

Friday 7 November 2025 - NWSSP Audit Committee Part A

Fri 07 November 2025, 10:00 - 12:00

By Microsoft Teams



Meeting Chaired by Gareth Jones

Agenda

10:00 - 10:15 **1. Standard Business**

15 min

Verbal Gareth Jones, Chair

1.1. Welcome and Introductions

Verbal Gareth Jones, Chair

1.2. Apologies

Verbal Gareth Jones, Chair

Apologies received in advance of the meeting:

1.3. Declarations of Interest

Verbal Gareth Jones, Chair

1.4. Minutes of the Meeting Held on 8 July 2025

Decision Gareth Jones, Chair

- Draft Audit Committee Minutes 080725.pdf (19 pages)
- Audit Committee Minutes 08072025 revised.pdf (19 pages)

1.5. Matters Arising

Noting Gareth Jones, Chair

- Matters Arising 07 Nov 2025.pdf (4 pages)

10:15 - 10:30 **2. NWSSP Update**

15 min

2.1. Managing Director's Update

Discussion/Noting Neil Frow, Managing Director, OBE

- NWSSP Audit Committee Managing Directors Report 7 November 2025.pdf (5 pages)

10:30 - 10:50 **3. External Audit**

20 min

3.1. Audit Wales Management Letter

Discussion/Noting Steve Wyndham, Audit Wales

- NWSSP Management Letter 2024-25 NWSSP (1).pdf (6 pages)

3.2. Audit Wales Update

Discussion/Noting

Steve Wyndham, Audit Wales

 Audit Wales update paper - NWSSP November 2025 AC meeting.pdf (2 pages)

3.3. National Fraud Initiative Update

Discussion/Noting

Steve Wyndham, Audit Wales

 NWSSP NFI report.pdf (9 pages)

3.4. Audit Wales Nationally Hosted IT Systems

Discussion/Noting

Andrew Strong, Audit Wales

 5109A2025 NWSSP Nationally Hosted NHS IT systems 24-25 Final Report .pdf (30 pages)

10:50 - 11:15

25 min

4. Internal Audit

4.1. Progress Report

Discussion/Noting

James Johns, Head of Internal Audit

 A&A NWSSP Audit Cttee Progress Report November 2025.pdf (6 pages)

4.2. Internal Audit Reports

4.2.1. Primary Care Services GOS

Discussion/Noting

Sophie Corbett, Deputy Head of Internal Audit

 SSP-2526-03 Primary Care Services Final Report.pdf (5 pages)

4.2.2. Accounts Payable

Discussion/Noting

Sophie Corbett, Deputy Head of Internal Audit

 SSP-2526-01 Accounts Payable FINAL Internal Audit Report.pdf (10 pages)

4.2.3. Risk Management

Discussion/Noting

Sophie Corbett, Deputy Head of Internal Audit

 SSP-2526-08 Risk Management (Final) IA Report.pdf (6 pages)

4.2.4. RadioPharmacy Capital

Discussion/Noting

Sophie Corbett, Deputy Head of Internal Audit

 SSP-SSU-2425-17 Final Internal Audit Report - Radiopharmacy.pdf (16 pages)

11:15 - 11:30

15 min

5. Counter Fraud

5.1. Progress Update

Discussion/Noting

Mark Weston, Local Counter Fraud Manager

 NWSSP Q2 2025 2026 LCFS Progress Report Final.pdf (7 pages)

11:30 - 11:55

25 min

6. Governance, Assurance & Risk

6.1. 2025-28 Integrated Medium Term Plan

Presentation

Rebecca Nelson, Director of Planning, Performance and Informatics

6.2. Losses and Special Payments

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

NWSSP Audit Committee - 2025-26 Losses & Special Payments Q1&2.pdf (4 pages)

6.3. Governance Matters

Discussion/Noting Alison Ramsey, Director of Finance & Corporate Services

NWSSP Expenditure.pdf (11 pages)

All Wales Contracting Expenditure.pdf (9 pages)

6.4. NWSSP Corporate Risk Register

Discussion/Noting James Quance, Assistant Director of Corporate Services

NWSSP Corporate Risk Register Nov 2025 CP.pdf (3 pages)

Appendix 1 Corporate Risk Register 31 October 2025.pdf (7 pages)

6.5. Tracking of Audit Recommendations

Discussion/Noting James Quance, Assistant Director of Corporate Services

Tracking of Audit recommendations report November 2025.pdf (3 pages)

Appendix A Progress of Audit Recommendations November 2025.pdf (1 pages)

11:55 - 12:00 7. Items for Information

5 min

Information

7.1. NWSSP Annual Review

Due to the size of this file, the NWSSP Annual Review will be circulated to all in a separate email

7.2. NWSSP Audit Committee Forward Plan 2025-26

Information

Forward Plan of Business 2025-26.pdf (3 pages)

12:00 - 12:00 8. Any Other Business

0 min

Verbal Gareth Jones, Chair

- *None received at the time of writing*

12:00 - 12:00 9. Date & Time of Next Meeting, 10 February 2026

0 min

Verbal Gareth Jones, Chair



VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NHS WALES SHARED SERVICES PARTNERSHIP

MINUTES OF THE MEETING HELD ON TUESDAY 8 JULY 2025 / 14:00-16:00 VIA TEAMS APPOINTMENT

Attendance	Designation	
Members:		
Gareth Jones (GJ) Chair	Independent Member	
Vicky Morris (VM)	Independent Member	
Stephen Harries (SH)	Independent Member	
In Attendance:		Organisation
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Carly Wilce (CW)	Corporate Services Manager	NWSSP
James Johns (JJ)	Head of Internal Audit	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Jonathan Irvine (JI)	Director of Procurement, Laundry and Health Courier Services	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Mark Weston (MW)	Local Counter Fraud Specialist	NWSSP
Matthew Bunce (MB)	Executive Director of Finance	Velindre
Neil Frow (NF)	Managing Director	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
Sophie Corbett (SCo)	Deputy Head of Internal Audit	NWSSP
Steve Wyndham (SW)	Audit Lead	Audit Wales
Jillian Haynes (JH)	Secretariat	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Introductions (GJ) The Chair welcomed everyone to the meeting, with special acknowledgement to Stephen Harries, who attended as Velindre's Finance Independent Member and to Jonathan Irvine, who would present Item 4.3.5: Contract Management Action Plan. The Chair explained that SH would be joining the Committee on an interim basis only as someone with finance experience whilst the Trust continues to seek a permanent independent member with that knowledge and skill set.	
1.2	Apologies (GJ) Apologies were received from: - Tracy Myhill, Chair, Shared Services Partnership Committee - David Donegan, Chief Executive Officer, Velindre - Non Gwilym, Director of Corporate Governance, Velindre	
1.3	Declarations of Interest (GJ) No declarations of interest were presented.	
1.4	Draft Minutes of Audit Committee Meeting held on 13 May 2025 (GJ)	

Item		Action
	The minutes were APPROVED as an accurate record of the previous meeting in May.	
1.5	Matters Arising (GJ) Six actions were classified as complete and GJ invited comments on those in the first instance. <u>Action 4.3; Draft Internal Audit Annual Plan and Charter 2025-6:</u> GJ suggested that this action should be re-evaluated in light of the Welsh Government (WG) Review of Accountability and Governance Arrangements (the WG Review) to determine whether amendments were required. He asked SC to follow up this action. Action: SC would amend the Draft Internal Audit Annual Plan and Charter 2025-6 following the WG Review, if necessary. <u>Action 6.1; Governance Matters:</u> GJ noted that the previous action had been around the extent of the Trust Board's involvement in All Wales contracts. He suggested that the assurance around the Agency Framework Agreement would need to be reviewed in light of the WG Review, in order to determine if amendments were required, and he asked AR to follow up this new action. NF stated that actions would be amended generally following the WG review. Action: AR would revise the action around the Agency Framework Agreement and propose amendments if necessary, following the WG Review. GJ directed that all actions classified as green could be closed. <u>Action 5.2.1; Procurement Capital Equipping:</u> JI explained that he was seeking approval in connection with organisations' delegated limits, and would present the information to Audit Committee members, when received. The deadline was agreed as 14 October, which was the scheduled date of the next Audit Committee meeting, but JI suggested that it could be earlier as the work was already underway. <u>Action 6.1; Governance Matters:</u> JI stated that all procurement staff had been trained on the new legislation and all internal training would be complete by October. Awareness training had also been rolled out to the wider NWSSP Senior Leadership Group (SLG). GJ clarified that there were two streams of training: the contract training within NWSSP and the training around the new Procurement Act, which was already in force. MB asked JI to organise training sessions to various teams within Velindre, even if that would need to be six months hence. JI provided members with assurance that the training would be organised, however the team was very busy and so it was agreed that the deadline would be 14 October. MB was asked to relay information regarding the specific groups requiring the training.	SC AR

Item		Action
	Action: JI's team to provide procurement training to Velindre colleagues. Action: MB to suggest specific groups within Velindre for procurement training to be provided to. <u>Action 6.2; Corporate Risk Register (presentation of Risk Appetite paper):</u> The revised deadline of 14 October was agreed. <u>Action 1.4; Minutes of the meeting held on 5 February:</u> GJ was awaiting feedback, and as a result the deadline was extended to 14 October. <u>Action 1.5; Matters Arising:</u> The risk as noted should have been classified as amber status. JQ and NG would liaise on the Risk Policy review in order to ensure alignment. The deadline was extended to 14 October. <u>Action 2.1; Managing Director's Report:</u> NF reported that Ruth Alcolado had liaised with VM around providing an update to Velindre Trust's Quality, Safety and Performance Committee on 14 July, regarding procedural changes and challenges. NF relayed that the meeting had been very useful and positive. VM agreed and had noted that more effective communications between NWSSP and the Trust were required generally, a point on which GJ agreed and wanted to capture in the minutes. <u>Action 3.2; Audit Wales - Depreciation Issue:</u> SW would present this item in detail later in the meeting. There had been a software issue around the RAM fixed assets register, resulting in depreciation errors but these were restricted to certain software versions. Velindre was using one of the flawed versions, and the defect had impacted on some areas, however it did not affect Velindre's accounts. This action was agreed as complete. <u>Action 3.2; Audit Wales – Assurance Arrangements:</u> The Management Letter was not due until the October Audit Committee meeting. <u>Action 4.2.1; Variable Pay Internal Audit Report</u> AR suggested that this item was complete as the procedure had been agreed by the NWSSP Local Partnership Forum. The overtime app was being rolled out and around 85% of the NWSSP divisions were expected to be covered by early October. It had been agreed with the trade unions and tested on laundry sites. It was well received and would provide more information on reasons behind overtime costs. This action was agreed as complete. The Committee NOTED the Matters Arising.	JI/MB

Item		Action
2. NWSSP Update		
2.1	Managing Director's Report (NF) <u>Joint Executive Team Meeting:</u> NF reported that a very positive Joint Executive Team (JET) meeting had been held with Welsh Government around the NWSSP's performance during 2024-25, with no issues having been raised. Effective conversations were held around initiatives and savings for the wider NHS and what was required of the NWSSP. The IMTP outcome letter was expected imminently. <u>Finance:</u> From Month 2, a small surplus was being reported; this followed a £3.6M redistribution back to partners in 2024-25. Some challenges were being faced in the current financial year, for example, the additional employers' national insurance, where a funding shortfall had been confirmed, however it would be covered by the underspend generated in this year. Conversations were ongoing with organisations around emerging factors associated with the Welsh Risk Pool, and an increase in number of cases now due to settle in year. This may increase the Risk Share contributions required from other NHS organisation in this financial year. <u>Transforming Access to Medicines Service (TrAMS):</u> <u>SE Radiopharmacy:</u> NF reported that the screed for the cleanroom was being laid that day and isolators were on site. The project was on schedule and on budget. The physical build would be complete in September and the contractor validation in December. The launch date was still on course for April. <u>SE Hub:</u> NF stated that the Outlined Business Case (OBC) had been completed and circulated to the health boards and Trust by 13 May. An updated version was issued on 9 June and was endorsed by the SE Wales Project Board and the TrAMS Programme Board. The OBC would be presented to the Shared Services Partnership Committee on 17 July for approval. All associated Health Board and Trust internal governance processes are planned to be completed before 31 July. An application for fees to develop the Full Business Case (FBC) would then be lodged. Members had been concerned around timelines for this significant commitment; NF assured them that no further delays were anticipated, subject to approval by Welsh Government feedback on the OBC. <u>SW Hub:</u> A suitable site was being sought within the two preferred localities, and a workshop was being held on 16 July to discuss options. Following a decision, a scoping meeting would be held with the Welsh Government and an application made for fees to develop the OBC.	

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	<u>Laundry:</u> A number of capital schemes had been completed during 2024-25. NF summarised the upcoming projects and JI's team would manage the plant downtime with the aim of minimising disruption to operations in hours. Savings were being made due to the capital investment enabling increased capacity, as well as a reduction in transport costs and carbon footprint. <u>Medical Examiner Service:</u> A meeting had been held on 3 April to discuss the first six months of the new statutory service and to assess the impact of winter pressure workloads. A comprehensive action plan had resulted including enhancing communications, streamlining processes, improving data management and strengthening workplace planning and training. The action plan emphasises collaboration with partners, including Health Boards and Welsh Government and will be monitored by the Director of Primary Care and Medical Examiner Service with several action already underway. NF had met with Dr Alan Fletcher, National Medical Examiner, earlier that day to review the performance statistics. Wales was no longer an outlier, and the statistics showed good progress. <u>Accommodation:</u> NF confirmed that the remodelling of HQ and Companies House was complete. The new 5-year lease extension for HQ would be presented to the Partnership Committee for approval the following week and would require Trust Board approval with arrangements in hand to achieve this goal. <u>PPE:</u> The stock holding position had been advised by Welsh Government and the team was working on procurement, storage and distribution. NWSSP was working closely with PHW on fit testing arrangements. <u>Decarbonising the NWSSP estate:</u> NF reminded members that the solar panels had been installed at Matrix House and additional EV chargers at IP5. The Transforming Estates Funding (TEF) bids had been approved for current and following financial years. The waste heat reclamation project would also help towards running costs. <u>Cabinet Secretary visit to IP5:</u> Jeremy Miles MS had visited IP5 on 4 June and was very interested in the Radiopharmacy scheme and Medicines Unit. He had appreciated the tour and the chance to see it physically. He also visited the storage and distribution teams that operate from IP5. <u>WG Governance Review:</u> NF added that the Governance Review was ongoing, and he and TM had met with Simon Dean on 9 June. The outcome was expected at the end of July/early August.	

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	GJ informed NF that the Velindre Board meeting had been brought forward from 31 July to 24 July, and so the lease for HQ would need to be presented for approval a week earlier than planned. Similarly, the OBC for SE Hub, as it would need approval at the same board meeting. NF and AR expressed concern as they were totally unaware of this change of date and GJ highlighted this as another example of the lack of communication shown between the two organisations. The OBC for the re-cladding of IP5's roof would be presented to Partnership Committee the following week and progress to the Trust's Board for approval on 24 July. AR pointed out that the SE TrAMS OBC was shared in May to allow sufficient time for internal governance and scrutiny processes to begin within the Trust, as well as the other Health Board partners. The business case for IP5's roof re-cladding had also been shared well in advance. The lease extension renewal had been discussed with Velindre colleagues two weeks prior and the paper would be updated and forwarded to achieve the new deadline. VM was satisfied to see the Medical Examiners' Service had improved. She congratulated NF on his OBE. MB referred to NF's comments on TrAMS and the key decisions to be taken by the Board in July. He continued that some of the key issues flagged by service providers would need to be reflected in the financial case and the service model described. He felt that organisations appreciated that timelines were tight and that approval was required. He added that it was important to follow the governance process and include the amendments requested. NF replied that there had been much positive feedback received on the business case and approvals were on track. NF acknowledged that timings were very important to the members. Once the OBC is approved by Welsh Government that would unlock funding for the detailed design stage. NF wanted to record that AR and Finance team teams had performed excellent work on NWSSP's year-end financial position. He recognised their effort and commitment to provide all information required for the Annual Accounts which he understood had been signed off by the Trust Board. Committee members added their appreciation. The Committee NOTED the report.	
3. EXTERNAL AUDIT		
3.1	Audit Wales Update (SW) SW reported that the assurance work had been completed on behalf of various NHS audit teams. There were no concerns to report and he would report to that effect in October, along with any IT audit issues to report. SW had viewed the IT assurance memos, however, which were positive. He was not expecting any major issues to come to light. He thanked everyone for	

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	their support and mirrored NF's comments. The Trust's accounts had been achieved by the deadline. SW's update included links to various reports. GJ appreciated the good relationships Audit Wales maintained with the NWSSP and Velindre University NHS Trust. GJ noted the cost savings checklist for board members. The Committee NOTED the report.	
4. INTERNAL AUDIT		
4.1	Head of Internal Audit Opinion 2024/2025 (JJ) JJ reported that this was a key annual document for the Committee, providing an overall opinion on the audit work across NWSSP in the period. The document gave a detailed opinion on the adequacy of risk control and governance against standards, as well as a summary of audit assignments and progress against the workplan. A reasonable overall assurance opinion had been given. SH enquired around the two audits not undertaken due to operational pressures: he asked how they had been selected, whether they would be followed up, etc. JJ explained that ongoing liaison with the organisation included discussions on the timing of each audit planned, as well as new risks and areas of activity to consider. The organisation was in the process of reviewing its Digital Strategy following the appointment of a new Director in year and Risk Management policies and procedures, and it was agreed to audit following its conclusion. The workplan for 2025/26 therefore included the risk management audit and the digital strategy audit. The Committee NOTED and APPROVED the Head of Internal Audit's opinion.	
4.2	Progress Update (JJ) JJ's report highlighted the four finalised audit reports. The programme of work for 2024/25 had been concluded. The plan for 2025/26 and fieldwork had commenced. The Committee NOTED the report.	
4.3	Internal Audit Reports (SCo)	
4.3.1	Stock Order Approvals (SCo) SCo relayed that the audit had been requested by the Director of Procurement Services to assess the process and controls around stock orders and to advise on purchase order controls. As an advisory review, no formal assurance rating was assigned, but four actions were advised for management consideration.	

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	VM enquired around the Oracle hierarchy on objective 2, stating that there was a comment that it had relaxed since the pandemic. She asked if it was still appropriate and whether it followed the Standing Orders and Standing Financial Instructions in terms of that scheme of delegation. SCo replied that the table stated that the limits relate to requisitions and invoices, but the orders were system driven, not requisition driven, so it was not possible to comment if it was aligned with the scheme of delegation. The internal audit team had not found anything inappropriate. AR clarified that during the pandemic, large orders were placed which had to run externally to Oracle due to their scale. Now that PPE stockholding had been confirmed as being an ongoing commitment and responsibility, the report had been requested in order to determine whether any changes were needed to strengthen existing controls and where possible use system driven controls. The scheme of delegation reflected the purchasing and contracting side of the commitment. For practicality and control around stock orders, a stock control procedure was the main recommendation. JI added that all stock was pre-approved expenditure as the contract would be approved through the usual approval process. VM enquired whether there was a timeline for the procedure; AR replied that work had already commenced, and she expected it to be available for members to have sight of in the October meeting. The intention was to invite Internal Audit to review the arrangements once embedded; this could be complete in 2025-6 if the workplan allowed time, otherwise would be included as part of the 2026-27 workplan. GJ directed that the action should be captured within the Audit Tracker and with an appropriate deadline. Action: JQ to capture the action within the Audit Tracker to document Stock Control procedures; with an appropriate deadline. SH queried the statistics on page 3 showing stockholders and orders made between April 2024 and February 2025, where the value of 495 orders was over £6m, with individual value between £1.5-3m. He queried whether the £1.5m order would have been automatically processed or whether it would have been flagged. JI replied that the values were high as it would be an All-Wales contract stock order. There was a fair degree of automation, he explained, a flag would be raised and authority given to release. The products purchased would have been pre-approved in line with the scheme of delegation and would be monitored against the original value of the contract. The proposed procedure would capture the management oversight of arrangements. The Committee NOTED the report.	JQ
4.3.2	Pharmacy Underpayment (SCo) SCo stated that the report had been requested by the Director of Primary Care Services to review the action taken in response to the underpayment	

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	of reimbursements to community pharmacies and the controls in place to prevent re-occurrence. No assurance rating applied to this report and there was one action for management consideration. AR expanded that this referred to an incident which occurred the previous year when there was reliance on automated feed received from NHS Business Service Authority (NHSBSA). Lessons had been learned regarding strengthening communications and earlier escalation to NHS organisations impacted by the issue. SH referred to page 4 and highlighted the lack of audit trail and system outputs. He asked whether the situation was due to outputs having been deleted or not saved, or if they had been generated in such a way that they were unable to be saved. SCo stated that it was her understanding that the output would have been able to have been saved and filed. The data had been re-run in a test environment; but the information had not been saved at the time. SCo and team would have liked to have seen the data in order to determine the accuracy of the calculations. SH was surprised that the information had not been retained but acknowledged that this was a learning experience. GJ agreed that there were some concerns around the report; the delayed escalation within NWSSP; the delayed information to health boards; the lack of audit trail. He asked what safeguards had been taken to address the issues and ensure non-recurrence. AR stated the escalation of the issue within NWSSP has been reviewed and staff reminded of the need to escalate matters to Director level promptly. Regarding escalation to the health boards, there had been a delay because the issue was initially escalated to the Welsh Government who were discussing with other parties nationally as to the best course of action. This process took a lot longer than initially envisaged to resolve and agree a way forward, and with the benefit of hindsight, AR agreed that the health boards should have been informed earlier. The Committee NOTED the report.	
4.3.3	Decarbonisation Follow-up Review (SCo) SCo presented the review which was a follow-up to the audit performed in 2023-24. The review focused on the implementation of the actions of that audit and as such, an assurance rating was not attributed. There were three matters arising, and all three had been implemented. VM asked around the Level 1 training with a deadline of 30 June and asked if the deadline had been met. Action: AR would check if Level 1 decarbonisation training had been delivered by 30 June as the report had been written prior. GJ related that funding was still a concern for this area. He stated that the review was useful but did not address the underlying issue.	AR

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	AR stated that there had been some successful bids for the targeted estates fund for 2025-6, which was good news regarding decarbonisation initiatives, for example, the laundry water reclamation project and the installation of solar panels. There was a fully costed action plan in place and steady progress was being made but there was generally insufficient funding to implement the level of ambition across NHS Wales. MB agreed with AR and stated that Velindre was in a good position, as much of the decarbonisation cost would be met by the new Velindre Cancer Centre. He added that the business case for the refurbishment at Llantrisant for Welsh Blood would also likely contain decarbonisation aspects, if approved. The Committee NOTED the report.	
4.3.4	Contract Management Final Advisory Report (SCo) SCo stated that the report was prompted by a similar review at BCUHB at the request of Welsh Government in 2023-24 which identified several areas of concern. The review had been undertaken at eight other organisations in the year which enabled a comparison of common issues, e.g. lack of contract management guidance and procedures, etc. Actions identified would need to be taken forward in partnership with other NHS Wales organisations via an appropriate forum. SH acknowledged the scope for improvement and asked whether there was a view on where it would stand between substantial and unsatisfactory, if it had not been advisory. SCo replied that it would be difficult to gauge, as more detailed testing would have been required to formulate a conclusion. AR shared that she had spoken to some individual Directors of Finance who had received their respective organisational report. There were no surprises in the findings and agreement that procedures needed to be put in place and where practicable consistency in approach as all organisations use the same Procurement Services. The requirement for contract management activity post contract award needs to be determined and, if required, incorporated into the specification and terms and conditions of the contract at the outset of the procurement. The effective management of contracts relies upon the stakeholder engaging effectively with the supplier/service provider and monitoring performance. This may also require Procurement Services involvement depending on the nature of the contract. Within NWSSP AR had met with JI and agreed a way forward to implement the required action to tighten contract management arrangements. A follow up review would be planned, allowing sufficient time for new arrangements to be put in place. GJ acknowledged that contract management was often lacking for All Wales contracts and asked who was responsible for their management, if not NWSSP. JI explained that they would be managed within the location and would be monitored by All Wales/national stakeholder groups, for example, the Wales Energy Group. Not all contracts needed to be managed to the	

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	same degree. With new contracts valued at £5m and above established through the Procurement Act 2023, there is a requirement for KPIs to be incorporated into the service specification. Many national contracts are valued at £5m+ and so the requirement for KPIs will be incorporated into the contract and these details will also be published through the required notice. This mandated requirement for KPIs will provide a focus for management of the contract and will therefore become a feature of the national contracting programme (where it does not already exist). The responsibility for management of national contracts, is often a joint activity between NWSSP Procurement Services and the national stakeholder/user groups. VM asked if Directors of Finance (DoFs) would work on driving these issues forward, given the inconsistency across health boards generally. AR replied that it had not been suggested specifically in DoFs' meetings to date, but may be in the future, as consistency was a crucial element of contract management. MB added that discussion at DoFs' meetings would be useful. GJ asked AR to escalate the matter to DoFs for discussion. Action: AR to suggest contract management as an agenda item for discussion at a future Directors of Finance meeting. The Committee NOTED the report.	AR
4.3.5	Contract Management Action Plan (JI) JI referred to page 90 and discussed the actions featured on the plan. A contract management procedure had been drafted and would be taken forward nationally, following discussion with DoFs. There were two aspects: i) existing contracts which would be reviewed to determine if contract management was required and ii) future new contracts. SH was concerned about succession management of those responsible for contracts and whether a technological solution would assist in highlighting the postholder's responsibilities. JI replied that an element of responsibility lay within the service itself, and a handover should cover all the postholder's responsibilities. AR agreed that NWSSP would expect the postholder to manage the contracts, but the divisions also needed to own the findings of the report and ensure appropriate arrangements in place to manage sickness or turnover in staff. GJ suggested that a contract register was a fundamental building block, which would be a management tool to determine a contract's end date, whether to procure an extension or tender for a new contract, etc. He suggested that AI would be able to assist with locating such key clauses and he would be interested in learning more about how the NWSSP embraces such technology. JI reported that a national contracts register was already in place with the use of the Bravo e-tendering platform. Local NWSSP Procurement Services teams retained their own local information; there was no one central register. Not all contracts were processed by NWSSP Procurement Services and local contracts for the provision of healthcare services would be covered by Provider Selection Regime (PSR) legislation.	

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	These later contracts are often procured and managed by the Health Boards and are not therefore the responsibility of NWSSP Procurement Services. The Committee NOTED the Contract Management Action Plan.	

5. Counter Fraud

5.1	Progress Update (MW) MW presented the Counter Fraud Progress Report for Quarter 1, where reactive work had been the main area of focus, with five new investigations in Q1. As part of proactive work, awareness sessions continued for new starters. E-learning was tailing off in terms of incremental increases as most staff had already completed. MW had held a bespoke session in person with Surgical Medical Testing Laboratory (SMTL) which had been well received. Newsletters were regularly distributed on Sharepoint and he was liaising with IT to capture engagement statistics. A review of the bank mandate procedure within Primary Care Services had been undertaken at LP's request, and recommendations had been made to tighten up processes which were subsequently implemented. National Fraud Initiatives was an ongoing process. Several fraud prevention notices from the Counter Fraud Authority had been distributed, mainly in relation to agency staff, timesheet fraud and false identity. VM noticed that the date in the header referred to 2023/24 Q1 and not 2025/26 Q1. The Committee NOTED the report.	
5.2	NWSSP Counter Fraud Annual Report 2024/2025 (MW) MW presented the Annual Report showing the number of days worked; there had been eight more proactive days worked than had been planned. An overall green rating had been achieved for functional standards in the year. Analysis of risks would be a priority for future proactive work. Fraud awareness had increased: there were 335 direct engagements at 22 awareness sessions and 124 engagements via newsletter. A total of 1557 engagements were calculated for 2024/25, versus 937 for 2023/24 excluding social media posts. SH had found the paper interesting and referred to a fraud alert as featured on page 8 where callers purported to be from EDF; he did not recall an alert to Velindre staff. MW confirmed that alerts had been distributed in the usual robust process. The Wales Energy Operational Group had received phishing emails for contact/contract information and they were forwarded to MW for analysis and forwarding to Counter Fraud colleagues. As SH had not been aware of any disseminated alerts, he would liaise with NG to ensure that there was nothing further that could be done to alert staff. MW had collaborated with CFS Wales and Audit Wales on two analytical projects: the Community Pharmacy data analytics which resulted in a £22K	

	recovery and a tool was introduced to monitor payments for high cost drugs. There was also a GMS patient registration capitation fee issue and the report was due imminently from Audit Wales. No significant issues were discovered but it was a useful exercise for assurance purposes. MW had also been involved in an exercise for the CFA around procurement services and a report would be published in the near future. MW reported that there were seven cases brought forward to the last financial year, with five new cases and eleven were investigated and closed. Recovery amounted to over £11K, with one sanction. False applications had been detected in the home electronic scheme which prevented a £2K fraud. This information was forwarded to the CFA for investigation and another eleven cases were detected in England. This detection had resulted in a successful prosecution and a custodial prison sentence. Improved system controls were implemented including multifactor authentication in order to prevent further fraud. VM referred to page 4 and asked if there was more detail around the work required regarding compliance for the fraud, bribery and corruption risk assessment. She noticed the green classification on other areas but amber on this piece of work and she asked if there were any KPIs in place. MW replied that he dealt with emerging risks promptly; there were few resources for a more structured approach to log/review incidents on a central register. He would focus on that area in the coming months to raise the status to green. The Committee NOTED the Annual Report.	
5.3	NWSSP Counter Fraud Functional Standards Return (MW) MW had presented the Functional Standards Return in the above item. The Committee NOTED the Functional Standards Return.	
6. GOVERNANCE, ASSURANCE AND RISK		
6.1	Annual Governance Statement 2024/2025 (JQ) JQ summarised that the Annual Governance Statement (AGS) is the Managing Directors statement as the Accountable Officer for NWSSP in respect of the arrangements in place for risk management, control and governance for 2024/25. The 2024/2025 AGS is based on the existing governance framework and provides assurance of arrangements that were in place in the previous year, whilst noting that those arrangements are under Welsh Government review. The draft AGS had been submitted to the Trust's governance team in May as requested in order to inform the Board's effectiveness review and again in June. The document had been shared as a draft to the Partnership Committee in May, now to the Audit Committee and would go back to the Partnership Committee in July for completeness in case of any amendments requested to the original draft. MB challenged the timeline stated in the cover paper. He reported that the Trust's Effectiveness Review meeting of 8 May had been postponed and the Statement had not been presented at the later date scheduled. Therefore,	

	he proposed that it was inaccurate to say that the AGS had been approved by the Trust as was his interpretation of the cover paper. He suggested that the AGS be noted by the Committee therefore, as it had not been formally approved via the Trust's governance procedure. AR stated that it would be helpful to understand why the Statement had not progressed through the Trust's governance process as in previous years. The document had been made available in advance and had been presented to the Partnership Committee. MB replied that AR would need to speak to the Trust's corporate team to clarify the reasoning, but the Statement had not been included on the agenda. He suggested that the Chief Executive Officer of the Trust would have to convey his reasoning personally. JQ re-iterated that the NWSSP had shared the Statement as requested and had complied with the timeline. GJ agreed that the Statement had not been approved at the proposed meeting and so had not been formally approved by the Trust. VM enquired around the Risk Appetite Review. The AGS stated that the Partnership Committee had approved it in November 2024 and she asked if it had reverted to the Audit Committee and if so, suggested that it would be useful to reference this point. GJ replied that it was meant to revert to the previous Audit Committee meeting in May but had been deferred as JQ and NG had not had the opportunity to discuss it. It was a matter arising for the action log and the deadline was October. SH referred to page 1 of the cover paper, which described the timeline for approval – firstly by NF, and secondly, by endorsement of the Partnership Committee with final approval by the Audit Committee. The timeline did not show a date when the AGS had been endorsed by the Partnership Committee and suggested that following the Audit Committee, it should progress to the Partnership Committee for noting on 17 July. He was wary of approving a document which did not appear to have followed its own procedure. He acknowledged that Simon Dean's review may align with the procedure taken, but equally, it may not align with the findings. AR replied that the AGS had been presented to the Partnership Committee in May, to then share with the Trust, to help inform the assurances required to sign off the Annual Accounts processes. It would then be re-presented to the Partnership Committee in July with any requested amendments from the Trust. No feedback had been received however, from the Trust so AR would need to confirm with Partnership Committee members for completeness that there had been no changes made since the version they endorsed in May other than the inclusion of information not available at the time of the earlier draft. AR stated it was important to understand why the AGS was not considered by the Trust in the same way as in previous years, as Welsh Government had made clear that the existing governance arrangements remained in place until the outcome of the Review was known. She agreed that members should note the AGS, rather than approve it, and re-iterated that it was not a legal requirement, but it is another form of assurance.	
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	NF agreed, reporting that the same process had been followed for a decade. He stated that Judith Paget's letters were unequivocal, detailing that the usual procedures were to apply until, at least, the outcome of the review. NF agreed that members should note the Statement, and it would be presented to the Partnership Committee with no amendments from the version presented in May other than the inclusion of information not available at the time of the earlier draft. VM referred to her earlier point regarding the necessity for more effective communications. She suggested Partnership Committee members would need to understand why the Statement had not been included in the papers to be considered by the Trust Board. Feedback on the reasoning behind the decision was required by Audit Committee members and Partnership Committee members. She disagreed with SH and felt that the Statement should be approved by Audit Committee members, as was the usual procedure. MB reiterated his observation that the Statement could not be said to have been approved by any committee of the Trust. JQ advised that the Statement was not made in isolation and was a culmination of assurances provided during the year and in previous years which should have been very familiar to the Audit Committee and Shared Services Partnership Committee from preceding documentation. AR suggested amending the cover paper to include the words: 'the Governance Statement was submitted to the Trust but was not approved'. GJ stated that the Effectiveness Review had not received the AGS in that format but had relied on letters of assurance. MB suggested that AR meant that the AGS was shared with officers at the Trust but was not presented to the Board as part of its effectiveness review. GJ acknowledged that there was no legal obligation to provide the AGS and suggested removing it from the agenda for re-presentation in October. NF disagreed and suggested that it should be either approved or noted. GJ stated that if it was noted, it would require supporting comments as to why it had not been approved, which would be presented to the Partnership Committee on 17 July. GJ summarised his conditions as follows: • The AGS had not been approved by the Trust Board. • The AGS had been shared with Trust officers but was not presented to the Effectiveness Board. No comments had been received from Trust officers and feedback would be required to understand why this was the case. • The Welsh Government Review was relevant, and it should be stated that some of the arrangements referred to in the AGS may need revisiting following the outcome of the Review. NF pointed out that the AGS was relevant to 2024/25 and earlier years and not to future arrangements, which was the subject of the review. He	
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	suggested that the AGS was shared on 8 May, but it had not been considered by either the officers or the Board. GJ asked that the cover paper be amended. The recommendation would then be that the Audit Committee was asked to note the NWSSP Annual Governance Statement 2024-25, subject to comments not having been received from the Trust Executives or the Trust's Board on its contents. SH was satisfied with the above direction but stated that his observation had not been addressed – namely that on page 1, the text inferred that the Statement would progress to the Partnership Committee <i>once approved</i> by the Audit Committee. He asked what authority the Audit Committee had to approve the Statement. JQ confirmed that the Annual Governance Statement was presented to the Shared Services Partnership Committee at its meeting on 22 May 2025 for noting and comment. Following its subsequent presentation to the Audit Committee, the Statement will be returned to the Shared Services Partnership Committee on 17 July 2025 for noting. Action: JQ to amend the cover sheet for Item 6.1: Annual Governance Statement 2024/2025. GJ asked CW to draft the relevant points above. Action: CW to draft the points agreed by members around the Annual Governance Statement 2024/2025. The Committee therefore NOTED the Annual Governance Statement, subject to the conditions listed above, rather than extending their approval.	JQ CW
6.2	Audit Committee Annual Report 2024/2025 (GJ) GJ stated that the Welsh Government's Governance Review did not feature in the report as this was announced in April 2025 after the relevant reporting period. The Committee NOTED the Annual Report.	
6.3	NWSSP: Contracting Expenditure (AR) AR stated that this first report referred to NWSSP's own expenditure and more narrative had been included. Internal arrangements had been strengthened earlier in the year and colleagues were aware that Procurement should be the first port of call for purchasing. There was one exception to highlight, namely Cooke and Arkwright, as authority had not been given to use the company at Matrix House and that commitment had now been put right albeit retrospectively. There were two updates on gifts and hospitality which arose in the previous quarter. VM agreed with AR in terms of good progress. AR acknowledged Gemma Roscrow and the Procurement team including the Network75 students involved.	

	The Committee NOTED the report. All Wales: Contracting Expenditure (AR) JI had added additional narrative in order to clarify several points raised in previous meetings. He provided a definition of 'briefing' (intent to commence procurement) and 'ratification' (post procurement stage where approval is sought). GJ referred to page 2 of the report and noted that approvals for All Wales contracts were sought and obtained through each NHS organisation's own governance arrangements prior to approval/noting by Welsh Government. Under the existing governance arrangements Welsh Government approve the All-Wales contracts >£1M. GJ understood that this was a point of contention between the NWSSP and the Trust which may or may not be resolved within the Welsh Government review, as the Trust had raised concerns about contracts in its name not requiring Trust approval e.g., the influenza contract. MB and GJ thanked JI for collating the report and both found it useful. JI confirmed that the fact that the All-Wales contracts were approved by the individual organisations under their approvals process, meant that any change to that contract would require the organisations to be involved in the amendment. GJ proposed to amend the recommendation to say that the Committee was asked to note the All-Wales contracting activity in Appendix A, on the understanding that there would be ongoing debate regarding the extent to which the contracts needed to be approved by Velindre as the contracting party. JI stated that current contracts were live and already approved and would retain that status. They also complied with the 2023 Procurement Act. He advised that there was no doubt about the validity of those contracts. AR agreed with JI that it was important to make clear there was no legal ambiguity around those contracts already in existence which had been approved correctly under the existing governance arrangements. GJ stated that the qualification he proposed would only be known after publication of the minutes of the Audit Committee meeting and he hoped that at that stage, the governance issue would have been resolved. JI clarified that the contracts listed as ratified in Appendix A would have commenced with the Trust as the authority, and some of those listed under briefing papers may also have commenced. He stated that it was important to understand that those contracts which had begun their pathway in the briefing process would be taken forward under the existing governance arrangements. He would not support any pause in the process for existing contracts. JI explained the situation with the influenza vaccines contract. Board approval was required for the purchase orders arising from the contract. The contract was for the supply and delivery of the influenza vaccines and	
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	was a national contract which had progressed through the approval processes and was approved by Welsh Government. The contract itself did not require approval by the Trust Board. MB related that it was a similar issue with major capital schemes. A separate scheme of delegation was required as the contract had been approved previously. SH said although this was his first Audit Committee he understood the difference between the different contract approvals and he did not have any concerns with the current process of contract approvals and he was content. The Committee NOTED the All Wales Contracting Activity in Appendix A.	
6.4	NWSSP Corporate Risk Register (JQ) JQ stated that the Register had been subject to a detailed review by the Senior Leadership Group. The cover paper itemised the amendments. The Committee NOTED the NWSSP Corporate Risk Register.	
6.5	Tracking of Audit Recommendations (JQ) JQ reported that there were no overdue recommendations, but there was one dependent on a third-party organisation. Where extensions had been granted, details had been included to show how the recommendation was closed. The Committee NOTED and APPROVED the Revised deadline for the one PCS recommendation.	
6.6	Gifts, Hospitality and Sponsorship and Declarations of Interest Annual Report 2024/2025 (JQ) JQ presented the annual report, as progressed to each Audit Committee. There was very little change year on year. Declarations made by Senior Leadership Group were captured and all staff completed an ESR declaration. JQ stated that there were plans in place to improve the Pharmacy figure shown in the table. GJ noted that CTES was shown at 83% and Finance at 87% and was surprised that Finance was a low percentage. JQ stated that 100% was always difficult to achieve. GJ also noted that the Medical Examiners' Service showed at 71% which was also disappointing. The Committee NOTED the Report. Members also NOTED the progress of the conflict of interests, the summary of gifts hospitality and sponsorship and the Senior Leadership Group and Chair declarations.	
7. ITEMS FOR INFORMATION		
7.1 7.2 7.3	Welsh Language Annual Report 2024/2025 Information Governance Annual Report 2024/2025 Forward Plan of Business 2025/2026 VM appreciated the layout of the Information Governance report.	

	The Committee NOTED the above items for information. SH thanked managers for an excellent set of papers. GJ acknowledged that relationships within the Audit Committee and NWSSP Team had always been effective, with involved discussions and outcomes.	
8. ANY OTHER BUSINESS - BY PRIOR APPROVAL ONLY		
8.1	There was no other business to discuss.	
9. DATE/TIME OF NEXT MEETING		
9.1	The next meeting would be held in person at IP5 in Newport on: Friday 7 November 2025, from 10-12pm	

DRAFT



VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NHS WALES SHARED SERVICES PARTNERSHIP

MINUTES OF THE MEETING HELD ON TUESDAY 8 JULY 2025 / 14:00-16:00 VIA TEAMS APPOINTMENT

Attendance	Designation	
Members:		
Gareth Jones (GJ) Chair	Independent Member	
Vicky Morris (VM)	Independent Member	
Stephen Harries (SH)	Independent Member	
In Attendance:		Organisation
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Carly Wilce (CW)	Corporate Services Manager	NWSSP
James Johns (JJ)	Head of Internal Audit	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Jonathan Irvine (JI)	Director of Procurement, Laundry and Health Courier Services	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Mark Weston (MW)	Local Counter Fraud Specialist	NWSSP
Matthew Bunce (MB)	Executive Director of Finance	Velindre
Neil Frow (NF)	Managing Director	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
Sophie Corbett (SCo)	Deputy Head of Internal Audit	NWSSP
Steve Wyndham (SW)	Audit Lead	Audit Wales
Jillian Haynes (JH)	Secretariat	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Introductions (GJ) The Chair welcomed everyone to the meeting, with special acknowledgement to Stephen Harries, who attended as Velindre's Finance Independent Member and to Jonathan Irvine, who would present Item 4.3.5: Contract Management Action Plan. The Chair explained that SH would be joining the Committee on an interim basis only as someone with finance experience whilst the Trust continues to seek a permanent independent member with that knowledge and skill set.	
1.2	Apologies (GJ) Apologies were received from: - Tracy Myhill, Chair, Shared Services Partnership Committee - David Donegan, Chief Executive Officer, Velindre - Non Gwilym, Director of Corporate Governance, Velindre	
1.3	Declarations of Interest (GJ) No declarations of interest were presented.	
1.4	Draft Minutes of Audit Committee Meeting held on 13 May 2025 (GJ)	

Item		Action
	The minutes were APPROVED as an accurate record of the previous meeting in May.	
1.5	Matters Arising (GJ) Six actions were classified as complete and GJ invited comments on those in the first instance. <u>Action 4.3; Draft Internal Audit Annual Plan and Charter 2025-6:</u> GJ suggested that this action should be re-evaluated in light of the Welsh Government (WG) Review of Accountability and Governance Arrangements (the WG Review) to determine whether amendments were required. He asked SC to follow up this action. Action: SC would amend the Draft Internal Audit Annual Plan and Charter 2025-6 following the WG Review, if necessary. <u>Action 6.1; Governance Matters:</u> GJ noted that the previous action had been around the extent of the Trust Board's involvement in All Wales contracts. He suggested that the assurance around the Agency Framework Agreement would need to be reviewed in light of the WG Review, in order to determine if amendments were required, and he asked AR to follow up this new action. NF stated that actions would be amended generally following the WG review. Action: AR would revise the action around the Agency Framework Agreement and propose amendments if necessary, following the WG Review. GJ directed that all actions classified as green could be closed. <u>Action 5.2.1; Procurement Capital Equipping:</u> JI explained that he was seeking approval in connection with organisations' delegated limits, and would present the information to Audit Committee members, when received. The deadline was agreed as 14 October, which was the scheduled date of the next Audit Committee meeting, but JI suggested that it could be earlier as the work was already underway. <u>Action 6.1; Governance Matters:</u> JI stated that all procurement staff had been trained on the new legislation and all internal training would be complete by October. Awareness training had also been rolled out to the wider NWSSP Senior Leadership Group (SLG). GJ clarified that there were two streams of training: the contract training within NWSSP and the training around the new Procurement Act, which was already in force. MB asked JI to organise training sessions to various teams within Velindre, even if that would need to be six months hence. JI provided members with assurance that the training would be organised, however the team was very busy and so it was agreed that the deadline would be 14 October. MB was asked to relay information regarding the specific groups requiring the training.	SC AR

Item		Action
	Action: JI's team to provide procurement training to Velindre colleagues. Action: MB to suggest specific groups within Velindre for procurement training to be provided to. <u>Action 6.2; Corporate Risk Register (presentation of Risk Appetite paper):</u> The revised deadline of 14 October was agreed. <u>Action 1.4; Minutes of the meeting held on 5 February:</u> GJ was awaiting feedback, and as a result the deadline was extended to 14 October. <u>Action 1.5; Matters Arising:</u> The risk as noted should have been classified as amber status. JQ and NG would liaise on the Risk Policy review in order to ensure alignment. The deadline was extended to 14 October. <u>Action 2.1; Managing Director's Report:</u> NF reported that Ruth Alcolado had liaised with VM around providing an update to Velindre Trust's Quality, Safety and Performance Committee on 14 July, regarding procedural changes and challenges. NF relayed that the meeting had been very useful and positive. VM agreed and had noted that more effective communications between NWSSP and the Trust were required generally, a point on which GJ agreed and wanted to capture in the minutes. <u>Action 3.2; Audit Wales - Depreciation Issue:</u> SW would present this item in detail later in the meeting. There had been a software issue around the RAM fixed assets register, resulting in depreciation errors but these were restricted to certain software versions. Velindre was using one of the flawed versions, and the defect had impacted on some areas, however it did not affect Velindre's accounts. This action was agreed as complete. <u>Action 3.2; Audit Wales – Assurance Arrangements:</u> The Management Letter was not due until the October Audit Committee meeting. <u>Action 4.2.1; Variable Pay Internal Audit Report</u> AR suggested that this item was complete as the procedure had been agreed by the NWSSP Local Partnership Forum. The overtime app was being rolled out and around 85% of the NWSSP divisions were expected to be covered by early October. It had been agreed with the trade unions and tested on laundry sites. It was well received and would provide more information on reasons behind overtime costs. This action was agreed as complete. The Committee NOTED the Matters Arising.	JI/MB

Item		Action
2. NWSSP Update		
2.1	Managing Director's Report (NF) <u>Joint Executive Team Meeting:</u> NF reported that a very positive Joint Executive Team (JET) meeting had been held with Welsh Government around the NWSSP's performance during 2024-25, with no issues having been raised. Effective conversations were held around initiatives and savings for the wider NHS and what was required of the NWSSP. The IMTP outcome letter was expected imminently. <u>Finance:</u> From Month 2, a small surplus was being reported; this followed a £3.6M redistribution back to partners in 2024-25. Some challenges were being faced in the current financial year, for example, the additional employers' national insurance, where a funding shortfall had been confirmed, however it would be covered by the underspend generated in this year. Conversations were ongoing with organisations around emerging factors associated with the Welsh Risk Pool, and an increase in number of cases now due to settle in year. This may increase the Risk Share contributions required from other NHS organisation in this financial year. <u>Transforming Access to Medicines Service (TrAMS):</u> <u>SE Radiopharmacy:</u> NF reported that the screed for the cleanroom was being laid that day and isolators were on site. The project was on schedule and on budget. The physical build would be complete in September and the contractor validation in December. The launch date was still on course for April. <u>SE Hub:</u> NF stated that the Outlined Business Case (OBC) had been completed and circulated to the health boards and Trust by 13 May. An updated version was issued on 9 June and was endorsed by the SE Wales Project Board and the TrAMS Programme Board. The OBC would be presented to the Shared Services Partnership Committee on 17 July for approval. All associated Health Board and Trust internal governance processes are planned to be completed before 31 July. An application for fees to develop the Full Business Case (FBC) would then be lodged. Members had been concerned around timelines for this significant commitment; NF assured them that no further delays were anticipated, subject to approval by Welsh Government feedback on the OBC. <u>SW Hub:</u> A suitable site was being sought within the two preferred localities, and a workshop was being held on 16 July to discuss options. Following a decision, a scoping meeting would be held with the Welsh Government and an application made for fees to develop the OBC.	

Item		Action
	<u>Laundry:</u> A number of capital schemes had been completed during 2024-25. NF summarised the upcoming projects and JI's team would manage the plant downtime with the aim of minimising disruption to operations in hours. Savings were being made due to the capital investment enabling increased capacity, as well as a reduction in transport costs and carbon footprint. <u>Medical Examiner Service:</u> A meeting had been held on 3 April to discuss the first six months of the new statutory service and to assess the impact of winter pressure workloads. A comprehensive action plan had resulted including enhancing communications, streamlining processes, improving data management and strengthening workplace planning and training. The action plan emphasises collaboration with partners, including Health Boards and Welsh Government and will be monitored by the Director of Primary Care and Medical Examiner Service with several action already underway. NF had met with Dr Alan Fletcher, National Medical Examiner, earlier that day to review the performance statistics. Wales was no longer an outlier, and the statistics showed good progress. <u>Accommodation:</u> NF confirmed that the remodelling of HQ and Companies House was complete. The new 5-year lease extension for HQ would be presented to the Partnership Committee for approval the following week and would require Trust Board approval with arrangements in hand to achieve this goal. <u>PPE:</u> The stock holding position had been advised by Welsh Government and the team was working on procurement, storage and distribution. NWSSP was working closely with PHW on fit testing arrangements. <u>Decarbonising the NWSSP estate:</u> NF reminded members that the solar panels had been installed at Matrix House and additional EV chargers at IP5. The Transforming Estates Funding (TEF) bids had been approved for current and following financial years. The waste heat reclamation project would also help towards running costs. <u>Cabinet Secretary visit to IP5:</u> Jeremy Miles MS had visited IP5 on 4 June and was very interested in the Radiopharmacy scheme and Medicines Unit. He had appreciated the tour and the chance to see it physically. He also visited the storage and distribution teams that operate from IP5. <u>WG Governance Review:</u> NF added that the Governance Review was ongoing, and he and TM had met with Simon Dean on 9 June. The outcome was expected at the end of July/early August.	

Item		Action
	GJ informed NF that the Velindre Board meeting had been brought forward from 31 July to 24 July, and so the lease for HQ would need to be presented for approval a week earlier than planned. Similarly, the OBC for SE Hub, as it would need approval at the same board meeting. NF and AR expressed concern as they were totally unaware of this change of date. The OBC for the re-cladding of IP5's roof would be presented to Partnership Committee the following week and progress to the Trust's Board for approval on 24 July. AR pointed out that the SE TrAMS OBC was shared in May to allow sufficient time for internal governance and scrutiny processes to begin within the Trust, as well as the other Health Board partners. The business case for IP5's roof re-cladding had also been shared as soon as available and a briefing had been prepared and delivered in early July. The lease extension renewal had been discussed with Velindre colleagues two weeks prior and the paper would be updated and forwarded to achieve the new deadline. VM was satisfied to see the Medical Examiners' Service had improved. She congratulated NF on his OBE. MB referred to NF's comments on TrAMS and the key decisions to be taken by the Board in July. He continued that some of the key issues flagged by service providers would need to be reflected in the financial case and the service model described. He felt that organisations appreciated that timelines were tight and that approval was required. He added that it was important to follow the governance process and include the amendments requested. NF replied that there had been much positive feedback received on the business case and approvals were on track. NF acknowledged that timings were very important to the members. Once the OBC is approved by Welsh Government that would unlock funding for the detailed design stage. NF wanted to record that AR and Finance team teams had performed excellent work on NWSSP's year-end financial position. He recognised their effort and commitment to provide all information required for the Annual Accounts which he understood had been signed off by the Trust Board. Committee members added their appreciation. The Committee NOTED the report.	
3. EXTERNAL AUDIT		
3.1	Audit Wales Update (SW) SW reported that the assurance work had been completed on behalf of various NHS audit teams. There were no concerns to report and he would report to that effect in October, along with any IT audit issues to report. SW had viewed the IT assurance memos, however, which were positive. He was not expecting any major issues to come to light. He thanked everyone for	

Item		Action
	their support and mirrored NF's comments. The Trust's accounts had been achieved by the deadline. SW's update included links to various reports. GJ appreciated the good relationships Audit Wales maintained with the NWSSP and Velindre University NHS Trust. GJ noted the cost savings checklist for board members. The Committee NOTED the report.	
4. INTERNAL AUDIT		
4.1	Head of Internal Audit Opinion 2024/2025 (JJ) JJ reported that this was a key annual document for the Committee, providing an overall opinion on the audit work across NWSSP in the period. The document gave a detailed opinion on the adequacy of risk control and governance against standards, as well as a summary of audit assignments and progress against the workplan. A reasonable overall assurance opinion had been given. SH enquired around the two audits not undertaken due to operational pressures: he asked how they had been selected, whether they would be followed up, etc. JJ explained that ongoing liaison with the organisation included discussions on the timing of each audit planned, as well as new risks and areas of activity to consider. The organisation was in the process of reviewing its Digital Strategy following the appointment of a new Director in year and Risk Management policies and procedures, and it was agreed to audit following its conclusion. The workplan for 2025/26 therefore included the risk management audit and the digital strategy audit. The Committee NOTED and APPROVED the Head of Internal Audit's opinion.	
4.2	Progress Update (JJ) JJ's report highlighted the four finalised audit reports. The programme of work for 2024/25 had been concluded. The plan for 2025/26 and fieldwork had commenced. The Committee NOTED the report.	
4.3	Internal Audit Reports (SCo)	
4.3.1	Stock Order Approvals (SCo) SCo relayed that the audit had been requested by the Director of Procurement Services to assess the process and controls around stock orders and to advise on purchase order controls. As an advisory review, no formal assurance rating was assigned, but four actions were advised for management consideration.	

Item		Action
	VM enquired around the Oracle hierarchy on objective 2, stating that there was a comment that it had relaxed since the pandemic. She asked if it was still appropriate and whether it followed the Standing Orders and Standing Financial Instructions in terms of that scheme of delegation. SCo replied that the table stated that the limits relate to requisitions and invoices, but the orders were system driven, not requisition driven, so it was not possible to comment if it was aligned with the scheme of delegation. The internal audit team had not found anything inappropriate. AR clarified that during the pandemic, large orders were placed which had to run externally to Oracle due to their scale. Now that PPE stockholding had been confirmed as being an ongoing commitment and responsibility, the report had been requested in order to determine whether any changes were needed to strengthen existing controls and where possible use system driven controls. The scheme of delegation reflected the purchasing and contracting side of the commitment. For practicality and control around stock orders, a stock control procedure was the main recommendation. JI added that all stock was pre-approved expenditure as the contract would be approved through the usual approval process. VM enquired whether there was a timeline for the procedure; AR replied that work had already commenced, and she expected it to be available for members to have sight of in the October meeting. The intention was to invite Internal Audit to review the arrangements once embedded; this could be complete in 2025-6 if the workplan allowed time, otherwise would be included as part of the 2026-27 workplan. GJ directed that the action should be captured within the Audit Tracker and with an appropriate deadline. Action: JQ to capture the action within the Audit Tracker to document Stock Control procedures; with an appropriate deadline. SH queried the statistics on page 3 showing stockholders and orders made between April 2024 and February 2025, where the value of 495 orders was over £6m, with individual value between £1.5-3m. He queried whether the £1.5m order would have been automatically processed or whether it would have been flagged. JI replied that the values were high as it would be an All-Wales contract stock order. There was a fair degree of automation, he explained, a flag would be raised and authority given to release. The products purchased would have been pre-approved in line with the scheme of delegation and would be monitored against the original value of the contract. The proposed procedure would capture the management oversight of arrangements. The Committee NOTED the report.	JQ
4.3.2	Pharmacy Underpayment (SCo) SCo stated that the report had been requested by the Director of Primary Care Services to review the action taken in response to the underpayment	

Item		Action
	of reimbursements to community pharmacies and the controls in place to prevent re-occurrence. No assurance rating applied to this report and there was one action for management consideration. AR expanded that this referred to an incident which occurred the previous year when there was reliance on automated feed received from NHS Business Service Authority (NHSBSA). Lessons had been learned regarding strengthening communications and earlier escalation to NHS organisations impacted by the issue. SH referred to page 4 and highlighted the lack of audit trail and system outputs. He asked whether the situation was due to outputs having been deleted or not saved, or if they had been generated in such a way that they were unable to be saved. SCo stated that it was her understanding that the output would have been able to have been saved and filed. The data had been re-run in a test environment; but the information had not been saved at the time. SCo and team would have liked to have seen the data in order to determine the accuracy of the calculations. SH was surprised that the information had not been retained but acknowledged that this was a learning experience. GJ agreed that there were some concerns around the report; the delayed escalation within NWSSP; the delayed information to health boards; the lack of audit trail. He asked what safeguards had been taken to address the issues and ensure non-recurrence. AR stated the escalation of the issue within NWSSP has been reviewed and staff reminded of the need to escalate matters to Director level promptly. Regarding escalation to the health boards, there had been a delay because the issue was initially escalated to the Welsh Government who were discussing with other parties nationally as to the best course of action. This process took a lot longer than initially envisaged to resolve and agree a way forward, and with the benefit of hindsight, AR agreed that the health boards should have been informed earlier. The Committee NOTED the report.	
4.3.3	Decarbonisation Follow-up Review (SCo) SCo presented the review which was a follow-up to the audit performed in 2023-24. The review focused on the implementation of the actions of that audit and as such, an assurance rating was not attributed. There were three matters arising, and all three had been implemented. VM asked around the Level 1 training with a deadline of 30 June and asked if the deadline had been met. Action: AR would check if Level 1 decarbonisation training had been delivered by 30 June as the report had been written prior. GJ related that funding was still a concern for this area. He stated that the review was useful but did not address the underlying issue.	AR

Item		Action
	AR stated that there had been some successful bids for the targeted estates fund for 2025-6, which was good news regarding decarbonisation initiatives, for example, the laundry water reclamation project and the installation of solar panels. There was a fully costed action plan in place and steady progress was being made but there was generally insufficient funding to implement the level of ambition across NHS Wales. MB agreed with AR and stated that Velindre was in a good position, as much of the decarbonisation cost would be met by the new Velindre Cancer Centre. He added that the business case for the refurbishment at Llantrisant for Welsh Blood would also likely contain decarbonisation aspects, if approved. The Committee NOTED the report.	
4.3.4	Contract Management Final Advisory Report (SCo) SCo stated that the report was prompted by a similar review at BCUHB at the request of Welsh Government in 2023-24 which identified several areas of concern. The review had been undertaken at eight other organisations in the year which enabled a comparison of common issues, e.g. lack of contract management guidance and procedures, etc. Actions identified would need to be taken forward in partnership with other NHS Wales organisations via an appropriate forum. SH acknowledged the scope for improvement and asked whether there was a view on where it would stand between substantial and unsatisfactory, if it had not been advisory. SCo replied that it would be difficult to gauge, as more detailed testing would have been required to formulate a conclusion. AR shared that she had spoken to some individual Directors of Finance who had received their respective organisational report. There were no surprises in the findings and agreement that procedures needed to be put in place and where practicable consistency in approach as all organisations use the same Procurement Services. The requirement for contract management activity post contract award needs to be determined and incorporated into the specification and terms and conditions of the contract at the outset of the procurement. The effective management of contracts relies upon the stakeholder engaging effectively with the supplier/service provider and monitoring performance. This may also require Procurement Services involvement depending on the nature of the contract. Within NWSSP AR had met with JI and agreed a way forward to implement the required action to tighten contract management arrangements. A follow up review would be planned, allowing sufficient time for new arrangements to be put in place. GJ stated that contract management was often lacking for All Wales contracts and asked who was responsible for their management, if not NWSSP. JI explained that they would be managed within the location and would be monitored by All Wales/national stakeholder groups, for example, the Wales Energy Group. Not all contracts needed to be managed to the	

Item		Action
	same degree. With new contracts valued at £5m and above established through the Procurement Act 2023, there is a requirement for KPIs to be incorporated into the service specification. Many national contracts are valued at £5m+ and so the requirement for KPIs will be incorporated into the contract and these details will also be published through the required notice. This mandated requirement for KPIs will provide a focus for management of the contract and will therefore become a feature of the national contracting programme (where it does not already exist). The responsibility for management of national contracts, is often a joint activity between NWSSP Procurement Services and the national stakeholder/user groups. VM asked if Directors of Finance (DoFs) would work on driving these issues forward, given the inconsistency across health boards generally. AR replied that it had not been suggested specifically in DoFs' meetings to date, but may be in the future, as consistency was a crucial element of contract management. MB added that discussion at DoFs' meetings would be useful. GJ asked AR to escalate the matter to DoFs for discussion. Action: AR to suggest contract management as an agenda item for discussion at a future Directors of Finance meeting. The Committee NOTED the report.	AR
4.3.5	Contract Management Action Plan (JI) JI referred to page 90 and discussed the actions featured on the plan. A contract management procedure had been drafted and would be taken forward nationally, following discussion with DoFs. There were two aspects: i) existing contracts which would be reviewed to determine if contract management was required and ii) future new contracts. SH was concerned about succession management of those responsible for contracts and whether a technological solution would assist in highlighting the postholder's responsibilities. JI replied that an element of responsibility lay within the service itself, and a handover should cover all the postholder's responsibilities. AR agreed that NWSSP would expect the postholder to manage the contracts, but the divisions also needed to own the findings of the report and ensure appropriate arrangements in place to manage sickness or turnover in staff. GJ suggested that a contract register was a fundamental building block, which would be a management tool to determine a contract's end date, whether to procure an extension or tender for a new contract, etc. He suggested that AI would be able to assist with locating such key clauses and he would be interested in learning more about how the NWSSP embraces such technology. JI reported that a national contracts register was already in place with the use of the Bravo e-tendering platform. Local NWSSP Procurement Services teams retained their own local information; there was no one central register. Not all contracts were processed by NWSSP Procurement Services and local contracts for the provision of healthcare services would be covered by Provider Selection Regime (PSR) legislation.	

Item		Action
	These later contracts are often procured and managed by the Health Boards and are not therefore the responsibility of NWSSP Procurement Services. The Committee NOTED the Contract Management Action Plan.	

5. Counter Fraud

5.1	Progress Update (MW) MW presented the Counter Fraud Progress Report for Quarter 1, where reactive work had been the main area of focus, with five new investigations in Q1. As part of proactive work, awareness sessions continued for new starters. E-learning was tailing off in terms of incremental increases as most staff had already completed. MW had held a bespoke session in person with Surgical Medical Testing Laboratory (SMTL) which had been well received. Newsletters were regularly distributed on Sharepoint and he was liaising with IT to capture engagement statistics. A review of the bank mandate procedure within Primary Care Services had been undertaken at LP's request, and recommendations had been made to tighten up processes which were subsequently implemented. National Fraud Initiatives was an ongoing process. Several fraud prevention notices from the Counter Fraud Authority had been distributed, mainly in relation to agency staff, timesheet fraud and false identity. VM noticed that the date in the header referred to 2023/24 Q1 and not 2025/26 Q1. The Committee NOTED the report.	
5.2	NWSSP Counter Fraud Annual Report 2024/2025 (MW) MW presented the Annual Report showing the number of days worked; there had been eight more proactive days worked than had been planned. An overall green rating had been achieved for functional standards in the year. Analysis of risks would be a priority for future proactive work. Fraud awareness had increased: there were 335 direct engagements at 22 awareness sessions and 124 engagements via newsletter. A total of 1557 engagements were calculated for 2024/25, versus 937 for 2023/24 excluding social media posts. SH had found the paper interesting and referred to a fraud alert as featured on page 8 where callers purported to be from EDF; he did not recall an alert to Velindre staff. MW confirmed that alerts had been distributed in the usual robust process. The Wales Energy Operational Group had received phishing emails for contact/contract information and they were forwarded to MW for analysis and forwarding to Counter Fraud colleagues. As SH had not been aware of any disseminated alerts, he would liaise with NG to ensure that there was nothing further that could be done to alert staff. MW had collaborated with CFS Wales and Audit Wales on two analytical projects: the Community Pharmacy data analytics which resulted in a £22K	

	recovery and a tool was introduced to monitor payments for high cost drugs. There was also a GMS patient registration capitation fee issue and the report was due imminently from Audit Wales. No significant issues were discovered but it was a useful exercise for assurance purposes. MW had also been involved in an exercise for the CFA around procurement services and a report would be published in the near future. MW reported that there were seven cases brought forward to the last financial year, with five new cases and eleven were investigated and closed. Recovery amounted to over £11K, with one sanction. False applications had been detected in the home electronic scheme which prevented a £2K fraud. This information was forwarded to the CFA for investigation and another eleven cases were detected in England. This detection had resulted in a successful prosecution and a custodial prison sentence. Improved system controls were implemented including multifactor authentication in order to prevent further fraud. VM referred to page 4 and asked if there was more detail around the work required regarding compliance for the fraud, bribery and corruption risk assessment. She noticed the green classification on other areas but amber on this piece of work and she asked if there were any KPIs in place. MW replied that he dealt with emerging risks promptly; there were few resources for a more structured approach to log/review incidents on a central register. He would focus on that area in the coming months to raise the status to green. The Committee NOTED the Annual Report.	
5.3	NWSSP Counter Fraud Functional Standards Return (MW) MW had presented the Functional Standards Return in the above item. The Committee NOTED the Functional Standards Return.	
6. GOVERNANCE, ASSURANCE AND RISK		
6.1	Annual Governance Statement 2024/2025 (JQ) JQ summarised that the Annual Governance Statement (AGS) is the Managing Directors statement as the Accountable Officer for NWSSP in respect of the arrangements in place for risk management, control and governance for 2024/25. The 2024/2025 AGS is based on the existing governance framework and provides assurance of arrangements that were in place in the previous year, whilst noting that those arrangements are under Welsh Government review. The draft AGS had been submitted to the Trust's governance team in May as requested in order to inform the Board's effectiveness review and again in June. The document had been shared as a draft to the Partnership Committee in May, now to the Audit Committee and would go back to the Partnership Committee in July for completeness in case of any amendments requested to the original draft. MB challenged the timeline stated in the cover paper. He reported that the Trust's Effectiveness Review meeting of 8 May had been postponed and the Statement had not been presented at the later date scheduled. Therefore,	

	he proposed that it was inaccurate to say that the AGS had been approved by the Trust as was his interpretation of the cover paper. He suggested that the AGS be noted by the Committee therefore, as it had not been formally approved via the Trust's governance procedure. AR stated that it would be helpful to understand why the Statement had not progressed through the Trust's governance process as in previous years. The document had been made available in advance and had been presented to the Partnership Committee. MB replied that AR would need to speak to the Trust's corporate team to clarify the reasoning, but the Statement had not been included on the agenda. He suggested that the Chief Executive Officer of the Trust would have to convey his reasoning personally. JQ re-iterated that the NWSSP had shared the Statement as requested and had complied with the timeline. GJ agreed that the Statement had not been approved at the proposed meeting and so had not been formally approved by the Trust. VM enquired around the Risk Appetite Review. The AGS stated that the Partnership Committee had approved it in November 2024 and she asked if it had reverted to the Audit Committee and if so, suggested that it would be useful to reference this point. GJ replied that it was meant to revert to the previous Audit Committee meeting in May but had been deferred as JQ and NG had not had the opportunity to discuss it. It was a matter arising for the action log and the deadline was October. SH referred to page 1 of the cover paper, which described the timeline for approval – firstly by NF, and secondly, by endorsement of the Partnership Committee with final approval by the Audit Committee. The timeline did not show a date when the AGS had been endorsed by the Partnership Committee and suggested that following the Audit Committee, it should progress to the Partnership Committee for noting on 17 July. He was wary of approving a document which did not appear to have followed its own procedure. He acknowledged that Simon Dean's review may align with the procedure taken, but equally, it may not align with the findings. AR replied that the AGS had been presented to the Partnership Committee in May, to then share with the Trust, to help inform the assurances required to sign off the Annual Accounts processes. It would then be re-presented to the Partnership Committee in July with any requested amendments from the Trust. No feedback had been received however, from the Trust so AR would need to confirm with Partnership Committee members for completeness that there had been no changes made since the version they endorsed in May other than the inclusion of information not available at the time of the earlier draft. AR stated it was important to understand why the AGS was not considered by the Trust in the same way as in previous years, as Welsh Government had made clear that the existing governance arrangements remained in place until the outcome of the Review was known. She agreed that members should note the AGS, rather than approve it, and re-iterated that it was not a legal requirement, but it is another form of assurance.	
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	NF agreed, reporting that the same process had been followed for a decade. He stated that Judith Paget's letters were unequivocal, detailing that the usual procedures were to apply until, at least, the outcome of the review. NF agreed that members should note the Statement, and it would be presented to the Partnership Committee with no amendments from the version presented in May other than the inclusion of information not available at the time of the earlier draft. VM referred to her earlier point regarding the necessity for more effective communications. She suggested Partnership Committee members would need to understand why the Statement had not been included in the papers to be considered by the Trust Board. Feedback on the reasoning behind the decision was required by Audit Committee members and Partnership Committee members. She disagreed with SH and felt that the Statement should be approved by Audit Committee members, as was the usual procedure. MB reiterated his observation that the Statement could not be said to have been approved by any committee of the Trust. JQ advised that the Statement was not made in isolation and was a culmination of assurances provided during the year and in previous years which should have been very familiar to the Audit Committee and Shared Services Partnership Committee from preceding documentation. AR suggested amending the cover paper to include the words: 'the Governance Statement was submitted to the Trust but was not approved'. GJ stated that the Effectiveness Review had not received the AGS in that format but had relied on letters of assurance. MB suggested that AR meant that the AGS was shared with officers at the Trust but was not presented to the Board as part of its effectiveness review. GJ acknowledged that there was no legal obligation to provide the AGS and suggested removing it from the agenda for re-presentation in October. NF disagreed and suggested that it should be either approved or noted. GJ stated that if it was noted, it would require supporting comments as to why it had not been approved, which would be presented to the Partnership Committee on 17 July. GJ summarised his comments as follows: • The AGS had not been approved by the Trust Board. • The AGS had been shared with Trust officers but was not presented to the effectiveness review meeting of the Board . No comments had been received from Trust officers. It would be helpful for officers to be clear on the process going forward. • The Welsh Government Review was relevant, and it should be stated that some of the arrangements referred to in the AGS may need revisiting following the outcome of the Review. NF pointed out that the AGS was relevant to 2024/25 and earlier years and not to future arrangements, which was the subject of the review. He	
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	suggested that the AGS was shared on 8 May, but it had not been considered by either the officers or the Board. GJ asked that the cover paper be amended. The recommendation would then be that the Audit Committee was asked to note the NWSSP Annual Governance Statement 2024-25, subject to comments not having been received from the Trust Executives or the Trust's Board on its contents. SH was satisfied with the above direction but stated that his observation had not been addressed – namely that on page 1, the text inferred that the Statement would progress to the Partnership Committee <i>once approved</i> by the Audit Committee. He asked what authority the Audit Committee had to approve the Statement. JQ confirmed that the Annual Governance Statement was presented to the Shared Services Partnership Committee at its meeting on 22 May 2025 for noting and comment. Following its subsequent presentation to the Audit Committee, the Statement will be returned to the Shared Services Partnership Committee on 17 July 2025 for noting. Action: JQ to amend the cover sheet for Item 6.1: Annual Governance Statement 2024/2025. GJ asked CW to draft the relevant points above. Action: CW to draft the points agreed by members around the Annual Governance Statement 2024/2025. The Committee therefore NOTED the Annual Governance Statement, subject to the conditions listed above, rather than extending their approval.	JQ CW
6.2	Audit Committee Annual Report 2024/2025 (GJ) GJ stated that the Welsh Government's Governance Review did not feature in the report as this was announced in April 2025 after the relevant reporting period. The Committee NOTED the Annual Report.	
6.3	NWSSP: Contracting Expenditure (AR) AR stated that this first report referred to NWSSP's own expenditure and more narrative had been included. Internal arrangements had been strengthened earlier in the year and colleagues were aware that Procurement should be the first port of call for purchasing. There was one exception to highlight, namely Cooke and Arkwright, as authority had not been given to use the company at Matrix House and that commitment had now been put right albeit retrospectively. There were two updates on gifts and hospitality which arose in the previous quarter. VM agreed with AR in terms of good progress. AR acknowledged Gemma Roscrow and the Procurement team including the Network75 students involved.	

	The Committee NOTED the report. All Wales: Contracting Expenditure (AR) JI had added additional narrative in order to clarify several points raised in previous meetings. He provided a definition of 'briefing' (intent to commence procurement) and 'ratification' (post procurement stage where approval is sought). GJ referred to page 2 of the report and noted that approvals for All Wales contracts were sought and obtained through each NHS organisation's own governance arrangements prior to approval/noting by Welsh Government. Under the existing governance arrangements Welsh Government approve the All-Wales contracts >£1M. GJ understood that this was a point of contention between the NWSSP and the Trust which may or may not be resolved within the Welsh Government review, as the Trust had raised concerns about contracts in its name not requiring Trust approval e.g., the influenza contract. MB and GJ thanked JI for collating the report and both found it useful. JI confirmed that the fact that the All-Wales contracts were approved by the individual organisations under their approvals process, meant that any change to that contract would require the organisations to be involved in the amendment. GJ proposed to amend the recommendation to say that the Committee was asked to note the All-Wales contracting activity in Appendix A, on the understanding that there would be ongoing debate regarding the extent to which the contracts needed to be approved by Velindre as the contracting party. JI stated that current contracts were live and already approved and would retain that status. They also complied with the 2023 Procurement Act. He advised that there was no doubt about the validity of those contracts. AR agreed with JI that it was important to make clear there was no legal ambiguity around those contracts already in existence which had been approved correctly under the existing governance arrangements. GJ stated that the qualification he proposed would only be known after publication of the minutes of the Audit Committee meeting and he hoped that at that stage, the governance issue would have been resolved. JI clarified that the contracts listed as ratified in Appendix A would have commenced with the Trust as the authority, and some of those listed under briefing papers may also have commenced. He stated that it was important to understand that those contracts which had begun their pathway in the briefing process would be taken forward under the existing governance arrangements. He would not support any pause in the process for existing contracts. JI explained the situation with the influenza vaccines contract. Board approval was required for the purchase orders arising from the contract. The contract was for the supply and delivery of the influenza vaccines and	
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	was a national contract which had progressed through the approval processes and was approved by Welsh Government. The contract itself did not require approval by the Trust Board. MB related that it was a similar issue with major capital schemes. A separate scheme of delegation was required as the contract had been approved previously. SH said although this was his first Audit Committee he understood the difference between the different contract approvals. The Committee NOTED the All Wales Contracting Activity in Appendix A.	
6.4	NWSSP Corporate Risk Register (JQ) JQ stated that the Register had been subject to a detailed review by the Senior Leadership Group. The cover paper itemised the amendments. The Committee NOTED the NWSSP Corporate Risk Register.	
6.5	Tracking of Audit Recommendations (JQ) JQ reported that there were no overdue recommendations, but there was one dependent on a third-party organisation. Where extensions had been granted, details had been included to show how the recommendation was closed. The Committee NOTED and APPROVED the Revised deadline for the one PCS recommendation.	
6.6	Gifts, Hospitality and Sponsorship and Declarations of Interest Annual Report 2024/2025 (JQ) JQ presented the annual report, as progressed to each Audit Committee. There was very little change year on year. Declarations made by Senior Leadership Group were captured and all staff completed an ESR declaration. JQ stated that there were plans in place to improve the Pharmacy figure shown in the table. GJ noted that CTES was shown at 83% and Finance at 87% and was surprised that Finance was a low percentage. JQ stated that 100% was always difficult to achieve. GJ also noted that the Medical Examiners' Service showed at 71% which was also disappointing. The Committee NOTED the Report. Members also NOTED the progress of the conflict of interests, the summary of gifts hospitality and sponsorship and the Senior Leadership Group and Chair declarations.	
7. ITEMS FOR INFORMATION		
7.1 7.2 7.3	Welsh Language Annual Report 2024/2025 Information Governance Annual Report 2024/2025 Forward Plan of Business 2025/2026 VM appreciated the layout of the Information Governance report. The Committee NOTED the above items for information.	

	SH thanked managers for an excellent set of papers. GJ acknowledged that relationships within the Audit Committee and NWSSP Team had always been effective, with involved discussions and outcomes.	
8. ANY OTHER BUSINESS - BY PRIOR APPROVAL ONLY		
8.1	There was no other business to discuss.	
9. DATE/TIME OF NEXT MEETING		
9.1	The next meeting would be held in person at IP5 in Newport on: • Friday 7 November 2025, from 10-12pm	

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Actions arising from the meeting held on 8 July 2025				Action by
2.1	NF	Managing Directors Update <i>For the IMTP to be presented at the next Audit Committee meeting.</i>	Complete and on agenda An update on progress regarding the delivery of the Integrated Medium-Term Plan is on the agenda.	7 November 2025
5.2.1	JI	Procurement Capital Equipping <i>To provide Independent Members with context and details of respective Schemes of Delegation for Health Boards, Trusts and Special Health Authorities, as facilitated by NWSSP Procurement Services, in accordance with, Standing Orders and Standing Financial Instructions.</i>	Complete NHS Wales organisations have confirmed that individual Schemes of Delegation are embedded within Oracle and are subject to a formal approval process, with oversight provided by respective local Audit Committees.	7 November 2025
6.1	JI	Governance Matters <i>For the Director of Procurement Services to develop a training tracker to identify when and what services have received training in contract management.</i>	Complete Procurement Services have contacted divisions within NWSSP to attend their next training session/team meeting to run further procurement awareness sessions including contract management.	7 November 2025
1.5	JI	Matters Arising <i>The VUNHST Director of Finance inquired about the possibility of organising Procurement training sessions for the VUNHST EMB, the new Velindre Cancer Services Divisional Board, and the Welsh Blood Service. JI would coordinate with the team internally, and training will be provided according to capacity and demand.</i>	Complete Procurement Services to attend the Velindre University NHS Trust's Executive Management Board on 22nd December 2025 to present a procurement awareness session including contract management.	7 November 2025
6.2	JQ	Corporate Risk Register <i>To present the Risk Appetite paper that was developed and agreed by the Shared Services Partnership Committee, to the Audit Committee meeting scheduled on 15 April 2025.</i>	Pending Review On hold pending the outcome of the Welsh Government review of Accountability and Governance Review.	10 February 2025
1.4	DD/GJ	Minutes of the last Meeting Held on 5 February 2025 <i>To confer with the Chair regarding amendments to the minutes of the Audit Committee meeting held on 5 February 2025.</i>	Complete No further amendments received.	7 November 2025

1.5	JQ/NG	Matters Arising <i>To amend the classification of Action 6.2 to amber. The Interim Director of Corporate Governance at Velindre NHS Trust, will liaise with NWSSP's Assistant Director for Corporate Services to discuss the Trust's risk policy review to ensure alignment.</i>	In progress NG and JQ have met and shared documentation and will continue to liaise as the Trust policy review continues with a planned completion date of the end of December 2025.	31 December 2025
2.1	NF	Managing Directors Report <i>For the NWSSP Medical Director to provide an update to the Velindre University NHS Trusts, Quality, Safety and Performance Committee around the changes to procedures and the challenges faced.</i>	Complete RA provided an update to the Quality, Safety and Performance (QSP) Committee during its meeting held on 14 July 2025.	7 November 2025
3.2	SW	Audit Wales Assurance Arrangements <i>To present the Management Letter regarding the Assurance Work conducted at NWSSP, including any recommendations, at the next Audit Committee meeting.</i>	Complete and on agenda	7 November 2025
4.3	SC	Draft Internal Audit Annual Plan and Charter 2025-26 <i>The Chair directed that a note be added to the 2025/26 Annual Internal Audit Plan to inform readers that it may be subject to changes following the governance review, and that the Charter would also be updated accordingly.</i>	Pending Review To review the Internal Audit Plan and Charter following the outcome of the Accountability and Governance Review to determine if any changes are required.	10 February 2025
6.1	AR	Governance Matters <i>Discussion took place on the arrangements surrounding Framework Agreements in general terms, using the example of the Agency Framework Agreement reported to the Committee in the Governance Matters report in May 2025.</i> <i>To revert to the Audit Committee in July 2025 with assurance surrounding the Agency Framework Agreement.</i>	Complete AR has spoken with Jonathan Irvine, Director of Procurement Services to confirm that under the current governance arrangements All-Wales Framework Agreements are established by NWSSP on behalf of each of the participating NHS Wales Organisations. Each participating Organisation secures their respective Board's approval prior to the award of the Framework Agreement. The Contracting Authority for each of the discrete contracts entered into under the Framework Agreement (through direct call off or further competition), is the individual Organisation. A Framework Agreement sets the terms for the establishment of future contracts but is not in itself a legally binding commitment to purchase. As such, the correct approval process for establishing the Framework Agreement is through each "future contracting authority's" Board approval process	7 November 2025

			i.e. through the Organisations, themselves (including Velindre Trust, where they are a named participant). There is therefore no requirement for Velindre University Trust Board to hold/reserve the authority for what would be a secondary approval of a Framework Agreement that has already been approved by each of the participating Organisation's Board, or any subsequent contractual agreements entered into using the Framework Agreement. The current arrangements in relation to the governance of All Wales Frameworks Agreements and all matters pertaining to their operation are considered appropriate.	
4.3.3	AR	Decarbonisation Follow-up Review <i>To check if the level 1 decarbonisation training had been delivered by 30 June as the report had been written prior.</i>	Complete Services were asked to confirm staff numbers of those required to complete Level 1 (ESR Net Zero) and Level 2 (Face-to-Face) training. Responses varied across services. Three services require Level 1 training for 91 staff; 57 have completed to date. Efforts remain ongoing to increase uptake. Overall ESR Net Zero completions in NWSSP have risen significantly from 34 in May 2025 to 153 in September 2025. Monitoring continues, with further promotion planned, including during Wales Climate Week in November. Level 2 training is identified for 25 staff, with completion expected by 31 March 2026. Carbon Awareness and Decarbonisation Action Plan content is now part of new starter induction. Since 1 April 2025, 76 new staff have completed this induction.	7 November 2025
4.3.4	AR	Contact Management Final Advisory Report <i>To include Contract Management as an agenda item at the next Directors of Finance Meeting.</i>	Complete SC and JI presented an update on the Contract Management position during the Directors of Finance meeting on 24 October 2025, outlining common themes and proposed next steps.	7 November 2025
4.3.1	JQ	Stock Order Approvals <i>To ensure add the stock control procedure recommendation is</i>	Complete All recommendations arising from the internal	7 November 2025

		<i>added to the Audit Tracker with an appropriate target date.</i>	audit reports presented at the July meeting have been added to the Audit Recommendation tracker with an appropriate target date of 31/12/2025 and they will continue to be monitored. for monitoring purposes.	
6.1	JQ	<i>Annual Governance Statement</i> <i>To amend the cover sheet for Item 6.1: Annual Governance Statement 2024/2025.</i>	Complete Cover paper has been amended to Note as opposed to Approve.	7 November 2025

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MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	7 November 2025
PREPARED BY	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services, NWSSP
PRESENTED BY	Neil Frow OBE, NWSSP Managing Director
RESPONSIBLE HEAD OF SERVICE	Neil Frow OBE, NWSSP Managing Director
TITLE OF REPORT	NWSSP Managing Director's Update
PURPOSE To update the NWSSP Audit Committee on recent developments within NWSSP, since the last meeting which took place on 8 July 2025.	

Introduction

This paper provides an update into the key issues that have impacted upon, and the activities undertaken by, NWSSP since the date of the last meeting in July 2025.

Governance

Since the last meeting of the Committee the Welsh Government review of accountability and governance arrangements was completed by the reviewer and we await the outcome.

Welsh Risk Pool (WRP) Committee

The WRP Committee has met twice since my last report to the NWSSP Audit Committee, on 22 July and 23 September 2025. The Shared Services Partnership Committee regularly receives a comprehensive update after each WRP Committee meeting, accordingly.

Finance

NWSSP reported a year-to-date surplus of £3.102m at Month 6, which primarily relates to a sustained high level of vacancies across a number of our services. This surplus is reported after covering the pro-rata year-to-date Employers' National Insurance funding shortfall of £0.372m. There is a monthly savings target of £0.062m for Months 7–12 to continue to cover this £0.744m funding gap in full during the financial year. An element of this National Insurance funding has only been provided non-recurrently in 2025/26, so there will remain a recurrent pressure



within our financial plan in excess of this value, although the recurrent/non-recurrent split is not yet known to quantify this.

At Month 6, we continue to forecast that our health protection funding allocation will be fully utilised during the financial year. However, we have noted that we will need to work through the actual costs of the vaccination service and the wider implications of the Personal Protective Equipment (PPE) stockholding policy, and how this impacts our anticipated costs this year. We will liaise with Welsh Government regarding this allocation when we have more information to estimate our 2025/26 expenditure. We continue to await confirmation of the 2025/26 pay award funding, estimated at £3.927m.

Transforming Access to Medicines Service (TrAMs) Programme

South East Radiopharmacy

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

South East Hub

The Outline Business Case (OBC) version 1.1 was approved by the Shared Services Partnership Committee on 17 July 2025 and all Health Board/Trust internal governance was completed by 31 July 2025. The Cabinet Secretary for Health and Social Care approved the OBC version 1.1 on 1 September 2025. Fees for the detailed design of the facility and development of the Full Business Case (FBC) have now been approved and a funding letter has been received from Welsh Government which will allow us to develop the Final Business Case (FBC) for Shared Services Partnership Committee approval.

South West Hub

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

North Wales Hub

Discussions have started with Betsi Cadwaladr UHB on the options available in North Wales with a view to accelerating delivery of TrAMs in North Wales by repurposing existing infrastructure. This will deliver a Regional Hub and addresses patient safety



and service resilience concerns, particularly in relation to the production of systemic anti-cancer therapies quicker than currently planned.

Behind the Scenes of the NHS Wales Influenza Vaccination Programme

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

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

Senior Appointments

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

Laundry Service

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

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

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



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

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

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

Primary Care and Medical Examiner Service

Following the successful launch of the Primary Care Workforce Intelligence system we continue to work with Health Boards, Welsh Government and other key stakeholders and end users, to continue to enhance user experience. We are focusing on data management arrangements with regular engagement and demo sessions to support these requirements.

Within the Medical Examiner Service, winter surge plans are in place. Additional winter sessions have been secured and recruitment to full establishment is completed with all staff fully trained. Regular reports are now generated which are shared with Welsh Government and Medical Directors to help identify areas of improvement and best practices across the complete pathway. The Schedule 5 Notice previously issued by a Coroner in North Wales has been revoked.

Accommodation Update

Following staff relocation to Matrix House under an Organisational Change Policy, Unit 25 Samlet Road will be transferred to Welsh Ambulance NHS Trusts (WAST). Although the lease runs until 2031, a break clause in 2026 was considered, aligning with WAST's strategic interest in acquiring the site. Under the proposed arrangement, NWSSP will continue covering rent and maintenance until March 2026, after which WAST will assume responsibility for dilapidations. The lease transfer will be formalised via a Deed of Assignment from 25 March 2026.

Personal Protective Equipment (PPE)

A project group and respective sub-groups have been established to implement the policy decision including procurement, storage and distribution arrangements for PPE. There are a number of PPE items require purchase, and work is ongoing to secure these stocks which we estimate will cost £2.5m. We are in discussions with



Welsh Government regarding cash support for these purchases and ongoing funding requirements. Due to changes in the requirements of Welsh Government regarding what NWSSP is to hold for PPE resilience. It is expected that the PPE Service Level Agreement will be taken to the Shared Services Partnership Committee in November. A paper on the arrangements we are putting in place was reported at the Shared Services Partnership Committee meeting in October.

Decarbonisation

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

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

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

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

Neil Frow OBE
Managing Director, NWSSP
October 2025

Management Letter - NHS Wales Shared Services Partnership

Audit year: 2024-25

Date issued: October 2025

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This document has been prepared as part of work performed in accordance with statutory functions.

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The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

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Our work did not identify any issues concerning the services provided by the NHS Wales Shared Services Partnership (NWSSP) and we were able to provide positive assurances to NHS external audit teams on the activities of NWSSP for accounts opinion purposes.

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Summary report

Introduction

- 1 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2025.
- 2 The audit teams of each individual health body are responsible for undertaking audit work to enable the Audit General to provide his opinion and in doing so they determine the audit and assurance work required on the services provided by the NHS Wales Shared Services Partnership (NWSSP). This audit assurance work is undertaken by the Velindre University NHS Trust audit team.
- 3 We presented a paper to the May 2025 NWSSP Audit Committee – 2024-25 Audit Assurance Arrangements – setting out the external audit assurance work that would be undertaken on the various services provided by the NWSSP to the NHS bodies across Wales.
- 4 In this report we outline the findings identified from this work in respect of:
 - Primary Care Services (NWSSP – PCS);
 - Employment Services (NWSSP – ES);
 - Procurement Services (NWSSP – PS); and
 - Legal and Risk Services (NWSSP – LARS) which includes Welsh Risk Pool Services (WRPS).
- 5 A separate report is produced detailing the findings from our review of the nationally hosted NHS IT Systems.

Issues arising from the audit

- 6 Our work did not identify any issues that prevented auditors relying on services provided by NHS Wales Shared Services Partnership (NWSSP).
- 7 The scope of our work and our high-level findings in respect of each of the services subject to our review are outlined below for information.

Primary Care Services (PCS)

- 8 Local Health Board audit teams planned to place reliance on specific key controls within the general medical services (GMS) and general pharmaceutical services (GPS) systems. We therefore documented and evaluated the controls in place for these systems and also completed testing upon the GMS controls.
- 9 The controls tested were found to be operating effectively overall and could therefore be relied upon by local NHS audit teams.

Employment Services

- 10 Our assurance work focussed on the assessment of the:
- the key controls within the payroll system operated by NWSSP for the two teams located within Companies House; and
 - the arrangements in place concerning the Single Lead Employer payroll including how NWSSP recharges NHS bodies for these costs.
- 11 No issues were identified from this work.

Procurement and Accounts Payable Services

- 12 Our assurance work focussed on the approval arrangements in respect of contracts exceeding £1 million, awarded by the Procurement Unit in NWSSP. We found no cases of contracts exceeding £1m being awarded without Welsh Government approval.
- 13 We also considered and documented the key controls within the accounts payable system operated within NWSSP. There are no issues to report to NWSSP concerning this work.

Legal and Risk Services (LARS)

- 14 The local audit teams at each NHS body need to consider ISA 500 – Audit evidence – to assess the adequacy of NWSSP's Legal and Risk Services as a management expert for the purposes of their audits. To support this, we considered the arrangements in place at NWSSP against the requirements of ISA 500. Based on the work undertaken, we did not identify any issues that would prevent auditors relying on NWSSP – LARS's work as a management expert.

Recommendations

- 15 There are no recommendations arising from our 2024-25 work.



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Date issued: October 2025

Audit Wales update for the NWSSP Audit Committee – November 2025

Introduction

- 1 This document provides the NWSSP Audit Committee with an update on current and planned Audit Wales work, together with information on the Auditor General's recent publications together with the work of our Good Practice Exchange (GPX).

Audit & Assurance work update

- 2 Our assurance work for 2024-25, to support NHS external audits, is complete and we have provided assurances to the NHS audit teams. Our related report summarising our conclusions has been issued, as a separate document, to this Audit Committee meeting.
- 3 Our 2025-26 assurance work will commence early in 2026.

General Audit Wales Update

- 4 Other areas of Audit Wales activity of potential interest are outlined below for your information.
- 5 For latest news and updates you can also [subscribe to our newsletter](#).

Good practice events and products

- 6 We continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research. Up to date details of future events are available on our GPX [webpages](#).

Recent Audit Wales Publications

- 7 The following national reports and outputs have been published since the last update paper:

Title	Publication Date
<u>NHS finances data tool 2024-25</u>	September 2025

- 8 For information we have also published our 2024-25 Annual Report and Accounts and the job advert for the new Auditor General has also recently been issued.

Briefing Note

National Fraud Initiative 2024-25: update for NHS Wales Shared Services Partnership

About the National Fraud Initiative

- 1 The National Fraud Initiative (NFI) is a biennial UK-wide counter-fraud exercise. It helps prevent and detect fraud by electronically sharing and matching data sets. **Appendix 1** provides further information on how the NFI works.
- 2 In Wales, the NFI operates under the Auditor General's statutory powers. Participation is mandatory for unitary local authorities, NHS bodies, police forces, and fire and rescue authorities. Participating on a voluntary basis in the latest exercise are the Welsh Government, some Welsh Government arm's length bodies (Natural Resources Wales, Arts Council of Wales, Sport Wales, National Library of Wales, Transport for Wales), and South East Wales Corporate Joint Committee.
- 3 This briefing note provides an update on the latest NFI 2024-25 exercise at a national level and as at 31 July 2025. It also provides some local level data for your organisation, although we are encouraging those charged with governance to seek further local detail from lead officers.

Data submission for 2024-25

- 4 The NFI 2024-25 exercise is underway. Participants submitted data for the biennial batch data matching exercise in October 2024. This included data on housing benefits, housing tenants and waiting lists, blue badge parking permits, licences, and various payments such as creditor payments, payroll, and pensions.
- 5 The UK Public Sector Fraud Authority released most data match reports to participants by the end of December 2024. Council tax and electoral register data are submitted annually. The most recent deadline for submitting this data was February 2025.
- 6 Supplementary data runs take place during the exercise to process new, incomplete or missing data submissions. For example, progress is being made to amend the Public Audit (Wales) Act 2004 through a Legislative Reform Order which will enable the NFI to resume the matching of adult social care data during the NFI 2024-25 exercise.

National update

Data matches and investigation

7 To date, almost 440,000 data matches have been identified for the Welsh NFI 2024-25 exercise participants. **Exhibit 1** shows that most of these matches are for unitary authorities and health bodies.

Exhibit 1: NFI 2024-25 Welsh participant data matches by type of organisation, at end of July 2025

Type of organisation	Number of data matches	% of data matches
Unitary authority	373,114	84.9
Health	50,409	11.5
Police	2,641	0.6
Fire and rescue	740	0.2
Other	12,749	2.9
Total	439,653	100.0

Source: Audit Wales analysis of NFI web-application data

Note: % total does not match the sum of the parts due to rounding.

- 8 Data matching identifies potentially fraudulent or erroneous claims and payments. No assumption can be made about whether there is fraud, error, or another explanation until an investigation is carried out. There can, for example, be false positives around creditor payments if bodies are deliberately making staged payments of the same amount.
- 9 We recognise it is not practical to investigate all data matches, particularly for bodies with large numbers of matches. Bodies are encouraged to take a risk-based approach to assessing data match reports and deciding what type of, and how many, data matches they review.
- 10 By the end of July 2025, five participating bodies had not yet closed any data matches. Some participants are making good progress with reviewing NFI 2024-25 data matches, while others have made limited progress.
- 11 **Exhibit 2** shows the total number of data matches for each data match area. It also shows the number of data matches closed in a data match area, along with the number of participants that have matches in that area.

The absence of closed matches indicates that the participant has not reviewed any matches in that area.

Exhibit 2: NFI 2024-25 Welsh participant data matches processed and closed, at end of July 2025

Data match area	Data matches	Data matches closed	Participants with data matches	Participants with no closed statuses for their matches
Council tax single person discount	198,146	5,385	22	11
Creditors	187,228	19,791	48	16
Council tax reduction scheme	16,578	3,547	22	1
Blue badges	10,377	5,849	22	3
Payroll	8,150	1,705	46	6
Housing waiting lists	6,359	1,392	18	5
Housing tenants	4,636	879	11	2
Pensions	2,962	1,098	12	4
Resident parking	2,405	2,368	8	1
Procurement	1,985	400	42	28
Housing benefit	826	483	22	2
Taxi drivers	1	1	1	0
Total	439,653	42,898	49	5

Source: Audit Wales analysis of NFI web-application data

Note: After risk assessing data match reports and any subsequent investigations, each data match should be 'closed' and given a match status. There are a range of 'closed' statuses. Matches not investigated should be given the status 'Closed – Not selected for investigation'. Assigning match statuses to data matches can be done individually or by bulk selection.

Outcomes

- 12 Welsh participants recorded outcomes of £4.7 million for the period 1 April 2024 to 31 July 2025. **Exhibit 3** shows which matching process the outcomes relate to.

Exhibit 3: Welsh participant reported NFI outcomes, 1 April 2024 to 31 July 2025

NFI exercise	Outcomes (£s)
NFI 2024-25 biennial exercise	1,719,037
Late savings from the NFI 2022-23 biennial exercise	867,157
Annual council tax data matching exercises	2,080,831
Total	4,667,025

Source: Audit Wales analysis of NFI web-application data

Note: Outcomes are made up of (i) actual amounts participants have recorded as fraud or error; and (ii) estimated elements which seek to capture the value of loss from a fraud or error detected, and the value of any future losses that bodies may have incurred without intervention following an NFI match. Most datasets have a methodology to calculate estimated savings. All methodologies are reviewed by the Cabinet Office’s NFI Governance Board and approved by the Cabinet Office’s Fraud Prevention Panel.

Local update

- 13 Data matches are released in data match reports. Each report has a different purpose and compares data from two or more datasets. The reports are broken down into dataset types: for example, housing benefit, payroll, or creditors.
- 14 An organisation’s risk assessment of the data match reports should determine the types and numbers of data matches to be investigated. To aid risk assessment, the NFI web application flags some data match reports as ‘key reports’ with historically high success rates in identifying fraud or error. Also, most individual data matches are assigned a fraud risk score.
- 15 **Exhibit 4** shows the total number of data matches identified for NHS Wales Shared Services Partnership, along with those recorded in key reports. **Appendix 2** provides some further analysis of these data matches by fraud risk score.

Exhibit 4: NHS Wales Shared Services Partnership’s NFI 2024-25 data matches, at end of July 2025

Data match area	Data matches in all reports	Data matches in key reports with historically high success rates
Payroll	391	364
Total	391	364

Source: Audit Wales analysis of NFI web-application data

Note: Council tax single person discount data match reports are not formally designated as ‘key reports’ but are treated as such in practice.

- 16 Various factors can influence which data match reports are reviewed and when this takes place. For example, an organisation may prioritise looking at data match reports linked to areas where it has concerns about internal controls or where there is a history of fraud or error. Also, local resourcing will dictate the pace of progress. For these reasons, this general update does not provide further detail on where processing work and outcomes are recorded by your organisation at this stage.
- 17 The NFI web application features a dashboard and provides various reports on outcomes and processing activity. We encourage those charged with governance to seek more detailed updates on processing work and outcomes recorded from their NFI Senior Responsible Officer and NFI Key Contact.

Future Audit Wales work

- 18 For this NFI exercise we will carry out a high-level assessment of participants’ governance and follow-up arrangements. We will engage with bodies over the autumn/early winter to consider issues covered in our NFI self-appraisal checklist.¹ We will also analyse the risk assessment and data match processing work carried out, and the outcomes recorded by participants, as reflected in the NFI web application.

¹ In December 2024, we shared the updated checklist with NFI senior responsible officers and key contacts. We encouraged all bodies to complete it and share it with those charged with governance.

- 19 This work will help us understand the factors influencing the outcomes reported by individual bodies and the variations between them. Findings from this assessment will inform our next national report in autumn 2026.

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Appendix 1 – The National Fraud Initiative

The NFI uses data matching to detect and prevent fraud. It electronically compares sets of data against other records held by the same and other bodies, to see to what extent they match.

The data matching flags anomalies or inconsistencies that indicate potential fraud or error. Indicators of potential fraud are reported to the participants, who are responsible for following up these matches.

The effectiveness of the NFI depends on the thoroughness of the assessment and investigation of matches and recording of outcomes.

Bodies record the outcomes in the NFI web application. Each participant body has a nominated Senior Responsible Owner and Key Contact for the NFI, who in some cases may be the same individual.

The UK Public Sector Fraud Authority, part of the UK Government's Cabinet Office and HM Treasury, oversees the NFI across the UK. Audit Wales leads the exercise in Wales under the Auditor General's powers in the Public Audit (Wales) Act 2004. The Auditor General's Code of Data Matching Practice summarises the key legislation, and controls, governing the exercise in Wales.

We published a report on the outcomes from the 2022-23 NFI exercise in October 2024. Reports on the NFI for other parts of the UK are produced by the Public Sector Fraud Authority, Audit Scotland, and the Northern Ireland Audit Office.

There is no direct cost to participants for taking part in the exercise. Audit Wales receives funding, through the Welsh Consolidated Fund, to pay for bodies to participate in the NFI. This covers the central data matching processing for the biennial exercise, as well as the annual exercise for council tax and electoral register datasets. This remained the case for the NFI 2024-25 exercise. The main costs to participants are, therefore, the resources used to submit data and conduct follow-up work once data matches are released.

Appendix 2 – Analysis of data matches by fraud risk score for NHS Wales Shared Services Partnership

The NFI assigns a fraud risk score of very high risk, high risk, or medium risk to most, but not all, data matches. This risk score is based on a combination of two factors:

- Risk logic – a set of criteria for each dataset combination that, when met, indicates a fraudulent outcome is more likely to occur.
- Footprint score – the number of times an individual in a match appears at the address across all NFI data. It is an indicator of whether that person resides at that address.

Exhibit 5 and **Exhibit 6** provide further analysis of NHS Wales Shared Services Partnership's data matches by risk score for data matches in all data match reports and those in key reports. This analysis builds on **Exhibit 4** in the main body of this briefing note. Not all data matches are formally assigned a risk score. Council tax single person discount data matches and matches in key reports that are not formally assigned a risk score should generally be treated as 'very high risk' in practice.

Exhibit 5: NHS Wales Shared Services Partnership’s NFI 2024-25 data matches by risk score for data matches in all reports, at end of July 2025

Data match area	All data matches	Very high risk	High risk	Medium risk	No risk score
Payroll	391	54	63	128	146
Total	391	54	63	128	146

Source: Audit Wales analysis of NFI web-application data

Exhibit 6: NHS Wales Shared Services Partnership’s NFI 2024-25 data matches by risk score for data matches in key reports, at end of July 2025

Data match area	All data matches	Very high risk	High risk	Medium risk	No risk score
Payroll	364	54	44	120	146
Total number of data matches	364	54	44	120	146

Source: Audit Wales analysis of NFI web-application data

Nationally Hosted NHS IT Systems – NHS Wales Shared Services Partnership

Audit year: 2024-25

Date issued: September 2025

Document reference: 5109A2025

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Summary report

Summary

- 1 NHS bodies in Wales are responsible for preparing financial statements that give a true and fair view of the state of their financial affairs as at 31 March 2025. They must ensure that they are properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers. NHS bodies are also responsible for preparing Annual Governance Statements in accordance with guidance issued by HM Treasury and the Welsh Government.
- 2 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2025.
- 3 NHS Wales has a variety of arrangements in place to provide and support IT systems used for financial reporting purposes. Since June 2012, Velindre University NHS Trust (the Trust) has hosted the NHS Wales Shared Services Partnership (NWSSP) and is responsible for its governance and accountability.
- 4 This report covers the national NHS IT applications and infrastructure which NWSSP manages for use by other NHS organisations in Wales. These systems include the:
 - Prescription Pricing System (formerly known as the Community Pharmacy System) which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments. This system is used by the Prescription Services Team of Primary Care Services (PCS).
 - National Health Application and Infrastructure Services (NHAIS) or Exeter, used for communicating NHS demographics and to the FPPS for calculating primary care General Medical Services contractor payments. NHS Digital in NHS England manages and supports the NHAIS system software for use in NHS Wales. Digital Health and Care Wales (DHCW) manage and support the NHAIS IT infrastructure used in NHS Wales. NHAIS was decommissioned in July 2024.
 - Family Practitioner Payment System (FPPS) which is used calculating primary care General Medical Services (GMS) contractor payments, for example, the 'global sum' or 'capitation' payments for GP patient registrations. Northern Ireland NHS service manage and host the FPPS and the service is provided to NHS Wales under an service level agreement.
 - Oracle Financial Management System (FMS) is supplied by a third party called Version One and managed for NHS Wales by the Central Team e-Business Services (CTeS) within the NWSSP. The Oracle FMS is used by NHS Wales as the main accounting system for managing and producing the NHS accounts.
 - Electronic Staff Record (ESR) systems administration is the responsibility of each individual Local Health Board and Trust through delegated responsibility

passed to NWSSP via a Service Level Agreement (SLA). Payroll access by NWSSP Employment Services to process the payroll in Wales is managed in accordance with the Trust's ESR system access process. The ESR Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract.

- 5 International Auditing Standard (ISA) 315 requires us to obtain an understanding of the general IT and application controls of the financial systems used by NHS Wales. As part of the National Hosted NHS IT Systems audit plan, Audit Wales reviewed the above-mentioned systems during 2024-25 and followed up our prior audit recommendations in these areas. This work reviews the ICT environment and application controls that are applied to the National Hosted NHS IT Systems solely for the purposes of providing assurance for NHS audit opinions. We have taken the opportunity to identify actions that, in our view, would help NHS Wales improve its governance and use of these systems.
- 6 This work is undertaken to identify potential risks which may include:
- out-of-date and unsupported infrastructure;
 - access security arrangements that leave the system vulnerable to unauthorised access and attack;
 - loss or unauthorised access of data; and
 - change control procedures which are inadequate meaning that the system could be compromised or unavailable following the application of a new patch, upgrade or release of the database or the application software or infrastructure change.
- 7 We have therefore undertaken a review that sought to answer the question: **'Can auditors be assured that the IT system controls are such that financial values are likely to be free from material misstatement?'**
- 8 **We concluded that the IT controls applied to the Prescription Pricing, National Health Application Infrastructure, Family Practitioner Payment System, Oracle Financials systems and ESR Payroll systems administration managed by NHS Wales Shared Services, were sufficiently effective to allow financial auditors to take assurance that financial values produced by the systems for 2024-25 were likely to be free from material misstatement. However, NWSSP could strengthen some controls.**
- 9 In summary, the reasons for this conclusion are set out below:
- the Prescription Pricing System's controls support the production of information that is free from material misstatement;
 - the National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, system replacement was completed in July 2024;
 - The Family Practitioner Payment System's controls support the production of information that is free from material misstatement;

- the Oracle FMS's IT controls support the production of information that is free from material misstatement although some controls could be strengthened; and
- the ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement.

10 This report summarises the more detailed matters arising from our audit, our recommendations made from this year's audit and our follow-up of last year's recommendations.

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Detailed report

The Prescription Pricing System's controls support the production of information that is free from material misstatement

- 11 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Prescription Pricing System. However, we identified some issues that should be addressed by Primary Care Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2024-25, we have identified one recommendation to NWSSP for improvement. This is outlined below:
- amend the Prescription Pricing IT Disaster Recovery plan to now require an annual test, currently it is documented that it should be tested very two years. It is good IT practice, for example, guidance from the NCSC, to update and test IT DR plans on a regular basis, for example, at least annually.
- 12 NWSSP have made some progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the Prescription Pricing System agreed with Primary Care Services officers can be found in **Appendix 1**.

The National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, system replacement was completed in July 2024

- 13 We have identified no significant issues within the NHAIS system likely to result in a material misstatement. From our work in 2024-25 we have identified no new areas for improvement for NWSSP. Plans to decommission the NHAIS system were completed in July 2024 so prior year improvement actions recommended on NHAIS are no longer required.
- 14 NHAIS has been replaced by a number of other systems. NHS Digital have developed the Primary Care Registration Management System (PCRM) used for demographic registration and reporting to replace NHAIS demographics functionality for NHS England and Wales. In addition, DHCW have enhanced the Welsh Demographic System (WDS) for Welsh demographics. The WDS provides an interface into the Family Practitioner Payment System (FPPS) used for calculating the 'global sum' or 'capitation' payments for GP patient registrations.

The Family Practitioner Payment System's controls support the production of information that is free from material misstatement

- 16 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Family Practitioner Payment System. However, we identified some issues that should be addressed by Shared Services in order to minimise the potential for future application and infrastructure system risks. From our work in 2024-25, we have identified no new recommendations for improvement.
- 17 The Family Practitioner Payment System (FPPS) is developed and provided by the Business Services Organisation (BSO) in the Northern Ireland NHS. FPPS is managed by a specialist IT Services (ITS) department and supplied under a documented 'Services Agreement' with NHS Wales. FPPS is used in calculating primary care General Medical Services (GMS) contractor payments, for example, the global sum capitation payments. The FPPS has a Welsh specific IT environment or domain and we have covered those IT controls relevant to this, the majority of which operate at the BSOITS.
- 18 NWSSP have made progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the FPPS system agreed with Primary Care Services officers can be found in **Appendix 1**.

The Oracle FMS's IT controls support the production of information that is free from material misstatement although some controls could be strengthened

- 19 We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Oracle FMS. However, we identified some issues that should be addressed by the Oracle Central Team e-Business Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2024-25, we have identified one recommendation to NWSSP for improvement. This is outlined below:
- strengthen password requirements for the Oracle ledger system by aligning these with National Cyber Security Centre password guidance, for example, minimum of 12 characters minimum and non expiring.
- 20 NWSSP have made progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the Oracle FMS agreed with Shared Services can be found in **Appendix 1**.

The ESR Payroll's Shared Services system administration controls support the production of information that is free from material misstatement

- 22 The Electronic Staff Record (ESR) Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract. We have reviewed the ESR Payroll systems administration controls (payroll elements only) managed by NWSSP. This responsibility includes managing user access to the payroll system in Wales by the NWSSP Employment Services staff who process the Welsh NHS organisations' payrolls. In addition to seeking to place reliance on the International Standard on Assurance Engagements (ISAE) 3000 report of the IBM Service Auditor noted below, Audit Wales IM&T auditors have reviewed the controls in place over the ESR Payroll systems administration managed under a delegated authority by NWSSP, Employment Services.
- 23 We have not identified any significant IT issues likely to result in a material misstatement within these ESR Payroll systems' administration controls. From our work in 2024-25, we have identified no new recommendations for improvement.
- 24 We sought to place reliance on the ISAE 3000 report of the IBM Service Auditor, Grant Thornton, on the general IT controls applied at IBM. Grant Thornton conducted the review in accordance with the ISAE 3000 'Assurance Engagements Other Than Audits or Reviews of Historical Financial Information'. For the period 1 April 2024 to 31 March 2025, Grant Thornton concluded that the ESR payroll general IT controls and environment were overall suitably designed and operated effectively. Grant Thornton have issued an unqualified opinion on all of the control objectives covered in scope, no exceptions were noted or identified from their testing. Grant Thornton have made no recommendations for the NHS ESR Central Team and IBM to strengthen the IT controls used by the NHS ESR Central Team and IBM.
- 25 Further details of our findings and progress against actions for the ESR Payroll systems administration control agreed with Shared Services can be found in **Appendix 1**.

Recommendations

26 **Exhibit 1** sets out the recommendations that we have identified in 2024-25. NWSSP should take action to address these recommendations. The appendix to this report also sets out progress made against all the previously reported recommendations that remain in progress and ones that have been completed in 2024-25.

Exhibit 1: 2024-25 recommendations

Recommendations
Prescription Pricing System R 2024-25.01 Amend the Prescription Pricing IT Disaster Recovery plan to now require an annual test, currently it is documented that it should be tested very two years
NHAIS No IT recommendations raised in 2024-25 due to the system replacement in July 2024.
FPPS No IT recommendations raised in 2024-25.
Oracle FMS R 2024-25. 02 Strengthen password requirements for the Oracle ledger system by aligning these with National Cyber Security Centre password guidance, for example, minimum of 12 characters minimum and non expiring.

Recommendations

ESR Payroll system IT controls

No IT recommendations raised in 2024-25.

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Appendix 1

Issues and recommendations arising from the review of National Hosted NHS IT Systems in prior audit years and in 2024-25 – NHS Wales Shared Services Partnership

Exhibit 2: issues and recommendations from 2024-25

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
Prescription Pricing System – IT controls work						
2024-25 - 01	We identified during our fieldwork that the PPS IT DR plan includes a	Amend the Prescription	Medium	Yes	Nicola Phillips, Director of Primary Care	Management Response:

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	section that requires it to be tested every two years. It is good IT practice, for example, guidance from the NCSC, to update and test IT DR plans on a regular basis, for example, at least annually. This provides assurances that IT systems and data can be recovered appropriately in the event of a major continuity incident.	Pricing IT Disaster Recovery plan to now require an annual test, currently it is documented that it should be tested very two years			Services / Matthew Walters, Digital Service Manager, NWSSP Informatics	This recommendation was in part superseded by the failover when existing virtual servers were migrated from Companies House to Newport data. This is the same method NWSSP Informatics would use for DR if a primary site was to fail. Although NWSSP Informatics proved this process worked there are a few technicalities still needed to be put in place by the national

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
						networks team to allow seamless annual DR testing in the future which is in train. Target Date: 31 March 2026

Oracle FMS IT System – IT controls work						
2024-25 - 02	We identified during our audit fieldwork that the password requirements to gain access to the ledger are set at a minimum of 8 characters and expire every 180 days. These password requirements are currently not in line with latest guidance from the National Cyber Security Centre (NCSC) and other national guidance which recommends strengthening passwords by the use of longer passwords (for example, 12 characters) which are harder to guess or 'crack' with no need to change the password as frequently. The use of passwords which are harder to guess or crack reduces the risk of unauthorised access to systems and data.	Strengthen password requirements for the Oracle ledger system by aligning these with National Cyber Security Centre password guidance , for example, minimum of 12 characters minimum and non expiring.	Medium	Yes	Stuart Fraser, Associate Programme Director of Central Team e-Business Services (CTeS)	Management Response: This will be picked up at the Operational Technical Group (OPTEC) and added to the next FMS release in December 2025. Target Date: December 2025

Exhibit 3: issues and recommendations from prior audit years

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
Prescription Pricing System – IT controls work						
2023-24 - 01	We were made aware during our fieldwork of the plans to move the Prescription Pricing System (PPS) server infrastructure from the Cardiff Companies House data centre to the NHS Digital Health Care Wales (DHCW) Church Village data centre. The move of the server infrastructure was planned for late Summer 2024.	Review and update the Prescription Pricing System IT Disaster Recovery plans to reflect the move to the NHS Church Village data centre. Test the system recovery to	Medium	Yes	Matthew Walters, Digital Service Manager, NWSSP Informatics	Status: Completed Management Response: Relocation was completed in August 2025. The Disaster Recovery plan has been refreshed and tested. Going forward,

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	It is good practice to update IT Disaster Recovery (DR) planning arrangements after a major change to the IT system, technology and infrastructure used. Plans should be tested to ensure they work as intended should they be needed in the event of a major IT continuity incident.	provide assurance IT systems and data can be recovered on a timely basis.				the next iteration of recovery will be that the NWSSP Informatics team will be able to do live-real time testing across the network. At the moment we can do, but via 'manual' isolation.
Family Practitioner Payment System – IT controls work						

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
2023-24 - 02	There are 33 NWSSP Primary Care Services users of the FFPS. We identified during our fieldwork that there are no regular and scheduled reviews of user access rights, to check that user access is still required, appropriate for the system user to complete their role and job functions. Instead, there is a reliance on users being set up with the correct access when the user account is created. User access are susceptible and prone to expanding over time as officers take on more roles and responsibilities.	Review NWSSP FFPS user access accounts on a regular basis, for example at least annually, to ensure the access account is required and appropriate to the user's role and responsibilities. This task can be undertaken by the system administrators or line managers.	Medium	Yes	Kelly Dixon, Deputy of Transaction Services	Status: Completed Management Response: Process review has been undertaken resulting in implementation of new application process/procedure.

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	It is good practice to regularly review user access accounts to ensure these are required and reduce the risk of inappropriate access to IT systems and data.					

Oracle FMS System – IT controls work

2023-24 - 03	The Oracle ledger IT Disaster Recovery (DR) plan was tested annually to provide assurance the IT ledger system could be recovered from backups when needed. The last Oracle ledger IT DR test completed was in November 2022 due to the planned move to the IT Oracle Cloud Infrastructure (OCI) in October 2024. We were informed by the Oracle Central Team e-Business Services that the new OCI platform has new resilience and 'failover' arrangements in place and this brought an opportunity to identify and understand the system recovery requirements on the new OCI platform used. It is good practice to update IT disaster recovery planning arrangements after a major change to the IT system, technology and infrastructure used. Plans should be tested to ensure they work as	Review and update the Oracle ledger IT Disaster Recovery plans to reflect the new Oracle Cloud Infrastructure based technology and platform used and the recovery and testing scenarios required to provide assurance NHS ledger IT systems and data can be recovered on a timely basis. Test the Oracle IT DR plans to ensure system recovery works as intended.	Medium	Yes	Stuart Fraser, Associate Programme Director of Central Team e-Business Services (CTeS)	Status: Completed Management Response: DR Exercise completed as part of the Oracle Migration project (7th - 10th Oct 24), lessons learnt report published to Organisations. Next action is to re-test in Oct/Nov 25.
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	intended should they be needed in the event of a major IT continuity incident.					
2023-24 - 04	The Oracle application is planned to move from the C&V UHB data centre to the Oracle Cloud Infrastructure (OCI) in October 2024. The OCI is located in the Virtus data centre in Slough, England. The Oracle Central Team e-Business Services (CTES) should review cyber and security arrangements around the new OCI technology platform including a cyber risk assessment of the network communication links to the new OCI platform and new data centre arrangements. This should also include a system 'penetration' and network vulnerability testing the application on the new cloud infrastructure. A cyber and security risk assessment would identify and assess risks arising and mitigating actions that should be	Review and risk assess the updated Oracle application cyber and security arrangements with the planned October 2024 move to the Oracle Cloud Infrastructure including an IT system 'penetration' and network vulnerability test.	Medium	Yes	Stuart Fraser, Associate Programme Director of Central Team e-Business Services (CTeS)	Status: Completed Management Response: Site visit to new data centre undertaken in 4th March 2024 and report issued to Audit Wales, as part of the project a security report has been produced and sent to NWSSP security. This will be further enhanced by regular penetration reports planned from end Jan 25 via scanning tool NESSUS.

	put in place to manage IT risks arising.					
ESR Payroll System – IT controls work						
2023-24 - 05	We identified in our fieldwork that ESR user passwords or passphrases can be a minimum of 12 characters in length. Certain words and key phrases are not allowed to be used in the passwords e.g. ones that relate to their name, position and role. NWSSP Employment Services have not provided ESR users with documented guidance, including worked examples, on what makes a good strength password or good practice passphrases when setting ESR user accounts. Passwords or passphrases should be hard to guess so they are at least adequate strength.	Document and issue ESR payroll user guidance on what makes a good passwords or passphrase.	Medium	Yes	Angela Jones – Deputy Director for Digital and Workforce Productivity Solutions	Status: Completed Management Response: Guidance for ESR users when setting and re-setting passwords is centrally developed. Each guide instructs the user of what structure a good password should have and includes a link to advice from the National Cyber Security Centre (NCSC) which provides the most up to date guidance for

Good password and passphrase disciplines reduce the risk of unauthorised access to IT systems and data.

system users as it is published. The link to NCSC has also been included into automated macros within the helpdesk system for ESR, to further support end users.

Exhibit 3: issues and recommendations from prior audit years

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
Family Practitioner Payment System (FPPS) – IT controls work						

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
2022-23 - 04	During our audit of the FPPS system and the cyber security controls helping to protect the system from vulnerabilities we identified a number of areas where potential improvements to strengthen arrangements could be made: - BSOITS did not have an IT security accreditation, for example, Cyber Essentials - a Cyber Security Incident Response (CIRP) plan was not in place - Other industry standard cyber security tools and software, for example, a Security Incident and	Request that the supplier, BSOITS, strengthen cyber security controls by: a) consider obtaining a Cyber Essentials (CE+) certification, or equivalent, to help reduce potential cyber security risks; b) documenting and testing a Cyber Incident Response Plan (CIRP); and c) consider introducing additional cyber security software such as Security Incident and Event Monitoring (SIEM) or Security Operations	Medium	Yes (agreed in principle subject to plans and work underway)	Kelly Dixon, Deputy Head of Transaction Services.	Status: Completed Management Response: For sub-recommendations a & c, requirements are being progressed by BSOITS to strengthen cyber security controls. No further action from Primary Care Services is required. Recommendations were considered at the February and May 2025 meetings

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2025
	Event Monitoring (SEIM) and Security Operations Centre (SOC) were not yet used. These help identify, analyse and monitor cyber threats real-time. We were made aware by BSOITS that cyber security improvement plans were being reviewed and the above areas were being considered as part of this exercise.	Centre (SOC) that covers the FPPS environment.				of the FPPS Service Management Board. For sub-recommendation b, a Cyber Incident Response Plan (CIRP) is now in place across the NIHSC and BSO ITS have their own local Response Plan. Since the recommendation in May 2023 this was tested in a table-top exercise.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

NHS WALES SHARED SERVICES PARTNERSHIP

Audit Committee

November 2025

Audit & Assurance Services Internal Audit Progress Report



**GIG
CYMRU
NHS
WALES**

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



**GIG
CYMRU
NHS
WALES**

Partneriaeth
Cydwasaethau
Shared Services
Partnership



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3. Planning & Delivery Update	3
4. Other Internal Audit Activity and Engagement	3

Appendix A - Assignment Status Schedule 2025-26

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1. Introduction

The purpose of this report is to highlight the progress with the delivery of Internal Audit Plan to the Audit Committee and outcomes from reports finalised audit since the previous meeting.

2. Outcomes from Finalised Audits

The Internal Audit reports that have been finalised since the previous meeting of the committee are highlighted in the table below along with the allocated assurance ratings where applicable. The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING
Primary Care Services- General Ophthalmic Services	Substantial
Risk Management	Reasonable
Accounts Payable	Reasonable
Radiopharmacy	Reasonable

3. Planning and Delivery Update

The audit status schedule highlighting progress with the delivery of the Internal Audit Plan for 25/26, is shown in Appendix A.

In addition to the finalised reports, a draft report TRAMS Digital has been produced, as well as the field work for the audits of Targeted Estates Funding, Single Lead Employer and Payroll progressing well.

4. Other Internal Audit Activity & Engagement

Ongoing liaison and planning meetings have continued to take place in this period, including with the Assistant Director of Corporate Services and Director of Finance & Corporate Services. Meetings with other directors and senior managers have taken place as part of the planning and delivery of individual audits.

Appendix A: NWSSP Assignment Status - 2025/26 Internal Audit Plan

Audit	Status	Assurance Rating	Matters Arising		Timing	Audit Committee
			H	M		
Primary Care Services- General Ophthalmic Services	FINAL	Substantial	-	1	Q1/2	November
Risk Management	FINAL	Reasonable	1	1	Q2	November
Accounts Payable	FINAL	Reasonable	-	3	Q1/2	November
Radiopharmacy	FINAL	Reasonable	-	10	Q1/2	November
TRAMS Digital	Draft				Q2/3	November
Single Lead Employer	WIP				Q2/3	Feb
Payroll	WIP				Q2-4	Feb
SES Targeted Estates Funding	WIP				Q2	Feb
Cyber	WIP				Q2/3	Feb
Budget Setting	planning				Q2/3	Feb/April
Medical Examiner Service					Q3/4	April
Health Courier Service	planning				Q3	Feb
NWSSP Recruitment & Retention					Q3/4	Apr

Audit	Status	Assurance Rating	Matters Arising		Timing	Audit Committee
			H	M		
Procurement Services– Single Tender Actions and Declaration of Interests					Q3/4	Feb
Regulatory Compliance					Q3/4	Apr
Digital Strategy					Q3/4	Apr
Radiopharmacy						
Agreed Action Follow up					Q2/4	

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Primary Care Services: GOS

Final Internal Audit Report

2025/26

NHS Wales Shared Services Partnership



Substantial Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SSP-2526-03

August - September 2025

1 October 2025

November 2025

Nicola Phillips, Director of Primary Care Services

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

The overall objective of this audit is to evaluate the adequacy of controls in place to administer timely and accurate payments to general ophthalmic services (GOS) contractors

Overview

NWSSP Primary Care Services processes payments to over 400 ophthalmic contractors each month, with average monthly reimbursements in the region of £6m.

Sample testing confirmed that applications to join the ophthalmic performers list had been promptly and accurately processed with the requisite checks completed, and GOS claim forms had been accurately processed and reimbursed.

We have concluded **Substantial** assurance overall with one matter requiring management attention:

- The requirement for new UK residents to provide an overseas criminal record check is not included on the application checklist.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.		Related Findings	Assurance
1	The All-Wales Ophthalmic Performers list is accurately maintained, ensuring completion of necessary checks prior to inclusion on the list.		-	Substantial
2	Payments to contractors are supported by appropriate documentation, accurately processed and reimbursed in line with the Statement of Financial Entitlement.		1	Substantial

Management Actions

Themes

Risk Types



High Priority



Medium Priority



■ Quality, Safety & Patient Experience

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: The All-Wales Ophthalmic Performers list is accurately maintained, ensuring completion of necessary checks prior to inclusion on the list

Substantial

Overview

NWSSP are responsible for maintaining the All-Wales Ophthalmic Performers list and processing applications to join the list. Standard Operating Procedures are in place setting out the required checks, and a checklist in place to ensure and document completion of these. Checks include indemnity insurance, enhanced DBS, qualifications and references.

Sample testing of 20 additions to the Performers List identified one instance where an overseas criminal record check was required for a new UK resident but there was no evidence that this had been obtained. **[Finding 1]**

Key Findings		Risk & Impact	Agreed Management Action
1	Overseas Police Check Sample testing of 20 additions to the Performers List identified one instance where an overseas criminal record check was required for a new UK resident but there was no evidence that this had been obtained. We noted that this requirement is not included on the application checklist. It is considered relatively low risk on the basis that the applicant can refuse if they are unable to obtain an overseas criminal record check from their home country. In these circumstances the SOP stipulates that the applicant should have been referred to the Health Board for decision on admission to the Performers List. We attempted to extend the sample to establish the extent of non-compliance but did not identify any further instances where this check would be required.	Failure to complete the requisite criminal history checks, posing a potential risk to patient safety.	Agreed Action: The checklist will be updated to reflect the requirement for overseas criminal record checks.
		Medium Priority	Expected Evidence of Implementation: Updated checklist.
	Theme: Quality, Safety & Patient Experience	Control Design	Officer: Jordan Phillips, Deputy Head of Professional and Clinical Services Target Implementation Date: 31 st October 2025

Objective 2: Payments to contractors are supported by appropriate documentation, accurately processed and reimbursed in line with the Statement of Financial Entitlement

Substantial

Overview

Contractors submit claims for reimbursement for ophthalmic services provided to patients via a suite of paper based 'GOS' forms which are manually entered onto the K2 system for payment.

Sample testing of payments to 40 contractors confirmed that all payments were verified to appropriately completed GOS forms (the sample consisted of nearly 1400 forms) and had been reimbursed in line with the *Statement of General Ophthalmic Services Remuneration and Fee Directions*.

Our sample also included Continuing Professional Development (CPD) payments to 18 individuals. All were supported by an appropriately completed application form and evidence that the requisite checks had been undertaken, and reimbursement was at the correct rate.

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Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the NHS Wales Shared Services Partnership. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Accounts Payable

Final Internal Audit Report

2025/26

NHS Wales Shared Services Partnership



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SSP-2526-01

June - September 2025

30 October 2025

November 2025

Alison Ramsey, Director of Finance & Corporate Services

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

To review the adequacy of the systems and controls in place for key risk areas in the Purchase to Pay process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report (SSP-2425-01).

Overview

We have concluded **reasonable** assurance on this area. Our testing confirmed accuracy of supplier masterfile amendments and invoice processing. Some of the actions from the 2024/25 review were still ongoing at the time of audit fieldwork with target dates for implementation not yet reached – we have highlighted within the report where this is the case and not raised new findings/actions but have taken this into account in determining the individual objective assurance, and consequently the overall assurance level. We have identified three findings requiring management action – these are summarised below with full details provided in the Findings & Agreed Action Plan on page 3.

- Approval arrangements for dataloads **[Finding 1 - Medium]**
- Misapplication of 'in dispute' status **[Finding 2 – Medium]**
- Duplicate payments **[Finding 3 – Medium]**

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 There is adequate control over the creation and amendment of creditor master-file data	-	Substantial
2 Invoices are supported by a purchase order (PO) in line with the No PO No Pay Policy and systems ensure that invoice values paid are in accordance with agreed prices	-	Reasonable
3 Non-PO invoices, manual payments and data loads are appropriately authorised for payment and accurately processed	1	Reasonable
4 Invoices on AP holds are monitored and cleared on a regular basis to ensure compliance with PSPP	2	Reasonable
5 Mechanisms are in place to ensure that duplicate payments are avoided or detected	3	Reasonable
6 There is appropriate focus on service performance and improvement to deliver a high-quality service and ensure customer satisfaction	-	Substantial

Management Actions

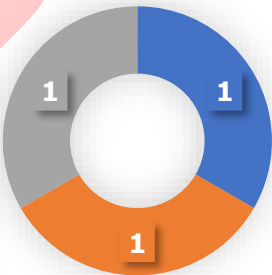


High Priority



Medium Priority

Themes



- Approvals
- Finance Management & Control
- Information, Data Quality & Data Accuracy

Risk Types

Financial Loss

Public Perception & Reputational Risk

Accounts Payable - At a Glance

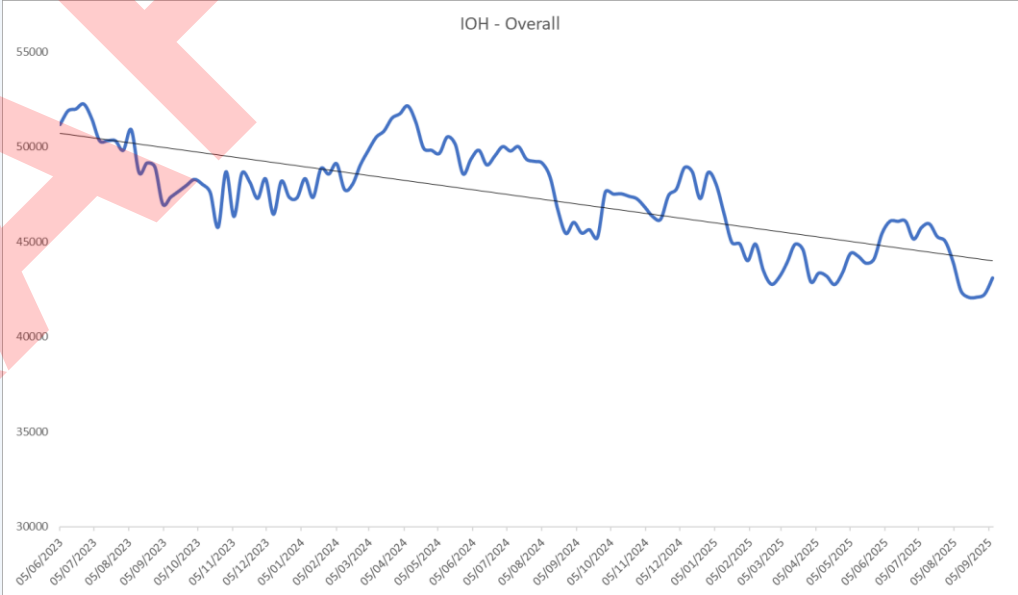
Invoices processed April – August 2025

847,294 invoices

£3,625,915,725 value

Key Performance Indicator	Target	DEC-24	JAN-25	FEB-25	MAR-25	APR-25	MAY-25	JUN-25	JUL-25
Public Sector Pay Performance: Non-NHS	95% Cumulative	12G & 1R	9G, 2A & 2R	12G & 1A	12G & 1A	12G & 1R	11G, 1A, 1R	11G & 2R	12G & 1R
Call Handling - %age of calls answered	95% Monthly	98.9%	98.6%	98.0%	98.6%	98.0%	95.9%	97.9%	98.7%
Priority Supplier Programme – rebate income	£450k i.e. £37.5k/month	£25.8k	£41.2k	£31.8k	£73.5k	£68.0k	£49.9k	£42.1k	£48.4k

Source: AP Performance Data and AWP2P Governance Group



No PO No Pay IOH

Jan - 25 4,133

Aug - 25 4,412



IOH 30 days +

Jan - 25 29,218

Aug - 25 29,383



Findings & Agreed Action Plan

Objective 1: There is adequate control over the creation and amendment of creditor master-file data	Substantial
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Overview / Summary of Observations

Access to the supplier masterfile is appropriately restricted to the Supplier Maintenance Team (SMT), with quarterly reviews of access rights ensuring continued accuracy and appropriateness.

Additions and amendments to the masterfile are subject to independent verification within the SMT to maintain data accuracy and completeness, with supplier bank details validated through CreditSafe and are subject to additional scrutiny by the Finance Management Team.

The NWSSP Bank Account Procedure, finalised in May 2025, introduced an updated process whereby, for instances where CreditSafe returns a "no match", responsibility for validating bank detail transfers to the Velindre Debtors Team. Following updates to CreditSafe, such instances have been infrequent.

Sample testing of supplier masterfile additions and amendments confirmed that transactions were processed promptly and accurately with no issues identified.

Objective 2: Invoices are supported by a purchase order (PO) in line with the No PO No Pay Policy and systems ensure that invoice values paid are in accordance with agreed prices	Reasonable
---	-------------------

Overview / Summary of Observations

The Oracle system is configured to automatically place invoices on hold to prevent payment if the details on the invoice do not match with the details of the purchase order (PO). In accordance with the all-Wales No PO No Pay Policy, invoices without a PO that are not on the agreed all-Wales exceptions list should be placed on hold and payment withheld until the supplier provides a valid PO number.

Sample testing of 110 non-PO invoices identified:

- eight invoices/payments that were not covered by the No PO No Pay exceptions list but had not been placed on hold to obtain a valid PO number; and
- one which had been placed on hold but subsequently paid on receipt of manual authorisation instead of a purchase order.

The 2024/25 audit highlighted similar issues in this area, and it was agreed that where a health body instructs payment to be made on the basis of manual authorisation this will only be accepted from the relevant Deputy/Director of Finance or CEO. It was also agreed that the No PO No Pay Policy would be discussed at the all-Wales P2P Governance Group with a view to deciding whether the policy is effective, delivering intended benefits and therefore fit for purpose. This review was completed and formally endorsed at the all-Wales P2P Governance Group meeting on 14 October 2025. Consequently, we have concluded Reasonable assurance for this objective, but no further actions are raised.

Statement Reconciliation

The current statement reconciliation process is underpinned by a well-established Robotic Process Automation (RPA) system. While the process is effective and supports detailed monthly performance reporting, it remains labour-intensive at the initial data entry stage and is constrained by format limitations. The transition to FiscalTec software is underway, with parallel testing ongoing. Although the new system offers improved ease of use—such as drag-and-drop functionality—it currently lacks key features like automated reporting and email dispatch. These limitations are being addressed with a dedicated resource now assigned to support the software transition.

Overview / Summary of Observations

Sample testing of non-PO invoices/payments confirmed that all were supported by an official invoice/request for payment and accurately recorded on Oracle against the correct supplier and for the correct amount. A small number of invoices did not have evidence of appropriate approval on the basis that the approver did not have sufficient delegated authority as per the relevant authorised signatory list/Oracle approval hierarchy.

The same finding has been reported in previous audits and in the 2024/25 review it was agreed that implementation of Invoice Workflow Automation (IWA) was the best solution, to allow approval of non-PO invoices within Oracle in line with approval hierarchies. The target date for implementation is 31 October 2025, but it is dependent on engagement from the health bodies. To date IWA has been implemented within two organisations, with a further three planned to be implemented by March 2026. Engagement is ongoing with other organisations. Consequently, we have concluded Reasonable assurance for this objective, but no further actions are raised.

Authorisation Database - Dataloads

Our 2023/24 and 2024/25 reviews highlighted an increasing trend in invoices received via dataload. These invoices are received, checked and approved within the health body, entered onto a dataload and sent to AP for upload into Oracle. AP do not have sight of the invoices or individual invoice approvals. In some cases, the dataloads are emailed by or copied to an authorised signatory, although this is not always the case and there is lack of clarity regarding the approval required (if any) by AP to process payment.

Whilst progress has been made with the ongoing development of an Authorisation Database for dataloads, the target date for implementation (April 2025) has passed. Onus is on the organisations to stipulate the approval requirements – this process is ongoing and being co-ordinated and monitored through the AWP2P Governance Group, although we understand that health body engagement remains an issue. **[Finding 1]**

Payments Made in line with Agreed Terms

Audit testing identified a single instance where a payment was not processed in accordance with either the prescribed payment terms stated on the invoice or the due date recorded within the Oracle system, due to a delay in processing by AP. As this was an isolated instance no finding is raised.

Key Findings		Risk & Impact	Agreed Management Action
1	<i>Previous audit finding reiterated</i>	Inaccurate and/or inappropriate payments resulting in financial loss and reputational damage.	
	Authorisation of Dataloads		Agreed Action: Dataload sources and approval requirements for dataloads have now been documented and agreed with health organisations. This will be saved on a shared folder accessible by both AP and health organisations. AP will contact health organisations annually requesting a review so that the file is kept up to date.
	There is lack of clarity regarding the approval requirements for the processing of dataloads, where the checking and approval of invoices is undertaken within the health body. Whilst recognising that health body engagement is required and action is ongoing to address the issue, the risk was first highlighted in our 2023/24 audit and is still not fully addressed.		Expected Evidence of Implementation: Log of dataload sources and agreed approval arrangements. Evidence of health organisations agreement/approval (e.g. email confirmation).
		Medium Priority	Officer: Sarah Potter, Data & Payments Manager

Objective 4: Invoices on AP holds are monitored and cleared on a regular basis to ensure compliance with PSPP

Reasonable

Overview / Summary of Observations

Invoices on Hold

The Invoice on Hold (IOH) process is supported by a comprehensive operational guide outlining roles, responsibilities, and procedures for resolving both manual and system holds. Weekly IOH reports are consistently reviewed and actioned by Accounts Payable (AP), Procurement, and the eEnablement team, with clear ownership and timelines in place. The IOH Steering Group has been recently reinstated to strengthen strategic oversight, with discussions currently underway to formalise its governance structure. An action log has been established to support accountability and monitor progress against agreed objectives. The Service Improvement Team continues to provide support to AP through five key initiatives; each focussed on enhancing process efficiency and invoice resolution rates.

Audit testing confirmed that all sampled invoices on hold were supported by appropriate documentation and were either resolved or subject to active investigation. This reflects NWSSP’s ongoing commitment to addressing the volume and ageing of IOH items through renewed governance and targeted interventions.

Invoices in Dispute

Sample testing identified two instances where we considered an invoice to have been inappropriately marked as ‘in dispute’ (which stops the clock for PSPP purposes), based on the criteria set out within both the IOH Guide and Accounts Payables month-end procedure. **[Finding 2]**

Key Findings		Risk & Impact	Agreed Management Action
2	Invoices in Dispute Sample testing of fifteen invoices in dispute identified two invoices that had been incorrectly marked as ‘in dispute’. This status, which pauses the PSPP compliance clock, was applied contrary to the criteria set out in both the Invoice on Hold (IOH) Guide and the Accounts Payable month-end procedures.	Inaccurate PSPP compliance reported by health bodies to WG, potentially resulting in reputational damage for NWSSP.	Agreed Action: All AP staff are to receive Procure to Pay training that will be delivered by Enablement which will include reference to the IOH Guide and month-end procedures. Whilst this training package is being developed, managers will reinforce that staff familiarise themselves with the IOH Guide and month-end procedures.
		Medium Priority	Expected Evidence of Implementation: Email cascade to staff the importance of complying with the IOH Guide and month-end procedures. Training records demonstrating training delivered to all AP staff involved in the P2P process.
	Theme: Information, Data Quality & Data Accuracy	Control Operation	Officer: Alison Ruckley, Rowena Bines, Dawn Butterworth - AP Managers; Sara Potter – Data & Payments Manager Target Implementation Date: 31 October 2025 – cascade to all staff. Training package developed by 31 March 2026

Overview / Summary of Observations

The Oracle system will not allow an invoice to be entered more than once against the same organisation and supplier site. However, duplicates can occur if an invoice is entered incorrectly. NXG forensic software is used to identify duplicate invoices prior to payment. Potential duplicates are placed on hold in Oracle to prevent payment until investigation is complete, and those confirmed to be a duplicate are cancelled.

Performance data for July 2025 reported that duplicate prevention software has corrected and prevented over £3.9m of duplicate payments year to date.

Between November 2024 and August 2025 3,309,160 invoices were processed with 151,215 identified as requiring further investigation prior to payment. As of 21 August 2025, only fifteen invoices were flagged as requiring further scrutiny and review (in progress) indicating that the system is regular reviewed.

A review of the duplicate logs for the period November 2024 to June 2025 noted six duplicate payments totalling £57,925.60, all of which have been recovered.

Analysis of Oracle invoice reports for the period April 2024 – June 2025 was performed using IDEA audit software to identify any potential duplicate payments that may not have been previously detected or prevented. Sample testing confirmed that, for the majority of identified duplicates, appropriate credit notes or reimbursements had been received. However, in several cases opportunity had been missed to prevent the duplicate payment despite being flagged by the NXG system. several instances were noted where duplicate payments were not prevented captured in the NXG reports nor recorded in the AP maintained duplicate logs. **[Finding 3]**

Key Findings		Risk & Impact	Agreed Management Action
3	Duplicate Payments and Credits Analysis of Oracle invoice reports for the period April 2024 – June 2025 was performed using IDEA audit software to identify any potential duplicate payments that may not have been previously detected or prevented. This initially identified 2275 transactions, but most were able to be quickly eliminated as not duplicates, leaving 146 payments for further examination. We sampled 42 of these for more detailed review and 14 were confirmed to be duplicates. Of these: seven invoices totalling £900 were due to the health board processing via both dataload and pharmacy feed in error. They had been flagged in NXG, reviewed and correctly placed on hold, but these holds were released in error by AP. All invoices related to the same health board and supplier, and all had been reviewed and released by the same individual	Inaccurate PSPP compliance reported by health bodies to WG, potentially resulting in reputational damage for NWSSP.	Agreed Action: All staff in AP who are involved with the Duplicate Payment process (NXG) will receive refresher training to ensure that no duplicate payments are processed. At present, Llais invoices are not processed through NXG. To add them will be chargeable, and the cost of utilising NXG for Llais has been requested from the software company, Fiscal Tec. A cost-effectiveness review will then be undertaken. A duplicate log will be established for Llais – this was not previously required as no duplicates had occurred.

within AP, indicating that this is an isolated rather than widespread error. These were notified to AP during testing and credit notes have been raised; • one invoice for £365 relating to Llais was notified as a duplicate by the supplier and has been recovered. It was not detected prior to payment as NXG is not used for Llais, also no duplicate log is maintained; • Six invoices totalling £61,742.30 were correctly flagged by NXG as potential duplicates but they were incorrectly dismissed as non-duplicates by AP. All six had been identified and recovered by AP prior to the audit. Five duplicates amounting to £5,367.50 had not been recorded on the respective duplicate payment logs. The remaining 104 payments requiring further examination have been shared with AP for further investigation. The total value of the potential duplicates is £19,002.	Medium Priority	Expected Evidence of Implementation: All staff involved with the Duplicate Payment process will receive refresher training. Training records demonstrating training delivered to staff involved in NXG processes. Evidence of costs of implementing NXG for Llais, and resulting decision.
Theme: Information, Data Quality & Data Accuracy	Control Operation	Officer: Alison Ruckley, Rowena Bines, Dawn Butterworth - AP Managers; Sara Potter – Data & Payments Manager Target Implementation Date: 30 November 2025 - refresher training; 31 December 2025 – decision re Llais processing via NXG

Objective 6: There is appropriate focus on service performance and improvement to deliver a high-quality service and ensure customer satisfaction

Substantial

Overview / Summary of Observations

Key Performance Indicators (KPIs) are considered and agreed by the NWSSP Shared Services Partnership Committee annually and are reported via the IMTP/Quarterly Review process and through the monthly AP performance report. Additional local measures are included in the monthly AP performance report shared with health bodies, including a breakdown of PSPP by organisation, invoices on hold, No PO No Pay data and duplicates prevented.

The purpose of the NHS Wales Procure to Pay (P2P) Governance Group is to provide a forum where P2P issues can be reviewed and actions agreed to improve the end-to-end P2P process across NHS Wales. The group will also act as a platform to review, advise and assist on points of standardisation, as the service aims to achieve an all-Wales standard across all aspects of the P2P process. Attendance at each meeting includes a diverse group of senior members from all health bodies. This facilitates the authorisation and implementation of any necessary changes within their respective organisations.

The P2P Forum is an operational group comprising of representatives from both Procurement and Accounts Payable. The group meets on a monthly basis to discuss ongoing actions and projects. Current areas of focus include a customer communication project aimed at enhancing the overall customer experience.

Local P2P meetings are also hosted by the health bodies and attended by AP on a monthly/bi-monthly basis. A review of the minutes and agendas demonstrate consistent coverage cross all organisations. However, we were unable to ascertain evidence of recent meetings taking place for two HBs/organisations.

The Planning, Performance and Informatics team are responsible for developing two key reports for the Senior Leadership Group (SLG). The first is the Key Performance Indicators (KPIs) and Activity Report, which provides updates on all KPIs and supporting activities across NWSSP services, including AP. The second is the Outcome Measures Report, which outlines progress against the agreed outcome measures. In addition to these, the team also provides individual HBs/organisations with summary performance data relating to the services delivered by NWSSP, including AP.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the NHS Wales Shared Services Partnership. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Risk Management

Final Internal Audit Report

2025/26

NHS Wales Shared Services Partnership



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SSP-2526-08

September - October 2025

30 October 2025

November 2025

Alison Ramsey, Director of Finance & Corporate Services

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

The purpose of this audit was to review the adequacy of the NHS Wales Shared Services Partnership (NWSSP) risk management arrangements including ongoing developments.

Overview

NWSSP has an established risk management framework in place including a *Risk Management Protocol* and *Risk Appetite Statement* to complement the Velindre University NHS Trust risk management framework as the hosting organisation. The majority of risk registers have been embedded across the organisation (two currently in development) with regular scrutiny of risk entries at both service level and at corporate committees with escalation of significant risk evident.

The matters requiring management attention include:

- Instances of incomplete or unclear risk narratives, inaccurate scoring, risks appear mitigated but remain open, and duplicate entries were identified on the Laundry Services risk register. The Specialist Estates Services risk register listed three entries with minimal action recorded. *[High Priority]*
- Instances where risks on the corporate register had met the tolerance target score but remained as a 'risk for action'. The steps and processes involved in dealing with emerging risks and risks for monitoring are not documented in the *Risk Management Protocol*. *[Medium Priority]*

We have concluded **reasonable** assurance on this area. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives ¹	Related Findings	Assurance
1 Risk management arrangements including responsibilities, risk appetite, monitoring, escalation and assurance reporting are clearly defined	-	Substantial
2 Risks are identified, managed and monitored in line with the Risk Protocol, with significant risks escalated from directorate level to the corporate risk register where appropriate	1 & 2	Reasonable

Management Actions



High Priority



Medium Priority

Themes



■ Risk Management

Risk Types

Quality or Safety Issues

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Findings & Agreed Action Plan

Objective 1: Risk management arrangements including responsibilities, risk appetite, monitoring, escalation and assurance reporting are clearly defined

Substantial

Overview / Summary of Observations

NWSSP is a hosted organisation of Velindre University NHS Trust and falls under their established risk management framework.

To complement the Velindre University NHS Trust risk management framework, NWSSP has established its own comparable framework including the *Risk Management Protocol* and *Risk Appetite Statement* by which the organisation will manage its risks. We can confirm that both documents are in line with Velindre University NHS Trust policy including explicit reference of key elements such as roles and responsibilities, risk appetite, monitoring, escalation and assurance reporting structure.

NWSSP has a detailed *Risk Appetite Statement* in place that sets out the level and type of risk the organisation is willing to accept in pursuit of its strategic and operational objectives – this will be subject to further consideration following the governance review.

Objective 2: Risks are identified, managed and monitored in line with the Risk Protocol, with significant risks escalated from directorate level to the corporate risk register where appropriate

Reasonable

Overview / Summary of Observations

Corporate Risk Register

NWSSP has an established corporate risk register that provides an overview of identified risks, the controls already in place to manage the risks, and any actions that have been identified to further mitigate the risks. The risks captured on the register are a result of escalated risks for the services that have become critical/significant or corporate level risks.

The corporate risk register submitted to the SSPC, Audit Committee and Senior Leadership Group (SLG) during 2024-25 were detailed and complete with the register split into 'risk for action' and 'risk for monitoring'. Updates on emerging risks that impact the organisation are also provided in the reports. The steps and processes involved in dealing with emerging risks and risks for monitoring are not documented in the *Risk Management Protocol*.

The corporate risk register submitted to SLG in August 2025 identified eight risk entries that had met the tolerance target score ('At Target'). A review of the corporate risk register submitted to SLG in September 2025 noted that seven (of the eight risk entries) continued to remain as 'risks for action'. Consideration should be given to assess whether some of the 'At Target' risk entry statuses are assigned 'risks for monitoring'.

Service-Level Risk Registers

NWSSP has an established corporate risk register that is supported by directorate and service registers. A sample of four service risk registers (Laundry Services, Procurement, Primary Care Services and Specialist Estates Services) was selected for testing – the risk registers for Pharmacy (TrAMS²) and Medical Examiner Service were not considered as they were in development at the time of fieldwork.

² Transforming Access to Medicines

A review of the corporate and sampled risk registers confirmed a consistent register format was in place capturing key elements including risk summary, controls in place to manage risk, actions to further mitigate the risk, inherent and residual risk score, and target dates.

Testing provided assurance that the corporate risk register, along with two of the four service-level risk registers, were completed in full and with a high degree of accuracy. The Laundry Services register has 176 risk entries, of which 141 (80%) were listed as 'Monitoring' with remaining entries listed as 14 'Open' and 21 'Closed/Rejected'. A review of the risk entries identified the following:

- Instances of incomplete and poorly written narrative of the risk description and summary, existing controls & monitoring, and progress updates
- Instances of incomplete or incorrectly recorded inherent and current impact scores
- Instances where progress appears to have mitigated the risks, yet entries have not been closed
- Potential duplication of risk entries

In addition, the status of one entry (Ref. 169) on the Laundry Service risk register was listed as 'Open'. Whilst this risk aligned to an entry (Ref. M4) on the corporate risk register, the M4 entry was listed as 'Monitoring' risk and therefore did not correlate to the status on the service-level risk register.

All risks on the Specialist Estates Services risk register were fully documented including target dates and progress updates, except for three entries (Business Management). These risks were marked as 'Ongoing', with minimal actions noted (e.g. 'continue to monitor'). We also noted that two risks retained their original inherent risk scores, indicating no mitigating action had been taken, whilst one risk showed only a slight reduction with their current risk score.

Risk Escalation and Reporting Arrangements

The *Risk Management Protocol* outlines the risk escalation process for risk identified as unmanageable or uncontrolled or where the risk is significant or critical (15 and above). These escalated risks are then discussed at the SLG meetings. Testing confirmed all service-level risks correctly scored 15+ aligned to the corporate risk register entries.

Testing confirmed that the corporate risk register was submitted regularly for discussion to the SSPC, Audit Committee and SLG during 2024-25 in line with the requirement outlined in the *Risk Management Protocol*.

Key Findings		Risk & Impact	Agreed Management Action
1	Corporate Risk Register The steps and processes involved in dealing with emerging risks and risks for monitoring are not documented in the <i>Risk Management Protocol</i> . The corporate risk register submitted to SLG in August 2025 identified eight risk entries that had met the tolerance target score ('At Target'). A review of the corporate risk register submitted to SLG in September 2025 noted that seven (of the eight risk entries) continued to remain in the 'risks for action'	Risks are not or incorrectly addressed due to lack of guidance within policies and procedures	Agreed Action: The Risk Management Protocol is in the process of being updated alongside the update to the Velindre risk management strategy in order to ensure ongoing alignment. The audit findings are helpful and will be taken into account in updating the Protocol and will including clarity on the treatment of 'at target' risks.
			Expected Evidence of Implementation:

section. Consideration should be given to assess whether some of the 'At Target' risk entries need to be moved to the 'risks for monitoring' section.		Updated Risk Management Protocol reported to the next meeting of the NWSSP Audit Committee and communicated to staff.
Theme: Risk Management	Medium Priority Control Operation	Officer: James Quance (Assistant Director of Corporate Services) Target Implementation Date: 28 February 2026
2 Service-Level Risk Registers The Laundry Services register has 176 risk entries, of which 141 (80%) were listed as 'Monitoring' with remaining entries listed as 14 'Open' and 21 'Closed/Rejected'. A review of the risk entries identified the following: • Instances of incomplete and poorly written narrative of risk description and summary, existing controls & monitoring, and progress updates • Instances of incomplete or incorrectly recorded inherent and current impact scores • Instances where progress appears to have mitigated the risks, yet entries have not been closed • Potential duplication of risk entries • Status of one service-level risk did not align to the corresponding risk in the corporate register Three risks on the Specialist Estates Services risk register were marked as 'Ongoing', with minimal actions noted. Two risks retained their original inherent risk scores, indicating no mitigating action had been taken, whilst one risk showed only a slight reduction with their current risk score.	Risks are not addressed due to incomplete, incorrect and/ or poorly recorded risk entries	Agreed Action: The Corporate Services Team will provide additional support to the Laundry Services Senior Management Team as it develops its approach to risk management in order to ensure that the narrative is clear in all lines of the Laundry Services risk register and that it is maintained in accordance with the Risk Management Protocol. For re-assurance, risks in respect of health and safety for laundries are monitored closely by the Health and Safety Group and reported in the Health and Safety Manager reports to the Senior Leadership Group. Expected Evidence of Implementation: The Laundry Services Risk Register is complete and up to date in accordance with the Risk Management Protocol
Theme: Risk Management	High Priority Control Operation	Officer: James Quance (Assistant Director of Corporate Services)/ Anthony Hayward (Assistant Director of Laundry and Operations) Target Implementation Date: 31 January 2026

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Radiopharmacy

Final Internal Audit Report

2024/25

NHS Wales Shared Services Partnership



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Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SSP-SSU-2425-17

May 2024 – September 2025

October 2025

November 2025

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Executive Summary

Purpose

The audit sought to evaluate the progression of plans to deliver a South East Wales unit for Radiopharmacy in accordance with the objectives of the Integrated Audit Plan, as approved within the business case. This is the first of two planned reviews within that plan – the first reviewing project initiation and design, and the second, assurance relating to the construction phase.

The project has been established within the Transforming Access to Medicines (TRAMS) Programme, managed by the South East Wales Project Board.

An initial business case was submitted to Welsh Government in November 2023 recommending the IP5 Warehouse in Newport as the preferred site.

Enabling works completed in June 2025 (during the conclusion of audit fieldwork) ahead of delivery of main works.

Overview

Reasonable assurance has been determined at this review following the assessment of the key delivery objectives and the governance, contractual and internal control arrangements applied to date.

Required funding had been reduced by £1.70m to £7.46m following effective market engagement (as informed by an approved contract strategy).

Against this approved sum, prior to the build phase, project forecasts showed a £0.487m (6.5%) under-spend with a further £0.250m of unspent contingency funds (an additional 3% of budget). The anticipation is that the contingency sum will be sufficient to address any potential issues at the build stage, with the forecast under-spend remaining at 6.5%.

Timely provision of the new facility will provide capacity and resilience, reducing waiting lists and the risk of not being able to scan patients.

At the conclusion of the audit fieldwork there had been a circa 9 month delay from targets determined within the business case. It is recognised that this may delay the achievement of these targeted benefits. This may extend the clinical risks arising from delivery by partnering Health Boards from a single source of production (at the existing facility). These delays primarily arose at the planning stage.

While a number of control issues have been raised, none were materially impacting the current phase. A range of best practice was also evidenced in project management of the project, notably detailed consideration of the market strategy, securing substantial market savings for the project.

Matters raised for management attention included the need to ensure:

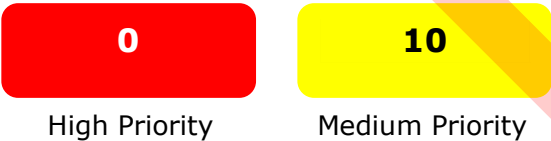
- receipt of a Parent Company Guarantee from the ultimate parent company;
- the risk register for the build phase further developed to include currently assessed costs; and
- enhanced budgetary monitoring and reporting (actioned since audit fieldwork - see **finding 10**).

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

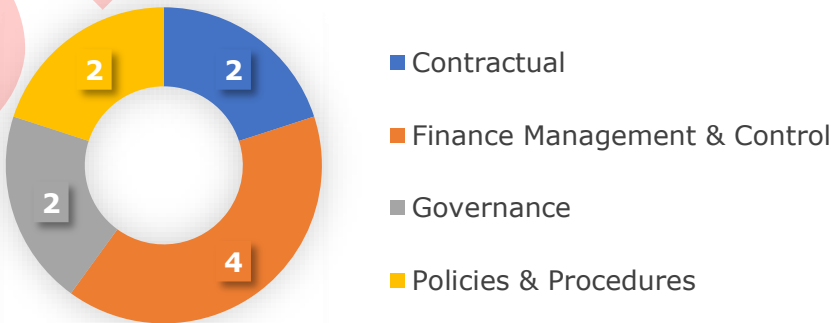
Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.		Related Findings	Assurance
1	Project Performance – Assurance on the achievement of the project’s key delivery objectives (time, cost, and quality).			Reasonable
2	Governance - Assurance that adequate governance arrangements are defined and applied at the project, including e.g. appropriate approvals, formulation and application of defined project protocols, assignment and delivery of key roles and responsibilities, the adequacy of reporting and approval arrangements, supporting workstreams, stakeholder engagement etc.		1, 2, 3, 4	Reasonable
3	Contractual arrangements – Assurance that appropriate tender and appointment processes have been applied and that contractual arrangements have been formalised for the appointed contractors and advisers. Appropriate sign-off and monitoring of contractual performance and payments are observed.		5, 6, 7, 8	Reasonable
4	Financial Monitoring - Assurance that appropriate budgetary controls are in place, including a robust project budget, associated risks and contingency, project bank account, validation of costs to date, cash flow management, and effective monitoring and reporting applied.		9, 10, 11	Reasonable
5	Technical / Project Controls - Assurance that appropriate project management controls are applied, including, programme and risk management, compliance with planning and technical considerations, adequacy of monitoring and reporting arrangements etc.			Substantial

Management Actions



Themes



Risk Types

- Financial Loss
- Legal & Regulatory Non-Compliance
- Quality or Safety Issues

Radiopharmacy – At a Glance

The Transforming Access to Medicine Programme identified the need to ensure the robust supply of Radiotherapy products via units across Wales. Phase 1 involves the establishment of a South East Wales unit, initially providing products for patient scanning. The project will relocate the University Hospital of Wales Radiopharmacy department to Imperial Park in Newport.

Enabling works commenced on 3rd February 2025 and included:

- removal of existing racking;
- fire compartmentation;
- connecting new drains; and
- overclad the existing roof above the pharmacy production area.

Main works were targeted to commence on 1st June.



Detailed design for Radiopharmacy was completed by December 2024 with a 10 month build programme to follow including 3 months enabling works. The Business Justification Case (BJC) targeted delivery by July 2025. Contracted dates were subsequently agreed as follows:

Table 2

Milestone	Per BJC	Contract Start Date	Contract End Date	Extensions of Time	Forecast/ Actual Completion (per Project Plan v3 5/3/25)	Forecast / Actual Delay
Enabling works		03/02/25	23/05/25	None	23/05/25	None
Build		May 2025	December 2025	-	-	-
Operational	01/07/25				20/03/26	9 Months

The 9 months delay was attributable to delays in obtaining planning approval and impacting commencement.



Cost

Management have confirmed costs as at September 2025 as follows:

Table 1

Project summary May 2025	Approved budget £'000	Forecast project outturn £'000	Variance to Budget (fav)/adv £'000	Project Management Variance Commentary
Funding				
BJC application	9,168			November 2023 application
Revised funding (July 2024)	7,460			Following reduction in isolator requirements / costs of £1.708m
Costs				
Enabling works	963	848	(115)	
Design	211	211	-	
Main works	2,253	2,370	117	
Fees	644	555	(89)	Racking and NHS validation resource costs are forecast lower than original estimates
Non Works costs	1,099	1,272	173	Increase in NHS project administration resource requirements
Equipment costs	731	711	(20)	
Contingency	590	250	(340)	3%
VAT	969	756	(213)	
Total	7,460	6,973	(487)	-6.5%

Findings & Agreed Action Plan

Objective 1: Project Performance

Reasonable

Overview / Summary of Observations

In a project audit, levels of assurance are determined on whether the project achieves its original key delivery objectives and that governance, risk management, and internal controls are effectively designed and applied.

Cost

At this audit, when assessing progress against the original delivery objectives (see also the 'At A Glance' page), the project was forecast to deliver within its cost targets.

Required funding had also reduced with greater design certainty in accordance with best practice (from £9.168m to required funding of £7.46m).

Quality

Clinicians have been involved throughout and there were also appropriate mechanisms in place to assure quality delivery (e.g. via contracted quality assurance specialists).

Time

However, the project has suffered from delays and is currently 9 months behind the targets determined at the July 2025 business case (8 months relating to delays in obtaining planning approvals) i.e. an earlier submission would have been beneficial but it should be noted that the Planning Authority exceeded their target response times.

It is recognised that this time slippage will delay the achievement of targeted benefits and the existing Health Board(s) clinical risks (of single source production from the existing facility) are retained for this period.

Conclusion

While recognising the above issues, noting the complexity of the project, and its progression within budgeted costs, reasonable assurance has been determined in respect of project performance and the achievement of the project's key delivery objectives (time, cost, and quality).

Overview / Summary of Observations

A Project Board was in place with approved terms of reference.

The business case was approved by both the Shared Services Partnership Committee and the Velindre Trust Board, with Welsh Government funding approvals being provided to the NWSSP Managing Director.

A Senior Responsible Officer (SRO), Project Executive / Programme Director, and Project Manager were all in place. Both the Programme Director and Project Manager attended the Project Board together with the NWWSP Finance Lead and pharmacy leads from Health Boards within South East Wales. The project was also supported by dedicated internal project management expertise. Stakeholder interests were therefore seen to be appropriately represented, and the Project Board included an appropriate range of expertise to scrutinise and oversee the project.

The Project Board reported to the Programme Board, which also included executive membership. Accordingly, there was appropriate linkage to the Board.

The Project Board was informed both by adviser and finance reports. Meetings included project specific declarations of interest and agendas specified items for approval or information, with minutes recording decisions. Risk registers, and action logs designated task leads for mitigation and control.

A range of minuted and un-minuted groups operated to support the project, including finance and radiology expertise.

Whilst noting the above, Capital Procedures remained in draft at the time of the audit. There was scope for both Capital Procedures and the Project Initiation Document to more fully specify capital controls to safeguard against the potential of cost escalation and delay. Procedural issues at the project included:

- commencement of works ahead of both planning and Welsh Government approval without formal approval to proceed at risk; and
- the need to clarify the assignment and role of the Project Director.

The content of reporting has been appraised at the *Financial controls* section.

Noting the above, reasonable assurance is determined in relation to governance arrangements.

Key Findings		Risk & Impact	Agreed Management Action
1	Approvals The enabling works contract was signed on 3rd February 2025 with a start date for works also on 3rd February. Accordingly, the enabling works contractor started on site on 3rd February 2025, with site clearance of breeze block structures, renovations to the fire wall in progress, and works to the roof.	Un-authorised works resulting in financial loss	Agreed Management Action: A proportionate assessment of risk was undertaken and, in this circumstance, was low, in that NWSSP had received confirmation that the permission would be granted subject to the £10k payment contribution to the Planning Authority and the submission of the s106. The s106 form was authorised in January 2025 and submitted to the Planning Authority.

	Planning permission was granted at the later date of 13th February, and a main works contract was also signed on that date. Welsh Government approval for the Radiopharmacy project was subsequently provided on 20th February 2025. Management stated that planning approval was provisionally advised via email in November 2024, subject to agreement of a S106 payment (mitigating risk of a final refusal). However, approval to proceed with contracts and works at risk ahead of financial and planning approvals was not identified.		There was considerable chasing of the Planning Authority to secure the confirmation letter. Welsh Government were kept informed through regular capital meetings; this included discussion on utilising the in-year reduction in costs on the radiopharmacy isolators for the enabling works to commence before 31 March 2025. At a meeting in January 2025 prior to the formal approval Welsh Government confirmed funding support would be provided for the enabling works. No further action proposed but audit comments are noted for future stages of the programme. Expected Evidence of Implementation: At the earliest opportunity formal planning permission applications will be submitted. If this is not forthcoming due to delays beyond our control we will not proceed without agreement of the project board, programme board and Welsh Government.
	Theme: Governance	Medium Priority	Officer: Programme Manager Date: At future programme stages
2	Project Director The Project Initiation Document (PID) defined the role of Project Director to include monthly reporting to the Senior Responsible Owner (SRO) and briefings to the Committee. The PID named a Programme Director, and Project Executive but not a Project Director. While the Programme Director attended the Project Board, he did not provide such reporting. A Finance lead supported by a Project Manager effectively led and administered the project, including reporting and chairing the Project Board. There was therefore a need to clarify the role of Project Director e.g. via both definition at the PID, formal acceptance of defined duties, and as integrated into the Project Board terms of reference.	Confused accountabilities impacting project decisions. Medium Priority	Agreed Management Action: There is no recognised role of Project Director in either the TrAMs programme or associated projects. The Pharmacy Services Director holds the roles of Project Executive in the Radiopharmacy project and Programme Director in the TrAMs Programme. The role of Project Executive is to receive reports from the Project Manager. At Programme level the Programme Director writes reports to the Programme SRO. For future projects all roles will clearly be defined at the PID stage and formal confirmation of the duties accepted noted and integrated into the Project Board terms of reference. Expected Evidence of Implementation: Evidence of Programme reporting to the SRO can be provided if required.
	Theme: Governance	Medium Priority	Officer: Programme Manager

	- to more extensively reference core Welsh Government capital guidance and pro-formas, including application of the Gateway Review process; - project initiation and closure processes; - parent company guarantee requirements (<i>finding 7</i>); - procurement and contract strategies and inclusions; and - issue and dispute management.		
	Theme: Policies & Procedures	Medium Priority Control Operation	Officer: Programme Finance Lead Date: Quarter 2 2026

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Overview / Summary of Observations

Design scope was signed off by agreement of the business case, and detailed design for main works was being further developed at the time of audit. However, while recognising the engagement of stakeholders at the Project Board, the method by which design is signed off and agreed between the parties (including stakeholders) could also usefully form part of the Project Initiation Document.

As previously noted, effective market engagement meant reduction in required funding from £9.168m to £7.46m, including savings in provision of isolators.

Procurement exercises (including equipment) were progressed in accordance with Standing Financial Instructions to ensure best value (i.e. tenders, quotations, and best value assessments etc).

Contractual arrangements were enacted in accordance with the approved Contract Strategy detailed at the approved business case, with both the business case and contracts over £1m approved by the Velindre Trust Board in accordance with Standing Orders.

Procurement Services terms and conditions have been applied detailing required services with associated prices and break clauses. Appropriate contractor insurance provisions were evidenced.

The additional controls offered by a supporting (formal) building contract for the main works were being drafted at the time of audit. Noting the same a Parent Company Guarantee (from the ultimate holding company) and demonstration of the determination of delay damages sums were required.

Noting the robust approach to secure market value, reasonable assurance was determined in relation to contractual arrangements.

Key Findings		Risk & Impact	Agreed Management Action
5	Design sign-off The design scope was signed off by agreement of the business case (as approved by the Project Board – being the party responsible for delivery of project scope). The detailed design was subsequently signed off by the Project Board’s clinical leads. However, whilst these were members of the Project Board, recognising the attending stakeholders from Health Boards etc, full Project Board approval did not provide formal approval.	Design changes may result in additional cost. Potential non-compliance with defined approval requirements.	Agreed Management Action: In future, design specifications on other projects will be reviewed and approved by the relevant project board and the action will be added to the Capital Procedure.
	Expected Evidence of Implementation: Revised Capital Procedure.		
	Theme: Information, Data Quality & Data Accuracy	Medium Priority Control Operation	Officer: Programme Finance Lead Date: Quarter 2 2026

6	Parent Company Guarantee A Parent Company Guarantee was stated as having been obtained for the main works, but this was from the immediate rather than the ultimate parent. This risks re-structure within the company and inability to execute the guarantee. Best practice is for the ultimate holding company to provide the guarantee at contracts. Such requirement could usefully be added to the draft NWSSP Capital Procedures.	Design changes may result in additional cost.	Agreed Management Action: A parent company guarantee from the ultimate parent in the group has been sought and the Capital Procedure will be updated.
			Expected Evidence of Implementation: Ultimate Parent company guarantee requested. Revised Capital Procedure
		Medium Priority	Officer: Programme Finance Lead Date: Quarter 2 2026
	Theme: Contractual	Control Operation	
7	Delay damages Delay damages were specified at £1,000 per week for the enabling work. At the time of audit a main works contract inclusive of any delay damages remained to be formulated and agreed. The calculation of liquidated and ascertained damages should normally be derived based on the terms of the contract and any estimated losses arising from contract delay (this may include for example, loss of income, financial costs, internal and external project team costs). The method of formulation and associated agreement (by the Project Board) of the delay damages sum was not evidenced.	Appropriate contractual safeguards are not in place resulting in financial loss.	Agreed Management Action: For future projects discussion will take place with service users and cost advisor via the project board to ascertain whether delay damages should be included and if so the basis of the calculation.
			Expected Evidence of Implementation: Evidence to be included in future PIDs.
		Medium Priority	Officer: Project Manager Date: Ongoing throughout project lifecycle.
	Theme: Contractual	Control Operation	

Overview / Summary of Observations

The Project Board benefitted from attendance by the Programme Finance Lead, who provided finance reports and commentary. The Contract Administrator undertook assessment and certification of contractor valuation claims and instructed any approved contractual changes. These were also the subject of detailed and separate reporting provided to the Project Board. The equipment budget was also monitored.

Accordingly the Project Board was supported by a range of expert financial review and reporting. Key issues were reported to the Programme Board with additional approval (where relevant) by both the NWSSP Managing Director and Chair and the provision of briefing papers to the Velindre University NHS Trust Chief Executive (where required). While detailed monitoring was being undertaken, the audit identified that the project could additionally benefit from reporting against allocated budget heads and further developing the assessment of risk to assess costs. The format and content of reporting was subsequently revised following the conclusion of audit fieldwork in accordance with these recommendations.

While project progress was variously advised to Welsh Government there was also a need to confirm exemption from providing a monthly Project Progress Return (of prescribed format) to Welsh Government.

Noting the above, reasonable assurance was determined in relation to financial monitoring.

Key Findings		Risk & Impact	Agreed Management Action
8	Costed Risk Register NHS Wales Investment Infrastructure Guidance (Section 4.4) states that “ <i>risk registers for each project must be completed, shared, and monitored, considering time, cost, quality, operational/service impacts, functionality, and benefits realisation.</i> ” A costed assessment of risks allocated between the parties is also a key part of most modern contractual agreements and pricing. The cost of remaining risks compared to remaining contingency also informs the ongoing health of a project. However, while a detailed project risk register was maintained, it did not assess associated costs, impeding its use for such assessments. In context, the project was significantly within budget at the time of audit.	Contingency is insufficient to finance remaining risk resulting in the need for additional finance.	Agreed Management Action: We will review and update the register with costed risks and report it to Project Board.
			Expected Evidence of Implementation: Discussion at Project Board.
			Medium Priority
	Theme: Finance Management & Control	Control Operation	

Overview / Summary of Observations

A range of reporting was evidenced to the Project Board, and onward reporting and approval to the Programme Board, Shared Services Partnership Committee, and Velindre Trust Board.

While planning permission for the Radiopharmacy was approved following commencement of works, the governance aspect of this has been appraised at the governance section, with delay appraised under Project Performance. At the time of the audit, works were progressing in accordance with approved planning permission.

Project controls included a risk register detailing time phased risk mitigations with assigned ownership. Action notes were additionally reported alongside Project Board minutes to monitor particular issues arising at the Project Board. The need for the risk register to be costed has been considered previously.

The NWSSP internal Project Manager had compiled a detailed programme to plan and monitor delivery including associated reporting.

In certifying delivery to date (for valuation and payments), the Contract Administrator was informed by specialist technical adviser reviews on a monthly basis to assess mechanical and electrical completion,

Performance (time, cost, and quality delivery) was also actively monitored and reported by the Contract Administrator.

Accordingly, there was a comprehensive range of technical / progress reporting provided to the Project Board. Detailed appraisal of financial reporting and capital controls has been assessed at prior sections.

Accordingly substantial assurance was determined in relation to technical / project controls.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



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Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



NHS WALES
Shared Services Partnership
(NWSSP)

Counter Fraud Progress Report Q2
01/07/2025 – 30/09/2025

DRAFT

Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Services Partnership

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1. Introduction

In compliance with the Secretary of State for Health's Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the NHS Wales Shared Service Partnership (NWSSP) Local Counter Fraud Manager.

The report's format has been adopted, in consultation with the Director of Finance and Corporate Services, to update the Audit Committee about counter fraud referrals, investigations, activity and operational issues.

2. Summary

The Counter Fraud Annual Plan 2025/2026 was completed and approved by the Director of Finance and Corporate Services and approved by the Audit Committee on 13th May 2025.

NWSSP continue to employ 1.0 WTE Local Counter Fraud Manager (LCFM) to provide Local Counter Fraud Services.

At 30th September 2025 96.5 days of Counter Fraud work were completed against the agreed 210 days in the Counter Fraud Annual Work-Plan for the 2025/26 financial year

The breakdown of these days in Q1 is as follows:

Type	Q1	Q2	TOTAL
Proactive	21.5	23.25	44.75
Reactive	26.25	25.5	51.75
Total	47.75	48.75	96.5

In summary the reactive days have utilised in conducting 5 ongoing fraud investigations and 6 new fraud referrals were received during the last quarter. One case was closed and one was transferred to the NHS CFS Wales team for investigation.

Fraud Awareness activity was provided via TEAMS with 1 session to new starters and a presentation to the Senior Leadership Group on the new Failure to Prevent Fraud Offence introduced by the (ECCT) Economic Crime and Corporate Transparency Act 2023 fraud offence. A further session was also later provided to the Procurement Senior Management team on 2nd October 2025.

The NWSSP LCFM has continued to liaise with Internal Audit under the Joint working protocol in place.

The Counter Fraud Plan for 2025-2026 is aligned fully to the NHSCFA requirements as stipulated in Government Standard 13. The Plan states proposed actions throughout the year. In tandem with investigation work required, the main focus of the LCFM during the last quarter is set out in more detail below.

3. Fraud Awareness Activity

The NWSSP Local Counter Fraud Service intranet page has continued to be updated with assistance from the NWSSP Communications Team.

E-learning Module – The All-Wales Counter Fraud Awareness E-learning module was launched on Tuesday 18th April 2023. 24/25 participation from NWSSP staff was a huge improvement with **1,098** staff completing it. Participation figures for Q2 2025/2026 was 75., The total for the 2025/2026 year to date is 148.

15 NWSSP staff attended a new-starter Fraud Awareness session in August during Quarter 2. Sessions were not provided in August due to annual leave and workload in September. New Staff will be invited to attend a session in October which will be reported on next quarter.

A presentation was provided to the NWSSP Senior Leadership Group in September on the new criminal offence – Failure to prevent Fraud introduced by the Economic Crime and Transparency Act 2023. 23 NWSSP staff were in attendance.

Two features relating to cases and risks were also posted on the Sharepoint / Intranet page to promote Fraud Awareness, an email was also issued to a particular group of staff to highlight a targeted spear phishing scam. Metrics show that these communications combined reached out to **604** staff.

Fraud awareness is also signposted in the induction toolkit presented to new staff at the “Welcome Session” which is delivered virtually.

Fraud Awareness Summary

Fraud Awareness interactions Q1 2025/2026 Group	No of attendees / Participants Q1 (2025/26)	No of attendees / Participants Q2 (2025/26)	Total Q1/Q2 (2025/2026)	Total Staff reached 2024/2025 (For Comparison)
New Starter Fraud Awareness Sessions	26	15	41	149
e-Learning	73	75	148	1098
Other Fraud Awareness Sessions	25	23	48	186
Newsletters emails / Sharepoint Blogs No + * 3 communications issued, participation data not available	N/a*	604	604	124
Total	124	717	841	1557

4. Referrals/Enquiries/Investigations

During this quarter the NWSSP Counter Fraud Manager received 6 new referrals for investigation. A summary of the investigation caseload is as follows

	Caseload	Q2 (2025/26)	
		No	
A	Cases b/f	5	
B	Add No. new of cases opened	6	
C	Total Caseload during Q2 (a+b)	11	
D	Less Cases closed or Transferred during Q2	2	
E	Cases open at end of Q2 (c-d)	9	
	Fraud Prevented or Recovered	Year Total (2025/26)	Year Total 2024/2025 for comparison
		£	£
	Financial Recoveries	0	£11,474.88
	Total Prevented / Recovered	0	£11,474.88
	Number of sanctions	0	3

5. Local Proactive Exercises

As part of the Government Functional Standards LCFS are required to conduct Local Proactive Exercises (LPEs) and Fraud Risk Assessments and record them on the CLUE case management system. LPEs should be conducted on a local risk-based approach, can be directed by NHS CFA, or pursued as a result of an action point e.g. from an investigation, a Fraud Prevention Notice (FPN) or a wider nationally driven

The NWSSP LCFM also assists and advises other NWSSP / NHS Staff, LCFS colleagues and NHS CFS Wales with queries on fraud related matters. Data is now requested by NHS CFS Wales on the volume of queries and advice received in relation to fraud matters, as such a record is logged and maintained on queries and assistance provided on such matters.

The NWSSP LCFM received 35 queries during Q2 from a wide range of topics including several Mandate Fraud checks, National Fraud Initiative (NFI) checks, Recovery of Salary Overpayments, systems queries and Fraud referrals.

The LCFM meets regularly with Lead LCFS Colleagues at the Counter Fraud Liaison Group and also attended the CFS Wales / LCFS Forum at Mamhilad on 23rd September 2025.

The LCFM also continues to liaise with the Cyber Security Team on Cyber threats such as Phishing and Spam email concerns and more recently fraud risks from the use of Artificial Intelligence.

LPEs were also conducted following the issue of the fraud risks identified from the issue of Fraud Alerts and Intelligence Bulletin's (IBURNs) relating to:

6. Fraud Prevention Notices (FPNS) and IBURNs (Intelligence Bulletins)

Fraud Alerts

On 24th July 2025 a Fraud Prevention Notice was issued to relevant staff on Payment Diversion Fraud.

7. Other

Failure to Prevent Fraud - The Economic Crime and Corporate Transparency Act 2023

The new criminal offence of Failure to Prevent Fraud under the Economic Crime and Corporate Transparency Act 2023 (the Act) became effective from 1st September 2025 and the activity of NWSSP is likely to be covered by the Act. The genesis of the Act is fraud in the commercial sector but it does also cover large public sector organisations.

The LCFM and Assistant Director of Corporate Services attended Counter Fraud Authority training on the Act in July 2025. The LCFM has liaised with The Director of Finance and Corporate Services and Assistant Director of Corporate Services to review whether NWSSP has reasonable procedures in place to prevent fraud as required by the Act.

The LCFM has already delivered awareness sessions explaining the details and requirements of the Act to the NWSSP Senior Leadership Group, the Procurement Senior Leadership Group and all Accounts Payable staff. Details of the new offence are also included in all fraud awareness sessions.

The Act centres on an organisation benefitting from fraud perpetrated by an employee or agent. Case history in the NHS in Wales does not appear to have any cases that would have come under the Act had it been in place at the time. The NHS compared with other sectors has well-developed counter-fraud arrangements and the annual review and submission of the Counter Fraud Authority Functional Standards Return and reporting to Audit Committees ensure that arrangements in place to prevent and detect fraud are in place and operating effectively.

The only area in the most recent NWSSP Return which was 'amber' rated was risk assessment which had been planned to be addressed during 2025-26 and the Act has provided further focus to this area.

The LCFM is currently working with the Assistant Director of Corporate Services to develop and enhance recording of fraud risks and fraud risk assessments at NWSSP.

The implications of the Act are also being discussed at an all-Wales level in the Counter Fraud Steering Group and the Counter Fraud Liaison Group in order to ensure a consistent approach. Further updates will be provided to the Audit Committee as the approach develops.

National Fraud Initiative

Payroll data has been uploaded; analysis has commenced and is ongoing. Some anomalies have been detected and are being examined further with relevant staff. One case has been generated as an investigation as reported earlier in this report.

The LCFM has also recently liaised with Audit Wales to discuss work carried out on NFI.

Training for Finance Staff

The LCFM has also coordinated a review with the NWSSP Finance Business Partner with the lead for learning and development on the HMFA Healthcare Financial Management Association Fraud Awareness Training aimed at Finance Staff which counts towards their Continuing Professional Development. They have liaised together with a view to refreshing content in that training to ensure that it includes references to Counter Fraud arrangements relevant to NHS Wales.

Mark Weston, NWSSP Local Counter Fraud Manager

17th October 2025

Integrated Medium Term Plan (IMTP)

2026-2029

Progress Update

*Delivering Value, Innovation
and Excellence through
Partnership*

Strategic Context

- A three-year IMTP requirement: running from April 2026 to March 2029 to be submitted to Welsh Government.
- NHS Planning Framework for 2025-29 not yet published – scheduled for November 2025.
- Financial allocation letter from Welsh Government – anticipated December 2025.
- Ministerial priorities targeted at Health Boards primarily – *early indications are set out on the next slides.*
- Our contribution will be to align our plans to support Health Boards to deliver.



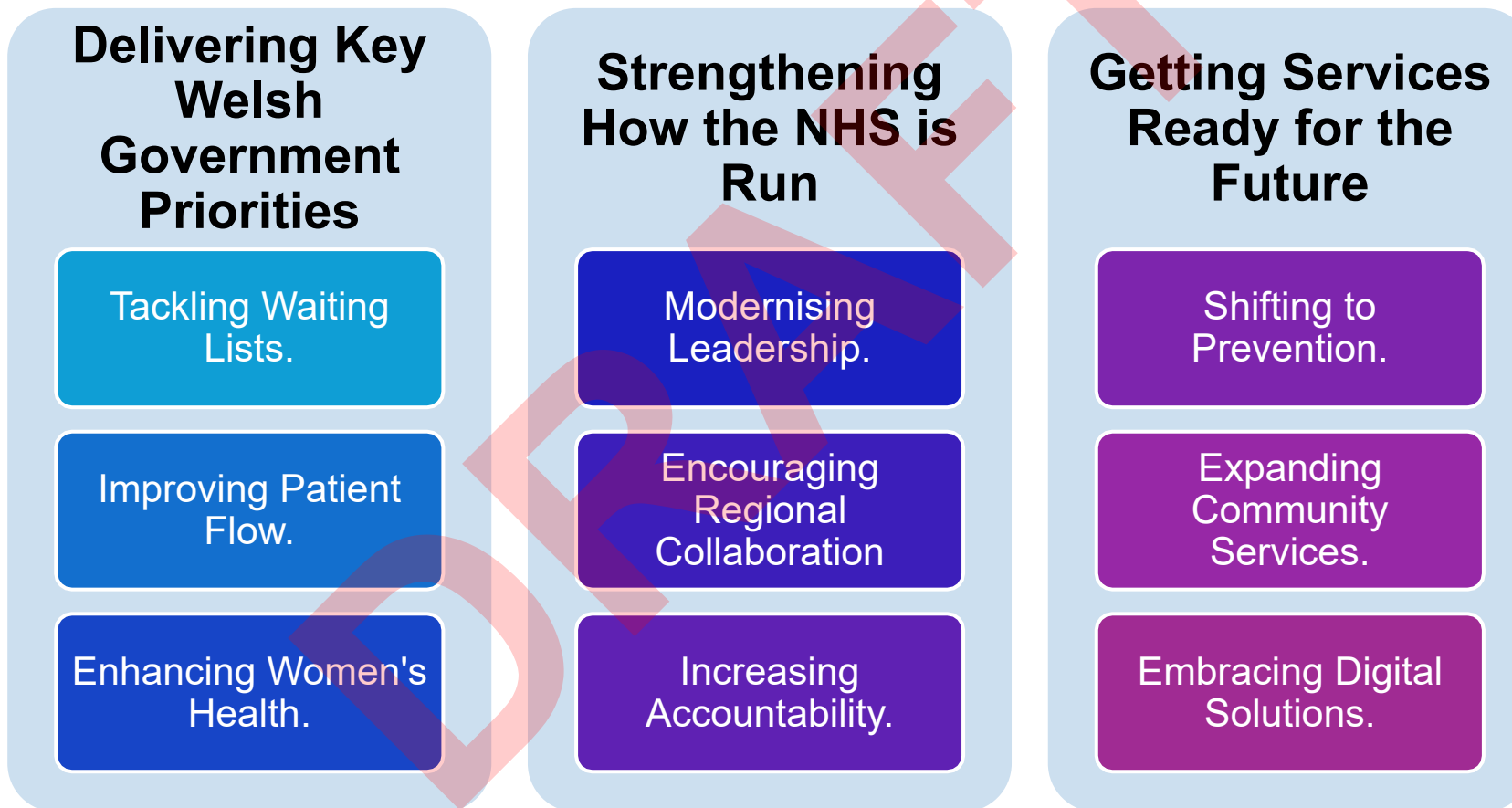
NHS WALES SHARED SERVICES PARTNERSHIP

Integrated Medium Term Plan 2025-2028

Delivering Value, Innovation and Excellence through Partnership

WG - Focus for the year ahead

The focus on key areas for NHS Wales are:



Where are we now?

- Year 1 2025-26, we currently have a balanced financial plan however, with some significant risk.
- Plan was approved by SSPC in Feb 25 and letter from WG received in July 25.
- A continued challenging financial position across NHS Wales and the need for us to deliver additional savings to our Partners.
- There is a growing emphasis on opportunities related to value and sustainability workstreams.
- Most of our planned objectives are on track to deliver in year or carry over as planned.

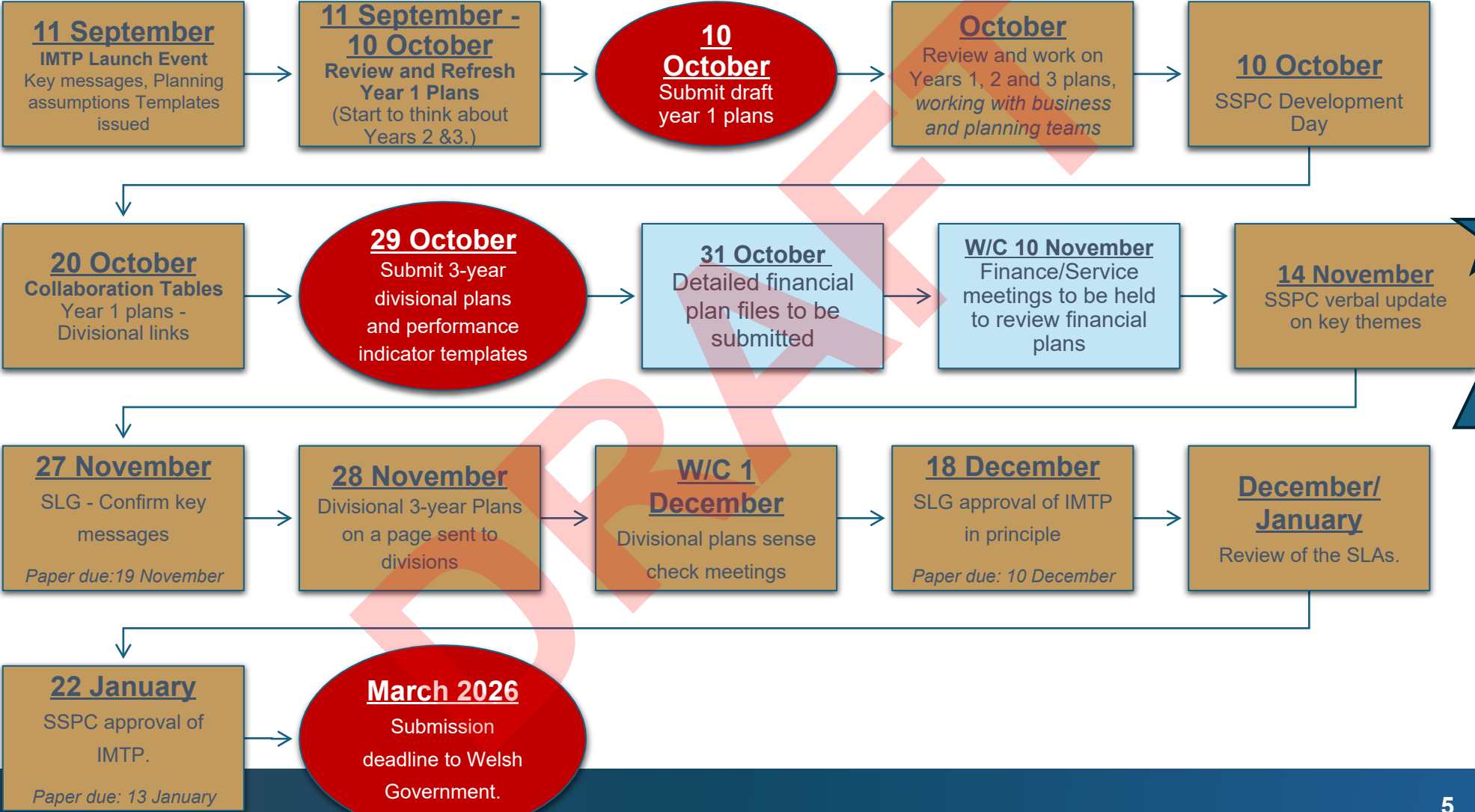


NHS WALES SHARED SERVICES PARTNERSHIP

Integrated Medium Term Plan 2025-2028

Delivering Value, Innovation and Excellence through Partnership

IMTP Timeline



- SSPC development day – realigning our Strategy
- Discussions held during quarterly reviews with Health Organisations how NWSSP can help with their planning
- Attendance and discussions at Peer groups
- Development and scrutiny of divisional plans with staff, including quarterly reviews
- Engagement with staff – LPF, Equality, Diversity and Inclusion groups etc

 **27 November** – Senior Leadership Group (SLG) to confirm key messages.

 **28 November** – Divisional plans on a page developed and shared with Divisions.

 **W/c 1 December** – Plan scrutiny and sense checking.

 **W/c 1 December** – SLA Review.

 **18 December** – Plans in principle approved by SLG.

 **22 January** – IMTP submitted for approval by Shared Services Partnership Committee (SSPC).

Questions

*Delivering Value, Innovation
and Excellence through
Partnership*

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	7 November 2025
PRESENTED BY	Alison Ramsey, Director of Finance and Corporate Services, NWSSP
PREPARED BY	Linsay Payne - Deputy Director of Finance & Corporate Services, NWSSP
TITLE OF REPORT	2025/26 Losses & Special Payments reporting – Quarters 1 & 2
PURPOSE The purpose of this paper is to provide the Audit Committee with an update in relation to losses written off and special payments made during the period 1 st April 2025 to 30 th September 2025 in accordance with Standing Financial Instructions and the Welsh Government's Manual for Accounts Chapter 6.	

1. INTRODUCTION

This report provides an update to the Audit Committee of losses written off and special payments made during the period 1st April 2025 to 30th September 2025.

This report does not cover any bad debt write offs for NWSSP as these are reported by Velindre University NHS Trust as part of their losses reporting to the Velindre University NHS Trust Audit Committee.

2. ASSESSMENT/SUMMARY OF MATTERS FOR CONSIDERATION

There are different categories of losses and special payments as summarised below.

- (a) **Stores: stock cycle count adjustments** – these are any net gains/losses that are identified as part of the regular stock cycle counts undertaken which ensures each item of stock is counted and verified within a rolling 12-month period. These will be charged to the income & expenditure account during the financial year.
- (b) **Stores: slow moving/obsolescent stock losses** – these relate to the write off of stock which is required because a stock line is

no longer being utilised across NHS Wales, or where stocks have reached their expiry date. We make a provision within the financial accounts for these losses so there should be minimal, if any, charge to the income and expenditure account during the financial year as they will be offset by a release of the provisions established and reviewed on an annual basis.

- (c) **Stores: damaged stock** – this is where stock unintentionally becomes damaged and needs to be written off. This will be a charge to the income and expenditure account during the financial year.
- (d) **Stores: inter-store deliveries** – this issue arises when stock is moved between stores and the volumes/values issued from one store do not reconcile to the volumes/values written on to another store. These usually arise due to manual inputting errors onto Oracle. If these arise there will be a charge to the income and expenditure account during the financial year.
- (e) **Pharmacy** – these losses relate to wastage incurred as part of the pharmacy production process and will be a charge to the income and expenditure account during the financial year.
- (f) **Special Payments** – these are payments that fall outside the normal day-to-day business of the services delivered by NWSSP. The Manual for Accounts expects these to fall into one of four main categories (i) compensation payments made under legal obligation (ii) extra contractual payments to contractors (iii) ex-gratia payments (iv) extra statutory or extra regulatory payments.
- (g) **Other** – ad hoc losses that we need to report and bring to the attention of the Audit Committee. These may or may not already have an associated provision which will impact whether there is any charge to the income and expenditure account during the financial year.

Chapter 6 of the Manual for Accounts identifies Organisations have a £50,000 delegated limit in relation to stock losses. We have applied this limit to the value of any individual stock line when a loss has been incurred within our stores. If a loss in excess of £50,000 is identified, we are required to complete an Annex 3 losses form and submit this to Welsh Government for approval.

The table below summarises the value of the losses under different headings for the period 1st April 2025 to 30th September 2025:

	Q1 £	Q2 £	Total £
(a) Stores - stock cycle count adjustments	5,500	20,282	25,782
(b) Stores - slow moving/obsolescent stock losses	55,549	64,726	120,275
(c) Stores - damaged stock	316	116	432
(d) Stores - inter stores deliveries	0	112	112
(e) Pharmacy stock waste	268	1,056	1,324
(f) Special payments	483,254	0	483,254
(g) Other	0	0	0
TOTAL	544,887	86,292	631,179

For context, the value of stock at 30th September 2025 was £22.872m and the value of stock issues from 1st April 2025 to 30th September 2025 was £26.513m.

In relation to the year-to-date losses reported, key points to note are:

1. There are circa 1,350 stock lines cycle counted each quarter. The stock lines are sampled automatically and randomly by the stock management system, and the value of adjustments each quarter will differ depending on the lines sampled. There were no individual stock lines that required a cycle count adjustment in excess of £5k during the period.
2. All the £120,275 of slow moving/obsolescent stock losses were covered by existing provisions so there is no in year charge to the income & expenditure account in 2025/26. There were five stock lines with cumulative write off values during the period in excess of £5,000 (£47,664 in total for the 5 lines). The finance team have reviewed these and have not identified any issues or concerns. There were no individual stock lines with a write off value in excess of £50,000.
3. The £483,254 of special payments relate to four payments and one provision agreed under COT3 agreements which are legally binding once terms are submitted to ACAS.

The four payments made total £474,004 and relate to COT3 settlements reached in advance of employment tribunal proceedings for two cases filed for disability discrimination, one for injury to feelings and one for unlawful deduction of wages.

Two of these cases with a combined settlement value of £219,315 relate to Single Lead Employee trainees and the losses were recharged to the host NHS Organisations.

The other two losses totalling £183,689 were the responsibility of NWSSP and both were fully provided for in the 2024/25 accounts so there is no charge to income and expenditure in the 2025/26 financial year.

As required in Chapter 6 of the Manual for Accounts, Annex 3 templates have been completed and Welsh Government have noted these payments as approval is not required given the payments are legally binding under COT3 agreements. The four payments that have been made to date in 2025/26 were reported to the Velindre University NHS Trust Remuneration Committee in July 2025.

One case for less than £10k can only be recognised as a provision for a loss as the settlement agreement noted that these costs are only payable upon the provision of evidence of the expenditure being incurred. We are in negotiations with the relevant health bodies regarding the apportionment of the liability for these costs. Losses would only normally be reported to Audit Committee when they have been incurred but given the COT3 agreement this is now formally being noted in advance of any payments being made.

4. There are no items with any value noted as 'other', however 81 boxes of out-of-date gowns were donated to Ukraine for training exercises. These had previously been written off and reported as a loss so there is no financial implication of this donation.

3. ACTION

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

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	07 November 2025
PREPARED BY	Carly Wilce, Corporate Services Manager, Gemma Roscrow Procurement Services and Leanne Wright Procurement Services
PRESENTED BY	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	Governance Matters, NWSSP Expenditure
PURPOSE The purpose of this paper is to provide the Audit Committee with a brief update on governance developments within NWSSP and details of the contract activity within the period.	

1. STANDING ORDERS AND FINANCIAL INSTRUCTIONS (SO's and SFI's)

There was **1** occasion where contract awards were not progressed in accordance with Standing Orders. Activity is shown for the items listed in **Appendix A** and reasons for breaches have been provided.

2. CONTRACTS FOR NWSSP

The table below summarises contracting activity undertaken during the period **25 June 2025 to 22 October 2025**. Details of the contract activity for the period is set out in **Appendix A**.

Description	No.
Retrospective Non-Compliant Activity	1
Contracts value breached/extended at risk as a result of emergency/unforeseen circumstances	0
Invitation to competitive quote of value between £5,000 and £25,000 (excl VAT)	18
Invitation to competitive tender - £25,000 and the OJEU threshold	3
Single Tender Actions	0
Single Quotation Actions	2
Direct Call Off against National Framework Agreement	15
Mini competition against National Framework	3
Contract Change Notice (CCN)	0
Total	42

3. GIFTS, HOSPITALITY & SPONSORSHIP

Following the most recent Audit Committee meeting, five declarations concerning Gifts, Hospitality, or Sponsorship were made, all of which were approved the Managing Director approved. The details of which are as follows:

NWSSP Job Title	Dept	Type of Sponsorship	Date of Event	Donated by/Source of Hospitality	Description	Approx Value	Accepted or declined	Date of approval
Head of AP Division	F&C*	Hospitality	25 and 26/09/25	Fiscal Tec, Reading	The service has been allocated 4 tickets to attend the annual EMPOWER Conference that is held in Reading on the 25th/26th Sept and involves an overnight stay. Fiscal Tec are our service provider for Duplicate Payment & Statement Reconciliation software. Historically the services are only offered 2 tickets but in recognition of the input made by NHS Wales in developing their Statement Reconciliation software we have been allocated 4 tickets. The two-day event is facilitated by Fiscal Tec but there are several guest speakers, including the NHS. It's a great opportunity for the team to meet the software leads and network	Travel - £316 ticket and overnight stay - £1,560 Total - £1876.00	Accepted: This is a repeat of many annual events which have been jointly staged in previous years. However, only 4 of 6 tickets offered were accepted.	30/07/2025
Director of Specialist Estates Services	SES*	Hospitality	21-22/10/2025	Joint IHEEM Healthcare Estates Conference Manchester. IHEEM stands for the Institute of Healthcare Engineering & Estate Management.	Director of Specialist Estates has been invited to the event to attend as a speaker and panellist to represent NHS Wales at the conference: They have also been invited as a guest of the IHEEM President to attend the Gala awards dinner. IHEEM is a registered Charity (257133) and arranges similar events around UK and Ireland.	£240.00 (Event ticket price) £150.00 (Gala Dinner) Total: £390:00	Accepted: This is a repeat of many annual events which have been jointly held in previous years. In essence, IHEEM pay the costs of the event (through private company sponsorships and admission fees for delegates). In return, NWSSP provide administrative and technical support and offer speakers for the event on subjects relating to NHS Wales. The partnership between NWSSP and IHEEM in organising the Wales Regional Conference, Exhibition, and Gala Awards	17/10/2025

					Travel has been funded by NWSSP.		Dinner allows for the sharing of expertise and networking opportunities for professionals in the field.	
Head of Estates	F&C*	Hospitality	21-22/10/2025	Joint IHEEM Healthcare Estates Conference Manchester. IHEEM stands for the Institute of Healthcare Engineering & Estate Management.	Head of Estates is attending the event as a delegate and is not attending the gala dinner. There are no costs to the NHS. Travel funded by NWSSP.	£0	Accepted This is a repeat of many annual events which have been arranged in previous years. IHEEM is a registered Charity (257133) and arranges similar events around UK and Ireland.	20/10/2025
Director of Finance and Corporate Services	F&C*	Hospitality	08/10/2025	Oracle Enterprise Performance Management (EPM) – Shaping the Future of Decision Making – accelerating reporting cycles and unlocking AI-powered insights; Oracle Office London.	Presentation by supplier of latest system developments and case study stories from other customers sharing their experiences; good and bad, of system change and implementation. Lunch and coffees provided by supplier. Travel by train funded by NWSSP.	£20:00	Accepted Informative session delivered by the supplier, outlining the latest system developments, which are essential for the service to generate meaningful insights.	08/10/2025
Head of Safety and Learning	WRP	Sponsorship	21 & 22 October 2025	RLDatix: 1 Church Rd, London TW9 2QE	Funding from RLDatix to NWSSP to facilitate members of the Welsh Risk Pool Safety & Learning Pool to attend the event, which is a national event. The funding is effectively free places (at a full cost of £429 per person). Eight places have been provided as NHS Wales is presenting at the event. The organiser has also negotiated half price accommodation for those attending (which represents a £50 saving per person) – which applies to all attendees who book early.	£3,353:00	Accepted National learning event.	20/10/2025

- *SES, Specialist Estates Services, F&C, Finance & Corporate Services and WRP, Welsh Risk Pool*

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4. WELSH GOVERNMENT QUARTERLY UPDATE

On a quarterly basis, we issue a letter to the Director General of Health and Social Services at Welsh Government to confirm any Audit Reports which have achieved limited or no assurance. NWSSP has reported a nil return for the Q2 period.

6. RECOMMENDATION

The Committee is asked to **NOTE** the report.

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APPENDIX A - NWSSP Contracting Activity Undertaken (25/06/2025 to 22/10/2025)

Retrospective Non-Compliant Activity (1)

This is activity where departments have engaged suppliers directly without seeking Procurement involvement and therefore, have incurred a direct breach of SFI's.

Please note:

The Assistant Head of Operational Procurement presented at NWSSP SLG on 19th September 2024, to remind divisions of their responsibilities and obligations of 'Procurement best practice' and importance of adherence to SFIs. Subsequent sessions have taken place with People and OD, Legal and Risk and Digital and Workforce Productivity Services. A further education session will be held in NWSSP's SLG on 13th November 2025.

No.	Division /Service	Procurement Ref No	Period	SFI Reference/ Compliance	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/ Circumstance/ Issue	Procurement Action Required
1.	People and OD	AC (NWSSP 25-26) 020	22 nd January 2025 to 13 th May 2025	Retrospective non-compliant activity	Occupational Health Assessment	The Independent General Practice	£6,324.00	Retrospective	Review of ongoing requirements and provision of longer-term compliant agreement.

Please note the planned action regarding retrospective POs:-

- The Procurement team will liaise with the relevant stakeholders to ascertain why orders are retrospective and agree process i.e. add to Oracle catalogue or formalise a contract to prevent them going forward.
- The Accounts Payable team have refreshed and relaunched the No PO No Pay Policy initiative with Procurement colleagues across the whole of NHS Wales in September 2024. Letters have gone from the Directors of Finance and Procurement to Oracle Users and Suppliers alike.
- NWSSP Finance team also reporting NWSSP retrospective POs as part of monthly finance report to the Senior Leadership Group by Division.

Contracts value breached/extended at risk as a result of emergency/unforeseen circumstances (0)

Report of Single Tender/Quotations Actions - Prospective (2)

No.	Division/Service	Procurement Ref No	Period	SFI Reference/Compliance	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance/Issue	Procurement Action Required
1.	Laundry Services	NWSSP-SQA-(2025/26) 36	One off requirement	SQA	Supply and Fit Springing to 3 Roll BMM Weston 1050 X 300 Ironer to Include Supply & Fit of Felt	Severn Side	£10,777.28	Emergency works required to prevent damage to stock and orders unable to be fulfilled. Severn Side were the only supplier able to provide the emergency works within 24 hours.	N/A
2.	Specialist Estates Services	NWSSP-SQA-(2025/26) 46	28 th September 2025 to 27 th September 2028	SQA	Online Property Database	CoStar	£9,480.00	Sole supplier of online property database providing comparable information of property search and availability functions.	N/A

Compliant Activity Delivered (39)

No.	Division/Service	Procurement Ref No	Period of Agreement	SFI Reference/Compliance	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance/Issue	Procurement Action Required
1.	Laundry Services	NWSSP-MIN-MULTIRA352033	14 th July 2025 to 13 th July 2028	Quotation	Steam Generator Treatment	Nalco	£18,506.88	Quotation exercise via Multiquote portal	N/A
2.	Specialist Estates Services	NWSSP-MIN-MULTIRA351904	28 th July 2025 to 27 th July 2026	Quotation	Subscription to an online Construction Technical Information Library	Accuris	£12,226.00	Quotation exercise via Multiquote portal	N/A
3.	Procurement Services Supply Chain	NWSSP-MIN-MULTIRA352437	11 th August 2025 to 10 th August 2026 with option to extend to 10 th August 2027	Quotation	Ad hoc building works at Bridgend Stores	Hunt Construction	£24,999.99	Quotation exercise via Multiquote portal	N/A

4.	Procurement Services Supply Chain	NWSSP-MIN-MULTIRA352436	11 th August 2025 to 10 th August 2026 with option to extend to 10 th August 2027	Quotation	Ad Hoc Electrical Works at Bridgend Stores	Amberwell	£24,999.99	Quotation exercise via Multiquote portal	N/A
5.	Pharmacy Services	NWSSP-MIN-MULTIRA351900	28 th July 2025 to 27 th July 2026	Quotation	Q-Pulse Software	Ideagen	£17,049.34	Quotation exercise via Multiquote portal	N/A
6.	Pharmacy Services	NWSSP-MIN-MULTIRA351992	1 st August 2025 to 31 st July 2025	Quotation	Server Maintenance Contract	WJP Software Limited	£12,630.00	Quotation exercise via Multiquote portal	N/A
7.	Procurement Services Supply Chain	NWSSP-MIN-MULTIRA352819	25 th August 2025 to 24 th February 2026	Quotation	Power pallet Trucks and associated goods and services	Smartlift Limited	£24,999.00	Quotation exercise via Multiquote portal	N/A
8.	Corporate Services	NWSSP-MIN-MULTIRA352562	One off procurement	Quotation	Replacement of Ventilation Fans in 1 st Floor Gents Washroom at Matrix House	Facility Services Group Limited	£6,677.38	Quotation exercise via Multiquote portal	N/A
9.	Specialist Estates Services	SSP-RFQ-MULTIRA353058	15 th September 2025 to 13 th September 2028	Quotation	Distance Learning Building Services Engineering Masters Degree One individual	Brunel University London	£14,400.00	Quotation exercise via Multiquote portal	N/A
10.	Laundry Services	SSP-RFQ-RA352237	One off procurement	Quotation	Replace and Install Ironer and Dryer Ducting	Cherry Tree Machines	£8,474.00	Quotation exercise via Multiquote portal	N/A
11.	Estate Services	SSP-RFQ-RA352734	One off procurement	Quotation	Companies House Removals	Masons Moving Group	£13,750.00	Quotation exercise via Multiquote portal	N/A
12.	Estate Services	SSP-RFQ-RA353130	One off procurement	Quotation	Door Access System at Matrix House	Facility Services Group Limited	£7,355.18	Quotation exercise via Multiquote portal	N/A
13.	Laundry Services	SSP-RFQ-RA353192	One off procurement	Quotation	Carmarthen Floor Plates	MEC Industrial Engineering	£7,999.00	Quotation exercise via Multiquote portal	N/A
14.	Primary Care Services	SSP-RFQ-RA353236	8 th October 2025 to 31 st December 2025 with the option to extend for a further 12 weeks	Quotation	Lease of 2 pushable Mobile Elevated Work Platforms	Height Lift and Shift Limited	£7,824.00	Quotation exercise via Multiquote portal	N/A

15.	Laundry Services	SSP-RFQ-RA353296	1st October 2025 to 31st September 2027	Quotation	Steam Generator Water Treatment at Green Vale	Babcock Wanson via DEEP Water Blue	£19,686.00	Quotation exercise via Multiquote portal	N/A
16.	Procurement Services Supply Chain	SSP-RFQ-RA353556	6 th October 2025 to 5 th March 2026	Quotation	Interim HGV Driver Agreement	Owens Roads	£24,999.00	Quotation exercise via Multiquote portal	N/A
17.	Specialist Estates Services	SSP-DCO (25-26) 67	21st July 2025 to 31st December 2025	Direct Award	Quantity Surveyor Support	Mace Group	£20,000.00	Direct Award via SBS Framework - SBS10190	N/A
18.	Primary Care Services	NWSSP-DCO (25/26) 68	31 st August 2025 to 30 th August 2026	Direct Award	Disposal of Prescriptions	Restore Datashred	£7,800.00	Direct Award Via ESPO Framework 981_23 Secure Shredding And Disposal Services (Confidential Materials)	N/A
19.	Specialist Estates Services	SSP-DCO (25-26) 71	1 st August 2025 to 1 st December 2025	Direct Award	Net Zero building guidance	Mott McDonald	£24,539.40	Direct Award via SBS Framework - SBS10190	N/A
20.	Procurement Services Supply Chain	SSP - DCO (25-6) 82	12th August 2025 – 11th August 2026	Direct Award	Bird Control at IP5	Rentokil	£17,640.00	Direct award via ESPO pest control framework	N/A
21.	Pharmacy Services	SSP - RFQ (25-26) 83	One off requirement	Quotation	Fume Cupboard	Clean Air Ltd	£10,264.00	3 quote exercise	N/A
22.	Pharmacy Services	SSP-RFQ (25-26) 94	One off requirement	Quotation	Radiopharmacy Cleaning Room Equipment	Mark Finn Laboratory Furniture Ltd	£18,606.44	3 quote exercise	N/A
23.	Procurement Services Supply Chain	SSP-DCO (25-26) 95	One off requirement	Direct Award	Fire extinguishers at IP5	Brunel Security Ltd	£5,768.00	Direct Award via SBS framework	N/A
24.	Procurement Services Supply Chain	SSP-DCO (25-26) 99	1 st October 2025 to 10 th January 2026	Direct Award	Provision of Pest control services at IP5	Rentokil UK Ltd	£6,044.00	Direct Award via SBS framework	N/A

25.	Procurement Services Supply Chain	SSP-DCO (25-26) 101	6 th October 2025 to 24 th October 2025	Direct Award	SCLT Data and Analytics Support	Bramble Hub (Hatmill)	£15,500.00	Direct award via CCS RM6309	N/A
26.	Procurement Services Supply Chain	SSP-DCO (25-26) 102	6 th October 2025 to 5 th October 2026	Direct Award	IP5 Labs 1 & 2 - Breakdown Response and Ancillary Works	Whitehead	£24,999.00	Direct award via Cardiff and Vale Health Board Building Framework	N/A
27.	Procurement Services Supply Chain	NWSSP-MIN-59282	1 st August 2025 to 31 st July 2026 with the option to extend for a further 2 years	Mini Competition	Labs Mechanical Servicing In IP5	Whitehead Building Services Limited	£72,656.15	Mini competition via Cardiff and Vale Health board Building Framework 2	N/A
28.	Pharmacy Services	NWSSP-DCO (25-26) 70	21 st July 2025 to 20 th July 2026	Direct Award	Maldi Biotyper Mass Spectrometer	Bruker Ltd	£21,500.00	Direct Award via Procurement Act	N/A
29.	Laundry Services	SSP-DCO (25-26) 73	1 st September 2025 to 31 st November 2025 with option to extend for a further 3 months	Direct Award	Interim NWSSP Laundry Linen Products	Interweave & James Walker	£250,000.00	Direct Award via NHS Supply Chain Textiles and Associated Products 2021/S 163-430013	N/A
30.	Digital Services	SSP-DCO (25-26) 84	One off requirement	Direct Award	IP5 Networking Switches	Insight Networking Solutions	£35,744.82	Direct Award via CCS Framework RM6098	N/A
31.	Estate Services	SSP-MIN-59833	29 th September 2025 to 31 st January 2026	Mini Competition	Condition Appraisal & Estate Asset Survey	RSK Environment	£64,665.00	Mini competition via NHS SBS Framework SBS10190	N/A
32.	Procurement Services	ICT-DCO-59510	1 st October 2025 to 30 th September 2027 with the option to extend to 30 th September 2028	Direct Award	Provision of Multiquote	Elcom	£181,500.00	Direct Award via G Cloud 14	N/A
32.	Procurement Services Supply Chain	NWSSP-FTS-59413	One off project to be completed by the end of March 2026	Tender Exercise completed, contract not award due to funding	Roof Over Sheeting Project at IP5	Total Roofing Solutions and Building Services Ltd	£2,018,270.83	Open Tender	N/A
33.	Corporate Services	ICT-ITT-59755	12 th December 2025 to 11 th December 2028 with the option to	Tender Exercise	BACS System	Interbacs Ltd	£44,470.00	Open Tender	N/A

			extend up to 11 th December 2030						
34.	Procurement Services	SSP-DCO (25-26) 100	20 th October 2025 to 31 st July 2026 with the option to extend up to 31 st December 2026	Direct Award	Call-off amount for Legal Services required to facilitate recovery of outstanding debt.	Blake Mogran LLP	£120,000.00	Direct Award via CCS Public Sector Legal Services	N/A
35.	Pharmacy Services	DIGI-DCO-60640	One off procurement	Direct Award	Pharmacy Case Management System (CMS)	Trustmarque	£134,343.00	Direct award via The North of England Commercial Procurement Collaborative (NOE CPC) Total Technology Solutions (NOE.0552)	N/A
36.	Laundry Services	SSP-DCO (25-26) 107	8 th October 2025 to 28 th February 2026	Direct Award	Interim NWSSP Laundry Linen Products (2)	Interweave	£250,000.00	Direct award via NHS Supply Chain Textiles and Associated Products 2021/S 163-430013	Longer term agreement currently being procured.
37.	Laundry Services	SSP-FTS-59700	3 rd November 2025 to 31 st March 2026 for manufacture and installation 3 rd November 2025 to 2 nd November 2035 for supply and operation of monitoring systems, routers and secure web portal.	Tender Exercise	Heat Recovery Systems for NWSSP Laundry Production Units	Ecolab Limited	£637,770.72	Open Tender	N/A
39.	Laundry Services	SSP-MIN (25-26) 77	20 th October 2025 to 31 st March 2026	Mini Competition	Laundry Ventilation Services	Avrenim Group	£299,561.02	Mini Competition via CCS Facilities Management and Workplace Services Framework RM6232	N/A

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	07 November 2025
PREPARED BY	Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services
PRESENTED BY	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	Governance Matters, All Wales Contracting Activity
PURPOSE	The aim of this paper is to give the Audit Committee a concise update on the All Wales contracting activities carried out by NWSSP Procurement Services for NHS Wales Organisations during the reporting period.

1. NWSSP PROCUREMENT SERVICES ALL WALES CONTRACTING ACTIVITY

At the July meeting, 12 contracts were in progress and have since been approved; a summary of this activity is provided in **Appendix A**. Since the last report to the Audit Committee and up to 10 October 2025, seven new contracts have reached the briefing stage, while ten have progressed to ratification. Additionally, five extensions have been utilised, and a summary of this activity is presented in **Appendix B**.

2. RECOMMENDATION

- The Committee is asked to **NOTE** the All Wales Contracting Activity in **Appendix A** and **Appendix B**.

1. NWSSP PROCUREMENT SERVICES ALL WALES CONTRACTING ACTIVITY

“All Wales” contracting activity, also referred to as national procurement activity, is undertaken by NWSSP Procurement Services on behalf of all participating NHS Wales organisations (Boards, Trusts and Special Health Authorities). For the purposes of the “All Wales” procurements, Velindre University NHS Trust is named as the Contracting Authority due to the lead procurement role undertaken by NWSSP Procurement Services to establish the contract. The approvals for “All Wales” contracts are sought and obtained through each participating NHS Wales organisation’s own governance arrangements prior to approval/noting from WG and the subsequent final award of contract. These local organisational approvals include Velindre University NHS Trust where it is a participant in an “All Wales” contract.

Upon establishment of an “All Wales” contract, each NHS Wales organisation will enter into its own contract with the contractor through a “draw down” contract and/or through the issuing and receipt of purchase orders. This combination of NHS Wales organisational input into the establishment of the “All Wales” contract and their role in the operation of the contract, following award, moves risk significantly to the participating organisations and the contractor(s) throughout the life of the contract with the “All Wales” contract acting as the vehicle through which NHS Wales organisations access and operate the agreed arrangements.

Since the last report to Audit Committee, up until 10 October 2025, 7 new contracts are at briefing stage, and 10 have progressed to ratification stage. In addition, 5 extensions have been utilised. 12 contracts that were reported to the previous Audit Committee have now been approved and a summary of the activity for the period is set out in Appendix A.

To provide further clarity, the “Procurement Stage” referred to as “Briefing” within Appendix A is a pre-notification of the intent to commence a procurement in order to establish a contract for the goods/services as described. The Briefing paper is, following approval by NWSSP Director of Procurement Services, issued to Welsh Government for noting for contracts valued at £1 million and over.

The “Procurement Stage” referred to as “Ratification” within Appendix B is the post-procurement stage where approval is sought for the contract to be awarded. The Ratification Paper will contain the details of the procurement process undertaken (in line with the plan outlined in the Briefing Paper) and the proposed details pertaining to the award. The Ratification Paper is approved by the NWSSP Director of Procurement Services, Welsh Government (for contracts valued at £500,000 or above), NWSSP Managing Director (for contracts valued at £750,000 and over) and NWSSP Chair (for contracts valued at £1 million and over).

APPENDIX A - All Wales Contracting Activity (12/06/2025 – 10/10/2025)

The table below provides the current position of the contracting activity during the period June to October 2025 in respect of contracts reported to the previous meeting of the Committee.

No	Contract Title	Proc. Stage	Total Value	Proc Services Director approval	WG approval >£500k	NWSSP Managing Director approval >£750k	NWSSP Chair Approval >£1m
1.	Biomass 2 Woodchip and Wood Pellet fuel biomass is used as a heating fuel by organisations across Wales which have a requirement <i>Anticipated contract start 01/08/2025 to 31/07/2028 & option to extend for an additional 12 months</i>	Briefing	£1,557,894	22/04/2025	07/07/2025	Not applicable at this stage	Not applicable at this stage
2.	Provision of a Diploma in Healthcare Planning for NHS Wales including opportunity for Masters contract for the provision of a Diploma in Healthcare Planning for NHS Wales Planning staff who worked within Health Boards, Trust including hosted organisations Joint Commissioning Committee Joint Commissioning Committee (JCC), Special Health Authority's - Digital Heal Care Wales (DHCW) and Health Education and Improvement (HEIW)) along with Welsh Government staff. <i>Anticipated contract start 01/09/2025 for 10 years (with an option to review course contents every 3 years)</i>	Briefing	£1,520,000	28/04/2025	02/07/2025	Not applicable at this stage	Not applicable at this stage
3.	Insulin Pumps, CGM, Associated diabetes consumables and technology Type 1 Diabetes Mellitus is a chronic metabolic disease wherein the body is unable to produce a hormone called insulin, causing high blood glucose levels. Patients need to take insulin daily. Comorbidities associated with type 1 diabetes include heart disease, stroke, kidney disease and sight issues <i>Anticipated contract period: 01/02/2026 – 31/01/2030</i>	Briefing	£88,280,976	14/04/2025	07/07/2025	Not applicable at this stage	Not applicable at this stage
4.	Parc Prison GP in and out of hours – CTM The purpose of healthcare in prisons and YOIs is to provide an excellent, safe, and effective service to all ensuring the quality of services delivered (and access to services) is of an equivalent standard to that of the community. This is both in terms of range of interventions available to patients which meet their needs, and the quality and standard of those interventions	Briefing	£2,151,000	14/04/2025	07/07/2025	Not applicable at this stage	Not applicable at this stage

	<i>Anticipated contract start: Initial Term: 01/10/2025 – 30/09/2026, Extension Options: 01/10/2026 – 30/09/2027 and 01/10/2027 – 30/09/2028</i>						
5.	Waste Bags & Aprons This includes both clinical and general refuse waste, as well as specialised bags for specific uses such as mattress disposal. These bags are manufactured to meet detailed specifications, with some requiring additional testing and certification to ensure compliance with regulations governing the disposal of hazardous waste. Many of the bags also feature bilingual labelling in Welsh and English for identification purposes. <i>Anticipated contract start 01/01/2026 – 31/12/2029 (including option to extend for a further 12 months until 31/12/2030)</i>	Briefing	£5,380,000	05/06/2025	04/07/2025	Not applicable at this stage	Not applicable at this stage
6.	ENT Patient Assessment & Examination Consumables The ENT specialty also includes Head and Neck Surgery as many specialists are trained in both medicine and surgery. ENT surgeons diagnose, evaluate, and manage diseases of the head and neck. A variety of consumables are used during ENT examinations, the most common of these includes otoscopes for ear examinations, tongue depressors for examinations of the mouth and throat, and nasal specula for nasal examinations <i>Anticipated contract start 01/11/2025 – 31/10/2029</i>	Briefing	£2,107,268	06/06/2025	sent to WG 6/6	Not applicable at this stage	Not applicable at this stage
7.	Transitional Drugs 4 This contract is for medicines which are all shortly due to lose their patent exclusivity (or have previously lost their exclusivity and now have competition available in the UK) and therefore will have generic competition available. <i>Anticipated contract start 01/10/2025 to 31/01/2027 (with option to extend for a further 12 months to 31/01/2028)</i>	Briefing	£7,383,052	12/06/2025	12/08/2025	Not applicable at this stage	Not applicable at this stage
8.	IV Fluids & Irrigation solutions This contract covers all parenteral preparations for fluid and electrolyte imbalance, as well as all irrigation solutions purchased by hospital pharmacy departments in Wales. <i>Anticipated contract start 01/02/2026 to 31/01/2029 (with option to extend for a further 12 months to 31/01/2030)</i>	Briefing	£14,383,592	12/06/2025	Sent to WG 12/6	Not applicable at this stage	Not applicable at this stage
RATIFICATIONS							
1.	Low Vision Aid Supply and Recycling Service To WGOS Provision of Low Vision Aids and a Recycling Service for aids on behalf WGOS – Low Vision to patients across all Health Boards in Wales.	Ratification	£5,117,386	12/06/2025	11/08/2025	12/08/2025	12/08/2025

	<i>Anticipated contract start 01/09/2025 – 30/06/2030, Extension Options 01/07/2030 – 30/06/2033 (Option 1), 01/07/2033 – 30/06/2035 (Option 2)</i>						
2.	Fresh Non-Prepared & Prepared Fruit, Vegetables and Salads The contract includes a variety of fresh and prepared fruit and vegetable products for the purpose of patient feeding and/or Health Board/Trust income generation, provided via direct supply <i>Anticipated contract start 01/08/2025 – 31/07/2028, Extension 01/08/2028 – 31/07/2029</i>	Ratification	£8,219,915	28/05/2025	23/07/2025	23/07/2025	24/07/2025
3.	Provision of Independent Prescribing Education & Training Framework Agreement to commission and procure modules in Independent Prescribing, Supplementary Prescribing, and Community Independent Prescribing (V150) at level 7, via blended and distance learning routes, to enable individuals to extend their practice within appropriate professional standards and become independent prescribers. <i>Anticipated contract start 01/09/2025 – 31/08/2030, Extension 01/09/2030 – 31/08/2033</i>	Ratification	10,983,746	27/05/2025	07/07/2025	08/07/2025	08/07/2025
EXTENSIONS							
1.	Women and Child Health Consumables Framework Agreement The items included in the scope of this tender were identified by the Working Group as being those consumables most generally used across Obstetrics, Gynaecology and SCBU. <i>Contract start: 01/12/2022 – 30/11/2025, Extension 01/12/2025 – 30/11/2026</i>	Extension	£3,075,033	04/06/2025	28/07/2025	28/07/2025	28/07/2025

Appendix B - The following table shows new contracting activity not previously reported to the Committee that has occurred in the period 12 June – 9 October 2025

Contract Briefing Papers

No	Contract Title	Total Value	Proc Services Director approval	WG approval >£500k
1.	Imperial Park 5 Roof replacement Installing the new profiled roof cladding will be suitable for connecting photovoltaic panels in the future which NWSSP intends to complete as part of decarbonisation initiatives. <i>Anticipated contract start: one off procurement completed by 31/03/26</i>	£4,000,000	12/06/2025	NA Business case submitted
2.	Viscoelastic Testing Provides real-time, rapid, and comprehensive assessment of haemostasis and whole blood coagulation dynamics, enabling immediate review and evaluation at the point-of-care. This testing method allows for the examination of both cellular and plasma protein contributions to clotting, including platelet count and function, fibrin(ogen) function, and coagulation factor activity. <i>Anticipated contract start: 1st September 2025 – 31st August 2032</i>	£2,916,855	09/07/2025	NA Direct Award
3.	Trauma Consumables via All Wales Orthopaedic, Trauma and Joint Replacement Framework To outline the proposed commitment deal for the orthopaedic trauma range, specifically for BCUHB, under the All Wales Orthopaedic, Trauma, and Joint Replacement Framework Agreement <i>Anticipated contract start: 1st November 2025 – 31st October 2028</i>	£527,577	22/07/2025	NA AW Framework
4.	Cleaning and Janitorial NHS Wales seeks to appoint a supplier for the provision of cleaning and janitorial products to support its healthcare facilities, including hospitals, clinics, health centres, and administrative offices across Wales. The contract prioritises cost-effective, high-quality, and clinically assured products to maintain hygiene, reduce infection risks, and comply with NHS National Standards of Healthcare Cleanliness. <i>Anticipated contract start: 14/04/2026 – 13/04/2029 (including option to extend for a further 12 months until 13/04/2030)</i>	12,000,000	29/08/2025	15/09/2025
5.	AW culture media & associated consumables Culture media is a primary consumable used extensively in microbiology across Wales, encompassing both clinical laboratories and food, water, and environmental (FWE) testing laboratories. Its purpose is to provide the optimal conditions required for the growth of microorganisms, enabling their identification	£8,809,170	09/10/2025	Sent to WG 09/10

	<i>Anticipated contract start: 01/08/26 – 31/7/30 (option to extend for 2 years)</i>			
6.	AW Continence Products The current contract covers the supply and delivery of disposable and washable (reusable) continence products to Secondary Care and Primary Care patients <i>Anticipated contract start: 01/07/26 (3 years plus 12 month extension)</i>	£46,000,000	09/10/25	Sent to WG 09/10
7.	Emergency Department Wellbeing and Home Safe Service Service was established to support local clinical teams and patients accessing emergency department services. The service offers support for frail older people and vulnerable adults in emergency departments, as well as resettle people in their homes with follow-up welfare calls or visits, and where necessary, to connect them to community services to avoid readmission into the emergency department. <i>Anticipated contract start: 01/04/26 – 31/03/27 (option to extend for 4 years in 12 month increments)</i>	£2,434,769	10/10/25	Sent to WG 10/10

Contract Award (Ratification) Papers

No	Contract Title	Total Value	Proc Services Director approval	WG approval >£500k	NWSSP Managing Director approval >£750k	NWSSP Chair Approval >£1m
1.	AW Secondary care benchmarking The system provides comparison of a wide range of performance indicators against Wales and UK based peer health care providers and community services. This service facilitates performance monitoring requirements and identifies areas of improvement in terms of productivity and quality of services. The supplier also supplies associated maintenance and support services as part of the contract. <i>Anticipated contract start: 01/10/25 – 30/09/26 (+ 1yr option to extend)</i>	£835,800	05/06/2025	NA G-Cloud Framework	05/06/2025	NA
2.	All Wales Continence Products The contract is for the supply and delivery of disposable and washable (reusable) continence products to Secondary Care and Primary Care patients <i>Anticipated contract start: 15/06/2025 – 31/05/2026</i>	£8,483,314	13/06/2025	NA Direct Award – HTE Framework	13/06/2025	13/06/2025
3.	Facilities Management - Provision of Cleaning & Security Services Providing cleaning and security services across NHS sites <i>Anticipated contract start: 01/08/25 – 31/01/26</i>	£1,462,169	30/07/2025	NA Direct Award – ESPO Framework	30/07/2025	30/07/2025
4.	Supply of Biomass2	£1,575,188	01/08/2025	03/09/2025	03/09/2025	19/09/2025

	Woodchip and Wood Pellet fuel biomass is used as a heating fuel by organisations across Wales which have a requirement <i>Anticipated contract start: 01/10/2025 – 31/09/2028 (+1 year extension)</i>					
5.	Theatre Wear and Drapes The supply of single use personal protective equipment and medical protective consumables to NHS Wales. <i>Anticipated contract start: 15/9/25 – 31/07/2027 (+1 year extension)</i>	£4,680,003	29/08/2025	NA Direct Award	01/09/2025	08/09/2025
6.	Provision of surgical gowns for PPE stockpile Provision of Surgical Gowns to increase current stock levels to bring holdings in line with Welsh Government requirements for PPE stockpiling <i>Anticipated contract start: 01/09/2025 – 31/03/2026</i>	£650,031	29/08/2025	NA Direct Award	NA below approval threshold	NA below approval threshold
7.	Provision of Type IIR Masks Type IIR surgical masks are medical-grade face coverings designed to provide both bacterial filtration and resistance to fluid splashes. <i>Anticipated contract start: once approval received October 25 – September 29</i>	£960,000	08/09/2025	sent to WG 9/9		NA below approval threshold
8.	Thermometry Provision of medical thermometers for use in hospitals to enable healthcare providers to measure body temperature in various locations including the oral, Auxiliary (armpit), rectal, tympanic (ear), and temporal (forehead) regions <i>Anticipated contract start: 01/11/2025 – 30/10/2029</i>	£2,773,572	15/09/2025	sent to WG 15/9		
9.	Lot 3 -Taxi & Light Goods Transportation Services Taxi and Light Goods Transportation Services for Bridgend. <i>Anticipated contract start: 01/11/25 – 31/5/28 (+1 year extension)</i>	£882,428	18/09/2025	sent to WG 18/9		
10.	<u>Lot 5 - Taxi & Light Goods Transportation Services</u> Provision of Taxi & Light Goods Transportation Services for Blaenau Gwent & North Monmouthshire, Neath Port Talbot, Cardiff & Bridgend <i>Anticipated contract start: 01/11/2025 – 28/02/2028 (+1 year extension)</i>	£610,736	22/09/2025	sent to WG 22/9		

Contract Extensions

No	Contract Title	Total Value	Proc Services Director approval	WG approval >£500k	NWSSP Managing Director approval	NWSSP Chair Approval
1.	Women and child health consumables framework agreement Framework comprises of 6 lots – General Gynae, General Obs, Vaginal Specula, Reusable vaginal pessaries, SBCU items, Sanitary products <i>Contract details: 01/12/22 – 30/11/25 extended to 30/11/26</i>	£3,075,033	04/06/2025	28/07/2025	28/07/2025	28/07/2025
2.	Ultra-high resolution (HLA) Typing for the Welsh Bone Marrow Donor Registry (WBMDR).	£1,225,730	20/06/2025	original approval	20/06/2025	23/06/2025

	The Welsh Bone Marrow Donor Registry (WBMDR), operating within the Welsh Blood Service (WBS), is responsible for the recruitment of unrelated volunteer donors for bone marrow donation. The service currently provided is HLA tissue typing for all relevant genetic markers to facilitate a stem cell transplant. For blood samples the supplier is required to also supply CCR5 testing result. For swab kit samples the supplier is required to provide CMV testing results and ABO/Rh results <i>Contract details: 01/07/2023 – 30/06/2026, extended to 30/06/2028</i>			applies 9/6/23		
3.	Ustekinumab Extension This contract is for the supply of Ustekinumab. The current contract was established as the first standalone multi supplier Framework Agreement for Ustekinumab following loss of patent of the originator in the summer of 2024. <i>Contract details: 01/10/24 30/09/25. Extended to 30/09/25</i>	£4,698,357	09/07/2025	original approval applies 05/09/2024	10/07/2025	10/07/2025
4.	Provision of part time distance learning nursing education and training Pre-Registration Part-Time Distance Learning Nursing education and training services for the four fields of Nursing, Adult, Child, Mental Health, and Learning Disabilities at level 6 <i>Contract details: 01/08/2024 – 31/07/2025 Extended to 31/07/2027</i>	£8,424,000	11/07/2025	original approval applies 24/11/23	16/07/2025	16/07/2025
5.	International Nurse recruitment This contract is for the provision of services to recruit qualified nurses from a range of overseas countries to be deployed across NHS Wales. <i>Contract details: 01/09/2023 – 31/08/2024, extended to 31/08/2026</i>	£13,080,000	27/08/2025	NA Direct Award	27/08/2025	09/09/2025



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	7 November 2025
PREPARED BY	James Quance, Assistant Director of Corporate Services
PRESENTED BY	James Quance, Assistant Director of Corporate Services
RESPONSIBLE HEAD OF SERVICE	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Corporate Risk Register

PURPOSE

To provide the Audit Committee with an update as to the progress made against the NWSSP Corporate Risk Register.

The information presented in this report is accurate as of 30 October 2025 and does not include any updates received after this time.

1. INTRODUCTION

The NWSSP Corporate Risk Register is presented at **Appendix 1**, for information with changes since the last SLG meeting highlighted in red.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

Current Risk Rating	October 2025
Red Risk	6
Amber Risk	11
Yellow Risk	1
Green Risk	0
Total	18

2.1 Red-rated Risks

The NWSSP Corporate Risk Register is updated for and discussed at each meeting of the Senior Leadership Group.

Following the review and subsequent updates since the last Audit Committee meeting, there are currently **six** red risks on the NWSSP Corporate Risk Register, under the Risks of Action section, of which, **four** remain unchanged, and **two** are newly escalated divisional risks (A15 and A16):

1. the threat of a successful cyber-attack leading to potential loss of systems and/or sensitive data which could have an impact of service delivery (A1);
2. the risk that there may be disruption to the supply of pharmaceuticals caused by external factors, resulting in significant restrictions to provision (A4b);
3. the threat to patient services if the planned developments of the Radiopharmacy and TrAMS hub is not allowed to progress, due to funding or planning limitations (A10);
4. the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges (A14); and
5. the challenges in scaling support for the Future Workforce Solution rollout (replacement of ESR), risks from limited user organisation capacity that may hinder implementation success, and uncertainties around contract management and funding that require clarification from Welsh Government colleagues (A15)
6. there is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by HBs to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles (A16).

Currently, **seven** of the Risks for Action are assessed as being at target.

No further changes have been made to the target deadlines associated with other risks since the last update.

The following risk has been reduced following management action and progress that has been made to date:

- The risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff and a corresponding fall in quality and responsiveness of the services impacted (A13 score reduced from 12 to 8).

The following risk has been closed following the implementation of the system:

- Delays in implementing the Primary Care Workforce Information System due to a supplier dispute, leading to increased costs and extended timelines.

RISKS FOR MONITORING

There are four risks currently for monitoring. Three have been retained on the risk register for ongoing observation, and one is a newly identified risk that has been added.

The new risk for monitoring is:

- The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.

Current Risk Rating	October 2025
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
Total	4

Emerging risks previously reported were subject to a Senior Leadership Group deep dive in October 2025 and where appropriate are being assessed and scored prior to inclusion in the NWSSP Corporate Risk Register.

3. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the NWSSP Corporate Risk Register

NWSSP Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data. This could impact on service delivery within other NHS organisations dependent on our services and support as well as reputational damage.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learning monitored through Quarterly Reviews Internal Audit review BCP Action Cards Annual Cyber Assurance Framework (CAF) completed Continuing CAF compliance measured via KPIs through a continuous improvement plan; reported to SLG quarterly. Regular 'Exercise in a box' exercises with SLG and targeted service areas. Regular phishing testing alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team to 4 WTE. Ongoing monitoring of existing controls is in place.	3	5	15	More disaster recovery and scenario testing is required across all Divisions linked to work on Business Continuity Planning. NWSSP needs assurance on DHCW scenario testing regime of the national infrastructure and systems they run on which NWSSP is dependent.	The volume of cyber attacks globally and those targeting public sector infrastructure and systems is increasing. This is triggered by political instability and rise in state sponsored terrorism. So the likelihood of an attack is increasing in spite of controls in place. Advice ongoing to divisions to assist in completion of their Divisional Business Impact Assessments. Head of EPPR attended SLG in June to provide an update on progress. Rolling program to implement Security Information and Event Monitoring to local and cloud services being led by DHCW. CAF remediation actions all cleared and reported to the Cyber Resilience Unit. Next CAF audit is due in Q3. A national cyber crisis exercise is being undertaken on 16 September. This will be led by DHCW in partnership with PwC and NWSSP will be taking part.	➡	31/03/2026
	Strategic Objective - Service Development								Risk Lead: Director of Planning, Performance and Informatics			
A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part.	3	5	15	Regular reporting to SLG and SSPC through POD report looking at recruitment and retention data. Changes made to use of social media to target interest in NWSSP roles.	2	3	6	Workforce planning strategy for NWSSP roles has been approved and templates being rolled out to support Divisional workforce planning. A programme of learning and development opportunities to nurture NWSSP talent pipeline and retain staff has been put in place. Further turnover trend analysis has been initiated within Divisions with a focus on losing staff with under one years' service. Look at Divisional recruitment metrics to understand if there are links between recruitment timescales and retention.	NWSSP continues to develop it's own programme via "This is our NWSSP" action plan – and we are having success in attracting new recruits in most areas. There are 2 hard to fill areas in Procurement and Audit that we are continuing to focus on, and would reflect a higher risk profile in their Divisional registers. This will be monitored through Quarterly Review process. Time to hire activity now shows NWSSP sitting at 55.8 days against a KPI of 71. We are now green of 5 of the 7 core KPI's (February 2025). Alongside the ongoing efforts on recruiting innovatively, through our employee value proposition work programme and our Agency scrutiny and subsequent reduction, we have seen improvements in all areas. However, while our turnover data shows a decrease of circa 35 we must now focus on a number of our professional roles/divisions where we still experience difficulty attracting high calibre applicants. August 2025 Time to hire activity now shows NWSSP sitting at 52.1 days against a target of 71 days. There are still key areas where there needs to be a focus on recruitment and recruitment methods, taking into consideration the candidate experience and the impact that can have on recruitment.	➡	At target
	Strategic Objective - Staff								Risk Lead: Director People and Organisational Development and Employment Services			

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A3	There is a risk that NWSSP is not adequately prepared for a future pandemic or public health emergency resulting in excessive risk to its people and inability to react to rapid escalation in demand for services.	4	5	20	Emergency Planning and Business Continuity Plans in place and maintained up to date. Part of four nations approach and reliant upon horizon scanning at UK Government level. Learning from Covid Pandemic including external reviews. Director of Planning Performance and Informatics or the Head of Emergency Preparedness attends weekly High Consequence Infectious Disease (HCID) meetings to represent NWSSP and participation on the NHS Executive Emergency Planning Advisory Group. NWSSP is also representation on the NHS Executive Emergency Planning Advisory Group and HCID group, provides NWSSP with early indication of emerging risks and the necessary response levels. Local Resilience Forums are also included in the NWSSP planning network and operational considerations. NWSSP is included in pandemic planning and exercises with WG and PHW. IT systems to support mass numbers of staff to work remotely have been sufficiently stress tested as we now adopt agile working as business as usual arrangements.	2	5	10	Director of Procurement and HCS and Director of Planning, Performance and Informatics attended all Wales management team meeting on lessons learned from the COVID Inquiry in October 2024 and awaiting WG consolidated learning. Head of Emergency Preparedness commenced in post w/c 13 January 2025.	Business Continuity plans will continue to be tested, to include other pandemic scenarios and interdependencies with other NHS organisations. Further action may be required in response to the COVID Inquiry. Further clarity required from Welsh Government on the links into UK response modelling. Planning, training and pre-exercise desktop training is underway to support Operation Pegasus which will test the UK response to a pandemic.		At target
	Strategic Objective - Services								Risk Lead: Director Planning, Performance and Informatics			
A4a	There is a risk that disruption in the PPE supply chain caused by external factors or supplier failure results in significant restriction in service provision.	4	4	16	4 Nations approach provides resilience and NWSSP are active partners. Learning from COVID pandemic and any subsequent disruption incidents has been implemented wherever possible.	3	3	9	The Welsh Government Director of Public Health wrote to the Managing Director on 25 March to confirm that the Cabinet Secretary for Health and Social Care agreed that stockpiles of all PPE products should have at least 12 weeks of supply. NWSSP currently working through with Welsh Government on interim stockholding levels, and there is now greater clarity.	A PPE project is work through the next steps including the sourcing and future warehousing requirements to meet the Welsh Government prescribed targets for stock and stockholding of PPE products. Work will commence with PHW to support fit testing arrangements required to source replacement FFP3 products as part of a national procurement. A number of critical orders have now been placed within the next month in relation to the agreed stock holding limits; procurement arrangements are mostly in place. SLA with WGovt capturing resilience arrangements will be amended via CCN to include PPE responsibilities and reported to the SSPC in November.		31/03/2026
	Strategic Objective - Services								Risk Lead: Director of Finance and Corporate Services and Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services			
A4b	There is a risk that disruption in the supply chain of pharmaceuticals caused by external factors or supplier failure results in significant restriction in provision because there are potentially limited options for stock piling for medicines.	5	5	25	Regular monitoring of stock levels is in place. Agreement in place for NWSSP to hold buffer stocks on behalf of NHS Wales.	5	4	20	No new actions planned at this time other than heightened monitoring of availability of supply and stock levels and sourcing teams continue to look for suitable alternative products.	There is increasing supply chain instability due to global instability including manufacturing shortages, political conflict and tariffs. This applies not only to pharmaceutical sector but increasingly to other sectors as well. Additional actions will be driven largely to direction by Welsh or UK Governments.		31/03/2026
	Strategic Objectives - Services									Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services and Director of Pharmacy Technical Services		
A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan and associated Climate planning measures. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.	4	4	16	Regular liaison with Welsh Government. Attendance and leadership of workstreams at National Programme Board. Funding received from Welsh Government to support national programme across TMO, SES and Procurement Services.	3	4	12	Regular reporting of the risk through to the National Programme Board through the NWSSP CAP team. Support to the WG SDP refresh process. Promotion of success through case studies. Additional capital funding has been made available to NHS Wales for 2025-2027 through the Targeted Estates Fund which should help to enable some objectives within local DAPs.	Agreed reporting processes are being maintained Whilst the availability of finance is the principal risk, there is also a requirement to change custom and practice which requires behavioural change. This too is difficult to influence and change. The need to recoup investment over relatively short financial planning cycles makes this more difficult to achieve. NWSSP will continue to raise risks and opportunities through the National Programme Board. NWSSP are fully engaged with the SDP refresh process (currently at draft review stage). NWSSP have developed case studies for recently completed schemes and will be using various forums (Estates, TAP etc. to encourage partners to do the same). NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored.		30/11/2025
	Strategic Objective - Service Development									Risk Lead: Director of Specialist Estates Services		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan and associated climate planning measures, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	NWSSP Decarbonisation & Adaptation Programme Board in place - Project Execution Plan and PMO Support in place. NWSSP DAP published and submitted to Welsh Government. Regular monitoring of progress against objectives is in place. Internal audit review in 2024 was limited assurance but recommendations have been implemented and signed off by A&A in June 2024	3	4	12	Work is being done by the NWSSP Decarbonisation Delivery Group to target deliverable amounts within the current environment and to continue research into potential wider funding sources. The NWSSP Costed Decarbonisation Programme Plan has been developed to guide investment planning and was updated in June 2025. Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set. Climate Adaptation Risk Assessments are being developed. Progress on Decarbonisation Training in NWSSP will be reported to the A&A Committee in October 2025.	DAP: During 2024-25 a number of capital bids were approved by Welsh Government that related to decarbonisation objectives including EV chargers, Matrix Roof mounted PV installation, new vehicles, which included 11 full EV, 6 Hybrid and two specialist converted refrigerated vehicles. All new fleet is fitted with the TRAILAR solar panel system, which will further reduce emissions and carbon footprint. The following TEF funded schemes are being implemented over 2 financial years 25/26 - 26/27. a) Denbigh Stores RM PV b) Matrix House EV Charging and Infrastructure Upgrade c) Waste Water Heat Reclamation Systems (GV, CV and YGC laundries) Following receipt of WG approval to progress with a business case for re-covering the IP5 roof, work has commenced on researching feasibility of installing roof mounted PV; this will be progressed incrementally to reflect increased demand following phased TrAMS implementation. Adaptation risk assessment in preparation. Progress on implementation of Decarbonisation Training is being checked and chased as required.	➔	31/03/2027
	Strategic Objective - Service Development									Risk Lead: Director of Specialist Estates Services		
A6	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group has met its terms of reference Reflection Documents completed Central Store of relevant documents Core Participant status for Module 5 confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team.	3	4	12	With support from Legal and Risk Services, legal Counsel and Finance & Corporate Services, the Director of Procurement and Health Courier Services provided evidence to Module 5 (Procurement) of the Inquiry through witness statements and requested documentation and in person in March 2025.	We will continue to monitor the progress of the Inquiry but we would not expect to be significantly involved in future modules. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. A motion to dissolve the Wales COVID-19 Inquiry Special Purpose Committee was made on 8 October 2025.	➔	At target
	Strategic Objective - Services									Risk Lead: Director of Finance and Corporate Services		
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2025-2028 IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Report to SSPC and to Audit Committee through Managing Directors update Three Service Improvement workshops with SLG over the summer sharing tools and techniques to develop plans. These have helped informed 2025-2028 plans. Vacancy Control Arrangements implemented	3	4	12	At the end of Quarter 1 all savings plans have been identified to meet the IMTP target requirement and are on track to be achieved. At the end of July 2025, NWSSP reported a surplus of £2.316m which will either be used to fund pressures within NWSSP, be reinvested within NWSSP and/or distributed to NHS Wales/WG	Touchpoint meetings with Welsh Government including the Finance and Performance unit and the Q1 JET meeting have been completed and no immediate concerns raised. The IMTP for 2025-2028 was submitted to Welsh Government before 31 March 2025. Discussions with one organisation are ongoing, but the majority of partners supported the decision to approve and submit the plan. We received the IMTP response letter from Welsh Government during the summer. Our financial performance in Q2 provides additional assurance of achievement of our IMTP objectives although the value of pay award funding to be received remains a residual risk. We remain on track to make an above plan distribution to partners generated by savings through vacancies and efficiency initiatives.	➔	31/03/2026
	Strategic Objective - Services									Risk Lead: Director of Finance and Corporate Services		
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulatory requirements.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, i.e. medicines have systemic and operational compliance processes in place which are tested regularly. Professional routes into WG and UK government to shape and plan for changes and to support recruitment for leadership roles. Specific re-accreditation targets within individual Divisions are scrutinised through the Quarterly Review process.	3	4	12	Map of all regulatory requirements being developed. Head of Emergency Preparedness, Resilience and Response created to support all Divisions including work emerging from COVID-19 Inquiry Module 1. Procurement Division is on track with preparedness arrangements for the new regulations in terms of services it delivers to others including NWSSP.	Procurement Services to run an awareness session to be presented to Informal SLG meeting to ensure compliance requirements are understood by Heads of Service. Internal audit programme to consider governance reviews of new or more recent areas of business on a cyclical basis.	➔	At target
	Strategic Objective - Services									Risk Lead: Responsible Directors		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. More training is being arranged nationally. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning. Need to link to work on Cybersecurity and our supply chain.		At target
	Strategic Objective: Services									Risk Lead: Director of Finance and Corporate Services		
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TrAMS service is not allowed to progress due to funding or planning limitations.	5	5	25	TrAMS Programme Board in place and regular reporting to SSPC MO expertise and experience in place Work progressing with delivery of the Radiopharmacy unit following initial delays with funding approvals and planning permission.	4	5	20	Funding for the next phase of works on the Radiopharmacy Unit has been approved and released by Welsh Government, following planning permission granted by Newport County Council for the TrAMS unit. The Radiopharmacy BJC was approved by partners through the SSPC in July 2024. Some further delays incurred in achieving sign offs through our hosting arrangements, and it is essential there are no further delays to internal approval processes. Oversight of the delivery of the Radiopharmacy Unit sits with the Programme Board.	The format and timeframes for the TrAMSSOBC are currently being finalised through the Programme Board and with Welsh Government finance and CPO office. NWSSP has been asked to consider how time can be recovered due to the pressures faced by the unit is Swansea and consequent impact on patient care. There is also an impact on the opening of the VCC that we are aware of. Good progress was made on the Outline Business Case (OBC) in Q4 of 2024-25 and broad agreement on the revenue model methodology by the finance sub group. We are targeting the July SSPC meeting for approval of the next business case stage to allow partners to take the proposals through their local governance arrangements. This target deadline is tight and is being monitored weekly. Concerns have been raised by our host about the Quality and Patient Safety reporting arrangements, whilst these continue to be discussed, lack of support for the OBC by Velindre risks further delay to the OBC timeframes. OBC was approved at July SSPC and has been approved by ABUHB, CTUHB, CVUHB and Velindre. FBC option definition remains under discussion with Velindre Trust, to ensure optimum outcomes for all stakeholders for both aseptic products and clinical trials. Radiopharmacy build is on target with floor preparation and steel work completed. Ducting and panels have been delivered to site.		31/12/2025
	Strategic Objective - Services									Risk Lead: Director of Pharmacy Technical Services		
A11	There is a risk that a significant business continuity event causes a loss of critical infrastructure for an extended period resulting in an inability to provide priority services.	5	5	25	Head of Emergency Preparedness appointed Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App All departments are now required to carryout a departmental specific Business Impact assessment to inform their Business Continuity Plans in line with ISO 22301 for Business Continuity	2	5	10	Implemented recommendations from Internal Audit Report (30 Jun 24) Business Impact assessment workshops have been delivered to Business Continuity Champions. Training and organisational development is now aimed at alignment to the principles and requirements of ISO 22301. Further work to embed this in the organisation will enhance preparedness and response to Business Continuity events.	A series of courses have been published to provide Business Continuity Impact Assessment and Business Continuity Plan development guidance and courses to prepare managers for the management of business continuity and major incident event management. A desk top exercise is planned with the SLG for the summer, in readiness for a planned national exercise likely later this year. We need to conduct scenario testing to validate our assumptions.		At target
	Strategic Objective: Services									Risk Lead: Director of Planning, Performance and Informatics		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement have been able to commence earlier in the financial year. Head of Facilities and Estates started on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.	NWSSP Capital Prioritisation Group will continue to refine the internal arrangements. The Capital Financial Control Procedure was approved by Audit Committee in May to support larger capital schemes. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. With increased funding available for 2025-2027, the responsibility falls on NWSSP to deliver effectively. A number of schemes were submitted before end of September - outcome is awaited, nothing approved to date. There is an increasing risk associated with two schemes submitted where approval is still outstanding - IP5 roof replacement and the Fleet BJC we anticipate an outcome early November but this will impact on procurement and delivery timelines.	➡	31/03/2026
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services		
A13	There is a risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff and a corresponding fall in quality and responsiveness of the services impacted.	4	4	16	Lease extended by 1 year for HQ with approval now being sought to extend for a further 5 years from January 2026. Agreement in principle to extend lease arrangements in CoHo for up to 3 years. Project Team scope of work was adjusted to focus on refurbishment of arrangements within HQ and CoHo in Q4 of 2024-25.	2	4	8	Discussions with HQ landlord have progressed and a draft Heads of Terms is in the process of being approved for a new lease from January 2026 for 5 years with a tenant only break-clause after 3 years. Head of Facilities and Estates started in post on 1 May to oversees future plans. HQ extension has been agreed.	The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. Discussions with Government Property Agency are slow but progressing positively and revised costings have informed 2025-26 IMTP. This provides a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo. Heads of terms have now been received and project for next steps beyond CoHo arrangements being kicked off.	⬇	At target
	Escalated Divisional/Programme Risk									Risk Lead: Director of Finance and Corporate Services		
A14	The planned development of the TrAMS Pharmacy Service is adversely impacted due to financial and staffing challenges.	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	Good progress has been made by the Finance Sub Group and the Outline Business Case (OBC) is targeted to be completed for submission to stakeholders by May 2025. Regular updates on progress are discussed at NWSSP Capital meetings with Welsh Government in terms of the timing and approval of capital funding cashflows.	SSPC will consider the South East Hub Outline Business Case (OBC) for approval in July 2025; this will be dependent on support from partner organisations. There OBC will then be submitted to Welsh Government for consideration. The next stage then will be the FBC document. There will be an Organisational Change Process put in place to engage with affected staff and support them through any transitional arrangements. Our host Velindre has raised some queries about this which we are discussing further. OBC has been approved at July SSPC which includes an executive summary of risks which outlines the requirement to look at the OCP/TUPE process as we move to FBC.	➡	31/03/2026
	Escalated Divisional Risk									Risk Lead: Director of Pharmacy Technical Services		

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
A15	There is a risk that NWSSP is not adequately prepared to support the roll out of the Future Workforce Solution (replacement for ESR) with the ability to quickly scale services and to react to a rapid demand for services from both the NHSBSA and NHS Wales organisations. There is also a secondary risk in user organisation capacity and capability resulting in sub-optimal implementations and or extended timescales and reduced benefits; suggesting a requirement for central specialised implementation support team. Finally, there is a risk to a potential requirement for contract management and subsequent funding arrangements, which require further clarification from WG colleagues.	4	5	20	Informed by the preferred bidder, the NHSBSA included the cost of resource that each user organisation will need to prepare for and support the transition to the FWS within the FBC. Final costs included are the top of band A4C and equate to 3 FTE additional resources per organisation for a number of months (based on the size of organisation and complexity of delivery required) to cover project and change management for each User Organisation. This totals £89.2m within the FBC, however it remains unclear what proportion of this is allocated to NHS Wales. NWSSP is represented at the Future Workforce Solution Transformation Programme Board, CEO Board and Advisory Board to receive early indication of emerging risks and response requirements. Regular meetings in place with NHSBSA SLT. Draft Programme and Resource Plan in place. Regular liaison with Welsh Government also noted in JET meetings. IMTP objective and is scrutinised via quarterly review process Wales Steering group established reporting via SSPC, WODs and DoFs.	4	4	16	Discussions with WG regarding proposed central implementation team. Continue discussions and develop collaboration agreement between NHSBSA and NWSSP on behalf of NHS Wales. Finance meeting with WG Continue meetings with NHSBSA SLT to further inform and finalise Implementation & Resource plan Develop and agree communication plan for NHS Wales organisations. Review of existing organisation resources; both insitu and required to deliver the FWS.	Meetings with WG arranged and scheduled for November 2025. Collaboration agreement in draft. To be finalised and ratified via NHS Wales Governance structure prior to submission to the NHSBSA. Review of organisation structures underway.	✳	April 2026 to support Early Adopter Organisations Programme completion date 2030. Interim target milestones TBC
	Escalated Divisional Risk									Risk Lead: Director of People, Organisational Development and Employment Services		
A16	There is a reputational risk for NWSSP its role in student streamlining with the availability of vacancies declared by HBs to support the National Nurse Student Streamlining arrangements being much reduced leading to a lack of available roles.	3	5	15	We are aware there are concerns surfacing from Student Nurses in Swansea Uni, Cardiff Uni and Uni South Wales. The difficulty we have is that we in NWSSP facilitate and manage the Streamlining process with the students – but we are reliant on the vacancies being released to us by the HBs to make them available to the students. They submit a single application – noting preferences and get matched by us to the vacancies. We are continuing the work with the HBs to get the release of sufficient vacancies to be able to match the students to. We will continue discussions with HEIW who commission the placements and the HBs who provide the jobs.	3	5	15	We are continuing the work with the HBs to get the release of sufficient vacancies to be able to match the students to. We will continue discussions with HEIW who commission the placements and the HBs who provide the jobs.		✳	Mar-26
	Escalated Divisional Risk									Risk Lead: Director of People, Organisational Development and Employment Services		
Risks for Monitoring												
M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	LCFS Manager continues to deliver the LCFS plan to NWSSP in accordance with required standards and reports to each meeting of the Audit Committee. The majority of his work is proactive and there is a high degree of awareness within the critical areas of the organisation of fraud risk, re-enforced by Wales specific training.	Significant progress being made in the rollout of all-Wales counter fraud training throughout higher risk areas in NWSSP. NWSSP LCFS attends the Counter fraud Liaison Group which enables all LCFSs to come together and share good practice and peer support. At a national level, the NHSCFA has established a Centre for Specialised Learning and a presentation to DoF Group is planned for 2025-26. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource.	➡	For Monitoring
		Strategic Objective - Value For Money										

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities will be picking up longer term storage solution for records currently in the CoHo. A project Group has been established to look at future PPE stockholding which will include warehousing for PPE requirements. Document culling arrangements for primary care records in line with retention procedures have been paused whilst discussions are ongoing with Welsh Government in relation to potential future IBCA claims. All boxes in IP5 that have needed to be moved from the proposed Radiopharmacy area have now been moved. Agreement in place to move racking to Bridgend Stores in next few weeks. FFP3 masks have temporarily been moved to other areas within IP5 awaiting sale at auction.	➔	For Monitoring
	Strategic Objective - Service Development									Risk Lead: Director of Finance and Corporate Services		
M3	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Ongoing discussions with WG Regular reporting of losses through the Audit Committee	2	3	6	Welsh Government has now confirmed PPE stockholding levels and this risk will continue to be a feature as the burn rate of PPE is much lower for business as usual activity (even during Winter months) than during the reference period of the 2nd wave of the pandemic.	Stock levels and shelf life continue to be actively monitored. Approvals for stock write offs require Welsh Government approval and will be reported to the Audit Committee. Treatment of stock provisions and write downs is agreed with Welsh Government as part of year end processes and in line with Accounting Standards.	➔	For Monitoring
										Risk Lead: Director of Finance and Corporate Services		
M4	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites and additional H&S resources appointed to support changes required on the sites. Glangwilli site closed in March 2024 and a new stock holding hub established on the site instead.	2	3	6	The additional H&S resource is supporting staff on sites, actions are reported monthly in a All Wales Laundry Service (AWLS) H&S meeting and quarterly via the All Wales Health and Safety meeting. H&S manager also attends Laundry Managers meeting on a regular basis to support delivery of agreed actions. Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks.	Laundry stock has been converted from the existing laundry site into a hub (completed 31st Mar25) with the provision of 2 days stock held (this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.	➔	For Monitoring
	Strategic Objective - Service Development									Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	07 November 2025
PREPARED BY	Carly Wilce, Corporate Services
PRESENTED BY	James Quance, Assistant Director of Corporate Services
RESPONSIBLE HEAD OF SERVICE	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	Update on the Implementation of Audit Recommendations
PURPOSE This report provides an update to the Audit Committee on the progress of audit recommendations within NWSSP.	

1. INTRODUCTION

NWSSP records audit recommendations raised by Internal Audit, Audit Wales, and other external bodies, as appropriate. It is essential that stakeholder confidence is upheld and maintained; an important way in which to enhance assurance and confidence is to monitor and implement audit recommendations in an effective and efficient way.

2. CURRENT POSITION

The detailed recommendations raised in respect of our services have been captured in a database. A copy of the summary extract is attached at **Appendix A**, for information.

There are **41** reports covered in this review; **10** reports have achieved **Substantial** assurance; **21** reports have achieved **Reasonable** assurance, **2** reports achieved **Limited**, no reports were awarded with **No Assurance**; and **8** reports were generated with **Assurance Not Applicable**. The reports include **117** recommendations for action.

Table 1 - Summary of Audit Recommendations

As at 27 October 2025					
Recommendations		Implemented	Not Yet Due	Overdue	Overdue, but dependent on third party organisations
Internal Audit	109	105	4	0	0
High	10	10	0	0	0
Medium	64	63	1	0	0
Low	16	16	0	0	0
Not Applicable	19	16	3	0	0
External Audit	5	5	0	0	0
High	0	0	0	0	0
Medium	5	5	0	0	0
Low	0	0	0	0	0
Not Applicable	0	0	0	0	0
Other Audit	3	3	0	0	0
High	0	0	0	0	0
Medium	0	0	0	0	0
Low	3	3	0	0	0
Not Applicable	0	0	0	0	0
TOTALS:	117	113	4	0	0

3. NWSSP OVERDUE RECOMMENDATIONS

- There are no recommendations to report for NWSSP in this category.

4. DEPENDENT OF THIRD-PARTY ORGANISATIONS

For recommendations where NWSSP are reliant on a third-party organisation to action the work needed in order for NWSSP to fully implement, these should be escalated to the relevant contact and marked 'dependent on third party organisations' with the action taken clearly stated in the progress box. These also need to be followed up with the relevant third party and closed out on the tracker once implemented.

- There are no recommendations to report for NWSSP in this category.

5. AUDIT FOLLOW-UP: PREVIOUSLY EXTENDED ITEMS

At the last meeting held in July 2025, one audit recommendation was noted as overdue, having exceeded its original target completion date and a revised deadline of 31 August 2025 was approved by the Audit Committee. We can confirm that the Disaster Recovery (DR) testing successfully took place during the weekend of 15 August 2025 and the action has been closed.

6. RECOMMENDATIONS

The Audit Committee is asked to:

- **NOTE** the progress made to date regarding implementation of audit recommendations.

DRAFT

Internal Audit Report Ref	Rec No		Report Title	Status	Issue Identified	Risk Rating	Recommendation	Responsibility for Action	Management Response	Original Deadline	Updated Deadline	Update On Progress Made
NWSSP-2425-10	1	Planning Performance& Informatics	Digital Service Management	NYD	There has been no delegation for monitoring the performance of services provided by DHCW.	Medium	To produce a process map, example disseminated documentation and example feedback	Chief Digital Officer	Chief Digital Officer to create process for dissemination of performance monitoring to appropriate service leads and capturing feedback. Note: achievement of this management action depends upon the outcomes of the actions on key findings 1 and 2.	05/01/2026		To be developed during the monitoring period and released once the agreed service schedule is complete.
SSP-2425-09	2	Finance and Corporate Services	Contract Management	NYD	The Standing Financial Instructions (SFIs) includes a section on contract management. Section 11.16.1 outlines the relevant budget holder is responsible for overseeing and managing each contract on behalf of the organisation to ensure that implicit obligations are met. This includes: •Retaining accurate records; •Monitoring contract performance measures; •Engaging suppliers to ensure performance delivery; •Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and •Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder. In addition to the above, there is an all-Wales Procurement e-manual, which contains high-level contract management guidance, available via the Oracle system home page. In discussion with staff, this document is not a regular point of reference. The majority of NHS organisations reviewed did not have local contract management guidance in place. One exception was Aneurin Bevan University Health Board which has a Contract Management Financial Control Procedure (FCP) developed in conjunction with their local NWSSP Procurement team. The FCP outlines roles and responsibilities for contract management, requiring designated contract managers to complete standardised 'Contract Management Plans' for contracts over £100,000 in value. Wider dissemination of the content from the FCP was discussed at the NWSSP Heads of Procurement meeting in February 2025, and there was support for its further roll out across other NHS Wales organisations. An NWSSP Contract Management Procedure has been developed, based on the FCP, and this was in the process of being shared with NHS Wales organisations at the time of reporting.	Advisory	Local implementation of the NWSSP Contract Management Procedure	Director of Procurement Services, Jonathan Irvine	The NWSSP Contract Management Procedure has been introduced to all NHS Wales organisations through their respective NWSSP Procurement Services lead contacts and through the natural embedding of the procedure and process within day-to-day procurement and contract management activity. The known workplan of procurement projects will be segmented to identify those contracts that will require future contract management activity to be incorporated in forthcoming tenders/further competitions using KPIs and regular review meetings between the Service and the Contractor with Procurement Services involvement as required. The existing range of contracts in place within NWSSP will be reviewed in conjunction with Service leads to identify those that require and facilitate contract management activity (through the specification and terms and conditions of the identified contracts). A current and future plan of contract management activity will then be initiated with agreement between the Service, the Contractor(s) and Procurement Services. The approach will need to be mindful of resources and proportionate to the scope, scale and nature of each contract under review.	31/12/2025		Identification of contracts within existing workplan that require contract management has been completed. These contracts will be highlighted to the respective stakeholder organisation (if not already) to allow for management arrangements to be incorporated "in term" or upon renewal.
SSP-2425-09	3	Finance and Corporate Services	Contract Management	NYD	A contract register is important, as it provides: •Contract Tracking: to track important dates, such as start and end dates, renewal periods, and milestones associated with each contract. •Compliance and Risk Management: to ensure that the organisation stays compliant with contract terms and legal requirements; and help identify any potential risks by keeping a record of contract clauses, obligations, and renewal terms. •Audit Trail: provided for each contract, including amendments and performance evaluations. This makes it easier to track changes and decisions related to a contract. •Centralised Repository: allowing easier access for teams like legal, procurement, and finance when they need to refer to specific terms, obligations, or other contract details. •Improved Communication: enhances communication across departments, as everyone involved can refer to the register to ensure that they are aware of their obligations and responsibilities under various contracts. •Budget and Financial Tracking: for financial management to track contract values, payment terms; and other financial aspects to ensure proper budgeting and forecasting. The Social Partnership and Public Procurement (Wales) Act 2023 includes that a contracting authority must create, maintain, and publish a contract register. There is no dedicated NWSSP contract register in place, instead reliance is placed on information held in the ECM module of the Bravo e-Tendering system. However, our sample testing highlighted that this is not a reliable source with incomplete and/or out of date information (also highlighted in previous internal audit reviews of Procurement Services) as it is not maintained as a contract register. Whilst it is acknowledged that all contract awards are reported to the Velindre University NHS Trust Audit Committee for NWSSP, a central contract register would provide oversight of active contracts and assurance that responsible officers have been identified to manage them.	Advisory	Establish a formal, comprehensive, organisation-wide contract register to systematically record and manage all contract records and associated information.	Director of Procurement Services, Jonathan Irvine	A central contracts register is located within the Jaggaer (previously referred to as "Bravo") e-tendering platform. This register records all national contracting activity and is maintained by the respective national procurement teams in respect of centralised, national contracts let by NWSSP on behalf of all NHS Wales organisations. In addition, local contracts established by NWSSP Procurement Services on behalf of specific organisations, including NWSSP, are available on a contracts register maintained by the local NWSSP Procurement Services team. It should be noted that many local procurements are not for recurrent expenditure goods and services requirements e.g. "one off" equipment purchases. Such contracts are not, by their nature, normally in scope (or need) of any contract management activity. Work is underway to migrate local contract registers for recurrent procurements to the central contracts register within Jaggaer. The migration will be completed by end of Q3 of the current financial year and will require the engagement and support of the relevant Service leads. The individual procurement teams will provide the contracts register to the respective departments, and where a contract has been mutually agreed that it requires contract management contract management plan needs to be set.	31/12/2025		Population of Jaggaer platform with all contract details is underway.
SSP-2425-15	4	Procurement Services	Stock Order Approvals	NYD	The Supply Chain, Logistics & Transport (SCLT) Inventory Control Core Management Procedure and Re-Order Working Instruction are available in the Inventory Management & Control section of the Procurement Services Document Management System (DMS). Both were approved in July 2023 and due for review in July 2026. The procedure includes a matrix providing a high-level overview of steps, responsibilities and actions required for stock purchasing. The working instruction is incomplete with the scope and responsibilities sections blank, and does not contain sufficient detail of how the tasks within the stock order process be carried out. Procedures/working instructions lack sufficient detail of the stock ordering process. Examples of gaps include: •Standard orders – when and why they are required, the process for request / approval •Manual adjustments to blank order releases – when and why they are required, how to do it •Financial limits/approval requirements	Advisory	Process for stores stock orders to be formally documented.	Director of Procurement Services, Jonathan Irvine	A procedure outlining the process will be developed	31/12/2025		Pilot of procedure underway with a review point at 31.10.25, following which formal procedure will be introduced.

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	07 November 2025
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	James Quance, Assistant Director of Corporate Services
RESPONSIBLE HEAD OF SERVICE	Alison Ramsey, Director of Finance & Corporate Services
TITLE OF REPORT	Audit Committee Forward Plan 2025-26

PURPOSE To provide a summary of items expected to be presented at forthcoming Audit Committee meetings, scheduled for 2025-26.
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Month	Standing Items	Audit Reports	Governance	Annual Items
Q1 2025/26 15 April 2025 By Microsoft Teams	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement NWSSP Update	Internal Audit As outlined in the Internal Audit Operational Plan External Audit Audit Assurance Arrangements for NWSSP 2024-25	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	2025-26 Counter Fraud Annual Plan Internal Audit Operational Plan 2025-26 and Internal Audit Charter
Q2 2025/26 8 July 2025 By Microsoft Teams	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement NWSSP Update	Internal Audit As outlined in the Internal Audit Operational Plan Head of Internal Audit Opinion for 2024/25	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	Final Annual Governance Statement Gifts & Hospitality Annual Report Declarations of Interest Annual Report Counter Fraud Annual Report Welsh Language Annual Report Audit Committee Annual Report Information Governance Annual Report
Q3 2025/26 07 November 2025 By Microsoft Teams	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement NWSSP Update	Internal Audit As outlined in the Internal Audit Operational Plan External Audit Audit Wales Nationally Hosted IT Systems Report Audit Wales Management Letter	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	NWSSP Annual Review Integrated Medium Term Plan

Q4 2025/26 Tuesday 10 February 2025 By Microsoft Teams	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement NWSSP Update	Internal Audit As outlined in the Internal Audit Operational Plan Quality Assurance & Improvement Programme External Audit Audit Wales Office Proposed Audit Work	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Standing Orders for the Shared Services Partnership Committee Review of Risk Management Protocol, Risk Appetite Statement and Assurance Mapping Review of Audit Committee Terms of Reference	Annual pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud Audit Committee Effectiveness Survey