NWSSP Audit Committee Meeting
Part A

Tue 10 October 2023, 14:00 - 16:00

By Microsoft Teams appointment

Agenda

14:00 - 14:10
10 min

1. Standard Business

Gareth Jones

1.1. Welcome and opening remarks (verbal)

Gareth Jones

1.2. Apologies

Gareth Jones

1.3. Declarations of Interest

Gareth Jones

1.4. Minutes of the last meeting held on 11 July 2023

Gareth Jones

📄 1.4 Final Audit Committee Minutes 11072023.pdf (8 pages)

1.5. Matters Arising

Gareth Jones

📄 1.5 Matters Arising.pdf (1 pages)

14:10 - 14:40
30 min

2. External Audit

Steve Wyndham

2.1. Audit Wales Update

Steve Wyndham

📄 2.1 Audit Wales update paper - NWSSP Oct 2023 AC meeting.pdf (2 pages)

2.2. 2022/23 Management Letter

Steve Wyndham

📄 2.2 NWSSP_Management_Letter_2022-23 NWSSP - draft.pdf (8 pages)

2.3. Nationally Hosted NHS IT Systems

Andrew Strong

📄 2.3 NWSSP_Nationally Hosted NHS IT systems 22-23 FINAL report.pdf (38 pages)

14:40 - 14:55
15 min

3. Internal Audit

James John

3.1. Progress report

James John

📄 3.1 A&A NWSSP Audit Committtee Progress Report Oct 23.pdf (6 pages)

3.2. Internal Audit Reports

James John/Sophie Corbett

3.2.1. FPPS Reconciliation Tool IA Report

Sophie Corbett

📄 3.2.1 NWSSP-2324-04 FPPS Reconciliation Tool Final IA Report.pdf (14 pages)

14:55 - 15:10
15 min

4. Counter Fraud

Mark Weston

4.1. Progress Update

Mark Weston

📄 4.1 NWSSP Q2 2023 2024 LCFS Progress Report Draft v2.pdf (8 pages)
📄 Q2 2023 2024 Case summary for audit committee.pdf (3 pages)

15:10 - 15:40
30 min

5. Governance, Assurance and Risk

5.1. Audit Committee Effectiveness Survey Results 2023

Carly Wilce

📄 5.1 Audit Committee Effectiveness Survey results.pdf (2 pages)
📄 5.1 2023 ACES Results.pdf (25 pages)

5.2. BACS Inspection Report

Andrew Butler

📄 5.2 B60965_2023 BAB Inspection Report.pdf (13 pages)

5.3. Governance Matters

Andrew Butler

📄 5.3 Final Governance Matters October 2023.pdf (10 pages)

5.4. Corporate Risk Register

Peter Stephenson

📄 5.4 Corporate Risk Register Cover Paper.pdf (4 pages)
📄 5.4 20230929 Corporate Risk Register .pdf (3 pages)

5.5. Tracking of Audit Recommendations

Peter Stephenson

📄 5.5 Tracking of Audit recommendations report October 2023 .pdf (2 pages)

📄 5.5 03102023 Appendix A progress of recommendations.pdf (5 pages)

15:40 - 15:55
15 min

6. NWSSP Update

Neil Frow/Andrew Butler

📄 6 MD Update October 23.pdf (5 pages)

15:55 - 16:00
5 min

7. Items for Information

7.1. NWSSP Annual Review 2022-23

7.2. Information Governance Annual Report 2022-23

📄 7.2 IG Annual Review 2022-2023.pdf (18 pages)

7.3. Audit Committee Forward Plan 2023-24

📄 7.3 Audit Committee Forward Plan.pdf (3 pages)

16:00 - 16:00
0 min

8. Any Other Business (By Prior Approval Only)

16:00 - 16:00
0 min

9. Date and Time of Next Meeting, Tuesday 23 January 2023

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

MINUTES OF THE MEETING HELD ON
TUESDAY 11 JULY 2023 / 14:00 – 16:00
AT IP5, NEWPORT

EXPECTED ATTENDEES:		
ATTENDANCE	**DESIGNATION**	
INDEPENDENT MEMBERS:		
Martin Veale (Chair)	Chair & Independent Member	
Gareth Jones (GJ)	Independent Member	
Vicky Morris (VM)	Independent member	
ATTENDANCE	**DESIGNATION**	**ORGANISATION**
Neil Frow (NF)	Managing Director	NWSSP
Tracy Myhill (TM)	NWSSP Chair	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Linsay Payne (LP)	Deputy Director of Finance & Corporate Services	NWSSP
Carly Wilce (CW)	Corporate Services Manager	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
James John (JJ)	Head of Internal Audit	NWSSP
Mark Weston (MW)	Local Counter Fraud Specialist	NWSSP
Jillian Haynes (JH)	Secretariat	NWSSP
Matthew Bunce (MB)	Director of Finance	Velindre
Steve Wyndham (SW)	Audit Lead	Audit Wales

Item		Status
1. STANDARD BUSINESS		
1.1	**Welcome and Opening Remarks** MV welcomed Audit Committee members and thanked NWSSP colleagues for the tour of IP5. On behalf of members, MV congratulated NF on his recent award of an OBE.	
1.2	**Apologies** Apologies were received from, • Steve Ham, Chief Executive, Velindre University NHS Trust; • Lauren Fear, Director of Corporate Governance, Velindre University NHS Trust; and • Sophie Corbett, Deputy Head of Internal Audit, NWSSP.	
1.3	**Declarations of Interest** No declarations were received.	
1.4	**Minutes of Meeting held on 19 April 2023** The minutes of the meeting held on 19 April 2023 were **AGREED** as a true and accurate record of the meeting.	

NWSSP Audit Committee
11 July 2023

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Item		Status
1.5	**Matters Arising from Meeting on 19 April 2023**	
	GJ requested clarification on the adjective 'significant' in Reference 6.3, as the item referred to 'no significant Capita contracts in existence' with NWSSP. PS replied that while NWSSP had previously contracted with Capita, in areas such as advice on the Laundry Transformation Business Cases, there were no current arrangements with Capita that gave any cause for concern given their data breach earlier in the year.	
2.0	**NWSSP Update**	
	NF updated the committee members on recent developments within NWSSP since the last meeting:	
	- Audit & Assurance Services had undergone its second 5-yearly external quality assessment. No issues raised and the review was very positive; - Accounts Payable continues to experience an exceedingly large volume of invoices to process, with 135,000 invoices received in March 2023; - The year-end finances were currently subject to audit but a £12K surplus was noted and an additional £1.25m had been given back to Health Boards and Trusts; - Total liabilities for the Welsh Risk Pool are £1.5bn; - The lack of capital funding is a major concern impacting a number of significant projects including the Laundry Services Transformation Plan; - Securing a building for TrAMS in Southeast Wales was progressing but a decision over available funding needed to be made swiftly; 89% of vehicles available to lease as part of the salary sacrifice scheme are either electric or hybrid, and LED lighting has been installed across the majority of sites; - Reinforced Autoclaved Aerated Concrete has been found in both Brecon House and Companies House. NWSSP are looking to permanently exit both sites, but in the meantime control measures are in place to mitigate risks to staff safety; and - The move from Companies House to the Welsh Government, Cathays Park 2 building is out for consultation and the move is anticipated to take place in January 2024.	
	MV enquired whether the volume of invoices is just related to the year-end, but AB confirmed that numbers processed were still high for and highlighted that the 2023-24 YTD levels were 38% higher than the equivalent period pre COVID.	
	NF stated that NWSSP were in the process of trying to obtain clarity from the Welsh Government on the amount of PPE which should be held for NHS Wales. Currently we are holding 16 weeks of peak-pandemic stock, but this may be able to be significantly reduced.	
	The Committee NOTED the report.	

Item		Status
3. EXTERNAL AUDIT		
3.1	**Audit Wales Update** SW presented the position statement. The audit of NWSSP's finances had thus far produced no issues of significance and the audit was due to complete by the end of the month. SW thanked the finance team at NWSSP for their time and assistance during the audit. **The Committee NOTED the report.**	
3.2	**Detailed Audit Plan** The detailed 2023-24 Velindre University NHS Trust Audit Plan was brought to the meeting for information. The 2023-24 Audit Assurance arrangements for NWSSP was previously reviewed and approved at the last meeting held in April 2023. **The Committee NOTED the report.**	
4.	**INTERNAL AUDIT**	
	Internal Audit Reports The following 2022/23 internal audits were presented to the Audit Committee for consideration.	
4.1	**ICT Infrastructure Follow-up** JJ presented the ICT follow up report. In the previous year, the opinion received had been 'limited assurance', but action had now been taken to address the majority of the recommendations. MV thanked JJ and acknowledged that the small number of outstanding issues were in the process of being addressed and implemented.	
4.2	**Cyber Security** The outcome of the audit was very positive, achieving substantial assurance, with only one recommendation raised. The Committee noted the positive rating but warned against complacency given the increasing threat that cyber-attacks pose. MV suggested that this topic would be useful for a future presentation, prior to the formal Committee meeting. **ACTION: CW to liaise with Nick Lewis regarding a presentation ahead of the October Audit Committee.**	**CW**
4.3	**Procurement – National Sourcing**	

Item		Status
	The report was rated as reasonable assurance with one high risk recommendation. This related to a number of non-compliances with stated protocols. **The Committee NOTED the reports.**	
4.4	**Head of Internal Audit Opinion and Annual Report 2022/3** JJ presented the report which provided an overall audit opinion of reasonable assurance and included a breakdown of audit findings and recommendations from the year, for which all work is now complete. **The Committee NOTED the report.**	
4.5	**Internal Audit Progress Report** JJ presented the position statement which confirmed that the 2022-23 work plan is now complete and that planning for audits in the 2023-24 plan is underway. **The Committee NOTED the report.**	
5	**COUNTER FRAUD**	
5.1	**Counter Fraud Annual Report 2022/3** MW presented the report. He referred to the support received from Cardiff & Vale UHB, under the terms of the SLA that allows for 75 days of LCFS provision per annum. In 2022/23, and in previous years too, this level of support has not been received due to limited resource within the C&VUHB team, and we have recently received notice of their intention to withdraw from the SLA. Highlights of MW's first year in post include a number of fraud awareness initiatives including tailored training sessions, an updated e-learning module, and the launch of the Counter Fraud app. MW had also liaised with NWSSP colleagues on Overpayments and Bank Mandate frauds. £50k of overpayments had been recovered in the last quarter, but it was acknowledged that overpayments are caused by an error (usually in later submittal of termination forms), and it has not always been easy for NHS staff to contact the Payroll teams to advise them of the error. The Committee stressed that it was important that we were consistent in our approach to overpayments. **The Committee NOTED the report.**	
5.2	**Progress Update** MW reported that 81 NWSSP staff had attended the awareness sessions, and there were seven new referrals. Successful claims included a sum of £15K recovered from a false claim for injury at work. There is an on-	

Item		Status
	going investigation into an attempted cyber fraud on the Home Electronics Scheme available via Salary Sacrifice. **The Committee NOTED the report.**	
5.3	**Student Awards System Fraud Risk Assessment** The paper was presented for information. This has been completed by the C&VUHB team on behalf of both NWSSP and HEIW. A review of the effectiveness of the controls in the Student Bursary system is included in the Internal Audit Plan for 2023/24 and there has been regular liaison between the Counter Fraud and Internal Audit teams. **The Committee NOTED the report.**	
6	**GOVERNANCE, ASSURANCE AND RISK**	
6.1	**Audit Committee Annual Report 2022-23** MV presented the 2022-23 Audit Committee Annual Report and asked Committee members to approve the annual report. **The Committee APPROVED the Annual Report.**	
6.2	**Audit Committee Terms of Reference Review July 2023** PS presented the report and explained that the Terms of Reference needed annual approval at the Audit Committee prior to being taken to the Partnership Committee for formal sign-off. He stated that there were no significant changes to the document. It was however noted that there is some inconsistency in using the full name of Velindre University NHS Trust, and that this should be corrected. **Action: CW to review the Audit Committee Terms of Reference and add University where appropriate.** **The Committee APPROVED the Terms of Reference.**	**CW**
6.3	**Final Annual Governance Statement 2022-23** PS reported that the Annual Governance Statement had been previously reviewed at the Senior Leadership Group, the Velindre Integrated Governance Committee, and the Partnership Committee. Much of the wording in the statement is predicated by Welsh Government, but generally the Statement provided a positive assessment of the governance of NWSSP during the 2022/23 financial year. **The Committee APPROVED the Statement.**	
6.4	**Governance Matters** AB presented the report and highlighted the following:	

Item		Status
	• Following discussion at the Audit Committee in April, AB provided an update on Overpayments. The number and value of overpayments remains significant and there are a number of initiatives in place to address the issue. The Service Improvement Team within NWSSP are undertaking a comprehensive review of the staff termination process which is the cause of most overpayments. A Policy Review Group has also been established, and has met on a number of occasions, to attempt to finally achieve a consistent approach across NHS Wales to this issue. MV asked whether it was possible to identify how much of the overpayments are recovered. AB highlighted that this information was maintained by individual Health Bodies, but he would try to obtain the relevant information **Action: AB to investigate the breakdown of the total overpayments and confirm the amount recovered.** • The year-end surplus figure is £12k on turnover of £778m. While the accounts are still the subject of audit, this is a very pleasing result given the complexities of accounting for PPE and the significant expenditure reimbursed via the Risk Pool. • In the first quarter of the financial year, 31 all-Wales contracts were let; • There were no Gifts & Hospitality offers recorded in the quarter to 30 June 2023; and • There were no audit reports bearing a limited or no assurance opinion that needed reporting to Welsh Government. **The Committee NOTED the report.**	**AB**
6.5	**Declarations of Interest** PS presented the report and explained that a lifetime declaration approach had been implemented in 2022, which meant that all staff need to complete a declaration, but that they will only need to revisit a declaration if their circumstances change. Current compliance rates are at almost 80%, although this does exclude the trainees hosted under the Single Lead Employer arrangement. Work to determine how best to bring them in to scope was ongoing. Independent Members and Directors are however still required to complete an annual declaration, and these were contained in the report and are published on the NWSSP website. MV suggested a further categorisation of the results might be helpful as for instance only 78% of Procurement Services staff had completed a declaration, and the risk associated with this is much different if the member of staff is a buyer rather than working in the stores or being employed as a driver. PS will investigate this. **Action: PS to provide further analysis on the degree of compliance across different staff groups.** **The Committee NOTED the report.**	**PS**

NWSSP Audit Committee
11 July 2023

Item		Status
6.6	**Annual Report on Gifts, Hospitality and Sponsorship 2022-23**	
	PS advised that the report was a summary of the information presented to the Committee as part of the Governance Report at each of its meetings. GJ suggested that it would be helpful to see detailed information on staff who had accepted gifts, etc, when appropriate; VM advised that the information should be anonymous, but the job title of the receiver would be sufficient.	
	Action: To include the job title of the receiver accepting the gift, hospitality, or sponsorship in future reports.	**CW**
	The Committee NOTED the report.	
6.7	**Corporate Risk Register**	
	PS reported that five organisational risks were classified as red. The reputational risk arising from the issues reported at BCUHB has been added to the register since the last meeting of the Committee. An investigation into the role played by NWSSP staff related to this issue is on-going and will be reported to the Committee when appropriate to do so.	
	The risk around the Covid Inquiry and its impact on staff time and cost was highlighted as the level of staff input required became clear. The ongoing issue with the roof at Brecon House was also listed as a high-level risk as the danger of falling masonry made the building unsafe for staff.	
	GJ queried that the target dates do not include an actual target risk score. PS explained that the target is the colour included in this column which matches to a range of risk scores but that he would consider including a specific target risk score in future. GJ also suggested that the withdrawal of CAV's SLA should be included in risk A2, which relates to the threat of fraud against NWSSP.	
	Action: PS to investigate the use of specific target risk scores and to update risk A2.	**PS**
	AB stated that there is a session being arranged with Deloitte in the Autumn at which the corporate risks would be reviewed and refreshed as necessary and that the Audit Committee chair, would be welcome to attend this event.	
	The Committee NOTED the report.	

NWSSP Audit Committee
11 July 2023

Item		Status
6.8	**Tracking of Audit Recommendations**	
	PS presented the report which highlighted that there was one overdue action that was within the gift of NWSSP to complete. This relates to achieving accreditation of ISO 27001 within the Central E-Business Team, which was the response to a recommendation in an Audit Wales review of Nationally Hosted Systems. The team have subsequently achieved ISO 20000 accreditation in April of this year, and now question the cost and associate benefits of pursuing ISO 27001. AB stated that a paper regarding ISO 27001 was to be considered by the All-Wales Strategy & Development Group. It was noted that all NHS bodies were represented on the group as was Andrew Strong, the author of the Audit Wales report.	
	The Committee NOTED the report.	
6.9	**Audit Committee Forward Plan**	
	Members noted the plan for the subsequent meeting in October; the Quality Assessment of Internal Audit files undertaken by Simon Cookson would be reported in October rather than July. This is due to the five-year external independent review, which was reported to the Audit Committee in April, being undertaken this year.	
	The Committee NOTED the report.	
7	**ITEMS FOR INFORMATION**	
7.1	**Welsh Language Annual Report 2022-23**	
	MV asked members to note the report. There was a growing requirement for translation services and Welsh Language Standards had been complied within the year.	
	The Committee NOTED the report.	
8	**ANY OTHER BUSINESS**	
	There was no other business to discuss.	
9	**DATE AND TIME OF NEXT MEETING**	
	10 October 2023 at 14:00-16:00pm via Microsoft Teams.	

Actions arising from the meeting held on 10 October 2023				Action by
4.2	CW	**Cyber Security** *To liaise with Nick Lewis and Neil Jenkins to arrange a Cyber Security presentation for Audit Committee Members for the 10 October Audit meeting.*	**Complete –** Optional Cyber Security presentation has been arranged prior to today's meeting.	**10 October 2023**
6.2	CW	**Audit Committee Terms of Reference** *To review the Audit Committee Terms of Reference and add University where appropriate.*	**Complete –** Audit Committee Terms of Reference has been reviewed and updated where appropriate.	**10 October 2023**
6.4	AB	**Governance Matters** *To investigate the breakdown of the total overpayments and confirm the amount recovered.*	**Complete –** breakdown by organisation is available but it is not possible to confirm amounts recovered.	**10 October 2023**
6.5	PS	**Declarations of Interest** *To Provide further analysis on the degree of compliance across the different staff groups and provide a breakdown of compliance for Procurement Services i.e., Laundy services and supply chain.*	**Complete –** All future updates will provide a breakdown of compliance for each service within the Procurement Directorate.	**10 October 2023**
6.6	CW	**Annual Report on Gifts, Hospitality and Sponsorship** *To include the job title of the receiver accepting the gift, hospitality, or sponsorship in future reports.*	**Complete –** Job title of those accepting a gift, hospitality or sponsorship will be included in all future reports to the Audit Committee**.**	**10 October 2023**
6.7	PS	**Corporate Risk Register** *To investigate the use of specific target risk scores and to update risk A2, relating to the threat of Fraud against NWSSP.*	**Complete –** The reason for any future amendment of a target date, will be provided in the cover paper.	**10 October 2023**

Date issued: October 2023

Audit Wales update for the NWSSP Audit Committee – October 2023

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).

2022-23 Audit update

2   Our audit and assurance fieldwork at NWSSP is complete and the assurances letters have been issued to NHS audit teams to support their local audit work.

3   As communicated within our Management Letter, there are no matters arising from this work, or from other NHS auditors, that we need to bring to the attention of the Committee.

General Audit Wales Update

4   Other areas of Audit Wales activity of potential interest are outlined below for your information.

5   For latest news and updates you can also **subscribe to our newsletter.**

Good practice events and products

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

Recent Audit Wales Publications

7   The following national reports and outputs have been recently published:
- Maximising EU spending (June 2023)
- Building safety in Wales (August 2023)

- Achieving net zero (September 2023)
- NHS workforce data briefing (September 2023)

8   We have also recently published our updated fee scheme for consultation. Consultation closes on 10 October.

Other Planned Audit Wales work

9   Some of our planned outputs for the coming period include:

- Broadband Infrastructure;
- Sustainable development – brownfield regeneration;
- Ukrainian refugee response; and
- Affordable housing.

Management Letter - NHS Wales Shared Services Partnership

Audit year: 2022-23

Date issued: September 2023

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

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Our work did not identify any issues concerning the services provided by the NHS Wales Shared Services Partnership (NWSSP).

Summary report

Summary report

Introduction

1   The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2023.

2   The audit teams of each individual health body are responsible for undertaking audit work to enable the Audit General to provide his opinion and in doing so they determine the audit and assurance work required on the services provided by the NHS Wales Shared Services Partnership (NWSSP).

3   During April 2023 we presented a paper to the NWSSP Audit Committee – 2022-23 Audit Assurance Arrangements – setting out the external audit assurance work to be undertaken on those services provided by the NWSSP to the various NHS bodies across Wales.

4   In this report we outline the findings identified from this work in respect of:

- Audit and Assurance Services (NWSSP – AAS);
- Primary Care Services (NWSSP – PCS);
- Employment Services (NWSSP – ES);
- Procurement Services (NWSSP – PS); and
- Legal and Risk Services (NWSSP – LARS) which includes Welsh Risk Pool Services (WRPS).

5   We will issue a separate report detailing the findings from our review of the nationally hosted NHS IT Systems.

Issues arising from the audit

6   Our work did not identify any issues that prevented auditors relying on services provided by NHS Wales Shared Services Partnership (NWSSP).

7   In addition, the recommendations raised following our 2021-22 audit work have also been satisfactorily addressed.

8   The scope of our work and our high-level findings in respect of each of the services subject to our review are outlined below for information.

Audit and Assurance Services (AAS)

9   Local health body audit teams need to consider ISA 610 – Using the work of internal auditors – to assess the adequacy of Internal Audit work for the purposes of the audit. To inform this evaluation, we considered the arrangements in place within AAS and also considered the results of the external review of Internal Audit arrangements by CIPFA against the requirements of the Public Sector Internal Audit Standards. Their report, issued in March 2023 concluded that they have complied with these standards.

10   We did not identify any issues regarding AAS's that would prevent audit teams taking assurance from their work.

Primary Care Services (PCS)

11   Local Health Board audit teams planned to place reliance on specific key controls within the general medical services (GMS) and general pharmaceutical services (GPS) systems. We therefore documented, evaluated and tested controls in respect of these systems.

12   The controls tested were found to be operating effectively overall and could therefore be relied upon by local NHS audit teams.

Employment Services

13   For 2022-23, as a result of a change in audit approach due to ISA315 local health body audit teams did not plan to place reliance during 2022-23 on the key controls in respect of exception reporting within the payroll system. Instead, our audit work focussed on the documentation of:

- the key controls within the payroll system operated by NWSSP for the two teams located within Companies House; and
- the arrangements in place concerning the Single Lead Employer payroll including how NWSSP recharges NHS bodies for these costs.

14   No issues were identified from this work.

Procurement and Accounts Payable Services

15   Our assurance work focussed on the approval arrangements in respect of contracts exceeding £1 million, awarded by the Procurement Unit in NWSSP. We found no cases of contracts exceeding £1m being awarded without Welsh Government approval.

16   We also considered and documented the key controls within the accounts payable system operated within NWSSP. There are no issues to report to NWSSP concerning this work.

Legal and Risk Services (LARS)

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

Recommendations

18   There are no recommendations arising from our 2022-23 work. In addition we are also satisfied that the recommendations raised following our 2021-22 audit work have been satisfactorily addressed.

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Nationally Hosted NHS IT Systems – NHS Wales Shared Services Partnership

Audit year: 2022-23

Date issued: September 2023

Document reference: 3807A2023

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The IT controls we examined assured us that financial values produced by the systems for 2022-23 were likely to be free from material misstatement, although some controls could be strengthened.

Summary report

Summary

1   NHS bodies in Wales are responsible for preparing financial statements that give a true and fair view of the state of their financial affairs as at 31 March 2023. They must ensure that they are properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers. NHS bodies are also responsible for preparing Annual Governance Statements in accordance with guidance issued by HM Treasury and the Welsh Government.

2   The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2023.

3   NHS Wales has a variety of arrangements in place to provide and support IT systems used for financial reporting purposes. Since June 2012, Velindre University NHS Trust (the Trust) has hosted the NHS Wales Shared Services Partnership (NWSSP) and is responsible for its governance and accountability.

4   This report covers the national NHS IT applications and infrastructure which NWSSP manages for use by other NHS organisations in Wales. These systems include the:

- Prescription Pricing System (formerly known as the Community Pharmacy System) which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments. This system is used by the Prescription Services Team of Primary Care Services (PCS).

- National Health Application and Infrastructure S7rvices (NHAIS) or Exeter, used for communicating NHS demographics and to the FPPS for calculating primary care General Medical Services contractor payments. NHS Digital in NHS England manages and supports the NHAIS system software for use in NHS Wales. Digital Health and Care Wales (DHCW) manage and support the NHAIS IT infrastructure used in NHS Wales.

- Family Practitioner Payment System (FPPS) which is used calculating primary care General Medical Services (GMS) contractor payments, for example, the 'global sum' or 'capitation' payments for GP patient registrations. Northern Ireland NHS service manage and host the FPPS and the service is provided to NHS Wales under an service level agreement.

- Oracle Financial Management System (FMS) is supplied by a third party called Version One and managed for NHS Wales by the Central Team e-Business Services (CTeS) within the NWSSP. The Oracle FMS is used by NHS Wales as the main accounting system for managing and producing the NHS accounts.

- Electronic Staff Record (ESR) systems administration is the responsibility of each individual Local Health Board and Trust through delegated responsibility passed to NWSSP via a Service Level Agreement (SLA).

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

5   International Auditing Standard (ISA) 315 requires us to obtain an understanding of the general IT and application controls of the financial systems used by NHS Wales. As part of the National Hosted NHS IT Systems audit plan, Audit Wales reviewed the above-mentioned systems during 2022-23 and followed up our prior audit recommendations in these areas. This work reviews the ICT environment and application controls that are applied to the National Hosted NHS IT Systems solely for the purposes of providing assurance for NHS audit opinions. We have taken the opportunity to identify actions that, in our view, would help NHS Wales improve its governance and use of these systems.

6   This work is undertaken to identify potential risks which may include:

- out-of-date and unsupported infrastructure;
- access security arrangements that leave the system vulnerable to unauthorised access and attack;
- loss or unauthorised access of data; and
- change control procedures which are inadequate meaning that the system could be compromised or unavailable following the application of a new patch, upgrade or release of the database or the application software or infrastructure change.

7   We have therefore undertaken a review that sought to answer the question: **'Can auditors be assured that the IT system controls are such that financial values are likely to be free from material misstatement?'**

8   **We concluded that the IT controls applied to the Prescription Pricing, National Health Application Infrastructure, Family Practitioner Payment System**, **Oracle Financials systems and ESR Payroll systems administration managed by NHS Wales Shared Services, were sufficiently effective to allow financial auditors to take assurance that financial values produced by the systems for 2022-23 were likely to be free from material misstatement. However, NWSSP could strengthen some controls.**

9   In summary, the reasons for this conclusion are set out below:

- the Prescription Pricing System's controls support the production of information that is free from material misstatement;
- the National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, system replacement plans are still underway;
- The Family Practitioner Payment System's controls support the production of information that is free from material misstatement although some controls should be strengthened;

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

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

Detailed report

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

11   We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Prescription Pricing System. However, we identified some issues that should be addressed by Primary Care Services in order to minimise the potential for future application and infrastructure system risks. From our IT work in 2022-23, we have identified two recommendations to NWSSP for improvement. These are outlined below:

- completing an annual IT Disaster Recovery (DR) test; and
- reviewing the feasibility of making user access rights more granular so they are a better match and relevant the individual user's role and responsibilities.

12   NWSSP have made some progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the Prescription Pricing System agreed with Primary Care Services officers can be found in **Appendix 1**.

The National Health Application and Infrastructure Service system's controls support the production of information that is free from material misstatement, system replacement plans are still underway

13 We have identified no significant issues within the NHAIS system likely to result in a material misstatement. However, we have identified some issues that should be addressed by NWSSP in order to minimise the potential for future application and infrastructure system risks. From our work in 2022-23 we have identified one area for improvement for NWSSP.This is outlined below:

- reviewing the user access reports produced of NHAIS system activity to ensure access is appropriate. These reports are regularly produced by the system automatically but it was unclear if they are reviewed and monitored.

14 NHAIS functionality for the processing 'engine' for calculating the 'global sum' or 'per capitation' payments were replaced in April 2022 by NWSSP with the implementation of the Family Payment Practitioner System (FPPS). NWSSP implemented the FPPS after a period of parallel system running in 2021-2022. NHAIS is still relevant in the GMS processing for calculating primary care General Medical Services contractor payments as it is used for communicating NHS demographics and to the Family Practitioner Payments System.

15 Plans to decommission the NHAIS system and ensure continuity of continuing NHAIS services required have been agreed with both DHCW and NHS Digital. NHS England and NHS Digital are decommissioning NHAIS. NWSSP will be required, in 2023-24 to work jointly with DHCW to support these preparations, where necessary, on the system replacement options and Welsh requirements. NHAIS will be replaced by a number of other systems and NHS Digital have developed the demographic registration and reporting systems required to replace NHAIS demographics functionality for NHS England.

16 NWSSP have made progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the NHAIS system agreed with Primary Care Services officers can be found in **Appendix 1**.

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

17   We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Family Practitioner Payment System. However, we identified some issues that should be addressed by Shared Services, by requesting BSOITS consider these, in order to minimise the potential for future application and infrastructure system risks. From our work in 2022-23, we have identified a number of recommendations for NWSSP to request improvement over the FPPS IT controls and these are outlined below.

18   The Family Practitioner Payment System (FPPS) was implemented by NWSSP in April 2022. The FPPS is developed and provided by the Business Services Organisation (BSO) in the Northern Ireland NHS. FPPS is managed by a specialist IT Services (ITS) department and supplied under a documented 'Services Agreement' with NHS Wales. FPPS is used in calculating primary care General Medical Services (GMS) contractor payments, for example, the global sum capitation payments. The FPPS has a Welsh specific IT environment or domain and we have covered those IT controls relevant to this, the majority of which operate at the BSOITS.

19   We have identified some issues in our IT controls work which should be addressed by BSOITS in order to minimise the potential of future IT infrastructure and application system risks. These include:

- strengthening cyber security controls at the BSOITS by:
  - requesting the supplier, BSO, obtain a Cyber Essentials (CE+) certification, or equivalent, to help reduce potential cyber security risks;
  - documenting and testing a Cyber Incident Response Plan (CIRP);
  - introducing additional cyber security software such as Security Incident and Event Monitoring (SIEM) or Security Operations Centre (SOC) that covers the FPPS environment.
- updating and testing IT Disaster Recovery (DR) plans for the FPPS.

20   There were no prior year IT recommendations for NWSSP on the FPPS. Further details of our findings and progress against actions for the FPPS agreed with Shared Services can be found in **Appendix 1**.

The Oracle FMS's IT controls support the production of information that is free from material misstatement

21   We have identified no significant IT application or infrastructure issues likely to result in a material misstatement within the Oracle FMS. From our work in 2022-23, we have not identified any recommendations to NWSSP for improvement.

22   In 2021-22, we identified two recommendations for improvement for the Oracle FMS system. The NWSSP has made good progress to address these actions by:

- initiating an on-line portal to be able to view backups taken and their status; and

- completing an IT Disaster Recovery (DR) test in November 2022 on the new Oracle version implemented in 2021-22 to provide assurance plans and the incident recovery procedures work as intended so the system could be fully recovered in an emergency or major incident in a reasonable timeframe.

23   NWSSP have made progress to address prior year IT recommendations made for improvement and some of these remain in progress. Further details of our findings and progress against actions for the Oracle FMS agreed with Shared Services can be found in **Appendix 1**.

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

25   The Electronic Staff Record (ESR) Payroll system is managed and hosted nationally by IBM on behalf of NHS England and NHS Wales under a managed service contract. We have reviewed the ESR Payroll systems administration controls (payroll elements only) managed by NWSSP. This responsibility includes managing user access to the payroll system in Wales by the NWSSP Employment Services staff who process the Welsh NHS organisations' payrolls. In addition to seeking to place reliance on the International Standard on Assurance Engagements (ISAE) 3000 report of the IBM Service Auditor noted below, Audit Wales IM&T auditors have reviewed the controls in place over the ESR Payroll systems administration managed under a delegated authority by NWSSP, Employment Services.

26   We have not identified any significant IT issues likely to result in a material misstatement within these ESR Payroll systems' administration controls. From our work in 2022-23, we have not identified any recommendations to NWSSP for improvement.

27   In 2021-22, we identified two recommendations for improvement for the ESR Payroll systems access controls. The NWSSP has made good progress to address these actions by:

- increasing the ESR system administrators in place; and
- introducing more regular and detailed monitoring checks of the appropriate and relevant ESR access security reports available within the ESR system.

28   We sought to place reliance on the ISAE 3000 report of the IBM Service Auditor, PwC, on the general IT controls applied at IBM. PwC conducted the review in accordance with the ISAE 3000 'Assurance Engagements Other Than Audits or Reviews of Historical Financial Information'. For the period 1 April 2022 to 31 March 2023, PwC concluded that the ESR payroll general IT controls and environment were overall suitably designed and operated effectively with the exception of the three areas noted below. PwC qualified their opinion on three control objectives covering the:

- ESR system logical access security;
- monitoring to agreed service levels for the availability of the ESR interface hub; and

- issues raised with the availability of evidence for the period of the decommissioning of the old IBM data centres, for example, testing of backup power generators.

29 PwC have made recommendations, as in prior years, for the NHS ESR Central Team and IBM to strengthen the IT controls around access security between the development and live payroll application environments. These controls have been put in place by the ESR central Team where possible. PwC has not identified any other areas in their 2022-23 work for improvement or recommendations to the IT controls used by the NHS ESR Central Team and IBM.

30 Further details of our findings and progress against actions for the ESR Payroll systems administration control agreed with Shared Services can be found in **Appendix 1**.

Recommendations

31   **Exhibit 1** sets out the recommendations that we have identified in 2022-23. NWSSP should take action to address these recommendations. The appendix to this report also sets out progress made against all the previously reported recommendations that remain in progress and ones that have been completed in 2022-23.

Exhibit 1: 2022-23 recommendations

Recommendations
Prescription Pricing System R 2022-23.01 Complete an annual IT Disaster Recovery (DR) test. R 2022-23.02 Review the feasibility of making user access rights more granular so they are a better match and relevant the individual user's role and responsibilities.
NHAIS R 2022-23.03 Review the user access reports produced of NHAIS system activity to ensure access is appropriate.
FPPS R 2022-23. 04 Strengthen cyber security controls at the BSOITS by: • requesting the supplier, BSOITS, obtain a Cyber Essentials (CE+) certification, or equivalent, to help reduce potential cyber security risks;

Recommendations

- documenting and testing a Cyber Incident Response Plan (CIRP); and
- introducing additional cyber security software such as Security Incident and Event Monitoring (SIEM) or Security Operations Centre (SOC) that covers the FPPS environment.

R 2022-23. 05

Update and test IT Disaster Recovery (DR) plans for the FPPS.

Oracle FMS

No recommendations have been made on Oracle FMS in 2022-23.

ESR Payroll system IT controls

No recommendations have been made on ESR payroll in 2022-23.

Appendix 1

Issues and recommendations arising from the review of National Hosted NHS IT Systems in prior audit years and in 2022-23 – NHS Wales Shared Services Partnership

Exhibit 2: issues and recommendations from 2022-23

Issues identified during IT audit work						
Ref	**Issue**	**Recommendation**	**Priority**	**Agreed**	**NWSSP responsibility**	**NWSSP actions & current status – September 2023**
Prescription Pricing System – IT controls work						
2022-23 - 01	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	Complete an annual IT Disaster Recovery (DR) test.	Medium	Yes	Ceri Evans - Head of Primary Care Services	**Management comment** NWSSP is planning migration of its hosting environment to the National Data at

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	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.					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.
2022-23 - 02	Reviews of user access take place at least annually and more often informally. However, it was identified during discussions with NWSSP officers managing the PPS that access rights both at user and privileged level access	Review the feasibility of making user access rights more granular so they are a better match	Medium	Yes	Ceri Evans - Head of Primary Care Services	**Management comment** User access is checked monthly. New user profiles to

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	could be made more granular so that system access rights are closely aligned with job functions and roles. This is good practice to match access rights to the job requirements so these are appropriate and do not go beyond what is needed for specific roles.	and relevant the individual user's role and responsibilities.				be developed. Subject to the availability of development resource this is expected to be completed by end of March 2024.

NHAIS System – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
2022-23 - 03	DHCW send a user access activity report to NWSSP NHAIS systems administrators to monitor and review access, the access report could not be located and it was unclear whether the	Review the user access reports produced of NHAIS system activity to ensure	Medium	Yes	Ceri Evans - Head of Primary Care Services	**Management comment** NHAIS user access report requested from DHCW. Review to be

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	control has not been undertaken in 2022-23	access is appropriate.				completed by end October 2023. Process review to be undertaken with future reviews scheduled.

FPPS System – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
2022-23 - 04	During our audit of the FPPS system and the cyber security controls helping to protect the system from vulnerabilities we identified a number of areas where potential improvements to strengthen arrangements could be made:	Strengthen cyber security controls at the BSOITS by: • requesting the supplier, BSO, obtain a Cyber Essentials	Medium	No	Ceri Evans - Head of Primary Care Services – actions already in place.	**Management comment** **Not implemented** BSO ITS has a Cyber Security Strategy which was developed to align

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	• BSOITS did not have an IT security accreditation, for example, Cyber Essentials • a Cyber Security Incident Response (CIRP) plan was not in place • Other industry standard cyber security tools and software, for example, a Security Incident and Event Monitoring (SEIM) and Security Operations Centre (SOC) were not yet used. These help identify, analyse and monitor cyber threats real-time.	(CE+) certification, or equivalent, to help reduce potential cyber security risks; • documenting and testing a Cyber Incident Response Plan (CIRP); and • introducing additional cyber security software such as Security Incident and				with wider Northern Ireland Health and Social Care strategies to support the security and integrity of systems and data. The current Cyber security strategy was developed for the period 2022 through to 2026. and there are already Cyber Security layers of defence in place. A number of current projects such as Evolve and Shared Services are already using the ISO 27001 framework.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	We were made aware by BSOITS that cyber security improvement plans were being reviewed and the above areas were being considered as part of this exercise.	Event Monitoring (SIEM) or Security Operations Centre (SOC) that covers the FPPS environment.				It is relevant to note that BT who manage the data centre in which the application is hosted have ISO/IEC 27001:2013 certification for the data centre. There is a Cyber Incident Response Plan (CIRP) already in place across the NIHSC and BSO ITS have their own local Response Plan. This was tested earlier in 2023 through an independent exercise facilitated by Deloitte and the five Northern Ireland Health bodies to

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
						see how the regional plan dovetailed with the local BSO ITS plans. A report was produced that included the outcomes of the test and we have been provided with a copy. There is currently a BSO ITS project investigating the implementation of Security Operations Centre using Security Incident and Event Monitoring (SIEM) tools which is currently at the business case stage. It is envisaged that each

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
						project/service would fund the SOC for their project/service.
2022-23 - 05	An FPPS IT Disaster Recovery (DR) plan is in place but it was unclear when it was last updated. DR plans should be regularly updated, for example, at least annually or more often as changes are made to the IT environment. We were made aware during our fieldwork that the IT DR plan was last tested in January 2021. It is good practice to test IT DR plans at least annually.	Update and test IT Disaster Recovery (DR) plans for the FPPS.	Medium	Yes	Ceri Evans - Head of Primary Care Services – actions already in place	**Management comment** The FPPS Wales team plan to review their current Disaster Recovery plans and test them in the next two months and initial internal review meeting of the plans is scheduled for October 2023.

Exhibit 3: issues and recommendations from prior audit years

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
Prescription Pricing System – IT controls work						
2021-22.01	During our fieldwork in March 2022 we identified that 29 users had access to create, amend or delete user access to the prescription pricing system. We consider this to be a very high number of users with this higher level access account to authorise and manage user accounts.	Reduce the number of users with access to create, amend or delete user access to the prescription pricing system. Access to higher level or privileged accounts should be restricted to an appropriate number;	Medium	Yes	Simon Johnson-Reynolds - Service Improvement Manager	**Completed** The SA group has been reduced to just those in data capture support.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	It is good practice to restrict access to higher level or privileged accounts to an appropriate number of staff.					
2021-22.02	We identified that a review of user access rights to the prescription pricing system does not take place on a regular basis, for example, at least annually. This is good practice to ensure that users have appropriate access rights, and that any potential leavers, or inactive users are identified and their access amended appropriately.	Review user access rights to the prescription pricing system on a regular basis, for example, at least annually, to ensure that users have appropriate access rights, and that any potential leavers, or inactive users are identified and their access amended appropriately;	Medium	Yes	Simon Johnson-Reynolds - Service Improvement Manager	**Partially completed** PCS Business support now have a leaver process where these individuals will be removed from systems via Access Control within the systems and Active Directory. Where users are inactive due to sickness or maternity leave or secondment there isn't presently a

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
						policy removing access to systems. Consideration will need to be given to whether this practice would impact the services concerned when the users returned. However, an annual audit could be implemented where an active list of users is reviewed. Review to be undertaken to further strengthen arrangements in PCS. Target date for

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
						completion, March 2024.
2021-22.03	The prescription pricing system has a documented change control policy in place. We could not identify and confirm whether it has been updated recently. We understand the change control policy was last updated in 2017. It is good practice to have a review by date and confirm a review has taken place to evidence, even if no changes are required, that the control check has been undertaken.	Update the prescription pricing change control policy to record and confirm that it has been updated and include this in the document revision history.	Medium	Yes	Simon Johnson-Reynolds - Service Improvement Manager	**Completed** The Change Control Policy referred was a generic policy for PCS. The Data Capture team have specific well documented procedures for version builds, testing and version release including a release log and

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
						since the visit a library of Standing Operating Procedures competed.
2021-22.04	A corporate wide Service Level Agreement (SLA) with Digital Health Care Wales is in place but it is high level and does not specifically name the prescription pricing system (whilst other IT systems are named) within its scope. In addition, it can be strengthened by adding a document revision history and expected review dates, including details around the responsibilities and frequency in taking of data	Update the Service Level Agreement (SLA) with Digital Health Care Wales to specifically name the prescription pricing system within its scope, update the document revision history and expected review dates, include details around the responsibilities and frequency in taking of data backups and	Medium	Yes	Neil Jenkins – Chief Digital Officer	**Completed** The service descriptions that underpin the SLA schedule have been reviewed and shared with Audit Wales. It is agreed by NWSSP that these adequately cover the provision of the service.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	backups and monitoring the successful completion of backups.	monitoring the successful completion of backups.				

National Health Application and Infrastructure Services – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
2020-21.02	We identified during our fieldwork in April 2021 a number of issues with the NHAIS system administration access and review of user access activity: a) a system administrator who has left NWSSP has not had their user account deleted. b) the NHAIS user access log that records NHAIS user access and used to review user access to job functions has not been updated. This control has not been completed by the NHAIS systems administrator in 2020-21 and the access log could not be located. c) DHCW send a user access activity report to NWSSP NHAIS systems administrators	Strengthen the NHAIS system administration access and review of user access and activity by: a) removing the system administration access account for the NHAIS systems administrator who has left NWSSP; b) updating the NHAIS user access log that records NHAIS user access and used to review user access to job functions; and c) reviewing the NHAIS user access activity report sent to NWSSP NHAIS	High	Yes	Neil Jenkins - Head of Modernisation & Technical Services	**Completed** a) Administrator access account has been removed. b) User Access Log set up to a Unix file location not available to the system administrator. Resolution now in place and notification set up to ensure checks are undertaken monthly. C) Arrangements in place for the System Administrator to

Issues identified during IT audit work						
Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	to monitor access, the access report could not be located and the control has not been undertaken in 2020-21.	systems administrators by DHCW to monitor user access.				contact DHCW to access this report

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
Oracle Financial Management System – IT controls work						
2020-21.03	CTES has completed and a gap analysis assessment of the Oracle FMS to the Information Security Management Standard (ISO 27001) to identify potential improvement areas. The outcome will be a set of recommendations for implementation during 2021-22. It is good security management practice to assess and baseline a comparison to the ISO 27001 standard.	Complete the accreditation to the Information Security Management Standard (ISO 27001) to identify potential improvement areas.	Medium	Yes	Stuart Fraser – Head of CTeS	**Closed** It was agreed at the August 2023 Oracle STRAD group meeting that this accreditation would no longer be pursued.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
2020-21.04	CTES provides FMS services to the consortium of Welsh NHS organisations. It is good practice IT service management to conform or be accredited to the Information Technology Service Management (ISO 20000) standard. CTES have completed the gap analysis and we were informed during our fieldwork that they aim to complete accreditation during 2021-22 cycle. CTES consider there are benefits to complete accreditation to the Information Technology Service Management (ISO 20000) standard for service management.	Complete CTES accreditation to the Information Technology Service Management (ISO 20000) standard for service management.	Medium	Yes	Stuart Fraser – Head of CTeS	**Completed** ISO 20000 audit took place on 26 April 2023 and full accreditation of the standard has since been attained.

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
2020-21.05	The last IT DR test was completed in November 2019 and the scheduled test in November 2020 was deferred due to disruptions caused the pandemic. We were informed during our fieldwork that the next scheduled IT DR test would not be until after both the Oracle version upgrade to 12.2.9 has been completed in October 2021 and the February 2022 Oracle patch release.	Complete the Oracle FMS IT Disaster Recovery (DR) test in 2021-22 as soon as is practically possible ensuring all NHS organisations attend the next scheduled test.	High	Yes	Stuart Fraser – Head of CTeS	**Completed** DR test was undertaken in November 2022.
2021-22.05	We identified that the Oracle central team e-business services do not currently receive a regular confirmation of backup success or failures from Version 1, the software supplier. The Oracle central team	Obtain a regular confirmations of backup success or failures from Version 1, the software supplier, that full data backups are taken as	Medium	Yes	Stuart Fraser – Head, CTeS	**Completed** An on-line portal to be able to view backups taken and

Issues identified during IT audit work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	should receive assurances from the supplier, Version 1, that full data and system backups are taken as planned should they be required in the event of a system continuity incident.	planned should they be required in the event of a system continuity incident. These assurances should be received regularly, for example, on a daily or weekly summary basis.				their status was initiated in 2022-23.

ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
2021-22.06	During our audit fieldwork in March 2022, it was identified that there is only one ESR system administrator in place for a number of months since early 2022. This presents is a potential single point of failure as only one systems administration is in place. We were informed that recruitment for replacement would be commenced later in 2022. It is good practice to have at least two	Increase the number of ESR system administrators in place to at least two separate user accounts. This reduces a potential single point of failure if only one systems administration is in place.	Medium	Yes	Samantha Graf – Head of People and Business Partnering	**Completed** An additional 1 WTE Workforce Information Analyst appointed April 2022, bringing establishment to 2 WTE.

ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	systems administrators to set up user access and to allow for cover should it be required also to be able to complete monitoring of payroll user accounts.					
2021-22.07	There are a number of access security reports available in ESR, however these are not all used or currently reviewed infrequently or in response to a particular issue. The ESR system administration function	Introduce regular monitoring checks by the ESR system administrators of the ESR access security reports available in ESR and consider ways of automating the production and monitoring of these reports including exception reporting.	Medium	Yes	Samantha Graf – Head of People and Business Partnering	**Completed** More regular and detailed monitoring checks take place of the appropriate and relevant ESR access security reports available within the ESR system.

ESR Payroll systems administration – IT controls work

Ref	Issue	Recommendation	Priority	Agreed	NWSSP responsibility	NWSSP actions & current status – September 2023
	should initiate weekly monitoring checks of the ESR access security reports in ESR and consider ways of automating the production and monitoring of these reports including exception reporting.					

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NHS WALES SHARED SERVICES PARTNERSHIP

Audit Committee

October 2023

Audit & Assurance Services
Internal Audit Progress Report

CONTENTS

1. Introduction

The purpose of this report is to highlight the progress of the Internal Audit Plan 2023/24 to the Audit Committee and provide an overview of other activity undertaken since the previous meeting.

2. Outcomes from Finalised Audits

The Internal Audit reports from the 2023/24 plan that have been finalised since the previous meeting of the committee are highlighted in the table below along with the allocated assurance ratings where applicable. The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING
Primary Care Services FPPS Reconciliation Tool	Reasonable

3. Planning and Delivery Update 2023/24

Progress with the delivery of the Internal Audit Plan for 23/24, is shown in Appendix A. One audit had been finalised with several audits at the work in progress and planning stages.

The delivery of both the Business Continuity Planning and Performance Data Quality audits have been delayed due to resourcing issues within the team, although this has now been resolved with both audits are again in progress. The finlaistaion of the Estates Funding Advisory Board Monies audit also has been delayed due to time taken to resolve queries with Specialist Estates Services.

The audit work on Decarbonisation is progressing well, and the audit of Energy cost management is planned with the Brief approved and ready to progress. In preparation for the main transactional systems audits a significant amount of planning and preparation work has been undertaken.

As a result of ongoing planning discussions with management it is proposed that the IT Infrastructure Upgrade and Central Team E Business Services audits are deferred, as a result of the changes in the plan for the IT Upgrade and changes to the contract arrangements. In replacement of that audit work it is proposed that an advisory piece of work is added to the plan to look at the project to move the servers from Companies House to the new Data Centre.

With the changes to the audits as noted above, the scheduling of the audit work for the remainder of the audit year is currently being worked through, although it is noted that all work is still planned to be completed and included with this year's annual report and opinion.

4.   Other Internal Audit Activity & Engagement

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

5.   Recommendation

The Audit Committee is asked to note the progress with the delivery of the Internal Audit Plan, and approve the proposed changes.

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

Review	Status	Assurance Rating	Matters Arising			Timing	Planned AC
			H	M	L		
PCS FPPS Reconciliation Tool	**FINAL**	**Reasonable**		**3**		**Q1**	**Oct**
Primary Care Contractor Payments	Brief Prepared					Q2-4	April
Employment Services - Payroll	Planning					Q2-4	April
Purchase to Pay / Accounts Payable	Planning					Q2-4	January
Procurement Services	Planning					Q2-4	April
Decarbonisation	WIP					Q2/3	January
Performance Data Quality	WIP					Q2	Oct
Business Continuity Planning	WIP					Q2	Oct
Student Awards	Planning					Q3/4	April
Single Lead Employer	Planning					Q3/4	April
CIVAS/Medicines Unit	Planning					Q2/3	January
Central Team E Business	Defer					Q3/4	April
Infrastructure upgrade /Azure environment	Defer					Q2/3	January
Add – Advisory review CH Data Centre Move	Add to plan					Q3/4	April
Energy Cost Management	Brief approved					Q2	January
Prioritisation of Estates Funding Advisory Board monies	WIP					Q2/3	Oct
Building for Wales Framework	WIP					Q3	April

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Primary Care Services – FPPS Enhanced Services Reconciliation Tool

Final Internal Audit Report

September 2023

NHS Wales Shared Services Partnership

Contents

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.

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Executive Summary

Purpose

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.

Overview

A reconciliation tool has been developed which replicates, as far as practicable, the original Open Exeter cleansing process. Sample testing confirmed that the tool is correctly configured and operating as intended.

Key matters arising relate to:

- 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.

We have concluded **Reasonable** assurance overall. Full details of matters arising are provided in Appendix A.

Report Opinion

		Trend
Reasonable	Some matters require management attention in control design or compliance.	n/a
	Low to moderate impact on residual risk exposure until resolved.	

Assurance summary[1]

Objectives		Assurance
1	The reconciliation tool replicates, as far as practicable, the original Open Exeter cleansing process linking enhanced services claims submitted by GP practices to NHS numbers	Reasonable
2	The tool has been developed with appropriate data privacy and security controls, and has been tested to verify output accuracy	Reasonable
3	Arrangements are in place to review enhanced services claims data for the period not subject to PPV, using the reconciliation tool to provide verification of payments made during that period	Reasonable

[1]The 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	Delivery of Agreed Actions	1, 3	Design	Medium
2	Privacy Impact Assessment	2	Operation	Medium
3	Investigation of Identified Errors	3	Operation	Medium

1. Introduction

1.1   General Practitioner (GP) practices across Wales are required to submit enhanced service payment claims via Family Practitioner Payment System (FPPS), which replaced the National Health Application and Infrastructure Service (NHAIS) Open Exeter system decommissioned in December 2021. FPPS is an 'off the shelf' solution used in by NHS Northern Ireland.

1.2   The claims verification process in Wales was designed around GP practices submitting evidence in support of claims via the payment system. The Payment Team collate the supporting evidence submitted at the end of each payment cycle (either monthly or quarterly) before it is then passed on to the Post Payment Verification (PPV) Team to form a claim sample for each GP practice.

1.3   The Open Exeter functionality allowed for claims to be submitted and matched directly against NHS numbers provided as evidence within the payment system, resulting in a 'cleansed' sample being available to the PPV Team. This functionality is not available in FPPS and whilst NWSSP successfully requested a change to the system to allow submission of evidence, it has not been possible to replicate the validation controls of Open Exeter. As a consequence, the PPV Team has been unable to receive collated practice samples for verification reviews.

1.4   To compensate for the lack of functionality within the FPPS, PCS have developed and implemented a reconciliation tool in order to facilitate the 'cleansing' process that links claims submitted by GP practices to NHS patient numbers previously undertaken within Open Exeter system.

1.5   In December 2022, the Director of Primary Care Services wrote to all health board Directors of Primary Care, Directors of Finance and Heads of Primary Care to inform them of the situation and the decision to:

   i)   Suspend all GMS PPV reviews for the remainder of 2022/23, restarting again from April 2023 once the actions below are operational.

   ii)   Establish a reconciliation tool that replicates, as far as practicable, the original Open Exeter cleansing process, to be operational from 3rd January 2023.

   iii) Review all claims data from October 2021 to September 2022 using the reconciliation tool to provide verification of all payments made during that period.

1.6   The risks identified during this review include:

   • errors in enhanced services claims are not detected and recovered, potentially resulting in financial loss to health boards; and

   • reputational risk arising from NWSSP's inability to meet its post payment verification commitment to health boards.

1.7   This review was limited to the implementation and management of the enhanced services claims reconciliation tool. We will not seek to verify the validity or accuracy of enhanced services payments to GPs.

2. Detailed Audit Findings

Objective 1: The reconciliation tool replicates, as far as practicable, the original Open Exeter cleansing process linking enhanced services claims submitted by GP practices to NHS numbers

2.1 The NHAIS Open Exeter System performed automated validation checks to ensure that claims were supported by evidence (genuine patient NHS numbers) and verified on the Welsh Demographic Service to ensure that the patient is registered with the GP practice submitting the claim. The system would also prevent duplicate claims for the same service and patient. These checks were undertaken at the point of claim entry by the GP practice and therefore prior to submission and payment.

2.2 Whilst GP practices are able to upload evidence into FPPS, there are no in-built parameters to restrict the format and no validation or verification functionality to ensure the validity of NHS numbers provided. Not only does this increase the risk of erroneous claims, but it also created a problem in collating cleansed samples for PPV.

2.3 In October 2022, the Payments Team implemented an Excel-based evidence template for GP practices to record and submit NHS numbers in a consistent manner. Evidence was collated and manual validation checks commenced however, this process was resource intensive and unsustainable.

2.4 A reconciliation tool was subsequently developed to perform validation and verification checks. The December 2022 correspondence to health boards were advised that the tool would be operational by January 2023 however this was delayed to April 2023 and health boards were not informed of this. **[Matter Arising 1]**

2.5 The tool has been developed to replicate, as far as practicable, the functionality in Open Exeter including:

- ✓ reconciliation of the number of claims submitted via FPPS and 'evidence' (patient NHS numbers) submitted by the GP practices on the claim data templates;

- ✓ validation check to ensure that an NHS number has been assigned per payment claim;

- ✓ verification check to ensure NHS numbers provided are valid (i.e. conforms to the Modulus 11 algorithm[1]) - but it is not possible to check that the NHS number is assigned to a patient or that the patient is registered at the claiming GP practice – a check that was present in Open Exeter; and

- ✓ validation check to identify duplicate claims.

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[1] The Modulus 11 Algorithm checks that the NHS numbers provided as supporting evidence for a claim satisfy the formula used to generate NHS numbers.

2.6   Fundamentally, the new reconciliation process is undertaken retrospectively after payment has been made (instead of prior to submission as in the former Open Exeter system) so there is a potential risk of erroneous payments and additional work for both NWSSP and health boards in the identification, investigation, and recovery of these. **[Matter Arising 1]**

2.7   The evidence template ensures a unified approach in terms of the format and structure of evidence data received from GP practices to ensure it is compatible with the tool. Claims data from FPPS is saved on SharePoint and the tool is configured to automatically populate based on GP practice and date selection by the user, mitigating the risk of human error in the manual transfer of data from FPPS to the tool.

2.8   Sample testing of 10 GP practice monthly claims for the period March – May 2023 confirmed that the tool is correctly configured to capture claims data completely and accurately for checking, and this is operating as intended.

2.9   For the same sample of 10 GP practice monthly claims processed via the tool, we manually reperformed the reconciliation of claims to the evidence submitted by the GP practice. Our findings agreed with the output of the reconciliation tool and therefore confirmed that the tool is operating as intended.

2.10   Currently there is only one person within PCS (the developer) who is able to provide further developments or make any required changes so there is a sustainability/ continuity risk, albeit the processes could be replicated manually if needed.

Conclusion:

2.11   The reconciliation tool is designed to replicate the verification and validation controls within the previous Open Exeter system with one exception to note - whilst the tool is able to verify that an NHS number is genuine, it cannot verify that the patient is registered to the GP practice making the claim. Nevertheless, our sample testing confirmed that the tool is operating as intended.

2.12   However, the timing of the new verification and validation controls is significant, as these are now applied retrospectively after payment so there is a greater potential risk of erroneous payments as a result. There has been no further formal communication with health board directors of finance and primary to update them on progress in developing the tool, including the delays in implementation and potential risks they need to be aware of.

2.13   Noting the above, we have concluded **Reasonable** assurance for this objective.

Objective 2: The tool has been developed with appropriate data privacy and security controls, and has been tested to verify output accuracy

Data Privacy & Security

2.14   No Privacy Impact Assessment (PIA) was undertaken on the tool and no advice sought on whether this was needed. To ensure NWSSP complies with General Data

Protection Regulations (GDPR) the Information Governance Manager has recommended that a PIA be undertaken on the reconciliation tool and payment claim data template. **[Matter Arising 2]**

2.15   Payment data submitted by GP practices on the FPPS is received from Northern Ireland via secure email and saved within structured folders on SharePoint. We noted that the structured folders on was an open area for PCS. This means that all PCS staff have access to the data which may present a risk both from a security and privacy perspective. **[Matter Arising 2]**

Testing Prior to Implementation

2.16   Verification output checks were undertaken by PCS using test data with known errors to confirm these were identified by the tool, and live data to track output of the tool on a line-by-line basis in order to validate accuracy. All errors or bugs that were discovered were communicated to the tool developer to fix and testing reperformed to ensure issues had been resolved.

Conclusion:

2.17   The tool was subject to testing prior to implementation. However, no PIA has been undertaken on the reconciliation tool or payment claim data template, whilst data received from GP practices are saved on open drives on SharePoint. Accordingly, we have concluded **Reasonable** assurance for this objective.

Objective 3: Arrangements are in place to review enhanced services claims data for the period not subject to PPV, using the reconciliation tool to provide verification of payments made during that period

2.18   Two 'phases' of claims data prior to implementation of the tool have been identified for retrospective processing:

	Claims Paid Period	Evidence
Phase I	January 2022 - September 2022	Poor quality and inconsistent evidence - prior to implementation of evidence template
Phase II	October 2022 – March 2023	Post implementation of the evidence template

2.19   No progress has been made with Phase I due to poor quality and inconsistent evidence in a format incompatible with the reconciliation tool. To process this evidence through the tool would require manual entry of all evidence data into the evidence template, which would require significant resource and carries the risk of human error. **[Matter Arising 1]**

2.20   Focus has instead been on Phase II which is complete – claims paid to all 380+ GP practices during the period October 2022 – March 2023 have been processed through the tool and an error rate established for each GP practice.

2.21 The December 2022 correspondence to health boards stated that claims from October 2022 onwards will not need to be reviewed retrospectively as they will be processed through the reconciliation system directly. We understand that the initial intention was to process claims data through the tool prior to payment. However, the Payment Team advise that there is insufficient time in the payment process to allow completion of checking prior to payment. **[Matter Arising 1]**

2.22 Furthermore, not all GP practices are processed through the tool each month. A risk-based approach has been adopted, with the Payments Team focusing on GP practices with the highest error rate and/or an upcoming PPV visit. Whilst the intention is for all GP practices claims data to be processed through the tool at some point (and this will cover all claims data since last processed through the tool to ensure 100% coverage), there are no timescales in place for achieving this. Delays in the identification of potential errors could impact on any necessary recovery arrangements by the health board. **[Matter Arising 1]**

2.23 Whilst the Payments Team advised that there has been ongoing dialogue with health board operational leads, there has been no further formal communication with health board directors of finance and primary care to inform them of progress with and changes to the actions originally communicated in December 2022. **[Matter Arising 1]**

Investigation of Identified Errors

2.24 The Payments Team are working with GP practices, prioritised by error rate, to identify and resolve errors, which we were advised are primarily due to teething issues with use of the evidence template. A register of identified potential errors is maintained. Where investigation confirms an error in a paid claim, we were advised that this should be notified to the health board finance department for recovery.

2.25 For the sample of 10 GP practice monthly claims reviewed at para 2.8, we confirmed that any potential errors identified by the reconciliation tool had been recorded on the register, although they had not been investigated by the Payments Team at the time of audit as the GP practices had low error rates.

2.26 Of the 372 practices on the register where potential errors have been identified, 46 had been highlighted as priority for further investigation based on the practice error rate. To date the Payments Team have contacted 27 practices to initiate investigation. **[Matter Arising 3]**

Conclusion:

2.27 Review of Phase II claims data is complete although there are currently no plans in place to commence review of the Phase I claims data, and the feasibility of this review is hindered by issues with the quality and consistency of evidence. PCS need to notify the health boards and agree a way forward. Processes are in place to record and investigate errors although there is a delay in initiating investigation.

2.28 Accordingly, we have concluded **Reasonable** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Delivery of Agreed Actions (Design)	Impact
The December 2022 correspondence to health boards stated that: 1. the tool would be operational by January 2023 2. all claims data from October 2021 to September 2022 would be reviewed through the reconciliation tool to provide verification of all payments made during that period 3. claims from October 2022 onwards will not need to be reviewed retrospectively as they will be processed through the reconciliation system directly Whilst the tool is now operational, implementation was delayed to April 2023 due to testing and refinement, and there is variation to the remaining actions: • Review of claims during the period October 2022 – March 2023 is complete although review of the period January – September 2022 has not commenced, and may not be feasible due to issues with the quality and consistency of evidence. • A fundamental difference between the controls in Open Exeter and FPPS/reconciliation tool is the point at which the checks are undertaken. In Open Exeter this was at the point of claim entry prior to submission, whilst in FPPS/the reconciliation tool it is post payment. The Payments Team advise that it is not possible to undertake checking prior to payment, so claims data will always be reviewed retrospectively. There is a potential risk of erroneous payments and additional work for both NWSSP and health boards in the identification, investigation, and recovery of these. Furthermore, not all GP practices are processed through the tool each month – a risk-based approach has been adopted due to capacity restraints. Whilst the intention is for all GP practices claims data to be processed through the tool at some point (and this will cover all claims data since last processed through the tool to ensure 100% coverage), there are no timescales in place for achieving this. Delays in the identification of potential errors could impact on any necessary recovery arrangements by the health board.	Potential risk of: • errors in enhanced services claims are not prevented, identified or recovered, potentially resulting in financial loss to health boards; and • reputational damage resulting from the non-delivery of commitment made to health boards.

Since December 2022 there has been no formal communication with health board directors of finance and primary care to update on progress in developing and implementing the tool, or highlight the changes in process and associated risks identified above.	

Recommendation		Priority
1.1a	Progress in implementing the actions set out in the December 2022 correspondence, including any changes to these actions, changes in process/controls and associated risks as highlighted in this review, should be formally communicated to health board directors of finance and primary care.	**Medium**
1.1b	PCS should assess the benefits, limitations and risks associated with the new reconciliation process to establish whether it represents efficient and effective use of resources in the longer term. Health boards should be consulted as appropriate.	

Agreed Management Action		Target Date	Responsible Officer
1.1a	An update will be drafted, agreed and released, to ensure all HBs/stakeholders are updated on progress and next steps.	31st Dec 23	Ceri Evans/Sarah Jones
1.1b	A full review will be completed to understand the long-term benefits and resource implications of the reconciliation process. Any change will be consulted on in partnership with stakeholders.	31st March 24	Ceri Evans/Sarah Jones

Matter Arising 2: Privacy Impact Assessment (Operation)	Impact
There has been no Privacy Impact Assessment (PIA) undertaken on the tool and no advice sought on whether this is needed on the PCS developed reconciliation tool and payment claim data templates. All PCS staff have access to the SharePoint file where claims data is stored which may present a risk both from a security and privacy perspective.	Potential risk of: • non-compliance of the General Data Protection Regulation resulting in a financial penalty.

Recommendation		Priority
2.1a	PCS should liaise with the Information Governance Manager to ensure a PIA is undertaken on the reconciliation tool and payment claim data template.	**Medium**
2.1b	Enhanced services payment claim files and data should be stored in a restricted area within SharePoint with access only to staff who require it.	

Agreed Management Action		Target Date	Responsible Officer
2.1a	PCS will liaise with the Information Governance Manager to ensure a PIA is undertaken on the reconciliation tool and payment claim data template.	31st Dec 23	Ceri Evans/Sarah Jones
2.1b	Enhanced services payment claim files and data storage location will be checked and moved to a restricted area within SharePoint with access only to staff who require it.	31st Oct 23	Ceri Evans/Sarah Jones

Matter Arising 3: Investigation of Identified Errors (Operation)	Impact
The Payments Team have adopted a risk-based approach to the investigation of errors and are working with GP practices, prioritised by error rate, to identify and resolve errors which we were advised are primarily due to teething issues with use of the evidence template. Of the 372 practices on the register where potential errors have been identified, 46 had been highlighted as priority for further investigation based on the practice error rate. To date the Payments Team have contacted 27 practices to initiate investigation.	Potential risk of: • errors in enhanced services claims are not promptly recovered, potentially resulting in financial loss to health boards.

Recommendation		Priority
3.1	Inform health boards of the approach and arrangements in place for the investigation of errors. Consider agreeing a tolerance with health boards, above which errors are to be investigated and resolved.	**Medium**

Agreed Management Action		Target Date	Responsible Officer
3.1	HBs will be updated on the approach as part of the update/communication referred to at 1.1a. This update will include a proposed tolerance rate.	31st Dec 23	Ceri Evans/Sarah Jones

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:

	Rating	Description
	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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NHS WALES
Shared Services Partnership
(NWSSP)

Counter Fraud Progress Report
01/06/2023 – 30/09/2023

Mark Weston
Local Counter Fraud Manager
NHS Wales Shared Services Partnership

TABLE OF CONTENTS

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.

At 30th September 2023, 99.75 days of Counter Fraud work have been completed against the agreed 220 days in the Counter Fraud Annual Work-Plan for the 2023/24 financial year. In summary the days have been used concluding ongoing fraud investigations and seven new fraud referrals have been received during the first two quarters. Fraud Awareness activity was mainly focussed on Fraud Awareness sessions to Payroll, Accounts Payable and People and Primary care services. The Counter Fraud e-Learning module is also now available to staff on ESR following its launch on 18th April 2023.

The breakdown of these days in Q1/ Q2 are as follows:

Type	Q1	Q2	Total
Proactive	26.75	32.5	59.25
Reactive	22.5	18	40.5
Total	49.25	50.5	99.75

2. Progress

The Counter Fraud Annual Plan 2023/2024 was completed and approved by the Director of Finance and Corporate Services and submitted for Audit Committee approval.

Staffing

NWSSP now employ 1.0 WTE Local Counter Fraud Manager, having ended its Service Level agreement with Cardiff and Vale UHB on 30th June 2023.

3

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.

Fraud Awareness Activity

- The NWSSP Local Counter Fraud Service intranet page has continued to be updated with assistance from the Communications team. It will be continuously reviewed and kept up to date with news and relevant topics
- E-learning Module – The LCFS Manager has been involved with NHS CFS Wales in the development of the All-Wales Counter Fraud Awareness E-learning module launched on Tuesday 18th April. A manual version has also now been produced to assist those with limited access to IT. 81 NWSSP staff completed the e-learning module during Q1 and a further 20 in Q2.
- Some Health Boards have made the module mandatory with the most recent being Welsh Ambulance Service Trust during Q2. Comparative participation is being collated by NHS CFS Wales anticipated and will be reported upon next QTR.
- The LCFS Manager has Delivered Fraud Awareness sessions to teams within People and Organisational Development (POD) and Apprentices / Network 75 Students.
- Fraud awareness is now included on delivery of the staff "Welcome Session" for new staff which is delivered virtually and also included in the induction toolkit. Fraud awareness sessions for new starters via Microsoft TEAMS will commence in October/November and follow each month.
- The Counter Fraud App previously developed and launched earlier this year, participation is still very low, however it will continue to be promoted.
- A Counter Fraud Newsletter was issued on 16th August 2023 using Sways which measured that **219** staff read the newsletter.
- During this reporting period two fraud awareness sessions have been delivered to **28** NWSSP staff. This makes a total of **291** staff receiving a Fraud Awareness session this financial year, and **101** completing the Fraud Awareness e-Learning Module. One planned session with Procurement was unfortunately cancelled at short notice.

4

Fraud Awareness interactions Q2 2023/2024 Group	No of attendees / Participants
People and Organisational Development	18
Network 75 Students and Apprentices	10
e-Learning	20
Sways (Newsletter)	219
Total	267

Sessions went well and feedback forms were issued and returned with positive comments following each of these sessions.

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

FPN L-001-023 Issued by NHS CFA on 14/7/2023. FPN concerns 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 NHS CFA on 7/8/2023 to provide further advice and guidance on 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 more advanced than other NHS Health Bodies in NHS England.

IBURN 2023-09-001 was issued by NHS CFA on 11/09/2023. It concerns a Care Workers 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 as due to this Visa requirement they were no longer eligible to work in the UK. The list was checked by NWSSP recruitment who identified that none were employed via NWSSP recruitment, however three staff had unsuccessfully applied for employment during the reference period.

During this reporting period the NWSSP Counter Fraud Team received one new referral for investigation. The summary is as follows together with amounts prevented and recovered in this new format. A breakdown of each case in a new template is also provided as Appendix 1.

	Caseload	No
A	Cases b/f	6
B	Add No new of cases opened	1
C	Caseload during Q2	7
D	Less Cases closed or Transferred during Q2	2
E	Cases open at end of Q1	5
	Fraud prevented	**£0**
	Fraud Recovered	**£0**
	Number of sanctions	**1**

A fraud using the Home Electronics Salary Sacrifice Scheme was identified and prevented by the Salary Sacrifice Team (SST) at the end of May and reported last QTR. NWSSP LCFS, Salary Sacrifice Manager and Cyber Security Managers continued to liaise with NHS Fleet Solutions to investigate the matter. NWSSP initially suspended the scheme in NHS Wales, it was reinstated following implementation of new controls and assurances from the systems provider. Further controls such as Multi Factor Authentication have also now been implemented. NWSSP LCFS continued to liaise with NHS CFA, NHS Fleet Solutions LCFS and West Midlands Police who are now investigating the matter.

Other cases include working whilst on sick leave and a false claim for injury at work.

Local Proactive Exercises

As part or 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.

6

LPE's were conducted following the issue of the fraud risks identified from the issue of the aforementioned IBURN's relating to employee identity fraud which were detailed above and also on the following separate LPE's:

Salary Sacrifice Team identified cases where Payroll had not set up deductions from salary for lease cars. This was detected from a new monthly control put in place prevent this due to previous similar incidents. Cases referred to HB LCFS for investigation.

Risk Assessments

The NWSSP LCFS also currently:

- Continues to liaise with Swansea Bay UHB LCFS to conduct a risk measurement exercise on pre-Employment checks undertaken by NWSSP Recruitment and Health Board Departmental Managers;
- Liaises with Health Education and Improvement Wales LCFS to conduct a risk measurement exercise on the new Bursary Management system.
- Liaises with NHS CFS Wales and other Lead LCFS in NHS Wales on management and recording of fraud risks.
- Reviewing and addressing the Thematic Assessment exercise published by the NHS CFA in 2020 and updated with a final progress report from NHS CFA on 25th January 2023 in relation to NHS Wales Shared Services Standards
  - 3.4 Pre-Employment Checks
  - 3.5 Procurement Fraud
  - 3.6 Invoice Fraud

National Fraud Initiative

Data has now been collected and processed by the Cabinet Office NFI Team, and the results were made available for analysis in January 2023. NWSSP Lead LCFS is currently 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.

Other

Work is ongoing on relevant projects with NHS CFS Wales to ensure continuity, which will also benefit NWSSP Local Counter Fraud as follows:

- 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. The pilot was concluded and NWSSP LCFS and CFS Wales have now liaised with Primary Care Services Post Payment Verification Manager to enter the next stages to arrange and review more recent data.

- The NWSSP Lead LCFS previously met with CFS Wales, Audit Wales, NWSSP Primary Care Services and others to consider a further data analytical exercise to provide assurance on General Medical Services Patient Registration and Capitation Fees. NWSPP LCFS met with Audit Wales who provided an update on progress.

CASES CLOSED OR TRANSFERRED IN QUARTER 2 (01.06.23 TO 30.09.23)

No.	Case Ref	Start Date	Subject Category	Potential Offences
1	INV/023/01169	19.06.2023	Non NHS	Fraud by False Representation
2	INV/023/00607	30.03.2023	Non NHS Staff	Fraud by False Representation

CASES CARRIED FORWARD TO QUARTER 2 (STILL OPEN ON 01.10.23)

No.	Case Ref	Start Date	Subject Category	Potential Offences
1	INV/023/00931	15.05.2023	NHS Employee	Theft (of Sal O/P)
2	INV/02300993	23.05.2023	NHS Employee	Fraud by False Representation
3	INV/023/01067	05.06.2023	NHS Employee	Fraud by False Representation
4	INV/02301243	27.06.2023	NHS Employee	Fraud by False Represenatation
5	INV/023/01983	15.09.2023	NHS Employee	Fraud by False Represenatation

Outcome sanctions and recoveries	Closure Date	Financial Recovery	Fraud Prevented
Fraudulent applications under salary sacrifice scheme. £2k Fraud prevented. IT Systems compromised cyber security incident affecting personal data. Investigations identified other incidents in NHS England. Urgent control measures put in place, system now re-instated. Matter now being investigated by Police due to further incidents outside NHS.	Transferred to NHS CFA / Police		£2 000
Taxi company employee false journeys. Case being investigated by Police as non NHS victims were also identified. Taxi company has already repaid NHS loss of £528.48. Subect interviewed by Police made full admissions and issued a conditional caution was administered.	29.09.2023	£528,48	
Q2 TOTAL		£528,48	£2 000,00

Status	Closure Date	Financial Recovery	Fraud Prevented
Salary O/P £5.5k former employee identified following termination - investigations ongoing.	OPEN	£0,00	£0,00
Working whilst on sick leave - Enquiries ongoing.	OPEN	£0,00	£0,00
Employee not working hours claimed. Full details of allegation not received.	OPEN	£0,00	£0,00
False claim for injury at work.	OPEN	£0,00	£0,00
Working whilst on sick leave - Enquiries ongoing.	OPEN	**£0,00**	**£0,00**
TOTAL		0	0

sanctions
1

sanctions
0
0
0
0
0
0

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	10 October 2023
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Carly Wilce, Corporate Services Manager
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Audit Committee Effectiveness Survey 2023
PURPOSE	
To present the Committee with a copy of the feedback received from completion of the annual Audit Committee Effectiveness Survey, as set out at **Appendix 1**.	

1. INTRODUCTION

The mandate of the Audit Committee is to **advise** and **assure** the Shared Services Partnership Committee (SSPC) and the Accountable Officer on whether effective arrangements are in place, regarding the design and operation of NWSSP's system of governance and assurance. This supports the SSPC in its decision making and in discharging its accountabilities for securing the achievement of the NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

Section 8.2.1 of the SSPC Standing Orders states:

"*The SSPC shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the SSPC may determine that such evaluation may be independently facilitated.*"

In order to gauge the Committee's effectiveness, an electronic survey has been devised to obtain the views of Committee members across a number of themes:

- Compliance With Law and Regulations Governing NHS Wales
- Internal Control and Risk Management
- Internal Audit
- External Audit
- Counter Fraud
- Committee Leadership

2. EFFECTIVENESS SURVEY.

The survey is based on the guidance contained within the NHS Audit Committee Handbook and to ensure both Velindre and NWSSP Committees have issued aligned survey questions.

NWSSP Audit Committee
10 October 2023

3. RESULTS AND FINDINGS

- 10 members and attendees of the Committee (out of a total of 17) responded to the survey giving a response rate of 70%, slightly lower than in previous years. Results of the survey are set out in Appendix A for the Audit Committee's attention.

  - The Survey was issued via an open anonymous link to participants; and
  - Every question had the option to leave a comment for those wishing to expand.

- Overall feedback:
  - 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."
    - o 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.

4. RECOMMENDATIONS

The Committee is asked to **NOTE** the findings of the Audit Committee Effectiveness Survey 2023.

2

Audit Committee Self-Assessment Survey 2023 - 24

10	07:34	Active
Responses	Average time to complete	Status

---

1. Does the Audit Committee have written Terms of Reference, which adequately define its role in accordance with Welsh Government guidance?

🔵 Yes	9	
🟠 Somewhat	1	
🟢 No	0	

---

2. Additional comments

1	
Responses	Latest Responses

---

3. Are the Terms of Reference reviewed annually to take into account governance developments (including good governance principles) and the remit of other Committees within the organisation?

🔵	Yes	9
🟠	Somewhat	0
🟢	No	1

4. Additional comments

1
Responses

Latest Responses

5. Has the Audit Committee been provided with sufficient authority and resources to perform its role effectively?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

6. Additional comments

0
Responses

Latest Responses

7. Does the Audit Committee report regularly to the NWSSP Partnership Committee and Velindre Trust Board?

🔵	Yes	9
🟠	Somewhat	1
🟢	No	0

8. Additional comments

2
Responses

Latest Responses
"*I'm not sure whether the Audit committee does report to the...*"

9. Does the Audit Committee prepare an Annual Report on its work and performance in the preceding year, for consideration by the NWSSP Partnership Committee and Velindre Trust Board?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

10. Additional comments

1
Responses

Latest Responses

11. Has the Audit Committee established a cycle of business to be dealt with across the year?

🔵	Yes	9
🟠	Somewhat	1
🟢	No	0

12. Additional comments

0
Responses

Latest Responses

13. Does the Audit Committee meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

14. Additional comments

0
Responses
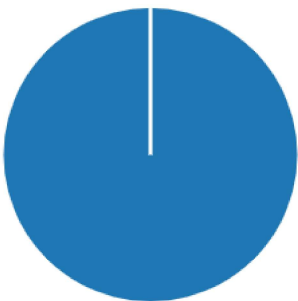
Latest Responses

15. Is the atmosphere at Audit Committee meetings conductive to open and productive debate?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	
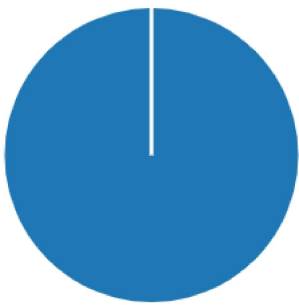
16. Additional comments

1
Responses

Latest Responses

17. Is the behaviour of all members/attendees courteous and professional?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	
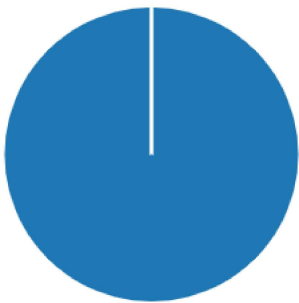
18. Additional comments

0
Responses

Latest Responses

19. Are Audit Committee meetings scheduled prior to important decisions being made?

🔵	Yes	7
🟠	Somewhat	3
🟢	No	0
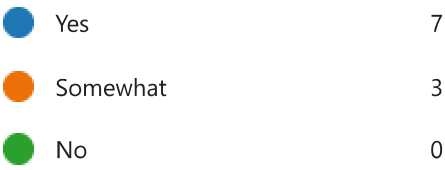
20. Additional comments

2
Responses

Latest Responses

21. Do you consider that where private meetings of the Audit Committee are held (Part B), that these have been used appropriately for items that should not be discussed in the public domain (i.e. commercially sensitive, identifiable information)?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0
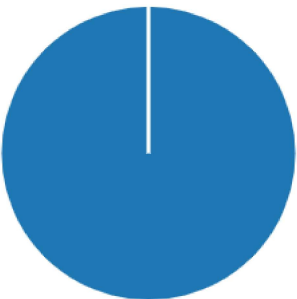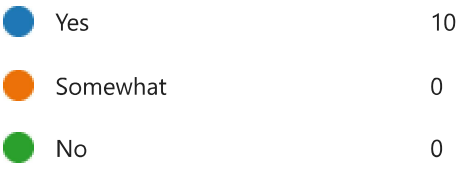
22. Additional comments

0
Responses

Latest Responses

23. Would you agree that each agenda item is 'closed off' appropriately so it is clear what the conclusion is?

🔵	Yes	9
🟠	Somewhat	1
🟢	No	0

24. Additional comments

0
Responses

Latest Responses

25. Would you welcome greater use of the Welsh Language at meetings?

🔵	Yes	0
🟠	Somewhat	2
🟢	No	8

26. Additional comments

2
Responses

Latest Responses
"*Translation services being available so that any member can...*"

27. Would you agree that your experience of holding remote/virtual meetings of the Audit Committee has been positive? Please leave a comment to detail further.

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	
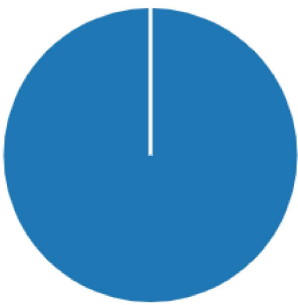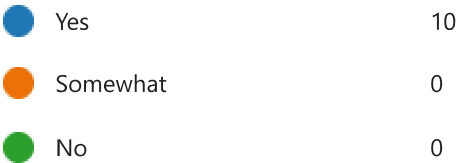
28. Additional comments

<div align="center">

3

Responses

</div>

Latest Responses

"*The occasional face to face meeting is helpful, however busi...*

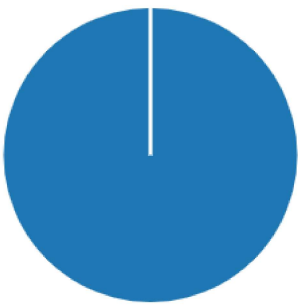29. Does the Audit Committee review assurance and regulatory compliance reporting processes?

🔵 Yes	9	
🟠 Somewhat	1	
🟢 No	0	
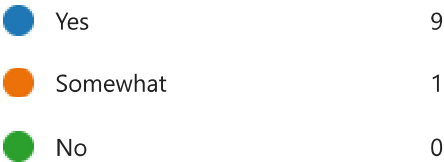
30. Additional comments

<div align="center">

1

Responses

</div>

Latest Responses

31. Does the Audit Committee have a mechanism to ensure awareness of topical, legal and regulatory issues?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

32. Additional comments

<div align="center">

2

Responses

</div>

Latest Responses

33. Has the Audit Committee formally considered how it integrates with other Committees that are reviewing risk (e.g. Risk Management)?
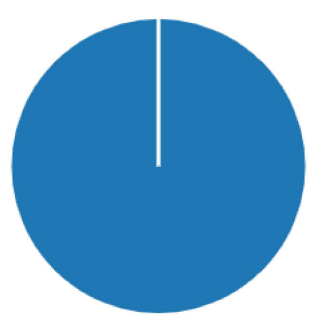

🔵 Yes	9	
🟠 Somewhat	1	
🟢 No	0	

34. Additional comments

<div align="center">

1

Responses

</div>

Latest Responses

35. Has the Audit Committee reviewed the robustness and effectiveness of the content of the organisation's system of assurance?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

36. Additional comments

0
Responses

Latest Responses

37. Do you consider that the reports received by the Audit Committee are timely and have the right format/content, to enhance it to discharge its internal control and risk management responsibilities?

🔵	Yes	9
🟠	Somewhat	1
🟢	No	0

38. Additional comments

0
Responses

Latest Responses

39. Is there clarity over the timing and content of the assurance statements received by the Audit Committee from the Head of Internal Audit?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

40. Additional comments

0
Responses

Latest Responses

41. Are the Charter or Terms of Reference approved by the Audit Committee and regularly reviewed?
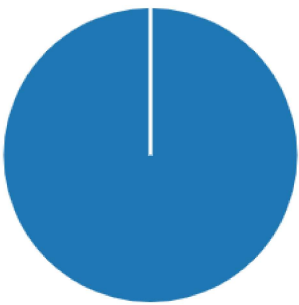
🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

42. Additional comments

0
Responses

Latest Responses

43. Does the Audit Committee review and approve the Internal Audit Plan at the beginning of the financial year?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

44. Additional comments

0
Responses

Latest Responses

45. Does the Audit Committee approve any material changes to the Plan?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

46. Additional comments

0
Responses

Latest Responses

47. Are Audit Plans derived from clear processes based on risk assessment with clear links to the system of assurance?

🔵 Yes		10
🟠 Somewhat		0
🟢 No		0

48. Additional comments

0
Responses

Latest Responses

49. Does the Audit Committee receive periodic progress reports from the Head of Internal Audit?

🔵 Yes		10
🟠 Somewhat		0
🟢 No		0

50. Additional comments

0
Responses

Latest Responses

51. Does the Audit Committee investigate the reason for management refusal to accept audit recommendations?

Yes   9
Somewhat   1
No   0
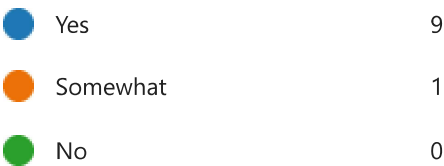
52. Additional comments

0
Responses

Latest Responses

53. Does the Audit Committee effectively monitor the implementation of management actions from Audit Reports?
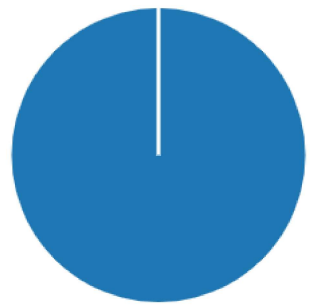
Yes   10
Somewhat   0
No   0
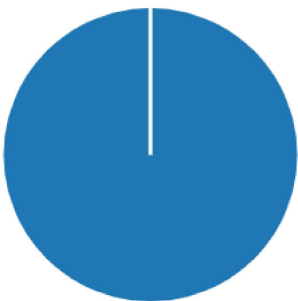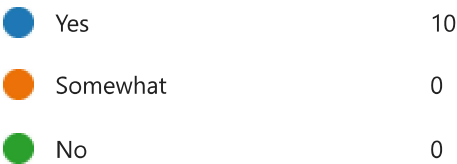
54. Additional comments

0
Responses

Latest Responses

55. Does the Head of Internal Audit have a direct line of reporting to the Audit Committee and its Chair?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

56. Additional comments

0
Responses

Latest Responses

57. Does the Audit Committee review the effectiveness of Internal Audit and the adequacy of staffing and resources within Internal Audit?
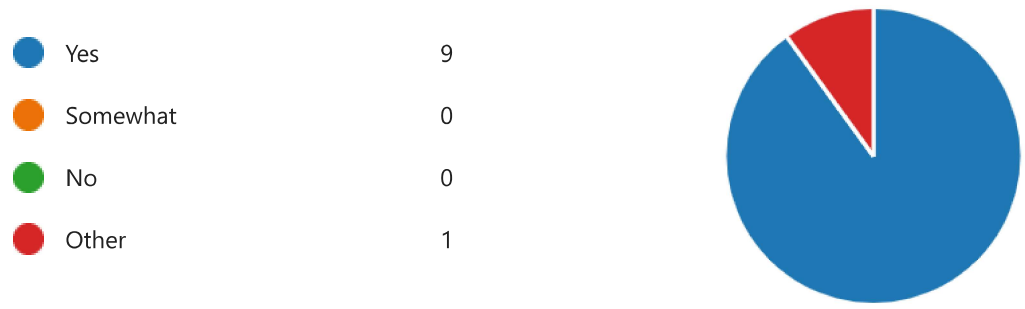
🔵 Yes	9	
🟠 Somewhat	1	
🟢 No	0	

58. Additional comments

1
Responses

Latest Responses

59. Has the Audit Committee evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards (PSIAS)?
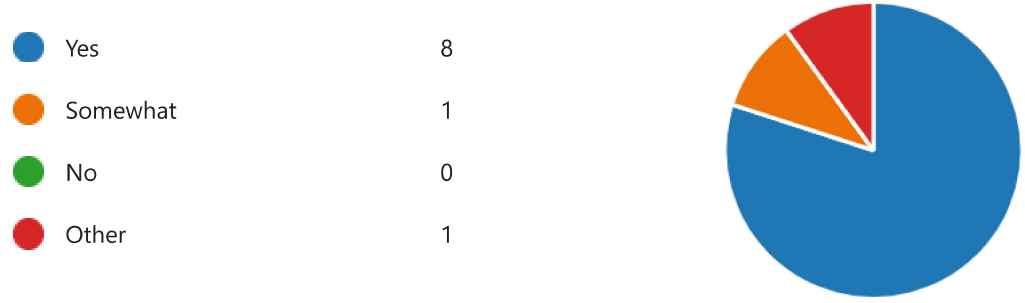
🔵	Yes	9
🟠	Somewhat	0
🟢	No	0
🔴	Other	1

60. Additional comments

1
Responses

Latest Responses

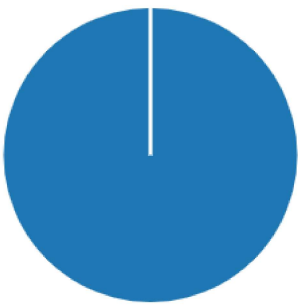61. Has the Audit Committee agreed a range of Internal Audit performance measures to be reported on a routine basis?

🔵	Yes	8
🟠	Somewhat	1
🟢	No	0
🔴	Other	1

62. Additional comments

1
Responses

Latest Responses

63. Does the Audit Committee receive and review the Head of Internal Audit's Annual Report and Opinion?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0
🔴	Other	0

64. Additional comments

0
Responses

Latest Responses

65. Do the Auditor General's representatives present their Audit Plans and Strategy to the Audit Committee, for consideration?

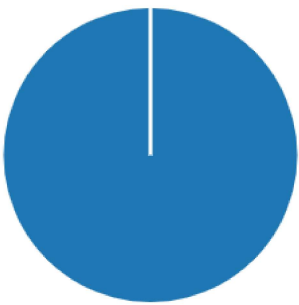|		
🔵	Yes	9
🟠	Somewhat	1
🟢	No	0

66. Additional comments

2
Responses

Latest Responses
"*No always timely* "

67. Does the Audit Committee receive and monitor actions taken in respect of previous years' reviews?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

68. Additional comments

0
Responses

Latest Responses

69. Does the Audit Committee consider the Auditor General's Annual Audit Letter?

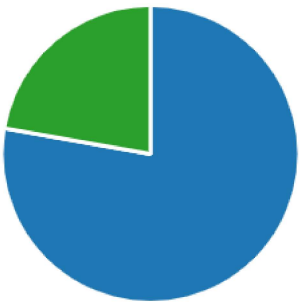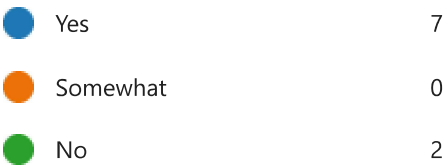|		
🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

70. Additional comments

0
Responses

Latest Responses

71. Does the Audit Committee assess the quality and effectiveness of External Audit work (both financial and non-financial audit)?
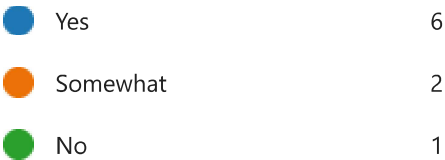
🔵	Yes	7
🟠	Somewhat	0
🟢	No	2

72. Additional comments

2
Responses

Latest Responses

73. Does the Audit Committee review the nature and value of non-statutory work commissioned by organisation from the Auditor General?
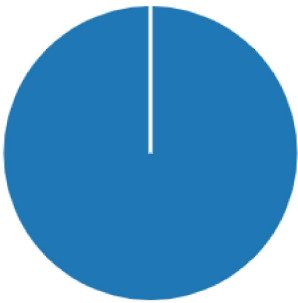
🔵	Yes	6
🟠	Somewhat	2
🟢	No	1

74. Additional comments

3
Responses

Latest Responses

75. Does the Audit Committee review and approve the Counter Fraud Work Plan at the beginning of the financial year?

🔵	Yes	9
🟠	Somewhat	0
🟢	No	0

76. Additional comments

0

Responses

Latest Responses

77. Does the Audit Committee satisfy itself that the Work Plan adequately covers each of the seven generic areas defined in the NHS Counter Fraud Policy?
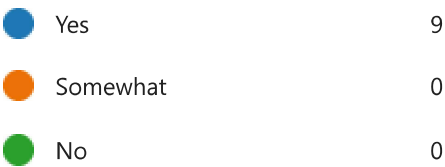
🔵	Yes	8
🟠	Somewhat	1
🟢	No	0

78. Additional comments

0

Responses

Latest Responses

79. Does the Audit Committee approve any material changes to the Plan?

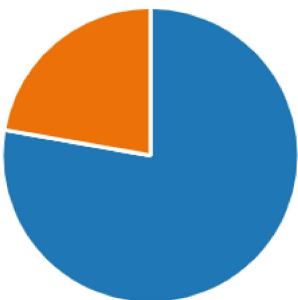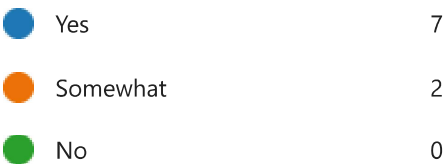|		
🔵	Yes	9
🟠	Somewhat	0
🟢	No	0

80. Additional comments

0
Responses

Latest Responses

81. Are Counter Fraud Plans derived from clear processes based on Risk Assessment?

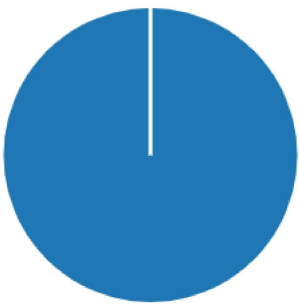|		
🔵	Yes	7
🟠	Somewhat	2
🟢	No	0

82. Additional comments

1
Responses

Latest Responses

83. Does the Audit Committee receive periodic reports from the Local Counter Fraud Specialist?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

84. Additional comments

0
Responses

Latest Responses

85. Does the Audit Committee effectively monitor the implementation of management actions arising from Counter Fraud reports?

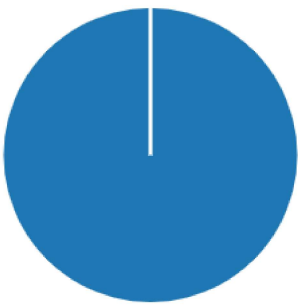|		
🔵	Yes	9
🟠	Somewhat	1
🟢	No	0

86. Additional comments

1
Responses

Latest Responses

87. Does the Local Counter Fraud Specialist have a right of direct access to the Audit Committee and its Chair?

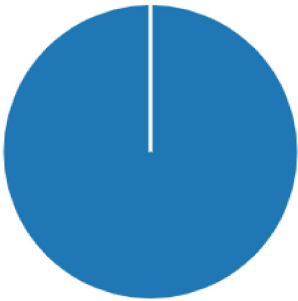|		
🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

88. Additional comments

0
Responses

Latest Responses

89. Does the Audit Committee review the effectiveness of the Local Counter Fraud Service and the adequacy of its staffing resources?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0

90. Additional comments

1
Responses

Latest Responses

91. Does the Audit Committee receive and review the Local Counter Fraud Specialist's Annual Report of Counter Fraud Activity and Qualitative Assessment?

🔵	Yes	10
🟠	Somewhat	0
🟢	No	0
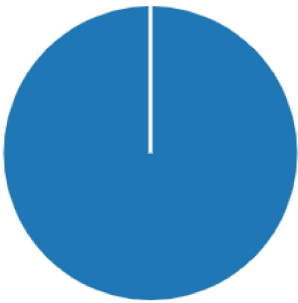
92. Additional comments

0
Responses

Latest Responses

93. Does the Audit Committee receive and discuss reports arising from quality inspections by NHS Counter Fraud Authority?

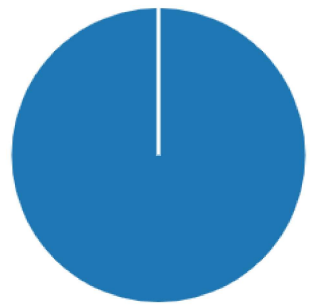|		
🔵	Yes	8
🟠	Somewhat	1
🟢	No	1

94. Additional comments

1
Responses

Latest Responses

95. Do you consider that Audit Committee meetings are chaired effectively and with clarity of purpose and outcome?

🔵 Yes	10	
🟠 Somewhat	0	
🟢 No	0	

96. Additional comments

2
Responses

Latest Responses
"*Excellent chair who is able to share significant experience ga...*"

97. Do you consider that the Audit Committee Chair provides clear and concise information to the governing body on the activities of the Audit Committee and the implication of all identified gaps in assurance and/or control?

🔵 Yes	9	
🟠 Somewhat	0	
🟢 No	0	
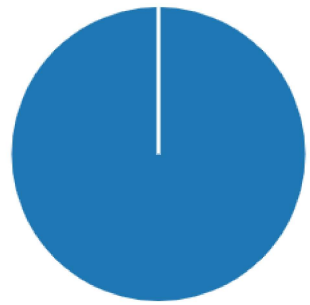
98. Additional comments

1
Responses

Latest Responses

BACS APPROVED
BUREAU SCHEME

Inspection report
Bureau number: B60965
Bureau name: Velindre NHS Trust – NWSSP
BACS

Inspection date: 12/07/2023
Previous Inspection date: 25/02/2020
Auditor: Guljinder Shokar
Inspection Report date: 19/07/2023

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2

1   SUMMARY OF FINDINGS

All organisations operating a Bacs Approved Bureau (BAB) must undergo regular inspections that assess the BAB on a point in time basis against a set criteria. Pay.UK does not make any representation in respect of the suitability, or otherwise, of organisations approved under the Bacs Approved Bureau Scheme for any other purpose.

Pay.UK recognises that organisations differ in size, complexity of operation and the range of services offered, therefore, the inspection process aims to provide a fair and objective evaluation and any requirements and recommendations raised are at a practical level and tailored to suit the needs of the organisation.

Requirements – The Inspector will raise a requirement where they assess that action must be taken to address a risk, which has been identified in relation to BAB operations. It is important to note that where a requirement has been raised this does not automatically result in a failed inspection.

Recommendations – The Inspector will raise a recommendation where they assess that action should be taken to address a risk, which has been identified in relation to BAB operations. It is important to note that should a recommendation be raised, but then not implemented by the time of the next inspection, this may be restated as a requirement.

The inspection process comprises a number of key elements:

- Completion and return of the inspection questionnaire, supporting documents and, where relevant, the supporting annexes within the required timescale
- On-site visit of locations involved in the end-to-end Bacs Payment System operations as well as other sites deemed to be in scope
- Production of an inspection report outlining requirements and recommendations, a copy of which is issued to the BAB and to its sponsoring participant.

The Inspection assesses a number of key areas or categories:

1. Organisation and policy
2. Professional services and commercial arrangements
3. Physical security
4. Network environment
5. Systems management
6. Logical access control
7. Business continuity and disaster recovery
8. Bacs processing and data controls
9. HSM and cryptographic key management (if applicable)

Each category is given an individual rating following the visit. The ratings are:

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Pass – Where an Inspector has either identified no risks in relation to BAB operations or any recommendations which have been raised, address an issue of relatively low risk.

Pass – Where an Inspector has identified risks in relation to BAB operations and has raised recommendations/requirements to address these.

Fail – Where the Inspector has identified high/critical risks in relation to BAB operations and the resulting requirements raised must be implemented in order to maintain BAB status. If assessed as **Fail** in **any** category, this will result in a failure of the entire inspection. The BAB will have an opportunity to address identified risks before undergoing a re-inspection.

Not Applicable – Where an Inspector believes this category to not be within the scope of the inspection.

THE RATINGS AWARDED FOR THIS INSPECTION	
Organisation and policy	**Pass**
Professional services and commercial arrangements	**Pass**
Physical security	**Pass**
Network environment	**Pass**
Systems management	**Pass**
Logical access control	**Pass**
Business continuity and disaster recovery	**Pass**
Bacs processing and data controls	**Pass**
HSM and cryptographic key management	**Pass**

The inspection has resulted in a number of recommendations and requirements raised (see section 4 of this report).

The organisation currently meets the standard required to maintain its Bacs Approved Bureau status.

IMPORTANT NOTE:

Recommendations and requirements in this report are limited to the information provided by the bureau.

INSPECTION ATTENDEES

NAME	JOB TITLE	ORGANISATION
Stuart Fraser	Associate Programme Director	Velindre NHS Trust – NWSSP BACS
Alison Ruckley	AP Data and Payment Manager	Velindre NHS Trust – NWSSP BACS
Stacey Taylor	Senior Service Support Analyst	Velindre NHS Trust – NWSSP BACS
Sian Smeeth	Service Delivery Project Manager	Velindre NHS Trust – NWSSP BACS

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2 BACS APPROVED BUREAU OVERVIEW

BUREAU DETAILS

BUREAU NAME	BUREAU NUMBER	DATE BAB STATUS ASSIGNED
Velindre NHS Trust – NWSSP BACS	B60965	03/01/2018
SPONSORING PARTICIPANT		
National Westminster Bank		
NATURE OF BUSINESS		
Velindre NHS Trust – NWSSP BACS is a public sector body reporting to the Welsh Government. The company is responsible for Velindre Cancer Centre (VCC) and the Welsh Blood Service (WBG). The trust also hosts a number of external organisations, these include NHS Wales Shared Services Partnership (NWSSP) and NHS Wales Informatics Services. NWSSP hosts the Central Team eBusiness Services (CTES) which was established in 2004 to have a central coordinated approach to the implementation and use of Oracle E-business suite (finance, procurement and supply chain) and is made up of Service Desk, Developer and Project Management services. The team is also responsible for providing the Bacs bureau service on behalf of all 13 health boards and trusts in Wales. CTES are physically located at Cardiff & Vale university health board site - this arrangement is for historical reasons, before the establishment of NWSSP in 2011		

PAYMENTS PROCESSED BY THE BUREAU		TRANSACTION TYPES
Direct Credits	☒	Purchase Ledger
Direct Debits	☐	
Facilities Management (FM)	☐	
Faster Payments (FPS)	☐	

AUTHORISED CONTACTS (PAY.UK) *	EMAIL	TEL. NO.	BUREAUX PORTAL ACCESS
Stuart Fraser	stuart.fraser2@wales.nhs.uk	029 2074 5598 0745 0861 602	☒
Gina Southam	Gina.Southam@wales.nhs.uk	02920 745 599	☒

INVOICE CONTACT AND ADDRESS	EMAIL	TEL. NO.
Stuart Fraser Associate Programme Director Velindre NHS Trust – SSP BACS Central Team eBusiness Services Office, 2nd Floor, Woodland House	nwssp_psu_p2p@wales.nhs.uk; stuart.fraser2@wales.nhs.uk	02920 745 599

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2 Maes-Y-Coed Rd CF14 4TT		

DIRECTORY CONTACT AND ADDRESS	EMAIL	TEL. NO.
Stuart Fraser Associate Programme Director Unit 2, 2 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ	stuart.fraser2@wales.nhs.uk	029 2074 5598

*These are the contacts registered on the Pay.UK bureau database. They may differ from the contacts recorded on the Bacs Payment Services Website (PSW), which is managed by your sponsoring participant. We are only able to discuss the bureau with contacts registered on the Pay.UK bureau database.

BUREAU MANAGED SITES

ADDRESS	SITE FUNCTION[1]			VISITED THIS INSPECTION?	ONSITE OR OFFSITE[2]	PREVIOUS VISIT DATE
	TA	DP	DC	YES / NO		
Central Team eBusiness Services Cardiff & Vale University Health Board Woodland House, 2 Maes-Y-Coed Rd, Cardiff CF14 4TT	☒	☒	☐	NO	OFFSITE	25/02/2020
Cardigan House, University Hospital of Wales, Heath Park, Cardiff CF14 4XW	☒	☐	☒	NO	OFFSITE	N/A
Cardiff Royal Infirmary, Glossop Road, Cardiff CF24 0SZ	☒	☐	☒	NO	OFFSITE	N/A
Velindre NHS Trust NWSSP BACS Companies House NHS Wales Procurement Services 4th floor Companies House Crown Way, Cardiff	☒	☒	☐	NO	OFFSITE	N/A

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CF14 3UB						
Velindre NHS Trust NWSSP BACS Alder House NHS Wales Procurement Services Alder House, Alder Court, St Asaph Business Park St Asaph, Clwyd LL17 0JL	☒	☒	☐	NO	OFFSITE	N/A
Velindre NHS Trust – NWSSP BACS Matrix House Swansea Matrix House, Northern Boulevard Matrix Park, Swansea Enterprise Park Swansea SA6 8RE	☒	☒	☐	NO	OFFSITE	26/02/2020

₁Site function:

TA	Transmission authority	the location from where Bacs submissions are initiated
DP	Data preparation	the location where payment data is prepared in order to be converted into a format which can be imported into the Bacstel-IP application software for transmission to the Bacs Payment System
DC	Data/Computer centre	Data / computer centre owned and managed by the bureau organisation

₂Onsite inspections are where Pay.UK employees have physically attended the site for the purpose of conducting a BAB inspection. Offsite Inspections are those where Pay.UK have arranged a conference call or other virtual assessment for the purpose of conducting an inspection. Offsite inspections are generally conducted for the purposes of re-inspection or where it is not appropriate for an inspection to take place in person, for example due to travel restrictions.

THIRD-PARTY SITES

ORGANISATION	LOCATION	FUNCTION
Paygate Solution Ltd	Wallingford, Oxfordshire	Bacs Software Solution Supplier
Version 1 Solutions Ltd	Redditch, Worcestershire	Managed services provider (cloud-hosted services), FMP systems, Oracle, servers, SFTP file migration process from Oracle to Paygate & managed service Helpdesk

Third-party sites are those locations which are not owned by the Bacs Approved Bureau but from where services are provided by other organisations which directly support the processing conducted under the bureau number.

3 BACS APPROVED BUREAU OPERATIONS

BACS TRANSACTIONS SUBMITTED UNDER B60965

	VOLUMES			VALUES		
YEAR	CREDITS	DEBITS	TOTAL	CREDITS	DEBITS	TOTAL
2022	425,041	0	**425,041**	£6,873,841,231.00	£0.00	**£6,873,841,231.00**
2021	399,478	0	**399,478**	£5,967,127,416.00	£0.00	**£5,967,127,416.00**
2020	378,671	0	**378,671**	£5,587,047,820.00	£0.00	**£5,587,047,820.00**

CERTIFICATIONS AND AUDITS

RELEVANT QUALITY AND SECURITY CERTIFICATIONS
Cyber Essentials ISO 9001:2000 ISO/IEC 27001:2003 ISO 2000-1 2018

AUDIT	SCOPE	LAST AUDIT DATE	FREQUENCY
Internal Audit	To evaluate and determine the adequacy of the key controls in place within the Bacs bureau and processing regions for the preparation, authorisation and processing of payment files.	Jan 2023	Annual
Welsh Audit (External)	FMS services, controls and processes	July 2022	Annual
ADDITIONAL INFORMATION			
The Welsh Audit is currently in progress.			

FORMAL AGREEMENTS

DOCUMENTED FORMAL AGREEMENT	YES	NO	N / A	FREQUENCY OF REVIEW
Service users/clients	☒	☐	☐	Annual
Third-party processors	☒	☐	☐	Annual in most instances. Managed service provision 3 years with option to extend by a further 3 year

BACS PAYMENT SERVICES WEBSITE (PSW) CONTACTS

NAME	CONTACT TYPE	PKI STATUS	ASM STATUS
Catherine Williams	PSC	Active	Not Set
Natalie Whitbread	PSC	Active	Not Set
Stuart Fraser	PSC	Active	Not Set
Gina Southam	AC	Not Set	Active
NHSWALES HSM 2022	AC	Active	Not Set
NWSSP HSM1 NWSSP2017	AC	Active	Not Set
Sian Smeeth	AC	Not Set	Active
Stacey Taylor	AC	Not Set	Active

BUREAU RELATED SYSTEMS AND APPLICATIONS

	SOFTWARE PRODUCT AND MANUFACTURER
Transaction application	Oracle e-business Suite Accounts Payable
Bacs transmission software$_4$	Paygate Solution Ltd
HSM product model (if applicable)	SafeNet ProtectServer

$_4$ **For clarification, we advise that while the software used to submit Bacs and FPS transactions is approved, the organisation providing the software, including any additional services, is not part of the approval process and that it is the BAB's responsibility to undertake any third-party due diligence with regards to information security and data protection.**

SERVICE USER NUMBERS

SERVICE USER NUMBERS (SUNS)	
Number of SUNs linked to the bureau number on the Payment Services Website (PSW)	19
Number of SUNs owned by the bureau	N/A
Rationale for SUNs being owned by the bureau (if applicable)	N/A
Bureau employees (present or former) setup as PSW contacts on client SUNs?	N/A
Frequency of review of SUNs conducted by the bureau	Periodically

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PAYMENT FILE PROCESSING

	YES	NO
Documented procedures for controlling end-to-end processes	☒	☐
Adequate segregation of responsibilities incorporated within processes	☒	☐
Reconciliation of Bacs submission summary report conducted	☒	☐
Documented procedures for extracting submitted files	☒	☐
Secure management of smartcards	☒	☐

4   REQUIREMENTS AND RECOMMENDATIONS

ORGANISATION AND POLICY

Pass
NO RECOMMENDATIONS AND REQUIREMENTS

PROFESSIONAL SERVICES AND COMMERCIAL ARRANGEMENTS

Pass	
1	
FINDING	We understand, the BAB has an SLA in place with the Accounts Payable division, who in turn have a shared services agreement with all 13 health boards and trusts for the provision of services The SLA is re-signed each year and appears to cover most Bacs recommended Bacs related responsibilities.
RECOMMENDATION	That, the BAB undertakes a full review of the "BAB SLA Template 2021 – V1.1" from the Bureaux Portal against its existing SLA to ensure all Bacs specific related activities are included.

PHYSICAL SECURITY

Pass
NO RECOMMENDATIONS AND REQUIREMENTS

NETWORK ENVIRONMENT

Pass
NO RECOMMENDATIONS AND REQUIREMENTS

SYSTEMS MANAGEMENT

Pass
NO RECOMMENDATIONS AND REQUIREMENTS

LOGICAL ACCESS CONTROL

Pass
NO RECOMMENDATIONS AND REQUIREMENTS

BUSINESS CONTINUITY AND DISASTER RECOVERY

Pass
NO RECOMMENDATIONS AND REQUIREMENTS

BACS PROCESSING AND DATA CONTROLS

Pass	
2	
FINDING	The BAB currently has 8 security contacts setup in total on PSW, made up of; 3 Primary Security Contacts (PSC) and 5 Additional Contacts (AC). We note, that the email address of PSC Stuart Fraser (Allwales.Oraclect@wales.nhs.uk) has been setup with a shared mailbox address.
REQUIREMENT	That, the email address of PSC Stuart Fraser is amend from a shared mailbox address (Allwales.Oraclect@wales.nhs.uk) to his specific individual corporate email address (stuart.fraser2@wales.nhs.uk).

HSM AND CRYPTOGRAPHIC KEY MANAGEMENT

Pass	
3	
FINDING	We understand the bureau utilise a hosted HSM solution via their SSP Paygate Solution Ltd for the transmission of Bacs Payment file to the Bacs clearing. We note that both HSM accounts (NHSWALES HSM 2022 & NWSSP HSM1 NWSSP2017) linked to the BAB's bureau number have been setup with an individual named account of; "stuart.fraser2@wales.nhs.uk", however we understand that HSM account "NWSSP HSM1 NWSSP2017" is now redundant.
RECOMMENDATION	That, the bureau verifies the active status of HSM account (NWSSP HSM1 NWSSP2017) with their Sponsoring Participant and SSP to ensure that it is no longer required prior to its removal.
	The email address of the current active HSM account (NHSWALES HSM 2022) should be updated from the individual named account of "stuart.fraser2@wales.nhs.uk" to a shared mailbox address for contingency purposes.

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5   NOTIFICATION TO THIRD PARTY ASSURANCE TEAM

In addition to keeping sponsoring participants apprised of major changes, BABs are responsible for supplying Pay.UK with details of any changes that may impact upon its BAB status.

Failure to do so in a timely manner risks the loss of the BAB status, which will impact the ability of the bureau to process transactions on behalf of its clients.

BABs must notify Pay.UK of all changes in a timely manner. Changes can include, but are not limited to:

- BAB contact and / or contact addresses

- BAB invoice address

- BAB IT infrastructure

- BAB location

- BAB ownership.

BABs should advise Pay.UK of changes by emailing the Third-Party Assurance Team at babs@wearepay.uk

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	10 October 2023
PREPARED BY	Carly Wilce, Corporate Services Manager and Emma Lane Procurement Services
PRESENTED BY	Andy Butler, Director of Finance and Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services & Jonathan Irvine – Director of Procurment Services
TITLE OF REPORT	Governance Matters
PURPOSE	

PURPOSE
The purpose of this paper is to provide the Audit Committee with a brief update on governance developments within NWSSP.

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

There were five occasions where contract awards were not progressed in accordance with Standing Orders. These are items 12-16 in Appendix A and reasons for the breach are provided. Most of these relate to items that were originally estimated to be below £5k in expenditure and for which therefore a formal procurement process was not undertaken.

2. CONTRACTS FOR NWSSP

The table overleaf summarises contracting activity undertaken during the period **1 July 2023 to 30 September 2023**. A summary of activity for the period is set out in **Appendix A**.

Description	No.
File Note	**5**
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	**0**
Single Quotation Actions	**0**
Direct Call Off against National Framework Agreement	**1**
Invitation to competitive tender of value exceeding OJEU threshold (excl VAT)	**0**
Contract Extensions	**2**
Total	**16**

3. NWSSP PROCUREMENT SERVICES ALL WALES CONTRACTING ACTIVITY

During the period **1 July 2023 to 25 September 2023**, activity against **38 contracts** have been completed. This includes **15** contracts at the **briefing** stage and **16** contracts at the **ratification** stage. In addition to this activity, **7 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 no further declarations of Gifts, Hospitality or Sponsorship made since the last Audit Committee meeting.

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. This was a nil return for the last quarter.

6. RECOMMENDATION

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

APPENDIX A - NWSSP Contracting Activity Undertaken (1/07/2023 to 30/09/2023)

No.	Trust	Division	Procurement Ref No	Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue
1.	VEL	NWSSP	NWSSP-DCO (23-24) 53	July 2023	Direct Call Off	Provision of Agency Staff for Audit & Assurance	Michael Page international	£33,565.00	Audit and Assurance unable to recruit into permanent position and require temporary agency provision whilst seeking further candidates.
2.	VEL	NWSSP	NWSSP-STA-(22-23)-3	September 2023	Extension under Regulation 72 of PCR	Matrix House Facilities Management	Facility Services Group Limited	£63,380.00 – Original Value £31,500.00 – Modification Total - £94,880.22	Competitive tender being sought for renewal, delay with specification requiring additional time to procure.
3.	VEL	NWSSP	NWSSP-DCO-51124	September 2023	Extension under Regulation 72 of PCR	Translation Services 2023-2024	Trosol, Testun & Atebol	Within approved contract value for Trosol and Testun. Atebol – additional £20,000.00	Migration to All Wales contract once awarded, requirement to extend current contracts for continuity of service.
4.	VEL	NWSSP	NWSSP-MIN-MULTIRA331734	September 2023	Multiquote	AD HOC contract for Plumbing	Solvit (Wales) Ltd	Capped activity value £25,000.00	Interim contract whilst collaborative framework being put in place by C&V IP
5.	VEL	NWSSP	NWSSP-MIN-MULTIRA331733	September 2023	Multiquote	AD HOC contract for Electrical	Amberwell	Capped activity value £25,000.00	Interim contract whilst collaborative framework being put in place by C&V IP
6.	VEL	NWSSP	NWSSP-MIN-MULTIRA331732	September 2023	Multiquote	AD HOC contract for General building	PRW Constructions	Capped activity value £25,000.00	Interim contract whilst collaborative framework being put in place by C&V IP
7.	VEL	NWSSP	NWSSP-MIN-MULTIRA332495	September 2023	Multiquote	Postal/Courier services	Priority Express	Capped activity value £25,000.00	Competitive quotation
8.	VEL	NWSSP	NWSSP-MQ-RA317443	July 2023	Multiquote	Graduate Scheme Assessment Centre - Finance Academy	Eliesha Training Limited	£10,302.53	Extension to current agreement

9.	VEL	NWSSP	NWSSP-MIN-MULTIRA31674	August 2023	Multiquote	Laundry BSEN14065 Accreditation	LTC Worldwide	£24,960.00	Competitive quotation
10.	VEL	NWSSP	NWSSP-MIN-MULTIRA332474	August 2023	Multiquote	Commercial laundry dispatch system for the Church Village Laundry	Bundle Laundry UK Ltd	£11,376.00	Competitive quotation
11.	VEL	NWSSP	NWSSP-MIN-MULTIRA333247	August 2023	Multiquote	NWSSP Supply Chain Pallet Collection	Lot 1 - C.Morgan Pallets Ltd Lot 2 - Neil Massey Pallets	£15,200.00	Income Generation
12.	VEL	NWSSP	No reference, reported as breach	September 2023	Filenote	Agency staff for finance	Siamo	£14,448.00	Resolved as staff have been transitioned over to NWSSP Payroll.
13.	VEL	NWSSP	No reference, reported as breach	September 2023	Filenote	European Energy Surcharge	Ecolab	£6,491.12	Contract value breach exceeding £5k SFI's threshold due to surcharge being included in total
14.	VEL	NWSSP	No reference, reported as breach	September 2023	Filenote	Cost for Legal & Risk Staff Development Day at the All Nations Centre Cardiff	Kairos Ventures Ltd	£6,056.75	Contract value breach exceeding £5k SFI's threshold due to service requiring larger conference room and additional technical support which was not included in original value.
15.	VEL	NWSSP	No reference, reported as breach	September 2023	Filenote	International trip - Kochi in Kerala	Navigo Health and social Care CIC	£6,601.75	At the time, Navigo CIC (NHS England) had an existing international trip planned to Kochi in Kerala and it was agreed that it would be beneficial for Wales NHS organisations to join this trip to further the development of the MOU and to fully comprehend the recruitment opportunities for NHS Wales. In discussions with WG, Navigo agreed to facilitate both the logistical planning of the careers event and the wider political discussions related to the intergovernmental partnership on which the MOU was based.

16.	VEL	NWSSP	No reference, reported as breach	September 2023	Filenote	Licences	Thomson Reuters	£8,022.66	Did not cover the full expenditure required for an additional 20 licenses.

APPENDIX B - All Wales Contracting Activity In Progress (01/07/2023 - 25/09/2023)

No.	Contract Title	Doc Type	Total Value	JI approval <£750K	WG approval >£500k	NF approval £750-£1M	Chair Approval £1M+
1.	**Transitional Drugs 2** This contract is for the tender of Apixaban, Lanreotide, Sugammadex, Dupilumab, Eculizumab, Dabigatran Etexilate and Teriflunomide which are all shortly due to lose their patent exclusivity and therefore will have generic competition available 01/10/2023-30/06/2024 (with option to extend for 12 months to 30/06/2025)	briefing	£30,865,086	03/07/2023	14/07/2023	NA	NA
2.	**Biomass Fuel** Woodchip and Wood Pellet fuel biomass is used as a heating fuel by organisations across Wales which have a requirement. 01/08/2023 – 31/07/2025	ratification	£938,982	03/07/2023	14/07/2023	18/07/2023	NA
3.	**E-expenses** Selenity e-Expenses has been in operation within NHS Wales since 2012 and has been developed significantly over the years in NHS Wales. The current arrangement was procured through G-Cloud 12 5th August 2023 – 4th August 2026	briefing	£885,600	29/06/2023	NA direct award framework	NA	NA
4.	**Aggregation: Mobile Voice & Data Services** The current contractual position across NHS Wales varies greatly for mobile call and data packages, and the specification procured is tailored around the needs of the NHS Wales organisation's 2 years plus option to extend for 2 periods of 12 months	briefing	£28,260,462	03/07/2023	NA direct award framework	NA	NA
5.	**PROMs** Measures a patient's health status or health-treated quality of life at a single point in time and are collected through self-completed questionnaire (proforma) or a set of questionnaires. PROMs can be issued to a patient at any point along their treatment pathway. 4 year framework	ratification	£14,250,677	04/07/2023	25/08/2023	25/08/2023	25/08/2023
6.	**Erythropoietin Stimulating Agents & IV Iron Erythropoiesis** The process by which red blood cells are produced. It is stimulated by the decreased oxygen in circulation, which is detected by the kidneys, which then secrete the hormone erythropoietin. Erythropoietin Stimulating Agents (ESA) are structurally and biologically similar to naturally occurring protein erythropoietin. Clinicians prescribe ESAs to maintain haemoglobin at the lowest level that both minimises transfusions and best meets individual patient needs. IV iron is necessary to treat iron deficiency in patients who are receiving ESA treatment. 1st October 2023 to 30th September 2025 (with an option to extend for up to a further period of 24 months to 30th September 2027)	ratification	£20,092,264	06/07/2023	14/07/2023	24/07/2023	26/07/2023
7.	**Replacement Laboratory Information Management System (LIMS) for the Welsh Histocompatibility & Immunogenetics Service (WHAIS)** WTAIL operates the Welsh Histocompatibility and Immunogenetics Service (WHAIS), which provides scientific advice, results, and expertise for a range of NHS Wales organisations, including hospitals, transfusion centres and General Practitioners Five (5) year contract with options to extend for a further one plus one years.	briefing	£1,104,000	06/07/2023	27/07/2023	NA	NA

No.	Description	Type	Value	Date	Approval		
8.	**Procedure Packs** Custom 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 1st August 2019 - 31st July 2023 extension - 1st August 2023 – 31st July 2024	extension	£14,480,843	22/06/2023	original approval applies 1/8/19		07/07/2023	07/07/2023
9.	**E-expenses** Selenity e-Expenses has been in operation within NHS Wales since 2012 and has been developed significantly over the years in NHS Wales. The current arrangement was procured through G-Cloud 12 5th August 2023 – 4th August 2026	ratification	£845,030	12/07/2023	NA direct award framework		18/07/2023	18/07/2023
10.	**PHW -Infection Prevention and Control (IPC) Case Management and Surveillance System** Supplying cross-hospital electronic infection case management, immediate alerting of information relevant to infection control to ward staff and others including health protection specialists, and in depth and real-time reporting for clinical and public health action. 15/08/23 for 2+2	briefing	£1,830,000	12/07/2023	NA direct award framework		NA	NA
11.	**TRAC** The Once for Wales e-recruitment system (TRAC) provides visibility of the full end-to-end recruitment process to all users allowing for the tracking of applicants, shortlisting, interview, and appointment stages. The flexibility of functionality provides use across Agenda for Change recruitment, medical recruitment, appointment to the temporary workforce, and more bespoke recruitment such as the Student Streamlining Process and Collaborative Bank with the ability to monitor and manage compliance with NHS Employment Standards 1st August 2023 – 31st July 2026	ratification	£3,057,840	13/07/2023	NA direct award framework		14/07/2023	17/07/2023
12.	**TRAMs** As part of the TRAMS Project (South-East Hub) there is a requirement to engage a specialist clean room contractor for a Design, Build & Validation project. Jan 24 for 5 years	briefing	£12,000,000	13/07/2023	WG confirmed approval NA as business case approved		NA	NA
13.	**Pulp Medical Products** Disposable pulp products are a critical category in the prevention of Hospital Acquired Infections 3+1 Years extension 1/8/23-31/7/24	extension	£4,590,610	14/07/2023	original approval applies 14/7/20		14/07/2023	18/07/2023
14.	**Maintenance of Aquilion One Prism CT Scanner to include replacement X ray tube and replacement CT Detector** Provision of regular servicing, corrective maintenance visits to site and the supply and fitting of replacement parts, including specialist elements for the life of the contract. Full technical and clinical applications support is also provided for the life of the contract. 9 years following warranty expiry. 16th February 2024 – 31st March 2033	ratification	£699,105	28/07/2023	NA direct award framework		NA	NA
15.	**Postgraduate Dental Education Framework Agreement (HEIW)**	ratification	£500,000	28/07/2023	11/08/2023		NA	NA

	A multi supplier framework agreement, lotted on a regional and all Wales basis, covering face to face and online learning methods to support postgraduate education and training for the whole dental workforce in Wales. 8th August 2023 - 31st July 2026 with the option to extend for 1 year						
16.	**Independent mental Health Advocacy** People who may qualify for IMCA support are those who lack capacity: an IMCA must be consulted to support those who lack capacity and "where there is no one who is *willing and able* to represent them or be consulted in the process of working out their best interests" for decisions about serious medical treatment and about whom there is no-one to consult and for decisions about a change of accommodation and about whom there is no-one to consult 1st April 2024 to 31st March 2026 with an option to extend for two further periods, each of one year, up to 31st March 2028	briefing	£3,330,864	28/07/2023	14/08/2023	NA	NA
17.	**Suction Consumables** Medical suction devices such as suction catheters and tubing are required to extract secretions, such as blood, saliva, and mucus from the airway and other cavities within the body 01/04/2024 – 31/03/2028	briefing	£1,608,000	31/07/2023	sent to WG 31/7	NA	NA
18.	**Pathology Consumables** To supply pathology consumables, equipment, and instruments to NHS Wales. 1st September 2023 – 31st August 2027	ratification	£9,873,757	01/08/2023	11/09/2023	11/09/2023	11/09/2023
19.	**Skin & Wound closure** Skin Closure is the immediate treatment of an injury found on a part of the body with the intent to lead to a faster healing process and best cosmetic result. A suture (commonly known as a stitch) is used in procedures to close cuts and wounds in the skin 01/10/2023 – 30/09/2027	briefing	£18,615,197	02/08/2023	sent to WG 2/8	NA	NA
20.	**Home Oxygen Service** Provision of a Home Oxygen Service including management of equipment, servicing and maintenance on behalf of Health Boards in line with the National Home Oxygen Service specification 1st October 2023 – 30th September 2030	ratification	£6,663,483	03/08/2023	11/09/2023	11/09/2023	11/09/2023
21.	**HEIW Provision of Community Nursing Education and Training Services** Seeking to commission Specialist Community Public Health Nursing (SCPHN) and Specialist Practitioner Qualification (SPQ) education and training 5 years with the option to extend in three, 12 month intervals.	briefing	£44,200,800	09/08/2023	sent to WG 9/8	NA	NA
22.	**Psychological services education and training** In order to increase the sustainability of psychology services workforce, HEIW sought to procure educational provision for a Level 8 Clinical Psychology Doctorate Programme, a Level 7 Masters Programme for a new profession for Wales, namely Clinical Associate in Applied Psychology (CAAPs) and Level 1 and Level 2 Cognitive Behavioural Therapy (CBT). 1st September 2023 to 31st July 2024 Service Commencement: 1st August 2024 – 31st July 2029	ratification	£1,908,142	04/08/2023	18/09/2023	Sent to NF 21/9	
23.	**Contrast Media** All products currently purchased are contained within the current contract as many of the different contrasts are used in specific specialised areas. The different products will have different licensed indications for use in various therapy areas for example there are specific X-ray media for use within cardiac investigations 1st November 2023 to 31st October 2027	ratification	£15,087,907	09/08/2023	14/08/2023	14/08/2023	24/08/2023

24.	**Commercial storage facilities and distribution services** To establish additional resilince and to enable the holding of the necessary goods, NWSSP SES and SC, L&T engaged with agents and transport providers to establish options around being able to hold up to 15,000 pallets as stock holding at any one time and consideration to expand further. 1st December 2023 to 30th November 2024	briefing	£1,900,000	16/08/2023	sent to WG 16/8	NA	NA
25.	**E-Prescribing system for chemotherapy** Implementation of a single E-Prescribing System for Chemotherapy to be implemented across all BCU sites. September 14 – September 24	extension	£517,196	10/08/2023	original approval applies 3/2/14	NA	NA
26.	**Infection prevention and control system** ICNET is an Infection Prevention and Control Case Management and Surveillance system supplying cross-hospital electronic infection case management, immediate alerting of information relevant to infection control to ward staff and others including health protection specialists, and in depth and real-time reporting for clinical and public health action. 15/08/2023 – 14/08/2027	ratification	£1,876,878	15/08/2023	NA direct award framework	20/09/2023	21/09/2023
27.	**HCS Vehicle replacement programme** A requirement to seek replacement vehicles for the Supply Chain Operation. 3 years with 2 optional 1 year extension.	briefing	£2,000,000	16/08/2023	sent to WG 16/8	NA	NA
28.	**Desktop hardware & peripherals** Seeking to procure a Desktop Hardware & Peripherals contract, which will allow the continuation of the replacement of the current laptop estate in line with lifecycle replacement. Alongside enabling BCU to fulfil new hardware requests and project implementations.	ratification	£600,000	16/08/2023	21/08/2023	NA	NA
29.	**Vaccines** This contract is for Adult Vaccines purchased by hospital Pharmacy Departments. This contract consists of Adult Vaccines only, as Childhood Vaccines are currently purchased from the National Framework, which is managed by NHS England and CMU. (Influenza vaccines for Occupational Health are managed on a separate All Wales agreement). We currently have 11 lines on this contract, including varying strengths of Hepatitis A and B, Varicella, Typhoid and Pneumococcal. 1st February 2021 to 31st January 2025	extension	£945,253	04/09/2023	original approval applies 16/12/20	05/09/2023	NA
30.	**Self-Monitoring Blood Glucose Equipment and Consumables** The current Formulary seeks to provide a guidance to clinicians. Whilst maintaining a supply route via WP10 prescription for test strips, meters are available free of charge. There are a large variety of meters available to patients on the drug tariff with a range of features and prices. For these reasons, a formulary of recommended meters was agreed with the resulting guidance commencing April 2021 as a means of controlling the broad range of devices available as this can present a clinical risk January 2024 2+2	briefing	£32,000,000	05/09/2023	NA as formularly	NA	NA
31.	**Ontex Continence Products** The contract is for the supply and delivery of disposable and washable (reusable) continence products to Secondary Care and Primary Care patients 1st August 2023 – 31st January 2025 (18 Months)	ratification	£11,250,524	12/09/2023	NA direct award framework	20/09/2023	21/09/2023
32.	**E-scheduling caseload management**	briefing	£4,000,000	11/09/2023	returned with queries 18/9		

	E-Scheduling software must be a clinically safe intelligent scheduling system for managing community services and its distributed district Nursing workforce in Wales. 5 Years with options to extend for up to 3 years, in whole or in part.						
33.	**HEIW Single platform** The delivery of a single platform will follow an agile and phased work-packaged approach with essential functionality delivered initially and follow up work packages to be defined and agreed upon before work starts. 17th January 2024 - 16th January 2026	briefing	£2,400,000	14/09/2023	query returned 21/9		
34.	**Audiology extension** The agreement is currently for the provision of a range of audiology products, including Adult Hearing Aids, Paediatric Specific Hearing Aids, Audiology Parts, Consumables and Accessories, Ear moulds, Batteries, Bone Conduction Hearing Implants (including Middle Ear Devices), Processors & Accessories, Cochlear Implants (including Auditory Brainstem Implants), Processors & Accessories products to all of NHS Wales. 3+1 years (01/01/2021 – 31/12/2024)	extension	£34,200,468	20/09/2023	original approval applies 31/12/20	20/09/2023	21/09/2023
35.	**Transitional Drugs 2** This contract is for the tender of Apixaban, Lanreotide, Sugammadex, Dupilumab, Eculizumab, Dabigatran Etexilate and Teriflunomide which are all shortly due to lose their patent exclusivity and therefore will have generic competition available 01/10/2023-30/06/2024 (with option to extend for 12 months to 30/06/2025)	ratification	£2,334,124	21/09/2023	sent to WG 21/9		
36.	**Whole Blood and Ancillary Collection systems (WBS)** Blood Collection systems (packs used in the collection and manufacturing process) are business critical consumables used to collect blood from donors and produce blood components for use 01/11/23 to 31/10/27	ratification	£2,097,336	22/09/2023	NA direct award framework	Sent to NF 25/9	
37.	**Anti-retroviral drugs** There is no cure for infection caused by the human immunodeficiency virus (HIV), but a number of drugs slow or halt the progression. These drugs are known as Anti-Retroviral. 1st February 2022 to 30th June 24	extension	£15,043,351	sent to JI 25/9			
38.	**Disinfectants** These include Alcohol wipes, Chlorhexidine Gluconate solutions, Chlorhexidine Gluconate sprays, Chlorhexidine Gluconate scrubs, Chlorine releasing tablets, Industrial Methylated Spirit, Isopropyl Swabs and Povidone Iodine Solution. 1st February 2021 to 31st January 2025	extension	£3,831,098	sent to JI 25/9			

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	10 October 2023
AGENDA ITEM	5.4
PREPARED BY	Peter Stephenson, Head of Finance and Business Development
PRESENTED BY	Peter Stephenson, Head of Finance and Business Development
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Corporate Risk Register

PURPOSE
To provide the Audit Committee with an update as to the progress made against the organisation's Corporate Risk Register, and to seek approval for changes in target risk score dates of specific risks.

1. INTRODUCTION

The Corporate 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	October 2023
Red Risk	5
Amber Risk	10
Yellow Risk	1
Green Risk	0
Total	**16**

2.1   Red-rated Risks

There are currently three existing red risks on the register as follows:

- The threat to services if a suitable building is not found to house the TRAMs service in South-East Wales.

NWSSP Audit Committee
10 October 2023   1

- The Brecon House roof at Mamhilad where there are serious issues with water ingress and falling masonry, making the building unsafe for staff; and
- The adverse publicity arising from the issues discovered at BCUHB.

2.2   New/Deleted Risks

The following risks (both red-rated) have been added to the Risk Register since the last meeting of the Audit Committee:

- The potential for industrial action from Junior Doctors and the resulting impact that this may have on the Single Lead Employer team; and
- The impact of the financial climate across NHS Wales on delivering and developing existing and new services.

2.3 Target Risk Update

The following risks have not yet achieved their target risk score date:

- **Risk A3 Employment Services** – The Recruitment Modernisation Plan is having a significant impact in reducing the time to hire and an update to the September Partnership Committee on progress in this area was very favourably received. It is taking slightly longer than anticipated to clear the backlogs which has a short-term adverse impact on performance measures. We propose revising the target date to 31 March 2024.
- *Risk A4 Stock Holding* - We understand that a ministerial advice setting out the future Pandemic stockholding levels has been prepared and will be sent to us once signed off. However, indicative numbers have been shared and for some products these are lower than the current stockholding requirements, we are therefore currently limiting the number of orders placed. We are preparing a response relating to equivalent weeks and current stockholding for Welsh Government information. We therefore propose that the target date is revised to 30 November 2023.
- *Risk A7 Clinical Pharmacy Service* – the planned development of the Clinical Pharmacy Service has been impacted by financial constraints and the need to source suitable accommodation. We therefore propose a target date of 31 March 2024.
- *Risk A8 Laundry Transformation* – the reduction in this risk to an acceptable level is constrained by restrictions on capital which is outside of NWSSP's control. In view of this a proposal to rationalise the service was approved by the Partnership Committee at its meeting in September. It is anticipated that the rationalisation should be completed by 30 June 2024.
- *Risk A9 Decarbonisation* – while recruitment has been successful in terms of project management capacity, the financial constraints

across NHS Wales has led to Health Boards and Trusts increasing their demands on the technical capacity within the Team to an extent where there is insufficient resource to meet demand. Further technical resource is therefore required but whether funding will be available to pay for this is open to question in the current climate. We therefore propose a revised date of 31 March 2024 for this risk, although achieving the target score will be dependent on funds being made available to expand the team.

- *Risk A12 Covid Planning Inquiry* – although we consider that we are in a good place in terms of preparing for the Inquiry, we will not fully appreciate the extent of the risk until evidence requests begin to be received. These are expected in the coming weeks and months and hence we propose a revised target date of 31 March 2024.
- *Risk A13 IP5 Roof* – Whilst repairs have been made to the roof, a report from our specialist surveyors has concluded that the whole roof needs to be cladded at significant cost. We are seeking the funds to take this work forward but capital funds are obviously very limited at present so propose a revised target date of 30 June 2024 for review.
- *Risk A16 Laundry Health & Safety –* Whilst excellent progress has been made in addressing health and safety concerns at each laundry site, restrictions on capital which impact the transformation programme have meant that some concerns remain. The appointment of a Health & Safety Officer with specific and dedicated responsibility for the Laundry Service has taken longer than anticipated but is now being progressed. In view of this delay we propose revising the target date to **31 March 2024**.

3. RISKS FOR MONITORING

There are eleven risks that have reached their target score, and which are rated as follows:

Current Risk Rating	October 2023
Red Risk	0
Amber Risk	2
Yellow Risk	5
Green Risk	4
Total	**11**

3. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the Corporate Risk Register; and
- **APPROVE** the proposed changes to the target risk dates**.**

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	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 **Strategic Objective - Service Development**	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation	3	4	12	Review options for relocation from Companies House (MR -31/12/23)	The option to move to Cathays Park is still being investigated but concerns over cost, access and parking have resulted in other optiosn being considered. **Risk Lead: Programme Director**	→	**31-Dec-23**
A2	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. **Strategic Objective - Service Development**	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	2	5	10	Complete Impact Assessment of all major systems (Nick Lewis - 31/03/2024)	Heightened state of alert due to war in Ukraine and targeted attacks on public sector bodies. Recent attack on Home Electronics System - although this is not hosted by NWSSP. Presentation to October 2023 Audit Committee **Risk Lead: Director of Planning, Performance & Informatics**	→	**31-Mar-24**
A3	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to respond to and recover from the pandemic, is unsustainable, leading to sub-optimal levels of performance. **Strategic Objective - Customers**	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards	3	4	12	Continue to monitor progress at SG through performance reports (GH 31 Dec 23)	Good progress being made with the Recruitment Modernisation Programme. Update provided to September 23 SSPC. New systems in place within Student Awards and recent internal audit review awarded substantial assurance. **Risk Lead: Director of People and OD**	→	**31-Mar-24**
A4	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 Donations to India and Namibia	3	3	9	Confirm WG required stock holding for PPE - currently 16 weeks (AB 30 Nov 2023) -	SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment Schedules produced and discussed with senior finance officials in WG and Velindre We are still awaiting the formal Ministerial advice on required stock levels but indiciative figures have been shared. **Risk Lead: Director of Finance & Corporate Services**	↑	**30/11/2023**
A5	The threat of industrial action by Junior Doctors is likely to have significant implications on workload for the SLE team and on the expectation from Health Boards to help them manage their service delivery. **Strategic Objective - Staff**	4	4	16	Single Lead Employer Team	4	4	16	Actions dependent on result of ballot.	 **Risk Lead: Director of People and OD**	✳	**31/03/2024**
A6	Adverse publicity arising from the financial irregularities at BCUHB have a reputational impact on NWSSP. **Strategic Objective - Customers**	4	4	16	All requests for information are channelled through a formal Communications route,	4	4	16	Ensure consistent and strategic responses to any information request concerning this issue (SLG - 31/07/23) complete Review Comms resource in the light of increased scrutiny (AB - 31/07/23) complete Provide support to any affected individuals (GH	Number of FoI requests being received. Verbal updates to Audit Committee and SSPC (both July 23) **Risk Lead: Director of People and OD**	→	**31/03/2024**
A7	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	Undertatke Organisational Change Process 2 (Colin Powell - 31/03/24)	Update to July & September 2023 SSPC	→	**31/03/2024**

ID	Risk / Strategic Objective	L	I	Score	Controls	L	I	Score	Further Action	Commentary / Risk Lead	Trend	Target Date
	Esclalated Divisional Risk									Risk Lead: Service Director		
A8	The unaffordable nature of 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 Strategic Objective - Service Development	4	4	16	Tried and tested Business continuity plan for supporting production downtime from local and national stock holdings as well as rerouting production to supporting plan	4	3	12	Further discussion with Welsh Government regarding the availability of the level of funding per year and the development of a plan to align with the phasing of funding (AH 31/03/24)	Awaiting the allocation of year by year capital for the implementation of the short to medium term plan. Rationalisation of the service through closing the Hywel Dda Laundry approved by September 23 SSPC. Risk Lead: Director, Procurement Services	→	30/06/2024
A9	Financial restraints prevent recruiting sufficient staff to meet the expectations of Welsh Government and NHS Wales organisations in playing a leading role in delivering the decarbonisation agenda. Strategic Objective - Service Development	5	5	25	Decarbonisation Programme Board Project Execution Plan PMO Support	3	4	12	Develop a case for further advisory capacity (SD - 31/12/23)	The financial postion across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team. Director, Specialist Estates Services	→	31/03/2024
A10	The move to agile working, and the relatively imminent expiry of a number of our property leases, require urgent agreement of an Accommodation Strategy. Strategic Objective - Staff	5	4	20	Mark Roscrow tasked with developing Accommodation Strategy. Working Group established to oversee move.	3	4	12	Set up working group to oversee move from Companies House to Cathays Park (MR 31/05/23) Lease for Nantgarw HQ renegotiated but still to be signed (AB 31/12/2023)	Nantgarw lease renegotiated. Initial meeting of Steering Group held 15 May. Obvious link to Risk A1. Director, Specialist Estates Services	→	31/12/2023
A11	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, making the building unsafe for staff, and similarly in the Repository in Companies House. Esclalated Divisional Risk	5	5	25	Majority of staff working from home. Health & Safety Reviews Structural Engineers appointed	3	5	15	Immediate work being undertaken to make building safe for staff (SD 31/05/2023). Plan to vacate Brecon House asap (AE 31/07/2023) Plan to vacate Companies House by 31/12/2023 - RAAC in self-contained area.	Lease to be signed for Du Pont 1 - allows us to move out of Brecon House Ove Arup in place for monitoring RAAC condition Cook & Arkwright appointed to mobilise contractors to intervene directly if required Director, Primary Care Services	→	31/12/2023
A12	The COVID Planning Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services. Strategic Objective - Services	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group	5	2	10	Continue to monitor requests from Inquiry through the Planning Readiness Group (AB 31/12/23)	Risk Rating may be escalated once demands for information start to be received. Director, Finance & Corporate Services	→	31/03/2024
A13	Leaks to the roof at IP5 threaten the operation of services and are extremely expensive to repair. Strategic Objective - Services	4	4	16	IP5 Steering Board	3	4	12	Develop a case for capital funding for the roof cladding (SD - 31/12/23)	Roof has been patched but specailist surveyors recommend over cladding of roof which will be very expensive. Director, Specialist Estates Services	→	30/06/2024
A14	The continued delay in locating suitable accommodation in South-East Wales for the TRAMS project threatens the supply of critical drugs to cancer patients Strategic Objective - Services	5	5	25	TRAMs Programme Board Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC.	4	5	20	Explore options for accommodation in SE Wales (Colin Powell - 31/03/24)	Two potentially compliant sites shortlisted. Risk assessments completed with Chief Pharmacists. Update provided to September SSPC Service Director TRAMs	→	31/03/2024
A15	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services Strategic Objective - Services	5	5	25	Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Establishment of Value and Sustainability Group Vacancy Control Arrangements implemented	3	5	15	Monitor progress against savings targets through Value & Sustainability Group (SLG - 31 March 2024)	Value and Sustainability Group established and Vacancy Control arrangemenrs implemented (aug 23) Director, Finance & Corporate Services	✳	31/03/2024
A16	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships. Strategic Objective - Service Development	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites - recruitment in progress.	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 Risk Lead: Director of Procurement Services	→	31/03/2024
	Risks for Monitoring											
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites.	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix. CTSA underake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Review results from security checklists (PS - 31/07/22 - complete)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded. Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services	→	
M2	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space.	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb, May and November SMTs.	1	5	5	Discrete fire risk assessments undertaken for each site at the recommended intervals. Risk to remain on Corporate Risk Register to ensure sufficient monitoring.	Landlords consider any work on compartmentation to be our responsibility. SES reported to Nov 2020 SLT where it was agreed that the risk to life is very low. Risk Lead: Director of People and OD	→	

ID	Risk	L	I	Score		Controls	L	I	Score		Action	Commentary / Risk Lead	Trend	Status
M3	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	5	3	15		Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews	1	3	3		Spate of attacks (Apr 22) reinforces need to maintain current controls.	Further spate of attempted frauds in April/May 2022 (4) but all stopped by team. This has reinforced the need to maintain and possibly even strengthen existing controls. **Risk Lead: Director of Finance & Corporate Services**	→	
M4	There is a reputational risk associated with the establishment of the Citizens' Voice Body **Strategic Objective - Service Development**	4	4	16		Experienced Programme Director Appointment of (Agency) Governance Lead	1	3	3		SLA and MoU require final sign-off.	CVB now established - SLA and MoU being completed **Risk Lead: Director of Finance & Corporate Services**	→	
M5	The Student Awards software is at end of life and needs replacement without which delays to student bursary payments could be significantly affected. **Strategic Objective - Customers**	5	5	25		Formal project management in place	1	3	3		Phase 1 delivered by April 2023. (GH - 31 March 2023)	SAS contract support agreement with Kainos in place to end of March 2023. FBC approved by Welsh Govt 5/9/22 and funding agreed. **Risk Lead: Director of People and OD**	→	
M6	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 **Strategic Objective - Staff**	4	4	16		Good working relationship with Trade Union colleagues - presence on and updates to SLG. Business Continuity Plans and Arrangements - action cards updated Training provided by Legal & Risk	1	3	3		Continue to monitor impact through SLG (SLG - 31 July 2023)	Pay award accepted. Current risk score reduced. **Risk Lead: Director of People and OD**	↓	
M7	Suppliers, Staff or the general public committing fraud against NWSSP. **Strategic Objective - Value For Money**	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. **Risk Lead: Director of Finance & Corporate Services**	↓	
M8	The increase in energy prices, exacerbated by the war in Ukraine, is likely to lead to significant price increases across the whole range of goods and services resulting in severe cost pressures for NWSSP. **Strategic Objective - Value For Money**	5	5	25		Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	2	5	10		Action switch to Crown Commercial Services following Centrica's announcement that it is withdrawing from the market (AB 30 April 2023) - complete Establish new Group structure - Welsh Energy Group and Wesh Energy Operational Group	Paper on energy costs to March SSPC, where approval was given for switch to CCS and estabishment of the WEG and WEOG. **Risk Lead: Director of Finance & Corporate Services**	→	
M9	The volatility in the energy market, due to the war in Ukraine, increases the reputational risk to NWSSP in its role in securing energy on behalf of NHS Wales. **Strategic Objective - Value For Money**	5	5	25		Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	2	5	10		Restructure the EMRMG to establish the Welsh Energy Group and the Welsh Energy Operational Group. (AB 30/04/2023) - complete	Paper on energy costs to March SSPC, where approval was given for switch to CCS and estabishment of the WEG and WEOG. **Risk Lead: Director of Finance & Corporate Services**	↓	
M10	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work. This is particularly an issue with staff on bank or fixed term contracts where funding from WG is uncertain e.g. COVID-related activity and SLE. **Strategic Objective - Customers**	5	5	25		Identification of all business-critical services Redeployment of staff to business-critical services Increased provision of laptops and VPN Roll-out of Office 365 Use of Bomgar service for PCS Daily monitoring and reporting of absence figures. IT Update also given to weekly COVID-19 Planning & Response Group.	1	5	5		Confirm funding for COVID- specific temporary posts from Welsh Government - this has been confrimed for the current financial year (AB - complete)	19.3 WTE staff in Recruitment extended for a further 12 months. In terms of Supply Chain, Logistics and Transport staff, those involved on the mass vaccination programme have also been extended until March 31, 2024, as Welsh Government funding has been confirmed. Confirmation of funding beyond 30 June 2023 now received for staff employed in the provision of PPE **Risk Lead: Director of People and OD**	↓	
M11	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service **Esclalated Divisional Risk**	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. **Risk Lead: Director, Legal & Risk Services**	↓	

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	10 October 2023
PREPARED BY	Carly Wilce, Corporate Services
PRESENTED BY	Peter Stephenson, Head of Finance & Business Development
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Update on the Implementation of Audit Recommendations
PURPOSE	
This report provides an update to the Audit Committee on the progress of audit recommendations within NWSSP.	

1. INTRODUCTION

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

2. CURRENT POSITION

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

There are **70** reports covered in this review; **18** reports have achieved **Substantial** assurance; **31** reports have achieved **Reasonable** assurance, **and** no reports have been awarded **Limited** or **No Assurance;** and **21** reports were generated with **Assurance Not Applicable**. The reports include **235** recommendations for action.

Table 1 - Summary of Audit Recommendations

As at 2 October 2023					
Recommendations		Implemented	Not Yet Due	Overdue	Dependant on third party organisations
Internal Audit	**187**	**180**	**5**	**0**	**2**
High	13	13	0	0	0
Medium	89	85	2	0	2
Low	67	64	3	0	0
Not Applicable	18	18	0	0	0
External Audit	**17**	**17**	0	0	0
High	0	0	0	0	0
Medium	13	13	0	0	0
Low	1	1	0	0	0
Not Applicable	3	3	0	0	0
Other Audit	**31**	**31**	**0**	**0**	**0**
High	4	4	0	0	0
Medium	5	5	0	0	0
Low	22	22	0	0	0
Not Applicable	0	0	0	0	0
TOTALS:	**235**	**228**	**5**	**0**	**2**

3. Overdue Recommendations

There are no recommendations to report in this category. Full details of the recommendations are set out in Appendix A, for the attention of the Audit Committee.

4. 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 are two recommendations for NWSSP in this category.

5. RECOMMENDATIONS

The Audit Committee is asked to:

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

NWSSP Audit Committee
10 October 2023

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

ID	Internal Audit Report Ref Rec No / Ref NWSSP Service Report Title Report Year	Status	Issue Identified	Risk Rating	Recommendation	Responsibility for Action	Management Response	Original Deadline	Updated Deadline	Update On Progress Made
**PROGRESS WITH RECOMMENDATIONS**
**EMPLOYMENT SERVICES**
**Payroll**
1.	Payroll Services - 2021-22 NWSSP-2122-14	DEPENDANT ON THIRD PARTY ORGANISATIONS	The previous Payroll audit report (NWSSP-2021-08) highlighted an inconsistent approach across NHS Wales organisations and Payroll teams. An all-Wales Overpayments Policy has been drafted but has not yet been approved. Overpayment registers are maintained for each health body. Sample testing of 60 overpayments for the period February 2021 to January 2022 noted that all had evidence on file to demonstrate action taken to recover monies. However, we identified 27 instances where there were delays of more than five weeks between identification of the overpayment and initiating action to recover.	Medium	2.2 Management should progress in agreeing and approving the drafted all-Wales Overpayments Policy to ensure a consistent approach is implemented across all Payroll Teams.	Head of modernisation	2.2 We acknowledge the finding of the audit report, the All-Wales Overpayments Procedure has been completed, it has been out for consultation with the Finance Colleagues and Counter Fraud and the details of the responses will be discussed on how to progress this.	30/06/2022		The Service Improvement Team have been tasked with undertaking an end-to-end review of the payroll process – this should lead to an agreement on the all-Wales Overpayment Policy.

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

| 2. | Payroll Services2022-23 NWSSP-2223-11 | DEPENDANT ON THIRD PARTY ORGANISATIONS | A sample testing identified 12 instances where there was no evidence that input accuracy checks had been completed. Seven related to one payroll team which does not undertake these checks for leavers and changes processed by band 4 team members. Nevertheless, our sample testing did not identify any errors or incorrect payments. | Medium | Input accuracy checking requirements should be formally documented in standard operating procedures and applied consistently across all teams. | Assistant Director of Employment Services (Payroll) | Agreed. The inconsistency is a result of legacy arrangements which have not needed to change based on the high payroll accuracy rates which indicate the absence of these checks in the identified team is not impacting on accuracy. We do however acknowledge the need for a consistent, risk-based approach in determining and rationalising the level of checking required within each team and we will liaise with audit on this. We also need to recognise the significant shift in volume of transactions being received via electronic roster or forms. This does negate the requirement for checking of input. This work will need to be completed this summer and checking aligned to a more commercially focused perspectives as my division is being tasked with reducing costs but still being tasked by audit with outdated and costly tasks. | 30/09/2023 | | The original plan involved a technical solution to be delivered by a third party, but the costs for this doubled and became unaffordable. DHCW are now going to build and deliver this solution free-of-charge, but we are dependent on their timescales for this and it is likely to take a number of months to implement. This will address the issue of the inconsistency in one of the Health Boards checking processes. However, it was noted during the audit of this process that there were no incorrect payments. The current process has been in place for many years and the risk is considered low. |

Procurement
Laundry

| 3. | Review of Laundry Services

NWSSP-2223-1a

PROC/22-23/2 | **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 Benchmarker 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 Llansamlet 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 | | This recommendation cannot be actioned for some time as the pricing model is fixed until the completion of the transformational programme. No further update to report. |

	Planning, Performance & Informatics							
	ICT							
4.	ICT Infrastructure: Follow up review NWSSP-2223-07	NYD	Wasp is a full lifecycle tool and includes warranty information and expiry dates, this will enable a rolling replacement requirement to be identified. The funding for this will need to be assessed and bid for once the full requirement is defined.	Low	Any hardware need for new environment should be identified and the current hardware upgraded appropriately. Funding for the rolling replacement programme should be sought.	Chief Digital Officer	The Infrastructure Upgrade project has captured a full inventory of hardware that will be out of warranty and any related unsupported OS. These will be replaced by new on-premises or cloud solution with supported hardware and OS. Chief Digital Officer now has access to WSUS Server Compliance Reporting Dashboard that shows that all active NWSSP servers are now running supported operating systems i.e. Windows Server 2012 or above. The funding requirement for replacement of the current hosting infrastructure has been included in the NWSSP 10-year digital infrastructure investment plan submitted to Welsh Government and the NWSSP IMTP capital plan.	28/02/2024
5.	ICT Infrastructure: Follow up review NWSSP-2223-07	NYD	The current visibility picture has not changed. infrastructure assets are managed by DHCW and there is limited visibility by NWSSP. There has been some improvement as part of the cyber security work with a service catalogue being developed, and the identification of cyber risks associated with assets. We note the draft strategy includes reference to asset management and visibility. Linked to this, there is also the implementation within NWSSP of the new WASP asset management system. As this is intended to include servers and infrastructure equipment, once this is complete NWSSP will be able to have a complete record of all its assets. We note that the first stage of implementation, with client devices being included was due for February 2023.	Low	Work should continue to implement the WASP system and ensure all NWSSP assets are included.	Chief Digital Officer	All desktop hardware has now been migrated to WASP. A period of clear running will be allowed to learn any lessons from the desktop implementation until 30th April 2024. Server and network infrastructure will then be added to the solution.	31/05/2024

6.	ICT Infrastructure: Follow up review NWSSP-2223-07	NYD	NWSSP is undertaking an infrastructure renewal project which will result in a different (hybrid) infrastructure utilising Azure. As part of this a service model from DHCW will be defined and the intent is to build the management and reporting into that. As such there has been no provision of access into the virtual environment and we note that this has not been considered a priority, with the view being that the environment should be managed as per the SLA, and performance reports provided to demonstrate the effectiveness of this. We do note that once NWSSP moves into Azure, the financial consequences of not effectively monitoring use mean that there is an intent / requirement for NWSSP to have some level of monitoring access.	Low	NWSSP should ensure that reporting on the management of the infrastructure and virtual environments are built into the new service definitions. In the interim, consideration should be given to requesting quarterly information on the use and status of the virtual environment.	Chief Digital Officer	A task has been created in the Infrastructure Upgrade project to build a reporting solution into the new hybrid infrastructure.	24/02/2024		
Cyber Security										
7.	Cyber Security NWSSP-223-06	NYD	Currently there is no reporting to a senior group (such as SLT) that sets out the current state of cyber security within NWSSP using KPIs.	Medium	Formal reporting that shows the current status of cyber security within NWSSP should be defined. This should include key KPIs and report to a relevant senior group.	Head of Cyber Security	Development of appropriate cyber security reporting mechanisms based on ongoing business impact assessments (BIA) across NWSSP in 2023 will be presented to SLG.	31/03/2024		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	10 October 2023
AGENDA ITEM	6.0
PREPARED BY	Peter Stephenson, Head of Finance and Business Development
PRESENTED BY	Neil Frow, Managing Director
RESPONSIBLE HEAD OF SERVICE	Neil Frow, Managing Director
TITLE OF REPORT	NWSSP Update

PURPOSE
To update the 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 July.

Finance

We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, energy costs for laundries, continued demand and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS.

We have generated additional non-recurring savings in the period to 31 August 2023. We anticipate that an element of these savings will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. This is required due to the existence of RAAC at Brecon House, Mamhilad.

Welsh Risk Pool spend to Month 5 2023/24 is £13.638m compared to £20.963m at the same point in 2022/23. Our 2023/24 IMTP forecast of claims to be settled in the year was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. A review of the high value cases due to settle at Month 5 indicates a potential reduction in the forecast to £130.751m. This would reduce the contribution required from the Risk

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Shared Services Audit Committee Page 1 of 5
10 October 2023

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Share to £21.316m. We will continue to monitor the forecast closely as there continue to be a number of factors that will impact the outturn position as we progress through the remainder of the financial year.

Our Capital Expenditure Limit at the end of August was £4.049m with £0.666m expenditure incurred to date. Additional funding of £1.464m to progress laundry equipment replacement and £0.558m for the replacement of the Primary Care Workforce Intelligence System has been confirmed in recent months, in addition to Quarter 1 new/renewed IFRS16 leases.

Cost Savings

The letter from Judith Paget to all Chairs and CEOs dated 31st July concerning the need to identify levels of savings to address the forecast deficit also required organisations who had submitted balanced plans to go further to identify additional savings.

The NWSSP return incorporates three main categories of savings for 2023/24:

1. Savings that will arise within the books of NWSSP – up to £1.777m. This category represents additional savings that will be made within NWSSP's budget but will not have a detrimental impact on the services provided to NHS Wales. It is important to note that the NWSSP IMTP already includes savings of £3.326m in this category.
2. Savings that could arise within the books of Health Boards and Trusts – up to £23.6m. These savings will accrue directly in the books of NHS bodies and include energy and drugs costs, and reductions in the Welsh Risk Pool Sharing Agreement.
3. Savings that will accrue to Welsh Government - £1.120m. These savings relate to lower than budgeted reimbursement costs for PPE related matters and the reversal of a year-end accounting accrual.

At the August Senior Leadership Group meeting it was agreed to establish a Value and Sustainability Group within NWSSP to drive an organisation wide approach to strengthen cross divisional working, to co-ordinate and deliver actions to demonstrate value for money as well as continue to innovate and improve quality and consistency for NHS Wales. The Value and Sustainability Group mirrors the national approach and will closely monitor progress in achieving the planned savings.

Integrated Medium Term Plan

The IMTP 2023-24 was approved by the Partnership Committee and submitted to Welsh Government on 31st March 2023. It appears that the approval of IMTPs has been further delayed and continue to be subject of further discussions between officials in Welsh Government.

Neonatal Prompt

Following the publication of the Discovery Phase Report of the Maternity & Neonatal (MatNeo) Safety Support Programme, NWSSP Welsh Risk Pool has been asked by Welsh Government to consider the steps needed for the introduction of a PROMPT Wales style of training to be introduced for the Neonatal sector. This would bring the team dynamics, human factors, situational awareness, and scenario / emergency planning principles.

Neonatal teams do undertake some skills and drills training currently. However, the main change by introducing the principles of PROMPT Wales will be the inclusion of a multi-professional training programme and human factors awareness – the common causes of incidents and claims are of course documentation, communication, and escalation.

The WRP team have considered potential approaches. Simply including neonatal staff on existing PROMPT Wales training has been discounted as this would leave large numbers of participants without the ability to participate in all of the scenarios and potential extend the training day to unmanageable durations to include all relevant scenarios. Therefore, the decision has been made to design, development, pilot and launch a dedicated programme in a similar way to that used for Maternity PROMPT Wales.

The benefits include the likely reduction in the causes of claims, along with detailed analysis of incidents and the likely introduction of national algorithms similar to that seen with PROMPT Wales. The initial phase is likely to result in some benefits, with further benefits seen as the programme continues to grow.

Funding requirements revolve around the secondment of a suitably experienced PROMPT Wales leader to coordinate the new programme, under the guidance of the existing PROMPT Wales national team. The costs are £24,798 in 2023/24 and £24,798 in 2024/25.

This initiative is a first – PROMPT training has not previously focussed on neonatal sectors, and this is a further opportunity for NHS Wales to lead a development. Community PROMPT Wales is now in use internationally and is a shining example of NHS Wales leading the way. It is hoped that Neonatal PROMPT Wales will be another example.

Laundry Services

The current plan for the Laundry Service is to reduce the laundry production units currently utilised in the All-Wales Laundry service from five to four units through the decommissioning of the West Wales unit in Carmarthen and the formation of a storage and distribution hub. This plan was approved by the Partnership Committee at its September meeting.

Single Lead Employer – Potential for Industrial Action

Linked to our employment responsibilities for the doctors in training under the Single Lead Employer Model, it is understood that discussions are likely to commence between the British Medical Association and Welsh Government, but no further details are available at present.

Brecon House

The negotiations with the landlord on the Mamhilad site for provision of alternative accommodation for the Patient Medical Record service are nearing completion following the discovery of significant Reinforced Autoclaved Aerated Concrete issues in Brecon House, Mamhilad. The costs of moving are substantial with the need to move over 140,000 boxes of records and we are working on how to undertake the move in the most cost-effective way.

Move to Cathays Park

The planned move from Companies House to the Welsh Government offices in Cathays Park is scheduled for January 2024. The relocation should bring a number of benefits including more attractive facilities for our staff in an environment that supports agile working and sustainable travel. There would also be significant financial savings against the current footprint within Companies House.

A number of workstreams have been established covering People, Finance, Estates, Facilities and Informatics, and progress is being made in all areas. There are however a number of issues that require further discussion and decision relating primarily to the accessibility of the site for NWSSP staff and visitors and we have therefore extended the consultation period for staff so that these areas can be worked through in more detail.

Corporate Risks

The Corporate Risk Register is reviewed monthly by the Senior Leadership Group. New risk relating to the overall financial climate across NHS Wales, and the potential for industrial action by Junior Doctors employed under the Single Lead Employer Scheme, have recently been added.

NHS Confederation Conference

We had a number of staff attending the recent NHS Confederation Conference in Cardiff on the 18th of September.

Staff Changes

Andy Butler, Director of Finance & Corporate Services, has announced his intention to retire at the end of March 2024 and so we will be starting a process to recruit a successor over the next few months.

Neil Frow OBE,
Managing Director, NWSSP,
October 2023

Information Governance

NHS Wales Shared Services Partnership

Annual Review

2022-2023

Introduction

The Information Governance (IG) Review 2022/23 details what work the Information Governance function has completed and how the NWSSP IG Manager has worked to provide continued support and compliance within the NHS Wales Shared Services Partnership (NWSSP) during what was, another challenging year for everyone concerned.

The review explains the importance of working in collaboration with departments within the 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 and maintaining a culture of confidentiality.

This review details the achievements and progress made in 2022/23 (for the time period between April 2022 and March 2023) within Information Governance.

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;

- Continued employee awareness, training and development; and

- Continuing to rollout a 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 2022/23, 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 their operations. This was completed using Privacy Impact Assessments (PIA) to assure the use of confidential information and the compliance of data especially for those new projects and changes within the organisation.

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 2023

NWSSP Information Governance Steering Group (IGSG)

The NWSSP Information Governance Steering Group (IGSG) was established in 2015 and has gone from strength to strength in the years that have followed. The IGSG is accountable to the NWSSP Senior Leadership Group (SLG) and its purpose is to support and drive the broader Information Governance agenda and provide the Shared Services Partnership Committee (SSPC) with the assurance that effective Information Governance best practice mechanisms are in place within the organisation.

Topics discussed included:
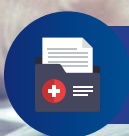
- Policies and Procedures
- Freedom of Information
- Privacy Impact Assessments
- Information Sharing
- Records Management
- Training and Awareness
- Risk Management
- Statistical Activity and Performance
- National Work and Meetings

Advice and Guidance

The NWSSP IG Manager uses a dedicated service email linked to the actionpoint system to record requests for advice, work and training accompanied by resulting actions, decision and work completed to resolve calls seeking assistance from Information Governance. Actionpoint has been used since 2016 and provides a useful snapshot of the advice given and the levels of activity within the function.

The total number of calls registered within the system in 2022/23 was **430.**

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).

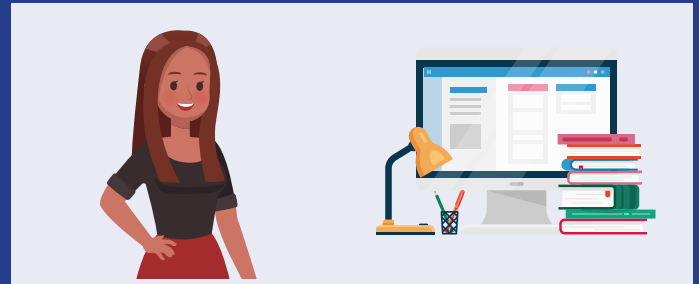or by using service email NWSSPInformationGovernance@wales.nhs.uk
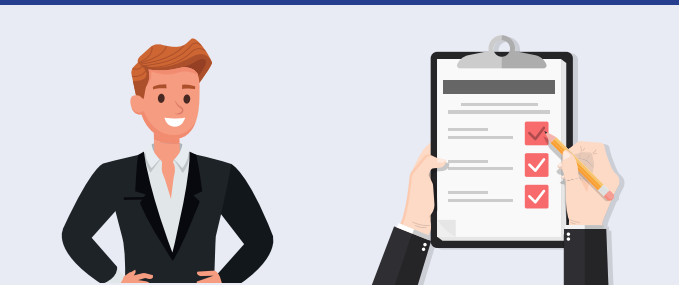
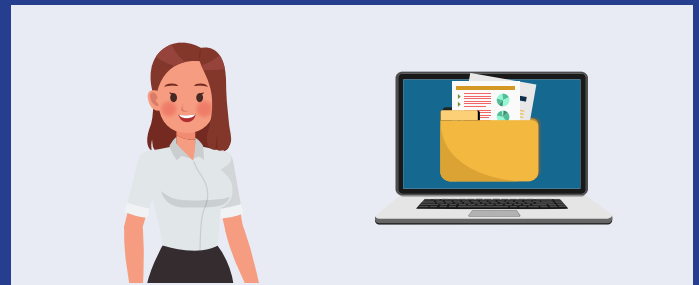# Record of Achievements

In 2022/23:

Information Governance training - **21** classes were run. Staff that attended IG training **470**.

IG eLearning core skills **87% average** compliance across NWSSP.

100% Compliance within 20 working days (some requests currently outstanding but still in compliance).

91 Freedom of Information Requests received**.**

Training

To ensure compliance with confidentiality and information processing, training on 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 and homeworking and the changes to how we all work, Information Governance training sessions in 2022/23 continued to be facilitated using Microsoft Teams. The NWSSP Information Governance Manager reports that using this functionality is proving to be beneficial and allowed the continuation of education and good practice across the organisation:

- ↘ **101** staff attended for the first time.

- ↘ **369** staff attended as a refresher.

Below is a sample of the feedback comments provided by staff:

"
Relevant and concise information. Easy to join and sign up.
"

"
Very informative training session and well explained by Tim
"

"
Enjoyed the session very much. Good examples given to explain the information. Thank you
"

"
It was useful to have a recap on IG regulations as they are useful for my job role
"

"
Tim's delivery is always clear, engaging and enjoyable and the content was very helpful and interesting
"

"
Tim makes what could be a very dry subject interesting to listen to. Thanks for the useful information!
"

"
Tim was fab and kept everyone engaged which can be difficult when hosting remote / virtual training
"

"
I enjoyed today's Information Governance course. I found the course very beneficial. Thank you
"

"
I understand the importance of IG, what to do if there is a breach and the outcomes if there are breaches
"

"
When working in the NHS you forget how the data you use daily can affect so many other areas, it's good to have these refreshers just to prompt you to always be vigilant. Very good course
"

"
The course was excellent and refreshed my memory going forward.
"

"
Enjoyed it, well presented and kept my attention.
"

"
Really Enjoyed the session. I think it's good to have continued training in IG.
"

"
It is a great session Tim. I really appreciate it.
"

"
Useful and informative for both work and home scenarios. Good to have refresher courses.
"

"
The session was interesting and informative as always, thank you.
"

"
Always good to have the refresher and reminder of information governance
"

"
IG is an essential part of working compliantly and the session was delivered in a straightforward and easy to understand manner.
"

Clear Desk and Remote Working procedures

A clear desk procedure is in place to provide guidance to all employees to ensure that they clear their desks at the end of each workday (or when an employee is away for a period of time) of any confidential information.

Clear desk guidance helps the NWSSP to reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view. This was written for those who also use "hotdesking" arrangements for working and any remote working that may be planned for the near future.

NHS Wales Shared Services Partnership (NWSSP) Clear Desk Best Practice

All employees should clear their desks at the end of each workday. The following clear desk best practice will help NWSSP reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view.

↘ Where practically possible, any paper and computer media should be stored in suitable locked safes, cabinets or other forms of lockable furniture when not in use, especially outside working hours.

↘ Where lockable filing cabinets, drawers, cupboards etc. are not available, office doors must be locked if left unattended.

↘ Hard copy documents containing any personal data, or confidential, restricted or sensitive information should be stored as appropriate e.g. Workforce files. Where appropriate, documents should always be scanned to PDF and stored within the appropriate folders on NWSSP's secure servers. Original paper copies should be securely disposed of in Confidential Waste Bins for destruction.

↘ Employees are required to ensure that all confidential, restricted or sensitive information in hardcopy or electronic form is secured at the end of the day or when they are expected to be away from their desk for an extended period to attend meetings.

- Any confidential, restricted or sensitive information must be removed from desks and locked in a drawer when a desk is left unoccupied at any time with the exception of tea making, comfort breaks, etc.

- Confidential, restricted or sensitive information, when printed, should be collected from printers immediately. Where possible printers with a 'locked job' facility should be used.

- Reception areas can be particularly vulnerable to visitors. This area should be kept as clear as possible at all times. No personally identifiable information should be kept on desks within reach or sight of visitors.

- Upon disposal, any document containing any personal data or confidential, restricted or sensitive information should be placed in confidential waste bins. Confidential waste must not be left on desks, in filing trays or placed in regular waste bins.

- Keys used for access to confidential, restricted or sensitive information must not be left in or on an unattended desk. Keys for desk drawers, cabinets and other secure areas must be stored in a dedicated key safe or location.

General Data Protection Regulation (GDPR)

The GDPR was implemented by NWSSP on the 25th May 2018 and this continues to be the legislation that the organisation works within. This legislation applies to all Public Authorities and those companies and organisations that process personal information in any form.

The elements of GDPR that the NWSSP continues to work by are:

Awareness – Staff within NWSSP are aware of the legislation and what this means to each department.

Accountability – NWSSP have developed and continue to demonstrate compliance and use accountability measures such as Privacy Impact Assessments.

Communication – Providing service users (and staff) with meaningful information on how we use their data.

Legality - Consideration of all legal uses of identifiable data.

Consent – assessment of whether we need to ask for permission (consent).

Individual's rights – The right to request information, have it corrected, deleted and possibly erased.

Data Breaches – assurance that the NWSSP has protocols to detect, investigate and report data breaches.

The **7 principles** of the General Data Protection Regulation (GDPR)

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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.

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.

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.

4 Accountability

"The Data Controller must be responsible for, and able to demonstrate compliance"

Anyone who is handling data needs to be properly trained and fully aware of exactly what GDPR compliance means. Ultimately it is the job of each NHS Wales organisation (including the NWSSP) to ensure that GDPR compliance is maintained and that service user privacy is held with the utmost importance.

The **7 principles** of the General Data Protection Regulation (GDPR)

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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.

The 2022/23 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 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 2022/23 that included areas such as:

- Wales Student Healthcare hub
- Scan4Safety
- Wales National Workforce Reporting System (WNWRS)
- All Wales Occupational Health procurement

Plus further assessment for the requirements were completed for projects that had the potential for sharing or use of identifiable information.

Privacy Notices

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).

A review was completed on several PNs by the NWSSP Information Governance Manager 2022/23 including:

- Recruitment;
- Legal and Risk;
- Medical Examiner Service;
- Employment;
- Student Awards;
- Finance Academy;
- Welsh Language;
- Payroll; and
- Staff as well as Privacy Notices for the public facing internet.

What is confidential information?

Information Governance concerns the protection of confidential, identifiable information regardless of the form it takes. Following a recent Information Governance audit, the NWSSP Information Governance Manager has compiled a brief summary of some of the areas that are classed as confidential/non-confidential as below.

Confidential information can include:

- Patient information – Medical information, test results.
- Personnel/Workforce records including Employee number.
- Home address.
- Student Bursary details.
- Commercially sensitive information (cost of an item, market pricing, trade secrets).
- Financial information - Payroll/Pension/Bank/Salary Sacrifice details.
- Recruitment information.
- Credit card details.
- Legal proceedings.
- Deceased patient records.
- Internal staff databases of contact information.
- Documents marked as 'Private' or 'Confidential'.
- Invoices containing pricing/identifiable details/personal information.

What isn't classed as confidential?

- Job descriptions.
- Advertised jobs on NHS Wales.
- Annual reports and accounts.
- Freely published information in a newspaper/on websites.
- Newsletters.
- Contract/Purchase information (contract values).
- Freely available public information (usually through Freedom of Information requests).
- Externally provided staff contact information.
- Privacy Notices.

Remember, information should be used for the purpose it was collected for, and for compatible, lawful purposes. There are legal basis in place for the identified and recorded processing responsibilities within NWSSP, however it is important that if you have any concerns to discuss them with the NWSSP Information Governance Manager.

Remember: All staff are personally responsible for the information they hold, access, process and share. This is regardless of location.

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Information Sharing

Data Sharing or Information Sharing Agreements are required to ensure that information that is identifiable is given the right level of consideration. When drafting a sharing agreement the following topics should be included:

- ↘ 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 2022/23, NWSSP received **91** Freedom of Information requests.

These included:

- ↘ Procurement;
- ↘ Finance;
- ↘ Business systems and Informatics
- ↘ Primary Care payments and processes; and
- ↘ Recruitment.

As required by legislation, the NWSSP publish a full list of FOI requests by month that can be found here:

http://www.nwssp.wales.nhs.uk/publication-scheme

Contact

For any questions on the content of this review, please contact:

Tim Knifton
NWSSP Information Governance Manager

Email: Tim.Knifton@wales.nhs.uk

Useful Links

2021/22 Annual Review

NWSSP Information Governance pages

NWSSP Information Governance Steering Group

The Information Commissioner's Office

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	10 October 2023
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Carly Wilce, Corporate Services Manager
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Audit Committee Forward Plan 2023-24

PURPOSE

To provide a summary of items expected to be presented at forthcoming Audit Committee meetings, scheduled for 2023-24.

NWSSP Audit Committee
10 October 2023

Month	Standing Items	Audit Reports	Governance	Annual Items
Q1 2023/24 **19 April 2023** *Boardroom* *NWSSP HQ, Unit 4/5* *Charnwood Court, Heol* *Billingsley, Parc Nantgarw,* *Cardiff, CF15 7QZ* *or by Teams (as appropriate)*	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 Review of Internal Audit Operational Plan 2023-24 Internal Audit Charter **External Audit** Audit Assurance Arrangements for NWSSP 2022-23	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	2023-24 Counter Fraud Annual Plan
Q2 2023/24 **11 July 2023** *Meeting Room 1* *NWSSP IP5, Newport, NP10 8BE*	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	Final Annual Governance Statement Audit Committee Annual Report 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
Q3 2023/24 **10 October 2023** *Boardroom* *NWSSP HQ, Unit 4/5* *Charnwood Court, Heol*	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 to include Annual Review of Audit	Audit Committee Effectiveness Survey Results NWSSP Annual Review

Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ *or by Teams (as appropriate)*	Counter Fraud Position Statement NWSSP Update	Audit Wales Nationally Hosted IT Systems Report Audit Wales Management Letter	Recommendations Not Yet Implemented Corporate Risk Register	Information Governance Annual Report 2022-23
Q4 2023/24 **23 January 2024** *Boardroom* *NWSSP HQ, Unit 4/5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ* *or by Teams (as appropriate)*	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 Update on the development of defined criteria for risk ratings.	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Standing Orders for the Shared Services Partnership Committee Review of Risk Management Protocol, Risk Appetite Statement and Assurance Mapping	Annual pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud IMTP Plan on a page

NWSSP Audit Committee
10 October 2023   3