

NWSSP Audit Committee Meeting Part A

Thu 25 July 2024, 14:00 - 16:00

Meeting room 1, IP5 in Newport

Agenda

14:00 - 14:15 **1. Standard Business**

15 min

Gareth Jones, Chair

1.1. Welcome and Opening Remarks

Gareth Jones, Chair

1.2. Apologies

Gareth Jones, Chair

1.3. Declarations of Interest

Gareth Jones, Chair

1.4. Minutes of the Meeting Held on 16 April 2024

Gareth Jones, Chair

 1.4 Draft Audit Committee minutes 16042024.pdf (12 pages)

1.5. Matters Arising

Gareth Jones, Chair

 1.5 Matters Arising.pdf (2 pages)

14:15 - 14:25 **2. NWSSP Update**

10 min

Neil Frow, Managing Director

2.1. MD Update

Neil Frow, Managing Director

 2.1 AC Managing Director Update July 24_.pdf (5 pages)

14:25 - 14:35 **3. External Audit**

10 min

Steven Wyndham, Audit Wales

3.1. Audit Wales Update

Steve Wyndham, Audit Wales

 3.1 Audit Wales update paper - NWSSP July 2024.pdf (2 pages)

14:35 - 15:00
25 min

4. Internal Audit

James Johns, Head of Internal Audit

4.1. Progress Report

James Johns, Head of Internal Audit

 4.1 A&A NWSSP Audit Cttee Progress Report July 24.pdf (6 pages)

4.2. Internal Audit Reports

Sophie Corbett/James Johns

4.2.1. Decarbonisation

Sophie Corbett/James Johns

 4.2.1 Decarbonisation Final Internal Audit Report.pdf (17 pages)


4.2.2. Student Awards

Sophie Corbett/James Johns

 4.2.2 Student Awards Final Internal Audit Report.pdf (13 pages)


4.2.3. Single Lead Employer

Sophie Corbett/James Johns

 4.2.3 Single Lead Employer - Final Internal Audit Report.pdf (13 pages)


4.2.4. Procurement Services

Sophie Corbett/James Johns

 4.2.4 Procurement Services CTM &SB - Final Internal Audit Report.pdf (16 pages)

4.3. Head of Internal Audit Opinion and Annual Report 2023-24

James Johns, Head of Internal Audit

 4.3 A&A NWSSP HIA Opinion and Annual Report 23-24.pdf (27 pages)

15:00 - 15:15
15 min

5. Counter Fraud

Mark Weston, Local Counter Fraud Lead

5.1. Counter Fraud Annual Report 2023-24

Mark Weston, Local Counter Fraud Lead

 5.1 LCFS Annual Report 2023-24.pdf (12 pages)

 5.1 Counter Fraud Standard Return.pdf (23 pages)

5.2. Progress Report

Mark Weston, Local Counter Fraud Lead

 5.2 NWSSP Q1 2024 2025 LCFS Progress Report Final.pdf (8 pages)

15:15 - 16:00
45 min

6. Governance, Assurance & Risk

6.1. Final Annual Governance Statement 2023-24

James Quance, Assistant Director of Corporate Services

- 📄 6.1 Annual Governance Statement 2023-24 CP.pdf (3 pages)
- 📄 6.1 Annual Governance Statement 2023-24 .pdf (35 pages)

6.2. Governance Matters

Alison Ramsey, Director of Finance and Corporate Services

- 📄 6.2 Governance Matters July 2024_.pdf (16 pages)

6.3. Corporate Risk Register

James Quance, Assistant Director of Corporate Services

- 📄 6.3 Corporate Risk Register July 2024 CP.pdf (3 pages)
- 📄 6.3 Corporate Risk Register 10072024.pdf (4 pages)

6.4. TrAMS Update

Presentation Neil Frow, NWSSP Managing Director

6.5. Tracking of Audit Recommendations

James Quance, Assistant Director of Corporate Services

- 📄 6.5 Tracking of Audit recommendations report July 2024 .pdf (3 pages)
- 📄 6.5 Appendix A Audit Recommendations July.pdf (3 pages)

6.6. Annual Declarations of Interest and Gifts, Hospitality & Sponsorship 2024

James Quance, Assistant Director of Corporate Services

- 📄 6.6 Annual Col Declarations and Gifts, Hospitality and Sponsorship 2023-24.pdf (8 pages)

6.7. Audit Committee Annual Report 2023-24

Gareth Jones, Chair

- 📄 6.7 Audit Committee Annual Report Cover Paper.pdf (1 pages)
- 📄 6.7 NWSSP Audit Committee Annual Report 2023-24 .pdf (11 pages)

6.8. Audit Committee Terms of Reference Review 2024

James Quance, Assistant Director of Corporate Services

- 📄 6.8 NWSSP Audit Committee Review of Terms of Reference July 2024.pdf (12 pages)

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

0 min

7.1. 2024-25 Forward Plan

- 📄 7.1 Audit Committee Forward Plan 2024-25.pdf (3 pages)

7.2. NWSSP Annual Review 2023-24

- 📄 7.2 Annual review 24.pdf (54 pages)

7.3. Welsh Language Annual Report 2023-24

- 📄 7.3 Welsh Language Annual Performance Review 2023.24 (002).pdf (15 pages)

7.4. Information Governance Annual Report 2023-24

16:00 - 16:00 **8. Any other Business (by Prior Approval Only)**
0 min

16:00 - 16:00 **9. Date & Time of Next Meeting, 15 October 2024**
0 min

Gareth Jones

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

MINUTES OF THE MEETING HELD ON
TUESDAY 16 APRIL 2024 / 14:00 – 16:00
BY TEAMS APPOINTMENT

EXPECTED ATTENDEES:		
ATTENDANCE	DESIGNATION	
INDEPENDENT MEMBERS:		
Gareth Jones (GJ) Chair	Independent Member	
Vicky Morris (VM)	Independent Member	
ATTENDANCE	DESIGNATION	ORGANISATION
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Alison Ramsey (AR)	Director of Planning Performance and Informatics	NWSSP
Carly Wilce (CW)	Corporate Services Manager	NWSSP
James Johns (JJ)	Head of Internal Audit	NWSSP
James Quance (JQ)	Corporate Services	NWSSP
Lauren Fear (LF)	Director of Corporate Governance	Velindre
Lindsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Matthew Bunce (MB)	Director of Finance	Velindre
Murray Gard (MG)	Internal Audit	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
Sophie Corbett (SCo)	Deputy Head of Internal Audit	NWSSP
Steve Wyndham (SW)	Audit Lead	Audit Wales
Tracy Myhill (TM)	Chair of NWSSP	NWSSP
Jillian Haynes	Secretariat	NWSSP

Item		Status
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks The Chair welcomed members to the meeting, and extended congratulations to Alison Ramsey on her appointment as the new Director of Finance with effect from 1 May. He also congratulated James Quance who will take over responsibilities from Peter Stephenson when he retires on 30 April.	
1.2	Apologies Apologies were received from: Steve Ham, Chief Executive of Velindre NHS Trust; and Mark Weston (MW), Local Counter Fraud Specialist, NWSSP.	
1.3	Declarations of Interest No declarations of interest were presented.	
1.4	Minutes of Meeting held on 26 January 2024	

Item		Status
	The minutes of the meeting held in January 2024 were AGREED as a true and accurate record of the meeting.	
1.5	Matters Arising from Meeting on 26 January 2024 All matters arising were complete or would feature on the agenda.	
2. NWSSP Update		
2.1	<p data-bbox="240 517 459 553">IMTP Update</p> <p data-bbox="240 589 1310 938">AR reported that the Integrated Medium-Term Plan (IMTP) for 2024-27 had been submitted to the Welsh Government before Easter. The NHS Planning Framework had been published on 18 December 2023. Ministerial priorities were targeted primarily at clinical services. The financial plan reflected the Allocation Letter issued in December 2023. Approval of the Draft IMTP was attained by the SLG on 14 December 2023 and by the SSPC on 18 January 2024. Consultation had also been undertaken with Trade Union colleagues. The final documents were submitted to the Welsh Government on 26 March 2024. AR summarised the priorities for year one of the IMTP and explained the key messages.</p> <p data-bbox="240 976 970 1012">Key opportunities to take forward were listed as:</p> <ul data-bbox="292 1014 1310 1290" style="list-style-type: none"> • increasing the uptake of self-service functionalities; • reducing unwarranted variation and moving towards standardisation and common operating models; • maximising return on investment made in new digital systems; • implementing key policy initiatives, including the Anti-Racist Wales Action Plan and Speaking Up Safely arrangements; and • adopting agile working principles to employ people from across Welsh communities. <p data-bbox="240 1335 1310 1507">AB stated that it had been a very challenging year for the whole of NHS Wales. The financial plan, whilst balanced, contained risks and income assumptions. The proposed 3.67% core uplift funding had not been received. Income streams of over £681m were expected for 2024/25 rising to over £692m in 2026/7.</p> <p data-bbox="240 1547 1310 1933">Savings arising from estate rationalisation, would be invested in digital services, the workforce and decarbonisation initiatives. Energy costs continued to be a significant risk, especially in terms of high users such as laundries. The situation is being continually monitored. Just over £1m discretionary capital was shown in the accounts which was short of the required amount to develop the laundry service. Radiopharmacy was another significant project at £6.3m which AB reported had started to progress. AB continued that warehousing was another large project at £12.3m and there were questions to be asked of the Welsh Government re: stockholding levels around PPE. The IP5 solar farm project was also an ambitious decarbonisation programme.</p>	

Item		Status
	<p>Approval of the IMTP was awaited and subsequently the plan would be published, followed by a peer to peer review. The plan would be monitored via the quarterly review process.</p> <p>VM enquired around quality impact assessments and whether opportunities were being taken advantage of, via the Committee. AR replied that there is programme of work around the approach to implement the duty of quality and there was an agreement to dovetail arrangements with Velindre and provide statements of assurance to the health boards. We would be able to demonstrate obligations having been met and development was ongoing. It was hoped that discussions would initiate debate with health boards and suggestions could be offered on how the NWSSP could assist.</p> <p>GJ asked if there was any indication in the IMTP of when the various stages would be achieved. AR replied that local divisional plans underpinned the IMTP with quarterly milestones. A summary report is presented to the SLG, the SSPC and the Welsh Government.</p> <p>Action: AR to share the IMTP document and the slide deck.</p> <p>The Committee NOTED the report.</p>	AR
2.2	<p>MD Update</p> <ul style="list-style-type: none"> • NF confirmed that NWSSP would break even financially after re-distributing around £3m and spending approximately £8m capital funding. The capital programme in place for laundry services was no longer achievable and the new plan would involve improving existing laundries. The IMTP was positive and had been formally submitted to the Welsh Government for review. • NF had been asked to take part in a ministerial taskforce on community assets across NHS Wales and was also representing Wales on the ESR Transformation Programme. • There was positive news on the RadioPharmacy position: the detailed design work was almost complete and planning discussions were underway with the Council. The business case was expected to be presented to the SSPC and subsequently to the Welsh Government by the end of May/early June. Costs would be in the region of £9m. Swansea Bay UHB is providing significant support currently. The Pharmacy Technical Services Division supported the wider service including additional support that has been provided to Velindre. • Digital procurement projects were ongoing. NF had recently held productive conversations with DHCW. • The People & OD team had supported a ministerial visit to India to secure nurse recruitment. The current arrangements were formally confirmed and as a result, 250 qualified healthcare professionals would relocate to Wales. 	

Item		Status
	<ul style="list-style-type: none"> • The laundry service at Carmarthen had closed and the new Swansea hub was working well. Staff had been offered either a position in Swansea, VERS or redeployment to any suitable position within Hywel Dda. Funds had been spent on Green Vale Laundry Services in Cwmbran more recently. Cwm Taf laundry staff had transferred via TUPE. • Medical Examiner Services legislation had been passed and this meant that as of 9 September 2024, all deaths would be independently reviewed by a medical examiner or coroner. • Conversations would continue with Welsh Government re: PPE stockholding. • Personnel: AR would be taking up the Director of Finance and Corporate Services post on 1 May 2024. Nicola Phillips had already taken up the role of Director of Primary Care Services, and an appointment had been made for the Director of Planning, Performance and Informatics role, with the successful applicant serving three months' notice in their current role. • Accommodation: notice had been given at HQ at the appropriate break clause and the lease would end in six months. Staff would move into NG2 later in the year. Leases in Companies House would end in June, with a smaller footprint agreed until the NG2 building was completed. <p>VM noted the challenges around the seven-day medical examination service and access to health records. She asked if this is a concern across all health boards and whether the situation would be solved by September. NF replied that the date had been decided and so that was helpful. He explained that 'faith deaths' needed a quicker response and this was the challenge faced but Andrew Evans was continuing beyond his retirement date for three months to ensure a smooth transition. NF believed that it would be achievable. He added that GP practices had been a challenge but that around 30% of medical records were now on the system and this number would increase.</p> <p>GJ enquired around the TrAMS service which was shown as a high risk on the Risk Register and asked if the service was still struggling with lack of capital, and whether it would be likely to be resolved. He suggested presenting a separate paper at the next Audit Committee meeting to review the risk in more detail. NF stated that a paper will be produced from a NWSSP perspective and explained that the challenge faced with the programme, was that it was initially unaffordable and so it had been redesigned. The Welsh Government had given funding to provide a plan for the whole service. NF suggested that it may be necessary to omit some of the manufacturing element, and this would enable it to fit into IP5, making it an affordable solution. He reaffirmed that the Welsh Government is very supportive of TrAMS.</p>	

Item		Status
	<p>Action: A separate paper to be provided to the next Audit Committee meeting regarding the progress of TrAMS, including the costs and risks involved.</p> <p>GJ enquired around progress made on resource mapping and developing a trading model SLA. NF explained that this system worked through how finances would process through the system in a very transparent way, for example, how current charges progress through to health boards.</p> <p>GJ stated that AB had been an invaluable support and would be a great loss to NWSSP. He wished him a very long and happy retirement on behalf of all the members.</p> <p>The Committee NOTED the report.</p>	NF
3. EXTERNAL AUDIT		
3.1	<p>Audit Wales Update - April 2024</p> <p>SW gave an update on the assurance work performed by Audit Wales, explaining that this year's work had begun but there was nothing to report at this stage. An Audit Committee Effectiveness event for public sector organisations in Wales was to be held the following month and details had been distributed.</p>	
3.2	<p>2023-2024 NWSSP Assurance Work Programme</p> <p><i>2024 Audit Assurance Arrangements - NWSSP</i></p> <p>SW explained that the objective of this work was to provide assurances to external auditors of the key material activities of NWSSP in order to support the audits of other NHS Wales organisations. The paper set out the scope of the work for the current year, in terms of financial, systems and controls and IT support, including nationally hosted computer systems. Assurance work coordinated centrally at NWSSP, completed by the Velindre University NHS Trust Audit team, avoids the involvement of several auditors covering similar work and is guided by what audit teams require. SW reported that there were changes this year, in that 1) Internal Audit would no longer be assessed as the audit approach adopted by Audit Wales does not involve relying on the work of Internal Audit and 2) testing controls in the pharmacy function would be included. There would be no changes in IT assurance work.</p> <p>SW continued that paragraph 5 referred to services which may be included in assurance reports in the future, e.g. ophthalmic services, due to increased activity in those areas. These were under discussion and a decision would be imminent. AB stated that the assurance report had been presented and accepted by the SLG. He continued that the assessment of Internal Audit had been useful in the past and had</p>	

Item		Status
	<p>provided some assurance of compliance to required standards. NF agreed and asked if it was possible to continue to provide a report. SW agreed to discuss the possibility for next year.</p> <p>VM enquired on the rationale for not covering primary care services as shown on p19 of 170. SW stated that external auditors may have viewed it as immaterial to their opinion, possibly due to the costs involved, or else they found an alternative means of seeking assurance over the activity.</p> <p>GJ was pleased to read that audit assurance would be provided on contracts requiring approval of the Welsh Government, i.e. those exceeding £1m (p6 of 10). He felt that the added assurance would also be comforting for Velindre University NHS Trust board members.</p> <p>Regarding the timetable on p8 of 10 showing June/September deadlines for three areas of work, GJ asked if NWSSP would receive a copy of those reports. SW explained that the reports would show a similar content to the management letter. The letter was postponed slightly in order to capture any further instances reported from health boards or auditors, etc. He reassured members however, that where matters needed communicating immediately, they would not hesitate to do so.</p> <p>Committee discussed and NOTED the Audit Wales update and also NOTED and APPROVED assurance arrangements in Item 3.2.</p> <p>It was also AGREED that a discussion would be arranged with Audit Wales to determine if the assurance reporting in respect of Internal audit could be continued.</p>	JQ
4. INTERNAL AUDIT		
4.1	<p>Progress Report</p> <p>JJ reported that section 2 of the report set out the audit outcomes which had been finalised since the Audit Committee last met. The planning and delivery update was shown in Appendix A and JJ confirmed that all the work planned for 2023-24 was on schedule.</p> <p>The Committee NOTED the report.</p>	
4.2	Internal Audit Reports	
4.2.1	<p>Estates Funding Advisory Board</p> <p><i>The Estates Funding Advisory Board – Audit Report April 2024</i></p> <p>MG stated that the purpose of the report was to evaluate and review the processes of prioritisation and allocation of funds through the Estates Funding Advisory Board (EFAB). This Welsh Government initiative sought to address backlog maintenance and estate risk priorities from</p>	

Item		Status
	<p>2023-25. Timescales allowed for submission, scrutiny, evaluation and approval of projects were challenging. Current funding would conclude in March 2025.</p> <p>Four assurance objectives were graded as reasonable and one as substantial. A number of recommendations were shown, including attention to completeness and approval of documentation from organisations to ensure consistency, and the introduction of a prioritised reserve list to ensure the highest risks were targeted.</p> <p>GJ drew the Committee's attention to the agreed management actions on p11 of 21 and confirmed that the actions were completed (the narrative shown was 'actioned since audit fieldwork').</p> <p>GJ further queried the date of 25 November 2022 shown on page 14 of 21, paragraph 2.2. MG would confirm the date.</p> <p>Action: MG to confirm the date as shown in the report on page 14 of 21.</p>	MG
4.2.2	<p>Accounts Payable</p> <p><i>Accounts Payable Final Internal Audit Report</i></p> <p>SCo reported that the purpose of the report was to determine that key systems and controls were in place and operating effectively within Accounts Payable. Findings were broadly consistent with the previous year, with relatively minor compliance issues, e.g. supplier amendment checking processes. A new development this year was the increased use of data loads, which should be restricted to certain circumstances. Reasonable assurance was given overall.</p>	
4.2.3	<p>GMS Contractor Payments</p> <p>SCo reported that the audit focused on the systems and controls in place for the process and payments to GMS contractors. Some discrepancies were found and reportedly corrected. Reasonable assurance was given overall with two medium priority findings as detailed in Appendix A.</p> <p>VM asked for clarification of Appendix B and suggested that items 1) and 3) were ambiguous. SCo clarified that 1.1a was a recommendation to communicate with health boards to explain actions undertaken in detail and agree the checks required. The third point recognised that checks were not progressing as expected, as the reconciliation tool was not able to be used.</p> <p>GJ noted that the target dates in Appendix B had passed with only one completion shown. SCo agreed that the dates could have been updated for the report; they would be amended in the recommendation tracker following the meeting.</p>	JQ

Item		Status
4.2.4	<p data-bbox="240 215 512 248">Payroll Services</p> <p data-bbox="240 282 1311 600">SCo reported on the systems and controls in place for payroll services, which should ensure effective operations and is based on sample testing of transactions. New starters and data changes were found to have been processed accurately and promptly. Ongoing service improvement and modernisation had updated the system and led to improved audit outcomes. There was a minor issue in relation to evidence, but overall the assurance rating provided was substantial. VM congratulated the team on an excellent result. GJ was pleased to see three reasonable and one substantial assurance reports.</p> <p data-bbox="240 633 1303 667">Committee received and NOTED and APPROVED all the above reports.</p>	
4.3	<p data-bbox="240 712 959 745">2024-2025 Internal Audit Plan and Charter</p> <p data-bbox="240 779 847 813"><i>Internal Audit Plan and Charter 2024-25</i></p> <p data-bbox="240 853 1311 1099">JJ reported that there were no significant changes to the usual approach, and a fuller subsequent update would reflect the new Internal Audit Standards for 2025. The document set out the approach, purpose of Internal Audit, the planning approach and information on the system of assurances as well as areas taken into consideration in creating the plan. JJ directed members to Appendix A which set out the audits planned for the year.</p> <p data-bbox="240 1137 1311 1346">VM highlighted Appendix B and the KPIs and asked how they had changed from previous years, whether they were consistent for all and how would it be possible to firm up required outcomes. JJ stated that targets would be specific for a particular committee, as there was no fixed percentage they would be shown as a variance, which would increase incrementally each year.</p> <p data-bbox="240 1384 1311 1559">GJ noted that the Audit Plan in Appendix A, showed that there were many scheduled in Q4. JJ assured GJ that it was achievable as much of the fieldwork would be prepared for each review and delivered over the previous months. JJ confirmed that Appendix C was consistent with the charters elsewhere.</p> <p data-bbox="240 1597 1311 1664">The Committee APPROVED the Internal Audit Charter and NOTED the associated Internal Audit resource requirements and KPIs.</p>	
5. COUNTER FRAUD		
5.1	<p data-bbox="240 1794 520 1827">Progress Update</p> <p data-bbox="240 1861 1311 1895"><i>Counter Fraud Progress Report – Quarter 4 – 1 Jan 2024 to 31 Mar 2024</i></p> <p data-bbox="240 1933 1311 2000">AB reported that it had been planned to deliver 140 proactive days and the final total was 121, with 84 reactive days against a planned seventy.</p>	

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	<p>Good progress had been made in developing the local counter fraud website. The e-learning module had been set up but numbers of staff taking the course had been disappointing and is an ongoing area of focus. It was not considered necessary for it to be a mandatory module; instead MW has made targeted attempts to engage staff. The induction process for new staff included the course as standard. There would be changes in the DoF role and Audit Committee Chair reported to the counter fraud service and nomination forms would be completed.</p> <p>GJ asked why the training was not mandatory. AB explained that it had been discussed at the SLG meeting again in the previous week and it was considered that there was already a large suite of statutory and mandatory training and the feeling was that staff had sufficient mandatory courses to complete. Some health boards had made it a mandatory course. It was suggested that there was a need to review all mandatory training holistically, to review essential and desirable training. GJ suggested that the subject remain under review.</p> <p>GJ further suggested that values be added to the reports where possible to gauge progress.</p> <p>The Committee NOTED the update.</p>	
5.2	<p>2024-2025 Counter Fraud Annual Plan</p> <p>AB stated that the plan for the next twelve months had been approved by the SLG the previous month. The plan would need to remain flexible and be amended if necessary for risks or matters arising. AB stated that it was important that the work dovetailed with Internal Audit to maximise benefit.</p> <p>The Committee APPROVED the Plan.</p>	
6. GOVERNANCE, ASSURANCE AND RISK		
6.1	<p>Financial Outturn 2023-2024</p> <p>LP presented the financial outturn for the 2023-24 financial year. Revenue showed a £10K surplus, subsequent to a £3m distribution. New provisions for stock had been made, e.g. PPE, where volumes were due to expire. The WRPC forecast had been £135.93m and LP reported that the final figure was £135.97m.</p> <p>She continued that the £8m capital allocation had been spent; £2.5m was in respect of various leases and £5.5m for owned assets. £2m of the latter figure was in respect of laundry services. Other large expenditure included: the IP5 solar farm, the workforce system in primary care, vehicles and RadioPharmacy.</p> <p>GJ congratulated LP and her team on the results.</p>	

Item		Status
	The Committee NOTED the update.	
6.2	<p data-bbox="240 322 579 356">Governance Matters</p> <p data-bbox="240 389 1310 495">AB reported that, following review, amendments were to be proposed to delegated limits. The proposal would be discussed with Velindre colleagues initially and subsequently with GJ.</p> <p data-bbox="240 533 1310 779">Contract activity had been intense towards the year end with 69 contracts processed in the period. Ten contracts were identified during that period where there had been no prior engagement with Procurement, and while disappointing, AB reported that this figure would reduce in 2024-25. He continued that there was good reason as summarised in the report as to why the ten contracts were not treated in the usual manner.</p> <p data-bbox="240 817 1310 922">AB continued that 24 contracts had been completed in the period and the return forwarded to Judith Paget indicated that there were no Internal Audit reports with limited or no assurance.</p> <p data-bbox="240 960 1310 1348">GJ enquired around the figures quoted in Appendix A, i.e. the provision of £50K extra support for legal services, and £100K shown on the following page to two other legal firms. The description given for the expenditure was 'Long term strategy being discussed with Procurement going forward' and GJ asked AB to explain in more detail. AB stated that there had been a large increase in negligence cases and so additional services had been secured up to the values shown in order to deal with caseload. In the longer term, recruitment/retention focus would mean that further outsourcing would be unnecessary. He reassured GJ that he and the MD had challenged the Legal and Risk Division to ensure that contracts were competitive.</p> <p data-bbox="240 1386 1310 1563">GJ continued with a query on the purchase of RadioPharmacy equipment, described as 'sole supplier' when there were several suppliers listed. LP confirmed that a number of different items of equipment were sourced from individual suppliers, and those listed were sole suppliers of each item.</p> <p data-bbox="240 1601 1310 1742">GJ enquired around Appendix B: All Wales Contacting Activity (p10). Under the heading 'Document Type', he noted the description 'Briefing' and asked who was being briefed. AB stated that the term briefing could mean obtaining prior approval before the contract proceeded.</p> <p data-bbox="240 1780 1310 2018">GJ noted that Jonathan Irvine could approve up to £750K, but in row 6 it was stated that he had approved a value of £2.9m. GJ was also concerned about the comment 'unable to locate Welsh Government approval, sent to Welsh Government on 1 March'. He further noted that for items 8, 9 and 10 there was a date of forwarding for approval but no date on which approval was agreed by the Welsh Government. AB acknowledged the requirement to record the Welsh Government's</p>	

Item		Status
	<p>approval date before the contract process began and he would pass this suggestion to Procurement colleagues.</p> <p>Action: AB/AR to inform Procurement colleagues of the Chair's suggestion to record and include the Welsh Government's approval date on the report.</p> <p>Committee NOTED the report.</p>	AB/AR
6.3	<p>Risk Register</p> <p>PS reminded colleagues that at the Informal SLG, an exercise had been performed to review and refresh corporate risks. These were listed in Appendix A and reflected on Register, though he suggested that the emphasis may need to be amended as they develop with the risks being scored over the following months. The Corporate Risk Register showed three red risks, namely the threat to the TrAMS programme if no funding was available, resource requirements of the Covid inquiry and potential industrial action by junior doctors. New risks had been added: a general risk on information governance, a short term risk at IP5 and business continuity risks. Some risks had been removed, e.g. accommodation strategy. A new reduced score was recorded on four risks and updates had been provided on targets.</p> <p>VM clarified the risk noted at A2 re: employment services. There had been a reduction in recruitment activity as vacancies had reduced.</p> <p>With regard to the risk A4, VM noted that the risk was reduced from 12 to 8, but felt that 'receded' was a nebulous word which could be avoided. PS confirmed this would be taken into account in future iterations.</p> <p>Committee NOTED and APPROVED the report.</p>	
6.4	<p>Tracking of Audit Recommendations</p> <p>There had been 242 recommendations in total shown in the report and 232 of those had been implemented, with six not yet due.</p> <p>Overdue recommendations included: firstly, the Overpayments Policy, which it was hoped would be presented to the May SSPC as a final draft, and secondly; the reporting of cyber security performance indicators which would be taken forward on a Wales-wide basis. A revised date had been agreed of 30 June 2024. VM congratulated the team on a positive position.</p> <p>The Committee NOTED the report, and APPROVED the revised deadline. The Chair noted that this would be PS's final report to the Committee as he was retiring from his post and he thanked PS for his contribution to the Committee over many years.</p>	

Item		Status
6.5	<p data-bbox="244 215 616 248">2024-25 Forward Plan</p> <p data-bbox="244 282 1310 427">CW reminded members that once a year, an in-person Audit meeting would be held and this year the July meeting was nominated. This would be held in IP5 and she would update the invite. A tour would take place in advance of the meeting starting at 13:30.</p> <p data-bbox="244 461 676 495">Committee NOTED the item.</p>	
7. ITEMS FOR INFORMATION		
	<p data-bbox="244 640 1310 752">AR reported that the new Director of Planning Performance and Informatics was scheduled to be in post on 17 July 2024, but following the meeting this was extended to 5 August 2024.</p> <p data-bbox="244 786 1310 1032">AB would retire on 30 April 2024 and he thanked the Chair and members for their support over the years, as well as several staff for their valuable contributions. He felt that the Committee was a strong and effective team and he recalled the previous chairs with whom he had also enjoyed a good working relationship. Members and staff wished him a long and happy retirement and thanked him for his invaluable support over the years.</p>	
8. DATE/TIME OF NEXT MEETING		
	<p data-bbox="244 1144 1310 1245">The next meeting would be held on Thursday, 25 July 2024 from 14:00-16:00 in person at IP5, Imperial Park, Celtic Way, Newport, NP10 8BE with the tour taking place from 13:30-14:00.</p>	

<i>Actions arising from the meeting held on 16 April 24</i>				Action by
2.1	AR	<i>IMTP Update</i> Share the 2024-27 IMTP and slides with members of the Audit Committee.	Complete	25 July 2024
2.2	NF	<i>MD Update</i> To prepare a paper to be taken to the next Audit Committee meeting in July to provide an update on the progress of TrAMS, including the costs and risks involved.	On agenda	25 July 2024
3.2	JQ	<i>2024 Audit Assurance Arrangements - NWSSP</i> To arrange a discussion with Audit Wales to determine if the assurance reporting arrangements in respect of Internal Audit could continue beyond 2024.	Complete	25 July 2024
4.2.1	MG	<i>Estates Funding Advisory Board</i> To clarify the year detailed within the Internal Audit Report on page 14 of 21 paragraph 2.2. (November 2022).	Complete MG has confirmed that the year detailed in the report was incorrect and the 25 November 2023 should have been stated.	25 July 2024
4.2.3	JQ	<i>GMS Contractor Payments</i> The target dates of recommendations 1 & 3 in Appendix B should be updated, as they had already passed the deadline for implementation at the date and time of the meeting.	Complete Confirmation has been received that both actions are complete. They have therefore been marked as closed on the corporate tracking register.	25 July 2024
6.2	AR	<i>Governance Matters</i> To liaise with Procurement colleagues to inform them of the Chair's suggestion to record and include the Welsh Government's approval date in the All Wales contracting activity report.	Complete This action has been discussed with the respective lead who confirmed that they are dependent on WG to complete this action. Confirmation of	25 July 2024

			approval received from WG can range from 2 days to 2 months. Where a date has been added to the 'sent to WG' column the request is still pending and confirmation has not yet been received at the point of writing the report. However, going forward approval dates not included in the previous meeting will be included in future reports and marked as ' <i>dates not included in the last meeting.</i> '	
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MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
PREPARED BY	James Quance, Assistant Director of Corporate Services
PRESENTED BY	Neil Frow, Managing Director
RESPONSIBLE HEAD OF SERVICE	Neil Frow, 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 2024.

Finance

NWSSP reported a year-to-date surplus of £1.153m at Month 3. This was reported as a surplus of £0.846m within our core operational budgets and £0.307m against our recurrent covid allocation. The £0.846m surplus against core operational budgets is due to ongoing turnover and delays with recruitment to vacancies.

As Audit Wales conclude their audit of the 2023/24 Annual Accounts of Velindre University NHS Trust I can report that there are no matters regarding NWSSP that are reported in their ISA260 report to the Velindre Audit Committee. I would like to thank and congratulate the Finance Team for another successful year.

IMTP

As we look at the position at the end of the first quarter it is pleasing to see that 80% of our objectives are on track to be delivered in year. Our focus on

ensuring that objectives are more focused, realistic and achievable continues and is being reflected in a smaller number of objectives in 2024/25 than the previous year. I look forward to discussing progress with divisional leadership teams in quarterly performance review meetings during July.

Radiopharmacy

I am grateful to Health Board and Trust colleagues for their ongoing support for the South East Wales Radiopharmacy Business Justification Case (BJC) which is on the meeting agenda for approval and has been provided to organisations to take through their organisational governance processes.

It is important to acknowledge that there is considerable pressure to be able to proceed at pace in order to re-establish a safe and resilient service in South East Wales and as such it is encouraging that together we are on track to submit the BJC to Welsh Government at the end of July.

Laundry Service

We are working with Hywel Dda University Health Board to agree an affordable project scope to enable a Memorandum of Terms of Occupation (MOTO) for ongoing occupation of the Glangwili site and its use as a laundry hub.

MOTOs are in place for the Llansamlet, Llanfrechfa and Ysbyty Glan Clwyd sites. Discussions are ongoing regarding the Church Village site which are focussing on the level of backlog and future maintenance required.

Medical Examiners Service

Regulations for the Death Certification Reforms were laid in parliament, including the introduction of a statutory Medical Examiner system on the 15th April 2024. The legislation will come into force on Monday 9 September 2024 meaning independent scrutiny by a Medical Examiner will become a statutory requirement prior to the registration of all non-coronial deaths in England and Wales from this date.

System Developments

I continue to attend the Future NHS Workforce Solution Transformation Programme which is overseeing the new solution that will build on the current Electronic Staff Record (ESR) system in support of the NHS People Plan and the wider NHS workforce policies. The procurement phase is nearing completion with the aim of awarding a contract to the successful supplier by spring 2025.

We are in discussions with the provider of the Primary Care Workforce Intelligence System regarding the extension of the current contract to March 2025 whilst the new build is being negotiated.

The Project Board continues to oversee the decommissioning of the National Health Application and Infrastructure Services (NHAIS) system and work package options are being progressed with Digital Health and Care Wales (DHCW).

Personal Protective Equipment (PPE)

Stock

The latest PPE stock position is included in the meeting papers for information. We continue to work closely with Welsh Government colleagues to ensure that NWSSP holds the level of stock requested by Welsh Government.

NWSSP continues to receive information requests from the Covid-19 Public Inquiry, for which NWSSP is listed as a core participant for Module 5 Procurement focussing on our role in the provision of PPE. Providing requested evidence is a considerable undertaking and I am mindful of the pressures this creates on senior Procurement staff in particular. Recent extensive requests from the Inquiry with challenging timescales are causing me to consider the level of support to be provided to the Director of Procurement and Health Courier Services to ensure that day-to-day business can continue unaffected and that he is personally supported as much as possible.

Medicines Buffer Stock

Welsh Government officials recommended to the Minister for Health and Social Services that a medicines buffer stockpile be established, aligned to the preferred medicines and presentations used in NHS Wales, with the aim of increasing resilience regarding availability of critical medicines in the event of a future pandemic or other serious incident. This was approved by the Minister on 20 March 2024.

The Minister has agreed £1.2m including VAT for the initial procurement of medicines into the stockpile. The medicines buffer stockpile will be held at Picketston and managed by NWSSP working to an SLA with Welsh Government.

A Medicines Buffer Stock Management and Oversight Group has been established to provide a forum for discussion and resolution of issues related to the establishment and ongoing management of a medicines buffer stockpile for NHS Wales at which NWSSP operations, pharmacy and

procurement are present along with Welsh Government and Health Board colleagues.

Decarbonisation

On 26 June we received feedback from the Welsh Government Deputy Director, Health Social Care and Early Years on our end of year qualitative report on our decarbonisation action plan for 2023/24. The feedback provides us with an overall amber rating which means that the majority of actions are on track, but there is room for improvement.

The Welsh Government Programme Team highlight a number of successes, in areas such as transport where we have delivered and published a best practice approach for electric vehicles, a broad range of activities undertaken and monitored in the Procurement workstream and PV installation undertaken and planned.

The challenges to deliver the decarbonisation agenda within limited resources has been recognised in a recently concluded Internal Audit review in this area for which a limited assurance rating has been provided. 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.

Infected Blood Inquiry

On behalf of the UK Department for Health & Social Care, the Welsh Governments Chief Medical Officer/Medical Director wrote to me on 4 June to formally instruct NWSSP to make a second interim compensation payment, which forms part of the UK Government's response the Infected Blood Inquiry's Final Report, to each eligible beneficiary registered with the Wales Infected Blood Support Scheme's (WIBSS).

Appropriate funding (£45m) was provided to the Welsh Government and ringfenced for this purpose and passed to NWSSP to allow for the payments to be made. All payments were made prior to the end of June as requested.

Staff Awards

Our programme of in person events to celebrate our staff awards concluded with North Wales event on 27 July. These events have been hugely enjoyable for all and I am looking with Director colleagues at our approach to the forthcoming year in order to ensure that we reach as many employees as possible.

Development Activity

We are planning the Autumn Development Session for SSPC and James Quance has emailed to members to ask if there are any items that they would like us to cover.

The Senior Leadership Group (SLG) has attended the recent Team Wales event with me and NWSSP will be well represented at the NHS Peer Group Event on 29 July. In addition, the SLG and other senior leaders have been attending service improvement workshops as we develop our approach.

Staffing Update

There are no changes to senior staffing to report.

Neil Frow OBE
Managing Director, NWSSP
July 2024

Date issued: July 2024

Audit Wales update for the NWSSP Audit Committee – July 2024

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).

2023-24 Audit Progress update

- 2 Our audit and assurance work at NWSSP is complete and we have communicated our conclusions to NHS audit teams during June to help inform the conclusion of their audit opinion work at their respective bodies. There were no matters arising from our work that we needed to communicate to NHS audit teams.
- 3 We will formally report our findings to NWSSP in readiness for the next Audit Committee meeting. Whilst there are no matters arising from our work we are currently circulating NHS audit teams to identify if there are any matters that they have identified from their local audit work in respect of NWSSP.
- 4 Our audit of Velindre's 2023-24 annual accounts is also complete and I will like to thank the officers of NWSSP who supported the audit process.

General Audit Wales Update

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

Good practice events and products

- 7 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

Page 1 of 2 - Audit Wales update for the NWSSP Audit Committee – July 2024

- 8 We have issued our Annual Plan for 2024-25 that sets our priorities for the next 12 months.
- 9 A summary is provided below of the NHS-related or other national studies published since the last update paper:

Title	Publication Date
<u>Governance of National Park Authorities</u>	April 2024
<u>Community Pharmacy Data Matching pilot</u>	May 2024
<u>A465 Update Report</u>	June 2024

NHS WALES SHARED SERVICES PARTNERSHIP

Audit Committee

July 2024

Audit & Assurance Services
Internal Audit Progress Report



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Partneriaeth
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Shared Services
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4. Other Internal Audit Activity and Engagement	3

Appendix A - Assignment Status Schedule 2023-24


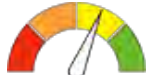


1. Introduction

The purpose of this report is to highlight the progress with the delivery of Internal Audit Plan to the Audit Committee and highlight 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
Decarbonisation	 <p>Limited</p>
Student Awards Service	 <p>Reasonable</p>
Single Lead Employer	 <p>Reasonable</p>
Procurement	 <p>Reasonable</p>

3. Planning and Delivery Update

The audit status schedule highlighting progress with the delivery of the Internal Audit Plan for 23/24, is shown in Appendix A. The finalisation of the four audits noted in the section above concludes all work as part of the 23/24 plan.

The Head of Internal Audit Opinion and Annual Report for 23/24 has been given Reasonable Assurance and is on the agenda for consideration.

Planning work is underway for several assignments within the 24/25 plan, with one draft report already issued.

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.

Appendix A: NWSSP Assignment Status - 2023/24 Internal Audit Plan

Audit	Status	Assurance Rating	Matters Arising			Timing	Audit Committee
			H	M	L		
PCS FPPS Reconciliation Tool	Final	Reasonable		3		Q1	Oct
Performance Data Quality	Final	Reasonable	-	3	-	Q2	January
Business Continuity Planning	Final	Reasonable	-	3	3	Q2	January
Energy Cost Management	Final	Substantial	-	-	1	Q2	January
Specialist Estates Services - Building for Wales Framework	Final	Reasonable	-	3	2	Q3	January
Primary Care Contractor Payments (GMS)	Final	Reasonable	-	2	-	Q2-4	April
Employment Services - Payroll	Final	Substantial	-	1	1	Q2-4	April
Accounts Payable	Final	Reasonable	-	3	2	Q2-4	April
Prioritisation of Estates Funding Advisory Board monies	Final	Reasonable	-	3	2	Q2/3	April
Decarbonisation	Final	Limited	1	2	-	Q2/3	July
Student Awards	Final	Reasonable	-	3	-	Q3/4	July
Procurement Services	Final	Reasonable	1	3	-	Q2-4	July
Single Lead Employer	Final	Reasonable	-	4	-	Q3/4	July



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

Decarbonisation Final Internal Audit Report July 2024

NHS Wales Shared Services Partnership

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Appendix B: Assurance opinion and action plan risk rating	16

Review reference:	NWSSP-2324-07
Report status:	Final
Fieldwork commencement:	1 st September 2023
Fieldwork completion:	24 th April 2024
Debrief meeting:	23 rd April 2024
Draft report issued:	8 th May 2024 & 4 th July 2024
Management response received:	8 th July 2024
Final report issued:	8 th July 2024
Auditors:	Gareth Heaven (Audit Manager) and Ceri Corcoran (Principal Auditor)
Executive sign-off:	Stuart Douglas (Director of Specialist Estates Services)
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note:

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.

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 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.

Executive Summary

Purpose

To consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan and the Decarbonisation Action Plan (DAP), demonstrating how they will implement the Strategic Delivery Plan initiatives. Following on from the advisory review delivered in 2022/23, the proposed scope will include governance, strategy progress and implementation.

Overview

NWSSP has a clear governance structure, including the establishment of a dedicated Decarbonisation Coordination Reporting Team set up at pace as a formal interface between the NHS Wales organisations and the Welsh Government.

NWSSP successfully delivered objectives set out in its DAP for 2022-24, generating extensive benefits for the organisation and across NHS Wales.

NWSSP developed a DAP for 2024-26 that accurately aligns with the Strategic Delivery Plan and clear reporting arrangements were evident internally and externally.


NWSSP has identified future funding requirements within the Integrated Medium-Term Plan (IMTP) 2023-26 and costed the DAP for 2024-25.

NWSSP continues to provide highly valued system wide leadership on various initiatives to support NHS Wales organisations in delivery of national objectives.

Whilst recognising the success of NWSSP noted above, the organisation (as with other NHS health bodies in Wales) has been unable to produce a fully costed implementation plan with potential funding strategies for the whole decarbonisation programme due to insufficient capital funding - an issue that exists across NHS Wales. This impacts a number of key actions assigned to the initiatives set out in the Strategic Delivery Plan, jeopardising the organisation's ability to meet national decarbonisation targets in 2025 and 2030. This is identified as the determinant factor concluding with an overall Limited assurance rating.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).

Report Opinion

		Trend
	More significant matters require management attention.	N/A
	Moderate impact on residual risk exposure until resolved.	

Assurance summary¹

Objectives	Assurance
1 Appropriate governance arrangements have been established	Reasonable
2 A tailored decarbonisation strategy and action plan has been developed	Reasonable
3 There is an appropriate funding strategy	Limited
4 Appropriate monitoring and reporting arrangements are in place	Reasonable
5 Projects are being successfully delivered and available funding is being secured	Limited

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

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Staff Training Modules	1	Operation	Medium
2	Fully Costed Implementation Plan	2, 3 & 5	Operation	High
3	Corporate Risk Register	4	Operation	Medium

1. Introduction

- 1.1 The Welsh Government (WG) is party to international agreements to reduce carbon emissions and control climate change, most notably as arising from the 2016 Paris Agreement. Accordingly, it has sought to create a framework of controls, guidance and support to achieve these aims.
- 1.2 Targets include waste reduction and reductions in supply chain carbon as part of the overall carbon footprint.
- 1.3 To support these aims, the WG published a number of strategic documents entitled *Prosperity for All – Economic Action Plan*, *Prosperity for All – A Low Carbon Wales* and *Prosperity for All – A Climate Conscious Wales*.
- 1.4 In March 2021, the WG approved a net zero target for the public sector in 2030. Net zero means balancing the greenhouse gas emissions with the amount of gases being removed from the atmosphere. For NHS Wales, an accompanying 'Strategic Delivery Plan' was published, setting interim targets (from a 2018/19 base) of:

	Carbon budget reduction
2025	16%
2030	34%

- 1.5 Category targets were also set for:
- Buildings;
 - Procurement;
 - Fleet and business travel; and
 - Staff, patient, and visitor travel.
- 1.6 All Wales activity support streams have been created, including Estates planning, and approaches to Healthcare. The WG has made funding available of circa £19.9m for decarbonisation initiatives via the Estates Funding Advisory Board (EFAB) in both 2023/24 and 2024/25 (based on each organisation matching 30% of the WG contribution from their own discretionary programme).
- 1.7 This audit builds upon the advisory review undertaken in 2022/23 that identified common themes nationally to be considered by NWSSP.
- 1.8 The risks considered during the audit were:
- Regulatory/legislative risk through not achieving mandated reductions in carbon emissions.
 - Reputational risk by failing to meet emission targets.
 - Failing key stakeholders by not reducing carbon emissions which have a detrimental effect on health. In so doing not meeting the requirements of the Well Being of Future Generations Act (2015).

2. Detailed Audit Findings

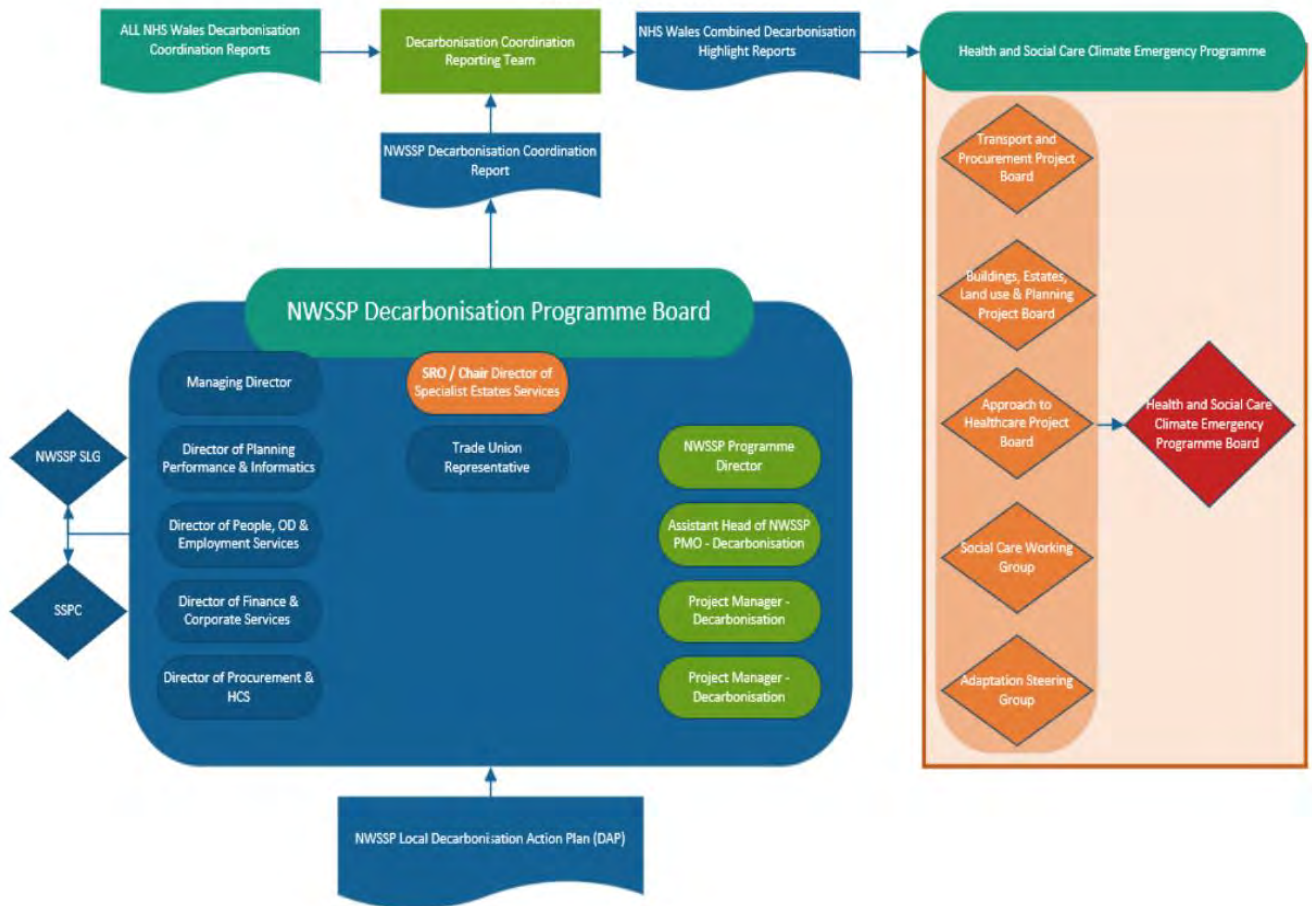
Objective 1: To obtain assurance that appropriate governance arrangements have been established in relation to decarbonisation that integrate with existing organisational accountability and reporting structures.

- 2.1 The *NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030* (referred to in this report as the 'Plan') published in March 2021 provides a detailed road map for NHS Wales, built around 46 initiatives (decarbonisation activities or projects) that will help facilitate reducing carbon emissions. NWSSP commissioned a carbon footprint assessment for NHS Wales in 2018/19 and this provided baseline emissions data for the strategic delivery plan.
- 2.2 NWSSP has an All-Wales lead role in Buildings, Transport (excluding those directly associated with Welsh Ambulance Service NHS Trust), Procurement and Estates Planning and Land Use, but also has responsibilities across all other activity streams at both a national and local level.
- 2.3 NWSSP developed a Decarbonisation Action Plan (DAP) in line with national requirements detailing their response to the Plan. The DAP sets out the service area responsibilities, ambition dates and actions that will be implemented against the initiatives over a 12-month period. Whilst the DAP for 2022-23 was mapped to the *NHS Wales Decarbonisation Strategic Delivery Plan*, the DAP for 2024-26 fully aligns to the Plan.
- 2.4 A Project Execution Plan (PEP) was originally developed to define how NWSSP will deliver the DAP and supporting initiative. The PEP was revised to reflect the implementation phase and ensure accountabilities were embedded as recommended in last year's advisory audit report.

Governance Structure

- 2.5 The NWSSP Decarbonisation Programme Board was established to oversee the implementation of the DAP and delivery of NWSSP led initiatives. An approved terms of reference for the NWSSP Decarbonisation Programme Board has been produced that outlines the key members of various services and divisions executive directors, project managers and staff side representatives.
- 2.6 The NWSSP Decarbonisation Programme Board is primarily accountable to the Shared Services Partnership Committee (SSPC), whilst also reporting to the WG Health and Social Care Climate Emergency Programme via the Decarbonisation Coordination Reporting Team – see governance structure below.

NWSSP Decarbonisation Programme Board Governance Structure / Information Flow



Roles and Responsibilities

- 2.7 The Decarbonisation Coordination Reporting (DCR) Team is led by the Decarbonisation Programme Director and is supported by a Decarbonisation Programme Lead and Project Managers. The role of the DCR Team is to coordinate reporting against the Plan on an NHS Wales wide basis across the 13 health organisations, and acts as the formal interface between NHS Wales and the WG Health and Social Care Climate Emergency Programme.
- 2.8 The Transport Task and Finish Group, NWSSP Local Action Plan Delivery Team and Green Team also support the DCR Team through the embedding of decarbonisation with their agendas and roles.

Collaborations

- 2.9 NWSSP facilitate and run the Welsh Health Environment Forum that was setup to promote environmental initiatives and sharing good practice amongst NHS organisations.
- 2.10 NWSSP led on the development of the electric vehicle (EV) charging guidance document (linked to Initiative 17 of the Plan), that was further developed on request by WG, with the organisation providing system-wide leadership on EV activity through the established Transport Task and Finish Group.

- 2.11 A letter from the WG in June 2024 noted the positive steps taken by NWSSP in the provision of system-wide leadership and the ongoing commitment in to driving forward the decarbonisation agenda.
- 2.12 Specialist Estates Services (SES) coordinate the Estates Funding Advisory Board (EFAB) whilst Community of Experts is a monthly nationwide group hosted by WG.

Training and Awareness

- 2.13 Members of the Procurement Team have received bespoke decarbonisation training from the People & Organisational Development Team in April 2024.
- 2.14 NWSSP People & Organisational Development are currently reviewing two ESR training modules (Climate Change and Sustainability and Achieving Net Zero in Wales) as to whether they should become mandatory for rollout to NWSSP staff. This review is currently ongoing. [Matter Arising 1]
- 2.15 To support training, NWSSP have also raised awareness of decarbonisation within the organisation through the following means:
- The inclusion of an environmental factsheet, quiz and ISO 14001 presentation within the corporate induction.
 - Energy saving tips found on the staff intranet page.
 - The development and distribution of a SES decarbonisation e-newsletters.

Conclusion:

- 2.16 Decarbonisation has been embedded within roles and responsibilities, an appropriate management structure has been established with NWSSP driving forward the decarbonisation agenda through system-wide leadership. There is opportunity to improve training of carbon emission reduction initiatives. Accordingly, we have concluded Reasonable assurance for this objective.

Objective 2: To ensure that a tailored decarbonisation strategy and action plan has been developed in accordance with available legislation and guidance and are adequately reflected within wider organisational documentation.

- 2.17 NWSSP led the development and publication of the Plan that 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 national and local level.
- 2.18 NWSSP shared the initial two-year DAP with SLG in March 2022 prior to formal submission to WG on 31st March 2022 detailing their response to the Plan and associated initiatives. A subsequent DAP for 2024-26 was recently submitted to SLG in March 2024. Review of the DAP confirmed that the set objectives and themes are linked to the Plan, whilst progress against the actions and initiatives in the DAP are monitored by the NWSSP Decarbonisation Programme Board and reported regularly to the SLG and SSPC.

- 2.19 The DAP is also summarised in the Integrated Medium-Term Plan (IMTP) for 2022-25 and progress reporting is integrated into the IMTP monitoring process. A review of a fully costed implementation plan to support the DAP is detailed in Objective 3.
- 2.20 The *NHS Wales Carbon Footprint 2018/19* paper, issued by WG, influenced the approach set out in the Plan and provides the initial baseline emissions data for target setting. However, as noted in last year's audit report, issues were identified with the baseline data and the disaggregation of the data for reporting purposes. The option was agreed to retain 2018/19 figures as a baseline/ point of reference and fully transition to the Public Sector Reporting approach and an updated baseline by the end of 2023.

Conclusion:

- 2.21 The DAP aligns with the set objectives and themes in the Plan and is embedded within the NWSSP IMTP with financial breakdowns provided. We have concluded Reasonable assurance for this objective.

Objective 3: There is an appropriate Funding Strategy targeting discretionary, EFAB and All-Wales funding.

- 2.22 The previous year's advisory report recommended that the DAP should be fully costed and supported by funding strategies (i.e. differentiating between local/national funding, revenue or capital funding).
- 2.23 A financial breakdown to support the DAP for 2024-25 has been produced with approximately £10.6m allocated against nine of the listed 30 actions. A full detail of costings and breakdown of potential funding strategies for the 2024-26 DAP was not evident. [Matter Arising 2]
- 2.24 The lack of capital funding (direct or indirect through bidding processes) for decarbonisation across NHS Wales presents a risk of NWSSP not delivering the targeted 16% emissions reduction by 2025 and the 34% reduction by 2030. This risk also impacts on the organisation's ability to develop a long-term financial model for the funding required to support the decarbonisation programme.

Conclusion:

- 2.25 NWSSP continues to prioritise schemes and bid for additional resources against existing funding streams. However, due to the wider financial pressures across NHS Wales generating a shortfall in available capital, this risk impacts the development of a long-term financial plan and ability to deliver on the overall decarbonisation agenda. We have concluded Limited assurance for this objective.

Objective 4: To ensure appropriate monitoring and reporting arrangements are in place to provide ongoing assurance on the implementation of the strategy and action plan.

Internal Reporting Arrangements

- 2.26 An informal group made up of the Senior Responsible Officer (SRO), Programme Director and team meet on a monthly basis to review the RAG status of local action templates. Actions and decisions following each meeting are recorded in a RAID¹ log.
- 2.27 Formal progress against the local action plan is led and monitored by the NWSSP Decarbonisation Programme Board who reported quarterly to both the SLG and SSPC.
- 2.28 The progress from the NWSSP Decarbonisation Programme Board and detail within the RAID log contributes to the updates provided within the bi-monthly Programme Management Office (PMO) Dashboard reports. A review of minutes of SLG meetings 2023 confirmed the regular reporting of PMO Dashboard reports. Decarbonisation is a standing agenda item at the SLG meetings.
- 2.29 Decarbonisation is a standing agenda item at the SLG meetings. A review of minutes of SLG meetings during 2023 confirmed that updates are regularly provided within performance reports and bi-monthly Programme Management Office (PMO) Dashboard reports.
- 2.30 The *Project Management Office Report* submitted to the SSPC on a bi-monthly basis provides progress update of the decarbonisation programme including any issues and risks. The latest report submitted to the SSPC in March 2024 highlighted two risks attributed to the delivery of the DAP:
- If NHS Wales stakeholders do not engage, NWSSP-led initiatives will not be delivered, and carbon emission targets will not be met.
 - If financial resources for decarbonisation are not available, NWSSP will not be able to deliver its own, and the initiatives it is leading, and carbon emission targets will not be met.
- 2.31 The report also highlights the progress, issues and risks associated with the All-Wales DCR role and has highlighted the overall delivery of this programme as 'Amber'.
- 2.32 The organisation's corporate risk register is submitted to the Senior Leadership Group (SLG), SSPC and Audit Committee. The latest corporate risk register submitted to the SSPC in May 2024 confirmed risk entries for:
- | | |
|----------|---|
| Risk A7 | Financial restraints prevent recruiting sufficient staff to meet the expectations of WG and NHS Wales organisations in playing a leading role in deliver the DAP. |
| Risk A12 | 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 2024/25 IMTP. |
- 2.33 Work has been undertaken to refine the risk entries in the corporate risk register and whilst these address elements of decarbonisation, the potential consequence of not achieving national targets was not explicit. [Matter Arising 3]

¹ Risks, Actions, Issues and Decisions

2.34 Progress on decarbonisation is also summarised in the IMTP for 2022-25 and reported to the SLG and SSPC on a quarterly basis.

External Reporting Arrangements

2.35 NWSSP is required to submit:

- An annual quantitative (i.e. measurement of emissions) report to WG that outlines progress to date, RAG status and achievements and risks to delivery of the workstream initiatives.
- Quarterly qualitative reports (i.e. progress against initiatives) to the DCR Team.

2.36 We can confirm NWSSP have submitted qualitative reports to WG during 2023/24 and an annual quantitative report for 2022/23.

Conclusion:

2.37 Internal and external reporting arrangements have been established, although the potential consequences of failing to meet national targets need to be more explicit within the corporate risk register entries. We have concluded Reasonable assurance for this objective.

Objective 5: To obtain assurance that projects included within the 2023/24 funding commitments have been successfully delivered and that appropriate arrangements are in place to secure available funding during 2024/25.

Current and Projected Success of Projects and Schemes

2.38 The latest quarterly qualitative report (Quarter 3) submitted to the DCR Team in 2023-24 was reviewed to establish whether projects and schemes have been or are being successfully delivered – see attached the WG methodology of delivery confidence:

Confidence of Delivery	
Highly Likely	Successful delivery of the action/initiative to cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Probable	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Feasible	Successful delivery appears feasible but significant risks and issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly.
In Doubt	Successful delivery of the action/initiative is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Unfeasible	Successful delivery of the action/initiative appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The action/initiative may need rebaselining and/or overall viability reassessed.
Complete	Successful delivery of initiative/action. There is no further input required.
Default	The confidence of delivery has not been set by the organisation / default RAG.
Exempt	The organisation is exempt from this action / initiative.

2.39 The quarterly qualitative report outlines the six main activity streams with 46 initiatives underpinned by 135 actions, of which NWSSP were reporting against 90 actions (45 were identified as exempt as per WG guidance). A review of Quarter 3 (2023-24) initiatives and actions identified the following:

- The overall delivery confidence for 12 initiatives (32%) were identified as feasible/ in doubt/ unfeasible. Some of these are NWSSP-led initiatives that will impact on other NHS Wales health organisation's ability to achieve the national emission targets. [Matter Arising 3]
- 23 actions (26%) were RAG rated as Red (14)/Amber (9), of which confidence of delivery was recorded as:
 - 2 unfeasible
 - 9 in doubt
 - 1 feasible
 - 1 probable
 - 10 highly likely
- 21 actions had implemented dates that had passed and not been identified as 'completed'.
- The identified Action Owner, Responsible and Accountable columns for six actions were either missing information or noted 'TBC'.

2.40 Three EFAB bids were submitted by NWSSP for 2023/24 only one of which was successful. This was to replace existing lighting at IP5 with LED lighting. The project total cost was £300k of funding comprised of £210k plus NWSSP contribution of £90k. However, since LED's for the building were completed using previously awarded funds, a request was made to WG to utilise the monies to start the first phase of a solar panel installation at IP5. Further solar panelling could be purchased with a projected slippage funding of £600k becoming available in late 2023 and the application for Salix funding.

Future Projects and Schemes

2.41 The DAP 2024-26 outlines some future projects and schemes that will impact decarbonisation including:

- Increase electric vehicle fleet and infrastructure including the use of Trailer Vehicle Solar system.
- Reduce office space to reflect modernised 'agile' working arrangements.
- Explore the feasibility of using hydrogenated vegetable oil/ biofuel in heavy goods vehicles and other fleet.

2.42 Applications were made for 2024/25 funding for a project to replace IP5 roof overlay to enable PV installation. However, these bids were unsuccessful.

Conclusion:

2.43 NWSSP projects are being successfully delivered where available funding has been secured. Whilst recognising the proactive work undertaken by NWSSP to obtain funding, the lack of capital investment (highlighted in Objective 3) could impact the delivery on a number of longer-term actions. We have concluded Limited assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Staff Training Modules (Operation)		Impact
<p>There are two ESR modules relating to Climate Change and Decarbonisation (Climate Change and Sustainability and Achieving Net Zero in Wales) that have not been rolled out to employees as they are under consideration by NWSSP People & Organisational Development on whether they are deemed suitable for a multi-staff rollout.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Decarbonisation agenda not ingrained into staff due to poor training and awareness.
Recommendation		Priority
1.1	A review on the roll out of the training modules should be undertaken as soon as possible.	Medium
Agreed Management Action		Target Date
1.1	SRO, Head of Organisational Development and Director of People and Organisational Development to meet and agree roll out plan for endorsement by the SLG and implementation in the following period.	30 th September 2024
		Responsible Officer
		Director of People and Organisational Development

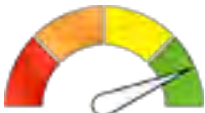

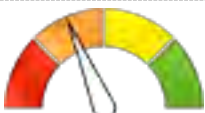
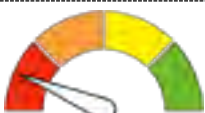

Matter Arising 2: Fully Costed Implementation Plan (Operation)		Impact	
<p>The previous internal audit advisory report recommended that all DAPs should be fully costed to determine the total funding required. Whilst NWSSP have identified future funding requirements with the Integrated Medium-Term Plan (IMTP) 2023-26 and have costed the DAP for 2024-25, a fully costed plan with potential funding strategies for the whole decarbonisation programme is unable to be produced due to insufficient capital funding.</p> <p>The lack of capital funding (direct or indirect through bidding processes) for decarbonisation across NHS Wales presents a risk of NWSSP not delivering the targeted 16% emissions reduction by 2025 and the 34% reduction by 2030.</p> <p>A review of Quarter 3 (2023-24) initiatives and actions identified overall delivery confidence for 12 initiatives (32%) were identified as feasible/ in doubt/ unfeasible. Some of these are NWSSP-led initiatives that will impact on other NHS Wales health organisation's ability to achieve the national emission targets.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The organisation being unable to invest sufficient resources to achieve the decarbonisation programme. Failure to achieve the WG targets for carbon emissions. 	
Recommendation		Priority	
2.1	<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. 	High	
Agreed Management Action		Target Date	Responsible Officer
2.1	A Costed Plan is being developed for delivery of the entire NWSSP programme to 2030. Available funding sources will be identified.	30 th September 2024	Director of Specialist Estates Services.

Matter Arising 3: Corporate Risk Register (Operation)		Impact
<p>Whilst risk entries have been recorded on the corporate risk register, the consequence of NWSSP not achieving national targets is not explicit.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The inherent risk is not properly understood or managed resulting in inadequate mitigating actions being developed that do not aid the organisation in achieving national decarbonisation targets.
Recommendation		Priority
3.1	The consequence of the organisation not achieving national emissions targets should be recorded in the corporate risk register.	Medium
Agreed Management Action		Target Date
3.1	<p>Amend risk A5 as follows:</p> <p>“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 Decarbonisation Action Plan. Consequences of such failure would mean that the Welsh Government could fail in its response to its declaration of a Climate Emergency.”</p>	31 July 2024
		Responsible Officer
		Director of Specialist Estates Services.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Student Awards

Final Internal Audit Report

June 2024

NHS Wales Shared Services Partnership



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Auditors:	Sophie Corbett, Deputy Head of Internal Audit Jodanna Beynon, Principal Auditor
Executive sign-off:	Gareth Hardacre, Director of People & OD and Employment Services
Distribution:	Darren Rees, Deputy Director of Employment Services Stephen Withers, Assistant Director of Employment Services
Committee:	Velindre University NHS Trust Audit Committee for NWSSP



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note:

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Executive Summary

Purpose

Review of the new system implementation and compliance with policies and procedures.

Overview

We have issued reasonable assurance on this area.

Implementation of the new GP UK system has improved automation and efficiency within the team, with students able to upload evidence to their application and Universities having access to the system to update course information instead of submitting manual forms to SAS.

Applications are promptly reviewed by bursary assessors and sample testing identified no errors in the calculation of bursary award.

We have identified three medium priority matters arising requiring management attention relating to:

- Absence of procedural guidance for manual workarounds where system issues have been identified (recognising the system is in its infancy)
- Absence of a service level agreement with HEIW setting out the roles, responsibilities and limitations to the scope of the service
- Issues with the configuration of the application form and SAS having access to amend student bank details.

Full details of matters arising are provided in Appendix A.

Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend



2020/21
(previous full scope review)

Assurance summary¹

Objectives	Assurance
1 System implementation	Reasonable
2 Assessment of bursary applications	Reasonable
3 Ongoing eligibility	Substantial
4 Service performance	Substantial

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

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Manual Workarounds	1 Design	Medium
2	Service Level Agreement	2 Design	Medium
3	Bursary Application Form	2 Design	Medium

1. Introduction

- 1.1 Student Awards Services is responsible for implementing the NHS Wales Bursary Scheme, which provides funding for healthcare students on NHS funded courses in Wales, and Welsh domiciled medical and dental students within the UK. Funding available includes:

Non-Means Tested Grant	£1000
Means-Tested Bursary	up to £4,491
<i>Supplementary Means-Tested Grants:</i>	
Dependents Allowance	up to £2,448
Parent Learning Allowance	up to £1,204
Childcare Allowance	up to £209.95 per week

- 1.2 Students apply for funding online and provide information and evidence to support their application to SAS for assessment of eligibility and calculation of entitlement. In April 2023 the service implemented the new NHS Student Wales 'GP UK' system to replace the former BOSS system.
- 1.3 The associated risk considered in this review is failure to administer the NHS Bursary scheme efficiently and effectively, potentially resulting in:
- Financial loss
 - Poor experience for students
 - Reputational damage
- 1.4 The scope of this review is limited to elements of the NHS Bursary process that fall within the remit of NWSSP and specifically excludes those falling within the remit of HEIW and universities.

2. Detailed Audit Findings

Objective 1: System implementation included appropriate efficacy testing, staff training and the development of supporting procedural guidance

Procedural Guidance

2.1 A standard operating procedure (SOP) has been developed for following implementation of the new GP UK bursary system. This documents the end-to-end process for bursary assessment and was found to be comprehensive and consistent with our systems walkthroughs. The SOP references detailed guidance documents for key steps within the assessment process - these are being developed.

System Implementation Testing & Training

2.2 System implementation testing was undertaken by processing a sample of existing applications in the former BOSS system through the new GP UK system and comparing the bursary awards calculated in the two systems. This exercise served as training for bursary assessors.

2.3 This exercise identified an error rate of approximately 20%, predominantly due to non-deduction of disregarded income or incorrect calculation of additional bursary for courses longer than the default 30 weeks, resulting in understatement of award.

2.4 Manual workarounds have been used to overcome system issues, although we are advised that many have now been resolved. Manual workarounds are not documented in procedures, although the Deputy/Student Awards Manager demonstrated a thorough understanding of when and why these adjustments are required, and our sample testing did not identify any errors in bursary calculation. There was evidence of regular engagement with the system supplier to address any outstanding issues. [Matter Arising 1]

System Access

2.5 Review of the user access list for core system users identified no issues. Universities have restricted access to the system to review and approve assessed applications and update course details such as suspension of studies. System access will be reviewed in detail as part of the forthcoming IT systems review by Audit Wales.

Conclusion:

2.6 We have concluded Reasonable assurance for this objective.

Objective 2: Bursary applications are promptly and accurately assessed and verified to appropriate supporting documentation

2.7 At the time of audit there were 4501 bursary applications in the GP UK system since implementation in April 2023.

2.8 We sampled 30 approved applications for testing to establish whether they had been promptly and accurately assessed based on the evidence provided by the student.

Status	Applications
Approved	4080
Pending NWSSP	32
Pending University	58
Pending Student	97
Suspended	85
Withdrawn	149
Total	4501

Timeliness of Assessment

2.9 There is no service level agreement in place with HEIW although the standard operating procedure states that applications should be assessed within 20 working days. The service has been working to this KPI since it was first established. At the time of fieldwork there were no outstanding applications beyond day six of the 20 working day target. [Matter Arising 2]

2.10 Review of the application history for the sampled students to establish the time between application submission and approval, and the timeliness of response to queries, identified instances where the 20-working day target had been breached whilst awaiting resolution of a system issue. This was outside of SAS control and therefore not required to be reflected in the reported KPIs (see objective 4).

Accuracy of Assessment

2.11 Bursary entitlements are automatically calculated by the GP UK system using the current bursary rates (as set out in [Section 1](#)) and based on the information and evidence provided by the student. We were advised that the system is based on the formulae and parameters within BOSS.

2.12 Recalculation of means-tested bursary, dependents allowance and parent learning allowance for a sample of 30 students confirmed all had been accurately calculated with no issues identified.

2.13 Childcare allowance is now calculated by the system based on the information provided in the application, replacing the manual calculation process previously in place with BOSS and therefore reducing the risk of error. Recalculation of childcare allowance for a sample of 10 students identified no errors.

2.14 Individual bursary elements calculated by the system can't be amended, but SAS are able to amend the total value of the bursary award where required by processing a manual adjustment. A full audit trail is maintained within the system and all are independently checked. No issues were identified with the manual adjustments in our sample testing.

Supporting Documentation

2.15 The GP UK system offers a more streamlined application and assessment process with students able to upload supporting evidence to their application instead of sending separately via email under the former BOSS system.

-
- 2.16 Sample testing of 30 applications to supporting documentation (approx. 200+ items of evidence) identified an isolated instance where a child birth certificate was not available due to incorrect evidence submitted by the student. This was highlighted to management during audit fieldwork and the correct evidence has been requested from the student.

Other Observations

- 2.17 There is an error in the configuration of the bursary application form resulting in certain circumstances where the system does not capture spousal financial information required for eligibility assessment and calculation of dependents, parent learning and childcare allowances. The error had been identified and manually adjusted by SAS so the award was correct. However, the application form has not been updated and the workaround involves the student having to answer a key question relating to dependency status incorrectly in order for the system to capture the required information and correctly calculate the bursary award. [Matter Arising 3]
- 2.18 The application form also captures information not required for the eligibility assessment and calculation of award. This includes details and evidence of student income and living expenses which is not relevant if the student is single and/or has declared they have no income (which is the majority of cases). This does not impact on assessment or award, but consumes SAS resources in reviewing the information and associated evidence. There is opportunity to refine the application form to improve efficiency and student experience. [Matter Arising 3]
- 2.19 Bank details are collected at application stage and stored in GP UK so they are accessible to the University for the purpose of processing payments to students. These can be amended by SAS despite there being no apparent need. [Matter Arising 3]

Conclusion:

- 2.20 We have concluded Reasonable assurance for this objective.

Objective 3: Claimants are regularly reviewed to ensure ongoing eligibility and validation of payments based on estimated costs (including childcare allowance)

- 2.21 Students are required to submit a new bursary application and supporting evidence for each academic year. Mid-year changes to circumstances such as suspension of studies or withdrawal are actioned on GP UK by the university prompting the system to recalculate the bursary award based on the dates entered. This is a significant enhancement from the manual process and calculations required under the old BOSS system.
- 2.22 Childcare costs provided by the student as part of the application process are verified with the childcare provider using the contact details listed on the Care Inspectorate Wales (CIW) or Ofsted register. Sample testing of 20 childcare allowance awards confirmed that the provider had been contacted for confirmation of costs in all cases, and adjustments made to childcare allowance awards where

appropriate. Three were awaiting response from the provider at the time of review and are being actively chased by SAS.

Conclusion:

2.23 We have concluded Substantial assurance for this objective.

Objective 4: Mechanisms are in place to measure, monitor and report on service performance

2.24 Compliance with the 20-working day target is reported monthly to the Head of Performance for inclusion in NWSSP-wide performance reporting. SAS have consistently reported 100% compliance with the KPI for the period April 2023 – March 2024, and at the time of our review there were no outstanding applications beyond day six of the 20-working day target.

2.25 There is no KPI report functionality within the GP UK system. SAS run a daily report showing the worklist response clock at a point in time to identify outstanding tasks approaching or in breach of the 20-working day target. Once an application is approved it is removed from the worklist and therefore does not appear on the report.

2.26 The response clock is reset when a query is sent to the student, and automatically restarts when the student responds. SAS have a further 20 days to respond each time this happens, although we note that queries are often dealt with well within this timeframe.

Conclusion:

2.27 We have concluded Substantial assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Manual Workarounds (Design)		Impact	
<p>Manual workarounds have been used to overcome system issues, although we are advised that many have now been resolved. Manual workarounds aren't documented in procedures, although the Deputy/Student Awards Manager demonstrated a thorough understanding of when and why these adjustments are required, and our sample testing did not identify any errors in bursary calculation. There was evidence of regular engagement with the system supplier to address any outstanding issues.</p>		<p>Manual intervention in what should be a system calculated bursary is inefficient and increases the risk of error, which could result in under/overstatement of bursary award.</p>	
Recommendations		Priority	
1.1	<p>Continue to engage with the GPUK system supplier to address outstanding system issues. Until this is achieved, a record of system issues and associated manual workarounds should be maintained, along with documented procedures for each.</p>	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
1.1	<p>We accept the findings of the audit, we will continue to work with the Developers to deploy the fixes, any manual adjustments made are documented, details of the reason are input on the record for audit purposes, and it adds probity that audit did not identify any errors in the calculations.</p>	<p>31/12/2024</p>	<p>Stephen Withers, Asst Director of Employment Services</p>

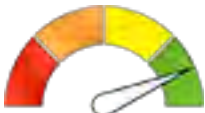

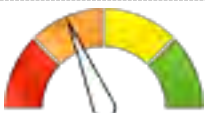
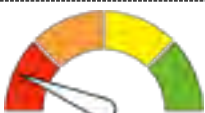

Matter Arising 2: Service Level Agreement (Design)		Impact	
There is no service level agreement in place between NWSSP SAS and HEIW setting out the roles and responsibilities of each party.		Roles and responsibilities, including limitations to the scope of the service, are not clear.	
Recommendations		Priority	
2.1	Roles and responsibilities and scope/limitations of service should be documented and agreed with HEIW via a service level agreement.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	There has never been an SLA in place since it transferred into the Finance Department in NWSSP in 2012 some 12 years ago, we will work with HEIW to put in place an SLA, this will require engagement with HEIW, and potentially Welsh Government colleagues.	31/12/2024	Stephen Withers, Asst Director of Employment Services

Matter Arising 3: Bursary Application Form (Design)		Impact
<p>The online application form requires the student to declare whether they have a spouse or partner who will be wholly or mainly financially dependent on them during their training. We identified an instance where a student had correctly answered no on the basis that they have no income to support their spouse, who has their own income. However, the system is incorrectly configured to only require details of spousal income (required for determining dependent, parent and childcare allowances) if the student answers yes to this question.</p> <p>In this instance SAS had identified the error and made the necessary manual adjustment so the overall award was correct. However, to overcome this issue SAS are advising students to answer this question incorrectly in order to ensure the system captures the required information.</p> <p>The application form also captures information not required for the eligibility assessment and calculation of award. This includes details and evidence of student income and living expenses which is not relevant if the student is single and/or has declared they have no income (which is the majority of cases). This does not impact on assessment or award, but consumes SAS resources in reviewing the information and associated evidence. There is opportunity to refine the application form to improve efficiency and student experience.</p> <p>Bank details are collected at application stage and stored in GP UK so they are accessible to the University for the purpose of processing payments to students. These can be amended by SAS despite there being no apparent need.</p>		<p>Potential risk of incorrect eligibility assessment which could result in under/overstatement of bursary award.</p>
Recommendations		Priority
3.1	<p>Update the bursary application form to correct the issues identified.</p> <p>Student bank details should be read only and not amendable by SAS.</p>	Medium
Agreed Management Action		Target Date
3.1	<p>This question was in the original Boss system, when the system was migrated to the new GPUK system the methodology transferred with it, it was tested against the previous system. SAS identified post go live, a potential conflicting question on Partner/Spouse and Dependents, SAS have put in place a check where there is a conflicting answer to refer it back to the student for clarity, we have requested a fix in the system, which is currently with the developers, the current workaround is robust until the fix is deployed.</p>	31/12/2024
		Responsible Officer
		Stephen Withers, Asst Director of Employment Services

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Single Lead Employer Final Internal Audit Report July 2024

NHS Wales Shared Services Partnership

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Executive sign-off:	Gareth Hardacre, Director of People, OD and Employment Services
Distribution:	Sarah Evans, Deputy Director of People & OD Louisa Jones, Medical Workforce Manager
Committee:	Velindre University NHS Trust Audit Committee for NWSSP



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

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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 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.

Executive Summary

Purpose

To test compliance with a range of policies and procedures, key aspects of risk and governance within the Service.

Overview

We have concluded Reasonable assurance on this area.

The matters requiring management attention include:

- SOPs are required for the processing of leavers, changes and absence management
- EMAs need to be updated to clarify responsibilities in respect of statutory and mandatory training compliance, and management of sickness absence documentation
- The ESR and Intrepid systems should be reconciled more frequently to ensure the accuracy of data held in ESR, which drives payments to trainees
- The source of overpayments should be clearly identified and monitored to identify and address themes and trends

Full details of matters arising are provided within Appendix A. Other recommendations / advisory points are referenced within section 2 of the report.

Report Opinion



Reasonable Assurance

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

n/a

First Review

Assurance summary¹

Objectives	Assurance
1 New starters, leavers and changes are completely, accurately and promptly processed by Medical Workforce based on the information received from HEIW.	Reasonable
2 Absence is managed in accordance with policies and procedures formally adopted by NWSSP/Velindre University NHS Trust.	Reasonable
3 Invoices and payments in respect of trainees are promptly and accurately processed.	Substantial

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

Key Matters Arising

	Objective	Design or Operation	Recommendation Priority
1 Standard Operating Procedures	1, 2	Design	Medium
2 Employment Management Agreements	1, 2	Design	Medium
3 System Reconciliations	1	Design	Medium
4 Overpayments	1	Operation	Medium

1. Introduction

- 1.1 In February 2015 NWSSP became the lead employer for GP Specialty Trainees (GPSTs) within NHS Wales, enabling all GP STRs to be employed by a single employer for the duration of their training.
- 1.2 In 2018 NWSSP was approached by Health Education & Improvement Wales (HEIW) with a request for the Pre-Registration Pharmacists and Dental Foundation Trainees to join the Single Lead Employer (SLE) model from August and September 2020 respectively. NWSSP was subsequently identified as the preferred provider of an SLE model for all core and specialty medical trainees from August 2020. The department currently services circa 3500 trainees.
- 1.3 Key benefits of the SLE approach include efficiencies for NHS Wales and a simplified process and continuity for trainees with one contract of employment and consistent workforce management and payroll administration for the duration of their training.
- 1.4 The risk considered in the review is failure to administer the SLE service efficiently and effectively, potentially resulting in:
 - Financial loss
 - Breach of employment legislation
 - Poor experience for trainees
- 1.5 The scope of this review is limited to the remit of Medical Workforce in the workforce management and payroll administration of medical and dental trainees. It specifically excludes processes undertaken by NWSSP Employment Services, NWSSP Primary Care Services and HEIW.

2. Detailed Audit Findings

Objective 1: New starters, leavers and changes are completely, accurately and promptly processed by Medical Workforce based on the information received from HEIW

- 2.1 Responsibilities of NWSSP, health boards, universities and HEIW are set out within Employment Management Agreements (EMAs) between NWSSP and health boards and medical and dental practices (host organisations).
- 2.2 A standard operating procedure has been documented for the processing of new trainees, providing step by step guidance for the onboarding process. There are no documented procedures for leavers or changes. Whilst these processes are in one sense less complex than onboarding, they should be documented to clarify the information flows and interdependencies between host organisations, HEIW and SLE. [Matter Arising 1]

New Trainees

- 2.3 A sample of 18 new trainees was reviewed to assess compliance with key elements of the onboarding process, including completion of pre-employment checks and creation of employee records on the ESR system. There was no evidence of qualifications for one trainee, although GMC registration had been confirmed and GMC verify degree qualifications with the awarding institution as part of the registration process. The omission is therefore considered low risk, but evidence of qualifications should be obtained and retained. We have highlighted this isolated instance to management.
- 2.4 Statutory and mandatory training compliance rates were poor for the sample reviewed, although NWSSPs responsibility per the EMA only extends to providing access to training via ESR, which had been actioned, and we were advised that host organisations are provided with compliance data. The EMA does not clarify responsibilities for ensuring compliance with training requirements. [Matter Arising 2]

Leavers

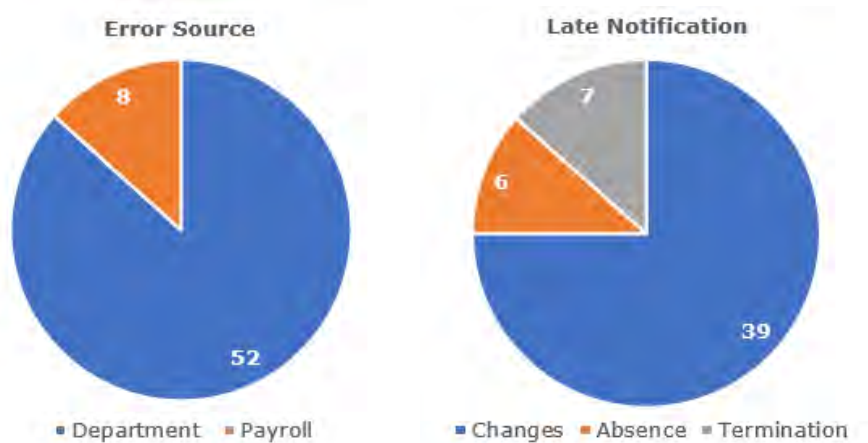
- 2.5 Leavers are notified by HEIW to SLE via monthly termination reports. A sample of 20 leavers was reviewed to assess timeliness and accuracy of terminating trainees on ESR. We identified three instances where trainees had been terminated late as they had not been notified to SLE. They were identified as part of an exercise to reconcile trainees on ESR and Intrepid (the Deanery system) undertaken in 2023, and were not included on the monthly leavers reports that HEIW send to SLE for processing. [Matter Arising 3]
- 2.6 The late terminations inevitably resulted in an overpayment - we confirmed that all had been notified to NWSSP Payroll overpayments team and recorded on the overpayments register for recovery.

Changes

- 2.7 Changes are notified by HEIW to SLE weekly via a spreadsheet showing the new details. SLE update the master dataset and process the changes on ESR. We understand that these arrangements are currently under joint review to simplify and streamline the process, which is complicated by duplicate information and future dated changes on reports from HEIW.
- 2.8 A sample of 20 changes was reviewed to assess timeliness and accuracy of processing. We identified two instances where changes processed on ESR could not be verified to the dataset as they had been updated directly on ESR, although they were verified to the HEIW reports to confirm appropriateness and accuracy of processing. We have highlighted this to management.

Overpayments

- 2.9 There have been 60 overpayments involving SLE trainees totaling more than £155k in the three-month period January – March 2024. The majority of these are due to late notification of changes or termination.



- 2.10 The overpayments register does not distinguish between late notification by the employee, host organisation, HEIW or SLE so the root cause(s) of overpayments is not clear. [Matter Arising 4]

System Reconciliations

- 2.11 Reconciliations between ESR and Intrepid are undertaken on an ad hoc basis, with the most recent exercise completed in early 2023. SLE reported that the last exercise identified inconsistencies between the two systems and prevented a number of overpayments due to incorrect hours, late terminations, and cancelled starters. Data indicates that late notification of terminations and changes is the primary cause of overpayments, emphasising the need for more frequent system reconciliations to aid early identification of discrepancies and mitigate the risk of overpayments. [Matter Arising 3]

Conclusion:

- 2.12 Onboarding new trainees is the single biggest challenge to SLE and testing identified no significant issues with processing, although statutory and mandatory training compliance is poor and responsibility for monitoring and ensuring compliance is not clear.

- 2.13 Procedures for leavers and changes need to be documented and we identified instances of late notification/identification of terminations resulting in overpayments. ESR and Intrepid reconciliations should be more frequent to enable prompt identification and resolution of discrepancies.
- 2.14 We have concluded Reasonable assurance overall.

Objective 2: Absence is managed in accordance with policies and procedures formally adopted by NWSSP/Velindre University NHS Trust

- 2.15 Testing of sickness absence identified delays in notifying SLE via the payroll return spreadsheets, although there was no impact on pay and all had been accurately recorded on ESR. SLE send monthly reminders to host organisations and have developed software that allows the student to directly notify absence either via the trainee hub or via an app in order to improve completeness and timeliness of reporting.
- 2.16 Only one of the eight absences sampled had a completed return-to-work form and self-certification form on file, which had been completed within the host organisation and forwarded to SLE. There is no SOP in place and the EMA does not clarify responsibilities in respect of sickness absence documentation and application of policy. [Matter Arising 1 & 2]
- 2.17 A MS list has been developed for the calculation of Maternity entitlement, leave and return to work dates. Sample testing confirmed all had been correctly recorded on ESR and required supporting documentation was present.

Conclusion:

- 2.18 Responsibilities for sickness absence documentation is not clarified within a SOP or the EMA. Only one absence sampled had evidence of a return-to-work and self-certificate. We have concluded Reasonable assurance for this objective.

Objective 3: Invoices and payments in respect of trainees are promptly and accurately processed

- 2.19 Pay and non-pay costs associated with trainees are forecast annually which forms the basis of monthly invoices to host organisations and HEIW. Quarterly reviews are carried out to reconcile actual cost to forecast and invoice or credit notes raised to account for any increments or shortfalls.
- 2.20 Sample testing of 10 months payments confirmed that the invoice had been raised at the correct time for the correct amount and quarterly reconciliations had been completed.

Conclusion:

- 2.21 We have concluded Substantial assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Standard Operating Procedures (Design)		Impact
<p>There are no documented procedures in place for the processing of leavers, changes or absence. Whilst these processes are in one sense less complex than onboarding, they should be documented to clarify the information flows and interdependencies between host organisations, HEIW and SLE.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Roles and responsibilities of SLE, HEIW and host organisation are not clear which could result in omission or duplication of key tasks • Tasks are not carried out consistently or in line with agreed procedures
Recommendations		Priority
1.1	Document procedures for the processing of leavers, changes and absence. These should clearly identify information flows and interdependencies between host organisations, HEIW and SLE.	Medium
Agreed Management Action		Responsible Officer
1.1	The independencies, processes and information flows relating to leavers, changes and absence reporting and management between a Tripartite stakeholders will be detailed in standard operating procedures and flow charts	Service Manager, SLE
	Target Date	
	31 st October 2024	

Matter Arising 2: Employment Management Agreements (Design)		Impact
<p>Testing of new trainees highlighted poor statutory and mandatory training compliance rates. NWSSPs responsibility as per the EMA only extends to providing access to training via ESR, which had been actioned in all cases. The EMA does not clarify responsibilities for ensuring compliance with training requirements.</p> <p>Similarly, the EMA does not clarify responsibilities in respect of sickness absence documentation and application of the Managing Attendance at Work Policy. Testing identified return-to-work and self-certificate documentation on file for only one of the absences reviewed.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Roles and responsibilities of SLE, HEIW and host organisation are not clear which could result in omission or duplication of key tasks • Non-compliance with statutory and mandatory training requirements • Absence is not managed in line with policy
Recommendations		Priority
2.1	Responsibilities for ensuring statutory and mandatory training compliance and sickness absence documentation should be clarified within the Employment Management Agreements and complied with.	Medium
Agreed Management Action		Target Date
2.1	The responsibilities for ensuring statutory and mandatory training compliance and sickness absence documentation are processed have been reclarified as part of the recent review of Employment Management Agreements (EMA). Updated EMAs are currently being reissued to Hosts.	31 st August 2024
		Responsible Officer
		Deputy Director of People and OD


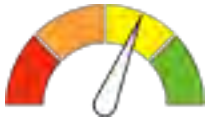



Matter Arising 3: System Reconciliations (Design)		Impact
<p>Reconciliations between ESR and Intrepid are undertaken on an ad hoc basis, most recently in early 2023.</p> <p>Whilst recognising that this is a resource intensive process, our leavers testing highlighted the importance of system reconciliations to identify any leavers or changes not notified to SLE via the normal routes, in order to identify and correct or prevent incorrect payments.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Incorrect payments to trainees which could impact on trainee experience and result in financial loss to the organisation
Recommendations		Priority
3.1	More regular reconciliation (e.g. quarterly) of the Intrepid and ESR systems to ensure trainee data on ESR is up to date and accurate, to prevent incorrect payments. Explore options for automating this process, for example via robotics.	Medium
Agreed Management Action		Target Date
3.1	This is agreed.	31 st August 2024 and thereafter monthly
		Responsible Officer
		Service Manager, SLE

Matter Arising 4: Overpayments		Impact	
The overpayments register does not distinguish between late notification by the employee, host organisation, HEIW or late processing by SLE, so the root cause(s) of overpayments is not clear.		Potential risk of: <ul style="list-style-type: none"> Overpayments continue to occur because the root cause(s) are not identified and addressed. 	
Recommendations		Priority	
4.2	Update the overpayment register to clearly identify the source. This should be monitored to identify and address themes and trends.	Medium	
Agreed Management Action		Target Date	Responsible Officer
4.2	The overpayment register does clearly identify the source of the error in the Management feedback narrative section. The feasibility of exploring whether a further column can be added in the dashboard that details the Tripartite Partner responsible for the error is being explored with the Overpayments Team.	31 st October 2024	Deputy Director of People and OD

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Procurement Services – CTMUHB & SBUHB

Final Internal Audit Report

July 2024

NHS Wales Shared Services Partnership

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Auditors:	Jennifer Usher, Principal Auditor
Executive sign-off:	Jonathan Irvine, Director of Procurement Services
Distribution:	Claire Salisbury, Assistant Director of Procurement Services Keir Warner, Head of Procurement Esther Price, Head of Procurement and P2P
Committee:	Velindre University NHS Trust Audit Committee for NWSSP



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Executive Summary

Purpose

To review the adequacy of the systems and controls in place for procurement of contracts above OJEU thresholds.

Overview

We have concluded Reasonable assurance overall with one high priority relating to a direct award to a supplier which should have been subject to single tender action. [CTMUHB]

The remaining nine contracts reviewed had all followed an appropriate procurement route via framework or competitive tender.

Three medium priority matters arising were identified relating to:

- Lack of procedural guidance for use of framework agreements [service-wide];
- Instances of non-compliance with declarations of interest [SBUHB & CTMUHB]; and
- Instances where procurement documents had not been appropriately signed by Procurement and/or the health board [SBUHB & CTMUHB].

Full details of all matters arising, and associated recommendations are provided at Appendix A on page 10.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

n/a
First Review

Assurance Summary¹

Objectives	Assurance
1 Competitive procurement of goods and services.	Reasonable
2 Mechanisms are in place to identify commodities requiring an OJEU compliant procurement exercise based on cumulative expenditure.	Substantial
3 Contracts are monitored to ensure that expenditure remains within the contract value.	Substantial

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

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1 DMS: Procedural Guidance for Frameworks	1	Design	Medium
2 Direct Award to Supplier [CTMUHB]	1	Design & Operation	High
3 Declarations of Interest	1	Operation	Medium
4 Authorisation of Key Documents	1	Operation	Medium

1. Introduction

- 1.1 NHS Wales Shared Services Partnership (NWSSP) provides a complete Procure to Pay (P2P) service to NHS Wales through national sourcing, frontline local procurement, supply chain, accounts payable and eEnablement functions. The procurement service is required to provide stakeholders and customers with the best quality service, ensuring the right product, provision or service has been sourced and supplied efficiently and at the right price for NHS Wales.
- 1.2 Previously, the central sourcing team focused on an all-Wales proactive procurement strategy to maximise value for money, whilst frontline procurement teams concentrated on the bespoke needs of their respective customer organisations. The pandemic response demonstrated the benefits of closer relationships between national sourcing and frontline teams. This led to accelerated implementation of the National Operating Model on 1 April 2022, with the amalgamation of central sourcing and frontline teams to form integrated regional teams.
- 1.3 This audit has focused on procurements over the Official Journal of the European Union (OJEU) thresholds. Contract notices are required to be published in the OJEU where contracts for works, supply or services are above the defined thresholds. The thresholds are revised every two years to take account of currency fluctuations, and to ensure the UK complies with its obligations under the World Trade Organisation's Agreement on Government Procurement (GPA).
- 1.4 The Cabinet Office Procurement Policy Note (PPN) provides advanced notification of the new threshold values to apply as follows:

	1st January 2022 to 31st December 2023 (PPN 10/21)	New Thresholds from 1st January 2024 (PPN 11/23)
<u>The Public Contracts Regulations</u>		
Supplies and services (except subsidised services contracts):		
Schedule 1 bodies	£138,760	£139,688
Others	£213,477	£214,904
Subsidised Services Contracts	£213,477	£214,904
Works	£5,336,937	£5,372,609
Light touch regime for services	£663,540	£663,540
Small Lots - Supplies & Services / Works	£70,778 / £884,720	£70,778 / £884,720
<u>The Utilities Contracts Regulations</u>		
Supplies & Services	£426,955	£429,809
Works	£5,336,937	£5,372,609
Small Lots - Supplies & Services / Works	£70,778 / £884,720	£70,778 / £884,720

1.5 The potential risks considered in the review were as follows:

- breach of Standing Orders, Standing Financial Instructions or Public Contract Regulations which could result in legal challenge, reputational damage and/or financial loss;
- inefficient or ineffective procurement services potentially resulting in disruption to NHS Wales services and patient harm; and
- value for money is not achieved.

1.6 The scope of this review was limited to over-OJEU procurements/contracts undertaken by the procurement teams serving Cwm Taf Morgannwg (CTMUHB) and Swansea Bay (SBUHB) University Health Boards only, as agreed with management.

2. Detailed Audit Findings

Objective 1: Contracts for goods and services are subject to competitive procurement and supported with sufficient evidence to demonstrate compliance with the requirements of relevant policies and procedures, the Public Contracts Regulations 2015, Standing Orders & Standing Financial Instructions

- 2.1 Procurement policies and procedures were subject to review and update during 2022, culminating in the implementation of the SharePoint-based Document Management System (DMS) in December 2023. The DMS consists of a comprehensive, user-friendly suite of guidance documents and templates designed to ensure consistent compliance with regulatory requirements and agreed processes.
- 2.2 The Procurement Decision Tree supports users in identifying suitable procurement routes based on their needs, although it implies that all over-OJEU procurements should be subject to tender and does not recognise use of framework agreements. There is also very limited guidance available in relation to the use of frameworks. [Matter Arising 1]
- 2.3 The Business Quality Manager advised that the Procurement Regulations Group has been established to ensure that the division is well placed to respond to anticipated regulatory changes¹ and that these are reflected in the DMS and training in a co-ordinated and timely manner. The Group will also support health bodies to respond and comply with any changes in procurement processes.
- 2.4 The remainder of this section summarises the findings from our sample testing of ten over-OJEU contracts for SBUHB and CTMUHB.

Appropriateness of Procurement Route

- 2.5 Our sample included two mini-competitions² and four direct awards³ against existing frameworks and were in line with the terms and conditions of the respective frameworks. Three of our sample were subject to competitive OJEU tender process. These had all followed an appropriate procurement route.
- 2.6 The remaining contract, for CTMUHB, had been directly awarded to a supplier not on the related framework. Expressions of interest were sought from framework suppliers with only one response received from a supplier unable to meet the specification. We were advised that competitive tender and single tender action were considered unnecessary on the basis that the market had been tested via the framework, which included all known potential suppliers – a limited pool due to the nature of the contract. However, relying on this framework to demonstrate market testing is not robust – a single tender action should have been completed with

¹ under the Procurement Act 2023, Social Partnership & Public Procurement (Wales) Act 2023 and the Health Service Procurement (Wales) Act 2024

² A competitive process where all or selected suppliers within a framework agreement are invited to submit bids for a specific contract.

³ A non-competitive process where the contract is awarded directly to a supplier within a framework agreement

publication of a PIN⁴ or a VEAT⁵ on Sell2Wales for transparency. There was also no evidence of due diligence checks for this supplier. [Matter Arising 2]

Declaration of Interest (DoI)

2.7 NWSSP-PS are responsible for ensuring the completion of DoI forms by Procurement Services staff and stakeholders involved in each procurement exercise. Annual DoIs are also completed by all NWSSP-PS staff band 6 and above. Our testing found instances where individual DoIs had not been completed by NWSSP-PS and/or health board staff. [Matter Arising 3]

Contract Planning (OJEU Tenders)

2.8 Sample testing assessed compliance with key elements of the contract planning process (including Welsh Government (WG) notification, contracting plans, spend analysis, stakeholder mapping and commodity service strategy) with no significant issues identified.

Authorisation

2.9 The Request for Approval (RFA) form seeks approval, in line with the health board Scheme of Delegation, to commit to the proposed contract value and term. It is also signed by the Head of Procurement to demonstrate scrutiny and review and assure compliance with procurement processes.

2.10 One RFA had not been authorised in line with the CTMUHB scheme of delegation – the contract value was £134k but the approver had a delegated limit of £100k. Three RFAs (CTMUHB) had not been signed by the Head of Procurement – one had not been signed at all (the contract referred to at para 2.6) and two had been signed by the officer leading the procurement. [Matter Arising 4]

2.11 On three occasions Procurement has signed an SLA, a short order form or a commercial term sheet on behalf of SBUHB or the supplier. [Matter Arising 4]

2.12 All contract awards had been notified to/approved by WG where required.

Contract Notices

2.13 Nine of the sampled tenders and subsequent contract awards had been advertised with the publication of a contract notice/contract award notice via Sell2Wales in line with WG Procurement Policy Note guidance. The one exception is the contract highlighted at para 2.6 due to incorrect procurement route. [Matter Arising 2]

2.14 In order to provide greater visibility to the public of government contracting, Welsh Procurement Policy Note WPPN 02/22 (effective May 2022) recommends that contract award notices are issued for all contracts including those awarded via framework agreement or direct award. Contract award notices had not been published for any of the eight framework/direct award contracts in our sample, with procurement teams unaware of the requirement to do so. We highlighted at

⁴ Prior Information Notice – used to provide advance notice to potential suppliers of a planned procurement

⁵ Voluntary Ex Ante Transparency notice – a formal announcement made by a contracting authority to inform the market of the intention to award a contract directly to a supplier without conducting a full competitive tendering process

para 2.2 the limited procedural guidance in relation to framework agreements.
[Matter Arising 1]

Conclusion:

2.15 We have concluded Reasonable assurance for this objective.

Objective 2: Mechanisms are in place to identify commodities requiring an OJEU compliant procurement exercise based on cumulative expenditure

2.16 Commodities requiring an OJEU compliant procurement exercise are predominantly identified as part of the annual contract programme and ad hoc requests from the health board.

2.17 Non-catalogue spend is regularly reviewed to identify products where a contract would be required based on spend (irrespective of OJEU thresholds), or where placing items on a catalogue would be financially beneficial. The reviews focus on analysing all orders (individual and cumulative) over £5,000.

2.18 In addition, as part of stakeholder engagement sessions procurement analyse a product range or a suite of products which enable a service to operate, with feedback provided to the area concluding on current usage, total spend, existing suppliers and the number of active/live contracts.

2.19 These form the basis of discussions with the health board with regards to alternative purchasing options / procurement routes and future procurement activity planning.

Conclusion:

2.20 We have concluded Substantial assurance for this objective.

Objective 3: Contracts are monitored to ensure that expenditure remains within the contract value

2.21 Standing Financial Instructions identify the budget holder as responsible for overseeing and managing contracts on behalf of the health board, whilst contract management for all-Wales contracts will be provided by NWSSP Procurement Services. This is reinforced in the All-Wales Procure to Pay e-Manual.

2.22 Nevertheless, discussions with local procurement teams confirmed that monitoring of contract spend is undertaken, the extent varies dependent on the nature of the contract with support provided to the HBs as required. Monitoring and scrutiny of activity and spend is undertaken primarily towards the end of the contract when actual spend is approaching contract value; the end of the financial year or in response to queries.

- 2.23 For the sample of ten contracts reviewed at objective 1 we reviewed the spend to date and confirmed all were in line with expectations based on the contract term and value.
- 2.24 We identified good practice in the SB procurement team, with the development of a savings tracker to ensure contracts are achieving anticipated savings and monitor contract prices against the open market to ensure value for money is being achieved. This should be rolled out across NWSSP-PS.

Conclusion:

- 2.25 We have concluded Substantial assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: DMS: Procedural Guidance for Framework Agreements (Design)		Impact
<p>The Procurement Decision Tree supports users in identifying suitable procurement routes based on their needs, although it implies that all over-OJEU procurements should be subject to tender and does not recognise use of framework agreements.</p> <p>There is also very limited guidance available in relation to the use of frameworks. Our sample testing highlighted non-compliance with WPPN 02/22 due to procurement teams not aware of the requirement to publish contract award notices for framework procurements.</p>		<p>Potential risk of inappropriate/non-compliant/ inconsistent use of framework agreements which could result in:</p> <ul style="list-style-type: none"> • breach of procurement policy, SOs/SFIs or regulations • legal challenge resulting in reputational damage and/or financial loss • failure to obtain value for money
Recommendations		Priority
1.1	Document procedural guidance for the use of frameworks and incorporate this into the DMS. Update the procurement decision tree to recognise framework agreements as a valid procurement route.	Medium
Agreed Management Action		Target Date
1.1	Document procedural guidance for the use of frameworks will be updated within the DMS system by the Quality manager. Procurement decision tree will be updated as part of the new Procurement Regulations implementation and review of impact to DMS procedures by Oct 2024.	31 October 2024
		Responsible Officer
		NWSSP Quality Manager

Matter Arising 2: Direct Award to Supplier [CTMUHB] (Design & Operation)		Impact
<p>One contract for CTMUHB had been directly awarded to a supplier not on the related framework. Expressions of interest were sought from framework suppliers with only one response received from a supplier unable to meet the specification.</p> <p>We were advised that competitive tender and single tender action were considered unnecessary on the basis that the market had been tested via the framework, which included all known potential suppliers – a limited pool due to the nature of the contract. However, relying on this framework to demonstrate market testing is not robust – a single tender action should have been completed with publication of a PIN⁶ or a VEAT⁷ on Sell2Wales, for transparency. There was also no evidence of due diligence checks for this supplier.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Non-compliance with standing orders and lack of transparency, placing the organisation at risk of legal challenge which could result in financial penalty and reputational damage. • Failure to achieve value for money.
Recommendations		Priority
2.1a	Senior management to scrutinise procurement activity within the CTM procurement team to identify non-compliant contracts and take remedial action as appropriate, including staff training.	High
2.1b	Where it has not been possible to award a contract following a formal recognised procurement route or regulations/guidance do not explicitly cover the circumstances presented, the subsequent approach should be agreed with the Deputy/Director of Procurement Services. The rationale for the agreed approach should be formally documented and evidence of Director agreement retained on the procurement file.	

⁶ Prior Information Notice – used to provide advance notice to potential suppliers of a planned procurement

⁷ Voluntary Ex Ante Transparency notice – a formal announcement made by a contracting authority to inform the market of the intention to award a contract directly to a supplier without conducting a full competitive tendering process

Agreed Management Action	Target Date	Responsible Officer
2.1a Review all contracts within the CTM Procurement Team above the threshold (utilising the current goods and services threshold of approx. £ 138,000 as the reference point). Identify non-compliant contracts in respect of this issue and wider where any other non-compliances are identified. Ensure appropriate staff training is implemented and internal controls including peer and line manager review of all above threshold contracts are implemented as a matter of routine within the department.	30 September 2024	Deputy Director of Procurement Services
2.1b Staff will be reminded that the search for competition on high value procurements should be the default position and only in exceptional circumstances e.g. OEM contracts etc will a direct award be permitted without evidence of proactive market search for alternative sources of supply/service provision. The procurement of below threshold goods, services and healthcare services will require evidence of market search before consideration of STA/waiver which must then be approved through the normal HB/Trust/Org governance processes. This requirement will be emphasised within the DMS.	30 September 2024	Deputy Director of Procurement Services

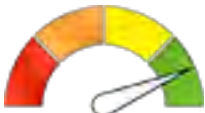

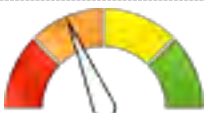
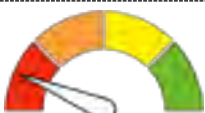

Matter Arising 3: Declarations of Interest (Operation)		Impact	
<p>NWSSP-PS are responsible for ensuring the completion of DoI forms by Procurement Services staff and stakeholders involved in each procurement exercise. Annual DoIs are also completed by all NWSSP-PS staff band 6 and above. Our testing found instances where individual DoIs had not been completed by NWSSP-PS and/or health board staff.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> conflicts of interest are not identified and mitigated, potentially resulting in unfair bias in the procurement process which could lead to legal challenge, failure to obtain value for money and reputational damage. 	
Recommendations		Priority	
3.1	Declarations of Interest must be completed by all stakeholders involved in each procurement exercise. Consider implementing spot checks to ensure compliance with this requirement.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	NWSSP Procurement staff complete Declarations of interest annually and all stakeholders (including Procurement staff) will complete DOIs through Procurement process, aligned to the DMS process, implemented in December 2023.	30 September 2024	Head of Procurement CTM/SB and NWSSP Procurement

Matter Arising 4: Authorisation of Key Documents (Operation)		Impact	
<p>One RFA had not been authorised in line with the CTMUHB scheme of delegation – the contract value was £134k but the approver had a delegated limit of £100k.</p> <p>Three RFAs (CTMUHB) had not been signed by the Head of Procurement to demonstrate oversight and scrutiny of the procurement process - one had not been signed at all (the contract referred to at para 2.6/Matter Arising 2) and two had been signed by the officer leading the procurement.</p> <p>On three occasions Procurement had signed an SLA, a short order form or a commercial term sheet on behalf of SBUHB or the supplier.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Breach of SOs/SFIs • Inappropriate procurement practices not identified and prevented/addressed due to lack of oversight and scrutiny 	
Recommendations		Priority	
4.1a	RFAs and contract documentation must be appropriately authorised by the health body as required and in line with the scheme of delegation.	Medium	
4.1b	RFAs should be approved by the Head of Procurement to demonstrate oversight and scrutiny of the procurement process and confirm compliance with procurement regulations.		
Agreed Management Action		Target Date	Responsible Officer
4.1a	Increased checks are now in place regarding authorised signatories aligned to CTM scheme of delegation, by Senior Procurement Manager, Assistant Head and Head of Procurement.	30 November 2024	Head of Procurement CTM / SB
4.1b	Historically, no clear guidance in SFIs or DMS, regarding Head of Procurement to sign RFAs, these were signed off proportionate to value by Senior Proc Business Partners/Assistant Head/Head. From Jan 2024, following discussions with DOF, Head of Procurement signs off all RFAs and STAs.	30 November 2024	Head of Procurement CTM/NWSSP Quality Manager.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence presents of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally, issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Final Head of Internal Audit Opinion & Annual Report 2023/2024

August 2024

NHS Wales Shared Services Partnership

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Appendix A	Conformance with Internal Audit Standards
Appendix B	Audit Assurance Ratings

Report status:	Final v2AC update
Draft report issued:	June 2024
Final report issued:	10 th July 2024
Author:	Head of Internal Audit
Executive Clearance	Assistant Director Corporate Services and Director of Finance & Corporate Services
Partnership Committee	July 2024
Audit Committee	July 2024

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – 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.

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 the organisation'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 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 2023-24

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 SSPC which underpin the assessment of the effectiveness of the system of internal control. The approved internal audit plan is biased towards 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 Annual Governance Statement.

The overall opinion for 2023/24 is that:

Reasonable assurance		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. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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1.3 Delivery of the Audit Plan

The internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of management, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the 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 2023/24 year was initially presented to the Committee in April 2023. Changes to the plan have been made during the course of 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 other NHS Wales organisations, particularly, Digital Health & Care Wales (DHCW) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (in March 2023), and our own annual Quality Assurance and Improvement Programme (QAIP) have both confirmed that our internal audit work 'fully conforms' to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2023/24. We are able to 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 key strategic and operational risk areas; 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 that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas in the table below.

Where we have given Limited 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 Annual Governance Statement where it is appropriate to do so.

A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2023/24

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> • Employment Services - Payroll • Energy Cost Management 	<ul style="list-style-type: none"> • Accounts Payable • Primary Care Services Contractor Payments - General Medical Services (GMS) • Primary Care Services FPPS Reconciliation Tool • Business Continuity Planning • Performance Data Quality • Specialist Estates Services - Building for Wales Framework • Prioritisation of Estates Funding Advisory Board Monies • Student Awards • Single Lead Employer • Procurement
Limited Assurance	Advisory/Non-Opinion
Decarbonisation	n/a
Unsatisfactory Assurance	
N/A	

Please note that our overall opinion has also taken into account both the number and significance of any audits that have been deferred during the course of the year (see section 5.7) and also other information obtained during the year that we deem to be relevant to our work (see section 2.4.2).

2. HEAD OF INTERNAL AUDIT OPINION

2.1 Roles and Responsibilities

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 also 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, 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 organisation's risk management process and system of assurance should bring together all of 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 organisation. 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 takes into account but is not intended to provide a comprehensive view.

The Managing Director, on behalf of the Partnership Committee, 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 Shared Services Partnership Committee 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 taken into account by regulators including Healthcare Inspectorate Wales in assessing compliance with the Health & 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 NWSSP in reviewing effectiveness and supporting our drive for continuous improvement.

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 course of the 2023/24 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 where appropriate. 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 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 assurance domains that were used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

2.4.1 Scope of opinion

The scope of my opinion is confined to those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee. 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>- + Yellow</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. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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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. Particular focus should be placed on the agreed response to any Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there was one audit in 2023/24).

2.4.2 Basis for Forming the Opinion

The audit work undertaken during 2023/24 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 (see section 2.4.3).
- 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; observation of key meetings; meetings with Executive Directors, senior managers; 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 Shared Services Partnership.

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

From the opinions issued during the year, two were allocated Substantial Assurance, ten were allocated Reasonable Assurance and one was allocated Limited Assurance. **No reports were allocated a 'unsatisfactory assurance' opinion.**

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 their overall opinion.

A summary of the findings is shown below.

NATIONAL AUDITS

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

- The audit of the FPPS Reconciliation Tool – was given a Reasonable Assurance rating overall with three medium priority matters identified covering variation and/or progress in completing the actions notified to health boards in December 2022 and other associated risks which at the time of reporting had not been formally communicated to health boards; lack of privacy impact assessment and access to claims data; and investigation of potential errors in paid claims.
- The audit of Primary Care Services Contractor Payments General Medical Services was given a Reasonable Assurance rating overall. We identified two medium priority matters arising in relation to the calculation of reckonable service and validation of enhanced services claims.
- Accounts Payable - The audit was given a Reasonable Assurance rating, with three medium priority matters arising relating to: Compliance with the checking and approval requirements for additions/amendments to the supplier Masterfile; Compliance with the No PO No Pay Policy and Authorisation of non-PO invoices in line with organisation approval hierarchies and approval arrangements for data loads.
- Payroll Services – The audit was given a Substantial Assurance rating. The design and operation of controls for the administration of Payroll Services are designed and operating effectively and this is reflected in the continued high levels of payroll accuracy figures reported in KPIs (over 99%) during 2023-24, with continued progress made in addressing the issues identified in previous audits.
- Procurement – The audit was given a Reasonable Assurance rating. Recommendations were made in relation to updating guidance in relation to the use of frameworks; declarations of interests, a direct award contract and one approval to award a contract in line with scheme of delegation.

NWSSP AUDITS

The majority of these audits were given Reasonable Assurance with two given Substantial Assurance, with one non opinion audit:

- The audit of Performance Data Quality concluded with Reasonable Assurance, highlighting three medium priority areas for improvements covering, the performance data collection process, verification of KPI data and supporting evidence.
- The audit of Business Continuity Planning concluded with Reasonable Assurance, highlighting five medium priority areas for improvements including, business continuity impact assessment scenarios, actions cards, business continuity resource and action card testing.
- The Building for Wales Framework audit concluded with Reasonable Assurance – The audit highlighted that lessons has been learned from previous framework exercises, however, did highlight areas of improvement relating to risk management process, a review of the evaluation process to ensure proactive monitoring and declaration of interest completion.
- Estates Funding Advisory Board Monies – Reasonable Assurance was given for the audit. The review did highlight a need for improved processes surrounding post award amendments to the programme. And other key matters including the need to ensure the completeness of original bid documentation, and the need to develop an enhanced evaluation tool to provide a clearer trail from initial bids through scrutiny to award.
- The audit of Energy Cost Management concluded with Substantial Assurance. The audit highlighted that appropriate governance arrangements were in place to monitor energy prices and support effective decision making along with appropriate arrangements to ensure that national purchasing decisions were made in line with the remit of the energy group and scheme of delegation.
- The audit of Decarbonisation concluded with Limited Assurance. This audit was undertaken across all NHS bodies with a consistent scope and a review on constancy of findings across audits. The audit highlighted that NWSSP had clear governance structure and reporting arrangements, that the organisation's DAP for 2024-26 accurately aligns with the Strategic Delivery Plan along with highlighting that NWSSP provided highly valued system wide leadership on various initiatives to support NHS Wales organisations in delivery of national objectives. However, the lack of available funding across NHS Wales impacts NWSSP's ability to produce a fully costed plan with potential funding strategies clearly identifiable and complete the key actions assigned to the initiatives set out in the Strategic Delivery Plan in a timely manner. This financial shortfall could result in the organisation's inability to meet national decarbonisation targets in 2025 and 2030.

- The audit of the Student Awards Service concluded with Reasonable Assurance. Implementation of the new GP UK system has improved automation and efficiency within the team, with students able to upload evidence to their application and Universities having access to the system to update course information instead of submitting manual forms to SAS. Applications are promptly reviewed by bursary assessors and sample testing identified no errors in the calculation of bursary award. We have identified three medium priority matters arising requiring management attention relating to: Absence of procedural guidance for manual workarounds where system issues have been identified; Absence of a service level agreement with HEIW setting out the roles, responsibilities and limitations to the scope of the service and issues with the configuration of the application form and SAS having access to amend student bank details.
- The audit of the Single lead Employer service concluded with Reasonable Assurance. The matters identified during the audit requiring management attention included: SOPs are required for the processing of leavers, changes and absence management; EMAs need to be updated to clarify responsibilities in respect of statutory and mandatory training compliance, and management of sickness absence documentation; and The ESR and Intrepid systems should be reconciled more frequently to ensure the accuracy of data held in ESR, which drives payments to trainees.

2.4.3 Approach to Follow Up of Recommendations

As part of our 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 high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

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.

We recognise that it has been more challenging for NHS organisations to implement recommendations to the timescales they had originally agreed. In addition, we also recognise that for new recommendations it may be more difficult to be precise on when exactly actions can be implemented by. 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 2023/24. 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.

2.4.4 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 SSPC, 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.

2.4.5 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the SSPC 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, 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.

The majority of audit reviews will relate to the systems and processes in operation during 2023/24 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 organisation's Annual Report and accordingly will be completed and reported to management and the Audit Committee subsequent to 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.

2.5 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2023/24.

2.6 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. The work of Internal Audit is also subject to an annual assessment by Audit Wales. 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. CIPFA concluded that NWSSP's Audit & Assurance Service fully conforms to the requirements of the PSIAS.'

The NWSSP Audit and Assurance Services can assure the Audit & Risk Committee that it has conducted its audit at NHS Wales Shred Services Partnership in conformance with the Public Sector Internal Audit Standards for 2023/24.

Our conformance statement for 2023/24 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2023/24 which will be reported formally in the Summer of 2024; 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 2023/24 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 member of NWSSP's Audit & Assurance Service who undertook work on the NWSSP audit programme for 2023/24.

2.7 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 take into account 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 and Healthcare Inspectorate Wales.

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.

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	Objective
Benefits Realisation	Reasonable	To determine if the principles of an appropriate benefits realisation framework have been implemented to support decision making.
Programme Management	Reasonable	To provide an opinion of the project management being operated over the Digital Services for Patients and Public (DSPP) programme.
Business Continuity (Ransomware)	Reasonable	To assess the adequacy and effectiveness of business continuity arrangements, including in the event of a cyber-attack (including ransomware).
Legacy Software Modernisation	Reasonable	To review the management of risks associated with older technology.

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

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 2023 contained sixteen planned reviews. Changes have been made to the plan with three audits deferred. All these changes have been reported to and approved by the Audit Committee. As a result of these agreed changes, we have delivered thirteen reviews.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the organisation. 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. The key performance indicators are summarised in the table below.

Indicator Reported to NWSSP Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2023/24	G	April	By 30 June	Not agreed	Draft plan	Final plan
<i>Total assignments reported to at least draft against adjusted plan for 2023/24</i>	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	85%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to 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%

5. RISK BASED AUDIT ASSIGNMENTS

The overall opinion provided in Section 1 and our conclusions on individual assurance domains 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 13 audit reviews were reported during the year. Figure 2 below presents the assurance ratings and the number of audits derived for each.

Figure 2

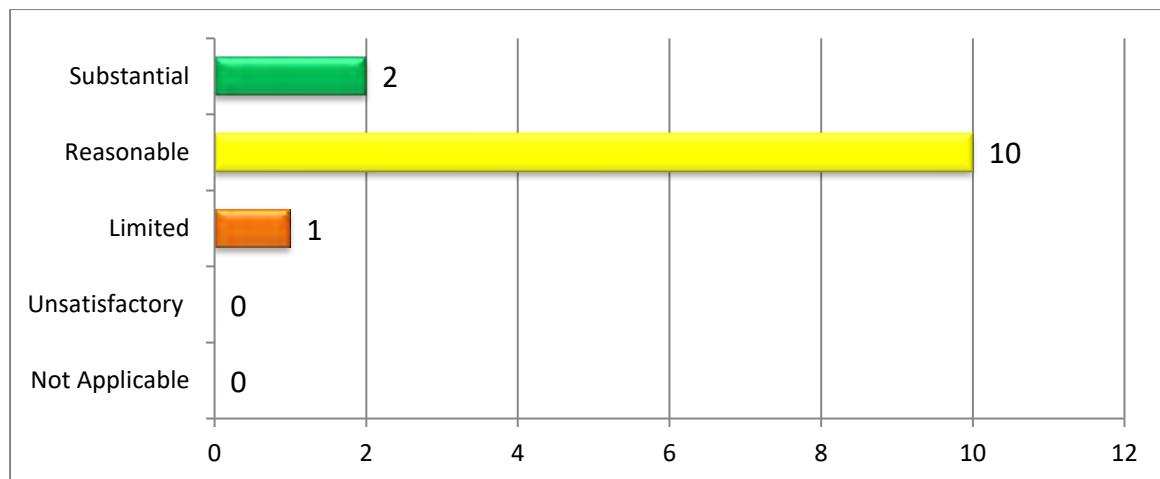


Figure 2 above does not include the audit ratings for the reviews undertaken at DHCW.

In addition to the above, the report considers any audits which did not proceed following preliminary planning and agreement with management. In some cases, organisational pressures was the reason for the deferral or cancellation and in other 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 (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
Employment Services - Payroll	The overall objective of this audit was to evaluate the design and operation of the systems and controls in place within Payroll Services.
Energy Cost Management	The overall objective of this audit was to review the arrangements for energy cost management and All-Wales purchasing.

5.3 Reasonable Assurance (Yellow)



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	The purpose of the audit review was to evaluate and determine the adequacy of the systems and controls in place for the NWSSP Accounts Payable service.
Primary Care Contractor Payments - GMS	The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place for the management of primary Care Contractor Payments – General Medical Services (GMS)
Primary Care Contractor Payments – GMS – FPPS Reconciliation Tool	The objective of this audit was to review the newly developed reconciliation tool to determine whether it addressed the control gap between the former Open Exeter and new FPPS systems, for the validation of enhanced services claims by GPs.

Review Title	Objective
Performance Data Quality	The overall objective of this audit was to review the processes in place for ensuring the completeness and accuracy of performance data reporting against existing performance measures.
Business Continuity Planning	The overall objective of this audit was to assess the adequacy and effectiveness of systems and controls in place across NWSSP for the Business Continuity Planning.
Specialist Estates Services – Building for Wales Framework	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 focused on the systems and controls in place in respect of the Pre-Qualification Questionnaire (PQQ) stage of the renewal process.
Specialist Estates Services – Estates Funding Advisory Board Monies	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) to coordinate the prioritisation and allocation of funds through the Estates Funding Advisory Board (EFAB for 2023/24 & 2024/25).
Student Awards	The overall objective of this audit was to review the new system implementation and compliance with policies and procedures covering bursary applications, eligibility and service performance.
Single Lead Employer	The overall objective of this audit was to test compliance with a range of policies and procedures, key aspects of risk and governance within the Service, including new starters, leavers and changes; absence is management; and that invoices and payments in respect of trainees are promptly and accurately processed
Procurement	To review the adequacy of the systems and controls in place for procurement of contracts above OJEU thresholds.

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
Decarbonisation	To consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan and the organisation's Decarbonisation Action Plan, demonstrating how they will implement the Strategic Delivery Plan initiatives. Following on from the advisory review delivered in 2022/23, the proposed scope included governance, strategy progress and implementation.

5.5 Unsatisfactory Assurance (Red)



No reviews were assigned an 'unsatisfactory assurance' opinion.

5.6 Assurance Not Applicable (Grey)



The following reviews were 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 these reviews are 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
n/a	n/a

5.7 Deferred Audits

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. As there were audits deferred during the year, two audits were added to the plan as a result of discussion with Management. These adjustment to the plan were subject to approval at the Audit Committee during the year.

Review Title	
IT /Digital - Infrastructure upgrade /Azure environment	Discussion with management and IT Audit. Programme not progressing as originally planned. No significant impact on opinion anticipated. To be considered as part of future audit planning.
Central E Business Team - Oracle System	Other work being undertaken and a change in control arrangements. No significant impact on opinion anticipated. Additional time put into other audit work. To be considered as part of future audit planning.
CIVAS/Medicines Unit	Deferred as part of reprioritisation of plan. Additional time put into other audit work. No significant impact on opinion anticipated. Included in 24/25 plan.

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 2023/24 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

July 2024

Appendix A

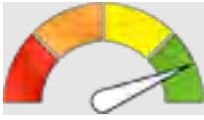
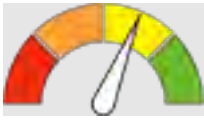
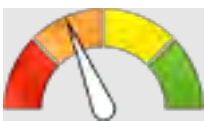
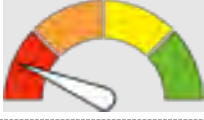
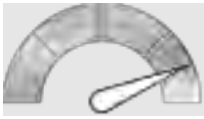
ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 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 NWSSP Managing Director and Audit Committee Chair. There have been no impairments to our independence during 2023/24.
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

	<p>specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee.</p> <p>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.</p>
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 NWSSP level for resolution.

Appendix B - Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. <i>Low impact</i> on residual risk exposure.</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. <i>Low to moderate impact</i> on residual risk exposure until resolved.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. <i>Moderate impact</i> on residual risk exposure until resolved.</p>
	<p>Unsatisfactory assurance</p>	<p>Action is required to address the whole control framework in this area. <i>High impact</i> on residual risk exposure until resolved.</p>
	<p>Assurance not applicable</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>



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

**Counter Fraud Annual Report
01/04/2023 – 31/03/2024**

**Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Services Partnership
21st June 2024**

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NWSSP Counter Fraud Plan Objectives v Outcome Delivery

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 2023 to 31st March 2024.

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 2023/2024 was completed jointly by the NWSSP LCFS Manager and approved by the Director of Finance and Corporate Services and Audit Committee in **July 2023**.

As at 31st March 2024, 206 days of Counter Fraud work have been completed against the agreed 210 days in the Counter Fraud Annual Work-Plan for the 2023/24 financial year. The reason for the reduced number of days provided to NWSSP is that the NWSSP LCFS Manager now provides a basic Local Counter Fraud Service of 5 days per annum to LLAIS.

The breakdown of these days is as follows:

TYPE	Days Planned	Days Actual	+/-	Costs
Proactive	140	121.25	-18.75	£32,843
Reactive	70	84.75	+14.75	£22,956
Total	210	206	-4	£55,799

2. Progress

Staffing

Previously, NWSSP obtained all of its Local Counter Fraud Services from Cardiff and Vale University Health Board (C&VUHB) on a limited provision of 75 service days under a Service Level Agreement (SLA). Since 6th June 2022 NWSSP has directly employed its own Local Counter Fraud Services (LCFS) Manager.

NWSSP continued with the SLA with Cardiff and Vale University Health Board, until both parties agreed to terminate the SLA with effect from 30th June 2023 following a period of notice, no resource days were planned for or provided by Cardiff and Vale University Health Board during 2023/2024.

Activity

Infrastructure/Annual Plan outcomes

The Counter Fraud Plan's objectives for 2023/2024 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 2023 to 31st March 2024 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 each organisation is an essential part of combatting economic Crime in NHS Wales. The NWSSP LCFS Manager Provides 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 Q4 2023/2024	Total Staff
Group	2023/2024
New Starter Fraud Awareness (x6)	108
Fraud Awareness Session (x12)	324
e-Learning	116
Newsletters (using sways) (x3)	389
Total	937
In addition:	
Social Media Posts - “X” (Formerly Twitter) impressions	3,113

Fraud Awareness Presentations

From 1st April 2023 to 31st March 2024 a total of **18** fraud awareness sessions were delivered to a total of **432** NWSSP staff. Groups included the Primary Care Services Teams, Medicines Manufacturing, Payroll, Accounts Payable, People and Organisational Development, Network 75 Students and Apprentices, Payroll Teams, and Planning Performance and Informatics.

From November 2023, NWSSP's new employees were invited to Fraud Awareness Sessions which are now conducted each month via MS TEAMS. All new employees who commenced after March 2023 were also invited to additional sessions.

Staff during each session were very engaging, with feedback forms that were issued following most sessions providing very supportive and positive feedback.

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 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 will also be available in the Welsh Language in Summer 2024. NWSSP has not yet made the fraud e-learning module mandatory due to the large number of statutory and mandatory training modules that staff are currently required to complete. However, staff have frequently been encouraged to complete the Fraud Awareness e-Learning module by the Senior Leadership Team, particularly in those areas more susceptible to fraud such as Payroll and Procurement. The NWSSP LCFS Manager will continue to press for the module to be made mandatory as this has proven successful in four other Health bodies in NHS Wales.

Newsletters

Three Counter Fraud Newsletters were issued in the Financial Year using MS SWAYS, which is able to gather metrics on staff engagement. One was issued in August 2023, one coinciding with Fraud Awareness week in November 2023 and a further Festive Fraud Newsletter in December 2023. Newsletters showed recent fraud prosecutions and focussed on topical areas. Engagement Metrics are available in the table above. The 2023 International Fraud Awareness Week Event also included daily posts on "X" (Formerly Twitter), which led to **3,113** impressions.

Counter Fraud Videos

The NWSSP LCFS Manager previously collaborated with the NWSSP Communications Team to produce five videos to improve fraud awareness. Each video was also translated into Welsh. They 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 LCFS Manager previously collaborated with the NWSSP Communications Team to produce a Counter Fraud Mobile App. Despite this innovative approach unfortunately the uptake has been low. The NWSSP LCFS Manager 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 LCFS Manager receives Fraud Prevention Notices (FPN's) and Intelligence Bulletins (IBURN's) 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.

The NWSSP LCFS Manager 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 2023/2024

Advice on Fraud Related Matters	<i>Number of contacts (emails / calls) where the LCFS has given advice on fraud related queries</i>	85
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>	29

Fraud Prevention Notices (FPN'S) and Intelligence Bulletins / Alerts (IBURN's)

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 FPN's and IBURN's are also actioned by NWSSP's LCFS Manager centrally and outcomes disseminated to all Lead LCFS in NHS Wales to avoid duplication which previously existed in verifying similar alerts.

All FPN's and IBURN's are recorded and actioned on the CLUE 2 database in accordance with NHS CFA requirements. In 2023/2024 the following Notices and Alerts were received and actioned.

[FPN L-001-023](#) Issued by the NHS CFA on 14/7/2023. This FPN concerns the general trend of employees / applicants obtaining secondary employment elsewhere, rather

than details of specific offenders. Action to take included dissemination of FPN content to NWWSP People and Organisational Development and Recruitment so they are aware of this risk to raise fraud awareness. This was also included in the newsletter and presentations to raise awareness of this trend to ensure appropriate management of staff and report concerns for investigation.

FPN – L002-023 Issued by the NHS CFA on 7/8/2023. This FPN was to provide further advice and guidance on bank mandate fraud. Advice was disseminated to key staff on the suggested distribution list including the Accounts Payable Supplier Maintenance Team for awareness. However, checks and controls within NWSSP and NHS Wales are further advanced than other NHS Health Bodies in NHS England.

LFPN 04 2023 and FPN H-005-23 were issued by the NHS CFA, on 17/10/2023 and 5/12/2023 respectively. These FPNs concern a general trend of international recruits presenting false certificates for IELTS (International English Language Testing System) which is a requirement from the Home Office for international recruits including the NHS. A false certificate also invalidates their UK Visa. Prevention advice included that checks should be made using the online checking service. Liaison with NWSSP Recruitment confirmed that NWSSP now use the online checking service and have undertaken a retrospective check of previous certificates provided. Two investigations related to such activity are currently being undertaken by NHS CFS Wales. No further concerns were identified.

FPN L-004-023 was issued on 16th November 2023. This FPN relates to false applications made using salary sacrifice schemes. NWSSP initially raised concerns on this to NHS CFA following a fraudulent application under the home electronic goods scheme (as summarised under investigations below). Much of the prevention advice including Multi Factor Authentication (MFA) is now in place following NWSSP involvement. However, a further level of check was suggested for line managers to approve applications, and this is now being considered by NWSSP.

IBURN-2023-04-01 was issued on 6th April 2023. It highlighted allegations concerning a named individual who had gained employment making false representations concurrently using aliases at multiple organisations including several NHS bodies in England bordering Wales. Checks were made with Recruitment Managers who confirmed no applications were made in NHS Wales. The NWSSP LCFS Manager discussed the risks with Recruitment to consider an alert system to flag future applications or concerns. Further discussion with Recruitment is taking place.

IBURN 2023-09-001 was issued by the NHS CFA on 11/09/2023. It concerns a Care Worker employed via an Agency who lost their sponsorship licence to supply staff as a primary employment sponsor. Where a member of staff has lost their primary employment sponsor, they have 60 days to find another primary sponsor before their entitlement to remain in the UK lapses. Those working on a dependent visa linked to those individuals would also lose their right to work in the UK. The bulletin provided a list of staff who had been identified as a risk because, due to this visa requirement, they were no longer eligible to work in the UK. NWSSP liaised with Recruitment and the list was checked to confirm none were employed via NWSSP Recruitment. However, three staff had unsuccessfully applied for employment in NHS Wales during the reference period.

IBURN 2024-003-001 was issued by the NHS CFA on 4th March 2023 raising a concern of false invoices issued to NHS Trusts in England in the name of three businesses previously known to target GP Practices. The “business” names and associated bank accounts were checked with Accounts Payable who confirmed no invoices had been received and no transactions made. DHCW Cyber Security also blocked email addresses associated with these fraudulent “businesses”. These checks were made on an all NHS Wales basis in order to avoid duplication.

Intelligence Notice 1 2023 24 was issued by the NHS CFA on 21st March 2024. A trend of mandate fraud emails has been identified where false emails are received in the name of senior officers or Directors, eg Director of Finance requesting urgent payments to be made to suppliers with new bank account details which are fraudulent and used by criminals. This modus operandi / method is actually an old method used by fraudsters which seems to be prevalent again. The Supplier Maintenance Team are very alert to mandate fraud attempts and were advised of this new trend.

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 (LPE’s) 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.

LPE’s were conducted following the issue of the fraud risks identified from the issue of the aforementioned FPN’s and IBURN’s relating to mandate fraud and employee identity fraud which were detailed above.

Work is ongoing on other proactive projects with NHS CFS Wales and Audit Wales:

Community Pharmacy Data Analytics Exercise - a long-term data analytical exercise with NHS CFS Wales and Audit Wales to analyse Primary Care Services Community Pharmacy Services claims data for expensive items to identify and assess unusual claiming trends. NWSSP LCFS Manager continued to collaborate on this project for continuity as commenced the project whilst a member of the NHS CFS Wales Team and initiated it following a successful Pharmacy case involving claims for high cost drugs which was successfully prosecuted. The exercise has been concluded and the Audit Wales Report is due in July 2024. The exercise has identified risk areas with high cost drugs. Financial recoveries totalling £22,000 are ongoing. 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 utilise to identify unusual trends with all NHS Wales Pharmacy Data by NWSSP PPV. The NWSSP LCFS Manager will continue to liaise with PPV to monitor the effectiveness of that tool.

General Medical Services Patient Registration and Capitation Fees - the NWSSP LCFS Manager 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. Data has been processed and uploaded to the NFI portal and is currently being reviewed by the NWSSP Primary Care Services PPV team.

Salary Overpayments - it was previously noted that instances relating to potential theft of overpayment of salary from NWSSP Finance and Payroll were potentially being under reported in NWSSP to counter fraud. NWSSP LCFS Manager previously liaised with Payroll and Finance to ensure such cases are reported at the earliest opportunity. A new all Wales referral process has now been set up where referrals are made via a Power BI database with a dashboard system to monitor causes and progress. In addition, further work is ongoing to devise a consistent approach for referring salary overpayments to counter fraud with a working group led by the NWSSP Assistant Director of Finance, Payroll, HR, Finance, Audit and Counter Fraud representation from all Health Boards and is near completion.

The NWSSP LCFS Manager has also liaised further with the POD Single Lead Employer HR Manager on ongoing cases to identify why they occurred to detect potential system weaknesses to minimise instances of large overpayment of salaries, and also more prompt reporting when identified.

National Fraud Initiative - National Fraud (NFI) data has now been collected and processed by the Cabinet Office NFI Team, and the results were made available for analysis in January 2023. Initial analysis of the data has identified that NWSSP data is included within the Velindre University NHS Trust and arrangements have been made with the Cardiff & Vale UHB Lead LCFS to make the data available and the NWSSP LCFS Manager will review the data relating to NWSSP. Checks have been made on Payroll / Creditor / Companies House data and liaison to discuss matches with the Corporate Services Compliance Manager to conduct checks against Declarations of Interests.

The NWSSP LCFS Manager 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 2023 – 31st March 2024

The table below shows a summary of the number of cases investigated, together with values of Fraud Prevented, Fraud Recovered and Sanctions in 2023/2024.

	Caseload	2023/24 Total
A	Cases b/f at 1 April 2023	5
B	Add: New of cases opened	26
D	Less: Cases closed or transferred	24
E	Cases open at 31 March 2024	7
	Fraud Prevented	£12,150.42
	Fraud Recovered	£50,419.03
	Total Prevented / Recovered	£62,569.45
	Number of sanctions	3

Anonymised case updates are scheduled at each Audit Committee meeting.

Investigations included working whilst on sick leave and suspicious invoices. Cases which resulted in financial recoveries related to potential theft of overpayment of salaries. A Police Caution was administered on an employee of the Taxi company who had submitted False Invoices for NHS Payment for personal Journeys amounting to over £500 which was recovered during the previous financial year. Fraud prevented figures included an estimated sum of £10,000 relating to a false claim for injury at work which was not paid following investigation. Applications for electronic goods under the salary sacrifice scheme for £2,150 were also prevented following intervention by processing staff. 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 Police due to other fraud related crimes and prosecution is now pending.

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 LCFS Manager 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 LCFS Manager can demonstrate a continued trajectory of improvement across the service, with continued success shown across key measurables. 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.

NWSSP Counter Fraud provision has demonstrated compliance with the requirements of the Welsh Government Directions to NHS Bodies on Counter Fraud Measures.

Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Service Partnership
21st June 2024

Counter Fraud Functional Standard Return (2023/2024)

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	Health Board
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)	121
Reactive days used (Maximum 3 digits)	85
Total days used for counter fraud work	206
Cost of counter fraud staffing per financial year - Proactive	32775.29
Cost of counter fraud staffing per financial year - Reactive	23023.96
Total costs for counter fraud work	55799.25

Reactive information

Number of allegations received and recorded as an investigation during the most recent financial year	28
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 CFS Wales
Number of investigations recorded and closed during the most recent financial year	25
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 CFS Wales
Number of investigations open as at 31/03/2024	7
Number of investigations open as at 31/03/2024 as recorded on the case management system	0
Rationale for any discrepancy between case management system investigations open as of 31/03/2024 and expected	There may be an error in your data as claims are reconciled on a QTLY Basis with CFS Wales
Amount of fraud losses identified and recorded during the most recent financial year	47779.00

Counter Fraud Functional Standard Return (2023/2024)

Amount of fraud losses recovered and recorded during the most recent financial year	47779.00
Amount of fraud losses prevented from reactive work and recorded during the most recent financial year	12150.00
Number of criminal sanctions applied and recorded during the year	1
Number of civil sanctions applied and recorded during the year	4
Number of disciplinary sanctions applied and recorded during the year	1

Proactive information

Number of proactive exercises conducted and recorded during the most recent financial year	10
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

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.

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) to update on all Counter Fraud matters who is Head of Finance and Business Development 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:

The organisation has a Counter Fraud, Bribery and Corruption Policy. The policy is available to staff via the Intranet and has been promoted during fraud awareness work carried out throughout the year, further work will be done to link these to LCFS intranet page. 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. All 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 to ensure that risks are mitigated.

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, which promotes the NHSCFA Fraud and Corruption Reporting Line and online reporting tool. The Counter Fraud Policy is updated and publicised via the Intranet site, Executive approval is received via the Audit Committee. 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. New Staff are requested to attend a fraud awareness session. A staff survey was carried out in July 2022 and will be repeated in 2024 along with risk awareness evaluations in the next financial year.

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. LCFS is actively involved in reviewing policies to ensure they are fraud proofed. Liaison with IA has and will continue to take place in order to obtain IA reports pertinent to CF.

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 be 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. 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. A new Fraud Awareness E-learning module has been produced and its aim is to make it mandatory. 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 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 training and professional development provided by NHS CFS Wales / NHS CFA. LCFS attends all bi-annual and ad-hoc LCFS network meetings arranged by NHS CFS Wales which 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 currently working 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 new Fraud Awareness E-learning module has been produced and its aim is to make it mandatory for all staff. 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. Regular Newsletters are produced using MS Sways which collects metrics to measure engagement to apply resources accordingly.

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 section 5.6 of the NHS Audit Committee Handbook, I confirm that the information contained in this self review for NHS WALES SHARED SERVICES PARTNERSHIP reflects the work reported to and considered by the Audit Committee.

acc14761 - Gareth Jones
Fri May 17 00:23:30 BST
2024

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
Tue May 21 10:56:48 BST
2024

Opportunity to comment

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
Thu May 23 08:30:34 BST 2024



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

**Counter Fraud Progress Report Q1
01/04/2024 – 30/06/2024**

**Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Services Partnership**

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Annual Report and Counter Fraud Functional Standard Return 2023/2024

Nomination Forms

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 and Assurance Committee about counter fraud referrals, investigations, activity and operational issues.

2. Progress and Summary

The Counter Fraud Annual Plan 2024/2025 was completed and approved by the Director of Finance and Corporate Services and submitted for Audit and Assurance Committee approval on 16th April 2024.

At 30th June 2024, 48.75 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. In summary the days have been used dealing with ongoing fraud investigations, 1 case was closed and 1 new fraud referral has been received during the last quarter. The Annual Counter Fraud Functional Standards Return was completed with an overall rating of green, approved by The Director of Finance and Corporate Service, Audit Chair and submitted to The NHS CFA and Cabinet Office. The annual report was also compiled and is presented at Audit Committee in July 2024.

Fraud Awareness activity was mainly focussed on 3 sessions to new starters and 2 sessions in person to Supply Chain, Logistics and Transport staff and managers at Denbigh Stores. The NWSSP LCFS Manager was also invited to deliver a presentation on Combatting Fraud in NHS Wales to The Shared Services Forum UK in Chester to UK based Shared Service organisations from across all industry sectors which was well received.

The breakdown of these days in Q1/ are as follows:

Type	Q1
Proactive	37.25
Reactive	11.5
Total	48.75

Staffing

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

Activity- Infrastructure/Annual Plan

The Counter Fraud Plan for 2023-2024. 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 NWSSP Local Counter Fraud Manager (LCFM) during the last quarter was as follows:

- The NWSSP LCFS has continued to liaise with Head of Internal Audit under the Joint working protocol in place. Discussions took place in March 2023 regarding the NHS CFA National Proactive Exercise to be carried out by all LCFS from April 2024 to September 2024.

Fraud Awareness Activity

- The NWSSP Local Counter Fraud Service intranet page has continued to be updated with assistance from the NWSSP Communications team. It will be continuously reviewed and kept up to date with news of new cases and relevant topics.
- E-learning Module – The LCFS Manager and NHS CFS Wales developed the All-Wales Counter Fraud Awareness E-learning module launched on Tuesday 18th April 2023. **116** staff completed it during 2023/2024. This was very disappointing compared to other NHS organisations who have mandated this training which has again been raised with the NWSSP Director of Finance & Corporate Services who have raised this at Senior Leadership Goup (SLG). I have engaged directly with a number of Directors and Senior Managers in various divisions and the participation in Quarter 1 2024/2025 has been excellent with **356** staff completing it in Q1 alone. This is more than 3 times of the whole of the previous year. Procurement Services have also now requested staff to complete the E-learning Module during Q2, which coincides with a proactive exercise. More details on divisional and departmental data is now available, will be presented to managers to monitor progress further and reported to Audit Committee in future.
- Fraud awareness sessions for new starters commenced in November 2023 via Microsoft TEAMS with **108** staff attending up to 31st March 2024. A further **45** staff attended over **3** sessions during Q1 2024/25.
- **2** fraud awareness sessions were also provided in person to **27** staff and managers in Supply Chain, Logistics and Transport at Denbigh Stores

- A presentation on NHS Counter Fraud was also provided following invite to the Shared Services Forum UK (SSFUK), to **30** delegates from a variety of high profile businesses who deliver Shared Service function within their own companies.
- Fraud awareness is also signposted in the induction toolkit presented to new staff at the “Welcome Session” which is delivered virtually.
- The Counter Fraud App previously developed and launched earlier this year, participation is still very low, however it will continue to be promoted.

Fraud Awareness interactions Q1 2024/2025	No of attendees / Participants	Total Staff 2023/2024
Group	Q1 (2024/25)	(For Comparison)
New Starter Fraud Awareness Sessions (x2)	45	108
e-Learning	356	116
Fraud Awareness Sessions Supply Chain, Logistics and Transport staff and managers at Denbigh Stores (x2) and Shared Service Forum UK (SSFUK)	57	324
Newsletters	-	389
Total	458	937

Referrals/Enquiries/Investigations

During this reporting period the NWSSP Counter Fraud Team received 16 new referrals for investigation. A summary of the investigation caseload is as follows

	Caseload	Q1 (2024/25)
		No / £
A	Cases b/f	7
B	Add No new of cases opened	1
C	Total Caseload during Q1 (a+b)	8
D	Less Cases closed or Transferred during Q1	1

E	Cases open at end of Q1 (c-d)	7	
	Fraud Prevented or Recovered	QTR 1 (2024/25)	Year Total 2023/2024
	Fraud Prevented		£12,150.42
	Financial Recoveries	£11,474.88	£50,419.03
	Total Prevented / Recovered	£11.474.88	£62,569.45
	Number of sanctions	1	3

Financial recoveries related to a former employee and lease car user who failed to return the vehicle at the end of their employment and termination of the lease and ignored communications. The case was referred to consider potential offences of Obtaining Services Dishonestly (S11 Fraud Act 2006) or Fraud by Abuse of Position (S4 Fraud Act 2006). Investigations were carried out and the former employee subsequently returned the vehicle and made payment in full for £11,474.88 for payments not made and no further action followed and the case was closed.

7 ongoing investigations include:

3 cases of overpayment of Salary.

2 cases of working whilst on sick leave

1 False Representation on Application for employment.

1 Allegations relating to overstating annual leave entitlement

Local Proactive Exercises

As part of the Government Functional Standards LCFS are required to conduct Local Proactive Exercises (LPE's) and Fraud Risk Assessments and record them on the CLUE case management system. LPE's 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 proactive exercise.

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. CFM has liaised with NWSSP Internal Audit, and LCFS Colleagues in NHS Wales to provide a coordinated approach to avoid duplication. NWSSP Procurement Services have now assisted in completing Control Evaluation Forms which

have been shared with LCFS Colleagues to progress with the next phase of the exercise which will involve sampling and review of contracts.

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 related matters, as such a record is log and maintained on queries and assistance provided on such matters. It is a challenge to record all such queries due to the volume but NWSSP LCFM received 24 queries during Q1 from a wide range of topics including General Ophthalmic Services claims, security of prescriptions, pharmacy claims, potential pensions fraud, communications on criminal cases and civil recovery of overpayment of salary.

LPE's were conducted following the issue of the fraud risks identified from the issue of Intelligence Bulletin's (IBURN's) relating to:

Fraud Prevention Notices (FPN'S) and IBURN's (Intelligence Bulletins)

IBURN Intelligence Bulletin 2024-009-001 was issued by NHS CFA on 4th April 2024 raising a concern of an employee issuing false certificates of sponsorship. 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.

No FPN's were issued by NHS CFA during QTR1 2024/25

Other

The Community Pharmacy Data Analytics Exercise. NWSSP CFM collaborated on a long-term data analytical exercise with NHS CFS Wales and Audit Wales to analyse Primary Care Services Community Pharmacy Services claims data for expensive items to identify and assess unusual claiming trends. The Audit Wales report was published on 23rd May 2024.

The NWSSP LCFM previously met with Audit Wales, NWSSP Primary Care Services to produce a further data analytical exercise to provide assurance on General Medical Services Patient Registration and Capitation Fees. The data acquisition has now taken place and the data is currently been reviewed by The Post Payment Verification (PPV) Team.

National Fraud Initiative

NWSSP LCFM is reviewing the NWSSP data available checks have been made on Payroll/Creditor/Companies House with liaison to discuss matches, no anomalies detected thus far, however due to the volume this exercise will continue on a risk basis.

Annual Report 2023/2024

The Annual Report was completed during the Q1 reporting period along with the Counter Fraud Functional Standards Return (CFFSR) which is also produced to this Audit and Assurance Committee separately.

New Nomination Forms

To comply with CFFSR New nomination forms were completed for Alison Ramsey the Director of Finance and Corporate Services, Gareth Jones, Audit Chairperson and James Quance Counter Fraud Champion.

Mark Weston

NWSSP Local Counter Fraud Manager

15th July 2024

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
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 & Corporate Services
TITLE OF REPORT	Final 2023-24 Annual Governance Statement

PURPOSE

To provide the Audit Committee with the final version of the NHS Wales Shared Services Partnership's (NWSSP) Annual Governance Statement.

FINAL NWSSP ANNUAL GOVERNANCE STATEMENT

July 2024

1. BACKGROUND

The Shared Services Partnership Committee (“the Committee”) 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.

The Annual Governance Statement is a mandatory requirement. 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 must be signed off by the Managing Director as the accountable officer, endorsed by the Shared Services Partnership Committee (SSPC) and approved by the Audit Committee.

As a hosted organisation, NWSSP’s Annual Governance Statement forms part of the Velindre University NHS Trust’s Annual Report and Accounts. The external auditor will report on inconsistencies between information in the Statement and their knowledge of the governance arrangements for NWSSP.

The Head of Internal Audit provides an annual opinion to the accounting 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.

For the reporting period there was one limited assurance report produced, namely decarbonisation. The challenges to deliver the decarbonisation agenda within limited resources has been recognised in a recently concluded Internal Audit review in this area for which a limited assurance rating has been provided. 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 Final Annual Governance Statement for 2023-24 is presented at Appendix 1.

2. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

- SLG 28 March 2024 draft for endorsement
- SLG 27 June 2024 final for endorsement
- SSPC 18 July 2024 final for endorsement and noting
- Audit Committee 25 July 2024 for approval

3. GOVERNANCE & RISK

The Managing Director of NWSSP, as head of the Senior Leadership Group, reports to the Chair and is responsible for the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for NWSSP and is accountable through the leadership of the Senior Leadership Group.

The Managing Director is accountable to the Shared Services Partnership Committee (SSPC) in relation to those functions delegated to him by the SSPC. The Managing Director is also accountable to the Chief Executive of Velindre University NHS Trust in respect of the hosting arrangements supporting the operation of NWSSP.

4. RECOMMENDATION

The Audit Committee is asked to:

- APPROVE the 2023-24 Annual Governance Statement.

Annual Governance Statement 2023/2024

NHS Wales Shared Services Partnership

1	SLG 28 March 2024 draft for endorsement
2	SLG 27 June 2024 final draft for endorsement
3	SSPC 18 July 2024 final for noting
4	Audit Committee 25 July 2024 for approval

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1. SCOPE OF RESPONSIBILITY

As Accounting Officer, the Managing Director has 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 he is personally responsible. These are carried out in accordance with the responsibilities assigned 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 NHS Wales Shared Services Partnership's (NWSSP) 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 (Nolan principles).

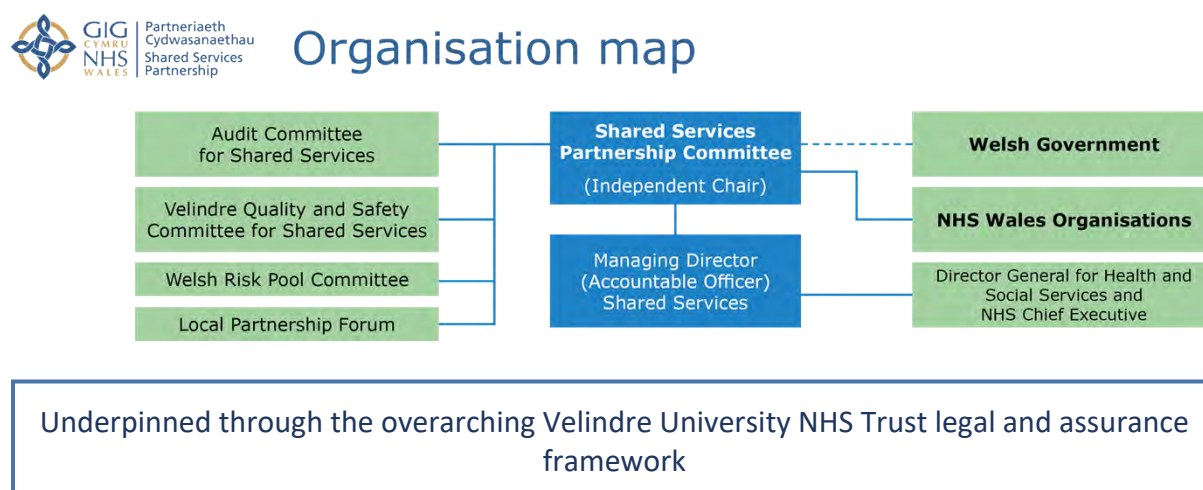
The NWSSP Managing Director is accountable to the Shared Services Partnership Committee (SSPC) in relation to those functions delegated to it. The Managing Director is also accountable to the Chief Executive of Velindre University NHS Trust (the Trust) in respect of the hosting arrangements supporting the operation of NWSSP.

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.

The Managing Director (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 their roles, as set out in their 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.

The Governance Structure for NWSSP is presented in Figure 1 below:

Figure 1 –NWSSP’s Governance Structure



2. GOVERNANCE FRAMEWORK

NWSSP currently has two main Committees that have key roles in relation to the Governance and Assurance Framework. Both Committees undertake scrutiny, development discussions, and assess current risks and monitor performance in relation to the diverse number of services provided by NWSSP to NHS Wales.

2.1 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.

The composition of the SSPC includes an Independent Chair, the Managing Director of Shared Services, and either the Chief Executive of each partner organisation in NHS Wales or a nominated executive representative who acts on behalf of the respective Health Body.

At a local level, NHS Wales organisations must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out within the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, into day-to-day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of NWSSP and define its way of working. These documents, accompanied by relevant Trust policies and NWSSP’s corporate protocols, approved by the SLG, provide NWSSP’s Governance Framework.

Health Boards, NHS Trusts and the two Special Health Authorities (Health Education and Improvement Wales (HEIW) and Digital Health & Care Wales (DHCW)) 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.

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.

NWSSP's governance arrangements are summarised below.

Figure 2: Summary of Governance Arrangements



The SSPC has in place a robust Governance and Accountability Framework for NWSSP including:

- Standing Orders;
- Hosting Agreement;
- Interface Agreement between the Chief Executive Velindre University NHS Trust and Managing Director of NWSSP; and
- Accountability Agreement between the SSPC Chair and the Managing Director of NWSSP.

These documents, together with the Memorandum of Co-operation form the basis upon which the SSPC's Governance and Accountability Framework is developed. Together with the Trust's Values and Standards of Behaviour

framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The Membership of the SSPC during the year ended 31 March 2024 is outlined in Figure 3 below. Membership was originally designed to be the Chief Executives of each Health Board and Trust but nominated deputies are allowed to attend and vote, provided they are an Executive Director of their own organisation.

Figure 3: Table of Members of the NHS Wales Shared Services Partnership Committee during 2023/2024

Name	Position	Organisation	Full/Part Year
Tracy Myhill (Chair)	<i>Independent Member</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Huw Thomas (Vice Chair)	<i>Director of Finance</i>	<i>Hywel Dda UHB</i>	<i>Full Year</i>
Neil Frow	<i>Managing Director of NWSSP</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Sarah Simmonds	<i>Director of Workforce and OD</i>	<i>Aneurin Bevan UHB</i>	<i>Full Year</i>
Russell Caldicott	<i>Interim Director of Finance</i>	<i>Betsi Cadwaladr UHB</i>	<i>Full Year</i>
Catherine Phillips	<i>Director of Finance</i>	<i>Cardiff and Vale UHB</i>	<i>Full Year</i>
Hywel Daniel	<i>Director of Workforce & OD</i>	<i>Cwm Taf Morgannwg UHB</i>	<i>Full Year</i>
Claire Osmundsen-Little	<i>Director of Finance</i>	<i>Digital Health and Care Wales</i>	<i>Full Year</i>
Glyn Jones	<i>Director of Finance</i>	<i>Health Education and Improvement Wales</i>	<i>Full Year</i>
Pete Hopgood	<i>Director of Finance</i>	<i>Powys THB</i>	<i>Full Year</i>
Paul Veysey*	<i>Board Secretary</i>	<i>Public Health Wales NHS Trust</i>	<i>Full Year</i>
Debbie Eyitayo	<i>Director of Workforce and OD</i>	<i>Swansea Bay UHB</i>	<i>Full Year</i>
Steve Ham	<i>Chief Executive</i>	<i>Velindre University NHS Trust</i>	<i>Full Year</i>
Chris Turley	<i>Director of Finance</i>	<i>Welsh Ambulance Services NHS Trust</i>	<i>Full Year</i>

*Not an Executive Director

The composition of the Committee also requires the attendance of the following: Deputy Director of Finance, Welsh Government; Director of Finance & Corporate Services, NWSSP; Director of People & Organisational Development, NWSSP; Medical Director, NWSSP; Director of Planning, Performance, and Informatics, NWSSP; and Head of Finance & Business Development, NWSSP as governance support. Trade Unions are also invited to the meetings.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2023/2024

Organisation	18/05/2023	20/07/2023	21/09/2023	23/11/2023	18/01/2024	21/03/2024
Aneurin Bevan UHB	✓	✓**	✓	✓**	✓	X
Betsi Cadwaladr UHB	✓**	✓**	✓**	✓	✓	X
Cardiff and Vale UHB	✓**	✓	✓**	✓	X	✓**
Cwm Taf UHB	✓**	✓	✓**	✓**	✓	X
DHCW	✓	✓	✓	✓	✓	✓
HEIW	✓**	✓**	✓	✓	✓	✓
Hywel Dda UHB	✓**	✓**	✓	✓	✓	✓
Powys Teaching Health Board	✓**	✓	✓	✓	X	✓
Public Health Wales Trust	X	X	✓**	X	X	X
Swansea Bay UHB	✓	✓	✓**	✓**	✓	✓**
Velindre University NHS Trust	✓	✓	X	✓	X	✓
Welsh Ambulance Service Trust	✓	X	✓	X	✓**	✓
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	✓	X	X	X	✓	X
Chair	✓	✓	✓	✓	✓	✓
Accountable Officer	✓	✓	✓	✓	✓	✓

✓ 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

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. We did not receive any requests from the public to attend the SSPC 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 in English and Welsh at least seven days prior to the meeting;
- All papers are published in English on the website, and minutes are also provided in Welsh, shortly after the meeting has taken place.

The purpose of the SSPC is set out below:

- To set the policy and strategy for NWSSP;
- 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 monthly 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. These are presented to the SSPC by the relevant Director. Deep Dive sessions are often on the agenda to learn more about the risks and issues of directorates within NWSSP.

The SSPC ensures that NWSSP consistently followed 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 the Corporate Risk Register.

2.2 SSPC Performance

During 2023/2024, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
 - Finance, Workforce and Performance information;
 - Quarterly IMTP Progress reports;
 - Corporate Risk Register;
 - Welsh Risk Pool;
 - 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;
- Service Level Agreements.
- Deep Dives into:
 - Welsh Risk Pool;
 - Duty of Quality;
 - Recruitment Modernisation Programme; and
 - Payroll Modernisation and Overpayments.

2.3 Velindre Audit Committee for NWSSP

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services (Audit Committee) has been 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 role is set out clearly in the Audit Committee’s terms of reference, which were reapproved in July 2023 to ensure these key functions were embedded within the standing orders and governance arrangements.

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

The Audit Committee attendees during 2023/2024 comprised of three Independent Members of Velindre University NHS Trust, with representatives of both Internal and External Audit and Senior Officers of NWSSP and Velindre University NHS Trust in attendance.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2023/24

In Attendance	April 2023	July 2023	October 2023	January 2024	Total
Members					
Martin Veale, Chair & Independent Member*	✓	✓	-	-	2/2
Gareth Jones, Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4/4

In Attendance	April 2023	July 2023	October 2023	January 2024	Total
Head of Internal Audit	✓	✓	✓	✓	4/4
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4/4
NWSSP					
Tracy Myhill, Chair NWSSP	✓	✓	✓	✓	4/4
Neil Frow, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4/4
Carly Wilce Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce, Director of Finance	✓	✓	✓	✓	4/4
Lauren Fear Director of Corporate Governance and Chief of Staff	✓	x	x	✓	2/4

*The October 2023 and January 2024 meetings were chaired by Gareth Jones in the absence of Martin Veale who was unable to attend.

The Audit Committee met formally on four occasions during the year with the majority of members attending regularly and all meetings were quorate. An Audit Committee Highlight Report is reported to the SSPC after each Audit Committee meeting.

2.4 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 2023 Committee had a 70% response rate (10 responses received) and identified the following:

- Very positive feedback received overall from participants in regard to the Chairing of the Committee. It is a common theme that members feel the Committee is very well chaired, efficient, and effective and has an encouraging effect on members when it comes to discussions and questions;

- The atmosphere at meetings is conducive to open and productive debate;
- All members and attendees' behaviour is courteous and professional;
- All respondents agreed that the Committee is provided with sufficient authority and resources in order to perform its role effectively.
- All responders agreed that there is sufficient time to deal with planned matters;
- The survey demonstrates that members find virtual meetings a very positive experience, due to flexibility to fit in with other work commitments and no travelling time. There was one comment, which stated that "The occasional face to face meeting is helpful, however business has been conducted very effectively on the virtual platform and should consider as an option even if all meetings are hybrid."

In response to the final point above, NWSSP Audit Committee members met at IP5 in Newport for the meeting held in July and we will continue to arrange at least one face to face meeting per year.

2.5 Sub-Committees and Advisory Groups

The SSPC is supported by the following:

- Welsh Risk Pool Committee
 - Formal Sub-Committee as set out in the Shared Services Partnership Committee (SSPC) Standing Orders
 - Reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
 - Provide oversight of the GP Indemnity Scheme;
 - Funded through the NWSSP allocation supplemented by a risk sharing agreement with health boards and trusts ;
 - Oversees the work and expenditure of the Welsh Risk Pool; and
 - Helps promote best clinical practice and lessons learnt from clinical incidents.
- Local Partnership Forum (LPF)
 - Formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions. 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)
 - Task and Finish Advisory Group as set out in the Shared Services Partnership Committee (SSPC) Standing Orders
 - 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.
- 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. Annual reports are also provided to the Committee on the work of the Welsh Infected Blood Support Scheme (WIBSS) and Medical Examiner Service.

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.

2.6 Senior Leadership Group (SLG)

The Managing Director leads the SLG and reports to the Chair of the SSPC on the overall performance of NWSSP. 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 is responsible for determining NWSSP policy, setting the strategic direction and to ensure that there is effective internal control, and ensuring high standards of governance and behaviour. In addition, the SLG is responsible for ensuring that NWSSP is responsive to the needs of NHS Wales organisations.

The SLG comprises:

Figure 7 – Composition of the SLG at NWSSP during 2023/2024

Name	Designation
Neil Frow	Managing Director
Andy Butler	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Jonathan Irvine	Director of Procurement Services
Simon Cookson	Director of Audit and Assurance
Mark Harris	Director of Legal and Risk Services
Andrew Evans	Director of Primary Care Services
Stuart Douglas	Director of Specialist Estates
Dr Ruth Alcolado	Medical Director
Alison Ramsey	Director of Planning, Performance & Informatics
Colin Powell	Director of Pharmacy Technical Services
Gavin Hughes	Director, Surgical Materials Testing Laboratory
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

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 2024 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 2023/24 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2022/23; and
- Assurance Arrangements 2023/24.

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

The Audit Committee regularly reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit attend meetings to discuss their work and present their findings. The Audit Committee are 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 2023/24 no internal audit reports were rated as limited or no assurance.

For both internal and external audit, the Audit Committee have 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 requires Audit Committee approval. A separate report on the position with implementation of audit recommendations is monitored at each Audit Committee and is also taken for action at each monthly meeting of the SLG.

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.

During the year the five-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted 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.

The LCFS had traditionally been provided by staff from Cardiff & Vale UHB under a Service Level Agreement. This amounted to 75 days per annum. Over recent years, NWSSP has grown both in size and complexity, and it was recognised that this level of support was insufficient to address the fraud risk needs of the organisation. In June 2022, NWSSP appointed its own dedicated Local Counter Fraud Manager, with the secondment of Mark Weston from the Counter Fraud Service Wales team, for a period of three years.

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

- Progress Update at each meeting
- Annual Report 2022-23
- Counter Fraud Work Plan 2023-24.

As part of its work, Counter Fraud 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 signed off by the Director of Finance and Corporate Services annually.

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 who fraud can be reported are outlined. During 2023/24, these sessions have been provided both in face-to-face sessions and virtually.

In addition to this and in an attempt 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.

3.4 Integrated Governance

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

- The Quality Assurance and Improvement Plan arising from the 2022-23 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 2023/24, the Audit Committee reported any areas of concern to the SSPC and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced the Duty of Quality which came into effect from the 1st 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 the new legislation. There is a requirement to produce an Annual Report and the report for the 2023/24 financial year is due by June 2024.

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. Board oversight is through the Partnership Committee. The responsibility to report within 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.

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 issues and particularly those relating to the Temporary Medicines Unit.



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 a number of presentations on this subject have been made to the 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 & 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 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.

Certifications

The organisation holds a number of certifications corporately that support the delivery and continual improvement of quality services, including attainment of organisational accreditation to the Corporate Health Standard (CSE) and ISO 14001 Environmental Management Standard.

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 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 also became an accredited Mental Health First Aid Trainer Organisation in 2023.

Key organisational achievements for embedding the Duty of Quality in 2023-24 included raising awareness with dedicated sessions with the Shared Services Partnership, Senior Leadership Group and staff coffee mornings, implementation of a Quality Champions Network for sharing best practice, 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.

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.

As part of the assessment, NWSSP achieved 12 Compliance Pluses, demonstrating that the organisation exceeded the standards required. NWSSP also achieved 33 Compliances, where in each instance the standard

required is met, with only 2 Partial Compliances to consider as areas of improvement.

3.6 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 the Organisation.

Looking forward to 2024-25 the Audit Committee will continue to explore the financial, management, governance and quality issues 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).

There are currently a number of red risks on the Corporate Risk Register as follows:

- The threat to services if funding is not made available to develop the TRAMs service in South-East Wales;
- The impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry; 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 the policy framework and 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 the organisation 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.

Assurance maps are updated at least annually 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 annually.

A Risk Appetite statement has also been documented and approved by the Audit Committee. This was revised significantly last year, with detailed review taking place both within NWSSP and also at the SSPC Development day held in November 2022. This has resulted in both a new format for the Risk Appetite Statement and also an encouragement from SSPC members in particular, for NWSSP to be bolder in its approach to risk. The revised Risk Appetite Statement was approved at the January 2023 Audit Committee. The SLG considered the statement to remain appropriate

following review in May 2024 and has also undertaken informal sessions reviewing its approach to the Corporate Risk Register resulting in a number of revisions to be taken forward into 2024/25.

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 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, Wellbeing of Future Generations, Health and Care Standards 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 have access to all the Trust's policies and procedures and that any amendments to the policies are made known as they are agreed. NWSSP participate in the development and revision of workforce policies and procedures with the host organisation 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 attends various meetings including the Trust IG and IM&T Committee and the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by NHS Wales Informatics, attended by all NHS Wales Health Bodies.

5.4 Counter Fraud

NWSSP host the NHS Wales Counter Fraud Steering Group (CFSG), facilitated by Welsh Government, which works in collaboration with the NHS Counter Fraud Authority in NHS England to develop and strengthen counter fraud services across NHS Wales. The Director of Finance and Corporate Services chairs the group.

The Group has a documented NHS Fighting Fraud Strategy for Wales with an accompanying action plan which is reviewed at the quarterly meetings of the CFSG. Work has also been undertaken to improve and enhance the quarterly reporting of both the Local Counter Fraud Specialists, and the Counter Fraud Services Wales Team. Reports are submitted to the meetings of the CFSG and are then shared with both Welsh Government and the Directors of Finance Group for NHS Wales.

5.5 Internal Audit

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

Accordingly, for NWSSP, an internal audit strategy 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 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

Work around embedding the Duty of Quality (DoQ) is continuing across NWSSP. Monthly 'always on' reporting began in 2023 with divisions preparing presentations demonstrating how they embed quality across their service. These presentations are hosted on the NWSSP SharePoint site, which also serves as a learning resource across the organisation.

We have embedded DoQ into our IMTP 2024-27 demonstrating where we see the standards aligning, also, moving into 2024-25, monthly reporting will increase with all divisions highlighting how they integrate quality into their services, this will provide us with a comprehensive overview of our organisational approach to DoQ.

6. PLANNING ARRANGEMENTS

The Integrated Medium-Term Plan is approved by the SSPC and performance against the plan is monitored throughout the year. The 2023-2026 plan was submitted to Welsh Government in accordance with required timescales, and the current 2024-2027 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 2023/24 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 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 Judith Paget and Welsh Government in January and there were no significant amendments to the plan following the

approval of the Committee earlier that month and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit.

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 are 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 are developing our inclusion offering for our workforce.

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 March 31st, 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. The NHS Jobs 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.

In January 2024, the SLG and other senior leaders from across the organisation received training on unconscious bias, and anti-racism training to the same cohort was provided in February 2024. NWSSP also has a Diversity and Inclusion action plan in place that was approved by the SLG in July 2023.

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 current Trust Welsh Language Scheme, Welsh Language Act 1993, 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 Welsh Language Officer and a team of Translators.

These posts enable compliance with the current obligations under the Welsh Language Scheme and in meeting the requirements of the Welsh Language Standards. This has significantly increased the demand for translation services in the following areas:

- Service Delivery Standards;
- Policy Making Standards;
- Operational Standards;
- Record Keeping Standards; and
- Supplementary Standards.

NWSSP has made significant progress in developing and growing its Welsh language services by successfully offering all staff the opportunity to learn Welsh at work. The NWSSP website is bilingual and there has been investment in the development of a candidate interface on the TRAC recruitment system. NWSSP also offer language services to other organisations and have delivered translation and other language services to Public Health Wales, HEIW, and DHCW over recent years.

An annual report on performance with Welsh Language services is also produced and was submitted to the SLG in June and to the SSPC in July 2023.

7.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its customers. The NWSSP Issues 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 2023-24, 46 complaints have been received, of which:

- 41 complaints responded to within 30 working days (89%); and
- 5 complaints responded to outside of 30 working days (11%).

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

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 112 requests received within NWSSP during 2023/24, 96% of which were responded to within the 20-day deadline for compliance. The prior year saw 91 requests received.

7.5 Data Security and Governance

In 2023/24, there were 42 (2022/23 42) 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.

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

7.6 ISO14001 – Environmental Management and Carbon Reduction

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. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy.

In March 2024 NWSSP was subject to the annual surveillance audit of the ISO 14001:2015 standard with external independent specialists to assess the continued implementation of the organisations Environmental Management System, to ensure it remains up to date, effective and fully operational. NWSSP successfully achieved recertification of the standard and the report was very positive and demonstrates the Management System in place conforms to all requirements of the Standard.

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.

NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy. We are committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. We successfully achieved recertification to the Standard in March 2024 through UKAS accredited certification body, Simply Certification Ltd.

This year, we have achieved an overall reduction of 11.1% our carbon footprint across sites.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. This investment in environmentally friendlier technologies such as LED lighting and electric vehicle charging infrastructure have been a significant contributor to the organisation's reduction in CO₂ emissions. The Environmental Champions and the Green Team continue to identify areas for emissions and waste savings and helping to improve data gathering. 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.

Electricity usage has decreased overall by 14%, due to projects such as agile working, LED lighting installation and motion sensor technology across a number of our sites. Of which, 18.8% is Electric Vehicle Charging Units (EVCUs) across our estate. REGO (Renewable Energy Guarantees of Origin) 'green' electricity procured is carbon neutral and across 8 of our sites. Feasibility studies have been completed for the installation of Solar Photovoltaics (PVs) at a number of sites including IP5 and Matrix House.

Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 8.1% overall (5,810kg of CO₂e avoided). The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier 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 usage increased by 0.7% (2,621 kg of CO₂e), largely due to an anomaly which was identified at Companies House with the biomass boiler which had a major fault resulting in reliance on gas which equated to a 137.7% increase in CO₂e, when apportioned for NWSSP's footprint on the site of 18.7%.

Kerosene oil used to heat Westpoint Industrial Estate usage reduced by 31% (3,917 kg of CO₂e) during the year. This is the only site that uses oil to heat the building and they have achieved the reduction by active temperature adjustment, measurement of usage and behavioural change.

Water increased by 14.3% (222kg of CO₂e), due to a culmination of better sources of data, increase validity, reduction of estimates used and introduction of invoices to support usage data. 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 reduced by 39.6% (27,046kg of Co2e). During 2023-24 we created a new baseline due to the introduction of new Waste Regulations and better segregation of waste streams, improved data collation and have benefitted from the continued reduction in staff headcount on sites, due to agile working.

Confidential waste reduced overall by 48.4% (10,860kg of Co2e) and during the period we completed a rationalisation exercise to reduce the frequency of collections and quantity of bins on sites. 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.

We saw a decrease in pool vehicle usage across the organisation by 69.1% (1,073kg 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 vehicles (electric, hybrid, etc).

Business mileage travelled decreased by 3.43% during the period. This figure is low compared to figures reported prior to March 2020, given continued agile working arrangements.

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 will be integrated into the IMTP monitoring process. This plan sets out how the organisation will be 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. This was re-submitted to Welsh Government at the end of March 2024 after being signed off by the SLG and the SSPC.

7.7 Business Continuity Planning/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).

As a hosted organisation under the Trust, NWSSP is required to take note of its Business Continuity Management Policy and 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.

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.

NWSSP has a network of BCP Champions who meet bi-monthly and who represent all directorates and major teams. 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 over the measures in place within NWSSP to cope with and respond to major disruptive incidents and reaffirmed the robust arrangements in place within the Supply Chain and Health Courier Services who are well versed in this area. However, it identified the need to ensure that the rest of NWSSP was appropriately trained, communicated with, and engaged with key external stakeholders where appropriate. An Action Plan has been developed to address these requirements. In year we have undertaken basic emergency planning training with both the Champions and the SLG, and a significant number of relevant staff (50+) have also completed the on-line Emergency Planning training on ESR. More tailored training has also been undertaken in conjunction with DHCW and this will continue into the coming year. A BCP app has also recently been introduced which will help to promote more effective communication. Lessons learned reports are now completed after every incident and are routinely reported to both the Champions and the SLG.

An internal audit report was also commissioned which provided 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 2024-25.

Staff continue to work from home where possible and have been provided with the 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. Staff welfare is safeguarded, whether working from home or a NWSSP site, through employee support programmes including a network of Mental Health First Aiders across NWSSP who provide a point of contact for employees who are experiencing a mental health issue or emotional distress.

In addition, the NWSSP Mental Health Support Group is a virtual online group open to all colleagues and provides a supporting community where other individuals facing similar struggles can come together to find support, resources, and self-help tools. NWSSP has signed an employer pledge with Time to Change Wales; the first national campaign to end stigma and discrimination faced by people with mental health problems, which is delivered by two of Wales's leading mental health charities, Hafal and Mind Cymru.

Cyber Security

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service. This is an ongoing plan covering the areas of Identify, Protect, Detect, Respond and Recover. NWSSP have already started a number of work streams including Information Workflows and Governance, Awareness and Training, Procurement of Professional Incident Response Capability, Protective Technology through the SIEM Procurement Project and Business Continuity Planning workshops across the whole of the whole of NWSSP. 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.

The Cyber Security team continues to be strengthened with the recruitment of two more staff to take the number directly involved in cyber security to four. During the year training has been provided at a number of levels, including a desktop exercise with the SLG in March 2024, and phishing exercise campaigns continue to run. Heightened concerns over cyber security have led to action cards being updated and staff reminded of required practice when dealing with IT systems and responding to e-mails and other forms of contact. NWSSP is also represented on the all-Wales Cyber Security Network.

The SLG commissioned key performance indicators for cyber security towards the end of the financial year in order to enable greater ongoing oversight of the management of cyber security risk.

7.8 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. The Trust undertook an assessment against the main principles of the UK Corporate Governance Code as they relate to an NHS public sector organisation in Wales. This assessment was previously informed by the Trust's assessment against the "Governance, Leadership and Accountability" theme of the Health and Care Standards undertaken by the Board. The Trust 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. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report.

7.9 NHS Pension Scheme

As an employer hosted by the Trust and as 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 Accounting 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.

As Accountable Officer 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 Trust, Health Boards and Special Health Authorities.


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 2023/2024 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:

RATING	INDICATOR	DEFINITION
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. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>

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 was one internal audit report regarding decarbonisation, issued with a rating of limited. 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.

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.

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. 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 2023/24 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.

Looking forward – for the period 2024/25:

I confirm that I am aware of my on-going responsibilities and accountability to you, 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	25 July 2024
PREPARED BY	Carly Wilce, Corporate Services Manager, Julie Winterburn Procurement Services and Leanne Wright Procurement Services
PRESENTED BY	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	Governance Matters
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 Scheme of Delegation relating to NWSSP contracts has recently reviewed and a number of proposed amendments were approved at the May meeting of the Shared Services Partnership Committee. The amendments have been discussed with colleagues from Velindre University NHS Trust.

2. CONTRACTS FOR NWSSP

The table below summarises contracting activity undertaken during the period **1st April 2024 to 30 June 2024**. Details of the contract activity for the period is set out in **Appendix A**.

Description	No.
Direct Engagement	11
Invitation to competitive quote of value between £5,000 and £25,000 (excl VAT)	8
Invitation to competitive tender - £25,000 and the OJEU threshold	0
Single Tender Actions	1
Single Quotation Actions	1
Direct Call Off against National Framework Agreement	5
Invitation to competitive tender of value exceeding OJEU threshold (excl VAT)	0
Contract Extensions	0
Total	26

3. NWSSP PROCUREMENT SERVICES ALL WALES CONTRACTING ACTIVITY

During the period **1st April 2024 to 30th June 2024**, activity against **40 contracts** have been completed. This includes **9** contracts at the **briefing** stage and **19** contracts at the **ratification** stage. In addition to this activity, **12 extensions** have been actioned against contracts. A summary of activity for the period is set out in **Appendix B**.

4. GIFTS, HOSPITALITY & SPONSORSHIP

There have been two declarations made as to Gifts, Hospitality or Sponsorship since the last Audit Committee meeting, the details of which are set out below-

NWSSP Employee and job title	Department	Type of Sponsorship	Date of Event	Donated by /Source of Hospitality	Description	Estimated or Approximate Value	Approved by	Accepted or declined	Date of Acceptance or Approval
Tracy Myhill, NWSSP Chair	Corporate Services	Hospitality	17/07/2024	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 9J	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	Neil Frow, Managing Director	Declined	27/06/2024
Neil Frow, NWSSP Managing Director	Corporate Services	Hospitality	17/07/2024	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 9J	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	Alison Ramsey, Director of Finance and Corporate Services	Declined	30/06/2024

5. WELSH GOVERNMENT QUARTERLY UPDATE

On a quarterly basis, we issue a letter to Judith Paget at Welsh Government to confirm any Audit Reports which have achieved limited or no assurance. As per the Audit Committee agenda for 25 July 2024, there is one Limited Assurance Internal Audit report, namely Decarbonisation. This will be reported to Welsh Government following the Committee's consideration at the July meeting.

6. RECOMMENDATION

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

APPENDIX A - NWSSP Contracting Activity Undertaken (01/04/2024 to 30/06/2024)

Retrospective Non-Compliant Activity (11)

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

No.	Trust	Division/ Service	Procurement Ref No	Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Action/Status
1.	VEL	NWSSP/ L&R	AC (NWSSP 2024-25) 001	April 2024	File Note	Legal Counsel for AW Taxi Services	No 5 Barrister Chambers	£4,652.50	Long term strategy being discussed with Procurement going forward
2.	VEL	NWSSP/ Laundry	AC (NWSSP 2024-25) 006	April 2024	File Note	Spare parts for Laundry Equipment	Cymru Automation	£2,254.00	Long term strategy being discussed with Procurement going forward
3.	VEL	NWSSP/ Laundry	AC (NWSSP 2024-25) 009	May 2024	File Note	Church Village Agency Staff	Blue Arrow	£14,830.14	Laundry Services engaging with NWSSP Bank Team for suitable replacement staff
4.	VEL	NWSSP/ Informatics	AC (NWSSP 2024-25) 011	May 2024	File Note	Replacement of Air Conditioning Unit	End2End	£7,030.00	Long term strategy being discussed with Procurement going forward
5.	VEL	NWSSP/ Laundry	AC (NWSSP 2024-25) 012	May 2024	File Note	Swansea Laundry Agency Staff	The Best Connection	£17,837.77	Laundry Services engaging with NWSSP Bank Team for suitable replacement staff
6.	VEL	NWSSP/ Laundry	AC (NWSSP 2024-25) 013	May 2024	File Note	Swansea Laundry Agency Staff	Blue Arrow	£2,155.08	Laundry Services engaging with NWSSP Bank Team for suitable replacement staff
7.	VEL	NWSSP/ Laundry	AC (NWSSP 2024-25) 015	May 2024	File Note	Greenvale Laundry Agency Staff	Blue Arrow	£27,705.82	Laundry Services engaging with NWSSP Bank Team for suitable replacement staff
8.	VEL	NWSSP/ Supply Chain	AC (NWSSP 2024-25) 021	June 2024	File Note	Hire of Backup Generator – IP5	Power Electrics	£5,766.00	Long term strategy being discussed with Procurement going forward

9.	VEL	NWSSP/ Digital Workforc e	AC (NWSSP 2024-25) 024	June 2024	File Note	In Country International Recruitment Event	Taj Kerala Hotel & Resorts Ltd	£10,358.00	Long term strategy being discussed with Procurement going forward
10.	VEL	NWSSP/ Supply Chain	AC (NWSSP 2024-25) 025	June 2024	File Note	Hire of Backup Generator – Picketston	Power Electrics	£1,950.00	Long term strategy being discussed with Procurement going forward
11.	VEL	NWSSP/ Laundry	AC (NWSSP 2024-25) 026	June 2024	File Note	Swansea Laundry Agency Staff	The Best Connection	£21,474.07	Laundry Services engaging with NWSSP Bank Team for suitable replacement staff

Prospective Non-Compliant Activity (0)

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

Report of Single Tender/Quotations Actions (2)

No.	Trust	Division/ Service	Procurement Ref No	Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Action/Status
1.	VEL	NWSSP /P&OD	NWSSP SQA (2024/25) 17	May 2024	SQA	Professional Legal Services	Newfields Law	£9,000.00	Sole Supplier
2.	VEL	NWSSP /P&OD	NWSSP-STA (2024/25) 90	April 2024	STA	Discovery Credits and Practitioner Training	Insights Discovery	£60,000.00	Sole Supplier

Compliant Activity Delivered (13)

No.	Trust	Division/ Service	Procurement Ref No	Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Action/Status
1.	VEL	NWSSP/ Legal & Risk	NWSSP-DCO (24-25) 2	April 24	Framework	Provision of Extra Support for Legal Services	Hill Dickinson Clyde & Co	£100,000.00 £50,000.00	Direct Call off via Framework

2.	VEL	NWSSP/ Laundry Services	NWSSP-MIN- MULTIRA3396 36	April 24	Multiquote	Laundry Dispatch & PPM System	Bundle Laundry	£22,494.00	Quotation exercise via Multiquote portal
3.	VEL	NWSSP/ Corporat e Services	NWSSP-DCO (24-25) 4	April-24	Framework	Property Damage Insurance for Matrix House	AJ Gallagher Insurance Brokers Ltd	£6,829.65	Direct Call off via Framework
4.	VEL	NWSSP/ Legal & Risk	NWSSP-DCO (24-25) 271	April 24	Framework	Lion Subscription – 2 year period	Thomas Reuters, Lexis Nexis & Justis Vlex	£142,560.00	Direct Call off Government Legal Department Framework
5.	VEL	NWSSP/ Laundry Services	NWSSP-MIN- MULTIRA3407 55	April 24	Multiquote	Movement of Ironer Line from Glangwili to Llansamlet Laundry	R. Brown Specialist Laundry Engineerin g Ltd	£24,111.00	Quotation exercise via Multiquote portal
6.	VEL	NWSSP/ Laundry Services	NWSSP-MIN- MULTIRA3408 22	April 24	Multiquote	Laundry Energy Surveys	Ecolab Ltd	£13,000.00	Quotation exercise via Multiquote portal
7.	VEL	NWSSP/ Supply Chain	NWSSP-MIN- MULTIRA3416 08	May 24	Multiquote	IP5 Design and Review Sprinkler System	Concept Fire Sprinklers	£1,075.00	Quotation exercise via Multiquote portal
8.	VEL	NWSSP/ Audit & Assuranc e	NWSSP-DCO (24-25) 30	May 24	Framework	Provision of Agency Staff for Audit & Assurance	Michael Page	£52,868.16	Direct Call off via Framework
9.	VEL	NWSSP/ Supply Chain	NWSSP-MIN- MULTIRA3418 52	May-24	Multiquote	Legionella Testing at IP5	Assured Air & Water Ltd	£3,600.00	Quotation exercise via Multiquote portal
10.	VEL	NWSSP/ Supply Chain	NWSSP-MIN- MULTIRA3421 34	May-24	Multiquote	Income Generation for Supply Chain Pallet Collection – North & South Wales	Neil Massey Pallets & C. Morgan Pallets Ltd	£4,770.00 £19,435.50	Quotation exercise via Multiquote portal
11.	VEL	NWSSP/ PCS	NWSSP-DCO (24-25) 12	June 24	Framework	Provision of Removal Services - Dupont	Harrow Green	£191,686.94	Direct Call off via Framework
12.	VEL	NWSSP/ Finance Academy	NWSSP-MIN- MULTIRA3415 06	Jun-24	Multiquote	NHS Finance Academy Graduate Recruitment Assessment Centre	Eliesha Training Ltd	£15,263.00	Quotation exercise via Multiquote portal

13.	VEL	NWSSP/ Supply Chain	NWSSP-MIN- MULTIRA3421 16	Jun-24	Multiquote	Sprinkler Servicing at IP5	Concept Fire Sprinklers Ltd	£14,945.00	Quotation exercise via Multiquote portal
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APPENDIX B - All Wales Contracting Activity in Progress (25/03/2024 - 30/06/2024)

Update on WG approvals outstanding from previous report in April

No	Contract Title	Doc Type	Total Value	Jl approval <£750K	WG approval >£500k	NF approval £750-£1M	Chair Approval £1M+
1.	HEIW Delivery of qualification for initial education and training of pharmacy technicians	extension	£ 2,933,200	Jl approved 31/1/24	13/6/24	Trust Governance applies	Trust Governance applies
2.	Supply of Radiopharmacy isolators	briefing	£ 1,200,000	02/02/2024	N/A WG funding letter received 22/5/24	N/A	N/A
3.	Skin & Wound closure Framework	ratification	£ 21,175,323	08/02/2024	sent to WG 8/2 chased 26/6, chased 1/7		
4.	Medical Consumables Commercial Storage Facilities & Distribution Services	ratification	£ 940,000	01/03/2024	19/6/24	28/06/24	N/A
5.	Laryngectomy, Tracheostomy & Associated Consumables	briefing	£ 3,650,340	15/03/2024	21/03/24	N/A	N/A
6.	Blood Establishment Computer System (BECS)	briefing	£ 19,500,000	CS 20/03/24	03/05/24	N/A	N/A
7.	Heparins & Anticoagulants	ratification	£ 27,425,983	CS 22/03/24	16/04/24	26/04/24	26/04/24
8.	Wound Management	briefing	£ 23,616,523	CS 25/03/24	10/04/24	N/A	N/A

All Wales Contracting Activity In Progress

No	Contract Title	Doc Type	Total Value	Jl approval <£750K	WG approval >£500k	NF approval £750-£1M	Chair Approval £1M+
1.	<p>Independent Mental Capacity Advocacy (IMCA) The purpose of the IMCA service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation. It is available to those who have no family or friends whom it would be appropriate to consult about these decisions. The service was extended by regulation to include two further situations, adult protection cases (POVAs) and care reviews. In adult protection cases, the requirement that the person has no-one appropriate to consult does not apply.</p> <p>Contract period: 01/04/2019 – 31/03/2022 (extended until 31/03/2024) extension 01/04/2024 – 31/05/2024</p>	Extension	1,296,343	CS 27/3/24	original approval applies 23/11/18	27/03/2024	28/03/2024
2.	<p>HEIW Provision of Independent Prescribing Education and Training Independent prescribing is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist. Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing. Whilst the newly registered pharmacist workforce will be independent prescribers from 2026, the current workforce will be required to undertake a prescribing course, offered from a range of universities, to be able to prescribe. HEIW is therefore seeking to establish a multi-provider Framework Agreement to commission and procure modules in Independent Prescribing, Supplementary Prescribing, V300, and Community Independent Prescribing (V150) at levels 7, via blended and distance learning routes. The education will enable individuals to extend their practice within appropriate professional standards.</p> <p>Contract period: implementation: 01/02/25 to 31/08/25, Services Commencement 01/09/25 to 31/08/30 with the option to extend in 3 12-month intervals up to 31/08/33</p>	briefing	10,983,746	CS 08/04/24	sent to WG 8/4, chased 12/6	N/A	N/A
3.	<p>Absorbents The Absorbents contract encompasses three main categories of surgical swabs; X-Ray Detectable, Non-Woven and Gauze. Also included are dressing pads, maternity pads & tampons and a range of low value cotton wool products. Although simple in nature, these products are essential to patient care so the contract must account for high-quality products to mitigate any risks to patients.</p>	briefing	2,085,106	CS 09/04/24	11/04/2024	N/A	N/A

	Contract period 01/01/2025 – 31/12/2029						
4.	<p>HEIW Provision of Education and Training of Community Nursing HEIW sought to commission eight 120 credit programmes in Specialist Community Public Health Nursing (SCPHN) and Specialist Practitioner Qualification (SPQ) education and training education leading to the award of award of a post graduate diploma for each of the specialities</p> <p>Contract period: Implementation Period:01/09/2024 to 31/08/2025, Services commencement: 01/09/2025 to 31/08/2030 with the option to extend in three, 12-month tranches up to 31/07/2033.</p>	ratification	41,279,784	18/04/2024	17/05/2024	Trust Governance Applies	Trust Governance applies
5.	<p>Refit BCU To undertake surveys and build proposals for energy efficiency and environmental benefits across the BCUHB Estate. To optimise the energy efficiency of selected premises and sites, improve the energy performance of its assets through measured and verified energy efficiency improvements and/or energy generation, reduce emissions and save money through cost avoidance associated with guaranteed kWh savings and/or income generation. Due to the nature of the RE:FIT framework, costs are unknown until the awarded bidder completes surveys and cost proposals. As such, initial award is at zero cost. Once costs are established a follow up paper will be submitted for final approval prior to any works being commenced (estimated 12-18 months)</p> <p>Contract period: one off project</p>	ratification	0	CS 23/04/24	NA as zero value	N/A	N/A
6.	<p>Refit CTM To undertake surveys and build proposals for energy efficiency and environmental benefits across the Cwm Taf Morgannwg UHB Estate. To optimise the energy efficiency of selected premises and sites, improve the energy performance of its assets through measured and verified energy efficiency improvements and/or energy generation, reduce emissions and save money through cost avoidance associated with guaranteed kWh savings and/or income generation. Due to the nature of the RE:FIT framework, costs are unknown until the awarded bidder completes surveys and cost proposals. As such, initial award is at zero cost. Once costs are established a follow up paper will be submitted for final approval prior to any works being commenced (estimated 12-18 months).</p> <p>Contract period: one off project</p>	ratification	0	CS 23/04/24	NA as zero value	N/A	N/A
7.	<p>Generic Topicals & Misc This contract consists of all Generic liquids, creams, emollients, gels and miscellaneous products such eye drops, inhalers, patches etc, which are purchased through Pharmacy Departments. It also includes Nicotine replacement products which were originally on a stand alone contract</p>	Extension	9,014,912	CS 23/04/24	original approval applies 21/4/21	25/04/2024	25/04/2024

	Contract period: 01/07/2021 to 30/06/2024 extension 01/07/2024 to 30/06/2025						
8.	Fresh & Frozen Meat, Poultry, Bacon & Sausage and Cooked Meats Contract for the supply of fresh and frozen meat and poultry products to all NHS Wales Health Boards and Trusts Contract period: 3 years plus 1 year extension, 01/07/2024 – 30/06/2028 inc extension	ratification	604,274	CS 23/04/24	NA Direct Award Framework	25/04/2024	25/04/2024
9.	AW Culture Media and associated consumables Culture media is the main high use consumable used in microbiology across Wales, including both clinical laboratories and food, water, and environment (FWE) testing laboratories. It is designed to provide the optimum growth requirements for microorganisms, to grow and identify them. This can be in the form of plated media (pre-prepared in petri dishes), or liquid media provided in bottles. Contract period: 01/08/2022 – 31/07/2024, extension 01/08/2024 – 31/07/2026	Extension	3,860,300	CS 23/04/24	original approval applies 08/06/22	25/04/2024	25/04/2024
10.	Refit HDT To undertake surveys and build proposals for energy efficiency and environmental benefits across the Hywel Dda UHB Estate. To optimise the energy efficiency of selected premises and sites, improve the energy performance of its assets through measured and verified energy efficiency improvements and/or energy generation, reduce emissions and save money through cost avoidance associated with guaranteed kWh savings and/or income generation Contract period: one off project	ratification	0	CS 23/04/24	NA as zero value	N/A	N/A
11.	Audiology The contract for Audiology services and products is aimed at providing a centralized purchasing structure for the All-Wales community with hearing and balance problems. The contract covers a wide range of services, including Adult and Paediatric Hearing Aids and Earmoulds. It also includes more advanced specialist areas such as Cochlear and Bone Conduction devices. In addition to the devices, the contract also covers various associated consumables such as domes, thin/slim tubes, batteries, and ear hooks. The purpose of this contract is to ensure that necessary audiology products and services are readily available to meet the needs of individuals with hearing impairments Contract period: 3 years plus option to extend 2 x 12 month (01/01/2025 – 31/12/2028)	briefing	38,818,945	CS 24/04/24	03/05/2024	N/A	N/A

12.	Radiopharmacy Isolators Transforming Access to Medicines (TRAMS) is a programme of transformational change to Pharmacy Technical Services within NHS Wales, including participation by all the Health Boards and Trusts. Part of that programme is investment in 3 new regional medicines preparation facilities. The Programme Business Case was endorsed by the Minister for Health & Social Care in March 2021. The South-East Wales Hub Project sits within the TRAMS programme and aims to deliver investment in a medicines preparation hub, including regional service to South-East Wales as well as certain national capabilities. This project commenced in April 2021 and is in progress. It is currently planned to conclude the commissioning of the hub by March 2027. Contract period: TBC (One-off Purchase, subject to WG funding approval)	ratification	1,253,140	30/04/24	N/A - WG business case	22/05/2024	22/05/2024
13.	Suction Consumables Provision of medical suction devices including suction catheters, suction connecting tubing, yankauers, and other suction accessories. Contract period: 01/05/2024 – 31/05/2028	ratification	1,256,146	30/04/2024	03/05/2024	07/05/2024	07/05/2024
14.	Bespoke Orthotics provision of bespoke orthotic consumables and the provision of orthotists. The items on this contract are typically reserved for patients that suffer with abnormal or particularly acute conditions. Bespoke orthotic products (such as bespoke footwear, modular footwear, and bespoke ankle foot orthoses) are manufactured on an individual basis, catering to the specific needs of the patient. The provision of orthotists allows services to keep up with patient demand. Contract period 3 years (with an option to extend for a further two 12-month periods) 01/06/2019 – 31/05/2024, extension 01/06/2024 – 31/12/2024	extension at risk	10,601,362	CS 08/05/24	original approval applies 15/5/19	29/05/2024	30/05/2024
15.	Wheelchair seating and postural support Provision of Seat Cushions, Backs, Seating Systems, and Postural Supports for use with Wheelchairs issued to patients within NHS Wales by the Artificial Limb and Appliance Service. Contract period: 01/07/2024 – 30/06/2028	ratification	2,677,045	30/04/2024	03/05/2024	29/05/2024	29/05/2024
16.	Surgically Implanted Breast Prostheses the supply of Breast Implants, Tissue expanders and sizers contract period: 3+1 commencing 01/11/21	extension	1,066,048	10/06/2024	original approval applies 18/11/2021	10/06/2024	12/06/2024
17.	Standard and custom procedure packs Procedure packs are bundled medical disposables that are available in sterile packages. Typically, these disposable packs include drapes, gowns, swabs, polyware, blades, sutures, syringes and other products associated with clinical procedures that are carried out in a hospital setting. A procedure	briefing	22,800,000	07/05/2024	06/06/2024	N/A	N/A

	<p>pack usually contains 90% of the single-use items needed to perform a particular procedure and healthcare units often build a custom procedure pack to eliminate waste and to simplify preparation needed before a medical procedure.</p> <p>Contract period 4 Years with an option to extend for a further 12 months - 01/12/2024 - 30/11/2028</p>						
18.	<p>Fuel Oils & ULSD to NHS hospitals in Wales facilitates the supply of fuel oils to ~115 NHS Wales sites across 9 organisations. Fuels currently supplied are Gas Oil, Therma 35, Kerosene, and Ultra Low Sulphur Diesel (ULSD). Primarily fuels are used for heating purposes, with the exception of Diesel which is used for motor vehicles.</p> <p>Contract period 01/06/2021 to 31/05/2024 (3 years), extension 01/06/2024 to 31/05/2025 (12 months)</p>	extension	1,974,757	08/05/2024	13/06/2024	14/06/2024	24/06/2024
19.	<p>Compounded Aseptic medicines To contract for Aseptically Prepared Systemic Anti-Cancer Treatment to purchase for use by All Wales hospital pharmacy departments, as requested by the All Wales Drug Contracting Committee.</p> <p>Contract period 01/07/2024 to 30/06/2026 (2 years) with an option to extend for a further 24 months to 30/06/2028</p>	ratification	82,449,095	20/05/2024	sent to WG 20/5		
20.	<p>Secondary care benchmarking system Currently all Health Boards across Wales, as well as the Welsh Government, use a Secondary Care Benchmarking System supplied by CHKS. The system provides comparison of a wide range of performance issues 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.</p> <p>Contract period: 01/10/2024 – 30/09/2027 (with options to extend until 30/09/2030)</p>	briefing	2,412,000	20/05/2024	sent to WG 20/5	N/A	N/A
21.	<p>Once for Wales concerns management system extension The OFWCMS is a web-based risk and compliance management interface solution enhancing reporting of quality, health, safety, environment, risk, and compliance across the whole of NHS Wales.</p> <p>Contract period 01/07/2019 – 30/06/2023. Individual call offs were executed by Health Boards, Trusts, and Special Health Authorities for a period of 5 years from the 01/12/2019 and are in place until the 30/11/2024. All bodies wish to extend for the full extension period (36 months) from the 01/12/2024 until the 30/11/2027.</p>	extension	4,802,602	14/05/2024	sent to WG 15/5 due to increased value		

22.	<p>Bespoke Orthotics provision of bespoke orthotic consumables and the provision of orthotists. The items on this contract are typically reserved for patients that suffer with abnormal or particularly acute conditions. Bespoke orthotic products (such as bespoke footwear, modular footwear, and bespoke ankle foot orthoses) are manufactured on an individual basis, catering to the specific needs of the patient. The provision of orthotists allows services to keep up with patient demand.</p> <p>Contract period 01/01/2025 - 31/12/2029 (option to extend 12 months)</p>	briefing	6,500,000	20/05/2024	sent to WG 20/5	N/A	N/A
23.	<p>L&R Case Management The new solution will also offer a secure Portal for document sharing and a separate Portal for sharing matter management information and reports with our clients.</p> <p>Contract period 01/07/2024 – 30/06/2029. option to extend by a further 5 years in whole or part.</p>	ratification	1,577,750	15/05/2024	sent to WG 3/6		
24.	<p>Anti Retrovirals There is no cure for infection caused by the human immunodeficiency virus (HIV), however, there are a number of drugs that slow or halt the progression. These drugs are known as Anti-retrovirals. Treatment aims to prevent the mortality and morbidity associated with chronic HIV infection whilst minimising drug toxicity. Although this treatment should be started before the immune system is irreversibly damaged, the need for early drug treatment should be balanced against the risk of toxicity.</p> <p>Contract period 01/02/2022 to 30/06/2024, extension 01/07/2024 to 30/06/2025</p>	extension	15,043,351	20/05/2024	original approval applies 17/11/21	20/05/2024	20/05/2024
25.	<p>Parenteral Nutrition Parenteral Nutrition requires the use of a solution containing amino acids, glucose, fat, electrolytes, trace elements and vitamins. This is now commonly provided by Pharmacy Departments in the form of a 3-litre bag. The nutrition solution is infused through a central venous catheter inserted under full surgical precautions. Alternatively, infusion through a peripheral vein may be used for supplementary as well as total parenteral nutrition for periods of up to a month, depending on the availability of peripheral veins.</p> <p>Contract period: 01/08/2021 to 31/07/2024 extended to 31/07/2025</p>	extension	1,215,531	20/05/2024	original approval applies 29/04/21	20/05/2024	20/05/2024
26.	<p>Respiratory Therapy & Ventilator Consumables & Accessories Includes CPAP Devices, Humidifiers, Masks, Tubing, Infant Bonnets, Infant Masks, Infant Headgear, PEEP Valves, Spare parts for all masks, Accessories</p> <p>Contract period: 01/12/2024 – 30/11/2028 + optional 1 year extension</p>	briefing	22,977,360	20/05/2024	sent to WG 20/5	N/A	N/A

27.	Gluten Free Subsidiary card scheme commissioning a provider for the provision of a pre-paid subsidy debit card within GP Practices across Health Boards in Wales. Pre-paid subsidy debit cards will be used to support the purchase of gluten free food. The aim is to provide an alternative to prescriptions for the supply of gluten free food products to diagnosed patients. Prescriptions for gluten free food will no longer be issued to patients that opt to join the Scheme Contract period 01/07/2024 – 30/06/2027, with the option to extend until 30/06/2028	ratification	9,326,137	21/05/2024	20/06/2024	20/06/2024	24/06/2024
28.	Blood Collection Systems To supply products to facilitate the collection of blood, to include such products as collection sets, specimen tubes, samplers and lancets. Contract period 01/06/2024 – 31/05/2028, 4 Years (with a 2 year extension option)	ratification	12,324,000	30/05/2024	24/06/2024	24/06/2024	24/06/2024
29.	Prosthetic An artificial limb replaces a missing part of the body which has been lost either through trauma, disease or a condition which was present at birth. Patients with artificial/prosthetic limbs can carry out daily tasks such as walking, eating, and dressing. There are several artificial limbs available to the patient including, Lower Limb Prosthesis, e.g.: knee, feet and hips, Upper Limb Prosthetics including Hands both mechanical and passive, wrist, and elbow and accessories or consumables for example socks and liner coverings. Contract period: 01/04/2025-31/03/2029 (option to extend 12 months)	briefing	15,000,000	30/05/2024	sent to WG 30/5	N/A	N/A
30.	Generic Drugs Injections Infusions All products tendered on this contract will be Generic and as such will have the potential for competitive bids to be offered, this level of competition will vary across the various lines which are tendered Contract period 01/07/2024 to 30/06/2026 (2 years) with an option to extend for a further 24 months to 30/06/2028	ratification	34,101,267	05/06/2024	sent to WG 6/5		
31.	HEIW Provision of various courses at higher education institutes Provide a cadre of education providers, who can in turn provide the wide ranging pharmacy educational requirements. It will also serve internal requirements within HEIW, in the development of pharmacy staff across all of Wales. Contract period 01/09/2024 – 31/08/2028, with the option to extend by an additional 4 years to 31/08/2032, in 24 month increments.	briefing	1,888,000	11/06/2024	02/07/24	N/A	N/A
32.	Home Parenteral support services	ratification	29,416,384	11/06/2024	sent to WG 11/6		

	<p>The contract encompasses the provision of parenteral nutrition support to patients in their own homes administered either by themselves or with the support of family members or the supplier's homecare nursing team. The contract also allows for the provider's nursing team to train patients in hospitals prior to discharge when necessary</p> <p>Contract period 01/07/2024 to 30/06/2027 (with an option to extend for up to a further period of 12 months to 30/06/2028)</p>						
33.	<p>Fresh & Frozen Meat, Poultry, Cooked Meat and Bacon & Sausage Contract for the supply of fresh and frozen meat and poultry products to all NHS Wales Health Boards and Trusts.</p> <p>Contract period 01/07/2024 – 30/06/2027 plus 1 year</p>	ratification	12,766,841	11/06/2024	sent to WG 11/6		
34.	<p>Self testing blood glucose formulary Blood glucose monitoring refers to testing the concentration of glucose in the blood to aid in the management of Diabetes types 1 and 2</p> <p>Contract period 01/06/2024 – 31/05/2026 (with option to extend for two 12-month periods)</p>	ratification	24,083,852	17/06/2024	NA as formulary - email from WG	24/06/2024	02/07/24
35.	<p>Specialist Estates - building for Wales 2 framework The purpose of the framework contracts is to provide Health Boards/Trusts within Wales swift and easy access to integrated supply chains to develop, design and construct major capital developments via mini competition. Business Cases for individual construction projects will be forwarded to Welsh Government by the respective Health Boards/Trusts which will identify capital and revenue requirements.</p> <p>Contract period Four-year contracts with options to extend for a period of up to a maximum of 24 months.</p>	ratification	NIL, the establishment of the consultant and contractor frameworks does not commit to capital or revenue expenditure	19/06/2024	sent to WG 19/6		
36.	<p>Medical Consumables Commercial Storage Facilities & Distribution Services To provide storage facilities and distribution services of various medical consumables on behalf of NHS Wales</p> <p>Contract period 01/12/2023 - 30/11/2024 , With an option to extend by up to a further 12 months</p>	ratification	940,000	01/03/2024	19/06/2024	28/06/24	N/A
37.	<p>Generic Drugs Injections Infusions Cytotoxics Currently the Cytotoxic Drugs are part of the larger Generic Injectables contract but this extension will allow us to separate out those medicines into their own therapeutic contract. There are several complexities associated with these drugs, having a separate contract for these will allow us to manage these more effectively.</p> <p>Contract period 01/07/2022 to 30/06/2024 extended to 30/06/2025</p>	extension	2,182,819	19/06/2024	original approval applies 9/6/22	24/06/2024	24/06/24

38.	<p>Managed Services for Finance and Procurement (FMS) Enterprise Systems Extension</p> <p>The contract was established for the provision of Managed Services for the Oracle Enterprise Systems to Health Boards and Trusts in Wales to include hosted organisations. It encompasses Managed Services for the Oracle eBusiness Suite, finance, procurement and warehouse management modules, as well as an Oracle Enterprise reporting system, including QlikView (QlikSense from 2024) and Apex reporting tools as well as an OCR document management scanning service.</p> <p>Contract period: 01/04/2017 to 31/03/2025 extended to 31/03/2028</p>	extension	7,776,628	19/06/2024	original approval applies 25/09/17	24/06/24	27/06/24
39.	<p>Fresh & Frozen Meat, Poultry, Bacon & Sausage and Cooked Meats</p> <p>The contract consists of a variety of fresh and frozen raw meat, poultry, cooked meats and bacon and sausage products delivered on a direct delivery basis to Health Boards.</p> <p>Contract period 29/04/2024 - 01/07/2024 extended to 31/08/24</p>	extension	1,203,092	28/06/24	NA – Framework	01/07/24	01/07/24
40.	<p>Point of sale maintenance for BCU xray equipment</p> <p>To ensure that the systems in question which are located within Llandudno Hospital in Betsi Cadwaladr University Health Board are serviced on a regular basis and receive appropriate software updates to function fully, all in accordance with the original equipment manufacturer’s recommendations and all applicable guidelines.</p> <p>Contract period 10 years to include 1st year warranty</p>	ratification	861,230	28/06/24	Sent to WG 1/7		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
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- July 2024

<p>PURPOSE</p> <p>To provide the Audit Committee with an update on the NHS Wales Shared Services Partnership's (NWSSP) Corporate Risk Register.</p>
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NWSSP CORPORATE RISK REGISTER UPDATE July 2024

1. INTRODUCTION

The Corporate Risk Register is presented at Appendix 1 for information.

2. RISKS FOR ACTION

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

Current Risk Rating	July 2024
Red Risk	4
Amber Risk	8
Yellow Risk	0
Green Risk	0
Total	12

2.1 Red-rated Risks

The detailed review of the Corporate Risk Register by the Senior Leadership Team in its informal workshop sessions has been concluded. This has been an engaging exercise which included consideration of the continued application of the SSPC Risk Appetite Statement. The revised Register is appended to this cover paper for the Committee to note.

The following red risks remain on the register as follows:

- the impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry remains rated red due to ongoing and expected further requests from the Inquiry (A6);
- the threat to the TRAMs programme and the consequent impact in South-East Wales if funding is not made available. The risk score has previously reduced from 20 to 15 following confirmation of funding for radiotherapy isolators (A10); and
- the availability of capital funding remains a significant risk (A12).

In addition, the risk of financial restraints preventing the ability of NWSSP to meet the expectations of Welsh Government and stakeholders in playing a leading role in delivering the Decarbonisation Action Plan (A5) has been increased from 12 to 16 as the ongoing financial outlook increases the likelihood of this risk being realised. In order to avoid confusion, this risk has also been split to show the risk in respect of NWSSP's leading role nationally (A5a) and the risk to the delivery of its own Decarbonisation Action Plan (A5b).

2.2 Risks for Monitoring

A number of risks in the Risks for Monitoring section have been removed because either:

- i) the risk score has reduced to a consistently very low level;
- ii) there was either duplication with another risk; or
- iii) they arose from incidents, the learning from which is now integrated into the day-to-day management of our business.

The risks removed are:

- M1 - Disruption to services and threats to staff due to unauthorised access to NWSSP sites.
- M2 - Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters.
- M3 - The threat of industrial action (both within the NHS and across other sectors) is likely to lead to staff shortages in both NWSSP and across NHS Wales impacting delivery of services.

- M8 - The industrial action by Junior Doctors and Consultants and the resulting impact that this may have on the Single Lead Employer team and Payroll teams.
- M9 - Adverse publicity arising from the regulatory report into financial matters at a Health Board have potential for adverse reputational impact on NWSSP.
- M11 - The lack of capital for the laundry transformation programme has led to the development of a short to medium solution, this generates an inherent risk in the form of operating ageing equipment / infrastructure and plant for the foreseeable future resulting in increased breakdowns.
- M13 - Threat to services within IP5 following a fire incident resulting in the loss of the sprinkler pump system.
- M15 - Leaks to the roof at IP5 threaten the operation of services and are extremely expensive to repair.

3. RISKS FOR MONITORING

There are eight risks that have reached their target score, and which are retained on the Register to be monitored rated as follows:

Current Risk Rating	March 2024
Red Risk	0
Amber Risk	2
Yellow Risk	5
Green Risk	0
Total	7

4. RECOMMENDATION

The Audit Committee is asked to:

- NOTE the update to the Corporate Risk Register as at July 2024.

Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	The threat of a successful cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learn Internal Audit review BCP Action Cards CAF completed and report received from CRU CAF remediation project established with support from PMO. 'Exercise in a box' launch event held with SLG (face to face) on 12 May. Phishing testing has been running since February 2022 alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team.	2	5	10	Complete Impact Assessment of all major systems (Nick Lewis - 31/05/2024) Update session for SSPC to be provided in Q3.	Heightened state of alert. Recent attack on Home Electronics System - although this is not hosted by NWSSP. Presentation to September SLG and October 2023 Audit Committee. Two additional staff at Band 6 recruited. Cyber KPIs developed and reported to SLG for approval and will be reported on a quarterly basis for ongoing assurance.	➔	At target
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A2	There is a risk that NWSSP is unable to recruit and retain appropriately skilled people due to challenging market conditions resulting in an inability to meet service levels in whole or in part.	3	5	15	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards 19 additional staff recruited within Employment Services (fixed term) Regular reporting to SLG and SSPC.	3	3	9	Detailed update on modernisation plan to be presented to SLG and SSPC in May 2024.	Good progress being made with the Recruitment Modernisation Programme. Update provided to Sept, Nov 23 and May 24 SSPC. Not carrying significant vacancies and recent recruitment campaigns have been successful.	➔	At target
	Strategic Objective - Staff									Risk Lead: Director People & OD		
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.	2	5	10	Continue to pursue links into Local Resilience Forum. Covid-19 SLG lessons learned exercise New post for Head of Emergency Preparedness to be advertised in Q2 to oversee forward look workplan in this area.	Covid-19 Lessons Learned undertaken with SLG June 2024 and business continuity exercises continue to be planned.	➔	31/03/2025
	Strategic Objective - Services									Risk Lead: Director Planning, Performance & Informatics		
A4	There is a risk that disruption in the 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 disruption incidents has been implemented wherever possible.	3	3	9	Ensure clarity in contracting arrangements regarding out of hours arrangements with suppliers.	Additional stockholding where required of PPE and essential stock being agreed.	➔	31/03/2025
	Strategic Objective - Services									Risk Lead: Director Finance & Corporate Services		
A5a	Resource restraints prevent the ability of NWSSP to meet the expectations of Welsh Government and the public in playing a leading role in delivering the NHS Wales Decarbonisation Action Plan. 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 at National Programme Board	4	4	16	The financial position across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team. Progress with re-appointments following resource loss (LW).	The financial position across NHS Wales has raised questions around deliverability of DAPs across all organisations and this has been raised at the National Programme Board. Exploring best fit resource for Decarbonisation Coordination Reporting Team.	⬆	31/12/2024
	Strategic Objective - Service Development									Risk Lead: Director, Specialist Estates Services		

A5b	Resource restraints, most notably capital funding, prevent the ability of NWSSP to deliver its own Decarbonisation Action Plan, hindering the ability of Welsh Government to achieve its ambition to respond to the declared Climate Emergency.	4	4	16	Decarbonisation Programme Board Project Execution Plan PMO Support	4	4	16	Submitted updated Action Plan to Welsh Government. Response to Internal Audit review of Decarbonisation.	NWSSP DCR are issuing periodic status updates and reporting into Decarbonisation Programme Board. Costed plan being developed as directed by A&A. Target completion 30 Sept, although it should be noted that this will be a high level strategic guide and will be maintained as a live document.	*	
	Strategic Objective - Service Development									Risk Lead: Director, 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 Central Store of relevant documents	4	4	16	Ongoing requirement to respond to requests from Inquiry.	Core Participant status confirmed. Evidence provided for Module 5 and Module 3 with further clarification and other requests arriving from the Inquiry Team. Further requests have been received and require considerable detail and others are to be expected.	➔	31/03/2026
	Strategic Objective - Services									Risk Lead: Director, Finance & Corporate Services		
A7	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2024/27 IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Value and Sustainability Group Vacancy Control Arrangements implemented	3	4	12	Directorates to develop savings programme by start of new financial year. Submitted balanced IMTP to WG and await formal feedback. Service Improvement workshop with SLG in June with further follow up planned for July.	Value and Sustainability Group established and Vacancy Control arrangements implemented and savings plans monitored. Service Improvement session for SLG undertaken in June 2024.	➔	31/03/2025
	Strategic Objective - Services									Risk Lead: Director, Finance & Corporate Services		
A8	The increasing range and complexity of NWSSP services leads to exposure to a wide range of risks of non-compliance with law and regulations.	4	5	20	Internal and external assurance and compliance reviews undertaken on a regular basis. Highly regulated areas, ie 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.	3	4	12	Map of all regulatory requirements to be developed.	3 areas of procurement legislation this year are likely to have significant impact.	➔	At target
	Strategic Objective - Services									Risk Lead: Responsible Directors		
A9	There is a risk due to the volume of data that NWSSP handle that a significant data breach causes significant impact upon those impacted by the breach, loss of reputation and financial penalty for NWSSP.	3	5	15	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	2	4	8	Continue to monitor e-learn training compliance and cause of any data breaches through IGSSG.	Controls are well embedded in the organisation with staff reminded of need for vigilance as often as possible.	➔	At target
	Strategic Objective: Services									Risk Lead: Director, Finance & Corporate Services		
A10	The threat to patient services if the planned developments of the Radiopharmacy and hub TRAMs service is not allowed to progress due to funding or planning limitations.	5	5	25	TRAMs Programme Board Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC.	3	5	15	Progress development of Radiopharmacy service in IP5 (CP 31/03/25)	Risk assessments completed with Chief Pharmacists. Update provided to September SSPC. Funding for Radio Pharmacy Unit at IP5 in SE Wales agreed in principle by WG and business case approved at November SSPC. Radiopharmacy funding confirmed and business case developed for approval.	➔	31/03/2025
	Strategic Objective - Services									Service Director TRAMs		
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	Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App	2	5	10	Continue to implement recommendations from Internal Audit Report (30 Jun 24) Plans to appoint Head of Emergency Preparedness.	Recent training with DHCW and training session undertaken at Informal SLG in March 2024	➔	At target
	Strategic Objective: Services									Risk Lead: Director Planning, Performance & 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	4	5	20	Refinement of Estates risk assessment in preparation for funding announcements including ready to go projects. Consideration of Head of Estates/Facilities role underway.	Continue to monitor and report into WG and prioritise discretionary capital to areas of greatest need.	➔	31/03/2025
	Strategic Objective - Service Development									Risk Lead: Director Planning, Performance & Informatics		

Risks for Monitoring

M1	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	Produce review of 1st year activity for NWSSP LCFS (PS/MW 30 June 2023) - COMPLETE	C&V UHB have withdrawn their 75 days p.a. support due to limited resource. Structure of NHS Wales Counter Fraud resource has been the subject of a recent independent review on behalf of DoFs (Nov 23)	→	
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
M2	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service	4	4	16	Formal project managed through PMO	1	4	4	Project Team to review alternative options (MH 31 Oct 23) Continue negotiations with original supplier for refund of monies paid (MH 31 Oct 23)	The project team has commenced a review of alternative options for the software solution for 25/26 and beyond. The loss with the previous supplier has been provided for although efforts continue to reach a settlement.	→	
	Escalated Divisional Risk									Risk Lead: Director, Legal & Risk Services		
M3	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	2	4	8	Review options for relocation from Companies House (Complete) Paper to December SLG on accommodation options (Complete) Discussion with WG regarding PPE stockholding and TrAMS footprint to be finalised.	Additional racking has been added in IP5 and will soon be installed in Denbigh Stores, increasing storage capacity. The move from Brecon House to Dupont will also increase storage space.	→	
	Strategic Objective - Service Development									Risk Lead: Programme Director		
M4	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	2	3	6	Confirm WG required stock holding for PPE - currently 16 weeks (AB 31 Jan 2024) -	SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment We are still awaiting the formal Ministerial advice on required stock levels but interim figures have been shared. Workshop to be hosted by WG before the end of January. Stock levels and shelf life continue to be actively monitored.	→	
										Risk Lead: Director of Finance & Corporate Services		
M5	The planned development of the Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges	4	4	16	CIVAS Board National QA Pharmacist	3	4	12	Undertake Organisational Change Process 2 (Colin Powell - 31/03/24)	Update to July & September 2023 SSPC - the Radiopharmacy element is now progressing well but there remains concerns over TRAMs.	→	
	Escalated Divisional Risk									Risk Lead: Service Director		
M6	The presence of Reinforced Autoclaved Aerated Concrete in the Brecon House building in Mamhilad has contributed to the unsafe state of repair of the roof, and similarly in the Repository in Companies House.	5	5	25	Majority of staff working from home. Health & Safety Reviews Structural Engineers appointed Temporary safety measures in place e.g. netting SSPC approved revised Business Case	2	3	6	Plan to vacate Companies House by 31/03/2024 - RAAC in self-contained area. SSPC and Trust Board approval of revised business case and for signing of Du Pont lease (AE complete) Lease for Du Pont agreed - signed by Velindre and now only requires signature of landlord (AE complete)	Ove Arup in place for monitoring RAAC condition Cook & Arkwright appointed to mobilise contractors to intervene directly if required Revised Business Case approved by SSPC and Trust Board Nov 23. Planned timescale for exit from Brecon House slipping due to lengthy contract negotiation.	→	
	Escalated Divisional Risk									Director, Primary Care Services		
M7	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	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites - recruitment in progress. Laundry stock holding hub at Carmarthen. Memoranda of Terms of Occupation.	Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks. An update is provide to each meeting of the Laundry Programme Board	→	
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		

Key to Impact and Likelihood Scores					
Likelihood	Impact				
	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5

	New Risk
	Escalated Risk
	Downgraded Risk

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.				





MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
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
<p>PURPOSE</p> <p>This report provides an update to the Audit Committee on the progress of audit recommendations within NWSSP.</p>	

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 77 reports covered in this review; 20 reports have achieved Substantial assurance; 35 reports have achieved Reasonable assurance, and no reports have been awarded Limited or No Assurance. 22 reports were generated with Assurance Not Applicable. The reports include 252 recommendations for action.

Table 1 - Summary of Audit Recommendations

As at 18 July 2024					
Recommendations		Implemented	Not Yet Due	Overdue	Dependant on third party organisations
Internal Audit	210	204	5	1	0
<i>High</i>	12	12	0	0	0
<i>Medium</i>	104	100	4	0	0
<i>Low</i>	74	72	1	1	0
<i>Not Applicable</i>	20	20	0	0	0
External Audit	11	10	0	1	0
<i>High</i>	0	0	0	0	0
<i>Medium</i>	7	6	0	1	0
<i>Low</i>	1	1	0	0	0
<i>Not Applicable</i>	3	3	0	0	0
Other Audit	31	31	0	0	0
<i>High</i>	4	4	0	0	0
<i>Medium</i>	5	5	0	0	0
<i>Low</i>	22	22	0	0	0
<i>Not Applicable</i>	0	0	0	0	0
TOTALS:	252	245	5	2	0

- One of the overdue recommendations are dependent on a third party.

3. Dependant 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 'dependant 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, which includes one overdue action as recorded below.

4. Overdue Recommendations

There are two recommendations to report in this category, one of which is categorised as dependent on a third party to fully implement. Full details of the recommendations are set out in Appendix A, for the attention of the Audit Committee, but in summary:

- Reference #1 – The new All Wales Governance Group is taking forward this action and it will be discussed at the next meeting on 19 July 2024 and the Head of Accounts Payable awaits feedback from the Health Organisations. It has therefore been suggested that a revised deadline of the 30 September is realistic date to fully complete this action.

- Reference #2 – IT services have confirmed that disaster recovery testing will take place on 12 August 2024. As this recommendation had already been formally extended, it will remain overdue until complete.

5. 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:
 - # 1 Accounts Payable - Extension from 30/06/2024 - 30/09/2024

Internal Audit Report Ref	Rec No		Report Title	Status	Issue Identified	Risk Rating	Recommendation	Responsibility for Action	Management Response	Original Deadline	Updated Deadline	Update On Progress Made
NWSSP-2023-01	1	Corporate & Finance Services	Accounts Payable	OVERDUE BUT OUTSIDE OF NWSSP's RESPONSIBILITY - EXTENTION REQUESTED	The retrospective checks task and finish group was established in December 2022 and whilst the group were able to identify a means of doing these checks, responsibility of completion was not agreed. Due to poor engagement from client organisations the group subsequently closed.	Low	5.1 Engage with health bodies to determine whether retrospective checking is required and if so, agree the process and responsibilities for this.	Russell Ward – Head of AP & eEnablement	Agreed – This will be discussed with the Organisations Financial P2P Lead and Procurement	30/04/2024	30.09.2024	The new All Wales Governance Group has this action included in its work plan and it will be discussed at the next meeting on the 19th July. The Head of AP is currently awaiting feedback from the Health Organisations.
NWSSP- 2324-03	2	PCS	FPPS	OVERDUE	A PPS IT Disaster Recovery (DR) plan is in place that is updated annually. The last update was in Q1 2023. During our fieldwork we noted that the policy is to test the IT DR plan every two years and the last test was undertaken in February 2022. It is good practice to test IT DR plans annually, every 12 months or sooner as major changes to the IT environment are implemented and installed.	Medium	Complete an annual IT Disaster Recovery (DR) test.	Matthew Walters, Digital Services Manager, NWSSP Informatics	NWSSP is planning migration of its hosting environment to the National Data at Church Village. Testing of the DR plan has been postponed and will be replanned following the completion of the migration. The migration is expected to be completed by February 2024.	29.02.2024	30.06.2024	In the development stage with NWSSP IT services. A date to complete testing has been confirmed and will take place on 12 August Date.
NWSSP-2223-1a	3	Procurement Services	Laundry Services	NYD	Current prices are based on 2019/20 prices plus 2% inflation and vary across Wales due to legacy arrangements. Furthermore, the cost of missing linen stock is currently absorbed by the Laundry in terms of replacement costs. Health Boards/Trusts are invoiced based on the number of items issued, with the exception of one Health Board which is on a fixed rate agreement paying £290k each quarter based on agreed annual activity. Review of the Benchmark activity for April – June 2022 identified that the costs for quarter 1 were in excess of £500k. We were advised that agreed annual activity is compared to actual activity at the end of the year with a debit or credit adjustment for variances beyond the 6% tolerance. Green Vale also processes laundry for two private sector organisations Prices charged reflect legacy arrangements and are inflated annually. However, they have not been subject to review to establish whether represent value for money. We were advised that a standard pricing model will be implemented following completion of the All-Wales Laundry Transformational Programme which will incorporate all operating costs including replacement linen stock.	Medium	Reiterated from the 2021/22 audit of Liansamlet Laundry: 3.1 We concur with the plans to implement a standard pricing model following completion of the All-Wales Laundry Transformational Programme. This should incorporate all operating costs including linen stock purchases to ensure that the service is not operating at a loss.	Anthony Hayward, Assistant Director of Laundry Operations	3.1 Management accept the recommendation and acknowledge it is dependent on the transformational programme	01.04.2024	01.04.2025	

NWSSP SSU 2324 01	4	Specialist Estates Services	Estates Funding Advisory Board	NYD	<p>The Bidding process was well defined within the guidance issued by NWSSP: SES to all Health Bodies. Proforma documents had also been issued to ensure a standardised approach; the forms were split into multiple sections including:</p> <ul style="list-style-type: none"> •Risk and Backlog Impacts. •Benefits/dependencies. •Programme and Cashflow etc. <p>The bids also required two distinct approvals:</p> <ol style="list-style-type: none"> 1.The Director of Finance (affordability noting the 30% Health Board contribution). 2.Director of Estates (Deliverability). <p>The truncated timescales from bid request in September to recommendation in November 2022 led to limited opportunities for revisit of bid form submission. Accordingly, the completeness of the information contained within the bids varied considerably.</p> <p>A sample of 18 approved bids from across five Health Organisations totalling £12m: circa 20% of the total investment across NHS Wales, was reviewed, with the following examples noted:</p> <ul style="list-style-type: none"> •One of the criteria (set out below) within the risk and backlog impact section highlighted: <p>'What is the estimated financial impact on the organisation's highest risk issues as reported through EFPMS? Where an organisation does not submit an EFPMS return reference should be made to: Corporate Risk Register; Health & Safety Reports; Audit & Assurances Reports.'</p> <p>Thirteen bids did not document the estimated financial impact reported through the EFPMS.</p>	Medium	<p>2.1 At any future EFAB lettings, bids should be fully completed as intended.</p> <p>2.2 At any future lettings, timely confirmation would be required by all NHS organisations' Directors of Finance prior to Welsh Government submission.</p>	Ray Selby - Head of Estates Development.	<p>2.1 Agreed. Bid proformas have been reviewed and will be updated to ensure that information requested can be provided (based on feedback from the Service). A lesson learned review will be undertaken at the end of the current programme (i.e. by November 2025 - 6 months after end of EFAB II programme) to further inform future lettings. An interim report was produced for WG in December 2023.</p> <p>2.2 Agreed. This was not possible given differences between EFAB timelines and respective HB internal governance procedures. We need to ensure that this is followed up and confirmed prior to any final approval, and action was taken to ensure that this happened at the EFAB Board held on the 25th November 2022. The specific example cited was also followed up and email confirmation was obtained. Coordination of governance processes has been discussed with WG and this is being factored into future scheme planning.</p>	<p>2.1 Bid proformas updated December 2024</p> <p>2.2 Initial discussions have taken place on a potential EFAB III from 25/26 to 26/27. In the event of an 'EFAB III' – December 2024</p>		
NWSSP SSU 2324 01	5	Specialist Estates Services	Estates Funding Advisory Board	NYD	<p>EFAB bid evaluation criteria had been developed in conjunction with the Welsh Government. Bids would be appraised with reference to 16 criteria across six categories:</p> <ul style="list-style-type: none"> •Consistency •Risk Mitigation •Strategic Alignment •Impact •Affordability •Deliverability <p>It was acknowledged that there was a pressured and challenging timescale to undertake the evaluation of circa 170 bids, circa 4 weeks from deadline of submission to the EFAB meeting where a recommendation was sought.</p> <p>It was clear that there was significant challenge and scrutiny by NWSSP: SES on the bids and there were multiple iterations of spreadsheets where bids were accepted and rejected with comments documented affording evidence of scrutiny. NWSSP: SES also utilised a multi-disciplinary team of internal staff to provide their professional judgement based on knowledge of respective estates to aide decision making. There were also multiple engagement exercises held with Health Boards/Trusts to aid the prioritisation of schemes.</p> <p>However, recognising the shortened evaluation timescales that were imposed, there were opportunities to improve the records of the process at future iterations of EFAB - to provide a clearer trail from initial bids through scrutiny to award.</p>	Low	For any future iteration of EFAB an enhanced record of evaluation should be followed.	Ray Selby - Head of Estates Development.	<p>Agreed. We will review the evaluation methodologies adopted by the different disciplines within SES with the aim of establishing a clearer audit trail to corroborate the recommendations. This will be considered within the wider context of developing an All-Wales Estates Risk Register, which has been incorporated as an IMTP objective. Work on an All Wales Risk Register has commenced.</p>	<p>In the event of future funding awards in 2025/26 – December 2024.</p>		

NWSSP SSU 2324 01	6	Specialist Estates Services	Estates Funding Advisory Board	NYD	<p>A reserve list of projects had been created that coincided with the list of approved bids. However, this list was split into individual Health Board/Trusts and was difficult to identify which project on the top of each reserve list was an all-Wales priority. Having a single priorities reserve list would increase the transparency in the process reallocating monies e.g., in the event of slippage, amendments to approved projects etc.</p> <p>The reserve list should also be routinely revisited as emerging issue became a greater priority ensuring available funding is focussed appropriately.</p>	Medium	A single prioritised all Wales reserve list of EFAB projects (determined from the original bid submission) should be considered to aid decision making and revisited as appropriate.		Agreed. A single prioritised all Wales reserve list will be established. This may require consideration of wider NHS Wales risk, strategies, and priorities to ensure consistency, which may impact the time taken to address this recommendation.	In the event of future funding awards in 2025/26 – December 2024.		
NWSSP SSU 2324 01	7	Specialist Estates Services	Estates Funding Advisory Board	NYD	<p>Governance processes surrounding post award amendments were not fully documented i.e., no standard operating procedure was in place that would document how these amendments would be managed.</p> <p>Following the original award, one post award amendment associated with a £300k movement within the decarbonisation category from one project to another, within the same organisation was noted. There was evidence to demonstrate that, following advice from subject matter experts, NWSSP: SES supported this.</p> <p>Whilst there was evidence from the minutes of the September 2023 EFAB meeting of amendments being approved, the amendment highlighted above was not evidenced. Audit notes that EFAB meetings may not need to approve all amendments. However, for increased transparency a methodology requires adopting e.g., the introduction of a 'Chairs Action' may enable approvals between meeting (this would require an amendment to the EFAB Terms of Reference).</p>	Medium	Enhanced governance mechanisms should be established to fully document scrutiny/approvals (e.g.): Standard Operating Procedures, Chairs Actions Mechanism.	Mike Travers – Principle Strategic Estates adviser.	Agreed – we will review the EFAB Board Terms of Reference to ensure that enhanced governance mechanisms are in place; to include Programme Management, Financial Evaluation and Change Control to ensure equitable treatment and transparency.	01.09.2024		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
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

Conflict of Interests Declarations July 2024.

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 as at July 2024. 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 2023 to 31 March 2024.

NWSSP Annual Report on Conflict of Interests Declarations and Gifts, Hospitality & Sponsorship for 2023-24

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

At the April 2021 Senior Leadership Group meeting, it was formally agreed that NWSSP would proceed to implement a lifetime declaration approach. All employees, regardless of their banding, are required to complete the exercise, in line with best practice and to improve compliance rates. 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. From the data provided to us, we don't believe that there any particular risks to manage.

The table below records the current position with regards to completion across the organisation, as at July 2024:

Directorate		Headcount	Percentage Completion	Outstanding Declarations
Audit & Assurance		56	91%	5
Employment Services		361	79%	76
Finance & Corporate Services				
o Corporate Services		30	93%	2
o Finance Services		27	96%	1
o Accounts Payable		152	86%	21
o Counter Fraud		7	100%	0
o CTeS		15	100%	0
Hosted Services		11	64%	4
Legal & Risk Services		185	91%	17
People and OD				
o Digital Workforce		23	78%	5
o Medical Workforce Team		20	75%	5
o People and OD		47	79%	10
Planning, Performance & Informatics		45	100%	0
Primary Care Services				
o Medical Examiners		92	79%	19
o Primary Care		306	98%	7
Procurement Services				
o Laundry Services		157	88%	19
o Procurement		764	65%	269
Specialist Estates Services		54	93%	4
SMTL		24	100%	0
Pharmacy		27	59%	17
Total		2403	80%	481

**Figures above are based on ESR records, with the exception of Laundry Services.*

Directors are responsible for the development of local Action Plan's for the Management of Potential Conflicts. A summary of the declarations received for each directorate have been emailed through to the relevant director upon request.

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 2023/24, the following declarations were received:

Department	Type of sponsorship	Source of hospitality	Description	Value	Accepted or declined
Specialist Estates Services (SES)	Hospitality	Institute of Healthcare Engineering & Estate Management-Registered Charity 257133.	The Institute of Healthcare Engineering and Estate Management (IHEEM) and NWSSP SES hosted a Conference on 11/05/2023-12/05/2023 in Cardiff to which delegates had been invited to hear speakers (Including Judith Paget) covering a range of engineering and estate management issues for 9 NWSSP SES persons to attend.	£1,800	Accepted
Corporate Services	Hospitality	iO Associates, St. Bartholomews House, Lewins Mead, Bristol, BS1 2NH	Offer of Christmas lunch in Bristol	£55	Declined
Legal & Risk	Hospitality	No 5 Chambers, 30 Queen Square, Bristol, BS1 4ND	Christmas Dinner Event - Spiegel tent in Bristol - costs are not provided, corporate event, 3 course meal for 4 people.	£240	Declined
Welsh Risk Pool of Legal & Risk Services	Sponsorship	RLDatix	Funding from RLDatix to NWSSP to facilitate members of the Welsh Risk Pool Safety & Learning Pool to attend the event, which is their main planning and objective setting session. Funding the event in this way yields a saving for NWSSP, which would otherwise have been funded our divisional WRP's budget.	£2,500	Accepted
Welsh Risk Pool of Legal & Risk Services	Sponsorship	RLDatix	Funding from RLDatix to NWSSP to facilitate the purchase of a £50 amazon voucher which is to be used as a 'prize' for those staff within Neonatal Services who complete the Safety Attitude Questionnaire (SAQ) which is part of the MoNET Neonatal programme. The inclusion of a prize incentive was noted to significantly increase participation rates in maternity safety attitude questionnaires and the team are wishing to repeat the success in this neonatal programme.	£50	Accepted

All accepted declarations detailed above are reported to the NWSSP Audit Committee throughout the period and no concerns have been raised by members.

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 2023-24 period.

Appendix A – List of Declarations for SLG Members and Chair 2023-2024

Name	Job Title	Disclosure
Neil Frow	Managing Director of NWSSP	Observer Life Science Hub Board - Attend Board Meetings, Non-Paid.
		Spouse is employed by Cwm Taf Morgannwg University Health Board.
Andrew Butler	Director of Finance & Corporate Services	Wife is an Audit Manager in Audit Wales.
		Independent member of the Arts Council for Wales Audit & Risk Committee.
		Son – is a Graduate Finance Trainee in Swansea Bay University Health Board.
		Nephew – Procurement officer, NWSSP Procurement Services.
Andrew Evans	Director of Primary Care Services and National Programme Director, Medical Examiner Service for Wales	No interests to declare.
Alison Ramsey	Director of Planning, Performance and Informatics	Governor on the University of South Wales Board and Chair of the Audit Committee of the University of South Wales.
Dr Ruth Alcolado	Medical Director	Spouse works for NWSSP Medical Examiner Services.
Simon Cookson	Director of Audit & Assurance Services	Independent Member of the Audit Committee at Bristol City Council; and Owner and Director of S Cookson Consulting Ltd (formed in 2013). Company has been dormant since 2014.
Stuart Douglas	Director of Specialist Estates Services	Dormant Director of Chadwick Holdings Limited, no remuneration received; Shareholder in Chadwick Enterprises Limited - (SD has no active role in CHL or CEL); <i>I am not employed by either of the Chadwick companies referred to above, although I receive dividends. Douglas Management Consultants is inactive Mace are tenants of Newminster House Bristol Limited and have been on the NHS Wales B4W framework for some years. They also complete occasional consultancy commissions for NWSSP SES, although I have not been involved in selection. Queries have recently been raised concerning their current bid for the new framework - I have declared the relationship to colleagues and will not be involved with resolving those queries.</i> Director of Douglas Management Consultants Limited (Not trading); and Family members work at C&VUHB & CTMUHB.
Gareth Hardacre	Director of People & Organisational	Spouse is Director of Nursing & Midwifery at Cwm Taf Morgannwg University Health Board.

	Development and Employment Services	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; Professor Richard Sharp, Dr Gavin Hughes, Dr James Taggart Walker (Health Protection Agency, Porton Down, Salisbury, Wiltshire, SP4 OJG) Professor Anthony Hart (Department of Medical Microbiology and Genitourinary Medicine, Royal Liverpool University Hospital, Liverpool). Worldwide International Patent Number PCT/GB2004/000073. <i>Bacteriophage for the treatment of bacterial biofilms</i>. 27th July 2004; Professor Richard Sharp, Dr Gavin Hughes, Dr James Taggart Walker (Health Protection Agency, Porton Down, Salisbury, Wiltshire, SP4 OJG) Professor Anthony Hart (Department of Medical Microbiology and Genitourinary Medicine, Royal Liverpool University Hospital, Liverpool). <ul style="list-style-type: none"> 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 HB.
Colin Powell	Director of Pharmacy Technical Services	Son is a production operative within the Medicines Unit in IP5. Spouse is a Pharmacist in ABUHB
Professor Tracy Myhill OBE	NWSSP Chair	Senior Independent Panel Member for Public Appointments in Wales – WG Public appointment. Non-Executive Director - Ministry of Defence People Committee Associate Harvey Nash - now 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. Appointed as Specialist Advisor to PwC – Contract is on an Ad hoc/as and when needed Through Tracy Myhill Associates Limited o contracted to provide consultancy support on Development of Health Education to

		University of South Wales o contracted by Welsh Government to provide support to Betsi Cadwallader University Health Board (BCU).
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MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
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 2023- 24
PURPOSE	
The NWSSP Audit Committee Annual Report 2023-24 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 2023-24, 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 2024-25.

2. RECOMMENDATION

The Audit Committee is asked to APPROVE the Annual Report.

NWSSP Audit Committee
25 July 2024

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

Annual Report 2023-2024

1. FOREWORD

I am pleased to present the Annual Report of the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership ('the Audit Committee' or 'the Committee'). It outlines the coverage and results of the Committee's work for the year ending 31 March 2024.

Martin Veale was appointed as an Independent Member of the Velindre University NHS Trust in April 2017 and chaired the Audit Committee of NWSSP since that time with great expertise, knowledge and diligence and provided assurance around NWSSP's systems of governance, risk management and internal control. Martin was supported by independent members Vicky Morris and myself. Since Martin's absence from October 2023 and the end of his tenure on 31 January 2024, I have been acting Chair of the Audit Committee and took on that role on 1 February 2024. I would like to take this opportunity to put on record my sincere thanks to Martin for his leadership as Chair of the Audit Committee and his and Vicky's 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 2023-24 NWSSP has continued to grow both in terms of size and complexity. The total revenue spend for the year was £856m, compared to less than £50m when NWSSP was first established in 2011. Total staff numbers are now in excess of 5,762. 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

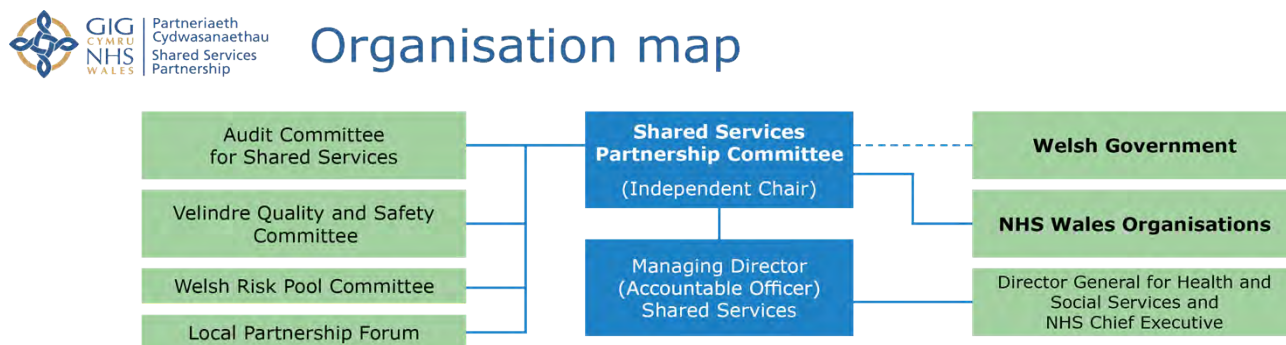
The Audit Committee advises and assures the Shared Services Partnership Committee (SSPC) on whether effective governance arrangements are in place through the design and operation of the SSPC Assurance Framework. This framework supports the SSPC in its decision-making and in discharging its accountabilities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

The organisation'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.

Detail of the overall Assurance Framework is set out in Figure 1 overleaf:

Figure 1: Overall Assurance Framework



Underpinned through the overarching Velindre University NHS Trust legal and assurance framework

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 2023-24

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 2023-24

In Attendance	April 2023	July 2023	Oct 2023	Jan 2024	Total
Committee Members					
Martin Veale, Chair & Independent Member	✓	✓	x	x	2/4
Gareth Jones, Independent Member	✓	✓	✓	✓	4/4
Vicky Morris, Independent Member	✓	✓	✓	✓	4/4
Audit Wales					

In Attendance	April 2023	July 2023	Oct 2023	Jan 2024	Total
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4/4
NWSSP					
Tracy Myhill, Chair NWSSP	✓	✓	✓	x	3/4
Neil Frow, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4/4
Carly Wilce Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Matthew Bunce Director of Finance	✓	✓	✓	✓	4/4
Lauren Fear, Director of Corporate Governance	✓	x	x	✓	2/4

3.5 AUDIT COMMITTEE BUSINESS

The Audit Committee provides an essential element of the organisation'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.

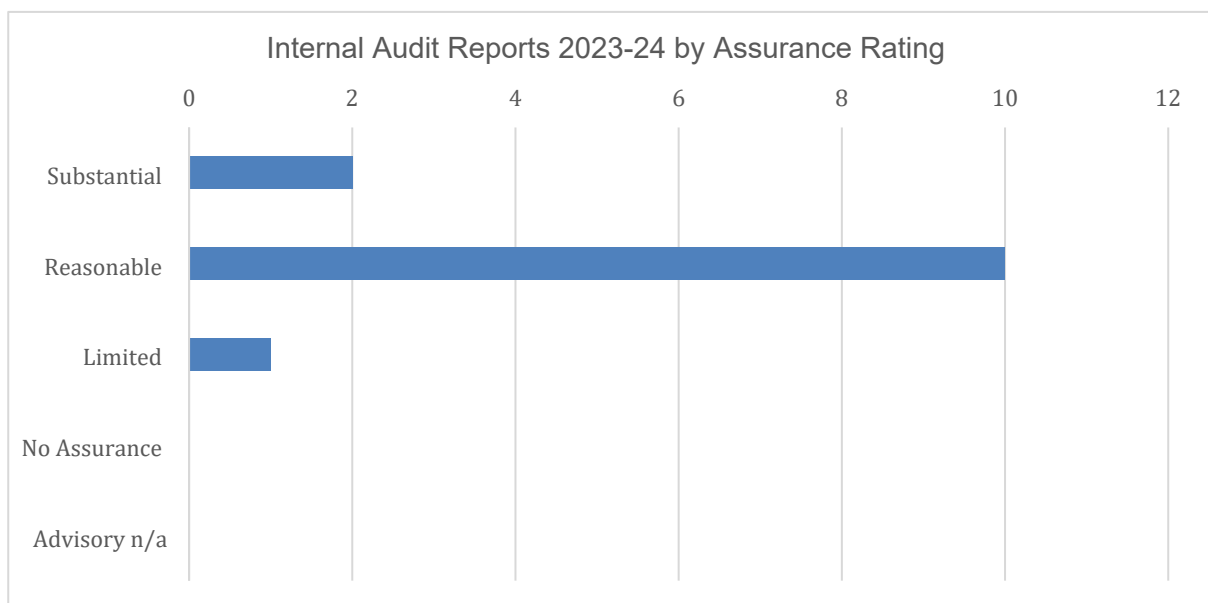
3.5.2 INTERNAL AUDIT

Internal Audit have continued to support the organisation 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.

13 Internal Audit reports were generated during 2023-24 and they achieved assurances as follows:

- Two reports achieved Substantial Assurance;
- Ten reports achieved a Reasonable Assurance;
- One achieved Limited Assurance; and
- None were rated as No Assurance.

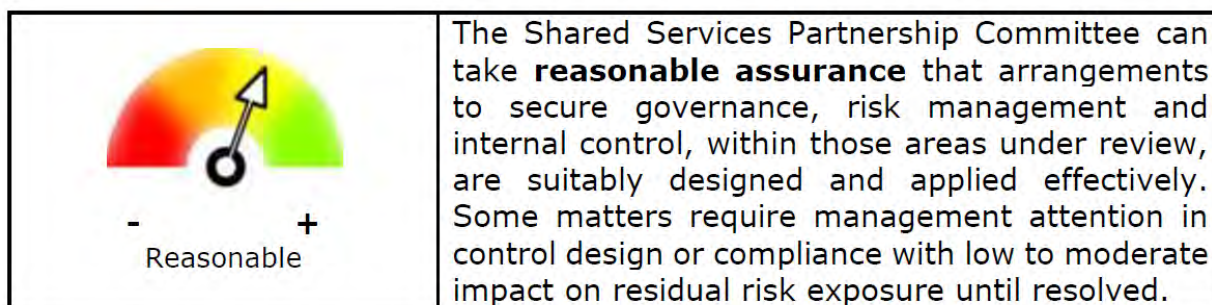
Figure 3: Internal Audit Reports 2023-24 by Assurance Rating



During 2023-24, 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 2023/24
- Counter Fraud Progress Update at each meeting;
- Counter Fraud Annual Report 2023/24; and
- Counter Fraud Functional Standard Return (CFFSR) 2023/2024.

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 2023-24, the NWSSP produced its Annual Governance Statement which explains the processes and procedures in place to enable NWSSP to carry out its functions effectively. The Statement was produced following a review of NWSSP's governance arrangements undertaken by the NWSSP Senior Leadership Group and the Head of Finance and Business Development. The Statement brings together all disclosures relating to governance, risk, and control for the organisation.

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: In August 2023 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 results of the survey were very positive and highlighted that the majority of respondents agreed that their experience of remote meetings continue to be effective and 100% agreed that the content of the organisations system of assurance are robust.

The survey identified that members expressed an interest of having the occasional face to face meeting, this has now been introduced, the Audit Committee met in person in July 2023 and at least one face to face meeting per year will be arranged going forward. Operating an e-board software system continues to allow us to significantly reduce our paper/printing usage reducing our carbon footprint and impact on the Environment, supporting our commitments to ISO 14001 certification and Wellbeing of Future Generations goals.

Private Meeting with Auditors

In line with recognised good practice, an annual private meeting was held in January 2024 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 Directors. 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 2023-24 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 2024-25 the Audit Committee will continue to explore the financial, management, governance and quality issues 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 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;
- Work with the Local Counter Fraud Specialist for NWSSP to develop an appropriate work plan;
- Ensure that the SSPC and Velindre's 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 2023-24	Date Presented To Audit Committee
Employment Services - Payroll	Substantial	16 April 2024
Energy Cost Management	Substantial	23 January 2024
Accounts Payable	Reasonable	16 April 2024
Primary Care Services Contractor Payments - General Medical Services (GMS)	Reasonable	16 April 2024
Primary Care Services FPPS Reconciliation Tool	Reasonable	10 October 2024
Business Continuity Planning	Reasonable	23 January 2024
Performance Data Quality	Reasonable	23 January 2024
Specialist Estates Services - Building for Wales Framework	Reasonable	23 January 2024
Prioritisation of Estates Funding Advisory Board Monies	Reasonable	16 April 2024
Student Awards	Reasonable	25 July 2024
Single Lead Employer	Reasonable	25 July 2024
Procurement	Reasonable	25 July 2024
Decarbonisation	Limited	25 July 2024
<i>Substantial Assurance Rating</i>	2	
<i>Reasonable Assurance Rating</i>	10	
<i>Limited Assurance Rating</i>	1	
<i>No Assurance Rating</i>	0	
<i>Assurance Not Applicable</i>	0	
Total	13	

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		✓	
Freedom of Information (FOI) 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	25 July 2024
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Alison Ramsey, Director of Finance and Corporate Services
RESPONSIBLE HEAD OF SERVICE	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	Annual Review of Audit Committee Terms of Reference
PURPOSE	<p>The Audit Committee is required to review its Terms of Reference and operating arrangements annually in accordance with the Shared Services Partnership Standing Orders. The Terms of Reference have been reviewed in line with the requirements and some minor changes have been made, since they were last reviewed by the Audit Committee in July 2023. The only change to report is the job title change from the Head of Finance and Business Development to the Assistant Director of Corporate Services.</p>

1. RECOMMENDATIONS

The Committee is asked to NOTE and APPROVE the Terms of Reference.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

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

Terms of Reference & Operating Arrangements

July 2024

1. BACKGROUND

1.1 In May 2012, all Health Boards and Trusts approved the Standing Orders for Shared Services Partnership Committee. Section 4.0.3 of the Standing Orders (as amended 1 March 2019) states:

*“The SSPC shall establish a Sub-Committee structure that meets its own advisory and assurance needs and/or **utilise Velindre’s Committee arrangements** to assist in discharging its governance responsibilities.”*

These Terms of Reference set out the arrangements for utilising the Velindre University NHS Trust Audit Committee to support the discharge of those relevant functions in relation to NHS Wales Shared Services Partnership (NWSSP).

ORGANISATIONAL STRUCTURE

Velindre University NHS Trust has an interest in NWSSP on two levels:

- a) The internal governance of NWSSP in relation to the host relationship; and
- b) As a member of NWSSP Committee in relation to the running of national systems and services.

The governance and issues relating to the hosting of NWSSP dealt with in **(a)** will be incorporated into the standard business of the existing Velindre University NHS Trust Audit Committee, with a specific focus on alternating Trust Audit Committee business. The assurance for the business dealt with in **(a)** will be to the Velindre University NHS Trust Board. The Chair of NWSSP Audit Committee should receive copies of the meeting papers and will be invited to attend, should there be anything on the agenda which has implications for the Shared Services Partnership Committee (SSPC).

Issues relating to NWSSP nationally run systems and services **(b)** will be fed into a separate Velindre University NHS Trust Audit Committee for NWSSP operating within its own work cycle. The assurance for the business dealt with in **(b)** will be to NWSSP Chair and the NWSSP Audit Committee, via the communication routes, detailed below.

The arrangements for **(a)** above, will not be considered further within these Terms of Reference, as it is for Velindre University NHS Trust Audit Committee to determine the relevant assurance required in relation to the host relationship.

2. INTRODUCTION

2.1 Velindre University NHS Trust’s Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work*

carried out on its behalf by Committees”.

- 2.2 In line with Standing Orders and NWSSP’s scheme of delegation, the SSPC shall nominate, annually, a Committee to be known as the Velindre University NHS Trust Audit Committee for NWSSP. The detailed Terms of Reference and Operating Arrangements in respect of this Committee are set out below.
- 2.3 These Terms of Reference and Operating Arrangements are based on the model Terms of Reference, as detailed in the NHS Wales Audit Committee Handbook, June 2012.

3 PURPOSE

- 3.1 The purpose of the Audit Committee (“the Committee”) is to:
 - **Advise** and **assure** the SSPC and the Accountable Officer on whether effective arrangements are in place - through the design and operation of NWSSP’s **system of assurance** - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the organisation’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Velindre University NHS Trust Board and SSPC as to where and how its system of assurance may be strengthened and developed further.

4 DELEGATED POWERS AND AUTHORITY

- 4.1 With regard to its role in providing advice to both Velindre University NHS Trust Board and the SSPC, the Audit Committee will comment specifically upon:
 - The adequacy of NWSSP’s strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes (including the Annual Governance Statement) and providing reasonable assurance on:
 - NWSSP’s ability to achieve its objectives;
 - Compliance with relevant regulatory requirements, standards, quality and service delivery requirements, other directions and requirements set by the Welsh Government and others;

- The reliability, integrity, safety and security of the information collected and used by the organisation;
- The efficiency, effectiveness and economic use of resources; and
- The extent to which NWSSP safeguards and protects all of its assets, including its people.

- NWSSP's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- The planned activity and results of Internal Audit, External Audit and the Local Counter Fraud Specialist (including Strategies, Annual Work Plans and Annual Reports);
- The adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity, via monitoring of NWSSP's Audit Action Plan;
- Proposals for accessing Internal Audit service (where appropriate);
- Anti-fraud policies, whistle-blowing processes and arrangements for special investigations as appropriate; and
- Any particular matter or issue upon which the SSPC or the Accountable Officer may seek advice.

4.2 The Audit Committee will support the SSPC with regard to its responsibilities for governance (including risk and control) by reviewing:

- All risk and control related disclosure statements (in particular the Annual Governance Statement together with any accompanying Head of Internal Audit Statement, External Audit Opinion or other appropriate independent assurances), prior to endorsement by the SSPC;
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- The policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the NHS Counter Fraud Authority.

4.3 In carrying out this work, the Audit Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

- 4.4 This will be evidenced through the Audit Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Audit Committee to review and form an opinion on:
- The **comprehensiveness** of assurances in meeting the SSPC and the Accountable Officer's assurance needs across the whole of the organisation's activities; and
 - The **reliability and integrity** of these assurances.
- 4.5 To achieve this, the Audit Committee's programme of work will be designed to provide assurance that:
- There is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the SSPC and the Accountable Officer through the Audit Committee;
 - There is an effective Counter Fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the SSPC and the Accountable Officer through the Audit Committee;
 - There are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the SSPC and the Accountable Officer or through the effective completion of Audit Recommendations and the Audit Committee's review of the development and drafting of the Annual Governance Statement;
 - The work carried out by key sources of external assurance, in particular, but not limited to the SSPC's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace);
 - internal assurance activity;
 - The work carried out by the whole range of external review bodies is brought to the attention of the SSPC and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, together with the risks of failing to comply;
 - The systems for financial reporting to the SSPC, including those of budgetary control, are effective; and
 - The results of audit and assurance work specific to the organisation and the implications of the findings of wider audit and assurance activity relevant to the SSPC's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

In carrying out this work, the Audit Committee will follow and implement the Audit Committee for Shared Services Annual Work Plan and will be evidenced through meeting papers, formal minutes, and highlight reports to the SSPC, Velindre University Trust Board and annually, via the Annual Governance Statement, to the Velindre University NHS Trust's Chief Executive.

Authority

- 4.6 The Audit Committee is authorised by the SSPC to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Audit Committee shall have the right to inspect any books, records or documents of NWSSP, relevant to the Audit Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- Employee (and all employees are directed to co-operate with any reasonable request made by the Audit Committee); and
 - Any other Committee, Sub Committee or Group set up by the SSPC to assist it in the delivery of its functions.
- 4.7 The Audit Committee is authorised by the SSPC to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the SSPC's procurement, budgetary and other requirements.

Access

- 4.8 The Head of Internal Audit and the Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee at any time and the Chair of the Audit Committee will seek to gain reciprocal access as necessary.
- 4.9 The Audit Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist, without the presence of officials, on at least one occasion each year.
- 4.10 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 4.11 The Audit Committee may, subject to the approval of the SSPC, establish Sub Committees or Task and Finish Groups to carry out on its behalf specific aspects of Committee business. Currently, there are no Sub Committees of the Audit Committee.

5 MEMBERSHIP

Members

- 5.1 A minimum of 3 members, comprising:

Chair Independent member of the Board

Members Two other independent members of the Velindre University Trust Board.

The Audit Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the organisation shall not be a member of the Audit Committee.

Attendees

5.2 In attendance:

NWSSP Managing Director, as Accountable Officer
NWSSP Chair
NWSSP Director of Finance & Corporate Services
NWSSP Director of Audit & Assurance
NWSSP Head of Internal Audit
NWSSP Audit Manager
NWSSP Assistant Director of Corporate Services
~~Head of Finance and Business Development~~
NWSSP Corporate Services Manager
Representative of Velindre University NHS Trust
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Other Executive Directors will attend as required by the Committee Chair

By invitation The Committee Chair may invite:

- any other Partnership officials; and/or
- any others from within or outside the organisation

to attend all or part of a meeting to assist it with its discussions on any particular matter.

The Velindre Chief Executive Officer should be invited to attend, where appropriate, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

Secretariat

Secretary As determined by the Accountable Officer

Member Appointments

- 5.3 The membership of the Audit Committee shall be determined by the Velindre Trust Board, based on the recommendation of the Trust Chair; taking account of the balance of skills and expertise necessary to deliver the Audit Committee's remit and subject to any specific requirements or directions made by Welsh Government.
- 5.4 Members shall be appointed to hold office for a period of four years. Members may be re-appointed, up to a maximum of their term of office. During this time a member may resign or be removed by the Velindre Trust Board.
- 5.5 Audit Committee members' Terms and Conditions of Appointment, (including any remuneration and reimbursement) are determined on appointment by the Minister for Health and Social Services.

Support to Audit Committee Members

- 5.6 The NWSSP ~~Assistant Director of Corporate Services Head of Finance and Business Development~~ and NWSSP Corporate Services Manager, on behalf of the Audit Committee Chair, shall:
 - Arrange the provision of advice and support to Audit Committee members on any aspect related to the conduct of their role;
 - Ensure that Committee agenda and supporting papers are issued five working days in advance of the meeting taking place; and
 - Ensure the provision of a programme of organisational development for Audit Committee members as part of the Trust's overall Organisational Development programme developed by the Velindre Executive Director of Workforce & Organisational Development.

6 AUDIT COMMITTEE MEETINGS

Quorum

- 6.1 At least two members must be present to ensure the quorum of the Audit Committee, one of whom should be the Audit Committee Chair or Vice Chair.

Frequency of Meetings

- 6.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Audit Committee deems necessary, consistent with NWSSP's Annual Plan of Business. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

Withdrawal of Individuals in Attendance

- 6.3 The Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7 RELATIONSHIP & ACCOUNTABILITIES WITH THE TRUST BOARD & SSPC DELEGATED TO THE AUDIT COMMITTEE

- 7.1 Although the Velindre University Trust Board, with the SSPC and its Sub Committees, has delegated authority to the Audit Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 7.2 The Audit Committee is directly accountable to the Velindre University Trust Board for its performance in exercising the functions set out in these Terms of Reference.
- 7.3 The Audit Committee, through its Chair and members, shall work closely with NWSSP and its other sub-Committees to provide advice and assurance to the SSPC by taking into account:
- Joint planning and co-ordination of the SSPC business; and
 - Sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into NWSSP's overall risk and assurance arrangements. This will primarily be achieved through the discussions held at the SSPC, annually, at the end of the financial year.

- 7.4 The Audit Committee will consider the assurance provided through the work of the SSPC's other Committees and sub-Committees to meet its responsibilities for advising the SSPC on the adequacy of the organisation's overall system of assurance by receipt of their annual work plans.
- 7.5 The Audit Committee shall embed the SSPC's and Trust's corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8 REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Audit Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board, SSPC and the Accountable Officer on the Audit Committee's activities. This includes verbal updates on activity and the submission of committee minutes, and written highlight reports throughout the year;
- Bring to the Velindre University NHS Trust Board, SSPC and the Accountable Officer's specific attention any significant matters under consideration by the Audit Committee; and
- Ensure appropriate escalation arrangements are in place to alert the SSPC Chair, Managing Director (and Accountable Officer) or Chairs of other relevant Committees, of any urgent/critical matters that may affect the operation and/or reputation of the organisation.

8.2 The Audit Committee shall provide a written Annual Report to the SSPC and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the 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 will also record the results of the Audit Committee's self-assessment and evaluation.

8.3 The Velindre University Trust Board and SSPC may also require the Audit Committee Chair to report upon the Audit Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Audit Committee's assurance role relates to a joint or shared responsibility.

8.4 The Assistant Director of Corporate Services ~~NWSSP Head of Finance and Business Development~~ and Corporate Services Manager, on behalf of the Partnership, shall oversee a process of regular and rigorous self-assessment and evaluation of the Audit Committee's performance and operation, including that of any sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

1.1 The requirements for the conduct of business as set out in the NWSSP's Standing Orders are equally applicable to the operation of the Audit Committee, except in the following areas:

- Quorum (*as per section on Committee meetings*)
- Notice of meetings
- Notifying the public of meetings
- Admission of the public, the press and other observers

10 REVIEW

- 10.1 These Terms of Reference and operating arrangements shall be reviewed annually by the Audit Committee with reference to the SSPC and Velindre University Trust Board.

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	25 July 2024
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Carly Wilce, Corporate Services Manager
RESPONSIBLE HEAD OF SERVICE	Alison Ramsey, Director of Finance and Corporate Services
TITLE OF REPORT	Audit Committee Forward Plan 2024-25

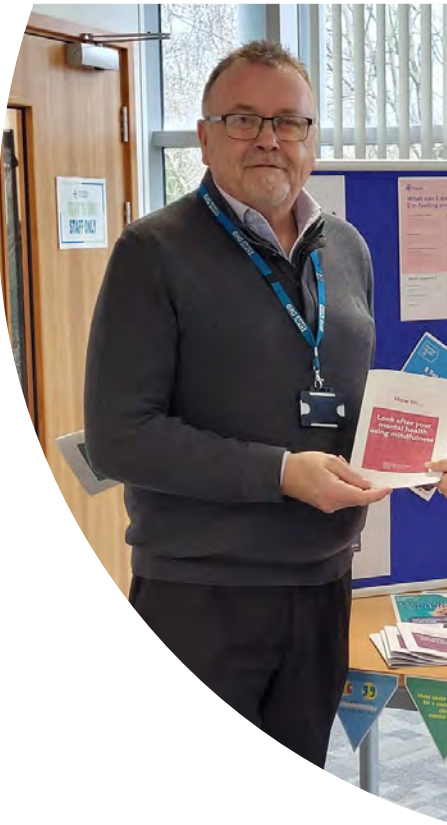
PURPOSE

To provide a summary of items expected to be presented at forthcoming Audit Committee meetings, scheduled for 2024-25.

Month	Standing Items	Audit Reports	Governance	Annual Items
Q1 2024/25 16 April 2024 Via 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 2023-24	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	2024-25 Counter Fraud Annual Plan Internal Audit Operational Plan 2024-25 and Internal Audit Charter IMTP
Q2 2024/25 25 July 2024 In person meeting 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	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Audit Committee Terms of Reference TrAMS Update	Final Annual Governance Statement Head of Internal Audit Opinion and Annual Report Gifts & Hospitality Annual Report Declarations of Interest Annual Report Counter Fraud Annual Report Welsh Language Annual Report Audit Committee Annual Report NWSSP Annual Review Information Governance Annual Report
Q3 2024/25 15 October 2024 Via Microsoft Teams	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report	Internal Audit As outlined in the Internal Audit Operational Plan External Audit	Governance Matters Tracking of Audit Recommendations	Audit Committee Effectiveness Survey Results

	Counter Fraud Position Statement NWSSP Update	Audit Wales Nationally Hosted IT Systems Report Audit Wales Management Letter	Review of Standing Orders for the Shared Services Partnership Committee Review of Risk Management Protocol, Risk Appetite Statement and Assurance Mapping Corporate Risk Register	
Q4 2024/25 January 2025 Via Microsoft Teams	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement NWSSP Update	Internal Audit As outlined in the Internal Audit Operational Plan Quality Assurance & Improvement Programme External Audit Audit Wales Office Proposed Audit Work	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	Annual pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud IMTP

NHS Wales Shared Services Partnership



GIG
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NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



Annual Review 2023-2024



NHS Wales Shared Services Partnership Annual Review 2023-24

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Introduction from the Chair & Managing Director

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2023-24. This is our 13th annual report and, as in previous years, shows how we are continually improving our services to meet the demands of our partners and customers, as well as our ongoing commitment to adding value through partnership working, innovation and excellence.

Looking back at 2023-24, NWSSP remained on target with most of the agreed objectives within our Integrated Medium Term Plan and in response to the call to action from the Welsh Government, our total over-achievement of savings for 2023-24 was £3m. We also delivered £260m of professional influence benefits and continue to reinvest savings for the benefit of NHS Wales.

Our core customers are the Welsh Government and NHS partner organisations in Wales and we recognise that the wider impact of how well we deliver our services is felt by all NHS staff, our suppliers, independent contractors, patients and future generations living in Wales. The quality of our services is a critical part of the measure of our performance as an organisation. We were delighted to become the first NHS organisation in Wales to achieve the Customer Service Excellence accreditation at a corporate level, across all our service areas and Divisions. This was an independent validation of achievement across a range of core customer service competencies.

We will continue to use this as a driver of continuous improvement and as a skills development tool for our staff to further develop customer focus and customer engagement.

We implemented the Duty of Quality which came into force from 1 April 2023. Our continued focus will be on developing our Always On reporting arrangements. We have identified several areas of good practice, and we will be providing our partners with assurance on how we meet the requirements of this new legislation which captures non-clinical services.

We have continued to grow our range of services, incorporating the Low Vision Service for Wales in the last year and preparatory work for the General Ophthalmic Service changes and roll out of the e-prescribing service in Wales, in addition to preparing for the statutory launch of the Medical Examiner Services. We hope that you enjoy reading about our achievements in this Annual Review and look forward to continuing to meet and exceed the expectations of our stakeholders across Wales in 2024-25.



Neil Frow OBE
Managing Director



Professor Tracy Myhill OBE
Chair

About NWSSP



At a Glance



5,762

Members of staff



We currently operate from 15 Buildings



£856m

Revenue Budget



£260m

of professional influence benefits



We continue to reinvest savings for the benefit of NHS Wales



95%

of all NHS Wales expenditure is processed through NWSSP systems and processes

Our Services

Delivering Value, Innovation and Excellence through Partnership

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

NWSSP is an integral part of the NHS Wales family supporting delivery of services to the staff and patients of Health Boards, Trusts and Special Health Authorities in Wales. We also provide a range of services to primary care: GP practices, dentists, opticians and community pharmacies and from 1 April 2023 we started to provide services to the Citizens Voice Body, Llais, via a service level agreement.



Audit and Assurance Services



Laundry Services



Finance and Corporate Services



Accounts Payable



Lead Employer for medical, dental & pharmacy trainees



Planning, Performance and Informatics



Counter Fraud Wales



Legal and Risk Services



People & Organisational Development



Central E Business Team



Medical Examiner



Surgical Materials Testing Laboratory



Digital Workforce Solutions



Primary Care Services



Staff Benefits



Employment Services



Procurement and Supply Chain Services



Student Awards Services



e-Enablement



Pharmacy Technical Services



Welsh Risk Pool



Finance Academy (Hosted)



Special Estates Services



Wales Infected Blood Support Scheme



Health Courier Services

Our Values



Listening & Learning

To continually reflect upon and improve the quality and effectiveness of all we do.



Taking Responsibility

For brave and compassionate decisions and making the right things happen.



Working Together

Inclusively with colleagues, customers, and suppliers.



Innovating

To be courageous and creative through continuous improvement.

Our Strategic Objectives



Our People

Working together to be the best that we can be



Outcomes

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

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

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

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



Our Services

Driving the pace of innovation and consistently providing high quality services



Outcomes

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

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

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

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



Our Value

Maximising the benefit, efficiency, and social impact of what we do for our partners



Outcomes

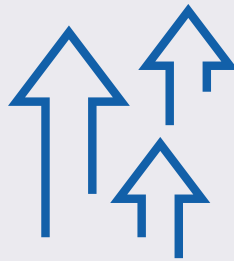
We will make bold investment decisions that drive transformation and add value.

We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Performance





Key Performance Indicators

Internal KPIs:

High Level KPIs and Targets	2023 - 24 Actual	2023 - 24 Target
Corporate & Finance Services		
Balanced Financial Position	-12k	Breakeven
Balanced Capital Financial Position	Within CEL	Within CEL
Planned Distribution	£3M	£0
% of invoices paid within 30 days	98%	95%
NWSSP Organisational KPIs Recruitment		
Average Days Vacancy creation to unconditional offer within 71 days	73	71
Average Days Vacancies approved within 10 working days	10.1	10
Average Days Vacancies shortlisted within 3 working days	7.7	3
Average Days Interview outcomes notified within 3 working days	3.9	3
People & Organisational Development		
Staff Sickness	3.07%	3.30%
Performance and Development Review Compliance	84%	85%
Statutory and Mandatory Training Compliance	93%	85%
Agency %	0.31%	<0.8%

External KPIs:

High Level KPIs and Targets	2023 - 24 Actual	2023 - 24 Target
Professional Influence		
Professional Influence Benefits	£260M	£110m
Procurement Services		
Procurement Savings	£29M	£16M
Accounts Payable		
Savings and Successes	£13M	
All Wales % of invoices paid within 30 days	96%	95%
Employment Services		
Overall Payroll Accuracy	99.9%	99.6%
Overall Payroll Accuracy	99.8%	99.6%
Payroll % Calls Handled	98%	95%
Recruitment All Wales Organisational KPIs		
Average Days Vacancy creation to unconditional offer within 71 days	73	71
Recruitment % Calls Handled	99%	95%
Recruitment All Wales Organisational NWSSP KPIs		
% of Vacancies advertised within 2 working days of receipt	99%	95%
% of Conditional offer letters sent within 4 working days	98%	95%
Student Awards Services		
Student Awards % Calls Handled	96%	95%
% of NHS Bursary Applications processed within 20 days	100%	100%
Central Team eBusiness Services		
High priority incidents raised with the Central Team are responded to within 20 minutes	100%	85%
BACS Service Point tickets received before 14.00 will be processed the same working day	100%	95%

High Level KPIs and Targets	2023 - 24 Actual	2023 - 24 Target
Primary Care Services		
Primary care payments made in accordance with Statutory deadlines	100%	100%
Prescription - keying accuracy rates	99.7%	99%
Urgent medical record transfers actioned within 2 working days	100%	100%
Patient assignment actioned within 24 hours of receipt of request	100%	100%
Category A Cascade alerts to be issued within 4 hours of receipt	100%	80%
Audit & Assurance (June - March 23)		
Audit opinions/annual reports on track	Yes	Yes
Audits delivered for each Audit Committee in line with agreed plan	Yes	Yes
Report turnaround fieldwork to draft reporting [10 days]	92%	95%
Report turnaround management response to draft report [15 days]	78%	80%
Report turnaround draft response to final reporting [10 days]	99%	95%
Special Estates Services		
Professional Influence Savings	£19M	£5.5M
Legal & Risk Services		
Savings and Successes	£176M	£65M
Timeliness of advice acknowledgement - within 24 hours	100%	90%
Timeliness of advice response – within 3 days or agreed timescale	99%	90%
Welsh Risk Pool		
Time from submission to consideration by the Learning Advisory Panel	100%	95%
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	95%
Holding sufficient Learning Advisory Panel meetings	100%	95%

High Level KPIs and Targets	2023 - 24 Actual	2023 - 24 Target
Surgical Materials Testing Laboratory		
% of incident reports sent to Reg Authority within 50 days of receipt of form	100%	100%
% delivery of audited reports on time (Commercial)	99%	89%
% delivery of Technical assurance evaluations on time	100%	89%
Digital Workforce Solutions		
Customer Satisfaction	91%	90%
% Calls Handled	94%	85%
All Wales Laundry Services		
Orders dispatched meeting customer standing orders	100%	85%
Deliveries made within 2 hours of agreed delivery time	100%	85%
Microbiological contact failure points	96%	85%
Medical Examiner Services		
Number of cases referred into MES	100%	100%
Never Events	0	0

During 2023-24, we refreshed our Performance Framework to bring together performance measures that highlight our strategic performance and an escalation process to manage under performance. We continue to provide case studies and other qualitative means to demonstrate our performance. During the year we created a Performance and Outcomes Group, specifically to look at developing outcome measures which will begin to be reported during 24-25. Where targets have not been met for the financial year 2023-24, an overview of how we are addressing performance going forward is set out below.

Audit and Assurance

- Report turnaround management response to draft report (15 days) and report turnaround fieldwork to draft reporting (10 days) which measures the performance of turnaround times within the health organisation and within Audit & Assurance. The targets have slightly been missed, however, Heads of Audit continually discuss these delays directly with health organisations.

Our Heads of Audit continue to work closely with NHS organisations to help improve turn around times on fieldwork and management responses. All progress on audit plans is discussed and agreed with Board Secretaries and Chairs of Audit Committee.

PADR

Recognising that we are below target for PADR compliance, we have identified areas that need support and are working with our hard to reach staff and hosted services to enable them to ensure that meaningful conversations and are taking place to support staff performance and development.



Recruitment

- As a service that provides recruitment administration for all NHS organisations in Wales, we work collaboratively with organisations to ensure activities are processed efficiently, but also safely.
- Recruitment Modernisation Process changes have been implemented in all the health organisations and improvements in manager and candidate experience is being seen.
- In addition, there has been improvements in the overall time to hire through the modernisation work and the cleansing of older records in the recruitment system. The time to hire in March 24 was on average 62 days against a target of 71 days for All Wales.



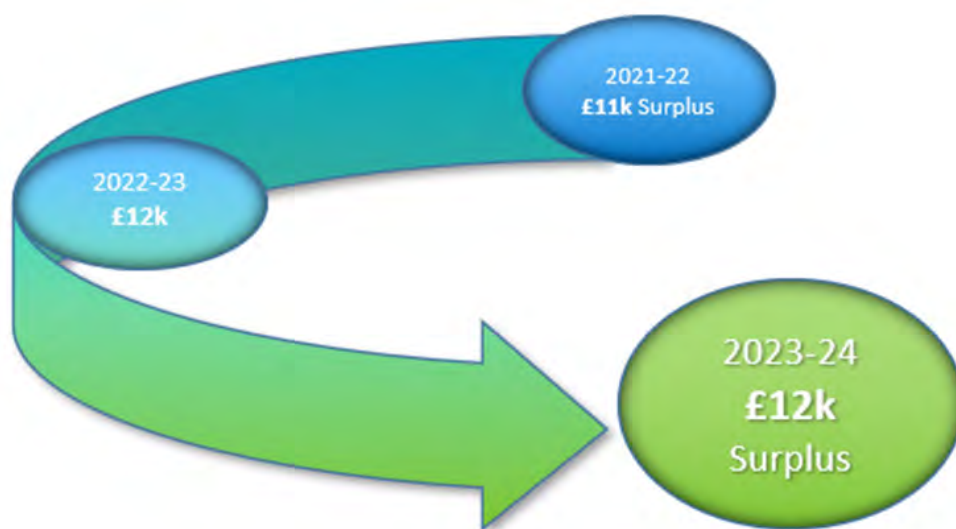
Financial Management of Budget

Targets:

- ▶ NWSSP provides support to all NHS bodies across Wales and, as such, must use the budget allocated to meet the running costs with a requirement to at least break even each year.
- ▶ In addition, NWSSP will distribute savings achieved during the financial year to health bodies across Wales.
- ▶ As well as ensuring revenue income and expenditure is balanced, there is also the requirement to ensure any capital spend is within the Capital Expenditure limit provided by Welsh Government.
- ▶ Finally, the Public Sector Payment Policy (PSPP) requires NWSSP to pay invoices to non-NHS suppliers within 30 days of an invoice being issued or the goods received.

During 2023-24 we achieved all our financial performance targets, exceeded our savings targets and were able to distribute £3million of savings to NHS Wales and Welsh Government.

Outturn:



Successes:



£7.977m Capital Expenditure Limit achieved



£3.000m Distribution of savings



PSPP - 98%

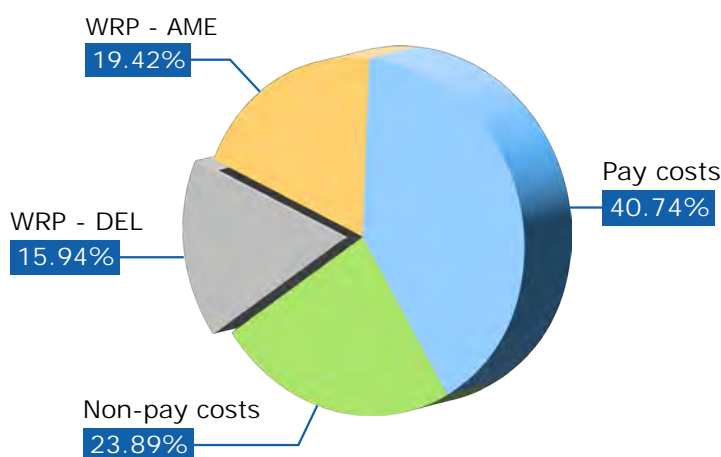
NWSSP income and expenditure can be summarised as follows:

	2023 - 24 £m	2022 - 23 £m
Income	855.922	778.021
Expenditure	554.272	572.012
WRP – DEL*	135.966	136.727
WRP – AME**	165.673	69.270
Surplus	0.012	0.012

**Departmental Expenditure Limit (DEL) to meet in year costs associated with settled claims. Expenditure above the annual allocation is recouped from Health Boards and Trusts using a risk sharing agreement approved by the NWSSP Partnership Committee for core claims growth.*

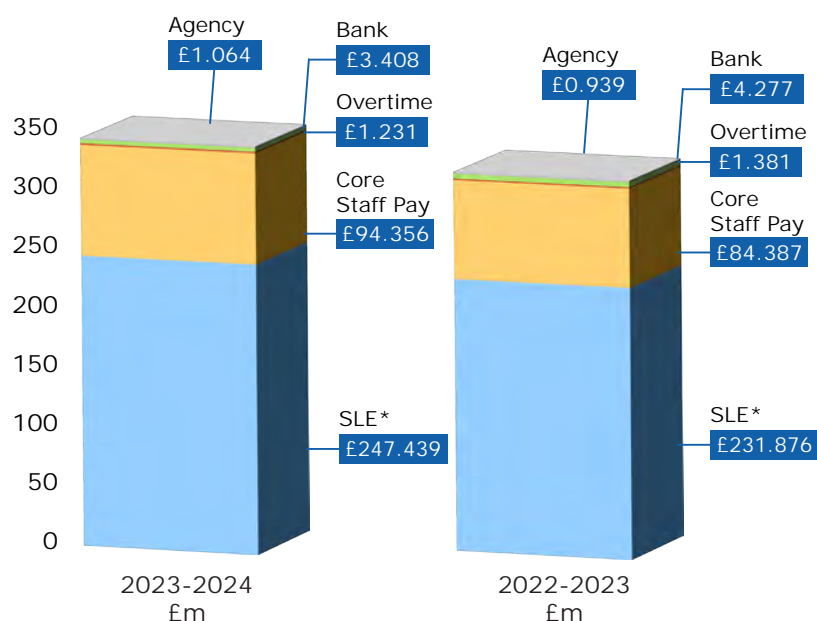
***Annually Managed Expenditure (AME) to meet the cost of accounting for the long term liabilities of claims. This budget is based on estimates provided directly to the Welsh Government by the WRP.*

Revenue spend



During the 2023-24 financial year, total expenditure was £856m. £347m was spent on pay costs, £207m on non-pay costs and £302m was Welsh Risk Pool expenditure.

Pay spend

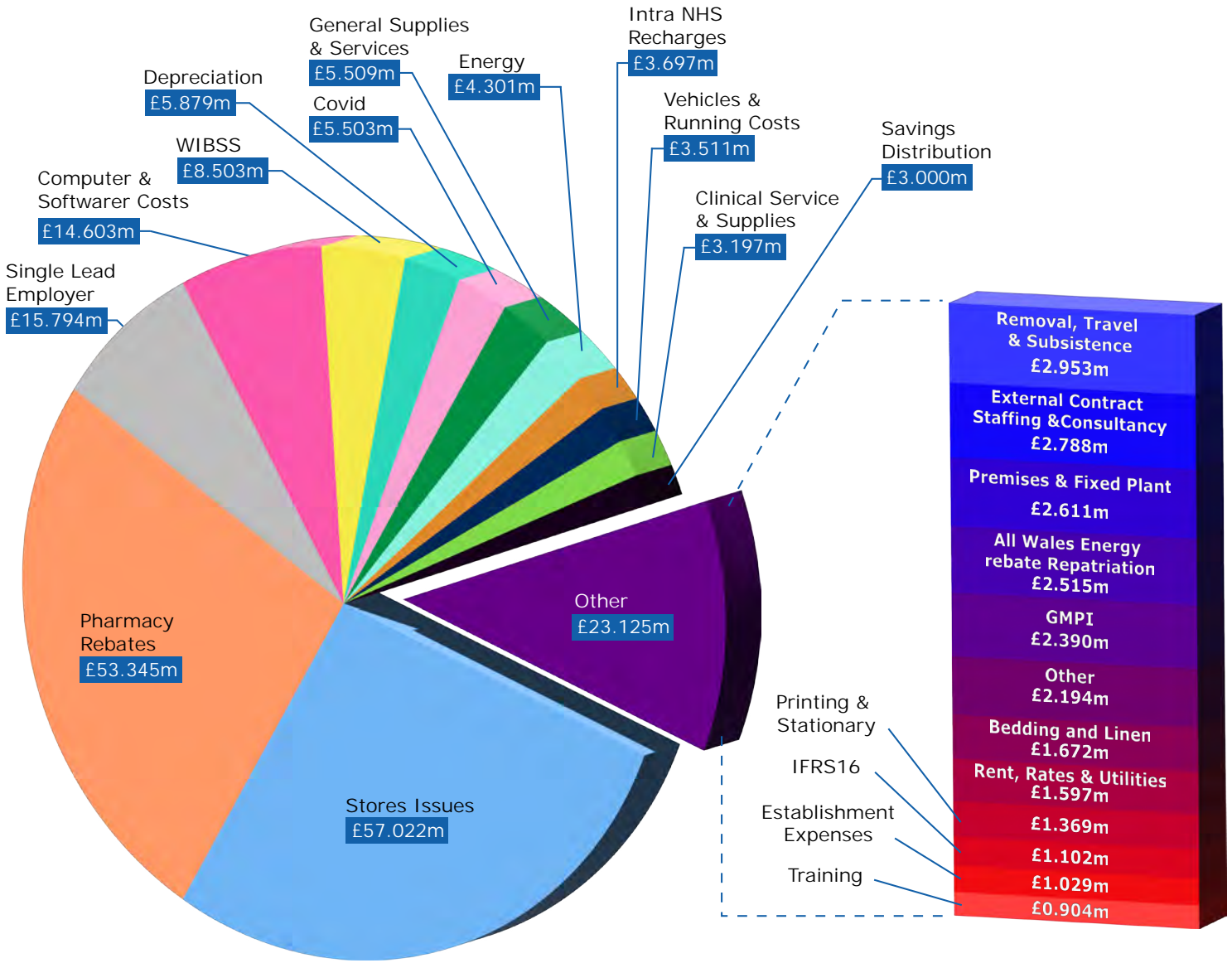


Spend on bank, overtime and agency staff is generally in relation to the covering of vacant posts, long-term vacancies or for support to the ongoing covid support (which will become business as usual for the next financial year). Expenditure on premium rate pay is minimised as far as possible.

**Single Lead Employer (SLE) is an employment arrangement that was put in place to effectively manage and support all Medical & Dental trainees across Wales for the duration of their training programme.*

Non-pay spend

Non-pay spend for the 2023-24 financial year totalled £207m, excluding Welsh Risk Pool payments. The chart below shows the main categories of non-pay spend for the 2023-24 financial year with the 'other' spend broken down further.



*Wales Infected Blood Support Scheme (WIBSS) aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue in the 1980s and 1990s

Capital investments

During the 2023-24 financial year, a total of £5.547m was invested by NWSSP across a wide range of capital projects. Significant investments were made in our Laundries to replace/repurpose end of life equipment (£1.918m), the primary care workforce intelligence system (£0.444m) and new vehicles as part of our asset replacement strategy (£0.483m).

Scheme	Expenditure £000
Server	400
Telephony & Contact Centre	90
Cwmbran House Racking/LEDs	24
Decontamination equipment	10
IP5 LED Balance	3
Matrix House EVCP	1
Discretionary Capital Total	528
Laundry Services	1,918
Primary Care Workforce Intelligence System	444
Supply Chain Vehicles	483
Radiopharmacy Fees/Equipment	469
IP5 PV scheme	441
IT Refresh & licenses	285
Primary Care Dupont Racking & IT	241
TRAMS Fees	217
Denbigh Stores Racking & Roof Repair	150
IP5 discretionary	105
SMTL Equipment	130
Scan for Safety	67
Occupeye software/sensors	54
South Wales Hub Agile Furniture	42
Stores CCTV & Equipment	29
Glidescopes transfer to BCU	-56
Additional Capital Total	5019
IFRS16 Capital	2,430
Total Capital Allocation	7977

Governance Framework

The Shared Services Partnership Committee (SSPC) and NWSSP Audit Committee are responsible for scrutinising, assessing, and monitoring performance. These committees along with several sub-committees and advisory groups ensure compliance with the overarching NWSSP Governance and Assurance Framework. Committee papers are published and available on our website.

The SSPC membership comprises an Independent Chair, Managing Director of NWSSP and either the Chief Executive or another nominated representative, acting on behalf of each NHS Wales Health Board or Trust and Special Health Authority. The SSPC is responsible for ensuring NWSSP consistently follows the principles of good governance, maintains oversight and development of systems and organisational processes for financial and organisational control, governance, and risk management.

The role of the Audit Committee is to review and report effective operation of overall governance and the internal control system. This includes the management

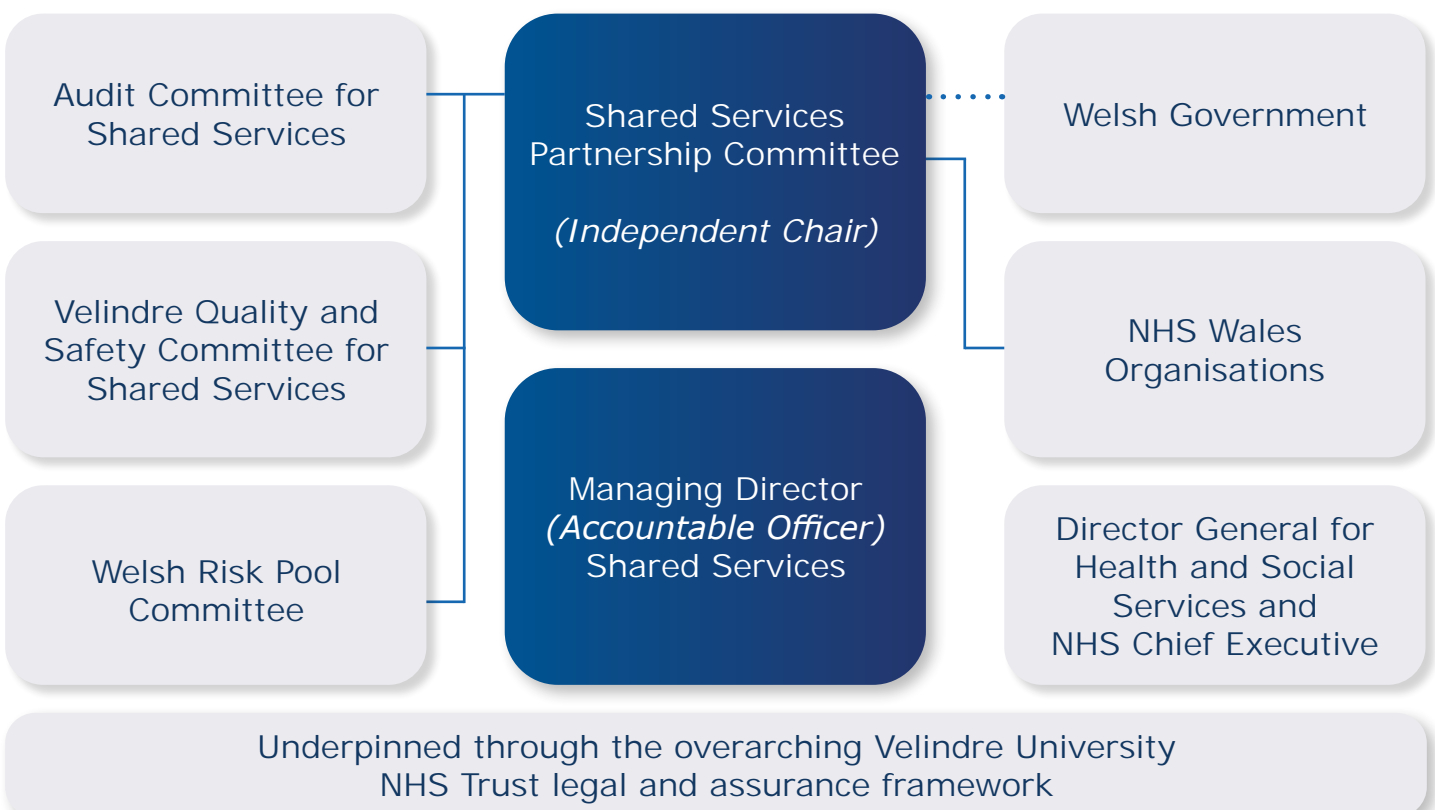
of risk, operational compliance controls and related assurances that support the delivery of objectives and maintain standards of good governance.

The management and control of resources during 2023-24 is evidenced within the Annual Governance Statement. The statement details the extent to which we complied with our own governance requirements, summarising all disclosures relating to governance, risk, and control.

Committee Papers and Executive Declarations are published and [available on our website.](#)

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control, and governance processes, which was reasonable assurance for 2023-24.

Our Structure





Duty of Quality

The Duty of Quality came into force on 1 April 2023 and placed upon all NHS bodies a statutory duty to consider quality in the execution of both our clinical and non-clinical services. The overarching aim of the duty is to improve the quality of health services and to improve health outcomes for the people of Wales. NWSSP provides a variety of clinical and non-clinical services through a divisional structure.

Key achievements in 2023-24

- Raising awareness, including dedicated sessions with the Shared Services Partnership, Senior Leadership Group and staff coffee mornings
- Implemented a Quality Champions Network for sharing best practice
- Quality planning and decision making
- Quality driven reporting
- Quality control and using data for quality improvement
- Quality planning and decision making
- External quality reviews, certifications and awards



Health and Safety

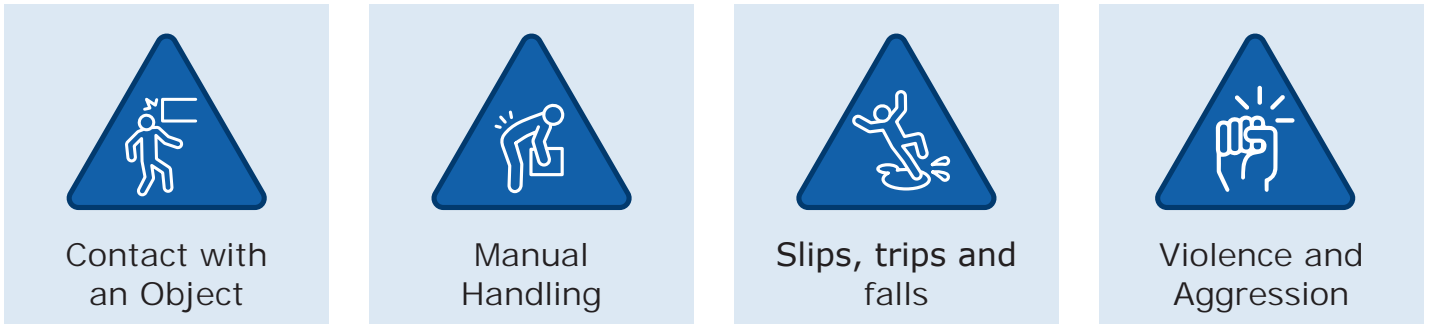
NWSSP attaches the greatest importance to the health, safety and welfare of staff and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services to staff and visitors where health hazards to staff and visitors and others are minimised, so far as is reasonably practical.

To achieve our aims, we need a highly skilled, motivated, engaged and healthy workforce. Staff engagement and health and safety is a priority and will be delivered in an environment where staff are well managed and valued for their contribution.

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.



During 2023-24, the main category of health and safety incidents were:

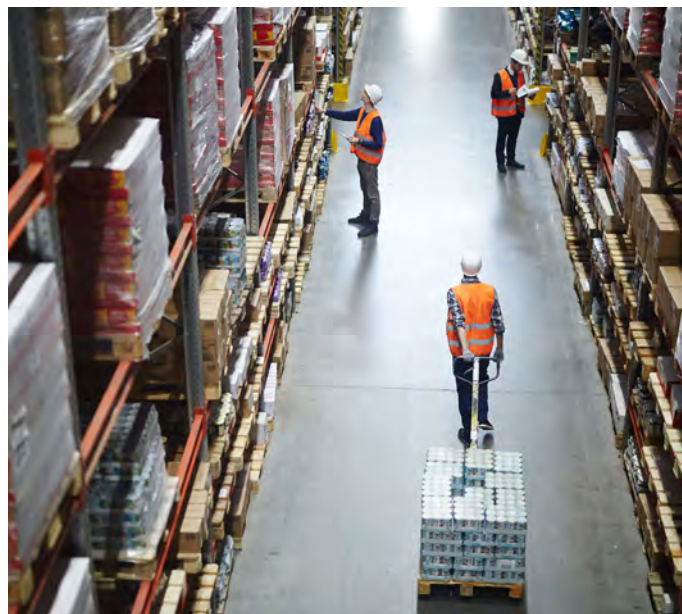


Health and Safety Trends and Objectives 2023/2024

Trend Category	2019-20	2020-21	2021-22	2022-23	2023-24	Trend
Contact with an object/struck by an object	11	11	26	30	18	↓
Manual Handling	14	12	23	16	16	→
Slips, trips and falls	13	6	15	15	6	↓
Violence and Aggression	14	10	10	15	20	↑

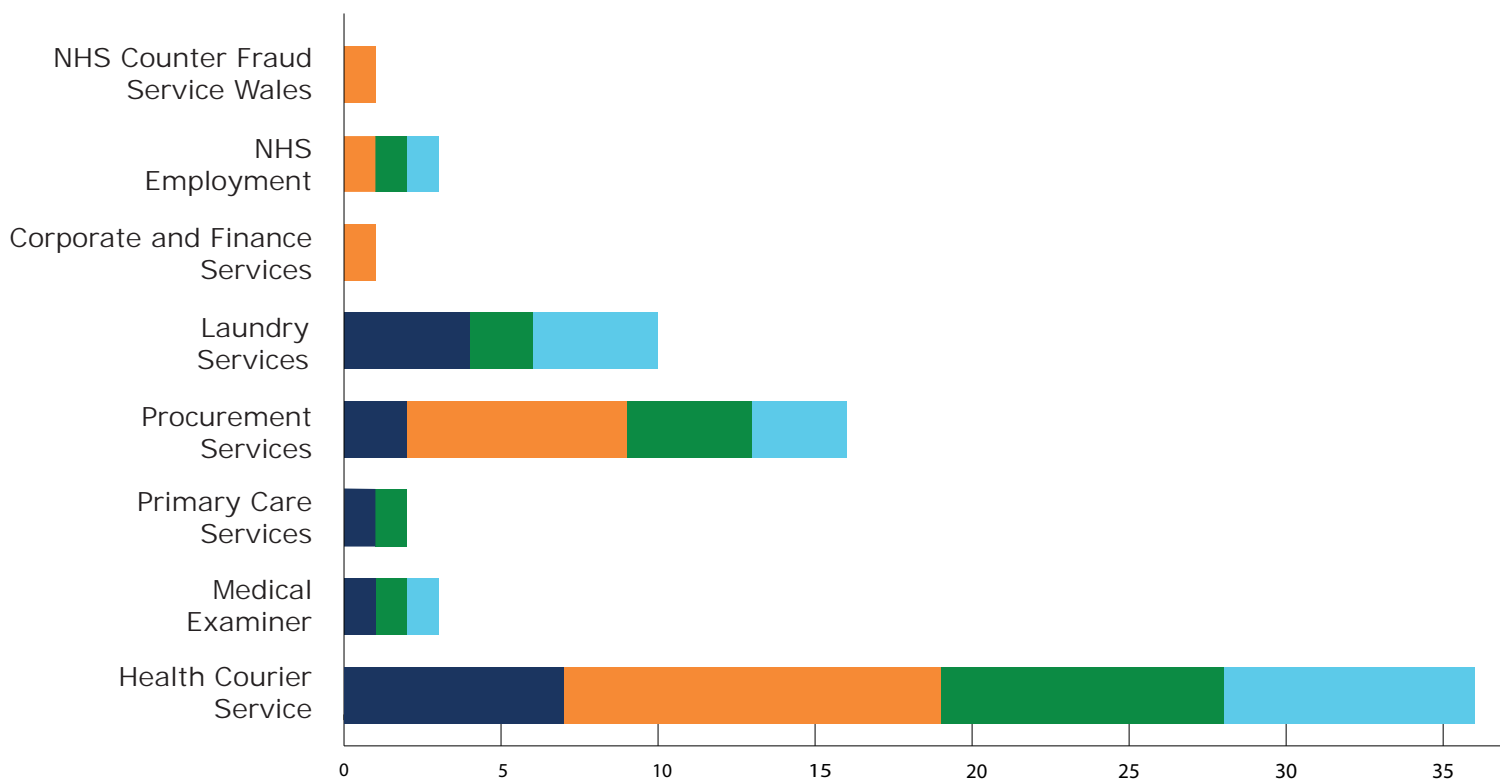
A significant decrease can be seen on the previous year in relation to contact with an object/struck by an object and slips, trips and falls. The volume of manual handling has remained the same as the previous year, whereas violence and aggression incidents have increased on the previous year.

In relation to the increase in incidents reported, this can be linked to the continued promotion to staff that NWSSP takes a zero approach to violence and aggression in the workplace and encouraging staff to report any incidents in a timely manner.



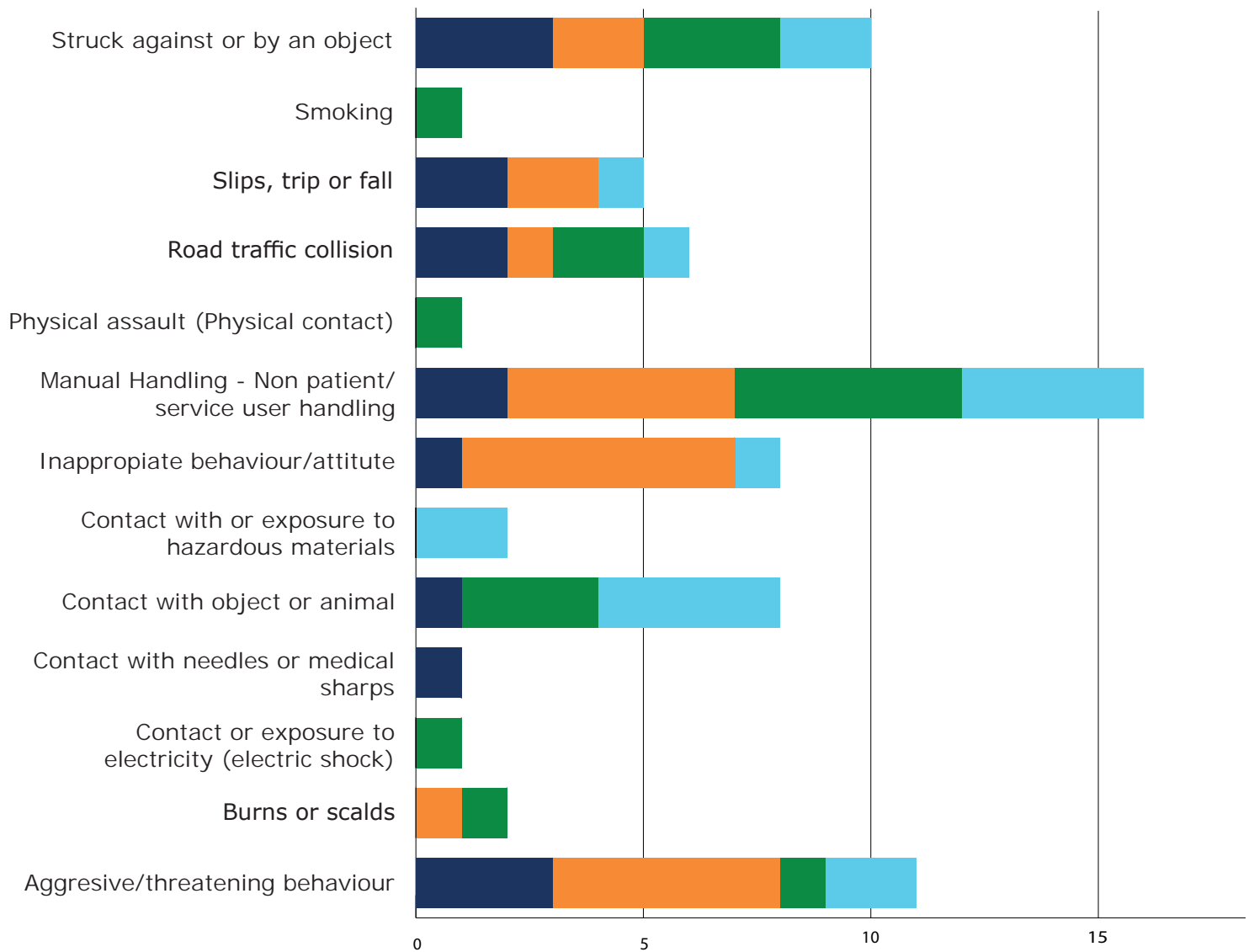
During the period, a schedule of health and safety internal audits was undertaken by the Health and Safety Manager, Health and Safety Support Officer, at NWSSP.

Health and Safety Incidents by Service Group and by Quarter – 2023/2024



	Health Courier Service	Medical Examiner	Primary Care Services	Procurement Services	Laundry Services	Corporate and Finance Services	NHS Employment	NHS Counter Fraud Service Wales
■ Q1 2023/24	7	1	1	2	4	0	0	0
■ Q2 2023/24	12	0	0	7	0	1	1	1
■ Q3 2023/24	9	1	1	4	2	0	1	0
■ Q4 2023/24	8	1	0	3	4	0	1	0

Health & Safety Incidents by Sub-Category by Quarter 2023-24



Information Governance

In 2023/24, the following activities were delivered within the Information Governance function:



16

Face-to-face IG classes were attended by staff using Microsoft Teams.



89%

Average IG eLearning core skills compliance across NWSSP.



112

Freedom of Information requests received.



331

Actionpoint calls logged on the dedicated service platform.



Compliance in responding to Freedom of Information requests within 20 working days.



570

Staff attended an IG training session.



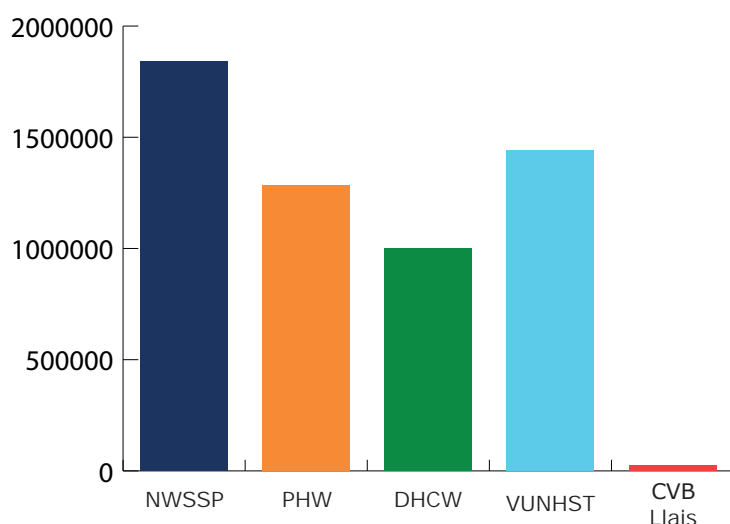
- Privacy Notices and protocols reviewed where applicable.
- Regular communications developed to provide updates on all IG topics.
- Low numbers of IG breaches throughout the year with no severe incidents reported.
- Substantial assurance with the annual IG assessment toolkit
- New IG guidance and protocols launched.
- Policies and Procedures reviewed in line with review dates.
- Privacy Impact Assessments completed including Primary Care services (electronic prescribing, visual impairment service and gluten free subsidy scheme)
- Workplan completed in full.
- Internal IG meetings held every quarter.

Welsh Language

The Welsh Language Unit continues to provide translation support services for a number of NHS organisations through SLAs.

During 2023/24, we hit a new high of 5.5million words translated, a steady increase from the previous year. We have invested in a new translation memory system, recruited resources in the core translation team and the translation bank to meet the demand for services in 2024/25.

Organisation	word total	%
NWSSP	1,840,329	33%
PHW	1,282,845	23%
DHCW	1,001,335	18%
VUNHST	1,442,444	26%
CVB Llais	24,287	0.50%



Projects 2024/25

Customer Service Excellence (CSE) - The Welsh Language Unit at NWSSP has been involved with the CSE programme during 2023/24 and this work continues to ensure that we provide the best service possible to our customers in NWSSP and through our Service Level Agreements.

Improving our telephone services and systems - NWSSP has introduced a new telephony system which has also enabled us to review our compliance with the telephone standards and improving the customer experience through the Welsh language.

Piloting a shared translation memory software - During 2023/24 we procured a translation memory software and are currently piloting sharing the system with VUNHST, PHW, WAST and DHCW to avoid duplication of work, to be more efficient.

WGOS project - This project has been a significant piece of work during 2023/24 and a ministerial priority to bring eyecare 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. Webinars were also hosted in Welsh and English, normalising the use of the Welsh language with optometrists across Wales.

Outreach & engaged with schools - The Welsh Language Services Manager has been working with Careers Wales and Secondary Schools in the Cardiff & Vale area to promote the careers we offer at NWSSP with Welsh Language Medium Schools, very much focusing on the importance of the Welsh language in our service delivery.

Communications

Over the past year, the Communications Team has showcased their commitment to NWSSP's mission, with a notable increase in demand for core services, including graphic design, website development and management, branding, training, editorial design, webinars, videography, internal and external campaigning, and managing press and media enquiries. Additionally, they have also been at the forefront of innovation, developing internal mobile applications, such as the Major Incident Mobile App and the Counter Fraud Mobile App. They have been instrumental in advancing ministerial priorities such as the Wales General Ophthalmic Services (WGOS), as well as key internal organisational initiatives such as the Nantgarw 2 Programme, departmental and organisational publications, with collaborative efforts being instrumental in driving impactful outcomes and reinforcing NWSSP's dedication to excellence. Looking ahead, Communications are committed to enhancing reporting procedures to ensure a robust and transparent representation of achievements can be shared.

Website Statistics (reporting period – 16/04/23 – 16/04/24)



728, 912 Website Hits

Social Media Statistics (reporting period – 16/04/23 – 16/04/24)



6851 LinkedIn Followers  11.1%



4760 X Followers  4.5%

Key Projects

- Wales General Ophthalmic Services (WGOS)
- The Duty of Candour
- Integrated Medium Term Plan
- Departmental/ Organisational Annual Reviews
- Major Incident Mobile Application
- HPMa Cymru
- Anti-Violence Collaborative Wales
- Decarbonisation Action Plan
- Development of external website
- Employee Value Proposition (EVP) Programme

Health and Well-being



Staff Benefits Schemes

Within NWSSP's Staff Benefit Team, we offer the following schemes for staff:

➤ **Staff Lease Vehicle Scheme**

Run in association with NHS Fleet Solutions and designed to provide all eligible NWSSP staff with the option of access to vehicles of their choice at a very competitive prices, whilst at the same time providing savings for the organisation that will support the services provided to patients.

- **Loans Repaid Through Salary**
The scheme offers loans at affordable rates with higher acceptance than banks, as an affordable alternative to credit cards and overdrafts, it could also be used to cover an unexpected expense or help to achieve long-term financial goals.

➤ **Home Electronics Scheme**

Run association with Home Electronic Solutions and designed to provide all eligible NWSSP staff with the option of access to home electrical items of their choice at a very competitive prices from Currys/PCWorld, whilst at the same time providing savings for the organisation that will support the services provided to patients. There is no deposit and costs are fixed for all elements of the term.

Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 sets out ambitious, long-term goals to reflect the Wales we want to see, both now and in the future. We recognise the importance of future generations, teamed with our NHS Wales and wider scope of influence with the shared services functions we provide.

For this reason, the content of the Act continues to be the golden thread running through the heart of everything we do, underpinning our policies, strategies, and plans. We have embedded the five ways of working ensures we safeguard the needs of future generations without compromising those of the present.

It ensures our robust governance arrangements improve the cultural, social, economic, and environmental well-being of Wales, through the Sustainable Development Principle.

Aligned to this approach is the need to tackle climate change and to promote the Foundational Economy. Decarbonisation underpins our strategy for delivering services and the following pages provide many examples of how we are delivering this in practice. Developing a Foundational Economy within Wales not only helps to reduce the carbon footprint but provides greater resilience and promotes local businesses and jobs.

Health and Well-being Conference

Our Annual Health and Well-being conference in 2023 was held virtually and attended by around 300 participants.

The event was recorded and available to watch afterwards. The theme this year was "Well-being and Belonging."

The day included interactive sessions on relaxation and mindfulness, together with informative talks on "Menopause Awareness", "Andy's Mans Club – (Men's Mental Health)", "Diversity in Diet", "Well-being and Belonging" and "Financial Well-being Support". Feedback was very positive.

Financial Well-being

We have continued to offer our staff affordable loans, repaid direct from salary via Salary Finance. We have also continued to work closely with Moneyhelper as well as Salary Finance to provide financial well-being support and information to our staff via our intranet pages. We included a Financial Well-being session as part of our annual conference.

Talk Money Week

In 2023 we again participated in Talk Money week. Financial Well-being information was sent out to all staff by email. We have also developed new posters with QR codes linking to Financial Well-being and Debt Support websites, to enable staff who don't have regular access to work computers to be able to access the information. The Money and Pensions Advice service ran a virtual session for staff on Financial Well-being and Pensions support.



Physical Health

Lunchtime physical Activity sessions continued to run until July 2023 and were well-attended. We included a breathworks for relaxation session in the November conference.



Heart Health - In September 2023 we added a new resource and information page on the staff intranet's Health and Well-being Centre, dedicated to keeping your heart healthy. This includes advice on healthy eating, exercise, alcohol consumption, and keeping blood pressure under control.



Menopause-In 2023 NWSSP signed up to the Menopause Workplace Pledge. Women make up nearly half of the UK workforce, but many feel forced to reduce their hours at work, pass up promotions and even quit their jobs due to lack of menopause support.

If people affected by menopause feel supported at work, it can help to increase staff retention, reduce recruitment costs, improve productivity, happiness and wellbeing, and ensure a more diverse workforce.



In signing the Menopause Workplace Pledge, NWSSP commits to:

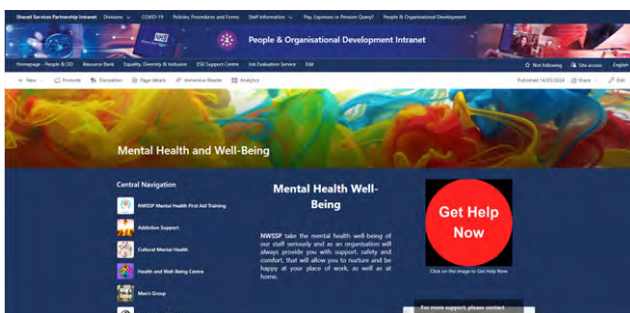
- Recognising that the menopause can be an issue in the workplace and women need support.
- Talking openly, positively, and respectfully about the menopause.
- Actively supporting and informing our employees affected by the menopause.

Throughout 2023 and 2024 there have been a series of Menopause Awareness training sessions taking place online for staff and for Managers. These have been organised in partnership with Unison. Sessions have also been offered to our Laundries and Stores.

Our Menopause Café meetings are still held monthly and well-attended. We are continuing to develop the support and information available both online and in poster formats.

Mental Health

- A mental health webinar has been developed for all staff, providing information on support services within the organisation as well as signposting options to various mental health organisations within Wales. The webinar also aims to break down any barriers associated with stigma or discrimination.
- Establishing NWSSP as an Accredited Centre for the delivery of Mental Health First Aid qualifications, allowing our organisation to offer contextualised, accredited learning in Mental Health First Aid to staff, supporting the growth of NWSSP's Mental Health First Aider Network and in turn the mental health support for our staff. We will commence training our staff in June 2024 as we roll out this newly accredited service.
- The introduction of a "Get Help Now" button for addressing mental health emergencies. This updated feature of the online Health and Well-being Centre ensures that staff can access the necessary support as soon as possible.



- We have launched a Men's Support Page that provides male colleagues with the opportunity to connect with mental health organisations specifically tailored for men and those who identify as men. This allows for easy access to platforms like Andy's Man Club and Men's Health forum.



- Continue to provide Men's mental health awareness sessions delivered by Andy's Man Club.
- The implementation of professional stress awareness sessions and mental health awareness sessions at all NWSSP sites, catering to both online and offline staff, in order to promote a wellness for all approach to well-being.



- In order to achieve our goal of promoting wellness for all we have trained NWSSP's Mental Health Well-being Advisor on the topic of "understanding of mental health in Muslim communities."

Diversity and Inclusion

- Published NWSSP's Diversity and Inclusion Action Plan outlining our commitments for the next 2 years



- Delivered an increased amount of training in Diversity and Inclusion which includes Unconscious Bias Training and Anti Racism Training for all senior leaders as well as the inclusion of an Inclusive Leadership module in our Leading for Excellence and Innovation programmes and an Inclusive Recruitment module in our Recruitment Training



- Developed a Diversity and Inclusion Webinar
- Provided access to e-learning for all staff in Managing Remote Teams, Unconscious Bias and Inclusive Leadership

- Invited all staff to design a logo for our forthcoming Safe Inclusivity Campaign which will be launched in 2024 to promote open conversations supporting learning



- The implementation of professional stress awareness sessions and mental health awareness sessions at all NWSSP sites, catering to both online and offline staff, in order to promote a wellness for all approach to well-being.
- Recruited nine Diversity and Inclusion Ambassadors to support the Safe Inclusivity Campaign and promote an inclusive culture.



Our Achievements



Staff Recognition

The NWSSP Staff Recognition Awards for 2023, held on 28 February 2024, provided an opportunity for the Senior Leadership Group to formally acknowledge the incredible commitment, dedication, and professionalism of all our staff from across Wales.

The 2023 Recognition Awards Ceremony was our 8th event, and third held virtually, that celebrated the success of both teams and individuals who have gone above and beyond within NWSSP.

Staff were recognised in a number of categories including our organisational Core Values of Listening and Learning, Working Together, Innovating and Taking Responsibility. Further recognition was seen in the remaining categories of Health and Well-being, Welsh Language, Leadership, Role Modelling Diversity and Inclusion, Environment, Team of the Year, Trade Union Partnership and Hidden Heroes. A number of colleagues also received the Managing Director's Star Award for their outstanding contributions.

Aligned with the above, a series of 'face to face' regional Staff Recognition Awards events are now also underway where colleagues are recognised in person by the Senior Leadership Group. The first event took place in our Matrix House site in Swansea with a number of colleagues presented with awards and certificates. Further regional events across Wales have been undertaken during the summer of 2023.



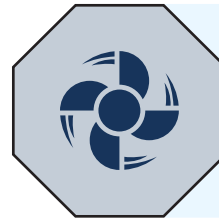
“ The awards highlighted the fantastic work that you have undertaken over the past 12 months, and as one of the judges I was very impressed with the high quality of submissions. Whether as individuals, or as part of teams on specific programmes or projects, you really do live up to our mCore Values and I am proud to lead an organisation of such dedicated professionals. ”

- NWSSP Managing Director Neil Frow

Achievements



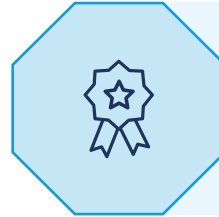
Scan for Safety -
Evolution Award /
Endoscopy



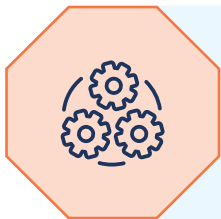
Review of Fans
and Fan Heaters in
Healthcare Settings



Delivery of Electronic
Prescription Service in
Wales



Customer Service
Excellence
Accreditation



Payroll Modernisation



Specialist Estates
Services Network 75
Programme



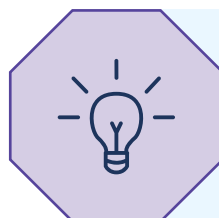
NHS Wales Fraud
Awareness Training



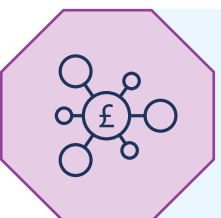
ISO2000-1 Service
Management



International
Recruitment



Internal Audit
Knowledge Sharing



GP Payment System -
Working with Northern
Ireland



Data Sharing in Legal
and Risk

Case Studies



Accounts Payable
Reaccreditation



All-Wales International
Recruitment Medical
Pilot, Trainee Hub...



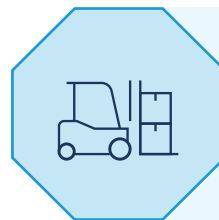
An Electronic
Prescribing Service
in Wales



Customer Service
Excellence
Accreditation



External Quality
Assessment Internal
Audit



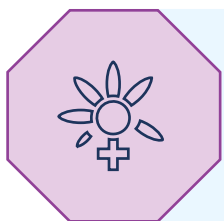
Icelandic Visit
and Certification
Successes



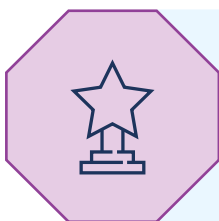
ISO20000-1 for
Service Management



Laundry Water
Consumption



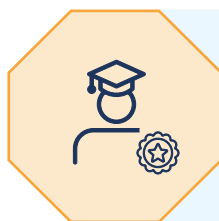
Menopause Pledge



Midwives Success at
National RCM Awards
Ceremony



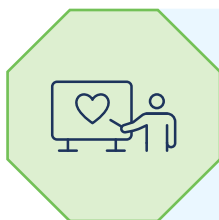
NWSSP Medicines Unit



NWSSP Trainee
Wins Institution
Project Award



Scan for Safety
Awards Success



Understanding
Sexual Safety in the
Workplace

Feedback from our Stakeholders

“ Kim was brilliant from start to finish. She answered all of our queries very quickly and if she didn't know something, she found out the additional information very quickly. She kept us informed at all stages and each meeting she was very prepared for. ”

Planning, Performance and Informatics

“ An excellent and professional service is being given from James Webber and Paul Young. I could add other comments along the lines of they are always polite, always ready to respond, keen to make adjustments if issues have arisen or improvements can be made, always well researched in the various aspects of international recruitment. ”

Digital Workforce Solutions

“ The SES team provide a highly valued service to both the Welsh Government as well as the NHS. The team genuinely feel like an extension of the Capital, Estates & Facilities team here within the Welsh Government. ”

Specialist Estates Services

“ Lawrence who has helped us through chasing procurement and stores has been extremely helpful courteous and an amazing support ”

Procurement Services

“ Effective service area, always on hand with clear advice and support ”

Counter Fraud

Counter Fraud

“ Darren, with support of other SSP team members, enabled the delivery of a wide-ranging suite of information in multiple formats to support NHS bodies across Wales to communicate about the Duty of Candour with patients, staff and the wider public. ”

Corporate Services

Certifications are external sources of assurance and a number of independently verified external audits were carried out across our Services, during the financial year, including:

- Customer Service Excellence Accreditation and ISO14001 Environmental Management Standard certified at a Corporate level across the organisation
- External Audit Reviews including STS Food Safety, Carriage of Dangerous Goods Licensing, Public Sector Internal Audit Standards (PSIAS)
- Regulated by the Medicines and Healthcare products Regulatory Agency (MHRA), including Good Distribution Practice and Good Manufacturing Practice
- Continued certification within Services to ISO27001 Information Security Management, ISO9001 Quality Management, ISO11014 Material and Safety Data Sheet, ISO45001 Health and Safety Management Standards.
- 4-yearly successful inspection for Surgical Materials Testing Laboratory to ISO17025, a global quality standard for testing and calibration laboratories
- Mental Health First Aid Accreditation as a Trainer Organisation

Awards and Achievements

Staff and divisional awards and nominations, both internal and external, demonstrate the quality of the services provided in NWSSP, including:

- Annual Staff Recognition Awards
- Scan for Safety Team awarded the Evolution Award at the Future Vision Awards ceremony
- Decarbonisation team shortlisted for SSF Sustainable Future Vision Award
- PROMPT Wales Team awarded Royal College of Midwifery (RCM) Excellence in Midwifery and Learning in May 2023

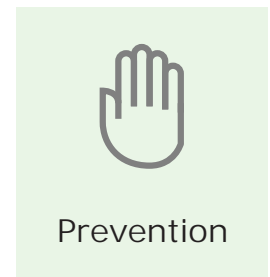
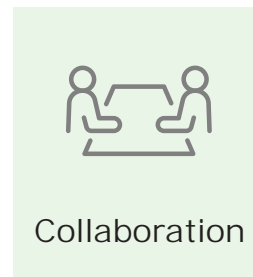
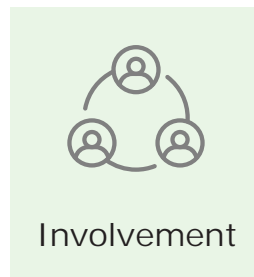
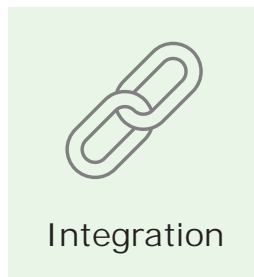
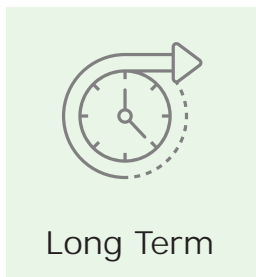


Sustainable Development



Sustainable Development Principle

We are highly committed to developing and implementing a Once for Wales approach, where appropriate. It is vital that we embed the Sustainable Development Principles of the Well-being of Future Generations Act and in highlighting the best practice of integrated reporting, we have mapped our highlights and achievements against the 'Five Ways of Working'. These require us to think about the long term, integrate with the wider public sector, involve our partners and work in collaboration, in order to prevent problems and take a more joined up approach to service delivery.



Long Term

- Achieving recertification to ISO14001:2015 for Environmental Management on a corporate basis.
- Continued to build upon the work delivered to support the Foundational Economy in Wales, working with Welsh suppliers and utilising the Social Value Assessment Tool.
- The ongoing implementation of LED lighting, motion sensors and feasibility studies for solar panels at IP5, Matrix House and other sites.
- Reduction of emission limits across the Salary Sacrifice Car Scheme for vehicles and promotion of benefits and offers to support the attraction of more sustainable vehicles.
- Continued expansion of our installation project for electric vehicle charging point infrastructure across NWSSP sites, to power our developing electric fleet.

Integration

- Refreshed and relaunched our Decarbonisation Plan, which was embedded into the Integrated Medium-Term Plan (IMTP) planning process and our strategic objectives.
- Our carbon footprint monitoring is a well-integrated process and with the continued adoption of agile working, we are creating a new benchmark and improving the data collection and accuracy across all sites.
- Annual Staff Recognition Awards and pan-Wales roadshows effected, with inclusion of Environmental Sustainability and Health and Well-being categories.
- Equality Integrated Impact Assessments completed for projects across the organisation, to consider aspects including Well-being of Future Generations, Environmental Sustainability and Welsh Language.

Involvement

- Well established Health and Well-being Staff Partnership Group with regular coffee mornings for Champions, Health and Well-being Framework and an annual Well-being Conference for staff.
- Opportunities for staff to get involved and make a difference through becoming a volunteer Mental Health First Aider, Environmental, Health and Well-being, Culture Change, Business Continuity or Digital Champion.
- Staff engagement initiatives such as appreciation station, staff recognition awards, newsletters, this is Our NWSSP, health and well-being centre and staff groups including BALCH/PROUD Network, Men's Support Group and Menopause Cafes.
- Recognised as Disability Confident Committed and organisational membership of the Employers Network for Equality and Inclusion (ENEI) which provides free learning opportunities and resources for our staff. Becoming an accredited Mental Health First Aider trainer organisation.

Collaboration

- Working with mental health and well-being providers to deliver sessions for our workforce across the areas of emotional, physical, mental and financial well-being.
- We have worked collaboratively with our staff to continue to develop an agile approach to work to attract and retain a diverse workforce.
- Collaborating with public and private bodies across primary and social care on support systems to aid recruitment.
- Strengthening links and aligning our Sustainable Development & ISO14001 agenda, including the Decarbonisation Action Plan, working in partnership with interested parties and key stakeholders to deliver the goals.

Prevention

- Sustainability Risk Assessments undertaken for all procurement activity over £25,000 and audits of this process are carried out.
- We saw an increase of 26% take up for the Salary Sacrifice Car Scheme, where 71% of vehicles provided through the scheme were electric and 21% were hybrid.
- Agile Working Toolkit allowing staff to work flexibly in line with organisational requirements. Reducing usage of scarce and finite resources, such as paper and energy.
- Risk based approach to audit planning focuses on the key risks to organisational objectives.





Sustainability Performance

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.

NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy. We are committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. We successfully achieved recertification to the Standard in March 2024 through UKAS accredited certification body, Simply Certification Ltd.

This year, we have achieved an overall reduction of 11.1% our carbon footprint across sites. This is compared with the figures reported in our Annual Review 2022-23.

In order to achieve this reduction, a range of targeted initiatives has been planned and embedded throughout our sites and services. This investment in environmentally friendlier technologies such LED lighting and electric vehicle charging infrastructure have been a significant contributor to the organisation's reduction in Co2 emissions. The Environmental Champions and the Green Team continue to identify areas for emissions and waste savings and helping to improve data gathering. 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.

➤ Electricity usage has decreased overall by 14%, due to projects such as agile working, LED lighting installation and motion sensor technology across a number of our sites. Of which, 18.8% is Electric Vehicle Charging Units (EVCUs) across our estate. REGO (Renewable Energy Guarantees of Origin) 'green' electricity procured is carbon neutral and across 8 of our sites. Feasibility studies have been completed for the installation of Solar PVs at a number of sites including IP5 and Matrix House.



➤ Electric Vehicle Charging Units (EVCUs) usage increased at our sites by 8.1% overall (5,810kg of Co2e avoided). The 24/7 availability and ease of access, to charge points is encouraging their use by NHS Wales staff, even with the Health Courier 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 usage increased by 0.7% (2,621 kg of Co2e), largely due to an anomaly which was identified at Companies House with their biomass boiler which had a major fault and equated to a 137.7% increase in Co2e, when apportioned for NWSSP's footprint on the site of 18.7%. This increase was due to an unfortunate total reliance on gas for the interim period.



➤ Kerosene oil used to heat Westpoint Industrial Estate usage reduced by 31% (3,917 kg of CO2e) during the year. This is the only site that uses oil to heat their building and they have achieved the reduction by active temperature adjustment, measurement of usage and behavioural change.



➤ Water increased by 14.3% (222kg of CO2e), due to a culmination of better sources of data, increase validity, reduction of estimates used and introduction of invoices to support usage data. 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 reduced by 39.6% (27,046kg of Co2e). During 2023-24 we created a new baseline due to the introduction of new Waste Regulations and better segregation of waste streams, improved data collation and have benefitted from the continued reduction in staff headcount on sites, due to agile working.



➤ Confidential waste reduced overall by 48.4% (10,860kg of Co2e) and during the period we completed a rationalisation exercise to reduce the frequency of collections and quantity of bins on sites. 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.



➤ We saw a decrease in pool vehicle usage across the organisation by 69.1% (1,073kg 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 vehicles (electric, hybrid, etc).



➤ Business mileage travelled decreased by 3.43% during the period. This figure is low compared to figures reported prior to March 2020, given continued agile working arrangements. We have seen the inclusion of the Single Lead Employer Model in the figures for NWSSP (see Our People Data, for further details).



Ethical Employment in Supply Chain and modern slavery



The Code of Practice was established by Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector organisations in receipt of public funds. The Code is designed to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, and International laws.

It covers employment issues such as modern slavery, human rights abuses, blacklisting, false self-employment, unfair use of umbrella schemes, zero hours contracts and paying the living wage. We have committed to ensuring that procurement activity conducted on behalf of NHS Wales is done so in an ethical way.

We will ensure that workers within the supply chains through which we source our goods and services are treated fairly. We signed up to the Code and developed an action plan to monitor our progress. We appointed our Director of People and Organisational Development and Employment Services as our Ethical Employment Champion.

Transparency in Supply Chains (TiSC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. These Statements are used during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments.

The site allows NWSSP to publicly declare our anti-slavery stance and associated policies. The site is sponsored by the Welsh Government and acts as a step towards eradicating modern slavery in supply chains.

To date, NWSSP has:

- Embedded the Ethical Employment Code of Practice into standard operating procedures
- Provided training to those involved in buying / procurement on modern slavery, ethical employment practices.
- Aligned the Code of Practice within our broader Sustainable Procurement Code of Practice.
- Became a signatory to the Transparency in Supply Chains (TISC) register and published the NWSSP Ethical Employment Statement.
- Encouraged suppliers to sign up to the commitments of the Ethical Employment in Supply Chains Code of Practice and also to the TISC register to publicise their commitment and their Modern Slavery / Ethical Employment statements.
- Engaged with wider NHS Scotland, NHS Northern Ireland, and NHS England colleagues to continue to develop and share best practice.

NWSSP will:

- Conduct appropriate and targeted engagement with suppliers and prospective bidders, to ensure that the way in which we work does not contribute to the use of illegal or unethical employment practices.
- Maintain and share knowledge of ethical employment issues and themes, ensuring continuing support of the fair and decent work.
- Continue to leverage our tender processes to encourage our suppliers to sign up to the commitments of the Ethical Employment in Supply Chains Code of Practice and also to the TISC register, to publicise their commitments and their Modern Slavery / Ethical Employment statements.
- Assess our expenditure and target areas of elevated risk to continue to address any potential issues of modern slavery, human rights abuses and / or unethical employment practice.



Our People



Our People

*Source: ESR 31-Mar-24

NWSSP Staff in Post Headcount and FTE Summary

Directorate	Headcount	FTE
Accounts Payable Division	150	144.77
Audit & Assurance Division	54	53.35
Corporate Division	26	22.51
Counter Fraud Division	7	7.00
Digital Workforce Division	28	27.67
E-Business Central Team Division	17	16.32
Employment Division	366	326.00
Finance Division	27	26.80
Hosted Services Division	12	10.91
Laundry Division	124	115.01
Legal & Risk Division	179	167.69
Medical Examiner Division	79	49.25
Medical Workforce	17	16.80
People & OD Division	45	42.06
Pharmacy Technical Services Division	27	26.80
Planning, Performance and Informatics Division	45	44.19
Primary Care Division	306	285.42
Procurement Division	723	670.29
Single Lead Employer Division	3431	3243.10
Specialist Estates Division	53	51.96
Surgical Materials Testing (SMTL) Division	25	22.92
Welsh Employers Unit Division	6	5.33
Grand Total	5747	5375.14

NWSSP Assignment Category Summary

Assignment Category	Headcount	%	FTE
Fixed Term Temp	3442	59.74%	3237.76
Permanent	2320	40.26%	2146.69
Grand Total	5762	100.00%	5384.46

NWSSP Age Profile Summary

Age Band	Headcount	%	FTE
<20 years	15	0.26%	15.00
21-25	636	11.04%	630.62
26-30	1294	22.46%	1256.92
31-35	1342	23.29%	1242.69
36-40	731	12.69%	672.91
41-45	421	7.31%	387.36
46-50	318	5.52%	296.56
51-55	363	6.30%	338.98
56-60	367	6.37%	321.02
61-65	201	3.49%	170.39
66-70	53	0.92%	39.01
>71 years	21	0.36%	13.01
Grand Total	5762	100.00%	5384.46

NWSSP Gender Summary

Gender	Headcount	%	FTE
Female	3143	54.55%	2876.70
Male	2619	45.45%	2507.76
Grand Total	5762	100.00%	5384.46

NWSSP Employee Category with Gender Split

Full Time/ Part Time	NWSSP		%NWSSP	
	Female	Female	Male	Male
Full Time	898	16.35%	877	15.97%
Part Time	338	6.15%	140	2.55%
Grand Total	1236	22.50%	1017	18.51%

NWSSP Ethnic Group Summary

Ethnic Group	Headcount	%	FTE
White	3457	52.12%	3201.23
BME	1320	11.96%	1266.24
Not Stated	113	2.26%	104.48
No entry recorded	872	33.66%	812.51
Grand Total	5762	100.00%	5384.46

NWSSP Marital Status Summary

Marital Status	Headcount	%	FTE
Civil Partnership	70	1.21%	65.68
Divorced	139	2.41%	128.54
Legally Separated	12	0.21%	10.87
Married	1785	30.98%	1609.03
Single	1702	29.54%	1626.15
Unknown	967	16.78%	901.89
Widowed	24	0.42%	21.84
No entry recorded	1063	18.45%	1020.45
Grand Total	5762	100.00%	5384.46

NWSSP Sexual Orientation Summary

Marital Status	Headcount	%	FTE
Bisexual	104	1.80%	98.53
Gay or Lesbian	90	1.56%	85.41
Heterosexual or Straight	3000	52.07%	2790.30
Not stated (person asked but declined to provide a response)	253	4.39%	236.89
Unspecified	2309	40.07%	2167.52
Other sexual orientation not listed	4	0.07%	3.80
Undecided	2	0.03%	2.00
Grand Total	5762	100.00%	5384.46

NWSSP Religious Belief Summary

Religious Belief	Headcount	%	FTE
Atheism	1168	20.27%	1111.24
Buddhism	63	1.09%	60.27
Christianity	1653	28.69%	1521.80
Hinduism	117	2.03%	112.32
I do not wish to disclose my religion/belief	486	8.43%	465.08
Islam	438	7.60%	414.79
Judaism	6	0.10%	4.90
Other	297	5.15%	278.63
Sikhism	14	0.24%	13.33
Unspecified	1519	26.36%	1401.10
Jainism	1	0.02%	1.00
Grand Total	5762	100.00%	5384.46

A Forward Look



Overarching Principles for 2024-25



Doing the basics well

NWSSP is committed to provide a robust foundation for the Welsh NHS, by providing reliable services to our partners. A focus on excellence is integral to the overall success of our IMTP and we understand the impact this has on healthcare delivery across Wales. In 2023 NWSSP attained corporate accreditation for Customer Service Excellence, highlighting our dedication to ensuring excellence is as at the heart of our services.



Financial Sustainability

We remain committed to a balanced budget, compliance with our break-even duty and a targeted reinvestment plan for those NWSSP services that directly support our Ministerial Priorities. Within the Value and Sustainability work streams we are taking the lead in three areas: workforce, medicines and prescribing, and non-pay and procurement. Additionally, we are assessing the impact of unwarranted variation on our own services.



Duty of Quality

This is a key priority for NWSSP as it aligns with our overarching goal of delivering Value, Innovation and Excellence through Partnership. We understand the crucial role we play in supporting various aspects of healthcare delivery, including procurement, pharmacy and workforce services. Our alignment with the Duty of Quality reinforces our dedication to enhancing the overall quality and effectiveness of our services across Wales.



Staff Wellbeing

We will continue to provide support to all our staff to promote physical, mental and financial wellbeing. We will maintain the strong partnership approach we have been building with our trade unions as we navigate ongoing change, ensuring that the voices of our staff are not only heard but also addressed.



Our People

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

Implement a Learning and Development Strategy to address the learning needs of staff across the organisation.

Strengthen our Employee Value Proposition with branding, marketing, sourcing, and attraction to improve our recruitment and retention of staff.

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

Work with the Welsh Government to extend the All-Wales International Recruitment Programme.

Support clinical trainees to develop and advance their Welsh Language skills training and educational programmes.

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

Implement an All-Wales staff benefits programme.

Enable staff to Speak up Safely and have confidence that they will be treated with respect and empathy and concerns will be addressed.

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

Embed a new approach to employee relations, where our people are at the centre of everything to minimize harm when dealing with investigations.

Up skill staff to support new digital technologies and reinvigorate our Digital Champions network to maximise our investment in Microsoft 365.



Our Services

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

Support the development of a robust and sustainable All-Wales Occupational Health Service across Wales.

Scope out improvements to the Electronic Staff Record and Learning Support to align with other digital workforce systems.

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

Lead the development and implementation of the People Portal Transformation Programme.

Evaluate the Recruitment and Payroll Modernisation Programmes to identify streamlining opportunities and ways to reduce time to hire.

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

Our Innovation Hub will start to build on emerging partnerships across NHS Wales.

Continuing to commit to widening access by increasing our apprenticeships and exploring opportunities such as internships.

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

Welsh Risk Pool to work with NHS organisations to embed a culture of improved learning from clinical events across primary and secondary care.

Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.



Our Value

We will make bold investment decisions that drive transformation and add value.

Complete implementation project to move the Oracle Financial Management System to Oracle Cloud Infrastructure.

Build a radiopharmacy unit within IP5 and add to existing medicines unit medicines licence.

We will lead the way with the changes required to address the climate change emergency and achieve decarbonisation targets.

Delivery of Procurement contribution to the NHS Wales Decarbonisation Strategic Plan.

Explore further wastewater heat recovery and steam recovery **systems to increase efficiency across** our Laundry Service.

We will utilise our resources **efficiently and make a positive** impact on a social and sustainable basis.

Introduction of Scan4Safety as part of the modernisation programme for Wales (5 year programme).

Lead on the introduction of the National Ophthalmic contract for Wales.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

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

Grow the Welsh Language skills of our substantive workforce ensuring we are representative of the communities in which we work.

Thank you for reading our Annual Review. If you would like to find out more, please visit our website, our social media channels, or use the contact details provide below:



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Adroddiad Perfformiad Blynyddol y Gymraeg Welsh Language Annual Performance Report 2023/2024

Non Richards
Pennaeth Gwasanaethau Cymraeg a Chydymffurfio
Head of Welsh Language Services and Compliance



Sicrhau Gwerth, Arloesi a Rhagoriaeth drwy Partneriaeth
Delivering Value, Innovation and Excellence through Partnership

Cynnwys:

- Trosolwg ar y Safonau
- Llwyddiannau
- Gwelliannau ac Argymhellion
- Gwasanaethau yr Uned Gymraeg
- Prosiectau
- Arfer da
- Cyfleoedd

Contents:

- Overview of the Standards
- Successes
- Improvements & Recommendations
- Services of the Welsh Unit
- Projects
- Good practice
- Opportunities

Safonau Gwasanaethau

Rydym yn cydymffurfio gyda'r rhan fwyaf o'r Safonau Gwasanaethau – ond mae yna le i wella o hyd.

Gohebiaeth – yn cwrdd gyda gofynion y safonau gan fwyaf.

Ffonau – wedi gwneud gwelliannau sylweddol i'r gwasanaethau ffôn (archwiliad CS1040):

- Recriwio staff gyda sgiliau Cymraeg a rhoi staff ar gyrsiau Cymraeg.
- Hyfforddiant penodol i staff sy'n ateb ffônau ar ein prif rifau a'n llinellau cymorth/canolfannau galw.
- Creu grwpiau siaradwyr Cymraeg yn sgil y system ffôn newydd 8x8
- System awtomeiddio ffônau bellach yn gyfan-gwbl ddwyieithog, wedi ei ddiweddarau ac yn gyfredol.

Digwyddiadau – mwy o'n digwyddiadau yn ddwyieithog nawr, ar-lein ac wyneb yn wyneb.

Caffael – wedi cynnal tendr yn y Gymraeg

Service Standards

We comply with most of the Service Standards - there is still room for improvement.

Correspondence - mostly meets the requirements of the standards.

Telephones – made significant improvements to the telephone services (audit CS1040):

- Recruit staff with Welsh skills and put staff on Welsh courses.
- Specific training for staff who answer phones on our main numbers and our helplines/call centres.
- Create groups of Welsh speakers as a result of the new 8x8.

Phone automation system is now completely bilingual, updated and current.

Events – more of our events are now bilingual, online and face to face.

Procurement – conducted a tender in Welsh

Safonau Gwasanaethau – Gwelliannau ac Argymhellion:

- 1) Mae rhaid sicrhau gwasanaethau Cymraeg ar ein prif linellau ffôn/llinellau cymorth trwy hyfforddi staff presennol ac asesu sgiliau ar gyfer swyddi sydd yn wag yn Hanfodol: Level 4/5 yn siarad a deall Cymraeg.
- 2) Mae rhaid sicrhau ein bod ni'n cynnig gohebiaeth yn y Gymraeg, ac yn nodi hynny ar waelod ebyst a llythyrau. Ymgyrch cyfathrebu hynny yn ystod chwarter 2 2024/25.
- 3) Rhaid ini wneud awdit ar ein gwefannau a sicrhau bod y tudalennau a chynnwys y tudalennau hynny ar gael yn y Gymraeg.

Service Standards – Improvements and Recommendations:

- 1) We must ensure Welsh language services on our main telephone numbers/helpline/contact numbers by targeted training for our staff and assessing skills for vacant posts as Essential: Level 4/5 in speaking and understanding Welsh.
- 2) We must ensure that we offer correspondence in Welsh and that we note that on emails and letters. Communication campaign on this in Q2 for all staff.
- 3) We must undertake an audit of our websites and ensure that every page and the contents of those pages are available in Welsh.

Safonau Gwasanaethau – Gwelliannau ac Argymhellion:

- 4) Rhaid ini wneud awdit ar ein Cyfrifon Cyfryngau Cymdeithasol, a sicrhau bod y cynnwys yn gyfredol ac ar gael yn y Gymraeg bob tro.
- 5) Mae angen edrych ar Safonau 57, 58 a 59 a dadansoddi sut mae penderfynu os oes angen cyfieithu dogfennau tendro.
- 6) Mae angen i fodiwlau hyfforddiant am gaffael gael rhan am yr iaith Gymraeg yn yr hyfforddiant.
- 7) Cynnal sesiynau hyfforddi i staff timau Caffael PCGC yn 2024/25 er mwyn sicrhau ein bod yn gallu ymateb i ymholiadau am y Gymraeg a chaffael.

Service Standards – Improvements and Recommendations:

- 4) We must audit our Social Media Accounts and ensure that the content is current and always available in Welsh.
- 5) It is necessary to look at Standards 57, 58 and 59 and analyse how it is decided if tender documents need to be translated.
- 6) Training modules for acquisition need to have a part about the Welsh language in the training.
- 7) Resume training sessions for the staff of the PCGC Procurement teams in 2024/25 in order to ensure that we are able to respond to enquiries about the Welsh language and procurement.

Safonau Llunio Polisi – Gwelliannau ac argymhellion

Yn dilyn seminar gyda Comisiynydd y Gymraeg ym mis Tachwedd 2023, daeth i'r amlwg nad yw ein prosesu Aseu Effaith ar y Gymraeg yn ddigonol.

O ganlyniad byddwn yn cydweithio gyda Swyddfa'r Comislynydd ar Gyd-Reoleiddio ac yn ail-edrych ar y ffordd dyn ni'n cysidro'r Gymraeg pan dyn ni'n:

- Cynllunio'r CITC
- Ymgymryd a PhNS
- Cynnig penderfyniadau polisi
- Yn creu polisiau newydd
- Yn adolygu polisiau

Gwaith yma wedi dechrau yn ystod Chwarter 1 2024/25.

Bydd angen ymgorffori hyn i'r broses cynllunio IMTP ar gyfer 2025/26 a thu hwnt hefyd.

Rydym yn ymateb i linell Ymchwilio'r Comisiynydd.

Policy Making Standards – Improvements and recommendations

Following a seminar with the Welsh Language Commissioner in November 2023, it became clear that our Welsh Language Impact Assessment process within the EQIA was not sufficient.

As a result, we will collaborate with the Commissioner for Co-Regulation and re-examine the way we consider the Welsh language when we:

- Plan the IMTP
- Undertake an OCP
- Propose policy decisions
- Creates new policies
- Review policies

Work here has started during Quarter 1 2024/25.

This will also need to be incorporated into the IMTP planning process for 2025/26 and beyond.

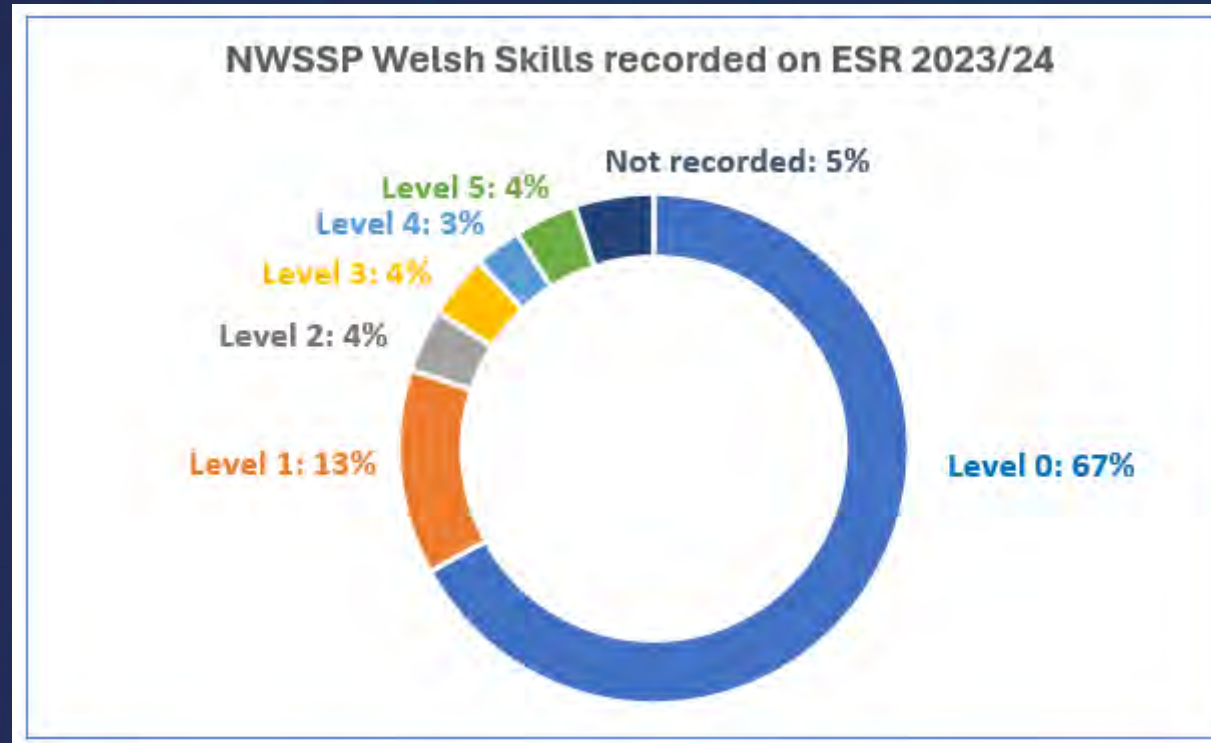
We are responding to the Commissioner's Inquiry line.318/346

Safonau Gweithredol

- Recriwtio yn ddwyieithog yn mynd yn dda iawn erbyn hyn.
- Doedd neb wedi hysbysebu swydd ble nad oedd angen sgiliau Cymraeg.. Felly mae'r broses hidlo yn gweithio.
- Rydym wedi gallu recriwtio i 4 swydd ble roedd sgiliau Cymraeg yn hanfodol yn ystod 2023/24.
- Mae staff yn dal i fod yn frwdfrydig dros ddysgu'r iaith ac yn gwneud hynny o'u gwirfodd.
- Rydym yn hyfforddi staff i gael hyder yn ateb ffôn a delio gyda galwadau yn y Gymraeg ac wedi creu grwpiau Cymraeg i ateb y ffonau.

Operational Standards

- Bilingual recruitment is going very well now.
- No one had advertised a job where Welsh skills were not required.. So the filtering process works.
- We have been able to recruit for 4 positions where Welsh language skills were essential during 2023/24.
- Staff are still enthusiastic about learning the language and do so voluntarily.
- We train staff to gain confidence in answering the phone and handling a call in Welsh and have created Welsh groups to answer the phones.



Newyddion da – dyn ni ddim wedi gostwng, dyn ni wedi aros yr un fath.
OND dyn ni ddim wedi cynhyddu sgiliau Cymraeg chwaith.

Dyw'r lefelau hyn ddim yn ein galluogi ni i gynnig gwasanaethau sy'n gyfartal gyda'r Saesneg.

Good news, we haven't dropped. We've remained the same.
BUT we haven't increased Welsh skills either.

These levels do not enable us to provide services that are equal to the services we provide in English.

Course Level	Number of staff enrolled onto the courses
Entry Level 1	45
Entry Level 2	10
Foundation Level 1	4
Intermediate Level 1	3
Higher Level 1 part 2	5
Work Welsh Welcome part 1	12
Work Welsh Welcome back part 2	10

Mae cyfraddau staff ddim yn mynychu yn uchel a staff yn gadael yn uchel.

Prif reswm - pwysau gwaith.

The number of staff leaving courses or not attending is high.

Main reason – work pressure

Safonau Gweithredol – Gwelliannau ac argymhellion

- Angen i reolwyr llinell staff sy'n dysgu Cymraeg ddangos cefnogaeth trwy:
 - sicrhau bod staff yn cael yr amser i fynychu gwersi
 - sicrhau bod llwyth gwaith yn caniatáu presenoldeb
 - ddim yn mynnu bod staff yn gweithio yn ystod y wers, neu'n gweithio'r amser yn ol.
- Cynnig amser ymarfer Cymraeg i staff a gweithgareddau hyrwyddo'r Gymraeg.
- Creu grwp i greu Polisi defnydd o'r Gymraeg mewnol penodol ar gyfer PCGC yn 2024/25
- Annog staff i gwblhau cwrs 'Croeso i'r Gymraeg' i symud o lefel 0 i lefel 1 (67% o staff dros y ddwy flynedd nesa).
- Cynnig arlwy o hyfforddiant gwahanol er mwyn cwrdd gofynion safonau 97 a 98.

Operational Standards – Improvements and recommendations

Line managers of staff learning Welsh need to support:

- ensure that staff have the time to attend lessons
- ensure that workload allows attendance
- not requiring staff to work during the lesson, or working backwards.

Offer Welsh practice time to staff and activities to promote the Welsh language.

Create a group to create a specific internal Welsh language use Policy for PCGC in 2024/25

Encourage staff to complete a 'Welcome to Welsh' course to move from level 0 to level 1 (67% of staff over the next two years).

Offer a range of different training in order to meet the requirements of standards 97 and 98.

Safonau Gweithredol – Gwelliannau ac argymhellion

- Asesu sgiliau iaith yn Hanfodol + lefel ar gyfer swyddi critigol i gynnig gwasanaethau Cymraeg, yn benodol swyddi yn y meysydd hyn:
 - Derbynfa
 - Staff ar ein prif rifau ffon
 - Staff are in llinellau cymorth/canolfannau galwadau
 - Staff sy'n gyfrifol am ateb ffonau adrannau
 - Staff sy'n gwneud gwaith cyfathrebu
 - Staff sy'n gyfrifol am Gyfryngau Cymdeithasol
 - % o staff sy'n caffael
 - % o staff sy'n gweithio yn yr adrannau gwasanaethau cyflogi, ymdrin gyda chleifion.

Gellir adolgyu rhai o'r swyddi hyn, ond gan fwyaf dyma'r rhai sydd angen sgiliau Cymraeg.

Operational Standards – Improvements and recommendations

Assessment of language skills is Essential + level for critical positions to offer Welsh language services, specifically positions in these fields:

- Reception
- Staff on our main phone numbers
- Staff are in helplines/call centres
- Staff are responsible for answering department phones
- Staff who do communication work
- Staff responsible for Social Media
- % of staff who procure
- % of staff working in the employment services departments, dealing with patients.

Some of these jobs can be reviewed, but mostly these are the ones that require Welsh language skills.

Prosiectau

- Cyfieithu 5.5miliwn o eiriau ac wedi prosesu 8.5miliwn.
- Panffledi Gwybodaeth i Gleifion yn cael eu cyfieithu, prawf-ddarllen a'u golgyu gan yr Uned Gymraeg
- Gwobreuo Myfyrwyr a'r Cynllun Symleiddio
- System Adrodd ar y Gweithlu
- Ansawdd Gwasanaethau i Gwsmer
- Prosiect 8x8 a gwella systemau ffonau
- Prosiect Peilot Cof Cyfieithu
- Rhaglen WGOS
- Ymgysylltu ac estyn allan

Projects

- Translated 5.5 million words but processed 8.5million
- Patient Information Leaflets WRP/Eido: Translating, proof-reading and editing.
- SAS and Student Streamlining
- Workforce Reporting System
- Customer Service Excellence
- Telephony system upgrade 8x8
- Translation Memory Pilot Project
- WGOS Programme
- Outreach and Engagement

Model Arfer Da

Mae Swyddfa Comisiynydd y Gymraeg wedi cyhoeddi adroddiad ar ein proses o asesu cydymffurfiaeth â Safonau'r Gymraeg fel model o arfer gorau.

Anfonwyd yr holiadur a ddatblygwyd yn 2022/23 i fesur cydymffurfiaeth â safonau'r Gymraeg at bob is-adran/gwasanaeth i roi perchnogaeth ar gydymffurfiaeth ar bob maes busnes.

Mae hyn yn hysbysu'r Pennaeth Gwasanaethau Cymraeg a Chydymffurfiaeth lle'r ydym o ran cydymffurfiaeth er mwyn gallu rhoi darlun mwy cywir o sut yr ydym yn perfformio er mwyn bodloni gofynion y safonau a rhoi cynlluniau gwella ar waith.

Mae hefyd yn helpu gydag adrodd yn yr Adroddiad Perfformiad Blynyddol. Anfonir yr holiadur bob yn ail flwyddyn i bob adran.

Good Practice Model

The Welsh Language Commissioner's Office has published a report on our process of assessing compliance with the Welsh language Standards as a model of best practice.

The questionnaire that was developed in 2022/23 to gauge compliance with the Welsh language standards, was sent to each division/service to put ownership of compliance on each business area.

This informs the Head of Welsh Language Services and Compliance where we are in terms of compliance to be able to provide a more accurate picture of how we're performing to meet the requirements of the standards and to put improvement plans in place.

It also helps with reporting in the Annual Performance Report. The questionnaire is sent bi-annually to all divisions.


Cyfleoedd o'n Blaenau:

Mae na nifer fawr o gyfleoedd cyffrous o'n blaenau:

- Sefydlu grwp ymgynghorol i greu polisi defnydd y Gymraeg yn fewnol ym MhCGC
- Creu swydd Swyddog Hwyluso i gynnal hyfforddiant i staff, codi ymwybyddiaeth, a chodi hyder ymysg staff sy'n llai hyerus trwy nifer o weithgareddau.
- Ymgysylltu gydag ysgolion a cholegau.
- Edrych mewn i'r potensial i gael Tiwtor wedi ei gydgyllido gan y Ganolfan Cymraeg Cenedlaethol fel peilot.
- Cof cyfieithu cenedlaethol Cymru gyfan. Peilot ar waith ar hyn o bryd.

Opportunities Ahead:

- There are many exciting opportunities ahead of us:
- Establish an advisory group to create a policy for the use of the Welsh language internally in PhCGC
- Create the post of Facilitation Officer to carry out training for staff, raise awareness, and raise confidence among staff who are less confident through a number of activities.
- Engage with schools and colleges.
- Look into the potential to have a Tutor co-financed by the Cymraeg Cenedlaethol Centre as a pilot.
- All Wales national translation memory.
- A pilot is currently underway.



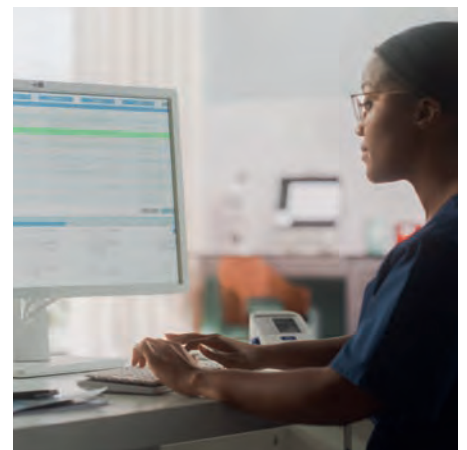
Diolch for all the support
yn 2023/24!

*Delivering
Value, Innovation and
Excellence through
Partnership*

NHS WALES SHARED SERVICES PARTNERSHIP

Information Governance Annual Review

2023-2024



Introduction

The Information Governance (IG) Review 2023/24 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 2023/24 (for the time period between April 2023 and March 2024) 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 2023/24, there continued to be an increased use of Microsoft Teams for everyone due to homeworking and agile working arrangements 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 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
April 2024



NWSSP Information Governance Steering Group (*ISSG*)

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 Information Governance function.

The total number of calls registered within the system in 2023/24 was 331 (430 in 2022/23)

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 2023/24:



Information Governance training **16** classes were run. Staff attended IG training **570** (470 in 2022/23).

IG eLearning core skills **90%** average compliance across NWSSP (90% in 2022/23).



94.5% Compliance within 20 working days (100% in 2022/23).

112 Freedom of Information Requests received. (91 in 2022/23)



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 2023/24 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. Between April 2023 and March 2024)

- 94 staff attended for the first time (101 in 2022/23).
- 476 staff attended as a refresher (369 in 2022/23).





Below is a sample of the feedback comments provided by **staff**:



Always enjoy these sessions, especially the real world examples of breaches and fines. Drives the point home of how simple mistakes or oversights can lead to massive consequences

Its good to be reminded of things we think we know. Handy to have documents sent for reference too. Thank you

Perfect amount of time on session and Tim was very knowledgeable

Tim is a wonderful teacher and should he ever retire I hope he takes a replacement under his wing well before he leaves

The IG training was very helpful and informative and will help me with my daily job

Very useful up to date refresher. Thanks Tim very interesting and informative

Tim always delivers good quality information governance sessions that allows me to keep up to date with my obliaations

Very informative training session

Very informative and good to have reviews to keep up to date

The use of examples from companies/ organisations we recognise/heard of, puts it all into context. A really great, informative session. Thank you!

Thanks for the session Tim, really appreciated

It's one of my favourite mandatory courses as it is the most relevant of them all to my day to day job.

I find it's good to know about IG and what it means to make sure we are not breaching!

A clear update

I think the information given was very beneficial. I thought the course was very informative and interesting

It was really useful to learn about the importance of information governance in all of our roles - Tim explained everything really well and clearly. I feel a lot more aware and confident in this topic now!"

Clear Desk and Remote Working Procedures

A clear desk procedure is in place to provide guidance to all staff 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.



NHS Wales Shared Services Partnership Clear Desk Best Practice

All staff 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.

- 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.
- Staff 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.

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.



GDPR compliance serves to better protect customer's privacy and ensure everyone is aware of exactly **how their data is being utilised.**

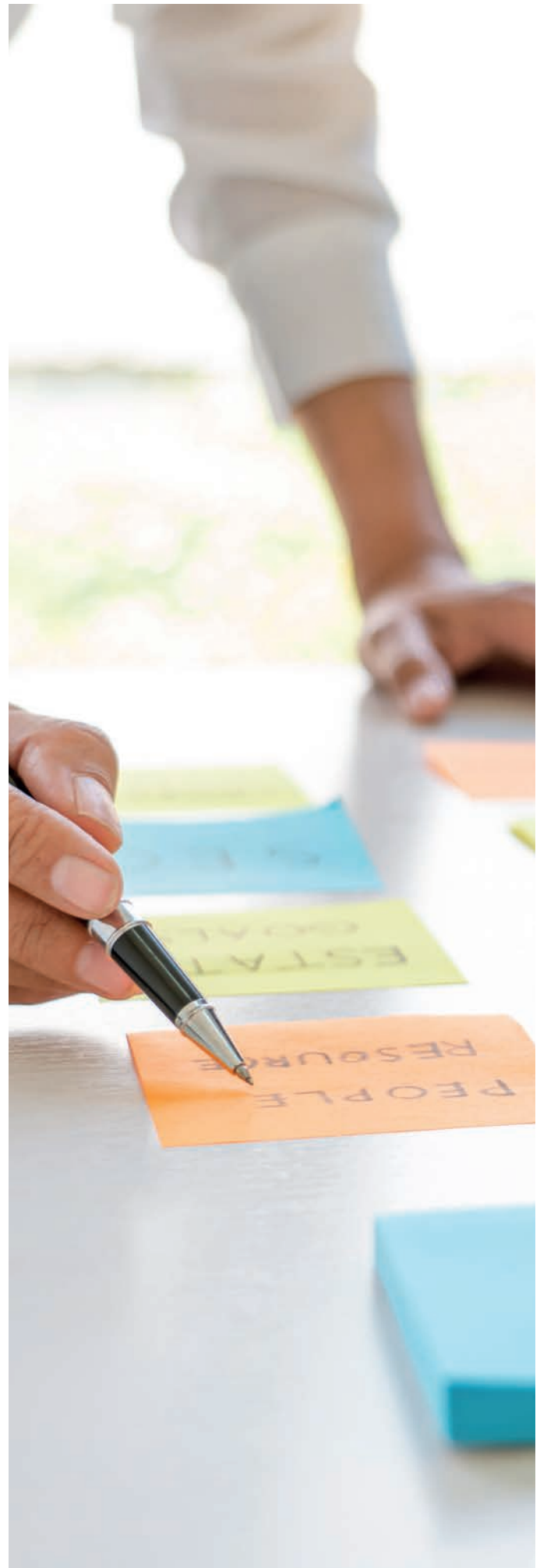
Information Governance Workplan

The Information Governance work plan highlights a significant number of areas that cover off or contribute to compliance with IG and ensure that the NWSSP continues to comply with associated legislation.

The 2023/24 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 2023-24

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 2023/24 and this was submitted by the deadline of the 31st March 2024.

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 2023/24 that included areas such as:

- Low Vision Service.
- Staff Movement Advice app.
- Business Continuity app.
- Counterfraud Mobile app.
- Electronic prescribing.
- Gluten Free Subsidy service.
- Radiation protection advisory.
- Welsh Language translation and services.

Plus further assessment for the requirements were completed for projects that had the potential for sharing or use of identifiable information.

Staff are encouraged to contact the NWSSP IG Manager to discuss any potential projects, changes or new work involving identifiable information. This is communicated via email and within training sessions.

Privacy Notices (PNs)

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).

The NWSSP has a set of guidance documents that explain individual’s rights which are:

- The right to erase.
- The right to restrict processing.
- The right to rectification.
- The right of data portability.
- The right of subject access.

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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Cydwasanaethau
Shared Services
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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

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 shared confidential information to another work colleague who is not authorised to receive it or has no legal requirement or entitlement.



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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 2023/24, NWSSP received 112 (91 in 2022/23) 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/>

Links

Link to the 2023/24 Annual Review and previous annual reviews.

https://nhs.wales365.sharepoint.com/sites/SSP_Intranet/SitePages/IG-Annual-Reviews.aspx

NWSSP Information Governance pages:

https://nhs.wales365.sharepoint.com/sites/SSP_Intranet/SitePages/Information-Governance.aspx

NWSSP Information Governance Steering Group:

[https://nhs.wales365.sharepoint.com/sites/SSP_Intranet/SitePages/Information-Governance-Steering-Group-\(IGSG\).aspx](https://nhs.wales365.sharepoint.com/sites/SSP_Intranet/SitePages/Information-Governance-Steering-Group-(IGSG).aspx)

The Information Commissioner's Office:

<https://ico.org.uk/>



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For any questions on the content of this review, please contact:

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