's five strategic pillars. Please mark with a (x) in the box the relevant pillars for this scheme.	
<b>Goal 1:</b> Be recognised as a pioneer in blood and transplantations services across Europe.	<input type="checkbox"/>
<b>Goal 2:</b> Be a recognised leader in specialist cancer services in Europe.	<input type="checkbox"/>
<b>Goal 3:</b> Be recognised as a leader in stated priority areas of research, development and innovation.	<input type="checkbox"/>
<b>Goal 4:</b> An established 'University' Trust which provides highly valued knowledge and learning for all.	<input type="checkbox"/>
<b>Goal 5:</b> An exemplar of sustainability that supports global well-being and social value.	<input type="checkbox"/>



2.2 INTEGRATED MEDIUM TERM PLAN										
Is this scheme included in the Trust Integrated Medium Term Plan?							Yes	No		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If not, please explain the reason for this in the space provided. Not applicable – existing										
2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES										
This scheme should relate to at least one of the Trust’s wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.										
Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.							<input type="checkbox"/>			
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.							<input type="checkbox"/>			
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.							<input type="checkbox"/>			
Deliver bold solutions to the environmental challenges posed by our activities.							<input type="checkbox"/>			
Bring communities and generations together through involvement in the planning and delivery of our services.							<input type="checkbox"/>			
Demonstrate respect for the diverse cultural heritage of modern Wales.							<input type="checkbox"/>			
Strengthen the international reputation of the Trust as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.							<input type="checkbox"/>			
FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED										
Please mark with a (x) in the box the relevant principles for this scheme. Click <a href="#">here</a> for more information										
Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>	

### 3. OPTIONS CONSIDERED

Include ‘business as usual’ i.e. ‘do nothing’

3.1 Please state alternative options considered and reasons for declining
Alternative Options not considered. This is a continuation of a current service under business-as-usual arrangements.

Any delay in continuity of this service, in the absence of this continuation, would present a catastrophic risk to the financial position of many providers of General Medical Services, as described in the associated Quality Impact Assessment.

#### 4. BENEFITS (Quantifiable / Non-Quantifiable)

##### 4.1 Outline benefits of preferred option

For an investment of approximately 0.1% of the total annual GMS spend, continuation the GP Payment system will include the following components:

- External web portal for GP contractors
- Internal web portals for FPPS staff to facilitate processing GP payments
- Shared components where common functionality exists with other payment applications, such as user authentication, payment creation, logging, etc.
- Separate payment databases for each contracted body, albeit with common schema elements.
- Depending on configuration, a Common Practitioner database with details of all contractors: Common Practitioner Model (CPM)
- CPM is a web-based application designed to facilitate the management of GP Practices and GP Contracts. It enables users to record details about GP Contracts, including the type of contract and the associated GP Practice. Additionally, the application allows for the documentation of detailed information about the Practices. The GP practices recorded in CPM are the ones that can receive payments from the FPPS system.

Using the following FPPS Environments:

- User Acceptance Test
  - o Allows end users to test and validate changes to the application
- Pre-Production
  - o Used to complete integration and scalability tests before releases are made into production.
- Production
  - o Live environment used in a business as usual setting.

Against these performance targets relating to Continuity and Availability:

- Availability of service within agreed service hours – 98% routinely with 99% during key activity periods such as monthly and quarterly payment cycles
- Should a system recovery be required, up to a maximum of 60 minutes worth of data loss is accepted.
- Should an unexpected “Disaster” event occur the FPPS application is listed as a Tier 2 application within RBSO ITS and has a scheduled recovery time of 12 hours. A schedule for system recovery in the event of an incident is included in the FPPS Joint Service Standard Operating Procedures. All other system down time will be scheduled to ensure there is no impact on the business or end users.

And include these service maintenance and support services:

- Incidents will be logged on the vFire Portal by the PCS Payments Team and all incidents and service requests logged via the service desk vFire portal will be responded to within 30 minutes. 'Responded to' means notification that the incident has been logged and assigned and incident reference number. 90% of Service Calls will be resolved within the following timescales.
- Service and change requests will be managed via the Joint Service Management Board using the agreed change control procedure and processed, logged and an estimated completion date issued within one week of receipt.

From a provide, reliable service provider with whom a positive business relationship has been built over the years, since 2020.

## 5. RISKS & MITIGATION

<b>5.1 Please state risks of not proceeding with the scheme</b>	<b>5.2 Please state any mitigation to reduce the risk if the scheme is not approved</b>
<p>Inability to serve the payments of claims from 375 GMS Practices across Wales at an estimated cost of just over £600m per annum. Impact: on all GMS Practices' business continuity, which could be catastrophic; as well as the associated political and reputational risks to the organisation.</p>	<p>Significant levels of activity to source an alternative (long term) solution and implement interim arrangements (short term), e.g. paying GMS Contractors at estimated rates based on previous claims much like that seen for many Supplementary ('Enhanced') Services during the pandemic. [noting potential risk of this mitigation on other National programmes of work, e.g. WGOS and PCWIS].</p>

## 6. PROCUREMENT ROUTE

**6.1 How is the contract being procured?** Please mark with a (x) as relevant.



<p><b>Competition</b></p> <p>3 Quotes <input type="checkbox"/></p> <p>Formal Tender Exercise <input type="checkbox"/></p> <p>Mini competition <input type="checkbox"/></p> <p>Find a Tender <input type="checkbox"/> <small>(replaces OJEU Public Contract regulations 2015 still apply)</small></p>	<p><b>Single source</b></p> <p>Single Quotation Action <input type="checkbox"/></p> <p>Single Tender Action <input type="checkbox"/></p> <p>Direct call off Framework <input type="checkbox"/></p> <p>All Wales contract <input checked="" type="checkbox"/></p>
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Click [here](#) for link to Procurement Manual for additional guidance

**6.2 Please outline the procurement strategy**

The SLA included in Appendix 1 shall continue, unless terminated in accordance with clause 12 (Termination).

**6.3 What is the approximate time line for procurement?**

The SLA included in Appendix 1 shall continue, unless terminated in accordance with clause 12 (Termination). Regular performance meetings are in place.

**6.4 PROCUREMENT ROUTE APPROVAL**

The Head of Procurement / Delegated Authority has approved the preferred procurement route	
<b>Head of Procurement Name:</b>	Not applicable
<b>Signature:</b>	
<b>Date:</b>	



## 7. FINANCIAL ANALYSIS

<b>Maximum expected whole life cost relating to the award of contract</b>	<b>Excluding VAT (£k)</b> 605,883	<b>Including VAT (£k)</b>
<b>The nature of spend</b>	<b>Capital</b> <input type="checkbox"/>	<b>Revenue</b> <input checked="" type="checkbox"/>
<b>How is the scheme to be funded?</b> Please mark with a (x) as relevant.		
Existing budgets	<input checked="" type="checkbox"/>	
Additional Welsh Government funding	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
<b>If you have selected 'Other' – please provide further details below:</b>		

## PROFILE OF EXPENDITURE

<b>EXPENDITURE CATEGORY</b>	<b>Year 1 (exc. VAT)</b> £k	<b>Year 2 (exc. VAT)</b> £k	<b>Year 3 (exc. VAT)</b> £k	<b>Total Future Years (exc. VAT)</b> £k	<b>Total (exc.VAT)</b> £k	<b>Total (inc. VAT)</b> £k
2026-27 SLA costs	605.9				605.9	
<b>Overall Total</b>	605.9				605.9	

## 8. PROJECT MANAGEMENT (if applicable)

<b>What are the management arrangements associated with this scheme?</b> E.g. PRINCE 2	Quarterly Joint Service Board, attended by members of Senior Management Team.
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## 9. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement procedures, standing orders and standing financial instructions requirements have been appropriately discharged and observed and that where relevant, appropriate advice and confirmation has been obtained to that effect. Procurement Services retain this confirmation electronically in the tender file.	
<b>Lead Director Name:</b>	Nicola Phillips
<b>Signature:</b>	<i>Nicola Phillips</i>
<b>Service Area:</b>	Primary Care Services
<b>Date:</b>	2 <sup>nd</sup> March 26

## 10. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

<b>Divisions</b>	<b>Date of Approval:</b>
Business Planning Group or local equivalent	
Divisional Senior Management Team	
Executive Management Board	

<b>Host Organisations</b>	<b>Date of Approval:</b>
NWSSP / NHS Wales Shared Services Partnership Committee	
HTW – Senior Management Team	



## Quality-driven decision-making





### Quality Impact Assessment

<b>Title of proposal this Quality Impact Assessment (QIA) is supporting:</b>	General Medical Services (GMS) Payments System – Family Practitioner Payments System (FPPS)
<b>Reference of proposal:</b>	
<b>Details of Board / Committee the paper is being presented to and when:</b>	Velindre Trust Board 26/03/2026


#### Part 1: Health and Care Quality Standards assessment






1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEEP Quality Standards).

Quality Standard  <i>Click each icon for its definition</i>	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	
	Neutral	1	1	Whilst this is a proposal for a secure payment system, this is not directly related to the safety of care delivered, therefore this has been scored as neutral impact.
	+1	3	3	Timely payment of service delivery should facilitate the process of patient access to the right care, in the right place and at the right time.

	Neutral	2	2	Whilst this is a proposal for a robust and effective payment system, this is not directly related to the effectiveness of care delivered, therefore this has been scored as neutral impact.
	+1	3	3	Efficient processing of GMS contractor payments will play a facilitative role in the efficient delivery of services to patients within the Primary Care setting.
	+1	3	3	All Contractors are able to claim payment for National schemes, as well as for Local Supplementary Services, developed by each Health Board in response to the specific needs of the population they serve.
	Neutral	1	1	Whilst this ensures payment against each Contractor' claims, this is not directly related to the patient's experience, therefore this has been scored as neutral impact.
<b>Overall impact</b>	Overall, the impact of this system is considered to be positive, with the overall level of impact being High.			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

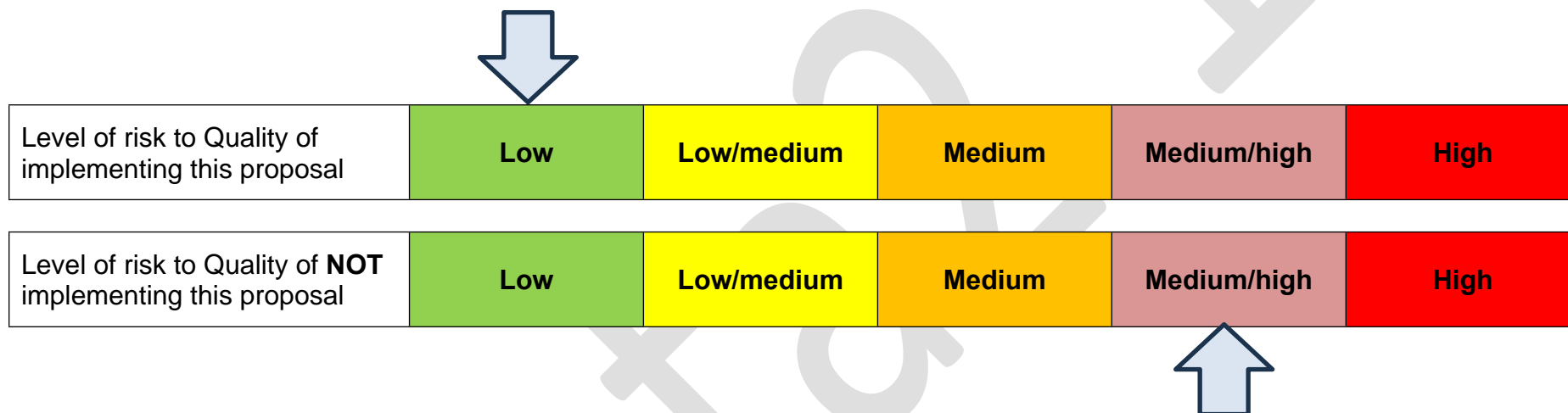
Quality Standard	Amount of activity required. High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
 <i>Click each icon for its definition</i>	2	Whilst this is an established system, this score reflects the level of commitment from Senior Managers within NWSSP to continued attendance at quarterly Joint Service Board meetings with the service provider.

 <p>Gweithlu Workforce</p>	1	This is an outsourced service, to a specialist provider with a track record of providing satisfactory payment system services over a number of years, with minimal input from NWSSP staff. Use of the output to inform NWSSP payments is Business as Usual activity that would otherwise still be delivered.
 <p>Diwylliant Culture</p>	1	The business relationship is well established with formalised structure to meetings and agreed KPIs.
 <p>Gwybodaeth Information</p>	1	Significant information flows exist between GMS Contractors (claims), the service provider and NWSSP (payments department), which are to be retained.
 <p>Cwella, dysgu ac ymchwil Learning, improvement and research</p>	2	As per the organisational values, we strive to innovate and reflect to make improvements, this includes working with service providers in improvements for the benefit of the end user and the public purse. This includes scoping use of FPPS for other contractor areas in the future.
 <p>Ymagwedd systemau Cyfan Whole systems approach</p>	1	This payment system is currently utilised for the processing of GMS Contractor claims and, whilst wider learning and application is of interest, this is the key area of focus.
<p><b>Overall amount of activity required</b></p>	The overall amount of activity required to achieve the change set out in the proposal is considered to be Low.	

## Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to **Quality overall** is this proposal or strategic decision?

*Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)*



**Describe the main risks to Quality of implementing this proposal?  
Describe the main risks to Quality of NOT implementing this proposal?**

The main risks to Quality of implementing the proposal is represented as Low due to this being an established service, which is reliable and cost-effective.

The main risks to Quality of NOT implementing this proposal would:

- Be around the 6 STEEP quality standards, due to an inability to quickly source an alternative supplier to serve the payments of claims from 375 GMS Practices across Wales at an estimated cost of just over £600m per annum.
- Impact on all GMS Practices' business continuity, which could be catastrophic.
- Require significant levels of activity required across all 6 enabling quality standards to source an alternative (long term) and implement interim arrangements (short term), e.g. paying GMS Contractors at estimated rates based on previous claims much like that seen for many Supplementary ('Enhanced') Services during the pandemic.

**Part 3: Developing and signing off this Quality Impact Assessment**

<b>QIA completed by / on date</b>	<b>QIA operationally agreed by / on date</b>	<b>QIA clinically agreed by / on date</b>
Gillian Jackson, Head of Transaction Services, 24/02/2026	Nicola Phillips, Director of Primary Care Services 02/03/2026	Ruth Alcolado, Medical Director NWSSP 12/03/2026

**Executive clinical review and sign off (if required)**

<b>Clinical Executive 1 sign off / date</b>	<b>Clinical Executive 2 sign off / date</b>	<b>Clinical Executive 3 sign off / date</b>
Ruth Alcolado, Medical Director NWSSP 12/03/2026	Not applicable	Not applicable

# Process for the Selection, Appointment and Termination of the Chair of the SSPC

This Annexe forms part of, and shall have effect as if incorporated in the SSPC SOs

The (SSPC) has the responsibility for appointing the Chair of the SSPC. Whist the appointment is not a ~~Ministerial-Cabinet Secretary~~ appointment the ~~planned~~ process ~~will~~ takes account of the appointment 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.~~ ~~“Governance Code on Public Appointments” which came into effect on 1st January 2017 and sets out the regulatory framework for public appointments.~~

## MAIN BODY

In line with the Governance Code on Public Appointments to Public Bodies ~~(revised October 2025)~~2016 the principles of public appointments are summarised below:

**A. Ministerial responsibility** - The ultimate responsibility for appointments and thus the selection of those appointed rests with Ministers who are accountable to Parliament for their decisions and actions. ~~Welsh ministers are accountable to Senedd Cymru, Welsh Parliament.~~ ~~Welsh Ministers are accountable to Welsh Government.~~

**B. Selflessness** - Ministers when making appointments should act solely in terms of the public interest.

**C. Integrity** - Ministers when making appointments, and all others involved in the appointment process, must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**D. Merit** - All public appointments should be governed by the principle of appointment on merit. This means providing Ministers with a choice of high-quality candidates, drawn from a strong, diverse field, whose skills, experiences and qualities have been judged to meet the needs of the public body or statutory office in question.

**E. Openness** - Processes for making public appointments should be open and transparent.

F. **Diversity** - Public appointments should reflect the diversity of the society in which we live, and appointments should be made taking account of the need to appoint boards which include a balance of skills and backgrounds.

G. **Assurance** - There should be established assurance processes with appropriate checks and balances. The Commissioner for Public Appointments has an important role in providing independent assurance that public appointments are made in accordance with these Principles and this Governance Code.

H. **Fairness** - Selection processes should be fair, impartial and each candidate must be assessed against the same criteria for the role in question.

I. **Public service** - All public appointments should be seen as an opportunity to ensure that exceptional people from across the United Kingdom are given the chance to serve the public and utilise their skills and expertise to drive progress.

The essential features of the process will include the following:

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

The selection panel will comprise of the following members:

- Independent Assessor (Panel Chair)
- SSPC Vice-chair
- Velindre University NHS Trust Chair (as NWSSP host)
- Welsh Government representative
- ~~3 members of the SSPC; and~~
- ~~NWSSP Director of Workforce and Organisational Development~~

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

A suite of supporting documentation ~~has been developed to support~~ the process.

The job **advertisement**. ~~Published via on-line fora in keeping with best practice for public appointments. It is proposed that, in line with the practice adopted by Welsh Government for all other public appoints this post is advertised on Job Wales which is the Western Mail and Daily Post on-line publication.~~

The candidate application **form**. The content and format very closely mirrors the application form currently used by the Welsh Government for ~~Ministerial~~ Public Appointments.

A **briefing pack** for candidates. This includes details of the role profile and person specification.

### **Governance and Risk Issues**

Whilst the appointment is not a ~~Ministerial~~ Cabinet Secretary appointment, the planned process will take account of the appointment principles outlined in the Governance Code on Public Appointments to Public Bodies (revised October 2025) ~~"Governance Code on~~

~~Public Appointments" which came into effect on 1st January 2017~~ and sets out the regulatory framework for public appointments.

~~The appointment documentation and processes has been reviewed and agreed by the Director of Governance & Corporate Services/Board Secretary at Cwm Taf Morgannwg UHB who was a member of the SSPC; and has also been provided to the Director of Corporate Governance/Board Secretary at Velindre University NHS Trust to ensure that the appointment aligns to Velindre's governance requirements.~~

The selection process will be repeated following each maximum term of office for the Chair of the SSPC, or when the Chair resigns, or following removal of the Chair by termination.

### **Reappointment and Tenure**

The SSPC SOs form part of the Velindre University NHS Trust Standing Orders, which must take account of the provisions of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 ~~and the disapplication of these Regulations with regard to the tenure of the Chair and Vice Chair.~~

### **Suspension and Termination**

Should the circumstances laid down in the draft regulations at 9.(1), 9.(3), 9.(5) or 10.(1) emerge, and the removal (i.e. suspension or termination) of the Chair is deemed necessary, the Committee will agree the reasons for the decision to do so and formally submit these reasons to a panel constituted as that described for the selection process above.

The panel will then make a recommendation to Velindre University NHS Trust to suspend or remove the Chair. Velindre University NHS Trust will then take the necessary action and subsequently provide the Welsh Ministers with the reasons agreed as per section 9.(2) (termination) or 10.(2) (suspension) of the Regulations.

<b>TRUST BOARD</b>	
<b>AMENDMENT TO THE SHARED SERVICES PARTNERSHIP COMMITTEE STANDING ORDERS</b>	
<b>DATE OF MEETING</b>	26/03/2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	JAMES QUANCE, ASSISTANT DIRECTOR OF CORPORATE SERVICES, NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)
<b>PRESENTED BY</b>	JAMES QUANCE, ASSISTANT DIRECTOR OF CORPORATE SERVICES, NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)
<b>APPROVED BY</b>	Non Gwilym, Director of Corporate Governance (Interim)
<b>EXECUTIVE SUMMARY</b>	<p>Amendment is required to the Standing Orders of the Shared Services Partnership Committee (SSPC) in order to update the Annexe relating to the appointment of the SSPC Chair. This is in response to the recommendations from the Welsh Government Review of Accountability and Governance in NWSSP which recommended the inclusion of the Velindre University NHS Trust Chair on the selection panel which is the main substantive change. Further amendments are also proposed to reflect current public appointment recommended practice and updating references to the latest guidance.</p> <p>Approval was obtained from the SSPC at its meeting on 19 March 2026 to proceed with amendment to the SSPC Standing Orders.</p>

<b>RECOMMENDATION / ACTIONS</b>	<p>Approval is required from the Trust Board because the SSPC Standing Orders form an Annexe to Velindre's own Standing Orders and have effect as if incorporated within them.</p> <p>The Trust Board is asked to <b>APPROVE</b> the revisions to Annexe 5 Process for the Selection, Appointment and Termination of the Chair of the SSPC as set out in the appended version with track changes shown.</p>

<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
Shared Services Partnership Committee	19/03/2026
Consultation with Trust Chair, Chief Executive, NWSSP Managing Director and Welsh Government Officials	March 2026
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
Approval was obtained from the SSPC at its meeting on 19 March 2026 to proceed with amendment to the SSPC Standing Orders.	
<b>7 LEVELS OF ASSURANCE</b>	
N/A	
<b>APPENDICES</b>	
1	Amendments to Annexe 5 of the SSPC Standing Orders – Process for the Selection, Appointment and Termination of the Chair of the SSPC.

## 1. SITUATION

The Shared Services Partnership Committee (SSPC) approved a further term of appointment of the current SSPC Chair, Tracy Myhill, to November 2026 at its meeting in November 2025 and this was reported to the Trust's Remuneration Committee.

Tracy has formally issued notice to end her tenure, with effect from 30 April 2026 and NHS Wales Shared Services Partnership (NWSSP) must recruit a new Chair. Proposed changes to the selection panel to balance independence, the involvement of the Trust as host, and the SSPC require amendment to the SSPC Standing Orders.

## 2. BACKGROUND

The Chair of the SSPC is appointed by the SSPC 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 NWSSP 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, that 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, further amendments will be required to the SSPC Standing Orders as part of the overall Welsh Government Review and update of SSPC governance documents but timing dictates that the need to review and amend Annex 5 of the SSPC Standing Orders.

## 3. ASSESSMENT

The following essential features of the process set out in Annex 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.

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, options for the composition of the panel were 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 SSPC discussed the options and approved the option that is more aligned with public appointment practice and aligns with Welsh Government advice:

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

This option reflects the Welsh Government 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.

However, it is not in line with the existing Standing Orders as set out above and therefore changes to Annexe 5 are required which was discussed, acknowledged and approved by the SSPC. The amendments are shown in Appendix 1.

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

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

#### 4. SUMMARY OF MATTERS FOR CONSIDERATION

The Trust Board is asked to **APPROVE** amendments to Annexe 5 of the SSPC Standing Orders – Process for the Selection, Appointment and Termination of the Chair of the SSPC.

#### 5. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	<b>Choose an item</b>
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	<b>Select all relevant domains below</b>
	<ul style="list-style-type: none"> <li>Safe <input type="checkbox"/></li> <li>Timely <input type="checkbox"/></li> <li>Effective <input type="checkbox"/></li> <li>Equitable <input type="checkbox"/></li> </ul>

	Efficient <input type="checkbox"/>
	Patient Centred <input type="checkbox"/>
<b>QUALITY IMPACT ASSESSMENT</b>	Not required - not a strategic decision
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> <i>For more information:</i> <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Not required
<b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b>	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: <b>Choose an item</b>	
If yes select the relevant goals:	
<ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/></li> </ul>	

<ul style="list-style-type: none"> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required Click or tap here to enter text.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)  It is essential that the Trust complies with its Standing Orders and Standing Financial Instructions.

**6. RISKS**

The proposed changes are intended to reduce risk to the Trust as host of NWSSP.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
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<b>TRUST BOARD</b>	
<b>TRUST SEAL REPORT: 24 JANUARY – 20 MARCH 2026</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	FOR NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Kyle Page, Business Support Manager
<b>PRESENTED BY</b>	Non Gwilym, Director of Corporate Governance (interim)
<b>APPROVED BY</b>	Non Gwilym, Director of Corporate Governance (interim)
<b>EXECUTIVE SUMMARY</b>	The contents of the Trust Board Seal Register have been approved by the Chair and the Chief Executive Officer of the Trust at every Seal Request <b>(24th January – 20th March 2026)</b> .
<b>RECOMMENDATION / ACTIONS</b>	The Trust Board is requested to <b>NOTE</b> the contents of the Trust Board Seal Register included below as <b>Appendix 1</b> .
<b>GOVERNANCE ROUTE</b>	
N/A	
<b>7 LEVELS OF ASSURANCE – N/A</b>	
<b>APPENDICES</b>	
Appendix 1 – Seal Register	

**1. SITUATION/ BACKGROUND**

- 1.1 The content of the Trust Board Seal Register has been approved by the Chair and the Chief Executive Officer of the Trust at every Seal Request **(24th January – 20th March 2026)**.
- 1.2 Board Members are asked to view the content of the report. Further information or queries should be directed to the Director of Corporate Governance (interim).

## 2.0 ASSESSMENT/SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Option Appraisal / Analysis: Please refer to the Seal Register at **Appendix 1**.

## 3 IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>												
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: NO												
If yes - please select all relevant goals:												
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>												
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	10 - Governance											
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Select all relevant domains below											
	<table border="0"> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input type="checkbox"/></td> </tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred
Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>											
Effective	<input checked="" type="checkbox"/>											
Equitable	<input type="checkbox"/>											
Efficient	<input checked="" type="checkbox"/>											
Patient Centred	<input type="checkbox"/>											
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> <i>For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></i>	Not required											
	Click or tap here to enter text											
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	N/A											
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.											

<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp</a> <b>X</b>	Not required.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	A record that the Trust Board Seal Register has been approved by the Chair and the CEO of the Trust at every Seal request.

#### 4 RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

#### Appendix 1 – Seal Register

<b>Date</b>	<b>Document Details</b>	<b>Signed</b>
<b>27/01/2026</b>	(1) Velindre University NHS Trust and (2) High Admit Projects Ltd. Deed of Collateral Warranty of the electrical package (zone 3), in respect of nVCC in Whitchurch, Cardiff, Wales.	Carl James (Interim CEO) and Sara Moseley (Chair)
<b>28/01/2026</b>	Lease relating to Unit 30, Llandegai Industrial Estate, Bangor, Gwynedd, LL57 4YH, between Mostyn Estates Limited and Velindre University NHS Trust.	Carl James (Interim CEO) and Sara Moseley (Chair)
<b>18/03/2026</b>	Deed of Variation relating to Unity IP5, Imperial Park, Newport, between (1) G Property Holdings Ltd and (2) Velindre University NHS Trust.	Carl James (Interim CEO) and Sara Moseley (Chair)
<b>18/03/2026</b>	Deed of Collateral Warranty of the design and construction of the Data Package, in respect of the new Velindre Cancer Centre in Whitchurch, Cardiff, Wales, between (1) Velindre University NHS Trust and (2) Sceptre Networking Ltd.	Carl James (Interim CEO) and Sara Moseley (Chair)

Date	Document Details	Signed
18/03/2026	Deed of Collateral Warranty of the Mechanical Package (2 <sup>nd</sup> fix), in respect of new Velindre Cancer Centre in Whitchurch, Cardiff, Wales, between (1) Velindre University NHS Trust and (2) F. P. Hurley & Sons.	Carl James (Interim CEO) and Sara Moseley (Chair)
18/03/2026	Renewal Lease by reference to an existing lease of Ground Floor premises comprising part of the building situated at and known as Pembroke House, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YT, between (1) A. H. Thomas, P. T. Harris and D. R. Cryer, and (2) Velindre University NHS Trust.	Carl James (Interim CEO) and Sara Moseley (Chair)
18/03/2026	Lease relating to premises known as part 4 <sup>th</sup> floor, Companies House, Crown Way, Maindy, Cardiff, CF14 3UZ, between (1) The Secretary of State for Housing, Communities and Local Government and (2) Velindre University NHS Trust.	Carl James (Interim CEO) and Sara Moseley (Chair)

<b>TRUST BOARD</b>	
<b>PUBLIC QUALITY, SAFETY &amp; PERFORMANCE COMMITTEE HIGHLIGHT REPORT</b>	
<b>DATE OF MEETING</b>	26 <sup>th</sup> March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Liane Webber, Business Support Officer
<b>PRESENTED BY</b>	Vicky Morris, Quality, Safety & Performance Committee Chair and Independent Member
<b>EXECUTIVE SPONSOR APPROVED</b>	Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Health Science
<b>REPORT PURPOSE</b>	FOR DISCUSSION

## 1. PURPOSE

This paper is to provide the Trust Board with details of the key issues and risks considered by the Quality, Safety & Performance Committee at its meeting held on 12<sup>th</sup> March 2026.

## 2. BACKGROUND

The Quality, Safety and Performance Committee meets on a bi-monthly basis and provides an opportunity to triangulate information and data in respect of quality, safety, finance, workforce, performance and digital. Following its review in March 2024, the Committee continues to mature, actively seeking opportunities for continuous improvement, together with the ongoing development of reporting formats, additional assurance mechanisms and discussions to facilitate ongoing streamlining and triangulation of information.

## 3. HIGHLIGHTS FROM THE MEETING HELD ON 12<sup>TH</sup> MARCH 2026

### 3.1 *Triangulated themes*

The following triangulated themes were identified:

- **Early thematic changes** seen through quarter 3 report in respect of long-standing complaint, incident and feedback themes: communication, booking and administration processes. Throughout the meeting the Committee heard of the transformation work being undertaken in both divisions to address these themes.
- **Data and digital capability** was a theme emerging from a number of the agenda items. These included areas of organisational risk also aligned to the Board

Assurance Framework (BAF), the delayed delivery of the quality metrics, real-time drill down reliable data to provide robust service level to Board assurance and the required digitalisation, integration and automation required in VCS administration and booking systems.

- **Workforce capacity, capability and wellbeing** - delivery dependent on sufficient expert support alongside services, with wellbeing and psychological safety integral to sustainability.
- **Different levels of progress across services** were noted in areas such as workforce planning, patient experience and use of data, with the Committee emphasising a developmental, supportive approach rather than uniform expectations.

### 3.2 Further Information

Board members who are not members of the Committee and would like further detail of the Quality, Safety and Performance (QSP) Committee are able to access the agenda and papers for the March 2026 QSP Committee meeting at:

<https://velindre.nhs.wales/about-us/quality-safety-performance/quality-safety-performance-papers/quality-safety-performance-2026/quality-safety-amp-performance-committee-12-03-2026/>

### 3.3 Summary of Committee Highlights

The following areas were highlighted for reporting to the Trust Board by the Committee:

<b>ALERT / ESCALATE</b>	<p><b>Listening to People Implementation Update</b></p> <p>The Committee reviewed the Listening to People implementation update and noted progress in organisational planning and readiness ahead of the new arrangements coming into force from 1<sup>st</sup> April 2026. Members recognised the challenging national context, including the late and incomplete issue of statutory guidance, and were advised that no NHS Wales organisations will be fully ready to implement the revised regulations by 1<sup>st</sup> April. It was acknowledged that implementation will therefore be phased across Wales, although formal correspondence to confirm this position has not yet been issued.</p> <p>The Committee noted that existing complaints and concerns processes provide a strong foundation for implementation and received assurance on the preparatory work undertaken to date. Members were advised that funding has been agreed to support additional redress capacity; however, funding has not yet been identified for the required two Velindre Cancer Services Patient Advice and Liaison Officers (PALs). This gap has been assessed as a <b>risk scored at level 12</b>.</p>
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Given the statutory nature of the changes, the late national guidance, and the identified capacity and resource risks, the Committee agreed that implementation of Listening to People should be escalated to the Board for visibility and ongoing oversight, with further updates to be provided as national guidance is clarified and implementation progresses.

### **Data and Digital Capacity**

The Committee discussed data quality and digital capacity as a recurring issue across multiple agenda items, including the Integrated Quality & Safety Report, Performance Management Framework, Trust Risk Register and Board Assurance Framework. Members noted continued reliance on manual processes, limited system integration and delays in the availability of reliable, real-time data, which constrain service-level performance oversight and the strength of assurance available to Committees and the Board.

The discussion highlighted the particular impact of digital and data limitations on administrative and booking processes within cancer services, contributing to pressure on staff capacity and affecting patient experience. While progress is being made through transformation and digital programmes, the Committee agreed that data and digital capacity remains a key enabling issue underpinning quality, safety and performance and should be escalated to the Board for visibility and ongoing oversight.

### **Quality & Safety Digital Dashboard**

The Committee discussed the delay in developing the Trust's quality and safety dashboard due to informatic capacity, resulting in ongoing reliance on manual data collection and limited real-time visibility and the inability to drill down. Members noted that this constrains service-level oversight and weakens the strength of assurance available to Committees and the Board, while placing additional pressure on organisational capacity.

The Committee agreed this issue should be escalated to the Board for visibility and ongoing oversight as a key enabler of quality, safety and performance assurance.

**ADVISE**

### **Trust Risk Register**

The Committee reviewed the Trust Risk Register, noting new and emerging risks and updates on risk management arrangements. A recurring risk relating to digital capacity and data systems was noted on the Trust Risk Register.

The Committee received assurance on the management of specific operational and infrastructure risks, including progress with mitigations and expected resolution timelines. The development of more robust and consistent risk management at divisional level was welcomed. The Committee confirmed a **level of assurance of 3**, with an expectation that this will increase following implementation of the updated risk management framework.

#### **Performance Management Framework**

- ***Velindre Cancer Services (VCS)***

The Committee reviewed cancer performance, including Single Cancer Pathway and radiotherapy standards, noting enhanced reporting to reflect Velindre's role within shared pathways. Variation in performance across tumour sites was acknowledged, with targeted deep dives planned. Operational pressures within scheduling and outpatient administration were highlighted, alongside assurance that clinical prioritisation and risk-stratification arrangements are in place and no harm reviews are currently required. The importance of clear patient communication and future digital and infrastructure improvements was emphasised. The Committee **agreed the level of assurance of 3**.

- ***Welsh Blood Service (WBS)***

Strong performance in blood stock management was noted, with healthy red cell stock levels following winter. The Committee received assurance on the management of reported incidents, including timely investigation, application of learning, and strengthened oversight of incident closure. Platelet wastage was discussed in context, recognising the need to prioritise patient safety and availability during periods of high demand. The Committee **agreed the level of assurance of 3**.

- ***Workforce and Wellbeing***

The Committee considered workforce performance, noting seasonal variation in sickness absence and service-specific hotspots. Turnover was discussed in context, with assurance that increases in some areas reflect fixed-term roles, programme delivery and promotion opportunities rather than systemic retention issues. The absence of a dedicated business partner within VCS was highlighted, with interim arrangements and recruitment underway. Members stressed the importance of understanding the narrative behind workforce data and continued focus on staff wellbeing. The Committee **agreed the level of assurance of 3**.

- ***Estates and Infrastructure***

Strong performance was noted against planned preventative and reactive maintenance measures. Fire safety compliance and

structured oversight arrangements were welcomed. Variation in planned maintenance performance across sites was highlighted, with further assurance sought on sustainability and resourcing to maintain consistent performance. The Committee **agreed** the **level of assurance of 4**.

- ***Health and Safety***

The Committee received assurance on health and safety performance, including continued compliance with mandatory training and progress in implementing a formal health and safety management system. The phased implementation approach and alignment with statutory requirements were noted. The Committee **agreed** the **level of assurance of 3**.

- ***Financial Performance***

The Committee noted that statutory financial targets continue to be met and are forecast to be achieved, despite a challenging national financial context. The use of temporary staffing and specialist external support was discussed, with assurance that this is being applied in a targeted and controlled manner to support service delivery and transformation. The Committee **agreed** the **level of assurance of 4**.

### **Fuller Inquiry and Trust Actions**

The Committee noted the update on the Fuller Report (Phase 2) and the associated Trust action plan. The Committee received assurance that governance arrangements are in place to oversee delivery, with executive accountability clarified and progress being monitored through established quality and safety structures. Work is underway to strengthen security, access and governance arrangements, and to explore a service level agreement with Cardiff and Vale for specialist support and peer review. The Committee received assurance that actions are progressing and noted that an update will be provided at the next meeting.

### **Public Office (Accountability) Bill**

The Committee noted the paper on the new proposed Public Office (Accountability) Bill and briefly discussed its implications. Members noted the impact families having access to legal support at inquests will have on the inquest process and clinical staff. The need for appropriate organisational and staff support was highlighted. It was noted that wider governance implications of the Bill will be considered further through the appropriate governance arrangements.

	<p><b>Committee Cycle of Business and NHS Wales Shared Services Partnership (NWSSP) Governance</b></p> <p>The Committee considered the Quality, Safety &amp; Performance Committee cycle of business alongside the NWSSP governance document that described the internal NWSSP governance routes prior to coming through the QSP Committee. Members emphasised the importance of clear alignment between NWSSP and Trust-level governance arrangements, particularly to ensure clarity of assurance routes, escalation and avoid duplication. The Committee noted that further refinement of the cycle of business may be required to fully reflect NWSSP governance interfaces and agreed that this work will be taken forward through Corporate Governance.</p>
<p><b>ASSURE</b></p>	<p><b>Finance Report for the Period Ended 31<sup>st</sup> January 2026</b></p> <p>The Committee considered the Finance report and noted updates following discussions with Welsh Government on the IMTP financial plan. Progress in addressing the underlying financial position was noted, including resolution of a previously identified savings shortfall and application of the Trust’s emergency reserve to support financial balance. Welsh Government feedback on the treatment of cost pressures and income assumptions was acknowledged, alongside improved performance on bank interest. Updates on capital funding and business case development were also noted.</p> <p>The Committee recognised that the IMTP demonstrates a balanced position across the planning period, and noted that the Trust is forecasting a balanced year-end position for 2025/26, with ongoing financial risks subject to continued oversight.</p> <p><b>Quarter 3 Integrated Quality &amp; Safety Report</b> <i>(attached in Appendix 1)</i></p> <p>The Committee reviewed the Quarter 3 Integrated Quality &amp; Safety Report and noted areas of improvement alongside ongoing risks. A reduction in overall complaints was welcomed, although continued pressure on complaint and redress timescales was acknowledged. Members noted progress in patient feedback collection, incident investigation training and strengthened oversight of incident management.</p> <p>Areas requiring continued focus include pressure ulcer prevention, timely resolution of redress cases and readiness for forthcoming national changes under the Listening to People framework. Overall, the Committee recognised positive progress while noting that capacity and digital enablement remain important dependencies.</p>

## **Board Assurance Framework**

The Committee reviewed the Board Assurance Framework (BAF) and noted that further work is required to strengthen its effectiveness and ensure strategic risks accurately reflect the current operating context. Members discussed the need to refresh long-standing risks and improve alignment between the BAF, strategic objectives and committee assurance. A planned Trust Board workshop on strategic risks was noted as key to informing further development.

The Committee accepted a **level of assurance of 2**, reflecting that work is ongoing and assurance is expected to improve following the Board-level review.

## **Workforce Supply and Shape**

The Committee considered the Workforce Supply and Shape paper, noting progress in establishing workforce planning infrastructure and improvements in key workforce metrics. Members acknowledged that divisions are at different stages of maturity and emphasised that effective workforce planning requires expert support alongside services, underpinned by robust capacity and demand data. The Committee recognised the progress made in building organisational capability in this area, while noting that consistent delivery of impact across divisions is not yet fully evidenced. On this basis, the Committee agreed a **level of assurance of 3**, reflecting positive direction of travel with further work required to demonstrate sustained impact.

## **Quality & Safety Priorities**

The Committee reviewed the proposed Quality & Safety Priorities, noting progress against previous priorities and recognising that several represent longer-term programmes of work aligned to the Trust's strategic objectives and IMTP. Members emphasised the importance of embedding quality and safety priorities into core business and ensuring they are measurable on a year-by-year basis. Divisional engagement and "ward to board" alignment were highlighted as key to delivery, with good practice noted within Welsh Blood Service. The proposed quality priorities were approved for inclusion in the IMTP with delivery and oversight through the agreed governance arrangements.

The Committee discussed the proposed level of assurance and agreed that a **level of assurance of 3** was more appropriate, reflecting that the priorities provide a clear framework with delivery underway, but that further work is required to demonstrate consistent impact.

## **Complaints Review**

The Committee reviewed the completed complaints analysis undertaken following the previously reported increase in complaint volumes. The divisions provided a summary of learning and improvements that have been undertaken in respect of complaint themes.

Members welcomed the clearer understanding of complaint themes and the targeted actions now being taken by divisions, particularly in relation to communication, appointments and administrative processes. Improved ownership and use of complaints as a learning tool was noted. The Committee noted that the volume of complaints being received reduced in quarter 3 and the themes are starting to change which may be an early indication of the improvement work undertaken.

## **Embedding the Patient & Donor Voice**

The Committee reviewed the Trust-wide development plan to embed the patient and donor voice, noting its alignment with the People's Experience Framework and IMTP commitments. Members welcomed the development of a single, coherent framework to bring together patient and donor engagement activity, emphasising the importance of co-production and local ownership within services. The Committee highlighted the need for teams to assess their own maturity against the framework and use this constructively to inform improvement. The plan was supported as a clear and proportionate approach to embedding patient and donor voice across the organisation, with continued engagement and oversight as implementation progresses. The Committee endorsed the plan for onward consideration by the Trust Board.

## **Bereavement Pathway/Post-bereavement Contact**

The Committee reviewed an update on the Bereavement Pathway and post-bereavement contact arrangements at VCS, including emerging work to strengthen VCS's bereavement offer. Members noted a specific example shared during the discussion, involving creative therapeutic support for a bereaved teenager, which illustrated the impact of timely, age-appropriate and compassionate support. This was presented as part of wider partnership working with third-sector organisations to enhance bereavement support beyond traditional clinical contact. The Committee welcomed this as a positive example of personalised, trauma-informed support, while recognising the importance of ensuring consistency, clarity of offer and coordination across services. Members supported ongoing benchmarking against national frameworks and agreed that a further update should be brought back once the benchmarking and development work is complete.

	<p><b>15-Step Visit</b></p> <p>The Committee received the summary of a recent 15-Step Visit undertaken at a Welsh Blood Service donation clinic in Welshpool. The visit was extremely positive with high level of staff morale and engagement tangible, strong clinical leadership was visible and positive developments from previous visits were clearly evident. There was also very positive feedback from donors. A very small number of practical enhancements were identified and WBS provided a plan to implement these. The Committee emphasised the value of 15-Step Visits in providing assurance on culture, leadership and lived experience, and supported continued use of a consistent approach across the organisation. The development of a new Board visibility framework that included visits that is currently being considered was discussed.</p> <p><b>Schwartz Rounds</b></p> <p>The Committee received the Schwartz Rounds annual evaluation and welcomed the continued positive impact of the programme on staff wellbeing, psychological safety and organisational culture. Recent Rounds across the divisions were noted, with consistently strong staff feedback. Members recognised the importance of maintaining Schwartz Rounds as a safe, confidential reflective space, while aligning learning with wider cultural intelligence. The Committee acknowledged the commitment of facilitators and organisers and agreed a <b>level of assurance of 4</b>, reflecting that Schwartz Rounds are delivering their intended outcomes.</p>
<p><b>INFORM</b></p>	<p><b>Velindre Cancer Service (VCS) - Patient Story and VCS Response</b></p> <p>The Committee discussed a patient story video which described a patient's experience of cancer care, highlighting how communication, appointment processes and administrative systems are experienced by patients over time. Members noted that while the experience related to an earlier period, the themes remain relevant and are reflected in current patient feedback. The discussion highlighted clear alignment with the Outpatient Transformation Programme, particularly around improving communication, patient administration and digital enablement. The Committee emphasised the importance of using lived experience to inform improvement and noted this as an area for ongoing assurance.</p> <p><b>Medical Examiners Service Exception Report (NWSSP)</b></p> <p>The Committee noted the Medical Examiners Service Exception Report and received assurance that a clear legal framework is now in place regarding the completion of Medical Certificates of Cause of Death by foundation doctors. Clarification had been obtained through</p>

	<p>discussions with the GMC and legal advisors, resolving previous uncertainty and aligning the Trust’s position with national guidance. The Committee welcomed the resolution of the issue and noted that the exception has now been addressed.</p> <p>The Committee <b>NOTED</b> the <b>Annual Medical Education Governance Report 2024/25</b></p> <p><b>The Committee APPROVED the following Trust policies:</b></p> <ul style="list-style-type: none"> <li>• IG14 Artificial Intelligence (AI) Policy (New)</li> <li>• IG15 Bring Your Own Device Policy</li> <li>• PP04 Asbestos Policy</li> <li>• PP09 Water Safety Policy</li> <li>• QS18 Health, Safety &amp; Welfare Policy</li> <li>• IPC03 National Model Policy Aseptic Non-Touch Technique (ANTT)</li> <li>• QS02 Management of Safety Alerts and Important Notifications Procedure</li> </ul> <p><b>The Committee ENDORSED the following policies:</b></p> <ul style="list-style-type: none"> <li>• WF26 All Wales Reserve Forces Training and Mobilisation Policy</li> </ul>
<b>APPENDICES</b>	Quality and Safety Quarter 3 Report

**4. RECOMMENDATION**

The Trust Board is asked to **DISCUSS** and **NOTE** the key deliberations and highlights from the meeting of the Quality, Safety & Performance Committee held on 12<sup>th</sup> March 2026.

# Velindre University NHS Trust Quality and Safety Report Quarter 3 2025-2026

(1<sup>st</sup> October 2025- 31<sup>st</sup> December 2025)



# WHAT IS QUALITY?

The Health & Social Care (Quality Engagement) (Wales) Act 2020 was implemented from 1<sup>st</sup> April 2023. This law includes the Duty of Quality and defines quality as the following:

***‘Continuously, reliably and sustainably meeting the needs of the population we serve’.***

This is not limited to the effectiveness of health services; the safety of health services; and positive experience of service users.

The 12 Quality Standards are used across the trust which help deliver against the 6 quality domains:



## Trust Approach

The Trust maintains a communication network primarily consisting of staff members from various teams across the organization. This network includes our Divisional Quality Hubs, Integrated Quality & Safety Group, Quality, Safety & Performance team, and Executive Management Board, all of which offer assurance to the Trust Board and the people of Wales regarding the Trust’s dedication to fulfilling the Duty of Quality.



The Trust infrastructure is supported by a range of digital tools and systems to assist with monitoring, collaborating and reporting on the services the Trust supplies across Wales.

With this infrastructure, quality information can be shared effectively and timely. This can also help identify best practices, risks, areas of improvement or just for reporting purposes.

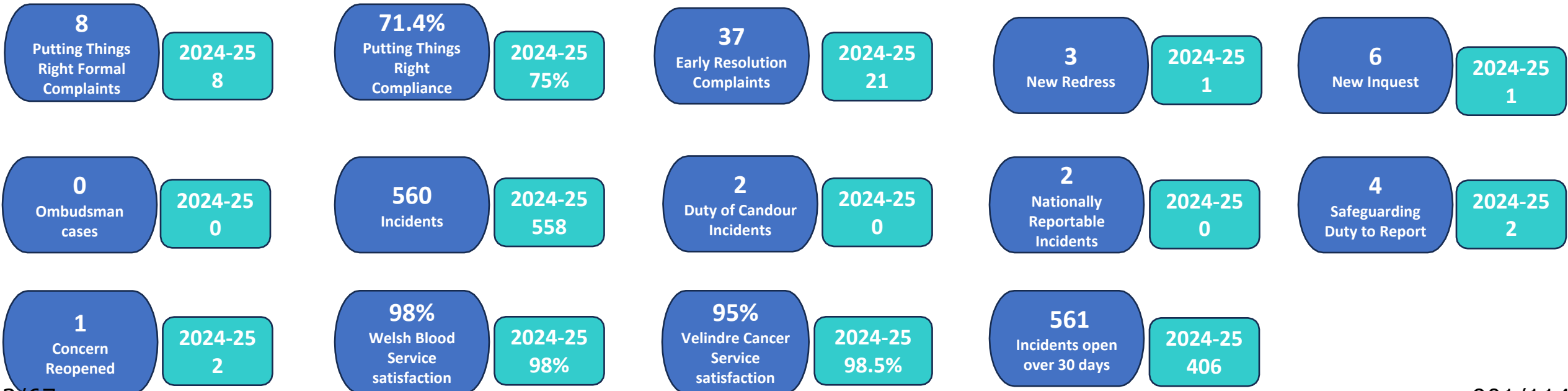
# 1. INTRODUCTION AND EXECUTIVE SUMMARY

The Trust's Q2 integrated quality & safety report provides analysis of key outcomes, activity, learning and improvement during Q2 and, where possible, provides themes, trends and comparative data. The report provides assurance in relation to key legislative requirements including Putting Things Right Regulations (2011) & Health and Social Care (Quality and Engagement) (Wales) Act (2020), and maintain a strong focus upon learning and improvement, to ensure the continued provision of Safe, Timely, Effective, Efficient, Equitable and Person-Centred Care

## Quality & Safety Indicators Overview

■ Q3 2025/26

■ Q3 2024/25



## 1. INTRODUCTION AND EXECUTIVE SUMMARY

Analysis of concerns data for quarter 3 2025/26 has demonstrated a decrease in total complaints received by the Trust, and a reduction in complaints regarding themes identified in previous quarters for both divisions. This demonstrates some early signs of success resulting from targeted improvement work regarding communication with patients & donors, appointment management, clinical assessment/treatment and attitude & behaviour.

Overall satisfaction scores for both Welsh Blood Service and Velindre Cancer Service remain positive. A total of 1022 people completed VCS patient feedback surveys Quarter 3. This is an increase of 13% from Q2 2025/26 (904). This equates to a patient feedback rate of 8% of the 11,741 patients that attended Velindre Cancer Service. Welsh Blood Service feedback responses fell from 16% to 12%.

Work has continued to explore further opportunities to gather patient and donor feedback for learning and improvement. A Trust wide Patient and Donor Experience working group has developed an improvement plan with staff across WBS and VCS. The priority of the group is to explore how to improve capability and capacity to gather feedback.

Compliance with Putting Things Right timescales for complaints response has decreased since quarter 2 from 88.9% to 71.4%. This is below the national PTR target of 75%.

The Trust received notification of one Public Service Ombudsman Wales referral; however, this was not upheld. A continued trend since December 2023, providing positive assurance of complaints handling.

Two incidents at Velindre Cancer Service triggered the Duty of Candour.

The Trust continues to comply with legislative safeguarding responsibilities and reporting.

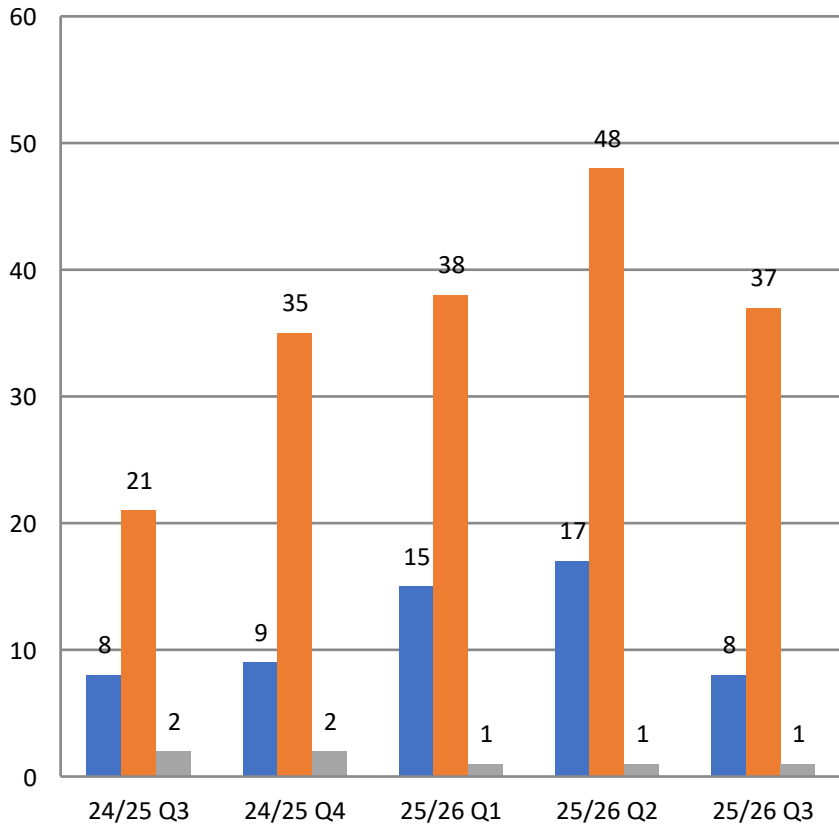
Hospital Associated Infection rates remain low.

# 2. COMPLAINTS – TRUST OVERVIEW

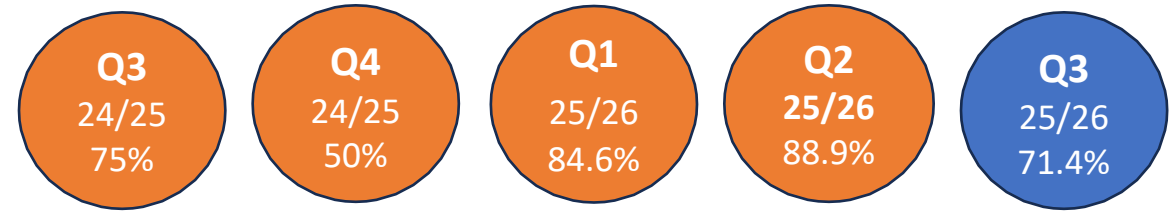


Figure 1 shows an overall decrease in formal and early resolution complaints since quarter 3 2024/25

**Figure 1**  
Complaints Received by Quarter  
Q3 2024 - Q3 2025

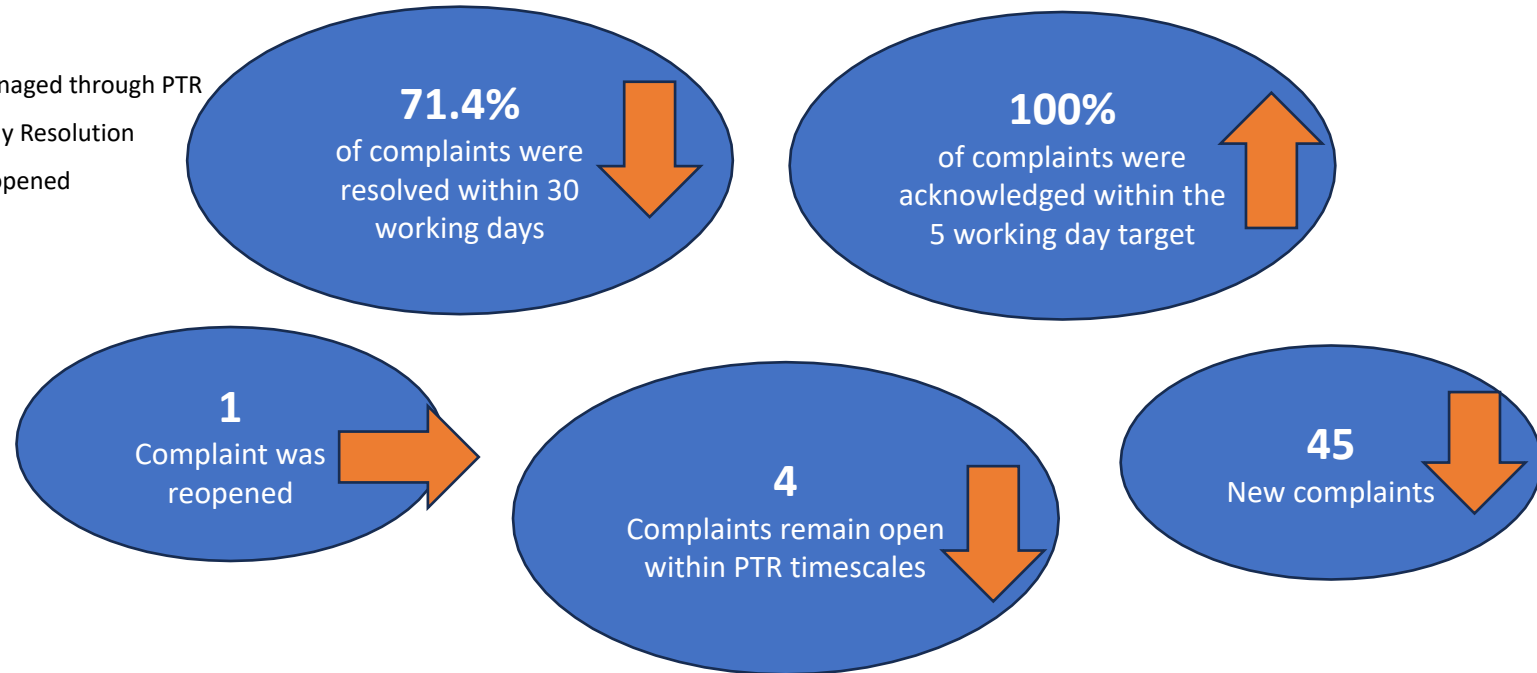


## Complaints resolved within 30 working days:



### Q2 overview

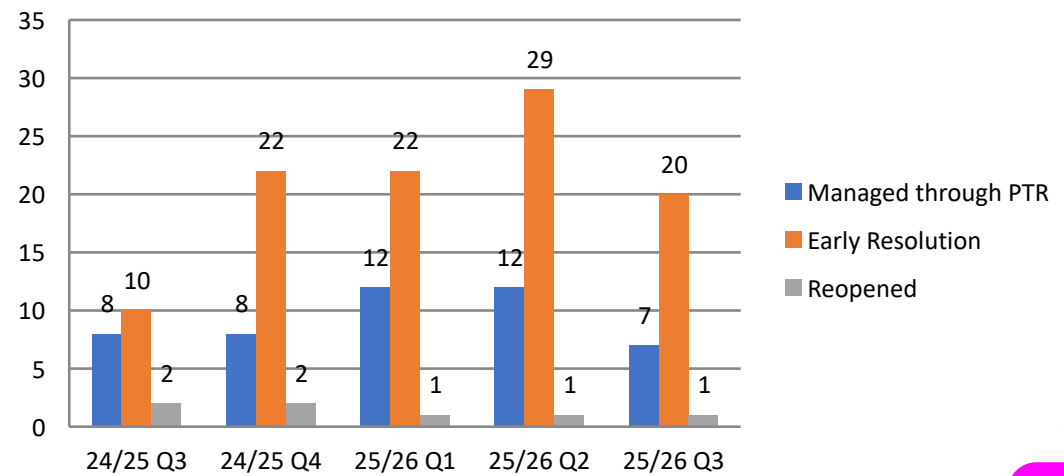
- Managed through PTR
- Early Resolution
- Reopened



# 2.1 COMPLAINTS – VELINDRE CANCER SERVICE



**Figure 2**  
**Velindre Cancer Service Concern from 01/10/2024 - 31/12/2025**



Of 11,741 patients, 0.24% raised a complaint.

## Complaints

**27**  
 Total New Complaints raised



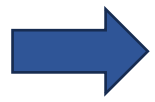
**20**  
 complaints managed as Early Resolution



**7**  
 complaints managed formally

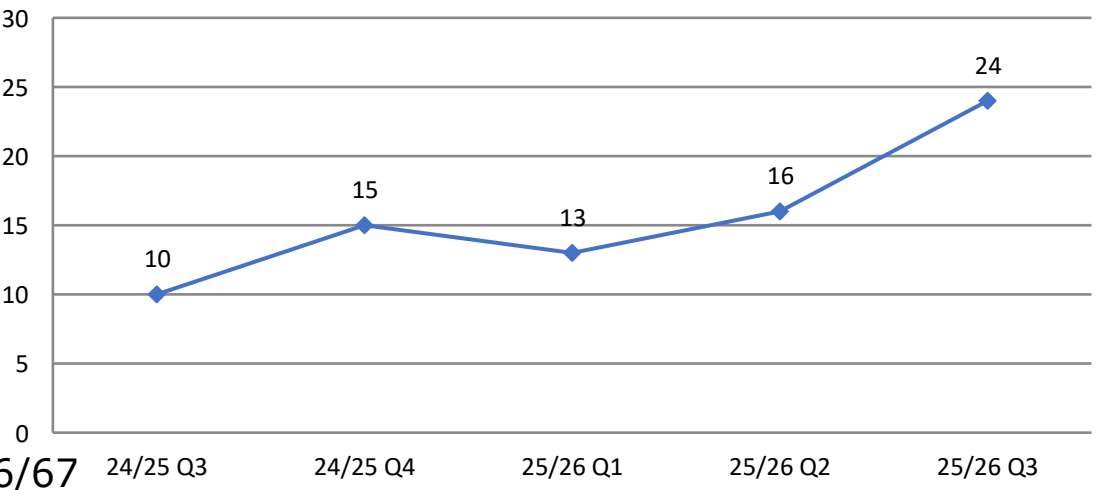


**1**  
 complaint reopened



## Enquiries

**Figure 3**  
**Velindre Cancer Service Enquiries from 01/10/2024 - 31/12/2025**



**Q2 25/26**  
**16**  
 Enquiries received

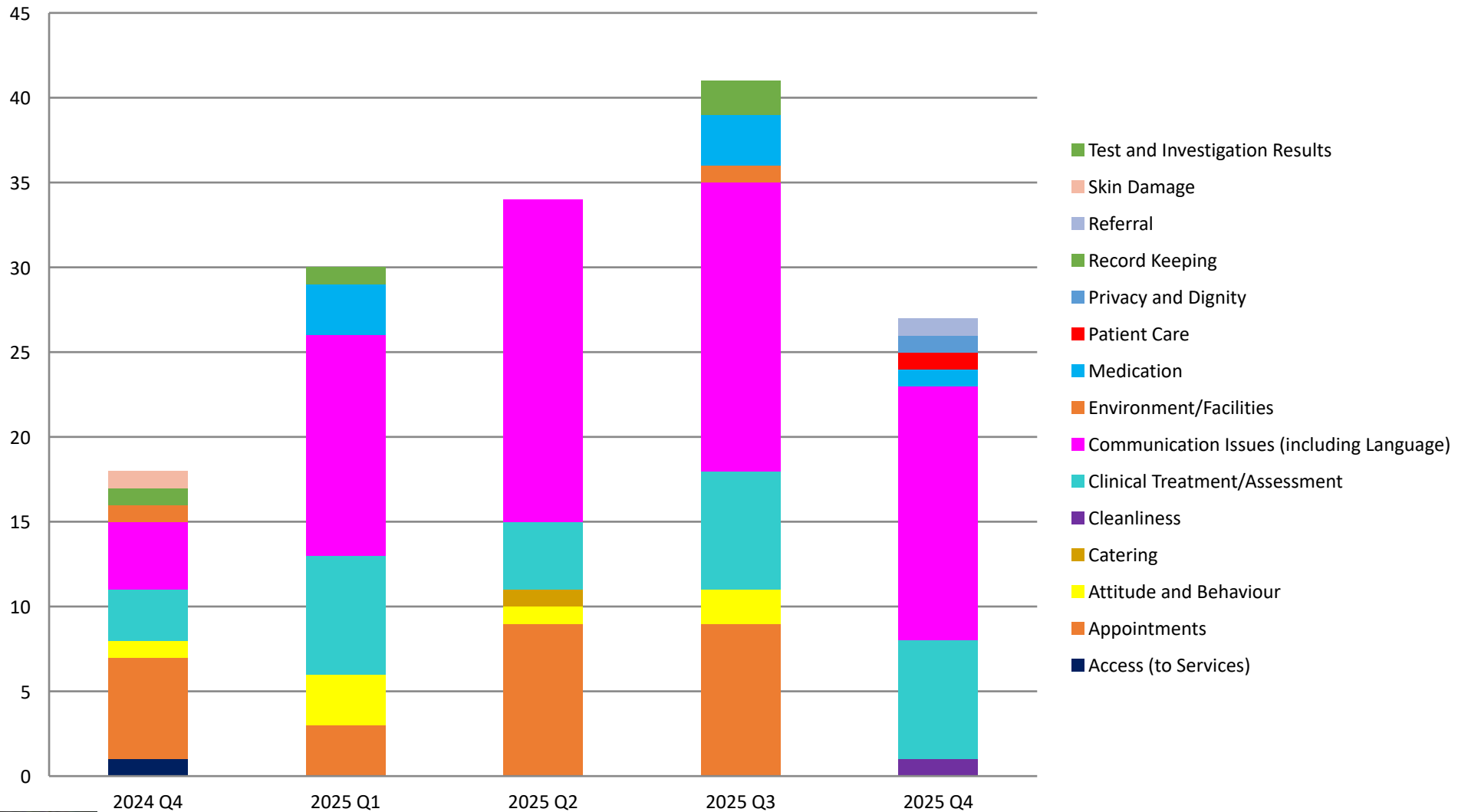
**Q3 25/26**  
**24**  
 Enquiries received





Figure 4

Velindre Cancer Service Complaint by Subject  
01/10/2024 - 31/12/2025





### ANALYSIS

An overall reduction in the number of concerns received – both formal and early resolution.

A number of the “communication” concerns relate to lack of communication from VCS to patients at times they were expecting contact.

No concerns received related to attitude and behaviour – this is an improvement on previous quarters which saw communications shared with teams regarding behaviour, Trust values, and professional codes of conduct.

There has been a reduction in “Communication” concerns that relate to the communication surrounding the patients clinical care e.g., understanding of diagnosis, planned treatment, or monitoring plan.

A copy of GP letter routinely being sent to the patient since September 2025 meaning that patients and their families are able to review and digest their clinical information over time and allows patients to ask appropriate questions.

This demonstrates learning and improvement regarding communication around clinical care.

A reduction in the number of concerns related to appointments due to the improvements undertaken in SACT Bookings Team with the development and appointment of the SACT Scheduling and Performance Manager role, and an improvement plan. Improvement noted but new capacity challenges that the team are working through.





## 2.1 COMPLAINTS – VELINDRE CANCER SERVICE CONT.

### LEARNING AND IMPROVEMENTS IDENTIFIED FROM VELINDRE CANCER SERVICE COMPLAINTS

VCS identified a theme regarding patients experiencing delays within outpatients and communication issues, as such we have embarked on a full outpatient transformation programme. This work includes, but not exhaustive:

- streamlining our administrative processes so that patients receive timely information rather than the current delays experienced.
- reviewing the patient journey through outpatients to minimise delays and processes to ensure patients are kept informed at all stages.
- expanding digital solutions, for those patients who wish to use them, which include self-check-in, enhancing our current digital dictation to provide patients with their letters in a timelier manner
- redesigning current administrative support to our clinical teams so that they can spend more time with patients rather than undertaking administrative tasks.

This is a comprehensive programme that supports improved patient satisfaction , delivering a modern outpatient service and preparing for new ways of working as we get ready to move to the new VCC. Supporting patients , minimising any delays and providing effective communication on their plan is our utmost priority.

From quarter 4 2025/26, improvements identified through concerns and incidents will be aligned with measurable Quality Improvement projects.

VAP clinics have expanded capacity by 20% compared to last year through expansion to new cancer sites such as into HPB, UGI, and Lung and taken on new regimens within existing SST's such as the immunotherapy Pembroluzimab for the CRC SST.

A Standard Operating Procedure for the safe management of acutely unwell patients on the VCS site (in day case/ outpatient areas) has been developed and will be operationalized in Quarter 4. This provides a process for ensuring there is always safe available space on the Assessment Unit, ensuring there is senior overview of all acutely unwell patients on site.

From January 2026, 2 new patient clinics will commence in Velindre@Nevill Hall Radiotherapy Unit, in addition to the existing Royal Gwent Hospital clinic. A new patient colorectal clinic will commence enabling patients newly referred with colorectal cancer to have their new patient consultant appointment in the unit. This will mean that patients will have access to clinic closer to home, reducing travel and stress. This change will also enable consultant presence at the NHH unit all day on a Thursday strengthening the cover arrangements on site. This will be followed in February 2026 by a new patient clinic for patients requiring radiotherapy for breast cancer. This will be staffed by a Consultant Clinical Oncologist and a Consultant Radiographer, strengthening the breast cancer service in NHH, enabling patients to see their consultant team locally reducing the need for travel and further supporting care closer to home and improving the patient pathway.

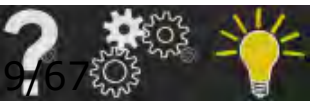
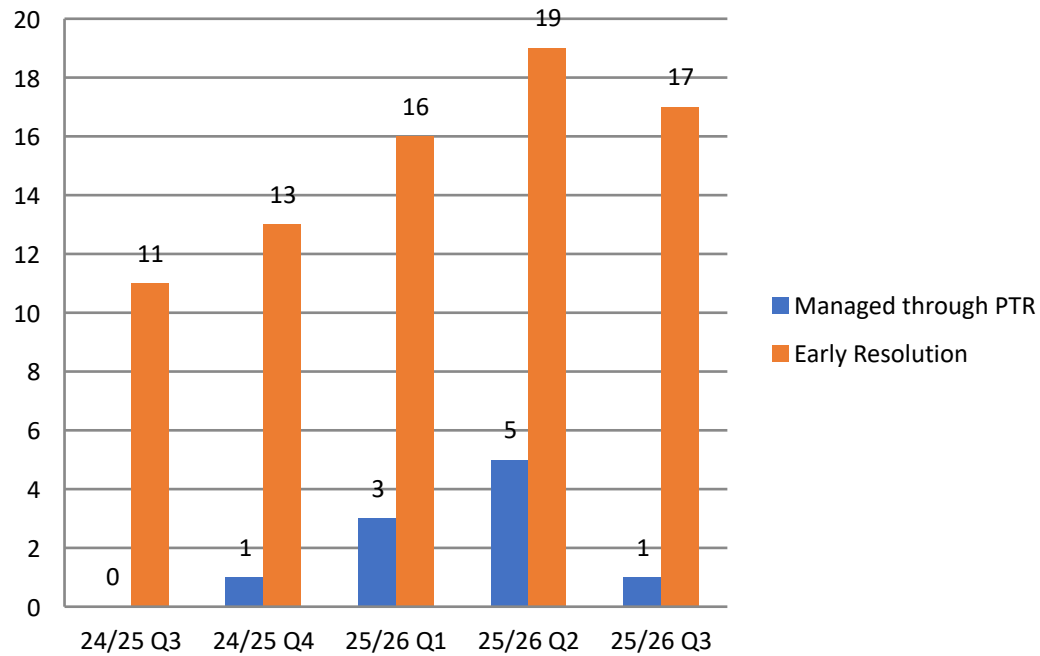




Figure 5

### Welsh Blood Service Complaints from Q3 24/25 - Q3 25/26



**0.08% of 22,150 registered donors raised a complaint**

**18**  
Total New Complaints raised



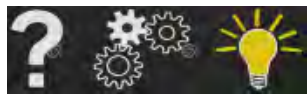
**17**  
Resolved through Early Resolution



**1**  
Formal PTR



**0**  
reopened





## 2.2 COMPLAINTS – WELSH BLOOD SERVICE CONT.

### ANALYSIS

The main themes and opportunities for improvement related to **appointments, communication issues, clinical assessment/ treatment and Attitude & Behaviour** mainly within donor collection teams. These concerns continue to be spread across a variety of teams and locations.

### LEARNING AND OUTCOMES

Further learning and improvement areas following concerns have led to:

In view of the concerns raised by donors being deferred due to having children in attendance and to provide greater clarity and consistency, work has been undertaken to establish a standardised approach which will be implemented on 5<sup>th</sup> January 2026. Under this framework:

- Donors with children aged 11 years and over may attend donation clinics.
- Donors attending with children under 11 years of age must be accompanied by another adult.

The following conditions must also be met:

- The accompanying adults must be known to the child.
- They must be able to assume responsibility for the child in the event of an emergency.
- If both adults wish to donate, appointments must be scheduled at least one hour apart.

As of the 8<sup>th</sup> of December 2025, clinics introduced secondary point of care testing using a venous sample to provide a more accurate Hb measurement. This adjustment has allowed more donors to continue with their donation and has reduced concerns related to capillary HaemoCue testing.

Workforce has delivered training across Blood Donation teams around managing difficult conversations. This initiative is designed to enhance both staff confidence and the quality of donor interactions.

scheduled mindfulness sessions for October, November, and December 2025. These sessions were delivered to all Blood Donation teams as a part of the ongoing commitment to staff wellbeing, with the expectation that improved wellbeing will positively influence donor care.

Operational Managers are also collaborating with Workforce to develop a compassionate leadership programme, aimed at all managers within Blood Donation Services. This programme is scheduled for rollout in January 2026 and will be delivered across all blood donation teams in Wales.





## Heat map for the National Patient Experience Survey at VCS

Figure 6

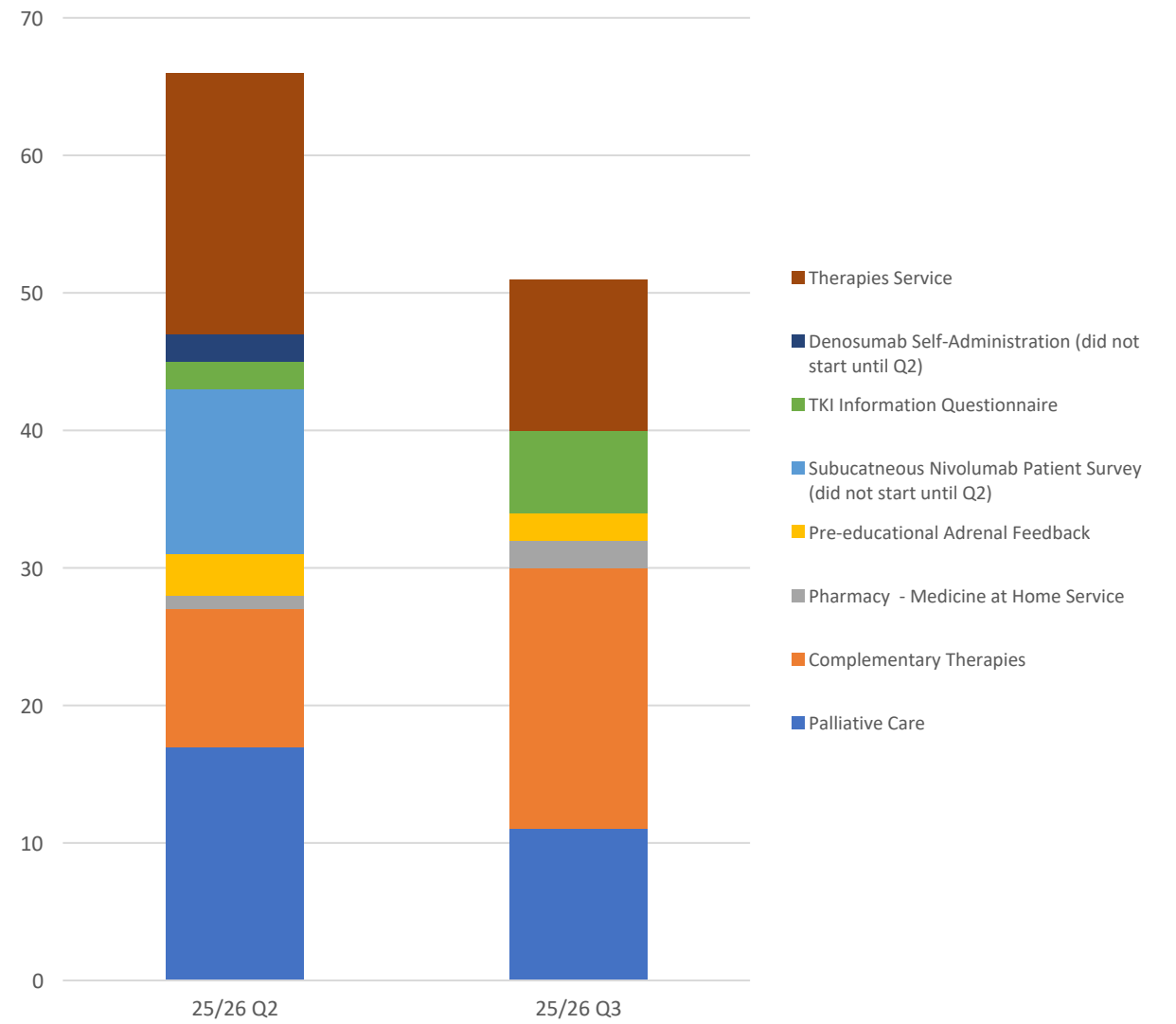
971 patients provided feedback through the Patient Experience Survey.

Responses	3 - Was the time you waited:	4 - Did you feel well cared for?	5 - Were you treated with dignity and respect?	7 - Were you able to communicate in your preferred language?	8 - Did you feel that you were listened to?	9 - Were you involved as much as you wanted to be in decisions about your care?	10 - Were things explained to you in a way you could understand?	11 - How would you rate your overall experience?	Overall	
Service	People's Experience Survey (PES)	People's Experience Survey (PES)	People's Experience Survey (PES)	People's Experience Survey (PES)	People's Experience Survey (PES)	People's Experience Survey (PES)	People's Experience Survey (PES)	People's Experience Survey (PES)		
Clinical Trials	9	83	96	100	100	100	96	100	97	97
Medicine	6	83	100	100	100	100	100	100	100	98
Nuclear Medicine	3	75	100	100	100	100	100	100	100	97
Nursing	227	89	98	100	99	97	96	97	96	97
Outpatients	173	76	89	94	98	93	93	93	91	91
Palliative care	1	100	67	33	67	67	33	33	50	56
Radiology	8	100	92	100	100	96	92	92	91	95
Radiotherapy	108	94	97	98	100	99	97	98	98	98
Radiotherapy/Brachytherapy	1	100	67	-	-	-	-	-	-	83
SACT	435	92	97	99	98	96	94	95	96	96
<b>Overall</b>		89	96	98	99	96	95	95	95	95
<b>Benchmarks</b>		85	85	85	85	85	85	85	85	



Figure 7

Velindre Cancer Centre Bespoke Surveys Q3 Oct-Dec 25-26



**Figure 7** represents several surveys and questionnaires that have been created through the CIVICA platform to evaluate and seek feedback on particular services or aspects of care / treatment. These surveys can help inform service improvements and development, as well as evaluate new services to test and learn their impact and ensure continuous refinement. **51** patients undertook a bespoke survey.

The results of these surveys will be fed back through divisional quality & safety meetings in future reports.

**There is a continued focus on increasing patient feedback within Velindre Cancer Service. Working in collaboration with Patient and Carer Partnership Board and the Patient Engagement Lead.**



We asked  
You said  
Together we  
have



You Said	Together We Have
<ul style="list-style-type: none"><li>• First Floor bedside nursing handover can infringe on the patient's dignity - First Floor Ward</li><li>• It would be good to have recorded info on side effects as first appointment is overwhelming - Outpatients Department</li><li>• Closing the bins on the ward during the night disturbing patients sleep due to the noise – First Floor Ward</li></ul>	<ul style="list-style-type: none"><li>• Handover process updated to overarching safety huddles for all patients. They split into 2 teams with 2 groups of patient to maintain patients' safety</li><li>• Cancer Research UK has developed information resources that is now being shared with patients in relation to their treatment– link below <a href="https://www.cancerresearchuk.org/health-professional/treatment-and-other-post-diagnosis-issues">https://www.cancerresearchuk.org/health-professional/treatment-and-other-post-diagnosis-issues</a> &amp; <a href="https://www.macmillan.org.uk/">https://www.macmillan.org.uk/</a></li><li>• Soft close bins ordered to replace bins on the ward</li></ul>

## Wall of Thanks

---

*Wonderful staff, always helpful whatever's asked, their always happy to help. Always looked after.*

---

---

*I was amazed how well and professional all bodies and departments where and have been reaching this diagnosis and for that I thank you ALL.*

---

---

*Speed from diagnosis to treatment was very quick. Every staff member has been very helpful, informative and supportive. Cannot thank everyone involved in my care enough.*

---

---

*Exceptional care! Communication between teams was brilliant, nothing was ever too much trouble. Care was seamless across the board. Very impressed.*

---

---

*The kindness I experienced from everybody from reception to consultant makes such a difference to me and my family. They all try to make it as easy as possible, and it really helps. The efficiency is amazing too given the pressures they are all under Thank you.*

---

---

*Staff is excellent. They all have been good to me.*

---

---

*I felt looked after throughout my treatment. The staff were amazing. Everyone was there for me.*

---

---

*The staff are always friendly and helpful and I feel cared for.*

---

---

*Accessibility between treatments for concerns or information felt supported always staff brilliant.*

---

### 3.2 VELINDRE CANCER SERVICE – PATIENT ENGAGEMENT

We asked  
You said  
Together we  
have



Patient and Carer Partnership Board continues to meet monthly

Topics	Type	Output
Increasing diversity within volunteers and board members	Engagement	Development of stakeholder list and targeted plan to inform stakeholders of opportunities etc.
Use of QR Coded Wristbands in Palliative Medicine	Co-production	Continued involvement with feasibility study and roll out. Reviewed information materials.
Velindre Oncology Academy Curriculum	Engagement and Co-production	Members integral member of Curriculum development
Use of QR Coded Wristbands	Engagement	Scoping of additional uses for QR Coded Wristbands
nVCC Digital Programme – Hybrid Mail and Self Check In	Engagement	Engagement workshop
Trial introduction of Listening Post (PCPB wider feedback mechanism)	Engagement	Trial of arrangements, data capture etc.
Patient Representation on VCS key meetings/Trust Committees	Engagement	Ongoing discussions with Trust Chair and Director of VCS.
Use of AI in Outpatient Administration	Engagement	NA
Trust Pharmacy, Medicines and Prescribing Practice Strategy	Engagement	To inform development of strategy principles.
Immunobuddies Podcasts	Engagement	Inform discussion around repurposing for patients etc.

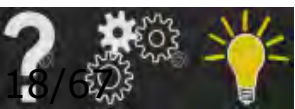


## Q3 Engagement Activities – Head of Patient Engagement

Topic	Type	Purpose	Outcome
2 Young Ambassadors Opportunities	Engagement	Youth Engagement	Opportunity for engagement with patients and staff
3 Young Ambassadors Newsletters	Communication	Youth Engagement	
3 Patient and Carer Partnership Board Meetings	Engagement	Engagement/Input into topics	
1 Patient Story at Educational Event	Story	Sharing of Lived Experience to students	NA
Call 4 Concern	Engagement and Co-production		Draft information materials, prototype for future areas of work. Easy Read materials.
Use of AI in Outpatient Clinic Administration	Engagement	Patient Voice	Ongoing
Schools Engagement	Co-ordination, Maximise Resources, Develop common information etc.	VCS and WOD group to map current activity before involving WBS.	Develop Trust Strategy and annual work programme for Education (Schools etc) Engagement
Radiology Quality Standard	Scoping	Early discussions around engagement opportunities	Ongoing

Monthly meetings with Head of Patient Engagement and Llais continue, with WBS Head of Performance and Planning to join bimonthly from quarter 3. Early discussions around engagement required for Pharmacy, Medicines Management and Prescribing Practice Trust Strategy.

Over **1238** volunteer hours gifted during this quarter



### 3.3 WELSH BLOOD SERVICE – DONOR EXPERIENCE



The Welsh Blood Service values all donor feedback received in helping to understand both successes and further opportunities to improve. We capture, analyse and trend our donor experience feedback, and share it, along with actions taken in response, with our donors, their families and staff in line with the requirements of the Duty of Quality. These are the results of the Civica Surveys and digital on-session feedback forms., including the new Patient Experience Survey (figure 8).

**12% (2,678) of 23,216 donors provided feedback**

**99.6% Said they were treated with dignity & respect**

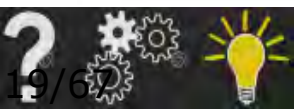
**99.6% said they were listened to**

**100% said things were explained a way they could understand**

**99.6% Were overall satisfied with their experience**

**Figure 8**

Service Group	Responses	2 - Was the time you waited:	3 - Did you feel well cared for?	4 - Were you treated with dignity and respect?	6 - Were you able to communicate in your preferred language?	7 - Did you feel that you were listened to?	8 - Were you involved as much as you wanted to be in decisions about your care?	9 - Were things explained to you in a way you could understand?	10 - How would you rate your overall experience?	Overall
		Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	Welsh Blood Service People's Experience Survey (PES)	
WBS	2684	96	99	99	98	99	99	99	98	98
	<b>Overall</b>	<b>96</b>	<b>99</b>	<b>99</b>	<b>98</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>98</b>	<b>98</b>
	<b>Benchmarks</b>	<b>85</b>	<b>85</b>	<b>85</b>	<b>85</b>	<b>85</b>	<b>85</b>	<b>85</b>	<b>85</b>	<b>0</b>





## Welsh Blood Service Wall of Thanks

East B - All staff incredibly friendly and made me feel at ease as it was my first time. I will be back

East A - The staff are always so professional, caring and attentive to individuals needs. Amazing people doing an awesome job

Wrexham - Very personable staff, processes explained very clearly. Staff conducted themselves very professionally

Reception - Michelle Katrina and Susan are three of the most kind ladies and nothing is too much trouble for them, thank you so much!

East C - Always look forward to giving blood because the nurses and staff are all so friendly

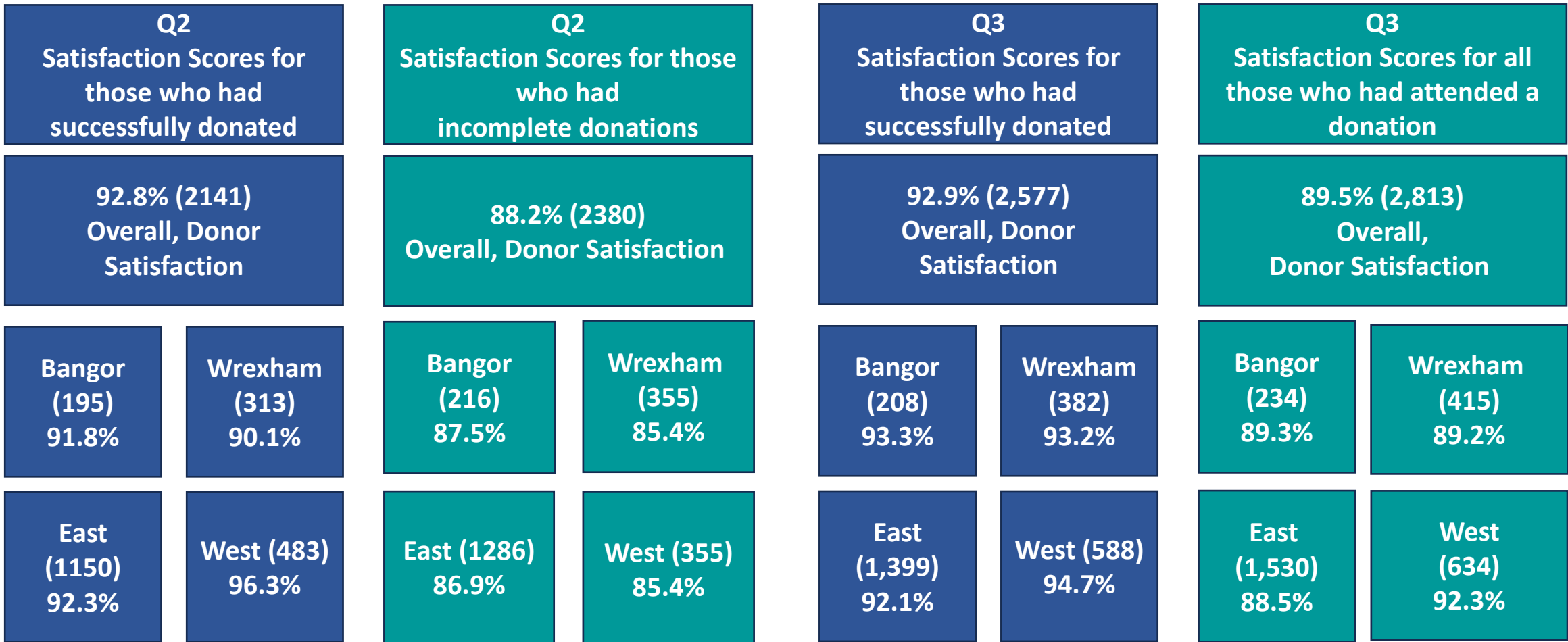
Platelets - It is always a smooth process, I always feel safe and valued

West team - Treated by very professional staff very friendly puts you at ease every time

Bangor - Cefais gyfarthrebu drwy'r Gymraeg tra roeddwn gyda chi-pwysig iawn i fi fel Cymro

### 3.4 WELSH BLOOD SERVICE – DONOR ENGAGEMENT

Welsh Blood Service undertakes a monthly email survey to improve donor retention and evaluate donor satisfaction from initial contact to post-donation experience. Survey results are reviewed, and the overall satisfaction score is reported to Welsh Government.



### 3.4 WELSH BLOOD SERVICE – DONOR ENGAGEMENT CONT.

#### Response Summary – About the respondents

2,843 Completed Responses

94.6% would donate again (10/10)

91.7% Net Score (70+ world class)

17-87 Age range

1,384 Male (49.2%)

234 Bangor (8.3%)

415 Wrexham (14.8%)

634 West (22.5%)

58 Average Age

1,429 Female (50.8%)

485 East A (17.2%)

500 East B (17.8%)

545 East C (19.4%)

#### National Satisfaction Scores (for successfully completed donations)

Satisfaction Scores of 9 or 10

92.9% National Satisfaction

Bangor 93.3%

Wrexham 93.2%

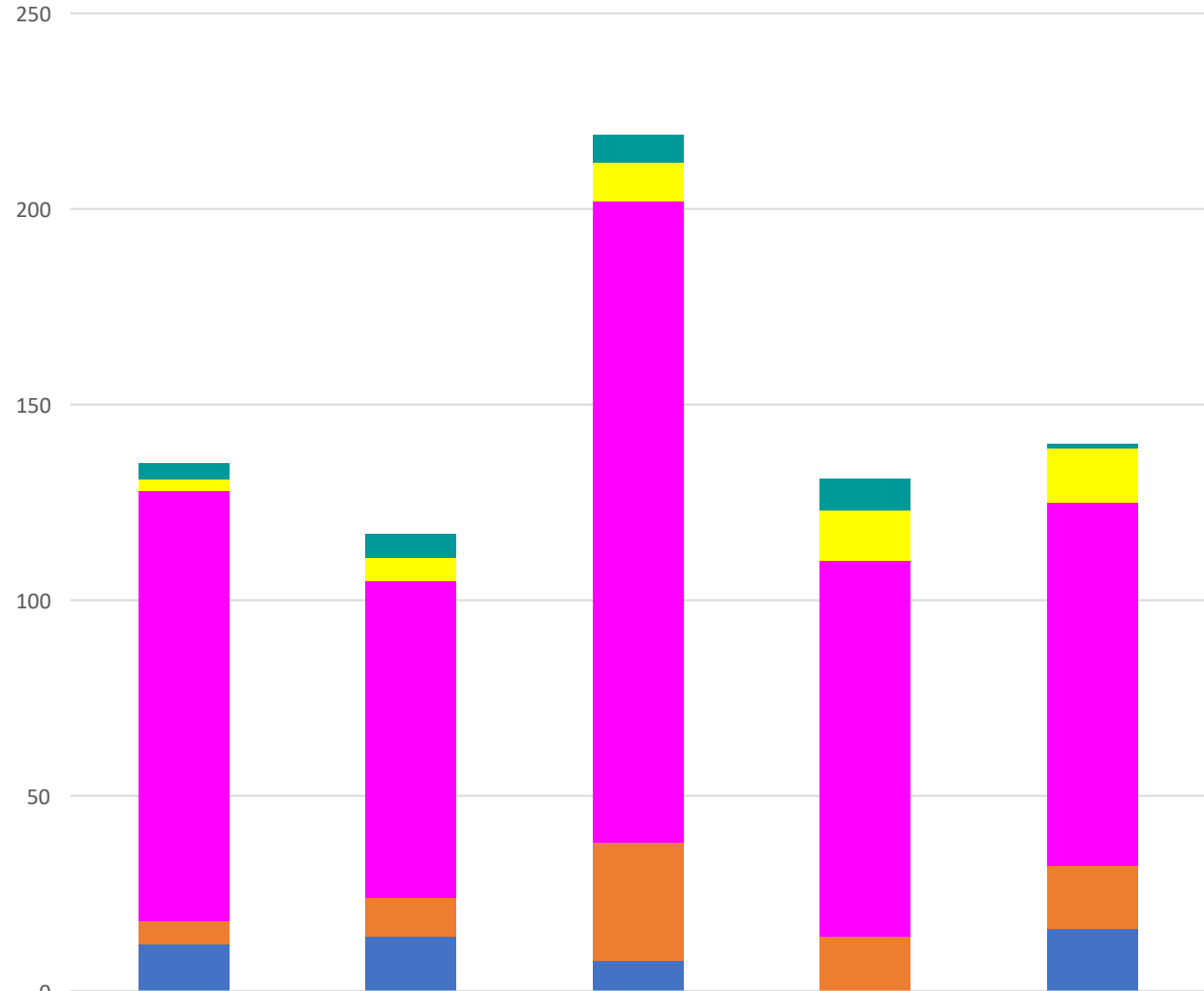
East 92.1%

West 94.7%



Figure 9

Compliments Received Trust-wide (Top 5 Services)



- WTAIL
- SACT Services (Pre 01/01/2026)
- Radiation Services
- Acute, Inpatient and Palliative Medicine (wef 01/01/2026)
- SST Services (wef 01/01/2026)

<span style="color: teal;">■</span> WTAIL	4	6	7	8	1
<span style="color: yellow;">■</span> SACT Services (Pre 01/01/2026)	3	6	10	13	14
<span style="color: magenta;">■</span> Radiation Services	110	81	164	96	93
<span style="color: orange;">■</span> Acute, Inpatient and Palliative Medicine (wef 01/01/2026)	6	10	30	14	16
<span style="color: blue;">■</span> SST Services (wef 01/01/2026)	12	14	8	0	16



Figure 10

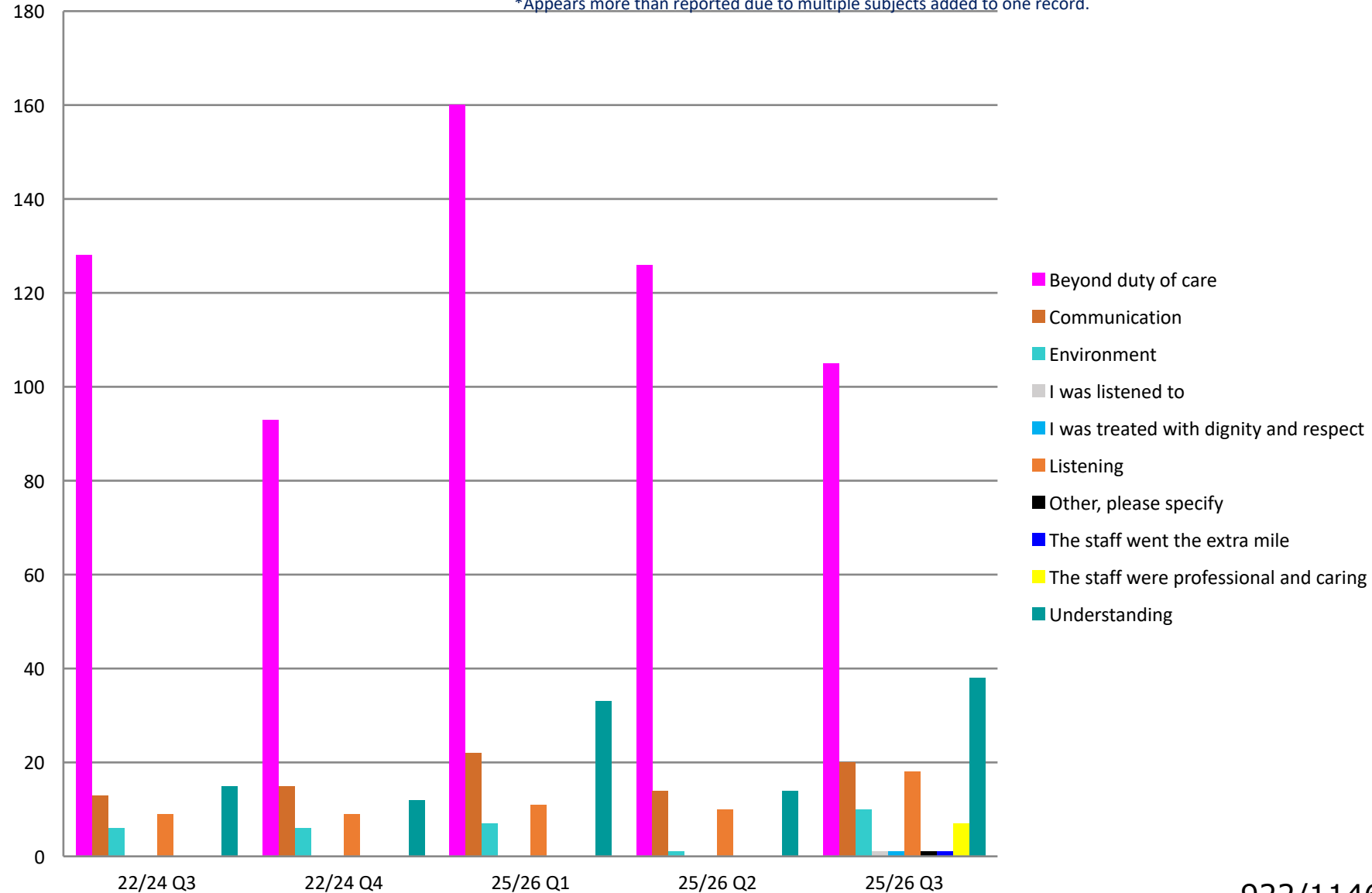
### Compliments Received by Subject (Q3 2024-25 to Q3 2025-26)\*

\*Appears more than reported due to multiple subjects added to one record.

**154**  
Compliments  
were recorded  
on Datix

**147** were  
recorded for  
Velindre  
Cancer Service

**7** were  
recorded for  
Welsh Blood  
Service



### 3.6 TRUST OVERVIEW – Digital Patient Reported Outcome Measures (PROMS)



The digital PROMS platform is in use across 3 services (lung, neuro-oncology and prostate). Since implementation in September 2025, over 700 sets of PROMS or Digital Health Assessments have been received, with more than 4,600 patients enrolled onto the system.

Response rates to requests received are at 63% which is higher than the national average (41%).

In Q4 2025/26, the project team are working on importing the response data into the Velindre Data Warehouse for including in a PROM Dashboard. This will make the information more accessible to clinical staff, by avoiding the need to look at a separate platform to see if a recent PROM is available for their patients.

Work to roll out to further services is underway with Colorectal and Cancer of Unknown Primary (CUP) due to be onboarded in February. Other services in the pipeline include Bladder, Kidney, Neuroendocrine Tumours (NETS), Anal cancer and Virtual Assessed Patients (VAP).

# 4. INCIDENTS – TRUST-WIDE OVERVIEW

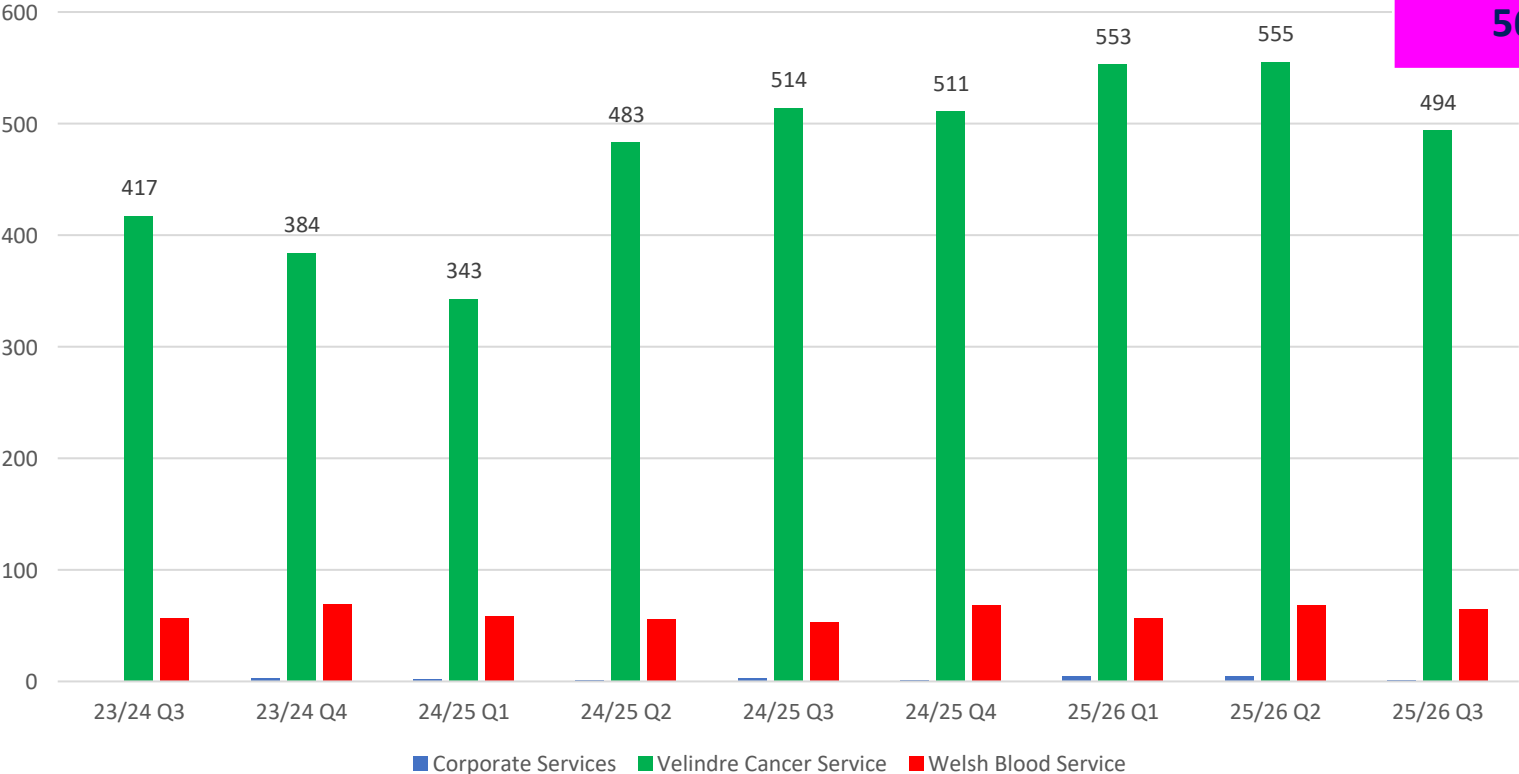
Patient and donor safety incidents are any unintended or unexpected incidents, which could have, or did, lead to harm for one or more patients/donors receiving healthcare.

## Q3 Trust Incident Summary

## Q3 2025-26

Figure 11

Incidents recorded per Division from Q3 23/24 - Q3 25/26



Total Incidents reported	Corporate Services	Velindre Cancer Service	Welsh Blood Service
<b>560</b>	<b>1</b>	<b>494</b>	<b>65</b>

Analysis of incidents is provided per division in later slides.

# 4.1 INCIDENTS – DUTY OF CANDOUR



19 Incidents were initially reported as having caused potential moderate harm

Following review, 2 Incidents Triggered the Duty of Candour

Figure 12

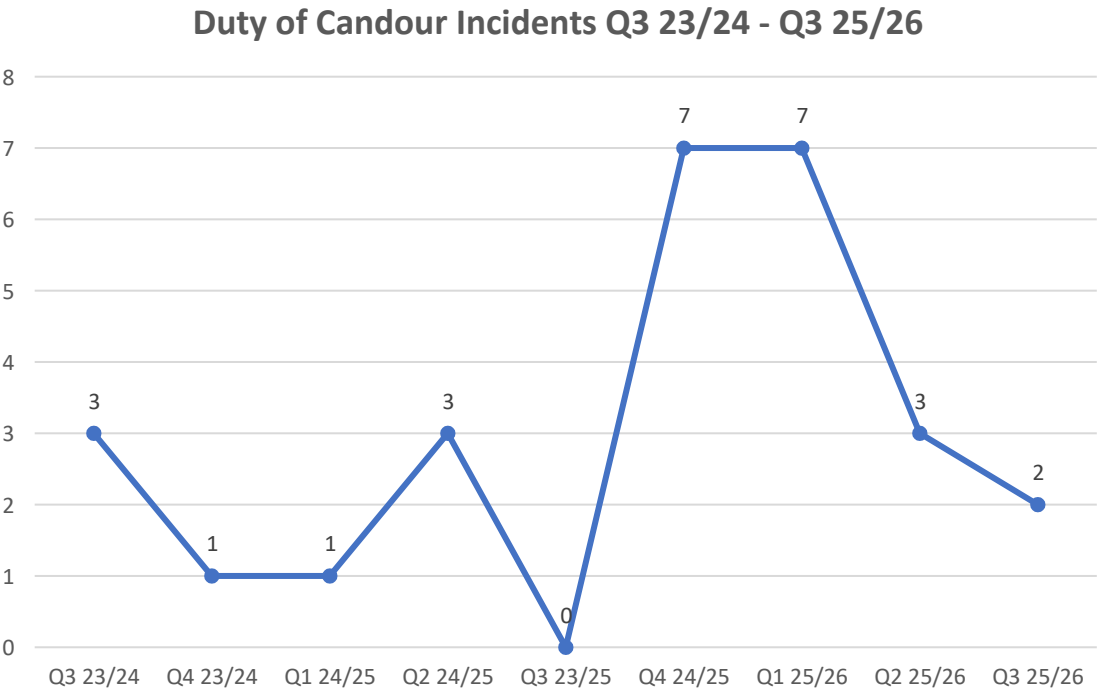
Reporter's initial harm assessment	Manager's interim harm assessment	Number of Incidents Regraded
Severe	low	3
Moderate	Severe	1
Moderate	None	2
Moderate	Low	16
Moderate	Moderate	2

Harm Assessment Grading of Incidents Following initial management review with appropriate clinical review, the incidents grading was revised as demonstrated in Figure 15. Support is provided by Datix leads to reporters regarding appropriate grading of incidents.



1 Incident was reported as causing potential severe harm and reported nationally

Figure 13



**ANALYSIS**

As shown in Figure 16, the Trust has seen the same number of incidents triggering the Duty of Candour since the last quarter.

2 incidents were identified as potentially causing moderate harm with 1 incident causing potential severe harm. This equates to 0.6% of all incidents raised during the quarter and affected 0.02% of all patients.



4 Speedy Cascades circulated

7 Make It Safe Meetings

Themes and learning identified from significant incidents (including Duty of Candour and NRI)

Management of unwell patients in the community that do not meet the criteria for assessment in Velindre Cancer Service

Inpatient medication safety including prescribing, reconciliation, and administration of opioid medication

Planning and prescribing of complex radiotherapy for rare and complex diseases

Incidents related to inpatient care including pressure ulcer management, multi-disciplinary working, senior clinical oversight, documentation, and medication safety

### Learning and Improvements

The All Wales 111/Out of Hours Quality and Safety Forum have agreed to give cancer service clinicians direct access to the GP OOH Services Professional line, during the Out of Hours period.

Targeted education delivered by nursing, palliative care, pharmacy, and medical colleagues, including an education video shared with all clinical staff and available online.

Process for national peer review of planning and prescribing in place and reinforced for each case. This ensures support for consultants and safe, and accurate prescribing.

A comprehensive Ward Improvement Plan has been developed to address all areas. This plan consolidates findings from multiple sources and ensures actions are SMART and Multidisciplinary Team driven.

## 4.2 INCIDENTS – DUTY OF CANDOUR CONT.



**2** Learning From Event Reviews (LFER) submitted

**5** Duty of Candour investigations concluded

### Themes and learning identified from significant incidents (including Duty of Candour and NRI)

Management of nutritional support for patients shared between VCS and Health Boards.

Management of acutely unwell patients in clinical areas not established and equipped for such patients.

Process for elective blood transfusions requires review

### Learning and Improvements

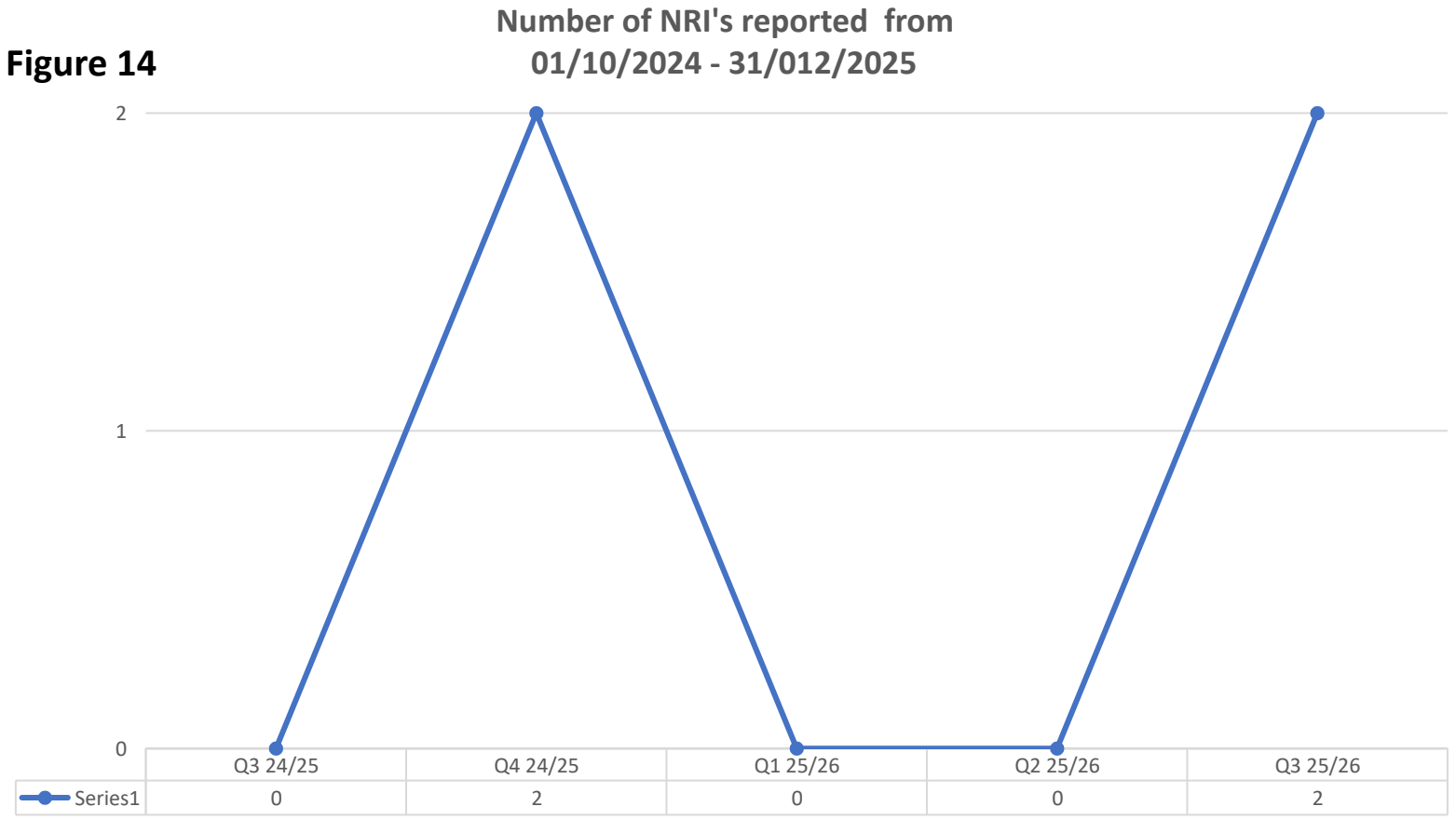
Dietetic improvement plan developed that includes developing a formal referral process, improvement of documentational, and review and develop dietetic priority system. Oversight of plan through divisional QSREB

A Standard Operation Procedure for the safe management of acutely unwell patients on the VCS site (in day case/ outpatient areas) has been developed and will be operationalized in Quarter 4. This provides a process for ensuring there is always safe available space on the Assessment Unit, ensuring there is senior overview of all acutely unwell patients on site.

Learning identified around ensuring up to date blood test taken before the transfusion, and to adopt the practice of giving one versus two units of blood



2 Nationally Reportable Incidents



**Severe Harm:**  
A service user experiences a permanent disability or loss of function and the NHS care did or may have contributed.

**Death:**  
A service user dies and the NHS care did or may have contributed to the death.

# 4.4 IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS (IR(ME)R) REPORTABLE INCIDENTS

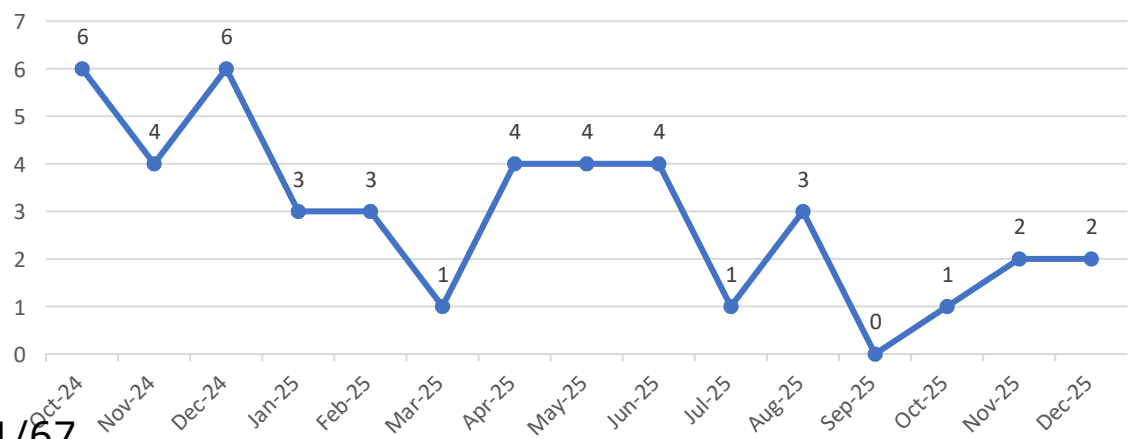
**Radiotherapy Physics led investigations:**  
1 incident related to failed image acquisitions on the Ethos linacs across multiple patients. These incidents are not clinically significant and are reported due to the requirement to report any incident that affect multiple patients.  
1 kV image acquisition failure due to known issue with the IDENTIFY surface guided system. This incident is not clinically significant.

**Radiotherapy Service-led investigations:**  
1 patient received 3 or more imaging exposures in a single fraction – due to a combination of equipment fault and the incorrect documentation of patient specific instructions. This incident is not clinically significant.

**Consultant Oncologist Service / VCC quality team led investigations:**  
1 incident involved a patient presenting with recurrence, with an area of disease potentially omitted from the previous treatment plan. This incident has also been reported as a serious incident to Welsh Government under Duty of Candour requirements.

**Five Significant Accidental or Unintended Exposures (SAUE) under the Ionising Radiation (Medical Exposure) Regulations IR(ME)R were reported to Health Inspectorate Wales (HIW).**

**Figure 15**  
**Significant Accidental or Unintended Exposures reported under IR(ME)R**



A new fault has been detected whilst performing position verification imaging prior to radiotherapy treatment on Ethos linacs.  
The fault occurs at the start of the acquisition and so the additional dose received is very low and not clinically significant.  
This fault has been escalated to the manufacturer (Varian) with a joint investigation ongoing. A yellow card has been submitted.

# 4.5 VELINDRE CANCER SERVICE – INCIDENTS

**Figure 16**



Figure 16 shows a decrease in the number of incidents open over 30 days across the Cancer Service. Work is ongoing with departments to continue to improve, including regular reports and incident management training and education. New Heads of Nursing and General Managers started in Quarter 3 and are providing robust oversight and ownership. An acceptable level of incidents open over 30 days will be set in Quarter 4 and a mechanism for escalation.

**Figure 17**



Figure 17 shows fluctuation in the number of incidents reported each month. 494 incidents were reported in quarter 3 which equates to 4.2% of patients that attended Velindre Cancer Service.

**Figure 18**

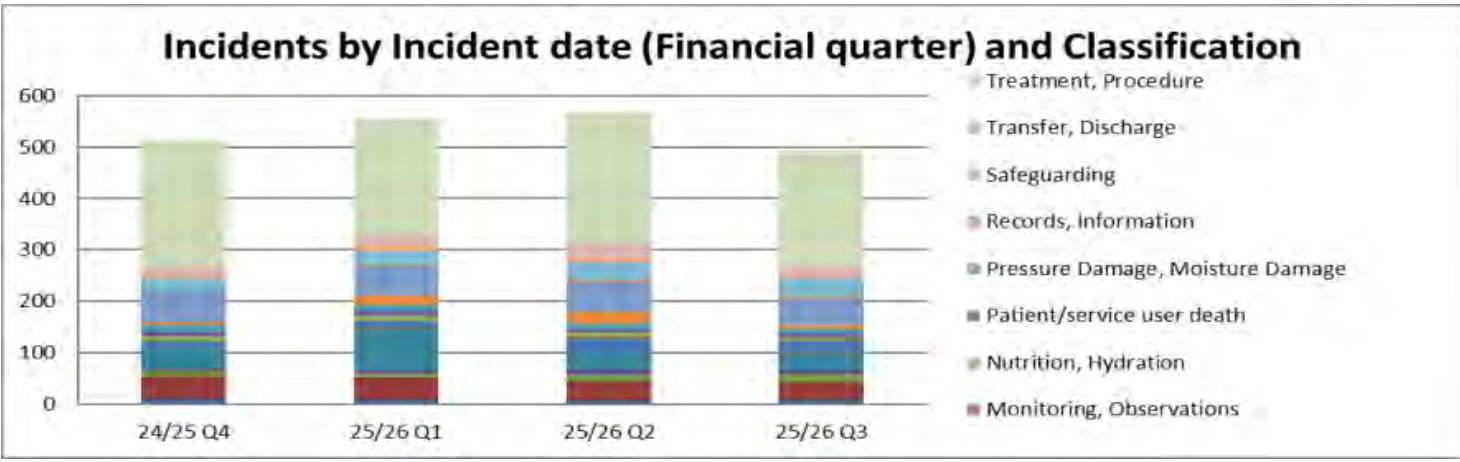
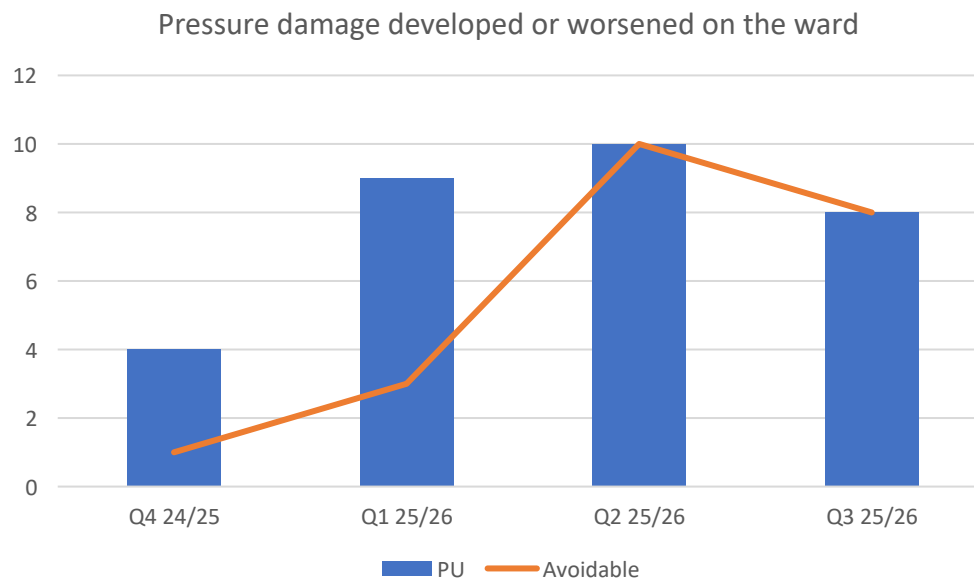


Figure 18 identifies that the highest number of incidents related to 'Treatment and Procedure' which is in keeping with previous reporting periods. The majority of these relate to no harm and near miss incidents associated with Radiotherapy and is a Trust requirement to record on the Datix system.



**Figure 19**



**Figure 19** shows continued high level of in pressure damage that developed or worsened during an inpatient admission in Velindre Cancer Service. All cases have been investigated and discussed in monthly Pressure Ulcer Learning Panels and in quarter 3 8 cases have been found to be avoidable. Improving the prevention and management of pressure damage is a priority for VCS in quarter 4.

**Actions undertaken in Q3**

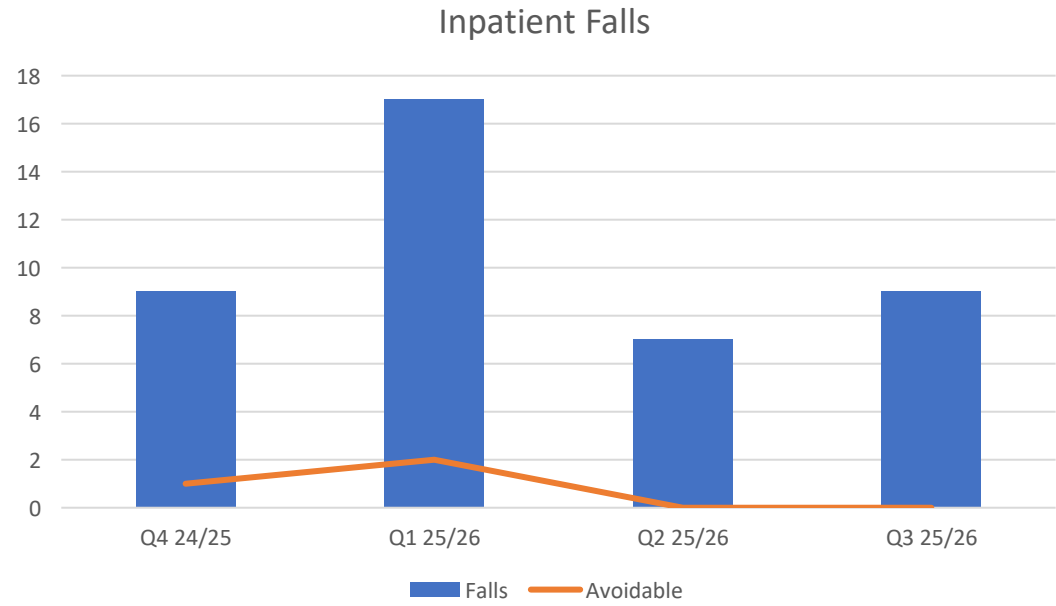
- Overarching ward improvement plan endorsed which includes pressure prevention and management training, which is being undertaken by nursing staff on the ward.
- Urgent review of staff shift allocation undertaken which ensures that there is an even distribution of experienced nurses and newly qualified nurses across day and night shifts.
- The Healthcare Support Worker allocation has been increased in the short term while a medium-term establishment review is undertaken.
- There is also increased visibility and support from senior nurse on the ward.

**Actions to be undertaken in Q4 -**

- To continue to explore Tissue Visibility Nurse within VCS to provide staff training around prevention, early recognition, decision making, and management.
- Review audit timetable to ensure learning is acted on and embedding e.g., audit of risk assessments to continue to identify areas of improvement.
- Full review of pressure prevention aids including mattresses, and a framework to support nursing staff to chose the appropriate aid.
- To review the handover process to determine the patients pressure risk prior to/ on admission.

Develop a pressure prevention and management action plan from the themes and trends identified through the panel.

Figure 20



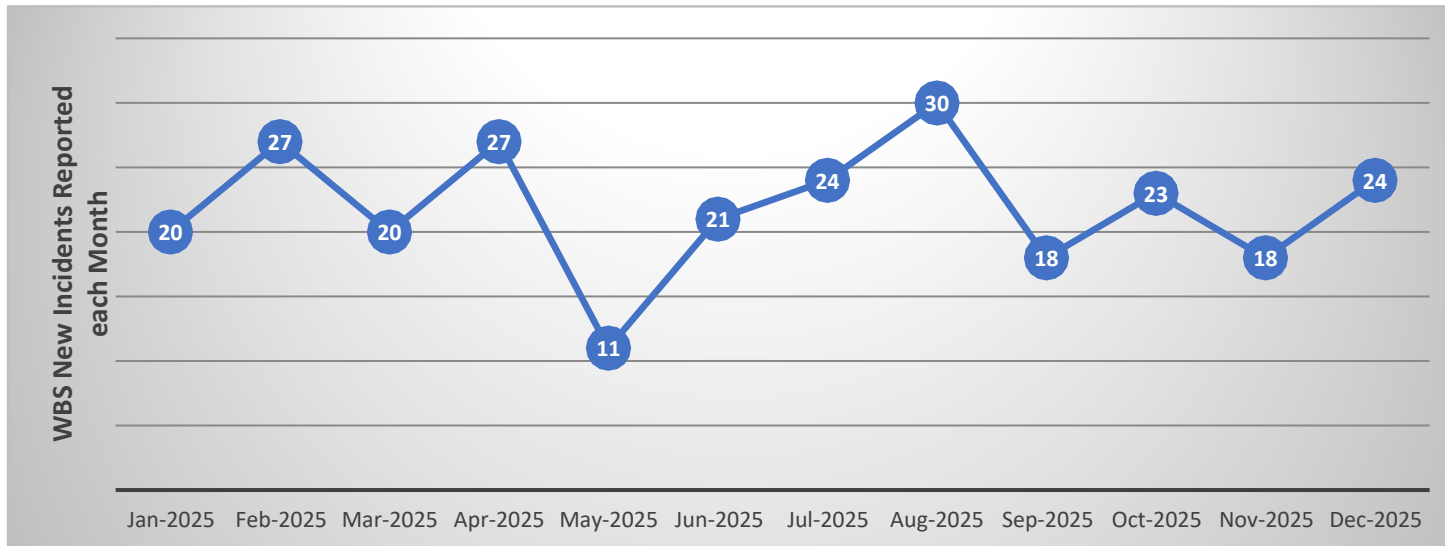
The number of inpatient falls has fluctuated across quarters with no clear trend. All cases discussed in the Falls Learning Panel and all identified to be unavoidable – meaning that healthcare was not identified as a factor in the fall. No clinical harm identified in any of the falls.

- Learning identified through the scrutiny panels regarding the need for falls prevention training for nursing staff, this is being explored with corporate support.
- VUNHST are currently reviewing the Enhanced Observations Policy and as part of that need to explore training, documentation, and audit.
- To map falls within departments to review if there are trends in time and location of falls.

## 4.6 WELSH BLOOD SERVICE – INCIDENTS

Incidents which may result in harm to patients, donors or staff are reported in Datix Cymru

Figure 21



### ANALYSIS

Figure 21 shows less variability in the number of incidents reported in Quarter 3 compared to Q2; there are low numbers of events over a wide range of classifications and no specific contributory factors. Overall, the number of reports remains low, with no significant trends identified; monitoring of reports for trends is continuous.

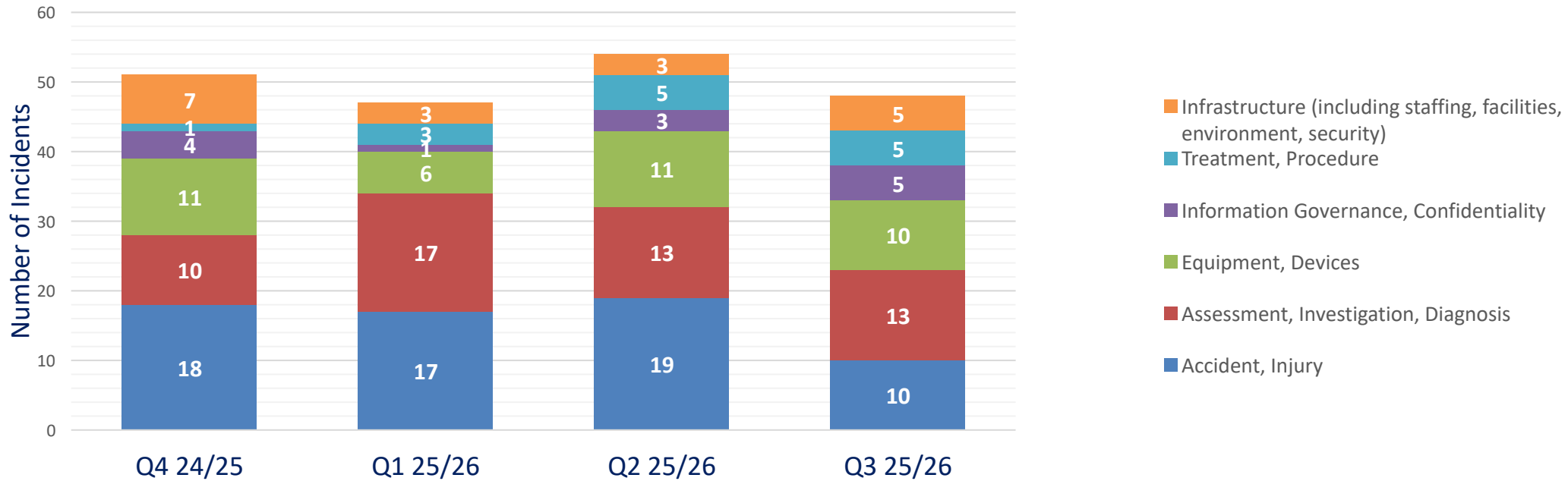
### OVERDUE ACTIVITY

The number of incidents exceeding the 30-day target date for closure has increased significantly during November (18) and December (17), whilst the Q3 average was 14 compared to 6 in Q2.

The number of overdue actions has gradually increased again this quarter, peaking at 28 in October. This decline in performance may be attributable to a number of actions being assigned within specific areas (most notably RCI Laboratory), combined with a limited resource to complete those actions. Performance for December improved (6) but may not be sustained due to the challenges stated.



**Figure 22 Incidents by theme (top 5) – Quarterly comparison**



## ANALYSIS

As seen in Figure 22, the most frequently reported themes in Q3 are mainly consistent with previous quarters:

- Accidental injury (10) - no themes identified.
- Assessment, investigation, diagnosis (13) - usually related to ‘late donor information’, which is subjective to each donor. No theme identified.
- Equipment and devices (10) - a theme relating to concerns with the safety to staff of fully loaded vehicles has been identified\*

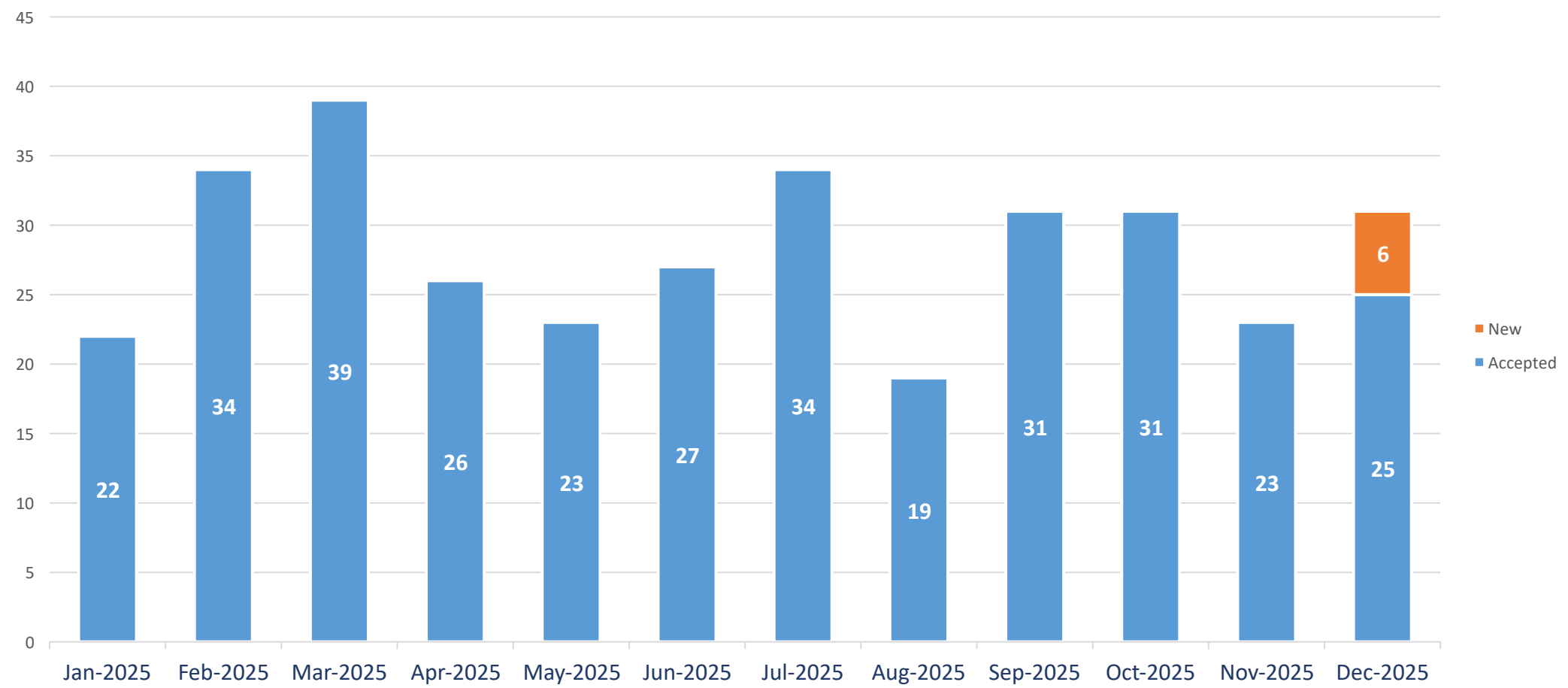
All events were assessed as low/no harm and have been subject to investigation. No significant trends identified, other than the previously reported issues with complexity of donor assessment (see slides on SABRE reporting for outcomes and lessons learnt).

\*More information on accidental injury and information governance (IG) can be found in the Health & Safety and IG sections of the report.



Good Manufacturing Practice (GMP) Incidents are reported into the Q-pulse electronic Quality Management System and monitored as a critical part of the overall Quality Management System (QMS), in line with regulatory standards.

**Figure 23** **GMP Incidents reported via Q Pulse**





### ANALYSIS

**Figure 23** shows **79** GMP incidents were reported in **Q3** (2025-26), the number same as reported in **Q2** (2025-26).

The highest number of reports continues to relate to **laboratory errors (35)** (compared to 33 in Q2).

**14/35** laboratory errors are associated with the previously reported trend in manual transcription errors within antibody screening reports (RCI and Molecular Genetics Laboratories).

The significant trend in manual transcription errors has previously been subject to a holistic root cause analysis investigation and barrier analysis, however the manual nature of the process is such that errors will still occur from time to time.

### LEARNING AND OUTCOMES

Transcription errors in manual processes are not unexpected, however the complexity of manual reporting processes, combined with an ageing and underdeveloped IT system, and an inadequate verification process have been identified as the main causes of these errors.

Contributory factors continue to include high workload and operational pressures, working environment and skill gaps (caused by absence of experienced staff). Additional resource has been introduced at a more senior level within the RCI Laboratory to specifically analyse and review reports prior to issuing them.

During Q3 a 7 Levels of Assurance Analysis has been completed against the existing action plan; this determined that whilst some improvement actions have fully embedded others need more time to take full effect.

Upgrades to the Laboratory reporting system (SERIF) are still in progress; auto-population of information from the patient's computerised record to the laboratory report should help reduce transcription errors. Standardised comments are also being introduced within this system. This is being managed via change proposal.

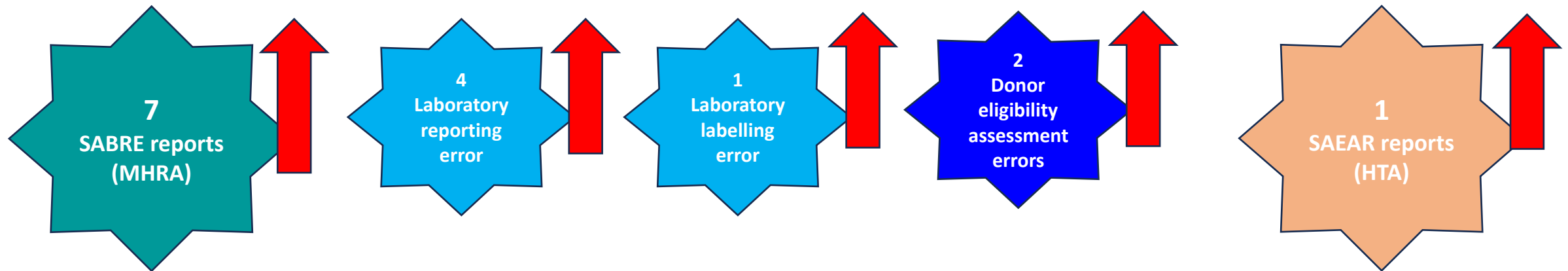


## ANALYSIS

7 adverse events were reported to MHRA via the Serious Adverse Blood Reactions & Events (SABRE) portal compared with 4 in Q2.

All events were reviewed and investigated, and root cause analyses and corrective actions have been reviewed by relevant members of the divisional Integrated Quality and Safety Hub before submission to the Regulatory body.

One serious adverse events or adverse reactions (SAEARs) was reported to the Human Tissues Authority (HTA). This relates to an external event, whereby the stem cell provider (US registry) was unable to meet the product specifications provided by UHW Clinicians. WBMDR liaised with UHW to ensure the stem cells were diluted appropriately on arrival and there was no delay to patient treatment.





### ANALYSIS

#### Themes identified from SABRE events

There have been **no failures to defer donors due to medication** this quarter. The two donor selection errors reported this quarter relate to a previously declared cancer, and incorrect removal of a tropical virus risk:

- The need to defer a donor was missed at their original assessment, and since then they have been asked a retuning donor question: *'Since your last attendance have you been diagnosed with...'* The donor has answered 'No', as the diagnosis was prior to their last attendance each time.
- A tropical virus risk active deferral was removed on the basis of a donor declaring negative blood tests

The frequency of error compared to the number of donors assessed remains small, but each event presents a risk to patient safety if the risk is not identified and managed effectively.

#### Learning and improvements

Consideration is being given to re-phrasing the donor screening question to 'Have you ever been diagnosed with...'

These incidents are included as learning scenarios during the Clinical RN meetings and lessons learnt continue to be disseminated across all Blood Donation teams for inclusion in daily briefing discussions.

WBS continue to engage with an external provider to develop a digital tool that supports correct decision making. The tool is due to be trialed with Screeners in Q3, to assess its effectiveness.

Staff have completed reflective practice as appropriate and have been involved in suggesting improvements to process.



### ANALYSIS

#### Themes identified from SABRE events

The theme of manual transcription errors in within the laboratory reporting process has continued this quarter.

The manual nature of the reporting process is cause for error from time to time and root cause is known to be process/system related.

The overall rate of error is estimated to be 1-2% of reports issued.

#### Learning and improvements

Standard operating procedures are being updated to provide sufficient additional guidance for staff who are new to the process of report writing and authorisation.

Following the 7 Levels of Assurance review of the existing action plan further actions were added, including the need to reinforce the use of a quiet, designated area for report writing.

Next steps are to undertake an independent review of processes in this area. It has been suggested that this is undertaken by an appropriately qualified scientist from a different department (e.g. Transplantation Services)

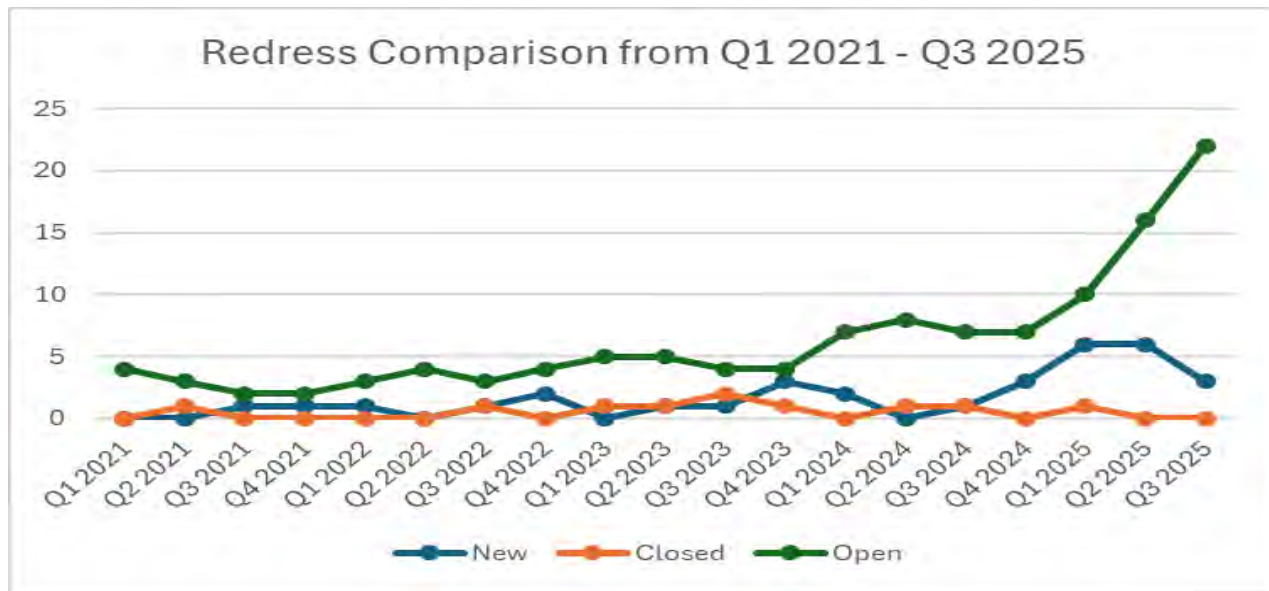
It is accepted that until a fully automated process can be introduced errors are likely to happen occasionally.

# 5. REDRESS



## ACTIVITY

Figure 24



As demonstrated in Figure 24, Q3 continues to see a rise in Redress matters. The increase in Redress cases has arisen following the introduction of the Duty of Candour and aligns with the Duty of Candour principles and the Putting Things Right Regulations.

3  
New Redress cases opened

1  
Offer made

1  
Qualifying liability admitted

0  
Cases closed

22  
cases remain under investigation

1 Learning from Events Report submitted to the Welsh Risk Pool was amber deferred pending further evidence of learning in relation to recording the patient's temperature.





Themes identified as the highest recurrence relate to treatment/procedure, either identified as given wrongly or inappropriately, delayed or not given as directed, including the failure to discontinue treatment.

**Figure 25**

Themes and Trends comparison for Redress for Q1 2021 - Q3 2025

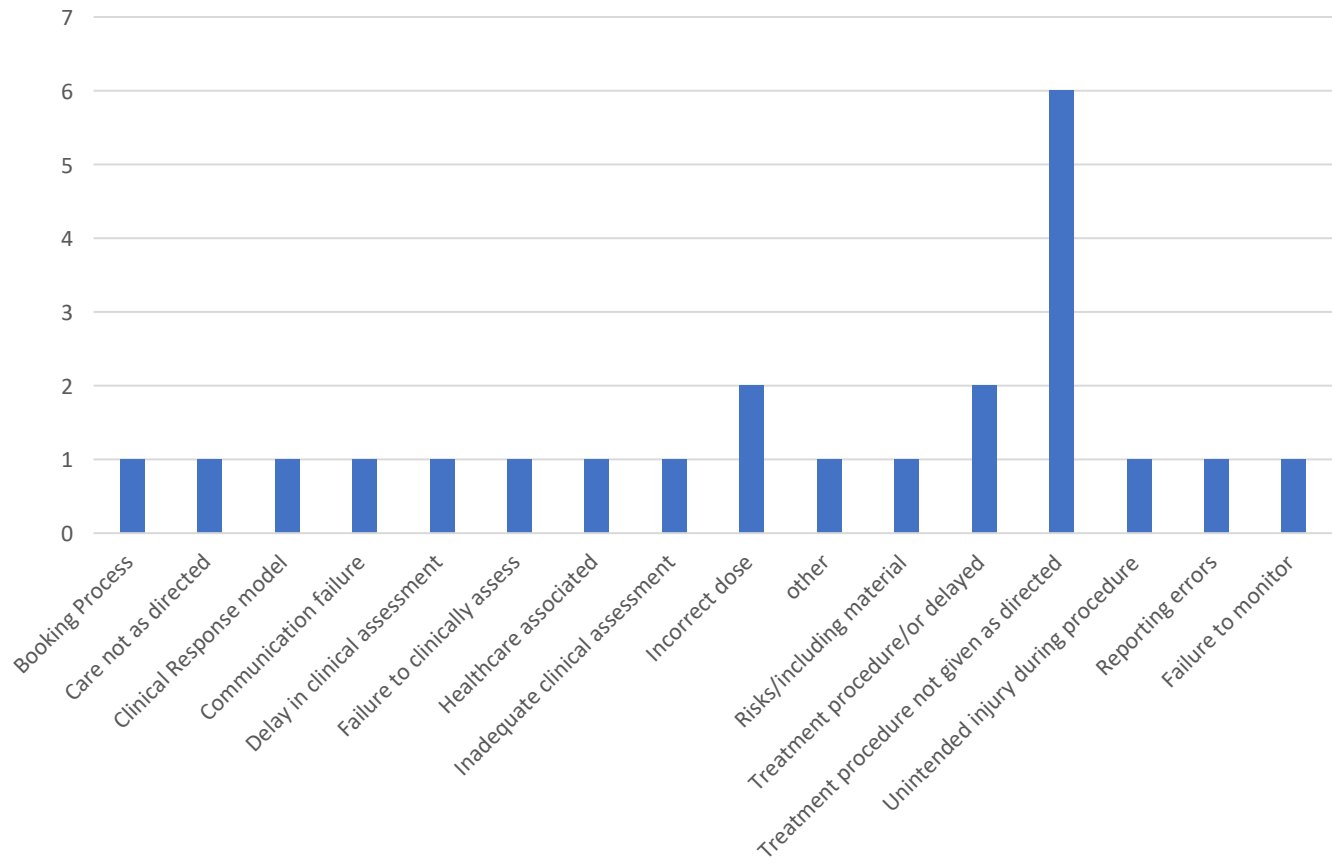
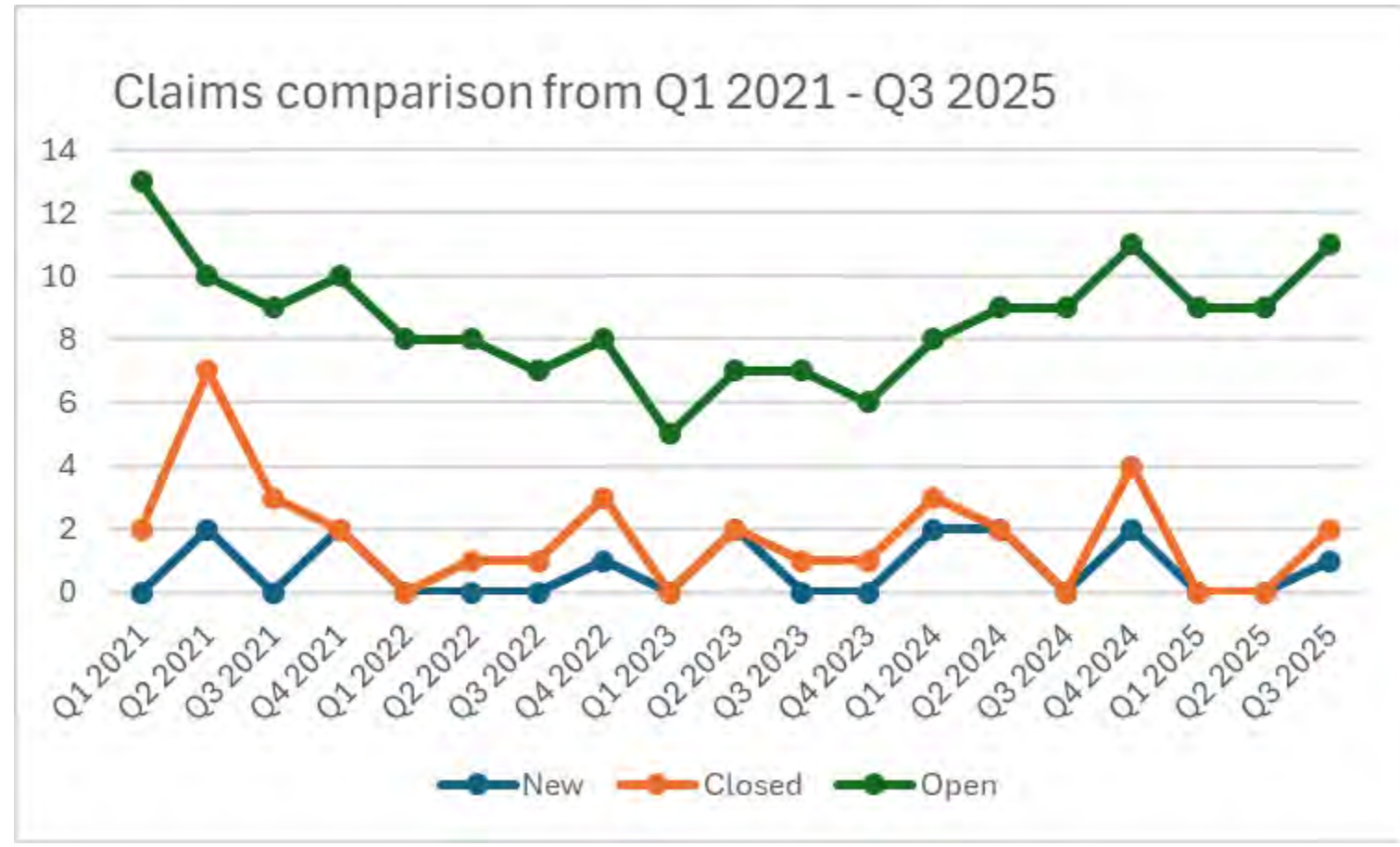




Figure 25 provides an illustration of the claim's activity in comparison to previous quarters – Claims continue to remain stable compared to other areas, such as Redress and Inquests, both which have seen a rise.

Figure 26



# 7. INQUESTS



Figure 26 shows there has been a rise in inquests being opened during the reporting period, no trends, themes, risks or issues have been identified relating to the new inquests.

The Trust continues to see a significant rise in inquest activity.

Figure 27

Inquest Comparison from Q1 2021 - Q3 2025



## 8. CLAIMS, REDRESS AND INQUESTS LEARNING

### Regulation 28

Following an inquest the last quarter, there was key learning points from the Regulation 28 Report issued by the coroner and acknowledged by the Trust. These learning points highlight areas requiring strengthened governance, improved clinical processes, and enhanced inter-Organisational coordination.

During the last quarter, there has been learning for the Trust arising from a Redress case and an Inquest where a Regulation 28 report was issued by the coroner. The Trust responded to the coroner accordingly.

### Regulation 28 – Key Learning Themes identified by the coroner

- **Communication Between Dietetic Teams**

The coroner identified concerns regarding communication between dietetic services across Organisational boundaries.

Learning: The Trust must ensure clear, reliable communication pathways, defined responsibilities, and effective escalation processes to support safe nutritional care.

- **Adequacy and Delivery of Nutritional Assessments**

Issues were raised about the robustness of nutritional assessments, including the appropriateness of remote versus in-person reviews.

Learning: A review of assessment standards is required to ensure timely, thorough evaluations and clarity on when face-to-face appointments are clinically necessary.

- **Shared-Care Arrangements and Record-Sharing**

The report highlighted the need for clearer guidance when care is shared between organisations.

Learning: Strengthening shared-care protocols, improving documentation standards, and ensuring effective record-sharing mechanisms are essential to prevent fragmented care.

- **Organisational Learning and Culture**

The Trust acknowledges the seriousness of the issues raised.

Learning: Continued emphasis on transparency, cross-Organisational learning, and system-wide improvement is required to reduce future risk.

### Redress – Learning from Event Key Points

#### Incident Overview

Chemotherapy patient developed fever and infection.

Guidelines for escalation (temperature >37.5°C) were not followed.

Patient admitted with neutropenic sepsis and acute kidney injury.

#### Key Issues Identified

Failure to follow clinical guidelines for escalation and assessment.

Multiple missed opportunities for timely intervention.

Unclear communication between nursing and medical staff.

Incomplete documentation of clinical details.

#### Actions Taken

Updated treatment helpline policy: Only senior clinicians can decide not to refer for assessment.

Enhanced training and competency assessments for helpline staff.

Monthly audits of helpline calls and documentation standards.

Reflective practice and feedback for involved staff.

Learning shared across the Trust and nationally.

#### Key Messages for Wider Sharing

Decisions not to refer must be made by senior, clinically skilled staff.

Clear escalation guidance and compliance monitoring are essential



# 9. MORTALITY



Figure 28

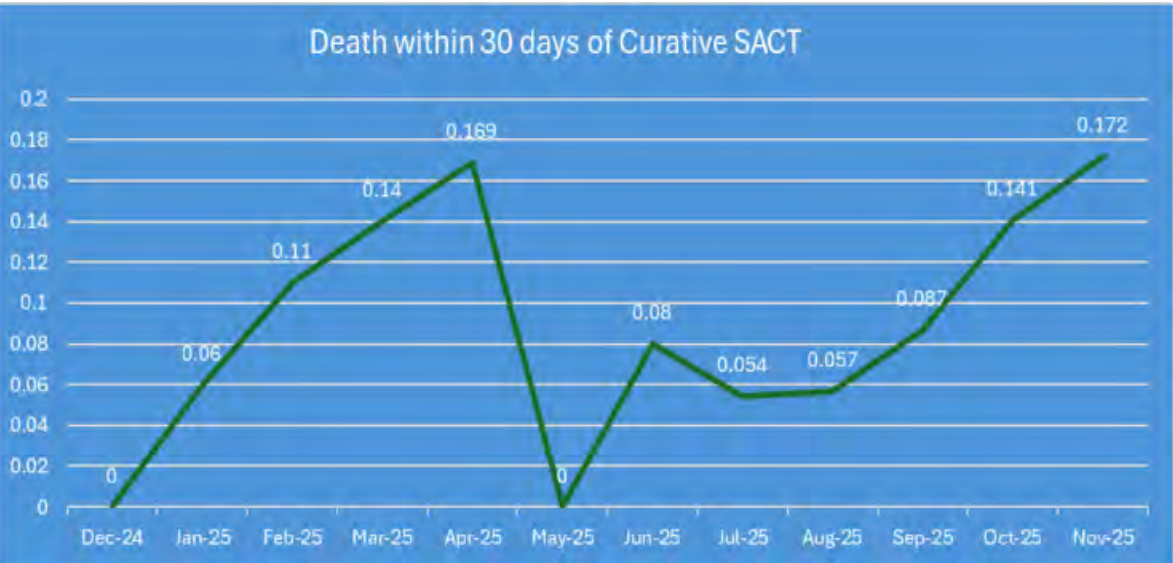


Figure 29

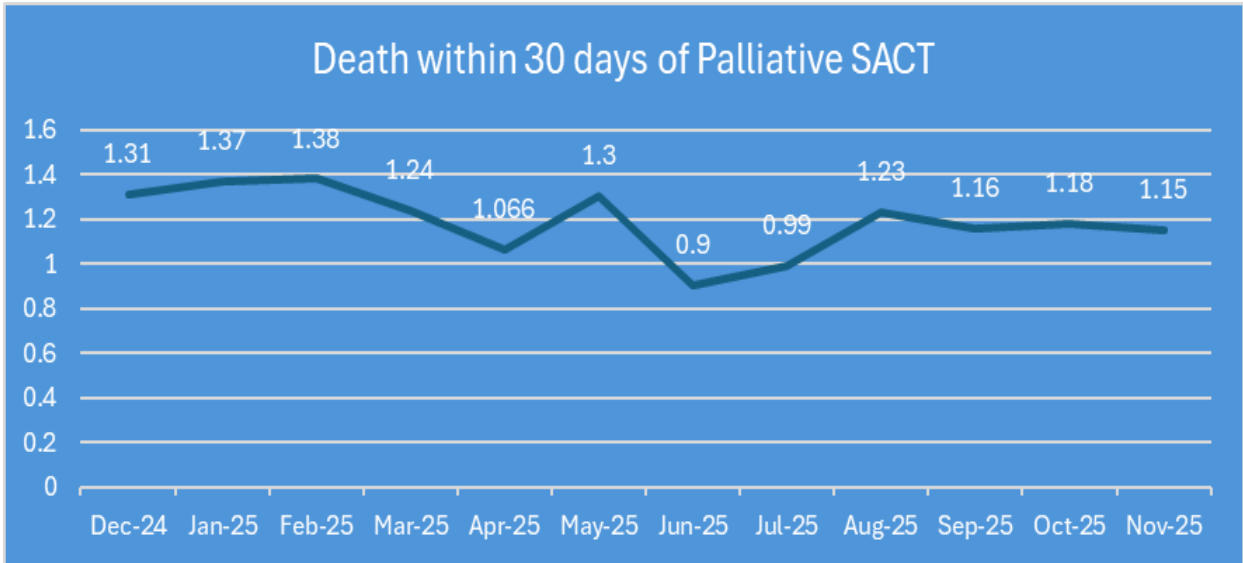
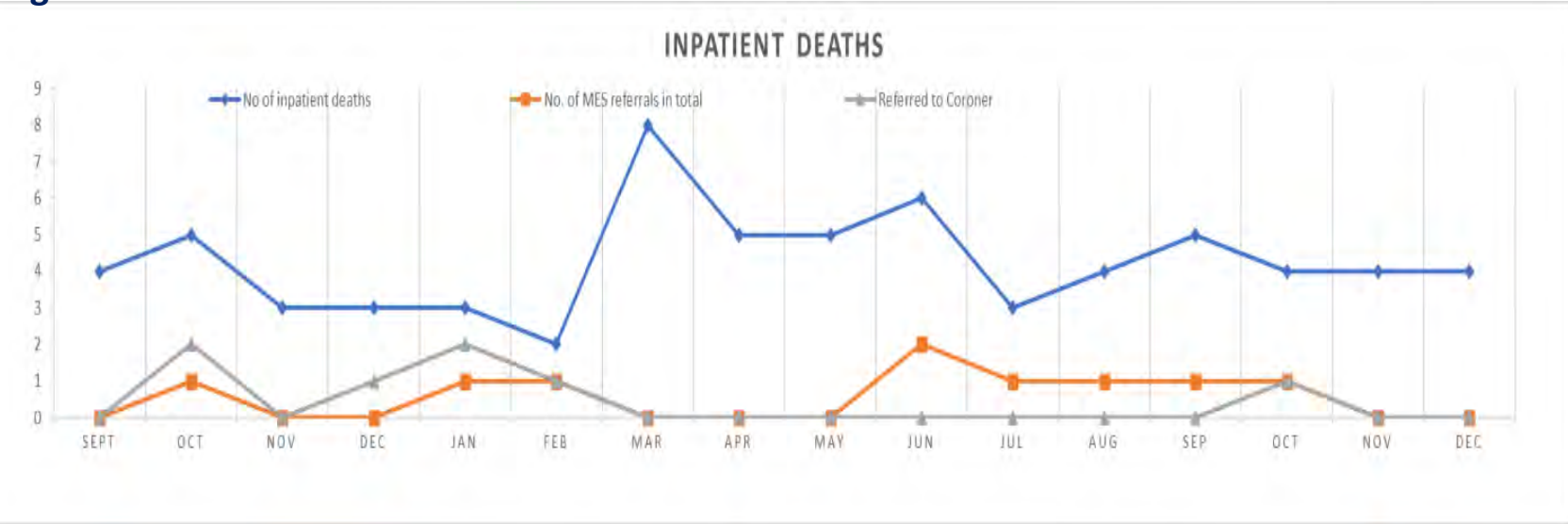


Figure 30



Figures 28 and 29 only show data up to November 2025. This is due to that the December data would not be completed at the point of generating.

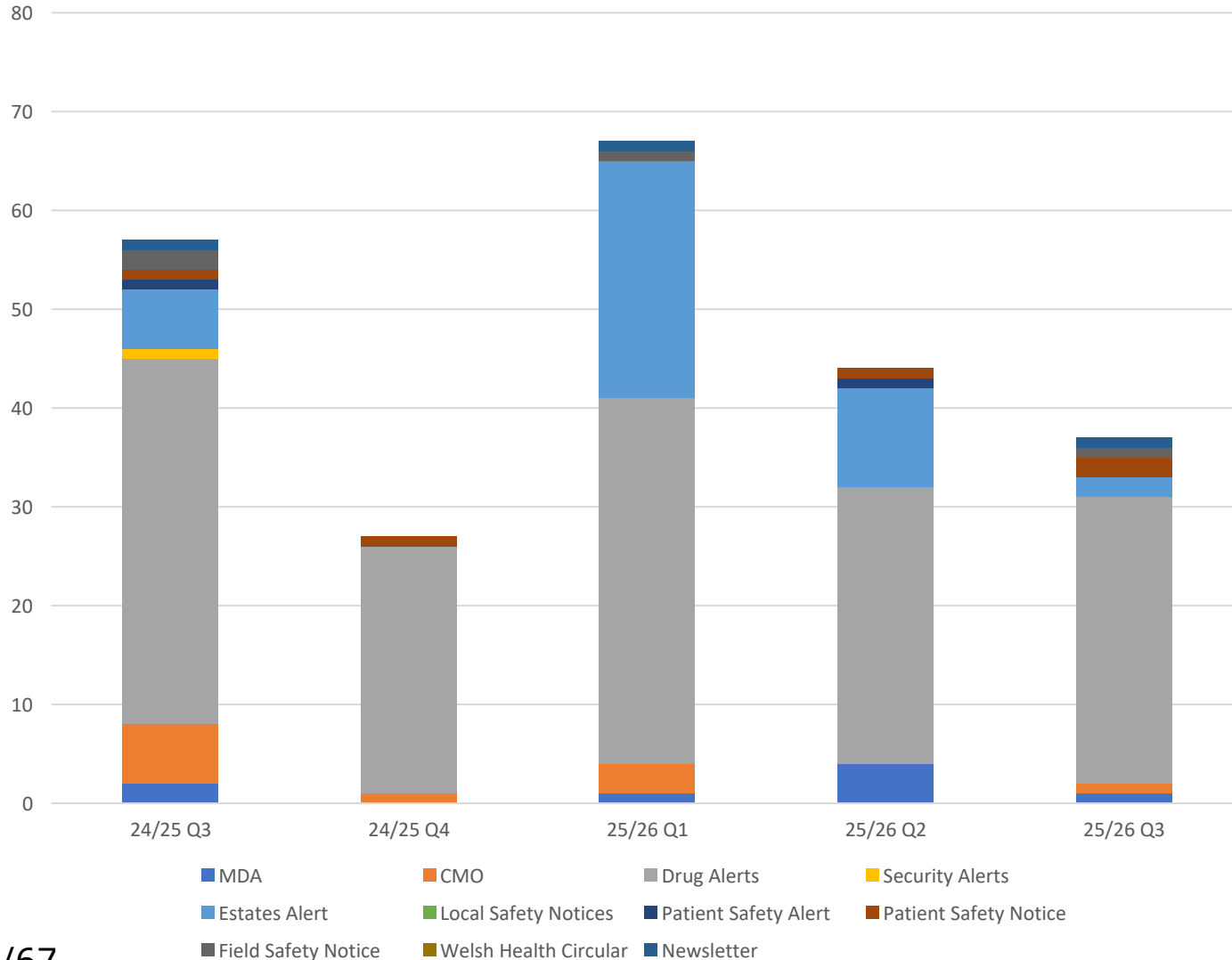


### ANALYSIS

- SACT mortality data is collected and reported monthly. Although there is no available benchmark for curative or palliative SACT, a 2% 30-day mortality rate from the 2008 NCEPOD report is commonly used, and VCS remains below it.
- All SSTs now review deaths within 30 days of SACT, 30 days of palliative radiotherapy, and 90 days of radical radiotherapy.
- Radiotherapy data validity issues prevent full reporting. The Data and Insight team aims to resolve this in Q4 2025/26. However, 30- and 90-day radiotherapy mortality data continues to be captured and reviewed by the mortality team and SSTs.
- Mortality data is captured per SST for SACT and Radiotherapy
- The Cancer Service is compliant with all aspects of the Medical Examiner Service (MES) – reviewing cases referred to VCS and feeding back findings and identifying learning.
- All inpatient deaths were reviewed within the VCS Inpatient Mortality Review Meetings and independently by the MES.
- No other cases of harm identified from SST or inpatient mortality reviews.
- Plan in quarter 4 to strengthen the mortality governance structure with an overarching service wide mortality meeting. This will ensure learning is shared across the division, quality improvement projects appropriately identified and supported, and the outcomes more meaningful.

**Figure 31**

**Safety Alerts by Quarter  
Q3 24/25 – Q3 25/26**



## ANALYSIS

**37 Safety alerts were received by the Trust.**

Drug/pharmaceutical alerts continue to be the highest number of alerts received in the Trust. The drug alerts relate to medicine recalls and stock issue notifications from suppliers.

## THEMES AND OUTCOMES

The most common theme for Safety Alerts were medication shortages and medication discontinuations. Any of these alerts that were applicable to the Trust were addressed. Other alerts received in Q3:

- Estates Alerts
- Patient Safety Notices
- Chief Medical Officer (Information only)
- Medical Devices
- Field Safety Notice
- Newsletter (Information only)

## POSITIVE ASSURANCE

All Safety Alerts received were addressed within timescales and appropriate action taken.

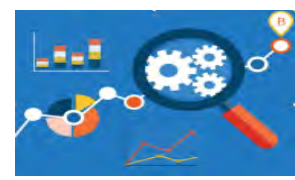


Figure 32

**Introduction** – Information Governance can be considered as the way in which an organisation manages the information processes and procedures and forms a key component of integrated governance and assurance arrangements along with Clinical Governance, Risk Management, Research Governance, Financial Governance and Corporate Governance. It formally links information rights, data quality management, records management, information management, information sharing, information security (including cyber security), risk management, ethics, openness and transparency into an integrated approach and covers a wide spectrum of requirements including procedures and processes to ensure data integrity, availability, security and confidentiality and the collection, storage and dissemination of information.

**Incidents and Investigations** – Total number of incidents for the quarter plus a 2 year run graph displaying the themes and trends.

**Root Cause Analysis** – Where the cause of the incident is not immediately clear, the Head of IG will conduct a more in depth investigation.

**Reported to the ICO** – It is a legal requirement to report certain types of incident to the ICO (where a personal data breach is likely to result in a high risk to the rights and freedoms of individuals). RCA will also be conducted as a matter of course.

**Subject Access Requests** – The legal right for a data subject to request their own data, the Trust must respond within 1 month of the date of request, unless the request is complex or technical in its nature, in which case a further 2 months may be granted.

**Data Protection Impact Assessments** – It is a requirement to report activity to Senior Trust Management via established governance routes so that Assurance is gained that the Trust is complying with its statutory legal obligations. The IG Toolkit assesses annual compliance with this requirement.

**Training Attainment** – The minimum standard for compliance in NHS Wales is 85%, the compliance (%) is reported as at 1<sup>st</sup> January annually and may affect CAG status.

**Incidents – 1<sup>st</sup> October – 31<sup>st</sup> December 2025**

Service	DATIX Incidents	Incidents Reported outside DATIX	Total Incidents	Reported to ICO	Investigation			Investigation			
					Low Risk / No Harm	Root Cause Analysis	Total	DATIX Open	DATIX Closed	Total	IG Complete
Corporate Services	1	0	1	0	0	1	1	1	0	1	1
Velindre Cancer Services	17	0	17	1	16	1	17	8	9	17	13
HTW	0	0	0	0	0	0	0	0	0	0	0
WBS	6	0	6	0	6	0	6	2	4	6	6
TCS/NVCC	0	0	0	0	0	0	0	0	0	0	0
NWSSP	14	0	14	0	12	2	14	3	11	14	13

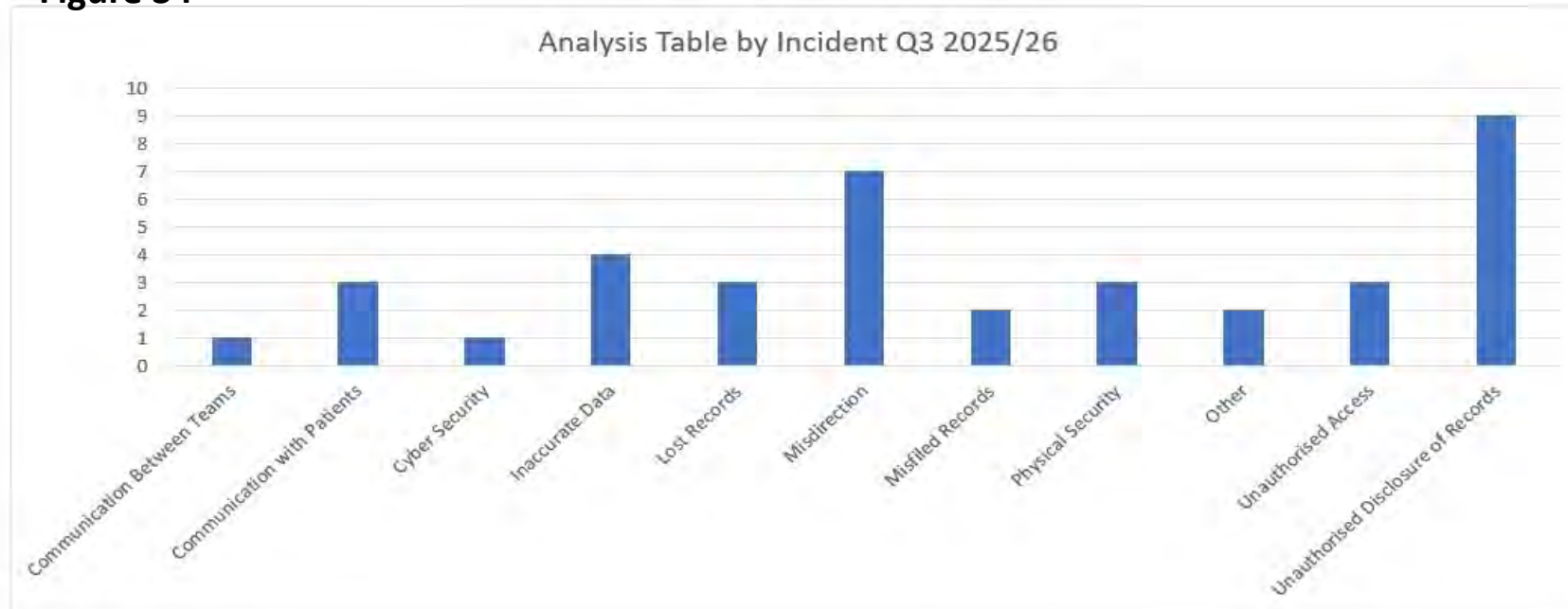
<b>Total Trust</b>	<b>38</b>	<b>0</b>	<b>38</b>	<b>1</b>	<b>34</b>	<b>4</b>	<b>38</b>	<b>14</b>	<b>24</b>	<b>38</b>	<b>33</b>
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**Figure 33**

Analysis Table for Incidents – 1<sup>st</sup> October – 31<sup>st</sup> December 2025

Reason	Number of incidents	VCS	Corporate	WBS	NWSSP	Total
Communication Between Teams	1	1	0	0	0	1
Communication with Patients	3	3	0	0	0	3
Cyber Security	1	0	0	0	1	1
Inaccurate Data	4	2	0	0	2	4
Lost Records	3	2	0	0	1	3
Misdirection	7	2	0	2	3	7
Misfiled Records	2	1	0	0	1	2
Physical Security	3	2	0	1	0	3
Other	2	0	0	0	2	2
Unauthorised Access	3	2	0	0	1	3
Unauthorised Disclosure of Records	9	2	1	3	3	9
<b>Total Trust</b>	<b>38</b>	<b>17</b>	<b>1</b>	<b>6</b>	<b>14</b>	<b>38</b>

**Figure 34**



**Figure 35**

**VCS (Medical Records) Subject Access Requests – 1<sup>st</sup> October – 31<sup>st</sup> December 2025**

Month	Number of requests	Requests in Progress	Completed in Statutory timeframe	Requests breached	Cancelled	Total	Percentage compliance
October	40	1*	39	0	0	40	100%
November	28	8+^	20	0	0	28	100%
December	34	18=	16	0	0	24	100%

\* x1 request awaiting evidence of right of access or further documentation from requester  
 + x3 requests extended  
 ^ x5 requests awaiting evidence of right of access or further documentation from requester  
 = x11 requests awaiting evidence of right of access or further documentation from requester

**Figure 36**

**Corporate (Non-Medical Records) Subject Access Requests – 1<sup>st</sup> October – 31<sup>st</sup> December 2025**

Month	Number of requests	Number of requests completed within statutory timeframe	Percentage compliance
October	0	0	N/A
November	2	1*	100%
December	0	0	100%

\* x1 request extended due to complexity

**Figure 37**

**WBS (Donor Records) Subject Access Requests – 1<sup>st</sup> October – 31<sup>st</sup> December 2025**

Month	Number of requests	Number of requests completed within statutory timeframe	Percentage compliance
October	11	11	100%
November	12	12	100%
December	4	4	100%

**Figure 38**

**NWSSP Subject Access Requests – 1<sup>st</sup> October – 31<sup>st</sup> December 2025**

Month	Number of requests	Requests in Progress	Completed in Statutory timeframe	Requests breached	Total	Percentage compliance
October	2	1*	1	n/a	1	50%
November	4	0	3	1**	4	75%
December	0	n/a	n/a	n/a	0	100%

\*One request still within compliance

\*\*One request was escalated to Velindre Corporate Services as was originally received by NWSSP but follow up letter from data subject was misplaced. However, request was dealt with swiftly on discovery, investigated internally.

2025/26 Trust DPIA/Legitimate Interest Assessment Activity

Figure 39

2025/26 Trust DPIA/Legitimate Interest Assessment Activity

Quarter	DPIA's Commenced	VCS	WBS	Corporate	TCS	RD&I	NWSSP (includes LIA)	Completed in Quarter (for entire Calendar year including DPIA commenced in previous quarters)
Q4 2024/25	19	4	5	0	1	0	9	22 (includes 6 x LIA by NWSSP)
Q1 2025/26	33	9	7	6	3	2	6	16 (Includes 1 All-Wales and 4 NWSSP)
Q2 2025/26	30	8	7	8	0	0	7	23 (Includes 4 NWSSP)
Q3 2025/26	34	14	3	8	0	0	9	16 (Includes 3 NWSSP)
<b>Total</b>	<b>116</b>	<b>35</b>	<b>22</b>	<b>22</b>	<b>4</b>	<b>2</b>	<b>31</b>	<b>77</b>

\*Full analysis and progress presented to IQSG/SIRO monthly and IM for IG quarterly

2025/26 All-Wales DPIA Activity

Figure 41

Quarter	DPIA's Commenced	Completed in Quarter	Ongoing
Q4 2024/25	16	0	16
Q1 2025/26	TBC	TBC	TBC

Figure 40

Training Statistics by Division for the Trust – 1<sup>st</sup> October – 31<sup>st</sup> December 2025

% Compliance Standards	% attainment
Standard	85%

Division	% attainment		
	October	November	December
Corporate	88.80%	87.88%	87.88%
HTW	100.00%	95.83%	95.83%
NVCC	97.14%	88.24%	88.24%
NWSSP	92.09%	90.98%	89.53%
RD&I	88.89%	87.50%	87.50%
VCS	91.16%	90.52%	90.50%
WBS	95.59%	93.40%	93.40%
<b>Trust Overall</b>	<b>92.06%</b>	<b>90.77%</b>	<b>90.76%</b>

Figure 42

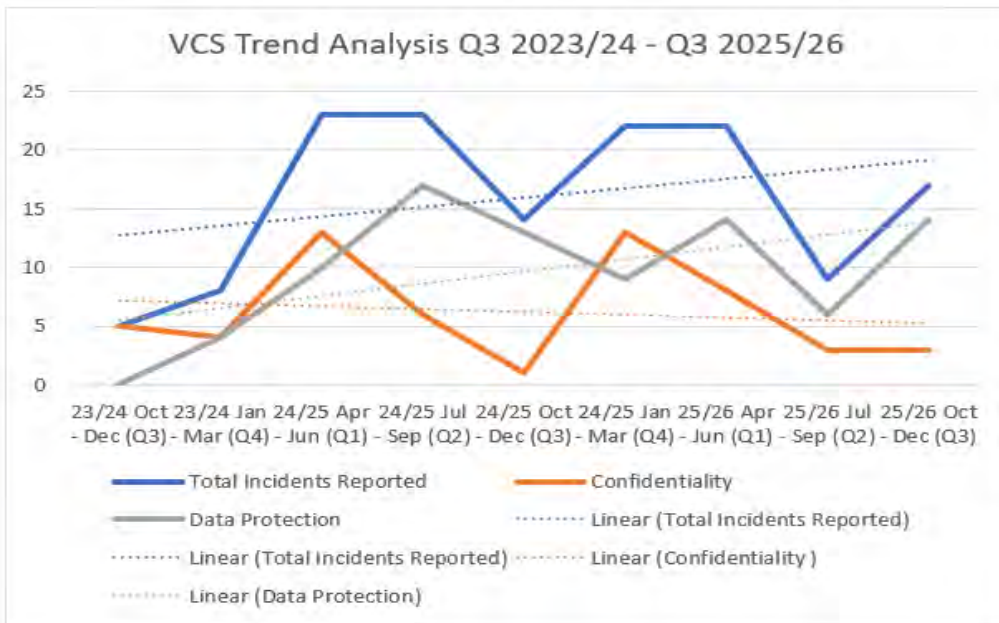
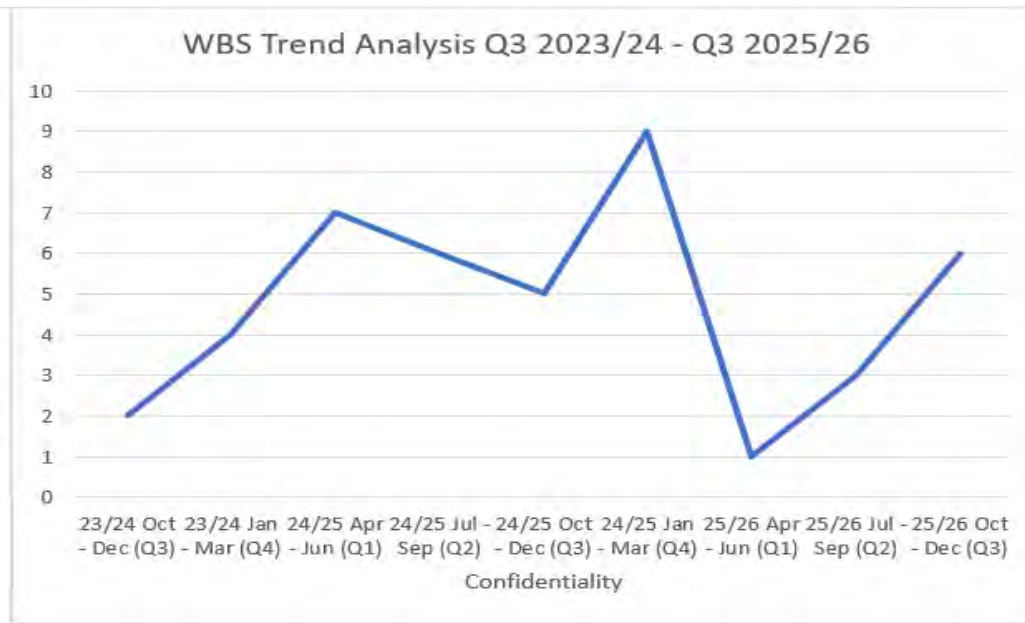


Figure 43



Q3 2023/24 - Q3 2025/26 Trust IG Training Attainment on ESR

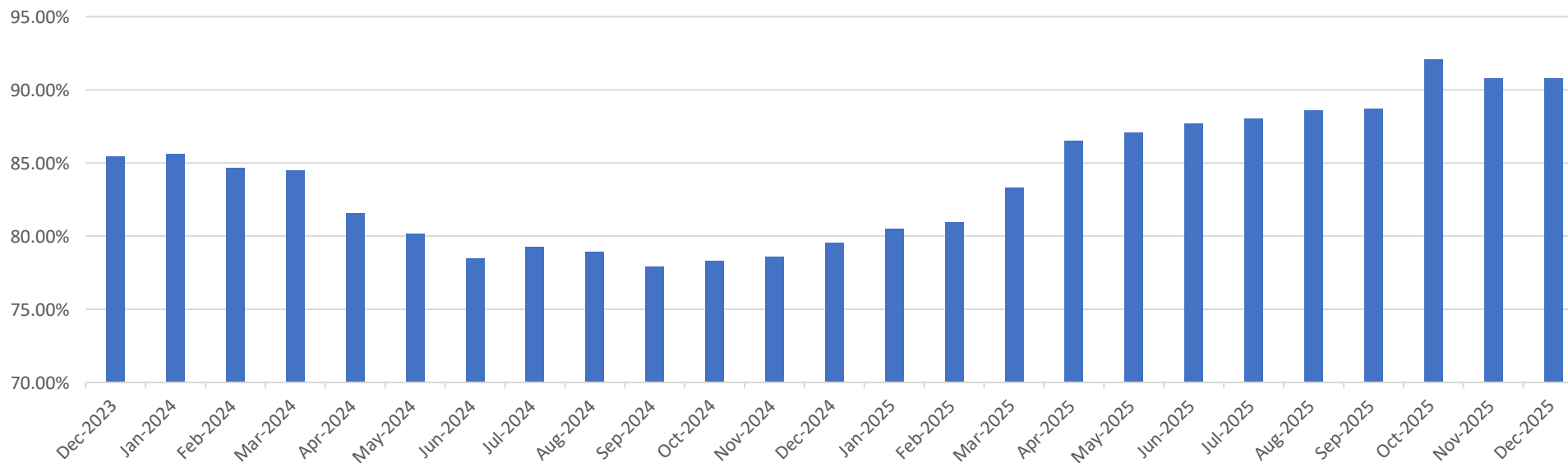
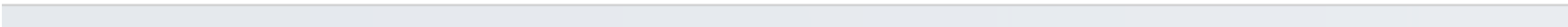


Figure 44

## Assurance and Analysis

<p><b>Positive assurance</b></p> <ol style="list-style-type: none"> <li>1. <b>Training:</b> <ol style="list-style-type: none"> <li>a. Training continues to be delivered via ESR/inductions and specific workshops, the last 3 months have seen training attainment over 90%, but it is crucial that the high of 92% in Oct 25 is regained, Divisions are requested to support attainment to 95% (expectations exceeded) as that is what is required over the border in NHS England</li> <li>b. IG Training compliance at 31<sup>st</sup> December 2025 for the Trust is 90.76%, an increase from the previous quarter which was 88.68% (minimum standard is 85%),</li> </ol> </li> <li>2. <b>Email</b> –The new AI Policy is in its final version, EQIA complete and awaiting sign off by WOD, DPO has requested WOD prioritise w/c 5/1/26.</li> <li>3. <b>SAR compliance</b> – Remains steady across the Trust – 100%</li> <li>4. <b>DPIA's</b> – Across the Trust (includes all divisions and hosted bodies) 16 DPIA's and 3 DPA's were approved in Q3 2025/26.</li> <li>5. <b>NDR</b> – WG have now decided to implement an IG Group under the DDAT (Standards Structure), DPO requested to attend a meeting on 13 Jan 26.</li> <li>6. <b>All-Wales DPIA templates</b> – DPIA templates and processes alignment work remains underway led by IGMAG.</li> </ol>
<p><b>Risks to compliance with Legislation, Policies, Procedures and Standards and mitigation activity</b></p> <ol style="list-style-type: none"> <li>1. <b>Compliance Risk</b> – Risk of non-compliance with minimum M&amp;S standards for IG and Cyber Security training on ESR significantly mitigated.</li> <li>2. <b>TAF Risk</b> – DPO continues to review TAF 05 with CDO, recent work took place in Q3 2025</li> <li>3. <b>Overall IG Risk</b> – Cyber risk remains overriding risk in line with the current threat environment.</li> </ol>



<ol style="list-style-type: none"> <li>4. <b>Training Risk Mitigation</b> – There is a cultural issue regarding confidentiality in the Trust that requires further work during Q4 2025/26 and 2026/27</li> <li>5. <b>Investigations</b> – IG has conducted several in depth but connected investigations which are confidential in their nature, reports have been shared with those who have a business need to know.</li> </ol>					
<p><b>Analysis, themes and learning</b></p> <ol style="list-style-type: none"> <li>1. <b>Incidents</b> – Overriding theme in Q2 remains consistent for first 2 themes; unauthorised access/disclosure, misdirection and inaccurate data are the common themes, <u>All</u> incidents remain avoidable. The confidentiality issue identified above requires significant work</li> <li>2. <b>ICO Reported incidents</b> – The ICO were informed of two incidents in Q3 2025, one of which due to its sensitivity is not reported in DATIX, the second occurred on 19<sup>th</sup> Dec 25 and reported on 31<sup>st</sup> Dec 25 to the ICO.</li> <li>3. <b>Training</b> – Training compliance in Q3 remains consistent in that compliance meets the minimum requirement for the Trust (85%).</li> <li>4. <b>DPIA</b> – Remains the main methodology to assess compliance with <i>data protection by design and default</i> and address risk and information rights.</li> <li>5. <b>Triangulation</b> – Training compliance correlates with incidents. Points 1&amp;3 above demonstrates that increased training and awareness can reduce incidents.</li> </ol>					
<p><b>Safe</b></p> <p>Evidence that Staff recognise their responsibilities in respect of Legislation, Codes of Practice and Trust Policy.</p>	<p><b>Timely</b></p> <p>All incidents, reports and SAR's are submitted and/or responded to within required timescales</p>	<p><b>Effective</b></p> <p>All IG incident reports have been completed appropriately and where feedback is received it is acted upon.</p>	<p><b>Efficient</b></p> <p>IG support is accessed at the correct point in any process (data protection by design and default) and where needed for incident management</p>	<p><b>Equitable</b></p> <p>The principles of Caldicott, Confidentiality and Data Protection are based on the European Convention on Human Rights and Article 8 of the Human Rights Act 1998</p>	<p><b>Person Centred</b></p> <p>Evidence that the Caldicott and data protection principles have been adhered to in all reports made across the Trust. A fair approach has been taken in relation to allegations of any wrongdoing by members of Staff</p>

## Healthcare Associated Infections

Figure 45



HCAI Review to end March 2026						
Month	C. difficile 2024-25 total no. of cases = 5	Bacteraemia cases				
		MRSA 2024-25 total no. of cases = 0	MSSA 2024-25 total no. of cases = 3	E. coli 2024-25 total no. of cases = 11	P. aeruginosa 2024-25 total no. of cases = 0	Klebsiella species 2024-25 total no. of cases = 8
Q1	ZERO	ZERO	1	4	ZERO	ZERO
Q2	1	ZERO	2	4	ZERO	ZERO
Q3	2	ZERO	1	3	2	ZERO
Q4						
<b>Total:</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>0</b>

Velindre acquired HCAI Review to end March 2026						
Month	C. difficile 2024-25 total no. of cases = 3	Bacteraemia cases				
		MRSA 2024-25 total no. of cases = 0	MSSA 2024-25 total no. of cases = 0	E. coli 2024-25 total no. of cases = 1	P. aeruginosa 2024-25 total no. of cases = 0	Klebsiella species 2024-25 total no. of cases = 1
Q1	ZERO	ZERO	ZERO	1	ZERO	ZERO
Q2	ZERO	ZERO	ZERO	2	ZERO	ZERO
Q3	ZERO	ZERO	ZERO	ZERO	ZERO	ZERO
Q4						
<b>Total:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>

### Assurance

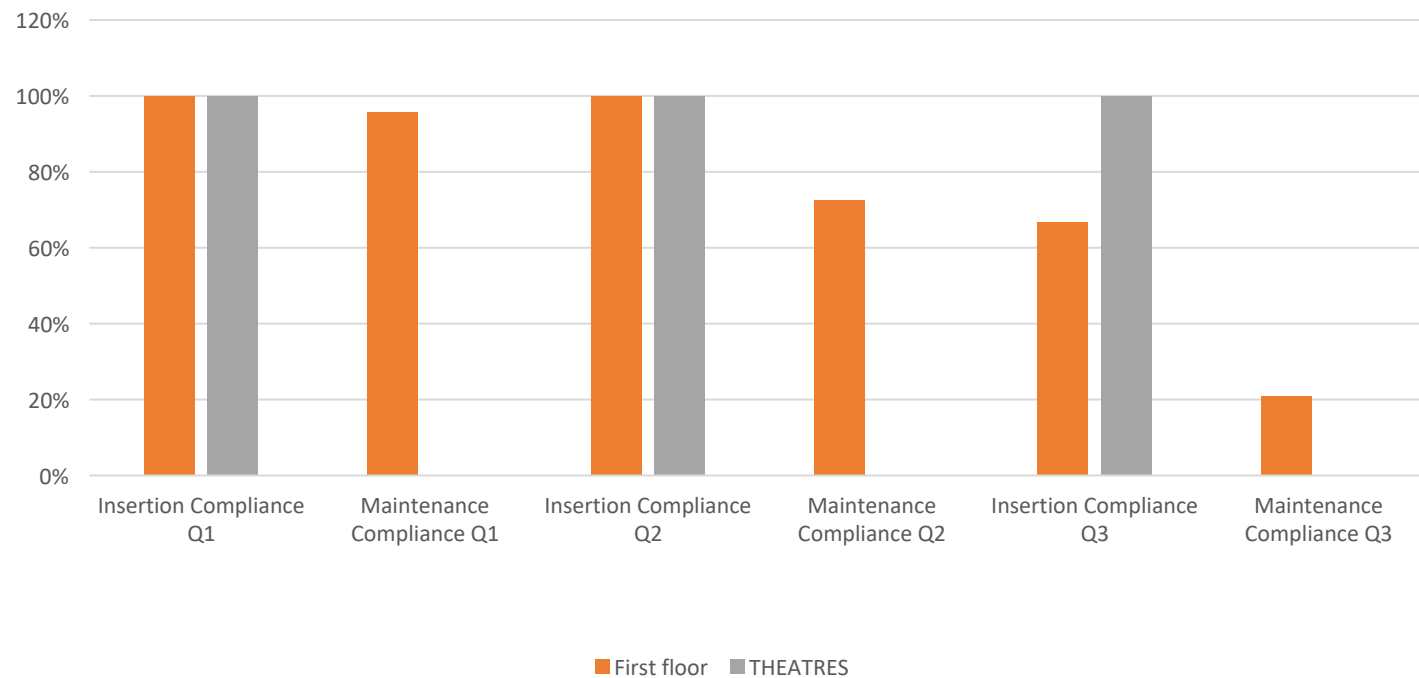
Healthcare Acquired Infections – Nil VCC acquired during Q3.

As part of the All Wales Clostridioides *difficile* Collaborative work, the Infection Prevention and Control (IPC) and Quality Team are leading a programme of work within the Cancer Centre to improve awareness and education around *C. difficile*. This includes promoting best practice in the correct management and handling of specimens. This initiative aligns with and supports the wider programme of work being delivered by the IPC Team.

**Compliance to CAUTI Urinary Catheter Bundles:**  
Insertion compliance remains high but there have been some issues identified with maintenance compliance bundle being completed on Welsh Nursing Record. The digital team is working with IPC and ward staff to rectify this training issue. There have been no infections related to urinary catheters in Q3 2025.

**Figure 46**

CAUTI Bundle Compliance Q1-3 2025/26



## 12. INFECTION PREVENTION AND CONTROL CONT.

### Compliance with screening for Carbapenemase Producing Organisms (CPO)

With emerging MDRO's (multi drug resistant organisms) and numbers increasing across Wales, in line with the national policy we need to undertake routine CPO screening on all admitted patients within a specific time frame. The IPCT have worked closely with the ward manager and key staff within the team to emphasise the importance of this swab.

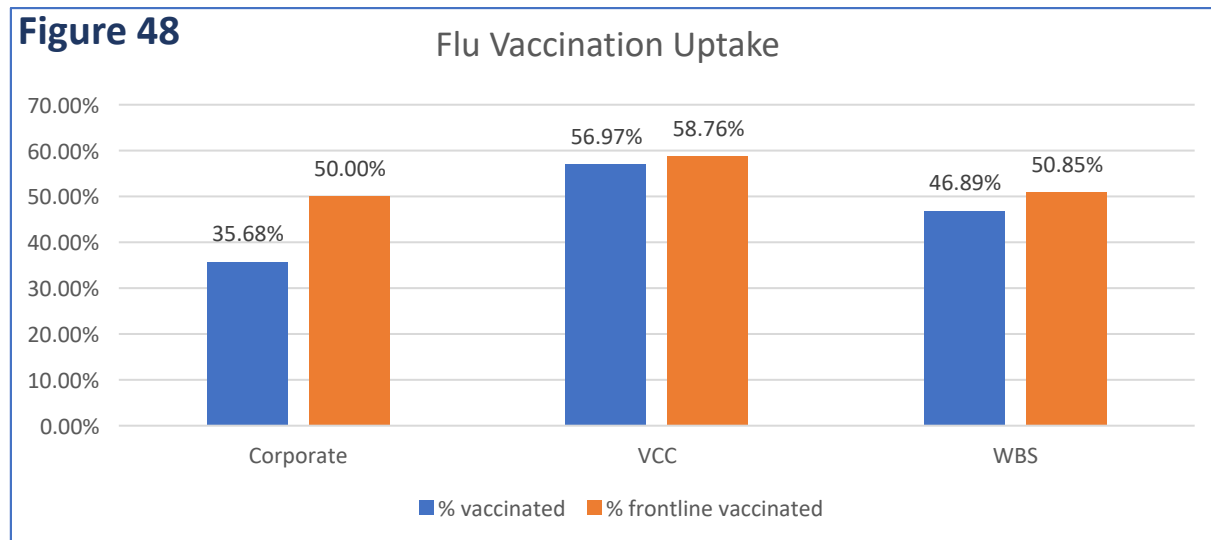
Figure 47



### Influenza

Staff vaccination campaign commenced 8th September 2025. Uptake to date:

Figure 48

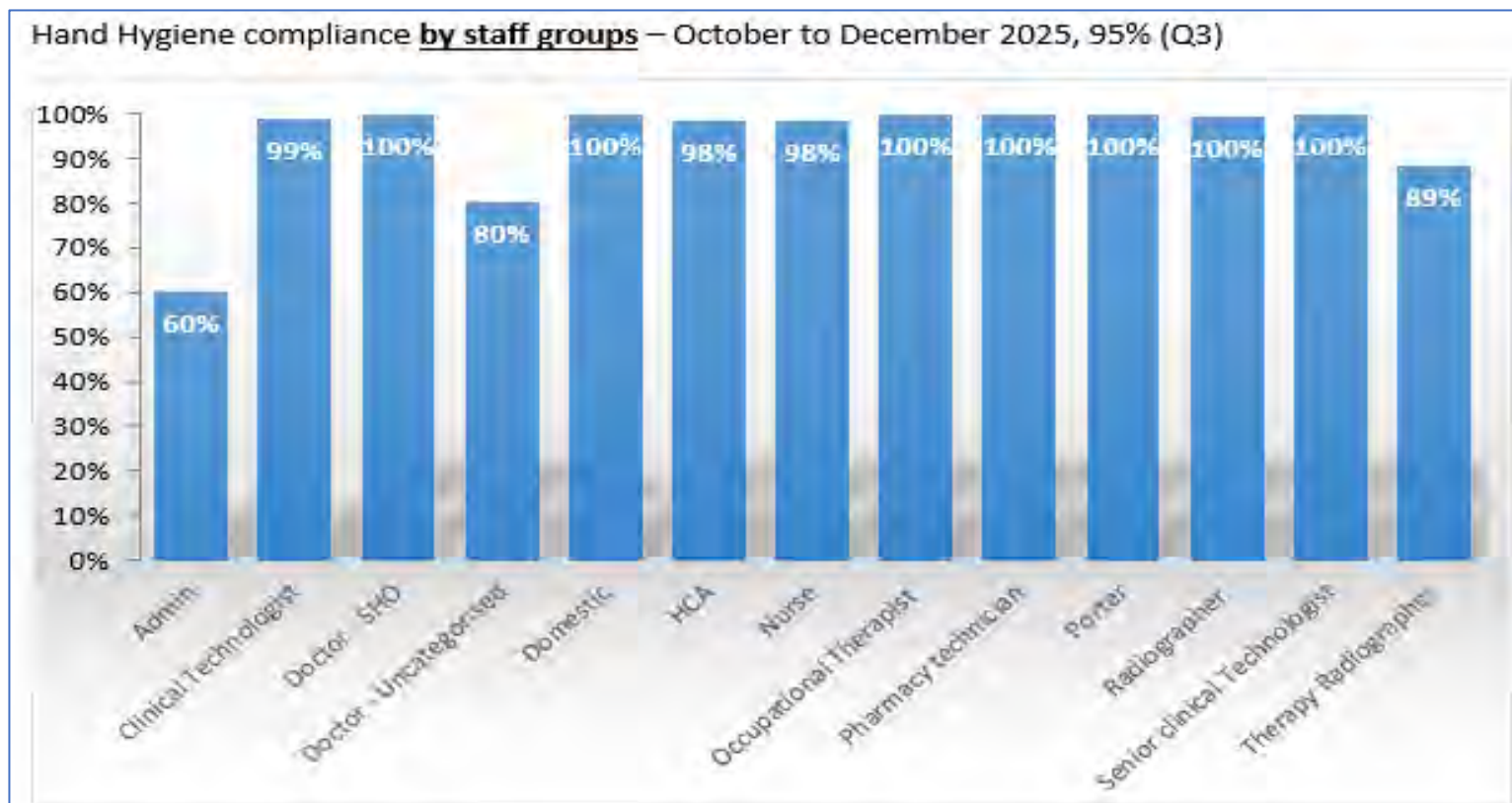


# 12. INFECTION PREVENTION AND CONTROL CONT.

## Hand Hygiene compliance

Hand Hygiene audits continue to be undertaken across the Trust. The IPC Team continue to undertake spot checks to validate hand hygiene practice. Any non-compliance is discussed at time of audit and education provided.

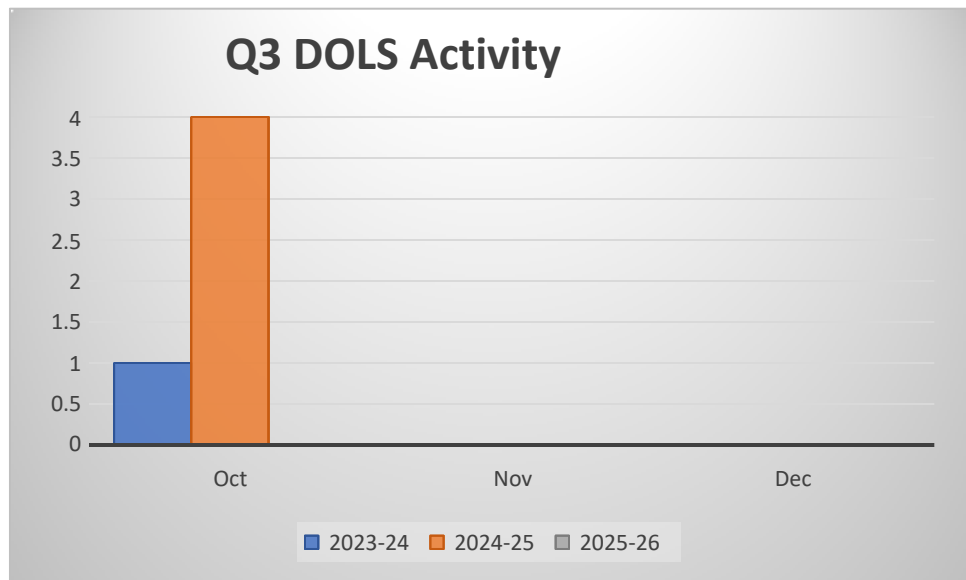
Figure 49



Overall compliance – **95%**

# 13. SAFEGUARDING AND VULNERABLE GROUPS

**Figure 50** Deprivation of Liberty Safeguards

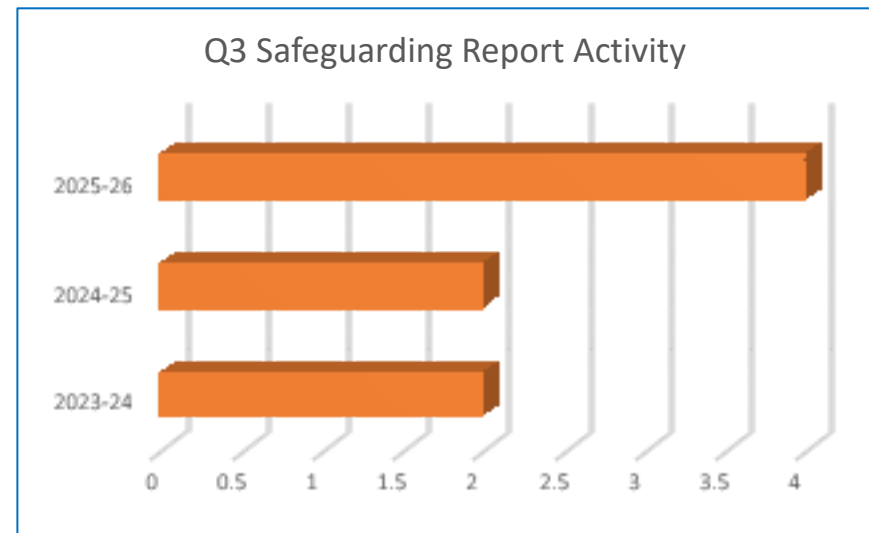


## Safeguarding and Public Protection Activity

0 applications for Deprivation of Liberty Safeguards (DoLS) was made during Quarter 3. This is a decrease to the number of applications on Quarter 2. However, when compared with previous reporting years this is not an unusual variance. Plan for Q4 link in with first floor ward to identify whether there were any missed opportunities to submit DoLS applications.

4 Duty to Reports were submitted to Local Authorities. All reports were generated from VCS. While 2 of the reports completed involved the same individual, they related to 2 different disclosures and made by staff in Radiotherapy and CNS team. On both occasions staff made prompt and timely contact with the relevant adult safeguarding team and ensured the safety of the patient was paramount.

**Figure 51**



WBS - 14  
 VCS - 17  
 Corporate - 0  
 RIDDOR - 0

## Focus

- The focus during Quarter 3 was on:
- Strengthening system oversight and coordination following the transition to a central Health and Safety team
- Consistent review of incidents through regular multi-disciplinary meetings, supporting early identification of barriers and learning
- Maintaining staff safety and wellbeing, particularly in donor-facing environments where behavioural risks are more likely
- Embedding standardised approaches to incident review, communication, and learning across services

## Outcome

- During Quarter 3, Health and Safety performance remained stable across services, with no RIDDOR-reportable incidents recorded. Reported incidents were low-level in nature and were managed through established local investigation and governance processes.
- A key external assurance outcome during the quarter was the receipt of a whistleblowing notification from the Health and Safety Executive (HSE) in December. Following a detailed and timely response outlining existing controls, governance arrangements, and recent system improvements, the HSE closed the matter with no further action required. This provides independent assurance regarding the adequacy of the Trust's Health and Safety arrangements.
- The completion of the Organisational Change Programme (OCP) and the formation of a central Health and Safety team during this period strengthened oversight, consistency, and organisational assurance.



— ” —  
**VUNHST HEALTH & SAFETY Q3 UPDATE**  
 — ” —

## Trends

- No upward trend in serious incidents or statutory reporting
- Recurring low-level contact injuries, consistent with operational activity
- Behavioural incidents occurring sporadically, with no evidence of escalation or pattern requiring additional controls at this stage
- Improving organisational maturity, supported by centralised governance, clearer assurance routes, and external validation through HSE engagement
- Overall, trends indicate a stable risk profile with improving consistency and oversight as the Health and Safety Management System continues to be developed and embedded.

## Themes

- The main themes identified during Quarter 3 were:
- Minor accidental injuries
- Incidents primarily involved contact with or being struck by objects (e.g. minor head and hand injuries), reflecting routine operational risks rather than systemic failures.
- Behavioural incidents, including violence and aggression (V&A)
- A small number of donor-facing incidents involved aggression or challenging behaviour, including frustration following refusal to donate and communication barriers. These incidents were managed appropriately at local level.
- Effective governance and assurance
- All incidents were investigated proportionately, with no escalation required.
- External scrutiny via the HSE whistleblowing process further reinforced confidence in existing controls.

### **Review of Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) (April 2023-March 2024) - Significant Accidental or Unintended Exposures**

As part of its programme for assessing compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R), Healthcare Inspectorate Wales requested that the UK Health Security Agency (UKHSA) undertake a review of IR(ME)R significant accidental or unintended exposures notifications submitted to them between 1 April 2023 and 31 March 2024.

Four recommendations were made for employers:

1. Employers should continue to develop their local reporting and learning culture and encourage openness, voluntary reporting and routine analysis and learning from these events.
2. Employers should ensure current criteria for SAUE notifications are readily available and understood by staff locally.
3. Employers should ensure that local reporting systems are accessible, efficient and where notifications are required to be submitted to HIW, that this is done in a timely fashion.
4. Employers should ensure that corrective actions implemented after incidents or near misses are effective. These should target contributory factors and include a system review. Corrective actions should be audited to monitor their effectiveness in mitigating against incidents and addressing improvements in patient safety.

The Trust has submitted a response to all recommendations, which will be managed through the Trust's Radiation Protection and Medical Exposures Operational Group.

### **Review of the Death Certification Processes in Wales - Report**

This report aimed to review the death certification process in Wales and develop a set of actionable recommendations for in preparation for winter, escalation options should performance decline in winter, and long term or strategic opportunities or changes that address challenges, balance national consistency and local flexibility, support the continued reduction of system-wide delays and maintenance of timely certification, and improve consistency while preserving the independence of ME scrutiny.

The Trust offered responses which fed into the review and has ensured that Velindre Cancer Service has in place a plan to meet the recommendations. Velindre Cancer Service have reviewed the Death Certification processes, and the Trust has provided responses to the Chief Medical Officer. There are currently no issues or delays related to death certification.

# 16. QUALITY PRIORITIES 2025-26

SAFE

TIMELY

EFFECTIVE

EFFICIENT

EQUITABLE

PERSON  
CENTRED

## PRIORITY 1.

### IMPROVE PATIENT & DONOR COMMUNICATIONS

#### HOW WE WILL IMPROVE OUR PERFORMANCE

- a) Ensure 100% of letters following appointments are sent out to patients (unless the patient has opted out) by the end of March 2026.
- b) Ensure 100% of letters on the document management system (DMS) are consistently approved and sent within 30 working days by the end of December 2025.
- c) Improve patient communications regarding disease management and treatment.
- d) Improve patient and donor appointment communications.

#### HOW IMPROVEMENTS WILL BE MEASURED AND MONITORED

- a) Regular audits to ensure that a copy of all clinic letters are sent to patients who have not opted out of receiving a copy.
- b) Regular audits of the Document Management System to ensure all clinic letters are authorised and sent within 30 working days of the appointment.
- c) By March 2026, achieve a 25% reduction in the number of concerns where treatment communication regarding patient treatment/outcomes is identified as a theme.
- d) By March 2026, achieve a 25% reduction in the number of concerns/feedback where appointment communication is identified as a theme.

## PRIORITY 2.

### STRENGTHEN QUALITY AND SAFETY INFRASTRUCTURE

#### HOW WE WILL IMPROVE OUR PERFORMANCE

- a) Ensure all levels of patient / donor safety investigations are robust and undertaken by trained investigators at the appropriate levels.
- b) Ensure feedback and support is provided to all staff involved in the incident.
- c) Develop a Trust wide accreditation plan – with clear trajectory to having nationally / internally recognised accreditation across all core services.
- d) Strengthen the quality and safety infrastructure at a service level, including the development of core quality standards and metrics and clinical risk management
- e) Continue to strengthen the quality and safety culture across the organisation, including psychological safety

#### HOW IMPROVEMENTS WILL BE MEASURED AND MONITORED

- a) By the end of December 2025, undertake sample audits of all patient / donor safety investigations at each level.
- b) By the end of September 2025, introduce staff surveys to identify areas of improvement.
- c) Achieving at least two new accreditations during 2025/26 as well as maintaining existing accreditations.
- d) By end September 2025, undertake a review of quality and safety governance structures through each service area to board.
- e) Staff survey 25/26 results regarding psychological safety

## 16. QUALITY PRIORITIES 2025-26 CONT.

SAFE

TIMELY

EFFECTIVE

EFFICIENT

EQUITABLE

PERSON  
CENTRED

### PRIORITY 3.

#### IMPROVE PATIENT & DONOR SAFETY

##### HOW WE WILL IMPROVE OUR PERFORMANCE

- a) Reduce the harm from sepsis through early identification and treatment.
- b) Reduce harm related to urgent clinical information being circulated via email.
- c) By September 2025, fully implement 'Call for Concern' in Velindre Cancer Service.
- d) Ensure that 100% of bloods taken within Velindre Cancer Service are reviewed within 48 hours.
- e) We will introduce Haemoglobin S testing to detect the presence of sickle-cell trait in specific whole blood donations.
- f) WBS to review specialist red cell immunohematology (RCI) services.

##### HOW IMPROVEMENTS WILL BE MEASURED AND MONITORED

- a) By end of September 2025:
  - Consistently achieve >90% of patients who meet the local criteria of suspected sepsis to be screened within one-hour and given antibiotics within one-hour of diagnosis.
  - Conduct monthly audits to measure compliance against key performance indicators.
  - To reduce the number of incidents related to sepsis recognition and management.
- b) By end of December 2025, there will be processes in place to eliminate the need to send clinical information via email, and the number of incidents resulting in patient harm as a result is reduced to zero.
- c) To develop an implementation plan and monitor via the Trust regulatory tracker.
- d) By end of December 2025, reduce to zero the number of incidents reported where omission or delay in reviewing bloods is identified as a contributory factor.
- e) All blood donations used for the treatment of sickle-cell disorder or for neonates will be tested and confirmed as negative for Haemoglobin S by the end of December 2025.
- f) RCI service response times will meet all nationally agreed targets by the end of March 2026.

### PRIORITY 4.

#### IMPROVE OPPORTUNITIES TO GATHER AND LEARN FROM PEOPLE'S FEEDBACK

##### HOW WE WILL IMPROVE OUR PERFORMANCE

- a) Develop and implement feedback methods aimed at increasing feedback from people with additional needs.
- b) Improvements to the mechanisms for staff to support people to speak up safely and with confidence.
- c) Increase opportunities to gather patient and donor feedback through utilising SMS messaging, by end June 2025.

##### HOW IMPROVEMENTS WILL BE MEASURED AND MONITORED

- a) Regular audits of our accessible feedback channels, adjusting our strategy based on continuous evaluation.
- b) To commence data analysis to identify themes by the end of September 2025.
- c) To compare data each quarter on percentage of service user feedback received.

## Priority 1. Improve patient communications

- A copy of clinic letters are now routinely being sent to all patients (who consent). This allow patients and their family to revisit and reflect on the information they were given verbally in clinic. To start auditing during Quarter 4
- Letters approval within 30 days on Document Management System report being reviewed fortnightly by Clinical Director and Head of Planning and Performance. There has been a concerted effort in the management of letters that has translated to a significant improvement that continues to be monitored.
- SACT appointment communication continues to improve with no concerns related to SACT appointments in Quarter 3. This is due to the appointment of a SACT Scheduling and Performance Manager and development of an improvement plan in Quarter 2. This will be monitored to ensure continued improvement through concerns, feedback, and incidents.
- VCS embarked on Outpatient transformation work, a comprehensive programme that supports improved patient satisfaction, delivering a modern outpatient service and preparing for new ways of working as we get ready to move to the new VCC.

## Priority 2. Strengthen quality and safety infrastructure

- Roll out of investigation training commenced in Quarter 3 planned with an ongoing programme of training and support for clinical and non-clinical staff to undertake proportionate investigations.
- Strengthening of quality and safety infrastructure underway with all the directorate triumvirates in post towards the end of quarter 3. VCS quality and safety governance structure defined and commencing in full in quarter 4. Continuing to work with Trust Quality and Safety team during quarter 4 to strengthen the structure from floor to board.
- Service level quality metrics to be defined during Quarter 4 with the directorate triumvirates.

## Priority 3. Improve patient safety

- Throughout Quarter 3 VCS has been 100% compliant with patients being screened for sepsis and 100% compliant for patients being treated with antibiotics within the required timeframe. This has been achieved throughout targeted education on the new NEWS 2 observation chart including the required escalation response. Resident doctor induction training has been amended to be held on first day of attendance at VCS, this ensures 100% attendance. Ongoing monthly audits continue.
- Call for concern implementation being led nationally by NHS Performance and Improvement with a delivery date of September 2027. Pilot to be implemented in Q4. Engagement work currently being undertaken to understand the information our population would like on Call for Concern, and the route of referral.
- During quarter 1 and 2, a service improvement project has been underway to improve the process for reviewing bloods in a timely manner. The proposal was approved in QSREB in quarter 3 and will be implemented during quarter 4. This includes utilising digital solutions and the wider MDT.

## Priority 4. Improve opportunities to gather and learn from people's feedback

- There has been a concerted effort through quarter 2 and 3 on improving the opportunities for and the amount of patient feedback received which is yielding positive results. Further work required during quarter 4 in conjunction with Experience, Engagement, and Communications colleagues.

# WBS Quality Priority Updates

## Priority 1. Improve donor communications

- Welsh Blood Service Communications & Donor Engagement Team have developed a plan

## Priority 2. Strengthen quality and safety infrastructure

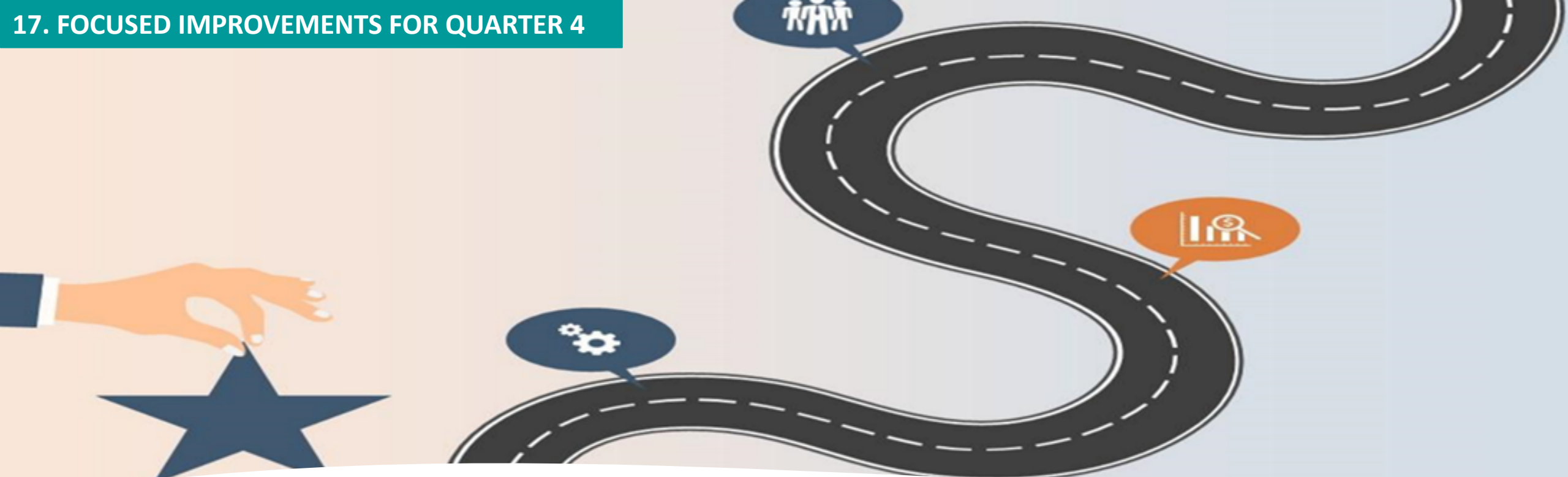
- Roll out of investigation training to start during Quarter 4 planned with an ongoing programme of training and support for clinical and non-clinical staff to undertake proportionate investigations.
- Service level quality metrics to be defined during Quarter 3.

## Priority 3. Improve donor safety

- Introduction of Haemoglobin S testing: funding has secured for 2025/26. A Briefing paper approved by Director of WBS and Trust Executive Director of Finance.
- RCI service response times – this is not specifically included in our IMTP: data gathering for the OCP baseline is scheduled to complete in Q3 2025/26. Implementation of contractual changes related to OCP scheduled in Q4 2025/26.
- During Quarter 3, site visits took place to inform the collections teams on the use of Language Line on the iPads provided, to ensure clarity when explaining to donor why they cannot donate. A guide was provided to all collection teams.

## Priority 4. Improve opportunities to gather and learn from people's feedback

- The establishment of a Donor and Advocate Forum has progressed, with over 2,500 expressions of interest from donors and advocates. Following internal and external consultation the plan will be a collaborative model that integrates donor feedback, community partnerships, and digital engagement. The initiative is now positioned to pilot targeted engagement activities by Q4.
- The Donor Experience "Hub" will follow progress in establishing a Donor Advocate Forum as detailed above which is due to complete in Q4 2025-26
- During October 2025, site visits took place to inform collection team of the implementation of the People's Experience Survey as it would be replacing Concerns and Compliment survey used previously. All iPads and QR codes were updated and provided.
- In quarter 3, a concern review was undertaken to identify themes and duplicated learning. A paper has been produced and will be fed back to both the corporate service and WBS.



## FOCUSED IMPROVEMENTS FOR QUARTER 3, 2025-2026

### Quarter 3 priorities 2025/26

1. Further work is required to develop smart action plans against the quality priorities.
2. To continue to improve capability and capacity to collect patient and donor feedback.
3. To further explore opportunities to share learning and feedback with staff across the Trust by relaunching the Trust Learning Framework in December 2025.
4. To commence Velindre University NHS Trust Proportionate Investigation training across the Trust.
5. To establish a preparedness group for the revised Putting Things Right Regulations.

### Quarter 4 priorities 2025/26

1. Quality priorities for 2025/26 to be reviewed against current progress and mapped against ongoing transformation work to ensure the required improvements.
2. To further enhance improvements made in capability and capacity to collect patient and donor feedback, including digital stories.
3. To further explore opportunities to share learning and feedback with staff across the Trust by relaunching the Trust Learning Framework in March 2026.
4. To fully implement the Listening to People Process by 31<sup>st</sup> March 2026.

<b>TRUST BOARD</b>	
<b>HIGHLIGHT REPORT FROM THE CHAIR OF THE NEW VELINDRE CANCER CENTRE (nVCC) PROJECT SCRUTINY SUB-COMMITTEE</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Tessa Harper-Hughes, Business Support Officer
<b>PRESENTED BY</b>	Hilary Jones, Independent Member and Interim Chair of the nVCC Project Scrutiny Sub-Committee
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Interim Chief Executive
<b>REPORT PURPOSE</b>	FOR NOTING

## 1. PURPOSE

- 1.1 This paper has been prepared to provide Trust Board with details of the key issues considered by the nVCC Project Scrutiny Sub-Committee held on 22<sup>nd</sup> January 2026.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Strategic Development Committee is requested to **NOTE** the contents of the report and actions being taken.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	There were no items identified for alert/escalation.
<b>ADVISE</b>	<b>Interdependencies Report</b> <ul style="list-style-type: none"> <li>• <b>Reporting Status</b> No interdependencies report was presented this month because the VCF Futures Programme reports on a bi-monthly cycle, while this Sub-Committee meets monthly. Previous attempts at</li> </ul>



	<p>monthly reporting resulted in low-value, incremental updates; the bi-monthly rhythm will ensure higher-quality, meaningful reporting that is credible and substantive.</p> <ul style="list-style-type: none"><li>• <b>Assurance Considerations</b> It was agreed to review whether the current bi-monthly frequency provides the level of assurance required by the Sub-Committee, which will be explored at the upcoming interdependencies meeting between the Independent Members and Chief Operating Officer.</li></ul> <p>The Sub-Committee <b>NOTED</b> the verbal update.</p>
<p><b>ASSURE</b></p>	<p><b>nVCC Project Highlight Report</b> <b>Overall RAG Status</b></p> <ul style="list-style-type: none"><li>• The overall project RAG remained <b>Amber</b>, unchanged for the reporting period.</li><li>• Although several issues have arisen (including supply chain challenges), these have been offset by improvements elsewhere, resulting in a <b>net stable position</b>.</li><li>• The Sub-Committee noted the dial was “close to red,” but assurance was given that risk remains <b>manageable at this stage</b>.</li></ul> <p><b>2. Programme Progress &amp; Delays</b></p> <ul style="list-style-type: none"><li>• Supply chain issues impacted <b>cladding panel delivery</b> and <b>timber supply</b>, following the administration of a key subcontractor.</li><li>• Temporary mitigation allowed internal works to continue, preventing slippage to critical path activities.</li><li>• Based on the contractor’s position, the completion date remains <b>mid-March</b>, but contingency is reducing, limiting flexibility for future issues.</li></ul> <p><b>3. Quality Assurance</b></p> <ul style="list-style-type: none"><li>• Quality remains a <b>priority risk</b>, particularly in the final stages where contractors face significant liquidated damages for lateness.</li><li>• Daily oversight is being maintained by:<ul style="list-style-type: none"><li>○ On-site Trust team</li><li>○ Independent technical surveyor</li><li>○ Regular engagement with the independent tester</li></ul></li><li>• Committee received assurance there is <b>zero tolerance</b> for quality compromises.</li></ul> <p><b>4. Staff &amp; Community Engagement</b></p> <ul style="list-style-type: none"><li>• Staff site visits continue and are highly valued. Further rounds are planned.</li></ul>



	<ul style="list-style-type: none"><li>• Increased <b>partner/commissioner engagement</b> is now needed, and stronger coordination will be applied to secure visit dates.</li><li>• A spike in <b>community complaints</b> (subcontractor parking) was noted for November/December but has since been resolved.</li></ul> <p><b>5. Financial Position</b></p> <ul style="list-style-type: none"><li>• Project remains <b>on budget</b>.</li><li>• QRA contingency has reduced due to £5–6m being returned to Welsh Government after risks were mitigated.</li><li>• £12.9m remains available in QRA, with under £1m drawn down to date.</li><li>• Any need beyond the remaining QRA would require a <b>new application</b> to Welsh Government, not an automatic call-off.</li></ul> <p><b>6. Plan-on-a-Page / Programme Logic</b></p> <ul style="list-style-type: none"><li>• Several items appear <b>Red</b>, caused by delays against the <i>June 2025 baseline (Rev 2)</i>, not by current critical issues.</li><li>• A new contractor programme (<b>Rev 3</b>) is expected in March; this will likely reset many Reds to Green through re-profiling.</li><li>• A “delta review” will be completed to ensure all date changes and impacts are understood.</li><li>• Committee highlighted the importance of understanding where target dates have been shifted to ensure transparency.</li></ul> <p><b>7. Key Assurance Themes Raised by Members</b></p> <ul style="list-style-type: none"><li>• Need for continued vigilance as contingency shrinks near programme end.</li><li>• Confirmation sought—and provided—on risks associated with:<ul style="list-style-type: none"><li>○ slab quality issues (now resolved)</li><li>○ impacts on commissioning and day-one readiness (none at present)</li><li>○ transfer of catering equipment installation responsibility to avoid health &amp; safety conflicts (no cost impact).</li></ul></li></ul>
INFORM	<p><b>Communication and Engagement Update Report</b></p> <ul style="list-style-type: none"><li>• <b>Stakeholder Visits:</b> Partner and commissioner visit arrangements are ongoing, though scheduling has been challenging. Safe access constraints mean most visits will continue to use the protected walkway rather than entering the live construction site. A standardised visit plan is being developed.</li><li>• <b>Integrated Communications Planning:</b> With the Readiness Board and new structures emerging, communications activity is being aligned into a more coherent and integrated plan to support transition to the new Centre.</li><li>• <b>Social Media &amp; Public Engagement:</b> Engagement metrics on Velindre Matters have improved year-on-year, though from a small base. Work is underway to integrate project communications more effectively into the main VCC channels.</li></ul>



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	The Sub-Committee <b>NOTED</b> the Communication and Engagement update report.
<b>APPENDICES</b>	None.

## TRUST BOARD

### HIGHLIGHT REPORT FROM THE CHAIR OF THE PUBLIC STRATEGIC DEVELOPMENT COMMITTEE

<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Kay Barrow, Corporate Governance Manager
<b>PRESENTED BY</b>	Lindsay Foyster, Independent Member and Chair of the Strategic Development Committee
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Interim Chief Executive
<b>REPORT PURPOSE</b>	FOR NOTING
<b>ACRONYMS</b>	
AMaT	Audit Management and Tracking (System)
CEO	Chief Executive Officer
DHCW	Digital Health and Care Wales
EDI	Equality, Diversity and Inclusion
EMB	Executive Management Board
EPMA	Electronic Prescribing and Medicine Administration
EQIA	Equality Impact Assessment
FBC	Full Business Case
IMTP	Integrated Medium Term Plan
IRS	Integrated Radiotherapy Solution
KPIs	Key Performance Indicators
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, plus other identities
NWSSP	NHS Wales Shared Services Partnership
OBC	Outline Business Case
QIA	Quality Impact Assessment
QSP	Quality, Safety & Performance Committee
RAG	Red, Amber, Green (risk rating system)
RISP	Radiology Informatics System Procurement
SBAR	Situation, Background, Assessment, Recommendation

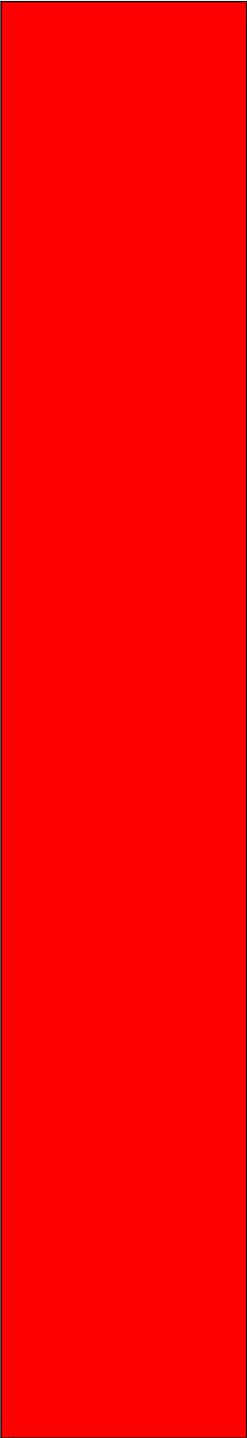
SDC	Strategic Development Committee
SRO	Senior Responsible Owner
SRU	Satellite Radiotherapy Unit
TAF	Trust Assurance Framework
TCS	Transforming Cancer Services
TrAMS	Transforming Access to Medicines
VCS	Velindre Cancer Service
VUNHST	Velindre University NHS Trust

## 1. PURPOSE

- 1.1 This paper has been prepared to provide the Trust Board with details of the key issues considered by the Public Strategic Development Committee held on 4<sup>th</sup> November 2025.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 Trust Board is requested to **NOTE** the contents of the report and any actions being taken to address any issues highlighted in the meeting.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	<p><b>nVCC Digital Assurance and Opportunities Review – Atos Board Summary: nVCC Digital Assurance &amp; Opportunities Review (Atos)</b></p> <p>The Atos review provides an independent assessment of the digital readiness of the New Velindre Cancer Centre (nVCC). The Committee noted the following key points:</p> <ul style="list-style-type: none"> <li>• <b>Strong Digital Foundations</b> The nVCC programme is expected to deliver a high-quality digital infrastructure, including robust connectivity, data architecture, and building-level systems—providing a solid platform for future digital services.</li> <li>• <b>Need to Strengthen Delivery Capacity</b> Atos advised increasing both digital and clinical resource within the programme to reduce delivery risk, reflecting lessons from other smart-hospital developments.</li> <li>• <b>Targeted Opportunities for Enhancement</b> Several capability gaps were identified which, with modest additional investment, could elevate nVCC closer to international smart-hospital standards. These include: <ul style="list-style-type: none"> <li>○ Wearable / sensing technologies</li> <li>○ Advanced patient-flow and orchestration systems</li> <li>○ Enhanced data and automation capabilities</li> </ul> </li> <li>• <b>System-Wide Dependencies</b> Achieving higher digital maturity is constrained by the absence of a national EPR and cancer information system, limiting</li> </ul>
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progression beyond foundational HIMSS levels.

- **Operational Integration Required**

The Committee emphasised that technology alone will not deliver transformation; behavioural change, workflow redesign, and clinical engagement are essential to realise benefits.

The Committee welcomed the review **NOTING:**

- a) the importance of aligning digital transformation with operational and clinical needs, as well as the need for ongoing engagement and assurance as the project progresses.
- b) the additional investment recommended in the report will be sought from Welsh Government through the nVCC Project arrangements.

**Digital Programme Highlight Report**

The Committee received the Digital Programme Highlight Report, noting that most of the substantive points had already been covered in the earlier Digital Deep Dive.

- **Service performance:** Digital services were reported to be in a stable and positive position, with core service delivery functioning well.
- **National dependency risks:** Members highlighted ongoing challenges with national system Programmes (e.g., RISP, LIMS), which consume disproportionate digital resource and constrain the Trust’s ability to progress local transformation.
- **Target Architecture and Governance:** Work underway on the national target architecture and the role of the national DDaT Leadership Board, where the Trust is represented. These are essential to aligning national and local digital agendas.
- **Key point of assurance:** The report did not introduce new issues beyond those explored earlier in the meeting; however, it reinforced the heavy resource burden created by national Programmes and the need to protect capacity for Trust-critical digital transformation.

The Committee **NOTED** the report and accepted the Assurance Level 3 and requested continued visibility of risks and priorities through future reports.



**ADVISE**

**Digital Diagnostic Update**

The Trust has commissioned a three-month Digital Diagnostic with TPX Impact to assess the organisation’s capability, capacity, and governance to deliver true digital transformation. The diagnostic will inform how the Trust balances operational digital service delivery with major programme demands (e.g., national systems, nVCC, WBS) and long-term transformation ambitions.

**Key Areas of Focus**

- **Digital Transformation Model:**

The diagnostic will not simply produce technology roadmaps but will define *how the Trust should organise itself* to deliver digital transformation effectively across clinical, operational, and corporate services.

- **Capacity and Capability Assessment:**

Currently, 60–70% of digital resources are absorbed by core service maintenance, leaving limited capacity for transformation or IMTP-critical work. The diagnostic will explore options to address this imbalance.

- **National Systems Impact:**

Dependencies on national programmes (RISP, LIMS, EPMA) place pressure on local capacity and constrain digital maturity. The work will examine how these external pressures shape Trust-level prioritisation and resourcing.

**Key Issues Identified in Discussion**

- Digital maturity is constrained by ageing infrastructure and the absence of a national EPR or cancer information system.
- There is a need to articulate what the Trust cannot deliver due to resource constraints, to support realistic IMTP planning.
- Clinical digital capability is a recognised gap and must feed into workforce and service transformation planning.
- Digital change relies heavily on behavioural and cultural change, not just technology deployment.
- Closer alignment with DHCW is required, given cross-system dependencies and the scale of national programme impacts.

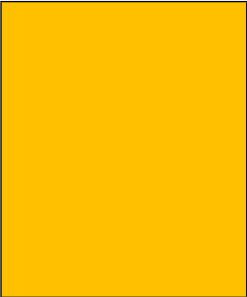
**Timeline and Outputs**

- Diagnostic launched: 10 November
- Duration: 3 months
- First outputs expected: January, with reporting through EMB, SDC, and to the Trust Board in early 2026.
- Final outputs will include:
  - A Trust-wide digital transformation model
  - Prioritised recommendations
  - Capacity and investment scenarios
  - A clearer understanding of sequencing for digital workstreams

There was strong support for the diagnostic as essential to future IMTP development, NVCC readiness, workforce planning, and overall sustainability.

The Committee emphasised the need for:

- A clear “must-do vs could-do” prioritisation
- A Trust-wide view of digital maturity and capability
- Regular reporting back to SDC and the Board as the diagnostic progresses.



The Committee **NOTED**:

- a) the scope for the Digital Diagnostic
- b) that TPX Impact have been commissioned to undertake the work with the Trust.
- c) that the report will be completed for presentation in February 2026.



**ASSURE**

**People Strategy Update**  
 The Committee received an update on progress against the Trust’s People Strategy, noting activity across wellbeing, engagement, recruitment, retention, and workforce processes.

- **Progress and Achievements**  
 Work continues to build the infrastructure required for effective workforce support, including improvements to wellbeing, engagement, and supply routes for recruitment. Metrics show improvements in several areas compared with the previous year, though further work is needed to understand longer-term trends.
- **Key Issues Discussed**
  - **Trend Data:**  
 The Committee emphasised the need for three-point trend data to properly assess progress and trajectory, rather than relying on year-on-year comparison. The team confirmed this data is available and will be incorporated.
  - **Workforce Planning:**  
 Members sought clarity on the absence of an overarching workforce plan. It was confirmed that:
    - Workforce planning is in development but depends on clarity around future service models.
    - Several areas already have strong plans (e.g., IRS, Red Cell Lab), but a full Trust-wide plan is still being developed.
    - Workforce planning must align with transformation, not operate in isolation.
  - **Outcome Measurement:**  
 The Committee noted that reporting remains output-focused rather than outcome-focused. There is a need to demonstrate:
    - The impact of interventions on staff experience and patient care
    - How activity supports strategic workforce objectives This aligns with wider conversations on improving assurance and aligning enabling strategies.

- **Assurance Level**

Assurance Level 4 was proposed however, the Committee concluded this could not yet be supported due to gaps in outcome evidence and workforce planning clarity.

Assurance was formally agreed at Level 3.

- **Next Steps**

Trend data to be incorporated into future reporting.

Development of clearer impact and outcome measures aligned to the People Strategy.

Continue progressing the Trust-wide workforce plan as service models evolve.

Strengthening integration of enabling strategies (People, Digital, etc.) within strategic reporting.

The Committee **NOTED** the contents of the People Strategy Update Report.

**Board Assurance Framework (BAF)**

- The Committee agreed to streamline BAF reporting, removing duplicate “changes” documents and relying instead on a short overview plus the updated BAF, where alterations are already clearly marked.
- Members emphasised the need for stronger alignment between strategic risks, the IMTP, and the Trust’s transformation portfolio, noting the current BAF does not yet fully reflect strategic priorities.
- Concerns were raised that some risks appear static or insufficiently reflective of current challenges. The Executive Team will revisit and refine the strategic risk set.
- The Committee highlighted that some entries show gaps in controls/assurance without clear actions and requested clearer articulation of what is being done to close these gaps.
- Going forward greater clarity on the purpose of BAF reporting to SDC was requested, specifically how it should support oversight of strategic delivery risks as distinct from operational assurance considered at QSP. A follow-up discussion will take place with Corporate Governance.

The Committee **NOTED**:

- 1) the status of the BAF and the Level 2 Assurance.
- 2) the actions being taken forward to streamline and improve the BAF format and reporting.

**Public nVCC Project Scrutiny Sub-Committee Highlight Report.**

The Committee **NOTED** the report and focused on whether the assurance levels presented accurately reflected the current position.

- Two items marked “Assure” should instead be “Advise”, as further clarification and work were still required, specifically around:
  - Outreach independence assurance

- Day-one readiness for nVCC operations
- The Committee discussed the governance route, noting that reporting will shift toward a streamlined structure: Executive Management Board to nVCC Scrutiny Project Sub-Committee to SDC, ensuring SDC receives strategic-level assurance rather than operational detail.
- Progress overall was described as positive, although ongoing robust discussions with ACORN and several programme interdependencies continue to require attention.
- No new risks were escalated, but the Committee emphasised the importance of continued visibility of key dependencies, including digital readiness and outreach planning, through future reports.

### **Velindre Cancer Service Futures Assurance Report**

The Committee received the VCS Futures update, which focuses on service preparedness across key Programmes leading to the new cancer centre opening.

- **Progress noted:**
  - The **Satellite Radiotherapy Unit** is open and operational.
  - **IRS** (regional/national project) remains **at risk**, requiring continued oversight.
  - **EPMA** are progressing as planned, while **TRAMS** remains dependent on national decision-making, with clarity expected later in the year.
  - Work continues to define milestones for **Outreach** and **Outpatients**, which must be aligned with NVCC timelines.
- **Research Bunker:** Strategic discussions are underway regarding the future research model, with decisions expected following CEO-level engagement.
- **Governance clarity:** The Committee noted that VCS Futures reporting will, in future, feed through the nVCC Scrutiny Project Sub-Committee before coming to SDC for high-level assurance, reducing duplication.
- **Committee emphasis:**
  - Need for clearer articulation of interdependencies, especially around outreach, digital readiness, and national programme timelines.
  - Importance of preparing a consolidated view of what must be in place before nVCC opens.
  - Recommended including updates on research and pathway-wide sustainability in future reports.
- **Assurance:** The Committee accepted the report and agreed that Assurance Level 3 was appropriate.

### **Welsh Blood Service Futures Assurance Report**

	<p>The Committee received the WBS Futures Assurance Report and <b>NOTED</b> The overall assurance position was Amber/Green, reflecting good progress alongside a small number of areas requiring close attention.</p> <ul style="list-style-type: none"> <li>• <b>Key achievements noted:</b> <ul style="list-style-type: none"> <li>○ Successful User Acceptance Testing and validation for the Welsh System Compatibility Waste project — described as a major milestone.</li> <li>○ Significant progress on the Plasma for Medicines programme, including timely completion of the critical <i>master file</i> required for moving into the next production and supply stages, avoiding a potential one-year delay.</li> <li>○ Steady advancement of the Talbot Green infrastructure business case, on track for expected sign-off in February.</li> </ul> </li> <li>• <b>Items requiring monitoring:</b> <ul style="list-style-type: none"> <li>○ A red-rated area associated with the BECS procurement was noted but discussed in private session due to legal considerations.</li> <li>○ Some national programme dependencies continue to affect timelines, underscoring the need for strong engagement with DHCW (Digital Health &amp; Care Wales).</li> </ul> </li> <li>• <b>Committee reflections:</b> <ul style="list-style-type: none"> <li>○ Members formally recognised the substantial progress and the amount of work underpinning the green-rated items.</li> <li>○ Emphasised the importance of maintaining oversight of national interdependencies, given their material impact on WBS delivery.</li> <li>○ Assurance Level <b>3</b> was accepted as appropriate.</li> </ul> </li> </ul>
<p><b>INFORM</b></p>	<p><b>IMTP 2026/27 – 2028/29: Trust Planning Guidance and Approach</b></p> <p>The Committee reviewed the planning guidance and proposed approach for developing the 2026–2029 Integrated Medium-Term Plan (IMTP).</p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• <b>Back Casting Approach:</b> The Trust will plan backwards from March 2028, aligning to major milestones such as the Welsh Blood Service 5-year plan and transition to the New Velindre Cancer Centre. This provides a clear future end-state and sharper milestone definition.</li> <li>• <b>Sharper Prioritisation:</b> The IMTP will focus on a smaller set of core priorities, reflecting organisational capacity and the need for delivery discipline.</li> <li>• <b>Outcome-Focused Planning:</b> Members emphasised the need for strengthened strategic narrative and clearer links between actions, outcomes, and benefits for patients, donors, and staff.</li> <li>• <b>Financial Assumptions:</b> The plan assumes a flat-cash scenario, driving a need for greater efficiency, productivity, and internal</li> </ul>

	<p>resource optimisation before seeking new investment.</p> <ul style="list-style-type: none"> <li>• <b>Dependencies:</b> Workforce, digital capability, service redesign, and national system reliance (e.g., RISP, LIMS) were highlighted as critical enablers and risks that must be fully integrated into IMTP planning.</li> <li>• <b>Cross-Cutting Themes:</b> Sustainability, equity, pathway-wide working, and incorporation of emerging innovations (AI, genomics) were identified as essential IMTP components.</li> </ul> <p>The Committee:</p> <ol style="list-style-type: none"> <li>a) <b>NOTED</b> the IMTP Planning Guidance 2026 -2029 which will support the development of the IMTP.</li> <li>b) <b>NOTED</b> the further opportunity to discuss the approach to the development of the IMTP at the Board Development Session on 16<sup>th</sup> December 2025.</li> </ol>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>

## VELINDRE UNIVERSITY NHS TRUST BOARD

### PUBLIC AUDIT COMMITTEE

### HIGHLIGHT REPORT

<b>DATE OF MEETING</b>	26 <sup>th</sup> March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>PREPARED BY</b>	Niké Hooper-Collins, Business Support Officer
<b>PRESENTED BY</b>	Gareth Jones, Chair
<b>EXECUTIVE SPONSOR APPROVED</b>	Non Gwilym, Interim Director of Corporate Governance
<b>REPORT PURPOSE</b>	FOR NOTING

#### 1. PURPOSE

This paper has been prepared to provide the Trust Board with details of the key issues and items considered by the Audit Committee at its meeting held on 3 March 2026. Key highlights from the meeting are reported in paragraph 2.

The Board is requested to **NOTE** the contents of the report and actions being taken.

#### 2. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Trust Board from the meeting of the Audit Committee held on 3 March 2026:

#### **Audit Action Tracker transition to AMaT – February update**

The Committee were asked to NOTE:

- 12 (13%) actions that are 'in progress' (blue status)
- 4 (4%) actions that 'partially complete (not overdue)' (orange status)
- 10 (11%) actions that are 'partially complete (overdue)' (purple status)
- 5 (6%) actions that are overdue (red status)
- 1 (1%) actions that have been 'fully complete (awaiting approval)' (light green status)
- 57 (64%) actions have been approved and closed (dark green status)

**ALERT /  
ESCALATE**



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Prifysgol Felindre  
Velindre University  
NHS Trust

There was discussion about the process for changing ownership of actions between Directors, with a consensus that only the Lead Director as agreed on each report should be responsible for each action to avoid confusion. Change of ownership of actions should only occur if approved by the Audit Committee.

Committee members expressed concern about persistent overdue actions, especially those related to digital/data issues and the quality dashboard and agreed to alert the Board about these challenges.

The Committee decided to downgrade the assurance level from 4 to 3 due to lack of improvement in overdue actions and warned that executive directors may be called to explain outstanding recommendations if performance does not improve.

### **Digital Risks**

The digital theme was noted as recurring in several risk areas, including the Trust risk register, Board Assurance Framework (BAF) and audit recommendations. Members highlighted new risks related to digital issues, such as manual data transfers and concerns about patient safety and accuracy and suggested more detailed discussion in QSP.

The Committee agreed that the challenges with DHCW should be formally alerted to the board, as they are significantly affecting the Trust's ability to deliver on digital priorities.

### **Internal Audit Progress Report**

The Committee were provided with the update below:

- Internal Audit work has caught up after a lull, with remaining audits in progress and the annual opinion expected to be delivered on time.
- Engagement with the trust has improved, and some audits have closed faster than before, but the overall KPI for management response compliance is low at 38% while the target KPI is 85%.
- If delays persist, especially with audits yet to commence, it may become challenging to deliver the full plan, but current fieldwork is progressing well.
- The plan for 2026-27 is nearly complete, with a similar number of audits covering general, digital, and NVCC work. This will be shared for feedback and amendments may be made throughout the year.

The Committee raised concerns about the low KPI, suggesting escalation to the Board and requesting a breakdown of overdue responses for targeted follow-up.

	<p><b>Medical Job Planning Internal Audit Report - limited assurance</b></p> <p>The audit assessed the completion and quality of medical job plans, noting a significant dip in completion rates at the time of fieldwork due to the transition to a new L2P electronic system.</p> <p>The Welsh Government were notified on 3rd March 2026 of the limited assurance report as part of the performance and escalation requirements of the Committee.</p> <p>The Committee was informed that the number of Consultants with job plans had increased significantly since the date of field work undertaken for the preparation of the Audit Report.</p>
<p><b>ADVISE</b></p>	<p><b>NONE</b></p>
<p><b>ASSURE</b></p>	<p><b>Trust Risk Register</b></p> <p>The Audit Committee received assurance that the risk register is actively used, when necessary, with information being inputted into the Datix system.</p> <p>The Committee <b>NOTED</b> the risks in the quality and safety domain with a score of 12 and risks in other domains with a score of 15 and above and <b>NOTED</b> the static risks and sub-threshold risk audits.</p>
<p><b>INFORM</b></p>	<p><b>INTERNAL AUDIT REPORTS</b></p> <p>The Audit Committee received four internal audit reports, which reported the following levels of assurance:</p> <ul style="list-style-type: none"> <li>• <b>Medical Job Planning</b> Assurance rating: Limited Assurance (see above)</li> <li>• <b>Commissioning Arrangements</b> Assurance rating: Reasonable</li> <li>• <b>nVCC Integrated Planning</b> Assurance rating: Reasonable</li> <li>• <b>AI / Robotics</b> Assurance rating: Reasonable</li> </ul> <p><b>Board Assurance Framework</b></p> <p>The Committee were <b>INFORMED</b> that the BAF is a live document, updated after board meetings; the version presented may not fully reflect the latest board decisions due to timing issues between meetings.</p>

	<p>The Committee <b>NOTED</b> the status of the Board Assurance Framework and <b>DISCUSSED</b> the plan to move forward with the Board Assurance Framework.</p> <p><b>Counter Fraud Progress Report Quarter 4 2025/26</b></p> <p>The update included that:</p> <ul style="list-style-type: none"> <li>• The Trust reached 75% compliance with counter fraud e-learning, with expectations to improve further by year-end. A comparative breakdown with other Welsh organisations will be provided in the annual report.</li> <li>• There was significant promotional work during Fraud Awareness Week and Christmas, including a new February newsletter available on the intranet.</li> <li>• No new risks or required actions arose from recent fraud prevention notices.</li> <li>• A detailed breakdown of NFI matches was provided, covering both the counter fraud team and shared services accounts payable. Shared Services reviews only the key/high-risk reports as identified by NFI. Audit Wales is reviewing NFI methodologies across Wales, and any best practice updates will be adopted.</li> <li>• No significant new investigations or salary overpayments were reported in this period.</li> </ul>
<b>APPENDICES</b>	<b>NONE</b>

### 3. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.



<b>TRUST BOARD</b>	
<b>TRUST WIDE POLICIES APPROVED UPDATE</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
<b>REPORT PURPOSE</b>	FOR NOTING
<b>PREPARED BY</b>	Kay Barrow, Corporate Governance Manager
<b>PRESENTED BY</b>	Non Gwilym, Interim Director of Corporate Governance
<b>EXECUTIVE SPONSOR APPROVED</b>	Non Gwilym, Interim Director of Corporate Governance
<b>EXECUTIVE SUMMARY</b>	The purpose of this report is to provide an update to the Trust Board regarding the status of the Trust wide policies and to advise of those that have been approved during the period <b>January 2026 to March 2026</b> .
<b>RECOMMENDATION / ACTIONS</b>	The Trust Board is asked to <b>NOTE</b> the policies that have been approved during the period <b>January 2026 to March 2026</b> .
<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
<ul style="list-style-type: none"> <li>Executive Management Board</li> </ul>	26/01/2026 23/02/2026
<ul style="list-style-type: none"> <li>Quality, Safety and Performance Committee</li> </ul>	12/03/2026
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
<p>The following policies were <b>ENDORSED</b> by the Executive Management Board and <b>APPROVED</b> by the Quality, Safety and Performance Committee:</p> <ul style="list-style-type: none"> <li>IG15 Bring Your Own Device Policy (New)</li> <li>IG16 Artificial Intelligence (AI) Policy (New)</li> <li>IPC03 National Model Policy Aseptic Non-Touch Technique (ANTT)</li> <li>PP04 Asbestos Policy</li> </ul>	

- PP09 Water Safety Policy
- QS02 Management of Safety Alerts and Important Notifications Procedure
- QS18 Health, Safety & Welfare Policy

## 7 LEVELS OF ASSURANCE – N/A

### APPENDICES

Appendix 1	IG15 Bring Your Own Device Policy (New)
Appendix 2	IG16 Artificial Intelligence (AI) Policy (New)
Appendix 3	IPC03 National Model Policy Aseptic Non-Touch Technique (ANTT)
Appendix 4	PP04 Asbestos Policy
Appendix 5	PP09 Water Safety Policy
Appendix 6	QS02 Management of Safety Alerts and Important Notifications Procedure
Appendix 7	QS18 Health, Safety & Welfare Policy

## 1. SITUATION/BACKGROUND

- 1.1 In accordance with the “Policy and Procedure for the Management of Trust wide Policies and other Written Control Documents”, the Trust Board will receive all approved policy documents for information under the Consent Agenda.
- 1.2 The purpose of this report is for the Trust Board to note the policies that have been through the Trust governance process and approved during the period **January 2026 to March 2026**.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Since the last report, the Quality, Safety and Performance Committee **APPROVED** the policy below, which has been uploaded to the Trust Intranet and Internet site and circulated via the policy distribution list for immediate implementation.

Appendix	Policy Title	Policy Lead / Function	Approving Body	Effective Date
1	IG15 Bring Your Own Device Policy (New)	Chief Digital Officer	Quality, Safety & Performance Committee	12/03/2026
2	IG16 Artificial Intelligence (AI) Policy (New)	Executive Director of Finance	Quality, Safety & Performance Committee	12/03/2026
3	IPC03 National Model Policy Aseptic Non-Touch Technique (ANTT)	Executive Director of Nursing, AHPs	Quality, Safety & Performance Committee	12/03/2026

Appendix	Policy Title	Policy Lead / Function	Approving Body	Effective Date
		and Health Science		
4	PP04 Asbestos Policy	Director of Place, Portfolio and Partnerships	Quality, Safety & Performance Committee	12/03/2026
5	PP09 Water Safety Policy	Director of Place, Portfolio and Partnerships	Quality, Safety & Performance Committee	12/03/2026
6	QS02 Management of Safety Alerts and Important Notifications Procedure	Executive Director of Nursing, AHPs and Health Science	Quality, Safety & Performance Committee	12/03/2026
7	QS18 Health, Safety & Welfare Policy	Director of Place, Portfolio and Partnerships	Quality, Safety & Performance Committee	12/03/2026

### 3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	04 – Organisational Culture
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply

	<p>Safe <input checked="" type="checkbox"/></p> <p>Timely <input checked="" type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input checked="" type="checkbox"/></p> <p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></p> <p>A robust and clear governance framework for the management of policies is essential to minimise risk to patients, employees and the organisation itself; therefore, the Trust has developed a system to support the development or review, approval, dissemination and management of policies.</p>
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> <i>For more information:</i> <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	<p>Yes</p> <p>Through better decision making, the duty will improve the outcomes for those who suffer socio-economic disadvantage. The Duty will contribute towards a fairer and more prosperous Wales.</p>
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>Yes - please include further detail below, including funding stream</p> <p>Non-compliance could result in significant costs due to legal challenges, fines and prosecutions against the Trust.</p>
<b>EQUALITY IMPACT ASSESSMENT</b>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>Each policy will be individually assessed to ensure compliance with EIA requirements.</p>
<b>ADDITIONAL LEGAL IMPLICATIONS/ IMPACT</b>	<p>Yes (include further detail below)</p> <p>Not complying with Trust policy and procedure can result in legal challenges from staff at Employment Tribunal.</p> <p>Not complying with legislative requirements could result in fines and prosecutions against the Trust from respective government agencies.</p>

#### 4. RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	<b>No</b>
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**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

**Ref: (IG 15)**

## **BRING YOUR OWN DEVICE POLICY**

<b>Executive Sponsor &amp; Function</b>	Chief Digital Officer
<b>Document Author:</b>	Cyber Security Manager
<b>Approved by:</b>	Quality, Safety and Performance Committee
<b>Approval Date:</b>	12 <sup>th</sup> March 2026
<b>Date of Equality Impact Assessment:</b>	9 <sup>th</sup> February 2026
<b>Equality Impact Assessment Outcome:</b>	Approved
<b>Review Date:</b>	9 <sup>th</sup> February 2027
<b>Version:</b>	1

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## 1. AIM

This Policy is one of a set of policies, which sit beneath the All-Wales Information Security Policy, and assists the Velindre University NHS Trust (“VUNHST”) to maintain compliance with its statutory responsibilities and duties.

VUNHST does not require, expect, or encourage staff to use their personal devices to access work emails, Microsoft Teams messages, or any other work-related systems outside of their normal working hours. While BYOD access is available for convenience, it is entirely optional. Staff are reminded of the importance of maintaining a healthy work–life balance and should feel confident in disconnecting from work-related digital services when off duty.

Whilst it is recognised that use of personally owned devices for work purposes brings many benefits, such devices also pose a high security risk if they are left vulnerable to theft, loss and unauthorised access.

This BYOD Policy sets out clearly how VUNHST exercises its responsibilities for the confidentiality, integrity and availability of VUNHST information and personal data and the acceptable use of personal devices by staff to access VUNHST data, which may include data about staff, patients, donors, suppliers and other business connections.

VUNHST provides external access to various VUNHST services for all of its staff, as well as other authorised users, for purposes that are of benefit to both VUNHST and to the user in the work they undertake on behalf of VUNHST. However, ultimately it is up to the staff member to decide whether they wish to make use of this facility, and if they choose to do so they must ensure that they maintain a healthy work-life balance whilst doing so.

The services currently accessible by BYOD are subject to change but include (*See [Bring Your Own Device Accessible Applications in Appendix 1](#)*):

- Microsoft 365 applications including, but not limited to:
  - Microsoft Teams
  - Outlook (e-mails & calendar)
  - OneDrive
  - SharePoint
  - Office apps (Word, Excel, PowerPoint)
- ESR

VUNHST will monitor access to these resources but will not monitor the content or usage of a personal device under any circumstances.

## 2. POLICY STATEMENT AND OBJECTIVES

The objective of this policy is to:

- protect the confidentiality, integrity and availability of VUNHST data.
- ensure that BYOD users are aware of their responsibilities when accessing VUNHST data on personal devices.
- provide guidance and set expectations for what can and cannot be achieved with the BYOD system in place.
- ensure that BYOD users are aware of the consequences of breaching this policy.

### **3. SCOPE OF THIS POLICY**

This policy applies to anyone who accesses or processes VUNHST data on personally owned devices.

### **4. ROLES AND RESPONSIBILITIES**

#### **Chief Executive Officer**

The Chief Executive Officer (“CEO”) has overall responsibility for Data Protection and Confidentiality within VUNHST. As accountable officer, they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support the safe and secure handling of information.

To satisfy the above, the CEO has delegated this responsibility to the Executive Director of Finance. The Executive Director of Finance is accountable for the Trusts overall Information Governance arrangements.

#### **Caldicott Guardian (CG)**

The Executive Medical Director has been nominated as the Trusts Caldicott Guardian and has specific responsibilities regarding confidentiality and consent, in relation to personal data.

#### **Senior Information Risk Owner (SIRO)**

The Executive Director of Finance is also the identified Senior Information Risk Owner (SIRO) and will take ownership of information risk. The SIRO is a key factor in successfully raising the profile of information risks and embedding information risk management into the Trusts culture.

#### **Data Protection Officer (DPO)**

The Head of Information Governance is appointed as the Trust’s Data Protection Officer and has delegated responsibilities from the Chief Executive specifically regarding compliance with Data Protection legislation and the rights of data subjects. The Information Governance structure sits under this role.

#### **Chief Digital Officer**

The Chief Digital Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of information assets and systems held within the Trust.

#### **Information Governance**

The Information Governance department are jointly responsible with Digital Services for the implementation, monitoring and review of this policy, as well as ensuring advice and guidance on technical specifications is made available to all staff.

They are also responsible for supporting managers when investigating breaches of this policy.

## Digital Services

Digital Services, including Cyber Security, are jointly responsible with the Information Governance department for the implementation, monitoring and review of this policy, as well as ensuring advice and guidance on technical specifications is made available to all staff.

## Managers

All Managers are directly responsible, ensuring that:

- users are aware of this policy.
- users are made aware of changes to this policy.
- users are trained appropriately.
- suspected incidents are reported and investigated.
- work in collaboration with the Digital Services department to ensure appropriate plans, business cases etc. are in place to support the procurement, maintenance/support and renewal of critical operational and clinical IT systems.

## Users

Users are responsible for their own actions and must:

- adhere to this policy and associated policies and procedures.
- report incidents to appropriate managers as quickly as possible.
- report to Digital Services if a personal device is lost or stolen and log the incident on Datix.
- ensure ongoing awareness of this policy.
- ensure that they are up to date with their mandatory Information Governance training.

## 5. POLICY Access Control

Users **MUST** only access VUNHST services and data from devices that they personally own. i.e. Users **MUST NOT** use shared devices such as those found in public places e.g. libraries.

Access to services and data is provided over a secure connection, generally via HTTPS.

Multi-factor authentication (MFA) is mandatory for accessing M365 services.

Users must not share their login credentials with anyone.

## Data Security

Users must ensure that their personal device is secure and has appropriate security measures in place, such as PINs, passwords, biometric locks, up-to-date security software, and is updated with the latest operating system and software security updates.

Sensitive data must not be stored locally on personal devices.

Users must report any lost or stolen devices immediately to Digital Services.

### **Confidentiality**

Users must maintain the confidentiality of all data when accessed from personal devices.

### **Monitoring and Compliance**

VUNST and NHS Wales reserves the right to monitor access and usage of M365 services.

Regular audits will be conducted to ensure compliance with this policy.

Users must comply with all Trust policies regarding the use of personal devices, including but not limited to policies on data protection, patient confidentiality, and acceptable use.

Non-compliance may result in disciplinary action, including termination of employment.

### **Acceptable Use**

Personal devices must not be used to access, store, or transmit patient, donor or organisational data unless authorised.

Users must comply with the organisation's data protection and confidentiality policies.

Any form of illegal activity or violation of organisational policies using personal devices is prohibited.

## **6. EQUALITY IMPACT ASSESSMENT STATEMENT**

An EQIA has been completed, and its summary is presented at the front of this Policy.

## **7. GETTING HELP**

Staff that require assistance should contact the Cyber Security Team in the first instance.

## **8. RELATED POLICIES**

- Information Governance Policies.
- Information Security & Supplier Management Policies.
- Data Protection Impact Assessment Procedure.
- Incident Response Plan.
- Information Governance Policy.
- Data Quality Policy.
- Information Security Policy.
- Internet Use Policy.

- Email and Instant Messaging (EIM) Use Policy.
- Safeguarding and Public Protection Policy

**9. INFORMATION, INSTRUCTION AND TRAINING**

Staff are required to undertake the Information Governance and Cyber Security training every two years as part of the statutory/mandatory training.

# APPENDIX 1

## BRING YOUR OWN DEVICE ACCESSIBLE APPLICATIONS

1. ESR (Electronic Staff Record)
2. Microsoft Outlook
3. Microsoft Teams
4. Microsoft OneDrive
5. Microsoft SharePoint
6. Microsoft Authenticator
7. Microsoft Edge
8. Microsoft Company Portal
9. Microsoft Office
  - a. Excel
  - b. Word
  - c. PowerPoint
10. Microsoft 365 Copilot
11. Microsoft OneNote
12. Microsoft To Do: Lists & Tasks
13. Microsoft SharePoint
14. Microsoft Planner
15. Microsoft Whiteboard
16. Power Platform
  - a. Power Apps
  - b. Power Automate
  - c. Power BI
  - d. Power Pages
  - e. Copilot Studio
  - f. Dataverse
  - g. AI Builder



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

**Ref: (IG 16)**

## **ARTIFICIAL INTELLIGENCE (AI) GOVERNANCE POLICY**

<b>Executive Sponsor &amp; Function:</b>	Executive Director of Finance
<b>Document Author:</b>	Head of Information Governance
<b>Approved by:</b>	Quality, Safety and Performance Committee
<b>Approval Date:</b>	12 <sup>th</sup> March 2026
<b>Date of Equality Impact Assessment:</b>	15 <sup>th</sup> January 2026
<b>Equality Impact Assessment Outcome:</b>	Approved
<b>Review Date:</b>	March 2027
<b>Version:</b>	1

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## 1. INTRODUCTION

In the rapidly evolving field of healthcare, the integration of artificial intelligence (AI) technologies has the potential to revolutionise services, streamline administrative processes, and enhance overall operational efficiency. Velindre University NHS Trust (the Trust) recognises the importance of adopting AI technologies while ensuring their lawful, ethical and responsible use.

The Welsh Government commissioned a survey to "assess *the effective adoption of AI across NHS Wales*" this Policy is one result of output recommended by the Survey, which includes the following:

- The adoption of a national AI strategy across NHS Wales to include principles, vision and risk appetite
- A national AI governance Policy
- A national AI ethics framework

The three outputs above would in due course be endorsed by the Welsh Government to assist NHS bodies in their journey.

The Information Governance landscape in Health and Social Care in Wales is under review with the imminent establishment of a new Welsh Government led Strategic IG Group to sit under the Digital, Data and Technologies (DDaT) (Standards) Board, the Group will be strategic in focus and will endorse all-Wales policies such as a National AI Policy.

In the interim, whilst the governance arrangements of the new Strategic IG Group are being set up, and in order to facilitate good governance and mitigate risk it is vital that the Trust has in place an AI Policy pending a future all-Wales AI Policy. This AI policy serves as a guiding framework to ensure the appropriate deployment, management, and oversight of AI systems across the Trust.

## 2. POLICY STATEMENT

The purpose of this policy is to establish clear guidelines for the development, implementation, and monitoring of AI systems to protect personal data, uphold ethical standards, and mitigate potential risks. The Trust recognises that AI systems, including machine learning algorithms and natural language processing, can contribute significantly to research, improving healthcare outcomes and resource allocation. However, it is imperative to ensure that AI technologies are used in a manner that aligns with legal requirements, respects patients', service users, donors' and staff rights, and maintains the trust and confidence of our patients, donors, staff, and stakeholders.

This policy outlines key principles and procedures that must be adhered to when utilising AI technologies within the Trust. It addresses critical aspects such as data privacy, algorithm transparency, accountability, and ongoing monitoring of AI systems. By implementing these guidelines, the aim is to foster a culture of responsible and ethical AI use, where the benefits of AI are harnessed while minimising risks and misuse.

It is important to note that this AI policy is not exhaustive and will be adapted and updated periodically as technology advances, regulatory requirements evolve, and best practices

in AI governance emerge. The Trust is committed to staying at the forefront of responsible AI implementation to ensure the ethical and effective use of AI technologies.

### **3. SCOPE OF POLICY**

All staff are required to comply with this policy. The term "staff" includes permanent, temporary, contracted and voluntary staff of the Trust, including Independent Members and those with honorary contracts who have access to and create officially recorded information. It applies to all departments and services that utilise AI irrespective of their scale or scope. It applies to both internally developed AI systems and those procured from external vendors.

Non-compliance with this policy could result in disciplinary action which may include dismissal.

### **4. AIMS AND OBJECTIVES**

The aims and objectives of this policy are to ensure that there is guidance available for staff on the development, implementation, and monitoring of AI systems to protect personal and commercially sensitive data, uphold ethical standards, and mitigate potential risks whilst enabling staff and services to improve from new technologies.

### **5. RESPONSIBILITIES**

In order that the deployment and use of AI meet legal and ethical standards, individuals in existing posts are required to provide technical and practical advice and guidance prior to and during the use of products and services using AI:

#### **Data Protection Officer (DPO):**

- Oversee and ensure compliance with data protection regulations and best practice associated with AI.
- Provide guidance on data privacy related to AI systems.
- Review and approve Data Protection Impact Assessments (DPIAs) for all AI projects (including those who may have an element of AI as part of their objectives).
- Act as the AI Officer as set out in Section 4(1) of the AI (Regulation) Bill and in the Subsequent AI (Regulation) Act when it receives Royal Assent.
- Act as a member of the virtual panel assessing the use of AI tools within the Trust

#### **Caldicott Guardian (CG):**

- Ensure data is processed in accordance with the Caldicott Principles.
- Ensure confidential patient and donor information is processed legally, ethically and appropriately.
- Provide advice and guidance to staff on the implementation of AI in relation to clinical systems.

#### **Senior Information Risk Owner (SIRO):**

- Take responsibility for the overall governance and management of information risks associated with AI systems.

- Ensure that appropriate risk management processes, controls, and policies are in place.
- Collaborate with other stakeholders to address potential risks and mitigate any adverse impacts arising from AI implementation.
- Provide oversight and strategic direction to ensure the responsible use of AI technologies.
- Act as a member of the virtual panel assessing the use of AI tools within the Trust,

#### **Chief Clinical Information Officers:**

- Assess the clinical safety risks associated with AI systems used in clinical settings.
- Collaborate with and support the Caldicott Guardian in their role of safeguarding the confidentiality of patient information.
- Collaborate with relevant stakeholders to establish safety protocols and guidelines for AI implementation.
- Monitor and evaluate the performance and safety of AI systems used in clinical settings.
- Investigate and address any incidents or concerns related to the clinical safety of AI systems.
- Act as a member of the virtual panel assessing the use of AI tools within the Trust.

#### **Chief Digital Officer:**

- Monitor the deployment and use of AI systems across the Trust.
- Ensure data is processed in accordance with Legislation with regards to Cyber security and resilience.
- Provide the ability to monitor the employment and use of AI Systems across the Trust
- Ensure information is processed securely.
- Provide advice and guidance to staff on the implementation of AI.

#### **Digital & Data and Insights Staff:**

- Assist in the implementation, integration, and maintenance of AI systems.
- Ensure the proper configuration, security, and compatibility of AI systems in line with all relevant policies.
- Collaborate with vendors and other stakeholders to address technical issues and provide technical support for AI systems as required.

#### **Finance & Procurement Teams:**

- Finance and Procurement Teams have an obligation to make the Information Governance Team aware of any requests to implement AI software.
- Requests for AI solutions will be assessed and authorised by the Information Governance and digital Teams. A Data Protection Impact Assessment MUST be completed prior to implementation; this is a legal requirement for AI.

#### **Research, Development and Innovation (RD&I)**

- Assist researchers by signposting them to the correct Health Research Authority (HRA) guidance and advising them on how to apply for ethics approval.

- Refer to Good Machine Learning Practice (GMLP) and 10 guiding principles as developed by the US Food and Drug Agency (FDA), Medicines and Healthcare Products Regulatory Agency (MHRA) and Health Canada.

### **Employees & Authorised Users:**

- Develop and Utilise AI systems in accordance with established guidelines and protocols.
- Utilise AI technology in accordance with established professional standards (e.g. GPhC Standards)
- Provide feedback and insights on the effectiveness, usability, and impact of AI technologies.
- Report any incidents or concerns related to AI system performance or safety.
- Familiarise themselves with and adhere to the Trust's Information Governance and Security policies, protocols and guidelines.
- Report any concerns or issues related to the AI systems to the DPO.

It is important to note that these roles and responsibilities may vary, collaboration and clear communication among these roles are essential for the successful and responsible use of AI.

## **6. DEFINITIONS**

The following definitions are useful when describing AI and subsets of AI:

### **Artificial Intelligence:**

The development of computer systems capable of performing tasks that typically require human intelligence, such as reasoning, learning, decision-making and perception. AI encompasses a wide range of technologies, including machine learning, deep learning and natural language processing

### **Machine Learning:**

Machine learning is the subset of artificial intelligence (AI) focused on algorithms that can “learn” the patterns of training data and, subsequently, make accurate *inferences* about new data. This pattern recognition ability enables machine learning models to make decisions or predictions without explicit, hard-coded instructions.

### **Deep Learning:**

Deep learning is a subset of [machine learning](#) driven by multilayered [neural networks](#) whose design is inspired by the structure of the human brain.

### **Natural Language Processing:**

Natural language processing (NLP) is a subfield of computer science and [artificial intelligence \(AI\)](#) that uses [machine learning](#) to enable computers to understand and communicate with human language.

## **Generative AI**

Generative AI, sometimes called *gen AI*, is [artificial intelligence](#) (AI) that can create original content such as text, images, video, audio or software code in response to a user's prompt or request.

## **Agentic AI:**

Agentic AI is an [artificial intelligence](#) system that can accomplish a specific goal with limited supervision. It consists of AI agents—machine learning models that mimic human decision-making to solve problems in real time. In a multiagent system, each agent performs a specific subtask required to reach the goal and their efforts are coordinated through [AI orchestration](#).

**AI Systems** – An AI System is defined as a machine based system that can infer outputs from inputs to generate predictions, content, recommendations or decisions. It operates independently, processing data and detecting patterns, and learns from new data to adjust its outputs. These systems are capable of performing tasks that typically require human intelligence, such as reasoning, learning and perception. Additionally, AI systems can be developed in software or hardware to solve tasks requiring human like cognition and communication. They operate autonomously and adapt after deployment.

**Data Protection Impact Assessments** – A Data Protection Impact Assessment (DPIA) is a process to help identify and minimise the data protection risks of a project utilising Data Protection by Design and by Default. The Trust requires that DPIAs are considered and where necessary completed in full for any new data processing activities, new systems, services, and commissioning activities. The Information Governance (IG) Team will review and approve DPIAs and advise of requirements and recommended actions as necessary.

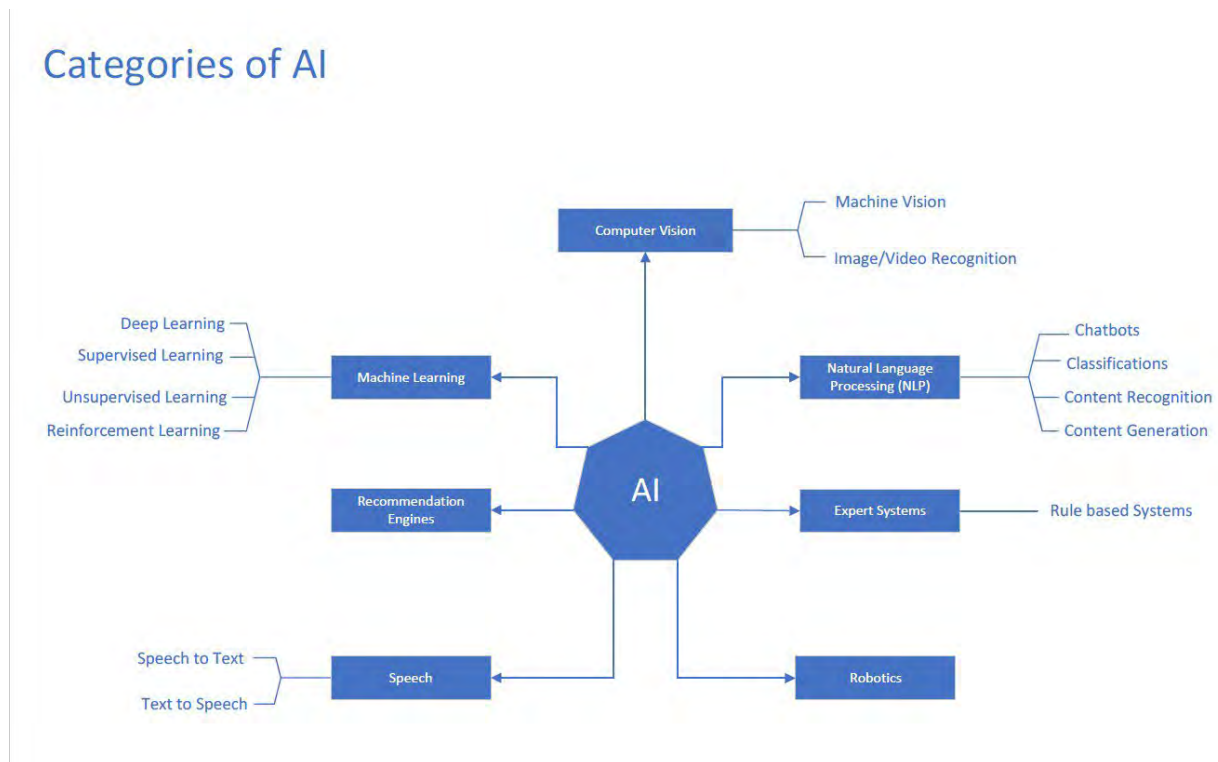
**Digital Technology Assessment Criteria (DTAC)** – Developed by the NHS in England, the DTAC is an assessment criterion required for the commissioning of digital health technologies across the NHS and social care services. The DTAC includes criteria covering clinical safety, data protection, technical security, interoperability, plus usability and accessibility. For your digital health product to pass the DTAC, you need to meet all requirements in each of the areas.

**Processing** – In relation to information or data means; obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data, which may include adaptation or alteration of the information; retrieval, or use of the information or data; disclosure of the information or data by transmission, dissemination or otherwise making available, or alignment, combination, blocking, erasure or destruction of the information or data. In summary anything you do with data is “processing”.

**Robotic Process Automation (RPA)** – Is a form of business process automation that uses automation technologies to mimic back-office tasks of human workers, such as extracting data, filling in forms, moving files, etc. By deploying scripts that emulate human processes, RPA tools autonomously execute various activities and transactions across unrelated software systems.

This form of automation uses rule-based software to perform business process activities at a high volume, freeing up human resources to prioritize more complex tasks. While RPA is sometimes mistaken for artificial intelligence (AI), the two are distinctly different, RPA is process-driven, whereas AI is data-driven. RPA bots can only follow the processes defined by an end user, while AI bots use machine learning to recognise patterns in data and learn over time, RPA and AI can complement each other well.

The Schematic below sets out the interconnected relationship of differing sub-categories of AI and where AI fits in the domain of data science:



**Sensitive Data** – Any personal data that is defined as sensitive under the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018, including but not limited to:

- Patient identifiable data (e.g., names, dates of birth, addresses).
- Medical records and health information.
- Financial and payment information.
- Any other information that is deemed sensitive by NHS Wales organisations.

**Personal data** is defined in UK GDPR Article 4(1) as:

*“any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person”;*

Special Category Personal Data is defined in UK GDPR Article 9(1) as:

*“data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation”*

## **7. IMPLEMENTATION/POLICY COMPLIANCE**

### **Defining the purpose and identifying a legal basis for the use of AI:**

Artificial Intelligence can be used in many ways to enhance the work of the Trust. It is important that the purpose and use of AI is clearly defined and agreed, including why AI is being used and what value it will bring to the organisation. Such purpose and use must be set out formally within the DPIA process which is already set in law under Article 35 UK GDPR.

You must also determine if a legal basis for the use of data is required before any data is processed. Where possible any data should be anonymous so a legal basis would not be required. The definition of Anonymised data is:

*“information which does not relate to an identified or identifiable natural person or to personal data rendered anonymous in such a manner that the data subject is not or no longer identifiable”.*

It is therefore, important that data and use cases are carefully assessed to determine if individuals can be identified using the contents of the information even if common identifiers such as name, address and phone number are removed.

For example, the combined details of a local area, a rare disease and a very young age may enable a patient to be identified. In such cases you would need to treat this as personal data and therefore identify a [Legal Basis \(see Art 6 UK GDPR\)](#) for the processing along with meeting the requirements of the common law duty of confidentiality (CLDC), to meet the requirements of CLDC there MUST be one of the following conditions:

- *A mandatory legal requirement or power that enables the CLDC to be set aside, for example, the Children Act 1989 which requires information to be shared in safeguarding cases, powers for Care Quality Commission inspections, reporting of food poisoning, reporting of infectious diseases such as measles, and the powers given to NHS Digital under section 259 of the Health and Social Care Act 2012.*
- *A court order, where a judge has ordered that specific and relevant information must be provided, and to whom.*
- *An overriding public interest, where it is judged that the benefit of providing the information outweighs the rights to privacy for the patient concerned and the public good of maintaining trust in the confidentiality of the service.*
- *Explicit or implied consent.*
- *Legal support for the use of confidential patient information without consent under the Health Services (Control of Patient Information) Regulations 2002, under section 251 of the NHS Act 2006.*

The above requirements also apply to data used to test and develop AI systems even if there is no outcome or decision for an individual, this is because you are processing data by using it to train AI models or algorithms.

In general, AI can be used in healthcare in three ways:

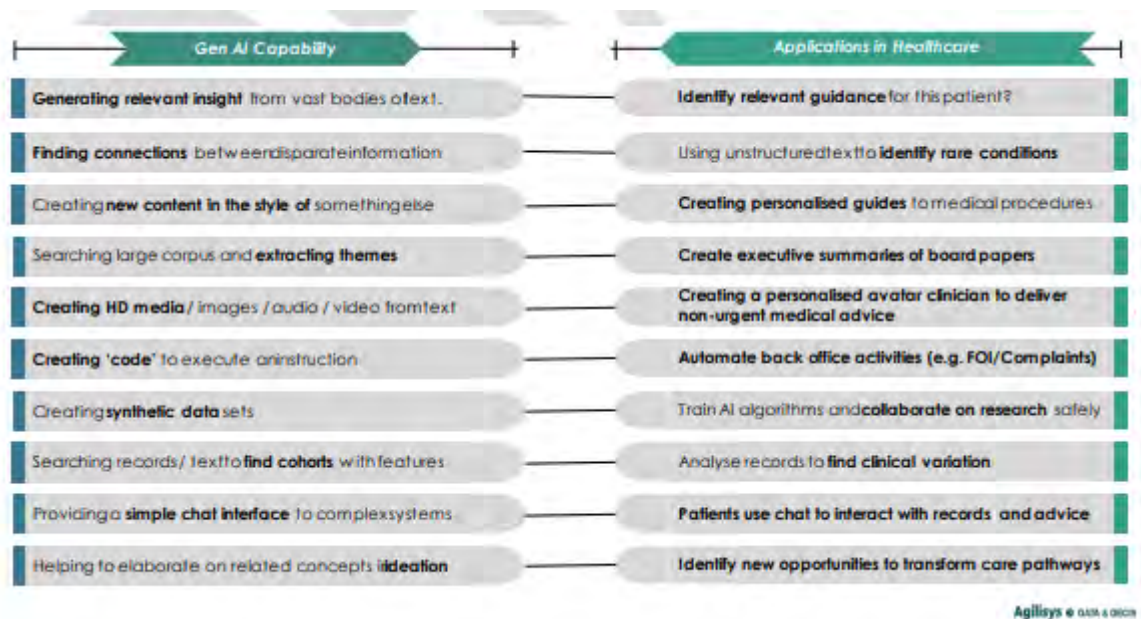
- AI specifically for use in healthcare settings,
- AI for population or health research,
- Freely or commercially available 'generic' AI.

How these should be used in health and care settings is outlined below.

## Developing Artificial Intelligence Products for Healthcare

The NHS's AI and Digital Regulations Service is an AI regulation service for people who develop or plan to use AI or a digital technology in health and social care. It brings together regulations, guidance and resources for digital healthcare technologies. The service is comprised of four partners; National Institute for Health & Care Excellence (NICE), Medicines and Healthcare products Regulatory Service (MHRA), Health Research Authority (HRA) and Care Quality Commission (CQC) {English version of Health Inspectorate Wales}. You can contact this service at:

About the AI and Digital Regulations Service – AI regulation service – NHS ([innovation.nhs.uk](https://innovation.nhs.uk))



## Using AI for Research

Health Research Authority (HRA) approval is required for research studies that take place in the NHS in Wales. The 'HRA AI and Digital Regulations Service' can provide guidance for NHS AI adopters, and digital health innovators.:

<https://www.digitalregulations.innovation.nhs.uk/>

Review by an NHS Research Ethics Committee (REC) is required, as well as an assessment of regulatory compliance and related matters undertaken by dedicated HRA staff.

If you are planning to develop an AI research programme within the NHS, the Research and Development Support Services team within the Innovation, Research and Improvement System (IRIS) will be able to provide advice and guidance on how to apply for research ethics and approvals via the Health Research Authority.

In addition, a useful resource is the UK Government's "*pro-innovation approach to AI*" the link is below:

[Pro-Innovation Approach to AI PDF](#)

### **Public and freely Available Web facing Artificial Intelligence Apps and Services (e.g. Copilot, ChatGPT)**

AI is a feature of many applications currently used by staff including Apps within M365 ecosystem. It is important to use AI appropriately and responsibly to ensure that it does not compromise personal data, business sensitive information, violate policies, or pose a risk to patient or donor safety, or our network integrity. The Trust **DOES NOT** permit the use of public AI software such as ChatGPT. This is because it can produce inaccurate, biased or false information, it can also be accessed by people outside the NHS and there is a risk that sensitive information may inadvertently become available in the public domain, this would constitute a data breach.

When procuring and implementing artificial intelligence products or systems that include AI features you must:

- Engage with the procurement process set out within the Procurement policy.
- Engage via Service Desk
- complete a Data Protection Impact Assessment (DPIA), the service area and the supplier must engage with this process – this is required by law.
- consider the risks and practical steps to reduce these risks that are documented in the [ICO's AI Toolkit AI and data protection risk toolkit | ICO](#).
- If the AI is associated with healthcare provision (such as image reading) a Digital Services Technology Assessment Criteria form and an AI assessment form must be completed.
- As part of the AI assessment form submission any associated biases or ethical concerns must be documented and addressed within the AI Ethics Impact Assessment; potential societal impact and ethical implications of AI deployments should be carefully assessed and mitigated. It is essential that the Trust can be assured that any product mitigates against bias and discrimination.
- If the AI is associated with research, you must obtain approval from Trust's RD&I Team.
- The Chief Clinical Information Officer (if developing a medical device) must be consulted throughout procurement and implementation.
- Welsh Health Circular (WHC) 26/2025 must be consulted when procuring Ambient Voice Technology tools as they are classed as Medical Devices, a DPIA MUST also be completed in compliance with data protection by design and by default.

- You must adhere to the conditions set out in Article 22 of the UK General Data Protection Regulation in relation to automated individual decision making, including profiling. – Individuals have the right not to be subject to automated decision making.
- AI outcomes or outputs must be reviewed by a human. You cannot rely solely on the use of AI for decision making, there must be substantial involvement from an appropriately qualified human.
- There must be an agreed process to flag any concerns regarding the output of any AI products, this requirement will normally be completed by the Clinical Safety process and completion of a DCB0160.
- If there are concerns which have led to an incident this must be reported as per the Incident Reporting Policy.
- Incident response plans should be established to handle security incidents, including data breaches, unauthorised access, and system failures.
- Use of AI must be transparent to staff and patients/donors ensuring they understand where it is being used and how it may impact their employment, work or care. The logic behind it must be explainable.
- Data must be collected and processed in a lawful and ethical manner, with appropriate consent and anonymisation measures in place.
- Data access and sharing must be strictly controlled, and data must be stored securely throughout its lifecycle.
- When undertaking Research Development and Innovation (RD&I) activities, you should conduct patient and public engagement activities that include determining if individuals support the use of data for your intended purpose, or if they have any concerns on how their data will be used.
- If the use of AI involves service change then prior to the implementation of any AI programme, formal consultation must take place with employees and their trade union representatives in accordance with the organisational change policy.
- AI systems should be continuously monitored for suspicious activities, anomalies, and potential security breaches in line with stipulations set by the Trust's cyber security team

## **Copyright Considerations**

Velindre University NHS Trust employees using AI technologies must also consider the Copyright and Patents Act 1988 when entering data into these systems, it is important that any information being used or input into an AI tool has the copyright holders permission to do so.

## **8. EQUALITY IMPACT ASSESSMENT STATEMENT**

An EQIA has been completed and its summary is presented at the front of this Policy.

## **9. REFERENCES**

All stakeholders such as the Trust's SIRO/DPO, Executive lead and IG lead, Research, Development and Innovation Team, Procurement Team, Data and Insights and Digital involved in developing, implementing, managing, and monitoring artificial intelligence have been engaged in the development of this policy.

The following References may be useful tools to further understanding of the use of AI:

- Information Commissioner's Office – Artificial Intelligence Toolkit and associated documentation.
- Gartner Workshop – Create a robust AI strategy.
- Governance Mapping for the Effective Adoption of AI across NHS Wales.
- UK Health Research Authority
- GOV.UK - Understanding Artificial Intelligence Ethics & Safety.
- The (retained) EU GDPR 679/2016 (UK General Data Protection Regulations).
- Data Protection Act 2018.
- The Common Law Duty of Confidentiality (CLDC).
- Privacy and Electronic Communications Regulations.
- Confidentiality: NHS Code of Practice (Department of Health).
- Human Rights Act 2000
- Welsh Health Circular 26/2025 – Ambient Voice Technology.
- Caldicott Principles.

## **10. GETTING HELP**

Staff that require assistance should contact the DPO and/or the Chief Digital Officer or a member of their team in the first instance.

## **11. RELATED POLICIES**

- Information Governance Policies.
- Information Security & Supplier Management Policies.
- Data Protection Impact Assessment Procedure.
- Incident Response Plan.
- Information Governance Policy.
- Data Quality Policy.
- Information Security Policy.
- Internet Use Policy.
- Email and Instant Messaging (EIM) Use Policy.
- Safeguarding and Public Protection Policy

## **12. INFORMATION, INSTRUCTION AND TRAINING**

Staff are required to undertake the Information Governance training as part of the statutory/mandatory training. However, staff involved in the implementation of AI will require additional training. This will be addressed as and when required with the level of training dependent on the level of involvement.

Access to Generative AI websites will only be made available to those who have undertaken training. This will be the responsibility of the Cyber Team to provide.

### **Monitoring Compliance**

Adherence to this policy will be monitored through staff awareness and completion of Data Protection Impact Assessments, spot-checks and audits. This will be monitored by the Trust's Information Governance & Cyber Security Teams.

## REFERENCES – SPECIFIC APPLICABLE LEGISLATION AND STANDARDS

- UK General Data Protection Regulation
- Data Protection Act 2018
- The Common Law Duty of Confidentiality
- Human Rights Act 1998
- Public Records Act 1958
- Data (Use and Access) Act 2025
- [AI Cyber Security Code of Practice](#)



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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

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## ASEPTIC NON-TOUCH TECHNIQUE COMBINED POLICY & PROCEDURE

### Policy Statement

This policy is an 'All Wales' document, produced by Healthcare Associated Infection & Antimicrobial Resistance & Prescribing Programme (HARP), Public Health Wales (PHW), in consultation with:

- All Wales ANTT Steering Group
- Higher Education Institute (HEI) sub-group
- The Association for Safe Aseptic Practice
- HCAI Delivery Board

This document outlines the current national standardised approach for raising clinical standards of aseptic technique and achieving asepsis in non-invasive and invasive clinical procedures. The aim is to provide a standardised approach termed Aseptic Non-Touch Technique (ANTT®) and to reduce variation in aseptic technique and practice across Wales in the prevention of healthcare associated infections (HCAI).

This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.

The following sections have been greyed out as these are not relevant to PHW services:

- Sections 5.4 and 8.6.

Some job roles have been greyed out from Section 5.6 have been greyed out as they are not relevant to Public Health Wales Services

### Supporting Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

This Policy will be supported by:

- On the Clinical Governance and Infection Control Policies intranet page ([Clinical Governance and Infection Control Policies - Public Health Wales \(NHS. Wales\)](#)):
  - Sharps and Exposure Injury & Safe Management of Sharps Policy
  - Sharps and Exposure Injury Procedure
  - Infection Prevention and Control Policy
- National Infection Prevention and Control Manual

[NIPCM - Public Health Wales \(NHS. Wales\)](#)

Relevant legislation and related documents are listed in the Model Policy below.

<b>Impact Assessments</b>	An Equality Health Impact Assessment (EHIA) has been completed and is available on the policy and procedure web pages.
<b>Approved by</b>	Quality Safety and Improvement Committee
<b>Approval Date</b>	20 May 2024
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<b>Date of Publication:</b>	11 June 2024
<b>Group with authority to approve supporting procedures</b>	Infection Prevention & Control Group
<b>Accountable Executive Director/Director</b>	Claire Birchall, Acting Executive Director of Quality, Nursing and Allied Health Professionals.
<b>Author</b>	Jennie Leleux, Lead Nurse for Infection Prevention & Control.

[Disclaimer](#)

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Board Business Unit](#).**

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**Summary of reviews/amendments**

<b>Version number</b>	<b>Date of Review</b>	<b>Date of Approval</b>	<b>Date published</b>	<b>Summary of Amendments</b>
1	03.11.23	20.05.24	11.06.24	Adoption of model All-Wales policy for local PHW use.



## Model Policy

### Aseptic Non-Touch Technique (ANTT®):

#### A national, standardised approach to aseptic technique

<b>Date to be reviewed:</b>	April 2026	<b>No of pages:</b>	30
<b>Original Author job title(s):</b>	Healthcare Associated Infection & Antimicrobial Resistance & Prescribing Programme (HARP), Public Health Wales (PHW) In Consultation with: <ul style="list-style-type: none"> <li>• All Wales ANTT Steering Group</li> <li>• Higher Education Institute (HEI) sub-group</li> <li>• The Association for Safe Aseptic Practice</li> <li>• HCAI Delivery Board</li> </ul>		
<b>Responsible dept. / director:</b>	HARP IP&C Team, Public Health Wales		
<b>Approved by:</b>	The all-Wales ANTT Steering Group & HEI sub-group The Association of Safe Practice (ASAP) HARP, Public Health Wales HCAI Delivery Board, Public Health Wales		
<b>Original Date approved:</b>	07 June 2019		
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<b>Date of Review</b>	December 2022		
<b>Date Verification form (1) completed:</b>	24 <sup>th</sup> March 2023		

<p><b>Documents to be read alongside this model policy:</b></p>	<p><a href="#">ANTT® Principles</a><sup>1</sup>  NHS Scotland's National Infection Prevention and Control Model Policies <a href="#">NIPCM -on-line</a><sup>2</sup>  <a href="#">Welsh Health Circular 2022/014 Amr-hcai-improvement-goals-for-2021-2023</a>. (Welsh Government 01 March 2022)<sup>3</sup>  Welsh Code of practice for the Prevention of Infection (Welsh Government, May 2014) <a href="#">Code-of-Practice</a> <sup>18</sup>  <a href="#">WHC 2015-26 ANTT Implementation</a> (Welsh Government, 5<sup>th</sup> June 2015)<sup>19</sup>  <a href="#">WHC 2015-47 ANTT Follow up</a> (Welsh Government, 9<sup>th</sup> Oct. 2015)<sup>20</sup>  <a href="#">epic 3: National Evidence-Based Guidelines for the Prevention of Healthcare-Associated Infections in Hospitals in NHS Hospitals in England</a> (Loveday et al, 2014)<sup>9</sup>  The Royal Marsden Hospital Manual of Clinical Nursing Procedures 10<sup>th</sup> Edition (2020)<sup>7</sup> <a href="#">Procedures - Royal Marsden Manual (rmmonline.co.uk)</a>  National Institute of Clinical Excellence (NICE) Infection prevention and control of healthcare-associated infections in primary and community care (2017)<sup>11</sup> <a href="#">Healthcare-associated infections: prevention and control in primary and community care   Guidance   NICE</a></p>
<p><b>Executive Summary:</b></p> <p>This model policy outlines the current national standardised approach for raising clinical standards of aseptic technique and achieving asepsis in non-invasive and invasive clinical procedures. The aim is to provide a standardised approach termed Aseptic Non-Touch Technique (ANTT®) and to reduce variation in aseptic technique and practice across Wales in the prevention of healthcare associated infections (HCAI). As agreed previously by Executive Nurse Directors, the intention is that this model policy is adopted as national policy by Health Boards and Trusts, including primary care and other health care organisation i.e., Care homes and independent hospitals within Wales. This policy requires relevant managers and leaders to organise and support its implementation and ongoing evaluation. This will ensure relevant clinical staff are appropriately trained and competency assessed in ANTT® so that it is embedded into everyday asepsis practice.</p> <p>This ANTT Model policy was first published in July 2017, Emergency ANTT added in July 2019, version 3 /2023 all links refreshed, circulated for comment minor amendments and comments updating of appendices including ANTT Accreditation, terminology and updated framework information added into the appendix</p>	

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## 1. Introduction

**Asepsis** is generally considered to mean 'Freedom from pathogenic material in sufficient quantity to cause infection'.<sup>14</sup> During clinical procedures, the goal of asepsis is to prevent patient contamination by creating an environment that is low in microbe volume by using only sterile devices, materials and maintaining aseptic technique.

Aseptic technique is a core nursing and medical skill but is also used by other allied healthcare professionals (AHP) and healthcare support workers. The standard of aseptic technique practice can be inconsistent, and if not undertaken correctly may be instrumental in causing a healthcare-associated infection (HCAI) within primary, community, secondary and out of hospital care.

Historically, aseptic technique has been seen to be confusing and ambiguous with practice terms and principles having different meanings for different users. This has led to inconsistency and some substandard practices.

In the challenge to reduce HCAI, 'Aseptic Non-Touch Technique' (ANTT<sup>®</sup>) is used internationally as a safe and effective practice framework for aseptic technique for all aseptic clinical procedures.<sup>19,20</sup>

The Association of Safe Aseptic Practice (ASAP), in collaboration with Public Health Wales and supported by Welsh Government, have been providing [ANTT<sup>®</sup> Resources](#) practice and implementation support to all healthcare workers across Wales since June 2015.

Standardising aseptic technique with ANTT<sup>®</sup> across Wales will reduce variability in practice and further raise standards for the greater benefit of patients.

Welsh Government has directed all healthcare organisations to 'roll-out' ANTT<sup>®</sup> competency training to all relevant staff within their organisation. ([WHC/2015/026](#))<sup>19</sup> The principles of ANTT<sup>®</sup> align with the principles of prudent healthcare<sup>26</sup> and a 'One Wales' agenda, Once For Wales approach. The need for asepsis, especially in the use of invasive procedures and wound management, is evidenced in the [epic3 Guidelines](#).<sup>9</sup>

### What is ANTT<sup>®</sup>?

The ANTT<sup>®</sup> Approach is an International Campaign designed to promote a clear understanding of asepsis and the essential elements of aseptic technique. This approach is a three-way 'partnership' between patients/service users, healthcare professionals and healthcare organisations, to actively promote the essential '6 Actions for Safe Aseptic Technique' (Appendix 4).

The ANTT® Practice Framework was originated by Stephen Rowley (2001),<sup>15</sup> and is defined as, 'A specific type of aseptic technique with a unique theoretical and clinical practice framework'.<sup>15</sup>

The framework is applicable to all non-invasive and invasive clinical procedures including major surgery, the insertion and maintenance of indwelling medical devices, wound management and all primary, community and out of hospital-based care that requires aseptic practice.

ANTT® Practice Framework developments and dissemination are overseen by The Association for Safe Aseptic Practice (ASAP), a non-profit non-governmental organisation (NGO). The ASAP is working in partnership with NHS Wales and Public Health Wales to standardise aseptic technique across as a national standard and provides Welsh healthcare staff with updates to all ANTT® resources as they are reviewed and developed. The current resources and full ANTT® can be found following this link [ANTT - Public Health Wales](#). A summarised version is given in Rowley et al (2010).<sup>16</sup>

ASAP can be contacted for on-going support on practice and implementation issues via [www.antt.org](http://www.antt.org).

## 2. Purpose

The purpose of this national model policy is to support the implementation of the ANTT® practice framework to enable standardisation of technique and 'practice language' for all aseptic procedures. ANTT® must be embedded into every day clinical procedures as part of a robust commitment to reducing the risks of HCAI and need for antimicrobial prescribing to improve patient safety. Welsh Government set HCAI annual reduction expectations for *Clostridioides difficile*, *Staphylococcus aureus* bacteraemia and Gram-negative bacteraemia as well as expectations for antimicrobial prescribing. These expectations align to the ambitions outlined in [the addendum to the 5 year UK National Action Plan \(NAP\)](#) and the [20 year vision](#) to achieve future reductions that include positively impacting on MRSA, MSSA Blood Stream Infections (BSI), Urinary Tract and Surgical Site Infection (SSI) rates. Compliance with ANTT® supports Health Boards/Trusts in reducing these and other HCAI's whilst improving patient experience and outcomes.

## 3. Aims and Objectives

This model policy provides a widely adopted evidence-based framework for establishing ANTT® as the safe and effective technique for all aseptic procedures in healthcare organisations across Wales.

Objectives are:

- To identify the role of ANTT® in the reduction of HCAI

- To identify key roles and responsibilities in ANTT<sup>®</sup> implementation
- To describe the implementation and uses of ANTT<sup>®</sup>
- To identify the principles of ANTT<sup>®</sup> and its application to practice
- To outline the requirements for learning and competency assessment for staff undertaking clinical aseptic procedures
- Provide resources and toolkit to support ANTT<sup>®</sup> in practice
- To be relevant in acute, community and primary care settings, including emergency out of hospital care

#### 4. Scope of the Policy

This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.

#### 5. Roles and Responsibilities within Organisations

The Board and Chief Executive Officer (CEO) has ultimate responsibility for Infection Prevention and Control within Health Boards and NHS Trusts. This responsibility, together with responsibility for ANTT<sup>®</sup> is delegated to the Executive Team under the leadership of the Executive Director of Nursing.

##### 5.1 The Executive Director of Nursing

- Has overall responsibility to ensure that ANTT<sup>®</sup> is fully implemented and effectively sustained within their organisation<sup>19,20</sup>
- Will ensure that this and local ANTT<sup>®</sup> policy/procedures are adhered to
- Will nominate an organisational lead for ANTT<sup>®</sup>
- Will review progress and report to the Board on ANTT<sup>®</sup> implementation and maintaining compliance in all groups of HCW's
- Will ensure there are adequate financial resources.

*The operational and professional responsibility lies with the individual performing the procedure.*

##### 5.2 Senior Clinical Leads, Departmental and Nurse Managers will

- Be responsible for the effective implementation and monitoring of compliance with ANTT<sup>®</sup>, ensuring appropriate action is taken when staff fail to comply with policy and required training
- Identify an ANTT<sup>®</sup> lead and key trainers and assessors for their area of responsibility
- Ensure additional resources and/or equipment is available to facilitate the HCW undertaking the theory and practice of ANTT<sup>®</sup>
- Facilitate completion of the All-Wales e-learning programme for ANTT<sup>®</sup> by all HCWs involved in aseptic procedures e.g., protected work time and access to a computer
- Facilitate completion of competency assessment for all HCWs undertaking any type of aseptic procedure

- Monitor and report on competency level of the team and report to the appropriate risk committee
- Support HCWs in achieving compliance with all statutory and mandatory training, including Standard Infection Prevention and Control Precaution (SICP) mandatory training
- Bring this model policy to the attention of all health professionals or workers involved in ANTT® including educational and specialist roles
- Embed ANTT® into routine aseptic practice and all teaching of clinical procedures that require asepsis

### 5.3 Healthcare Workers (HCWs) will

- Have a responsibility to be familiar with [NIPCM](#) policies<sup>2</sup> and adhere to this model policy and other relevant local IPC policies to reduce the risk of transmission of infection
- Always act in the patients' best interest
- Perform invasive and other procedures in accordance with the principles and process of ANTT® (appendices 2-5) and this policy.
- Take personal responsibility for attendance at mandatory training or completion of relevant e-learning and act in accordance with the [Welsh Code of Practice for the Prevention and Control of Healthcare Associated Infections](#)<sup>18</sup> in Wales
- Be accountable for their practice in accordance with their job description and professional codes of conduct, for example, [NMC The Code - The Nursing and Midwifery Council](#)<sup>12</sup> and [GMC Good Medical Practice](#)<sup>8</sup>
- Undertake the required ANTT® training and competency assessment if performing any aseptic clinical procedures
- Embed ANTT® into all aseptic practice

### 5.4 Primary and Community Care Healthcare Staff, including Welsh Ambulance NHS Trust (WAST)

In any out of hospital care settings (e.g., Community Nursing, Primary Care, Long Term Care Facilities, Welsh Ambulance Service) there may be challenges in the application of ANTT® principles relating to equipment and the environment. A local risk assessment ([Appendix 7](#)) should be undertaken to assess how the principles can be adopted and any adaption (if necessary) should be documented, minimising patient risk. Resources to assist with this risk assessment are available within the ANTT Framework on Public Health Wales website ANTT Framework.

Whilst recognising the application of ANTT® in challenging situations, it is still possible to aim to minimise patient risk by applying ANTT® '4 Actions for Safe Aseptic Technique' ([Appendix 3](#)). Tools and resources specific to community settings and ambulance staff can be accessed via this link [Appendix 6](#) provides an example template for 'Ambulance Peripheral Cannulation Guideline'.

See also [8.6](#) – Emergency ANTT®

ANTT<sup>®</sup> principles will be applied and adapted to the management of chronic wounds. While it is recognised some chronic wound procedures e.g., leg ulcer cleansing and dressing in a patients' own home, can be simplified, the aim is always asepsis, with the aim being not to introduce any further microorganisms into the wound. Guidance should be sought from the Tissue Viability Nurse on aspects that do require ANTT<sup>®</sup>.

### 5.5 Consultant Medical Staff will

- Undertake the required ANTT<sup>®</sup> training and competency assessment
- Be competent and keep your professional knowledge and skills up to date
- Comply with the Good Medical Practice Framework.<sup>8</sup> [GMC Good medical practice](#)
- Be responsible for ensuring their junior doctors and teams adhere to and embed the principles of ANTT<sup>®</sup> and undertake the required training and competency assessment

### 5.6 Infection Prevention and Control Team (IPCT), Tissue Viability Nurse (TVN), Contingence Teams and Intravenous Access Teams

These specialist teams will participate in the National ANTT<sup>®</sup> Steering Group supporting ANTT<sup>®</sup> rollout across Wales. They have a pivotal role in assisting relevant organisational teams to coordinate ANTT<sup>®</sup> implementation, ensure training in their specialist fields conforms to ANTT principles as well as risk-management and evaluating effectiveness of its use.

#### The IPCT will:

- Provide expert advice in accordance with this policy
- Support managers and staff with the implementation of ANTT<sup>®</sup>
- Provide information, advice, and training to enable managers and users to undertake necessary risk assessment
- Support investigations in areas with specific risk to advise on safe practice
- Ensure local or adapted procedures/policy remains consistent with the evidence-base for safe practice and review/update local policy and procedures at least every 3 years
- Identify areas for improvement and report to Infection Prevention and Control Managers, local Infection Prevention and Control Committee, and local Clinical Risk or Patient Safety, Health and Safety and national groups
- Support education and training programme for ANTT<sup>®</sup> across primary and secondary care
- Report any impact of compliance identified during investigations related to an HCAI, in line with Duty of Quality and Duty of Candour.<sup>29, 30</sup> Assurance around shared learning from such investigation will be reported to the relevant governance, quality, and safety groups.

### 5.7 Nominated ANTT® Lead will

- Provide local leadership for the roll-out of ANTT®
- Participate in PHW-led all-Wales ANTT® Steering Group to enable sharing of best practice from and within their organisation
- Provide guidance to their organisation on future developments, e.g., primary care roll out, updated resources, standardised packs
- Ensure that all local training, policies, procedures, and guidelines are ANTT® compliant

### 5.8 Nominated Key-Trainers/Facilitators from each clinical area or professional group will:

- Facilitate completion of All Wales ANTT® e-learning training by all HCWs involved in aseptic processes
- Provide supplementary electronic/paper ANTT® training and competency assessment to relevant staff within their department
- Keep accurate records of staff trained
- Instil a culture for asepsis and of ANTT® practice across their clinical area/professional group
- Ensure compliance with ANTT® practice is achieved, challenging unsafe practice appropriately
- Maintain own compliance with ANTT® competence and practice
- Identify and support additional resources needed for compliance with ANTT® key principles
- Identify and address challenges and share areas of good practice via the Quality, Safety and Experience structures

### 5.9 Procurement Leads

Prior to purchase of any re-usable patient equipment, discussion must take place with manufacturers, local infection prevention and control leads, and local decontamination leads, where applicable, to ensure that such items can be safely decontaminated within the organisation. Equipment in use is required to facilitate ANTT® e.g., insertion packs, trays, trolleys. These should be made readily available and accessible across the organisation. There should be rationalisation and standardisation of equipment choices across Wales to help reduce practice variation in aseptic technique.

### 5.10 Higher Education Institutes (HEI):

Universities across Wales will work to standardise their curriculum regarding teaching and learning competencies in ANTT® for all healthcare professional students e.g., nursing, medical, podiatry, paramedics, and allied health in respect of ANTT®, at the point of registration.

## 6. Implementation of ANTT®

The implementation of ANTT® will require:

- Executive level commitment
- A robust ANTT® training and assessment programme
- Equipment and appropriate resources

- Raising ANTT® awareness across the whole organisation
- A locally agreed ANTT® audit programme
- External audit programme, as agreed with ASAP and HARP, PHW
- Robust monitoring and recording processes for compliance
- Key reporting mechanisms on impact or harm

### 6.1 ANTT® Accreditation for Healthcare Providers:

[ANTT Accreditation Guide 2023 \(PHW NHS. Wales\)](#) overseen freely by ASAP, provides healthcare organisations with a mechanism to demonstrate effective clinical governance for aseptic technique, and commitment to infection prevention and patient safety. This can be useful to demonstrate an organisations hard work in infection prevention to external regulators, patients/service users, and the public.

There are three levels of [accreditation](#): Bronze, Silver, and Gold.

- [ANTT Bronze Accreditation Workbook](#)
- [ANTT Silver Accreditation Workbook](#)
- [ANTT Gold Accreditation Workbook](#)

Accreditation criteria is based upon the following pre-requisites for safe and best practice:

- ANTT® Policy
- ANTT® Education
- ANTT® Assessment
- ANTT® Monitoring

For support with ANTT® Accreditation please contact [enquiries@antt.org](mailto:enquiries@antt.org)

## 7. Training:

Wales commenced ANTT® programme roll out in June 2015 ([WHC/2015/026](#))<sup>19</sup> Substantial progress has been made across Wales despite limited resources to support this; however, all organisations are required to continue to aim for 100% compliance for those who will be performing procedures (regardless of job title) requiring the principles of aseptic technique.

As new employees join the organisation, compliance with ANTT® should be mandated as part of their induction programme.

Priority for training should be given to staff working within augmented care units, staff carrying out invasive procedures, and all new employees.

Professional registrants must recognise their accountability in accordance with their own code of conduct,<sup>8,12</sup> e.g. The Code (Nursing and Midwifery Council 2015)<sup>12</sup> states that nurses must have a good knowledge base before performing any clinical procedure, should be trained appropriately, and have achieved competency within their clinical area. The General Medical Council ([Good medical practice-English 2014 \(gmc-uk.org\)](#))<sup>8</sup> states that doctors must recognise and work within the limits of their competence,

provide good standards of practice of care and keep professional knowledge and skills up to date.

- All HCWs across Wales who are involved in aseptic procedures will complete the nationally agreed ANTT® training in the principles and theory for ANTT® prior to competency assessment i.e., current e-learning module at learning@ NHS Wales: <https://learning.wales.nhs.uk/>
- ANTT® will also be taught locally within departments by means of trained key-trainers/facilitators/assessors, using ANTT® resources: [ANTT resources \(antt.org\)](http://antt.org) within an implementation framework set out by the local organisation
- All taught procedures involving asepsis will be undertaken using ANTT®
- All HCWs performing ANTT® must be assessed as competent in the application of ANTT® utilising either the Standard ANTT® Competency Assessment tool (CAT) [Standard CAT v1.5](#) or the Surgical Assessment tool [Surgical CAT v2](#)
- It is recommended that ANTT® competency assessment should be undertaken within 3 months of completing the ANTT® e-learning programme
- HCW's performing aseptic procedures must maintain their ANTT® competency with at least three-yearly practical competency assessment, monitored via local annual appraisal process and entered to ESR
- HCW's have an individual responsibility to ensure their competencies are maintained and must inform their line manager of any obstacles preventing them to achieve this, or lapse in competency
- Should a HCW change specialties or commence a new post within the HB/Trust requiring competence in different skill sets, the need for further ANTT® training/assessment must be risk assessed and agreed with their line manager. Advice can be sought from the local ANTT® Lead

For staff who are unable to access ANTT® eLearning programmes through either ESR or Learning@Wales, arrangements need to be made for electronic/paper educational resources, which must include the main principles of ANTT®.

It is acknowledged there remains a period of time when not all staff performing aseptic technique will have undergone the appropriate training and assessment in ANTT®. Therefore, existing aseptic practice skills, may be used to ensure service delivery is not affected, following individual local risk assessment with intention of becoming compliant as soon as practically possible.

## 8. Important basic infection prevention practice for aseptic technique:

This resource is not intended as a comprehensive educational tool, however, as well as providing an outline of the ANTT® Framework (see [appendix 9](#)), some important general aspects of aseptic technique are outlined below.

### 8.1. Use of Standard Infection Prevention and Control Precautions (SIPCP) such as hand hygiene:

*A pre-requisite to safe ANTT® is compliance with standard infection control precautions (SICP's):*

SICPs should be performed in line with [epic3 Guidelines](#)<sup>9</sup> and the Scottish National Infection Prevention and Control Manual (NIPCM)<sup>2</sup> which is the resource adopted for use for healthcare in Wales. The 10 elements of SICP are:

- Patient Placement
- Hand Hygiene
- Respiratory cough and Hygiene
- Personal Protective Equipment
- Safe management of care equipment
- Safe management of care environment
- Safe management of linen
- Safe management of blood and body fluid spillages
- Safe disposal of waste
- Occupational safety: Prevention and Exposure management (e.g., sharps)

Key elements related to ANTT practice are hand hygiene, safe care of equipment and the environment, appropriate safe use of PPE and waste disposal.

### 8.2. Hand Hygiene

Hand hygiene is the single most effective way of preventing HCAI and cross infection from direct and indirect contact.<sup>2,9,21</sup> It is essential that hands are effectively decontaminated in accordance with the World Health Organisation (WHO) "MY five Moments of Hand Hygiene"<sup>21</sup> [WHO SAVE LIVES Clean YOUR Hands. Technical Reference Manuel 2009](#) prior to, during (as required) and after all aseptic procedures are performed.

### 8.3. Use of personal protective equipment (PPE)

Gloves and other PPE provide a barrier between microorganisms on hands, clothing, and the susceptible sites but must be used in conjunction with good hand hygiene and donning and doffing technique.

Gloves use for ANTT:

- Must be donned and used as intended, changed at appropriate frequency and between procedures, and removed with care to prevent shedding or spreading of microorganisms
- Are **non-sterile** gloves for Standard-ANTT® procedures e.g., preparing and delivering intravenous medication, attaching parenteral nutrition, venepuncture, and cannulation, as per local policies
- Are **Sterile** gloves for Surgical ANTT® procedures such as surgery, urinary catheterisation, or central venous catheter insertion

Aprons and Other PPE (aprons, gowns, masks, face protection) should be worn according to [NIPCM and associated infection](#).

#### 8.4. Environmental / Air contamination

Airborne particles in the clinical space will contain a range of microorganisms including those from the patient/service user, staff, and other sources. These have increasingly been shown to present a risk of transmission of a range of infections. Sensible precautions can be taken to reduce the risk of particle contamination of the aseptic site during ANTT procedures including:

- Preparation of drugs to be undertaken in an appropriate designated area away from the bedside and sink
- Where available, ANTT procedures i.e., changing of wound dressings, insertion of medical devices should be undertaken in a dedicated fit for purpose treatment/dressing/examination room away from the patients' bed area
- Do not undertake ANTT® when air particle movement levels are likely to be at their highest e.g., ward/department cleaning, adjacent to portable electric fans or close to open windows or building refurbishment
- Do not undertake ANTT® following recent bed making or patient undressing/dressing
- Advise patient of cough/sneeze etiquette e.g., use of tissues

#### 8.5. Pre-requisite support of effective aseptic technique

The risk of microbiological contamination during ANTT® procedures can be reduced by important pre-requisite measures including:

- Effective environmental cleaning
- Safe storage of procedure equipment
- Compliance with decontamination procedures and policies
- Ergonomically designed clinical preparation areas
- Rationalisation and standardisation of procedure and equipment choices e.g., procedure packs, trays

#### 8.6. Emergency ANTT

*For WAST frontline emergency staff, including advanced paramedic practitioners, paramedics, advanced technicians, technicians, urgent care*

*services staff, sub-contracted emergency staff, non-NHS organisations, Bank, and agency frontline staff.*

The use of ANTT® is widespread within acute hospitals, yet ANTT's simple but robust practice principles are equally effective in the most challenging and emergency situations and environments. Emergency life-saving time-critical procedures undertaken in the out of hospital environment justify reason for reduced compliance with all the principles of ANTT® and therefore Emergency ANTT® is the pragmatic approach to ANTT®, focusing specifically on:

- What is possible to deliver at that moment
- Prioritise the points at which 'Key-Parts' and 'Key-Sites' interact (the moments microbes can transfer)
- Dynamic risk assessment to determine preparation steps, and if they cannot be delivered, the most essential components of aseptic technique are prioritised first
- Recording the ANTT applied during the procedure e.g., Standard, emergency, surgical

The intention is not to dilute ANTT® or reduce standards, but to focus the practitioners' attention to the most important elements of safe practice first, in relation to time, setting and equipment permitting.

Emergency ANTT® should only be selected following risk assessment of the situation, for example: 'Do I have the time, the equipment, and the environment to apply Standard or Surgical ANTT?'

If the answer is 'yes' – use Standard or Surgical ANTT

If the answer is 'no' – use Emergency ANTT

It is important for the practitioner to document and handover when emergency ANTT is used and clarify if asepsis was maintained or compromised due to the 'emergency' situation. WAST have introduced the ANTT coded colour labels, which will be applied to any invasive procedures performed to alert receiving staff of ANTT procedures used (see [Appendix 7](#)).

## 9. [ANTT Resources](#)

### 9.1. ANTT® Procedure Guidelines

These simple picture-based procedure guidelines are a highly effective way for the organisation to make practice expectancy explicit, setting out procedure sequence and equipment. They should be displayed prominently in relevant clinical areas.

### 9.2. [ANTT Approach Educational PowerPoint](#)

'The ANTT-Approach' is an International Campaign designed to promote the essential elements of aseptic technique. This approach is a three-way

'partnership' between patients, HCWs and healthcare organisations to actively promote the essential '6 Actions for Safe Aseptic Technique' to be used every time.

Three posters simplify this framework:

- Patient poster – [Appendix 3](#)
- Clinical Staff Poster – [Appendix 4](#)
- ANTT® Clinical Practice Framework poster – [Appendix 5](#)

### 9.3. Steps for ANTT® procedure – see [Appendix 2](#)

## 10. Dissemination and Implementation

This revised and updated policy will be implemented via the following routes:

- Circulation to all Health Board/Trust Executive leads, IPCT leads, WAST leads, Primary & Community Care leads, HCAI DB
- Available via local Health Board/Trust Document library
- Available via PHW/HARP website
- Available to all HCWs via local Health Board/Trust intranet

Each Health Board/Trust is responsible for the full implementation of this revised policy and must ensure all relevant staff have access to the policy.

## 11. Audit and Monitoring of ANTT® Implementation

Monitoring will be undertaken through:

- The percentage of staff that have completed ANTT® theory and ANTT® Competency Assessments through ensuring records are updated centrally on ESR
- Audit observation of clinical practice and aseptic procedures
- Targeted patient feedback
- Documentation/policy review
- As part of the Improvement Cymru initiatives (Previously known as 1000 plus lives) e.g., bundle use and catheter-associated urinary tract infection (CAUTI) prevention, peripheral venous catheter (PVC) and central venous catheter (CVC) care, prevention of surgical site infection (SSI)
- Identifying impact and compliance levels of ANTT® on investigating HCAI, e.g., *Staphylococcus aureus* bacteraemia or surgical site infection (SSI), CAUTI through root cause analysis (RCA) and post-incident review (PIR)
- Annual IPC rolling programme of audit, including external audit by ASAP or ad hoc audits by HARP team
- Target audit programmes, where deemed necessary following incident or outbreak
- Required changes in practice identified and actioned
- ANTT® accreditation

*Any 'lessons learnt' should be shared locally and nationally across Wales to support and promote best practice.*

## **12. Policy Conformance / Non-Compliance**

If any Health Board employee fails to comply with this policy, the matter may be dealt with in accordance with their workforce and OD policies. The action taken will depend on the individual circumstances and will be in accordance with the appropriate disciplinary procedures. Under some circumstances, failure to follow this policy could be considered gross misconduct.

## **13. Distribution**

The all-Wales policy will be available on the PHW/HARP internet site and via local Health Board/Trust Intranet site. Where staff do not have access to the intranet, their line manager must ensure that they have access to a current paper copy of this policy.

## **14. Review**

This policy will be reviewed every 2 years or if guidance changes.

## **15. Legislation**

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended), Health and Safety Executive, L5 (6<sup>th</sup> edition) 2013. Welsh Government Health and Care Standards 201529. The 2023 Health and Social Care (Quality and Engagement) (Wales) Act 2020.<sup>30</sup>

## **16. Equality**

An Equality Impact Assessment has been undertaken at an all-Wales level on completion of version 1 (July 2017), Version 2 review (June 2019) and version 3 review (December 2022) with no change required.

A Verification report has been completed for HARP, Public Health Wales to support version 3 (December 2022).

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## 18. APPENDICES

### Appendix 1: Definitions / Glossary

#### **Asepsis**

Freedom from pathogenic material in sufficient dose to cause infection.

#### **Aseptic field**

A working area that has been rendered aseptic to reduce the risk of contamination of procedure equipment.

#### **Aseptic Technique**

A generic term and variable process for describing the precautions taken to reduce the risk of infection during invasive clinical procedures.

#### **Aseptic Non-Touch Technique (ANTT®)**

A specific type of aseptic technique with a unique theoretical and clinical practice framework (NICE 2012).

#### **Decontamination**

Removing, or killing pathogens on an item or surface to make it safe for handling, re-use or disposal by cleaning, disinfection and/or sterilisation.

#### **Direct contact transmission**

Spread of infectious agents from one person to another by direct skin-to-skin contact.

#### **Disinfectant**

A cleaning chemical used to remove infectious agents from objects and surfaces.

#### **Disinfection**

A process, for example using a chemical disinfectant, to reduce the number of infectious agents from an object or surface to a level that means they are not harmful to your health.

#### **Hand Hygiene (HH)**

HH is the single most important procedure for preventing the spread of HCAI. Effective HH is essential to ANTT® and must take place prior to and after all invasive techniques. HH applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

#### **Healthcare-associated Infection (HCAI)**

Any infection acquired by a person as a consequence of healthcare interventions regardless of where care is delivered.

**Indirect contact transmission** – The spread of infectious agents from one person to another via a contaminated object.

**Invasive device** – A device which penetrates the body, either through a body cavity or through the surface of the body. Central Venous Catheters (central line), Peripheral/ Arterial Lines and Urinary Catheters are examples of invasive devices.

### **Invasive Procedures**

A medical/nursing procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body cavity.

**Microorganism (microbe)** – Any living thing (organism) that is too small to be seen by the naked eye. Bacteria, viruses, and some parasites are microorganisms.

**Mode of transmission** – The way that microorganisms spread from one person to another. The main modes or routes of transmission are airborne (aerosol) transmission, droplet transmission and contact transmission.

**MRSA** – Strains of the infectious agent (bacterium) *Staphylococcus aureus* that are resistant to many of the antibiotics commonly used to treat infections.

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

Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections e.g., disposable gloves and disposable aprons.

### **Spore**

A form that some types of bacteria take under certain environmental conditions. Spores can survive for long periods of time and are very resistant to heat, drying and chemicals.

### **Sterile**

Free from all live bacteria or other microorganisms.

### **Sterilisation**

The procedure of making some object free of all germs, live bacteria, or other microorganisms (usually by heat or chemical means).

**Appendix 2: Steps to an ANTT® procedure**

Step 1.	ANTT® risk assessment: Does this procedure need the ANTT® principles applied? Is a Standard or Surgical-ANTT® required? Gain patient's consent and explain procedure Draw curtains around patient or take to appropriate room
Step 2	Decontaminate hands
Step 3	Clean trolley/tray with appropriate detergent wipe Gather equipment including alcohol hand rub
Step 4	Create suitable working environment. If procedure is performed at the bedside, ensure no cleaning or bed making are ongoing within the area for at least 30 minutes. Ensure windows are closed and no fans are on
Step 5	Decontaminate hands
Step 6	Apply single use disposable apron
Step 7	If required open dressing pack/sterile drape
Step 8	Open and prepare all equipment on the tray/trolley. Keep all equipment within their packaging. Identify Key-Parts
Step 9	Decontaminate hands
Step 10	Apply gloves if required
Step 11	Perform procedure using ANTT®
Step 12	Remove gloves and aprons and other PPE
Step 13	Dispose of waste
Step 14	Decontaminate hands
Step 15	Take patient back to the bedside if required and ensure patient is comfortable
Step 16	Clean trolley/tray/environment
Step 17	Decontaminate hands

Appendix 3: ANTT® Patient Poster

**Protecting YOU Every Time with...  
4 Actions for Safe Aseptic Technique**

## The ANTT-Approach

*Aseptic Technique describes the measures we take to protect you from infection during invasive clinical procedures, such as surgery, insertion of medical devices and administration of intravenous medications. ANTT is a unique type of aseptic technique (NICE 2012).*



**1 Hand Cleaning**  
*We clean our hands immediately prior to commencing your procedure, and use protective equipment like gloves*



**2 Using Aseptic Fields**  
*We protect procedure equipment from microorganisms by using a cleaned procedure tray and individual equipment covers or, for more complex procedures, use a sterilized drape*



**3 Using Non-Touch Technique**  
*We avoid touching the 'Key-Parts' of procedure equipment & any open wound or procedure skin site. If we must touch them we wear sterilized gloves*



**4 Preventing Cross Infection**  
*We remove our gloves and wash our hands immediately after we have tidied up your procedure*

*If you have questions or concerns about aseptic technique please ask the Nurse in Charge*

[www.antt.org](http://www.antt.org)



Appendix 4: ANTT® Clinical Staff Poster

**Protect Patients Every Time with...  
6 Actions for Safe Aseptic Technique**

# The ANTT-Approach

- 

**1 Risk Assessment**  
*Select Standard or Surgical-ANTT according to the technical difficulty of achieving asepsis*
- 

**2 Manage the Environment**  
*Avoid or remove contamination risks*
- 

**3 Decontaminate & Protect**  
*Hand cleaning, personal protective equipment (PPE).  
Disinfecting equipment, surfaces and Key-Parts*
- 

**4 Use Aseptic Fields**  
*General, Critical and Micro Critical Aseptic Fields  
protect Key-Parts & Key-Sites*
- 

**5 Use Non-Touch Technique**  
*Key-Parts must only come into contact with other  
Key-Parts & Key-Sites*
- 

**6 Prevent Cross Infection**  
*Safe equipment disposal, decontamination  
& hand cleaning*

*ANTT is a unique type of aseptic technique (NICE 2012)*

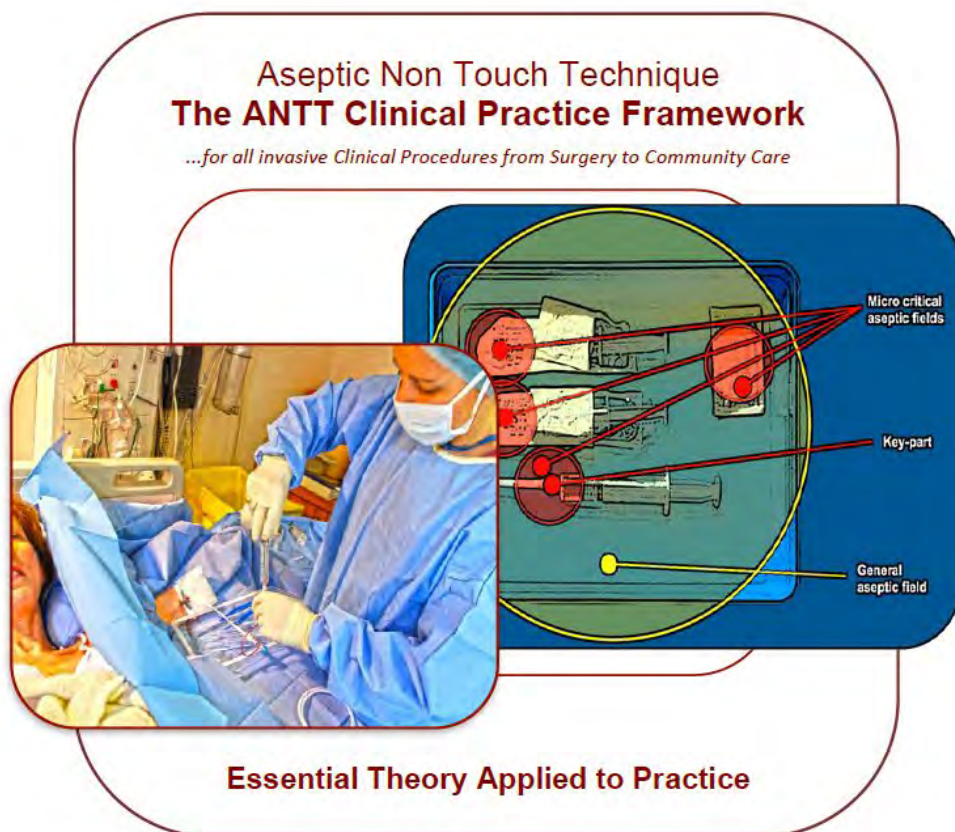
For the ANTT Clinical Practice Framework see - [www.antt.org](http://www.antt.org)



# Appendix 5: ANTT® Clinical Practice Framework Poster:



www.antt.org



*First,  
do no  
harm*



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# Appendix 6: Example template for Ambulance Staff: Peripheral Cannulation Guideline (2017)

ANTT<sup>®</sup> Aseptic Non Touch Technique
Welsh Ambulance Service Peripheral Cannulation Guideline *for the ANTT practice principles see: www.antt.org v1.3*

**Preparation Zone**

1



If using a tray  
Clean with universal  
sanitising wipe; allow  
tray to dry

2



Gather all equipment  
to hand

3



Decontaminate hands

4



Open IV pack  
Creating a general  
aseptic field

5



Open cannula into the field.  
Protect Key-Parts using  
protective sleeve & non-  
touch technique (NTT)

6



Prepare 10ml N/S flush. Return  
syringe to packet & place on  
the field. Add unopened skin  
prep

**Procedure (patients' ) Zone**

7



Apply tourniquet  
(single use and  
disposable)

8



Palpate the vein

9



Decontaminate hands  
& apply non-sterile gloves

11



Clean skin using back & forth  
& left to right strokes  
for 30 secs

12



Allow skin to dry  
**Do not re-palpate the vein.**  
Re-clean the skin if  
re-palpation is unavoidable

13



Insert cannula to IHCD guidelines  
ensuring insertion site is not  
touched. **Safe disposal of sharp.**  
Remove tourniquet, flush with N/S

**POST PROCEDURE ZONE**

14



Secure cannula  
with semi-permeable,  
transparent dressing

15



Remove gloves, &  
decontaminate hands

16



Decontaminate hands

17



18



Record the date, time  
and type of insertion on the  
Patient Report Form via  
trusts I pads

If any of the previous Steps could not be performed, e.g. for Life-threatening or environmental conditions, use a **RED 'not optimal'** label. Or a **Green** label if performed under optimal ANTT conditions. Advise the Receiving hospital to replace the cannula as soon as possible

ANTT performed in optimal conditions

ANTT not performed in optimal conditions



Anyllfa Iechyd  
Cyhoeddus Cymru  
Public Health  
Wales Observatory

Appendix 7: Emergency ANTT Risk Assessment

## Emergency-ANTT® Risk Assessment

It is important that emergency ANTT® is only selected when necessary

Decided by risk assessment ...

**“Do I have the time, the equipment and the environment to apply Standard or Surgical-ANTT?”**

If yes – use Standard or Surgical-ANTT

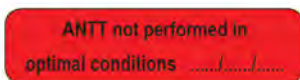
If no – use **Emergency-ANTT®**

Document and handover whether you used Emergency-ANTT® and maintained asepsis, or had to use Emergency-ANTT and may have compromised asepsis

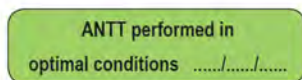
ANTT® ©2018 [www.antt.org](http://www.antt.org) [enquiries@antt.org](mailto:enquiries@antt.org)

**Use of colour coded labels to alert receiving healthcare staff of ANTT procedure used:**

**Red Label applied to the procedure site. ANTT not performed in optimal conditions. Date.**



**Green Label applied to the procedure site. ANTT performed in optimal conditions. Date.**



## Appendix 8: [Standard Terminology](#)

Aseptic technique is historically confused with ambiguous terms used interchangeably. The ANTT® Practice Framework defines aseptic practice explicitly:

- ***Sterile Technique***

ANTT® does not use the word “sterile” for describing technique; due to the natural multitude of organisms in the atmosphere, it is not possible to achieve a true sterile technique in any setting. The term sterilized is used to identify products and equipment that have been sterilized. However, once opened to air equipment and products are said to be aseptic.

- ***Asepsis / Aseptic technique***

The term ‘asepsis’ means, ‘*Freedom from pathogenic material in sufficient quantity to cause infection*’. It is possible to achieve asepsis in health care delivery by taking steps to reduce patient contamination. Aseptic technique is a generic term for aseptic practice and has no explicitly defined practice framework.

- ***Aseptic Non-Touch Technique (ANTT®)***

ANTT® is a specific type of aseptic technique with a unique theoretical and clinical practice framework.<sup>10,11,12</sup> The ANTT® Practice Framework includes a set of Principles and Safeguards that, if followed, will ensure asepsis for all types of invasive procedures ‘from the operating theatre to the community setting’. It is based on a novel concept termed ‘Key-Part and Key-Site Protection’.

The ‘ANTT-Approach’ involves a combination of methods aimed at achieving and supporting best practice aseptic technique; including the ANTT® Practice Framework, a set of ANTT® Guidelines for the most common invasive procedures and a standard implementation process.

- ***Non-Touch Technique***

Non-touch technique is not a technique in itself. It is however an important component of ANTT®.

## Appendix 9: ANTT® Practice Framework outline

This model policy is not intended as an educational tool for ANTT®. It is important that Practice Leads refer to the full ANTT® Practice Framework available on the [www.antt.org](http://www.antt.org) or Public Health Wales on [ANTT Framework](#). A snapshot of the framework is outlined below:

- The aim of ANTT® is always asepsis (see appendix 8)
- **Key-Parts** are the critical parts of any equipment that come into contact with Key-Sites; any liquid infusion; or with any other active Key-Parts connected to the patient via a medical device. If contaminated during a procedure, Key-Parts provide a route for the transmission of pathogens onto or into the patient and present a significant infection risk.
- **Key-Sites:** open wounds, including insertion and puncture sites for invasive medical devices.
- **There are two types of ANTT® (Surgical and Standard) determined by a simple ANTT® Risk Assessment:**
- **Standard-ANTT®** is used for procedures that are technically simple to achieve asepsis. Typically, such a procedure will be of short duration and involve few small Key-Parts and Key-Sites. In Standard-ANTT, primarily non-touch technique and individual Micro Critical Aseptic Fields protect Key-Parts.
- **Surgical-ANTT®** is required for procedures that are technically complex to achieve asepsis, are of longer duration, involve large open-sites and large or numerous Key-Parts. In contrast to Standard-ANTT, in Surgical-ANTT, Key-Parts are managed on one main Critical Aseptic Field (sterile drape) and sterile gloves are essential.
- **Aseptic Fields in ANTT®:** the type of aseptic field and how it is managed is dependent upon the type of ANTT® being utilized.

ANTT® uses three types of aseptic field:

- ✓ **Critical Aseptic Field:** a large sterile drape that is managed 'critically'
- ✓ **Micro Critical Aseptic field:** sterilized caps and covers etc. including the inside of some equipment packaging
- ✓ **General Aseptic Field:** A disinfected plastic tray, suitable sized single-use cardboard tray. NB: General Aseptic Fields are not relied upon to maintain asepsis. They are used to promote asepsis whilst Key-Parts within them are protected by Micro Critical Aseptic Fields. (See above).

A pre-requisite to safe ANTT® is compliance with standard infection prevention and control precautions:



**REF: PP 04**

## **ASBESTOS MANAGEMENT POLICY**

<b>Executive Sponsor &amp; Function:</b>	Director of Place, Portfolio and Partnerships
<b>Document Author:</b>	Interim Assistant Director of Estates, Environment & Capital Development
<b>Approved by:</b>	Quality, Safety and Performance Committee
<b>Approval Date:</b>	12 <sup>th</sup> March 2026
<b>Date of Equality Impact Assessment:</b>	16 <sup>th</sup> February 2026
<b>Equality Impact Assessment Outcome:</b>	Approved
<b>Review Date:</b>	March 2029
<b>Version:</b>	3

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## **ASBESTOS MANAGEMENT POLICY**

### **1. POLICY STATEMENT**

1.1 Velindre University NHS Trust (“the Trust”) is committed to preventing exposure to asbestos fibres and managing asbestos-containing materials (ACMs) in accordance with statutory requirements.

### **2. PURPOSE**

2.1 This policy sets out how the Trust will comply with its statutory duties under:

- Health and Safety at Work etc. Act 1974
- Control of Asbestos Regulations 2012 (CAR 2012), particularly Regulation 4 (Duty to Manage)
- Construction (Design and Management) Regulations 2015

### **3. SCOPE**

3.1 This policy applies to:

- All Trust-owned premises
- All leased, rented or occupied properties where the Trust has maintenance responsibility
- Hosted services and shared occupancy arrangements where asbestos management duties are held wholly or jointly by the Trust

### **4. AIMS AND OBJECTIVES**

4.1 The Trust will:

- Identify ACMs so far as reasonably practicable through appropriate asbestos surveys
- Maintain an up-to-date Asbestos Register
- Undertake risk assessments of identified ACMs
- Implement a risk-based re-inspection programme
- Develop and maintain a Trust Asbestos Management Plan
- Ensure asbestos information is provided to those liable to disturb it
- Monitor compliance through audit and governance reporting
- Ensure only competent, trained personnel undertake asbestos-related activities.
- Re-inspections will be undertaken at a frequency determined by risk assessment (usually 12 months), and additionally where condition changes, following incident, refurbishment, or change in building use.

## **5. ROLES AND RESPONSIBILITIES**

### **5.1 Statutory Duty Holder**

#### **Director of Place, Portfolio and Partnerships**

- The Dutyholder holds overall legal accountability under Regulation 4 of CAR 2012 and will:
- Ensure adequate resources are provided for asbestos management
- Ensure an effective Asbestos Management Plan is implemented
- Ensure competent persons are appointed (NAM/NAC roles)
- Receive appropriate asbestos management training
- Ensure asbestos compliance assurance is reported through governance structures

### **5.2 Nominated Asbestos Manager (NAM)**

#### **Assistant Director of Estates, Environment & Capital Development**

- The NAM is operationally responsible for delivery of asbestos management arrangements and will:
- Oversee Trust-wide asbestos management
- Maintain and review the Asbestos Management Plan
- Ensure the Asbestos Register remains accurate and updated
- Commission surveys and re-inspections
- Ensure asbestos information is provided prior to works
- Coordinate air monitoring and clearance certification where required
- Act as Trust lead for asbestos incidents
- Ensure records are maintained in accordance with statutory requirements
- Provide compliance reports into Estates and Safety governance

### **5.3 Nominated Asbestos Coordinators (NAC)**

NACs will support the NAM at site/service level and:

- Ensure asbestos information is available locally
- Confirm asbestos checks are completed before works
- Ensure survey updates are returned to the NAM
- Escalate defects, incidents or damage
- Support local communication and contractor control

## 5.4 Capital Project Leads / Estates Maintenance Managers

Those commissioning or managing works must:

- Ensure asbestos information is obtained and reviewed at design stage
- Ensure appropriate Refurbishment/Demolition surveys are undertaken prior to intrusive works
- Include asbestos controls within pre-construction information
- Confirm asbestos compliance before project completion

## 5.5 Employees

Employees must:

- Report any damaged or suspect ACMs immediately
- Not disturb suspected asbestos
- Attend asbestos awareness training as required
- Follow Trust procedures and instructions

## 5.6 Contractors

Licensed Contractors must:

- Hold current HSE asbestos licence (where required)
- Provide statutory notifications
- Provide method statements and risk assessments
- Undertake air monitoring and clearance certification (where applicable)
- Provide hazardous waste consignment documentation
- Hold adequate insurance

## 5.7 Non-Licensed Contractors

Non-Licensed Contractors must:

- Demonstrate competence and training
- Provide suitable risk assessments and method statements
- Be face-fit tested where RPE is required
- Comply with Trust Permit to Work arrangements
- Provide waste documentation where applicable

# 6. TRAINING

## 6.1 Asbestos Awareness

Provided in accordance with Regulation 10 CAR 2012 to all staff liable to disturb ACMs.

## 6.2 Asbestos Management

Required for Duty holder, NAM and NAC roles.

### 6.3 **Asbestos Awareness Refresher**

Undertaken at intervals defined by regulation or Trust policy documented in Asbestos Management Plan.

### 6.4 **BOHS P405 Managing Asbestos in Buildings**

*Required for NAM and as appropriate for NAC roles.*

## 7. **EQUALITY**

7.1 A summary of the outcome of the EIA must be present on the front cover of the document:

## 8. **IMPLEMENTATION**

8.1 The Trust will:

- Maintain a current Asbestos Management Plan
- Maintain an accessible electronic Asbestos Register#
- Operate a Permit to Work system requiring asbestos checks
- Undertake risk-based re-inspections
- Audit asbestos management arrangements annually
- Report significant risks or incidents through established safety governance structures

### 8.2 **Emergency Procedure**

**If Asbestos is suspected or damaged:**

- Stop work immediately
- Prevent access to the area
- Inform NAM/NAC immediately
- Arrange competent assessment and sampling
- Report via Trust incident reporting system
- Update the Asbestos Register as required

## 9. **POLICY CONFORMANCE / NON-COMPLIANCE**

9.1 Failure to comply with this policy may result in disciplinary action and, in serious cases, may constitute gross misconduct.

## 10. **LEGISLATION**

10.1 Relevant legislation includes:

- Health and Safety at Work etc. Act 1974
- Control of Asbestos Regulations 2012
- Construction (Design and Management) Regulations 2015
- Management of Health and Safety at Work Regulations 1999

**Ref: PP 09**

**WATER SAFETY POLICY**  
**The Management and Control of Water Quality**

<b>Executive Sponsor &amp; Function:</b>	Director of Place, Portfolio and Partnerships
<b>Document Author:</b>	Interim Assistant Director of Estates, Environment and Capital Development
<b>Approved by:</b>	Quality, Safety and Performance Committee
<b>Approval Date:</b>	12 <sup>th</sup> March 2026
<b>Date of Equality Impact Assessment:</b>	6 <sup>th</sup> February 2026
<b>Equality Impact Assessment Outcome:</b>	Approved
<b>Review Date:</b>	<b>March 2028</b>
<b>Version:</b>	3

## 1. AIM

### 1.1 General considerations:

Velindre University NHS Trust (the Trust) accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to patients, visitors, staff and other persons working at or using its premises in line with the current version of the [Water Safety Plan](#), [Site-specific 'Written Schemes'](#), and [Water Safety Policy Appendices](#).

### 1.2 Extent of application:

This Water Safety Policy applies to all premises whether owned or occupied by the Organisation under lease or other Service Level Agreements (SLA) including:

- i. All premises owned and occupied exclusively by the Organisation.
- ii. All premises owned and occupied partly by the Organisation.
- iii. All premises not owned by the Organisation but occupied exclusively by the Organisation on a permanent basis.
- iv. All premises not owned by the Organisation but occupied partly by the Organisation on a permanent basis.
- v. All premises not owned by the Organisation but occupied partly by the Organisation on a temporary or periodic basis.

### 1.3 General aim:

The aim of this Policy is to introduce all structured Management practices required to allow the Organisation to deliver suitable and sufficient *Legionella* and *Pseudomonas aeruginosa*, "safe" hot water, cold water, drinking water and ventilation systems Management and Control in compliance with current Guidelines (WHTM's, HGN's, Model Engineering Specifications and Approved Codes of Practice), Legislation and Water Supply Regulations. It is expected that this Water Safety Policy will be complied with by all the Organisation's employees and by all appointed contractors, in whatsoever capacity, with or without contractual agreements.

## 2. MANAGERIAL APPOINTMENTS

### 2.1 General requirements:

As required by the Health and Safety Commissions (2013) Approved Code of Practice (L8 - Fourth Edition), the Organisation will undertake to:

- i. Identify and assess sources of risk;
- ii. Prepare site specific 'Written Scheme' for preventing, reducing or controlling the risk;
- iii. Implement and manage and monitor precautions;
- iv. Keep records of the precautions implemented for each of the premises under the Organisation's control.
- v. Appoint appropriate persons, at various positions, to be managerially responsible.

Group and individual responsibilities are described in Water Safety Policy Appendix 1 – Management Responsibilities.

## 2.2 Executive management at ‘Trust Level’:

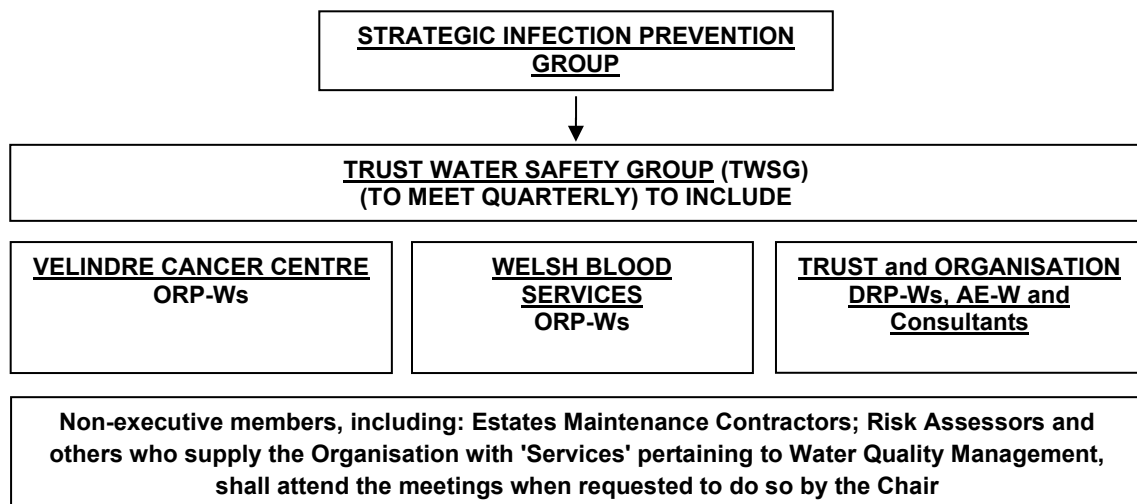
The Chief Executive shall appoint a Trust Water Safety Group (TWSG) Chair and Authorising Engineer-Water (AE-W), operating at Trust Wide Level.

The TWSG Chair shall propose Responsible Persons to the AE-W who shall assess their suitability for the position nominated, and advise the TWSG Chair upon their suitability for appointment. This shall include all TWSG members (Departmental Responsible Persons – Water and Organisation Responsible Persons - Water) Following assessment, these persons shall be appointed to accept the strategic implementation and internal auditing responsibility for the control of the 'Water Quality Management and Control' and to be legally accountable, on a joint and several liability basis, for assessing and controlling identified risks from Legionella, Pseudomonas aeruginosa and other water borne pathogens and hazards.

## 2.3 Management at ‘Organisation Level’:

Through the Trust WSG, suitable Organisation Responsible Persons - Water shall be nominated, assessed and then appointed for each Organisation within the scope of this Policy. These persons will be responsible for implementing the specific management

## 2.4 Water Quality Management and Control Programme Management Structure:



## 2.5 Measures to be taken to attain the Policy objectives include:

- a) The appointment of a Trust Water Safety Group (TWSG) responsible for ensuring the suitable and sufficient implementation of Water Management and Control Programme on a Trust level.

- b) The appointment of Organisation Water Safety Groups (OWSG) responsible for ensuring the suitable and sufficient implementation of Water Management and Control Programme on an Organisation level.
- c) The appointment of suitably equipped, trained and financed Responsible Persons, on a Trust Wide and Organisation-specific level; capable of delivering the necessary Water Quality Management and Control Programme at the level appointed.
- d) Regular monitoring and independent auditing of all implemented Management Systems, Training Programmes and procedures, to establish and ensure their continuing efficacy and legislation compliance.
- e) The appropriate selection, design, installation and maintenance of plant.
- f) Regular independent third-party Audits designed to allow for the status of the Water Quality Management and Control Programme across the Organisation to be reported.
- g) Where in house (Trust) resource is not available, external resource may be appropriated to ensure the control schemes are implemented in line with the agreed requirements.

## APPENDIX 1 MANAGEMENT RESPONSIBILITIES

All appointed Responsible Persons (members of TWSG and OWSG) shall, before being formally appointed in writing, be evaluated by the AE-W, using the '[Responsible Persons Evaluation Pro-forma](#)' found in Appendix, for their suitability to the appointment. Upon approval by the AE-W, the Chair of the TWSG shall issue formal appointment instructions to each Responsible Person, using the '[Letter of Nomination - Responsible Person](#)' found in Appendix.

### 1.1 Trust Water Safety Group (TWSG):

The Trust has set up this group as one element of its Water Quality Management and Control infrastructure, in order to achieve all Policy objectives. See [TWSG Terms of Reference](#) for remit, membership and responsibilities.

### 1.2 Organisation Water Safety Group (OWSG):

The Organisation has set up this group as one element of its Water Quality Management and Control Infrastructure, in order to achieve all Policy objectives.

The OWSG is a formal sub-group of the TWSG and shall formally report to this group through minutes of scheduled or extra-ordinary meetings. See [OWSG Terms of Reference](#) for remit, membership and responsibilities.

### 1.3 Trust Chief Executive (Duty Holder)

- i. Has the Corporate Responsibility for all aspects of Water Quality within all properties occupied by the Trust.
- ii. Shall nominate, in writing the TWSG Chair, and the Authorising Engineer-Water (AE-W).

### 1.4 TWSG Chair (Assistant Director of Estates, Environment and Capital Development):

- i. Shall have responsibility for monitoring and reporting the performance of the Water Quality Management and Control Regimes throughout the Trust to Board Level, this shall fulfil the requirements of WHTM00 Designated Person (Water).
- ii. Shall have responsibility for ensuring that all appointed Responsible Persons are suitably informed of current legal and guideline requirements pertaining to Water Quality Management & Control.
- iii. Shall lead in the compilation of the WSP, WSPolicy and other pertinent management documentation.
- iv. Shall control the distribution and dissemination of information from the WSP and WSPolicy
- v. Shall facilitate the appropriate formalised suitability evaluation and appointment of all Responsible Persons.
- vi. Shall lead in the roll-out of the WSP and ensure the adequate implementation of its requirements by commissioning periodic auditing of the status of

implementation of all requirements whether these are delivered by Organisation staff or by a third party (contractor).

- vii. Shall facilitate suitable and sufficient training of all associated members of Organisation staff.
- viii. In association with the TWSG and OWSG, shall prepare and issue any required tender documentation to manage all water system management, water dosing, Legionella and safe working water related contract in compliance with Organisation contract management procedures.
- ix. Assist in the development of schemes for risk minimisation and control in order of priority giving consideration to cost, risk and difficulty.

#### 1.5 TWSG Vice Chair (Senior Nurse Infection Prevention and Control):

- i. Shall act as the TWSG Chair in their absence.
- ii. Shall carry out local clinical risk assessment of 'users' to enable for suitable implementation of appropriate Water Quality Management processes and procedures, and provide these assessments to TWSG
- iii. Provide advice the members of the TWSG and OWSGs in all matters relating to Legionella and *Pseudomonas aeruginosa* contamination and infection prevention and management.
- iv. Shall review the status of all *Pseudomonas aeruginosa* risk assessments within their organisation, and where required supervise the completion of suitable and sufficient risk assessments on all areas assigned High or Urgent Risk.
- iii. Shall assist in the compilation of the Organisation's Water Safety Plan (WSP).
- iv. Shall undertake an annual review of the practical implementation of aspects of the policy for which they are responsible.

#### 1.6 Consultant Microbiologist:

- i. Shall assist with the interpretation of local clinical risk assessment of 'users' to enable for suitable implementation of appropriate Water Quality Management processes and procedures.
- ii. Provide advice the members of the NWSG and OWSGs in all matters relating to Legionella and *Pseudomonas aeruginosa* contamination and infection prevention and management.
- iii. Shall assist in the compilation of the Organisation's Water Safety Plan (WSP).
- iv. Shall undertake an annual review of the practical implementation of aspects of the policy for which they are responsible.

#### 1.7 Trust Capital Manager:

- i. Shall have the responsibility for ensuring that all water systems are designed, modified, installed, tested and commissioned to the Guidance and standards referred to in this Policy and the WSP.
- ii. Shall have responsibility for ensuring the completion of the '[Permit for Hand-over and Occupation](#)' of new builds and major refurbishments.
- iii. Shall ensure that, all new and altered water systems, including minor and major modifications/refurbishments, comply with the requirements of the Guidance and standards referred to in this Policy and the WSP. In this respect, at the design stage the consulting engineer shall liaise with Organisation's AE-W.

- iv. Shall liaise with the members of the TWSG for the design, installation and commissioning of water systems equipment and provide these with a summary of the description and status of all current capital schemes.
- v. Shall ensure that the specification, and the consulting engineer's competence and interpretation of the requirements are suitably assessed and confirmed and supervise all contracts under the control of the department.
- vi. Shall ensure the Clerk of Works' competence and interpretation of the requirements.
- vii. Shall notify the water undertaker of any proposed installation of water fittings and to have the water undertakers' consent before installation commences, as required by the Water Supply (Water Fittings) Regulations 1999.
- viii. Shall, for all contracts under their control, provide as fitted and schematic diagrams of all modified or new water systems and equipment and to ensure that the OWSG are provided with copies.
- ix. Shall provide copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which will include the full requirements of the WSP, particularly all certificates and permits pertaining to design verification, installation, commissioning and hand-over of new and/or refurbished buildings/areas.
- x. Shall ensure that operating and maintenance manuals are provided for all building services installation, including commissioning data, disinfection certificates and biological analysis results.
- xi. Shall supervise the completion of suitable and sufficient risk assessments on all water systems and 'wet' air conditioning plant of new and/or refurbished systems/buildings. The risk assessment shall be reviewed a few weeks after complete occupation.
- xii. Shall ensure that adequate spares are provided on initial handover.
- xiii. Shall inform users of any planned interruptions to water systems and equipment.
- xiv. Shall inform the TWSG of any forthcoming schemes.
- xv. Shall ensure that only appropriately trained contractors with the respective accreditation are employed to undertake work for the Organisation.
- xvi. Shall have the responsibility of periodically assessing the training requirements of all staff under their control who are associated with Legionella and *Pseudomonas aeruginosa* contamination management and arranging suitable training where required.
- xvii. Shall assist in the compilation of the Water Safety Plan (WSP).

#### 1.8 Organisation Responsible Person – Water (OWSG Chair):

- i. Shall accept responsibility for the Organisational implementation of an Organisation specific Water Quality Management & Control Programme in accordance with the requirements of the WSP and other pertinent Water Quality Management & Control guidance documentation and instruction. In line with WHTM00, this shall fulfil the Position of Authorised Person (Water)
- ii. Shall Chair the OWSG under their jurisdiction.
- iii. Shall facilitate the development of Written Schemes for risk minimisation and control in order of priority giving consideration to cost, risk and difficulty.
- iv. Shall have the responsibility of periodically assessing the training requirements of all staff and third-party organisations (contractors) under their control who are

- associated with Water Quality Management and Control; arranging suitable training where required, and recording these assessments.
- v. Shall assist in the compilation of the Water Safety Plan (WSP).
  - vi. Shall appoint a Deputy Organisation Responsible Person (Water) to act up in their absence, including Deputy Chair OWSG.
  - vii. Shall review the status of all risk assessments within their organisation, and where required supervise the completion of suitable and sufficient risk assessments on all water systems and 'wet' air conditioning plant within each site under their control.
  - viii. Shall consider the risk assessment findings and, together with the members of the OWSG, prioritise any remedial works.
  - ix. Shall instruct and supervise the completion of all prioritised remedial work highlighted during the risk assessment or the review.
  - x. Shall, where practicable, ensure record drawings of systems are available and kept updated.
  - xi. Shall be responsible for ensuring that all processes, procedures, Permits, and Certification detailed in the WSP are suitably executed and implemented.
  - xii. Shall keep maintenance and monitoring records and make available for inspection, all records to be kept for 5 years.

#### 1.9 Departmental Responsible Person - Water:

- i. Shall accept responsibility for the Organisational implementation of an Organisation specific Water Quality Management & Control Programme in accordance with the requirements of the WSP and other pertinent Water Quality Management & Control guidance documentation and instruction.
- ii. Shall attend TWSG and/or OWSG under their jurisdiction
- iii. Shall act as the contact point between their Department and the TWSG and/or OWSG and report to the performance of the Water Quality Management and Control Regime within their remit, and disseminate to their department the findings and requirements of the TWSG and/or OWSG.
- iv. Shall assist in the compilation of the Water Safety Plan (WSP).
- v. Shall appoint a Deputy Organisation Responsible Person (Water) to act up in their absence.

#### 1.10 Competent Persons:

*Competent Persons are Technicians, trades staff and contractors who have received approved training and have sufficient experience to service, maintain and clean water systems in a safe and effective manner.*

- i. Shall ensure that all procedures, safe working practices and permits to work are followed and that any personal protective equipment or clothing is used.
- ii. Shall report to the Organisation Responsible Person (Water) of all defects, unusual occurrences and other anomalies, and record such defects in writing in the defects register before leaving site.
- iii. Shall complete written records when required.

#### 1.11 Authorising Engineer - Water (AE-W):

- i. Shall act as an independent professional adviser to the Organisation. The AE-W shall be appointed by the TWSG Chair with a brief to provide services in accordance with Welsh Health Technical Memoranda guidance.

- ii. Shall act as auditor and assessor and make recommendations for the appointment of members of the TWSG and OWSG, monitor the performance of the TWSG and OWSGs and provide an annual Governance Audit to the TWSG. To carry out this role effectively, particularly with regard to audit, the AE-W shall remain independent of the operational structure of the Organisation.
- iii. Shall be a member of the TWSG and attend at the Group's meetings.
- iv. Shall provide training, advice and assistance in all Legionella and *Pseudomonas aeruginosa* Management & Control and Safe Water Management matters, including the PPM Programme, Log-Book system and all relevant Management Manuals.
- v. Shall sanction any interpretation of HTM 04-01 and any other relevant professional guidance, any local house rules and any derogation that may be necessary for their application.
- vi. Shall ensure that any amendments or updates to WHTM 04-01 and associated documents, or any replacement guidance issued and any other relevant mandatory or statutory professional guidance is brought formally to the attention of the Organisation and are understood by all appropriate personnel by recording / documenting the process.
- vii. Shall, on receipt of an "operational restriction" or "Estates Alert" related to water storage and distribution systems, ensure that all TWSG members are made aware and receive copies.
- viii. Shall agree in writing any local deviation/derogation from HTM's or other mandatory / statutory guidance that may be necessary for their application to a particular location.
- ix. Shall, when required to do so, provide to the members of the TWSG ad-hoc general 'remote' verbal advice on matters pertaining to Legionella and *Pseudomonas aeruginosa* management and control and other Water Quality Management issues.
- x. Shall, when required to do so, provide input advice to the design process in respect to the construction/installation phase and for the subsequent operational service thereafter.
- xi. Shall, in conjunction with the appointed design engineer, contribute to the design process, to ensure all water and air systems, implicated within the design remit, comply with the requirements of the WSP.
- xii. Shall, when required to do so, upon completion, provide a certificate of compliance for new water systems including major modifications/refurbishments.
- xiii. Shall undertake an annual review of the practical implementation of aspects of the policy for which they are responsible.

#### 1.12 Water Safety Consultant:

- i. Shall be independent from all other contractors who provide the Organisation with services and/or products pertaining to Water Quality Management and Control.
- ii. Shall be suitably trained and qualified to perform all auditing tasks described in the Water Safety Plan and be a member of the Legionella Control Association (LCA).
- iii. Shall carry out a System and Process Audit, as instructed by the TWSG Chair and present findings to the TWSG and OWSG chairs.

- iv. Shall provide input advice to the design process in respect to the construction / installation phase and for the subsequent operational service thereafter.
- v. Shall, upon completion, provide a risk assessment for new water systems including major modifications / refurbishments.

#### 1.13 Risk Assessor:

- i. Shall be independent from all other contractors who provide the Organisation with services and/or products pertaining to Water Quality Management and Control.
- ii. Shall be suitably trained and qualified to perform all risk assessment tasks described in the Water Safety Plan and be a member of the Legionella Control Association (LCA).
- i. When commissioned to do so, shall carry out a suitable and sufficient Legionella risk assessment compliant with: a) HTM 04-01 Parts A, B and C; b) UKAS; c) HSG274 Part 2 (2014) – ‘The control of *Legionella* bacteria in hot and cold water systems’; d) BS 8580 – ‘Water quality: risk assessments for *Legionella* control – Code of Practice’; e) BSRIA’s (1999) FMS 4/99 – ‘Guidance and the standard specification for water services risk assessment’; and f) BSRIA’s (2015) BG 57/2015 – ‘Legionnaires’ disease.
- iii. When commissioned to do so ensure that risk assessments are reviewed and/or updated when there are significant changes to statutory standards, operational requirements and when there are significant changes to a building’s domestic water and wet air systems.
- iv. When commissioned to do so, ensure that risk assessments are carried out on all process and equipment, such as medical equipment (where applicable).
- v. Ensure that, for all buildings/areas assessed to be of Moderate Risk or higher, issue an [‘Interim Problem Notification Pro-Forma’](#) found in the WSP, detailing any necessary immediate corrective and remedial actions which need to be carried out. In addition, the [‘Notification’](#) shall indicate the Short/Medium-term and Long-term corrective and remedial actions that need to be carried out. The list of remedial actions shall be suitably divided and allocated to each organisation for completion. Each organisation must report to the OWSG on the status of completion of remedial works thus allocated.

#### 1.14 Water Quality Management Contractors and Sub-contractors:

- i. A contractor is the person or organisation commissioned, under contract, by the TWSG or the OWSG to be responsible for the maintenance, supply, installation, validation and verification of hot and cold water services and 'wet' air handling systems, and for the conduct of the installation checks and tests.
- ii. All contractors involved in the Water Quality Management Programme, shall be suitably trained and qualified to perform tasks described in their contract and detailed in the Water Safety Plan and be a member of the Legionella Control Association (LCA). However, where a specialist contractor is required to carry out emergency remedial works and does not meet the membership criteria listed above, they may be employed by the discretion of the site TWSG or the appropriate OWSG.
- iii. Shall issue all reports in a format agreed by the OWSG and as detailed in the Written Scheme.

- iv. Shall work with members of the TWSG and OWSGs to identify hazards and reduce risks by following safe working practices.

### 1.15 Infection Prevention and Control (IPC) Responsibilities

The Infection Prevention and Control (IPC) team plays a critical role in ensuring the safe management of water systems across all healthcare settings. Their responsibilities include:

- I. Conducting clinical risk assessments in collaboration with estates and microbiology teams to identify vulnerable patient populations and high-risk areas.
- II. Assist in carrying out 'Local Contamination Risk Assessment' as detailed in the WSP
- III. Advising on the implementation of control measures to prevent waterborne infections, including *Legionella* and *Pseudomonas aeruginosa*.
- IV. Participating in the development and review of the Water Safety Plan (WSP), ensuring alignment with infection control standards and clinical safety requirements.
- V. Leading investigations into suspected water-related infections and contributing to incident response protocols.
- VI. Providing expert input into the design and commissioning of water systems in clinical areas to ensure infection control principles are upheld.

## APPENDIX 2 – RESPONSIBLE PERSONS SUITABILITY ASSESSMENT PRO-FORMA

### Proposed Responsible Persons Suitability Assessment

Department:						
Position nominated for:						
Name:						
Position (job title):			Management level:	Low	Middle	High
Is nominee currently acting in this position?	Yes	No	If Yes; how long has nominee acted in this position:			
Has candidate held this position previously?	Yes	No	If Yes; when and for how long:			
Is nominee expected to take executive decisions:	Yes	No	If Yes; is nominee at an appropriate position to adequately complete this task?		Yes	No
Is nominee expected to take financial decisions?	Yes	No	If Yes; is nominee at an appropriate position to adequately complete this task?		Yes	No
Is nominee a member of the TWSG/OWSG?	Yes	No	If Yes; how long has nominee been a member?			
				If Yes; is nominee a regular attendee at the TWSG/OWSG meetings?		Yes
Is nominee suitably trained?	Yes	No	If No; is nominee scheduled to attend training imminently?		Yes	No
Is nominee aware of relevant guidance and legislation	Yes	No	If No; what level of knowledge is possessed by the nominee			
Is nominee aware of the remit of this nomination?	Yes	No	If No; has the nominee been provided with a remit description?		Yes	No
Is nominee willing to accept the nomination?	Yes	No	If No; why not?			
Additional Information						
Is nominee approved?	Yes	No	If No; why not?			

Signed - AE-W: ..... Date: .....

## APPENDIX 3 – COMPETENT PERSONS SUITABILITY ASSESSMENT AND APPOINTMENT PRO-FORMA

### Proposed Competent Persons Suitability Assessment

Organisation:					
Name:					
Position (job title):					
Is the nominee a Contractor?	Yes	No	If a Contractor, have they provided suitable accreditation certification?	Yes	No
Is nominee currently acting in this position?	Yes	No	If Yes; how long has nominee acted in this position:		
Has candidate held this position previously?	Yes	No	If Yes; when and for how long:		
Tasks covered by this Assessment					
Has nominee been provided with relevant approved Trust Procedures for tasks and agrees to abide by their requirements?	Yes	No	If no Trust Procedures are available for the task, have Procedures been provided for ORP-W to approve?	Yes	No
Has nominee been provided with Policy and Written Scheme for relevant site and agrees to abide by their requirements?	Yes	No			
Is nominee suitably trained in Legislation and Guidance	Yes	No	If No; is nominee scheduled to attend training imminently?	Yes	No
Is nominee suitably trained in Tasks covered by this assessment?	Yes	No	If No; is nominee scheduled to attend training imminently?	Yes	No
Is nominee willing to accept the nomination?	Yes	No	If No; why not?		
Additional Information					
Is nominee approved?	Yes	No	If No; why not?		

Signed – ORP-W: .....

Date: .....

Signed – Nominee: .....

Date: .....

## APPENDIX 4 – STANDARD LETTER OF APPOINTMENT

Ref: .....  
Date: .....

FOR THE ATTENTION OF [NAME OF NOMINEE HERE]

Dear [name of nominee here]

**Re: Yours nomination as Chair of the Trust Water Safety Group (TWSG)/Organisational Water Safety Group (OWSG) *delete as appropriate***

The TWSG/OWSG *delete as appropriate* is a multidisciplinary group formed to accept ownership of delivering the highest water quality across the Organisation by ensuring the correct management of water systems and other associated processes and practices, to reduce the risk of microbial growth including opportunistic pathogens such as *Legionella* and *P. aeruginosa* which is vital to user safety in line with current guidance including WHTM04-01 and ACoP (L8).

You shall be jointly legally accountable and responsible for ensuring that the TWSG/OWSG *delete as appropriate* identifies microbiological hazards, assesses risks, identifies, implements and monitors control measures, and develops incident protocols.

The TWSG/OWSG *delete as appropriate* Terms of Reference are attached for your consideration.

---

This section to be completed by nominee

I have read and understood the TWSG/OWSG *delete as appropriate* Terms of Reference and I accept my position as Chair of the TWSG/OWSG *delete as appropriate* as nominated.

[Name of nominee here] .....

Signature: .....

Date: .....

---

This section to be completed by Duty Holder and AE-W

I authorise the nomination of [Name of nominee here] as a Chair of TWSG/OWSG *delete as appropriate*

**Duty Holder:**

**AE-W**

Signature: ..... .....

Name: ..... .....

Date: ..... .....

Ref: .....

Date: .....

**FOR THE ATTENTION OF [NAME OF NOMINEE HERE]**

Dear [name of nominee here]

**Re: Your nomination as a member of the Trust Water Safety Group (TWSG)/Organisational Water Safety Group (OWSG) *delete as appropriate***

The TWSG/OWSG *delete as appropriate* is a multidisciplinary group formed to accept ownership of delivering the highest water quality across the Organisation by ensuring the correct management of water systems and other associated processes and practices, to reduce the risk of microbial growth including opportunistic pathogens such as *Legionella* and *P. aeruginosa* which is vital to user safety in line with current guidance including WHTM04-01 and ACoP (L8).

Irrespective of who chairs each group, you, as a nominated member shall be jointly legally accountable and responsible for ensuring that the TWSG/OWSG *delete as appropriate* identifies microbiological hazards, assesses risks, identifies, implements and monitors control measures, and develops incident protocols.

The TWSG/OWSG *delete as appropriate* Terms of Reference are attached for your consideration.

---

This section to be completed by nominee

I have read and understood the TWSG/OWSG *delete as appropriate* Terms of Reference and I accept my position in the TWSG/OWSG *delete as appropriate* as nominated.

[Name of nominee here] .....

Signature: .....

Date: .....

---

This section to be completed by TWSG Chair and AE-W

I authorise the nomination of [Name of nominee here] as a member of TWSG/OWSG *delete as appropriate*

Signed for on behalf of the TWSG:

**TWSG Chair**

**AE-W**

Signature: .....

.....

Name: .....

.....

Date: .....

.....

## APPENDIX 5 – MANAGEMENT HIERARCHY

Trust Management Hierarchy		Appointment completed Y/N
Position	Current named individual	
Trust Chief Executive		
TWSG Chair		
Trust IPAC Lead		
TWSG Vice Chair		
Consultant Microbiologist		
OWSG Chair		
Trust Capital Manager		
Authorising Engineer - Water		
External Independent Water Safety Consultants/Risk Assessors		
Departmental Responsible Persons		



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**QS02**

## **MANAGEMENT OF SAFETY ALERTS AND IMPORTANT NOTIFICATION PROCEDURE**

<b>Executive Sponsor &amp; Function</b>	Executive Director of Nursing, Allied Health Professionals and Health Care Scientists
<b>Document Author:</b>	Quality, Safety and Assurance Manager
<b>Approved by:</b>	Quality, Safety & Performance Committee
<b>Approval Date:</b>	12 <sup>th</sup> March 2026
<b>Date of Equality Impact Assessment:</b>	N/A
<b>Equality Impact Assessment Outcome:</b>	N/A
<b>Review Date:</b>	January 2027
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## 1. Purpose

Safety Alerts and Important Notifications are formal communications issued to highlight specific risks, hazards, or regulatory updates that require attention and action to protect patient safety, staff wellbeing, or organisational compliance. They are developed and distributed to Velindre University NHS Trust by NHS Performance & Improvement or Welsh Government, to support and direct solutions required to improve patient safety.

The NHS Performance & Improvement, formerly NHS Wales Executive, has been given the authority by Welsh Government to lead on the vital role of adapting existing Patient

Safety Solutions, so that they are applicable for Wales.

Safety alerts are received into the Velindre Handling Concerns inbox, [handlingconcernsvelindre@wales.nhs.uk](mailto:handlingconcernsvelindre@wales.nhs.uk).

Types of alerts:

- Patient Safety Alerts
- Patient Safety Notices
- Ministerial Letters
- Pharmaceutical Alerts
- Product Recalls and Manufacturer/Field Safety Notices
- Estates and Facilities Alerts
- Medical Device Alerts
- Security Alerts
- Welsh Health Circulars (managed by Corporate Information Governance)
- Healthcare Inspectorate Wales Reports
- Regulatory agency reports (e.g., HSE, Fire Authority, Human Tissue Authority, MHRA)
- Accreditation visit reports
- Internal Safety Notices (Health and Safety, Patient Safety)
- Professional Regulatory Alerts
- Chief Medical Officer Notices

Note: Other important notifications may require equivalent responses.

To ensure an effective internal system for the distribution, monitoring, and compliance of all Safety Alerts and Important Notifications received by Velindre University NHS Trust, the Trust must demonstrate appropriate responses and maintain robust audit trails for all alerts.

## 2. Scope

This procedure applies to all staff and departments within Velindre University NHS Trust who may receive or act upon Safety Alerts and Important Notifications.

## 3. Responsibilities

### 3.1 Chief Executive

- Holds overall responsibility for the management, oversight, compliance, implementation, and sign-off of all alerts and notifications.
- Delegates operational responsibility to the Corporate Quality and Safety Department (Quality, Safety and Assurance Manager).

### 3.2 Corporate Quality and Safety Department

- Central role in ensuring key personnel receive alerts and solutions for action.
- Responsible for acknowledging, disseminating, closing off safety alerts, and providing feedback within designated timescales.
- Maintains a register of all publications received and monitors follow-up action status.

### 3.3 Divisional Directors

- Ensure local arrangements for dissemination, action, and review of alerts.
- Nominate an assigned lead for the alerts and notification process.

### 3.4 Nominated Trust Lead/Deputy

- Distributes alerts within the Trust to relevant divisional leads.
- Consults with divisional leads to review alerts.
- Monitors progress against deadlines.
- Liaises with the Delivery Unit and updates the Datix Cymru Safety Alerts Module.
- Confirms compliance status to the Delivery Unit by the deadline.
- Attends the All-Wales Patient Safety Solutions Reference Group.

### 3.5 Divisional Leads

- Receive alerts via the Corporate Quality & Safety Department.
- Acknowledge alerts and confirm applicability within 48 hours.
- Review alerts for service appropriateness.
- Undertake baseline assessment and risk assessment, adding to the Risk Register if needed.
- Ensure actions are implemented for compliance, via the Safety Alerts Module on Datix Cymru.
- Provide updates in Divisional Quality, Safety, Risk and Experience Board, Integrated Quality and Safety Hub and Integrated Quality and Safety Group.
- Regulatory agency reports, which will be monitored on Audit Management and Tracking (AMaT).
- Complete action plans and return compliance status.

## 4. Process

### 4.1 Receipt and Acknowledgement

- Alerts are received by the Corporate Quality and Safety Department. However, Field Safety Notices can be sent by manufacturers, therefore when received directly into a clinical division there is a requirement to ensure they are forwarded to the Corporate Quality and Safety Department.
- The Corporate Quality and Safety Department add all alerts to the Safety Alert module on Datix Cymru.
- Alerts are acknowledged and distributed to relevant leads within two-working days.

### 4.2 Review and Assessment

- Service Leads review the alert for applicability.
- Baseline and risk assessments are conducted.
- Alerts are added to the Risk Register if appropriate.

### 4.3 Action Planning and Implementation

- Action plans are developed and implemented to ensure compliance.
- Progress is monitored by the Corporate Quality and Safety Department to ensure deadlines are met.
- If the alert is not applicable to the division, the Corporate Quality and Safety Department are notified, and the alert can be closed.

### 4.4 Compliance Recording and Reporting

- Compliance status is updated in the Datix Cymru Safety Alerts Module, this is completed by the appropriate divisional lead of the type of Safety Alert see Appendix 1, nominated assigned leads.
- Compliance is confirmed to NHS Wales Performance and Improvement by the specified deadline.

### 4.5 Oversight and Assurance

- The Integrated Quality and Safety Group retains oversight of the process, meets quarterly, and scrutinises compliance and the number of alerts received each month. Any outstanding alerts and legacy alerts are updated.
- Quarterly and annual reports are submitted to the Quality, Safety and Performance Committee.

### 4.6 Audit and Review

- Safety Alerts audit is conducted bi-monthly by a Quality, Safety and Assurance Manager of 50% of alerts received in the previous two-month period to demonstrate good practice and assurance.
- The bi-monthly audit proformas are completed using the Audit Management and Tracking system (AMaT).
- The audit consists of reviewing:
  - If the alert was closed in the required timescale stated.
  - If responses were received from both divisions, Velindre Cancer Service and Welsh Blood Service.

- If the alert was added to Datix Cymru in 2-working days of receiving the alert.
- This procedure will be communicated to all senior representatives and Trust managers and made available to all staff via the Trust's intranet site.
- Failure to comply with an alert- deadlines are realistically set with regard to the complexity of the actions required and the degree of risk to service users and staff. Where alerts require ongoing management, this will continue to be actioned and monitored and discussed at the Integrated Quality and Safety Group.
- If an alert has not been fully implemented onto the Trust's risk register with a plan in place to review on a regular basis, evidence or rationale should be provided to support the decision.
- Any difficulties or barriers identified with compliance will be escalated from the Integrated Quality and Safety Group to the Quality, Safety Performance Committee. If a risk is identified, this should be added to the risk register as necessary, and as outlined within this procedure. However, ongoing work should be continued to minimise the risk.

## **5. Record Keeping**

- All records are maintained within the Once for Wales Concerns Management system (Datix Cymru).

## Appendices

### Appendix 1.

Nominated assigned leads\*:

*\*Note: this is subject to change\**

Type of Safety Alert	Divisional nominated leads	Department	Responsible group / committee
<b>Patient Safety Alerts</b>	<b>Velindre Cancer Service</b> Quality & Safety Manager VCS Quality & Safety Manger VCS Quality & Safety Deputy Manager	Quality & Safety Department	Trust Integrated Quality & Safety Group / Quality, Safety & Performance Committee
<b>Patient Safety Notices</b>	<b>Velindre Cancer Service</b> Quality & Safety Manager VCS Quality & Safety Manager VCS Quality & Safety Deputy Manager	Quality & Safety Department	Trust Integrated Quality & Safety Group / Quality, Safety & Performance Committee
<b>Ministerial Letters</b>	Director of Corporate Governance	Corporate Governance	Executive Management Board / Quality, Safety & Performance Committee
<b>Pharmaceutical Alerts</b>	<b>Velindre Cancer Service</b> Head of Pharmacy / Responsible Pharmacy Technicians <b>Welsh Blood Service</b> Head of Quality, Safety & Regulatory Compliance, Responsible Person (Interim) Deputy Head QA & Regulatory Compliance	Pharmacy Department  Quality Assurance (QA) Systems	Trust Integrated Quality & Safety Group / Medicine Management Group

Type of Safety Alert	Divisional nominated leads	Department	Responsible group / committee
<b>Product Recalls &amp; Manufacturer / Field Safety Notices</b>	<b>Velindre Cancer Service</b> Divisional Director of Nursing Allied Health Professionals and Healthcare Scientists Head of Health & Safety Head of Estates Head of Radiology Principal Pharmacist <b>Welsh Blood Service</b> Head of Quality, Safety & Regulatory Compliance, Responsible Person (Interim) Deputy Head QA & Regulatory Compliance	Estates / Health & Safety / Nursing / Radiology / Pharmacy  Quality Assurance (QA) Systems	Quality, Safety & Performance Committee / Trust Health, Safety & Fire Management Board / Integrated Quality & Safety Group
<b>Estates &amp; Facilities Alerts</b>	<b>Velindre Cancer Service</b> Head of Estates <b>Welsh Blood Service</b> Health, Safety & Environment Manager	Estates / Health & Safety	Quality, Safety & Performance Committee / Trust Health, Safety & Fire Management Board / Integrated Quality & Safety Group
<b>Medical Device Alerts</b>	<b>Velindre Cancer Service</b> Medical Physics lead <b>Welsh Blood Service</b> Head of Quality, Safety & Regulatory Compliance, Responsible Person (Interim) Deputy Head QA & Regulatory Compliance	Medical Physics  Quality Assurance (QA) Systems	Integrate Quality & Safety Group / Infection Prevention & Control Management Group / Trust Health, Safety & Fire Management Board
<b>Welsh Health Circulars</b>	Corporate Governance	Corporate Governance	

Type of Safety Alert	Divisional nominated leads	Department	Responsible group / committee
<b>Security Alerts</b>	<b>Velindre Cancer Service</b> Head of Estates Head of Health & Safety <b>Welsh Blood Service</b> Head of Quality, Safety & Regulatory Compliance Head of Planning & Performance	Estates Department / Health & Safety  QA Systems and Planning & Performance	Quality, Safety & Performance Committee / Trust Health, Safety & Fire Management Board
<b>Healthcare Inspectorate Wales Report</b>	Head of Quality, Safety & Assurance	Quality & Safety	Integrated Quality & Safety Group / Quality, Safety & Performance Committee
<b>Regulatory agency reports, e.g., Health &amp; Safety Executive, Fire Authority, Human Tissue Authority, MHRA</b>	<b>Velindre Cancer Service</b> Head of Health & Safety Quality & Safety Manager Head of Estates  <b>Welsh Blood Service</b> Head of Quality, Safety & Regulatory Compliance (Interim) Deputy Head QA & Regulatory Compliance  For HTA also include – Head of Transplantation Services For MHRA also include: Responsible Person	Health & Safety / Quality & Safety / Estates	Integrated Quality & Safety Group / Quality, Safety & Performance Committee
<b>Accreditation Reports</b>	Head of Corporate Governance	Corporate Governance	Quality, Safety & Performance Committee

Type of Safety Alert	Divisional nominated leads	Department	Responsible group / committee
<b>Internal Safety Notices (Health &amp; Safety)</b>	<b>Velindre Cancer Service</b> Heads of Nursing (Site-specific Teams (SST) Services, Acute, Inpatients, Palliative Medicine, Systemic Therapies) Quality, Safety & Assurance Manager / VCS Quality & Safety Manger Head of Health and Safety <b>Welsh Blood Service</b> Health, Safety & Environment Manager	Nursing/ Quality & Safety / Health & Safety	Trust Health, safety & Fire Management Board / Local Groups
<b>Internal Safety Notices (Patient Safety)</b>	<b>Velindre Cancer Service</b> Heads of Nursing (Site-specific Teams (SST) Services, Acute, Inpatients, Palliative Medicine, Systemic Therapies) Quality, Safety & Assurance Manager / VCS Quality & Safety Manger Head of Health and Safety  <b>Welsh Blood Service</b> Medical Director Head of Quality, Safety & Regulatory Compliance (Interim) Deputy Head QA & Regulatory Compliance	Nursing/ Quality & Safety / Health & Safety  Quality & Safety	Quality, Safety & Performance Committee
<b>Professional Regulatory Alerts</b>	HR Officers Medical / Clinical Directors	Velindre Cancer Service / Welsh Blood Service / Divisions / Hosted Organisations	Quality, Safety & Performance Committee



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**REF: QS18**

# **Health, Safety and Welfare Policy**

<b>Executive Sponsor &amp; Function</b>	Director of Place, Portfolio and Partnerships Health and Safety Function
<b>Document Author:</b>	Head of Health and Safety
<b>Approved by:</b>	Quality, Safety and Performance Committee
<b>Approval Date:</b>	12 <sup>th</sup> March 2026
<b>Date of Equality Impact Assessment Outcome:</b>	Safer Working Environment
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## **1. Health and Safety Policy Statement**

Velindre University NHS Trust is committed to providing a safe and healthy environment for all employees, patients, contractors, visitors, and others affected by our work activities.

We recognise that effective health and safety management is essential to delivering high-quality care and supporting the wellbeing of everyone within our organisation. This commitment underpins our values and vision of “Healthy People, Great Care, and Inspirational Learning.”

The Trust will adopt a systematic approach to health and safety in line with the Health and Safety Executive’s HSG65 framework. This includes:

- Strong leadership and clear accountability at all levels, with the Chief Executive having ultimate responsibility for health and safety, and delegated responsibilities assigned throughout the organisation.
- The identification, assessment, and control of risks through robust risk management processes and continuous improvement.
- Active involvement and engagement of employees, trade unions, and other stakeholders in health and safety matters.
- Providing appropriate resources, information, training, and supervision to ensure competence and safe working practices.
- Regular monitoring, review, and reporting of health and safety performance to ensure ongoing compliance with legal requirements and organisational standards.

We are committed to maintaining and continuously improving our Health and Safety Management System, ensuring it remains effective, relevant, and embedded within all aspects of our work.

This policy applies to all levels of the organisation, including senior leaders, managers, and operational staff. It ensures that health and safety responsibilities and safe working practices are embedded throughout the workforce, including hosted organisations.

Every individual within Velindre University NHS Trust has a responsibility to contribute to health and safety by following safe working practices, cooperating with policies, and reporting hazards or incidents promptly.

Through this policy, Velindre University NHS Trust aims to create and sustain a positive health and safety culture that protects and promotes the health, safety, and wellbeing of all.

**Mr Carl James**  
**Interim Chief Executive**

**Dated:**

## **2. Scope of Policy**

This policy applies to:

- All Velindre University NHS Trust employees and those working on behalf of the Trust.
- Staff and functions within Hosted Organisations.
- Contractors, volunteers, and any individuals affected by Trust-related work activities.
- All premises and sites managed or operated by the Trust.

### **Application to Hosted Organisations**

This policy provides the overarching framework for health, safety and welfare governance across Velindre University NHS Trust and its hosted organisations. Hosted organisations are responsible for applying this policy in a manner that is appropriate to their own workforce, workplace environments, operating models, and demographic profile. This includes ensuring that local procedures, risk assessments, equality considerations, and control measures reflect the specific risks and needs of their staff and services, while remaining aligned to the principles and requirements set out in this policy.

## **3. Aims and Objectives**

### **Aim**

The aim of this policy is to ensure a safe, healthy and legally compliant working environment for all staff, patients, visitors, contractors and others affected by Trust activities, while promoting a proactive and positive health and safety culture.

### **Objectives**

To achieve this, the Trust is committed to:

- Providing strong leadership and clear accountability for health and safety at all levels
- Identifying, assessing and controlling risks arising from Trust activities
- Preventing work-related injury and ill health
- Ensuring staff are trained, competent and supported to work safely
- Consulting and engaging with staff, trade unions and hosted organisations on health and safety matters
- Monitoring, reviewing and continually improving health and safety performance

Specific health and safety objectives, performance measures, and improvement actions will be set out in the Trust's Annual Health and Safety Plan and Health and Safety Management System (HSMS) Implementation Plan and reported through established governance arrangements.

This policy applies to all staff, contractors, volunteers, and others affected by Trust activities at all levels of the organisation, ensuring that health and safety responsibilities, safe working practices, and risk management principles are embedded across the workforce, including hosted organisations.

Specific operational arrangements, including risk assessment review frequencies, emergency evacuation testing, and job description requirements, are managed locally by divisions and hosted organisations in line with their governance arrangements.

#### **4. Equality and inclusion**

Velindre University NHS Trust is committed to promoting a culture of equality, diversity, and inclusion. This Health, Safety and Welfare Policy applies to all staff, service users, contractors, and others affected by the Trust's activities, regardless of protected characteristics as defined under the Equality Act 2010. These include:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The Trust will ensure that its health and safety arrangements are implemented fairly and equitably. Where appropriate, reasonable adjustments and individual risk assessments will be provided to support employees with disabilities, health conditions, or other personal circumstances that may affect their health, safety, or wellbeing at work.

All policies and procedures associated with health and safety will consider the diverse needs of our workforce and the populations we serve. The Trust will monitor its practices and services to ensure they remain inclusive and do not result in unlawful discrimination.

An Equality Impact Assessment has been completed for this policy. In undertaking the EQIA, consideration was given to the demographics, roles, and workplace environments of both Velindre University NHS Trust staff and those within hosted organisations. Local and organisational differences have been considered, and the policy has been designed as a high-level framework, with hosted organisations responsible for ensuring local risk assessments, reasonable adjustments, and equality considerations are applied appropriately. Evidence and rationale for these considerations have been documented and will be reviewed periodically to ensure continued inclusivity and compliance with the Equality Act 2010

## **5. Responsibilities**

### **5.1 Chief Executive**

The Chief Executive holds overall accountability for health, safety, and welfare across the Trust, including Hosted Organisations. They must ensure:

- A designated Executive Director holds Trust Board-level leadership for health, safety, and violence and aggression.
- The Trust Board and Executive Management Board are kept informed of significant health and safety matters.
- Adequate and appropriate resources (financial, staffing, and advisory) are allocated for effective implementation of the Health and Safety Management System.
- Detailed governance and reporting structures supporting these responsibilities are set out in the *Organisational Arrangements for Health, Safety and Welfare Procedure (HSMS 001)*

### **5.2 Executive Lead for Health and Safety**

#### **(Director of Place, Portfolio and Partnerships)**

This Director has delegated Trust Board responsibility for health and safety and chairs the Trust Health, Safety and Fire Management Board. They must ensure:

- Full implementation of the Trust's Health, Safety and Welfare Policy across Divisions and Hosted Organisations.
- Oversight of the Trust's Health and Safety Management and Governance Systems.
- Access to competent health and safety advice for all Divisions and Hosted Organisations.
- Regular reporting of health and safety risks, incidents, and performance to the Executive Management Board.

### **5.3 Executive Director of Organisational Development and Workforce**

Responsible for workforce-related health and safety governance, including:

- Delivery of a Trust-wide mandatory and induction training programme that incorporates health and safety.
- Inclusion of health and safety responsibilities within all staff job descriptions.
- Oversight of occupational health functions including pre-employment screening, health surveillance, and health-related absence monitoring (including stress and mental health).
- Facilitation of staff consultation on health and safety with recognised Trade Unions and employee representatives.

#### **5.4 Assistant Director of Estates, Environment and Capital Development**

Accountable for estates-related health and safety governance, including:

- Ensuring premises (owned/leased) are safe and compliant with legislation and Health Technical Memoranda.
- Implementing systems for contractor control and estates safety auditing.
- Integration of health and safety into capital projects, refurbishment, and equipment planning.
- Supporting emergency preparedness and business continuity.
- Preparation and submission of the Annual Health and Safety Report to the Board.

#### **5.5 Divisional Directors and Directors of Hosted Organisations**

Divisional and Hosted Organisation Directors hold operational accountability for health and safety within their areas. They must:

- Implement the Trust's Health and Safety Management System locally.
- Allocate sufficient resources (staff, budget, time) to support effective safety management.
- Establish and lead divisional/hosted organisation Health and Safety Groups that meet quarterly.
- Develop local procedures aligned with Trust policies and oversee their implementation.
- Ensure managers complete and review risk assessments and incident investigations on the Datix system.
- Escalate RIDDOR-reportable incidents to the Trust Health and Safety Manager or appropriate lead immediately.

#### **5.6 Departmental Managers**

Managers are responsible for local operational delivery of health and safety. They must:

- Implement Trust, divisional, and departmental safety policies and procedures.
- Identify and assign local safety roles, ensuring responsible staff are trained and competent.
- Ensure all required risk assessments are completed, reviewed, and recorded on Datix.
- Deliver local inductions and monitor mandatory training completion.
- Consult with staff and safety representatives on health and safety matters.
- Conduct and respond to departmental audits and inspections, and action safety alerts.
- Ensure that appropriate risk assessments and safe systems of work are in place for all staff, including those undertaking lone working.

#### **5.7 Trust Head of Health and Safety**

Provides professional, competent support across the Trust and Hosted Organisations. Responsibilities include:

- Advising senior managers, departments, and Divisional Health and Safety Leads.
- Leading on Trust-wide health and safety audits in line with HSG65.
- Managing the Trust's documented Health and Safety Management System and supporting improvement planning.
- Supporting investigations of significant incidents and escalating findings with recommendations.
- Acting as a key liaison across workforce, estates, fire, infection control, and sustainability.

## **5.8 All Staff (Employees)**

Every employee has a legal and organisational duty to:

- Take reasonable care for their own health and safety and that of others affected by their work.
- Comply with Trust policies and procedures, including safe systems of work and training requirements.
- Promptly report hazards, incidents, or concerns via the appropriate channels (e.g., Datix).
- Not intentionally misuse or interfere with health and safety equipment or systems.
- Complete mandatory and role-specific health and safety training.
- Follow safe working procedures, including any arrangements for lone working, and report hazards or incidents promptly.

## **5.9 Safety Representatives**

Appointed by recognised staff or professional organisations, safety reps play a key role in promoting and monitoring health and safety. They are entitled to:

- Represent staff in matters concerning health and safety at work.
- Participate in workplace inspections and incident investigations.
- Be involved in consultation with enforcing authorities (e.g., HSE).
- Attend and contribute to health and safety meetings at Trust, divisional, or departmental levels.

## **6. Implementation and Policy Compliance**

### **6.1 Advice and Support**

Health and safety advice and support for all staff is available through the Trust Head of Health and Safety, the Assistant Director of Estates, Environment and Capital Development, and the local health and safety teams in each division or hosted organisation.

Further information, including contact details for all health and safety personnel, is available on the Trust Health and Safety SharePoint pages.

Staff should seek advice from the appropriate source according to their area of work and the nature of the health and safety matter.

## 6.2 Monitoring Arrangements

The Trust will monitor the implementation and effectiveness of its Health and Safety Management System. Outputs will be reported through:

- Trust Health, Safety and Fire Management Board
- Divisional Health and Safety Meetings

## 6.3 Internal Monitoring Includes:

- Incident investigation and trend analysis
- RIDDOR compliance
- Health and safety audits and inspections
- Review of sickness absence data linked to injury/ill health
- Monitoring of statutory and mandatory training
- Maintenance of risk assessments
- KPI tracking and performance reporting
- Annual Health and Safety Report to Trust Board

## 6.4 External Monitoring

The Trust will cooperate fully with the Health and Safety Executive (HSE) and Healthcare Inspectorate Wales (HIW) during inspections, audits, and compliance reviews.

## 7. Getting Help

7.1 The Health and Safety Policy and related procedures are available via the Trust intranet.

7.2 For further advice, contact:

- Assistant Director of Estates, Environment and Capital Development
- Trust Head of Health and Safety

## 8. References

- Health and Safety Executive: [www.hse.gov.uk](http://www.hse.gov.uk)
- NHS Wales Health and Care Standards
- HSG65: Managing for Health and Safety
- INDG417: Leading Health and Safety at Work

## 9. Related Policies

Policy Title	Policy code
Control of Substances Hazardous to Health (COSHH)	QS33
Fire Safety Policy	PP01
Incident Reporting and Investigation Policy	QS01

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Ionising Radiation Safety Policy	QS16
Latex Policy	QS09
Management of Violence and Aggression Policy	QS15
Medical Devices Equipment Policy	QS24
Risk Assessment Policy	QS06
Risk Management Policy	QS35
Safe Use of Display Screen Equipment Policy	QS26
Safer Manual Handling Policy	QS14
Security Policy	PP02
Asbestos Policy	PP04
Stress and Mental Health Wellbeing Policy	WF43
Water Safety Policy	PP09
Business Continuity Management Policy	PP06

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## 10. Training

- Introduced to all staff during induction.
- Training needs assessed by managers and recorded on the ESR.
- Mandatory training completion monitored Trust-wide.
- Specialist training provided based on role requirements.

## 11. Key Legislation

This policy is underpinned by a wide range of health and safety legislation that governs the Trust's legal responsibilities. Key legislation includes (but is not limited to):

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- RIDDOR 2013
- COSHH 2002
- PUWER 1998
- LOLER 1998
- CDM 2015
- Control of Asbestos Regulations 2012
- Electricity at Work Regulations 1989
- All other relevant legislation (see full list above)

## 12. Key Guidance

This policy and the associated Health and Safety Management System are informed by the following national guidance:

- **Health and Safety Executive (HSE): *Managing for Health and Safety (HSG65)***
  - Provides a structured framework (Plan, Do, Check, Act) for effective health and safety management systems.

- **Health and Safety Executive / Institute of Directors:** *Leading Health and Safety at Work (INDG417)*
  - Offers strategic guidance for directors and senior leaders on embedding health and safety leadership at board level.



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WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>TRUST BOARD</b>	
<b>ASSURANCE REPORT NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	James Quance, Assistant Director of Corporate Services, NWSSP
<b>PRESENTED BY</b>	Alison Ramsey, NWSSP Director of Finance & Corporate Services
<b>APPROVED BY</b>	<b>Choose an item</b>
<b>EXECUTIVE SUMMARY</b>	This paper has been prepared to provide the Trust Board with details of the key issues considered by the Shared Services Partnership Committee, at its meeting on 22 January 2026.
<b>RECOMMENDATION / ACTIONS</b>	The Trust Board is asked to <b>NOTE</b> the contents of the report from the last meeting of the Shared Services Partnership Committee, which took place on 22 January 2026.
<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
SSPC Committee Members (by email)	11/03/2026
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
Not applicable	
<b>7 LEVELS OF ASSURANCE</b>	
Not applicable	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	<b>Select Current Level of Assurance</b> Not applicable

APPENDICES	
	Not applicable

**SHARED SERVICES PARTNERSHIP COMMITTEE ASSURANCE REPORT  
MEETING OF 22 JANUARY 2026**

**1. SITUATION**

To provide the Trust Board with details of the key issues considered by the Shared Services Partnership Committee, at its meeting on 22 January 2026 for **NOTING**.

**2. BACKGROUND**

A summary of the business matters discussed at the Shared Services Partnership meeting held on 22 January 2026, is outlined below.

**3. SUMMARY OF MATTERS FOR CONSIDERATION**

<b>Reporting Committee</b>	<b>Shared Services Partnership Committee</b>
<b>Chaired by</b>	Professor Tracy Myhill OBE, NWSSP Chair
<b>Lead Executive</b>	Neil Frow OBE, Managing Director, NWSSP
<b>Author and Contact Details</b>	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
<b>Date of Meeting</b>	22 January 2026

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made**

**Chair's Report** - The Chair updated the Committee on activities since the last meeting, in addition to routine duties, approvals, and providing support to NHS Wales Shared Services Partnership (NWSSP), which included:

- extensive engagement in the Welsh Government's independent review of NWSSP Accountability and Governance, welcoming the published outcome and confirming constructive joint work with the Chair of Velindre University NHS Trust (Velindre);
- strengthened working relationship with Velindre through several positive one-to-one meetings and joint review of draft recommendations;
- ongoing participation in key stakeholder engagement forums, including the Chairs' Meeting and the Welsh Risk Pool Committee; and
- contribution to the NWSSP Annual Staff Recognition Awards, supporting organisational culture and staff celebration.

The Committee **NOTED** the Chair's Report.

**Managing Director's Update** - The Managing Director provided a comprehensive update which included an overview of operational activity, driven by Integrated Medium-Term Plan (IMTP) development and wider system pressures. Preparations for NWSSP's 15-year anniversary in April 2026 continue, alongside the successful virtual Staff Recognition Awards held on 13 January, which highlighted staff professionalism and contribution across NWSSP and NHS Wales. The Welsh Government Independent Review outcome confirmed NWSSP's governance framework is fundamentally sound, setting out recommendations for strengthening and improvement. Financially, a £6m non-recurrent distribution has now been confirmed for partners, with improved clarity on Welsh Risk Pool allocation, though year-end financial management remains a priority.

Progress continues across Radiopharmacy, with the South East Hub's new isolators undergoing testing and validation ahead of a June go-live and ongoing collaboration with Aneurin Bevan University Health Board to mitigate staffing pressures. Credible site options for the South West and North Wales developments have been identified, and project momentum is increasing. Over one million vaccines have been delivered nationally, with planning underway for next year, building on lessons gleaned from 2025. Primary Care and Medical Examiner Services remain under high demand and activity continues to be monitored, with current performance in line with expectations, reflecting the strength of the winter planning and preparedness undertaken. There is ongoing work with DHCW to automate the redirection of mis-addressed hospital letters. Engagement on Welsh Risk Pool matters is continuing ahead of the Chairs' meeting, and implementation of the Future Workforce Solution is progressing rapidly with identified pathfinders, though a significant risk persists due to funding uncertainty beyond year two, which is currently subject to active discussion with Welsh Government.

The report also provided updates on the Laundry Service, accommodation, decarbonisation and adaptation activity, and personal protective equipment, alongside an overview of engagement events, staff awards and recognition.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

#### **Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements**

The Committee welcomed the publication of the outcome report, noting satisfaction that the report confirms NWSSP's governance and accountability framework is "*fundamentally sound.*" After 15 years of significant growth and diversification, it is appropriate that areas for strengthening have been identified. The review contains 19 recommendations, several of which relate specifically to partner organisations. It was highlighted that Welsh Government has issued a formal response, which will inform the next phase of work. A working group will be established to take forward the recommendations and this marks an opportunity to address some of the challenges of the past year and ensure hosting arrangements better support partnership functioning. Early reflections from Committee Members on how their organisations were considering the recommendations were invited.

The Committee **DISCUSSED** and **NOTED** the update provided in respect of the Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements outcome, and the next steps regarding the implementation of recommendations.

## Items for Approval

**NWSSP Integrated Medium Term Plan (IMTP) 2026-2029** – The Committee **APPROVED** the Plan for submission, subject to any feedback received prior to 13 February 2026. The publication reflects the Welsh Government planning framework and statutory submission requirements, shaped by a strong focus on supporting Health Organisations' planning. The plan is people-led and iterative, aligned to Ministerial priorities and system expectations, underpinned by robust financial scrutiny amid significant resource pressures and known delivery risks. It sets out clear strategic priorities including digital transformation, workforce, service modernisation, sustainability and collaboration across NHS Wales, introduces a new focus on strengthening partnerships, and is supported by impact assessments, case studies and a planned programme of engagement ahead of submission.

**Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme** - The Committee **APPROVED** the proposal, noting the requirement for urgent procurement due to manufacturing lead-in times. NWSSP has been commissioned by Welsh Government to deliver a single national procurement, with the contract extended for a further year to support the forthcoming campaign, securing 912,000 doses at a total cost of £12.6m and achieving cost efficiencies through consolidation to a single vaccine. The vaccines will be fully funded by Welsh Government, with corresponding approvals progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**Remote Advice and Guidance Contract Extension** – The Committee **APPROVED** the contract extension proposal for a further 12 months to March 2027, noting its role in enabling cross-organisational access to clinical advice and NWSSP's function as lead organisation on behalf of NHS Wales Performance and Improvement (NHS P&I). Assurance was provided that the extension is fully funded by Welsh Government, with no financial risk to NWSSP. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**Power Resilience at IP5 to include Radiopharmacy and TrAMS Hub** - The Committee **APPROVED** the proposed approach, noting its alignment with the wider estates strategy and its critical role in supporting delivery of the TrAMS programme. The solution, endorsed through programme governance, involves a phased approach with separate procurements for enabling works and generation infrastructure. At this stage, approval enables progression of a funding submission to Welsh Government, with no contractual commitment entered into, and the matter will return to the Committee for a formal investment decision once funding approval is secured.

**Forensic and Statement Reconciliation Software Contract Renewal** - The Committee **APPROVED** the contract renewal, noting its critical role in supporting accounts payable controls, fraud risk management and financial assurance across NHS Wales. The proposal consolidates two existing contracts into a single arrangement to improve value for money and streamline management, with assurance provided that the existing supplier remains the most cost-effective option. Learning was noted in relation to procurement lead-in times for digital contracts, and the renewal was endorsed to ensure continuity of service and system robustness. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**e-Expenses System Contract Renewal** - The Committee **APPROVED** the contract renewal, noting its critical role in supporting the processing of NHS Wales staff expenses and the need for contractual flexibility amid wider system change. The proposed structure provides assurance and continuity while accommodating potential future alignment with the Future Workforce Solution and evolving medical and dental workforce arrangements. Assurance was provided that there are no financial implications for local organisations, with the renewal fully supported through existing central funding and a compliant procurement approach. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**TRAC Recruitment System Contract Renewal** - The Committee **APPROVED** the contract renewal, noting its critical role in maintaining recruitment stability and performance across NHS Wales. The proposed structure provides continuity while allowing alignment with the Future Workforce Solution and a managed transition as onboarding capability is developed. Assurance was provided on the system's effectiveness in improving recruitment timescales, with the renewal supporting service continuity while preserving flexibility for a future exit strategy. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**Companies House Lease Renewal** - The Committee **APPROVED** the lease renewal and to authorise instruction to Legal and Risk Services to progress with documentation, noting the conclusion of complex negotiations and the agreement of favourable terms that balance operational stability with flexibility, including a capped service charge and break option. The reduced estate footprint aligns with the Agile Working Strategy. The corresponding approval would be progressed through Velindre Trust Board.

**IP5 Lease Variation** – The Committee **APPROVED** a minor variation to the lease to support delivery of the RadioPharmacy project, noting that the change is straightforward, presents no additional operational impact, enabling progression through to Velindre Trust Board for approval and application of the corporate seal.

#### **Items for Noting and Discussion**

**NWSSP Decarbonisation and Adaptation Activity Update** - The Committee received the bi-annual update provided in relation to NWSSP's decarbonisation and adaptation activity, noting steady progress against the 2024–2026 Decarbonisation Action Plan and alignment of the forthcoming plan to the new NHS Wales Strategic Delivery Plan. Performance remained amber across carbon management, estates, transport and procurement, with green ratings for adaptation and healthcare approaches, and only a small number of actions outstanding. Significant achievements included completion of organisation-wide adaptation risk workshops; installation of solar panels at Matrix House and EV chargers at IP5; and delivery of notable case studies such as the NHS Wales Tray Wrap Project, a well-received decarbonisation staff event, and national recognition for the Welsh Health Environment Forum. NWSSP secured approval for 17 electric vehicles for 2026, with further work underway on governance for the new strategy, net-zero building guidance, sustainable transport plans, expanded solar installations, waste strategy development and continued fleet replacement.

The Committee **NOTED** the NWSSP Decarbonisation and Adaptation Activity Update.

## Finance, Performance, People, Programme and Governance Updates

**Finance Report** – The Committee noted the financial position as at 31 December 2025, with a year-to-date surplus of £4.278m and a confirmed £6m forecast surplus following quarter four projections. Capital expenditure totalled £4.129m against the £11.372m Capital Expenditure Limit, supported by recent approvals including the IP5 roof overlay, year-end bids for laundry, digital and IT infrastructure, and next year's approved fleet business case. Discretionary capital has reduced to £0.409m due to the Transforming Estates Funding contribution. A significant deterioration in the Welsh Risk Pool position was noted, with month 9 Departmental Expenditure Limit reaching £116.731m against the £109m allocation and a refreshed forecast of £183.848m to £194.591m, triggering £74m– £85m under the Risk Share Agreement. Welsh Government has confirmed up to £49m, which may be fully required. Detailed case review, close monitoring and ongoing engagement with the Financial Planning and Delivery Unit continue to assess emerging risks and next-year pressures.

**People and Organisational Development Report** – The Committee received the latest workforce update to 31 December 2025, confirming continued headcount growth, improved turnover performance (reducing to 8.87%, excluding SLE), and stable sickness rates at 3.16%, remaining below the NHS Wales average. Statutory and mandatory learning compliance remained high at 92.55%, with Anti-Racism training above target and strong 83.14% PADR compliance. Positive movement across previously red indicators, particularly in non-mandatory learning and targeted improvement areas, was noted. The Committee discussed rising voluntary resignations within the first year of employment, with fixed-term contracts and limited insight from exit questionnaires identified as contributing factors; benchmarking indicates this trend is common across NHS and wider sectors.

**Performance Information Report** – The Committee received the report detailing strong performance across Key Performance Indicators (KPIs) from August to November 2025. Quarter 2 reports were issued in October and quarter 3 reports would follow at the end of January, with forthcoming organisational and divisional performance meetings to support deeper IMTP oversight. Professional influence benefits totalled £86m to the end of November, with only three KPIs not meeting target, each accompanied by clear explanations and remedial actions. Recruitment Time-to-Hire continues to meet the All-Wales target, sustaining over 12 months of compliance despite organisational variation.

**Outcome Measures Report** – The Committee received the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact. Work is underway to further enhance the report for the next IMTP cycle, including a new partnership-focused section and improved tailoring of data to better support Health Organisations' local performance and decision-making. The report highlighted positive customer satisfaction, stronger employee engagement, and increased contributions to decarbonisation and the foundational economy, with consistently positive 'Voice of the Customer' themes and active improvement work across recruitment, audit timeliness, procurement transparency, payroll communication and system development.

**Transformation Management Office (TMO) Update Report** – The Committee received an update on the breadth of programme activity within the TMO, confirming no material change in RAG status since the last iteration, but noting significant forthcoming capacity pressures arising from major programmes including the Future Workforce Solution, the new Resident Doctors Contract, and the

TrAMS programme. A new North Wales-based Project Manager has been appointed, strengthening regional presence and Welsh-language capability.

**NWSSP Corporate Risk Register** – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 20 risks for action, comprising six red, 11 amber and three yellow rated risks. Four red risks remain unchanged insofar as trends and 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. In addition, five risks are recorded for monitoring, including two amber and three yellow, of which one is a newly escalated risk to organisational reputation arising from public perception that the statutory implementation of the Medical Examiner Service in September 2024 has caused significant delays in the death certification process.

The Committee **DISCUSSED** and **NOTED** the above Reports.

**Part B - Private**

The Committee **APPROVED** the proposed approach for the All-Wales Finance and Procurement System Replacement and **NOTED** the update provided in respect of the Future Workforce Solution for NHS Wales.

**Matters requiring Board/Committee level consideration and/or approval**

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

**4. IMPACT ASSESSMENT**

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	<b>Choose an item</b>

<p><b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b></p>	<p><b>Select all relevant domains below</b></p> <p>Safe <input type="checkbox"/></p> <p>Timely <input type="checkbox"/></p> <p>Effective <input type="checkbox"/></p> <p>Equitable <input type="checkbox"/></p> <p>Efficient <input type="checkbox"/></p> <p>Patient Centred <input type="checkbox"/></p> <p>The Key Quality &amp; Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>Not applicable as this is an Assurance Report from SSPC meeting</p>
<p><b>QUALITY IMPACT ASSESSMENT</b></p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p><b>Choose an item</b></p> <p>The <a href="#">QIA tool</a> should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b></p> <p><i>For more information:</i>  <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p>Not required</p> <p>Not applicable as this is an Assurance Report from SSPC meeting</p> <p><b>Click or tap here to enter text</b></p>

<b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:  <b>Choose an item</b></p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
	<p>This section is not applicable – SSPC Assurance Report</p> <p><b>Source of Funding:</b>  <b>Choose an item</b></p> <p>Please explain if 'other' source of funding selected:  <b>Click or tap here to enter text</b></p> <p><b>Type of Funding:</b>  <b>Choose an item</b></p> <p><b>Scale of Change</b>  Please detail the value of revenue and/or capital impact:  <b>Click or tap here to enter text</b></p>

	<b>Type of Change</b> <b>Choose an item</b> Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b>
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required Assurance / Highlight Report
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report. <b>Click or tap here to enter text</b> Not applicable

## 5. RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	Not applicable
<b>WHAT IS THE CURRENT RISK SCORE</b>	Not applicable
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	Not applicable
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Not applicable
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	No
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	



<b>TRUST BOARD</b>	
<b>HIGHLIGHT REPORT FROM THE CHAIR OF THE VELINDRE NHS TRUST AUDIT COMMITTEE FOR VELINDRE UNIVERSITY NHS TRUST BOARD (NWSSP AUDIT COMMITTEE)</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Carly Wilce, NWSSP Corporate Services Manager
<b>PRESENTED BY</b>	Gareth Jones, Chair of NWSSP Audit Committee
<b>APPROVED BY</b>	Choose an item
<b>EXECUTIVE SUMMARY</b>	This paper has been prepared to provide the Trust Board 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.
<b>RECOMMENDATION / ACTIONS</b>	The Trust Board is asked to <b>NOTE</b> the contents of the report from the last meeting of the NWSSP Audit Committee, which took place on 10 February 2026.
<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
Shared Services Partnership Committee (SSPC)	19/03/2026
Formal Senior Leadership Group (FSLG)	26/03/2026
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
Not applicable	
<b>7 LEVELS OF ASSURANCE</b>	
Not applicable	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Select Current Level of Assurance

	Not applicable
<b>APPENDICES</b>	
	Not applicable

## NWSSP AUDIT COMMITTEE HIGHLIGHT REPORT – 10 FEBRUARY 2026

### 1. SITUATION

To provide the Trust Board 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 (NWSSP Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 10 February 2026, is outlined below.

### 3. SUMMARY OF MATTERS FOR CONSIDERATION

<b>ALERT / ESCALATE</b>	There were no matters for <b>alert/escalation</b> to the Board.
<b>ADVISE</b>	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.
<b>ASSURE</b>	<p><b>NWSSP Integrated Medium Term Plan (IMTP) 2026-29</b></p> <p>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.</p> <p>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.</p> <p>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</p>

	<p>IMTP will be presented to the Velindre University NHS Trust Board on 26 March 2026, for noting.</p> <p>The Committee <b>NOTED</b> the 2026-29 NWSSP Integrated Medium Term Plan.</p>
<b>ASSURE</b>	<p><b>Update from NWSSP Managing Director</b></p> <p>The Managing Director provided members with a comprehensive update on significant developments within NWSSP, as summarised below:</p> <ul style="list-style-type: none"> <li>• The Welsh Government Independent Review of NWSSP’s Governance and Accountability Arrangements has been published and provided a positive assessment, confirming that the arrangements are fundamentally sound. An Implementation Group will be established by Welsh Government to take forward the recommendations identified.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Medical Examiner Service was in a stronger position compared to the previous year, highlighting that winter planning arrangements had been effective.</li> </ul>
<b>ASSURE</b>	<p><b>Welsh Government’s Independent Review of NWSSP’s Accountability and Governance Arrangements</b></p> <p>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 Committee would be updated on progress and developments.</p>
<b>ASSURE</b>	<p><b>Audit Wales Update</b></p> <p>Audit Wales presented an 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.</p>
<b>ASSURE</b>	<p><b>Results from a Pilot Data Matching Exercise on GP Patient Lists</b></p> <p>The 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 had 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.</p>

<p><b>ASSURE</b></p>	<p><b>Internal Audit Progress Report</b>  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.</p>
<p><b>ASSURE</b></p>	<p><b>Internal Audit Reports</b>  The Committee received the Internal Audit reports detailed below for review and consideration. The audits received Substantial and Reasonable Assurance, respectively. Progress against the actions identified will be monitored via the Audit Recommendation Tracker.</p> <ul style="list-style-type: none"> <li>• <b>Targeted Estate Fund:</b> 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.</li> <li>• <b>TrAMS Digital:</b> 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.</li> </ul>
<p><b>ASSURE</b></p>	<p><b>Quality Assurance Improvement Programme (QAIP)</b>  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.</p> <p>An audit satisfaction questionnaire has been introduced, with feedback received from over 50% of organisations.</p> <p>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.</p>
<p><b>ASSURE</b></p>	<p><b>Counter Fraud Progress Report</b>  The Committee received the Q3 Counter Fraud Position Statement from NWSSP's Local Counter Fraud Manager, providing an overview of activity to date, which included:</p> <ul style="list-style-type: none"> <li>• 152 of the contracted 210 activity days had been utilised, with the remaining days expected to be delivered by 31 March 2026.</li> <li>• Activity covered a balance of proactive and reactive work.</li> </ul>

	<ul style="list-style-type: none"> <li>Fraud awareness activity included six training sessions delivered to 235 staff, eLearning uptake by 75 staff, and wider engagement through newsletters and LinkedIn, resulting in total engagement of approximately 5,000 for the quarter.</li> </ul>
<b>ASSURE</b>	<p><b>Governance Matters</b> The Governance Matters report detailed the contracting activity for the last quarter. All contract awards were progressed in accordance with the Standing Orders and Scheme of Delegation.</p> <p>There were <b>31</b> contracts let by NWSSP and <b>33</b> further contracts on an All Wales basis for NHS Wales. <b>5</b> declarations had been made as to gifts, hospitality or sponsorship since the last meeting and no internal audit reports were concluded as limited or no assurance.</p> <p>Of <b>123</b> audit recommendations, <b>113</b> had been implemented, <b>10</b> were not yet due and there were none to report as overdue.</p> <p>The NWSSP Corporate Risk Register contains <b>6</b> red risks, <b>11</b> amber and <b>3</b> yellow, for action.</p>
<b>INFORM</b>	<p>The following items were received for information</p> <ul style="list-style-type: none"> <li>NWSSP Audit Committee Forward Plan 2026-27.</li> </ul>
<b>APPENDICES</b>	Not applicable

#### 4. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>Outstanding for quality, safety and experience <input type="checkbox"/></li> <li>An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	<b>Choose an item</b>
	<b>Select all relevant domains below</b>

<p><b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b></p>	<p>Safe <input type="checkbox"/></p> <p>Timely <input type="checkbox"/></p> <p>Effective <input type="checkbox"/></p> <p>Equitable <input type="checkbox"/></p> <p>Efficient <input type="checkbox"/></p> <p>Patient Centred <input type="checkbox"/></p> <p>The Key Quality &amp; Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>Not applicable as this is a Highlight Report from NWSSP Audit Committee meeting.</p> <p><b>Click or tap here to enter text</b></p>
<p><b>QUALITY IMPACT ASSESSMENT</b></p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p><b>Choose an item</b></p> <p>The <a href="#">QIA tool</a> should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p> <p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b></p> <p><i>For more information:</i>  <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p>Not required</p> <p>Not applicable as this is a Highlight Report from NWSSP Audit Committee meeting.</p> <p><b>Click or tap here to enter text</b></p>

<b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:  <b>Choose an item</b></p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
	<p><i>This section is not applicable.</i></p> <p><b>Source of Funding:</b>  <b>Choose an item</b></p> <p>Please explain if 'other' source of funding selected:  <b>Click or tap here to enter text</b></p> <p><b>Type of Funding:</b>  <b>Choose an item</b></p> <p><b>Scale of Change</b>  Please detail the value of revenue and/or capital impact:  <b>Click or tap here to enter text</b></p>

	<b>Type of Change</b> Choose an item Please explain if 'other' source of funding selected: <b>Click or tap here to enter text</b>
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>	Not required - please outline why this is not required Assurance / Highlight Report
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report. <b>Click or tap here to enter text</b> New offence of Failure to Prevent Fraud introduced by the Economic Crime and Corporate Transparency Act 2023.

## 5. RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	No
<b>WHAT IS THE RISK?</b>	Not applicable
<b>WHAT IS THE CURRENT RISK SCORE</b>	Not applicable
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	Not applicable
<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Not applicable
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	No
	Not applicable
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## Joint Commissioning Committee

### Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	27/01/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	January 2026	Noted

#### 1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 27 January 2026.

Key highlights from the meeting are reported in Section 3.

#### 2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

### 3. HIGHLIGHT REPORT

(Links to reports highlighted [January 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> <li>The financial position remains a key risk. A private meeting was held prior to the in-public meeting to progress discussions on options for the Integrated Medium-Term Plan (IMTP) for 2026-2029. The IMTP will be presented to the JC in March 2026 for approval.</li> </ul>
Advise	<ul style="list-style-type: none"> <li><a href="#">Emergency Medical Retrieval and Transfer Services (EMRTS) Update</a> <ul style="list-style-type: none"> <li>Following the November JC, the Welsh Ambulance Service (WAST) were tasked with reviewing rural service delivery, particularly in relation to Recommendation 4, to adapt to the new ambulance performance framework. The recommendations and outputs from the ambulance review will be incorporated into the IMTP.</li> <li>The Wales Air Ambulance Charity were continuing their planning for a new base. Current base arrangements may need to be extended as an interim measure.</li> </ul> </li> </ul>
Assure	<ul style="list-style-type: none"> <li>Governance &amp; Risk Management:           <ul style="list-style-type: none"> <li>The <a href="#">Risk Register</a> at 30 November 2025 was received. Risks were reviewed and scrutinised by the Sub-Committees prior to the JC. A discussion was held around the approach to develop and strengthen the commissioner held risks. Members welcomed the work and improvements made to date.</li> <li>The <a href="#">Corporate Governance Report</a> including updates on the internal audit programme, hosting arrangements, work in progress and forward plan of business were noted.</li> </ul> </li> </ul>
Inform	<ul style="list-style-type: none"> <li>The <a href="#">Chair's Report</a> summarised the JC Strategy Session held on 16 December 2025, which covered topics including the development of the NWJCC IMTP, emerging risks across the NWJCC's portfolios and the NWJCC Financial Outlook including financial savings plan.</li> <li>The <a href="#">Chief Commissioner's Report</a> included updates on:           <ul style="list-style-type: none"> <li>The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 14.30% vacancy rate as of January 2026).</li> <li>A new Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups has been appointed and will join the NWJCC on 2 February 2026. The Interim Director was thanked for covering the post during this transition period.</li> </ul> </li> </ul>

Status	Update
	<ul style="list-style-type: none"> <li>• Reports from each of the Commissioning Directors:</li> <li>• <a href="#">Director of Commissioning for Ambulance Services and 111</a> Members noted: <ul style="list-style-type: none"> <li>- In relation to 111 Press 2, the NWJCC currently does not hold any commissioning responsibility as the service was provided by HBs. There was potential for a future review and discussion about whether a national commissioning function should be considered to improve resilience and effectiveness.</li> </ul> </li> <li>• <a href="#">Director of Commissioning for Specialised Services</a> Members noted: <ul style="list-style-type: none"> <li>- That the Joint Accreditation Committee of the European BMT Society (JACIE) report had been received. Certification was not renewed due to unresolved estates issues. A six-month extension has been provided. The estates issues were unlikely to be resolved during this time frame. Alternative commissioning arrangements with English providers were being considered.</li> <li>- Demand management work with providers to explore opportunities for managing elective and urgent cases was on-going.</li> </ul> </li> <li>• <a href="#">Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</a> Members noted: <ul style="list-style-type: none"> <li>- An update on the commissioning review of the Welsh Gender Service. This was expected to take around 3 months once appropriate resource had been secured.</li> <li>- The re-opening of the Caswell clinic was reported, the JC acknowledging that the service remained in escalation.</li> <li>- The NWJCC's continuing oversight of the St Andrew's mental health facility which included attendance at weekly Gold and Silver meetings and multi-agency involvement to manage service quality.</li> </ul> </li> <li>• The JC received the <a href="#">Month 9 Finance Report</a> and the <a href="#">Operational Performance Report</a>. The challenging financial position was noted. Members thanked the NWJCC for their efforts in reducing the financial deficit and welcomed discussions on further opportunities for cost savings. Members also welcomed on-going improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics, while</li> </ul>

Status	Update
	<p>noting areas for further development, particularly in mental health and ambulance data.</p> <ul style="list-style-type: none"> <li>The Committee received the following assurance reports: <ul style="list-style-type: none"> <li>- <a href="#">Quality, Safety and Outcomes Sub-Committee</a></li> <li>- <a href="#">Planning, Performance and Finance Sub-Committee</a></li> </ul> </li> </ul>
Appendices	None.

#### 4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

## 5. RECOMMENDATIONS

The Health Board is asked to:

- Note the highlights outlined in Section 3 of this report.



<b>TRUST BOARD</b>	
<b>STRATEGIC PARTNERSHIPS UPDATE</b>	
<b>DATE OF MEETING</b>	26/03/2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Lauren Fear, Director of Place, Portfolio & Partnerships
<b>PRESENTED BY</b>	Lauren Fear, Director of Place, Portfolio & Partnerships & Dr Jacinta Abraham, Executive Medical Director
<b>APPROVED BY</b>	Lauren Fear, Director of Place, Portfolio and Partnerships
<b>EXECUTIVE SUMMARY</b>	<p>This strategic partnerships update will focus on the following recent developments:</p> <ul style="list-style-type: none"><li>• Cardiff-Velindre Partnership</li><li>• Cardiff Health Partners</li><li>• South-East Wales Cancer Programme</li><li>• Collaborative Centre</li></ul> <p>It is important to note that in the execution of all Trust Board portfolios, each Board Member and teams rely on strategic partnerships to effectively fulfil accountabilities. This update contains those the Directorate of PPP has had a leadership role in over the last period.</p> <p>There is on-going development of the scope of our collective "partnership" approach, including updating across the full scope of Trust Board activities.</p>

<b>RECOMMENDATION / ACTIONS</b>	Trust Board to NOTE the update
<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
Agreed as an update directly to Trust Board	

**1. CONTENTS**

This update will focus on the following recent developments:

- Cardiff and Vale University Health Board - Velindre University NHS Trust Strategic Partnership
- Cardiff Health Partners
- South-East Wales Cancer Programme
- Collaborative Centre

**2. UPDATE ON RECENT DEVELOPMENTS**

**2.1 Cardiff and Vale University Health Board - Velindre University NHS Trust Strategic Partnership**

**Update for this period (Q4 2025-26):**

- The Executive Partnership Group is now well established with meetings taking place in December 2025 and February 2026. Terms of Reference developed and agreed.
- Priority workstreams scoped with 'Project Canvas' in place outlining workstream aims, key timeline and identified risks and interdependencies.
- Executive, Clinical, Operational and Planning Leads identified for each priority workstream
- High-level plan for 2026-27 developed for inclusion and endorsed for inclusion in the Trust's IMTP/ CVUHB Annual Plan.
- Initial work completed to shape partnership communications and engagement approach. The first Trust staff communication, in early April, will be based on the content in the Trust IMTP.
- Haemato-Oncology Working Group established; draft Terms of Reference issued for members review. Phase 1 scope agreed as the assessment of future models of care for Adult Myeloma and Plasma Cell Disorder Service and Adult Lymphoma Service.

- Workstream established on opportunities to collaborate on prevention activities, including: Making Every Contact Count ("MECC") training in both cancer and blood divisions; opportunities for hosting "help me quit" smoking cessation service; and joining up on communications and resources.

### **Objectives for next period (Q1 2026-27)**

- Develop a detailed Vision Document for the Partnership Joint Clinical Model for review at April Executive Partnership Group meeting.
- Develop Partnership Communications and Engagement Plan with Directors of Communications.
- Commence baseline assessment of Adult Myeloma and Plasma Cell Disorder Service and Adult Lymphoma Service.
- Further develop proposals for joint prevention initiatives.

## **2.2 Cardiff Health Partners**

An update communication was issued in each of the three organisations in March for staff newsletters and intranet pages:

*"Cardiff Health Partners is currently being established as a formal collaboration between Cardiff and Vale University Health Board, Cardiff University, and Velindre University NHS Trust. Working closely with other public sector, academia and industry partners, the collaborative aim is to accelerate responsible innovation across the region and beyond for the benefits of patients, staff, communities and citizens.*

*The partnership is progressing through a structured development phase to create a sustainable model for success. Our current work includes defining the strategic focus of the collaboration, finalising governance, key measures and reporting frameworks, and developing the agreements that will underpin how partners work together to achieve our ambitions and encourage collaborative growth in all of our organisations. These will be agreed by our three organisations to ensure the right approach is put in place for us all. In parallel, we are shaping our communications and engagement approach, establishing clear routes for how we will link with one another and our core programme enablers, whilst also laying the groundwork for a dedicated central team to support the work.*

*These activities are designed to ensure a robust, transparent, and sustainable partnership model that is here to work for us all. As key programme elements are completed and approved, further updates will be shared with you, our CHP community.*

*You will start to hear more about Cardiff Health Partners in the coming weeks and months and what it means for you, and how you can get more involved. Please know that as a member of our founding organisations, you are already a member of the Cardiff Health Partners community, and we are looking forward to sharing more information with you as this work progresses to help us all to achieve our shared ambitions and aspirations for genuine global impact, anchored in Cardiff.*

*For any queries in the meantime, please contact us at: [enquiries@cardiffhealthpartners.org.uk](mailto:enquiries@cardiffhealthpartners.org.uk)."*

Next steps of the formulating plans and enabling progress of CHP include:

- Cardiff Capital Region-CHP workshop (end March) and preparation of materials is underway with Cardiff Capital Region colleagues to develop the strategic partnership approach.
- Workshops with Executive teams and Boards in the three anchor institutions. The Trust session is as part of the Trust Board Development meeting in April.
- Management and Development Group workshop on governance, frameworks and process (end March).
- Department of Business and Trade (UK Government) join up of collaboration and investment opportunities for CHP.
- Further progress in join up with Development Bank of Wales.

### **2.3 South-East Wales Cancer Programme**

As per previous updates to the Board, the Programme's overarching aim is to improve cancer prevention, early detection, treatment, and palliative care, delivering services that are high quality, equitable, and centred on patient needs for the population of South East Wales. The Programme Board provides strategic oversight, guiding the design, implementation, and evaluation of the programme to ensure these objectives are achieved. All projects and change initiatives within the programme are aligned to the individual cancer strategies of partner organisations, while also prioritising areas where regional collaboration delivers added value and strengthens outcomes across South East Wales.

The actions committed to in the respective organisations IMTPs/ Annual plans include:

- Multi-Disciplinary Team Meetings (MDTs)
  - Support consistent approach to MDTs across South East Wales by supporting implementation and spread of NHS Wales MDT Charter and associated 'Bridging Document' to be published Q1 2026-27. By Q4 2026-27.
- Regional Oncology workforce plan
  - Establish a regional oncology workforce baseline with an associated Workplan Plan to address any gap identified. By Q4 2026-27.
- Shared Patient Treatment List (PTL) established

- Cancer patients tracked in real time across their pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral from Health Board into Velindre Cancer Service will also provide an in-built validation to the PTL By Q4 2026-27.

## 2.4 Collaborative Centre

The Collaborative Centre is a central area of the new Velindre Cancer Service. There has been much on-going work to develop the model and approach to the Centre. A specific focused piece of work is commencing in April to develop a three-year delivery plan. This will include finalising and bringing together into one package of:

- Leadership Alignment and Governance
- Operating model
- Investment plan
- Service offer catalogue
- Implementation plan
- Key metrics and indicators to track progress and demonstrate value
- External facing prospectus and wider marketing materials
- Next phase of staff engagement – linked to wider culture programme

## 3. SUMMARY OF MATTERS FOR CONSIDERATION

3.1 The Trust Board is asked to NOTE the update.

## 4. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
• Outstanding for quality, safety and experience	<input checked="" type="checkbox"/>
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations	<input checked="" type="checkbox"/>
• A beacon for research, development and innovation in our stated areas of priority	<input checked="" type="checkbox"/>
• An established 'University' Trust which provides highly valued knowledge for learning for all.	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>													
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	<b>Choose an item</b>												
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	<b>Select all relevant domains below</b>												
	<table> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
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<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:</p> <p style="text-align: center;"><b>Choose an item</b></p>													
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input checked="" type="checkbox"/></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/></li> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input checked="" type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>													

<b>TRUST BOARD</b>	
<b>Anti-racist Wales Action Plan Progress Report</b>	
<b>DATE OF MEETING</b>	26 March 2026
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	ASSURANCE
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Claire Budgen, Organisational Development Specialist
<b>PRESENTED BY</b>	Sarah Jenkins, Executive Director of People and Organisational Development (Interim)
<b>APPROVED BY</b>	Sarah Jenkins, Executive Director of People and Organisational Development (Interim)
<b>EXECUTIVE SUMMARY</b>	The Trust has established a planning structure for becoming an anti-racist organisation. Systems are in place for staff engagement and service improvement. This is more developed in the Welsh Blood Service than in Velindre Cancer Service.
<b>RECOMMENDATION / ACTIONS</b>	<ol style="list-style-type: none"> <li>1. Engage the Race Staff Network in identifying improvements for Black, Asian and Minority Ethnic staff.</li> <li>2. Confirm anti-racist objectives for Board members and embed into development.</li> <li>3. Deliver programme of culture development to enhance psychological safety.</li> <li>4. Develop actions for cancer service.</li> </ol>

<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
Executive Management Board	23/02/2026
Quality, Safety and Performance Committee	12/03/2026
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
No comments.	
<b>7 LEVELS OF ASSURANCE</b>	
If the purpose of the report is selected as ' <b>ASSURANCE</b> ', this section <b>must be</b> completed.	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
<b>APPENDICES</b>	
1	Progress against Anti-racist Wales action plan
2	WRES Report, June 2025

## 1. SITUATION

1.1 In July 2022 Welsh Government published the Anti-racist Wales Action Plan. This plan is shaped by three factors:

- It is built on the desire to strive for a nation in which there is zero tolerance of racism in all its guises
- It has been developed through co-creation with stakeholders from the breadth of racial and ethnic groups in Wales
- It is designed as a stepping stone between the legal requirements under the Equality Act 2010 and the practical implementation of racial equality in day-to-day life.

To this end, all public sector organisations in Wales developed plans to make Wales an anti-racist country by 2030. The national actions were reviewed in November 2024 to prioritise areas that still required attention including a specific health chapter being published. The Trust's progress against that health chapter is shown in Appendix 1.

## 2. BACKGROUND

2.1 Subsequent to the agreement of the Anti-racist action plan, the Trust refreshed its Strategic Equality Plan (SEP) for the period 2024 to 2028. The four objectives within the SEP all touch on Anti-racism, in particular the objective on Fairness and Respect, and the actions are monitored through the Healthy and Engaged Steering Group.

2.2 A major plank of the Anti-racist plans nationally has been the development and implementation of the Workforce Race Equality Standard (WRES) across NHS Wales. The second annual report, received in June 2025, is attached at Appendix 2.

## 3. ASSESSMENT

3.1 Out of the 16 actions set out in the 2024 Health Chapter of the Anti-racist Wales plan, nine are pertinent to health delivery organisations and seven apply to Welsh Government or HEIW. Progress against the nine of these is shown in Appendix 1.

3.2 From a staff perspective, progress can be seen in:

- The Staff Race Network coming to life in 2025 with a Chair and members. In October 2025, the People and OD Team facilitated a session in how to grow and lead a staff network which will be followed in February 2026 with a session on goal setting and action planning. This will ensure that the Race Staff Network fulfils its purpose to advocate, educate and influence in pursuit of race equality. The Executive Ambassador for Race is supporting

the network in developing its plans and they provide additional sponsorship at Board level.

- A Cultural Baseline was shared with the Board in November 2025 to secure agreement to a Trust-wide exercise for developing a positive and inclusive organisational culture. This seeks to create an open culture with psychological safety which is a fundamental building block for cultural awareness and anti-racist attitudes and behaviours. In addition, agreement has been secured for a Board Development programme based on compassionate leadership principles and including anti-racist approaches.
- Instances of bullying and discrimination are monitored through the Workforce and OD team and also through the NHS Staff Survey. Cases are dealt with individually and the consequences of negative experiences are managed sensitively so that the affected team is able to acknowledge what has happened and realign in a positive way focussed on service delivery. The People and OD team provide a coordinated package of support covering psychological wellbeing, organisational development or HR advice, depending on the circumstances. The Speaking Up Safely resources are fully in place, including an anonymous option through Work in Confidence, supported by explanatory posters and a video.

3.3 From a service-delivery perspective, both Divisions have drafted some actions within the SEP for improving inclusion and anti-racism. Some examples of progress are:

- The Donor and Advocate Forum paper was submitted to the Senior Leadership Team following engagement with other International Blood Services via the Association of Donor Recruitment Professionals (ADRP) and support from the Head of Patient Engagement at Velindre Cancer Service. The strategic plan for donor engagement outlines a collaborative model that integrates donor feedback, community partnerships, and digital engagement. Discussions within the WBS Futures Implementation Group and related meetings have focused on aligning the forum's development with broader service improvement goals. The initiative is now positioned to pilot targeted engagement activities by March 2026.
- Welsh Blood Service Stem Cell Volunteer Growth and Diversity: registrations surged, with November 2025 alone recording 1,286 new volunteers, far exceeding monthly target of 333. The continued increase in new volunteers over the past 12 months has been largely driven by swab-based recruitment. Ethnic diversity improved markedly: minority ethnic representation on the Welsh Bone Marrow Donor Register increased from 1.6% in January 2024 to 4.6% in December 2025. November 2025 data shows 16.6% of new donors who disclosed ethnicity were from minority ethnic backgrounds, compared to 6.2% in the Welsh population - more than double the representation target.

- As part of the design phase of the Call for Concern Service within VCS, there has been collaborative work with Patient Engagement to connect with the Ukrainian support Group and UK Sepsis Trust to engage a wide demographic ensure equitable representation to inform and design the infographics. VCS has received input from patients and public that do not have English as their first language or who have limited English ability.
- VCS will be attending a 'Seen, Heard, Valued' event in February that will be focused on inclusivity in cancer care
- Radiation services, inclusive of radiotherapy and radiology, are working with the Patient and Carers Board to explore opportunities for inclusivity in relation to appointment letters and information leaflets. They are creating a 'reasonable adjustments box', that will include flash cards, a whiteboard and pen and sensory toys amongst other things, that should help engage with individuals who may have impairments or may have no or limited English language ability.
- VCS has recently undergone a significant restructure. Work is taking place to develop a governance and assurance structure that will include an 'Inclusivity Board', that will take accountability for ensuring that deliverables in the Anti-racist Action Plan' are fully embedded within the Cancer Service. As part of this work, a baseline review against the Action Plan will be undertaken and a suite of objectives developed that will inform the Strategic Equality Plan.

#### **4. SUMMARY OF MATTERS FOR CONSIDERATION**

- 4.1 Whilst our framework for planning and monitoring progress in inclusion and Anti-racism are well established, the attainment of an Anti-racist organisation requires a systemic approach encompassing service delivery and staff experience.

#### **5. RECOMMENDATIONS**

- 5.1 Engage the Staff Networks over the next 12 months in providing feedback on their experience at work and suggestions for improvements. The anti-racist lens will be particularly pertinent to the Race Staff Network but all groups will be included in engagement finding out about people's experience of stigma, bullying or discrimination and opportunities of addressing it in a systemic and impactful way. We have chosen to include all staff networks in this engagement in order to model our inclusive approach and to open up options for co-creating intersectional approaches.
- 5.2 All Board members were given an anti-racist objective in 2023. This must be refreshed as part of a new Board development programme for 2026-27. This recognises the imperative for anti-racism to be embedded from the top of the

organisation and behaviours and decisions to flow from that principle from the outset. Leadership is key.

- 5.3 Improving the organisational culture, in order to create an open and psychologically safe place of work, is instrumental in achieving the aims of the Anti-racist Wales plan. A programme of work in developing a compassionate and inclusive culture is being commissioned for delivery throughout 2026-27.
- 5.4 The system for implementing Anti-racism with the Cancer Service is being developed in line with the new Divisional structure.

## 6. IMPACT ASSESSMENT

<b>TRUST STRATEGIC GOAL(S)</b>	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: <b>Choose an item</b>	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> <li>• Outstanding for quality, safety and experience <input checked="" type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <u>STRATEGIC RISK DESCRIPTIONS</u></i>	<b>Choose an item</b>  06 – Organisational Culture
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	<b>Select all relevant domains below</b>
	<ul style="list-style-type: none"> <li>Safe <input type="checkbox"/></li> <li>Timely <input type="checkbox"/></li> <li>Effective <input type="checkbox"/></li> <li>Equitable <input checked="" type="checkbox"/></li> <li>Efficient <input type="checkbox"/></li> <li>Patient Centred <input checked="" type="checkbox"/></li> </ul>

	<p><b>Click or tap here to enter text</b></p>
<p><b>QUALITY IMPACT ASSESSMENT</b></p> <p><i>The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Health and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>Not required - not a strategic decision</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b></p> <p><i>For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></i></p>	<p>Not required</p> <p>Click or tap here to enter text.</p> <p><b>Click or tap here to enter text</b></p>
<p><b>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</b></p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:</p> <p style="text-align: center;"><b>Choose an item</b></p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> <li>• A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <span style="float: right;"><input type="checkbox"/></span></li> <li>• A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <span style="float: right;"><input type="checkbox"/></span></li> </ul>	

<ul style="list-style-type: none"> <li>• A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input type="checkbox"/></li> <li>• A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/></li> <li>• A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/></li> <li>• A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/></li> <li>• A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/></li> </ul>	
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp</a> <i>X</i>	Not required - please outline why this is not required  Click or tap here to enter text.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)  The Anti-racist Wales action plan is embedded into the government's requirements of health bodies within the Welsh regulations pertaining to the Public Sector Equality Duty under the Equality Act 2010.

**7. RISKS**

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	<b>Choose an item</b>
<b>WHAT IS THE RISK?</b>	<i>[Please insert detail here in 3 succinct points].</i>
<b>WHAT IS THE CURRENT RISK SCORE</b>	Insert Datix current risk score
<b>HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?</b>	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>

<b>BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?</b>	Insert Date
<b>ARE THERE ANY BARRIERS TO IMPLEMENTATION?</b>	<b>Choose an item</b>
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

**Velindre University NHS Trust Progress against the Welsh Government Anti-racist Wales Action Plan Health Chapter**

Amended Actions	Desired Outcomes	By When	Lead and Partners	Key Priority Areas (1-6)	VUNHST progress 20.1.26
<p><b>Revised Action: 2024-26</b></p> <p><b>Hth 1:</b> Require anti-racist leadership at all levels by direction. All NHS Boards, Trusts, and Special Health Authorities to report demonstrable progress in <b>driving anti-racism at all levels</b> by providing assurance that the appointed executive equality champions are working with Black, Asian and Minority Ethnic staff networks to co-develop the organisation's annual anti-racism plans to correct inequities identified by workforce and patient data sources e.g. the Workforce Race Equality Standard (WRES) and the independent audit of all-Wales NHS workforce policies.</p>	<p>Greater representation of Black, Asian and Minority Ethnic staff at all levels</p>	<p>March 2025</p>	<p><b>Leads</b> NHS Health Boards, Trusts and Special Health Authorities</p> <p><b>Partners</b> NHS Wales Executive WG</p>	<p>1-6</p>	<p>Executive Equality Champion for Race is supporting the Chair of the Race Staff Network in planning actions for race equality within our SEP action plan 2026-27 on the themes of advocate, educate and influence. The 2025 WRES report, the findings from the audit of workforce policies and a deep dive analysis of Bullying , Harassment and Discrimination are forming the basis of this discussion.</p>
<p><b>NEW PRIORITY ACTION 1:</b></p> <p><b>Hth 2:</b> Use existing legislative frameworks to</p>	<p>Anti-racist action plans developed by NHS organisations will be</p>	<p>Ongoing</p>	<p><b>Leads</b> NHS Health</p>	<p>1-6 as above</p>	<p>The Trust's approach to developing anti-racism actions is well</p>

<p>require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress with plan implementation will be reported through the SEP and monitored through the IQPD and policy assurance mechanisms.</p>	<p>reported on and monitored for progress.</p>		<p>Boards, Trusts and Special Health Authorities</p> <p><b>Partners</b></p> <p>NHS Wales Executive WG</p>		<p>developed within the framework of the Strategic Equality Plan. The Trust is able to get direct input from the Race Staff Network into these actions. The SEP is monitored through the Healthy and Engaged Steering Group and also reported to Welsh Government through their Equality Team. The next report will utilise the new Maturity Matrix and will be submitted in April 2026. A specific update on our Anti-racist Wales actions will be given at IQPD meeting in February 2026.</p>
<p><b>Revised Action: 2024-26</b></p> <p><b>Hth 3:</b> All NHS Board members will demonstrate anti-racist leadership through their diversity and inclusion objective, to enable meaningful impact of their organisational anti-racism plan.</p>	<p>Anti-racism is being considered and acted upon by all NHS board members in their decision making to addressing structural racism.</p>	<p>Annually</p>	<p><b>Leads</b> NHS Health Boards, Trusts and Special Health Authorities</p> <p><b>Partners</b> NHS Wales Executive</p>	<p>1 + 6</p>	<p>All Board members were set equality objectives in 2023. A programme of Board development which includes equality, diversity and inclusion and a focus on anti-racist leadership behaviours will be delivered in 2026-27.</p>

<p><b>Revised Action: 2024-26</b></p> <p><b>Hth 4:</b> Welsh Government Health and Social Services Group (HSSG) Senior Leaders will monitor and ensure collective progress against ArWAP Health and Social Care Goals and Actions through the HSSG EDI Implementation and Challenge Board.</p>	<p>Visible allyship and leadership demonstrated by members of the senior leadership team – HSSG.</p>	<p>Ongoing</p>	<p><b>Lead</b> Welsh Government</p>		<p>Action for Welsh Government.</p>
<p><b>Revised Action: 2024-26</b></p> <p><b>Hth 5:</b> NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent audit of all-Wales NHS workforce policies, working with Black, Asian, and Minority Ethnic staff groups to support their effective application.</p>	<p>Black, Asian and Minority Ethnic staff have increased confidence that they will work in a safe and inclusive workplace that recognises and promotes their performance and progression.</p>	<p>March 2025</p>	<p><b>Lead</b> NHS Wales Boards, Trusts and Special Health Authorities WG</p>		<p>The policy recommendations from this audit have been embedded into the All Wales policy framework. In addition, the Trust has reviewed its recruitment processes and support to managers to ensure fair selection. Training for line managers was upgraded during 2025 with the introduction of Fundamentals of Management and designed to be clear and simple to understand. The</p>

					Trust values were agreed in 2024 and we are working towards a programme to embed a compassionate and inclusive culture. The Race Staff Network is established and will coordinate feedback from staff in line with its purpose to advocate, educate and influence.
<b>Retain</b>  <b>Hth 6:</b> Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes.	Staff more confident in providing allyship and calling out racism by colleagues and public.	Summer 2024		1, 5,6	The Trust launched the Anti-racist e-learning programme in 2025 and as at January 2026 had 88% completion. The Trust supported to launch of the Stepping into Leadership Programme through publicity and encouragement of staff to get involved.
<b>Retain</b>  <b>Hth 7:</b> Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme,	Increase in the number of people from a Black, Asian and Minority Ethnic backgrounds undertaking the role of a non-executive	Winter 2025	Academi Wales NHS	1, 2,6	The Trust has offered mentorship to aspiring board members through the Academi

<p>ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.</p>	<p>member.</p>		<p>Health Boards, Trusts and Special Health Authorities WG</p>		<p>Wales programme to help build a diverse cadre of Board members for NHS Wales.</p>
<p><b>Retain</b></p> <p><b>Hth 8:</b> HEIW will ensure all commissioned programmes provide evidence of anti-racist principles and reflect HEIW's Strategic Equality Plan in order to meet objectives regarding differential attainment, widening access and under-representation of Black, Asian and Minority Ethnic people in NHS Wales.</p>	<p>Anti-racist principles are embedded in commissioning process.</p>	<p>Ongoing</p>	<p><b>HEIW</b> HEIs</p>	<p>1, 2,6</p>	<p>Action for HEIW.</p>

<p><b>Revised Action: 2024-26</b></p> <p><b>PRIORITY ACTION 2:</b></p> <p><b>Hth 9:</b></p> <p>NHS Boards, Trusts, and Special Authorities will continue to:</p> <ul style="list-style-type: none"> <li>- improve workforce data quality.</li> <li>- facilitate and support data collection against the Workforce Race Equality Standard (WRES) indicators</li> <li>- scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in response to evidence base through targeted structural change</li> </ul>	<p>Increased staff confidence in the quality and value of data relating to ethnicity and anti-racism collected through WRES and staff surveys.</p>	<p>Ongoing</p>	<p>NHS Health Boards, Trusts and Special Health Authorities WG</p>	<p>1, 2, 3, 4, 5, 6</p>	<p>96% of staff have recorded their ethnic origin on ESR which has helped provide data for WRES. . The NHS Staff Survey had a response rate of 41% in 2025 which will help provide more robust findings for the next WRES report.</p> <p>The Trust is working with the Equalities Leaders Group to improve the effectiveness of using data to drive anti-racism.</p>
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<p><b>NEW PRIORITY ACTION 3: Hth 10:</b></p> <p>Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff through the Joint Executive Team process.</p>	<p>High quality workforce data, underpinned by a culture where staff can feel safe and confident to provide ethnicity data and speak up against racist discrimination and practice. Strengthening our 'Once for Wales' protocol to ensure consistent and timely addressing of concerns raised</p>	<p>End 2024</p>	<p><b>NHS Health Boards, Trusts and Special Health Authorities</b></p> <p><b>NHS Wales Executive</b></p> <p>WG</p>	<p>1, 4, 5, 6</p>	<p>The People and OD team systematically monitor discrimination and bullying cases raised by staff. Processes for Speaking Up are publicised to staff and include options for email contact, verbal conversation and anonymous reporting through the Work in Confidence platform. An induction level video is used in Croeso and available all staff, both new and long-standing. The Independent Member Champion for Speaking Up is visible and known across the Trust.</p>
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<p><b>Revised</b></p> <p><b>Hth 11:</b> Ensure that the development of datasets in NHS Wales take account of protected characteristics including ethnicity.</p>	<p>Accurate and up-to-date data collected including harmonised ethnicity data standards allows for direct and targeted policy implementation.</p>		<p>WG DHCW PHW</p>	<p>2, 4, 6</p>	<p>Actions for Welsh Government, Digital Care and Health Wales and Public Health Wales</p>
<p><b>Revised Action: 2024-26</b></p> <p><b>PRIORITY ACTION 4</b></p> <p><b>Hth 12:</b> Support and oversee the implementation phase of the Maternity and Neonatal Safety Support Programme (2024-2027) , with the aim of delivering local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities.</p>	<p>Effective collection and analysis of ethnicity data allows targeted interventions and improvements to address health inequalities for Black, Asian and Minority Ethnic communities in relation to maternity services.</p>	<p>2024 2025</p>	<p>NHS Wales Executive  NHS Wales WG</p>	<p>1-6</p>	<p>The Trust does not provide maternity or neonatal services.</p> <p>Actions for NHS Wales Executive and Welsh Government</p>
<p><b>Revised 2024-2026</b></p> <p><b>Hth 13:</b> Establish a dedicated working group to identify and make recommendations for breaking down barriers which prevent equitable access to healthcare</p>	<p>People from Black, Asian and Minority Ethnic backgrounds have greater and more equitable access to healthcare services.</p>			<p>2,3,4,6,</p>	<p>Action for Welsh Government</p>

<p><b>Revised</b></p> <p><b>Hth 14</b></p> <p>'Time to Change Wales' will continue to deliver an anti-racist mental health anti-stigma programme which has been codesigned with people with lived experiences and from Black Asian and Minority Ethnic people</p>	<p>Increased provision for and access to mental health services for Black, Asian and Minority Ethnic people in Wales</p>	<p>March 2025</p>	<p>WG – Mind Cymru Aderfieriad</p>	<p>1&amp;2</p>	<p>Action for Welsh Government</p>
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<p><b>Revised Action: 2024-26</b></p> <p><b>Hth 15:</b></p> <p>Deliver the priorities and actions set out in the Mental Health and Wellbeing Strategy and Suicide and Self-Harm Prevention Strategy and supporting delivery plans – to ensure equity of access, experience and outcomes for Black, Asian and Minority Ethnic people, including Gypsy, Roma and Traveller people.</p> <p>This includes implementing the Strategic Programme for Mental Health and Strategic Clinical Networks to improve the quality of mental health services in Wales.</p>	<p>Increased provision for and access to mental health services for Black, Asian and Minority Ethnic people in Wales.</p>	<p>2024-2034</p>	<p>WG NHS Executive HEIW Health Boards Local Authorities, Third Sector</p>	<p>1-4</p>	<p>The Trust does not provide mental health services</p>
<p><b>Revised</b></p> <p><b>Hth 16:</b></p> <p>The Palliative and End of Life Care National Programme will continue to deliver on commitments around improving end of life care for ethnic minority people.</p>	<p>Ethnic minority voices into the palliative and end of life care programme continue to be heard. Expert lived experience will be built into policy making and delivery decisions for palliative and end of life care leading to better services for all.</p>				<p>Velindre Cancer Service provides palliative care to cancer patients.</p>



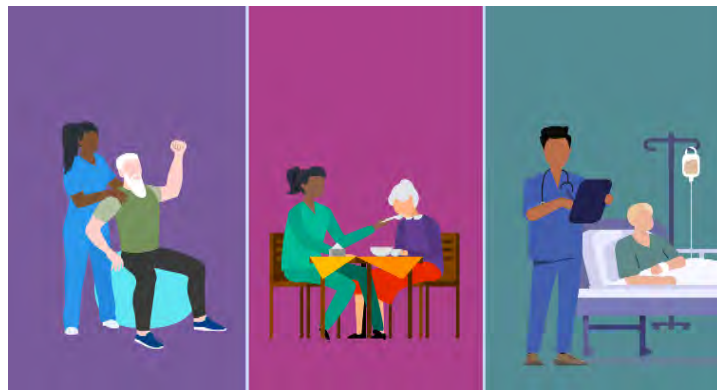
## Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

## Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

# The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

**VELINDRE UNIVERSITY TRUST**

**2025**



**VELINDRE UNIVERSITY TRUST**

**Foreword**

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Velindre University Trust (VUT), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in VUT.

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

KEY FINDINGS WRES 2025

**VELINDRE UNIVERSITY TRUST**

	<b>VUT</b>	<b>NHS Wales</b>
Undeclared ethnicity rate overall (%)	4.2%	9.9%
Undeclared ethnicity number Band 8 +	8	526
Full appointment data available (Ind 5)	yes	incomplete
Staff survey completion rate	33.7%	21.9%
% staff survey response from BME staff	5.7%	9.2%
% BME staff	7.5%	10.6%
Ind 1: Board representation (difference between workforce and Board)	5.9%	-6.7%
Ind 2: ESP representation (difference between workforce and ESP)	-7.5%	-7.8%
Ind 2: Disparity ratio lower to middle	1.23	1.65
Ind 2: Disparity ratio middle to upper	1.78	1.71
Ind 2: Disparity ratio upper to senior	no staff	1.13
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	-10.7%	-5.6%
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.33	0.49
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.23	0.38
Ind 5: Equitable likelihood ratio of appointment Clinical	0.29	0.47
Ind 5: Equitable likelihood ratio of appointment Medical	0.97	0.63
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	1.01	0.96
Ind 8: Equitable likelihood of entering formal disciplinary process	0	0.88
Ind 9: Equitable likelihood of entering local capability process	0	2.22
Ind 10: Experience harassment from patients/public (% difference BME vs White)	5.1%	2.7%
Ind 11: Experience harassment from colleagues (% difference BME vs White)	11.8%	3.1%
Ind 12: Experience discrimination from managers (% difference BME vs White)	7.9%	4.6%

**Colour rating explanation:**

**Green** = at least 10% improvement from 2024

**Red** = at least 10% worsening from 2024

## Introduction

This second WRES data report requires the organisations employing these staff to report against eleven of twelve indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Velindre University Trust (VUT), this report highlights the following data:

- 1. reduced likelihood of ethnic minority staff being appointed after shortlisting**
- 2. deterioration in staff survey indicators of organisational culture, from an ethnicity perspective**
- 3. improvement in staff declaration of ethnicity**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in VUT to deliver an inclusive workplace that provides best quality care for patients and public.

## Methodology

### Data collection

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

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

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

### Data analyses

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

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset, and have no impact on the conclusions of the report.

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

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

### Data caveats

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

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

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

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31<sup>st</sup> March 2025**, and revisions were permitted up to 31<sup>st</sup> May 2025.

### Terminology

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

'ESP' refers to Executive and Senior posts.

## RACE COMPOSITION OF VUT (AND NHS WALES)

Ethnicity	Headcount	%
Asian	65	3.4%
Black	31	1.6%
Mixed & Other	47	2.5%
White	1,685	88.3%
Unknown	81	4.2%
<b>Total</b>	<b>1,909</b>	<b>100.0%</b>

### VUT

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
<b>Total</b>	<b>113,971</b>	<b>100.0%</b>

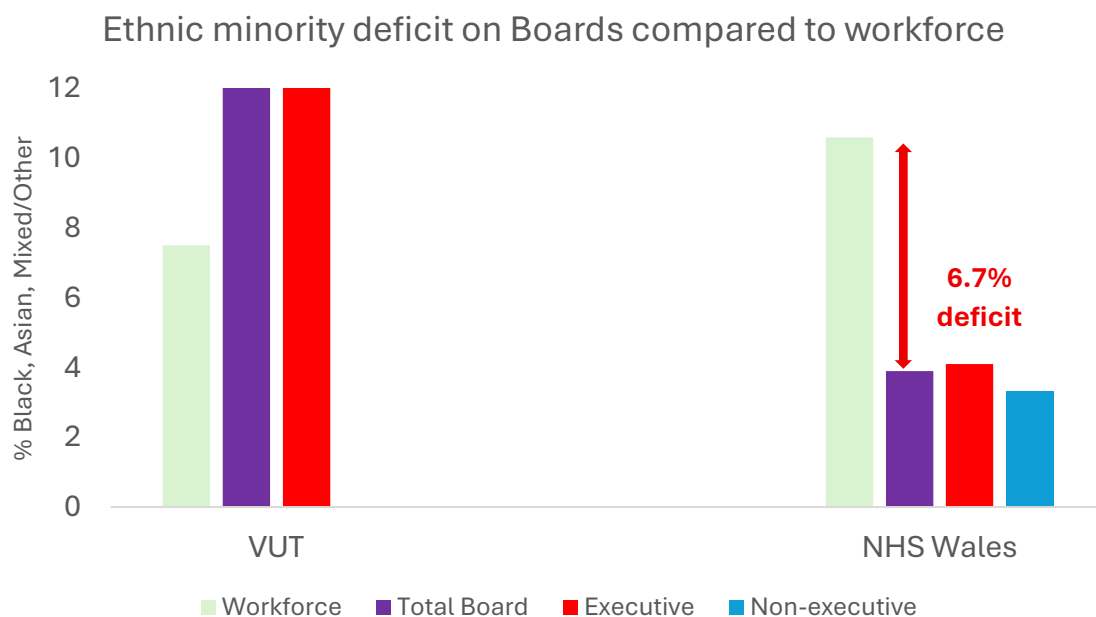
### NHS Wales

#### DATA TREND AND SUMMARY

There has been an increase of minoritised workforce from 9.5% to 7.5% (a 19.0% increment)

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

#### DATA DISPLAY 1

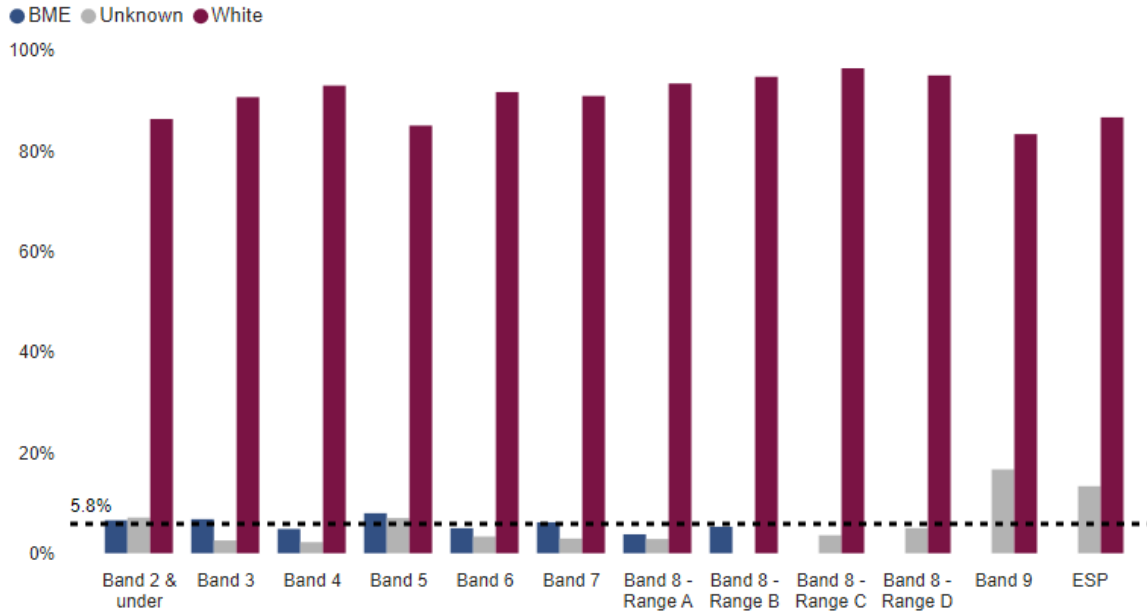


#### DATA TREND AND SUMMARY 1

1. There are two ethnic minority Board members in VUT – similar to last year
2. All members of the Board have their ethnicity declared, an improvement from the previous year.

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

DATA DISPLAY 2.1



5.8% dotted line reflects % of staff on AfC bands

DATA TREND AND SUMMARY 2.1

- Small numbers of ethnic minority workforce, but represented across the band up to 8b, but not above
- There is no ethnic minority staff member at ESP level in VUT, representing a deficit of 7.5% compared to workforce percentage of Asian, Black and Mixed/Other staff
- 4.2% staff have no declared ethnicity (improved from 2024) throughout all Bands

DATA DISPLAY 2.2

	DISPARITY RATIO		
	Lower – Middle	Middle – Upper	Upper – Senior
VUT	<b>1.23</b> (1.09)	<b>1.78</b> (2.59)	<b>No staff</b> (no staff)
NHS Wales	<b>1.65</b> (1.51)	<b>1.71</b> (1.81)	<b>1.13</b> (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. ‘Lower bands’ refer to band 5 and below, ‘Middle’ bands 6 and 7, ‘Upper’ bands 8a to 9, and ‘Senior’ relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

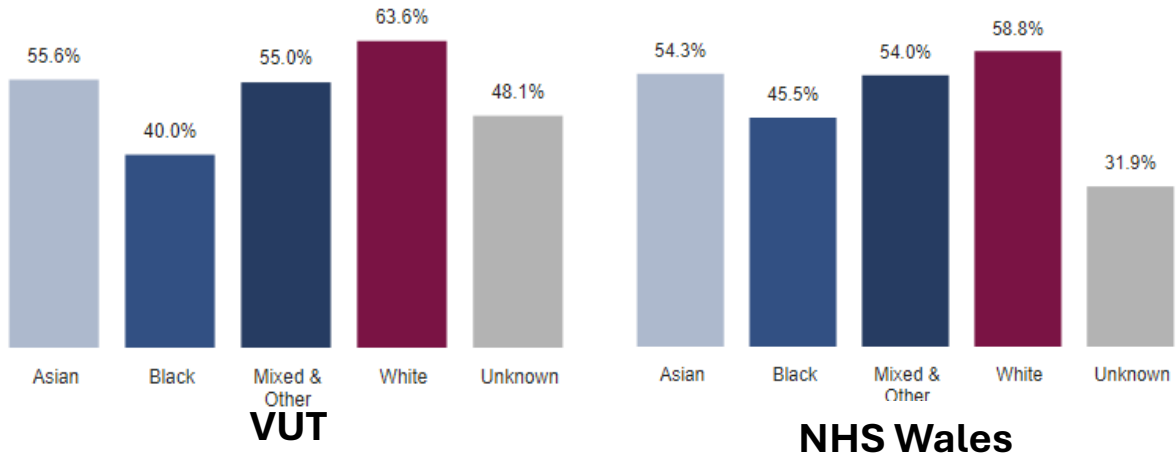
DATA TREND AND SUMMARY 2.3

The disparity ratio from middle to upper bands has improved from 2024, but worsened in the lower-to-middle segment (where most ethnic minority employees are present).

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

Based on staff survey: response rate 33.7%

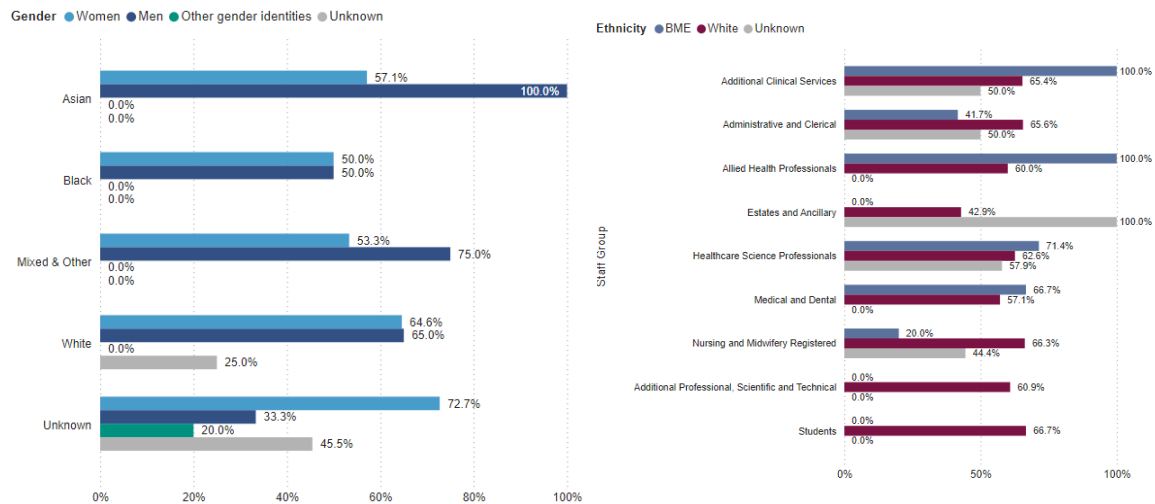
DATA DISPLAY 3.1



DATA TREND AND SUMMARY 3.1

Black, Asian and Mixed/Other staff are less likely than White counterparts to feel that VUT provides equitable promotion opportunities. There has been a worsening of this inequality compared to last year.

DATA DISPLAY 3.2



DATA TREND AND SUMMARY 3.2

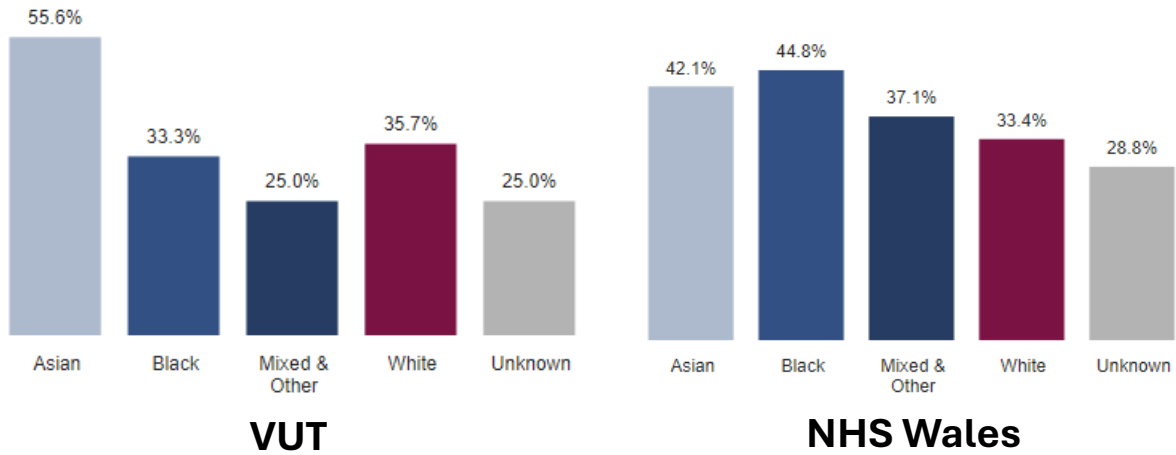
Ethnic minority women staff have a lower sense of equal progression than men. And in terms of staff group reporting this inequality, it is in both non-clinical (administrative and clerical) as well as clinical (nursing and midwifery) settings.

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

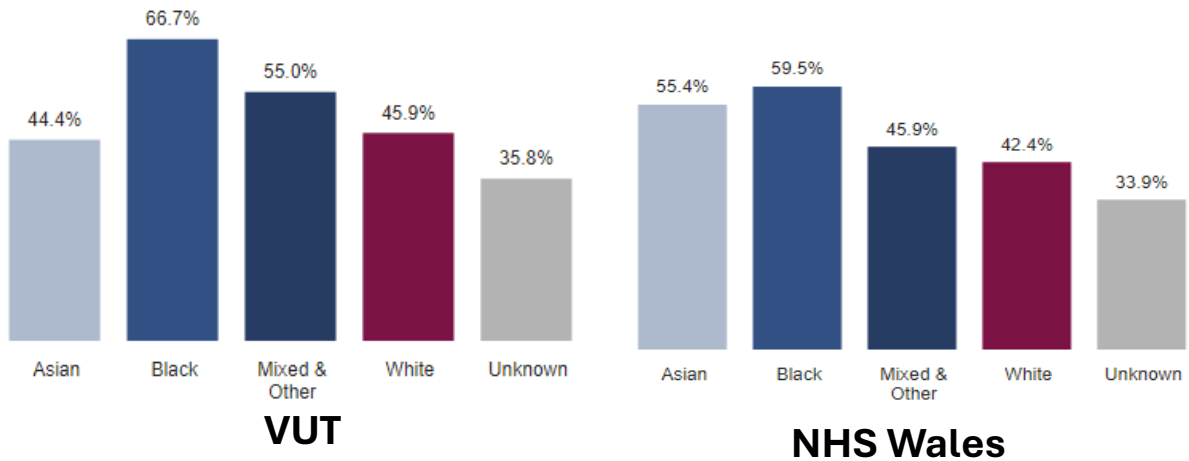
Based on staff survey: response rate 33.7%

DATA DISPLAY 4

a) *Have sought progression*



b) *Considering future progression*



DATA TREND AND SUMMARY 4

In VUT, Asian staff were more likely to have sought a progression opportunity, and Black staff were more likely to be planning to seek progression. No consistent trend emerges from this data.

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

*DATA DISPLAY 5*

	<b>VUT</b>	<b>NHS Wales</b>
All roles	<b>0.33</b> (0.40)	<b>0.49</b> (0.57)
Non-clinical roles	<b>0.23</b> (0.32)	<b>0.38</b> (0.47)
Clinical roles	<b>0.29</b> (0.35)	<b>0.47</b> (0.58)
Medical roles	<b>0.97</b> (0.95)	<b>0.63</b> (0.57)
Asian	<b>0.28</b> (0.35)	<b>0.53</b> (0.58)
Black	<b>0.29</b> (0.32)	<b>0.35</b> (0.48)
Mixed/Other	<b>0.65</b> (0.77)	<b>0.75</b> (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

*DATA TREND AND SUMMARY 5*

1. Minoritised staff continue to be less likely to be appointed after shortlisting compared to White applicants - there is a threefold greater likelihood of a White candidate being appointed from a shortlist than an ethnic minority one
2. This appointment inequity is seen in clinical and non-clinical jobs
3. The trend in the last year in VUT has seen this inequality worsen for all ethnic minority groups, and is most marked for Asian and Black applicants.

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

*DATA DISPLAY 6*

<b>Likelihood ratio overall</b>	
<b>VUT</b> (%BME : %White)	<b>1.01</b> (98.6% : 97.4%)
<b>NHS Wales</b> (%BME : %White)	<b>0.96</b> (91.3% : 95.6%)

*DATA TREND AND SUMMARY 6*

There is no racial inequality in access to training in VUT or NHS Wales

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

*DATA DISPLAY 8*

Likelihood ratio overall	
<b>VUT</b>	<b>0</b> (0)
<b>NHS Wales</b>	<b>0.88</b> (1.07)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

*DATA TREND AND SUMMARY 8*

There is no evidence of unequal referral into the disciplinary process in VUT.

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

*DATA DISPLAY 9*

Likelihood ratio overall	
<b>VUT</b>	<b>0</b> (0)
<b>NHS Wales</b>	<b>2.22</b> (3.46)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

*DATA TREND AND SUMMARY 9*

Two ethnic minority members of staff are documented as entering the capability processes in VUT, but since no White staff were, it is not possible to define a ratio – the context of this inequality needs understanding.

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

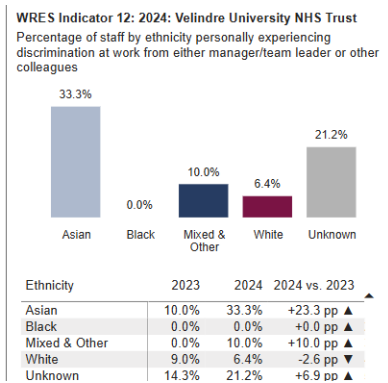
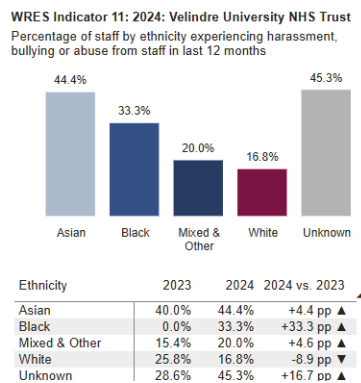
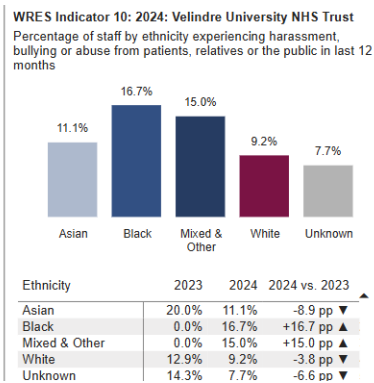
**INDICATOR 11:** Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff

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

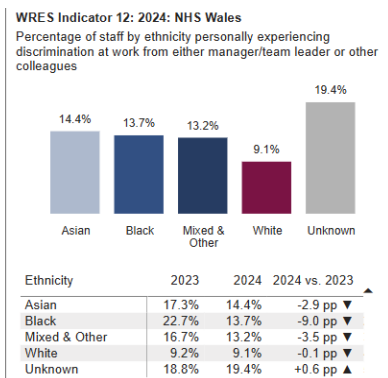
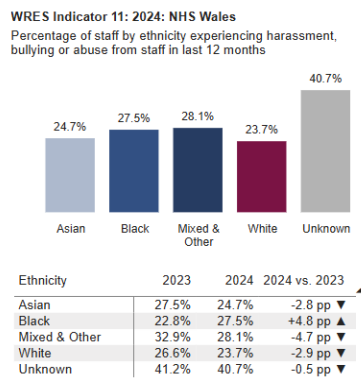
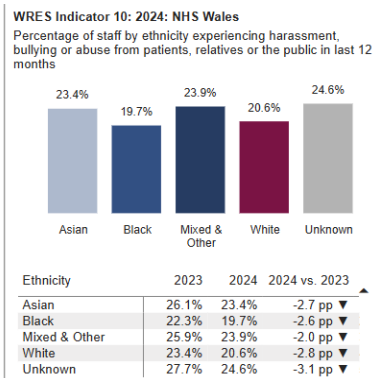
Based on staff survey: response rate 33.7%

DATA DISPLAY 10-12

VUT



NHS Wales



DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of Asian and White staff experiencing harassment from patients and the public, but this has increased for Black and Mixed/Other staff. All ethnic minority groups reported an increase in experiencing bullying and harassment from work peers. In terms of experiencing discrimination from team leaders, a similar trend was seen, and all of these aspects of organisational culture have worsened in the last year.

## Conclusions and Next Steps

In the complex setting of modern healthcare and the 21<sup>st</sup> century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in VUT and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change.

In the course of engagement with VUT, two areas of work were highlighted:

- Better understanding the culture of the organisation, and influencing by reverse mentoring
- Wider structural discussions around the HR process

The WRES data for these areas shows that:

- There has been worsening of the indicators with regard to workforce bullying, harassment and discrimination, and also a decline in minoritised staff feeling they had equal opportunities to progress
- There has been a worsening of the HR indicators of likelihood of ethnic minority staff being appointed from shortlist, as well as worsening of the disparity ratio for low banded staff.

Where there are positive areas of progress in the last year are:

- Undeclared ethnicity rates have improved.
- There is parity with regard to Board representation compared to staff composition.

In addition, during the WRES implementation discussions, there was mention of establishing a working group as part of the planned action. Coordinating policy work with Board level action on the Trust's WRES actions and the strategic equality plans is key to channel progress into effective actions and an accountability framework.

Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data. At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective.

The Trust may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. The potential role of a staff network in this context is important, and the role of the Board sponsorship to catalyse how staff experience drives transformation should be a priority that could be disseminated if successful.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right, but is also vital in the mission to improve health outcomes for the whole population of Wales.