

NWSSP Audit Committee Meeting - Part A (1)

Tue 08 July 2025, 14:00 - 16:00

Via Microsoft Teams

Chaired by Gareth Jones

Agenda

14:00 - 14:15 **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

There have been no apologies received as at 2 July 2025

1.3. Declarations of Interest

Verbal Gareth Jones, Chair

1.4. Draft Minutes of the meeting held on 13 May 2025

Decision Gareth Jones, Chair

 1.4 Draft Audit Committee Minutes 13052025 in Final.pdf (17 pages)

1.5. Matters Arising

Noting Gareth Jones, Chair

 1.5 Matters Arising.pdf (4 pages)


14:15 - 14:30 **2. NWSSP Update**

15 min

Neil Frow, Managing Director

2.1. Managing Directors Update

Information Neil Frow, Managing Director

 2.1 NWSSP Audit Committee - Managing Directors Report 8 July 2025.pdf (8 pages)

14:30 - 14:40 **3. External Audit**

10 min

Steven Wyndham, Audit Wales

3.1. Audit Wales Update

Noting Steven Wyndham, Audit Wales

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

14:40 - 15:10
30 min

4. Internal Audit

James Johns/Sophie Corbett, NWSSP Audit and Assurance

4.1. Head of Internal Audit Opinion 2024/25

James Johns, Head of Internal Audit

📄 4.1 Head of Internal Audit Opinion 202425.pdf (22 pages)

4.2. Progress Update

Noting James Johns, Head of Internal Audit

📄 4.2 A&A NWSSP Audit Committee Progress Report July 2025.pdf (7 pages)

4.3. Internal Audit Reports

Sophie Corbett, Deputy Head of Internal Audit

4.3.1. Stock Order Approvals

Noting Sophie Corbett, Deputy Head of Internal Audit

📄 4.3.1 SSP-2425-15 Stock Order Approvals - Final Report.pdf (7 pages)

4.3.2. Pharmacy Underpayment

Noting Sophie Corbett, Deputy Head of Internal Audit

📄 4.3.2 SSP-2425-16 Pharmacy Underpayment - Final Report.pdf (5 pages)

4.3.3. Decarbonisation follow-up review

Noting Sophie Corbett, Deputy Head of Internal Audit

📄 4.3.3 SSP-2425-12 Decarbonisation Follow Up - Final Report.pdf (5 pages)

4.3.4. Contract Management Final Advisory Report

Noting Sophie Corbett, Deputy Head of Internal Audit

📄 4.3.4 SSP-2425-09-Contract Management Final Advisory Report.pdf (9 pages)

4.3.5. Contract Management Action Plan

Noting Jonathan Irvine, Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services

📄 4.3.5 Contract Management Advisory Report Action Plan.pdf (10 pages)

15:10 - 15:30
20 min

5. Counter Fraud

Mark Weston, Local Counter Fraud Lead

5.1. Progress Update

Noting Mark Weston, Local Counter Fraud Lead

📄 5.1 NWSSP Q1 202526 LCFS Progress Report.pdf (7 pages)

5.2. NWSSP Counter Fraud Annual Report 2024-25

Decision Mark Weston, Local Counter Fraud Lead

📄 5.2 NWSSP 202425 LCFS Annual Report.pdf (12 pages)

5.3. CFFSR - Counter Fraud Functional Standards Return

Noting Mark Weston, Local Counter Fraud Lead

📄 5.3 Counter Fraud Functional Standards Return.pdf (24 pages)

15:30 - 16:00 6. Governance, Assurance and Risk

30 min

6.1. NWSSP Annual Governance Statement 2024-25

Decision James Quance, Assistant Director of Corporate Services

📄 6.1 Annual Governance Statement CP July 2025.pdf (2 pages)

📄 6.1 Appendix 1 - NWSSP Annual Governance Statement 2024-25.pdf (40 pages)

6.2. Audit Committee Annual Report 2024-25

Decision Gareth Jones, Chair

To follow in a revised boardbook on 3Thursday 3 July 2025

📄 6.2 Audit Committee Annual Report Cover Paper.pdf (1 pages)

📄 6.2 NWSSP Audit Committee Annual Report 2024-25.pdf (12 pages)

6.3. Governance Matters

Noting Alison Ramsey, Director of Finance and Corporate Services

📄 6.3 NWSSP Expenditure.pdf (9 pages)

📄 6.3 All Wales Contracting Expenditure.pdf (8 pages)

6.4. NWSSP Corporate Risk Register

Noting James Quance, Assistant Director of Corporate Services

📄 6.4 NWSSP Corporate Risk Register July 2025 CP.pdf (4 pages)

📄 6.4 NWSSP Corporate Risk Register July 2025.pdf (9 pages)

6.5. Tracking of Audit Recommendations

Noting and Decision James Quance, Assistant Director of Corporate Services

📄 6.5 Tracking of Audit recommendations report July 2025.pdf (3 pages)

📄 6.5 Appendix A Progress of Audit Recommendations July 2025.pdf (1 pages)

6.6. Gifts, Hospitality and Sponsorship and Declarations of Interest Annual Report 2024/25

Noting James Quance, Assistant Director of Corporate Services

📄 6.6 Annual Col Declarations and Gifts, Hospitality and Sponsorship 202425.pdf (10 pages)

16:00 - 16:00 7. Items for Information

0 min

Information

7.1. Welsh Language Annual Report 2024-25

Information

📄 7.1 NWSSP Welsh Language Annual Report 202425.pdf (19 pages)


7.2. Information Governance Annual Report 2024-25

Information

📄 7.2 NWSSP Information Governance Annual Report 2024-25.pdf (21 pages)

7.3. Forward Plan of Business 2025-26

Information

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

16:00 - 16:00 8. Any Other Business (By Prior Approval Only)

0 min

verbal Gareth Jones, Chair

No AOB at the time of writing

16:00 - 16:00 9. Date & Time of Next Meeting, 14 October 2025, from 2-4pm, in Person at IP5 in Newport

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 13 MAY 2025 / 13:00-15:00
VIA TEAMS APPOINTMENT**

Attendance	Designation	
Members:		
Gareth Jones (GJ) Chair	Independent Member	
Vicky Morris (VM)	Independent Member	
In Attendance:		
Alison Ramsey (AR)	Director of Finance & Corporate Services	NWSSP
Carly Wilce (CW)	Corporate Services Manager	NWSSP
David Donegan (DD)	Chief Executive Officer	Velindre
James Johns (JJ)	Head of Internal Audit	NWSSP
James Quance (JQ)	Assistant Director of Corporate Services	NWSSP
Lindsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Mark Weston (MW)	Local Counter Fraud Manager	NWSSP
Matthew Bunce (MB)	Executive Director of Finance	Velindre
Neil Frow (NF)	Managing Director	NWSSP
Non Gwilym (NG)	Director of Corporate Governance (Interim)	Velindre
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 re-scheduled meeting. JQ explained that the meeting papers included in the Boardpack, were as circulated in advance of the original meeting date in April except for two agenda items relating to presentations on TRAMs and NWSSP IMTP update that have been deferred.	
1.2	Apologies (GJ) Apologies were received from Tracy Myhill, Chair of the Shared Services Partnership who was unable to attend the re-scheduled meeting.	
1.3	Declarations of Interest (GJ) No declarations of interest were declared.	
1.4	Minutes of Meeting held on 5 February 2025 (GJ) DD mentioned that there were instances of inaccuracies and incompleteness within the minutes. GJ replied that the accuracy of the minutes could be formally approved or amended only by the attendees of that meeting, but DD's comments could be raised as Matters Arising. GJ asked for sight of the	

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	<p>issues in advance and requested that they be communicated promptly. DD and NG would make notes of their observations and confer with GJ.</p> <p>Action: DD and NG to confer with GJ regarding amendments to the minutes of the Audit Committee meeting held on 5 February 2025.</p> <p>The minutes of the meeting held in February were approved by the Committee at this stage subject to receipt of the detail of proposed Matters Arising being provided to the Committee Chair.</p>	DD/NG
1.5	<p>Matters Arising (GJ)</p> <p>JQ gave an update on the ongoing matters:</p> <p>5.2.1 - Procurement Capital Equipping: to provide Independent Members with details of Schemes of Delegation. This was an action from the previous Audit Committee meeting. Due to year end pressures on Procurement colleagues this action could be updated in more detail at the meeting in July and JQ suggested that Jonathan Irvine (JI) be invited to attend. An extension was therefore requested until 8 July.</p> <p>Committee Members AGREED the extension.</p> <p>6.1 - Governance Matters: this was an action for JI to develop a training tracker. JQ stated that contract management audits were being concluded and would inform the approach. An extension was requested until the Audit Committee meeting of 8 July when JI could update Members in detail.</p> <p>Committee Members AGREED the extension.</p> <p>6.2 - Corporate Risk Register. NG asked how the register aligned with the Trust's own Risk Policy and framework and whether the review had taken into account where the Trust stood on certain issues, for example, the Trust's Risk Policy was under review. She asked whether the papers should be considered in that context. GJ replied that her question would be considered when the Risk Register was discussed later in the meeting.</p> <p>AR stated that the risk protocol should complement that of the Trust's policy which was how the arrangement was historically aligned. NG to share information about the Trust's Risk Policy Review with NWSSP colleagues.</p> <p>DD stated that the item should not be classified as complete, as was shown in the Action Log, as the Trust had not been involved in the review. Pending further engagement therefore, he felt the status should be amber.</p> <p>Action: JQ to amend the classification of Action 6.2 to amber and NG to liaise with JQ on the Trust's policy review.</p> <p>DD also queried the terminology of the title 'Corporate Risk Register' and felt it would be more accurately entitled the 'Shared Services Risk Register', as there was potential for confusion with the Trust's Risk Register. GJ and</p>	JQ/NG

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	<p>VM agreed with the new terminology in principle, and the matter would be discussed further under Item 6.2.3.</p> <p>Action: JQ to amend the title of 'Corporate Risk Register' to ensure that it is clear that it refers to NWSSP only.</p> <p>The Committee NOTED the document and surrounding discussions.</p>	JQ
2. NWSSP Update		
2.1	<p>Managing Director's Report (NF)</p> <p><u>Finance</u>: NF confirmed a balanced financial position at the year end. The Capital Expenditure Limit had been spent in full. There was a distribution of £3.6m to organisations in NHS Wales.</p> <p><u>All Wales Pharmacy Developments</u>:</p> <p>South-East Radiopharmacy: NF reported that the main contractor would be on site imminently to work on the Clean Room build. There had been a delay, but work was progressing on site and with some clawback on time, the deadline of March 2026 may be achieved.</p> <p>South-East Hub: the business case will be provided to the Trust and partners to take through their respective governance processes. NF and Colin Powell would be able to provide an update on progress with the TRAMS Programme at a future meeting as agreed with the Chair.</p> <p>South-West Hub: a suitable site was being sought for the Cross Hands and Swansea Northside area.</p> <p>North Wales Hub: BCUHB was in the process of deciding an appropriate site for the hub and the relocation of services.</p> <p><u>Laundry Service</u>: NF reported that there were 33 schemes in place to improve resilience. Efficiencies around drying times had been determined. To facilitate the replacement of six dryers in Swansea there would be a closure for several days, but action had been taken to ensure continued supply utilising the Church Village facility. NF stated that there was potential to bring some of the services back into Swansea thereby saving around £200K.</p> <p><u>Medical Examiners' Service</u>: NF stated that, following a review of services, there were challenges still being faced around the death certification process, especially around the electronic medical certificate of the cause of death form. NWSSP continued to work with organisations on streamlining record submissions. Ruth Alcolado continues to work with Medical Directors. The SSPC in March had been presented with a deep dive.</p>	

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	<p><u>Accommodation Update</u>: The reconfiguration of Charnwood Court and Companies House was complete and working efficiently.</p> <p><u>Personal Protective Equipment</u>: NF reported that the Cabinet Secretary for Health and Social Care has approved the stock holding policy. In March, the specifications had been shared by letter and sixteen weeks' stock level was advised. The locations for stockholding would be decided following analysis of the product list. This information had allowed future costs to be forecast. Welsh Government Finance had been approached regarding funding requirements for 2024/25 and 2025/26. Jonathan Irvine had given evidence at the COVID Inquiry in March.</p> <p><u>Decarbonising the NWSSP estate</u>: Solar panels were working well at Matrix House and output had covered the costs of running the building for several days. Similarly, the output from IP5 helped towards its running costs. Electric charging points was the next phase of the installation. A number of other capital bids to Welsh Government had been agreed.</p> <p>The Leader of Newport Council had toured IP5 and it had been a very positive meeting. The Cabinet Secretary for Health and Social Care is due to tour IP5 on 4 June.</p> <p>The Staff Recognition Awards had been enjoyed online in February and further regional events were held.</p> <p>VM asked whether there were actions to be approved by the Shared Services Partnership Committee regarding the Medical Examiners' Service (MES). NF stated that there were changes to processes outside the MES to be agreed in health boards, for example, the transfer of incoming records and procedures during Bank Holidays when their working day is the standard 9-5pm. There was also work happening around deaths involving certain religious faiths, where events would need to be processed within certain time limits. There were changes to manage around the death certificate procedures, e.g. the form would be signed off by the last qualified practitioner to see the patient. NF confirmed that Ruth Alcolado (RA) would attend the Medical Directors' meeting and would discuss the points raised. VM suggested that it would be helpful if RA could supply an update to the Quality, Safety and Performance Committee. NF would follow up the actions and results with the Medical Examiner for Wales and England. Exceptions were routinely recorded.</p> <p>Action: NF to ask Ruth Alcolado to supply an update to the Quality, Safety and Performance Committee around the changes to procedures and the challenges faced.</p> <p>DD acknowledged the good work performed in the last period. He noted however, that there was no mention of conversations held with Welsh Government, during which the Welsh Government had commissioned a review of NWSSP accountability and governance. The Committee agreed that this should be noted.</p>	<p>NF</p>

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	<p>DD also noted that in the All Wales Pharmacy Report on recent developments, there was no mention of the concerns around quality, safety and performance, following discussions at sub-committees. AR stated that the omission could be due in part to the rescheduling of the Audit Committee meeting and the above points could be detailed at the next meeting in July. DD agreed. GJ stated that a TrAMS presentation had been scheduled for the original meeting date, but it had been decided to omit it from the rescheduled meeting as it may need to be presented to another forum. GJ agreed that timing had been an issue. Post-meeting update: AR followed up with VM in her capacity as chair of QSP and for Colin Powell and Ruth Alcolado to provide further updates.</p> <p>NG noted that there was a reference to the evidence submitted by Jonathan Irvine to the Covid Inquiry within the meeting papers, on page 4 of 6. She stated that it would be helpful for the Trust and the Board to have that information and she would decide how to update the Board. Post meeting note: having checked this was provided on 28 April.</p> <p>The Committee NOTED the report, including the comments noted above.</p>	
3. EXTERNAL AUDIT		
<p>3.1 3.2</p>	<p>Audit Wales Update (SW) NWSSP Audit Assurance Arrangements 2024-25 (SW)</p> <p>SW presented the two papers simultaneously. The 'Audit Wales Update for the NWSSP Audit Committee' detailed the current and planned audit assurance work by Audit Wales. He added that another national report had been published more recently, regarding the Wellbeing and Future Generations Act and the public bodies' response. He entered a link into the chat bar for Members' information.</p> <p>The second paper detailed the assurance work undertaken to support the core functions which NWSSP delivered for NHS Wales (e.g. payroll, hosted IT agreements, etc). The work provided assurance specifically to the relevant audit teams and supported the audit of the financial statements of 2024/25.</p> <p>SW highlighted that there were two elements to the assurance work:</p> <ol style="list-style-type: none"> 1) to review the core functions, processes and arrangements undertaken by NWSSP; and 2) to review hosted IT arrangements which NWSSP undertook on behalf of other NHS audits. <p>In terms of core agreements, the scope of Audit Wales's work was similar to the previous year, when it had been streamlined to meet the needs and requirements of NHS audit teams. SW provided an update on progress and stated that the field work was complete, but there was some quality review work to complete on the SLE function. There were, however, no issues,</p>	

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	<p>weakness or concerns to report. SW would complete the work and respond to NHS audit teams at the end of the month.</p> <p>Regarding the IT audit work, the work was largely complete and the suite of assurances would soon be available. SW stated that findings had been positive on the whole, with minor issues to note regarding the fixed asset system, which had generated insignificant errors in depreciation adjustments. The error was known to the software supplier.</p> <p>DD noted that the work was intended to benefit the NHS audit teams and asked SW to clarify who was the customer of this specific work. SW confirmed that the NHS bodies in Wales were all audited by Audit Wales. The customers were the various NHS audit teams and he was, in effect, reporting to colleagues.</p> <p>DD stated that during his conversations with the Trust's Chair, he understood that there was no agreed audit plan in place with Audit Wales for NWSSP. No work completed by Audit Wales had been directly agreed by the Trust in relation to NWSSP. He clarified that the work commissioned by NWSSP was in relation to the independent audit of NHS bodies in Wales and was not in relation to any work undertaken by, or on behalf of, Velindre University NHS Trust. He asked if those NHS bodies would receive a copy of the findings, as the twelve Chief Executives would need to approve their annual accounts and declare that systems were compliant with agreed legal standards. SW confirmed that the CEOs would not receive a copy of the assurance work directly because it is reported to audit teams who in turn report to each organisation. He outlined the process, which was that SW would report to the next Audit Committee meeting and NWSSP management with recommendations and a summary report. The NWSSP would be free to share the work more widely.</p> <p>MB asked around the implications of the fixed asset depreciation miscalculation and whether it was human error which had caused the minor error, or whether it was a system error. SW explained that it only appeared on certain calculations on the depreciation charge and was not a wholesale error. It seemed that the sum totals were affected rather than individual records, but the issue had only just been uncovered. SW confirmed that he would update MB.</p> <p>Action: SW to investigate the asset depreciation issue and update MB when appropriate.</p> <p>AR agreed with MB that it was important to understand the root cause of the issue and thanked SW's team for the prompt work which had enabled NWSSP and other organisations in Wales to make an early start on the year's audit. The final report would progress through the Audit Committee and Shared Services Partnership Committee and, as such, all organisations would have sight of it.</p> <p>DD said there was a difference between Audit Wales doing its work on behalf of system assurances for the twelve accounts, versus the 'normal' external</p>	<p>SW</p>

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	<p>auditing, which would include hosted functions. He would follow up conversations with colleagues on the latter but wanted to ensure that the distinction was clear.</p> <p>GJ drew members' attention to page 5 of 10, referring to Legal & Risk Services and asked how auditors could evaluate the competence, capability and objectivity of the service provider? SW stated that it was essentially a view taken, based on professional qualifications and following disclosures submitted.</p> <p>GJ queried the text on page 6 of 10 and the narrative around health board contracts over £1m requiring Welsh Government approval. He stated that contracts over £1m would also require the Trust's approval and asked SW to confirm whether that was a comparison Audit Wales would also make. SW replied that contracts would be aligned with the list of contracts awarded by the Procurement Services to ensure approval by Welsh Government, but Audit Wales would not focus on whether approval had been granted by the Trust. AR clarified that under the current governance arrangements All Wales contracts are approved by Welsh Government.</p> <p>The Committee NOTED both the reports. However, DD suggested that the title of the paper was incorrect, and that Members should not note the paper as submitted. He felt that the external assurance work performed by Audit Wales was, essentially, for their own benefit and for their own internal process. GJ suggested that there were two different issues: the audit assurance work in respect of health boards across Wales, and the Audit Wales/Welsh Government agreed governance arrangements for NWSSP, as hosted by the Trust.</p> <p>DD continued that, reflecting on work covered in the main Audit Committee for the Trust, there was a separate element to providing the Board with assurance. He suggested that this Audit Wales report was on a different level and not performed for Trust Board's purposes and therefore should be entitled differently.</p> <p>AR drew members' attention to the report's introduction, which clarified the situation. It stated that the work of Audit Wales supported the provision of audit services to the external auditors of NHS Wales bodies, regarding the services of NWSSP. Specifically, the paper did not refer to any other audit work undertaken at NWSSP to support the audit of VUNHST's 2024-25 financial statements.</p> <p>Members were content to NOTE the report on the basis of that wording highlighted by AR.</p>	
4. INTERNAL AUDIT		
4.1	Progress Update (JJ)	

Item		Action
	<p>JJ presented highlights on progress and delivery of the workplan for 2024/25 and outcomes since the previous meeting. Section 2 detailed three finalised audit reports to be presented at the meeting. The progress of internal audit work was set out in Appendix A. Three other audits were progressing well. The Risk Management audit and the Digital Strategy Implementation audit had been deferred until the summer.</p> <p>GJ queried the two audits which had been deferred to later in the year. JJ assured GJ that both would realign and the work would follow. This was a matter of timing and no concerns needed to be brought to the attention of the Committee and did not impact JJ's ability to provide his Annual Report for 2024-25.</p> <p>The Committee NOTED the progress report.</p>	
4.2	Internal Audit Reports (SCo)	
4.2.1	<p>Variable Pay Internal Audit Report (SCo)</p> <p>SCo presented the final internal audit for Variable Pay.</p> <p>At the time of the audit, agency expenditure had reduced significantly. Engagement with agencies had ceased in November 2024, and testing focused on bank and overtime controls. Bank requests were subject to a multi-disciplinary scrutiny panel. An opportunity to strengthen record keeping arrangements arose with the introduction of a single central record of requests and placements. However, there were areas for improvement as there was no documented guidance and overtime arrangements were inconsistent. Reasonable assurance had been awarded overall and an agreed action plan was in place to address improvements.</p> <p>VM queried the lack of procedural guidance and asked if there were any Standard Operating Procedures in place. SCo replied that there was no evidence of documented guidance on overtime. The audit team had looked at other organisations to see what was in place but could see nothing of note. The team advised that some form of guidance would improve the procedure.</p> <p>VM also enquired whether any benchmarking was performed in regard to the central records and panel decisions within the banking process. SCo replied that NWSSP has different arrangements to health boards, so no benchmarking had been performed, but she emphasised that there were records of decisions but they were at times unclear and disjointed and so difficult to follow through.</p> <p>AR stated that the findings of the report were welcome and not surprising and that there had been a phased but targeted piece of work around grip and control arrangements in connection with variable pay, focusing on bank and agency pay, etc. Overtime payments were next in line to review. A desktop procedure had been implemented following useful discussions with</p>	

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	<p>trade unions. An app would be introduced and finalised by the end of the month. This would be particularly important in areas such as laundries where overtime was a common occurrence. AR would be happy to share the procedure with other organisations. GJ agreed that to progress a procedure as an exemplar to other organisations would be valuable.</p> <p>GJ noted that the target date for the production of a policy/procedure had been recorded as 31 July and enquired whether the next Audit Committee meeting date of 8 July would be a preferred alternative. AR would check the date of the Local Partnership Forum (LPF) meeting as the date of 31 July had been set with the purpose of gaining the support of the LPF members.</p> <p>Action: AR to check the date of the LPF meeting and advise Members on the earliest date possible for publication of the policy/procedure on Variable Pay.</p> <p>The Committee NOTED the report.</p>	AR
4.2.2	<p>Payroll Services Internal Audit Report (SCo)</p> <p>SCo presented the audit focusing on the systems and controls in place within payroll services, which she advised were operating effectively. Key Performance Indicators (KPIs) reported payroll accuracy of over 99%. Starters, leavers and changes were accurately processed and overpayments had been addressed promptly.</p> <p>VM stated that it was pleasing to see substantial assurance awarded with no recommendations and she congratulated the team. GJ agreed.</p> <p>The Committee NOTED the report.</p>	
4.2.3	<p>Primary Care Services Internal Audit Report (SCo)</p> <p>SCo stated that the audit focused on payments to pharmacy contractors. The systems were designed well and operated effectively, with KPIs reporting an accuracy of over 99%. Sample testing showed that prescriptions had been processed accurately and reimbursed in accordance with the drugs tariff.</p> <p>One matter required management attention relating to enhancing the quality audit process as itemised in the report. An action plan had been agreed and details were included in the papers. Substantial assurance was reported overall.</p> <p>Members were pleased to see another substantial assurance opinion. GJ noted the target date of 1 May for Objective 2, as shown on page 4, and asked if the retrospective date was a consequence of the rescheduled Audit Committee meeting. SCo confirmed that it was. GJ asked SCo if the objective had been achieved. SCo was aware the action was being implemented but was unaware if it was complete at that stage.</p>	

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	<p>Action: SCo to investigate and advise whether the target date of 1 May for the PCS action had been achieved.</p> <p>GJ also observed that the agreed management action had been agreed by Kelly Dickson, the Deputy Head of Transaction Services. He asserted that a responsible Director should take accountability, rather than a deputy. SCo stated that the executive was named on the front of the report, but she and her team would take that point on board.</p> <p>The Committee NOTED the report.</p>	<p>SCo</p>
<p>4.3</p>	<p>Draft Internal Audit Annual Plan and Charter 2025-26 (JJ)</p> <p>JJ stated that the paper showed the full Internal Audit plan for the 2025-26 year, the mandate and Charter, and set out the strategic approach used to develop the workplan. The coming year would be the first under the new internal audit standards. The Annual Plan and Charter provided details of the risk-based approach to NWSSP work and set out required resources. The plan was developed in consultation with the Director of Finance and Corporate Services and Assistant Director of Corporate Governance and the draft workplan had been presented to the Senior Leaders' Group for consideration. JJ referred Members to Appendix A: the Internal Audit Plan, Appendix B: the KPIs and Appendix C: the Internal Audit Mandate and Charter which are presented to the Audit Committee annually. The documents set out to describe how the NWSSP provides assurance across its services and across systems in NHS Wales.</p> <p>DD stated that in advance of the governance review over the coming months, and the need for clarity from Audit Wales and Welsh Government around accountability, he felt that it would be inappropriate to endorse the Audit Plan. He thought that the work should continue and not be delayed, but stated that it may be subject to amendment, pending the anticipated advice, further discussions and outcome of the review. DD was being asked to approve the consolidated accounts and the consolidated accountability position for the organisation, including NWSSP. He appreciated that the audit work plan was broad and thorough, and he felt it would be improper to hold up the audit work, but he wanted colleagues to note that it may need to be amended during the summer.</p> <p>DD also had significant concerns regarding the Charter and was not comfortable with its articulation and terminology. For example, it referred to 'the Board' meaning the Shared Services Partnership Committee, but this term was only applicable for the Trust Board and was not appropriate. He felt the Charter therefore, could not be approved and would require further work, preferably subsequent to the Welsh Government review and other communications.</p> <p>SC stated that if Members took the view that they did not want to make a decision on the document but would want the audit teams to continue with the audit work plan, that would be satisfactory. The governance review would give clarity on the aspects in the Charter around which DD is</p>	

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	<p>uncomfortable. The mandate and Charter were considered as part of the audit plan and the review would afford the opportunity to update both documents with the specific findings of the review.</p> <p>AR stated she felt it important that work continued. If Members felt they could approve the plan as proposed, she established that SC and his team would update on progress and any necessary amendments emanating from the review once that was finalised.</p> <p>VM asked if there was consistency in the wording of the Charter across all Audit Committees in Wales. SC affirmed that this was the case and the Charter was written on that basis.</p> <p>DD stated that this question echoed his earlier point that the terminology needed to be consistent and understood by all organisations in Wales, notwithstanding the context or the result of pending discussions. He queried whether it was appropriate for a hosted function to vary terminology depending on context and stated that the approach was not advisable. Advice on this issue was awaited from the other bodies mentioned but DD felt he could not support the Charter in the meantime. He felt the impression given was that NWSSP was an independent legal entity, which is not the case. GJ agreed that clarity was required.</p> <p>GJ continued with regard to the Charter, he asked if SC/JJ could amend the introduction to reflect the position more accurately between NWSSP and the Trust. He asked SC to advise if it was possible to do that ahead of the governance review, or whether it would cause operational difficulties. SC stated that the approach did not concern him from a governance risk and management control perspective, if Members were happy to approve the workplan and allow work to commence. He would bring the amendments to a future Audit Committee meeting if requested, and dovetail with review findings when they were known. GJ suggested awaiting the outcome of the review as that would inform the Charter. DD agreed with GJ and suggested that NG and he could work with colleagues to agree clarity, if necessary.</p> <p>The Committee NOTED and APPROVED the Plan, but NOT the Charter for reasons of clarity.</p> <p>Action: GJ directed that a comment be added to the Plan to notify readers that it may be subject to amendment following the governance review and the Charter would be amended following the review.</p>	<p>SC</p>

5. Counter Fraud		
5.1	<p>Progress Update (MW)</p> <p>MW presented the Counter Fraud Progress Report: Quarter 4.</p>	

	<p>The report itemised 34.75 days of proactive management work in the quarter, and 17.5 days of reactive work. Fraud Awareness training was ongoing with 6 sessions presented to 127 staff.</p> <p>E-learning statistics were rising, 81 staff completed the training in the last quarter and a significant increase was evidenced with 1,098 staff completing training in the last financial year.</p> <p>MW gave an update on case work performed in the last quarter, stating that 4 new cases had been received and 7 were closed. These involved overlapping shifts, overtime, sick leave and annual leave. A number of fraud alerts had been received in the last period and one concerned certificates of sponsorship. MW had liaised with the Head of Recruitment at NWSSP to advise of the incident and discuss controls in place. Assurance was given regarding management and monitoring of the systems. MW also liaised with the NHS Counter Fraud Authority (CFA) and the alert was disseminated appropriately. He added that the HMRC had raised concerns regarding tax avoidance schemes via employment agencies. Recruitment leads would review processes and follow HMRC advice. He continued that an intelligence alert had been issued by CFA regarding an individual's false identity; checks were made in Wales and the risk acknowledged, but there were no actual concerns.</p> <p>MW had met with Audit Wales and performed a data analytics exercise on General Medical Services, data registration capitation fees. The Post Payment Verification team reported no issues and would perform new quarterly checks for patient registrations as an outcome. National Fraud Initiative matches on the output were ongoing – one case was open with MW.</p> <p>VM thanked MW for the report and stated that it was useful to see the training statistics. She acknowledged that encouraging staff to complete training via ESR was working and was being monitored.</p> <p>AR added that the Directors of Finance Group had been working with the Finance Academy for the past year around the local and national Counter Fraud operating model in order to strengthen the collaborative approach. A Counter Fraud Liaison Group had been created which MW attended and conversations were ongoing with the National Counter Fraud Authority around Project Athena, a data analytics project. The Finance Directors received regular updates. The Counter Fraud Steering Group was in operation with Nuria Zolle representing Audit Committee Chairs. A highlight report would be presented to the All Wales Audit Committee Chairs' Meetings.</p> <p>The Committee NOTED the report.</p>	
5.2	<p>Draft Counter Fraud Annual Plan 2025-26 (MW)</p> <p>MW introduced the Annual Plan which aligned with the government's functional standards and was submitted for approval.</p>	

	<p>VM accepted the Annual Plan and asked if there were any significant issues to be carried forward into the plan that would need to be understood by Members. MW stated that the plan took a risk-based approach around current caseload and intelligence. He preferred to keep the plan flexible, as specifics such as the proportion of proactive/reactive responses could not be foreseen, but he advised that there was a need to improve/increase risk assessments and would endeavour to create more structure around internal proactive work.</p> <p>The Committee APPROVED the Annual Plan.</p>	
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6. GOVERNANCE, ASSURANCE AND RISK

6.1	<p>Governance Matters (AR)</p> <p>AR related that good progress had been made in the year to ensure that the Procurement division was approached in the first instance for all procurement, and that colleagues were directed to existing frameworks. There were very few recorded exceptions. She continued that capital slippage money released had resulted in a busy Quarter 4. Training and support were still being offered to divisions.</p> <p>AR mentioned the new Procurement Regulations introduced in February 2025 and Jonathan Irvine (JI) would present to a Senior Leadership Group meeting in June.</p> <p>Discussions centred around inherent risks and a heavy dependency on slippage monies due to a small capital allocation, which was something that needed careful management</p> <p>VM congratulated AR on the procedural improvement, as evidenced by only two breaches; the focus on retrospective learning to enhance the process had worked well.</p> <p>GJ queried Item 5 of Appendix B on page 13 of the All Wales Contracting Activity for Quarter 4, specifically the Agency Nursing Framework Agreement and its classification as a 'briefing' as opposed to the same item on page 15 at Item 2 which was classified as 'ratified'. GJ queried the different terminology. AR stated she understood that the briefing set out the intended approach with an indication of costs, and the ratification showed that the arrangement had been finalised. GJ suggested that another column was required to indicate approval by Velindre Trust.</p> <p>MB referred to his earlier point about there being no financial commitment to a framework. NF and AR agreed. AR suggested clarifying the terms with Jonathan Irvine (JI), discussing with MB and reverting to Members at the next Audit Committee meeting.</p> <p>Action: AR would clarify the terminology around 'briefing' and 'ratification' with JI/MB and would revert to the Audit Committee meeting in July.</p>	AR
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	<p>DD stated that the narrative should be explicit regarding its scope but he agreed with NF and AR.</p> <p>DD also stated that the contracts should only be executed by recognised legal entities, i.e. the Velindre Trust and the relevant contractor of similar legal status. The NWSSP was not a legal entity in itself, therefore all contracts should be in the Trust's name. GJ stated that the framework would be an umbrella agreement signed by the Trust initially, with subsequent drawdown by the NWSSP and other bodies.</p> <p>MB stated that frameworks were not contracts and suggested a separate table be maintained for frameworks. There was no financial commitment to a framework and no approval would be required. He gave the example of NWSSP and Velindre freely using English frameworks.</p> <p>Action: AR would revert to the Audit Committee in July with assurance surrounding the Agency Nursing Framework Agreement.</p> <p>GJ advised that the framework agreement was indeed a contract, which would be signed by the provider, who would agree to individual drawdown, or 'call off' contacts, by other organisations. He was pleased to see progress.</p> <p>The Committee NOTED the report.</p>	
6.2	Risk Management (JQ)	
6.2.1	<p>Risk Protocol (JQ)</p> <p>JQ suggested that he would speak with NG regarding the protocol, in the context of the Trust policy review and would revert to the Audit Committee at a future meeting. He explained that the protocol had been in place for many years and was designed to complement the Trust's policy.</p> <p>The Committee AGREED to the delayed presentation of this item and was pleased to see that the reviews of the Trust and NWSSP were to be coordinated.</p>	
6.2.2	<p>Risk Appetite Statement (JQ)</p> <p>JQ related that the Risk Appetite Statement had been approved by the Shared Services Partnership Committee and so it was presented for noting and for Members to review and advise the Shared Services Partnership Committee. He suggested that this item also be delayed following discussions with NG until a future meeting.</p> <p>AR stated that the NWSSP Senior Leadership Group had previously been risk averse, but the Shared Services Partnership Committee had suggested being bolder in some areas. The statement was presented as part of the overall arrangements at NWSSP, as she considered it good practice to reflect the risk appetite.</p>	

	<p>VM asked JQ and NG to review the terms of reference for the Audit Committee and the responsibilities for risk management and subsequent escalation needed to be clear and consistent. NG and JQ would discuss and report back to the Committee.</p> <p>The Committee AGREED to postpone approval. It was AGREED that the action would be left open and a suggested target date inserted, possibly the date of the next Audit Committee meeting on 8 July.</p>	
6.2.3	<p>Risk Register (JQ)</p> <p>JQ stated that the Register presented was the same as previously circulated but subsequently the Senior Leadership Group had significantly updated it. It was presented to the meeting as it was felt important for Members to note progress on the risks identified. The risks were set out in the paper along with their status and target dates which were subject to review.</p> <p>VM stated that there was a risk identified regarding cyber-attacks. She was surprised to see that it was 'on target' and asked if all risks had been mitigated. AR stated that this was a fair challenge, but all steps were being taken to avoid an attack. There was good practice in place and NWSSP had invested in the cyber team, which worked closely with the Digital Health Care Wales Cyber Resilience Unit and the Welsh Government team. The cyber resilience assurance framework audit would take place later in the year. In the recent review by the Senior Leadership Group, Directors had agreed to raise the risk threshold. Discussions continued on how other NHS organisations scored the risk and how the risk 'felt' given recent press reports about cyber-attacks on well-known retailers.</p> <p>VM queried the risks around capital funding noted at A5b and A12 and asked if there was a need to separate the two risks. JQ replied that A5 was specifically in connection with the ability to deliver on the decarbonisation agenda and A12 was more of a general risk. He saw the two entries as distinct risks but would consider the juxtaposition going forward.</p> <p>MB suggested that cyber security was only as strong as its weakest link, so all organisations' processes would need to be assessed and dangers mitigated. MB had asked the Digital Director and his Information Governance lead to follow it through nationally.</p> <p>NG asked for an update on the TrAMS position, given the two risks on the register. JQ advised that the Business Case would be presented to the Shared Services Partnership Committee in July. AR stated that there were heightened risks around the timeframes and questions had been asked around the model which needed to be addressed. There were pressures across the system on the existing service, so all organisations were making efforts to work together and reach the goal.</p> <p>The Committee NOTED and APPROVED the Risk Register.</p>	

6.3	<p>Losses and Special Payments Paper (AR)</p> <p>AR referred to the comprehensive paper highlighting losses during the previous financial year. She highlighted Covid activity in connection with PPE stocks which were bought in significant volumes. The usage rate however, following the pandemic was much lower than expected and stock had been written off as a consequence. Discussions had evolved with Welsh Government regarding stock level agreements and the need for future resilience. She warned that slow moving stock could continue to be a feature. AR and the Director of Procurement Services could provide an update at a future meeting.</p> <p>In a previous Audit Committee meeting it was reported that implementation of an IT system which had incurred a loss was accounted for and approved by the Welsh Government at the time. Subsequently, the loss has been pursued with the supplier and some of the loss had been recovered in the financial year 2024-25.</p> <p>The Committee NOTED the report.</p>	
6.4	<p>Tracking of Audit Recommendations (JQ)</p> <p>JQ related that NWSSP was in an enviable position, with only 3 overdue recommendations all dependent on third parties. The SLA for student awards should have closed on 30 April, but queries had been raised about including additional KPIs, hence the delay. He requested that the three deadlines be extended to 30 June.</p> <p>Members AGREED the extension.</p> <p>The Committee NOTED and APPROVED the paper.</p>	
6.5	<p>Financial Control Procedure (LP)</p> <p>LP presented the Financial Control Procedure on Capital Monitoring, which ensured strong mechanisms were in place to monitor capital projects and outlined officers' responsibilities. The procedure had been required due to the progression of the significant TrAMS and Radiopharmacy projects. Similar arrangements in Velindre specifically did not cover NWSSP and so the policy mirrors that of Velindre as far as possible. The procedure had been shared with MB and no amendments had been suggested. MB was content that there were no inconsistencies but suggested that one single policy going forward would be the ideal, incorporating the NWSSP local arrangements as an Appendix as there are some differences reflecting different internal structures and mechanisms.</p> <p>VM stated that section 1.1 referred to the Velindre policy and she asked MB whether the Velindre procedure needed updating to reference NWSSP. MB agreed; the Trust Capital Management Procedure had been updated but had not been progressed for approval.</p>	

	<p>DD agreed that there should be one policy going forward and duplications should be avoided.</p> <p>AR referred Members to Appendix 1.1 which was a description of the scheme delegation as already known to Velindre. She advised that there were only two financial procedures, one around capital monitoring and the other around budgetary controls. There would always be some differences, she advised, as the procedure would reflect local control agreements by NWSSP's internal groups.</p> <p>AR was comfortable that NWSSP procedures could be incorporated as an Appendix within the relevant Trust documents.</p> <p>The Committee APPROVED the Financial Control Procedure and appreciated that further attention would be required to ensure its consistency with the Trust's Policy, with a view to amalgamation.</p>	
7. ITEMS FOR INFORMATION		
7.1	<p>Forward Plan of Business 2025-26</p> <p>The Plan was included for Committee Members' information.</p>	
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 on 8 July 2025 at 14:00-16:00.	

Actions arising from the meeting held on 13 May 2025				Action by
2.1	NF	Managing Directors Update <i>For the IMTP to be presented at the next Audit Committee meeting.</i>	Not Yet Due	14 October 2025
5.2.1	JQ	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>	In progress The Director of Procurement Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services to seek approval from NHS organisations for their respective SoD to be shared with the Audit Committee.	08 July 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>	In progress All Procurement Services staff have been trained in relation to contract management as it applies through the requirements of the Procurement Act 2023. The training provided was part of a wider training provision delivered to Procurement Services staff through the Government Commercial College and direct workshops delivered face to face across all staff cohorts during January and February 2025. Records of attendance at all these courses are retained and available on request.	08 July 2025

			<p>The Head of Procurement Services has confirmed that 'Procurement best Practice' training has been delivered to the following audience, with the remaining sessions to be conducted throughout 2025:</p> <p>Formal SLG, Legal and Risk, People and OD, Digital Workforce and Specialist Estates Services.</p>	
6.2	JQ	<p>Corporate Risk Register <i>To adjust the target date of the TrAMS risk and change its status to amber. A paper would be presented at the next Audit Committee meeting.</i></p>	<p>Complete (superseded) The TrAMS risk continued to be updated regularly and the latest position is reported in the NWSSP Corporate Risk Register in the meeting papers. An update will be provided to a future meeting as required. However, this action has been to a large extent superseded by the Business Case now going through SSPC and organisational governance processes include for the Trust.</p>	8 July 2025
6.2	JQ	<p>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></p>	<p>Not Yet Due The agenda item has been postponed to a future meeting, pending the Trust's Policy Review as noted in Action 1.5 below and the Welsh Government Review of Accountability and Governance Arrangements.</p>	14 October 2025
1.4	DD/GJ	<p>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></p>	<p>In progress Nothing received at the date and time of writing.</p>	8 July 2025

1.5	JQ	Matters Arising <i>To amend the classification of Action 6.2 to amber. The Interim Director of Corporate Governance at Velindre NHS Trust, Non Gwilym, will liaise with NWSSP's Assistant Director for Corporate Services to discuss the Trust's risk policy review to ensure alignment.</i>	In progress Initial correspondence however not complete (note link to matter arising above regarding risk appetite)	8 July 2025
1.5	JQ	Matters Arising <i>To amend the title of 'Corporate Risk Register' to NWSSP Corporate Risk Register to provide clarity that it refers to NWSSP only.</i>	Complete Title has been amended.	8 July 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>	In progress RA will provide an update to the Quality, Safety and Performance Committee at its meeting scheduled on 14 July 2025.	14 July 2025
3.2	SW	Audit Wales Update <i>To investigate the fixed asset depreciation issue and update the Velindre UNHST Director of Finance regarding the matter when appropriate to understand the root Cause.</i>	In progress Update to be provided at the meeting on 8 July 2025.	8 July 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>	Not Yet Due Update report to July meeting included in meeting papers. Assurance work for 2024-25, to support NHS external audits, is complete and Audit Wales have provided assurances to the NHS audit teams. No issues or concerns have been identified and a report confirming this will be issued to the next NWSSP Audit Committee meeting on 14 October 2025. Audit Wales reports and updates are routinely included in the forward plan of business.	14 October 2025
4.2.1	AR	Variable Pay Internal Audit Report <i>To check the date of the NWSSP Local Partnership Forum meeting and advise Members on the earliest date possible for publication of the Overtime procedure on Variable Pay.</i>	In progress The Overpayments Procedure was approved at the FSLG on Thursday 26 June 2025. The	October 2025

			Procedure will be taken to LPF for feedback prior to implementation. CHECK LPF	
4.2.3	SCo	Primary Care Services Internal Audit Report <i>To confirm whether the target date of 1 May for the PCS action had been achieved.</i>	Complete Confirmation has been received from the responsible officer, Deputy Head of Transactional Services that the recommendation outlined in the report has been implemented.	8 July 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>	Complete Any updates to the Plan will be communicated to the Audit Committee as a matter of course.	8 July 2025
6.1	AR	Governance Matters <i>To clarify the terminology around 'Briefing' and 'Ratification' with JI/MB and would revert to the Audit Committee meeting on 8 July 2025.</i>	Complete Additional wording had been added to the All Wales Contracting activity report to explain the differences between a briefing and ratification.	8 July 2025
6.1	AR	Governance Matters <i>Would revert to the Audit Committee in July 2025 with assurance surrounding the Agency Framework Agreement.</i>	Complete The All-Wales Agency Framework Agreement has followed the appropriate governance process. The Welsh Government has been briefed on the proposed arrangements and informed upon ratification. Additionally, as mentioned above, extra wording has been included in the All Wales Contracting paper to clarify the meanings.	8 July 2025



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	8 July 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 Update
PURPOSE	To update the Audit Committee on recent developments within NWSSP.

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 April 2025.

Joint Executive Team (JET) Meeting

The NWSSP Leadership Team met with the Welsh Government Leadership Team on 25 June as part of the agreed bi-annual JET meetings. The focus of this meeting was NWSSP performance relating to the 2024-25 operational year.

No performance concerns were raised by Welsh Government during the meeting and positive feedback received on the initiatives and savings being generated by NWSSP to support the wider NHS in Wales.

During the meeting, the Welsh Government confirmed that feedback on our IMTP submitted at the end of March 2025 would be issued in the next few weeks.

Finance

The latest financial position as at Month 2, NWSSP reported a surplus of £1.138m. The Departmental Expenditure Limit (DEL) forecast remains at £145.491m in line with our IMTP. We have identified some emerging factors



associated with the Welsh Risk Pool which may increase this forecast which would impact the Welsh Risk Pool risk sharing contributions, which we are reviewing in detail. This has been discussed with Welsh Government and Directors and Deputy Directors of Finance Groups.

Our current Capital allocation remains at £7.830m, including £0.342m discretionary funding after the reduction for the 30% Targeted Estates Funds (TEF) contributions and £7.488m additional capital funding.

The Public Sector Payment Policy (PSPP) target was achieved for Non-NHS invoices (99.43%) but narrowly missed the NHS target (94.74%). Both targets are still achieved cumulatively, to date. Risks remain around confirmation of recurrent 2024/25 and 2025/26 pay award funding in addition to the Employer's National Insurance increase. Welsh Government intend to issue clarification on the ERs NI and 2024/25 pay award risks to all bodies in time for Month 3 reporting. Agency staff expenditure is at zero, ensuring we continue to meet the Ministerial Priority target to eliminate agency expenditure on Administrative and Clerical staff by September 2025. Work is being undertaken as regards variable pay and an Overtime Request Application Procedure has recently been agreed by SLG and is scheduled to be agreed with Local Partnership Forum on 2 July.

During 2024/25, we returned £0.750m of the covid funding allocation to Welsh Government and we are forecasting this will be fully utilised during the financial year. We continue to liaise with Welsh Government regarding the wider implications of the Personal Protective Equipment (PPE) Stockholding Policy and how this impacts anticipated costs and expenditure for the current year.

Transforming Access to Medicines Service (TrAMs) Programme

South East Radiopharmacy

Enabling works 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) has been completed and circulated in v1.0 to the Health Boards and Trust on 13 May 2025. Following review and



comments an updated version v1.1 was issued for approval on 9 June 2025. The OBC v1.1 has been endorsed by South East Wales Project Board and TrAMS Programme Board. The aim is for the OBC to be brought to the Shared Services Partnership Committee meeting on 17 July 2025, for approval. All associated Health Board and Trust internal governance processes are planned to be complete by 31 July 2025. An application for fees to develop the Full Business Case (FBC) will then be lodged with Welsh Government.

South West Hub

We are actively looking for a suitable site within the two preferred localities (previously agreed by stakeholders from Hywel Dda and Swansea Bay) of Swansea North and Llanelli. A preliminary site ranking workshop has been arranged for 16 July 2025. There are currently 6 sites on the longlist. Possible synergies with a project for contingency stock storage are being investigated. Once a potentially viable site has been identified, a scoping meeting with Welsh Government will be held, and an application made for fees to develop the OBC.

Laundry Service

A number of capital schemes relating to Laundry were completed during 2024-25. Further works committed for 2025-26 include the following examples:

- Programmable Logic Controllers (PLCs) controlling full sorting and washing processes at Church Village, scheduled for 25 July 2025;
- Bulk detergent tanks at Swansea, programmed for the end of August;
- Three Continuous Batch Wash dryers at North Wales, programmed for 29 August 2025;
- Monorail and sorting system at Swansea, programmed for the beginning of September; and
- Main low voltage distribution panel at North Wales, which was completed on 5 June 2025.

The projects listed above require complete plant shut down and will require the redistribution of linen processed to the remaining sites in the All Wales service as well as using bulk stock injections to maintain supplies.

As a result of the downtime required for the installation and commissioning of the new plant the service will be ensuring there is adequate phasing between each project to ensure we do not take more than one plant down at a time, as well as allowing the service time to recover the backlog of returned linen.



Another scheme completed was the replacement of the six Continuous Batch Wash dryers in Swansea. One of the benefits from this installation is the improved drying times and, as a consequence, the increased capacity of the Swansea plant.

The Service is now going to take advantage of this increased capacity by reversing the 'Shift East' of Morriston and Neath Port Talbot Hospitals, from Church Village back to Swansea. This action will result in operating cost savings and reduce the carbon footprint through reduced mileage associated with the distribution of clean and dirty linen. A trial is programmed to finalise the required operational hours within the Swansea plant at the same time as we take Church Village out of operation for the replacement PLCs on July 25 July 2025.

Progress is also being made on the projects awarded under the Targeted Estates Funding, with specifications being finalised in readiness for tendering.

Medical Examiner Service

An internal deep dive planning session was held with the Director of Primary Care and Medical Examiner Service, Lead Medical Examiner, the regional Medical Examiners and Service Leads, on 3 April 2025, to reflect on lessons learned from the first six months of the statutory service and to assess the impact of winter pressure workloads. The session, facilitated by NWSSP's Head of Emergency Planning and Response, was well received and generated a set of findings and proposed next steps.

A comprehensive action plan arising from the session has been developed to support continuous improvement across the service, identifying key opportunities across stakeholder engagement, process optimisation, digital systems, operational efficiency, training and system integration. Priorities include:

- enhancing pan-Wales communication;
- streamlining death certification processes;
- improving data management through automation and live reporting; and
- strengthening workforce planning and training.

The plan also emphasises collaboration with partners, including Health Boards, Welsh Government and NWSSP's Transformation Management Office to ensure a consistent, high-quality service. Implementation of the



proposed actions will be monitored by the Director of Primary Care and Medical Examiner Service, with several initiatives already underway.

In parallel, we continue to play an active role as a key stakeholder in the Welsh Government's Strategic Oversight Board, which is now in the final stages of publishing its findings and lessons learned. This work extends beyond the Medical Examiner Service to encompass the broader programme of death certification reform.

Accommodation Update

The sustainable remodelling of NWSSP's HQ at Charnwood Court and Companies House in Cardiff has been successfully completed. A key feature was the full reuse of donated furniture from Companies House, supporting both the refurbishment and environmental responsibility. The project aligns with the sustainable development principle and the five ways of working. It forms part of a wider estate strategy to implement a hub and spoke model, encouraging agile, collaborative working and shared space across Wales. The team also worked with NHS Wales organisations to sustainably manage surplus furniture.

At the NWSSP Senior Leadership Group meeting on 26 June 2025, approval was given to extend the lease of Charnwood Court for a further five years. A paper will be presented to the Shared Services Partnership Committee on 17 July 2025 and the Velindre Trust Board on 31 July 2025 for approval and consent to seal. NWSSP Corporate Services and Specialist Estates Services will instruct NWSSP Legal and Risk to prepare the necessary legal documentation.

Personal Protective Equipment (PPE)

Welsh Government has confirmed to NWSSP the stockholding position for Personal Protective Equipment (PPE) as part of resilience arrangements. A project group and respective sub-groups have been established to implement the policy decision including procurement, storage and distribution arrangements. Public Health Wales are working with NWSSP on fit testing arrangements.

Decarbonising the NWSSP Estate

A broad range of activities have been progressed across NWSSP since the last report, including completion of the following projects:



- Roof mounted Photovoltaic installation to Matrix House: This has been commissioned and with the fine weather, is meeting a high proportion of our on-site needs, and at times, we are actually feeding the grid. The total capacity potential is 137kW.
- EV Chargers and Battery Installation at IP5: Using end of year slippage funds from Welsh Government, we were able to introduce 12 dual EV chargers giving 348kW of charging capacity, together with a 100kWh storage battery to operate in conjunction with the previously installed PV array.

We were delighted to learn that all of our bids submitted through the Transforming the Estate Fund (TEF) for 2025/6-2026/7 were successful. They comprised:

- expanded EV charger installation at Matrix;
- roof mounted PV solar array at Denbigh stores;
- waste heat reclamation installations Green Vale, Church Village and Glan Clwyd; and
- Boiler House upgrade at Church Village.

Work is now progressing, at pace, to implement these schemes. Going forward, we will continue to invest time and any available funds in researching more opportunities to reduce carbon in of our activities.

Cabinet Secretary Visit to IP5

On 4 June 2025, the Cabinet Secretary for Health and Social Care, Jeremy Miles MS, visited IP5 in Newport, to view the progress on the £7.6m Radiopharmacy facility, which will transform how treatments are manufactured in South East Wales. The Cabinet Secretary met with staff and acknowledged the facility's role in strengthening the region's capacity to deliver specialist medicines. The visit was very positive overall with the progress made noted. He also visited the storage and distribution arrangements that operate from IP5.

Senior Leadership Events

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

- Life Sciences Hub Wales Board on 28 May 2025
- NHS Wales Chief Executives Meeting on 3 June 2025
- Cabinet Secretary visit to Radiopharmacy at IP5 on 4 June 2025



- met with Simon Dean regarding the NWSSP Governance and Assurance Review on 9 June 2025
- site Visit to Matrix House, Swansea on 16 June 2025
- NHS Wales Leadership Board on 17 June 2025
- NHS Wales Value and Sustainability Board on 19 June 2025
- NHS Wales Sustainability Conference in Swansea on 20 June 2025
- Health and Social Care Climate Emergency Transport and Procurement Project Board on 23 June 2025
- Climb Summit in Swansea on 24 June 2025
- year-end Joint Executive Team meeting on 25 June 2025
- Touch point meetings with the Leadership Teams of NWSSP and Cwm Taf University Health Board, Powys Teaching Health Board and Swansea Bay University Health Board were held during June 2025.

Staff Recognition Awards

Following on from NWSSP's Annual Staff Recognition Awards on 13 February 2025, celebrating the outstanding contributions of Our People, we have hosted a number of in-person ceremonies across regional sites to personally thank our winners for their outstanding contributions. This included events at Denbigh Stores, St Asaph in North Wales and IP5 Storage and Distribution Warehouse in Newport.

Awards Nominations and Success

NWSSP was shortlisted in multiple categories at the 2025 NHS Wales Sustainability Conference and Awards, recognising best practice across a range of projects. At the ceremony on 20 June, NWSSP won the award for Best Sustainability Network/Community for its work with the Welsh Health Environmental Forum.

We have also recently submitted nominations for the following:

- the NHS Wales Awards, celebrating excellence in quality and improvement across health and care in Wales. The awards showcase the incredible quality and safety improvement work that is transforming experiences and outcomes for people in Wales; and
- the Shared Services Forum UK Future Vision Awards, recognising outstanding achievements in the shared services industry, with this year's theme being Invigorate, Regenerate.



Upcoming opportunities where we are currently collating nominations to showcase Our Services, Our Value and Our People, which may be of interest to Committee Members, include:

- Ystadau Cymru Awards (closing Friday 5 September 2025) - A chance to celebrate collaborative asset management, showcasing value and sustainability across the Welsh public estate.
- St David Awards (closing 26 September 2025) – As Wales’ national awards, these honour exceptional public service and innovation, recognising people and projects that go above and beyond.

Neil Frow OBE
Managing Director, NWSSP
July 2025

Date issued: June 2025

Audit Wales update for the NWSSP Audit Committee – July 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. We identified no issues or concerns and a report confirming this will be issued to the next NWSSP Audit Committee meeting.
- 3 NWSSP officers have also made a significant contribution to the audit of the 2024-25 accounts of Velindre University NHS Trust. We are very grateful for the support provided.

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>Well-being of future generations Act & progress made by Welsh public bodies</u>	April 2025
<u>Wales Infrastructure Investment Strategy</u>	May 2025
<u>NHS cost savings checklist for Board members</u>	June 2025

Head of Internal Audit Opinion & Annual Report 2024/25

NHS Wales Shared Services Partnership



Reasonable Assurance

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Report status:	Final
Draft report issued:	June 2025
Final report issued:	June 2005
Author:	James Johns
Audit Committee:	July 2025



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

1. Executive Summary

1.1 Purpose of this Report


The Managing Director of NHS Wales Shared Services Partnership (NWSSP) is accountable to the Shared Services Partnership Committee (SSPC) for maintaining a sound system of internal control that supports the achievement of NWSSP's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This Head of Internal Audit Opinion is based upon the work delivered in accordance with the risk based Internal Audit Plan for 2024/25 year, which was presented to and approved by the Audit Committee (Velindre University NHS Trust Audit Committee for the NHS Wales Shared Services Partnership) in April 2024 (minute 4.3).

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

1.2 Head of Internal Audit Opinion 2024/25

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Managing Director as Accountable Officer and the Shared Services Partnership Committee which underpin NWSSP's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore NWSSP will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Governance Statement. The overall opinion for 2024/25 is:

Reasonable assurance		<p>The SSPC can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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1.3 Delivery of the Audit Plan

The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. In addition, regular audit progress reports have been submitted to the Audit Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2024/25 year, was presented to the Audit Committee in April 2024. Changes to the plan have been made during the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at DHCW, that support the overall opinion for NWSSP and NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we 'Fully Conform', and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to 'generally conform' to the requirements of the Public Sector Internal Audit Standards for 2024/25. We can state that our service 'conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on strategic and operational risk areas, along with key national systems & services; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the SSPC that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited or Unsatisfactory Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Governance Statement where it is appropriate to do so.

In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2024/25

Substantial Assurance	<ul style="list-style-type: none"> • Recruitment Services • Payroll Services • Primary Care Services (PCS) – Pharmacy
Reasonable Assurance	<ul style="list-style-type: none"> • Specialist Estates Services - Building for Wales Framework – Invitation to Tender • Accounts Payable • Health Safety • IT/Digital – Service Management • Variable Pay
Limited Assurance	<ul style="list-style-type: none"> • Procurement Services Capital Equipping (SB & CTM UHB's only)
Unsatisfactory	N/A
Advisory/Non-Opinion	<ul style="list-style-type: none"> • Procurement Services – Stores /Stock Requisition • PCS Pharmacy Advisory Underpayment Review • Medicines Unit • All Wales Contract Management • Decarbonisation Follow up

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work.

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

As noted above, the Managing Director of NHS Wales Shared Services Partnership is accountable to the Shared Services Partnership Committee (SSPC) for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the SSPC, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The NWSSP's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the NWSSP. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the SSPC considers but is not intended to provide a comprehensive view.

The Managing Director, on behalf of the SSPC, and through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the SSPC which underpin their own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist NWSSP in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the SSPC in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit Opinion is based upon the work delivered in accordance with the risk based Internal Audit Plan for 2024/25 year, which was presented to and approved by the Audit Committee (Velindre University NHS Trust Audit Committee for the NHS Wales Shared Services Partnership) in April 2024 (minute 4.3).

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2024/25 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.


The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the SSPC and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

Scope of opinion

The Head of Internal Audit Opinion is based upon the work delivered in accordance with risk based Internal Audit Plan for 2024/25 year, which was presented to and approved by the Audit Committee (Velindre University NHS Trust Audit Committee for the NHS Wales Shared Services Partnership) in April 2024 (minute 4.3).

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable assurance		<p>The SSPC can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to any Unsatisfactory and Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there were one audit in 2024/25) as well as addressing implementation of recommendations from previous year reviews.

Basis for Forming the Opinion

The audit work undertaken during 2024/25, and reported to the Audit Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the organisation has arrived at its declaration in respect of the self-assessment for the leadership standard.

Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).

- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; attendance at meetings; review of key documents including Partnership Committee agendas and papers; meetings with Executive Directors, the Assistant Director Corporate Governance, senior managers and the Audit Committee; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the NHS Wales Shares Services Partnership.

In reaching this opinion we have identified some reviews during the year concluded positively with effective control arrangements operating in some areas.

From the opinions issued during the year, three was allocated Substantial Assurance, five were allocated Reasonable Assurance, one was allocated Limited Assurance with none allocated an Unsatisfactory assurance opinion and five advisory or non-opinion tbc report was also issued.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the audit findings by National System / Service Audits and NWSSP specific audits, are show below.

NATIONAL AUDITS

The assurance ratings from the national system and services audits are a key component of the overall NWSSP opinion.

The audit of **Primary Care Services Contractor Payments (Pharmacy)** concluded Substantial with assurance. Sample testing confirmed that prescriptions had been processed accurately and reimbursed in accordance with the drugs tariff. Key performance indicators for net cash value and keying accuracy report 99.88% and 99.73% accuracy respectively, exceeding the targets stipulated within the service level agreement. We have identified one matter requiring management attention relating to the Quality Audit process required enhancing to include an independent accuracy check of post-audit adjustments/amendments prior to processing.

PCS Pharmacy Additional Underpayment Review. This review advisory was undertaken to assess the adequacy of action taken in response to an underpayment of reimbursements to community pharmacies, and the controls in place to prevent recurrence. The audit work highlighted actions already undertaken and an action for management to consider for further enhancement.

Recruitment Services - The audit was given a Substantial Assurance rating. We identified no matters for reporting in our review. The Employment Services Service Level Agreement (SLA) establishes a structured approach for providing a thorough recruitment and selection service. The SLA defines the key responsibilities of both NWSSP Recruitment Services and the NHS Wales organisations. These responsibilities are in accordance with established quality standards and key performance indicators. Standard operating procedures (SOPs) have been developed in partnership with the NHS Wales organisations to provide a standardised recruitment service across Wales. Recruitment Services produces the All-Wales Performance and Volumes Report, which outlines performance metrics in relation to key performance indicator (KPI) targets. The audit highlighted the successful attainment and the consistent high performance by recruitment services in meeting all five of the established KPIs. Furthermore, the audit review confirmed that recruitment and selection services are being undertaken in alignment with the specifications outlined in the SLA and in compliance with the NHS Employee Check Standards. Customer satisfaction surveys are distributed to applicants and recruiting managers via an automated email from the TRAC system. The insights and analysis gathered from these surveys are communicated to the recruitment managers, enabling them to address any identified issues effectively.

Payroll Services – The audit was given a Substantial Assurance rating. The controls in place for the administration of Payroll Services are designed and operating effectively and this is reflected in the continued high levels of payroll accuracy reported in KPIs (over 99%) during 2024-25. The rollout of the Staff Movement Advice and the All-Wales Overpayments Reporting platforms offers improved efficiency and information for both Payroll Services and the organisations it serves. Our sample testing confirmed that new starters, leavers and changes were processed in an accurate and timely manner, whilst overpayments had been promptly addressed.

The audit of **Accounts Payable** concluded with reasonable assurance. Our testing confirmed accuracy of supplier masterfile amendments and invoice processing. We have identified four findings requiring management action: compliance with bank verification and approval requirements for additions/amendments to the supplier masterfile; compliance with the No PO No Pay Policy; authorisation of non-PO invoices and approval arrangements for data loads.

Capital Equipping Procurement (SB & CTM UHBs only)– We concluded Limited assurance overall with three high priority findings relating to: Weakness in the arrangements for obtaining and evidencing health board approval for expenditure, including approval of amendments to user specification/requirements; failure to properly engage framework suppliers via the relevant framework due to non-completion of required documentation; Instances of order splitting resulting in inappropriate use of quotations and breach of SFI's.

The audit of **NHS Building for Wales Framework Renewal -Invitation to Tender** stage concluded with Reasonable Assurance. It was clear that lessons had been learned from previous framework renewal exercises and the previous internal audit review undertaken at the PQQ stage, which were incorporated into the current ITT stage. Also, ongoing professional advice and engagement with NWSSP: Legal Services and NWSSP: Procurement Services was evident. However, the review highlighted a potential delay of five months from that previously reported at the PQQ report). Other key matters arising

at the review included: One of the three additional declaration of interest forms for the ITT stage needed to be completed in full and the planned lessons learned exercise should incorporate items such as the appraisal of third-party engagement, standardisation of evaluator returns, and budgetary considerations.

NWSSP AUDITS

Health & Safety – Reasonable Assurance was given for the audit. NWSSP has in place a Health and Safety (H&S) Procedure that aligns to the Velindre University NHS Trust Health, Safety and Welfare Policy. The procedure outlines aims, roles and responsibilities that is supported by a suite of documents on the organisation SharePoint site. All H&S statutory and mandatory training compliance rates exceed the targets, and all H&S incidents are recorded on Datix including RIDDOR incidents that were compliant with the regulatory reporting requirements. Corporate and local registers are in place to capture H&S related risks whilst HSCG65 inspections are undertaken by the H&S Team to monitor the health and safety performance within NWSSP. The organisation has an established governance structure. Two matters requiring management attention were raised relating to polices and inspection actions.

The **Variable Pay** audit concluded with Reasonable Assurance – The audit highlighted that the processes and controls for managing and controlling bank and agency use, as set out within the Resource Framework are robust and this is supported by the significant reduction in agency spend. However, there is weakness in the control framework for the management of overtime. Variable pay is regularly monitored with a clear drive to achieve a continual reduction in variable pay spend.

The audit of the **IT Service Management** concluded with Reasonable Assurance. We have concluded reasonable assurance on this area. The matters requiring management attention highlighted: There are no clear metrics for the provision of services that cover the quality and value of services provided; the SLA monitoring process does not cover all services provided by DHCW; there has been no delegation for monitoring the performance of services provided by DHCW.

An advisory review of **Stores Stock Requisitions** was undertaken. Four actions for management consideration relating to: Administration of blanket purchase orders; Scheme of Delegation; Management oversight of stores orders and an opportunity to strengthen existing procedural guidance relating to stock orders

Medicines Unit – An initial scoping review was undertaken on controls systems in place particularly relating to risk and regulatory compliance. Both of these areas will be covered in separate audits across NWSSP during 25/26.

Decarbonisation Follow Up – The review confirmed that good progress had been with each of the three agreed actions have been implemented, whilst noting the ongoing risk regarding the availability of funding.

The All Wales **Contract Management** advisory review has highlighted areas for improvement across all organisations.

2.5 Approach to Follow Up of Recommendations

As part of our Follow-up of Previous Recommendations audit work, we consider the progress made in implementing the actions agreed from our previous reports for which

we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on other high priority findings in reports and also a sample of recommendations made in prior year audits of the All Wales Transactional Systems where appropriate.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

As part of the governance arrangements within NWSSP an audit recommendation tracker was in operation during 2024/25. This is monitored and reported to Audit Committee on a regular basis, providing the ongoing position of recommendations implemented and the level of recommendations still to be actioned, with reporting highlighting a high percentage of recommendations implemented.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Audit Committee, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to NWSSP and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with NWSSP, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2024/25 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the NWSSP's Annual Report and accordingly will be completed and reported to management and the Audit Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2024/25.

2.9 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the Standards.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at NWSSP in conformance with the Public Sector Internal Audit Standards for 2024/25.

Our conformance statement for 2024/25 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2024/25 which will be reported formally in the Summer of 2025; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2024/25 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP’s Audit & Assurance Service who undertook work on NWSSP’s audit programme for 2024/25.

The Head of Internal Audit has unfettered access to the Managing Director, Chair of the Audit Committee and Chair of the NWSSP Partnership Committee.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the SSPC need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the SSPC’s own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to NWSSP

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation’s audit programme, will cover activities relating to other health bodies. These are set out below, with relevant comments and opinions attached, and relate to work at:

- Digital Health & Care Wales; and

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to NWSSP. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Financial Sustainability	Substantial	To review the financial management arrangements in place to ensure the ongoing sustainability of services and project delivery, with a particular focus on sustainable funding requirements for projects (e.g. DPIF, WASPI).
Programme Management	Reasonable	To establish the effectiveness of the portfolio management model used by DHCW and the controls

Audit	Opinion	Outline scope
		that are in place to ensure it operates across the range of active projects.
Mission One – National Data Resource	Reasonable	To provide assurance over the National Data Resource (NDR) Platform programme of work, including progress towards implementing local datastores, and reference, demographics and medicines data.
Mission One – Cloud Services	Substantial	To provide assurance over the programme of work to move live services from datacentres into the cloud.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme and are summarised in the DHCW Head of Internal Audit Opinion and Annual Report. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

While these audits do not form part of the annual plan for NWSSP, they are listed here for completeness as they do impact on the organisation’s activities. The Head of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2024/25 operational audit plan.

The audit plan approved by the Committee in April 2024 contained fifteen planned reviews. Changes have been made to the plan with one audit added and two deferred. All these changes have been reported to, and approved by, the Audit Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across NWSSP. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2024/25	G	April 2024	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2024/25	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to discussion & draft report [15 working days]	G	85%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 14 audit reviews were reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings

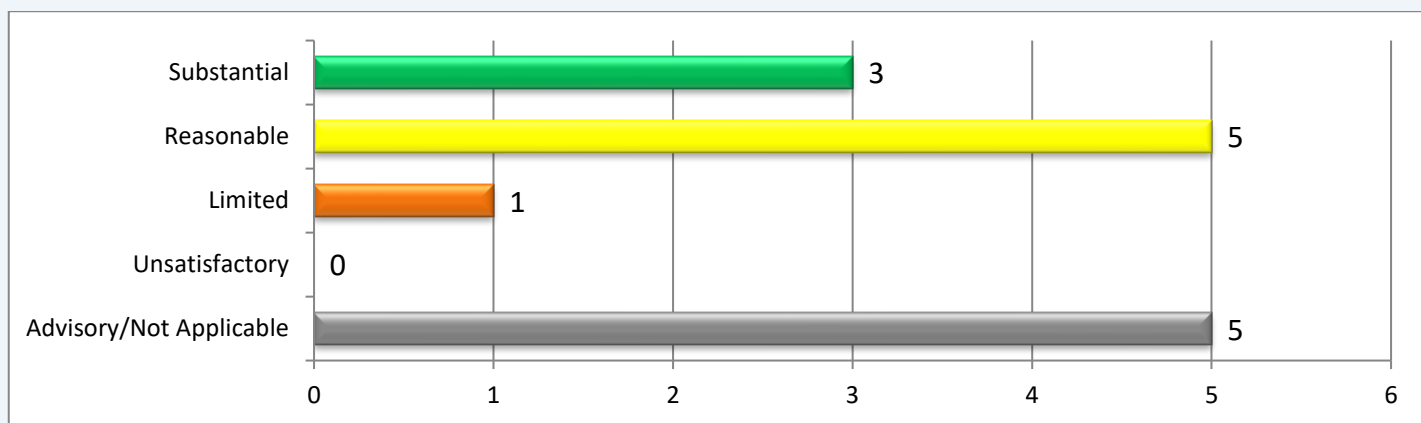


Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the NHS Wales Joint Commissioning Committee.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

In addition to the above, there were several audits which did not proceed following preliminary planning and agreement with management. In some cases, it was recognised that there was action required to address issues and/or risks already known to management and an audit review at that time would not add additional value. These audits are documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)



In the following review areas, the SSPC can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Payroll Services	This audit will evaluate the design and operation of the systems and controls in place within payroll services.
Recruitment Services	Review the adequacy of systems and controls in place for recruitment services.
Primary Care Services (PCS) Pharmacy Payments	The purpose of this review is to provide assurance that PCS is maintaining a robust system to facilitate timely and accurate payments to primary care pharmacy contractors.

5.3 Reasonable Assurance (Light Green)



In the following review areas, the SSPC can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Accounts Payable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report (NWSSP-2324-01).
Health & Safety	Review the adequacy of health and safety arrangements within NWSSP.
IT Service Management	The objective of the audit is to provide an opinion over the arrangements in place for the management of the service level agreements for digital provision from DHCW, including, but not limited to, performance monitoring, quality targets, financial performance and escalation processes.
Variable Pay	Review the arrangements in place for variable pay to ensure appropriate controls are in place to monitor, manage and control temporary staff usage and variable pay spend.
NHS Building for Wales Framework – Invitation to Tender Stage	The purpose of the audit was to evaluate the processes and procedures put in place by NHS Wales Shared Services Partnership: Specialist Estates Services (NWSSP: SES) for the next generation of the NHS Building for Wales framework arrangements. This review focussed on the systems and controls in place in respect of the Invitation to tender stage (ITT)

5.4 Limited Assurance (Amber)



In the following review areas, the SSPC can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those

areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Capital Equipping (SB & CTM UHB's only)	To review the adequacy of systems and controls in place for procurement within the Capital Team servicing SBUHB & CTMUHB.

5.5 Unsatisfactory (Red)



No reviews were assigned an 'unsatisfactory' opinion.

5.6 Advisory/Assurance Not Applied (Grey)



The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Contract Management (All Wales review)	To assess whether NWSSP has appropriate contract management arrangements in place within the organisation.
Stores Stock Requisitions	Review of the stock order approval process to assess and advise on the appropriateness of purchase order approval controls.
PCS Pharmacy (advisory underpayment review)	The advisory review was to understand the sequence of events leading to the pharmacy underpayment and assess the appropriateness of action taken following identification of the underpayment. Assess the appropriateness of controls in place to prevent recurrence
Medicines Unit	An initial scoping review was undertaken on controls systems in place particularly relating to risk and regulatory compliance.
Decarbonisation Action Tracking Follow up - WIP	The overall objective of this follow up review is to assess the progress in implementing the actions agreed with management to address the issues identified in the previous audit.

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Objective
Risk Management	Risk management arrangements including responsibilities, risk appetite, monitoring, escalation and assurance reporting are clearly defined. 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. Management requested referral due to operational pressures.
Digital Strategy Implementation	To provide assurance over the implementation of the Digital Strategy. Management requested referral due to operational pressures.

In addition, at the time of this annual report there were no reviews that were 'work in progress'.

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the NHS Wales Shared Services Partnership to support delivery of the Internal Audit assignments undertaken within the 2024/25 plan.

James Johns
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit
Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership
June 2025

Appendix A

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing Orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive (Managing Director NWSSP) and Audit Committee chair. There have been no impairments to our independence during 2024/25.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. An EQA was undertaken in 2023.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee.

	Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with Audit Wales and LCFS.
2100 Nature of work	The risk-based plan is developed, and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	<p>Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee.</p> <p>An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p>
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition, audit reports are followed up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management, it would be discussed and will be escalated to NHS Wales Partnership Committee level for resolution.

Appendix B

Assurance Opinion

	<p>Substantial</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.</p>
	<p>Reasonable</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.</p>
	<p>Limited</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</p>
	<p>Unsatisfactory</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.</p>
	<p>Advisory</p>	<p>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.</p>

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.

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.

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.



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



NHS WALES SHARED SERVICES PARTNERSHIP

Audit Committee

July 2025

Audit & Assurance Services Internal Audit Progress Report



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WALES

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

Appendix A - Assignment Status Schedule 2024-25

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
Procurement Services - Stores Stock Requisitions Advisory	N/a
PCS Pharmacy Advisory	N/a
NWSSP Contract Management (All Wales)	N/a
Decarbonisation follow up (agreed action tracking)	N/a

3. Planning and Delivery Update

The assignment status schedule at Appendix A sets out the current position of all audits in the 24/25 plan. All audit work from the current year plan has been completed for inclusion within the Annual Report and Opinion.

An initial scoping review was undertaken on controls systems in place within the Medicines Unit particularly relating to risk and regulatory compliance. Both of these areas will be covered in separate audits across NWSSP during 25/26.

The Head of Internal Audit Opinion and Annual Report for 24/25 is on the agenda providing an overall Reasonable Assurance Opinion.

Work to progress the delivery of the Internal Audit Plan for 2025/26 has commenced, with audit planning work already underway for a number of the audits in the plan, along with some early fieldwork.

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. Meetings with other Directors and senior managers have taken place as part of the planning and delivery of individual audits. Advice has been provided on development of the NWSSP Overtime Procedure.

Appendix A: NWSSP Assignment Status - 2024/25 Internal Audit Plan

Audit	Status	Assurance Rating	Matters Arising			Timing		Audit Committee
			H	M	L			
NHS Building for Wales Framework Invitation to Tender Stage	FINAL	Reasonable	-	2	1	Q1/2	Director Specialist Estates Services	Oct
Procurement Services Capital Equipping (SB&CT UHBs only)	FINAL	Limited	3	3	-	Q2-4	Director of Procurement Services	Feb
IT/Digital – Service Management	FINAL	Reasonable	1	2	-	Q2	Director of Planning, Performance & Informatics	Feb
Accounts Payable	FINAL	Reasonable	-	4	-	Q2-4	Director of Finance & Corporate Services	Feb
Recruitment Services	FINAL	Substantial	-	-	-	Q2-4	Director of People, O.D & Employment Services	Feb
Health & Safety	FINAL	Reasonable	-	2	-	Q3	Director of Finance & Corporate Services	Feb
Variable Pay	FINAL	Reasonable	1	1	-	Q2/3	Director of Finance & Corporate Services	April
Primary Care Services - Pharmacy	FINAL	Substantial		1		Q2-4-	Director of Primary Care Services	April
Employment Services - Payroll	FINAL	Substantial		1		Q2-4	Director of People, O.D & Employment Services	April
Medicines Unit (scoping review)	Complete					Q3/4	Director Pharmacy Services	
Procurement Services - Stores Stock Requisitions Advisory	FINAL	---				Q3/4	Director of Procurement Services	July

Audit	Status	Assurance Rating	Matters Arising			Timing		Audit Committee
			H	M	L			
PCS Pharmacy Advisory	FINAL	---				Q3/4	Director of Primary Care Services	July
Contract Management (All Wales Review)	FINAL	-----				Q3/4	Director of Finance & Corporate Services	July
Decarbonisation follow up (agreed action tracking)	FINAL	---				Q3/4	Director Specialist Estates Services	July



Office details:

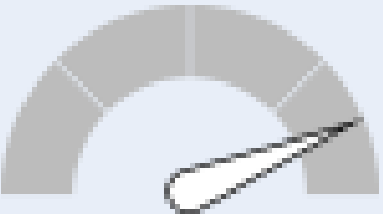
Contact details: james.johns@wales.nhs.uk

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

Stock Order Approvals

Final Report
2024/25

NHS Wales Shared Services Partnership



Advisory

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- NWSSP Stores: Stock Orders - At a Glance2
- Findings & Agreed Action Plan3
- Appendix A6

Review Reference

SSP-2425-15

Fieldwork

February - March 2025

Executive Sign Off

16 May 2025

Audit Committee

July 2025

Executive Lead

Jonathan Irvine, Director of Procurement Services

Audit Team

James Johns, Head of Internal Audit
Sophie Corbett, Deputy Head of Internal Audit



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



Executive Summary

Purpose

This review was requested by the Director of Procurement Services, to ascertain and assess the process and controls in place for stock orders relating to NWSSP Stores, and advise on the appropriateness of purchase order approval controls.

Scope

The review has sought to:

1. Assess the governance and system processes for the creation, scrutiny and approval of stock orders
2. Review approval thresholds to establish alignment with the Scheme of Delegation
3. Confirm that arrangements are appropriately reflected in procedural guidance

Overview

This is an advisory review, for which an assurance rating is not applicable. We have highlighted four actions for management consideration relating to:

- Administration of blanket purchase orders
- Scheme of Delegation
- Management oversight of stores orders
- Opportunity to strengthen existing procedural guidance relating to stock orders

Full details of our observations and associated actions are detailed within the Findings section of the report.

NWSSP Stores: Stock Orders - At a Glance

Analysis of stock orders April 2024 – February 2025

Order Source	Value of Orders	%	Number of Orders	%	Number of Lines	Average Order Value	Highest Order Value	Smallest Order Value
Blanket Release	£37,022,537.99	84%	17,619	97%	30,486	£2,101.28	£135,160.00	£2.11
Standard Order	£6,870,133.36	16%	495	3%	578	£13,879.06	£1,469,761.20	£3.56
Total	£43,892,671.36		18,114		31,064			

Order Source	Number of Orders					
	Total	£0.01 - £25,000	£25,001 - £50,000	£50,001 - £100,000	£100,001 - £200,000	£200,001 +
Blanket Release	17,619	17,470	100	34	15	0
		99%	1%	0%	0%	0%
Standard Order	495	484	1	1	2	7
		98%	0%	0%	0%	1%
Grand Total	18,114	17,954	101	35	17	7

Order Source	Value of Orders					
	Total	£0.01 - £25,000	£25,001 - £50,000	£50,001 - £100,000	£100,001 - £200,000	£200,001 +
Blanket Release	£37,022,537.99	£29,430,665.07	£3,687,298.71	£2,150,499.76	£1,754,074.45	£0.00
		79%	10%	6%	5%	0%
Standard Order	£6,870,133.36	£542,892.56	£30,000.00	£60,000.00	£336,700.80	£5,900,540.00
		8%	0%	1%	5%	86%
Grand Total	£43,892,671.36	£29,973,557.64	£3,717,298.71	£2,210,499.76	£2,090,775.25	£5,900,540.00

Findings

Objective 1: Governance and system processes for the creation, scrutiny and approval of stock orders

Overview

The process of stock ordering is essentially facilitating the supply of products under a contract already approved by NWSSP, in line with internal governance arrangements. The contract award and approval process is outside the scope of this review.

Most orders (97%) are via call-off ('release') from a blanket purchase agreement/order, created by the Supply Chain Systems Manager following notification of a new contract awarded by Sourcing. New/amendments to blanket orders are not subject to independent review to ensure accuracy, although we understand that most of the information is auto populated so the risk of error is relatively low, and we are advised that a call has been logged with the system supplier to automate notification of new/amended blanket orders to the Regional Supply Chain Manager for independent oversight.

Blanket purchase orders have no value or end date assigned and remain live within the inventory management system until Stores are notified of any changes (e.g. contract end) by Sourcing. This is a legacy arrangement from COVID times when it was necessary to relax controls due to high value orders. Compensatory controls are in place including monitoring of contract use/spend by Sourcing teams to avoid exceeding the total contract value.

Action 1: Blanket Purchase Orders

Order values, start and end dates to be reinstated for blanket purchase orders

The Warehouse Service & Support Team are responsible for running daily min-max reports, a process which auto-generates blanket releases based on minimum and maximum stock holding levels set within the inventory management system. In some cases (around 8%), manual intervention is required before a blanket call-off can be released. There is no independent review of these orders, although they are deemed low risk based on the low volumes and values.

A small number of orders (3%) are created manually on request from the Deputy/Director of Procurement Services, for example for the bulk purchase of PPE stock. This was previously done on receipt of an email request. We are advised that a new MS Form has been developed to request standard orders, which provides a central record of requests received (and evidence of approval).

Arrangements for the review/approval of orders are covered under Objective 2.

Objective 2: Approval thresholds are aligned with the Scheme of Delegation

Overview

Scheme of Delegation

Section 5 of the Standing Orders for the Operation of the Shared Services Partnership Committee [August 2024] sets out the scheme of delegation for Procurement Services. The delegated financial limits relate to contracts awarded by NWSSP rather than the approval of stores requisitions and invoices. Requisition functionality is not used for stores orders as these are predominantly autogenerated based on minimum stock levels. Purchase orders are linked to an approved contract, and invoices are matched to a purchase order and stock receipts in the inventory management system to enable payment.

Action 2: Scheme of Delegation

Scheme of Delegation to be reviewed and updated as appropriate.

Oracle Hierarchy

There are six stock buyer approval profiles within Oracle, four of which enable approval of blanket releases, purchase requisitions and purchase orders. Limits range from £10k - £2m. Three individuals have a £2m approval limit – Supply Chain Systems Manager, Supply Chain Technical Lead and Purchasing Manager. We are advised that this was created during COVID to enable the processing of bulk PPE purchases.

Order approvals are all within Stores with a Band 5 officer being top of the approval hierarchy. Recognising that these orders are facilitating the supply of products under a contract already approved by NWSSP with orders automated by the inventory management system, additional approval is not required. However, relevant senior managers in SCLT (i.e. Head of Supply Chain Systems; Deputy Heads of SCLT; Deputy Director SCLT) should have oversight of orders raised.

Action 3: Oversight of Stores Orders

Orders in excess of pre-determined thresholds to be notified to appropriate officers within SCLT for information and oversight.

Objective 3: Arrangements are appropriately reflected in procedural guidance

Overview

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

Action 4: Procedural Guidance

Process for stores stock orders to be formally documented.

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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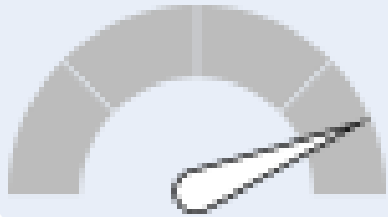


Pharmacy Underpayment

Advisory Report

2024/25

NHS Wales Shared Services Partnership



Advisory

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Review Reference

SSP-2425-16

Fieldwork

February - May 2025

Executive Sign Off

5 June 2025

Audit Committee

July 2025

Executive Lead

Nicola Phillips, Director of Primary Care Services

Audit Team

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

This review was requested by the Director of Primary Care Services to assess the adequacy of action taken in response to an underpayment of reimbursements to community pharmacies, and the controls in place to prevent recurrence.

Overview

In April 2024 NWSSP Primary Care Services (PCS) identified an error in the discount classification of concessionary products, resulting in an underpayment of reimbursements to community pharmacies.

An update to the Drug Tariff in April 2023 confirmed that products on concession would no longer be subject to branded discount deduction rates. Changes to discounts are normally automated through the monthly product price files sent by the NHS Business Services Authority (NHSBSA) to NWSSP. However, NHS England moved from an automated to manual amendment process and this was not communicated to NWSSP to apply within NHS Wales. Consequently, deductions continued to be applied to concession items in NHS Wales.

The error affected reimbursement payments during the 10-month period 1 April 2023 – 31 January 2024, causing underpayments to community pharmacy contractors during this period. Under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, health boards have a responsibility to make payments to contractors in accordance with the Drug Tariff. PCS quantified the underpayment (£2,898,894) and notified the Health Boards of the error in October 2024.

This review has sought to:

- Understand the sequence of events leading to the pharmacy underpayment
- Assess the appropriateness of action taken following identification of the underpayment
- Assess the appropriateness of controls in place to prevent recurrence

1 Sequence of events leading to the pharmacy underpayment

NWSSP was not aware of changes to the discount classification of concessionary items

An update to the Drugs Tariff in April 2023 confirmed that products on concession would no longer be subject to branded discount deduction rates. PCS state that NHS Business Services Authority (NHS BSA) and Community Pharmacy England (CPE) did not inform NWSSP of the update. It is believed that Community Pharmacy Wales (CPW) was also unaware. Responsibilities for communicating such changes are not clear. **[Action 1]**

NHS England processed the change in a system not utilised in NHS Wales

Changes to discounts are normally automated through the monthly product price files sent by the NHS Business Services Authority (NHS BSA) to NWSSP, using indicators to determine whether a discount is to be deducted from Drug Tariff price. The process in NHS England was changed from automated to manual amendments to the discount indicator. NHS England use a combination of two systems – the DM&D and an extract from the CDR processing system, whilst NHS Wales use only the CDR extract. NHS England processed the change via the DM&D.

Errors in the drug files received from NHS BSA

Prior to April 2023, concessionary drugs were a mix of standard discount (SD) and zero discount (ZD). Post April 2023, all concessionary drugs are ZD. The CDR extracts received from NHS BSA in June 2023 (for April 2023 claims) to March 2024 (for January 2024 claims) contained incorrect discount indicators. This did not impact NHS England as they had processed the change in the DM&D system.

Walkthrough of the process for updating the drugs files highlighted that whilst validation checks are undertaken to ensure the complete transfer and upload of data, accuracy checks are not feasible. PCS are therefore wholly reliant on the accuracy of files received from NHS BSA.

Action 1

Clarify and agree with appropriate parties the responsibilities for communication of changes to the Drugs Tariff requiring intervention by PCS. This should include named roles/individuals as key contact points and define the means and timescales for communication.

Touch point meetings between the Director of Primary Care Services and Chief Pharmaceutical Officer for Wales (Welsh Government) have been implemented since October 2024 to ensure regular dialogue and opportunity to communicate updates. The same should be established with the NHS BSA.

2 Action taken following identification of the underpayment

The error was discovered in April 2024 whilst processing a Welsh Government agreed uplift on concessionary items, when PCS noted that the guidance stated concessionary items would be zero discount from April 2023.

Delayed escalation within NWSSP

We were advised that the error was discovered during a meeting with WG colleagues regarding the concessionary uplift, and therefore WG were aware of the error before internal escalation within NWSSP. Whilst it was highlighted to senior managers within PCS immediately after this meeting, it was not escalated further to the Director of Primary Care Services until October 2024.

Following engagement with NHS England to establish the cause of the error (*detailed in section 1*), manual amendments were processed live for February and March 2024 claims (paid April and May 2024) to ensure correct payments. A permanent fix was implemented in June 2024 (*see section 3*).

Delayed notification to health boards

Health boards were notified of the error in October 2024 – six months after it was first discovered. Delays were encountered due to the time required to quantify the overpayment and agree reimbursement arrangements with WG.

No evidence to support quantification of the underpayment

Calculation of the underpayment was a complex process involving re-processing in the test environment for the affected 10 months to calculate what should have been paid and comparing this to actual payments to individual contractors to identify the shortfall. There is no audit trail of this process – the system outputs were not retained so there is no evidence to support quantification of the underpayment – only a spreadsheet detailing the underpayment to each contractor. Should similar circumstances arise in future a full audit trail needs to be maintained.

Reimbursements have been accurately processed in line with the timescale agreed with WG

WG instructed reimbursements to be paid over a six-month period and only to contractors active on the pharmaceutical list as at 1 August 2024. Some contractors have challenged this decision, with WG allowing Health Boards to approve reimbursement at their discretion.

Reimbursement took place between November 2024 – April 2025. Testing confirmed that the total amounts reimbursed as per the payment files reconciled to the spreadsheet summary of underpayments by contractor totalling £2.89m. Evidence was available to demonstrate Health Board approval of reimbursements where appropriate.

3 Controls in place to prevent recurrence

No evidence to demonstrate testing of the permanent fix

A permanent fix was implemented in June 2024, involving an additional file received from NHS BSA identifying all concessionary drugs requiring a ZD indicator. Walkthrough of this process in the system test environment identified no concerns. We are advised that testing was undertaken to ensure that the fix was operating correctly however this was a series of visual checks with no documented evidence. Should similar circumstances arise in future a full audit trail needs to be maintained.

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.
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Decarbonisation (Follow Up)

Final Internal Audit Report

2024/25

NHS Wales Shared Services Partnership

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Executive Sign Off
Audit Committee
Executive Lead
Audit Team

SSP-2425-12
May - June 2025
24 June 2025
July 2025
Stuart Douglas, Director of Specialist Estates Services
James Johns, Head of Internal Audit
Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

The overall objective of this follow-up review was to assess the progress in implementing the actions agreed with management to address the findings identified in the previous Decarbonisation audit (NWSSP-2324-07). This review focuses on progress made on the implementation of actions and is not a full re-audit of the topic area, so an assurance rating has not been assigned.

Overview

The agreed management actions raised in the original Decarbonisation report were reviewed and a summary of their status is noted in the table below:

Ref.	Matter Arising	Priority Rating	Status	Summary
1	Staff Training Modules	Medium	Implemented	An approach to providing appropriate decarbonisation training to NWSSP staff has been agreed and a roll out plan was endorsed by the SLG in July 2024.
2	Fully Costed Implementation Plan	High	Implemented	A high-level costed plan has been developed for delivery of the entire NWSSP programme to 2030 with potential funding sources identified however, there is a risk to the deliverability of the programme due to reliance on the availability of Welsh Government funding.
3	Corporate Risk Register	Medium	Implemented	The risk recorded on the corporate risk register has been updated to reflect the consequence of NWSSP not achieving national targets.

Further details on each recommendation are provided below.

Status of Previously Agreed Recommendations

Ref	Recommendation	Original Responsibility & Timescale	Priority Rating	Status
1	<p>Staff Training Modules</p> <p>A review on the roll out of the training modules should be undertaken as soon as possible.</p>	<p>Director of People and Organisational Development</p> <p>September 2024</p>	Medium	<p>Implemented</p> <p>Decarbonisation training arrangements have been reviewed and reported to the Senior Leadership Group in July 2024.</p> <p>The review concluded that not all staff will require decarbonisation training and a tailored approach should be adopted for those that do. Divisions were required to identify, by 30 September 2024, staff who should complete:</p> <ul style="list-style-type: none"> • ESR Level 1 module • A more tailored exercise in a real-time situation • Level 1 or 2 content delivered face-to-face <p>It was proposed that all Level 1 training be completed by 30 June 2025, with real-time and face-to-face training delivered by 31 March 2026.</p>
2	<p>Fully Costed Implementation Plan</p> <p>A fully costed financial implementation plan should:</p> <ul style="list-style-type: none"> • be developed to meet the 2030 target and re-evaluated to update the baseline projections, whilst non-quantifiable elements should be clearly identified (e.g. where feasibility studies are required); and • clearly identify the potential funding strategies. 	<p>Director of Specialist Estates Services</p> <p>September 2024</p>	High	<p>Implemented</p> <p>A financial overview of the programme, generated in consultation with members of the decarbonisation group, provides estimated capital and revenue costs associated with progression of the programme and was presented to the Decarbonisation Programme Board on the 9 October 2024.</p> <p>Adoption of all measures between now and 2030 would require a £12m investment in capital, generating a projected revenue return of £0.7m per annum until 29/30, at which point increased costs of £1.4m for RGGO gas would introduce a net impact of £0.7m.</p> <p>The deliverability of the measures set out in it are dependent on the availability of WG funding so this high-level costed plan will be used going forward to monitor progress and actions as and when funding becomes available. It has been agreed that the costed programme will be updated annually to reflect the outcomes of feasibility studies and completed projects.</p>

Ref	Recommendation	Original Responsibility & Timescale	Priority Rating	Status
3	<p>Corporate Risk Register</p> <p>The consequence of the organisation not achieving national emissions targets should be recorded in the corporate risk register.</p>	<p>Director of Specialist Estates Services</p> <p>July 2024</p>	<p>Medium</p>	<p>Implemented</p> <p>Risk entry A5(b) listed on the corporate risk register in March 2025 explicitly highlights the consequence of NWSSP not achieving national targets.</p>

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
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Contract Management

Advisory Report

2024/25

NHS Wales Shared Services Partnership



Advisory

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Review Reference

SSP-2425-09

Fieldwork

March 2025 – May 2025

Executive Sign Off

10 June 2025

Audit Committee

June 2025

Executive Lead

Alison Ramsey, Director of Finance & Corporate Services

Audit Team

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit



Executive Summary

Purpose

The review assessed whether appropriate contract management arrangements were in place within NHS Wales Shared Services Partnership (NWSSP). This review has been undertaken further to the advisory review of Contract and Procurement at Betsi Cadwaladr University Health Board (BCUHB), completed at the request of Welsh Government in 2023/24, which identified several areas of concern and non-compliance with the organisations Standing Financial Instructions. Through inclusion within NHS Wales Organisations 2024/25 Internal Audit plans, this review has compared and contrasted the appropriateness of contract management arrangements across eight more organisations, with common issues and challenges noted.

An assurance rating has not been applied to this review, recognising the consistency of approach with the BCUHB review, and that actions raised will need to be taken forward in partnership with other NHS Wales organisations, including NWSSP Procurement Services. These actions, alongside those specific to the organisation, are aimed at improving and/or enhancing expected controls in contract management arrangements.

Overview

In the absence of a NWSSP contracts register, sample testing was based on Electronic Contract Management (ECM) module of the Bravo e-tendering system. Contract selection was undertaken to ensure consistency with similar reviews undertaken at a number of NHS Wales organisations. All Wales Contracts were excluded from our sample; in addition to Capital and Estates contracts noting separate Capital Systems reviews have been undertaken by our Specialist Services Unit (SSU) at a number of NHS organisations as part of the 2024/25 Internal Audit Plan – the coverage of which has also included contract management.

The following actions have been identified for management attention across all reviews completed:

- The need for consistent contract management procedures to support the requirements of the Standing Financial Instructions;
- Comprehensive contract registers were not in place;
- A mechanism to determine the capacity and support needed to meet existing and future contract monitoring requirements, with appropriate training provision;
- Responsibility for contract management should be formally assigned and accepted;
- Variations in the formality of contract management, performance reporting, and documentation, which indicates a level of inherent risk which could be addressed by increasing the robustness of the control environment; and
- The minimum internal reporting, accountability and escalation requirements should be considered and defined at the outset of contracts.

The organisation should ensure appropriate arrangements are in place to engage with wider NHS Wales organisations in developing a coordinated agreed action plan via the Directors of Finance forum (or other appropriate forum) to address the common themes and issues identified within this and corresponding reports.

Scope & Actions Summary

Objectives	Related Actions
1 There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.	1
2 Contract registers are used as the basis for effective contract management and procurement planning.	2
3 Contract managers have access to relevant training and development.	3, 4
4 Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.	5
5 Contract performance and risk reported and managed within the organisation's governance structure.	6

Management Actions

6

Themes



Risk Types

Public Perception & Reputational Risk
 Financial Loss
 Quality or Safety Issues
 Legal & Regulatory Non-Compliance

Findings & Agreed Actions

Objective 1: There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.

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. **[Action 1]**

Action 1: Contract Management Procedures

Local implementation of the NWSSP Contract Management Procedure.

Objective 2: Contract registers are used as the basis for effective contract management and procurement planning.

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. **[Action 2]**

Action 2: Contracts register

Establish a formal, comprehensive, organisation-wide contract register to systematically record and manage all contract records and associated information.

Objective 3: Contract managers have access to relevant training and development.

This audit, and similar reviews at other NHS Wales Organisations, observed that the contract management was undertaken by combination of:

- dedicated contract managers;
- to fulfil an existing element of a job description / role; and
- as an unspecified additional responsibility.

The demands on staff was dependent on the specific performance monitoring requirements of the contract and varied significantly.

For the sampled contracts, there was no evidence of an assessment of the capacity / capability requirements to fulfil the role and / or the identification of any training requirements to address any gaps. Similarly, no specific contract monitoring training had been provided to the individuals responsible for the sampled contracts. **[Actions 3 & 4]**

The SFIs include within Section 11.16.3 that 'Advice on best practice on Contract Management is available from NWSSP Procurement Services'. As per objective one, only one staff member contacted through fieldwork had an awareness of the NWSSP Procurement e-Manual, which contains high-level contract management guidance.

Action 3: Training Needs Analysis

A mechanism should be established to ensure senior managers identify any specific training requirements to support operational contract management – reflecting the capacity / capability of individuals and requirements of the specific contracts.

Action 4: Training provision

NWSSP should engage with other NHS Wales Organisations to develop contract management training, to ensure staff are equipped with the tools and skills to manage the key stages and lifespan of contracts.

Objective 4: Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.

Velindre University NHS Trust Standing Financial Instructions (11.6.1) require that *"The relevant budget holder, shall oversee and manage each contract on behalf of the Trust so as to ensure that these implicit obligations are met."*

A sample of five contracts was selected from the contract management module of the Bravo e-tendering system, this was undertaken in conjunction with reviews taking place at other NHS Wales organisations to provide consistency of service/contract type where possible. Common themes across these reviews have been identified which will need a consistent approach to be addressed on an all-Wales basis, in conjunction with NWSSP Procurement Services.

Evidence from contract managers demonstrated ongoing contract management and operational understanding of the requirements of such, where exceptions have been identified below, these were accompanied by mitigations.

Through discussion with contract managers and review of documentation we identified the following:

Designated responsible officer/contract ownership - Whilst the audit was directed to certain individuals for the sampled contracts for the audit, not all individuals had been formally assigned responsibility for contract monitoring - with one having had no prior involvement within the tendering process, which could impact on the understanding of the expectations of the role **[Action 5]**. One of the five contract managers was not the individual/contract lead listed within the Bravo e-tendering system report.

The recording of Senior Responsible Officer and budget holder within contract documentation varied in the documentation reviewed and this, alongside differences in the contract lead recorded within Bravo, indicates a need for the organisation to establish a corporate contract register and ensure this is updated to reflect changes in contract responsibility **[Action 2]**.

Contract documentation On two occasions the contract lead did not hold a copy of the contract, with the contract only available through NWSSP Procurement Services records. Without having sight of the contract, the contract manager may lack awareness of the specific service requirements and obligations and failure to properly manage delivery of the contract. **[Action 5]**

Contract deliverables/performance measures - Contract documentation clearly defined the service levels, deliverables, outputs, expectations, key performance indicators and contract management arrangements. Specified deliverables demonstrate that they are suitable for addressing and fulfilling the identified service needs. Discussions with contract leads confirmed their satisfaction with the supplier performance, indicating that the supplier is meeting both the service needs and contract specification.

Contract management/monitoring - Contract management and performance monitoring is being undertaken for four of the five sampled contracts. One contract (printer/photocopier lease) stipulates that the supplier is to provide a regular performance report with a service level target that includes a percentage-based penalty for non-compliance. These reports are not being received or requested from the supplier. **[Action 5]**

Action 5: Contract Ownership, Documentation and Management

NWSSP should ensure that contract managers are aware of their responsibilities as required by the SFIs. This should include reiterating the need to retain full and accurate records in support of contract ownership, contract documentation, and monitoring of contract performance.

Objective 5: Contract performance and risk is reported and managed within the Trust's governance structure.

The SFIs relating to contract management (section 11.6) does not provide information on the expected minimum reporting, accountability and escalation arrangements in relation to contracts.

The audit observed varying approaches to monitoring arrangements, with most individuals with responsibility for contract monitoring outlining that escalation reporting was exception based; however, the reporting routes for escalation were not clearly documented for all contracts within our sample with no criteria to guide circumstances where this should occur. The expected internal monitoring / reporting arrangements should be defined at the outset of the contract – cognisant of the risk, value, complexity and strategic importance of the contract. **[Action 6]**

Action 6: Reporting, Escalation and Risk Management Arrangements

Expected internal monitoring / reporting arrangements should be defined at the outset of the contract – cognisant of the risk, value, complexity and strategic importance of the contract.

Minimum requirements could be defined within the contract management procedure **[Action 1]**, with any divergence subject to appropriate approval.

We did not identify formal risk management practices relating to contract risk however, discussion with contract managers confirmed that they were aware of operational risks related to non-delivery of contracts.

We are aware of examples (outside of our selected sample) where contract performance issues have been escalated via the Quarterly Review process and reported at the Senior Leadership Group and therefore acknowledge that a mechanism for escalation exists.

The Velindre University NHS Trust Audit Committee for NWSSP receives an update on procurement activity at each meeting. This includes the number of in-process and awarded contracts, alongside the number of times SFIs have been waived with explanatory notes to support their use, but does not extend to assurance in relation to the ongoing management of contracts. In developing a corporate contract register, there will be the ability to provide regular assurance that contracts are managed appropriately, with exceptions identified and proportionate actions undertaken where required.

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
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Contract Management

Draft Advisory Report

2024/25

NHS Wales Shared Services Partnership

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SSP-2425-09

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GIG
CYMRU
NHS
WALES

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



Executive Summary

Purpose

The review assessed whether appropriate contract management arrangements were in place within NHS Wales Shared Services Partnership (NWSSP). This review has been undertaken further to the advisory review of Contract and Procurement at Betsi Cadwaladr University Health Board (BCUHB), completed at the request of Welsh Government in 2023/24, which identified several areas of concern and non-compliance with the organisations Standing Financial Instructions. Through inclusion within NHS Wales Organisations 2024/25 Internal Audit plans, this review has compared and contrasted the appropriateness of contract management arrangements across eight more organisations, with common issues and challenges noted.

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Overview

In the absence of a NWSSP contracts register, sample testing was based on Electronic Contract Management (ECM) module of the Bravo e-tendering system. Contract selection was undertaken to ensure consistency with similar reviews undertaken at a number of NHS Wales organisations. All Wales Contracts were excluded from our sample; in addition to Capital and Estates contracts noting separate Capital Systems reviews have been undertaken by our Specialist Services Unit (SSU) at a number of NHS organisations as part of the 2024/25 Internal Audit Plan – the coverage of which has also included contract management.

The following actions have been identified for management attention across all reviews completed:

- The need for consistent contract management procedures to support the requirements of the Standing Financial Instructions;
- Comprehensive contract registers were not in place.
- A mechanism to determine the capacity and support needed to meet existing and future contract monitoring requirements, with appropriate training provision;
- Responsibility for contract management should be formally assigned and accepted;
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Scope & Actions Summary

Objectives	Related Actions
1 There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.	1
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3 Contract managers have access to relevant training and development.	3, 4
4 Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.	5
5 Contract performance and risk is reported and managed within the Trust's governance structure.	6

Management Actions

6

Themes



Risk Types

- Public Perception & Reputational Risk
- Financial Loss
- Quality or Safety Issues
- Legal & Regulatory Non-Compliance

Findings & Agreed Actions

Objective 1: There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.

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. **[Action 1]**

Action 1: Contract Management Procedures

Local implementation of the NWSSP Contract Management Procedure.

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.

Objective 2: Contract registers are used as the basis for effective contract management and procurement planning.

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. **[Action 2]**

Action 2: Contracts register

Establish a formal, comprehensive, organisation-wide contract register to systematically record and manage all contract records and associated information.

- 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.

Objective 3: Contract managers have access to relevant training and development.

This audit, and similar reviews at other NHS Wales Organisations, observed that the contract management was undertaken by combination of:

- Dedicated contract managers;
- To fulfil an existing element of a job description / role; and
- As an unspecified additional responsibility.

The demands on staff was dependent on the specific performance monitoring requirements of the contract and varied significantly.

For the sampled contracts, there was no evidence of an assessment of the capacity / capability requirements to fulfil the role and / or the identification of any training requirements to address any gaps. Similarly, no specific contract monitoring training had been provided to the individuals responsible for the sampled contracts. **[Actions 3 & 4]**

The SFIs include within Section 11.16.3 that 'Advice on best practice on Contract Management is available from NWSSP Procurement Services.' As per objective one, only one staff member contacted through fieldwork had an awareness of the NWSSP Procurement e-Manual, which contains high-level contract management guidance.

Action 3: Training Needs Analysis

A mechanism should be established to ensure senior managers identify any specific training requirements to support operational contract management – reflecting the capacity / capability of individuals and requirements of the specific contracts.

The requirement for training and support in relation to contract management will be dependent on the required contract management activity being identified and embedded within the procurement process at an early stage so that the responsibilities of each party (Service and Contractor) can be clearly defined and agreed with the need for e.g. contract review meetings, reporting and KPI performance management. Following award of contract it should then be a matter of all parties applying the terms of each contract. The nominated "contract manager" or "responsible officer" from the Service and the Contractor will be identified prior to award and through their involvement in the procurement process itself, each should be fully aware of their respective roles and responsibilities from the commencement date of the contract. The requirement for further training and support is therefore minimised if not eliminated entirely. In recognition of the time and cost associated with contract management activity, it is recommended that a proportionate approach is taken by the Service. Service Directors are responsible for identifying nominated Contract Manager or responsible officer and ensure any training needs are identified on induction or change in role that can be supported by local Procurement team. Furthermore, the Finance team will also raise the importance of contract management training when delivering budget holder training.

Action 4: Training provision

NWSSP should engage with other NHS Wales Organisations to develop contract management training, to ensure staff are equipped with the tools and skills to manage the key stages and lifespan of contracts.

Further to the response to Action 3 above, it is expected that training and awareness should be incorporated within the procurement process that establishes the contract. The terms, conditions and associated performance measures relating to the contract will be agreed in advance with the Service and embedded within the resultant contract. It is therefore important that the Service "contract manager" or "responsible officer" is involved in the procurement process from the outset to fully understand, scope and agree to their roles and responsibilities post-award. As a result, the requirement for separate, post award training will be minimised. This will ensure that the principles of contract management can be embedded within organisations without the requirement for significant additional training resource to be secured by Procurement Services. Service Directors are responsible for identifying nominated Contract Manager or responsible officer and ensure any training needs are identified on induction or change in role that can be supported by local Procurement team. Furthermore, the Finance team will also raise the importance of contract management training when delivering budget holder training.

Objective 4: Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.

Velindre University NHS Trust Standing Financial Instructions (11.6.1) require that *"The relevant budget holder, shall oversee and manage each contract on behalf of the Trust so as to ensure that these implicit obligations are met."*

A sample of five contracts was selected from the contract management module of the Bravo e-tendering system, this was undertaken in conjunction with reviews taking place at other NHS Wales organisations to provide consistency of service/contract type where possible. Common themes across these reviews have been identified which will need a consistent approach to be addressed on an all-Wales basis, in conjunction with NWSSP Procurement Services.

Evidence from contract managers demonstrated ongoing contract management and operational understanding of the requirements of such, where exceptions have been identified below, these were accompanied by mitigations.

Through discussion with contract managers and review of documentation we identified the following:

Designated responsible officer/contract ownership - Whilst the audit was directed to certain individuals for the sampled contracts for the audit, not all individuals had been formally assigned responsibility for contract monitoring - with one having had no prior involvement within the tendering process, which could impact on the understanding of the expectations of the role **[Action 5]**. One of the five contract managers was not the individual/contract lead listed within the Bravo e-tendering system report.

The recording of Senior Responsible Officer and budget holder within contract documentation varied in the documentation reviewed and this, alongside differences in the contract lead recorded within Bravo, indicates a need for the organisation to establish a corporate contract register and ensure this is updated to reflect changes in contract responsibility **[Action 2]**.

Contract documentation On two occasions the contract lead did not hold a copy of the contract, with the contract only available through NWSSP Procurement Services records. Without having sight of the contract, the contract manager may lack awareness of the specific service requirements and obligations and failure to properly manage delivery of the contract. **[Action 5]**

Contract deliverables/performance measures - Contract documentation clearly defined the service levels, deliverables, outputs, expectations, key performance indicators and contract management arrangements. Specified deliverables demonstrate that they are suitable for addressing and fulfilling the identified service needs. Discussions with contract leads confirmed their satisfaction with the supplier performance, indicating that the supplier is meeting both the service needs and contract specification.

Contract management/monitoring - Contract management and performance monitoring is being undertaken for four of the five sampled contracts. One contract (printer/photocopier lease) stipulates that the supplier is to provide a regular performance report with a service level target that includes a percentage-based penalty for non-compliance. These reports are not being received or requested from the supplier. **[Action 5]**

Action 5: Contract Ownership, Documentation and Management

NWSSP should ensure that contract managers are aware of their responsibilities as required by the SFIs. This should reiterate the need to retain full and accurate records in support of contract ownership, contract documentation, and monitoring of contract performance.

Refer to response to Actions 3 and 4. The embedding of requirements as part of the procurement process establishing the contract, with the involvement of the Service "contract manager" will be key to meeting this objective.

Objective 5: Contract performance and risk is reported and managed within the Trust's governance structure.

The SFIs relating to contract management (section 11.6) does not provide information on the expected minimum reporting, accountability and escalation arrangements in relation to contracts.

The audit observed varying approaches to monitoring arrangements, with most individuals with responsibility for contract monitoring outlining that escalation reporting was exception based; however, the reporting routes for escalation were not clearly documented for all contracts within our sample with no criteria to guide circumstances where this should occur. The expected internal monitoring / reporting arrangements should be defined at the outset of the contract – cognisant of the risk, value, complexity and strategic importance of the contract. **[Action 6]**

Action 6: Reporting, Escalation and Risk Management Arrangements

Expected internal monitoring / reporting arrangements should be defined at the outset of the contract – cognisant of the risk, value, complexity and strategic importance of the contract.

Minimum requirements could be defined within the contract management procedure **[Action 1]**, with any divergence subject to appropriate approval.

We did not identify formal risk management practices relating to contract risk however, discussion with contract managers confirmed that they were aware of operational risks related to non-delivery of contracts.

We are aware of examples (outside of our selected sample) where contract performance issues have been escalated via the Quarterly Review process and reported at the Senior Leadership Group and therefore acknowledge that a mechanism for escalation exists.

The Velindre University NHS Trust Audit Committee for NWSSP receives an update on procurement activity at each meeting. This includes the number of in-process and awarded contracts, alongside the number of times SFIs have been waived with explanatory notes to support their use, but does not extend to assurance in relation to the ongoing management of contracts. In developing a corporate contract register, there will be the ability to provide regular assurance that contracts are managed appropriately, with exceptions identified and proportionate actions undertaken where required.

A proportionate approach is once again recommended in respect of this action. Where a contract is deemed to be of significant scope, scale and criticality to warrant ongoing contract and performance management throughout its term, it is essential that the reporting, escalation and risk management arrangements are highlighted by the Service to Procurement Services at the outset of the procurement process. These requirements can then be defined and embedded within the contract specification so that post award, each party is aware of its obligations in this regard.

Appendix A: Assurance Opinion & Prioritisation of Findings

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 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.





**NHS WALES
Shared Services Partnership
(NWSSP)**

**Counter Fraud Progress Report Q1
01/04/2025 – 30/6/2025**

**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 submitted for Audit Committee approval on 13th May 2025.

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

At 30th June 2025 47.75 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
Proactive	21.5
Reactive	26.25
Total	47.75

In summary the days have been used dealing with an ongoing fraud investigation, 5 new fraud referrals were received during the last quarter and 1 case was closed.

Fraud Awareness activity was provided in person to staff from the Surgical Materials Testing Laboratory (SMTL) at IP5, Newport and 3 sessions delivered to new starters.

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

The Counter Fraud Plan for 2024-2025 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 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 2025/2026 Q1 was 73

43 NWSSP staff attended a new-starter Fraud Awareness during Q1 205/2026

A Fraud Awareness activity was provided in person to 25 staff from the Surgical Materials Testing Laboratory (SMTL) at IP5, Newport.

Two features relating to cases and risks were also posted on the Sharepoint / Intranet page.

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	No of attendees / Participants	Total Staff 2023/2024
Group	Q1 (2024/25)	(For Comparison)
New Starter Fraud Awareness Sessions (x3)	43	149
e-Learning	73	1098
Fraud Awareness Sessions Surgical Materials Testing Laboratory (SMTL)	25	186
Newsletters / Sharepoint Blogs X 2	12	124
Total	153	1557

4 Referrals/Enquiries/Investigations

During this reporting period the NWSSP Counter Fraud Manager received 5 new referrals for investigation. A summary of the investigation caseload is as follows

	Caseload	Q1 (2025/26)	
		No / £	
A	Cases b/f	1	
B	Add No. new of cases opened	5	
C	Total Caseload during Q4 (a+b)	6	
D	Less Cases closed or Transferred during Q4	1	
E	Cases open at end of Q4 (c-d)	5	
	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 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 28 queries during Q1 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. LCFM meets regularly with Lead LCFS Colleagues at the Counter Fraud Liaison Group.

A review of the bank mandate processes within Primary Care Services was undertaken by the CFM. Recommendations were made to align the processes with the Accounts Payable Supplier Maintenance Team to provide more robust controls to prevent mandate fraud. The recommendations were accepted and changes to the processes were implemented.

The LCFM also continues to liaise with the Cyber Security Team on Phishing and Spam email concerns.

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

A Fraud Prevention Notice was issued by NHS CFA was disseminated to relevant staff on 2/4/2025 for awareness in relation management and risks related to Agency Staff Timesheet Fraud.

An IBURN Intelligence Alert was issued by the NHS CFA Intelligence Unit regarding concerns about an individual falsely using a false identity whilst seeking employment often via a Nursing Agency. Checks were made with recruitment on an All Wales basis with no concerns identified.

A Fraud Alert was issued NHS Wales Health Board raised a concern regarding a potential scam surrounding fake emails arranging refunds purporting to be from the Home Office UK Visas & Immigration (UKVI) and Immigration Skills Charge (ISC). The information was disseminated to Recruitment and Finance Teams for awareness and checks confirmed no emails has been received by NWSSP.

7. Other

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 coordinated a review with 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 CPD. Further progress update will follow on this.

LCFM has also liaised with NHS CFS Wales and Welsh Government on the inclusion of NHS Wales Organisations in the Digital Economy Act which will assist with sharing

of information to prevent and detect fraud and may assist in recovery of overpayments of salary.

LCFM has also provided feedback on the proposed new Welsh Government Directions on Counter Fraud.

I also wish to note that this report is based on Q1 activity from 1st April 2025 up to 27th June 2025 -due to the submission date for Audit Committee papers.

Mark Weston

NWSSP Local Counter Fraud Manager

27th June 2025



**NHS WALES
Shared Services Partnership
(NWSSP)**

**Counter Fraud Annual Report
01/04/2024 – 31/03/2025**

**Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Services Partnership
23rd June 2025**

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2024/2025 Counter Fraud Functional Standards Return - Gov S013 requirements.

1. Introduction

NHS bodies in Wales must implement anti-fraud, bribery, and corruption measures in accordance with Welsh Government Directions on Counter Fraud Measures and the service agreement under section 83 of the Government of Wales Act 2006 and in compliance with Government Functional Standard – GovS 013: Counter Fraud. This report provides details of the work carried out by the NHS Wales Shared Service Partnership (NWSSP) Local Counter Fraud Manager for NWSSP from the financial year 1st April 2024 to 31st March 2025.

The report's format has been adopted, in consultation with the Director of Finance and Corporate Services, to update the Velindre University NHS Trust Audit Committee for NWSSP (the Audit Committee) about counter fraud activity including fraud awareness, risks, proactive work, referrals, investigations, recoveries and other operational issues.

The Counter Fraud Annual Plan 2024/2025 was completed jointly by the NWSSP Local Counter Fraud Manager (LCFM) and approved by the Director of Finance and Corporate Services and Audit Committee on **25th July 2024**.

As at 31st March 2025, all 210 days of Counter Fraud work have been completed against the agreed 210 days in the Counter Fraud Annual Work-Plan for the 2024/25 financial year.

The breakdown of these days is as follows:

TYPE	Days Planned	Days Actual	+/-	Costs
Proactive	140	148	+8	£37776.65
Reactive	70	62	-8	£15825.35
Total	210	210	0	£53,602

2. Progress

Staffing

NWSSP has a Local Counter Fraud Manager to provide Local Counter Fraud Services for NWSSP.

The LCFM is a member of the Counter Fraud Liaison Group, formed in 2024-25 that brings together all Local Counter Fraud Managers working in NHS Wales and staff from the NHS Wales Counter Fraud Service to support each other and share good practice.

Activity

Infrastructure/Annual Plan outcomes

The Counter Fraud Plan's objectives for 2024/2025 were fully aligned to the NHS Counter Fraud Authority (NHS CFA) requirements as stipulated in Government Standard 13 (GovS13). The plan stated the proposed delivery throughout the year and has been updated outlining the outcomes/delivery against each objective set by NWSSP's Local Counter Fraud Manager during the reporting period from 1st April 2024 to 31st March 2025 as reported in the Functional Standards Return that is presented as Appendix 1.

It is pleasing to state that all but one of the functional standards have been rated as Green and can be summarised as follows.

Ref	Objective / Functional Standard	Rating
1	Accountable individual	GREEN
1b	Counter Fraud Champion, Audit Chair and Board Level Reporting	GREEN
2	Counter fraud bribery and corruption strategy	GREEN
3	Fraud bribery and corruption risk assessment	AMBER
4	Policy and Response Plan	GREEN
5	Annual action plan	GREEN
6	Outcome-based metrics	GREEN
7	Reporting routes for staff, contractors and members of the public	GREEN
8	Report identified loss	GREEN
9	Access to trained investigators	GREEN
10	Undertake detection activity	GREEN
11	Access to and completion of training	GREEN
12	Policies and registers for gifts and hospitality and COI.	GREEN

In addition to the Annual Plan Objectives which are aligned to the Government Functional Standards a summary is also provided of the traditional core actions as follows:

- Fraud Awareness to develop an Anti-Fraud Culture.
- Prevention and Detection of Fraud.
- Investigation.
- Sanctions and Financial Recoveries.

Fraud Awareness

The development of an Anti-Fraud Culture and improved fraud awareness within the workplace is an essential part of combatting economic crime in NHS Wales. The NWSSP LCFM raises Fraud Awareness in a number of ways. A summary table of activity is provided below followed by further details in each method used.

Summary of Activity

Fraud Awareness interactions 2024/2025	Total Staff 2024/2025	Total Staff 2023/2024 For comparison
New Starter Fraud Awareness (x11)	149	108
Fraud Awareness Session (x11)	186	324
e-Learning	1098	116
Newsletters (using sways) (x1)	124	389
Total	1,557	937
In addition:		
Social Media Posts - “X” (Formerly Twitter) impressions (NWSSP no longer uses “X”)	693	3,113

Fraud Awareness Presentations

From 1st April 2024 to 31st March 2025 a total of **11** fraud awareness sessions were delivered to a total of **186** NWSSP staff. Groups / Locations included Procurement Services at Denbigh Stores, Legal and Risk Managers, Single Lead Employer (SLE) Trainee Doctors, Health and Safety Team and Group, People and Organisational Development, and Audit & Assurance.

Since November 2023, new starters working within NWSSP services are invited to Fraud Awareness sessions which are now conducted each month via MS TEAMS: **149** new staff attended sessions in 2024/2025. Feedback forms were provided following all sessions with staff findings the sessions supportive and engaging.

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

All Wales E-Learning Fraud Awareness Module

The NWSSP LCFS Manager collaborated with NHS CFS Wales and NWSSP Learning and Development team to produce a new Fraud Awareness e-Learning module which was launched in April 2023 and made available to all NHS Wales staff. A Manual version has also been produced for staff with restricted access to computers. The module is also now available in the Welsh Language.

Whilst NWSSP has not made the fraud e-learning module mandatory with the support of the Director of Finance and Corporate Services , a targeted approach has been adopted where staff within certain Divisions are expected to complete the e-learning module. This produced excellent progress with **1,098** staff completing the module in 2024/2025 compared to just 116 the previous year.

Newsletters

A Counter Fraud Newsletter was issued in the 2024-25 using Microsoft SWAYS, which is able to gather metrics on staff engagement. This coincided with Fraud Awareness Week in November 2024. The newsletter showed recent fraud prosecutions and focussed on topical areas. SWAYS engagement metrics showed that 124 staff read the newsletter. The 2024 International Fraud Awareness Week Event also included daily posts on “X” (Formerly Twitter), which led to 693 impressions, a reduction as less people now access “X” and NWSSP no longer use this social media platform.

Counter Fraud Videos

The NWSSP LCFM previously collaborated with the NWSSP Communications Team to produce five videos to improve fraud awareness. Each video was also translated into Welsh. The videos continue to be promoted and are available on the NWSSP intranet/internet sites via a You-Tube link and have been disseminated to staff by email and social media (Twitter). The videos were also made available to all Health Bodies in NHS Wales to help raise fraud awareness.

Counter Fraud App

The NWSSP LCFM previously collaborated with the NWSSP Communications Team to produce a Counter Fraud Mobile App. Despite this innovative approach unfortunately the uptake has continued to be low, however the NWSSP LCFM continues to promote it in all fraud awareness presentations and communications.

Fraud Prevention and Detection Activity

Prevention of Fraud is another key component to minimise the risk against fraud. Work is undertaken in both a reactive and proactive way.

Once a Fraud risk or system weakness is identified it is important to mitigate those risks by improving processes and systems to help prevent fraud from occurring in the first place.

NWSSP LCFM receives Fraud Prevention Notices (FPNs) and Intelligence Bulletins (IBURNs) from NHS Counter Fraud Authority NHS CFA. These alerts are often collated from specific fraud risks identified by NHS CFA or other Health Bodies in England and Wales.

Where fraud cannot be prevented it is also important to consider ways to detect fraud at the earliest opportunity to minimise the risk of further loss. NHS CFS Wales and LCFS in NHS Wales collaborate with each other to ensure that systems and processes are robust and also through staff awareness, system checks, controls and data analytics are utilised to detect and report fraud without delay.

NWSSP LCFM will also conduct proactive work to prevent and detect fraud. All work is logged on the Clue Case Management System in accordance with NHS CFA procedures which are followed within NHS Wales by all LCFS and NHS CFS Wales. A summary of Actions taken is set out below.

Summary 2024/2025

Advice on Fraud Related Matters	<i>Number of contacts (emails / calls) where the LCFS has given advice on fraud related queries</i>	101
No of Fraud Prevention Activities	<i>Actions undertaken to directly change procedures identified as being at risk to fraud, or actions to implement a structured prevention process e.g. fraud proofing, LPEs, Risk reviews</i>	18

Fraud Prevention Notices (FPNS) and Intelligence Bulletins / Alerts (IBURNs)

The NHS CFA issues Fraud Prevention Notices and Fraud Bulletins from risks identified throughout the wider NHS Counter Fraud Community. All information received is reviewed, risk assessed and actioned according to the nature of issue identified.

Where appropriate FPNs and IBURNs are also actioned by NWSSP's LCFM centrally and outcomes disseminated to all Lead LCFS in NHS Wales to avoid duplication which previously existed in verifying similar alerts.

All FPNs and IBURNs are recorded and actioned on the CLUE 2 database in accordance with NHS CFA requirements. In 2024/2025 the following Notices and Alerts were received and actioned.

IBURN Intelligence Bulletin 2024-009-001 was issued by NHS CFA raising a concern of an employee issuing false certificates of sponsorship in April 2024. Checks were made with recruitment on an all NHS Wales basis to avoid duplication. The individual was link to two other Health Bodies in NHS Wales who were advised and details shared with NHS CFA to assist with their enquiries.

Intelligence Report issued by NHS Department of Health and Social Care regarding in July 2024 concerning an individual applying for employment making false

representations. Liaison with NWSSP Recruitment on an All Wales basis confirmed individual has made no applications in NHS Wales.

Intelligence Alert was issued by NHS Scotland regarding risk of compromised SMS services presenting a risk for NHS Bank staff. Checks made that whilst NHS Wales does use the system provider it does not use the SMS service and NHS Wales and staff were therefore not at risk.

IBURN Intelligence alert was issued by NHS England's National Cyber Security Centre in August 2024 raising a concern of impersonation and potential mandate fraud. No concerns were identified in NHS Wales.

Fraud Alert was issued on 18th December 2024 by NWSSP Local Counter Fraud Manager (LCFM) to Accounts Payable Teams, Finance Teams, and those managing energy contracts in NWSSP and NHS Wales, and All NHS Wales LCFS to raise further awareness. This action followed a number of unsolicited phone calls from individuals purporting to be from EDF, the energy Provider for NHS Wales. The calls were phishing for information on energy accounts and invoices. Even though all requests were declined the callers from a specific number were persistent in contacting several NHS Wales staff to obtain information. The alert was disseminated to create awareness and vigilance. Arrangements were made to block the number which contacted NHS Wales staff on several occasions. However, the callers could have easily arranged to use a different number so vigilance was key. The information was also shared with NHS CFA to disseminate further.

IBURN Intelligence alert was issued by NHS CFA Intelligence Unit regarding concerns about an individual falsely claiming to be a qualified accountant seeking employment often via Agencies within the Finance Sector including NHS Organisations. Checks were made with recruitment on an All Wales basis and found that the individual had previously been employed in an NHS Wales Health Board, details were shared for investigation.

Fraud Alert was issued by NHS CFA on 11/3/2025 in relation to Certificates of Sponsorship (CoS) and risks of fraudulent certificates being issued by NHS staff in England who have abused their position of trust when accessing Home Office systems to process CoS. The NWSSP LCFM has liaised with the NWSSP Head of Recruitment to review processes and will carry out a more detailed risk assessment and Local Proactive Exercise to address this risk. The LCFM has contacted NHS CFA following feedback from Recruitment. Whilst there is little to no financial loss to the NHS organisation, the risk of reputational damage and public interest in this area is high. There are clear indicators that this matter is linked to organised crime and the possible facilitation of modern slavery/human trafficking.

Fraud Alert was issued by NHS CFA on 12/2/2025 in relation to the issue of fraudulent invoices using Sage accounting software to facilitate scams. The alert was

disseminated by Local LCFS to Primary Care Contractors and issued to Finance by the NWSSP LCFM for awareness.

IBURN Intelligence Alert was issued by the NHS CFA Intelligence Unit regarding concerns about an individual falsely using a false identity whilst seeking employment often via a Nursing Agency. Checks were made with recruitment on an All Wales basis with no concerns identified.

NWSSP LCFM also assists and advises other 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 log and maintained on queries and assistance provided on such matters.

During 2024/2025 NWSSP LCFM received 101 queries from a wide range of topics including several Mandate Fraud checks, Recovery of Salary Overpayments, Assisting Police/Regional Organised Crime Unit with enquiries, Accounts Payable systems, potential Computer Misuse, Pharmacy Claims, General Ophthalmic Services claims, concerns raised by Health and Safety. Advice to Wales Infected Blood Support Scheme, concerns raised by the People and Organisational Development (POD) teams. Several queries concerning procurement of energy and several scam phone calls which resulted in investigation and a fraud alert being issued to relevant staff. NWSSP LCFM also liaised with Finance on stores anomalies and advised on strengthening control arrangements.

The LCFM also continues to liaise frequently with the Cyber Security Team on several Phishing and Spam email concerns.

Other Detection Activity / Local Proactive Exercises and Fraud Risk Assessments

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 or can be directed by NHS CFA or because of an action point e.g. from an investigation, a Fraud Prevention Notice (FPN) or a wider nationally driven proactive exercise.

LPEs were conducted following the issue of the fraud risks identified from the issue of the aforementioned FPNs and IBURNs relating to mandate fraud and employee identity fraud which were detailed above.

Work was also undertaken on other collaborative proactive projects with NHS CFS Wales and Audit Wales:

Community Pharmacy Data Analytics Exercise - NWSSP LCFM continued to collaborate on a data analytical exercise with NHS CFS Wales and Audit Wales to analyse Primary Care Services Community Pharmacy Services. Claim data for

expensive items was analysed to identify and assess unusual claiming trend which was initiated following a successful prosecution of a Pharmacist. The collaborative exercise was concluded, and the Audit Wales Report was produced in May 2024 which identified risk areas with high-cost drugs and resulted in financial recoveries totalling £22,000. This analytical project was a pilot exercise limited to historic data from two Health Boards with collaboration with the Health Board Pharmacy Teams and NWSSP Primary Care Services. The project developed a useful data analytical tool using Power BI which has been shared with NWSSP Post Payment Verification (PPV) Teams to identify unusual trends with all NHS Wales Pharmacy Data.

General Medical Services Patient Registration and Capitation Fees - the NWSSP LCFM has also collaborated with Audit Wales and NWSSP Primary Care Services regarding a further data analytical exercise to provide assurance on General Medical Services Patient Registration and Capitation Fees. The data was processed under National Fraud Initiative (NFI) and made available on 17th May 2024. A review was undertaken by the Post Payment Verification (PPV) Team. No significant issues were detected however the exercise proved a useful “housekeeping” process. New quarterly checks for duplicate patient registrations across Wales will now be undertaken by the PPV team as an outcome of this exercise.

HMRC have raised concerns to employers of risks with Tax Avoidance schemes where staff have been employed via employment agencies using intermediaries for the supply of labour to the NHS and other organisations. Details have been disseminated to Recruitment leads within NWSSP to review agencies that operate with employment intermediaries and are known to be of concern to HMRC, to follow HMRC advice, ensure clear processes are in place, a review of due diligence process is undertaken, ensure arrangements are compliant with HMRC and any concerns are reported to HMRC.

NHS CFA have issued a National Proactive Exercise on Procurement Fraud to be undertaken locally by all NHS Bodies from April 2024 to October 2024. LCFM has continued to liaise with NWSSP Internal Audit, Procurement Services and LCFS colleagues in NHS Wales to provide a coordinated approach to avoid duplication. The NHS CFA report is due to be published during 2025/2026.

National Fraud Initiative (NFI) analysis has commenced and is ongoing. Some anomalies have been detected and are being examined further with relevant staff. 2 cases have been generated as investigations which are ongoing. The NWSSP LCFM met with the Deputy Director of Employment Services to establish that a Payroll report can be produced from ESR showing periods of sickness absence. The report will correlate with the NFI Data where employees have been identified with two jobs and there is a risk of working for another employer whilst on sick leave. This innovative approach will speed up the process in checking against sickness absence which is a routine but time-consuming task. This was also shared with All NHS Wales LCFS Leads to assist in this process.

The NWSSP LCFM has continued to work with internal and external audit services, alongside payroll and workforce leads, to ensure that counter fraud work was carried out in accordance with the Counter Fraud Strategy.

Referrals/Enquiries/Investigations

Summary 1st April 2024 – 31st March 2025

The table below shows a summary of the number of cases investigated, together with values of Fraud Prevented, Fraud Recovered and Sanctions in 2024/2025.

	Caseload	2024/25 Total
A	Cases b/f at 1 April 2024	7
B	Add: New of cases opened	5
D	Less: Cases closed or transferred	11
E	Cases open at 31 March 2025	1
	Fraud Prevented	£0
	Fraud Recovered	£11,474.88
	Total Prevented / Recovered	£11,474.88
	Number of sanctions	1

Anonymised case updates are scheduled at each Audit Committee meeting.

The financial recovery of £11,478.88 was secured during Q1 following counter fraud involvement of a case where the employee had failed to return a lease vehicle on termination of employment. The vehicle was subsequently returned, and financial recovery was made to compensate for the non-Payment of the monthly payments for the lease vehicle following termination.

Other cases investigated and closed during 2024/2025 resulted with no further action. Some cases related which were more appropriate for recovery by Payroll and the NWSSP Finance Team, working whilst on sick leave, alleged false details on an application for employment, overstated annual leave entitlement, a trend of scam callers which was reported as intelligence to NHS CFA.

A fraudulent application for £2,150 worth of electronic goods under the salary sacrifice scheme was also prevented following intervention by NWSSP processing staff. The

matter was referred to NWSSP LCFM and was reported on during the previous financial year. This action resulted in a wider investigation which identified a further 11 cases worth £11,000 in several bodies in NHS England which were previously undetected. The case was referred to NHS CFA and subsequently investigated by the Police due to other fraud related crimes. Two perpetrators were prosecuted in October 2024. One criminal was sent to prison for 2 yrs 7 months and the other received a 2-year prison sentence (suspended). Whilst NWSSP did not retain the conduct of this case which involved other NHS organisations in NHS England and external organisations, the fraud was initially detected by NWSSP staff and led to the other frauds being detected. NWSSP was also instrumental in ensuring that system controls were strengthened with the introduction of Multi Factor Authentication to help prevent fraud.

3. Conclusion

NWSSP Counter Fraud provision has demonstrated compliance with the requirements of the Welsh Government Directions to NHS Bodies on Counter Fraud Measures and The Government Functional Standard – GovS 013: Counter Fraud with an overall Green Rating as shown in the Counter Fraud Functional Standards Summary and Return (Appendix 1). This demonstrates the continued efforts from the NWSSP LCFM in working in an innovative way to achieve a balance of both reactive and proactive work to meet the NHS Counter Fraud Authority's Standards and The Government Functional Standards on Counter Fraud.

The NWSSP LCFM can demonstrate a continued trajectory of improvement across the service, with continued success shown across key measures. Key areas of work for next year will be to maintain focus on inform and involve, continuing to raise awareness of Fraud, Bribery and Corruption and further embedding a counter fraud culture as well as further developing work associated with Prevent and Deter, including building on Fraud Risk Analysis, identifying specific Fraud Risk based proactive exercises and recording outcomes on Clue3 against the Government Functional Standards 013 – Counter Fraud and NHS Requirements.

Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Service Partnership
23rd June 2025



Counter Fraud Authority

Counter Fraud Functional Standard Return (2024/2025)

**NHS WALES SHARED SERVICES
PARTNERSHIP**

Your Overall Self-Assessment Rating is: GREEN

Submitted By: Icfs14313 - Mark Weston

Organisational information

Name of the organisation	NHS WALES SHARED SERVICES PARTNERSHIP
Annual budget of the organisation	£ 600 million to £ 800 million
Staff headcount at the organisation including contracted employees	4,000 to 6,000
Organisation code	ZZ010
Organisation/provider type	Care Trust
For which provider organisations are you the commissioner? Co-ordinating Commissioner for this provider	WALES Co-ordinating Commissioner for this provider
NHS England region	Wales

Personnel information

Name of the member of the executive board or equivalent body responsible for overseeing and providing strategic management Alison Ramsey

Name of the Local Counter Fraud Specialist Mark Weston

Email of the Local Counter Fraud Specialist mark.weston@wales.nhs.uk

Name of the counter fraud supplier organisation (including in-house) In House (Wales)

Counter fraud supplier type Wales

Name of the Chair of the Audit Committee / equivalent body Gareth Jones

Email of the Chair of Audit Committee / equivalent body gareth.jones6@wales.nhs.uk

Name of the Counter Fraud Champion James Quance

Email of the Counter Fraud Champion james.quance@wales.nhs.uk

Costs and days information

Proactive days used (Maximum 3 digits)	148
Reactive days used (Maximum 3 digits)	62
Total days used for counter fraud work	210
Cost of counter fraud staffing per financial year - Proactive	37776.65
Cost of counter fraud staffing per financial year - Reactive	15825.35
Total costs for counter fraud work	53602.00

Reactive information

Number of allegations received and recorded as an investigation during the most recent financial year	5
Number of allegations received during the most recent financial year and recorded as an investigation on the case management system	0
Rationale for any discrepancy between case management system investigations received and expected	There may be an error in your data as claims are reconciled on a QTLY Basis with CLUE by CFS Wales
Number of investigations recorded and closed during the most recent financial year	10
Number of investigations closed during the most recent financial year as recorded on the case management system	0
Rationale for any discrepancy between case management system investigations closed and expected	There may be an error in your data as claims are reconciled on a QTLY Basis with CLUE by CFS Wales
Number of investigations open as at 31/03/2025	1
Number of investigations open as at 31/03/2025 as recorded on the case management system	0
Rationale for any discrepancy between case management system investigations open as of 31/03/2025 and expected	There may be an error in your data as claims are reconciled on a QTLY Basis with CLUE by CFS Wales
Amount of fraud losses identified and recorded during the most recent financial year	0.00
Amount of fraud losses recovered and recorded during the most recent financial year	0.00

Counter Fraud Functional Standard Return (2024/2025)

Amount of fraud losses prevented from reactive work and recorded during the most recent financial year	0.00
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Number of criminal sanctions applied and recorded during the year	0
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Number of civil sanctions applied and recorded during the year	0
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Number of disciplinary sanctions applied and recorded during the year	0
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Proactive information

Number of proactive exercises conducted and recorded during the most recent financial year	18
Amount of fraud losses identified and recorded from proactive exercises during the most recent financial year	0.00
Amount of fraud losses prevented and recorded from proactive exercises during the most recent financial year	0.00
Amount of fraud losses recovered and recorded from proactive exercises during the most recent financial year	0.00

Engagement information

Have you had an engagement visit which provided recommendations by NHSCFA to improve counter fraud work in the last two financial years

No

Have you actioned the recommendations

No

Please provide a statement outlining your progress against your recommendations

N/A

1: Accountable individual

NHS Requirement 1A:

A member of the executive board or equivalent body is accountable for provision of strategic management of all counter fraud, bribery and corruption work within the organisation. The accountable board member is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken. The accountable board member is responsible for ensuring that nominations to the NHSCFA for the accountable board member, audit committee chair and counter fraud champion are accurate and that any changes are notified to the NHSCFA at the earliest opportunity and in accordance with the nominations process. N.B. 'Equivalent body' may include, but is not limited to, the board of directors, the board of trustees or the governing body. Oversight of counter fraud, bribery and corruption work should not be delegated to an individual below this level of seniority in the organisation

Your Rating is: **GREEN**

Comments:

The Director of Finance and Corporate Services (DoF) is the accountable individual, responsible for LCFS Fraud governance, strategy etc. LCFS has planned regular monthly meetings with the DoF and fortnightly meetings with the Counter Fraud Champion(CFC). DoF approves an annual workplan, Quarterly and Annual Counter Fraud Progress reports which are presented to and approved by Audit Committee by LCFS. DoF receives CFA benchmarking data from NHS CFS Wales. DoF works closely with CFC and Audit Committee Chair and ensures nominations are up to date. The LCFS delivered a Fraud awareness presentation to Senior Management Team and routinely liaises with Senior Managers. NWSSP DoF is also Chairperson for the NHS Wales Counter Fraud Steering Group and plays a key strategic role in this capacity with other DoF's in NHS Wales, Welsh Government Audit Wales, NHS CFA and NHS CFS Wales.

NHS Requirement 1B:

The organisation's non-executive directors, counter fraud champion or lay members and board/governing body level senior management are accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation. The counter fraud champion understands the threat posed and promotes awareness of fraud, bribery and corruption within the organisation. Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented. Where recommendations have

been made by NHSCFA following an engagement, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation. The organisation reports annually on how it has met the standards set by NHSCFA in relation to counter fraud, bribery and corruption work, and details corrective action where standards have not been met.

Your Rating is: **GREEN**

Comments:

LCFS meets fortnightly with Counter Fraud Champion (CFC) who is Assistant Director of Corporate Services to update on all Counter Fraud matters to ensure that Counter Fraud is considered at Senior Management Team Level and at Audit Committee, and ensure Welsh Government Fighting Fraud Strategy is implemented in line with Government Functional Standards on Counter Fraud. Audit Committee minutes provide evidence that monitoring and evaluation of counter fraud work is carried out in compliance with the counter fraud functional standard. Counter fraud, bribery and corruption work plan completed. Annual report on counter fraud, bribery and corruption work completed. Evidence of the implementation of any recommendations made by the NHSCFA are raised at Audit Committee . NWSSP DoF was Chair NHS Wales Counter Fraud Steering group to influence Counter Fraud matters within NHS Wales. The Audit Committee Chair and other independent members all have an NHS Wales email account

2: Counter fraud bribery and corruption strategy

NHS Requirement 2:

The organisation aligns counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy. This is documented in the organisational counter fraud, bribery and corruption policy, and is submitted upon request. The counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks. (The organisation may have its own counter fraud, bribery and corruption strategy, however, this must be aligned to and referenced to the NHSCFA counter fraud, bribery and corruption strategy)

Your Rating is: **GREEN**

Comments:

A Counter Fraud, Bribery and Corruption Policy is in place. The policy is available to staff via the Intranet and has been promoted during fraud awareness work carried out throughout the year. LCFS annual workplan and resource allocation are fully aligned to the objectives in the Government Functional Standard GovS 013 and NHS Wales Counter Fraud Strategy and activity is reported upon quarterly and annually to Audit Committee. Any risk work carried out is reported to DoF and Counter Fraud Champion and also through AAC where it is monitored. Counter Fraud Functional Standard Return has been completed. LCFS has reviewed and acted upon various thematic reports from NHS CFA some work is ongoing

3: Fraud bribery and corruption risk assessment

NHS Requirement 3:

The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology and is recorded and managed in line with the organisation's risk management policy and included on the appropriate risk registers, and the risk assessment is submitted upon request. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body). For NHS organisations the fraud risk assessments should also consider the fraud risks within any associated sub company of the NHS organisation.

Your Rating is: **AMBER**

Comments:

LCFS continues to work across the service to share expertise & guidance around fraud proofing, risks and vulnerability. LCFS conducts some work in relation to processes which aims to strengthen the wider practices to reducing the risk of fraud through poor policy or governance controls. During the upcoming year this will be strengthened further. Where local risks are identified, assessment work is carried out accordingly. Further work needs to be done to identify NHS CFA Risk descriptors, organisational fraud risks in line with GCFP methodology and in line with organisational risk management policy. Resources are limited but have been allocated to focus on fraud risk assessments within the workplan objectives to ensure they are demonstrably achieved, whilst ensuring attention is provided to emerging risks. LCFS continues to review the risks identified from recent NHS CFA thematic risk assessments. Progress will be monitored by Audit Committee.

4: Policy and response plan

NHS Requirement 4:

The organisation has a counter fraud, bribery and corruption policy and response plan (the policy and plan) that follows NHSCFA's strategic guidance and has been approved by the executive body or senior management team. The plan is reviewed, evaluated and updated as required, and levels of staff awareness are measured.

Your Rating is: **GREEN**

Comments:

NWSSP has a Counter Fraud Policy, with approval received via the Audit Committee. It promotes the NHSCFA Fraud and Corruption Reporting Line and online reporting tool. It is promoted during fraud awareness sessions and on intranet. The Counter Fraud Policy needs to be reviewed and updated. Issues relating to bribery and fraud are also referenced within the Standards of Behaviour Framework Policy. Staff awareness of these key policy documents are measured using questionnaires following every Fraud Awareness presentation where attendees complete feedback forms which includes questions to measure their views on how effective the presentation was. All New Staff are requested to attend a fraud awareness session and feedback forms are retained. A new Staff Fraud Survey will be undertaken during 2025.

5: Annual action plan

NHS Requirement 5:

The organisation maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessment identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the audit committee (or equivalent body).

Your Rating is: **GREEN**

Comments:

An annual action plan has been completed for the year ahead that has been produced and is fully aligned to the new Government Standard 13 which has been approved by DoF and Audit Committee. Progress of LCFS work will be reported quarterly at the Audit Committee which are minuted. Due to the nature of Counter Fraud work the plan remains broad, flexible and subject to change throughout the year as new risks and requirements are identified. Where new risks are identified all subsequent work shall be carried out following CFA rationale and Cabinet office methodology. Liaison with Internal Audit (IA) has and will continue to take place in order to obtain IA reports pertinent to Counter Fraud.

6: Outcome-based metrics

NHS Requirement 6:

The organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance. This should be informed by national and local risk assessment, national benchmarking and other comparable data. Proactive and reactive outcomes and progress are recorded on the approved NHS fraud case management system. Metrics should include all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.

Your Rating is: **GREEN**

Comments:

All investigative work and Local Proactive exercises are recorded in accordance with the NHS Counter Fraud manual on Clue the NHSCFA's Case management system. This provides metrics which are reconciled via quarterly returns to NHS CFS Wales, reported as benchmarking by NHSCFA and NHS CFS Wales to NHS Counter Fraud Steering Group and Welsh Government. Data is also collected regarding NHS CFA Thematic assessments, Circulars, IBurns and Fraud Prevention Notices. Work is also carried out in monitoring the areas of raising fraud awareness, investigation, prevention, joint working, sanctions, and financial loss and recovery. Metrics are also provided each quarter to NHS CFS Wales, DoF and Audit Committee. Data is also provided on Fraud Awareness engagement with the number of presentations and number of staff engaged with. Awareness session feedback metrics are also presented to show the impact of staff awareness. NFI outcomes are also reported upon via NFI

7: Reporting routes for staff, contractors and members of the public

NHS Requirement 7:

The organisation has well established and documented reporting routes for staff, contractors and members of the public to report incidents of fraud, bribery and corruption. Reporting routes should include NHSCFA's Fraud and Corruption Reporting Line and online reporting tool. All incidents of fraud, bribery and corruption are recorded on the approved NHS fraud case management system. The incident reporting routes are publicised, reviewed, evaluated and updated as required, and levels of staff awareness are measured.

Your Rating is: **GREEN**

Comments:

Fraud reporting routes are well signposted on newsletters, intranet /internet sites and email footer. This includes FCRL, online reporting tool and LCFS contact number, email address, a link to report fraud direct to the LCFS. All instances of fraud are assessed and investigations are entered onto the CLUE. Reporting methods are promoted in fraud awareness sessions and regular newsletters issued using SWAYS to monitor engagement. NWSSP have developed a Counter Fraud App where staff can download to mobile devices, which provides methods to report fraud to NWSSP and all NHS Wales Bodies. Fraud awareness material has also been issued to promote the FCRL and online reporting tool. All Wales Fraud Awareness E-learning module has been produced and participation is benchmarked at NWSSP. LCFS provides monthly fraud awareness sessions for new starters and a specific Fraud page in the staff induction toolkit. Feedback forms are obtained from each session to measure fraud awareness.

8: Report identified loss

NHS Requirement 8:

The organisation uses the approved NHS fraud case management system to record all incidents of reported suspect fraud, bribery and corruption, to inform national intelligence and NHS counter fraud functional standard return submission by the NHSCFA. The case management system is used to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises

Your Rating is: **GREEN**

Comments:

The LCFS has reported all incidents of suspected fraud, bribery and corruption using the CLUE case management system. This reporting tool is used to record all investigations, sanctions, recoveries and losses and also has a mechanism to record system weakness and Local Proactive Exercise work. This system is supervised by CFS Wales and all information has been used to inform progress reporting to Audit Committee and CFS Wales. CFS Wales report onward to Welsh Government in relation to investigations, sanctions, awareness and loss, recovery and savings.

9: Access to trained investigators

NHS Requirement 9:

The organisation employs or contracts in an accredited, person (or persons) nominated to the NHSCFA to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account. The organisation will ensure that any changes to nominations are notified to the NHSCFA at the earliest opportunity and in accordance with the nominations process. The accredited nominated person (or persons) must demonstrate continuous professional competencies and capabilities on an annual basis by examples of practical application of skills and associated training to include (but is not limited to), obtaining witness statements, conducting interviews under caution and maintaining up to date knowledge of legal and procedural requirements.

Your Rating is: **GREEN**

Comments:

NWSSP has its own dedicated and accredited full time Local Counter Fraud Manager. LCFS Continues to use Clue Case management system for proactive exercises and investigations which are conducted in accordance with legislation and the NHS CFA Manual of Guidance and reviewed by Head of NHS CFS Wales. LCFS Continues to attend any training and professional development provided by NHS CFS Wales / NHS CFA. LCFS attends all bi-annual and ad-hoc LCFS network meetings arranged by other Lead LCFS in NHS Wales and NHS CFS Wales. This includes all relevant training arranged with NHS CFS Wales and NHS CFA. LCFS receives and reviews all circulars and publications providing legal and procedural updates via NHS CFA / NHS CFS Wales and utilises NHS CFA NGAGE to keep informed of new developments.

10: Undertake detection activity

NHS Requirement 10:

The organisation undertakes proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including local exercises and participation or response to national exercises. Results of this work are evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption. Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and NHSCFA led loss measurement exercises. The findings are acted upon promptly.

Your Rating is: **GREEN**

Comments:

LCFS has conducted several proactive exercises on Mandate Fraud & has a strong line of communication with the Finance Team. LCFS responds to NHS CFA IBurns and FPN's, where possible on a once for Wales approach to avoid duplication. LCFS has an effective reporting & referral process with the Payroll Teams to identify & investigate payroll anomalies and involved in producing an all Wales policy to deal with overpayments of salary as a result of a proactive exercise. LCFS has regular liaison with internal audit and access to relevant internal audit reports. Data mining has also been undertaken within the context of the NFI database. LCFS has worked together with NHS CFS Wales, Audit Wales and 2 HB's to identify risks and detect outliers in Pharmacy Fraud. LCFS liaises with NWSSP Recruitment on Intel LCFS will undertake NHS CFA Procurement exercise in 2024. LCFS has also worked together with Audit Wales and NWSSP PPV to identify anomalies in GMS patient registration.

11: Access to and completion of training

NHS Requirement 11:

The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption and to create a counter fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover the role of the NHSCFA, LCFS and the requirements and national implications of Government Counter Fraud Functional Standard providing a standardised approach to counter fraud work. Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of the NHSCFA's fraud awareness toolkit as appropriate. The effectiveness of the awareness programme is measured.

Your Rating is: **GREEN**

Comments:

The preferred method of staff engagement is via MS TEAMS, an efficient & effective way of delivering bespoke fraud awareness sessions to specific teams. Feedback forms measure staff awareness and effectiveness. A Fraud Awareness E-learning module is also completed by staff and participation monitored by DoF. A manual version for those with limited access to computers in the workplace has been produced. Regular monthly fraud awareness sessions are provided to new starters in NWSSP. There is a specific Fraud page in the staff induction toolkit. NWSSP has an intranet page & Counter Fraud App which provides information and links to all methods of accessing training and reporting fraud to NWSSP and all NHS Wales Health Bodies including CFA Hotline/reporting tool. LCFS produced and promoted a series of bilingual videos for use across NHS Wales. Newsletters are produced using MS Sways which collects metrics to measure engagement to apply resources accordingly. NWSSP Promotes IFAW.

12: Policies and registers for gifts and hospitality and COI.

NHS Requirement 12:

The organisation has a managing conflicts of interest policy and registers that includes reference to gifts and hospitality with reference to fraud, bribery and corruption, and the requirements of the Bribery Act 2010. Staff awareness of the requirements of the policy are tested sufficiently regularly to demonstrate effectiveness of the process.

Your Rating is: **GREEN**

Comments:

NWSSP has in place policies and registers in compliance with this requirement. There is a tiered approach from a lifetime declaration with annual reminders to update the register and annual declarations required from some groups of staff eg procurement. The register of Declaration of Conflicts of Interest is managed by a Compliance Officer and overseen by the Director of Finance and Corporate Services. New declarations are also reported quarterly to Audit Committee. Potential matches on NFI were identified and assurances sought from the compliance officer. Compliance and Standards of Behaviour and conduct are included in the induction toolkit so new staff are aware of the requirements on Declaration of Interests and Gifts and Hospitality on commencement. Reference to the importance of these requirements is integrated into all fraud awareness sessions and the intranet/internet pages along with awareness of Bribery and Corruption offences.

ACC Declaration

I declare that the anti-fraud, bribery and corruption work carried out during the year to date has been self reviewed against the NHS CFA requirements for anti-fraud, bribery and corruption. As the Audit Committee Chair, and in line with the audit committee's responsibility for the strategic assurance and oversight of counter fraud work as described in chapter 11 of the NHS Audit Committee Handbook, I confirm that the information contained in this self review reflects the work reported to and considered by the Audit Committee.

acc14761 - Gareth Jones
Fri May 30 10:41:40 BST 2025

Opportunity to comment

DOF Declaration

I declare that the anti-fraud, bribery and corruption work carried out during the year to date has been self reviewed against the NHS CFA requirements for anti-fraud, bribery and corruption.

dof14783 - Alison Ramsey
Fri May 30 10:19:33 BST 2025

Opportunity to comment

Good progress made during the year in the E-learning uptake across the organisation. NWSSP LCFS is a member of the national Counterfraud Liaison Group which will feed into the NHS Wales Counterfraud Steering Group. This allows for the appropriate sharing of good practice and mutual peer support.

Declaration

Overall Rating

Green

Please ensure that this functional standard return has been fully completed. If your Director of Finance and/ or audit committee chair have not authorised or reviewed the functional standard return you will not be able to submit it. Once you have submitted the functional standard return, no further changes are possible.

lcfs14313 - Mark Weston
Fri May 30 11:32:52 BST 2025

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 2025
PREPARED BY	Roxann Davies, Corporate Services Manager
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 Annual Governance Statement 2024-25
PURPOSE	To provide the Audit Committee with the final version of the NHS Wales Shared Services Partnership's (NWSSP) Annual Governance Statement 2024-25, for
NOTING.	

FINAL NWSSP ANNUAL GOVERNANCE STATEMENT 2024-25 July 2025

1. BACKGROUND

The Shared Services Partnership Committee (SSPC) was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 No. 1261(W.156) and the functions of managing and providing shared services (professional, technical and administrative services) to the health service in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

NWSSP does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to partners and, in particular, to the Trust, as its host organisation, in relation to its governance and accountability arrangements. It provides assurance that NWSSP has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides details of any significant internal control issues.

The Statement is signed off by the Managing Director as the Accountable Officer, endorsed by the SSPC and this year will be noted by the Audit

Committee due the ongoing Welsh Government review of NWSSP accountability and governance arrangements.

As a hosted body, NWSSP's Annual Governance Statement is provided in draft to the Trust governance team. In addition, the Managing Director provides an Annual Compliance Statement to the Trust Chief Executive which was completed and returned in respect of 2024-25 on 11 April 2025.

The Head of Internal Audit provides an annual opinion to the NWSSP Accountable Officer and the Velindre University NHS Trust Audit Committee for NWSSP on the adequacy and effectiveness of the risk management, control, and governance processes to support the Statement.

The NWSSP Annual Governance Statement for 2024-25 is presented at **Appendix 1**.

2. TIMELINE

The timeline for review of the NWSSP Annual Governance Statement is as follows:

- Velindre Trust Board Effectiveness Review on 8 May 2025 – *draft for inclusion in evidence pack*
- Shared Services Partnership Committee on 22 May 2025 – *draft for noting and comment*
- Formal Senior Leadership Group on 29 May 2025 - *draft for noting and comment*
- Audit Committee on 8 July 2025 – *final for noting*
- Shared Services Partnership Committee on 17 July 2025 – final for noting

3. GOVERNANCE & RISK

The Managing Director of NWSSP, as head of the Senior Leadership Group, reports to the SSPC and Chair in relation to those functions delegated to him by the SSPC and is responsible for the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for NWSSP.

4. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the NWSSP Annual Governance Statement 2024-25.

Annual Governance Statement 2024/25

NHS Wales Shared Services Partnership

1	SSPC 22 May 2025 <i>Draft for comment</i>
2	Formal Senior Leadership Group 29 May 2025 <i>Draft for Endorsement</i>
3	Formal Senior Leadership Group 26 June 2025 <i>Final for Endorsement</i>
4	Audit Committee 8 July 2025 <i>Final For Approval</i>
5	SSPC 17 July 2025 <i>Final for Information</i>

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ANNUAL GOVERNANCE STATEMENT 2024-2025

1. SCOPE OF RESPONSIBILITY

This Annual Governance Statement details the arrangements in place during 2024-25 to discharge my responsibilities as the Managing Director of the NHS Wales Shared Services Partnership (NWSSP) and to manage and control its resources in my capacity as Accountable Officer within the governance and accountability framework in place throughout the year and through a hosting arrangement with Velindre University NHS Trust (the Trust).

NWSSP does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to partners and, in particular, to the Trust, as its host organisation, in relation to its governance and accountability arrangements.

As Accountable Officer, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned to me by the Accountable Officer of NHS Wales.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NWSSP's services. This is achieved through a combination of "hard" systems and processes including Standing Orders, policies, protocols, and processes; and "soft" characteristics of effective leadership and high standards of behaviour (driven by the Nolan principles).

In addition to my responsibilities as Accountable Officer I am accountable for my performance and that of NWSSP to the Shared Services Partnership Committee (SSPC) and its Chair in relation to those functions delegated to it.

I also have responsibility with the Chief Executive of Velindre University NHS Trust (the Trust) to co-operate together to ensure the success of the hosting arrangement in the interest both of the NHS in Wales generally and the local interests of the Trust as host. In practice this means that I have a responsibility to provide information to the Chief Executive of the Trust where he has a legitimate interest as Accountable Officer of the Trust, whilst ensuring that he does not intervene in the activity of shared services.

The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the

Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP.

Myself (as the Accountable Officer for NWSSP) and the Chief Executive of the Trust (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of our roles, as set out in our respective Accountable Officer Memoranda. Both Accountable Officers co-operate with each other to ensure that full accountability for the activities of NWSSP and the Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

2. GOVERNANCE FRAMEWORK

NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, as set out below, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

Model Standing Orders are issued by Welsh Ministers to Local Health Boards and Welsh NHS Trusts using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006.

Velindre University NHS Trust (the Trust) must agree Standing Orders for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC Standing Orders form an Annexe to the Trust's own Standing Orders and have effect as if incorporated within them.

They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261 (W.156)) and the Trust's Standing Order 3 into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and the two Special Health Authorities (have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in

accordance with the policy and strategy set out above, determined by the SSPC.

A Hosting Agreement dated June 2012 between the Partners provides for the terms on which Velindre University NHS Trust will host NWSSP and an Interface Agreement between the Chief Executive of the Trust (as the Accountable Officer for the organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated June 2012 defines the respective roles of the two Accountable Officers.

These documents together form the basis upon which the SSPC governance and accountability framework has developed. Together with the adoption of the Trust's Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

2.1 Forthcoming Independent Review of NHS Wales Shared Services Accountability & Governance Arrangements

On 9 April 2025 the Director General Health, Social Care & Early Years Group/NHS Wales Chief Executive wrote to the Chief Executive of the Trust and Managing Director of NWSSP to announce the intention to commission an independent review of NHS Wales Shared Services accountability and governance arrangements.

It was recognised in *A Healthier Wales* (2018) that the landscape of NHS Wales had become complex over time. An action was therefore included to:

"Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability".

Such reviews have been undertaken across other parts of the NHS in Wales in recent years and it is now considered timely to review NWSSP governance and accountability arrangements. This is welcome and recognises that NWSSP has grown significantly in terms of scale and complexity since the governance arrangements were established and it is important to see whether the existing arrangements require strengthening or amendment to ensure that they are fit for purpose going forward.

It is important to stress that pending this review, NWSSP has and continues to operate within the requirements of the existing arrangements.

2.2 Shared Services Partnership Committee (SSPC)

Whilst the SSPC acts on behalf of all NHS organisations in undertaking its functions, the responsibility for the exercise of NWSSP functions is a shared responsibility of all NHS bodies in Wales.

The purpose of the SSPC is set out below:

- to set the policy and strategy for NWSSP within the legal framework the Trust, as host, operates under;
- to monitor the delivery of shared services through the Managing Director of NWSSP;
- to seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for NHS Wales and Welsh Government;
- to ensure the efficient and effective leadership, direction, and control of NWSSP; and
- to ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The SSPC monitors performance against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. Deep Dive sessions are often on the agenda to learn more about the opportunities, risks and issues of services within NWSSP.

The SSPC ensures that NWSSP consistently follows the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial control, organisational control, governance, and risk management. The SSPC assesses strategic and corporate risks through review of the Corporate Risk Register at each meeting.

The composition of the SSPC includes an Independent Chair, the Managing Director of Shared Services, and the Chief Executive of each partner organisation. There is provision in the SSPC Standing Orders for Chief Executives to nominate a deputy to act on their behalf which has been exercised by most organisations. Nominated deputies for Chief Executives should be an Executive Director of the same organisation and formally contribute to the quorum and have delegated voting rights.

The membership of the SSPC during the year ended 31 March 2025 is outlined in Figure 3 below.

Figure 3: Membership of the NHS Wales Shared Services Partnership Committee during 2024-25

Name	Position	Organisation	Full/Part Year
Professor Tracy Myhill OBE, Chair of SSPC	SSPC Chair	NHS Wales Shared Services Partnership	Full Year
Huw Thomas (Vice Chair)	Director of Finance	Hywel Dda University Health Board	Full Year
Neil Frow OBE	Managing Director and NWSSP Accountable Officer	NHS Wales Shared Services Partnership	Full Year

Name	Position	Organisation	Full/Part Year
Sarah Simmonds	Executive Director of Workforce and Organisational Development	Aneurin Bevan University Health Board	Full Year
Russell Caldicott	Executive Director of Finance	Betsi Cadwaladr University Health Board	Full Year
Catherine Phillips	Executive Director of Finance	Cardiff and Vale University Health Board	Full Year
Hywel Daniel	Executive Director for People	Cwm Taf Morgannwg University Health Board	Part Year
Sally May	Executive Director of Finance	Cwm Taf Morgannwg University Health Board	Part Year
Claire Osmundsen-Little	Director of Finance	Digital Health and Care Wales	Full Year
Glyn Jones	Director of Finance, Planning and Performance	Health Education and Improvement Wales	Full Year
Pete Hopgood	Executive Director of Finance and Business Assurance	Powys Teaching Health Board	Full Year
Paul Veysey*	Board Secretary and Head of the Board Business Unit	Public Health Wales	Full Year
Sarah Jenkins	Interim Director of Workforce and OD	Swansea Bay University Health Board	Full Year
Steve Ham	Chief Executive	Velindre University NHS Trust	Part Year
Carl James	Interim Chief Executive	Velindre University NHS Trust	Part Year
David Donegan	Chief Executive	Velindre University NHS Trust	Part Year
Chris Turley	Executive Director of Finance and Corporate Resources	Welsh Ambulance Services NHS Trust	Full Year

**Not an Executive Director*

The Committee meets bi-monthly and Welsh Government and Trade Union representatives, whilst not members of the Committee, have a standing invitation and are in regular attendance.

The Committee also requires the attendance of the following NWSSP officers: the Director of Finance and Corporate Services; the Director of People, Organisational Development and Employment Services; the Medical Director; the Director of Planning, Performance and Informatics; and the Assistant Director of Corporate Services.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2024-2025

Organisation	16/05/2024	18/07/2024	19/09/2024	21/11/2024	03/02/2025	25/03/2025
SSPC Chair	✓	✓	✓	✓	✓	✓
NWSSP Managing Director and Accountable Officer	✓	✓	✓	✓	✓	✓
Aneurin Bevan University Health Board	✓	✓	✓	✓*	✓	✓
Betsi Cadwaladr University Health Board	x	x	✓**	✓**	✓	✓**
Cardiff and Vale University Health Board	✓**	✓**	✓**	✓**	✓**	✓**
Cwm Taf Morgannwg University Health Board	✓**	✓	✓	✓	x	✓
Digital Health & Care Wales	✓**	✓	✓	✓**	✓	✓
Health Education & Improvement Wales	✓	✓	✓	✓**	✓	✓
Hywel Dda University Health Board	✓	✓	x	✓	✓**	✓**
Powys Teaching Health Board	x	✓	✓	✓	✓	✓**
Public Health Wales	x	x	x	✓**	✓**	✓**
Swansea Bay University Health Board	✓**	✓	✓	✓	✓	x
Velindre University NHS Trust	x	✓*	✓	x	✓	x
Welsh Ambulance Service Trust	✓	x	✓	x	✓	✓
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	x	x	x	x	✓	✓

- ✓ Denotes the nominated member was present
- ✓* Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf
- ✓** Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Member of their Board.
- x Denotes Health Body not represented

All meetings of the SSPC during the 2024-25 met the quoracy requirements of the SSPC Standing Orders. Following each meeting the SSPC Chair provides an assurance report to partner organisation boards.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the SSPC is required to meet in public. Arrangements are made for the public to attend should a request be received. We did not receive any requests from the public to attend the SSPC in 2024-25 but to ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- the dates of all meetings are published on the NWSSP website prior to the start of the financial year;
- the agenda is published at least seven days prior to the meeting; and
- all papers are published in English on the website, and minutes and agendas are also provided in Welsh, shortly after the meeting has taken place.

2.3 SSPC Performance

At the start of 2024-2025, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
 - Finance, Workforce and Outcome Measures and Performance information;
 - Quarterly Integrated Medium-Term Plan progress reports;
 - Corporate Risk Register;
 - Welsh Risk Pool; and
 - Programme Management Office updates.
- Annual review and/or approval of:
 - Integrated Medium-Term Plan;
 - Annual Governance Statement;
 - Audit Wales Management Letter;
 - Annual Review;
 - Standing Orders; and
 - Service Level Agreements.
- Deep Dives (nominated and suggested topics from SSPC members as events dictate)
 - Recruitment Modernisation Programme;
 - Developments in Audit and Assurance Services;
 - Single Lead Employer Model;
 - Integrated Medium-Term Plan; and
 - Medical Examiner Service.
- Autumn SSPC Development Day.

There are a number of sources of feedback and assurance over the operation of the SSPC which were in place during the year:

- the annual Chair's Appraisal reported to the March 2025 SSPC meeting;
- a session on SSPC operation at the Autumn Development Day;
- Assurance Reports from each SSPC meeting to each partner organisation;
- regular liaison with SSPC members by the Chair, Managing Director and members of the Senior Leadership Team; and

- review of agendas and papers by external and internal audit for the purposes of their audits.

The Chair of SSPC and Managing Director are committed to continuous improvement and where identified changes are made to improve the operation of the Committee. In general terms, feedback received from members continues to be positive and members are content that the SSPC covers the areas expected, meetings are chaired well and contributions and discussion are appropriate.

2.4 SSPC Sub-Committees

The SSPC has established a Sub-Committee structure that meets its own advisory and assurance needs and utilises the Trust's committee arrangements to assist it in discharging its governance responsibilities. The arrangements in place ensure that the SSPC Sub-Committee structure meets the needs of the Trust, as the host organisation, and also the needs of its Partners.

As a minimum, the SSPC Standing Orders require an Audit Committee to be in place. In addition, the SSPC has established the Welsh Risk Pool Committee as a formal Sub-Committee.

2.4.1 Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services Partnership (the Audit Committee) is to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This is set out in the Audit Committee Terms of Reference, which were reapproved in July 2024 to ensure these key functions were embedded within the SSPC Standing Orders and governance arrangements.

The Audit Committee reviews the effective local operation of internal and external audit, as well as Local Counter Fraud Services. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resources are effectively used.

The Audit Committee supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

After each meeting of the Committee, the Chair provides an Assurance Report to the SSPC and the Chair of the Committee reports to each meeting of the Trust Board.

The Audit Committee attendees during 2024-25 comprised of two Independent Members of the Trust (the members of the Committee), with representatives of both Internal and External Audit and Senior Officers of NWSSP and the Trust in attendance. The Audit Committee met formally on four occasions as planned during the year.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2024-2025

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Members					
Gareth Jones, Chair & Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit and Assurance Services					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	x	✓	✓	✓	3/4
NWSSP					
Professor Tracy Myhill OBE, Chair of SSPC	✓	✓	✓	x	3/4*
Neil Frow OBE, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services (until 30 April 2024)	✓	-	-	-	1/1
Alison Ramsey, Director of Finance & Corporate Services (from 1 May 2024, previously Director of Planning, Performance and Informatics)	✓	✓	✓	✓	4/4
Lindsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development (until 30 April 2024)	✓	-	-	-	1/1
James Quance, Assistant Director of Corporate Services (from 1 May 2024)	✓	✓	✓	✓	4/4
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce, Executive Director of Finance Services	✓	x	x	✓	2/4
Lauren Fear, Director of Corporate Governance and Chief of Staff	✓	-	-	-	1/4
Carl James, Interim Chief Executive Officer	-	✓	✓	-	2/4
Non Gwilym, Assistant Director of Communications	-	✓	-	-	1/4

*Unable to attend due to the February meeting being re-arranged to ensure quoracy

The Terms of Reference of the Committee provide for there to be three members who are Independent Members of the Trust. However, for 2024-25 there were two dedicated Independent Members, both of whom attended every meeting of the Committee ensuring that each meeting was quorate.

2.4.2 Reviewing Effectiveness of Audit Committee

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey reported to the October 2024 Committee had a 60% response rate (9 responses received) and identified the following:

- very positive feedback on the chairing of the Committee; members feel it is well chaired, efficient, and effective;
- meetings have a conducive atmosphere for open and productive debate; behaviour is courteous and professional;
- the Chair has a clear understanding of main issues and key risks the Committee could encounter;
- Audit Plans are developed from clear processes based on risk assessment, with links to the system of assurance;
- sufficient time is allocated for planned matters, questions, and discussions;
- the blended approach of virtual and at least one face-to-face meeting per year works well; and
- the Committee is generally provided with sufficient authority and resources to perform its role effectively, but some members suggest that Velindre University NHS Trust should recruit a third independent member to comply with the Terms of Reference and avoid potential quoracy issues.

2.4.3 The Welsh Risk Pool Committee

On 1 April 2019, the National Health Service Clinical Negligence Scheme Wales Regulations 2019 came into force. The Regulations created a Scheme for Clinical Negligence Claims in Wales and were brought into force among other things for the management of clinical negligence claims in Wales, operating under sections 41, 42 and 50 of the National Health Service Wales Act 2006.

The scheme is operated by NWSSP through Legal and Risk Services with the support of the Welsh Risk Pool using its powers as a shared service

function under the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012.

NWSSP has responsibility for the administration of the Welsh Risk Pool Service including the management of the Welsh Risk Pool Budget. The Welsh Risk Pool is funded through the NWSSP financial allocation from Welsh Government supplemented by a Risk Sharing Agreement with Health Boards and Trusts.

The Welsh Risk Pool Committee comprises of representation from senior NHS professionals from Trusts, Local Health Boards, Legal & Risk Services and the Welsh Government. The Terms of Reference of the Committee explain the primary role of the Welsh Risk Pool Committee:

- to reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
- to provide oversight of the GP Indemnity Scheme;
- to oversee the work and expenditure of the Welsh Risk Pool; and
- to help to promote best clinical practice and lessons learnt from clinical incidents.

Reporting from the Welsh Risk Pool to the SSPC has been standardised during the year and recognising that this can be a complex area a detailed deep dive session was held for SSPC members at the Autumn SSPC Development Day in October 2024.

2.5 SSPC Advisory Groups

The SSPC is supported by two advisory groups:

- **Local Partnership Forum (LPF)**

The LPF is a formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions as set out in the SSPC Standing Orders. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

- **Welsh Energy Group (WEG)**

The WEG is a Task and Finish Advisory Group as set out in the Shared Services Partnership Committee (SSPC) Standing Orders. Its role is to:

- to ensure a consistent approach to the procurement / sourcing of Gas and Electricity throughout all aspects of the NHS in Wales;
- to input into the development of a strategic procurement model for Gas and Electricity contracts within NHS Wales;
- to provide a platform for the framework provider to share utility market intelligence with all Health Boards, Special Health Authorities, NWSSP and Trusts within NHS Wales;
- to develop, agree and manage the Purchasing Strategy for the All-Wales Gas and Electricity contracts having received market

intelligence and actual price/contract performance, and agree in a timely manner national purchasing decisions (i.e. basket choice);

- to monitor contract performance with the Welsh Energy Operating Group (WEOG) representative/s providing an update of performance of the Gas and Electricity contracts;
- to monitor NHS Wales Gas and Electricity forecasts as provided by the supplier and supply regular financial forecasts to all member NHS organisations; and
- to nominate NHS Wales member(s) as required for participation in the suppliers External Risk Management (ERM) group.

In addition to the above, NWSSP report regularly to the Velindre Quality and Safety Committee. Quarterly reports are presented on our performance and compliance with the requirements of the Duty of Quality.

In May 2024, we established the new All Wales Purchase to Pay (P2P) Governance Forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance operating through the Shared Services Partnership Committee.

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

In addition to the above, NWSSP reports regularly to the Velindre Quality and Safety Committee. Bi-annual reports are presented on our performance and compliance with the requirements of the Duty of Quality. Annual reports are also provided to the Committee on the work of the Welsh Infected Blood Support Scheme (WIBSS) by the lead Trust Director and Medical Examiner Service. The Committee during the year increasingly requested assurance on All Wales Pharmacy developments which will continue into 2025-26.

2.7 All Wales Purchase to Pay (P2P) Governance

In May 2024, we established the new All Wales P2P Governance Forum to progress P2P initiatives across Wales on a Once for Wales basis to improve and streamline efficiencies and opportunities. The All Wales P2P Governance Group reports into the Deputy Directors of Finance Forum for agreement of changes proposed, with the overarching high-level governance operating through the Shared Services Partnership Committee during 2024-25.

2.8 Senior Leadership Group

The Managing Director reports to the Chair of the SSPC and is responsible for the overall performance of NWSSP and is accountable to the SSPC in relation to those functions delegated to them by the SSPC. The Managing

Director determines and leads a Senior Leadership Group to deliver the SSPC’s annual Business Plan as set out in the Integrated Medium Term Plan approved by SSPC. The Managing Director is the designated Accountable Officer for NWSSP and is accountable, through the leadership of the Senior Leadership Group, for:

- the performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium-Term Plan (IMTP) based on the policies and strategy set by the SSPC and the preparation of Service Improvement plans;
- leading the SLG to deliver the IMTP and Service Improvement Plans;
- establishing an appropriate Scheme of Delegation for the SLG; and
- ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

The SLG during 2024-25 comprised:

Figure 7 – Composition of the Senior Leadership Group during 2024-25

Name	Designation
Neil Frow, OBE	Managing Director
Andy Butler	Director of Finance and Corporate Services <i>(to 30 April 2024)</i>
Alison Ramsey	Director of Planning, Performance and Informatics <i>(to 30 April 2024)</i> Director of Finance and Corporate Services <i>(from 1 May 2024)</i>
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Rebecca Nelson	Director of Planning, Performance and Informatics <i>(from 5 August 2024)</i>
Jonathan Irvine	Director of Procurement, Supply Chain Logistics and Transport and Laundry Services
Simon Cookson	Director of Audit and Assurance Services
Mark Harris	Director of Legal and Risk Services and Welsh Risk Pool
Nicola Phillips	Director of Primary Care Services and Medical Examiner Services
Stuart Douglas	Director of Specialist Estates Services
Dr Ruth Alcolado	Medical Director
Dr Gavin Hughes	Director of Surgical Materials Testing Laboratory
Colin Powell	Director of Pharmacy Technical Services
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

The Terms of Reference of the SLG were reviewed and updated in December 2024 in order to ensure that they are fit for purpose.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2025 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2024-25 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2023-24; and
- Assurance Arrangements 2024-25.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to internal NWSSP issues, the Audit Committee has been kept apprised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

NWSSP's Internal Audit service is provided by the Audit & Assurance Division of NWSSP, as it is for all NHS Wales organisations. The Audit Committee review and consider the work and findings of the Internal Audit team at each meeting and progress against the approved Internal Audit Plan. The Director of Audit and Assurance and the Head of Internal Audit attend Audit Committee meetings to discuss their work and present their findings. The Audit Committee is satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received in July 2016.

During 2024-25, two internal audit reports were rated as limited, as detailed below and there were zero internal audit reports with no assurance.

- Decarbonisation
- Procurement Services – Capital Equipping Team

For both internal and external audit, the Audit Committee has ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans require Audit Committee approval. A report on the position with implementation of audit recommendations is monitored at each monthly meeting of the SLG and each meeting of the Audit Committee.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, the internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales.

The required five-yearly external quality assessment of Internal Audit was most recently undertaken by the Chartered Institute of Public Finance & Accountancy during the 2023/24 period against the Public Sector Internal Audit Standards (the Standards) and resulted in the highest possible rating being awarded to the Service. There were no areas of either partial or non-compliance noted with the Standards.

The Director of Audit & Assurance reports annually to the Audit Committee with the results of an internal quality review, the most recent of which was reported to the Committee in October 2024 providing an update on the two external quality assessment advisory findings and a quality review of 16 audit files covering all NHS Wales organisations. Overall, the results were positive and demonstrated a high level of quality consistent with recent years. In a small number of instances, discussions were needed with the Head of Internal Audit to confirm findings and minor exceptions were noted. Based on the reviews undertaken, there were no specific matters that needed to be reported in the Annual Head of Internal Audit opinion in terms of compliance with the Standards.

3.3 Counter Fraud

The work of the Local Counter Fraud Service (LCFS) is undertaken to help reduce and maintain the incidence of fraud and/or corruption within NWSSP to an absolute minimum. Counter Fraud activity in NWSSP is primarily undertaken by its own dedicated Local Counter Fraud Manager with links to the wider network of counter fraud professionals in NHS Wales and the National Counter Fraud Service.

Regular reports were received by the Audit Committee to monitor progress and demand against the agreed Counter Fraud Plan, including the following:

- Annual Report 2023-24;
- Progress Update at each meeting; and
- Counter Fraud Work Plan 2024-25.

As part of his work, the Local Counter Fraud Manager has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work Plan which is approved by the Director of Finance and Corporate Services and Audit Committee annually. The balance of the plan is weighted towards proactive and preventative activity, education and awareness.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to whom fraud can be reported are outlined. During 2024-25, these sessions have been provided both in face-to-face sessions and virtually. In total during 2024-25 there were 1,557 fraud awareness interactions with staff (937 in 2023-24).

In addition to this, and to continue to promote an Anti-Fraud Culture within NWSSP, a quarterly newsletter is produced which is available to all staff on the intranet and all successful prosecutions are publicised in order to obtain the maximum deterrent effect. The SLG targeted staff groups to complete the e-learning module on Counter Fraud, with over 1,000 staff having completed the module at the end of March 2025.

3.4 Integrated Governance

The Audit Committee maintains oversight of the maintenance and effectiveness of the system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- Quality Assurance and Improvement Plan arising from the 2023-24 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2024-25, the Audit Committee reported any areas of concern to the SSPC and Trust Board and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality Assurance

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the Duty of Quality which came into effect from the 1 April 2023. The new Duty applies to clinical and non-clinical NHS Services, and

therefore the services and functions of NWSSP will be captured by this legislation. There is a requirement to produce an Annual Report.

Under the requirements of the Act, primary responsibility rests with the Managing Director as the Accountable Officer, and the Medical Director is the lead for strategic direction and oversight. Oversight is through the SSPC. The responsibility to report is two-fold – both internally in respect of our own quality measures but also externally in terms of providing information for Health Boards and Trusts to report their own performance. In addition, the Trust as our host has a legitimate interest in our quality arrangements.

The SSPC gives attention to assuring the quality of services by including a section on “Quality, Safety and Patient Experience” as one of the core considerations on the committee report template when drafting reports for SSPC meetings.

The Velindre Quality, Safety and Performance Committee gives over part of its meetings to NWSSP matters and particularly those relating to All Wales Pharmacy developments.



In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors. With the introduction of the Duty of Quality, this has become a more prominent feature, and bi-annual presentations on this subject have been made to the Shared Services Partnership Committee.

In addition to corporate governance arrangements for risk management and control, Procurement Services maintains compliance and certification with a number of national and international standards as appropriate to the provision of its services. They include ISO 9001 Quality Management Standard, BS ISO 45001 Occupational Health and Safety and Customer Service Excellence. Our regional warehouses and national distribution centre at Newport are also accredited to the STS Food Safety Standard for the storage and distribution of food products. The receipt, storage and distribution of pharmaceuticals and controlled drugs at designated warehouses are compliant with Good Distribution Practice and Medicines and Healthcare products Regulatory Agency (MHRA) licence conditions. Compliance with these standards and their associated audit by external bodies is supported and assured by a robust internal audit plan that highlights any areas of non-compliance and improvement opportunities. Our Quality Plan includes improvement objectives that are reviewed each year to ensure that they are aligned and continue to support strategic objectives for the Division.

3.6 Certifications

The organisation holds a number of certifications corporately that support the delivery and continual improvement of quality services, including attainment of organisational accreditations to the Cabinet Office accredited Customer Service Excellence (CSE) Standard and International Organisation for Standardisation (ISO) 14001:2015 Environmental Management Standards.

Many Services within NWSSP also hold independently verified certifications and standards, including ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management, ISO14065 Risk Analysis and Biocontamination Control (RABC) in Laundries and ISO17025 Testing and Calibration of Laboratories Standards. External audit reviews included Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS) and NWSSP is also an accredited Mental Health First Aid Trainer organisation.

Key organisational achievements for embedding the Duty of Quality in 2024/25 included continued raising of awareness with dedicated sessions held with the Shared Services Partnership, Senior Leadership Group and divisions, staff coffee mornings, Quality Champions Network for sharing best practice, creation of video submissions by Services detailing their quality measures, quality driven reporting and consideration of our 'always on' performance measures, quality control and using data for quality improvement and external quality reviews, certifications and awards as a source of assurance and opportunity for further improvement.

3.7 Customer Service Excellence

In October 2023, NWSSP was accredited with an organisational level Customer Service Excellence (CSE) Award, making it the first organisation within NHS Wales to achieve the highly valued government standard.

The CSE accreditation assesses organisations and measures customer focused areas that research has identified as a priority to customers with a particular focus on:

- Customer Insight;
- Culture of the Organisation;
- Information and Access;
- Delivery and Timeliness; and
- Quality of Service.

Within this framework, CSE also prioritises three distinct areas, as a driver of continuous improvement, as a skills development tool and, as an independent validation of achievement.

The first annual reassessment took place in September 2024, the activity was conducted remotely for all Divisions. An assessment plan for 5 days of

evidence gathering activity was agreed for two Assessors with representation from each Division (managers, staff, and customers).

As part of the reassessment process, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required. NWSSP also achieved 45 Compliances, where in each instance the standard required was met, with zero Partial Compliances to consider as areas of improvement.

3.8 Looking Ahead

As a result of its work during the year the Audit Committee is satisfied that NWSSP has appropriate and robust internal controls in place and that the systems of governance incorporated in the Standing Orders are fully embedded within NWSSP.

Looking forward to 2025-26, the Audit Committee will continue to explore the financial, management, governance and quality assurances that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP and also by its major providers;
- Work closely with the Chairs of Audit Committee group on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors on issues arising from both the current and future agenda for NWSSP;
- Ensure the SSPC is kept aware of its work including both positive and adverse developments; and
- Request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

4. CAPACITY TO HANDLE RISK

The Corporate Risk Register is reviewed at each meeting of the Formal SLG, SSPC and Audit Committee to ensure that the key risks are aligned to delivery and are appropriately considered and scrutinised. The register is divided into two sections as follows:

- **Risks for Action** – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and
- **Risks for Monitoring** – this is for risks that have achieved their target score, but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these risks the focus is on monitoring both any changes in the nature of the

risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

As at 31 March 2025, there were six red rated risks on the Corporate Risk Register, as set out below:

- The threat to patient services if funding is not made available to develop the Transforming Access to Medicine Services programme in South-East Wales;
- Insufficient capital funding to support development of services and delivery of the Integrated Medium-Term Plan and Ministerial priorities;
- The Primary Care Workforce Information System supplier dispute causing a delayed go-live date and build specification uncertainty;
- The impact on staff time and resources as a requirement of responding to the COVID-19 UK Public Inquiry;
- Resource restraints preventing the ability of NWSSP to meet expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan; and
- The lack of capital funding available to support the delivery of key initiatives, including decarbonisation.

The SSPC has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The Lead Director for risk is the Director of Finance and Corporate Services who is responsible for establishing systems and processes needed for the management of risks within the organisation.

The Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with its host's strategy providing a clear systematic approach to the management of risk within NWSSP.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of NWSSP including financial, health and safety and environmental functions.

It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as red within individual directorate registers trigger a referral for review, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register for oversight by the SLG, SSPC and Audit Committee.

Assurance maps are in place for each of the directorates to provide a view on how the key operational, or business-as-usual risks are being mitigated. The Audit Committee review all assurance maps periodically and they are due to be reviewed and reported in the summer of 2026.

The SSPC also has a documented Risk Appetite Statement for NWSSP. A detailed review took place during the year both within NWSSP and also at the Shared Services Partnership Committee (SSPC) Development Day held in Autumn 2024. SSPC members continue to challenge NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the November 2024 meeting of the SSPC and is due to be reviewed by the Audit Committee. The SLG continues to undertake informal deep dive sessions, reviewing its approach to managing risk and the Corporate Risk Register.

NWSSP's approach to risk management therefore ensures that:

- leadership is given to the risk management process;
- staff receive training on how to identify and manage risk;
- risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the Corporate Risk Register;
- the effectiveness of key controls is regularly assured; and
- there is full compliance with the Orange Book on Management of Risk.

5. THE CONTROL FRAMEWORK

NWSSP's commitment to the principle that risk is managed effectively means a continued focus to ensure that:

- there is compliance with legislative requirements where non-compliance would pose a serious risk;
- all sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;
- damage and injuries are minimised, and staff health and wellbeing is optimised; and
- lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

The detailed procedures for the management of corporate risk have been outlined above. Generally, to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- the SSPC and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- the effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- the front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Well-being of Future Generations, Health and Care Quality Standards (Duty of Quality) and workforce;
- the Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's Services to them and are reviewed on an annual basis; and
- the responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

NWSSP follows the policies and procedures of the Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal Intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. The Trust ensures that NWSSP has access to all the Trust's policies and procedures and that any amendments to the policies are made known as they are agreed. NWSSP participates in the development and revision of workforce policies and has established procedures for staff consultation.

The SSPC will, where appropriate, develop its own protocols or amend policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the Trust Scheme of Delegation.

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report, and specific Records Management Principles. The General Data Protection Regulations increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP. NWSSP has an Information Governance Manager who has the objective of facilitating the effective use of controls and mechanisms to ensure that staff comply with Information Governance fundamental principles and procedures. This work includes awareness by delivery of an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups, developing, and reviewing policies and protocols to safeguard information, and advising on and investigating Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point for any requests for advice, training, or work.

NWSSP has an Information Governance Steering Group (IGSG) that comprises representatives from each directorate who undertake the role of Information Asset Administrators for NWSSP. The IGSG discusses quarterly issues such as GDPR and Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, training compliance, new guidance documentation and training materials, areas of concern and latest new information and law.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols, and general guidance for staff. There is also a documented Privacy Impact Assessment (or "Privacy by Design") process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or work streams proposing to use identifiable information in some form.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender, and religion) on the various types of Information Governance protocols.

The Information Governance Manager works closely with the Trust Data Protection Officer as the Head of Information Governance within the Trust, and attends various meetings including the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by Digital Health and Care Wales (DHCW) which is attended by all NHS Wales Health Bodies.

5.4 Health and Safety

NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with

the provision of the highest quality services to staff and visitors where health hazards to staff and visitors and others are minimised, so far as is reasonably practical.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. This is achieved through effective leadership by senior managers, participation of all staff and open and responsive communication channels.

NWSSP has a well-established network of Health and Safety champions in each division who meet with the Health and Safety Manager on a quarterly basis. In addition, the all-Wales Health and Safety group is an internal group of senior managers from all divisions, chaired by the Director of Finance and Corporate Services which also meets on a quarterly basis.

A comprehensive report of all incidents and activity is provided to the SLG at the end of each quarter and an annual report is reported to the SLG and SSPC. There were 72 health and safety incidents reported for 2024-25 (72 in 2023-24).

During the period, a schedule of health and safety internal audits was undertaken by the Health and Safety Manager and Health and Safety Support Officer using the Health and Safety Management System Framework (HSG65). Compliance reported at the end of March on average was 94%.

The Health and Safety manager is a member of the Trust Health and Safety Group and liaises closely with the Trust Health and Safety Manager in order to ensure that the Trust is aware of health and safety risks in NWSSP.

5.5 Internal Audit

The NWSSP hosting agreement provides that the SSPC will establish an effective internal audit service as a key source of its internal assurance arrangements, in accordance with the Public Sector Internal Auditing Standards.

Accordingly, for NWSSP, an internal audit plan has been approved by the Audit Committee which provides coverage across NWSSP functions and processes sufficient to assure the Managing Director of NWSSP and in turn the SSPC and the Trust as host organisation on the framework of internal control operating within NWSSP.

The delivery of the internal audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of assurance for the Managing Director when reporting to the SSPC and partner organisations.

5.6 Duty of Quality

During the year, work around embedding the Duty of Quality (DoQ) continued across NWSSP. We have focussed on ensuring that quality assurance is integrated into existing mechanisms, such as the IMTP for 2025-28, and as per the measures detailed in the Quality Assurance section above. NWSSP's second Annual Report on Duty of Quality for the 2024-25 period sets out the key achievements against the Health and Care Quality Standards, including:

- Quality planning and decision making;
- Quality management systems;
- Quality driven reporting;
- Quality driven reporting into Health Boards and Trusts;
- Quality control and using data for quality improvement;
- External quality reviews, accreditations and awards; and
- Staff voices.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan (the Plan) is approved by the SSPC and performance against the plan is monitored throughout the year. The 2024-27 plan was submitted to Welsh Government in accordance with required timescales, and the submission of the current 2025-28 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2024-25 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan quarterly and also through Joint Executive Team (JET) meetings.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis.

The IMTP was submitted to the NHS Wales Chief Executive and Welsh Government before 31 March 2025 and there were no significant amendments to the Plan following the approval of the Committee earlier at its February 2025 meeting and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit prior to submitting the Plan.

7. DISCLOSURE STATEMENTS

7.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the

contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion.

NWSSP is a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver, and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment. We host a range of staff networks, and we continue to develop our inclusion offering for our workforce.

In the spirit of continuous improvement, NWSSP are members of the Employers Network for Equality and Inclusion (ENEI), which supports organisations in their equality and inclusion journey. Based on the Anti-Racist Wales Action Plan, NWSSP has developed a specific plan to address the actions that tie into the NWSSP Diversity and Inclusion Action Plan. Part of this work is informed by the Welsh Workforce Race Equality Standard (WRES), which was discussed at SSPC in March 2025. NWSSP's LGBTQ+ Wales Action Plan also links directly to the organisation's Diversity and Inclusion Action Plan. We have also introduced dedicated Diversity and Inclusion Ambassadors to support the creation of a positive and equitable working environment.

The development of the Equality, Diversity and Inclusion Group (EDI Group) was a result of the 'This is Our NWSSP' culture programme, where staff recognised the need for the organisation to prioritise the equality agenda and support employees. The EDI Group is currently developing an Equality, Diversity and Inclusion Strategy to support and drive change within the organisation.

The process for undertaking Equality Integrated Impact Assessments (EQIIA) has matured, and considers the needs of the protected characteristics identified under the Equality Act 2010, the Public Sector Equality Duty in Wales and the Human Rights Act 1998, whilst recognising the potential impacts from key enablers such as Well-being of Future Generations (Wales) Act 2015, incorporating Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety.

With effect from 31 March 2021, the Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes ethnicity; nationality, country of birth, religious belief, sexual orientation, and Welsh language competencies. All-Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a statutory and mandatory induction programme for its workforce, including the NHS Wales “Treat Me Fairly” e-learning module, which forms part of a national training package and the statistical data captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, and the Managing Conflict module includes an awareness session on Dignity at Work. Further, to support the Anti-Racist Wales Action Plan (ArWAP), Welsh Government mandated the completion of the accompanying training module for all NHS staff, including those who do not directly interact with patients or service users (*WHC 2024/044*).

7.2 Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development and works closely with all divisions and services across NWSSP.

A Welsh Language Unit has been established to support our divisions and services with translation and interpretation services as well as providing advice and guidance on how best to plan service provision through the medium of Welsh.

We have established a self-assessment process to assess our compliance status with the Welsh Language Standards and Code of Practice. Local improvement plans are agreed and implemented in the following year based on the assessment and evidence provided to support the assessment. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2025 was as follows:

Standards	Level of compliance
Service Delivery Standards	Medium to High level of compliance
Policy Making Standards	Medium level of compliance

Operational Standards	Medium to High level of compliance
Record Keeping Standards	High level of compliance

Following a seminar with the Welsh Language Commissioner’s Office in November 2023 and a further workshop in April 2025, we reviewed the Welsh Language Impact Assessment tool we previously had and incorporated it fully into our Organisational Change Policy work, including providing key statistics on population demographics and highlighting key documents that should be consulted by authors when completing a Welsh Language Impact Assessment including, but not limited to, the following:

- Census data from 2021
- Welsh Language Measure 2011
- Welsh Language Standards Compliance Notice for VUNHST
- The Code of Practice for the Welsh Language Standards
- Cymraeg 2050 Strategy
- The More Than Just Words Strategy’ and
- Well-being of Future Generations (Wales) Act 2015
- We also consider the demographic profile of our staff across Wales

We reviewed the overarching process, whereby any proposed Organisational Change Policy work must be sighted by the Head of Welsh Language Services and Compliance, for guidance and advice prior to consultation.

7.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its partners. The NWSSP Concerns and Complaints Management Protocol is reviewed annually. The Protocol aligns with the Velindre University NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance.

During 2024-25, 55 concerns were raised with NWSSP, of which:

- 35 were Formal Complaints received, whereby 100% of complaints were responded to within 30 working days; and
- 20 were Early Resolution Concerns received, where matters were able to be resolved within 48 hours, to the complainant’s satisfaction.

The total number of formal complaints received represents a significant and continuing decrease on the total for previous years (100 in 2021-22; 68 in 2022-23, 46 in 2023-24).

7.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector,

especially for those who are accountable for decisions made on behalf of patients and service users.

There were 138 requests received within NWSSP during 2024/25, 98% of which were responded to within the 20-day deadline for compliance.

7.5 Data Security and Governance

In 2024-25 there were 33 (compared to 42 in 2023-24) information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

All breaches are recorded in the Datix risk management software and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the General Data Protection Regulation (GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported. The Information Governance Manager also provides quarterly reports to the Trust Data Protection Officer for assurance and provides performance information which forms part of the performance reporting to the Quality, Safety and Performance Committee.

There was one Information Governance breach referred to the Information Commissioner's Office (ICO) for further investigation, but the ICO was content to close the case with no further action being taken.

7.6 Carbon Footprint

NWSSP is committed to managing its environmental impact, reducing its carbon footprint and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The ISO14001:2015 Standard places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and

demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment.

We successfully achieved recertification to the Standard through UKAS accredited certification body, Simply Certification Ltd and completed the year one surveillance audit in March 2025.

During 2024/25, we have **achieved** an overall reduction of **4.3%** of our carbon footprint across our sites, against a target of a 3% reduction, year-on-year.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. Investments in environmentally friendlier technologies such as LED lighting, installation of solar panels and electric vehicle charging infrastructure have been a significant contributor to the organisation's reduction in carbon emissions. The Environmental Champions and the Green Team continue to identify ways to reduce our impact and where savings can be made, in addition to utilising technology to improve data collation and reporting. The increase in adoption of agile working arrangements, has resulted in a reduction in staff headcount on sites, and this combined with increased education and awareness of NWSSP carbon footprint aims and targets and the difference staff can make no matter how small, has made a welcome contribution to the reduction. We have also encouraged staff to undertake e-learning modules such as Achieving Net Zero in NHS Wales, promoting environmental awareness.

Electricity usage has decreased overall by 16.6%, due to targeted efficiency measures such as the installation of solar panels, LED lighting installation and motion sensor technology across a number of sites. These projects, including behaviour changes and the continued agile working approach, demonstrate a proactive and co-ordinated approach to reducing electricity consumption.

In relation to the total electricity consumption, 2.4% relates solely to utilising Electric Vehicle Charging Units (EVCUs) across our estate. Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 6% overall. The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier Services' fleet having priority as "*the wheels of the NHS in Wales*". In terms of increased demand for the EVCUs, we see this as a positive measure for the wider community in terms of air quality the environment and the reduction of the carbon footprint for the commute of NWSSP staff. This contributes to a Healthier and Globally Responsible Wales as there are Co2e reductions from charging electric vehicles, compared with burning fuel from petrol and diesel engines.

Gas consumption decreased overall by 8.0% during the period, achieved across several sites through a combination of operational changes, infrastructure issues and seasonal factors. A notable decrease was attributed to a malfunction in the warehouse gas heating system at Denbigh

Stores, which remained out of service for several months. Going forward, there are operational plans in place for IP5 to replace ageing heaters with more efficient systems.

We used kerosene oil used to heat the Westpoint Industrial Estate site during the period and the usage increased by 32.44% (variation of 2,479kg of CO₂e) during the year. This is the only site that uses oil to heat the building, and the increase can be attributed to a colder winter and extended operational hours during peak months. These factors led to higher heating demand to maintain indoor comfort levels, particularly during early mornings and evenings when temperatures were at their lowest.

Water consumption decreased by 33.7%, due to a proactive maintenance and staff engagement. During the period, identification of early leaks and associated repairs were undertaken at Alder House. Surgical Materials Testing Laboratory began group laundering of lab coats in order to minimise water usage, coupled with installation of a pressure sensor valve. In addition, the natural annual variation accounts for a small percentage change and the continuation of agile working has led to a lower average staff headcount at sites.

The total waste generated across all of our sites has increased by 8.4% (variation of 2,496kg of Co₂e). During the year we continued to build on the work undertaken to reform segregation of waste streams and associated behavioural changes. However, due to a number of refurbishment projects, such as Charnwood Court and Companies House, and initiatives undertaken across our sites, coupled with the move from Brecon and Cwmbran House to DuPont, the overall waste generated has understandably increased.

Confidential waste increased overall by 27.2% (variation of 3,399 kg of Co₂e). The increase can be attributed to the refurbishment projects that were undertaken across sites, coupled with the DuPont relocation. In addition, services which typically generate significant volumes, such as Accounts Payable and Primary Care Services, completed scanning projects and review of storage areas. Surgical Materials Testing Laboratory also implemented a paperless IT system during the period and introduced a process for printing documentation. All confidential waste is held in secure bins on site and taken away by accredited service providers to be repurposed into items such as notebooks, toilet paper, tissues, etc. All other waste streams are disposed of appropriately and responsibly and in accordance with relevant Regulations. Going forward, we will continue advancing digital processes to reduce paper use, conserve resources and strengthen data security, reflecting our wider commitment to minimising use of scarce resources (i.e. paper).

We saw an increase in pool vehicle usage of 32.1% (400kg of Co₂e). This is positive because it mitigates the use of staff vehicles to commute and encourages car sharing, where possible and the continued adoption of agile working has also contributed to this decrease. In addition, pool cars used within the organisation are eco-friendly, such as electric or hybrid vehicles,

further mitigating our environmental impact. Likewise, delivery transport usage increased by 57.5% and this can be apportioned to operational changes, particularly during site relocations. At Brecon House, delivery transport was used extensively to support the move to DuPont, involving the transfer of equipment and materials between sites. This included the movement of items to other locations as part of the decommissioning process. In addition to this, at Stores sites where we saw an increase, this is due to operational demands and expansion of services. Going forward, we will continue to advance the fleet modernisation programme to further mitigate emissions, improve fuel efficiency and support the transition to low-emission and electric vehicles across our operations.

Business mileage travelled increased by 6.28% during the period. Despite this increase, this figure remains low compared to figures reported prior to March 2020, given continued agile working arrangements and increased use of technology to host online meetings, with 861,043 miles being travelled.

7.7 Decarbonisation Action Plan

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each of which has been assessed for the potential to help facilitate or directly reduce carbon emissions. NWSSP led the development and publication of the Strategic Plan which sets out the NHS Wales response to the 2030 net zero ambitions. The organisation has an All-Wales lead role in Buildings, Transport, Procurement, Estates Planning and Land Use but also has responsibilities across other activity streams at both a national and local level due to our significant direct influence on key aspects of the Plan.

NWSSP has also developed its own action plan which was summarised in the IMTP for 2022-25 and progress reporting integrated into the IMTP monitoring process. The plan sets out how the organisation is decarbonising our own activities. Key actions include reducing the impact of our buildings, fleet, and new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

NWSSP produced a second iteration of its Decarbonisation Action Plan for the period 2024-2026. The Decarbonisation Delivery Group (DDG) meets bi-monthly to coordinate decarbonisation activities for NWSSP and those facilitated across NHS Wales. The Decarbonisation Coordination Reporting (DCR) Team, established in early 2023, plays a crucial role in driving the focused implementation of all initiatives through its coordination and reporting role. This team serves as the formal interface between the Welsh Government Health and Social Care Climate Emergency Programme and NHS Wales, providing leadership, oversight, coordination, monitoring, and reporting of the Strategic Plan's delivery on an NHS Wales-wide basis.

7.8 Business Continuity Planning and Emergency Preparedness

NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. NWSSP recognise its contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders.

As a hosted organisation, NWSSP is required to take note of the Trust's Business Continuity Management Policy, supported by local guidance, in order to ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues; and
- Suppliers internal and external to the organisation.
- In addition, all Divisions have now been required to extend their Business Impact Assessments to identify department specific business continuity risk, and to plan and mitigate for them.

NWSSP has a network of Business Continuity Planning (BCP) Champions who meet bi-monthly with representatives from all Divisions. The Group is chaired by the Director of Planning, Performance, and Informatics.

NWSSP complete the Welsh Government Health Emergency Planning Report annually, on a calendar year basis. This provides assurance that measures are in place within NWSSP to manage and respond to major disruptive incidents and reaffirms the robust arrangements in place within the Supply Chain, Logistics and Transport Division, who are well versed in this area.

Previous reporting highlighted the need to ensure that all Divisions and relevant individuals within NWSSP were appropriately trained, communicated with, and engaged with key external stakeholders, where appropriate. A full training programme is in place to provide the following courses, which are delivered by the newly appointed Head of Emergency Planning Resilience and Response (EPRR):

- Business Continuity Planning for Managers;
- Major Incident Management;
- Major Incident and Business Continuity Loggist course; and
- Departmental Exercises.

Full engagement with external stakeholders is achieved by the Head of EPRR and other designated staff attending a variety of Welsh Emergency Planning Forums and Groups, including NHS Executive Emergency Planning Advisory Group, Welsh Resilience Partnership, the 4 Local Resilience Forums in Wales and Health, Social Care and Early Years System Resilience Group. Attendance at the groups ensures NWSSP is fully integrated into the Welsh Resilience Frameworks.

A previously implemented BCP application, aimed at promoting effective communication has been under review to improve functionality. Lessons learned reports are completed after every incident and are routinely reported to both the Business Continuity Champions and the SLG.

The previous Internal Audit Report achieved Reasonable Assurance and contained helpful recommendations for updating departmental action cards and updating aspects of business continuity documentation, as well as suggesting consideration of investment in dedicated resource which will be taken forward in 2025-26.

Commencement of actions to address these recommendations has resulted in the following developments:

- the appointment of the Head of EPRR;
- new guidance on departmental Business Impact Assessment and Business Continuity Plan development;
- work has commenced on developing/implementing a document management system capable of reporting and monitoring BCP documentation reviews, BCP Plan exercises and Audits; and
- further work to evaluate the full resource requirements to enable enhance levels of compliance with legislative, regulatory requirements and Welsh Government expectations.

Staff continue to work flexibly where possible and have been provided with appropriate IT equipment to enable them to do so effectively. For staff who were required, or preferred to attend NWSSP sites, safe systems of working were implemented and enhanced to keep them as safe as possible, and in compliance with national guidance.

7.9 Cyber Security

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service and to respond to the recommendations of the NWSSP's Cyber Assessment Framework report.

An ongoing plan has been constructed covering the areas of Identify, Protect, Detect, Respond and Recover. Each task in the plan is aligned to the Cyber Assessment Framework and to industry standard indicators of good practice. A key performance indicator with linked progress targets has been attached to each indicator and progress against targets is reported to the SLG on a quarterly basis.

The tasks in the plan cover Cyber Security of the supply chain, policy, process and procedure development, business impact assessment and continuous monitoring of assets to find anomalies, indicators of compromise, and other potentially adverse events through implementation of the national Security Incident and Event Management product. NWSSP has a robust virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems. This infrastructure has recently been migrated to the two national data centres to improve availability and geographic resilience.

During the year training has been provided at a number of levels, including a desktop exercises with the SLG and phishing exercise campaigns continue to run. In response to heightened concerns over cyber security, regular communications are sent to staff reminding them of best practice when dealing with IT systems and responding to e-mails and other forms of electronic communication. NWSSP is also represented on the all-Wales Cyber Security Network.

7.10 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. NWSSP is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code.

7.11 NHS Pension Scheme

As NWSSP administers the payroll function for NHS Wales, there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Additionally, I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP. Each Committee develops an annual report of its business and the areas that it has covered during the last year, and these are reported in public to the Trusts, Health Boards and Special Health Authorities.


8.1 Internal Audit Opinion

Internal Audit provide me and the SSPC through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2024-2025 was that the Partnership Committee can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

Reasonable assurance		<p>The Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>
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In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been

assessed as providing reasonable assurance. During the year, there were two internal audit reports issued with a rating of limited (Decarbonisation and Procurement Services Capital Equipping Team). There were zero reports with no assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

The challenges to deliver the Decarbonisation agenda within limited resources, as noted in the Risk Management section, has been recognised in the limited assurance Internal Audit review. Internal Audit highlight the root cause of the rating is the impact of financial restraints on the ability of NWSSP to both deliver its own Decarbonisation Action Plan and to support the wider delivery in NHS Wales should be recognised. The Internal Audit review did not highlight significant weaknesses in internal control.

8.2 Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer, I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the SSPC.

8.2.1 NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- **Governance Procedures** – As a hosted organisation, NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP.
- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.
- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers and other NHS organisations. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and

associated controls can be monitored, and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

9. CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2024-25 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

I confirm that I am aware of my ongoing responsibilities and accountabilities to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2024-25.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 2025
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	James Quance, Corporate Services
RESPONSIBLE HEAD OF SERVICE	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Audit Committee Annual Report 2024-25
PURPOSE	The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership Audit Committee Annual Report 2024-25 is presented to the Committee, for APPROVAL .

1. INTRODUCTION

In accordance with the Audit Committee Terms of Reference, the Audit Committee produces a written Annual Report to inform the Shared Services Partnership Committee and the accountable officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of NWSSP's assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report also records the results of the Audit Committee's self-assessment and evaluation.

The Annual Report of the NWSSP Audit Committee, for the reporting period 2024-25, highlights the activities and details the performance of the Committee. The purpose of the Audit Committee is to review the establishment and maintenance of the effective systems of internal control and risk management. In achieving this aim, the Committee assesses the work undertaken by Internal Audit, External Audit and Local Counter Fraud Specialists, together with management in areas of governance, risk and control.

The Committee shall endeavour to continue to develop its functions and effectiveness and intends to seek further assurance, throughout 2025-26.

2. RECOMMENDATION

- The Audit Committee is asked to:
 - **APPROVE** the Annual Report.

NWSSP Audit Committee
08 July 2025

Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership

Annual Report 2024-2025

1. FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. It outlines the coverage and results of the Committee's work for the year ending 31 March 2025.

I have acted as the Chair of the Audit Committee since 1 February 2024 and have been ably supported by Independent Member, Vicky Morris, throughout the year. I would like to take this opportunity to put on record my sincere thanks to Vicky for her significant contributions made during the year.

I would also like to express my thanks to all the Officers of the Committee who have supported and contributed to the work carried out on its behalf and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by Internal Audit at NWSSP, Local Counter Fraud Services and by Audit Wales.

During 2024-25 NWSSP has continued to grow both in terms of size and complexity. The total revenue spend for the year was £892m, compared to less than £50m when NWSSP was first established in 2011. The wide range of services provided by NWSSP significantly changes its risk profile and requires the Committee to work with its auditors in particular, in ensuring that appropriate assurances are in place.

Most meetings continue to be held virtually and have worked well, albeit that we have reintroduced one face-to-face meeting annually. A characteristic of the Committee's work and its related meetings has been the willingness of all parties to raise issues, acknowledge shortcomings and put forward positive suggestions to help bring about meaningful improvements to services, systems, and day-to-day working practices. This approach is to be welcomed and is very much appreciated by the Committee.

I am keen to foster and promote a culture of continual improvement and, as a Committee, we continued to conduct a brief effectiveness review session at the end of each meeting and introduced topical service presentations to the agenda in order to strengthen and engage in a meaningful way with this process. Looking forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of NWSSP, in order to achieve better value for money and high quality, sustainable outcomes for NHS Wales.



Mr Gareth Jones
Chair of the Velindre University NHS Trust Audit
Committee for NWSSP

2. INTRODUCTION

The Committee's business cycle runs from the closure of the Annual Accounts in one financial year to the next. This reflects its key role in the development and monitoring of the Governance and Assurance framework for NWSSP, which culminates in the production of the Annual Governance Statement.

This report sets out the role and functions of the Audit Committee and summarises the key areas of business undertaken during the year. In addition, the report sets out some of the key issues, which the Committee will be focussing on over the next few years.

3. ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES

3.1 Role

The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC Assurance Framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

NWSSP's system of internal control has been designed to identify the potential risks that could prevent NWSSP achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur and seeks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the SSPC (and Velindre University NHS Trust, where appropriate) and the Accountable Officer(s) on where and how the Assurance Framework may be strengthened and developed further.

The Committee's Terms of Reference are reviewed annually and are included within the Standing Orders for the SSPC and Velindre University NHS Trust.

3.2 Governance Framework

NWSSP is not a statutory organisation in its own right. It operates within an established governance and accountability framework set out by Welsh Ministers. This framework, as set out below, is designed to ensure that NWSSP operates in true partnership, owned and operated by the NHS in Wales operating under a hosting arrangement with Velindre University NHS Trust.

Decisions on NWSSP services are made on an all-Wales basis by the Shared Services Partnership Committee (SSPC). The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative

services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

Model Standing Orders are issued by Welsh Ministers to Local Health Boards and Welsh NHS Trusts using powers of direction provided in section 12(3) of the National Health Services (Wales) Act 2006.

Velindre University NHS Trust (the Trust) must agree Standing Orders for the regulation of the Shared Services Partnership Committee's (the SSPC) proceedings and business. These SSPC Standing Orders form an Annexe to the Trust's own Standing Orders and have effect as if incorporated within them.

They are designed to translate the statutory requirements set out in the Velindre University NHS Trust Shared Services (Wales) Regulations 2012 (2012/1261 (W.156) and the Trust's Standing Order 3 into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved to the SSPC; a scheme of delegation to NHS Wales Shared Services Partnership officers and others; and in conjunction with Velindre University NHS Trust Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and the two Special Health Authorities (have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the SSPC.

A Hosting Agreement dated June 2012 between the Partners provides for the terms on which Velindre University NHS Trust will host NWSSP and an Interface Agreement between the Chief Executive of the Trust (as the Accountable Officer for the host organisation) and the Managing Director of NWSSP (as the Accountable Officer for NWSSP) dated June 2012 defines the respective roles of the two Accountable Officers.

These documents together form the basis upon which the SSPC governance and accountability framework has developed. Together with the adoption of the Trust's Standards of Behaviour Framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

3.2 Membership

The Audit Committee for NWSSP is a sub-committee of Velindre University NHS Trust and sits alongside Velindre's own Audit Committee. The same two Independent Members sit on both Audit Committees, with one being the Chair.

3.3 Attendees

The Committee's work is informed by reports provided by Audit Wales, Internal Audit, Local Counter Fraud Services and NWSSP personnel. Although

they are not members of the Committee, auditors, and other key personnel from both Velindre University NHS Trust and NWSSP are invited to attend each meeting of the Audit Committee. Invitations to attend the Committee meeting are also extended where appropriate to staff where reports relating to their specific area of responsibility are discussed.

3.4 Attendance at Audit Committee 2024-25

During the year, the Committee met on four occasions. All meetings were quorate and were well attended as shown in **Figure 2** overleaf:

Figure 2: Meetings and Member Attendance 2024-25

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Members					
Gareth Jones, Chair & Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit and Assurance Services					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
NWSSP Counter Fraud Services					
Local Counter Fraud Specialist	x	✓	✓	✓	3/4
NWSSP					
Professor Tracy Myhill OBE, Chair of SSPC	✓	✓	✓	x	3/4*
Neil Frow OBE, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services (until 30 April 2024)	✓	-	-	-	1/1
Alison Ramsey, Director of Finance & Corporate Services (from 1 May 2024, previously Director of Planning, Performance and Informatics)	✓	✓	✓	✓	4/4
Lindsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development (until 30 April 2024)	✓	-	-	-	1/1
James Quance, Assistant Director of Corporate Services (from 1 May 2024)	✓	✓	✓	✓	4/4
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					

In Attendance	16/04/20 24	15/07/20 24	25/10/20 24	05/02/20 25	Total
Matthew Bunce, Executive Director of Finance Services	✓	x	x	✓	2/4
Lauren Fear, Director of Corporate Governance and Chief of Staff	✓	-	-	-	1/4
Carl James, Interim Chief Executive Officer	-	✓	✓	-	2/4
Non Gwilym, Assistant Director of Communications	-	✓	-	-	1/4

*Unable to attend due to the February meeting being re-arranged

3.5 AUDIT COMMITTEE BUSINESS

The Audit Committee provides an essential element of NWSSP’s overall assurance framework. It has operated within its Terms of Reference in accordance with the guidance contained within the NHS Wales Audit Committee Handbook.

The Audit Committee agenda broadly follows a standard format, comprising four key sections; External Audit, Internal Audit, Counter Fraud Services and ‘Internal Control and Risk Management’. These are discussed further below.

3.5.1 EXTERNAL AUDIT (AUDIT WALES)

Audit Wales provides an Audit Position Statement at each meeting, summarising progress against its planned audit work. The following additional reports were presented during the year:

- Audit Wales Nationally Hosted NHS IT Systems Assurance Report
- Audit Wales Management Letter
- Audit Assurance Arrangements

Audit Wales have stated that the findings of their work enable them to place reliance on the services provided by NWSSP.

3.5.2 INTERNAL AUDIT

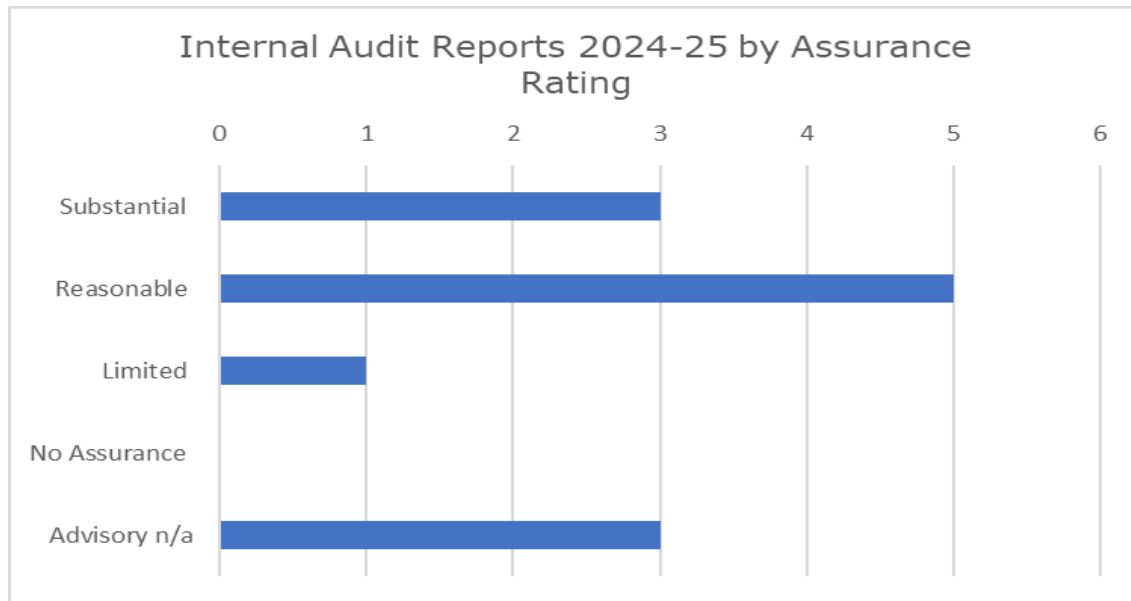
Internal Audit have continued to support NWSSP in the development and improvement of its governance framework by providing proactive advice and support on new developments and ensuring that the existing systems and processes of control are reviewed, weaknesses identified, and suggestions for improvement made.

Internal Audit reports were generated during 2024-25 and they achieved assurances as follows:

- Three reports achieved Substantial Assurance;
- Five reports achieved a Reasonable Assurance;
- One achieved Limited Assurance;
- Three were Advisory/Non-Opinion; and

- None were rated as No Assurance.

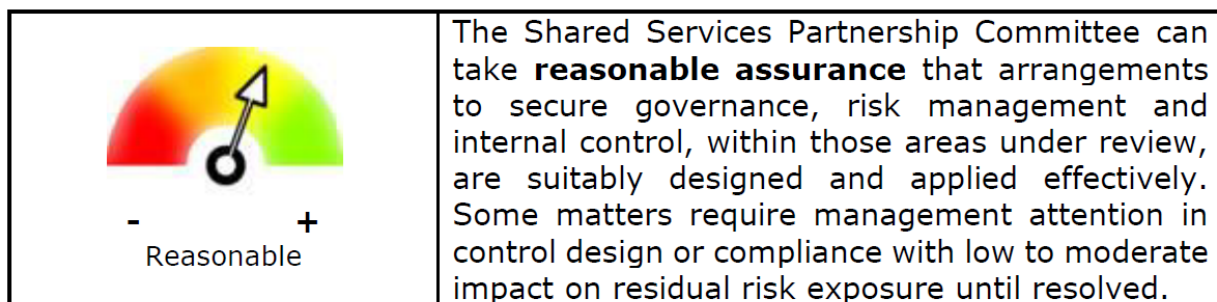
Figure 3: Internal Audit Reports 2024-25 by Assurance Rating



During 2024-25, the reports to Committee on Internal Audit’s programme of work included:

- Internal Audit Position Statement at each meeting;
- Head of Internal Audit Opinion and Annual Report;
- Quality Assurance and Improvement Programme Report;
- Internal Audit Operational Plan; and
- Internal Audit Reports, as detailed in Appendix A.

Figure 4: Head of Internal Audit Opinion: Reasonable Assurance



3.5.3 LOCAL COUNTER FRAUD SERVICES

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum. Regular reports were received by the Committee to monitor progress against the agreed Counter Fraud Plan, including the following:

- Counter Fraud Work Plan 2024/25
- Counter Fraud Progress Update at each meeting; and
- Counter Fraud Annual Report 2024/25.

NWSSP's dedicated local Counter Fraud specialist operates a regular annual programme of raising fraud awareness, for which a number of days are allocated and included as part of a Counter Fraud Work Plan which is approved annually by the Audit Committee. In addition to this a quarterly newsletter is produced which is available to all staff on NWSSP's intranet; all successful prosecution cases are publicised to obtain the maximum deterrent effect.

3.5.4 INTERNAL CONTROL AND RISK MANAGEMENT

In addition to the audit reports dealt with by the Committee during the reporting period, a wide range of internally generated governance reports/papers were produced for consideration by the Audit Committee including:

Annual Governance Statement: During 2024-25, NWSSP produced its Annual Governance Statement which explains the processes and procedures in place during the year to enable NWSSP to carry out its functions effectively. The Statement brings together all disclosures relating to governance, risk, and control for the NWSSP.

Tracking of Audit Recommendations: The Committee has continued focus on the timely implementation of audit recommendations. The overall position with this is very positive but occasionally requests are made to extend the date of an agreed action due to a change in circumstance. All such requests have to be approved by the Committee.

Audit Committee Effectiveness Survey: An anonymised Committee Effectiveness Survey was undertaken to obtain feedback from Committee members on performance and potential areas for development. The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook and aligned with the statements used by Velindre University NHS Trust for its Effectiveness Survey.

The survey response rate was slightly lower than in previous years, with only nine out of fifteen members responding. This may be attributed to new members joining the Audit Committee during the period, who may have felt unable to provide constructive feedback. The survey results were very positive, particularly regarding the chairing of the meetings. It was a common theme that members feel the Committee is very well chaired, both efficiently and effectively. The majority of members agreed that the Committee is provided with sufficient authority and resources to perform its role effectively.

However, some members did not agree and suggested that Velindre University NHS Trust must recruit a third Independent Member to comply with its Terms of Reference and to avoid any issues with quoracy at future meetings. The majority of participants agreed that the current arrangements, which include a blended approach of virtual meetings and at least one face-to-face meeting per year, work well.

Private Meeting with Auditors

In line with recognised good practice, an annual private meeting was held in January 2025 between Audit Committee members, Internal Audit, External Audit, and the Local Counter Fraud Specialist. This provided an opportunity for any matters of concern to be raised without the involvement of Executives. No issues of concern arose from the meeting. All auditors are also aware that they can directly approach the Chair at any time with any matters that concerns them.

5. REPORTING AND COMMUNICATION OF THE COMMITTEE'S WORK

The Committee reports a summary of the key issues discussed at each of its meetings to the Senior Leadership Group, Shared Services Partnership Committee and to Velindre University NHS Trust Board by way of an Assurance Report. In addition, this Annual Report seeks to bring together details of the work carried out during the reporting period, to review and test NWSSP's Governance and Assurance Framework. The outcome of this work has helped to demonstrate the effectiveness of NWSSP's governance arrangements and underpins the assurance the Committee was able to provide.

6. CONCLUSION AND FORWARD LOOK

The work of the Audit Committee in 2024-25 has been varied and wide-ranging. The Committee has sought to play its part in helping to develop and maintain a more effective assurance framework in a constantly changing and developing organisation, and improvements have been evidenced by the findings of internal and external audit.

Looking forward to 2025-26 the Audit Committee will continue to explore the financial, management, governance and quality arrangements that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- continue to examine the governance and internal controls of NWSSP;
- monitor closely risks faced by NWSSP;
- work closely with external and internal auditors, on issues arising from both the current and future agenda for NWSSP;
- ensure that the SSPC and Velindre's Trust Board is kept aware of its work including both positive and adverse developments; and
- request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

APPENDIX A
List of Internal Audits Undertaken and Assurance Ratings

Internal Audit Assignment	Assurance Rating 2024-25	Date Presented To Audit Committee
Employment Services – Recruitment Services	Substantial	
Employment Services – Payroll Services	Substantial	
Primary Care Services -Pharmacy	Substantial	
Specialist Estates Services - Building for Wales Framework – Invitation to Tender	Reasonable	
Accounts Payable	Reasonable	
Health and Safety	Reasonable	
IT/Digital - Service Management	Reasonable	
Variable Pay	Reasonable	
Procurement Service Capital Equipping (SB & CTM UHB's only)	Limited	
<i>Substantial Assurance Rating</i>	3	
<i>Reasonable Assurance Rating</i>	5	
<i>Limited Assurance Rating</i>	1	
<i>No Assurance Rating</i>	0	
<i>Assurance Not Applicable</i>	3	
Total	12	

APPENDIX B**Internally Generated Assurance Reports/Papers**

Report/Paper	Every Meeting	Annually	As Appropriate
Tracking of Audit Recommendations	✓		
Governance Matters	✓		
Corporate Risk Register	✓		
Audit Committee Forward Plan	✓		
Annual Governance Statement		✓	
Audit Committee Effectiveness Review and Results		✓	
Audit Committee Annual Report		✓	
Audit Committee Terms of Reference		✓	
Assurance Mapping		✓	
Information Governance Annual Report		✓	
NWSSP Integrated Medium Term Plan (IMTP)		✓	
NWSSP Annual Review		✓	
Welsh Language Annual Report		✓	
Review of Stores Write-Offs		✓	
Review of the Shared Services Partnership Committee's Standing Orders (SSPC SOs)			✓

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 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)

The current Welsh Government review of Accountability and Governance arrangements may recommend changes to the governance framework for NWSSP and therefore a review of Standing Orders will be conducted when the findings of the review are known.

A Welsh Health Circular 2025/012 detailed updates to the Model Standing Financial Instructions for NHS Trusts (Chapter 11) to comply with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023 (and associated subordinate instruments). NWSSP Procurement colleagues advised on the changes. NWSSP continues to follow the Velindre University NHS Trust Standing Financial Instructions.

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 **1 April 2025 to 24 June 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)	5
Invitation to competitive tender - £25,000 and the OJEU threshold	0
Single Tender Actions	0
Single Quotation Actions	3
Direct Call Off against National Framework Agreement	13

Mini competition against National Framework	0
Contract Change Notice (CCN)	0
Total	22

3. GIFTS, HOSPITALITY & SPONSORSHIP

Following the most recent Audit Committee meeting, two declarations concerning Gifts, Hospitality, or Sponsorship were made. The Managing Director approved one declaration, while the other was not 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 Healthcare Litigation	LaRs*	Hospitality	10/04/25	Andrew Post KC, previously of Hailsham Chambers but now retired	Lunch for 4 members of LaRs staff.	£80	Declined: By the Managing Director in an email dated 11/04/2025. As it was deemed that a potential conflict of interest could be perceived, given the nature of LaRs' business.	11/04/2025
Director of Specialist Estates Services	SES*	Hospitality	07-08/052025	The Institute of Healthcare Engineering & Estate Management (IHEEM) Please note that IHEEM is a registered Charity (257133) and arranges similar events around UK and Ireland.	In summary, the nature of benefits for those who attended compromises as follows: Admission to the event over 2 days (including refreshments and food) Overnight hotel and breakfast Admission to the Gala awards dinner, at which Director of SES will be presenting awards. For up to 9 employees to attend the ceremony.	Total: £2,285	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 Dinner allows for the sharing of expertise and networking opportunities for professionals in the field.	14/04/2025

- *SES, Specialist Estates Services and LaRs, Legal and Risk Services*

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 will be reporting a nil return for the Q2 period.

6. RECOMMENDATION

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

APPENDIX A - NWSSP Contracting Activity Undertaken (01/04/2025 to 24/06/2025)

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 FSLG on 19 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.

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.	Specialist Estates Services	AC-(NWSSP 25-26)007	One off	Retrospective non-compliant activity	Provision of consultancy services for Matrix House	Cooke and Arkwright	£6,225.00	Supplier commissioned work without purchase order in place	Review of ongoing consultancy requirements for Matrix House and compliant agreements established via direct award on a framework.

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 (3)

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.	Pharmacy	NWSSP-SQA-(2025/26) 2	08/05/2025 to 07/05/2028	SQA	Annual Service of Grifil 4.0 Medicines Pumps	BBraun	£22,235.00	The GRIFILLF 4.0 is specialist production equipment service can only be carried by the manufacturer, B Braun. There are no other organisations or companies with the technical knowledge and experience able to do this work, and outside servicing or fixing would invalidate the service agreement and be against the principles of EU Good Manufacturing Practice.	N/A
2.	Pharmacy	NWSSP SQA (2025/26) 10	12/05/2025 to 11/05/2026	SQA	Annual maintenance and servicing of the Pharmacy Medicines Unit Medimix Plus and Vigo machines	Feel Assured Ltd	£13,961.98	Feel Assured are the only company allowed to service IMF devices and have the UK servicing rights in partnership with IMF who are the manufacturers of the devices. They are also not listed under any frameworks.	N/A
3.	Specialist Estates	NWSSP SQA (2025/26) 14	15/05/2025 to 14/05/2026	SQA	Provision of historic and projected building and FM cost indices for the UK construction industry	Building Cost Information Service	£7,800.00	The Building Cost Information Service is linked to the Royal Institution of Chartered Surveyors and is recognised as the only nationwide independent and authoritative source of historic and estimated cost data. Welsh Government and Health Boards would expect this to be used as the source for tracking historic and projected costs data and associated information. There are no other equivalent options which can compete. BCIS data is recognised as the primary source of independently produced data for the UK.	N/A

Compliant Activity Delivered (18)

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.	Finance Academy	NWSSP-MIN-MULTIRA3503 62	19/05/2025 to 20/05/2025	Quotation	Leadership Programme	Elan Valley Lodge Ltd	£5,450.00	Quotation exercise via Multiquote portal	N/A
2.	Procurement Services Supply Chain	NWSSP-MIN-MULTIRA3504 74	08/06/2025 to 07/06/2026	Quotation	IP5 Sprinkler Servicing	Concept Fire Sprinkler Servicing	£14,945.00	Quotation exercise via Multiquote portal	N/A
3.	Procurement Services Supply Chain	NWSSP-MIN-MULTIRA3504 72	08/05/2025 to 07/05/2028	Quotation	Air Conditioning and Fridge Maintenance	Cool-Therm (UK) Ltd	£15,501.00	Quotation exercise via Multiquote portal	N/A
4.	Primary Care Services	NWSSP-MIN-MULTIRA3506 66	19/05/2025 to 18/05/2027	Quotation	6 x Desktop Scanners	Response Technical Services Limited	£14,316.00	Quotation exercise via Multiquote portal	N/A
5.	Procurement Services Supply Chain	NWSSP-MIN-MULTIRA3513 34	One off	Quotation	Re-painting lines at IP5	Glamorgan White Lining Limited	£7,850.00	Quotation exercise via Multiquote portal	N/A
6.	Digital and Workforce Productivity Solutions	NWSSP-DCO (25-26) 6	16/05/2025 to 15/04/2026	Direct Award	In country international recruitment event	Norka Limited	£72,000.00	Exempt from the Procurement Act 2023 as per Schedule 2, Part 2, 23 (b) International agreements and organisations	N/A
7.	Corporate	NWSSP-DCO (25-26) 7	08/05/2025 to 07/05/2026	Direct Award	Matrix House Insurance	AJ Gallagher Insurance Brokers Ltd	£7,349.82	Direct award via RM6323	N/A
8.	Pharmacy	NWSSP-DCO (25-26) 12	26/05/2025 to 27/05/2028	Direct Award	IQAAPS Licence	Citation Limited	£53,760.00	Direct award via CCS G-Cloud Framework	N/A
9.	Procurement Services Supply Chain	NWSSP-DCO (25-26) 19	One off procurement	Direct Award	Refurbishment of the Switchgear and Mechanical Equipment on the Service Lift at IP5	Otis	£10,004.90	Direct Award via NEPO Lift, Escalator and Related Equipment Framework	N/A

10.	Specialist Estates Services	NWSSP-DCO (25-26) 22	One off procurement	Direct Award	Site commencement and Practical completion at Matrix house	Cooke and Arkright	£6200	Direct Award via SEWTAPS	N/A
11.	Primary Care Services	NWSSP-DCO (25-26) 25	09/06/2025 to 08/06/2027	Direct Award	DBS and SEC Security Watchdog checks	SEC Security Watchdog Limited	£24,999.00	Direct Award via ESPO	N/A
12.	Primary Care Services	NWSSP-DCO(25-26) 26	27/05/2025 to 26/05/2029	Direct Award	To supply the ds64i folder inserter including maintenance	Quadiant UK Ltd	£16,124.48	Direct award via CCS Framework (RM6280)	N/A
13.	Digital	NWSSP-DCO (25-26) 36	16/06/2025 to 15/06/2028	Direct Award	Professional and Business Skills Learning Platform	Softcat PLC	£76,392.00	Direct award via NHS SBS	N/A
14.	Specialist Estates Services	NWSSP-DCO (25-26) 38	02/06/2025 to 31/03/2026	Direct Award	Denbigh and Matrix House Infrastructure Upgrade	Cooke and Arkright	£18,630.00	Direct Award via SEWTAPS	N/A
15.	Primary Care Services	NWSSP-DCO (25-26) 39	04/06/2025 to 03/08/2025	Direct Award	Funds for franking machine	Quadiant UK Limited	£24,999.00	Direct award via CCS RM6280	Interim agreement whilst longer term contract worked on
16.	Legal and Risk Services	NWSSP-DCO(25-26) 42	One off Event	Direct Award	Legal and Risk Event	Compass Contract Services UK Limited	£6,070.00	Direct award via espo catering services framework	N/A
17.	Primary Care Services	NWSSP-DCO (25-26) 47	01/08/2025 to 31/07/2026	Direct Award	Funds for franking machine	Quadiant UK Limited	£180,000.00	Direct award via CCS RM6280	N/A
18.	Specialist Estates Services	NWSSP-DCO (25-26) 48	01/07/2025 to 31/06/2026	Direct Award	Design and Provision of Roof panels at Denbigh and EV Charging Outlets at Matrix House	EFS Systems	£415,000.00	Direct award via Welsh Government Electric Vehicle Charging Infrastructure Framework	N/A

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 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

During the period **1 April 2025 to 12 June 2025**, activity against **25 contracts** have been completed. This includes **9** contracts at the **briefing** stage and **12** contracts at the **ratification** stage. In addition to this activity, **4 extensions** have been actioned against contracts. A summary of activity for the period is set out in **Appendix A**.

6. RECOMMENDATION

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

Appendix A Contracting Activity from 1 April 2025 to 12 June 2025.

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 12th June 2025, 9 new contracts are at briefing stage, and 12 have progressed to ratification stage. In addition, 4 extensions have been utilised. 7 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 B.

To provide further clarity, the “Procurement Stage” referred to as “Briefing” within Appendix B 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 (01/04/2025 – 12/06/2025)

The table below provides the current position of the contracting activity during the period January to March 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.	All Wales Auction Services A concession contract to provide a device resale and disposal service for NHS Wales. Commission will not be charged but other fees such as inspections, repairs, and data wiping may apply. <i>Anticipated Contract period 04/2025 – 12/2027, with optional Extension to 2029 (contract to start once full approval received)</i>	Ratification	£4,500,000	09/01/2025	07/04/2025	07/04/2025	08/04/2025
2.	Pulp Medical Products Pulp products are sustainable, single use products such as kidney dishes and wash bowls designed to have a multitude of functions (include carrying instruments, dressings, and liquids such as urine and vomit, and for bedside washing of patients). <i>Anticipated Contract period: 4 Years (01/05/2025-30/04/2029) with the option to extend for up to 12 months</i>	Ratification	£9,000,990	31/01/2025	30/04/2025	06/05/2025	06/05/2025
3.	Absorbents Provision of three main categories of surgical swabs; X-Ray Detectable, Non-Woven and Gauze. Also includes dressing pads, maternity pads & tampons and a range of low value cotton wool products. <i>Anticipated Contract period: 4 Years 01/05/2025 – 30/04/2029</i>	Ratification	£516,510	14/02/2025	29/04/2025	Not applicable	Not applicable
4.	Generic Drugs - Topicals/Misc This contract will consist of all Generic liquids, creams, emollients, gels and miscellaneous products such eye drops, inhalers, patches etc, which are purchased through Pharmacy Departments. <i>Anticipated Contract period: 01/07/2025 to 30/06/2028 (3 years) with an option to extend for up to a further period of 12 months to 30/06/2029 (1 year)</i>	Ratification	£10,912,115	19/02/2025	11/04/2025	09/04/2025	10/04/2025
5.	Anti Retrovirals Provision of medication for the human immunodeficiency virus (HIV) to slow or halt the progression. <i>Anticipated Contract period: 01/07/2025 to 30/06/2028 (with the option to extend for a further 12 months to 30/06/2029)</i>	Ratification	£36,804,647	12/03/2025	09/04/2025	10/04/2025	11/04/2025
6.	Transitional Medicines 3	Ratification	£26,926,334	12/03/2025	09/04/2025	10/04/2025	11/04/2025

	Medicines which are shortly due to lose their patent exclusivity or have previously lost their patent exclusivity and now have competition available, variety of uses. <i>Anticipated Contract period: 01/05/2025 to 31/07/2026 with an option to extend for up to a further 24 months</i>						
7	Aseptic Medicines (inc Cytotoxic) All products tendered on this contract were generic and as such had the potential for competitive bids to be offered. <i>Anticipated Contract period: 01/07/2025 to 30/06 2028 (with an option to extend for up to a further period of 12 months to 30/06/2029)</i>	Ratification	£24,022,673	18/03/2025	08/05/2025	09/05/2025	09/05/2025
8.	Proprietary Drugs The Proprietary Drugs Contract focuses mainly on branded lines that are protected by a patent but also includes some drugs which have recently lost or are shortly due to lose their patent protection. <i>Anticipated Contract period: 01/07/2025 – 30/06/2028 (With an option to extend for a further 12 months)</i>	Ratification	£375,158,240	25/03/2025	07/05/2025	08/05/2025	08/05/2025

The following table shows new contracting activity not previously reported to the Committee that has occurred in the period 1 April – 12 June 2025

Contract Briefing Papers

No	Contract Title	Proc Stage	Total Value	Proc Services Director approval	WG approval >£500k
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	sent to WG 22/4
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	sent to WG 28/4
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.	Briefing	£88,280,976	14/04/2025	sent to WG 14/4

	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>				
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. <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>	Briefing	£2,151,000	14/04/2025	sent to WG 15/4
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	sent to WG 5/6
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
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	Sent to WG 12/6
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
9.	Imperial Park 5 Roof Replacement The purchase was on a Long Leasehold basis, giving an effective freehold with NWSSP responsible for all repairs and maintenance. The building comprises a large rectangular warehouse, with internal offices and recently constructed laboratories with a total area in the region of 21,375m ² . The building structure comprises a steel portal frame fixed to a concrete floor and enclosed to the external walls by insulated metal cladding panels. <i>Anticipated contract start: One off procurement to be completed by the end of March 2026</i>	Briefing	£4,000,000	12/06/2025	WG confirmed approval not required as SBAR/business case expected.

Contract Award (Ratification) Papers

No	Contract Title	Proc Stage	Total Value	Proc Services Director approval	WG approval >£500k	NWSSP Managing Director approval >£750k	NWSSP Chair Approval >£1m
1.	All Wales E-Rostering Provision of the digital rostering solution for all Agenda for Change staff across the named organisations within the contract. <i>Anticipated contract period: 31/01/2026 – 30/01/2030</i> <i>2 further 24-month period extensions can be utilised</i>	Ratification	£17,981,718	19/03/2025	22/05/2025	22/05/2025	22/05/2025
2.	Priority Supplier Programme Facilitation of an early payment discount programme on behalf of the organisations in NHS Wales. <i>Anticipated contract period: 01/06/25 – 30/04/27, with option to extend 01/05/27 – 30/04/30</i>	Ratification	£2,399,998 (Rebate)	07/04/2025	NA Direct Award - North East Procurement Organisation	06/05/2025	06/05/2025
3.	Parenteral Nutrition Drugs Intravenous feeding infusion. This may be in addition to ordinary oral tube feeding – supplementary parenteral nutrition or may be the sole source of nutrition – total parenteral nutrition (TPN). Indications for this method include preparation of undernourished patients for surgery, chemotherapy or radiation therapy, severe or prolonged disorders of the gastro-intestinal tract, trauma or burns, prolonged coma or refusal to eat and some patients with renal or hepatic failure. <i>Anticipated contract start: 01/08/2025 – 31/07/2028 (with option to extend to 31/07/2029)</i>	Ratification	£1,326,607	14/04/2025	08/05/2025	09/05/2025	09/05/2025
4.	Disinfectants The supply of Disinfectant products to NHS Wales hospitals and sites <i>Anticipated contract start: 09/05/2025 – 31/03/2027</i>	Ratification	£1,130,000	22/04/2025	NA Direct Award, NHS Supply Chain Framework	23/04/2025	07/05/2025
5.	Bespoke Orthotics Provision of orthotist service and bespoke orthotic goods including a range of bespoke and modular footwear, bespoke total contact insoles and bespoke ankle foot orthoses. <i>Anticipated contract period: 01/06/2025 – 31/05/2029</i>	Ratification	£6,443,184	06/05/2025	08/05/2025	09/05/2025	09/05/2025
6.	All Wales Maintenance of Endoscopes and Electro-Medical Equipment Maintenance, Repair and Calibration of Medical Equipment <i>Anticipated contract start: 09/05/2025 – 31/03/2026</i>	Ratification	£2,634,543	01/05/2025	NA Direct Award, NHS Supply Chain Framework	06/05/2025	06/05/2025
7.	Specialist Orthodontic Services – CTM The proposed service will provide NHS Specialist Orthodontics Services for under 18's in a Primary Care setting within Cwm Taf Morgannwg University Health Board. The contract will deliver 7,824 units of orthodontic activity per annum.	Ratification	£1,831,285	13/05/2025	20/05/2025	20/05/2025	20/05/2025

	<i>Anticipated contract start: 01/06/2025 to 30/05/2028</i>						
8.	Fuel Oils and ULSD2 Contract for the All-Wales Supply of Fuel Oils & Ultra Low Sulphur Diesel (ULSD) to NHS Wales organisations. This contract secures supply of liquid fuel for heating purposes, generators, machinery, and ULSD for automotives. It additionally includes provision for addition of fuel types to future proof requirement. <i>Anticipated contract start 13/06/2025 – 31/05/2028, Extension 01/06/2028 – 31/05/2029</i>	Ratification	£6,994,128	28/05/2025	NA WGCD Framework	29/05/2025	11/06/2025
9.	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: 01/10/2025 – 30/09/2026 (with the option to extend to 30/09/2027).</i>	Ratification	£835,800	05/06/2025	NA Direct Award G-CLOUD 14 Framework	05/06/2025	NA below value
10.	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. <i>Anticipated contract start 01/07/2025 – 30/06/2030, Extension Options 01/07/2030 – 30/06/2033 (Option 1), 01/07/2033 – 30/06/2035 (Option 2)</i>	Ratification	£5,117,386	12/06/2025	Sent to WG 12/06		
11.	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	Sent to WG 05/06		
12.	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	sent to WG 28/05		

Contract Extensions

No	Contract Title	Proc Stage	Total Value	Proc Services Director approval	WG approval >£500k	NWSSP Managing Director approval	NWSSP Chair Approval
1.	<p>Anticoagulation Monitoring Equipment & Consumables</p> <p>All Wales Anti-Coagulation Monitoring Service to meet the requirements set out by Welsh Government in the Directed Enhanced Service: Oral Anticoagulation with Warfarin. The tender comprised two Lots; Lot 1 covering POCT machines and POCT machine training which was awarded to Roche Diagnostics, and Lot 2 covering Dosing Software and associated training which was awarded to LumiraDX Care Solutions (INR Star).</p> <p><i>Contract period: individual HB/Trust start dates 2020-2022 all extended to end on 31/03/2027</i></p>	Extension	£6,500,000	31/03/2025	Original approval applies 20/05/2019	02/04/2025	02/04/2025
2.	<p>Erythropoietin Stimulating Agents & IV Iron</p> <p>Erythropoiesis is the process by which red blood cells are produced. It is stimulated by the decreased oxygen in circulation, which is detected by the kidneys, which then secrete the hormone erythropoietin. Erythropoietin Stimulating Agents (ESA) are structurally and biologically similar to naturally occurring protein erythropoietin. Clinicians prescribe ESAs to maintain haemoglobin at the lowest level that both minimises transfusions and best meets individual patient needs.</p> <p><i>Contract start: 01/10/2023 to 30/09/2025, Extension – 01/10/2025 to 30/09/2027</i></p>	Extension	£15,069,198	22/04/2025	Original approval applies 14/07/2023	23/04/2025	23/04/2025
3.	<p>Provision Of Part Time Distance Learning Nursing Education and Training</p> <p>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.</p> <p><i>Contract start 01/08/2024 – 31/07/2025, Extension 01/08/2025 – 31/07/2027</i></p>	Extension	£12,636,000	22/05/2025	Original approval applies 24/11/23	04/06/2025	06/06/2025
4.	<p>Women and Child Health Consumables Framework Agreement</p> <p>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.</p> <p><i>Contract start: 01/12/2022 – 30/11/2025, Extension 01/12/2025 – 30/11/2026</i></p>	Extension	£3,075,033	04/06/2025	sent to WG 05/06 due to increase in contract value		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	8 July 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 June 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.

In April 2025, the Informal Senior Leadership Group conducted a detailed review of the Corporate Risk Register, with each line of the document carefully examined. Every risk was discussed in detail with the risk lead and other attendees at the meeting. This provided an opportunity for discussions to assess the adequacy of current scoring, mitigating actions, and deadlines.

Consequently, target dates were revised, and some mitigation measures resulted in lower risk scores while others led to an increase in score. Additionally, one risk moved from monitoring to active status for closer scrutiny.

2. RISKS FOR ACTION

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

Current Risk Rating	June 2025
Red Risk	4
Amber Risk	12
Yellow Risk	1
Green Risk	0
Total	17

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, the number of critical (red) risks has reduced from five to four. These include:

Critical risk-Ongoing

The potential impact on patient services if the development of the Radiopharmacy and TrAMS hub cannot proceed due to funding or planning constraints (A10)

Newly Identified Strategic Risk

Disruption to pharmaceutical supply chains due to external factors, posing serious availability risks (A4b)

Escalated Risk for Monitoring - Reclassified to high:

Financial and workforce pressures impacting the planned development of the TrAMS Pharmacy Service. (A15)

Increased severity:

Risk of a successful cyber-attack causing system failure and/or loss of sensitive data, significantly affecting service continuity (A1)

The following risks have been reduced from high risk (critical) to medium (significant) reflecting their reduced score and the progress that has been made to date:

- The decarbonisation action plan risk (A5), split to highlight:
 - A5a - NWSSP's national leadership responsibilities; and
 - A5b - Delivery risks to its internal decarbonisation plan.
- Risk of insufficient capital funding to support service development and delivery of IMTP and Ministerial priorities (A12)

- Delays in implementing the Primary Care Workforce Information System due to a supplier dispute, leading to increased costs and extended timelines (A13)

The following risk has been reduced from a medium (significant) to a moderate, reflecting its lower score and the progress that has been made:

- 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 (A2)

Where feasible, mitigating actions have been identified and implemented. All risks within the Corporate Risk Register continue to be actively updated and closely monitored.

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	June 2025
Red Risk	0
Amber Risk	1
Yellow Risk	3
Green Risk	0
Total	4

Four emerging risks have been identified and while not formally recorded on the NWSSP Corporate Risk Register, they are being closely monitored due to their potential impact.

These relate to:

- public concerns regarding the perceived impact of the Medical Examiner Service's introduction on death certification timescales;

- delays encountered by HEIW in rolling out their new CODI system to replace the former Intrepid system. This could cause potential disruption to the Single Lead Employer model, including on-boarding of new trainees, together with the accurate and timely recharging of payroll costs to Health Boards;
- recent challenges in the relationship with our host organisation, Velindre University NHS Trust, which we anticipate being addressed through the Welsh Government's review of governance and accountability arrangements. This was announced in April and commenced in May 2025. The Welsh Government has clarified that current arrangements will remain in place until the review is completed; and
- the Welsh Risk Pool (WRP) claims settlement values and profiles do not follow prior year trends. Early trigger warnings have been identified with regard to increasing claim volumes and settlement values for cases scheduled to settle in 2025/26. These are combined with increased certainty of settlement of these cases, due to scheduled Round Table Meetings and/or trial dates. This is out of line with previous year trends that have been accurately predicted, using the complex WRP forecasting model. It indicates that the 2025/26 WRP forecast is likely to be exceeded, with an increased funding requirement due from UHBs/Trusts, under the agreed WRP risk share mechanism.

3. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the NWSSP Corporate Risk Register

NWSSP Corporate Risk Register

NWSSP Corporate Risk Register														
1	2	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				
4 Risks for Action														
5	6	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 attending SLG in June to provide an update on progress. Rolling program to implement Security Information and Event Monitoring to local and cloud services being led by DHCW. CAF remediation actions all cleared and reported to the Cyber Resilience Unit. Next CAF audit is due in Q3.	↑	31/03/2026
			Strategic Objective - Service Development											
7	8	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.	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.	↓	At target
			Strategic Objective - Staff											

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					
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.	➔	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 will be put in place to work through the next steps and include the procurement, future warehousing arrangements and in partnership with PHW fit testing arrangements.	➔	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											

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				
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. NWSSP have developed case studies for recently completed schemes and will be using various forums (Estates, TAP etc. to encourage partners to do the same). NHS Wales progress on delivery of the 2025-2027 TEF programme is being monitored.	↓	31/10/2025
Strategic Objective - Service Development										Risk Lead: Director of Specialist Estates Services		
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 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 was limited assurance but recommendations have been implemented.	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 will be regularly updated. Awards for investment via capital and TEF funding need to be duly implemented within the time constraints and conditions set. Climate Adaptation Risk Assessments are required.	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: 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. <i>Adaptation risk assessment in preparation</i>	↓	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 also monitor the Senedd Committee which may require submissions or evidence in the future if it deems that there are gaps in the coverage of Module 5 or the rest of the Inquiry. We will work with partners and Welsh Government on any relevant recommendations arising from the final report. NWSSP will need to reassess the risk arising from the Senedd Committee hearing once the COVID Inquiry publishes its recommendations and the likely scope of any additional scrutiny is known	→	At target

NWSSP Corporate Risk Register

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
20		Strategic Objective - Services											
21	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	80% of savings plans relating to 2025-26 are in place at the start of the financial year and classed as Green with the remainder on Amber including business cases submitted but awaiting approval by Welsh Government.	Touchpoint meetings with Welsh Government including the Finance and Performance unit 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. A clearer overview of residual risk expected by the end of Q1 2025-26. At that stage, we will be in a stronger position to assess our ability to manage remaining risks or determine whether our assumptions need to be revisited.	➔	31/03/2026
22		Strategic Objective - Services											
23	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
24		Strategic Objective - Services											
25	A9	There is a risk due to the volume of data that NWSSP handles that a significant data breach causes a consequent significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	Established arrangements in place including: IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments Policies and Procedures Guides to Good practice Regular communications Accountability through breach reporting Cyber Essential criteria applied as part of procurement processes.	2	4	8	Continue to monitor e-learning training compliance and cause of any data breaches through IGSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible. Director of Finance and Corporate Services (SIRO) and Medical and Deputy Medical Director attending joint training session Working Together with Velindre NHS Trust colleagues on 6 May 2025 covering Caldicott, Data protection and wider information governance. There is a link to cyber security training and awareness due to the high dependency on data systems. NWSSP needs also to assess the impact of data breaches by others e.g. suppliers or other NHS organisations and the impact on NWSSP or wider NHS service delivery, tested through business continuity planning.	➔	At target
26		Strategic Objective: Services											

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				
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 TRAMs OBC are currently being finalised through the Programme Board and with Welsh Government finance and CPO office. NWSSP has been asked to consider how time can be recovered due to the pressures faced by the unit is Swansea and consequent impact on patient care. There is also an impact on the opening of the NnVCC that we are aware of. Good progress was made on the Outline Business Case (OBC) in Q4 of 2024-25 and broad agreement on the revenue model methodology by the finance sub group. We are targeting the July SSPC meeting for approval of the next business case stage to allow partners to take the proposals through their local governance arrangements. This target deadline is tight and is being monitored weekly. Concerns have been raised by our host about the Quality and Patient Safety reporting arrangements, whilst these continue to be discussed, lack of support for the OBC by Velindre risks further delay to the OBC timeframes.	➔	31/10/2025
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 later in Q1, in readiness for a planned national exercise likely later this year. We need to conduct scenario testing to validate our assumptions.	➔	At target
Strategic Objective: Services		Risk Lead: Director of Planning, Performance and Informatics										
A12	There is a risk that there is insufficient capital funding to support the development of services and delivery of the IMTP and Ministerial priorities.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources NWSSP Capital Priority Group has been put in place and meet at least once a month and more frequently during key times of the financial year. Joint Executive Team (JET) meetings with WG which provide updates to areas of risk. IMTP objective status forms part of the internal quarterly reviews and risk in relation to funding is discussed. Discretionary Capital budgets agreed and in place for Laundry Services and IP5.	3	4	12	Preparatory work though the Capital Prioritisation Group supported successful capital bids into Welsh Government for 2025-26. This means there is less uncertainty compared to prior years and procurement can commence early in the financial year. Head of Facilities and Estates starts on 1 May to oversee NWSSP arrangements and will be part of CPG planning and monitoring processes.	NWSSP Capital Priority Group will continue to refine the internal arrangements. A Capital Financial Control Procedure has been drafted and submitted to Audit Committee for approval to support larger capital schemes. There remains a residual risk that NWSSP is reliant on slippage capital allocations from Welsh Government late in the financial year. To maximise value for money, the CPG will work with Divisions to ensure business cases are completed earlier in the planning cycle to accommodate potential slippage allocations received in year. It is essential to engage with potential suppliers to understand potential costs and lead times, as supply chain pricing remains unpredictable due to global instability. With increased funding available for 2025-2027, the responsibility falls on NWSSP to deliver effectively	⬇	31/03/2026
Strategic Objective - Service Development		Risk Lead: Director of Finance and Corporate Services										


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				
A13	The risk that the delayed implementation of the Primary Care Workforce Information System will lead to increased cost and time.	5	3	15	Project Board in Place Legacy system contract extended to 30.06.25 Build assessment plan implemented Parallel running being implemented, to ensure we can migrate users and data from the current solution in a safe and controlled manner.	3	4	12	There have been significant contractual and subcontractor issues that have affected the progress of this project through its life cycle that have meant delays to anticipated completion. The Project Board has overseen the management of these issues and implemented mitigating measures, including providing more internal resources to support the build. The contract with the previous supplier was extended by 3 months to ensure there was some reporting functionality for Q1.	There continues to be challenges in managing the contractor and sub contractor relationship. The deadline for User Acceptance Testing has needed to be pushed back to 1 May 2025. Progress on agreement of outstanding costs has been time consuming and whilst some progress has been made in recent days, there remains some areas of dispute to be worked through. Monitoring arrangements are still operating on a weekly basis. There are plans to commence the launch of the product in a control manner during June 25. This will be an incremental launch plan with releases to each contractor discipline in a rolling programme. We have put a project reset in and a Commercial and technical workstream to ensure we can maintain momentum. We are also engaging with the professional committees to start the conversations about the launch plans so all of this early signalling and preparation in place to reduce the risk identified.	↓	31/10/2025
	Escalated Divisional Risk									Risk Lead: Director of Primary Care and Medical Examiner Services		
A14	There is a risk that suitable office accommodation will not be found when leases expire at Charnwood Court and Companies House resulting in disruption to services and for staff and a corresponding fall in quality and responsiveness of the services impacted.	4	4	16	Lease extended by 1 year for HQ. Agreement in principle to extend lease arrangements in CoHo for up to 3 years. Project Team scope of work was adjusted to focus on refurbishment of arrangements within HQ and CoHo in Q4 of 2024-25.	3	4	12	Discussions with HQ landlord progressing to extend the existing lease to a medium term arrangement. Head of Facilities and Estates starting in post on 1 May to oversees future plans.	The most recent discussions with CoHo are progressing to finalise lease extension from April 2025. Discussions with Government Property Agency are slow but progressing positively and revised costings have informed 2025-26 IMTP. This provides a medium term solution in line with our future business need and agile working arrangements. Reconfiguration of space at Charnwood Court completed and work within CoHo also progressed to accommodate the reduction in footprint at CoHo.	→	At target
	Escalated Divisional/Programme Risk									Risk Lead: Director of Finance and Corporate Services		
A15	The planned development of the TRAMs Pharmacy Service is adversely impacted due to financial and staffing challenges.	5	4	20	Programme Board in place and subgroups in place for finance and POD matters Programme arrangements in place including risk register for the programme. NWSSP has experience of successfully delivering TUPE transfers between NHS Organisations including new services into NWSSP.	4	4	16	Good progress has been made by the Finance Sub Group and the Outline Business Case (OBC) is targeted to be completed for submission to stakeholders by May 2025. Regular updates on progress are discussed at NWSSP Capital meetings with Welsh Government in terms of the timing and approval of capital funding cashflows.	SSPC will consider the South East Hub Outline Business Case (OBC) for approval in July 2025; this will be dependent on support from partner organisations. There OBC will then be submitted to Welsh Government for consideration. The next stage then will be the FBC document. There will be an Organisational Change Process put in place to engage with affected staff and support them through any transitional arrangements. Our host Velindre has raised some queries about this which we are discussing further.	✳	31/03/2026
	Escalated Divisional Risk									Risk Lead: Director of Pharmacy Technical Services		
Risks for Monitoring												

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				
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 June. It is hoped all NHS Wales Counter fraud staff including LCFSs will be able to access this CPD resource.	➔	
	Strategic Objective - Value For Money									Risk Lead: Director of Finance and Corporate Services		
M2	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation from the Repository is underway	3	4	12	Greater clarity on PPE stockholding has been received and so the next phase of work will include an assessment of warehousing requirements. Some racking in IP5 has been moved to Bridgend stores to make room for Radiopharmacy enabling works. The move from Brecon House to Dupont has now ben completed.	Head of Estates and Facilities 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.	➔	
	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.	➔	
										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 Mar'25) with the provision of 2 days stock held (this fluctuates based on demand and service reliability). The following memoranda of term of Occupancy applies to all sites: Greenvale – signed and operational with ABUHB until March 2122 North Wales – agreed in March 2022 until March 2025 (currently under discussion final draft circulating) Swansea – not applicable as NWSSP is responsible for the site Carmarthen Hub – signed and operational Church Village – awaiting discussion with CTMUHB There is a process in place for managing service quality and performance concerns raised by customers and this is monitored through the Quarterly Review process.	✳	

NWSSP Corporate Risk Register




	A	B	C	D	E	F	G	H	I	J	K	L	M
1	NWSSP Corporate Risk Register												
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
3			Likelihood	Impact	Total Score		Likelihood	impact	Total Score				
49		Strategic Objective - Service Development									Risk Lead: Director of Procurement, Supply Chain, Logistics, Transport and Laundry Services		
50													
51													
52	Key to Impact and Likelihood Scores												
53									New Risk				

NWSSP Corporate Risk Register

A	B	C	D	E	F	G	H	I	J	K	L	M				
1	NWSSP Corporate Risk Register															
2	Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations			Current Risk			Further Action Required	Progress	Trend since last review	Target & Date	
3			Likelihood	Impact	Total Score				Likelihood	Impact	Total Score					
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		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5

Critical	Urgent action by senior management to reduce risk
Significant	Management action within 6 months
Moderate	Monitoring of risks with reduction within 12 months
Low	No action required.

	Escalated Risk
	Downgraded Risk
	No Trend Change



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 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 **37** 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 **4** reports were generated with **Assurance Not Applicable**. The reports include **105** recommendations for action.

Table 1 - Summary of Audit Recommendations

As at 25 June 2025					
Recommendations		Implemented	Not Yet Due	Overdue	Overdue, but dependent on third party organisations
Internal Audit	97	93	4	0	0
<i>High</i>	10	9	1	0	0
<i>Medium</i>	64	61	3	0	0
<i>Low</i>	16	16	0	0	0
<i>Not Applicable</i>	7	7	0	0	0
External Audit	5	4	0	0	1
<i>High</i>	0	0	0	0	0
<i>Medium</i>	5	4	0	0	1
<i>Low</i>	0	0	0	0	0
<i>Not Applicable</i>	0	0	0	0	0
Other Audit	3	3	0	0	0
<i>High</i>	0	0	0	0	0
<i>Medium</i>	0	0	0	0	0
<i>Low</i>	3	3	0	0	0
<i>Not Applicable</i>	0	0	0	0	0
TOTALS:	105	100	4	0	1

3. NWSSP Overdue Recommendations

There are no recommendations to report in this category.

4. Dependent on 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 is **ONE** recommendation for NWSSP in this category, due to delays caused by an issue beyond NWSSP's control, and to fully implement the action, NWSSP requires involvement from a third-party contractor, as described below. Full details of the recommendations are provided in **Appendix A** for the Audit Committee's attention. The latest position, reason for delay and proposed revised timescales are set out below:

- **REFERENCE#1:** The audit recommended a review and update of the Prescription Pricing System's IT Disaster Recovery (DR) plans to reflect the transition to the NHS Church Village data centre. It also advised testing the recovery process to ensure systems and data can be restored promptly. However, the DR test has been delayed due to unplanned downtime at the Church Village site, caused by a cooling system failure on the 12 June 2025. The test is now being rescheduled in coordination with PCS service leads, with

NWSSP Audit Committee
08 July 2025

a revised completion target of early August 2025. As a result, we are requesting an extension of the original deadline from **30 June 2025** to **31 August 2025**.

5. Audit Follow-Up: Previously Extended Items

NWSSP-2324-10 – Student Awards.

Implemented and Closed. The action was to establish a Service Level Agreement (SLA) for Student Awards, initially set for implementation by 31 March 2025, however following some delays an extension of the target date was approved and extended to 30 June 2025. The SLA to support Student Awards has now been signed by the NWSSP Director of Finance and Corporate Services on 17 June 2025 and HEIW Director of Education, Strategy and Transformation on 30 June 2025.

NWSSP-2425-10, Digital Service Management.

Implemented and Closed. The recommendation was for NWSSP's Chief Digital Officer to obtain documentary confirmation from Digital Health Care Wales (DHCW) regarding quality metrics for services listed in the Service Level Agreement (SLA) schedule and to amend the quarterly performance report, to include these additional metrics. DHCW have agreed a set of quality-based service metrics. Initially these will be reported informally for a period of 6 months from June 2025 and monitored through the quarterly SLA review meetings. Following the informal monitoring period targets will be agreed for inclusion in the formal monitoring process. In addition, DHCW are currently in the process of procuring a replacement IT service management solution that will have more flexibility in capturing KPI information. Once this solution is implemented, further discussions will be had with a view to extending this set of KPIs.

NWSSP-2425-10, Digital Service Management.

Implemented and Closed. The recommendation was for NWSSP's Chief Digital Officer to obtain an updated service schedule from DHCW to align with the annual payment schedule and to define appropriate KPIs for relevant services. A working service schedule with a set of refreshed Key Performance Indicators has been set out and will be confirmed following the initial monitoring period.

6. RECOMMENDATIONS

The Audit Committee is asked to:

- **NOTE** the report findings and progress made to date regarding implementation of audit recommendations; and
- **APPROVE** the proposed revised deadline, as follows:
 - Reference#1 Primary Care Services - Extension from **30/06/2025** - **31/08/2025**

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	
AW/2023-24/2	1	Primary Care Services	Primary Care Services	OVERDUE, BUT DEPENDENT ON A THIRD PARTY ORGANISATION	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. 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.	Medium	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 provide assurance IT systems and data can be recovered on a timely basis.	Ceri Evans - Head of Primary Care Services	Work in progress. Relocation of the hosting infrastructure to the national data centre will be complete by February 2025. The DR plan will be refreshed in line with this timescale. A DR plan test will be completed by June 2025.	30/06/2025	31/08/2025	The DR plan test has been delayed due to down time in the Church Village data centre caused by a failure of the cooling systems. This is being re-planned in conjunction with PCS service leads. Target is early August 2025.
NWSSP-2425-01	2	Finance & Corporate	Accounts Payable	NYD	Sample testing of 110 non-PO invoices identified 15 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. These were therefore paid on the basis of manual authorisation, despite a PO being required. We note that 12 of the 15 exceptions identified were prior to the refresh of the No PO No Pay Policy implemented in September 2024.	Medium	Non-compliant non-PO invoices placed on No PO No Pay hold. Minutes of the all-Wales P2P Governance Group demonstrating discussion of the policy effectiveness.	Russell Ward, Head of Accounts Payable & Enablement	Any invoice not clearly meeting the exceptions criteria will be placed on No PO No Pay hold in line with policy. Where a health body instructs payment to be made on the basis of manual authorisation, AP will require approval from the relevant Deputy/Director of Finance or CEO and this evidence will be retained with the invoice. The No PO No Pay Policy will 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.	31/10/2025	31/08/2025	NPNP – This action will be picked up through the Governance Group and is on track to review the effectiveness of the Policy by the 31st Aug.
NWSSP-2425-01	3	Finance & Corporate	Accounts Payable	NYD	For four invoices sampled the approver was not identified on the respective authorised signatory listing. In two cases AP confirmed that the health body has now added the approvers to the respective signatory list. We identified a further five instances where the invoice value exceeded the approvers financial limit. Oracle now has invoice approval workflow functionality which would enable non-PO invoices to be subject to the same authorisation system controls as PO invoices, in line with the organisations Oracle hierarchy. Velindre University NHS Trust are piloting the rollout of this functionality from May 2025.	Medium	Action plan for implementation of invoice approval workflow. Implementation of actions identified.	Russell Ward, Head of Accounts Payable & Enablement	An action plan and timeframe for progressing implementation of invoice approval workflow throughout the health bodies will be developed and implemented, to remove reliance on AP staff to verify approvers to authorised signatory lists. We will be dependent upon health body agreement to implement this for their Organisations	31/10/2025		Invoice Exception Workflow – The system is now live across Velindre UNHST and NWSSP and all other Orgs have been asked to feedback a date to the Deputy Director of Finance and Corporate as to when they will trial the new software by the 18th July.
NWSSP-2425-10	4	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		be developed during the monitoring period and released once the agreed service schedule is complete.
SSP-2425-07	5	Finance & Corporate Services	Variable Pay	NYD	NWSSP does not have a policy or procedural guidance setting out the circumstances in which overtime can and should be used, or the approval, recording and reporting requirements. Testing under objective 2 has demonstrated the impact of this, with inconsistency and gaps in controls for the administration and management of overtime within the areas reviewed.	High	Expected Evidence of Implementation: Central record of bank requests, active and completed placements.	Director of Finance and Corporate Services	A policy/procedure on the administration of overtime will be developed to ensure overtime use is adequately and consistently administered and controlled. This will include: <ul style="list-style-type: none"> •circumstances in which overtime can be used •approval requirements •arrangements for recording overtime worked and ensuring compliance with the Working Time Directive •requirements for demonstrating the benefit / output of overtime costs incurred •monitoring and oversight arrangements 	31/07/2025		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 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

NWSSP Annual Report on Conflict of Interest Declarations and Gifts, Hospitality & Sponsorship for 2024-25.

PURPOSE OF REPORT

The purpose of this report is to provide the Audit Committee with a record of Directors Interests and a summary of the completion rates for each service for Conflicts of Interest Declarations as at 9 June 2025. These will subsequently be published on the NWSSP website, as part of the Audit Committee papers. This paper also includes a summary of the Gifts, Hospitality and Sponsorship declared within the reporting period, 1 April 2024 to 31 March 2025.

NWSSP Annual Report on Conflict of Interests Declarations and Gifts, Hospitality & Sponsorship for 2024-25

1. BACKGROUND

The [Velindre University NHS Trust Standards of Behaviour Framework](#) outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest. It is important that any private interest(s) does not conflict with NHS duties.

The Nolan Principles on Public Life were established in 1994 and have been extended to define public office as applying to all those involved in the delivery of public services. The seven principles are as follows:

1. **Selflessness** - You should take decisions solely in terms of the public interest. You must not act in order to gain financial or other material benefit for family or friends;

2. **Integrity** - You should not place yourself under any financial or other obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties;
3. **Objectivity** - You must make decisions solely on merit when carrying out public business (including the awarding of contracts);
4. **Accountability** - You are accountable for your decisions and actions to the public. Consider issues on their merits, taking account of the views of others and ensure the organisation uses resources prudently and in accordance with the law;
5. **Openness** - You should be as open as possible about all decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest demands;
6. **Honesty** - You have a duty to act honestly. Declare private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest
7. **Leadership** - Holders of public office should promote and support the foregoing principles by leadership and example.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of Nolan Principles and every public body should develop Codes of Conduct for staff and Independent Members, which reflect these Nolan Principles and its shared values. The guidance in terms of disclosing potential conflicts of interest is to err on the side of caution and disclose more rather than less. What is important is whether a relationship could be perceived as a conflict of interest, whether or not it actually is. Guidance had been revised to require staff to highlight any family relationships in their declarations made, in accordance with our [Managing Personal Relationships at Work Protocol](#).

2. DECLARING CONFLICTS OF INTEREST

All employees, regardless of their banding, must declare any Conflicts of Interest or submit a nil return. This is in line with best practice and aims to improve compliance rates, as part of the implementation of lifetime declarations for all staff. Members of the Senior Leadership Group will still be required to complete an annual declaration and the details of which will be made publicly available on our website (Appendix A – List of Declarations for SLG Members). Once a declaration has been submitted, staff will only need to revisit their declaration if their circumstances change. Staff are asked to complete the exercise via ESR, however for those who don't have access to the system, they are able to complete a hard copy form, which must be subsequently authorised by their Director of Service prior to being submitted to Corporate Services for recording. Guidance on how to complete a declaration via ESR is available and, should managers require this, they can contact Corporate Services for assistance.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of the Standards of Behaviour Framework, that they duly complete a declaration of any potential conflicts of interest arising. Where required action plans are required should potential conflicts require mitigating action. It is also important to note that further declarations are required in procurement processes and individuals are excluded if there is deemed to be a conflict of interest.

The table below records the current position with regards to completion across the organisation, as at 01 July 2025:

Directorate	Headcount	Percentage Completion	Outstanding Declarations
Audit & Assurance	55	93%	4
Finance & Corporate Services			
o Corporate Services	27	92%	2
o Finance Services	30	87%	4
o Accounts Payable	149	98%	3
o Counter Fraud	7	100%	0
o Central Team eServices	18	83%	3
Legal & Risk Services	196	90%	18
People, Organisational Development and Employment Services			
o Digital Workforce	27	100%	0
o Medical Workforce Team	21	95%	1
o People and OD	50	88%	6
o Employment Services	346	98%	6
Planning, Performance & Informatics	49	94%	3
Primary Care and Medical Examiner Services			
o Medical Examiners	116	71%	33
o Primary Care	308	97%	9
Procurement, Supply Chain and Laundry Services			
o Laundry Services	155	84%	25
o Procurement	846	84%	135
Specialist Estates Services	56	91%	5
SMTL	25	96%	1
Pharmacy	36	25%	27
Total	2517	88%	285

**Figures above are based on ESR records, with the exception of Laundry Services. Procurement includes staff who work within Stores and drivers, not solely staff involved within procurement exercises. 2232*

Directors are responsible for the development of local Action Plans for the Management of Potential Conflicts. A summary of the declarations received for each directorate has been emailed through to the relevant director to follow up on outstanding declarations.

The low level of compliance within Pharmacy has been discussed with the Service Director and will be monitored closely with the need for urgent action conveyed.

3. GIFTS, HOSPITALITY & SPONSORSHIP

All employees of NWSSP should consider the implications very carefully before accepting any personal gifts or offers of hospitality during, or outside of, office hours. They should avoid placing themselves in a position where acceptance of such gifts or hospitality might be perceived to influence their decision in respect of purchasing goods or services, awarding contracts, or making appointments. Anyone found to be in breach of this procedure could face disciplinary action.

If staff receive any offer over the value of £25 (or several small gifts, which value over £100, received from the same or closely related source in a 12-month period), whether accepted or declined, these are required to be recorded in the Gifts and Hospitality Register, held by the Corporate Services Manager. A summary of declarations received is presented to the Audit Committee at each meeting.

During 2024/25, the following declarations were received:

The following were received in the year and have been reported to previous meetings of the Audit Committee.

Department	Type of sponsorship	Source of hospitality	Description	Value	Accepted or declined
Corporate Services, NWSSP Chair	Hospitality	The British Medical Association. Registered as a company limited by guarantee in England and Wales under registered number 00008848. Registered office: BMA House, Tavistock Square, London WC1H 9JP	BMA Cymru Wales - join a Senedd reception marking the pivotal role of General Practice in Wales, and the urgent actions needed to support GPs and their patients. Meet GPs from across Wales, hear their experiences, and sign up to support your surgeries.	£25	Declined
Corporate Services, NWSSP Managing Director	Hospitality	The British Medical Association. Registered as a company limited by guarantee in England and Wales under registered number 00008848. Registered office: BMA House, Tavistock	BMA Cymru Wales - join a Senedd reception marking the pivotal role of General Practice in Wales, and the urgent actions needed to support GPs and their patients. Meet GPs from across Wales, hear their experiences, and sign up to support your surgeries.	£25	Declined

		Square, London WC1H 9JP			
Assistant Director of Estates, Specialist Estates Services,	Hospitality	Cardiff & Vale University Health Board Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening, Mercure Holland House Hotel, Newport Road, Cardiff	To mark the National Estates & Facilities day, Cardiff and Vale UHB, the Capital, Estates & Facilities Service Board, held an inaugural (CEF) Departmental Staff Recognition Awards event. The shortlisted nominees were invited to events held on the day and the winners across the 5 Departments within CEF were announced. These individuals/teams will now be invited to attend the Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening.	£0	Accepted and Approved, by the Managing Director
Head of Engineering, Specialist Estates Services	Hospitality	Cardiff & Vale University Health Board Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening, Mercure Holland House Hotel, Newport Road, Cardiff	To mark the National Estates & Facilities day, Cardiff and Vale UHB, the Capital, Estates & Facilities Service Board, held an inaugural (CEF) Departmental Staff Recognition Awards event. The shortlisted nominees were invited to events held on the day and the winners across the 5 Departments within CEF were announced. These individuals/teams will now be invited to attend the Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening.	£0	Accepted and Approved, by the Managing Director
Director of Specialist Estates Services, Specialist Estates Services	Hospitality	IHEEM UK Conference 2024 (Manchester) Institute of Healthcare Engineering and Estate Management (IHEEM is a registered charity)	To join the IHEEM Conference as a guest (and past speaker) and to attend the awards dinner.	£335 free entry by invitation	Accepted and Approved, by the Managing Director

Principal Safety and Learning Advisor, Welsh Risk Pool,	Sponsorship	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). Six places have been provided as NHS Wales is presenting at the event.	£2,574	Accepted and Approved, by the Managing Director
Assistant Engineer, Specialist Estates Services,	Hospitality	Schneider Electric, 80 Victoria Street, London, United Kingdom	Networking evening meal	£30	Accepted and Approved, by the Managing Director
Principal Electrical Engineer, Specialist Estates Services	Hospitality	Schneider Electric, 80 Victoria Street, London, United Kingdom	Networking evening meal	£30	Accepted and Approved, by the Managing Director

All accepted declarations detailed above are reported to the NWSSP Audit Committee throughout the period as a matter of course.

4. RECOMMENDATION

The **Audit Committee** is asked to:

- **NOTE** the progress made as to Conflicts of Interest declared to date;
- **NOTE** the summary of Gifts, Hospitality and Sponsorship declared for the 2024-25 period; and
- **NOTE** the Senior Leadership Group and Chair Declarations in **Appendix A.**

Appendix A – List of Declarations for SLG and Chair 2024-2025

Name	Job Title	Disclosure
Neil Frow OBE	Managing Director of NWSSP	<ul style="list-style-type: none"> • Observer Life Science Hub Board - Attend Board Meetings, Non-Paid. • Spouse is employed by Cwm Taf Morgannwg University Health Board.
Alison Ramsey	Director of Finance & Corporate Services	<ul style="list-style-type: none"> • Governor on the University of South Wales Board and Chair of the Audit Committee of the University of South Wales.
Ruth Alcolado	Medical Director	<ul style="list-style-type: none"> • Spouse works for NWSSP Medical Examiner Services.
Simon Cookson	Director of Audit & Assurance Services	<ul style="list-style-type: none"> • Independent Member of the Audit Committee at Bristol City Council. • Owner and Director of S Cookson Consulting Ltd (formed in 2013). Company has been dormant since 2014.
Stuart Douglas	Director of Specialist Estates Services	<ul style="list-style-type: none"> • Dormant Director of Chadwick Holdings Limited (no remuneration received). • Shareholder in Chadwick Enterprises Limited - (no active role in CHL or CEL). • Director of Douglas Management Consultants Limited (not trading). • Family members working within NHS Wales, as follows (no professional interaction with them as part of his work): <ul style="list-style-type: none"> • Son is a Specialist Registrar (Anaesthetics & Critical Care) working for Aneurin Bevan University Health Board at the Grange (on a training rotation). • Daughter is a Staff Nurse (Paediatrics) working at Princess of Wales Hospital. • Daughter in Law has recently started as a Bank Midwife for Cardiff and Vale University Health Board.
Gareth Hardacre	Director of People & Organisational Development and Employment Services	<ul style="list-style-type: none"> • Spouse is Director of Nursing & Midwifery at Cwm Taf Morgannwg University Health Board. • Son is an Admin Employee in Cardiff and Vale University Health Board. • National Committee Member of HPMA (a Charity for NHS HR Professionals).
Mark Harris	Director of Legal & Risk Services	Spouse is a GP partner in a medical centre in the Aneurin Bevan area. There could be future clinical negligence claims dealt with by our GMPI team involving her practice. The team manager is aware of this potential issue and I would have no involvement in such matters.
Dr Gavin Hughes	Director of Surgical Testing Laboratory	<ul style="list-style-type: none"> • American Patent Number 20060140911. <i>Bacteriophage for the treatment of bacterial biofilms</i>. 29th June 2006; <ul style="list-style-type: none"> ○ Professor Richard Sharp, Dr Gavin Hughes, Dr James Taggart Walker (Health Protection Agency, Porton Down, Salisbury, Wiltshire, SP4 0JG) ○ Professor Anthony Hart (Department of Medical Microbiology and Genitourinary Medicine, Royal Liverpool University Hospital, Liverpool).

		<ul style="list-style-type: none"> • Worldwide International Patent Number PCT/GB2004/000073. <i>Bacteriophage for the treatment of bacterial biofilms</i>. 27th July 2004; <ul style="list-style-type: none"> ○ Professor Richard Sharp, Dr Gavin Hughes, Dr James Taggart Walker (Health Protection Agency, Porton Down, Salisbury, Wiltshire, SP4 0JG) ○ Professor Anthony Hart (Department of Medical Microbiology and Genitourinary Medicine, Royal Liverpool University Hospital, Liverpool). • Honorary Senior Lecturer with Cardiff University School of Medicine.
Jonathan Irvine	Director of Procurement Services	No interests to declare.
Nicola Phillips	Director of Primary Care Services	Mother is an Independent Board Member for Swansea Bay University Health Board.
Colin Powell	Director of Pharmacy Technical Services	<p>Son is a Production operative within the Medicines Unit in IP5.</p> <p>Spouse is a Pharmacist in Aneurin Bevan University Health Board.</p>
Professor Tracy Myhill OBE	NWSSP Chair	<ul style="list-style-type: none"> • Non-Executive Director - Ministry of Defence People Committee. • Associate Alumni Global - executive recruitment NHS. • Director and owner of Tracy Myhill Associates Ltd. Management Consultancy providing Organisational Development Support and Mentoring to public, private and third sector including the NHS. • Spouse is Director in Tracy Myhill Associates Ltd. Management Consultancy providing Organisational Development Support and Mentoring to public, private and third sector including the NHS. • Specialist Advisor to PwC – Contract is on an Ad hoc/ as and when needed. • Through Tracy Myhill Associates Limited: <ul style="list-style-type: none"> ○ Contracted to provide consultancy support on Development of Health Education to University of South Wales. ○ On HEIW framework for mentoring, coaching and speaking/presentations to aspiring senior leaders consultant with Association of Ambulance Chief Executives providing mentoring, coaching and Organisational Development support to Ambulance services across the UK and Ireland. ○ Provision of Organisational Development and mentoring and coaching support to NHS organisations in Wales, England and Scotland.



Welsh Language Annual Performance Report 2024 - 2025

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Introduction

This Welsh Language Annual Performance Report outlines key achievements during 2024-2025 in our delivery of our services through the medium of Welsh, and performance in line with the Welsh Language Standards (no.7) 2018 and the Welsh Language (Wales) Measure 2011.

During the year we have continued to carefully monitor our compliance with the Welsh language standards, reviewed processes and protocols to facilitate further improvements and have explored innovative solutions to support other NHS organisations with translation services to assist them with compliance and the provision of Welsh language services for patients and the public at large.

The Welsh Language Standards (no.7) 2018 continue to be a part of our service planning as are the priorities of the More Than Just Words Strategy for 2022 – 2027, which launched in September 2022. Both standards and strategies remain at the centre of our future planning and benchmarking. The provision of Welsh language services is also an integral part of our integrated medium-term plan, addressing requirements of services and service users in the short, medium and longer term.

Service Delivery Standards (Standards 1 – 64)

We monitor our compliance with the Welsh language Standards continuously in a cyclical process. We issue a self-assessment tool to each division and service area in one year, with the following year being a year to address issues arising from the self-assessment. Alongside the self-assessment tool, directors, deputy directors, heads of services and managers use the compliance notice and the code of practice to assist them in determining the level of compliance with each set of standards and support their assessment by providing evidence of compliance.

The self-assessment tool also provides a basis for conversations to establish and implement local improvement plans. The assessments inform us about where further support is required to strengthen the service offer as well as giving us the opportunity to share best practice across the organisation.

The overall outcome of the Self-Assessment for the service delivery standards for 2024/25 were as follows:

Set of Standards	Level of compliance 2023/24	Level of compliance 2024/25
Correspondence (1,4,5,6,7)	Medium level of compliance	Medium level of compliance
Telephone services main number/contact centres (8,9,10,11,12,13,14,15,16)	Medium level of compliance	Medium level of compliance
Telephone services direct numbers (16,17,18, 19)	Low to medium level of compliance	Medium level of compliance
Telephone automated systems (20)	High level of compliance	High level of compliance
Meetings (21,22, 22A, 22CH)	High level of compliance	High level of compliance
Public Meetings (26,27,28,29)	Not applicable	Not applicable
Displaying written material at public meetings (30)	Not applicable	Not applicable
Public Event (31,32,33,34)	Medium to high level of compliance	Medium to high level of compliance.
Forms to be completed by individuals (36)	High level of compliance	High level of compliance
Documents available to individuals (37)	High level of compliance	High level of compliance
Documents and Forms (38)	High level of compliance	High level of compliance
Websites (39,40,,41,42,43)	High level of compliance	Medium level of compliance
Apps (used on electronic devices) (44)	High level of compliance	High level of compliance.

Social media (45,46)	Medium to high level of compliance	Medium level of compliance
Signage in publicly accessible areas (47,48,49)	Medium to high level of compliance	Medium to high level of compliance
Reception services (50, 52, 53)	Medium level of compliance	Medium level of compliance
Applications and documents for grants (54,55,56)	High level of compliance	High level of compliance
Invitations to Tender (57,58,59)	Low to medium level of compliance	Low to medium level of compliance
Promote Welsh language services (60-61)	High level of compliance	High level of compliance
Corporate Identity (62)	High level of compliance	High level of compliance
Public Address Systems (64)	Not applicable	Not applicable

Most of the standards remained the same from the previous year. However, there were some slight variations. Here is a breakdown of the variations for 2024/25 by comparison to 2023/24:

- **Telephone services direct numbers (16,17,18, 19)**
 From secret shopper audits of telephone numbers applicable to these standards, there was an increase in staff awareness to answer telephone calls through the medium of Welsh.
- **Websites (39,40,41,42,43)**
 A comprehensive audit of our website and pages was undertaken in February 2025. We saw a slight fall in compliance on some of our webpages. Whilst pages were available through the medium of Welsh, the following issues were identified on a few pages:

 - documents were found on the site that hadn't been assessed to be available in Welsh,
 - videos uploaded onto a few pages were only available in English.
 - Links to other webpages in NHS Wales or other public organisations were only linking to English language pages, although there were Welsh language pages that could be linked to.

The matter has been communicated to the relevant teams to address and rectify these issues as a piece of work to be undertaken during quarters 1 and 2 of 2025/26.

- **Social Media**
 Similar issues were identified on our social media accounts. Mostly where videos were only created in English. The timetable to address this will also be the early part of 2025/26.

We review our protocols that are available to all members of staff employed by NWSSP annually to ensure that our protocols and processes are deliverable across all service delivery areas. All protocols are available on our internal Welsh language support page.

We promote that we welcome correspondence and telephone calls in Welsh on our websites and in emails and corporate letterheads.

Most meetings are now hosted on virtual platforms, such as Microsoft TEAMS and Zoom. We have a protocol as to how meetings can be facilitated in both languages and the Welsh Language Unit supports all divisions and service delivery areas to source interpreters as and when required.

As an organisation, we do not host public meetings where the public are invited to participate or speak, therefore, we consider these standards as not applicable. However, it is important to state that agendas and minutes of the Shared Services Partnership Committee are available in Welsh on our website.

The majority of our events are not public facing. However, when an event is organised, we have a protocol and a checklist in place for event organisers to ensure that they consider and accommodate the Welsh language when planning events.

All NWSSP Forms and Documents intended for use by individuals are available in Welsh, whether they are hard copies or whether they are digital copies. We also recognise that it is important for us to give instruction as to how to use these resources where staff manage the administration and dissemination of documents and forms.

Our social media posts are planned ahead, and translation support is available to support our corporate social media accounts, if required in advance of any social media events and activities. We reply to Welsh language social media posts in Welsh if a reply is required. We have identified that staff responsible for social media accounts need to undertake a risk assessment to manage a number of possible risks including being able to identify whether a comment on a post needs to be responded to in Welsh and being able to this in a timely manner and to the exact same timescales as responding to comments in English.

We received one request for an Invitation to Tender to be published through the medium of Welsh in 2024/25. We received 5 bids through the medium of Welsh in response to the invitation to tender being published in Welsh. Response documents were published in Welsh as required by Standards 57, 58 and 59.

We do provide training for procurement staff to advise Health Boards and Trusts to assess whether an invitation to tender needs to be published through the medium of Welsh and encourage commissioning staff to work with their Welsh language leads to consult the Welsh language standards and code of practice when creating a specification for third party contractors to deliver services on Health Boards and Trust's behalf.

We have identified the need to create an assessment to determine whether procurement tender documents need to be published in Welsh and English, and to

prompt commissioning staff to consult their Welsh language standards compliance notice. This work has been initiated in late 2024/25 and will be ongoing over the coming years due to the scale of procurement operations. We expect to see improvement in the medium to longer term.

Investigation to Telephone Services – CS1040 November 2023 to January 2025.

The work to remedy the concerns raised in the CS1040 investigation has now concluded. Some work remains to be completed, but we have started to map out a process to assess new and vacant posts and will pilot this with a small cohort of divisions in NWSSP prior to launch later in 2025/26.

Whenever a post responsible for answering calls on our main telephone number is vacant the role will always be advertised as Welsh Essential at level 3+ in speaking, understanding, reading and writing in Welsh, which is an intermediate level. We refer potential candidates to the Learn Welsh site, so that they can check out their skills prior to applying.

We set context so that potential candidate understands what our requirements are. Skills are assessed at interview and assessment exercises.

Policy Making Standards (Standards 69 – 77)

Whenever we need to develop or review a local NWSSP policy decision, the Welsh language is considered in policy decisions.

Following the seminar hosted by the Welsh Language Commissioner in November 2023, and further to a workshop held in April 2025, we embarked on reviewing our previous processes. We now have a more robust Welsh Language Impact Assessment tool to determine if an Organisational Protocol/Policy Change will have a positive, neutral or negative impact on the Welsh language. Authors, divisions and services will be challenged to find solutions to either maintain positive impact or to improve impact for positive change.

Set of Standards	Level of compliance 2023/24	Level of compliance 2024/25
Standards 69 to 77	Low level of compliance	Medium level of compliance

We reviewed and updated our concerns and complaints policy during 2024/25 and there is clear guidance to all members of staff as to how this must be managed if a general concern or complaint is received through the medium of Welsh, and if we receive a complaint about Welsh language services the Head of Welsh Language Services and Compliance will lead on the investigation to find conclusions and make recommendations to be actioned.

Operational Standards (Standards 79 – 114)

As part of the self-assessment process, we also included the operational standards. The outcomes from the self-assessments for Operational Standards are as follows:

Set of Standards	Level of compliance 2023/24	Level of compliance 2024/25
Welsh Language Policy – Using Welsh internally (79)	Medium level of compliance	Medium level of compliance
Contract of Employment (80)	High level of compliance	High level of compliance
Documents relating to employment of employees (81)	High level of compliance	High level of compliance
Policies relating to employment & workplace (82)	High level of compliance	High level of compliance
Complaints made by staff & disciplinary matters (83 – 88)	High level of compliance	High level of compliance
Computer software for spelling and grammar & interfaces (89)	Medium to high level of compliance	Medium to high level of compliance
Intranet pages (90 – 95)	High level of compliance	High level of compliance
Assessing Welsh language skills of employees (96)	Medium to high level of compliance	Medium to high level of compliance
Training for staff in key areas (97 & 98)	Medium to high level of compliance	Medium level of compliance
Opportunities to learn Welsh (99 – 103)	High level of compliance	High level of compliance
Email signatures, wording and Welsh language logo (104)	High level of compliance	High level of compliance
Welsh badges and branding for staff (105)	High level of compliance	High level of compliance
Assessing skills, advertising, recruiting & onboarding (106 – 109)	Medium level of compliance.	Medium level of compliance
Signage & notices (113)	High level of compliance	High level of compliance
Recorded announcements (114)	Not applicable.	

In most cases Welsh language software is made available to staff across the organisation. We will explore making the software available to all members of staff from 2025/26 onwards.

All intranet pages detailed in our compliance notice are available in Welsh. When a new page is produced and published it is done so in Welsh at the same time as the English version of the page. Any reviews and updates are undertaken in both languages at the same time.

NWSSP’s compliance for recording Welsh language skills is currently at 96% a 1% increase since 2023/24. We recognise that we need to find a solution to enable trainees on the SLE programme to be able to access ESR from smart laptops and devices to be able to update their skills on ESR. We will be looking into this further during 2025/26.

We have developed several training modules in Welsh. All statutory and mandatory training on ESR is available in Welsh, these also include dealing with the public and health & safety. The quality of courses is scrutinised and tested to ensure that they are fully operational prior to publication or launch. We encourage open dialogue for constructive feedback to make continuous improvement. Our E-Ateb team supports all NHS Wales staff with queries relating to their employment and training on our Electronic Staff Record (ESR) System, and the support on this helpline is available in Welsh.

In 2024/25, 284 members of staff received induction training, and within that training there is specific information about the Welsh language and their obligations as employees to comply with our Welsh language standards. They are also informed and signposted to where they can find support to deliver our services through the medium of Welsh.

We offer several opportunities to introduce our staff to the Welsh language and culture as specified in Standards 99 to 103. To support this piece of work, a business case was made in the IMTP planning process to be able to recruit a Welsh Language Facilitation Officer which has been successful. This means we will be advertising the role during the first half of 2025/26 with a view to have the vacant post filled by September 2025.

During 2025/26 we will review current training for managers across the organisation and will embed Welsh language awareness into relevant managers’ training, rather than create separate modules of training as a stand-alone. The reasoning behind this is that the Welsh language should be embedded into everything that we do, and not something we need to do as an add on.

Opportunities to learn Welsh:

We currently have a provider to host Welsh language courses to our staff under the Work Welsh funded scheme. The courses that were hosted in 2024/25 were as follows:

Course Level	Number of staff enrolled onto the Work Welsh courses
Entry Level 1 (two courses)	32
Entry Level 2 (one course)	12

The courses funded by the Work Welsh scheme have to have a minimum number of staff to host each one.

For those members of staff who don't work on those particular days and times, we offer main-stream courses online but pay for those directly with a supplier. These were the number of staff learning Welsh at different levels on mainstream courses:

Course Level – Mainstream Courses	Number of staff enrolled on Mainstream Courses
Entry Level 1	13
Entry Level 2	9
Foundation Level 1	5
Foundation Level 2	7
Advanced Level 2	5
Work Welsh Welcome part 1 online	9
Work Welsh Welcome back part 2 online	5

All courses are hosted during work time. The cost of the courses and coursebooks are covered by NWSSP as the employing organisation. We actively promote opportunities to learn Welsh to all NWSSP employees. We also promote other opportunities apart from the Learn Welsh courses, such as Duolingo and Say Something in Welsh and sign post to online and social media resources.

We are currently exploring ways we can target staff with 0 skills in speaking and understanding Welsh to undertake Courtesy Course to achieve level 1 in speaking and understanding very basic phrases in Welsh along with Work Welsh and mainstream courses for staff for 2025/26.

We will also hold discussions with the Learn Welsh Centre to host sessions for staff who have prior knowledge and experience of using their Welsh language skills to further build their confidence to use their Welsh language skills at work. Funding wasn't available in 2024/25, therefore we will hold discussions with the Learn Welsh Centre for 2025/26.

Record Keeping Standards (115 – 117)

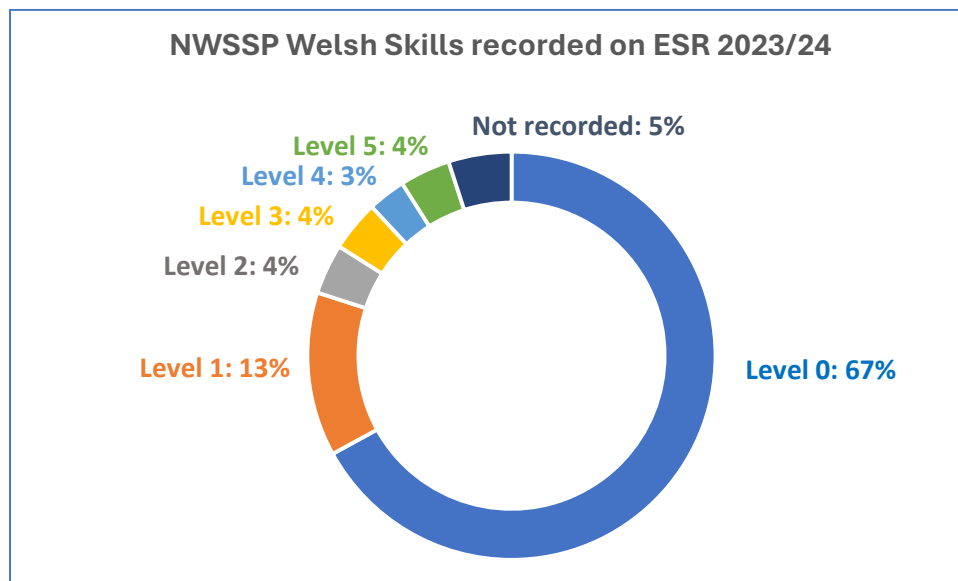
Record Keeping Standards - Complaints and Concerns - Standard 115:

We did not receive a complaint nor a concern about our services in 2024/25.

A letter was received by Velindre University NHS Trust later in 2024/25 towards the end of the financial year advising Velindre University NHS Trust and hosted organisations that there were issues with some websites.

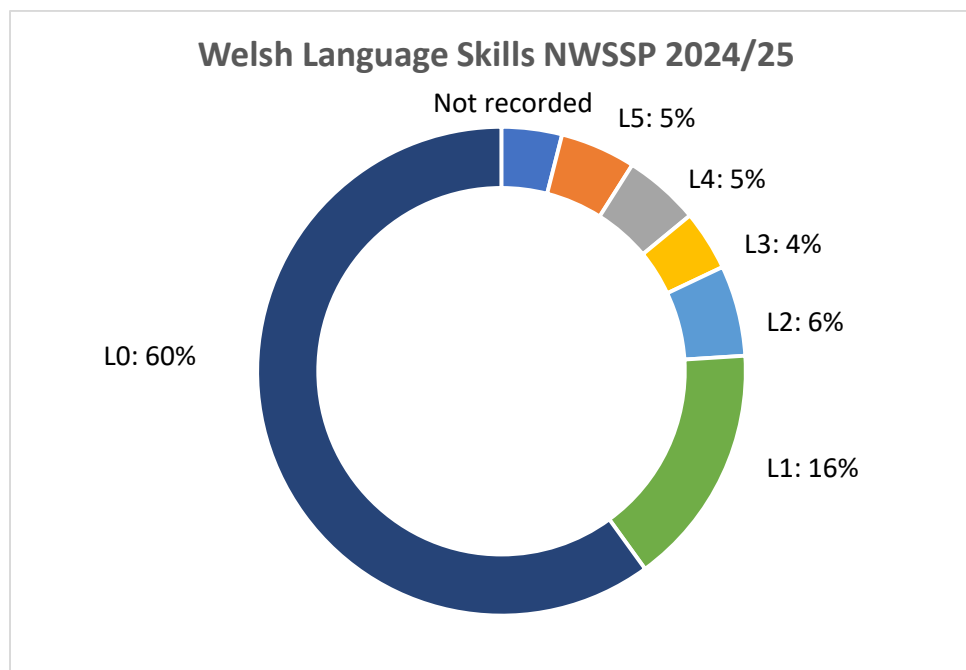
As mentioned on pages 4 and 5 of this report, NHS Wales Shared Services Partnership had already identified some issues with our webpages in February 2025, and the issues will be addressed and rectified during quarters 1 and 2 of the 2025/26 financial year. A further audit will be conducted in quarter 3 of the financial year in 2025/26.

Record Keeping Standards - Recording Welsh Language Skills on ESR - Standard 116:



Our Welsh language skills remained static in 2023/24.

Our position on Welsh language skills has improved in 2024/25.



We recognised that staff at levels 0, 1, 2, 3 and 4 required further support to improve their confidence and we will have additional resource to support this in 2025/26 and will work with the Learn Welsh Centre to tap in to some confidence builder sessions for staff in 2025/26.

Record Keeping Standards - Advertising vacancies – Standard 117:

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	435
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	0
Total Number of vacancies advertised 01/04/2022 - 31/03/2023	437

NHS Wales Shared Service’s Senior Leadership Group, agreed unanimously in 2020/21 that the basic requirement for advertising vacancies at NWSSP would be Welsh Desirable. We are an inclusive organisation that welcomes and values Welsh language skills.

We have a protocol and a system for advertising vacant posts in Welsh.

We have also ensured that every job description has been translated to be able to upload the job description and person specification for all vacancies in Welsh onto the TRAC recruitment system which feeds onto the NHS Jobs portal.

We have established a vacancy control panel to ensure that the Welsh language skills have been adequately considered for specific posts to ensure that we are able to provide Welsh language services as and when posts become vacant.

During 2024/25 we identified that we need to create an assessment tool to support recruitment managers establish whether a vacancy needs to be advertised as Welsh Essential, plus the level of skill required or whether a new or vacant post needs to be advertised as Welsh Desirable, plus the level of skill required. This tool will also require the recruiting manger to consider our customer base as well as existing skills on ESR.

We have started to assess skills required for new and vacant roles during 2024/25 and this work will continue as required by the Welsh language standards and the guidance in the code of practice.

The assessment is being undertaken alongside the Job Description Review work as required and agreed with Welsh Government.

An assessment tool will be developed, tested and piloted in 2025/26 prior to full roll out later in the year or early 2026/27.

We have put the following posts through the assessment tool as a test prior to the pilot being launched:

- Reception staff
- Call handling staff on main telephone and helpline numbers
- Communication roles

We intend to continue to build capacity in critical areas where there is engagement and liaison with customers, services users, patients and the public at large.

We will be launching a Welsh Language Strategy that is specific to NWSSP's requirements in 2025/26 to ensure that we continue to increase our ability and capacity to deliver our services through the medium of Welsh.

Welsh Language Unit Operations for 2024/25

Translation Services and Developments 2024-2025

The 2024-2025 financial year saw significant developments for NWSSP's translation unit as we expanded the offering NWSSP provides to NHS Wales by extending translation service level agreements held with Public Health Wales (PHW), Digital Health Care Wales (DHCW), Velindre University NHS Trust (VUNHST), and WAST, to include the provision of a centralised translation software system.

The bodies now make annual financial contributions towards a single translation software system, which enables the confidential sharing of previously translated content, translation term bases, and AI generated content across the NHS bodies that are now part of our system. This enables all users to make financial efficiencies on a daily basis and speeds up the translation processes for all users by substantially reducing the duplication of content. It also means that NHS Wales has fewer translation software accounts, removing the duplication of procurement resources, simplifying and speeding up the process and reducing financial expenditure.

One of the key benefits of the system is that it enables previously translated content to be instantly accessible to multiple NHS translators. In this regard, NWSSP's translation managers believe that the translation system's current operational output is enabling NWSSP to translate its own content and that of its service level agreements using approximately four fewer full time, experienced translators than would otherwise be possible. This comes with a substantial financial saving to NHS Wales of over £150,000 per annum.

We also undertook a feasibility study to gauge how the phase one pilot for 2024 to 2026 could be extended to Health Boards, giving priority to those Health Boards with no translation memory systems in place and licences due to expire.

NWSSP's translation managers and the Head of Welsh Language Services and Compliance meet regularly with the relevant representatives of the NHS bodies using the translation system and are pleased to report that the experiences relayed to them so far have been very positive.

The feedback from our existing partners have been positive:

“Thanks to the translation service level agreement we have in place with NWSSP, we are able to collaborate with their translators and other NHS translators and share translated content with each other. I’m also able to use the system to enable PHW’s framework translators to translate into it and further increase the range and scope of the translations the memory holds. It has proven itself to be very cost-effective so far, as not only am I able to reuse previously translated content, it is exceptionally quick to use and enables PHW to meet very tight translation deadlines that wouldn’t otherwise have been possible before we had access to this comprehensive translation database.”

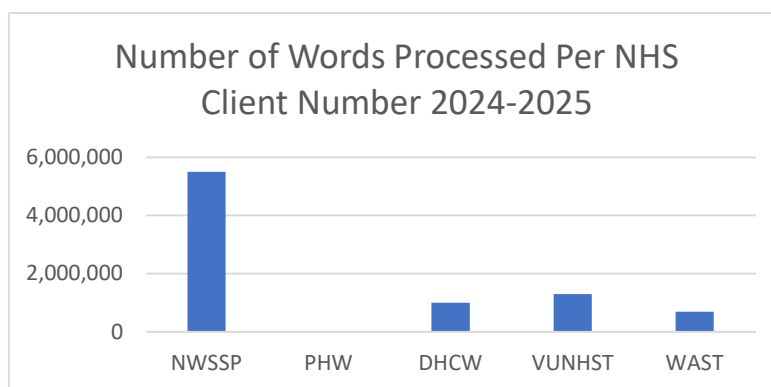
David Symons, Translation Coordinator, PHW

“Regarding feedback on Phrase, I don’t have much to say – but that’s because it’s such a good system. It’s a very easy system to use and I can do everything I want to do. And obviously, it helps us to save a lot of time every day.”)

Seiriol Dafydd, Translator, DHCW

Number of Words Processed on NWSSP-procured Translation Software (Phrase) per NHS Client

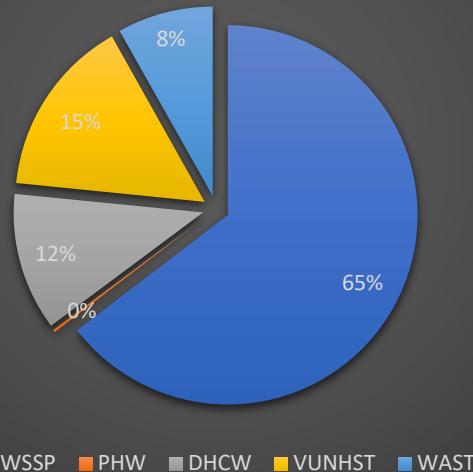
The graph below demonstrates the number of words processed during 2024-2025 for NWSSP, PHW, DHCW, VUNHST, and WAST –



It is important to explain that the total number of words processed by NWSSP includes both the work we translate for NWSSP and the translation work we provide under service level agreements for PHW, DHCW, VUNHST and WAST. PHW appointed an internal Translation Coordinator during the financial year and we expect their independent usage of the system to increase over time, as well as the number of words we translate for them under a service level agreement.

The pie chart below shows the percentage usage of each NHS client of the translation software Phrase. Again, NWSSP’s percentage includes the work that we undertake for the other named clients within the chart.

Translation Software (Phrase) Usage Percentage Per NHS Client 2024-2025



NWSSP Translation Service Efficiency

The service is pleased to report that over 99% of the translation requests we received during the 2024-2025 financial year were returned on or before the return dates requested by the author. Indeed, a significant proportion of the work the service received during the year was returned before the return dates the authors requested, often on the same day.

Where translated documents were returned beyond the requested return dates, this can primarily be attributed to inaccuracies in the text provided to the translation unit, or text that was unclear in its meaning. The translation unit then have to contact the relevant authors and wait for clarification before they can return the work and this can cause delays which are mainly out of the translation unit's control. However, in an attempt to improve efficacy, the translation unit has designed and distributed advice for authors to enable them to follow best practice when using the translation service.

Training Offered by NWSSP's Translation Unit During 2024/2025

In addition to managing NWSSP's core translation staff and bank translators, NWSSP's translation managers have developed tailored, regular one to one translation training sessions for individual members of NWSSP staff, which have seen a number of our staff succeed in the Association of Welsh Translators and Interpreters' (the Association) membership examination. With the aim of spreading best practice across the NHS more widely, they also designed and organised a bespoke translation session with Dr Menna Jones, who is a leading member and translation examiner of the Association. This workshop was offered to all NWSSP translation staff and the translators with whom we hold service level agreements. We are pleased to report that all the translators we

approached eagerly took up the offer and appeared to benefit from taking part in the session.

“I’d love to have another session with Menna. The previous one was very helpful.”

Rhys Dilwyn Jenkins, Translation Manager, DHCW

Organisational Projects and Services 2024/25:

WGOS Project

This project continued to be a significant piece of our work during 2024/25 and a ministerial priority to bring eye-care for patients closer to home. The Welsh language has been front and centre for this project as we ensure that documents for patients are available in Welsh and that our team promotes the Welsh language throughout the profession across Wales.

Complaints and Concerns Protocol

The NWSSP Complaints and Concerns Protocol was reviewed during 2024/25 and is available on our website in Welsh.

Alongside the Protocol itself there is a guidance to all the staff, supervisors, managers, heads of services and directors on how to follow the protocol.

There is guidance on how to manage a concern made through the medium of Welsh and also a guidance of how concerns and complaints about Welsh language services will be dealt with and investigated fully.

Handling Calls in Welsh Training for Staff

We have offered a few tailored training sessions to staff on handling calls through the medium of Welsh during the year.

Specifically tailored to use regular vocabulary related to the service, and practicing patterns, these sessions have proven helpful in handling the initial call in Welsh, although there are Welsh speaking members of staff in teams.

This work is ongoing and available to all teams in our improvement plan.



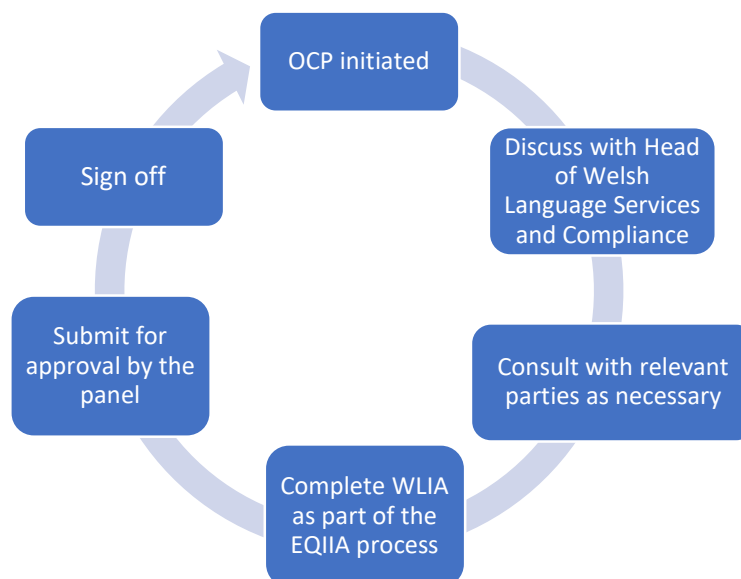
Welsh language impact assessment

Following a seminar with the Welsh Language Commissioner's office in November 2023 and a further workshop in April 2025, we reviewed the Welsh Language Impact Assessment tool we previously had and incorporated it fully into our Organisational Change Policy work, including providing key statistics on population demographics and highlighting key documents that should be consulted by authors when completing a Welsh language impact assessment including but not limited to:

- Census data from 2021
- Welsh Language Measure 2011
- Welsh Language Standards Compliance Notice for VUNHST
- The Code of Practice for the Welsh Language Standards
- Cymraeg 2050 Strategy
- The More Than Just Words Strategy' and
- Well-being of Future Generations (Wales) Act 2015

As well as considering the demographic profile of our staff across Wales.

We have also reviewed the process, whereby any proposed Organisational Change Policy work must be sighted by the Head of Welsh Language Services and Compliance for guidance and advice prior to consultation.



Review of Internal Use of the Welsh Language Protocol and NWSSP Welsh Language Skills Strategy

Later during 2024/25 we commenced the review of the Internal Use of the Welsh Language Policy and the NWSSP Welsh Language Skills Strategy.

Both documents will go through a consultation period through relevant processes within the organisation with a view to launch with a robust communication and engagement plan during 2025/26.

Welsh Language Skills Assessments for New and Vacant Roles

Towards the end of the year, we started to look at an assessment tool and process for recruiting managers to evaluate Welsh language skills for new and vacant posts in NWSSP.

The process will need to be able to work alongside current processes, and we will need to establish how we will ensure that job descriptions and adverts will reflect possible new Welsh skills requirements and be updated as required.

The assessment tool was in the planning stage towards the end of 2024/25. This work will continue into 2025/26 with a view to pilot the assessment tool in the first half of the year, followed by a full-roll out following user testing by 2026/27.

Outreach & Engagement

We consider outreach and engagement with schools, colleges, universities, Careers Wales and communities across Wales vitally important. It is a priority for us to raise awareness of the work that NWSSP does to support NHS organisations and to be considered as a reputable employer of choice across Wales. The Head of Welsh Language Services and Compliance leads on the engagement work with Welsh speaking communities, Welsh medium schools, colleges and universities.

During 2024/25 we worked with Caerdydd Dwyieithog / Bilingual Cardiff o tap into 20 Welsh medium schools in the south-east Wales area at a career event in Cardiff Students Union on the 18th of June.

In October 2024, we attended a career fair for students at Bangor University, where we engaged with over 120 students during the day.

Support for NHS Wales Organisations

➤ **Training for Cardiff and Vale UHB Telephone Operators**

During the summer of 2024 we hosted a Welsh Language familiarisation session for staff working as operators on the main-telephone number for Cardiff & Vale Health Board.

The session encompassed an awareness and context of the Welsh language in the Cardiff & Vale area as well as basic Welsh greetings and

phrases for staff on the main telephone number to be able to handle calls through the medium of Welsh.

- **Framework of Translators and Interpreters for Public Health Wales**
During quarter one and quarter two of 2024/25 we supported Public Health Wales with creating a translation and interpretation framework so that the organisation could have access to quality translation services alongside the translation services that are provided by NWSSP through a Service Level Agreement. We supported with:
 - Creating the specification
 - Evaluation
 - Awarding contracts and providing documentation to contractors through the medium of Welsh.

- **Interview and Selection of a new Translation Co-ordinator at PHW**
NWSSP provided support to PHW to be able to recruit a candidate to the newly created role of Translation Co-ordinator at PHW in June 2024.

Conclusion

We remain committed to continuous improvement to ensure that we achieve compliance with the Welsh language standards. This is demonstrated by a growth in Welsh language skills in the organisation during 2024/25 and our overall position with compliance in comparison to 2023/24.

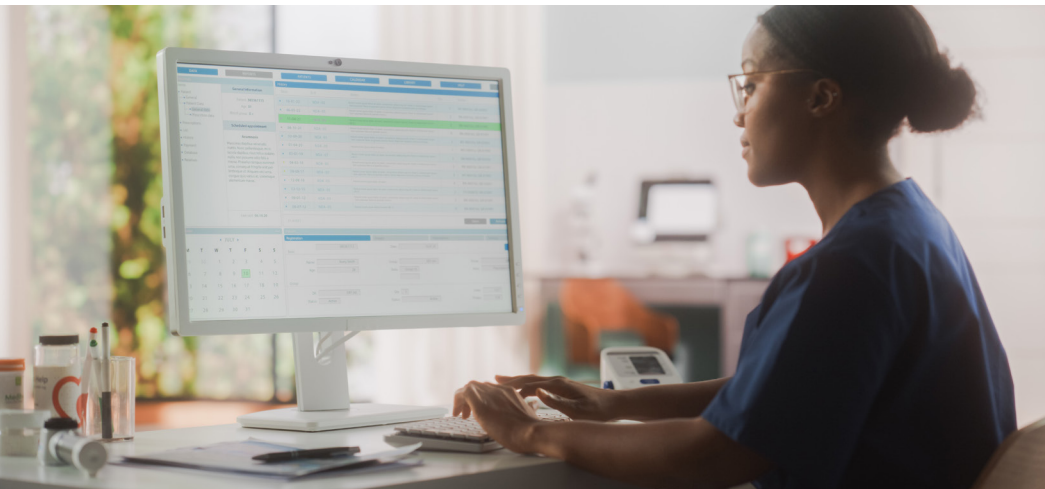
We continue to work to create a thriving Welsh culture in the workplace, making staff aware of the Welsh language and its importance in day to day life for people living in Wales. We continue to offer opportunities to learn and grow confidence in using the Welsh language in the workplace expanding on this work further in 2025/26.

We look forward to further developments during 2025/26 so that we can maintain and improve identified in this year's report.

If you would like to discuss this report or any matters relating to our Welsh language offer, please do contact our Head of Welsh Language Services and Compliance: non.richards@wales.nhs.uk

NHS WALES SHARED SERVICES PARTNERSHIP

Information Governance Annual Review 2024-2025



Introduction

The Information Governance (IG) Review 2024/25 details what work the Information Governance function has completed and how the NWSSP IG Manager has worked to continue the management of the IG function and provide support and achieve compliance within NHS Wales Shared Services Partnership (NWSSP).

This review (and those that precede it) explains the importance of working in collaboration with departments within NWSSP to add value through IG advisory services and work associated towards achieving compliance ensuring that the organisation handles identifiable information in the correct manner by creating a culture of confidentiality.

This review document details the achievements and progress made in 2024/25 (for the time period between April 2024 and March 2025) within the Information Governance function.

Information Governance within the NWSSP has the following fundamental aims:

- To promote the effective and appropriate use of information (including confidential, patient and personal information, and commercially sensitive data) in the NHS;
- To provide staff with the appropriate tools and support to enable them to manage information in a responsible and professional way; and
- To ensure that all processing of information (both personal, patient, commercially sensitive and corporate) is done fairly, effectively and in accordance with the law.

The NWSSP's ultimate goal is to help the organisation and individuals to be consistent in the way it handles identifiable, commercially sensitive and corporate information, avoid duplication of effort and lead to improvements in:

- Information handling activities including recording of all information assets contained within the organisation;
- Work to achieve compliance in line with current and future legislation;
- Patient and service user confidence in the NHS;
- Assess and provide assurance on projects and changes to the uses of identifiable information through Data Privacy Impact Assessments (DPIAs);
- Continued employee awareness, training and development; and
- Continuing to ensure that there is culture of confidentiality within NWSSP.

The Information Governance Manager also works in collaboration with other NHS Wales' organisations staff within the same field to provide assurance across the NHS Wales estate that National / All Wales processes involving identifiable information are considered and to promote "once for Wales" where possible.



In the financial year 2024/25, use of Microsoft Teams for everyone continues and the use of this by Information Governance was no exception. Training requirements for all staff, was and continues to be delivered using this platform and a high level of compliance for staff was retained as a result.

New projects and changes to services that were introduced into NWSSP were supported by Information Governance through their initial assessments and their signing up to specific processes in order to assist with the operations.

Education around data quality, accuracy and attention to detail has been highlighted throughout the organisation and included in staff awareness sessions.

I hope that you find this latest review informative and reassuring.



Tim Knifton
NWSSP Information
Governance Manager
May 2025



NWSSP Information Governance Steering Group (IGSG)

The NWSSP Information Governance Steering Group (IGSG) was established in 2015 and has gone from strength to strength in the years that have followed. The IGSG is accountable to the NWSSP Senior Leadership Group (SLG) and its purpose is to support and drive the broader Information Governance agenda and provide the Shared Services Partnership Committee (SSPC) with the assurance that effective Information Governance best practice mechanisms are in place within the organisation.

Topics discussed included:



Policies and Procedures



Freedom of Information



Privacy Impact Assessments



Information Sharing



Records Management



Training and Awareness



Risk Management



Statistical Activity and Performance



National Work and Meetings

Advice and Guidance

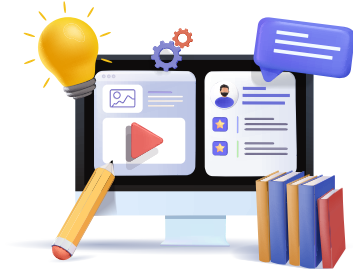
The NWSSP IG Manager uses a dedicated service email linked to the actionpoint system to record requests for advice, work and training accompanied by resulting actions, decision and work completed to resolve calls seeking assistance from Information Governance. Actionpoint has been used since 2016 and provides a useful snapshot of the advice given and the levels of activity within the function.

The total number of calls registered within the system in 2024/25 was **240** (331 in 2023/24)

If staff have any queries then the contact email for IG queries can be raised with the Information Governance Manager (tim.knifton@wales.nhs.uk) or by using service email NWSSPInformationGovernance@wales.nhs.uk

Record of Achievements

In 2024/25:



Information Governance training **16** classes were run. Staff attended IG training **477** (570 in 2023/24).

IG eLearning core skills **89.5%** average compliance across NWSSP.



FOI **95.25%** Compliance within 20 working days.

138 Freedom of Information Requests received.



Training

To ensure compliance with confidentiality and information processing, related legislation is essential for everyone working in the NHS. To ensure that health information and other identifiable data is used effectively and legally, suitable training was provided by the NWSSP Information Governance Manager to assure the organisation that staff are knowledgeable in these areas and that confidentiality is at the forefront of their minds.

Training is provided to all staff to be aware of their own responsibilities in relation to compliance with good practice and organisational policy, and to be extra vigilant in the way they manage information, ensuring that good governance and security is paramount.

The training provided to staff includes good practice guidelines and legislation with Information Governance, Freedom of Information, email, records management and social media.

Due to agile working and how we all work, Information Governance training sessions in 2024/25 continued to be facilitated using Microsoft Teams. The NWSSP Information Governance Manager reports that using this functionality continues to be beneficial and allows all staff requiring refresher sessions or new starters to attend the short session. In 2024/25 (April 2024 to March 2025)

- **113** staff attended for the first time
- **365** staff attended as a refresher



Below is a sample of the feedback comments provided by staff:

“

"The course was very informative, thank you"

“

"It helps to understand the part we all play in keeping our organisation compliant."

“

"I always enjoy training with Tim, he is always very clear and precise on what he is saying, and is able to keep it interesting throughout the course. Thank you again"

“

"Very informative session and very much enjoyed"

“

"As always a great session with good content. Thanks Tim!"

“

"Highlighted aspects of my work that while working from home, it is important to make more secure"

“

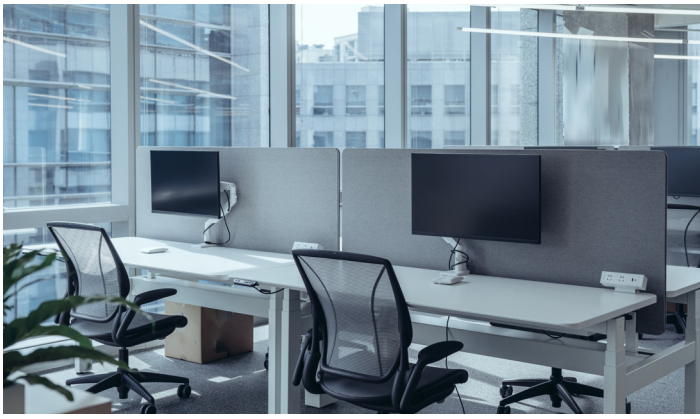
"Great refresher session that covers all aspects on this important topic. Delivered in a relaxed and very engaging way. Great session"

“

"I think it provided usual information not only for work, but in your personal life too. It was easy to understand and really useful"

“

"Excellent session Tim, really well and clearly delivered and I particularly liked the use of real life examples which brought the risks and consequences into focus. An excellent session very well delivered"



NHS Wales Shared Services Partnership (NWSSP) Clear Desk Best Practice

All employees should clear their desks at the end of each workday. The following clear desk best practice will help NWSSP reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view.

Clear Desk and Remote Working Procedures

A clear desk procedure is in place to provide guidance to all employees to ensure that they clear their desks at the end of each workday (or when an employee is away for a period of time) of any confidential information.

Clear desk guidance helps the NWSSP to reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view. This was written for those who also use "hotdesking" arrangements for working and any remote working that may be planned for the near future.



- Where practically possible, any paper and computer media should be stored in suitable locked safes, cabinets or other forms of lockable furniture when not in use, especially outside working hours.
- Where lockable filing cabinets, drawers, cupboards etc. are not available, office doors must be locked if left unattended.
- Hard copy documents containing any personal data, or confidential, restricted or sensitive information should be stored as appropriate e.g. Workforce files. Where appropriate, documents should always be scanned to PDF and stored within the appropriate folders on NWSSP's secure servers. Original paper copies should be securely disposed of in Confidential Waste Bins for destruction.
- Employees are required to ensure that all confidential, restricted or sensitive information in hardcopy or electronic form is secured at the end of the day or when they are expected to be away from their desk for an extended period to attend meetings.
- Any confidential, restricted or sensitive information must be removed from desks and locked in a drawer when a desk is left unoccupied at any time with the exception of tea making, comfort breaks, etc.
- Confidential, restricted or sensitive information, when printed, should be collected from printers immediately. Where possible printers with a 'locked job' facility should be used.

- Reception areas can be particularly vulnerable to visitors. This area should be kept as clear as possible at all times. No personally identifiable information should be kept on desks within reach or sight of visitors.
- Upon disposal, any document containing any personal data or confidential, restricted or sensitive information should be placed in confidential waste bins. Confidential waste must not be left on desks, in filing trays or placed in regular waste bins.
- Keys used for access to confidential, restricted or sensitive information must not be left in or on an unattended desk. Keys for desk drawers, cabinets and other secure areas must be stored in a dedicated key safe or location.



General Data Protection Regulation (GDPR)

The GDPR was implemented by NWSSP on the 25th May 2018 and this continues to be the legislation that the organisation works within. This legislation applies to all Public Authorities and those companies and organisations that process personal information in any form.

The elements of GDPR that the NWSSP continues to work by are:

Awareness – Staff within NWSSP are aware of the legislation and what this means to each department.

Accountability – NWSSP have developed and continue to demonstrate compliance and use accountability measures such as Privacy Impact Assessments.

Communication – Providing service users (and staff) with meaningful information on how we use their data.

Legality - Consideration of all legal uses of identifiable data.

Consent – assessment of whether we need to ask for permission (consent).

Individual's rights – The right to request information, have it corrected, deleted and possibly erased.

Data Breaches – assurance that the NWSSP has protocols to detect, investigate and report data breaches.

The UK GDPR sets out seven key principles and these should lie at the heart of everyone's approach to processing identifiable / personal data. Service user can be defined as a patient, contractor, member of staff, supplier, member of the public or anyone who provides information to NWSSP.

1 Lawfulness, Fairness and Transparency

"Data must be processed lawfully, fairly and in a transparent manner"

The intended use of data needs to be disclosed clearly and efficiently in a way that allows the service user to understand exactly how their information is being collected and processed by NWSSP. This creates transparency in data sharing so that no one involved can be upset or unaware on how their data was processed.

3 Integrity and Confidentiality

Data should be processed on a need-to-know basis. Only NWSSP staff who require access to the information should be given access to it. This builds trust with the service user as well as limiting unnecessary loss or inappropriate access.

"Data must be processed using appropriate technical or organisational measures to ensure appropriate security, including protection against unauthorised or unlawful processing and accidental loss, destruction or damage"

Confidentiality means keeping service users' privacy as the forefront of NHS Wales business practices and using data in a way that is discrete and respectful of the service users' information and privacy.

2 Purpose Limitation

"Data must be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes. Further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes can be considered if it is compatible with the initial purposes"

This means that data cannot be stored and reused for other things other than what was initially disclosed by the service user. This goes back to the first principle in that data usage needs to be clearly explained by use of a Privacy Notice. This prevents NWSSP from using data for other undisclosed means at a later date.

4 Accountability

"The Data Controller must be responsible for, and able to demonstrate compliance"

Anyone who is handling data needs to be properly trained and fully aware of exactly what GDPR compliance means. Ultimately it is the job of each NHS Wales organisation (including the NWSSP) to ensure that GDPR compliance is maintained and that service user privacy is held with the utmost importance.

The 7 principles of the General Data Protection Regulation (GDPR)

5 Accuracy

The information you are collecting on service users' needs to be correct.

"Data must be accurate and, where necessary, kept up to date. Every reasonable step must be taken to ensure that inaccurate personal data can be erased or rectified without delay"

Whether it is a typo or outright misinformation, it needs to be identified correctly as soon as possible. This ensures that the data that NWSSP is utilising is clearly tied to the subject as well as ensuring professionalism when interacting with the service user in regards to their data. Nothing is worse than sending a letter containing sensitive information to a wrong postal address or sending confidential information to an incorrect email address.

7 Data Minimisation

Data minimisation essentially means the use of data needs to be limited to its essential needs.

"Data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed. In short, the NWSSP should identify the minimum amount of personal data needed to fulfil the purpose and nothing more"

Data retention, processing, and sharing needs to be limited and strongly considered before it is collected in any form from the service user.

6 Storage Limitation

This is a crucial part of GDPR compliance.

"Data must be kept in a form which permits identification of service users for no longer than is necessary for the purposes for which the personal data is processed. Personal data may be stored for longer periods if it is processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes. These exceptions must implement appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals"

NWSSP must clearly explain to service users how long we will be storing their data as well as ensuring it is properly destroyed after it has been utilised for its intended purpose. This creates clear expectations for all service users' and an added level of trust knowing that once their information is used it is not just going to be stored away waiting to be leaked or stolen in a breach. It limits exposure as well as loss in the event of a data breach.



DPR compliance serves to better protect customer's privacy and ensure everyone is aware of exactly how their data is being utilised.



Information Governance Workplan

The Information Governance work plan highlights a significant number of areas that cover off or contribute to compliance with IG.

The 2024/25 workplan focused on a programme of Information Governance work for the NWSSP to include but not limited to:

- Management of the Information Asset function;
- Communication of Information Governance topics throughout the organisation;
- Training and awareness;
- Continued compliance with legislation;
- Identifying areas for improvement;
- All new or existing identifiable information use and processes are Privacy Impact Assessed ("Privacy by Design") and involve Information Governance input at the earliest possible juncture;
- Communication with IG colleagues and reporting mechanisms;
- Supporting new services and initiatives;
- Supporting other organisations and forums including involvement in National work;
- Information Governance Risk Register;

- Breach reporting duties; and
- Data Subject Access.

These work plans demonstrate compliance in many areas and those where progress can be measured. Inclusion of a Health Check function has ensured that a report on progress has been included for all areas and a financial year end summary.

Information Governance toolkit 2024/25

The Welsh Information Governance Toolkit is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation.

The NWSSP has completed their assessment for 2024/25 and this was submitted by the deadline of the 31st March 2025.

The assessment helps identify those areas which require improvement and assist in informing organisations' IG Improvement Plans for the coming year. The aim is to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information.

This will provide reassurance to staff and patients that their information is processed securely and appropriately, and assure other organisations where sharing is made that appropriate IG arrangements are in place.

The IG Toolkit consists of simple to follow assessments, comprising of a range of rudimentary questions requiring tick box answers, one-line statements and the facility to upload or link to documents as evidence.

The Welsh IG Toolkit is completed by General Practices, Health Boards, Trusts and Special Health Authorities and Community Pharmacies.



Information Asset Register

The NWSSP Information Governance Manager has developed and supported the collection of all identifiable information assets within the organisation up to and with the launch of the General Data Protection Regulation in May 2018.

It is a continuous process to ensure that the content of each information asset return made by all applicable departments in NWSSP contains the information that includes details on who is responsible, what it is, what it contains, what is the legal basis for collecting it and how is it stored.

This has been updated on a regular basis to capture areas of the service that are still to be accounted for and to reflect current information held by department.

More information has been collected by other departments not contained within the initial exercises and more detail has been included to demonstrate accountability with the awareness of the organisation's information assets.

This will be expected to continue due to the ever-moving nature of the work and creation of new data especially where new services have been introduced and new processes have been implemented including any streamlining processes of existing functions.

Data Privacy Impact Assessments (DPIA)

Under the General Data Protection Regulation, NWSSP uses a Data Privacy Impact Assessment (DPIA) process. This is also known as "Privacy By Design" and the process involves the assessment and assurance of any proposed projects, new workstreams or changes to existing work that includes the use of identifiable data.

A DPIA is used to detail the proposals and provide recommendations to ensure that all identifiable data is secure and remains compliant. The NWSSP Information Governance Manager has worked on DPIAs in 2024/25 that included areas such as:

- Medicines homecare service
- Data Management
- eRostering
- Anti-violence collaborative reporting
- Transforming Access to Medicines (TRAMS)
- Records Management
- Registration Management
- Low Vision Service

Plus further assessment for the requirements were completed for projects that had the potential for sharing or use of identifiable information.

NWSSP also has national involvement and works jointly with other NHS Wales organisations on larger projects that impact across NHS Wales especially those involving assessing confidentiality.

What is confidential information?

Information Governance concerns the protection of confidential, identifiable information regardless of the form it takes. Following a recent Information Governance audit, the NWSSP Information Governance Manager has compiled a brief summary of some of the areas that are classed as confidential/non-confidential as below.

Confidential information can include:

- Patient information – Medical information, test results.
- Personnel/Workforce records including Employee number.
- Home address.
- Student Bursary details.
- Commercially sensitive information (cost of an item, market pricing, trade secrets).
- Financial information - Payroll/Pension/Bank/Salary Sacrifice details.
- Recruitment information.
- Credit card details.
- Legal proceedings.
- Deceased patient records.
- Internal staff databases of contact information.
- Documents marked as 'Private' or 'Confidential'.
- Invoices containing pricing/identifiable details/personal information.

What isn't classed as confidential?

- Job descriptions.
- Advertised jobs on NHS Wales.
- Annual reports and accounts.
- Freely published information in a newspaper/on websites.
- Newsletters.
- Contract/Purchase information (contract values).
- Freely available public information (usually through Freedom of Information requests).
- Externally provided staff contact information.
- Privacy Notices.

Remember, information should be used for the purpose it was collected for, and for compatible, lawful purposes. There are legal basis in place for the identified and recorded processing responsibilities within NWSSP, however it is important that if you have any concerns to discuss them with the [NWSSP Information Governance Manager](#).

Remember: All staff are personally responsible for the information they hold, access, process and share. This is regardless of location.



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Information Sharing

Data Sharing or Information Sharing Agreements are required to ensure that information that is identifiable is given the right level of consideration. When drafting a sharing will include:

- The context of the share;
- The types of data;
- The parties involved; and
- The legislation concerned.

It is important that all parties consider their roles and responsibilities in appropriate and confidential data use.

Any requests for data sharing (either from NWSSP or your requirement for requesting data) can be discussed with the NWSSP Information Governance Manager.

Breach Reporting

In 2024/25, NWSSP experienced **33** breaches which were classed as low risk. However, of those breaches, 32 (97%) of those breaches were identified as human error. Recommendations are provided to all incidents and a review of trends and actions taken are reported on and consideration of how to eliminate future errors.

Incidents reported include:

- Information sent to wrong recipient;
- No due diligence;
- Using the wrong information provided to the organisation; and
- Using the wrong information when sending to others.

As part of the organisation's reporting duties, it is important that all staff identify an incident defined as a data breach and also know how to report it.

The NWSSP has a full confidentiality breach reporting protocol that is available on the NWSSP intranet and sharepoint sites and detail when and how to report a breach.

Although not an exhaustive list, a few examples of typical breaches of confidentiality is defined as any event that has resulted or could result in:

- A staff member who has accessed their own patient records or other held records.
- A staff member who has accessed the GP records, demographic information or details of a family member.
- A staff member who has accessed records of another staff member.
- A staff member who has accessed confidential information and altered it without permission or under a fair and lawful process.
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it.
- A staff member who has either lost a laptop or other NHS equipment or had it stolen from the possession.

- A staff member who has told another person not connected to the business (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has published confidential information on the internet or made such information publicly available.

With any breach, this could cause an adverse impact due to a breach of confidentiality that can be defined for example as:

- A threat to personal safety or privacy.
- Enforcement action or a large monetary penalty from the Information Commissioner's Office.
- Disruption of NHS business.
- Reputational damage or embarrassment to the NHS.

Any concerns or questions relating to a potential or identified breach of confidentiality can be directed to the NWSSP Information Governance Manager for discussion.

Reporting a confidentiality Breach



NHS Wales Shared Services Partnership (NWSSP) has a commitment to ensuring that correct, legal use of confidential information is observed at all times and any suspected breaches and errors in using confidential, identifiable data (defined as personal or sensitive personal data, and commercially sensitive data) is acted upon.

It is vitally important that if you experience a confidentiality breach in your place of work, regardless of where that may be, that you inform the NWSSP Information Governance Manager as soon as possible and also report using the DATIX incident reporting form using the link below.

Useful links

The DATIX incident reporting form can be found on the NWSSP intranet or using this link datixweb.cymru.nhs.uk/live/index.php

Information Governance policies including the Confidentiality Breach Reporting protocol can be found on the Information Governance pages on the NWSSP intranet.

To discuss or report any concerns please contact Tim Knifton, Information Governance Manager - Tim.Knifton@wales.nhs.uk.

It is important to note any suspected or confirmed breaches of confidentiality and to report them as soon as possible so that action can be taken in line with current legislation.

Some examples of typical breaches of Information Governance or confidentiality are as follows:

- Issues around Data accuracy, availability or quality of data.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has emailed the wrong confidential information/or too much identifiable data to another recipient.
- A staff member who has accessed confidential information and altered it without permission.
- Use, access or sharing information without permission (consent).
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it or had it stolen (including laptops and other IT equipment).
- A staff member who has told another person not connected to the NWSSP (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has published confidential information on the internet or made such information publicly available.
- A staff member who has published confidential information to another work colleague who is not authorised to receive it or has no legal requirement or entitlement.



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Individual's Rights

For general data processing under the UK GDPR, individuals have specific rights. The NWSSP has a full set of guidance documents for reference.

The rights of individuals concern the following:

Data Subject Access

A Data Subject Access request is simply a request made by or on behalf of an individual for the information that he or she is entitled to ask for under applicable Data Protection Legislation. Data Protection Legislation requires the NHS Wales Shared Services Partnership (NWSSP) to process personal data in accordance with the rights of living individuals.

Right to be informed

Part of the Data Protection legislation is to inform all service users on the use of their data (accountability). The NWSSP informs those who we use data for:

- Why we are able to process information;
- What purpose we are processing it for;
- Whether service users have to provide it to us;
- How long we store it for;
- Whether there are other recipients of their personal information;
- Whether we complete any automated decision-making or profiling;

The privacy notices we have developed include data subjects' rights to request their data, have inaccuracies corrected or data erased (in certain circumstances).



Right to rectification

Under Article 16 of the UK General Data Protection Regulation (GDPR) individuals have the right to have inaccurate personal data rectified. An individual may also be able to have incomplete personal data completed, although this will depend on the purposes for the processing.

Data portability

The right to data portability gives individuals the right to receive personal data they have provided to a controller in a structured, commonly used and machine readable format. It also gives them the right to request that a controller transmits this data directly to another controller.

Restriction of processing

Article 18 of the UK GDPR gives individuals the right to restrict the processing of their personal data in certain circumstances. This means that an individual can limit the way that an organisation uses their data. This is an alternative to requesting the erasure of their data.

Right to erasure

Under Article 17 of the UK GDPR individuals have the right to have personal data erased. This is also known as the '*right to be forgotten*'. The right is not absolute and only applies in certain circumstances.

Freedom of Information Act (FOIA)

The Freedom of Information Act (2000) supports the principles of openness and transparency and welcomes the rights of access to information relating to policy, procedure and decision making. The FOIA covers public authorities that use public money to make decisions and therefore have to be accountable for those.

NWSSP has created a climate of openness by providing improved access to information about the organisation and facilitates the development of such an environment year after year.

In 2024/25, NWSSP received **138** Freedom of Information requests.

These included requests for information relating to:

- Accounts payable;
- Covid-19;
- Corporate Services;
- Energy Management systems;
- Procurement processes and purchasing; and
- Primary Care prescribing activity.

As required by legislation, the NWSSP publish a full list of FOI requests by month that can be found here:

<https://nwssp.nhs.wales/about-us/freedom-of-information-act-2000/publication-scheme/>



Forward look at 2025/26



The Information Governance Manager plans and manages the strategic direction of the IG service and the continual monitoring of new legislation.

Part of any new financial year involves the consideration of the content of the Information Governance workplan and the work involved to continue to promote a culture of confidentiality and compliance with all applicable Data Protection regulations and legislation.

Some of this work includes:

- Development of new initiatives
- Review of the IG training programme
- Maintaining contact with those responsible for projects
- Establishing relationships with divisions and services
- Identifying gaps in policy
- Completion of related assessments
- Compliance with Information Rights including Freedom of Information
- Constructive advice in relation to queries
- Effective breach investigation and recommendations
- Reporting
- Representation at all relevant meetings and forums

For any questions on the content of this review, please contact:

Tim Knifton
NWSSP Information Governance Manager



02921 500500



tim.knifton@wales.nhs.uk



www.nwssp.wales.nhs.uk



NHS Wales Shared Services Partnership



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Useful Links

-  [NWSSP Information Governance pages](#)
-  [NWSSP Information Governance Steering Group](#)
-  [The Information Commissioner's Office \(ICO\)](#)
-  [NWSSP Information Governance Annual Reports](#)

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	08 July 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.

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 14 October 2025 In person at IP5 in Newport	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 Nationally Hosted IT Systems Report	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Risk Management Protocol, Risk Appetite Statement and Assurance Mapping	Audit Committee Effectiveness Survey NWSSP Annual Review Integrated Medium Term Plan

		Audit Wales Management Letter	Review of Audit Committee Terms of Reference Review of Standing Orders for the Shared Services Partnership Committee	
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 External Audit Audit Wales Office Proposed Audit Work	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Risk Management Protocol, Risk Appetite Statement and Assurance Mapping	Annual pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud